

Torbay Young Carers Health Needs Assessment



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Joint Commissioning KIT



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Executive Summary

A young carer is anyone under the age of 25 years who cares for someone who cannot cope without support due to physical or mental illness, disability or an addiction. While research has found that caring can be very rewarding; there is a strong body of evidence on the negative impact of caring on health outcomes, social connectivity, educational engagement and employment opportunities for young carers¹. Consequently children who care for parents, siblings, relatives or members of the wider community who are ill or disabled may require support in their capacity as children and/or as young carers.

The true prevalence of young carers in the population is guesstimated as many young carers are unknown to services for a host of reasons, including family loyalty, stigma, bullying and not knowing where to go for support. As a result we are often reliant on survey based estimates. Using the Census (2011) estimate of young unpaid carers under 25 years and including claimants of carers allowance aged 18 to 24 years of age (2011); it is estimated that there were around 1,170 young carers in Torbay in 2011. This equates to approximately 35 young carers per 1,000 young persons aged less than 25 years – significantly higher than the England average. There were more female (55%) than male young carers; with the majority (66%) aged between 16 and 24 years and of White British ethnicity. Compared to England, over half of the wards of Torbay had significantly more young unpaid carers who also provided more intensive levels of support. Similar to national findings, the majority of Torbay's young unpaid carers self-report their health status as good or very good; however there was a higher proportion reporting fair, bad or very bad health status.

Census figures are widely believed to underreport the true prevalence of young unpaid carers as it asks parents as opposed to children to complete. Many families do not recognise their children as 'carers' and there can be a degree of reluctance amongst families to disclose caring responsibilities¹ which will result in a lower prevalence estimate. As well as underreporting through the Census, it is anticipated that with increasing long-term limiting health conditions in Torbay; that the prevalence of young carers will be higher in 2016 (compared to 2011) and in the future. An ageing population and diminishing social care budgets may also increase the requirement for young carer support in the future.

Studies have shown that nationally, only 1 in 4 young carers are officially identified by services². Qualitative research suggests that young carers, who were not receiving formal support, did not self-identify with the term 'young carer' and parents of these children expressed concerns about their child being labelled as such. In part, they felt this reflected negatively on them as a parent¹. As a proportion of the 1,170 young carers identified by the Census and through carers allowance data; the Torbay Young Carers Service (TYCS) and the Torbay Young Adult Carers service (TYACS) receive referrals from approximately 1 in 5 young carers in Torbay.

Of carers who were referred to the TYCS and the TYACS; the majority were female, under the age of 15 years and of White British ethnicity. The highest number of carer referrals came from the wards of Watcombe and Tormohun with the greatest carer population coverage in the wards of Watcombe and Shipway with the Willows. Compared to national

¹ Aldridge, J. The lives of young carers England, 2016

² The New Day, Too much too young, 29th February 2016

data, there were less young carers supporting siblings; however there were more supporting wider family or community members. Less young carers were supporting people with physical disabilities and sensory impairment in Torbay.

1. Health needs assessment

A health needs assessment (HNA) is an essential tool to inform commissioning and service planning. It can be defined as a systematic method of identifying the unmet health and social care needs of a population and provide a direction for addressing those unmet needs. HNA allow for the appropriate targeting of resources and this often involves working in partnership with other agencies, communities and service users [Bindra, 2008]³.

The author recognises that, ideally, a HNA contains a literature review of health needs as well services and/or interventions that show evidence of effectiveness as well as local stakeholder and service user feedback. Due to time and resource constraints, a brief grey literature review of health needs has been incorporated throughout; however it is recommended that a more comprehensive review, which includes qualitative local engagement information, is appended or incorporated within a future document refresh.

2. Definition of a young carer

Torbay's definition of a young carer is as follows:

"Young carers are children and young persons under 25 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, often on a regular basis, significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development."⁴

3. Current policy

The Children and Families Act 2014 amended the Children Act to make it easier for young carers to get an assessment of their needs and to introduce a 'whole family' approach to assessment and support. Local authorities must offer an assessment where it appears that a child or young person is involved in providing care. The legislation is aligned with similar provision in the Care Act 2014 requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide, care. In these circumstances, the authority must consider whether the care being provided by the child or young person is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development. Local authorities should ensure that that adults' and children's services work together (memorandum of understanding) to offer young carers and their families an effective service, able to respond to the needs of a young carer, the person cared for and others in the family. This avoids the requirement for multiple assessments from

³ <http://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/uses-epidemiology-health-service-needs>

⁴ Social care Institute for Excellence (2005) Practice guide 5: Implementing the Carers (Equal Opportunities) Act 2004

different services⁵. Locally the Torbay Young Carer Service (0-18yrs) and the Torbay Young Adult Carers Service (16-24yrs) work collaboratively to support young carers in Torbay.

4. Aim of this HNA

The aim of this HNA is to better understand the health and social care needs of young carers (less than 25 years) in Torbay in order to improve service delivery and inform the refresh of the Torbay Young Carers Strategy⁶.

The following is a list of objectives for this HNA in reference to young carers (less than 25 years) in Torbay:

- Provide expected prevalence estimates using national data;
- Discuss factors that may affect future prevalence estimates;
- Provide prevalence estimates of young carers known to services using local data;
- Compare young carers known to services with expected prevalence estimates;
- Identify gaps in provision and knowledge; and
- Provide recommendations for the future.

5. Young carers prevalence

The following information is taken from the 2011 Census using the categorisation of unpaid carer. A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include activities as part of paid employment. Unpaid care can range from 1 hour to over 50 hours per week.

Census figures are widely believed to under-report the true scale of unpaid young carers in the population as the Census asked parents rather than children to complete the questionnaire. Many families do not recognise their children as 'carers', some children do not recognise or identify with the role, and there can be a degree of reluctance amongst families in disclosing caring responsibilities⁷ The Census also makes no mention of the possible range of conditions where caring might be required, such as mental ill health, HIV or substance misuse⁸.

5.1 Sex/gender

In 2011, there were more female (593) than male (503) young carers aged less than 25 years in Torbay. There were around 36 females and 29 males per 1,000 aged less than 25 years giving some level of unpaid care. As a percentage of the under 25 population; Torbay had significantly more young carers than regionally or nationally (see Figure 1).

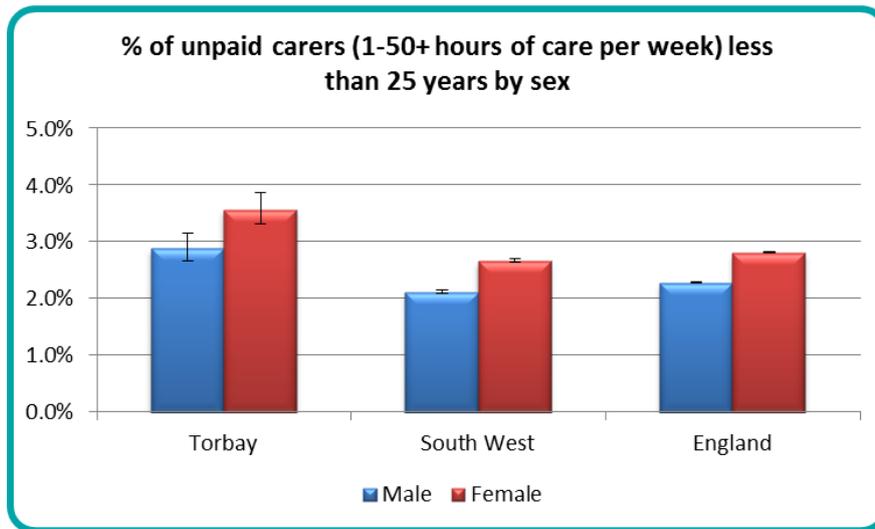
⁵ Local Government, Young carers health needs assessment, 2015

⁶ http://www.tsdhc.nhs.uk/yourlife/adult_social_care/carers_support/Documents/Amended%20Torbay%20Strategy%20for%20Young%20Carers.pdf

⁷ Aldridge, J. The lives of young carers England, 2016

⁸ The Children's Society (2013) Hidden from view: the experiences of young carers in England

Figure 1: % of unpaid young carers by sex



Source: Nomis; Census 2011

5.2 Age

The 2001 Census estimated, as a proportion of total young carers less than 25 years, that over two thirds (68.5%) of young carers were in the older 16 to 24 year age group as shown in Table 1 below. This was the case nationally and for Torbay. In the 2011 Census, the same granularity of information was only available at regionally and national level.

Table 1: Count and percentage of young unpaid carers in 2001 and 2011 by total young carers under 25 years

	Count of young carers	Percentage of total young carers aged 5 to 24 years (Census 2001)			Percentage of young carers 5 to 24 years (Census 2011)		% change from 2001	
	Torbay	Torbay	South West	England	South West	England	South West	England
5 to 7	14	2.0%	1.6%	1.9%	2.5%	2.3%	56.3%	21.1%
8 to 9	17	2.5%	2.3%	2.9%	3.3%	2.8%	43.5%	-3.4%
10 to 11	40	5.8%	4.7%	5.5%	19.3%	16.8%	7.2%	-18.0%
12 to 14	98	14.3%	13.3%	15.0%				
15	47	6.9%	6.1%	6.6%	6.3%	5.5%	3.3%	-16.7%
16 to 17	108	15.7%	15.0%	14.6%	14.2%	13.8%	-5.3%	-5.5%
18 to 19	105	15.3%	15.1%	14.8%	14.6%	15.1%	-3.3%	2.0%
20 to 24	257	37.5%	41.9%	38.7%	39.8%	43.7%	-5.0%	12.9%

Source: Nomis; Census 2001, 2011. Please note that age bands are not split equally by the Census therefore an age band of one year (15 years) will contribute a smaller proportion compared to an age band of four years (20-24 years).

The 2001 Census estimated that there were higher rates of young unpaid carers in the older age groups (16-24) as compared to younger age groups as shown in Table 2 on the following page.

YOUNG CARERS AGED LESS THAN 25 YEARS AN OVERVIEW FOR TORBAY – 2016

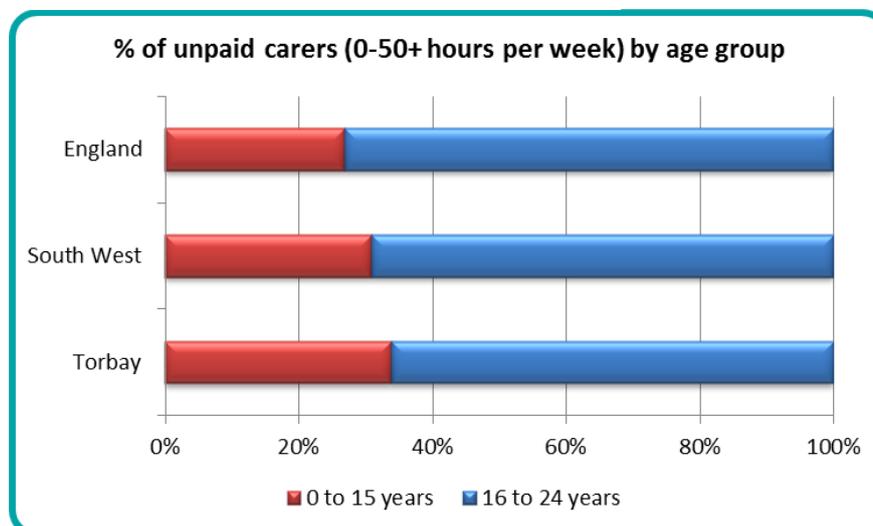
Table 2: Count and rate of young unpaid carers in 2001 and 2011 per 1,000 resident population of the same age group

	Count of young carers	Rate per 1,000 resident population of the same age (Census 2001)			Rate per 1,000 resident population of the same age (Census 2011)		% change from 2001	
		Torbay	Torbay	South West	England	South West	England	South West
5 to 7	14	3	3	3	5	5	80.0%	71.0%
8 to 9	17	6	6	6	11	10	85.1%	65.8%
10 to 11	40	12	12	11	23	22	-6.5%	-30.8%
12 to 14	98	20	23	21				
15	47	30	32	29	36	35	11.5%	20.0%
16 to 17	108	35	41	33	41	43	-0.7%	31.5%
18 to 19	105	41	46	38	44	51	-4.1%	33.0%
20 to 24	257	46	48	40	44	52	-7.6%	29.1%

Source: Nomis; Census 2001, 2011.

In 2011, there were slightly less young carers in the 16 to 24 age group (66.2%) as compared to estimates 10 years previously. Compared to England, Torbay had significantly more carers in the younger age bracket (0 to 15 years – bearing in mind that it is unlikely that there are many young carers under the age of 5 years old) as shown in Figure 2. Young carers aged 5 to 9 years have seen the biggest percentage increase from 2001 both regionally and nationally (as a % of total unpaid carers and as a rate per 1,000 resident population of the same age group).

Figure 2: % of unpaid young carers by age group



Source: Nomis; Census 2011

5.3 Ethnicity

Due to small numbers; we cannot interrogate unpaid carers data by ethnicity as well as by age group. Based on carers of all ages; the majority self-reported their ethnicity to be White (98.4%). This is similar to the ethnic spread reported for the region (97.3%); however is much higher than reported nationally (89.1%) for unpaid carers. Young person's less than 25 year in Torbay and the South West characteristically have a less ethnically diverse population than England (see Table 3 on the following page).

Table 3: Ethnic profile of the under 25 population in Torbay 2011

Census (top level classification*) ethnic group	Torbay		South West	England
	Torbay count under 25yrs	% of total population under 25 years		
White British	32,331	94.0%	89.6%	74.6%
White Other (including Irish, Gypsy or Irish traveller, other White)	707	2.1%	3.1%	4.6%
Mixed or multiple ethnic group	817	2.4%	2.9%	4.6%
Asian/Asian British	429	1.2%	2.7%	10.2%
Black/African/Caribbean/Black British	63	0.2%	1.3%	4.6%
Other ethnic group (including Arab, any other ethnic group)	60	0.2%	0.4%	1.3%

Source: Nomis, Census 2011. *Census sub-categorisations for ethnicity are available

5.4 Location of carers

If we look at the prevalence of unpaid young carers by persons (as opposed to by sex as previously); there were significantly more young carers in over half (8 out of 15) of the wards in Torbay compared to the England average (shown in Figure 3 over the page). The highest prevalence of young carers was in the following wards: Watcombe (4.5%); Blatchcombe (4.4%) and Tormohun (3.7%). These wards have areas that rank amongst the top 10% (red areas) and 10+% to 20% (navy blue areas) most deprived (in 2015) compared to England as shown in Figure 4 over the page. However the lesser deprived ward of Churston and Galmpton and Cockington and Chelston also have significantly more young carers.

5.5 Level of care required

In Torbay, there were significantly more young unpaid carers offering intensive levels of support (50+ hours per week) than compared to regionally or nationally (shown in Figure 5 over the page). If we look at intensive unpaid young care provision by Torbay ward; in general higher levels of support were required in our more deprived communities in 2011 (as shown in Figure 6 on Page 11). The wards identified are consistent with areas ranked amongst the 10% (red areas) and 10+% to 20% (navy blue areas) most health and disability deprived relative to England in 2015 (Figure 7 on Page 11).

Figure 3: Significantly different prevalence of unpaid carers by ward

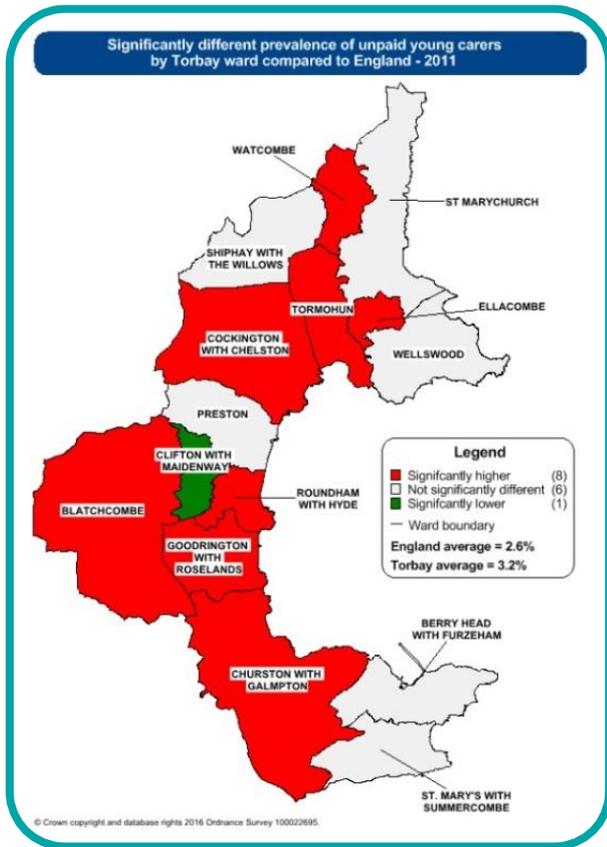
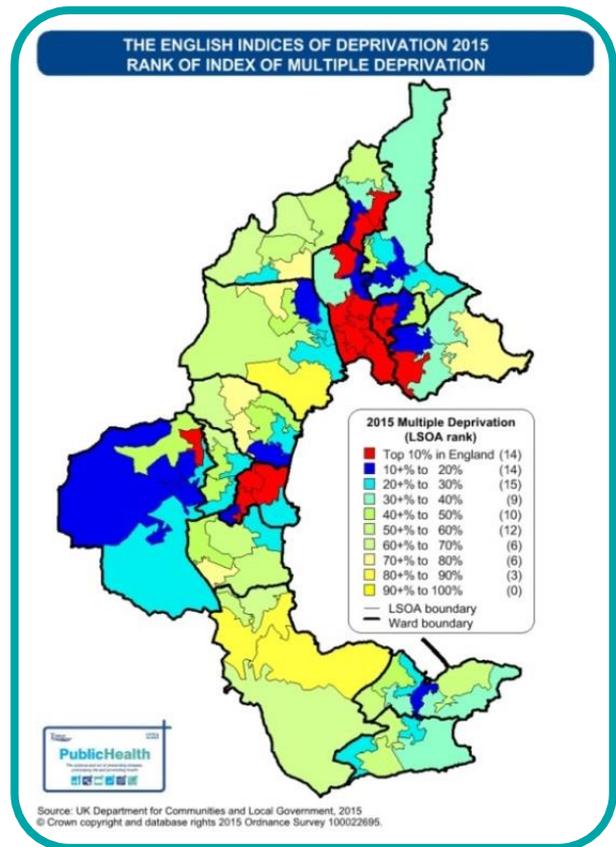
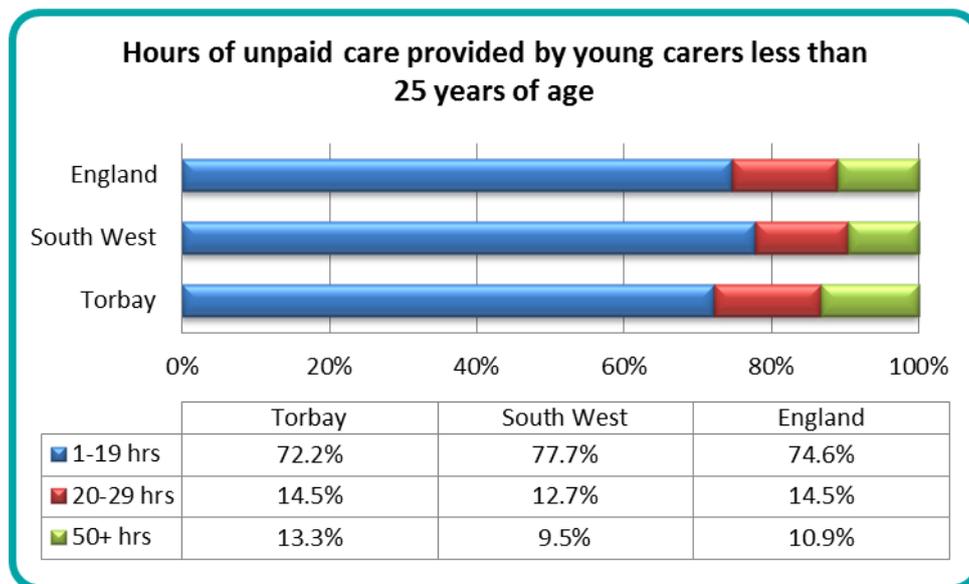


Figure 4: Multiple deprivation by LSOA and ward



Source: Nomis; Census 2011; UK DCLG; 2015

Figure 5: % of unpaid young carers by hours of care provision



Source: Nomis; Census 2011

Figure 6: Significantly different prevalence of unpaid young carers providing 50 or more hours of care per week by ward

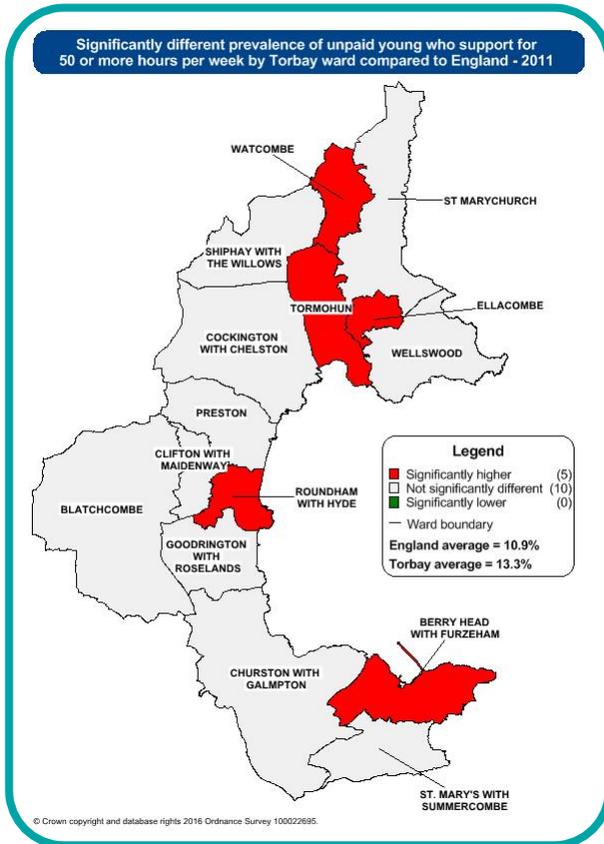
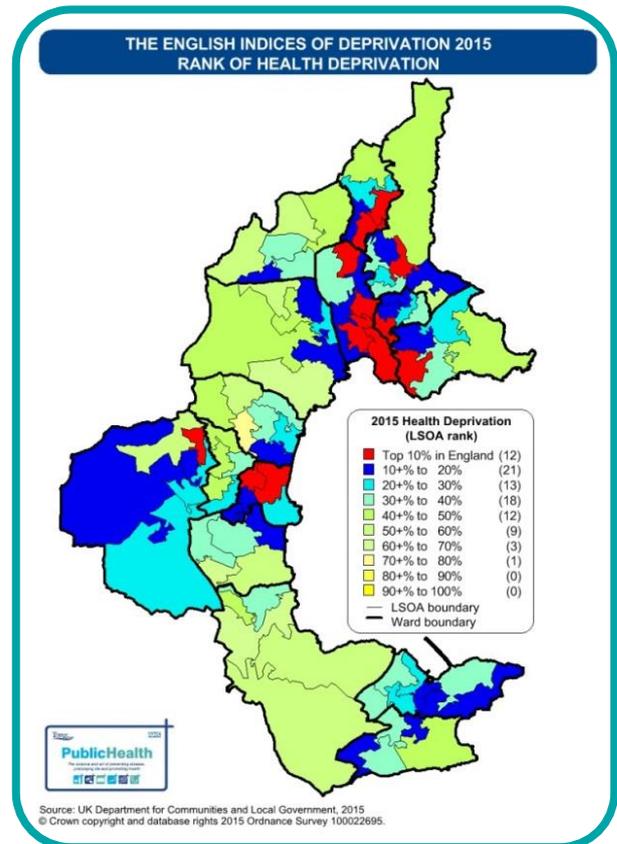


Figure 7: Health deprivation by disability by LSOA and ward



Source: Nomis; Census 2011; DCLG, 2015

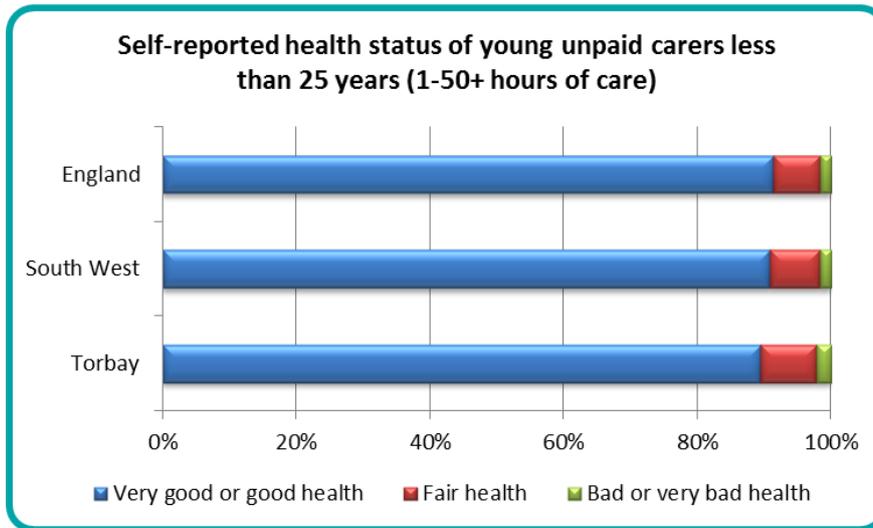
5.6 General health of carers

General health is a self-assessment of a person’s general state of health. Parents or carers were asked to assess whether their health was very good, good, fair, bad or very bad. This assessment is not based on a person’s health over any specified period of time. General health status may be recorded by a parent for their child carer. As such the true nature of a child’s health state may not be captured by this measure. The majority of young unpaid carers (89.4%) self-reported their health status to be good or very good in Torbay (see Figure 8 on the following page). This is slightly lower than the regional and national average. Torbay had significantly more young carers reporting fair or bad/very bad health status compared to the South West and England.

Bad or very bad health status was reported by more young carers who were supporting less than 49 hours per week (5.2%) as opposed to those supporting for 50 hours or above (2.1%). Caution should be taken when interpreting these statistics due to small numbers (e.g. there were less than 5 young carers supporting 50+ hours per week in Torbay who reported bad or very bad health status therefore percentages could be highly variable).

The wards of Roundham with Hyde and St Marychurch had a significantly higher percentage of unpaid carers (1-50+ hours per week) who reported fair or bad/very bad health status compared to the England average as shown in Figure 7 above. This may mean that more carer support is required in these areas as carers may be less able to support due to their own poor health status.

Figure 8: % of young unpaid carers by self-reported general health status



Source: Nomis; Census 2011

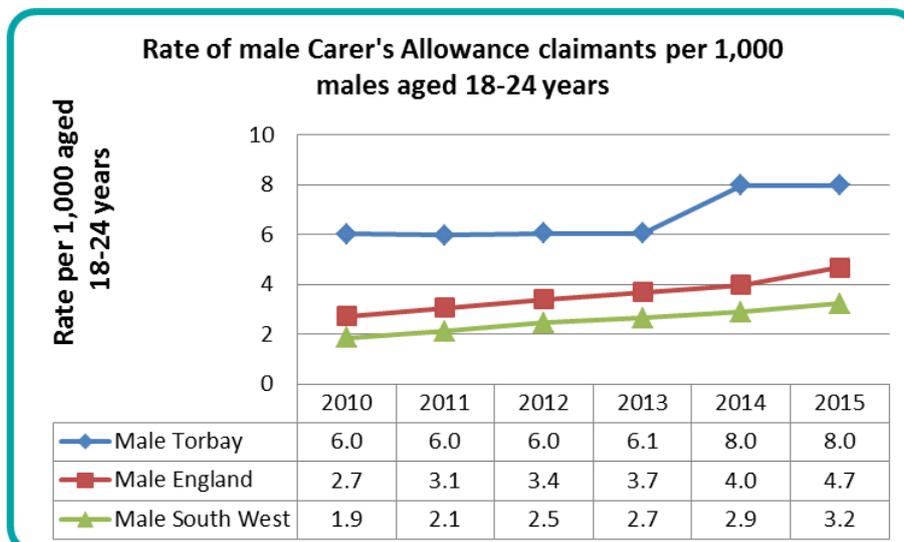
6. Carers allowance

Carer’s Allowance is awarded to those aged 16 and over who spend at least 35 hours per week caring for someone with substantial caring needs. The person cared for does not have to be a relation, or live with, the carer. Currently £62.10 per week is awarded; however Carer’s Allowance is taxable and can also affect other benefits (GOV.UK, 2016).

6.1 Males

In Torbay there were approximately 40 males aged 18-24 years claiming Carer’s Allowance in 2015. Numbers under 18 years were negligible. Compared to regional and national rates; Torbay has significantly more male carers as shown in Figure 9. Combined with the number of unpaid Carers from Census (see Section 5.1), there were around 530 male carers under 25 years in Torbay in 2011. It is likely that this figure underrepresents the true number of male young carers.

Figure 9: Rate of males aged 18-24 years claiming Carer’s Allowance

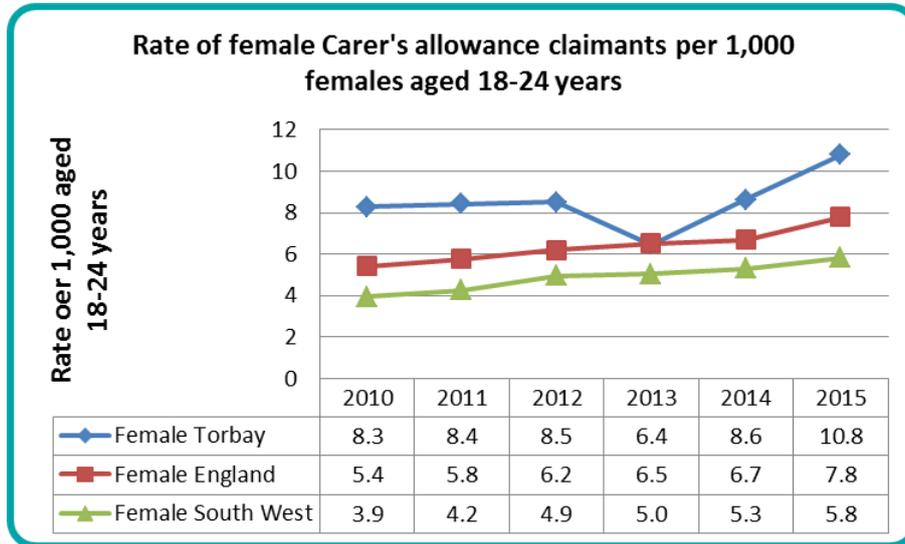


Source: Nomis; Department of Work and Pensions, 2010-2015

6.2 Females

In Torbay there were approximately 50 females aged 18-24 years claiming Carer’s Allowance in 2015. Numbers under 18 years were negligible. Compared to regional and national rates; Torbay has significantly more female carers as shown in Figure 10 below.

Figure 10: Rate of females aged 18-24 claiming Carer’s Allowance



Source: Nomis; DWP, 2010-2015

Combined with the number of unpaid Carers from Census (see Section 5.1), there were around 640 female carers under 25 years in Torbay in 2011. It is likely that this figure underrepresents the true number of female young carers in Torbay.

7. Future young carers prevalence

Based on the location of young unpaid carers shown in Figure 3 on Page 10; this suggests that the provision of young unpaid care is associated with areas with an older population cohort or areas with higher levels of deprivation and more complex health needs.

7.1 Age

Population projections suggest that whilst the proportion of young people in Torbay will remain fairly stable up to 2022; the number of older people over the age of 65 years will increase by around 14%⁹. The majority of young carers generally support a parent; however an ageing population and diminishing social care budgets may mean that more young carers will be required to support grandparents or older members within their communities in the future.

Figure 11 shows the Torbay wards that have a significantly higher proportion of older people over the age of 65 years compared to England. Some wards are consistent with the wards that have a significantly higher prevalence of young carers as shown in Figure 12 but not all. Unfortunately as age is a confounder between young cares and an older population; we cannot test the strength of the association between these two factors.

Figure 11: Significantly different % of the population over 65 years of age

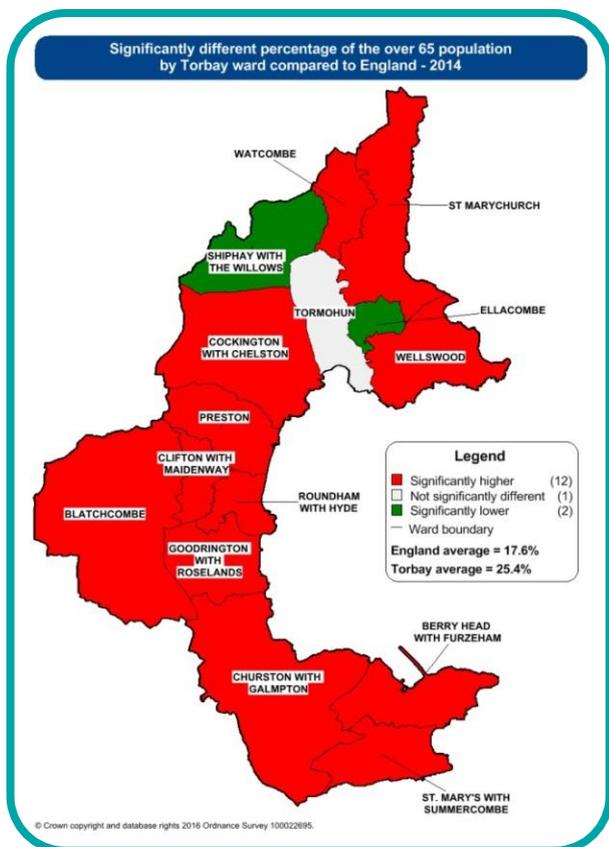
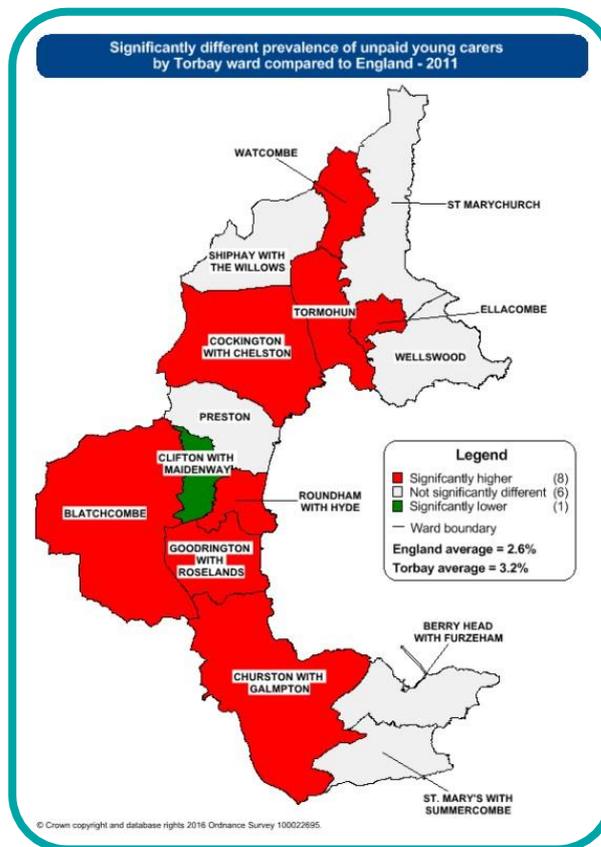


Figure 12: Significantly different prevalence of unpaid young carers by ward (repeated figure)



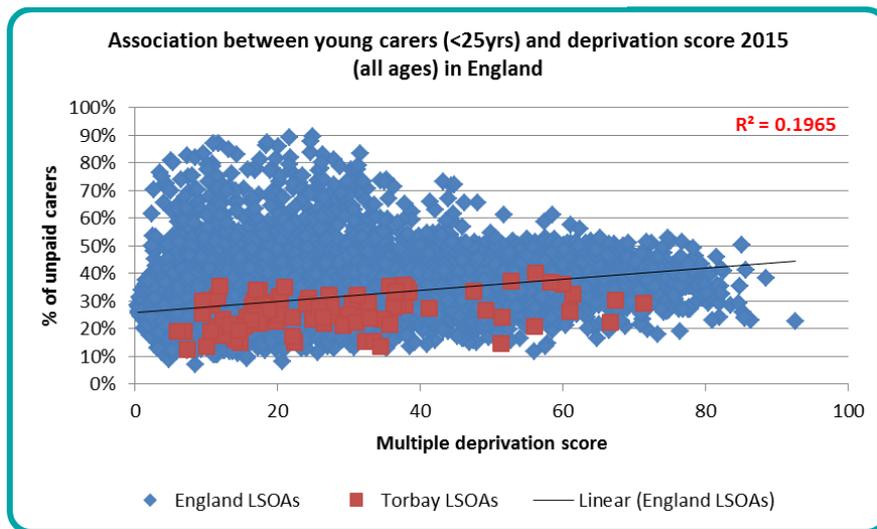
Source: Nomis, Census 2011; ONS population estimates 2014

⁹ South Devon and Torbay JSNA, Population Overview 2014/15

7.2 Deprivation

Section 5.4 (Figure 3/4, Page 10) shows that the areas that have significantly more young carers compared to England, are consistent with areas in the 20% most deprived (multiple measure of deprivation) in Torbay as well as lesser deprived areas. We can test the strength of association between the percentage of young carers and deprivation score (where a higher score represents areas that are more deprived) in England. Figure 13 shows that there is a very weak positive association whereby the prevalence of young carers is slightly higher in areas with a higher deprivation score. This suggests that there is little association between the prevalence of young carers and how deprived a community is.

Figure 13: Association between unpaid young carers and deprivation



Source: Nomis;
Census 2011 ;
DCLG, 2015

The Longitudinal Survey of Young People in England (LSYPE) survey found that low family income, parental unemployment (where no adults in a household work) and maternal education levels (where mothers have no educational qualifications) were all factors which are more likely in families with a young carer present¹⁰. Income, employment, education and training all contribute to the above measure of multiple deprivation used; however stronger associations may be found when these factors are considered in isolation.

7.3 Long term limiting illness

Long term conditions fall more heavily on the poorest in society: compared to social class I (professional occupations); people in Social class V (unskilled occupations) have a 60 percent higher prevalence of long term conditions and 60 percent higher severity of conditions¹¹. Section 5.5 (Figure 6/7, Page 11) shows that the areas where significantly more intensive caring support is required compared to England are consistent with areas amongst the 20% most deprived in terms of health deprivation and disability deprivation relative to England in 2015.

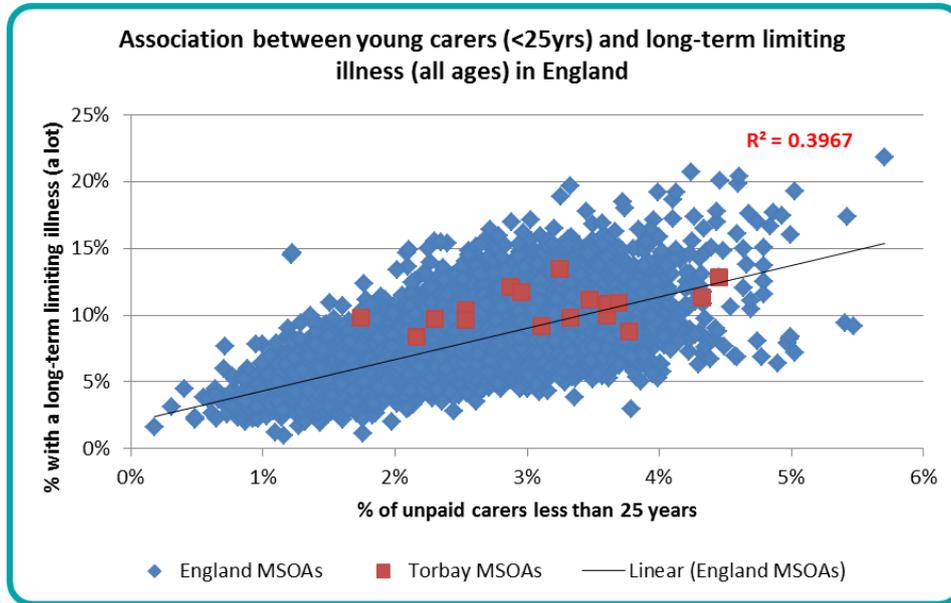
We can test the strength of association between the percentage of young carers and the percentage of the total population with a long-term illness which limits day-to-day activity a lot in England. Figure 14 over the page shows a weak to moderate positive association whereby the prevalence of young carers is higher in areas with a higher

¹⁰ The Children’s Society (2013) Hidden from view: the experiences of young carers in England

¹¹ Department of Health, Ten things you need to know about long term conditions, 2012

prevalence of long-term limiting illness. This suggests that if levels of long-term limiting illness increase in the Torbay population in the future; it is likely that the number of young carers required to support this need will increase. The LYSPE survey found a significant and strong association where young carers are over twice as likely to live in households where at least one adult has a limiting disability¹².

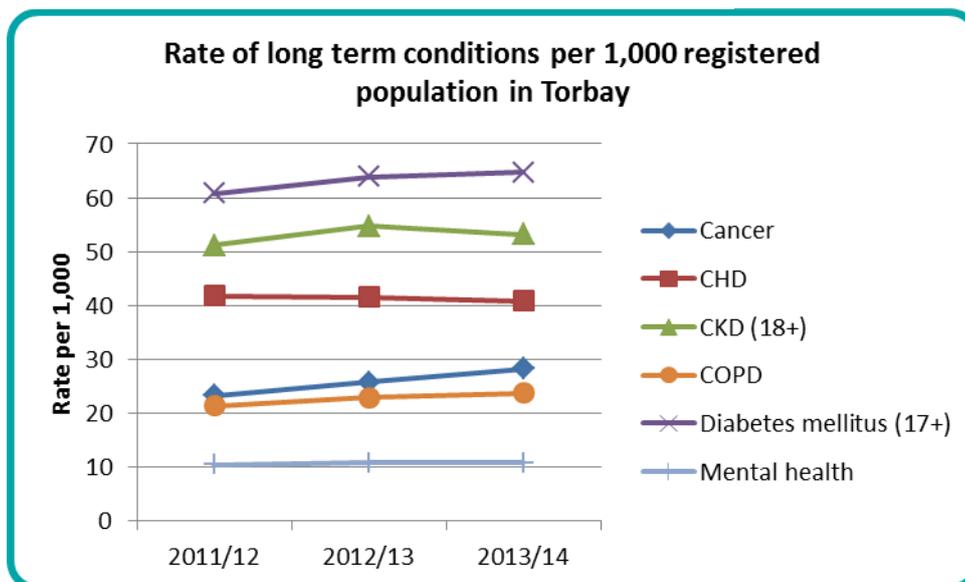
Figure 14: Association between unpaid young carers and long-term limiting illness



Source: Nomis; Census 2011; ONS population estimates 2011

Based on GP practice register data from 2011/12 to 2014/15; the prevalence of some of the main long-term conditions that could limit day-to-day activities have remained stable or have been increasing over time (see Figure 15). Torbay has significantly higher prevalence of all conditions displayed in Figure 15 compared to England which may, in part, explain why there are significantly more young unpaid carers recorded in Torbay by the Census.

Figure 15: Rate of long-term conditions per 1,000 registered population



Source: HSCIC QOF, 2011/12-2013/14, Torbay Public Health Team

¹² The Children’s Society (2013) Hidden from view: the experiences of young carers in England

8. Referrals to the Torbay Young Carers service (5 to 18 years)

The Torbay Young Carer's Service (TYCS) is commissioned and provided by Torbay Local Authority. It provides support for children and young people aged 5¹³ to 18 years of age in Torbay. Support for carers includes:

- Providing young carers with an assessment to establish their individual needs and determine how they can be met;
- Taking a whole family approach to consider family needs whilst signposting adults where appropriate;
- Giving information and advice around local activities, national contacts and support services relevant to their situation;
- Holding various drop-ins around the bay for young carers to attend. This is an opportunity for young carers to meet other people in a caring role within a fun and relaxed environment;
- Providing individual support and befriending. This can include support within the family household or/and in school;
- Keeping young carers up to date with project activities and relevant information via mailing lists;
- Signposting to any additional support that is required by either the young carer or cared for person, e.g. mental health services.

Support for agencies and those working with children and young people include:

- Advice on addressing young carers issues and making services more accessible to young carers;
- Support for those working with individual young carers.

The following data has been collected from the Torbay Young Carers service. This includes all young carers who have been in contact with the service. This means that there will be a mix of carers who are intensively supported by the service as well as others who may only be on a mailing list. For the future, it would be useful to know the level of support required by the carer and also the type of support provided by the TYCS.

8.1 Sex/gender

Since 2010 there has been around 1,000 young carers (5 to 18 years) referred to the TYCS. The majority of referrals were female, with an average (median used to account for 2014 and 2015 as outliers) of 140 referrals per year. Referrals have been increasing from 2013 (see Figure 16 over the page); however the increase in referrals from 2012 is not as pronounced as suggested¹⁴. 2016 data collection was up until the 8th of February.

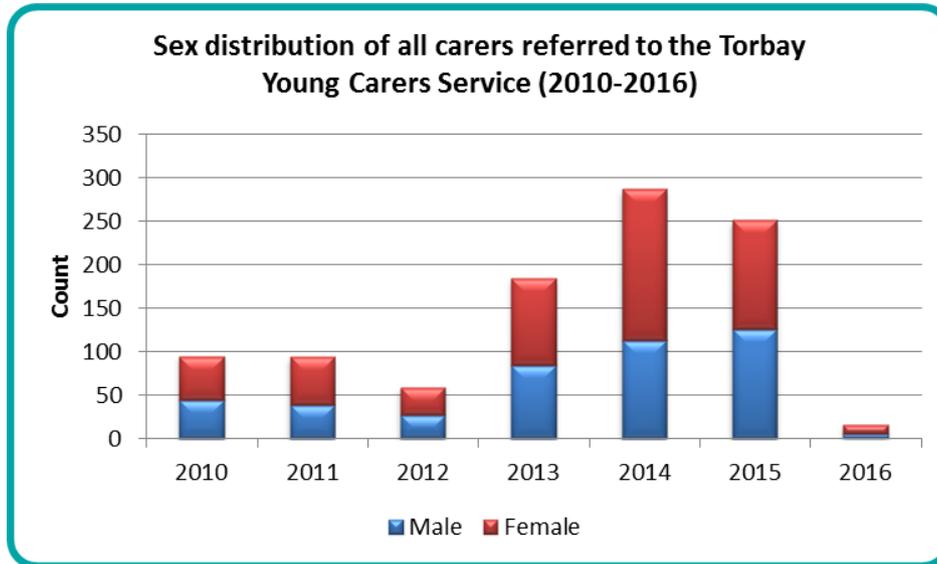
There are more female carers (56%) being referred to the TYCS as shown in Table 4 over the page. This is roughly the same if we remove carers who have left the service (service no longer required and/or older than 18 years). There are

¹³ Some young carers aged 4 years are supported by the service if nearing their fifth birthday

¹⁴ Young carer referrals were recorded by a new system (PARIS) in 2013 with only 'active' previous service users transferred across to the new system. This means that the TYCS may have been in contact with more young carers from 2010-2012 than is represented

estimated to be more female (54%) young unpaid carers than male unpaid carers by the Census (see Section 5.1) which suggests the TYCS is attracting a similar sex distribution of carers as we would expect in the population.

Figure 16: Count of young carer (0-18yr) referrals to TYCS 2010-2016



Source: Torbay Council, Young Carers Service

Table 4: Count and percentage of males and females referred to the TYCS

	All contacts with the service			Current contacts with the service		
	Count	% of total referrals	Rate per 1,000 5 to 18 years	Count	% of total referrals	Rate per 1,000 5 to 18 years
Male	439	45%	8.8	293	42%	5.9
Female	547	56%	11.6	411	58%	8.8
Total	986		10.2	704		7.3

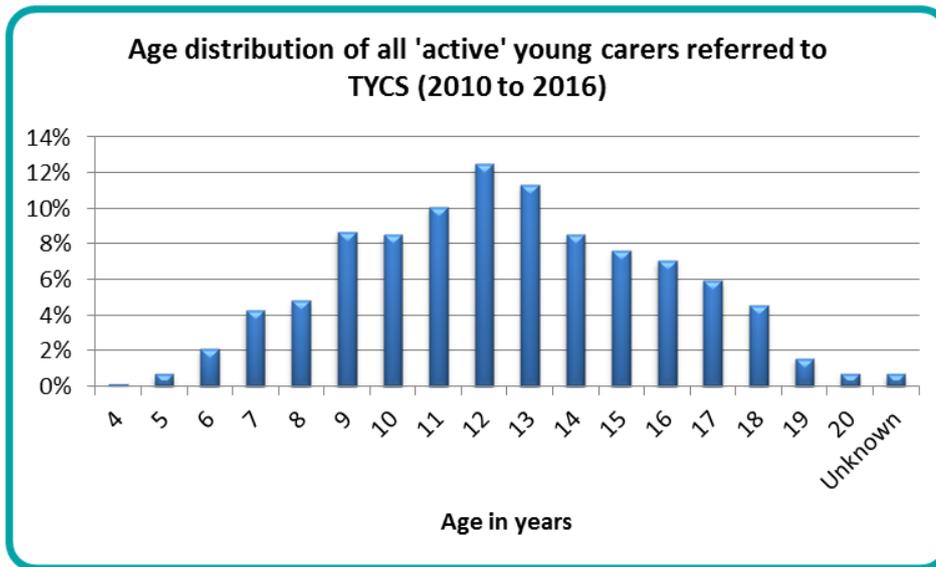
Source: Torbay Council, Young Adult Carers Service

8.2 Age

The TYCS supports carers aged 5 to 18 years of age. The majority of male and female referrals (excluding carers who have left the service) were aged between 9 and 17 years of age (72.3%) as shown in Figure 17 over the page.

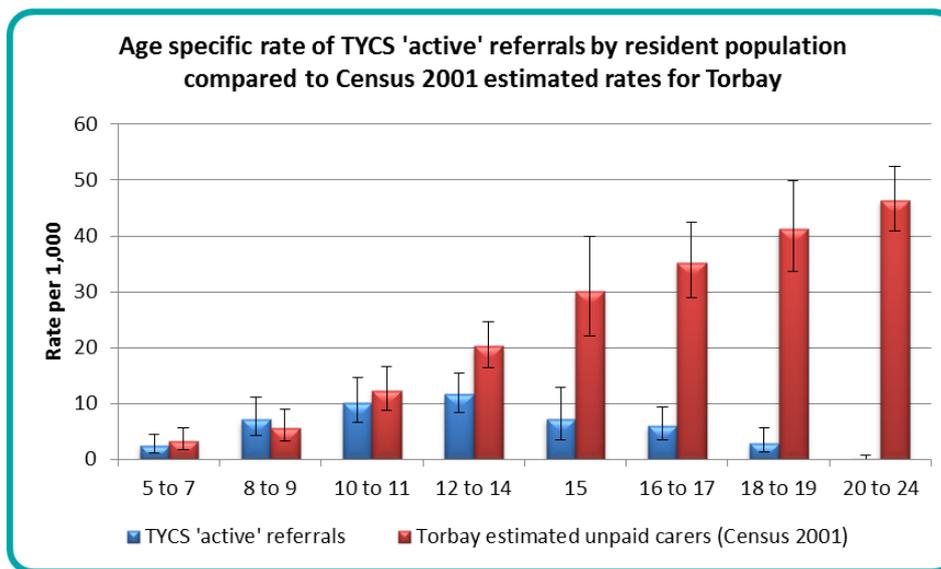
As a proportion of expected unpaid carers estimated by the Census 2001 (Section 5.2), the service receives referrals from 10 to 17 year old carers is less than would be expected (see Figure 18 over the page). The TYCS tends to capture more of the expected referrals from carers less than 10 years of age. As anticipated, there are few carers supported beyond 18 years of age and there may be crossover of carers aged 16 to 18 years with the Torbay Young Adult Carers Service who support carers aged 16 to 24 years.

Figure 17: Age distribution of 'active' young carer referred to TYCS 2010-2015



Source: Torbay Council, Young Adult Carers Service

Figure 18: Rate of 'active' TYCS referrals per 1,000 resident population compared to Census 2001 unpaid carer estimates



Source: Torbay Council, Young Carers Service; Nomis, Census 2001

8.3 Ethnicity

The ethnicity of 29% was not recorded or stated (or yet stated) by carers referred to the TYCS. Similar to findings from the Census (see Section 5.3), the majority of carers who had their ethnicity recorded were classified as White British (95%). The remaining young carers were from mixed (2.6%), other white background (1.7%) or Asian origin (0.4%).

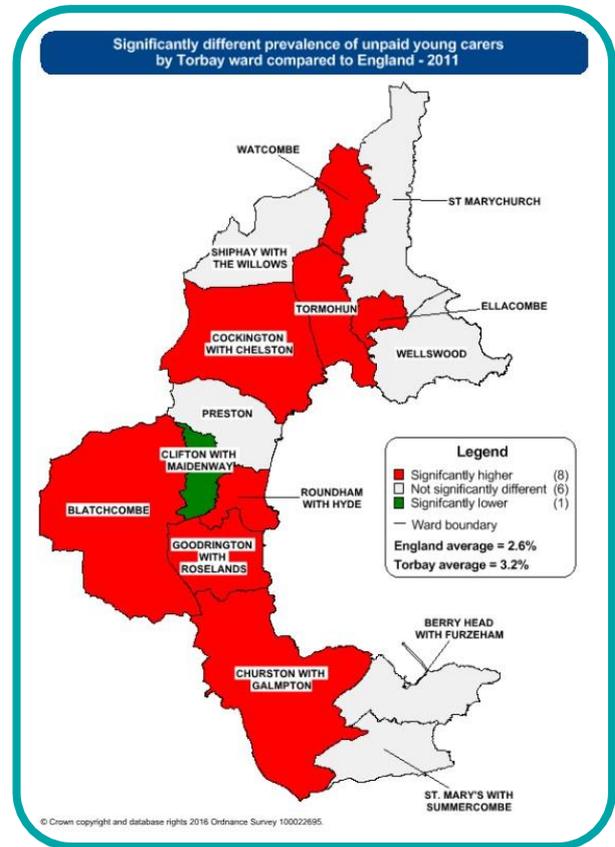
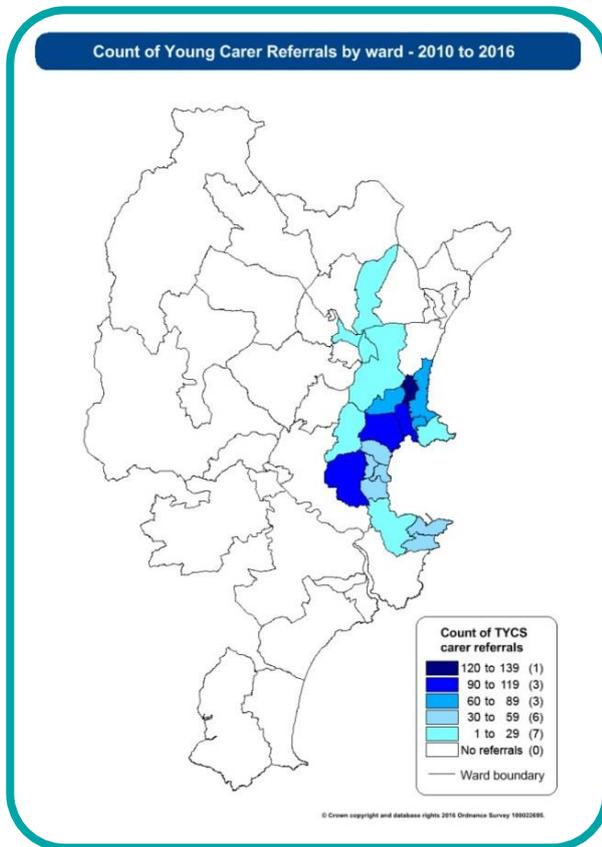
8.4 Location of young carers

The majority of young carers who are referred to the TYCS live in Torbay. The highest numbers of carers come from the wards of Watcombe (Torquay) and Blatchcombe (Paignton) as shown in Figure 19 over the page. These are areas that have a higher proportion of young people and are consistent with the areas identified as having significantly more

young carers than the England average shown in Figure 20. The TYCS also has a number of referrals from carers who live outside of the Torbay boundary. Non-resident carers are supported if they attend a school in Torbay or move between two homes (one in Torbay and one out with). Around 4% of postcodes where partially or not recorded.

Figure 19: Count of young carer referrals to TYCS by ward

Figure 20: Significantly different prevalence of unpaid young carers by ward (repeated figure)



Source: Torbay Council, Young Adult Carers Service

8.5 Relationship to the person cared for

Previous research has found that the person receiving care is often a parent, but can be a sibling, grandparent or other relative¹⁵. A survey of young carers¹⁶ found that 66% cared for their parents, 31% cared for siblings, 3% cared for their grandparents and 1% cared for wider family or community members. In addition, 10% of young carers cared for more than one person.

Compared to the aforementioned national survey data, carer referrals to the TYCS were similar for carers who were supporting a parent(s) (65%), sibling, grandparent or wider family or community member (other) as shown in Table 5 over the page. There was no additional category for carers who support more than one person in the TYCS dataset. This could be a recommendation for future data collection.

¹⁵ Becker, S. 2000. Young Carers, in The Blackwell Encyclopaedia of Social Work, Ed, M. Davies. London, Blackwell. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

¹⁶ Dearden, C and Becker, S. 2004. Young Carers in the UK: The 2004 Report, London: Carers UK and The Children’s Society. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

Table 5: Count and % of TYCS referrals by person cared for

Person cared for	Count	% of total recorded (718)
Mother	380	53%
Sibling	220	31%
Father	90	13%
Grandparent	17	2%
Other	11	2%
Total with recorded relationship status	718	73%
Unknown		27% (out of 986)

Source: Torbay and South Devon NHS Foundation Trust

8.6 Reason for care

Research has shown that when young carers were asked about the needs of the people they cared for, 50% said they were caring for someone with a physical health problem, 29% for a person with a mental health condition, 17% for someone with a learning difficulty and 3% for someone with a sensory impairment¹¹. This survey did not take into account a young person caring for a family member with a substance misuse problem. Parental mental health conditions are reported to be particularly challenging for young carers to cope with due to their unpredictability and the extent of care support required¹⁷. Research also suggests that dual diagnosis of physical or mental illnesses or disabilities is common and is often accompanied by another physical and/or mental health issues that are not formally diagnosed.

If we compare this national data to our local TYCS data, there were less young persons caring for a person with a physical disability (Table 6 below). It is possible that persons recorded as having a long-term condition could fall into the physical disability or mental health category depending on the nature of their condition. Carers who were supporting people with a mental health problem, learning disability or sensory impairment are within what we would expect compared to national data. 5% of young carers are supporting someone with drug or alcohol dependency. There was no additional category for secondary caring reason in the TYCS dataset. This could be a recommendation for future data collection.

Table 6: Count and % of young carer referrals to TYCS by reason for care

Condition	Main caring reason	
	Count	% of total recorded (216)
Physical disability	207	30%
Mental health	182	27%
Learning disability	130	19%
Long-term illness	114	17%
Drug / alcohol	37	5%
Sensory impairment	11	2%
Elderly / Frail	<5	0%
Total with recorded condition status	684	69%
Unknown	302	31% (out of 986)

Source: Torbay and South Devon NHS Foundation Trust

¹⁷ Aldridge, J. The lives of young carers England, 2016

8.7 Wider health and social outcomes

In line with the Children and Families Act 2014, the TYCS does offer an assessment of carers needs to help determine how the service can attempt to meet these needs. Health assessment are recorded on paper and scanned into the PARIS system (childrens social care system); however they cannot be analysed as a collective to give an indication of the main health needs of yougn carers using the TYCS. A possible suggestion for the future would be to record broad categories of carers health conditions such as mental or physical health problems and unhealthy risk-taking or addictive within referrals data. This could be supplemented with information on the support provided by the TYCS, including any referrals that are made to other health and support services such as the Children and Adolscent Mental Health Service (CAMHS). This would make the referral data more useful for determining local health needs and gaps.

In the absence of health assessment data, the alternative is to link datasets where possible. Using a Torbay Council, information governance approved, Privacy Impact Assessment; we were able to join young carers data with school census data. This gave the following outcomes information in relation to young carers: school attendance, school attainment and an indication of the number of young carers with a learning disability.

8.7.1 School attendance

According to the LSYPE survey, around 1 in 20 young carers miss school because of their caring responsibilities¹⁸. Missing school because of caring responsibilities is likely to affect longer term education and employment outcomes.

In Torbay, around 8.6% of half days were missed due to authorised or unauthorised absence by young carers (referred to TYCS) who were aged between 5 and 15 years (with a unique pupil number recorded). This compares to 5.1% of half days missed by all school pupils (aged 5-15 years)¹⁹. Using local school census data; young carers (5-15yrs) who were referred to the TYCS were almost twice (odds ratio 1.8 [95% CI: 1.8-1.9], P= <0.00001) as likely as their peers to have an authorised or unauthorised half days absence. This is a highly statistically significant result. This could indicate that additional support may be required of schools and young carers services to ensure that school attainment does not suffer during times of absence.

8.7.2 School attainment

Research has found that carers are less likely to: come out of school with GCSEs²⁰, or engage in further education²¹, training or employment²². The LSYPE survey found significant inequality between the GCSE results of young people and young people who had caring responsibilities – equivalent to the difference between 9 B's and 9 C's¹³.

¹⁸ The Children's Society (2013) Hidden from view: the experiences of young carers in England

¹⁹ Public Health Outcomes Framework, 2014/15

²⁰ Dearden, C and Becker, S. 2000. Growing up caring: vulnerability and transition to adulthood – young carers' experiences. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

²¹ Yeandle and Buckner (2007) Carers, employment and services: time for a new social contract?. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

²² Frank, Tatum and Tucker (1999) On small shoulders: learning from experience of young carers. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

In Torbay, around 56.7% of young carers (referred to TYCS) aged between 16 and 17 years (with a unique pupil number recorded) were achieving 5 or more GCSEs (A*-C) including English and Maths between 2014 and 2015. This compares to 52.3% of all school pupils aged between 16 and 17 years in Torbay²³. The likelihood of young carers achieving better educational attainment in young carers as compared with their peers has not been calculated due to very small numbers in the young carers cohort aged between 16 and 17 years. It is however encouraging that where results are recorded; young carers are still achieving good levels of educational attainment; particularly with an increased likelihood of school absence (see section 8.7.1).

8.7.3 Learning disability

Around 11.0% of young carers aged less than 18 years (who had a unique pupil number recorded) had a statement or educational health and care (EHC) plan between 2014 and 2015. This compares to just 4.1% of all school pupils²².

According to the LSYPE survey, young carers are 1.5 times more likely than their peers to have a special educational need or disability²⁴. Using local school census data; young carers (5-18yrs) who were referred to the TYCS were almost 3 times (odds ratio 2.9 [95% CI: 2.2-3.9], P= <0.01) more likely than their peers to have a statement or (EHC). This is a statistically significant result. This indicates that additional home support may be required by some young carers engaged with TYCS, in combination with the support already provided by schools for children with special educational needs.

²³ Public Health Outcomes Framework, 2014/15

²⁴ Dearden, C and Becker, S. 2004. Young Carers in the UK: The 2004 Report, London: Carers UK and The Children's Society. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

9. Referrals to the Torbay Young Adult Carers service (16 to 24 years)

The Torbay Young Adult Carers (TYAC) service is commissioned by Torbay Local Authority and provided by the Torbay and South Devon NHS Foundation Trust. It provides support for young people aged 16 to 25 years of age in Torbay. Service provision for carers includes support with:

- Education
- Employment
- Health and fitness
- Housing
- Money/benefits
- Transport

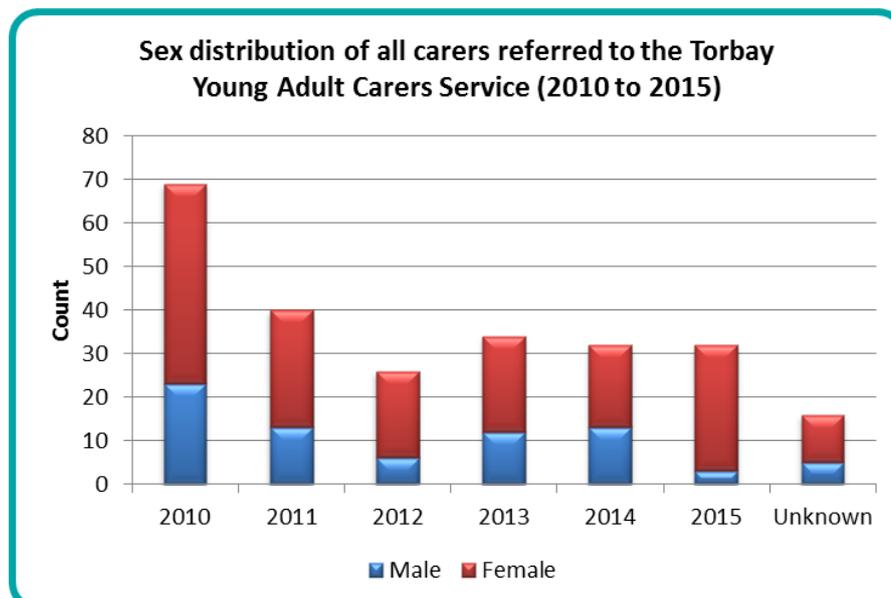
Carers are offered one-to-one support, invitations to carer specific social events and the opportunity for ‘me’ time.

The following data has been collected from the TYAC service. This includes all young carers who have been referred to the service (in some cases contact may have not been made with the carer). Within this dataset there is a mix of carers who are intensively supported by the service as well as others who may only be on a mailing list. For the future, it would be useful to know the level of support required by the carer and also the type of support provided by the TYAC service.

9.1 Sex/gender

Since 2010 there has been around 250 young carers (16 to 25 years) referred to the TYAC. The majority of referrals were female, with an average (median used to account for 2010 as an outlier) of 33 referrals per year. 2010 saw the highest number of referrals to the service with numbers falling and stabilising since (see Figure 21).

Figure 21: Count of young carer (16-24yrs) referrals to TYAC service 2010-2015



Source: Torbay and South Devon NHS Foundation Trust

The ratio of female to male carers is roughly 2:1 (70% female) as shown in Table 7. This is roughly the same if we remove carers who have left the service (service no longer required and/or older than 25 years).

Table 7: Count and % of male and female young carer referrals to TYAC service

	All contacts with the service			Current contacts with the service		
	Count	% of total	Rate per 1,000 16 to 24 years	Count	% of total	Rate per 1,000 16 to 24 years
Male	75	30%	2.3	49	32%	1.5
Female	174	70%	5.6	104	68%	3.4
Total	249		3.9	153		2.4

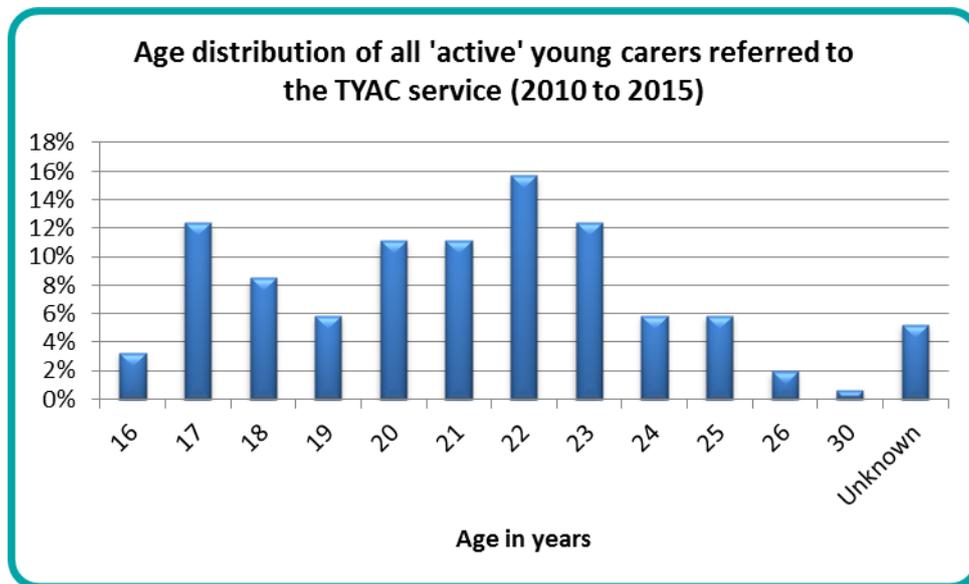
Source: Torbay and South Devon NHS Foundation Trust

There are estimated to be more female young unpaid carers than male unpaid carers by the Census (see Section 5.1); however the ratio of female to male is closer to 1:1 (54% female). This suggests that more work could be done to engage with male young adult carers as it is likely that they are under-represented by the current service.

9.2 Age

The TYAC service supports carers aged 16 to 24 years of age. The majority (50.3%) of male and female referrals (excluding carers who have left the service) are aged between 20-23 years of age as shown in Figure 22.

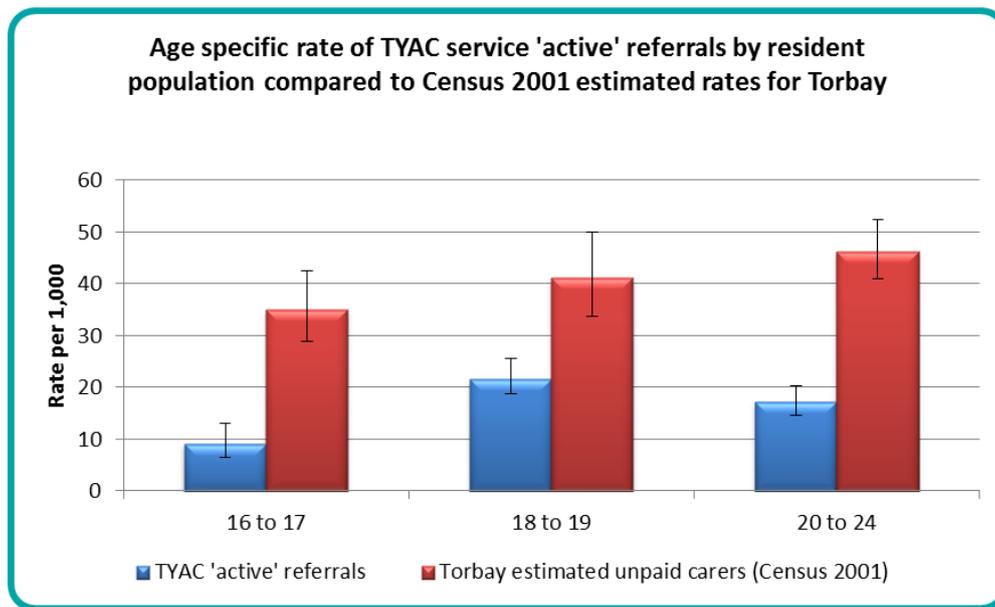
Figure 22: Age distribution of 'active' young carer referred to TYAC service 2010-2015



Source: Torbay and South Devon NHS Foundation Trust

As a proportion of expected unpaid carers estimated by the Census 2001 (Section 5.2), the service receives less referrals than would be expected (see Figure 23 over the page). There may be crossover of carers aged 16 to 18 years with the Torbay Young Carers Service (TYCS) who support carers aged 5 to 18 years.

Figure 23: Rate of 'active' TYAC service referrals per 1,000 resident population compared to Census 2001 unpaid carer estimates



Source: Torbay and South Devon NHS Foundation Trust; Nomis, Census 2001

9.3 Ethnicity

The ethnicity of 31% of young carers referred to the TYACS service was not recorded. Similar to findings from the Census (see Section 5.3), the majority of carers who had their ethnicity recorded were classified as White British (94%). The remaining young carers were from mixed (4%), other white background (0.5%) or any other origin (0.5%).

9.4 Location of young adult carers

The majority of young carers, who were referred to the TYAC service, live in Torbay. The highest numbers of carers come from the wards of Tormohun (Torquay town centre) and Blatchcombe (Paignton) as shown in Figure 24 over the page. These are consistent with areas where there are estimated to be significantly more young carers compared to the England average shown in Figure 25 over the page. The TYAC service also has a number of referrals from carers who live outside of the Torbay boundary. Around 9% of postcodes were partially or not recorded.

Figure 24: Count of referrals to TYAC service by ward

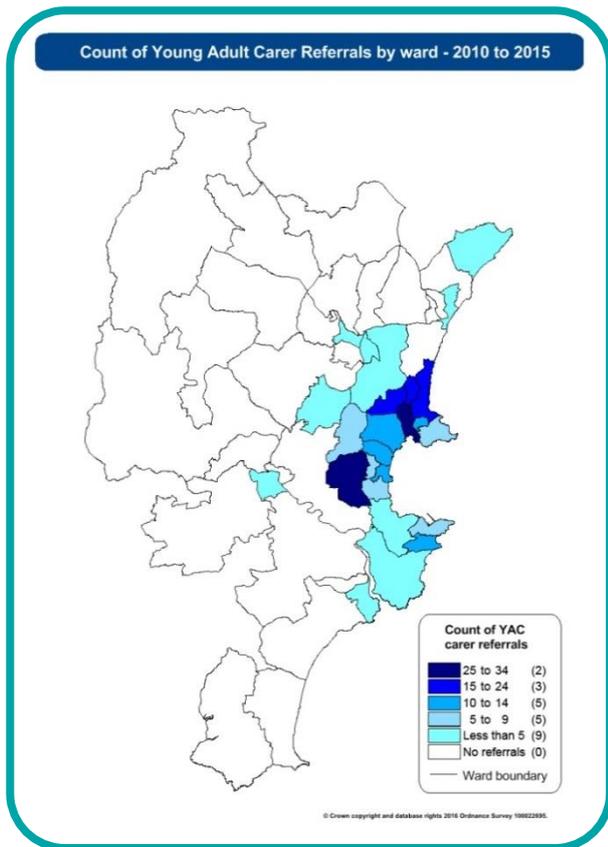
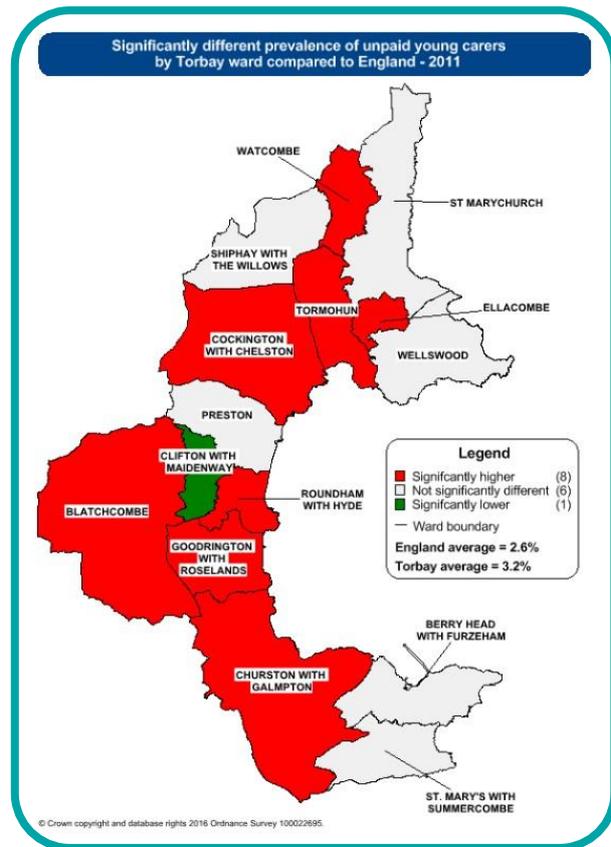


Figure 25: Significantly different prevalence of unpaid young carers by ward (repeated figure)



Source: Torbay and South Devon NHS Foundation Trust

9.5 Education, employment or training

The majority of young carers who are referred to the TYAC service did not have their education, employment or training status recorded (28%). Of those who had their status recorded, almost 2 in 5 were in full or part time employment and 36% were in education or training as shown in Table 8 over the page. Research suggests that young carer are more likely to be in lower paying professions such as personal service or sales and customer service than their peers, and less likely to be in managerial, associate or skilled trade roles²⁵. For the future, it would be useful to know which Census profession category young adult carers fell into in terms of their employment type.

Almost 1 in 5 young carers referred to the TYAC service were not in education, employment or training (NEET). Research by the Audit Commission in 2010 found that young adult carers between the ages of 16 and 18 had a much greater chance of being NEET compared to their peers²⁶. Less than 1 in 20 (4.1%) young persons aged 16-18 years in Torbay were recorded as NEET in 2014²⁷ which suggests, albeit based on small numbers, that there is a local inequality between young carers and their peers with regard to educational, employment and training status.

²⁵ Dearden, C and Becker, S. 2000. Growing up caring: vulnerability and transition to adulthood – young carers’ experiences. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

²⁶ Audit Commission (2010) Against the odds: targeted briefing – young carers. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

²⁷ Public Health Outcomes Framework, 2014

Table 8: Count and % of young carer referrals to TYAC service by education, employment and training status

Education, employment or training status	Count	% of total recorded (180)
Full time employment	43	24%
South Devon College student	42	23%
NEETS	35	19%
Part time employment	28	16%
Other education or training	22	12%
Other	7	4%
Permanently sick or disabled	3	2%
Total with recorded Education, Employment or Training status	180	72%
Unknown	69	28% (out of 249)

Source: Torbay and South Devon NHS Foundation Trust

9.6 Main carer

Consistent recording of main or secondary carer status at the TYAC service began in 2012; however this field is still not well recorded within the dataset. Of the carers where their carer status was recorded (56% from 2012 to 2015); around 70% were classified as being the main carer.

9.7 Relationship to the person cared for

Compared to national survey data (see section 8.5); carer referrals to the TYAC service were higher for carers who were supporting a parent(s) (69%), grandparent or wider family or community member (other) as shown in Table 9 below. Referrals were lower for carers who were supporting a sibling [18%]. Data from the LSYPE suggests that many young people who are providing care for siblings may go under the radar of services²⁸. In addition, carers who were/are supporting more than one person were higher in Torbay (13%) than compared to the national data outlined above. Please refer to Table 9 for a further breakdown of relationship categories by count and percentage (where recorded) of young adult carers.

Table 9: Count and % of young carers referrals to TYAC service by person cared for

Person cared for	Count	% of total recorded (184)
Mother	90	49%
Sibling	24	13%
Other	16	9%
Both parents	14	8%
Father	13	7%
Grandparent	12	7%
Parent and sibling	10	5%
Partner	5	3%
Total with recorded relationship status	184	74%
Unknown	65	26% (out of 249)

Source: Torbay and South Devon NHS Foundation Trust

²⁸ The Children's Society (2013) Hidden from view: the experiences of young carers in England

9.8 Reason for care

If we compare national data (see section 8.6) to our local TYAC service data, there were less young persons caring for a person with a physical disability or learning disability and slightly more caring for a person with a mental health condition (see Table 10). Parental mental health conditions are reported to be particularly challenging for young carers to cope with due to their unpredictability and extent of care support required²⁹. As the TYAC service sub-categorises conditions more than the aforementioned national survey, it is possible that persons recorded as 'long-term condition' or 'co-morbidity' could fall into the physical disability category depending on the nature of their condition. Almost 1 in 10 carers were supporting someone with a substance misuse problem.

The majority of young carers referred to the TYAC service had no additional caring reason recorded. Research suggests that dual diagnosis of physical or mental illnesses or disabilities is more common and is often accompanied by another physical and/or mental health issues that are not formally diagnosed. Good reporting of secondary health conditions – even undiagnosed conditions – could give a better indication of carers who may require more support from services.

Table 10: Count and % of young carers referred to TYAC service by reason for care

Condition	Main caring reason		Secondary caring reason	
	Count	% of total recorded (216)	Count	% of total (249)
Physical disability	80	37%	8	3%
Mental health (including dementia)	75	35%	<5	1%
Substance misuse	20	9%	<5	1%
Learning disability	14	6%	5	2%
Long-term condition (including cancer)	13	6%	<5	1%
Co-morbidity	6	3%	0	0%
Sensory impairment	5	2%	<5	0.4%
FTI?	<5	1%	<5	0.4%
Total with recorded condition status	216	87%	24	10%
Unknown	33	13% (out of 249)	225	90%

Source: Torbay and South Devon NHS Foundation Trust

²⁹ Aldridge, J. The lives of young carers England, 2016

10. Potential unmet need

Based on the combined Census (2011) and Carers Allowance (2011) estimate of the number of young carers under 25 years of age in Torbay; on average the TYCS (0-18 years) and the TYAC service (16-25 years) capture around 1 in 5 (22%) of the local young carer population. What is unknown from TYCS and TYAC referral data is:

- referral sources and pathways to young carer services;
- the health and social care needs of the carer;
- the self-reported health of the carer;
- the weekly hours of support (level of care) provided by the carer;
- the type of support offered by services;
- the engagement with services by the carer; and
- the carer's health and social outcomes as a result of engagement with services.

10.1 Sex

Both the TYCS and the TYAC service, capture more female than male young carers with a collective ratio of 3 females for every two males referred to the services. The 2011 Census estimated a female to male ratio that was closer to 1:1. This suggests that services may be underrepresenting the male young carer population in Torbay. As a percentage of the 2011 Census estimated young carers population; around 1 in 4 female carers are referred to the TYCS and the TYAC services and around 1 in 5 male carers are referred.

10.2 Age

Collectively, around 65% of referrals to the TYCS and the TYAC service are from children under the age of 16 years of age. Torbay has significantly more young unpaid carers aged 0-15 years compared to regional and national figures; however we would not expect such a weighted representation. The majority (65%) of young carers are anticipated to be over the age of 16 years. This does not mean that the TYCS should be working with less younger carers (given current reach into the population) but may suggest that more work is required from the TYAC service to support unmet need in the young carers aged 16 years and above.

10.3 Ethnicity

The ethnic background of around 29% of young carers who are referred to the TYCS and the TYAC service is unknown. Of those who have their ethnic background recorded, around 97% of carers were recorded as white (including other white). This is in line with what is expected by the 2011 Census (98%).

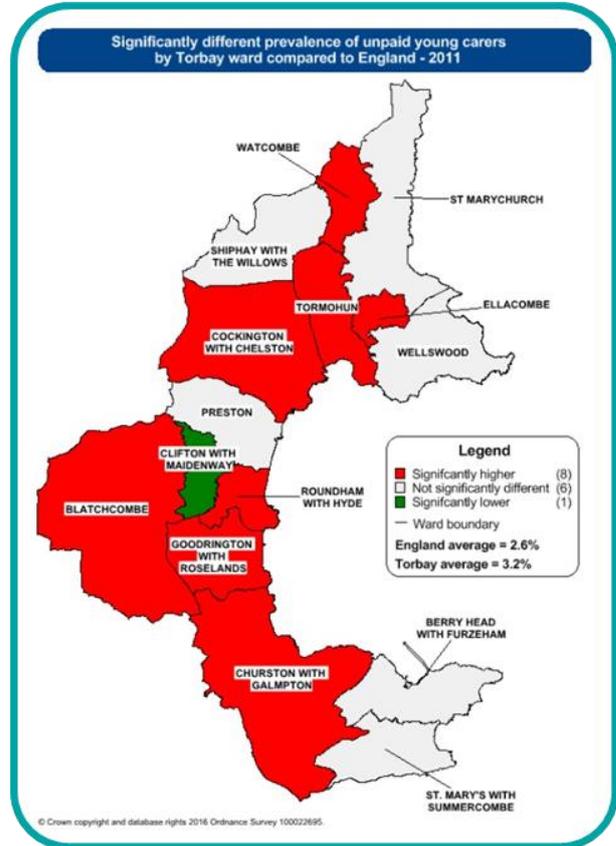
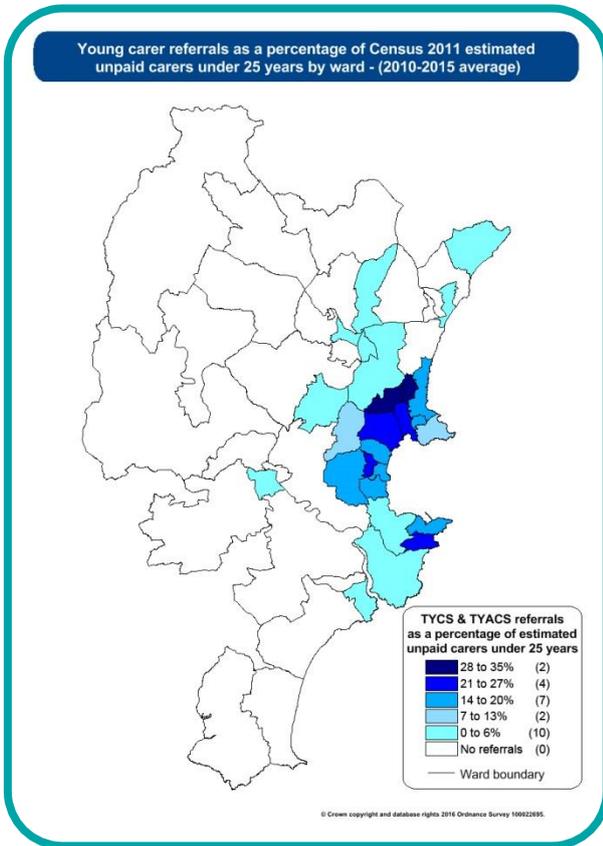
10.4 Location

Combining TYCS and TYAC service referral data, the highest numbers of carer referrals under 25 years who have been referred come from the wards of Watcombe and Tormohun. Taken as a percentage of the estimated unpaid young carers in the population, the highest percentage of carers (around 30% of expected) who are referred to services come from the wards of Watcombe and Shiphay with the Willows as shown in Figure 26 on the following page. Watcombe is

consistent with the areas identified as having significantly more young carers than the England average (see Figure 27 below); however we have more coverage in the wards of Clifton and Maidenway (Paignton) and St Mary’s and Summercombe (Brixham) than we would expect in comparison.

Figure 26: % of young carers referred to services (0-24yrs) as a percentage of estimated young unpaid carers by ward

Figure 27: Significantly different prevalence of young unpaid carers by ward (repeated figure)



Source: Torbay Council, Torbay and South Devon NHS Foundation Trust, Nomis Census, 2011

10.5 Relationship to the person cared for

Compared to national survey data (see section 8.5), carer referrals to the TYCS and the TYAC service were similar for care of parents (65%) and grandparents (3%) and lower for the care of siblings (27%). Torbay young carers who are referred to services are more likely to care for wider family or community members (4%) than compared to national data; however we are looking at much smaller, therefore more variable, local numbers.

10.6 Reason for care

Compared to national survey data (see Section 8.6), carer referrals to the TYCS and the TYAC service showed less young people caring for someone with a physical disability (32%); however it is possible that persons recorded as a long-term condition, frail/elderly or drug or alcohol misuse could fall into the physical disability or mental health category depending on the nature of their condition(s). There is also a lower representation of carers who support a person with sensory impairment (2%) based on local service data.

A lower representation of a health condition category compared to national could indicate a potential cohort of young carers who are currently not met by local services; however due to potential discrepancies in health condition categorisation between services and compared to national categorisation, it would be inappropriate to put too much weight behind this hypothesis. For the future, it would be easier to estimate unmet need if both young carers services recorded health conditions using the same categorisation, with an additional grouping that replicates the categorisations used by national surveys.

Research suggests that dual diagnosis of physical or mental illnesses or disabilities is more common and is often accompanied by another physical and/or mental health issues that are not formally diagnosed³⁰, therefore it is advisable that both the TYCS and the TYAC service record or consistently record any secondary conditions, including addictions.

11. Limitations and recommendations for the future

11.1 Limitations of this HNA

Firstly it is recognised that individual young carers engaged with the TYCS and the TYAC service receive support based on their health needs assessment as opposed to the referral data which the majority of this health needs assessment was based upon. It is likely that service support is tailored to the individual needs of young carers; however without the collation of this information, it is difficult to determine collectively what the needs of local young carers are and if services are helping to meet these needs. Additional data recording taken from individual health needs assessment and evaluation data could help to answer some of these questions.

11.2 Recommendations from this HNA

For the future, based on the evidence within this health needs assessment, the following strategies could be employed to help capture more young carers in Torbay:

- Universally, the stigma of being labelled as a ‘young carer’ and the fear by some families to disclose young caring in a household, needs to be minimised. Building on the work of national public health campaigns could facilitate this;
- Current referral pathways should be recorded and then analysed for which referral sources are successful and to identify gaps that could be maximised;
- Research and interventions could be put in place to capture more male young carers as they are underrepresented in Torbay – particularly between the ages of 16 and 24;
- Research and interventions could be put in place to capture more young adult carers aged between 16 and 24 years as current service reach does not reflect the proportion of older young carers expected in the population;

³⁰ Aldridge, J. The lives of young carers England, 2016

- Based on young carers providing intensive levels of support and reporting fair, bad or very bad health status; more carer support may be required in the wards of Roundham with Hyde and St Marychurch. More research would be required to support this recommendation as it is based on small numbers.

The following recommendations could be employed to improve data quality and usability:

- Collectively the data recording of: ethnicity; reason and secondary reason for care; main carer; education, employment and training status and relationship to person cared for could be improved to give more weight to decisions based upon this information;
- Collectively Census and key national survey categories would be helpful for analysis of: ethnicity; reason and secondary reason for care; education, employment and training status and relationship to person cared for;
- Collectively more effort could be invested in carer outreach as, at best; the coverage is 30% of the expected young carers in an area. More specifically, services are failing to reach young carers in the lesser deprived ward of Churston with Galmpton which has significantly more young carers compared to England;
- Collectively the recording of the level of care provided by the carer would be useful. Categories that are similar to those recorded by the Census (Section 4.5, Page 7-9) would be useful for determining the potential level of carer support required;
- Collectively the systematic recording of the self-reported health status of carers akin to the Census (Section 4.6, Page 9-10) would be useful. Young carers services are required to conduct a health needs assessment when carers engage with a service. Locally this is recorded on paper but does not link to referrals data which can be aggregated to give population level statistics. A suggestion for the future would be for services to select broad categories which capture the majority of health and social care needs identified by individual health needs assessment (e.g. risk taking behaviour, mental health, physical disability) and include this information as a field(s) within referral data;
- Collectively the type of support provided to carers by the services they engage with, be it sending a mail circular, intensive-one-one to support or respite, would be useful. Also if an onward referral to another service, such as CAMHS, is required; this information could be used as an indicator of the health status/needs of the cohort;
- Collectively the recording of special educational needs (SEN) could indicate where additional school and home support is required;
- Collectively the recording of 16 to 24 year olds who are or are not claiming carers allowance would be useful. This information could be a proxy for the level of support required by the carer (over 35 hours per week) and could indicate where signposting for additional financial aid would be valid;
- Collectively the education, employment or training status of young carers age 16 to 18 years could be recorded. This information would be useful for highlighting additional support needs that carers may require. Additionally Census employment type categories could indicate if employment was well paid or not;

- Collectively the recording of main or secondary carer status would be useful. This information could indicate the level of support required by the carer, e.g. less intensive support may be required by a service if a young carer also has the support from someone else in a household;
- Collectively the recording of carers who support more than one person in or out with their household would be useful. National and local data does indicate that additional support is likely for some young carers, predominantly older young carers. This field would be useful for giving an indication of where more intensive service support is likely;
- Collectively the consistent recording of additional caring reasons would be helpful. Good reporting of secondary health conditions – even undiagnosed conditions – could give a better indication of carers who may require more support and the type of support required from services.