



“ Young Unsung Heroes”

July 2018

A report of the experiences of young carers in Bexley Borough

Healthwatch Bexley would like to thank MIND in Bexley, Bexley Young Carers, a service of IMAGO, Bexley Moorings, and all the young carers for their valuable contribution and participation in this study. We would also like to thank “The Entertainer” toy shop in Bexleyheath for providing vouchers to be used as prizes the young carers could win to buy games for Chill Club.

Executive Summary

This report presents the findings of a small snapshot study into the experiences and views of 27 young carers in Bexley aged 8-16 years of age. The report is not an evaluation of the services provided by Bexley Young Carers, a service run by IMAGO, but of the experiences of a small number of young carers (YC’s). Healthwatch Bexley (Healthwatch) held three engagements with YC’s who attend the Bexley Young Carers, Chill Club (CC) a service run by IMAGO. These were in the form of an initial focus group (n14) which was followed by two fun evenings, each attended by 13 YC’s, where the YC’s were able to play, tell us about their experiences and take part in different games and activities. A representative from the MIND carers group joined Healthwatch on the final visit to chat about taking time out and feelings. As part of the Bexley Young Carers service provided by IMAGO, all YC’s are assessed. Those who are at a high to medium risk of inappropriate or excessive caring are supported through 1:1 sessions and attend CC, depending on their individual needs. However, CC is only a small part of the support offered to YC’s by Bexley Young Carers. An over view of the Bexley Young Carers service run by IMAGO can be found in Appendix 1. To explore the experiences of the harder to reach YC’s, a member of the Bexley Young Carers team kindly team took a short questionnaire to 6 of the YC’s they visited in the school setting. Healthwatch also met with representatives from Bexley Moorings who run a young person’s befriending service, they were kindly able to provide us with 3 anonymous case studies of YC’s who choose to access their services. A further 5 anonymous case studies have kindly been provided by Bexley Young Carers to demonstrate the range of support they provide to YC’s.

Key Findings

- For many of the YC's that we engaged with, attending CC was the only activity outside of school that they were able to take part in.
- They said it was easier to talk to other YC's at the group as they had a shared understanding of being a young carer.
- 83% of YC's told us they provided or sometimes provided care during the night and believed that caring did not affect their school life.
- However, 69% told us they were late or sometimes late for school with 62% never or only sometimes being able to complete their homework on time.

Key Recommendations

1. When dealing with adults and young people, professionals such as teachers and GP's could be more aware that young people may be YC's and do more to identify them so that they can access any help, training and be referred to the support available. We recommend that funding is secured to deliver workforce development training for schools, family wellbeing and other professionals.
2. Increase awareness of caring to de-stigmatise the caring role amongst young people. This may help encourage YC's to talk to teachers, friends etc without fear of being taken away or judged. This again, could also be addressed through a workforce development programme and by schools taking up the Carers Trust in School Award. www.youngcarersinschool.com/the-award/
3. More awareness and training for teachers to identify YC's so they can understand the problems YC's face and make adjustments in school if needed. This could be addressed by a workforce development training programme and schools taking up the Carers Trust in schools award. www.youngcarersinschool.com/the-award/

Introduction

YC's are children and young people aged 18 or under who help to look after a family member who is ill with a condition, such as a physical or mental health condition, physical disability, or an alcohol or drug problem (NHS, 2018). According to the report, 'The lives of young carers in England' the care provided by children may be long or short term and, when they (and their families) have unmet needs, caring may have an adverse impact on children's health, wellbeing and transitions into adulthood (Department for Education, 2017).

YC's may take on many caring roles in the home such as providing nursing or personal care, domestic tasks such as washing, shopping, cleaning and cooking, or give emotional support (Barnados, 2018). However, they should not have the same responsibility and roles as adult carers (NHS, 2018), as YC's may miss out on the opportunities to learn, play or socialize with peers as they undertake adult roles and responsibilities, which according to Barnados (2018) may result in isolation, being bullied, poor educational outcomes and a decreased chance of a normal childhood. YC's often miss school and YC's aged between 16-18 years will be twice as likely to not become NEET, not in education, employment or training (Carers Trust, 2017). YC's often do not ask for help for fear of being taken into care or letting the family down which may result in immense pressure and stress at a young age (Barnados, 2018). The Children and Families Act and Care Act 2014, which came into force in April 2015 strengthens the rights

of YC's. Under changes to the Children and Families Act; all YC's under the age of 18 have a right to be assessed regardless of what type of care they provide, how often they provide care or who it is for. The assessment can be requested by the YC or based on the appearance of need, meaning YC's do not have to request an assessment. Changes to the Care Act means a whole family approach should be taken when supporting and assessing adults to enable YC's and their needs are identified (Carers Trust, 2018).

The purpose of the report is to explore some of the experiences of YC's within the London Borough of Bexley (Bexley). The report was undertaken as the Healthwatch report; 'Emotional Wellbeing of Children and Young People aged 11-19 years in Bexley', found that 20% of young people self-reported as having a caring role at home (Healthwatch Bexley, 2017). The 2011 Census, found that in there were 506 YC's aged between 0-15 years old in Bexley, but this figure is likely to be an underestimate as the census asked parents rather than children (bexley.gov.uk, 2014). Based on the work IMAGO have undertaken in Kent, IMAGO estimate that there may be as many as 1500 YC's aged 0-16 years old in Bexley Borough, almost three times the number reported in the 2011 Census. Nationally, it is estimated that there are 700,000 YC's in the UK (Carers Trust, 2017) but again this figure may be an underestimation as many YC's often remain hidden and do not seek help or acknowledge that they are carers, demonstrating that the true number of YC's may not be known (NHS, 2018). The Carers Trust suggests that there are probably YC's in all schools and colleges (Carers Trust, 2018).

Methodology

Section 1 of this report is based on a combination of quantitative and qualitative data collected on three visits to Bexley Young Carers Chill Club. A focus group was held in July 2017, with 14 members of Chill Club (CC). From the focus group it was decided by Healthwatch and the Chill Club team that any future engagement should be fun, informal and based around games and activities. At the focus group, the YC's reported that they generally did not like talking about being a carer, or expressing their feelings, they also talked about the problems they experiences with school life, friendships and support.

After the focus group, two engagements took place during CC sessions in October and November 2017, where 13 members were asked short questions, took part in activities and played games. Members of the Healthwatch team and CC facilitators took notes and recorded answers to questions.

Activities and games played included:

Throwing bean bags or bouncing ping pong balls, into colour coded boxes or cups to answer questions. Pink represented yes, green represented no and yellow indicated an answer of not sure/sometimes or don't know, depending on the question. For example to answer yes the bean bag was to be thrown into the pink box, no into the green box and not sure into the yellow box. The YC's stated which colour they were aiming for and the YC's who threw most accurately won vouchers for the CC. The vouchers were kindly donated by "The Entertainer" toy shop in Bexleyheath.

Those attending the CC were asked to write how being a carer affected them most and put their answer on a post card which was put it into a Healthwatch postbox. This was done anonymously to encourage open and honest answers. Alternatively those not able to attend the CC discussed their response with a member of the Bexley Young Carers Team in their school.

Young carers made posters saying how they felt about being a carer, whilst those not attending discussed how they felt with a member of the Bexley Young Carers Team in school.

The CC group also took part in other activities such as learning a simple relaxation technique, talking about the five ways to wellbeing, putting comments into a thoughts box, decorating a T-shirt, and 'ticking' or putting stickers on posters to share their experiences.

Questions asked or topics discussed were drafted by Healthwatch and to ensure the questions and wording were appropriate, any questions asked were agreed in advance by the Bexley Young Carers team.

Questions and topics discussed related to:

- School
- Friends
- Feelings and talking
- Support
- Looking after yourself

YC's who engage with the Bexley Young Carers project but are unable to attend the CC, were asked by members of the Bexley Young Carers team to complete a short questionnaire. This resulted in six responses. Where the questions asked of the CC members are the same as those unable to attend the CC, the responses have been combined in the results. For example both groups were asked "How does being a carer make you feel?" but only those attending the CC were asked questions or discussed "looking after themselves"

In total 19 young carers took part in this study over three sessions. The gender of those who did not attend CC was not recorded. Of those who attended the CC, 7 were girls and 6 boys. Those who took part only answered questions they felt happy to answer and participation was anonymous, optional and with parental consent obtained by the CC team.

Section 2 of this report comprises of three case studies provided by Bexley Moorings, who offer a young person's befriending service. Although the service is not specifically for YC's, YC's are sometimes identified by Bexley Moorings after being referred by Family Wellbeing or social services. The YC's are signposted to Bexley's Young Carers run by IMAGO but are either unable to or reluctant to access other services on offer in the borough. This may be because they are unable to travel to the services on offer or do not want their school to know they are YC's. YC's are sometimes taken out of lessons which draws unwanted attention on them and raises questions with their peers.

Section 3 of the report looks at five case studies of YC's who have accessed the Bexley Young Carers project. The studies highlight their individual support needs and how these have been addressed.

Limitations

Healthwatch acknowledge that this may not be a representative sample of YC's living in Bexley, as only a small number of YC's who engage and are known to Bexley Young Carers project took part in and contributed to section one of this study. The study is based on the self-reported views and experiences of a small sample of 19 YC's, 13 of whom were able to attend CC and 6 of whom engaged on a one to one basis in a school as this was more appropriate to their needs; as they may be unable to attend activities outside of school. Alternatively, section two and three of this study only looks at three YC's who engage with the Bexley Moorings project and five YC's who have engaged with the IMAGO Bexley Young Carers project. Therefore; the results of this study may not be generalised to all YC's in Bexley. The results do however provide a starting point for discussion and further exploration which schools, commissioners, service providers and the wider community, may be used to inform future priorities and strategies.

The report may be distributed to secondary schools in Bexley, Bexley Local Authority, Health and Wellbeing Board, Overview and Scrutiny Committee, Oxleas NHS Foundation Trust, Bexley Clinical Commissioning Group, Healthwatch England, BVSC, community groups and other stakeholders.

Section 1 Results

The results in section 1, will be presented as a collective response from those who did and did not attend the CC. Any significant differences between groups will be stated. Please note that not all YC's answered all the questions or took part in all the activities which accounts for the differing (n) numbers.

Summary of main findings

Feelings

How does being a carer affect you most (n15)?

The responses are as follows:



How does being a carer make you feel (n15)?

The majority of those that were able to attend CC gave a positive response to this question, mentioning feeling happy.

"Happy because I am helping mum and she always says thank you for being helpful"

"Happy because I am helping my brother"

"Stronger because it pushes me to do more scarier things"

One described feeling

"Annoyed sometimes as I just start playing on my Playstation or get to a good bit and mum keeps calling me again"

Others described feeling:

"Sad because I miss out on things and don't get a chance to see my friends"

"Sad because sometimes my brother says he is going"
(This would leave the respondent without as much help and support with the caring role).

In comparison all the responses from those not able to attend the CC were more negative.

"I worry a lot when I am at school and this can affect my work"

"I feel guilty when I go out with my friends, sometimes I will decide to stay at home because of this guilt"

"I feel stressed about looking after my dad and this makes me feel sad"

Comparing these two groups, may show; that taking time out from caring responsibilities is vital as it has a positive effect on wellbeing, helping to decrease feelings of stress and guilt, as those who engaged in activities outside the caring role generally felt more positive toward their caring role. Attending activities such as the CC provides young people with the opportunity to have fun with their peers in a non-judgmental setting, giving them the chance to meet other young people who understand what it's like to be a YC. Although, it may also demonstrate that those who are able to attend the CC, may have more support or a caring role that enables them to take short break from caring.

Support and friendship

When asked “Who have you told that you are a carer (n19)?” 53% of young carers had told other family members that they had a caring role at home, 42% had told friends, 26% a teacher, 37% another adult in their school. Only 5% had spoken to a counsellor and 21% had not told anyone apart from Bexley Young Carers.

Who have you told that you are a carer (n19)?

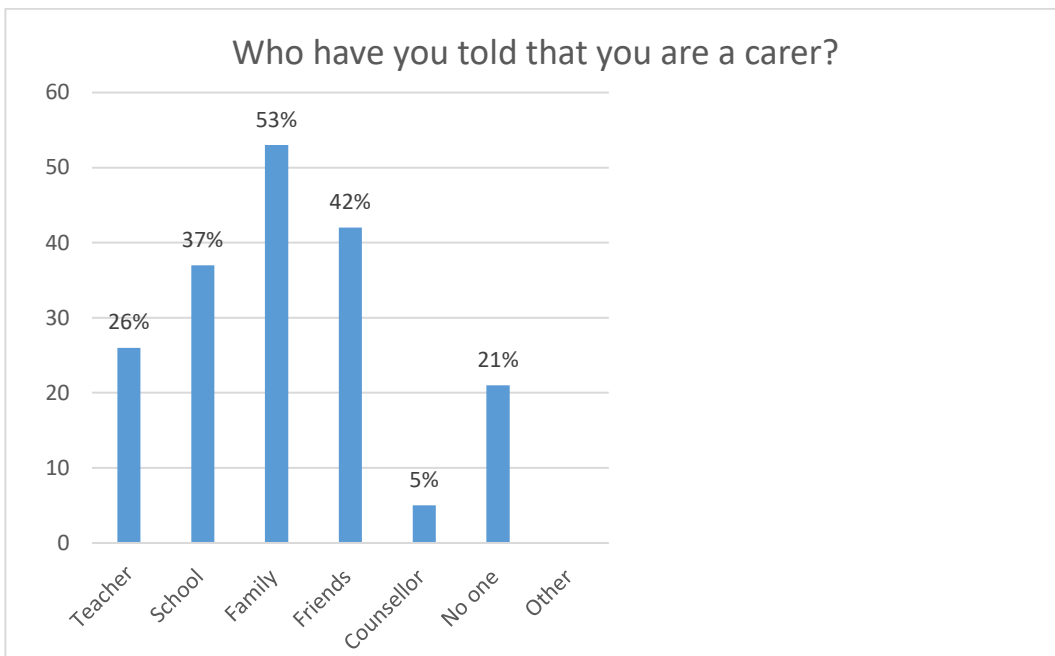


Table 1

Do your friends know that you are a carer (n19)?

Only 32% reported that they felt happy telling friends about being a carer, 21% had told some close friends and 47% had not told their friends about their caring role. The group told us they felt “judged” “embarrassed to be different” and that others would “not understand or would “ask too many questions” suggesting it was easier not to tell friends.

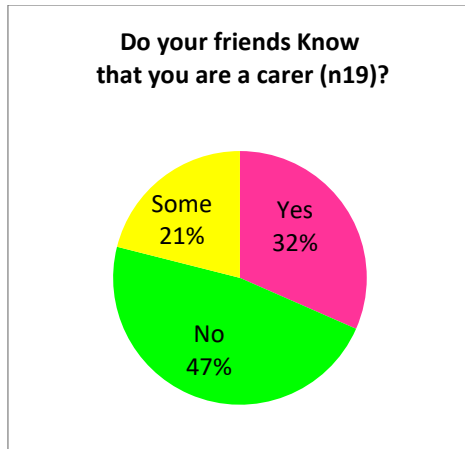


Table 2

- "I would get lots of questions from friends and I don't like it"*
- "They won't understand what I have to do"*
- "I can't share my emotions it can be really hard to talk sometimes"*
- "I like to keep my home life private"*

When asked "Do you worry what might happen if you tell people that you are a carer (n17)?"

47% worried what might happen, and a further 6% reported that they sometimes worried. Alternatively, 47% were not at all worried about what might happen if they told people they were a carer. According to Barnados (2018), many young people are afraid to tell others about being a carer as they are scared that Social Services involvement will result in them being taken away from the family home, rather than being a supportive intervention. This view may be influenced by an often negative portrayal of Social Services by TV and the media (The Conversation, 2017) with widely viewed TV shows such as Eastenders showing children being taken away from the home rather than showing the support Social Services offers (Pike, 2017). They may also feel that friends may not understand them, or treat them differently or that they be letting the family down if they have to ask for help.

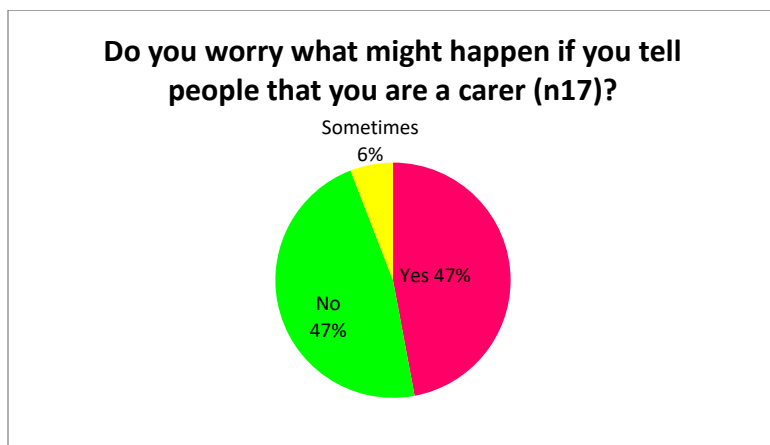


Table 3

Over half of the group (n17) talked to friends or family if they needed to talk. Whilst 26% and 37% (respectively), felt able to talk to someone at school or a teacher.

Of those attending the CC 92% felt that they were supported or sometimes supported and 92% also felt supported or sometimes supported by friends who know about their caring role. In comparison, of those not able to attend outside activities such as the CC, only 33% felt they had support from friends. 36% (n11) of CC attendees said they feel / sometimes felt isolated and 64% reported that they did not feel isolated. Taking time out from caring, to attend activities and clubs such as CC appears to make young people feel more supported and allows friendships to build with others who understand giving a sense of normality for a few hours.

Only 54% of those attending CC (n11) felt recognized or sometimes recognized as being a carer outside of the close family and CC. However, recognition can only happen if young people are willing to talk about their caring role outside of the family and close circle of friends without feeling stigmatized or fear of what might happen, with those who may be able to offer support and help. Taking time out from caring, to attend clubs such as the CC makes young people feel more supported, allows friendships to build with others and brings a sense of normality for a few hours.

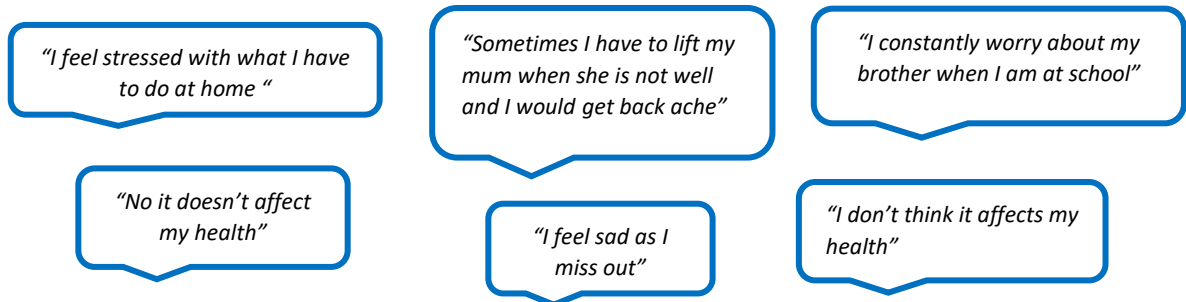
Young carers told us what would make life easier for them (n19):



During the focus group, older group members were asked if they knew what a ‘young carer’s assessment’ was or if they had ever had one. Those asked had not heard of a ‘young carer’s assessment’ and were confused by what it was. This may be because Bexley Young Carers identify the assessment as a ‘Young Carer’s Questionnaire’ to make the process less daunting. All the YC’s at CC would have had a recent assessment. The purpose of an assessment is to help identify an individual’s needs and how they might affect wellbeing, so that help may be identified and put in place (Local Government Association, 2018). The YC’s who attended the CC Healthwatch fun sessions, were not asked if they had heard of a young carer’s assessment or were aware of having an assessment. It was decided by Healthwatch and the Chill Club team that it would be too confusing especially for younger members of the group.

Looking after yourself

When asked if they felt being a carer affected their health, young carers said (n13):



Only one young person from those attending CC reported that they were able to visit the doctors, opticians or dentists if they needed to and the majority of the group felt they only sometimes had a healthy diet, stating that they "snack too much." Less than half, 38% said they were able to exercise regularly, reporting that they took part in a variety of activities such as PE, dance, football, basketball and rugby. However, these activities were generally all undertaken during the school day rather than outside the school setting. Regular physical activity is known to be particularly important for young people as it has been shown to have psychological benefits by improving young people's control over symptoms of anxiety and depression. It can also help in maintaining a healthy weight and with the social development of young people by building confidence, social interaction and integration (WHO, 2017).



YC's may face many disadvantages as they spend so much time caring and this may affect their own health and wellbeing. According to "Meeting the health and wellbeing needs of young carers" (Local Government Association, 2018) YC's are one and a half times more likely to have special educational needs, disability or long term illness. Therefore it is important that they are able to access health care services.

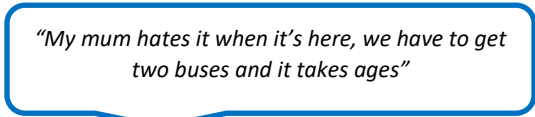
Taking time out

CC is an intervention for YC's who are assessed as being at medium to high risk of inappropriate or excessive caring. Therefore, CC is the main activity undertaken by the young carers we engaged, and for many this is the only activity they could attend outside school.

Those who are able to attend, attend bi monthly sessions after school where they can meet friends and play games. When asked what they thought about the CC, all those attending were very positive. Comments included:



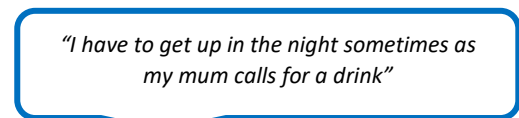
The CC is held bi-monthly in either of two venues, one in the north of the borough and one in the south of the borough. Some members of the group found traveling across the borough to attend the club difficult, expressing that it took several busses to get to the north of the borough from where they lived. This may deter YC's from attending the group or deter those bringing them.



Sleep

Sleep is important for young people as a lack sleep affects how you feel in the daytime and can lead to decreased concentration, alertness, poor academic outcomes and feelings of sadness and irritability. Those attending the CC were asked if they provided care during the night. 83% (n12) provided care or sometimes had to provide care during the night, whilst 17 % never had to undertake caring roles during the night.

Despite this, 67% (n12) felt that their caring role did not affect their sleep, but when asked if they felt tired during the day 75% reported that they often or sometimes felt tired as a result of being a carer.



School

Most of the YC's we listened to; 68% (n19) told us that they felt being a carer did not affect life at school. Whilst 63% (n13) stated that someone at school such as a teacher knew that they had a caring role at home which may affect their school work.

"My homework is done on time"

"We live in temporary accommodation with no wifi so we can't always do our homework"

"I have to ask for help with my homework"

When asked if they felt their teachers/school understood what it's like to be a carer. Of the 17 that answered, 35% said yes, 41% no and 24% thought teachers and school sometimes understood.

Despite telling us they felt caring did not affect school life, 69% told us they were late or sometimes late for school (n13). Whilst, 62% (n13) told us their homework was never or only sometimes completed on time and 33% (12) said they sometimes missed school because of being a carer.

"I am late for school as my mum can't go fast, it really hurts her"

Support in school

36% (n11) of those we engaged with where unsure if help and support was available to them in school. The support mentioned included CHEWS, CAMHS, Chill Club and counselling.

"Support is really good in my school, I've got a worry book to write in and they talk to me if I get upset"

"My school does really well; there are teachers to talk to and community reps"

When asked what would help in school:

"Training for teachers about young carers so they don't treat us like we are being naughty when we don't hand in homework on time because I have to care for mum at home"

When asked if they would like to meet other YC's in school 58% (12) said they would, but 25% would not. They expressed that it was easier to meet other YC's at the CC, as they felt understood and did not have to talk about being a carer unless they wanted to. They weren't made to feel different or singled out as being a young carer in a special group. Some of the group did not like to be taken out of lessons in school, as this raised questions from peers and made them feel conscious, highlighting that they were different.

Section Two: Case Studies from Bexley Moorings

Pseudonyms have been used to anonymise all of the case studies in section two.

Case study 1

Alan is 10 years old and was referred for support as a young carer. However, Alan's mum feels that Alan is not a young carer and that he would not be able to attend activities outside the home as she can't get him there. Mum is a single parent and would have to take other children with her on the bus to get Alan there. Mum also has safety concerns about the journey as she has expressed difficulty in managing one of her other children who has additional needs. Alan is about to transfer to secondary school and has concerns around bullying. Alan has been identified as having little self-identity as he is always putting others first. Alan has been observed in the home caring for siblings. Alan does not like being singled out and is unsure about being taken out of class. Alan has now been given a befriender who will try to build his confidence and work towards helping him in accessing the additional support he needs either before or as he transitions to secondary school.

Case study 2

Bill is a young person who has just been matched with a befriender. Bill is just turning ten and cares for his siblings and mum who has MS. Bill does not wish to access support as a young carer and in fact, is very much in denial of his role in the family. Mum struggles to remember things and additional support is provided through social care and transport etc for the children in accessing school. Bill presents as very polite and pleasant when with adults and peers, and at home Bill is aware how to organise the family. Bill has been witnessed portioning out food, maintaining a family calendar etc. The befriending match will help give Bill space to talk about his feelings and encourage him to relax, be a child and not worry about monies. Bill has mentioned doing one after school club as it was free but another would cost money. This is being followed up with the school to see if financial support could be offered.

Case study 3

Celia does not like being singled out within school and actually does not like being offered a dedicated group as she does not like being "special".

In all the cases the young people are in need of help in accepting that they are YC's, and in celebrating their role. The need for a service which fits around their needs such as picking them up and returning

them home from services, would help take pressure off the YC's, without adding to the parental pressures of not being able to access services due to lack of transport or in the case of Alan (Case study 1), the parent limiting access to activities due to the additional need of the sibling which makes public transport difficult. With Bill (Case study 2), transport is provided to school for the children but there is no transport outside school and due to parents memory issues they may forget the child is due at group or to collect them. These case studies demonstrate that when looking at service provision YC's have the same rights as adults to be able to choose the services they engage with, and should be supported in their decision to do so.

Section Three: Case Studies from Bexley Young Carers

Pseudonyms have been used to anonymise all of the case studies in section three.

Case study 1

14-year-old young carer Dan, helping to look after his brother. Referred by social care and his first Maca Panoc score suggested a low level of caring. After a Child in Need meeting at the family home, it was apparent that mum also suffered with multiple health concerns, after recently having a stroke and loss of mobility and speech. An older sister was doing a lot of the caring at home as well as her studies.

We arranged a 1:1 at the school, reviewed his My Life Now and he spoke about how he often worries about mum. We discussed how to cope with our worries and who we can talk to. After 6 months, we repeated the Maca Panoc which resulted Dan scoring a medium level of caring. An update from the school showed that social care had closed the case, although school still had concerns about home life. The school also reported great difficulty communicating with the sister.

We contacted the sister, who said they were struggling with Dan's behaviour at home and that mum was doing well. We invited the Dan to Chill Club and asked his sister to resume contact with the school. In the next 1:1, we discussed home routine and any help that Bexley Young Carers may be able to provide. This linked well to a feeling activity that we completed. At times Dan can struggle to express his feelings. Dan said that his relationship with his sister changes from time to time; we supported Dan to speak to his sister about his feelings so that she can support him at home. Through conversation with the school we decided to hold a joint home visit to plan how we can support the family further. At the visit, it became clear that his sister had a lot of responsibility at home as well as her college studies. His sister was being supported by Bexley Young Carers however now that she is 19 years old we have signposted her to adult young carers. We spoke to adult young carers beforehand to understand the service and how to make a referral and informed her that she can access 1:1 support; however, she would have to join a waiting list. His sister informed the school that she does not know what Dan is doing at school or how he is getting on. The safeguarding lead said that she would be able to get the teacher to send home an email with school progress, to help with home school communication. Dan's younger brother was at home due to school closure, his younger brother is diagnosed with autism and is non-verbal and we observed that he needs a large amount of care. We suggested respite activities. His sister commented that it was suggested previously however, her mum was not too keen on the idea. The safeguarding lead said she would make progress with that and get back to the family as soon as possible. We have also made a referral for mum to adult social worker, as it would be a good

opportunity to gain more independence. The safeguarding lead has contacted the younger brother's social worker who arranged with the family. We also spoke to the college on the behalf of the sister to inform of the home situation and request any additional support that they can provide. They responded that they would inform all her tutors of the circumstances and talk to her about counselling. This is an ongoing case, which will hopefully result in an adult social care assessment for mum and respite for the younger brother. This will not only take pressure of his sister but also reduce the inappropriate care being provided by Dan.

Case study 2

Ellen is a 12-year-old carer looking after mum who has a physical disability. At home, it is mum and Ellen and so the Young Carer can take on a large caring role. Ellen had previously been home schooled and it put pressure on the home environment. With the Young Carer turning 12, it was a priority to enroll Ellen into a school. Key needs identified included socialisation with other young people their own age as well as gaining further independence.

We carried out our 1:1 sessions at the home and we would discuss how sometimes Ellen found it difficult in a new environment with new people. Ellen was shy and enjoyed their own company. With the help of the social worker, Ellen started a new school. Since then, we have seen them in school and at our workshops. Ellen has grown in confidence and settled in quickly into the new routine and environment of school.

Ellen was concerned about her school work; however, after several weeks Ellen feels more comfortable with school work. Ellen has made a good group of friends at school and enjoys the independence of traveling on the bus to and from school. The school has provided feedback that Ellen has settled into the school environment well and the teachers noticed Ellen's positive attitude and work effort. This has been a major positive change for Ellen who has adapted well.

Since starting school, we have seen Ellen's confidence grow as well as their independence. The young carer has settled to the school environment well and the routine that comes with school. At home mum now has help, a paid for carer provided through an Adults Care Assessment, initiated by us, this relieves pressure on Ellen and lowers the risk of inappropriate care.

Case study 3

Fay (15) was referred by Bexley Social Care. Fay cares for mum (substance misuse). The assessment showed that Fay was very isolated and so with support began to attend Chill Club. Fay enjoyed being part of the team and engaged with the younger children and activities. Fay's assessment and subsequent intervention showed low self-confidence and the struggles she faced in school. Together with Fay, we worked with school to make them aware of issues and ensure support in place at school.

Fay's confidence and engagement with others grew in a very positive way because of attending workshops. Fay was supported by Bexley Young Carers with choosing forward options due to leaving secondary school shortly, another area causing Fay concern. The options available and the difference between sixth form and college were explored. Although Fay found it challenging expressing feelings and emotions, the interventions provided the opportunity to discuss this.

During the most recent 1:1, Fay was re-assessed. She expressed that life was much better and that she no longer feels like a young carer, her new assessment scores reflected this. The assessment showed that the opportunity to socialise and not feel alone was very important. Work was completed with Fay to locate local clubs and universal provision, which she now wishes to take part in, and is looking forward to starting college in September.

Fay's journey with Bexley Young Carers has seen her grow in confidence; she feels that she no longer needs to come to Chill Club and is able to cope with her caring responsibilities and college.

Case study 4

Gina is 16 and was referred by family wellbeing. Gina cares for her dad who suffers from neuropathic pain disorder and mental health. During family support meetings, concerns shared included Gina's school attendance, hygiene and health. 1:1 sessions would work well with Gina and signposting for peer support. During the 1:1 at school, Gina completed a My Life Now and attendance was improving along with hygiene. There was a concern with Gina's weight and she started to attend a clinic to help with this health issue. Gina shared that she feels she is getting better. Gina's Maca Panoc was high and it seems Gina does a lot of caring for dad at home.

After 3 months, Gina's attendance started to drop again along with her hygiene. During the 1:1, we spoke how important attendance is important and how it can affect her attainment, Gina said she would work to improve both attendance and grades. The home situation had not improved and her sister was thinking about not going to university due to looking after her dad. Sadly, Gina's mother passed away earlier in the year and this had an impact on her caring role as dad expected his daughters to take care of everything at home and for himself. Family Wellbeing then closed their case. It was difficult to engage Gina at first as our planned meetings would be cancelled or rearranged due to Gina forgetting about the catch up or feeling ill. We continued to arrange 1:1s as it was clear Gina needed support, as she was replying to our emails and messages. In one message, Gina informed me of an interview that she was attending. We managed to meet at the library. Gina seemed well in herself. I asked her about the interview for the retail position; she said she was awaiting a response. Gina did not receive the grades to get back into school, and there was little support from the school. Gina informed me that she is applying for apprenticeships and is being very proactive. Whilst at the 1:1 I showed websites that Gina could access for useful information and advice about different job roles. Gina spoke about home and how it is difficult with dad, he has good and bad days. Her older sister is not around much to help with dad. Gina struggles and it can become frustrating for her. We spoke about free time, as Gina feels that her dad "guilt trips her".

Gina had not had any support with coping with bereavement so was signposted to an appropriate service. Concerning excessive amounts of caring for her dad and not receiving the free time that Gina needs we discussed a referral to adult social care for an assessment of her father which resulted in an Adult Care Assessment and a package of support measures being put in place. Gina is now attending college normally and socialising with her peers. Personal self-care has also improved.

Case study 5

Hannah a 13-year old young carer was referred by family wellbeing who helps look after mum who suffers from mental health and health/pain management issues. We attended a family support meeting at the family home where her sibling and Hannah completed the Maca Panoc. This showed that Hannah is a medium level of risk of inappropriate caring. The support that we put place for the young carer is regular 1:1, our aim is build a rapport with Hannah to enable her to express her feelings and to work through any worries or concerns she may be experiencing in her caring role. We invited Hannah to Chill Club, but she showed very little interest in attending so we continued 1:1 and Family Wellbeing closed the case. In our first 1:1 Hannah seemed shy but willing to engage with the session. We started the My Life Now together and completed the wheel in which Hannah scored some low numbers. Hannah felt that caring impacts on her quite a bit however has found the strategy of music as a calming technique. We encouraged Hannah to use this tool as and when she feels she needs to as it is a good coping mechanism. Following the 1:1 Hannah disclosed that she had been self-harming, we made appropriate referrals into support, including informing the school and GP. Additionally, Hannah requested to continue seeing her Bexley Young Carer support worker for 1:1 support rather than the school counselling service as she did not want to explain her story again and people at school “knowing all about me”. We worked with her to access appropriate support in the community.

The case studies from Bexley Young Carers demonstrate the level of targeted intervention and assessment methods used by the Bexley Young Carers project. Interventions are specifically adapted to suit each YC’s needs, as plans are made with the young carer, rather than for the young carer. The Nottingham University Maca Panoc and Pisa tools, and the Carers Trust, “My Life Now” tool are an effective way to provide an evidence base and monitor progress.

The Maca Panoc and Pisa tools can be accessed via the following link:

https://professionals.carers.org/sites/default/files/manual_for_measures_of_caring_activities_and_outcomes_for_children_and_young_people_-_2nd_edition.pdf

My Life Now can be found at:

https://professionals.carers.org/sites/default/files/trust_template_my_life_now_individual_assess_planning_ct.pdf

Conclusion

Many YC's may remain hidden and are unwilling to let schools or friends know they are a carer. This may result in YC's being under represented and not accessing the help available to them. Therefore, it is important that professionals, schools, charities and other organisations that come into contact with young people work together and are trained to recognise those who may be a young carer. This may help with the identification of YC's who can then be referred to the appropriate services and access help if needed. It would also help to give a more realistic figure of the amount of YC's in Bexley, as it is estimated that there could be almost three times as many carers in Bexley than found in the 2011 Census (bexley.gov.uk, 2014).

Attending the CC appears from this small study to have a positive effect on wellbeing, decreasing feelings of stress and giving YC's a sense of normality, even if only for the time they are at the carer's group. In contrast, when asked how caring affected them most, those unable to take time out to attend the CC appeared to have a more negative outlook. They expressed feelings of guilt if they left the person they cared for. However, this may be a reflection of differing levels of caring, with those unable to attend a CC having less support to take a break from caring even for one evening bi-monthly. As CC offers a rolling programme of activities YC's will not have completed the full 12 week programme (Appendix 2). Therefore, the YC's views and attitudes may change after they have had further 1 to 1 or group support and completed the full 12 CC programme.

The YC's in this study generally did not like to talk about being a young carer. They felt they would be judged, or were letting those they cared for down by talking. Some were worried what might happen if they told friends or professionals about the caring roles they undertook. However, those that had told friends, teachers or attended CC benefited from feeling more supported and recognized as carers. The often negative media portrayal of Social Services may influence YC's decisions to seek help and increase their reluctance to tell others that they are YC's. This is a National problem for Social Services and is not isolated to Bexley or YC's, as negative media portrayal may also influence adults, who believe Social Services are interfering rather than a supportive intervention (Mason, 2018, Quinn, 2017). Recently, Social workers criticised an Eastenders story line that dramatised children being taken away from the family home (Pike, 2017). More could be done nationally and at a local level to demonstrate the positive, supportive role of Social Services. Better understanding by the general public, of the role social services plays in society as a supportive intervention is needed to improve society's perception of their interventions (ie they do not just take children away from the family home).

In this study, YC's did not generally feel that being a carer affected their school life but the majority reported being late, while some described missing school or not handing homework in on time. They also reported sometimes having a caring role at night and feeling tired which may affect school work.

One third of the YC's attending CC sessions reported that they were unsure of what help may be available to them other than attending the CC. IMAGO are commissioned to provide a bi-monthly CC service across the borough which the YC's found enjoyable and beneficial. More regular meetings and more locations may open up the group to more YC's particularly those that experience difficulties travelling across the borough by public transport. However, CC is offered to those at high to medium risk

and they may not be able to attend or need more frequent sessions, especially as CC is only part of the YC's personalized intervention plan.

Training such as resilience training and confidence building should continue to be offered to YC's so that they can develop the skills they need to be a carer, especially as some may continue to become adult carers. Many young people may face challenges, but YC's have a lack of social time which may lead to a social skills deficit and an intolerance of others behavior which they may view as childish and carefree. This may lead to the YC's feeling isolated. Therefore, continuing to build resilience with peers who are not YC's, outside of CC is also important to help YC's integrate with peers.

YC's have to grow up quickly undertaking adult roles and learning skills such as looking after the home or siblings. YC's have mentioned administering medication and lifting those they care for. Therefore, although these may not be tasks they should be undertaking at a young age, the CC sessions that cover these topics are important in protecting YC's and giving them the vital skills they need to care safely for others.

The Bexley Moorings case studies, in section two, demonstrate that YC's who choose not to engage with Bexley Young Carers, may be supported by other interventions, such as the Bexley Moorings Befriending project. Whilst the Bexley Young Carers case studies, in section three, demonstrate the range and depth of personalized interventions offered by Bexley Young Carers.

Recommendations

- When dealing with adults and young people, professionals could be more aware that young people may be YC's and do more to identify them so that they can access any help, training and be referred to the support available. We recommend that funding is secured to deliver a programme of workforce development training for schools, family wellbeing and other professionals. Social prescribers and Health Champions could also be trained to talk about YC issues and make appropriate referrals and signpost to services when talking to adults.
- Increase awareness of caring to de-stigmatise the caring role amongst young people. This may help encourage young people to talk to teachers, friends etc without fear of being taken away or judged. This could also be addressed through a workforce development programme and schools taking up the Carers Trust in School Award. www.youngcarersinschool.com/the-award/
- More awareness and training for teachers to identify YC's so they can understand the problems YC's face and make adjustments in school if needed. This could be addressed by a workforce development training programme and schools taking up the Carers Trust in schools award. www.youngcarersinschool.com/the-award/

- That schools, once they have identified YC's should ensure this is recorded and transferred when transitioning into secondary school. This data can also be used when allocating pupil premium spending as Ofsted recognize YC as a vulnerable group.
<https://www.gov.uk/guidance/pupil-premium-information-for-schools-and-alternative-provision-settings>

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Appendix 1

An overview of Bexley Young Carers, a service run by IMAGO

IMAGO, have been working with YC's in Kent, East Sussex and London for over 25 years and have the strapline "Young Carers are everyone's business." Over the last couple of years since being commissioned to provide services for YC's in Bexley they have identified 400 YC's. YC's are mainly identified and referred via schools and Family Wellbeing, followed by Social Care, self-referrals, health and other statutory, voluntary and community sector organisations. Bexley Young Carers offers a single point of entry via a Central Hub manned by trained staff who; take referrals, provide information and advice, escalate safeguarding or crisis issues and ensure referrals are dealt with promptly (within two days). The referral pathway can be seen in more detail in Appendix: 3. Bexley Young Carers provide a 24/7 online service and out of hour's facility, and currently there is no waiting list to access services. Bexley Young Carers work with many agencies and professionals to identify and support YC's such as schools and CAMHS (Appendix: 4).

When the London Borough of Bexley commissioned the service in 2016, they stipulated that the Nottingham Assessment Tool for Young Carers should be used which IMAGO took part in the development of; in 2008. Bexley Young Carers uses three key aspects of the assessment tool MACA, PANOC and PISA. The tool may be accessed via the following link:

https://professionals.carers.org/sites/default/files/manual_for_measures_of_caring_activities_and_outcomes_for_children_and_young_people_-_2nd_edition.pdf

Bexley Young Carers also uses a goals based action plan for YC's which takes into account the YC's emotional, health, educational, social and leisure aspirations. They use the Carers Trust "My Life Now" planning tool to help YC's overcome barriers and achieve their aspirations. The tool may be accessed via the following link:

https://professionals.carers.org/sites/default/files/trust_template_my_life_now_individual_assess_planing_ct.pdf

YC's plans and assessments are reviewed regularly to monitor progress and change and the Nottingham University PISA "Me and My Young Carers Project" (Link above) is used to provide evidence of the impact interventions have had on YC's lives.

Chill Club is an intervention for YC's aged 8-16 who have been identified as having a medium to high risk of inappropriate caring and may feel socially isolated as they are not accessing activities outside the home. CC offers YC's a bi-monthly support group/respite, where they can meet other carers, chat, play games, take a break from caring and learn new skills to support them in their caring role. The sessions are designed to build confidence, self-esteem, social networks and help the YC's develop interests outside of their caring role. CC is a rolling programme of 12 sessions which uses individual and group work. The sessions include the following topics:

- First Aid
- SAFE: IMAGOS award winning youth mental health programme
- Health and Wellbeing
- Heritage and community
- Nutrition

- There are Hands That Care: an artistic/creative project
- Fire/ Safety in the Home
- How to get the best out of adults
- Financial
- Teamwork
- Seasonal cookery and Art Project
- What to do in our free time

Further details can be found in Appendix: 2

YC who are either unable or unwilling to attend the CC may be visited in a school setting or the community by members of the Bexley Young Carers team. CC is only a small part of the service Bexley Young Carers offers and is based on the YC's level of risk. This group is not offered to all YC on the project as those at lower risk often access universal activities. Low level support includes information, advice, guidance and digital support is via a Young Carers Hub, a website designed by YC's and social media presence such as Facebook and Twitter. YC's are also supported on a 1-2-1 basis, in small groups mainly in schools, and as a family. Older YC's may mentor younger carers and Advocacy support is also available. The level and type of intervention offered is based on individual needs and YC's are involved in the planning of their interventions to help develop independence.

Appendix 2

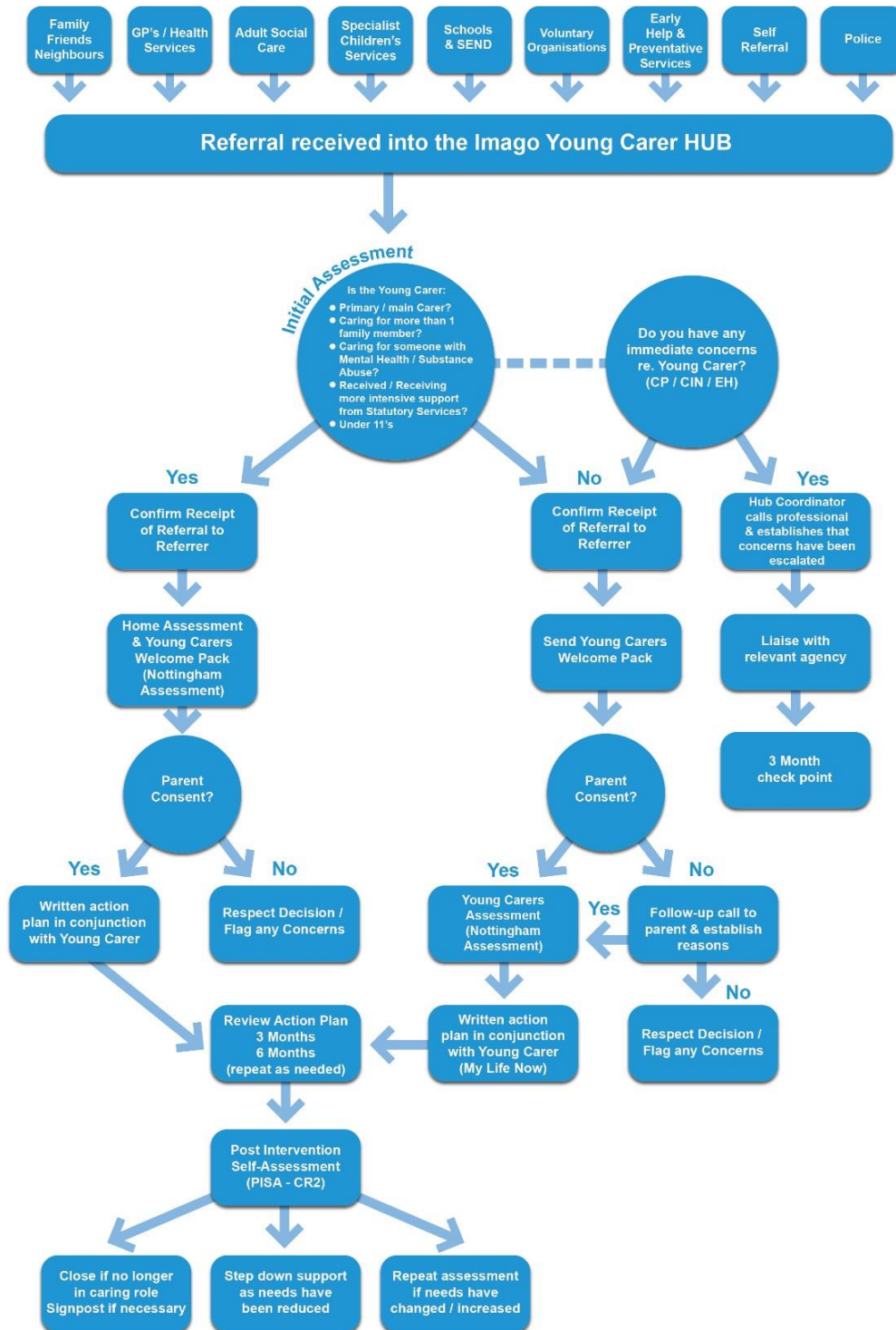
Chill Club Session Plan

The 12 sessions are: -

1. First Aid – to cover; choking, resuscitation, heavy lifting, seizures
2. SAFE – our award-winning youth mental health program resources used to cover; Positive relationships, cyber bullying/social media, Isolation, fear of failure and Emotions are ok
3. Health and Wellbeing – introduction to 6 ways to wellbeing, use of basic yoga stretching to help with themselves and cared for, mindfulness, happiness jars, diaries etc.
4. Heritage and Community – to cover; from the CC venue to get YC's into teams with a list of challenges/things to spot walking around the area for max of 20mins and to keep them thinking/inspired about their town, having Community Wardens advise on how to stay safe within their area, be streetwise, build confidence on using public transport etc.
5. Nutrition – to cover; Sugar awareness/swap, cooking simply and to a budget, building recipe books for each to keep, cooking during club and eating together, eatwell plate
6. These are the Hands That Care – an artistic /creative project, which addresses how YCs feel about their caring role and the person they are caring for - outputs are used for awareness raising, social media, artistic installation, can be used in conjunction with the fish pebble project representing the cared for
7. Fire /Safety in the Home – visit to a fire station or talk from local fire brigade to discuss ways to keep the home safe, how to deal with fires and why smoke/CO2 detectors are important
8. How to get the best out of Adults - session designed to allow young people to understand child/adult/parent states of mind – and demonstrating an understanding that age is almost irrelevant. It teaches communication skills between peers, authority and parents and considers examples of how certain transactions between people can be taken depending on your own personality.
9. Financial Money Wise Skills – geared to the age of the children in the group – to help understand that we all have needs and wants and these are different between people, that there is a need to look after our money, planning, budgeting, saving, and what to do in an emergency – warnings around payday lenders etc. – where to seek help if the family is struggling
10. Teamwork - What is Teamwork and how can we use it? What skills do we already have? How can we use these skills? Understand what Teamwork means and how we can use transferrable skills, build positive relationships with peers and improve our communication
11. Seasonal Cookery and Art Project – based upon the time of year – Halloween, Christmas, Easter, Chinese New Year, Eid, Diwali etc. – an opportunity to celebrate a cultural or religious festival through food and creativity.
12. What to do in our free time – presentations from other youth provision/clubs/sporting clubs to encourage interests in other youth activities /peer group work, taster sessions, visits etc. content of session dependent upon what is available in the local area

Appendix 3

Referral process and assessment



Appendix 4

Working relationships

Working Relationships

