

IMPROVING HEALTH AND WELLBEING THROUGH LEARNING: WHY YOUNG ADULT CARERS SHOULD BE A PRIORITY GROUP FOR HEALTH AND WELLBEING BOARDS

WHAT IS THE PURPOSE OF THIS BRIEFING PAPER?

The purpose of this briefing paper is to highlight young adult carers' needs in accessing learning and to outline why this group should be a priority for Health and Wellbeing Boards, when commissioning services in their local area.

This briefing paper has been written by the Learning and Work Institute (L&W). L&W is an independent policy and research organisation dedicated to promoting lifelong learning, full employment and inclusion. We strive for a fair society in which learning and work helps people realise their ambitions and potential throughout life.

L&W is managing a programme of work to raise awareness of the challenges faced by young adult carers, aged 16-25, in accessing learning and work and effective approaches that enable these young people to participate and secure good outcomes. L&W believes that:

- Young adult carers have the right to participate in high quality learning; and
- Society has a duty to support and enable young adult carers to overcome barriers to learning and work.

THE CONTEXT - WHY YOUNG ADULT CARERS?

*"There are more than 375,000 young people aged 16-24 actively caring for someone at home. They save the public purse at least £1 billion each year."*¹

A young adult carer is a young person aged 16–25 who provides unpaid care to someone at home, usually a parent or sibling, on a regular basis. 16-25 is typically a key transition stage for young adults who are moving from childhood to adulthood and independence. Young adult carers often feel they can't go to college or apply for work as their responsibilities at home do not allow them to do so. This can lead to them experiencing mental health difficulties, isolation and feelings of failure compared to their peers.

One study² found that:

- 45% of young adult carers report a mental health difficulty – twice the national average.
- Young adult carers are considerably more likely to not be in education, employment or training as their peers.

The 2011 Census identified more than 375,000 young adult carers (16–25) in the UK. However, in reality this number is likely to be significantly higher as many young adult carers do not see themselves as 'carers' or do not declare their caring responsibilities due to stigma, discrimination and fear of being bullied. Young adult carers typically take on significant responsibilities such as personal and intimate care, cooking, washing, cleaning,

¹ Worked out proportionally from figures for all carers in 2011 Census.

² Carers Trust (2014) Young Adult Carers and Employment

managing household budgets, administering medication, interpreting for parents/family whose first language is not English, looking after siblings and providing emotional support. This can have a significant impact on young adult carers' confidence and wellbeing and whether or not they take up and remain in learning and/or work.

Being a young adult carer has a long term impact, often lasting throughout a young person's life and creating an inter-generational cycle of disadvantage.

Young adult carers:

- are more likely to miss school than their peers³;
- on average achieve 9 lower GCSE grades than their peers⁴;
- report lack of understanding and support from peers and professionals⁵;
- 90% feel they do not receive good careers advice at school⁶.

Research shows that taking part in learning can improve health and wellbeing. By supporting young adult carers to learn, Health and Wellbeing Boards have the potential to greatly reduce both costs associated with the integrated NHS and social care services and the health inequalities experienced by young adult carers, compared to many of their peers.

As Zoe's story below illustrates, young adult carers experience a range of disadvantage, including: restricted social lives; isolation; poverty; bullying, stigma and discrimination. All of these issues impact on their health and wellbeing but can be overcome by participation in learning.

³ The Children's Society (2013) Hidden from View: the experiences of young carers in England

⁴ The Children's Society (2013) Hidden from View: the experiences of young carers in England

⁵ The Children's Society (2013) Hidden from View: the experiences of young carers in England

⁶ Carers Trust (2013) Young Adult Carers at School: Experiences and Perceptions of Caring and Education

Zoe's experience of caring, learning and work

Zoe is 17 and cares for her mum who has severe depression and anxiety. Zoe was bullied at school and often arrived late because of her caring responsibilities. She found it difficult to socialise with her friends because she couldn't leave her mum alone in the evening. Eventually her school referred her to a local young carers' project. Zoe found this really useful as she got to meet other young people who were in a similar situation.

Zoe has had a mixed experience with employers. Some were sceptical of her needing time off to care for her mum while others were very supportive and flexible. Her first manager encouraged Zoe to put her caring role on her CV. Zoe hadn't considered doing this before, but her manager pointed out that her caring responsibilities had enabled her to develop a range of transferable skills.

Zoe has found that young people who care for someone with a mental health difficulty can find it more difficult to access support, compared to those who care for somebody with a physical health need. The stigma attached to mental health difficulties can make carers more reluctant to disclose their responsibilities. Young carers in this situation can also be at risk of developing mental health difficulties themselves, as Zoe experienced.

In order to improve support for young adult carers, Zoe feels strongly that schools, colleges and employers need to have a better understanding of what carers do. She now works as a peer educator for a young carers' project and visits organisations to train them in identifying young adult carers.

WHY SHOULD HEALTH AND WELLBEING BOARDS BE INTERESTED IN YOUNG ADULT CARERS?

Health and Wellbeing Boards were established and are hosted by local authorities to integrate social care and the NHS. They were set up to improve the health and wellbeing of their local populations and to reduce health inequalities. The main priorities for Health and Wellbeing Boards are largely focussed around the policy objectives of the Marmot Review. In terms of young adult carers, the most relevant objectives of the Review are:

- To give every child the best start in life;
- To enable all children, young people and adults to maximise their capabilities and have control over their lives.

Young adult carers (16–25) often do not have the easiest start in life and many struggle to become independent due to lack of control, as a result of their caring responsibilities. The challenge of the transition from adolescence to adulthood, alongside caring responsibilities, often impacts on young adult carers' achievements in learning, preventing them from reaching their full potential.

Young adult carers consistently report that learning builds their confidence, gives them the chance to make friends, have their own interests and to socialise. It improves their wellbeing by helping them to feel healthier - both physically and mentally. This is likely to increase

their chances of achieving in education and making positive and sustained transitions into employment.

WHY SHOULD THERE BE TARGETED SERVICES SPECIFICALLY FOR YOUNG ADULT CARERS?

Carers services have traditionally provided for the needs of adults aged 30+. The development of targeted services for young adult carers aged 16–25 is a fairly recent development, but one that is growing. There are approximately 100 services nationally that now offer this targeted support. Some are commissioned by local authorities, but many are provided by charities that generate funding in order to provide such services. Young adult carers who are supported by children’s support services have told L&W that the transition to adult services, at the age of 18, is intimidating. As young carers they have grown to know and trust the staff in the children’s services that support them - they do not want to be forced to leave this support network on turning 18. Many young adult carers find that the activities offered by adult services are not appropriate for young people of their age. This results in children’s services continuing to support them informally when they are over 18. Equally, the children’s services that support them in this way often do not provide age-appropriate activities. This results in an increased likelihood of a young adult carer falling through the gap between adult and children’s services and becoming disengaged from learning and from essential support networks.

CURRENT POLICY – DUTIES PLACED ON STATUTORY SERVICES IN RELATION TO YOUNG ADULT CARERS

The Care Act 2014

Under the Care Act 2014, local authorities have a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. This is referred to as ‘the wellbeing principle’, because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person. It applies equally to carers and adults with care and support needs.

The Care Act 2014 also placed new duties on local authorities in respect of young adult carers at transition stage. Local authorities must assess the needs of young carers as they approach adulthood, regardless of whether they currently receive any support. Subsequent planning must consider how to support young carers to prepare for adulthood and raise and fulfil their aspirations. If a young adult carer wishes to go to college or university, the local authority should help them to identify a suitable place as part of transition planning and once the young adult carer is enrolled ensure that the college or university is aware that they have caring responsibilities and discuss a plan to accommodate their needs.

Local authorities must cooperate with relevant partners, including GP practices, housing and education providers, and this duty is reciprocal. This includes an explicit requirement which states that children’s and adult’s services must cooperate for the purposes of transition to

adult care and support. Local authorities should consider formally designating a named person to coordinate transition assessment and planning across different agencies.

The Children and Families Act 2014

This Act is similar to The Care Act but starts with the needs of the young carer. It means that, where caring situations occur, local authorities are now required to look at the whole family's needs and the impact of the caring responsibility on all members of the family. As a result any young person providing unpaid care should be offered a needs assessment, followed by the development of an action plan.

CONCLUSION

Young adult carers' wellbeing is inextricably linked to a range of complex issues arising from family relationships and caring responsibilities, and the transition from childhood to adulthood and from school to further learning or work. Successfully engaging with learning has the potential to reduce mental and physical health needs and is most effective where learning providers take steps to understand and be responsive to a young person's caring responsibilities. Health and Wellbeing Boards have the potential to commission the types of services for young adult carers, that will meet the requirements laid out in The Care Act 2014 and The Children and Families Act 2014, by bringing together, through Healthwatch, the local authority designated person, young adult carers, GP practices, housing services, employers, social care staff and learning providers to develop a flexible support package and approach to learning. This will help young adult carers to confidently access learning, whilst still undertaking a caring role or a reduced caring role where alternative support is put in place.

The provision of flexible support, which enables young adult carers to participate in learning, will lead to better outcomes for these young people. Reduced levels of isolation, improved exam results and improved chances of finding work, will contribute to a more positive sense of health and wellbeing, which in the long term, will have cost saving implications for health and care services' budgets.

FURTHER INFORMATION AND CONTACT

L&W has produced a range of resources to support young adult carers in learning and work – please visit <http://www.learningandwork.org.uk/our-work/life-and-society/citizens-curriculum/young-adult-carers>

L&W can offer a range of support to organisations that work with young adult carers. To find out more, or to offer comments or feedback on this briefing paper, please contact:

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