



Upbeet conference report – 17th February 2010

Conference programme

- 10.15 Registration & refreshments
- 10.45 Video presentation & welcome
Lucinda Godfrey, Manager Dundee Carers Centre
- 10.55 Opening remarks
Shona Robison MSP, Minister for Public Health & Sport
- 11.10 Keynote Speaker with Q&A
Professor Saul Becker, University of Nottingham
- 12.15 Good practice workshops
PRT East Ayrshire Carers Centre
UPBEET Project
More Choices More Chances
Edinburgh Young Carers Project
- 13.15 LUNCH
- 14.00 Table Discussion: The Way Forward
- 15.00 Closing comments

Notes from Table discussion: The Way Forward

What is the role of existing young and adult carers services in Scotland in relation to developing work with young adult carers, and how do they need to change and adapt?

The groups discussed existing provision and areas of good practice in Scotland, which included:

East Ayrshire Carers Centre have been using social enterprise to assist young adult carers employment, education and/or training – pamper bus, Dalmellington House, etc In Edinburgh, there is a specialist worker offering structured, issue-based group support for 16-25 year olds. Some areas covered by adult services.

Dundee Carers Centre has cross-generational projects, including older and young adult carers.

However, there is a definite gap in service provision – a “black hole” during the transition period between young and adult carers services. There is a need for specialist staff to

support these young people, providing access to welfare rights, careers advice, mentoring etc. There was some discussion of the definition of who a carer is and whether a distinct young adult carers service was needed or if this should be part of a carers centre.

What needs to happen is “seamless support” during the transition period between: young carers services – young adult carers (18) – adult carer services

Opportunities for funding for funding were discussed and the group felt that centres needed to ‘think creatively’.

What models of service delivery would be the most appropriate to the needs of young adult carers and their transition stage?

It was felt that a ‘one size fits all’ would not be appropriate as the needs depend on the individual and the area (urban/rural/deprivation/population). Models needed to be tried and tested to determine which is most appropriate. Young people are all different and transition at different ages so ‘age limits’ not helpful.

Existing provision discussed included:

East End works with young carers up to 18 and older only if they are reluctant to leave. The only alternative is adult services, which are not ‘reaching down’.

West Glasgow works with 18+ in 1:1 plus groups as there is no transitional service to adults.

The Upbeet model involves a dedicated support worker for 16-21 years olds who are at risk of becoming Neet.

Should adult carers services become more accessible to younger carers?

There is a lack of resources in adult services to cater for 18-100+. There are not enough support workers to meet existing demand. The need for a specialist transition worker for young adult carers should be considered within young carers services as their support needs are different to those at 14.

What funding is available to meet these needs?

It was felt that carers services are innovative but funders dictate criteria, which can be age-restrictive. A multi-agency approach should be considered as this is the focus of much policy and funding. However, it is difficult to get health boards and local authorities to focus on transition. Social work managers work with rigid age categories - <18, 18-65, 65+. The Carers Development Strategy highlights this. Another challenge is that the Carers Strategy is not statutory and therefore not a priority for local authorities and health boards in the current economic climate.

One of the arguments to counter this could be that early intervention is more cost effective. Without structured delivery, there will be an impact on other services such as health and social work when it comes to crisis intervention. It is preferable to have a model in place before the crisis. Other issues needing consideration are: risk

assessment; why young carers are included in additional support needs in some areas but not others; carers other needs; effective awareness raising of young adult carers' issues.

It was suggested that the most appropriate model would be a transitional one with dedicated support workers for 16-19 and 19-25, as different age groups have different objectives, and should involve whole family support work.

What needs to happen in Scotland in the next 6 to 12 months in relation to developing work with young with young adult carers?

Currently, most carers centres have separate budgets for young carers service and adult service. Specific services for young carers have developed over the past 20 years. Looking at this could help to develop young adult carers services over a shorter time frame. Most centres recognise that the skill sets of youth and adult workers have different strengths and weaknesses.

In the next 6-12 months, there needs to be fluidity of support services, which should be needs-led. Centres need to use a creative approach within existing services to meet identified gaps. The focus should be on area-based strategies to meet young adult carers needs. Centres need to engage with relevant partners to get their ideas, what they are doing, and share good practice.

One of the resources which could be utilised immediately is partnership working between agencies and centres already working with young adult carers. They could link up with others to provide training for staff on working with 16+ carers. This could improve integration within young carers/adult services. There is also a need for more partnership work with schools. Having a young carers 'champion' in each school would help young carers to access support sooner. It was felt that the focus of health services would always be the cared for rather than the carer.

Over the next 6-12 months, young adult carers need to be consulted about what needs to happen to make it effective. Perhaps there should be a national group or forum for young adult carers, such as the existing Scottish Youth Parliament. It would also help to raise awareness of young adult carers' issues through the media.

The groups felt that specific Government recognition for young adult carers is essential, in order to develop more national support systems or better resources for existing support. Relevant policy and initiatives were discussed, including:

- the National Carers Strategy consultations
- Working Together document
- Priority for Carers – young carers, adults
- Job Centre Plus – Work Focused Support for Carers
- National Young Carers Strategy – great to have in place but only if resourced

How can other services collaborate with young and adult carers services to support young adult carers in the most effective way?

In education, young carers projects can link with schools as they have an important role in identifying young carers. This should include school nurses. This could help to normalise the role of young carers, for example by including on forms to be filled for routine health checks in schools. Young carers support workers should be involved in JATS and other team meetings. There should also be links with further education colleges and universities to help identify and support young adult carers in education.

Social work and other statutory agencies have a responsibility to carers and young carers. They could work with carers services to identify unmet need and gaps in services. Need to raise agencies' awareness of services for young adult carers so they can signpost to relevant service.

It was noted that there is often a statutory / voluntary sector divide which can inhibit effective collaboration. One of the ways to address this would be through training for professionals, social work, health and police. Carers centres could collaborate on delivering joint training, sharing resources or using other professionals to input into young carers support. For example, in Lanarkshire an NHS staff member is co-located with a young carers project to address health needs. This can also increase awareness with NHS staff.

Carers services can get involved in delivering modules as part of social care and social work courses in colleges and universities. However, the focus should not just be on the traditional services, centres need to 'think outside the box'. For example, offering informal work opportunities to volunteer centres.

What needs to happen in Scotland in next 10 years?

(Professor Becker pulling discussion together)

Prof Becker felt that adult carers services need to be able to engage with young adult carers; while they have different funding streams it has to be acknowledged that youth and adult support workers have the same skill set. In discussing whether it was the responsibility of young carers services to 'reach up' or adult services to 'reach down', it was evident that there were barriers to young adult carers engaging from both sides.

Many centres are just getting to grips with young carers, so their response to young adult carers' needs is still emerging. Some adult services are focused on specific illnesses or local population age issues. Some rural areas use carer support workers for all ages, based on geography rather than age. There is scope for working collaboratively between adult and young carer services but the difficulty is resources – workers' time and capacity are limited. There is a need for a transition worker to work fluidly between young carers and adult services.

Prof Becker proposed a “no wrong door” approach, whereby a carer of any age can go to any service and be signposted to the most appropriate service for their needs. He suggested that specialist services may not be the best use of resources. In practice, workers have to target who they work with within existing outcomes and frameworks. They need to justify use of resources and to set priorities, such as risks, quality of life. Older people may be more powerful at lobbying for services than young people.

In relation to issues of collaboration and partnership, it was felt that all the services need to talk to each other so they know where to signpost young adult carers regardless of where they enter the system. Getting it Right for Every Child (GIRFEC) provides a useful framework for this. There need to be agreements regarding joint working between voluntary and statutory services. The distinction between adult social care and children’s services can also be a barrier. Working Together says they should, if they don’t it’s bad practice.

Another issue is that UK and national initiatives are not always evenly applied, such as the recent Job Centre Plus initiative of work-focused support for carers. Young adult carers need to be recognised within the system as requiring specialist advice.

Looking at outcome-led services, we need to determine what young adult carers need and how to deliver these services. The outcomes need to be designed around these. Prof Becker stressed the importance of consultation, particularly in relation to the Carers Strategy.

Evaluation Results

MAIN PROGRAMME

	VERY GOOD	GOOD	FAIR	POOR
Opening video presentation	30	7		
Quality and relevance of Prof. Saul Becker's presentation (Keynote Speaker)	33	4		
Lunch provided	36	1		
Table discussion: The Way Forward, Q&A	12	19	6	
Overall impressions of the conference	30	7		

Additional comments

- *Needed further time for table discussions*
- *Shame table discussions got cut short*
- *Great venue and networking opportunity*
- *Table discussion too short – would have liked more time to discuss questions*
- *Great hearing Saul Becker's research*
- *Professor Saul Becker was very interesting and the information valuable*

WORKSHOPS

	VERY GOOD	GOOD	FAIR	POOR
The Princess Royal Trust East Ayrshire Carers Centre	4		2	
The UPBEET Project, Dundee Carers Centre	3	8	1	
More Choices, More Chances Team, Dundee City Council	2	9		
Edinburgh Young Carers Project	4	2		

Additional comments

- *A bit rushed, but great to hear young carers speaking about their perspective*
- *The presentation was very good*
- *Excellent insight into a young adult carer*
- *Unfortunate that the presentation was not on the display screen but still a very interesting workshop*
- *Would like to have attended more than one workshop*
- *Thank you (young adult carer) for sharing your story with us. You did really well to talk in front of people. Best wishes for the future*
- *Well done (young adult carer)!*
- *Very inspiring service and exciting to think what can be achieved*

How did the conference meet your overall aims and expectations?

- *It was worth the 3 ½ hour drive from East Sutherland*
- *Yes, gave me more of an insight*
- *Met aims / Additional work to be done and further contact will be made re development of the National Strategy*
- *Helped me think about what supports we can provide to young adult carers and how to implement them*
- *Very interesting and uplifting conference*
- *Thought it was excellent – lots to think about to take forward joint working*
- *Many thanks for a great day – congratulations to all involved – especially all the young carers*
- *Exceeded expectations. Very well organised. Relevant and informative. Too little time – as always.*
- *Enjoyed it. Good to hear other peoples ideas*
- *A very interesting project*
- *Saul Becker was excellent. Table discussion could have been longer to be more beneficial*
- *It was interesting. Useful to talk to people from other areas*
- *Inspiring hearing what is currently on offer for Young Adult Carers, but also highlights that there is a lot of partnership working to be done to move things forward and improve services*
- *It gave me a better insight into the issues young carers face and also the way services are working to try and eradicate problems*
- *Met all my expectations – informative and lots of ideas to take back and put into practice*
- *Very informative. Fantastic presentation from Saul*
- *Opened my way to thinking about the division in carers centres between young and adult carers and the support offered*
- *I can see the positives of using the Caring Activities Outcomes questionnaires and plan to try again to have them implemented within our project.*
- *Was better/greater than my expectations, was very interesting. Has been a brilliant day.*
- *It was inspirational and relevant to my practice*
- *It was very professional and provided valuable information*