

Every Child Matters

Stockton-on-Tees Children's Trust

Young Carer's Strategy 2009 - 2012

Children, Education
& Social Care

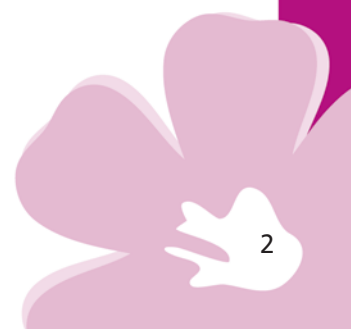


No Child Left Behind



Contents

	Page
Foreword	3
Executive Summary	4
Summary of Key Objectives	6
Introduction	7
Who are Young Carers	10
National Context	14
Local Context	19
Consultation	21
Special Considerations	23
Delivery of our Strategy for Young Carers	27
Key Legislation and Guidance	29
Action Plan	32
References and Key Contacts	45



1. Foreword

The overall purpose of the strategy is to raise awareness of Young Carers issues and specific needs within the Stockton-on-Tees area and to ensure that Young Carers are firstly treated as children and young people and, as such, are able to fulfil their own aspirations.

Their caring role needs to be acknowledged and appropriate support given to ensure they are not having to provide inappropriate levels of care.

This strategy sets out the Council and Partner agencies key strategic aims to support Young Carers, how these will be achieved, who will be responsible for delivering these outcomes and the timeframe for achieving the objectives.

It offers a multi-agency approach to the recognition of Young Carers. It looks to establish guiding principles to deliver overall strategic objectives through the development of medium to long-term sustainable processes that will enable all Young Carers to have the same life chances as other young people and support their continued development into adult life.

This strategy sits alongside the overarching Strategy for Adult Carers' Services and although there may be overlaps in some areas of service development, these will be taken forward on a joint basis with Adult Services to ensure that there is a seamless and effective transition for our young people as they move into adulthood to ensure that they are not unfairly disadvantaged.



Councillor Alexander Cunningham
Cabinet Member for Children & Young People
Stockton-on-Tees Borough Council

2. Executive Summary

A wide range of research has been undertaken into the needs of Young Carers and the impact that inappropriate levels of caring has on their own well-being and development. The research has offered a number of consistent findings, the overarching consensus of which is that children who are living in a family where a parent, carer or other family member has a problem of physical or mental illness, disability, or alcohol or substance misuse, may be caring for those in need in a number of different ways.

The care and support of family members with high dependency needs often imposes heavy pressures on other family members. This pressure is often made worse where the need for support extends over a long period of time or is permanent.

In some households there may be a number of adult family members who are able to share the physical and emotional burden or they may be able to facilitate help from outside agencies, but in others the younger family members may be the only ones available to offer this support which can severely impede their normal opportunities for social, psychological and emotional development.

Many are involved in giving what may be considered inappropriate levels of care for a child to undertake. They might be offering practical assistance around the home, undertaking physical care such as lifting, or personal care such as dressing, washing and toileting. They may assist with therapy or giving medication. Many also undertake care and responsibility for younger siblings.

Research has also highlighted the fact that caring has a high emotional element for children. Many have described the worry and anxiety that they experience when someone who is close to them is ill or disabled. Those who do not give any practical or physical care may still be giving emotional support, and experiencing a range of emotions, anxieties and stress which can have a profound effect on their everyday lives.

A review carried out by Barnardos in 2004 (Caring Before Their Time? Research and Policy Perspectives on Young Carers) offered evidence which showed that, for a range of reasons, Young Carers are often hidden and their needs and those of the person for whom they are caring are only identified when there is a crisis. Even then, the extent of their caring role and the impact that it has on their own development, may not be recognized quickly or fully assessed with Young Carers continuing to take a lead role in supporting family members alongside other services.

“It was when I happened to fall asleep in a class that they found out my Mum was ill. It’s not the sort of thing that comes up... I didn’t used to talk to anyone. I suppose that was my own fault in a way, but then I didn’t know anyone was interested”

Regardless of intention, existing legislation used to define Young Carers does little to stop or support children caring for a relative at home, and despite the introduction of the Prime Minister’s Strategy on Carers in 1999, and the investment of funding for additional support services, there is still much to be done to ensure that young people do not take on inappropriate caring roles and that they are supported and empowered to achieve across the Every Child Matters five outcomes in the same way as other young people who are not Young Carers are able to do so.

Over the next 10 years there will be significant changes in our society which will offer major challenges to all services which support carers. Adults and children will be surviving complex health conditions longer, there are expected to be more increases in single households and the increased

availability of harmful substances such as alcohol and drugs all serve to leave our young people more vulnerable and prone to falling into the role of primary carer, to those in their families, who are in need of help and support.

The introduction and increased promotion of initiatives such as Self Directed Support and particularly the Personalisation agenda offer opportunities to meet the needs of those in receipt of services in a range of ways which are more tailored and appropriate to their needs. The need for tailored services which meet the needs of the Young Carers and which also serve to preserve and protect the family unit however continue to be a challenge. This strategy has been produced in response to these challenges and in recognition that Young Carers need more planned interventions to prevent them becoming a Young Carer, and also, if they are involved in a caring capacity to their loved ones, to make sure that this is not affecting their lives inappropriately.

3. Summary of the Objectives and Key Priorities

Our key service objectives for Young Carers in Stockton-on-Tees reflect the national Every Child Matters outcomes agenda for all Children and Young People and our objectives are detailed in the action plan in Appendix 1 which accompanies this strategy.

They are summarised as follows:

Being Healthy – Young Carers will be supported to achieve and maintain good physical, mental and emotional health;

Staying Safe - Young Carers who could become at risk of physical or emotional harm are identified and offered early or preventative support;

Enjoying and Achieving - Educational attendance and attainment will be promoted for Young Carers and more opportunities for leisure, breaks and play will be made available;

Making a Positive Contribution - Enabling choice and control for Young Carers. More Young Carers will be involved in opportunities beyond caring and engaged in decision making;

Achieving Economic Well Being - Tackling the potential poverty faced by Young Carers. Supporting Young Carers with the transition to adulthood, and helping them to access training and employment.

4. Introduction

Identification, recognition and support are essential in the delivery of good and comprehensive services to Young Carers.

Young Carers and their families tend not to self-refer to the statutory agencies and they rarely ask for help. They prefer to hide their caring role for fear of the consequences. The culture and structure of services can work against identification, particularly where professionals are “client” or “patient” focussed, rather than considering the family as a whole. Young Carers can also fall into the “gap” between services e.g. between children and adults services.

The first contact a family may have is with their GP or other community health professionals. It is crucial that these workers are aware of and can help the family to ensure that the needs of the Young Carer for advice, help and support are not overlooked.

Professionals need to be aware of the family’s anxieties about the possibility of children being “taken away”, being accused of child abuse and fears of family breakdown. Workers involved with families need to be sensitive to these fears and worries when recognising and identifying Young Carers in a family.

Publication of the Children’s Plan 2007 - Building brighter futures, states that, for Young Carers, services should adopt a whole family approach. This means that children’s and adult services must have arrangements in place to ensure that no young person’s life is unnecessarily restricted because they are providing significant care to an adult with an identifiable community care need.

“Everyone involved should talk to each other and work together. They need to recognise that we know what’s going on because we live it everyday. They need to listen to us and our parents.”

Think Family: Improving the Life Chances of Families at Risk 2008 also sets out a vision for a local system which improves the life chances of families at risk and helps to break the cycle of disadvantage. It sets out a vision:

- where an individual’s needs are looked at in the context of the whole family, so clients are seen not just as individuals but also as parents or other family members;
- where there are young people take on caring roles, that there is work to ensure, they receive adequate support and services which safeguard their childhood and aspirations as children and young people.

Under current legislation (the Children Act 1989/2004 and the Carers (Recognition and Services) Act 1995) Young Carers have the right and should be encouraged to ask for an assessment of their needs. An assessment should be carried out using the Common Assessment Framework and should consider the needs of all the family members.

All agencies working with the families of Young Carers need to be aware, when deciding with the family on the services to be provided, that the focus should be on providing services that will:

- enable and support the parents in their parenting role;
- relieve the Young Carer of her/his caring responsibilities.

The Children’s Society Include Project, working in partnership with The Princess Royal Trust for Carers,

is undertaking a three year project delivering training, information and best practice examples to local authorities in England. Using practice guidance and standards written for the Department for Children, Schools and Families (DCSF), it is supporting local authorities to deliver Every Child Matters outcomes to this vulnerable group. The project aims to ensure that young carers get a more responsive, whole family and needs-led service.

Funded by the DCSF, The Children's Society produced a 'Whole Family Pathway' tool, to ensure that however a family (Parent or Child) in need of support first makes contact with an agency the same principles are followed.

The Pathway has been piloted in three Local Authorities but has been written as a tool for all Local Authorities in England, and Stockton-on-Tees Children, Education and Social Care will be working with The Children's Society Include Project and The Princess Royal Trust for Carers to look at broadening support for young carers and addressing the key principles.

The Principles of the **Include** project are:

- there is a need to safeguard children by, working towards the prevention of children undertaking inappropriate care of any family member;
- the key to change is the development of a whole family approach to needs led assessments, to ensure that service provision is child focused and family orientated;
- young Carers and their families are the experts in their own lives and as such must be fully involved in the development and delivery of support services;
- young Carers will have the same access to education and career choices as their peers;
- it is essential to continue to raise awareness of Young Carers and, to support and influence change effectively, work with Young Carers and their families must be monitored and evaluated regularly.
- local Young Carers projects and other direct services should be available to provide safe, quality support to those children who continue to be affected by any caring role within their family.

Research has also highlighted the fact that caring has a high emotional element for children. Many have described the worry and anxiety that they experience when someone who is close to them is ill or disabled.

"Being a young carer is very stressful because you've got home life to worry about and then make time for school work"

Those who do not give any practical or physical care may still be giving emotional support, and may then themselves experience a range of emotions, anxieties and stress. Caring for a relative at home is not a new phenomenon. However, the impact of caring in a climate where the extended family unit is often not there and where Health and Social Care services are sometimes limited, can be difficult – especially when the carer is under 18.

Research and evidence from practice has also shown that, for a range of reasons, Young Carers are often hidden, and their needs, and those of the person for whom they are caring, are only identified when there is a crisis. Even then, the extent of their caring role and the impact that it has on their own development, may not be properly recognized or fully assessed.

Many children provide care regularly for long periods of time and some will be committed to caring for their family members for many years and we know that in order to support these young people and prevent family breakdown services need to get better and, where appropriate, offer a more family based model of support.

The overall aims of our multi-agency Strategy, have been agreed with the involvement of Young Carers and their families with the expectation that all involved agencies will work to achieve our stated outcomes and to reflect existing and emerging good practice guidance such as those stated above

5. Who are Young Carers?

Definitions

Children, who are living in a family where a parent/carer or other family member has or is suffering from a physical or mental illness, disability, or alcohol or substance misuse, may be caring in a number of different ways. Many are involved in providing what may be considered inappropriate levels of care for a child to undertake, particularly where the care is of an intimate nature.

Although most Young Carers are not the primary carer, many are heavily involved in supporting those who are, and help by taking on major caring responsibilities that are very inappropriate for a child and that could well have a negative impact on their own well being. This could include offering practical assistance around the home, undertaking physical care such as lifting, or personal care such as dressing, washing and toileting. They may also assist with therapy or giving medication or undertake the care and responsibility for younger siblings.

Several definitions of a 'Young Carer' exist in current legislation and guidance. In 1995, the Social Services Inspectorate defined a Young Carer as:

'A child or young person (under age 18) who is carrying out significant caring tasks and assuming a level of responsibility for another person, which would usually be taken on by an adult.'

The Carers' (Recognition and Services) Act 1995 uses the definition:

Children and young people, (under 18) who provide or intend to provide a substantial amount of care on a regular basis.'

And in 1998, the Carers National Association (now Carers UK) defined a Young Carer as:

'Anyone under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of someone who is ill, has a disability, is experiencing mental distress or is affected by substance misuse.'

This last definition highlights the importance of taking into account not only the extent of, and the nature of the caring but also the actual or potential impact on the young person's life.

Carers at the heart of the 21st Century families and communities (HM Government) proposes a new definition for all carers – this being;

'A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'.

This same government strategy also offers a vision in that "all Children and Young People will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all of the Every Child Matters outcomes", which presents a challenge to all organisations seeking to support this vulnerable and often unidentified group.

For the purpose of this strategy, we accept the definition that Young Carers are children and young persons under the age of 18 who provide, or intend to provide, care, assistance or support to

another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult.

The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision.

The positive impacts of caring can include maturity, responsibility and life skills and a close and loving relationship with parents. The negative impacts can include stress, depression, restricted social, educational and career opportunities, and less time for oneself. Caring can therefore, affect the physical, social and psychological well being of a young person into adult life.

Why do they need to care?

A family member may need the help of a Young Carer because of a:

- learning difficulty;
- physical or sensory impairment;
- long-term and/or chronic illness;
- mental illness;
- drug and alcohol related difficulty.

Young Carers can live in lone parent families and be the main carer. Some help the well parent to care, some help both parents to care for another child and some have more than one person in the family who needs care.

Some examples of the tasks young people undertake are:

- household chores – including washing, cooking and cleaning on behalf of the whole family;
- personal/Nursing care – such as giving medication, changing dressings, assisting with mobility;
- intimate care – washing, dressing and assisting with toilet requirements;
- emotional support – monitoring and meeting the emotional needs of the person;
- childcare – helping to care for younger siblings, including escorting to school, in addition to other caring tasks;
- other – household administration such as paying bills;
- accompanying the cared-for person to hospital;
- acting as a translator for non-speaking sensory impaired, or those whose first language is not English.

There are many reasons why young people take on levels of care that are inappropriate for their age. It may be because of:

- the structure of the family itself and the level of care needs;
- the nature of the illness or disability including speed of onset, its acceptability or whether it is an episodic illness;

- a lack of effective services from outside the family, if the person does not meet eligibility criteria or the services are inflexible;
- some families may not know about the services or support available to them;
- some families may be reluctant to involve agencies in their family situation or be fearful of acknowledging children's caring roles;
- cultural reasons.

Impacts of caring?

Inappropriate levels of caring impact on a child's own emotional and physical health as well as their educational achievement and life chances.

The following are examples of the effects on children and young people of providing care:

- problems at school, with completing homework and in getting qualifications;
- isolation from other children of the same age and from other family members;
- lack of time for play, sport or leisure activities;
- conflict between the needs of the person they are helping and their own needs leading to feelings of guilt and resentment;
- a sense of embarrassment and stigma;
- emotional anxiety, stress, guilt, self-blame and an obligation to care;
- feeling that there is nobody there for them, that professionals do not listen to them and are working only with the adult - an overwhelming sense of isolation and loneliness;
- lack of recognition praise or respect for their contribution;
- feeling that they are different from other children and are unable to be part of the group – i.e. not feeling able to take friends home;
- feeling that no one else understands his or her experience - a belief that they are the only one in this situation;
- problems moving into adulthood, especially with finding work, their own home and establishing relationships;
- being stigmatised or bullied - a sense of being ostracised by their peers and/or local community;
- developing behavioural difficulties;
- a lack of recognition, praise or respect for their caring contribution;
- being tired;
- feelings of loss, grief and sometimes bereavement;
- feelings of anger at other people's reactions;

- reluctance to seek help/reveal their caring status;
- the difficulties of providing intimate or personal care, physical and mental health problems e.g. back injury;
- a fear of what the future may hold;
- feeling restricted in educational opportunities;
- feeling restricted in career choice, life choices and opportunities;
- difficulties with making and sustaining positive relationships.

6. National Context

The long awaited national Strategy for Carers **'Carers at the heart of 21st century families and communities: A caring system on your side. A life of your own'** was published in June 2008. Supported and signed by seven government departments:

- The Department of Health;
- Department of Communities and Local Government;
- Department for Work and Pensions;
- Department for Children, Schools and Families;
- Department for Business Enterprise and Regulatory Reform;
- Government Equalities Office;
- The Department for Innovations, Universities and Skills.

The strategy commits to providing £255 million to provide additional support to carers across England. It also sets out medium and long term plans aimed at transforming the way that society treats carers.

The strategy, which also builds on the Caring for Carers strategy published in 1999, was developed and informed through a major national consultation exercise with carers, including Young Carers (some of whom came from our own Local Eastern Ravens Trust Young Carers Service) and which included online consultations and events. This work offered a vision that by 2018:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- Carers will have a life of their own alongside their caring roles;
- Carers will be supported so that they are not forced into financial hardship by their caring role;
- Carers will be supported to stay mentally and physically well and treated with dignity;
- Children and young people will be protected with inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

The government also proposed within this strategy a new definition of the term 'carer' as a means of overcoming different means in different legislation. This reads:

"A Carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems".

The DCSF Children's Plan Building Brighter Futures clearly offers support to the implementation of this new definition, simply enhancing this in stating that;

'Young Carers are children under 18 who are providing substantial personal and / or emotional care to another family member who is affected by illness, disability or substance misuse'.

There is to be a full review to assess whether this new definition can be adopted across government and to ensure that this compliments and supports the wide range of other major recent programmes of social care reform such as Putting People First to ensure that there are no barriers when Young Carers transition across to Adult Services and that carers are able to access services and systems of support which enable them to have a life of their own alongside their caring responsibilities.

The Children's Society Include Project, working in partnership with The Princess Royal Trust for Carers, has been involved in the delivery of a three year project that will provide training, information and best practice examples to local authorities in England. Using practice guidance and standards written for the Department for Children, Schools and Families (DCSF), to help authorities to deliver Every Child Matters outcomes to this vulnerable group, the project aims to ensure that young carers get a more responsive, whole family and needs-led service.

The work of the partnership is carried out in consultation with Young Carers and their families and those who work to support them. It has also been informed by the Young Carers forum.

The Include Project provides information, advice and training to anyone who works with Young Carers and their families.

A national survey completed in 2004 by The Children's Society and Carers UK across 87 projects and involving a total of 6,178 Young Carers, produced some key facts which are still very relevant today today, including:

- 56% of Young Carers are girls, 44% are boys. The average age is 12;
- 56% of Young Carers are living in lone parent families;
- people with care needs have a range of illnesses or physical or mental health problems. Half of all conditions are of a physical health nature; 29% are mental health problems; 17% are learning difficulties and 3% are sensory impairments;
- the majority of people with care needs are mothers; this is especially true in lone parent families where mothers account for 70% of people needing care. In two parent families almost half (46%) of people receiving care are siblings;
- just under two-thirds (63%) of siblings with care needs have learning difficulties;
- only 4% of adults with care needs may be in employment;
- where there is at least one adult in the home (in addition to any adult with care needs) only slightly more than half of these other adults are also in employment (where data available);
- two thirds of the Young Carers provide domestic help in the home; 48% provide general and nursing-type care; 82% provide emotional support and supervision; 18% provide intimate personal care and 11% also provide child care. The recognised incidence of emotional support has increased dramatically since 1997;
- intimate care is most commonly provided where the person with care needs has a physical health problem or disability. Emotional support is far more common where the person has mental health problems;
- one in ten Young Carers is caring for more than one person;
- overall, girls are more involved in all types of caring tasks, especially as they get older;

- half the Young Carers are caring for 10 hours or less per week; one third for 11-20 hours per week; and 16% for over 20 hours per week. Some (2%) are caring for more than 50 hours each week;
- 27% of all Young Carers of secondary school-age are experiencing some problems, and the equivalent proportion of Young Carers of primary school age is 13%. Four in ten children caring for someone who misuses drugs or alcohol have educational difficulties;
- 18% of Young Carers have been assessed; Young Carers from minority ethnic backgrounds are more likely to have been assessed, especially under the 1989/2004 Children Act. Those caring for someone with drug/alcohol problems are more likely to receive an assessment under the Children Act (28%);
- caring can be a very long-term commitment for many children, and can start at an early age. One third (36%) of Young Carers had been caring for 2 years or less; 44% for 3-5 years; 18% for 6-10 years and 3% for over 10 years;
- one fifth of Young Carers and their families receive no other support except for their contact with a specialist Young Carers project. Social Services support is the most common external service received.

A report published by Ofsted in June 2009 <http://www.ofsted.gov.uk/publications/080252> which looked at how well councils and partners:

- were working to identify young carers
- assessed the needs of young carers and their families
- consulted young carers when professionals assessed disabled parents
- addressed young carers' needs when providing services for disabled parents.

Common themes emerged regarding barriers encountered by councils and their partners in identifying young carers, effective practice and the challenges they face in assessing and meeting the needs of the whole family.

Overall a summary of the findings included,

- Not enough young carers were known about or receiving support in the areas visited and Councils were unable to identify clearly how many young carers were unsupported in their area.
- A lack of professional awareness and families' reluctance to engage with services were two key barriers to identifying more young carers.
- All representatives from the eight council areas agreed involved in the report felt that young carers with parents who misused substances and/or had mental health issues were the most difficult to identify.
- Inspectors found that councils and their partners were not routinely considering young carers' views when assessing the needs of, or delivering services to, disabled parents.
- Overall, council directorates and agencies carried out their work separately from others, looking either at the distinct needs of the adult or the child.

- Limited capacity, insufficient inter-agency training and a lack of awareness by some professionals were barriers to providing whole-family assessment and support.
- The young carers were often unaware that they were entitled to an assessment¹ or of their right to request an assessment
- Overall, councils and partners visited had identified fewer young carers than estimates suggest actually existed.
- All eight council areas felt that young carers whose parents had drug- and alcohol-related problems were challenging to identify. Four of the eight areas mentioned those whose parents had mental health issues as also being a potentially 'hidden' group.
- Young carers' views were not informing assessments of their disabled parents. Only three of the 37 young carers interviewed said their views had been sought or included in parents' assessments.
- Resources to ensure that young carers support projects are sustainable were not always secure or adequate. Eleven of the 12 projects reported capacity issues and six of the projects had waiting lists.

Recommendations in the report include;

The DCSF should:

- ensure that young carers are given sufficient priority by councils and partners;
- work with councils to find an effective way to obtain realistic estimates of the number of young carers nationally and in each council;
- work with councils to identify and share good practice about the identification of young carers.

The report suggested that Councils and partners should:

- consider ways to ensure that children's services, adult services and partners work together to deliver holistic assessments and services that meet the needs of the whole family;
- ensure that professionals within universal services are aware of the needs of young carers, so that they can be identified and supported;
- ensure that young carers are aware of their right to request a carer's assessment when an assessment or reassessment of their parent takes place;
- ensure that children and young people's views contribute to assessments of disabled parents and family needs;
- ensure that children's caring roles are always taken into account when services are delivered to disabled parents, to ensure that children and young people are not overly burdened;
- explore whether any groups of children and young people are over- or under-represented within the known young carers group and the reasons for this;
- resource young carers support projects more effectively.

¹A carer who is aged under 16 years may request a carer's assessment under the Carers (Recognition and Services) Act 1995, and this request must be granted, whenever the person they care for is assessed or reassessed for community care.

7. Local Context

For the first time, the 2001 census included a question about whether people provided unpaid care to another person. In Stockton-on-Tees, 18,993 people said that they did provide care. (Note that this includes those caring for children as well as adults).

This equates to 10.6% of the total 2001 population.

This is roughly equivalent to the overall figure for the North East (11.0%) and slightly higher than the England average (9.9%). Nationally, the figure of 10% of the total population is frequently used as an estimate of the total number of people who act as carers. Presumably though the Census in almost all instances, would have been completed by adults and therefore the given the often limited recognition of Young Carers in individual households, these figures may have been very much underestimated within the declared figures.

Therefore data on the number of Young Carers (under 18) is not readily available across the country or locally as yet, although detailed assuming that the position in Stockton-on-Tees is roughly the same as the national average, this would equate to 600-650 younger people in Stockton-on-Tees acting as carers (including those caring for another child as well as those caring for an adult).

Although there are a wide range of Adult Carer Services, **Eastern Ravens Trust** is the main provider of Young Carers services in Stockton-on-Tees, providing a regular support service to 135 Young Carers and their parents.

They offer a range of support services directly to families, groups or individuals to support and also provide teaching and awareness of Young Carers' issues in schools, to enable teachers and pupils to be more pro active and supportive in dealing with Young Carers issues.

These aims/objectives are delivered via:

- After school recreation, leisure and sporting activities chosen by Young Carers;
- Young Carers Club offering social activities chosen by Young Carers;
- Issue based group work and forum activities identified by Young Carers;
- Crisis one to one support for Young Carers and their families as and when needed;
- Additional school holiday activities;
- Additional respite holidays (where funding is available);
- Awareness raising in schools via school assemblies, involvement in PHSE sessions etc;
- Advocacy;
- Access to door to door transport services;
- Sign-posting to other services that may be of benefit to Young Carers and their families.

Other services which offer limited direct or indirect support to Young Carers in this area include:

Tees Valley Counselling Trust; is a counselling service for carers of people with disabilities or chronic illnesses for adults and a similar service for children. Currently 30 adult clients are carers although

some other clients are also carers but not referred for this purpose. In addition the Trust supports 33 child carers.

Bridges Families and Carers Service; This organisation provides a service for those who care for drug abusers or ex drug abusers, and their children who often suffer a range of problems and associated issues relating to the substance misuse issues in their immediate family.

Those primarily using the service are often the primary Carers of members of their family who can be any age but are generally aged 25 to 50 years. (see bridges.cfsites.org)

The organisation provides a range of support to these very vulnerable families which can include a 24 hour helpline offering advice and general information and support, advocacy, social care support; respite breaks information, alternative therapies and emotional support. They can also offer access to specialist children's counselling services where appropriate.

Carers Resource Centre provides services directly to carers and to carer organisations. Support includes personal support, personal development, relaxation therapies, advocacy and carer's card as well as advice and information. Services from the Citizens' Advice Bureau can be accessed through the Centre at the North Tees and Bishopton Road site.

The Link - Self help group with 675+ members – carers of people with mental health problems supporting other carers. Provide a support service and training together with advocacy. Link has clear links with Asian community.

The George Hardwick Foundation are a local charity based in the North East dedicated to helping carers, former carers and patients and although their services are generally more adult focused they are able to help in terms of access to a wide range of general information and support as well as signposting to appropriate services and care.

Nationally the **Princess Royal Trust for Carers** is the largest provider of comprehensive carers support services in the UK. Through its unique network of 144 independently managed Carers' Centres , 85 young carers services and interactive websites, www.carers.org, www.carers.org/professionals (including section on professionals working for and with young carers and a website specifically for young carers [HYPERLINK "http://www.youngcarers.net" www.youngcarers.net](http://www.youngcarers.net) . The Trust currently provides quality information, advice and support services to almost 354,000 carers, including over 20,000 young carers.

Both The Princess Royal Trust for Carers and The Children's Society are members of the Young Carers Coalition, a group of non-statutory organisations who work and or campaign on issues relating to young carers and their families in England.

Carers UK is the voice of carers and the leading campaigning, policy and information organisation for carers. **Carers UK: 020 7490 8824, 20-25 Glasshouse Yard, London, EC1A 4JT**

Whilst every effort has been made to identify all sources of Young Carer support, in Stockton-on-Tees there are many other organisations such as the **International Family Centre, PHAB, The Multiple Sclerosis Society**, and the **Independent Living Centre** who assisted with the research but did not participate in the formal interview process, who are providing services, some of which will impact on young carers.

There will also be many other organisations working in the area who are supporting Young Carers in a range of ways which are not formally recognised as Young Carer Services, but which are

undoubtedly meeting the needs of this very vulnerable client group through the overall delivery of the range of services which they offer.

In addition, a number of further initiatives are supported by the Statutory Sector. Examples include the Carers Forum and Young Onset Dementia Team activities which may offer limited indirect support to some Young Carers.

8. Consultation

Local consultation processes

In November 2007 Stockton-on-Tees Borough Council, Children, Education and Social Care commissioned social research from an independent organisation, the purpose of which was to establish the views of all carers on the support available to them and to identify any gaps or opportunities for services to be improved. The work scope included:

- an assessment of carers satisfaction with current services;
- identification of unmet carer need;
- an overview of current and future demand;
- an assessment of the currently available data and its value;
- the production of recommendations based on the above on future development of carer services.

In order to include views directly from Young Carers currently providing care for a vulnerable adult(s), interviews were arranged through Eastern Ravens Trust with groups of young people attending social sessions.

Interviews were carried out with 24 young people and questionnaires/interviews were completed face to face, in a group situation, and by self-completion.

Focus groups were also undertaken over a three-week period in March/April 2008 with Young Carers attending the Eastern Raven's Trust. The focus groups took place during the Young Carers organised fortnightly youth groups, with all of the Young Carers in each group taking part in the discussions.

The groups were sub-divided by age, with the first group consisting of Young Carers aged between 14 and 18 years, the second Young Carers between 12 and 14 years, and the final group carers aged between 10 and 11 years.

The groups were asked to consider ten distinct questions:

- Who do you help care for?
- Why do they need help?
- What sort of things do you do for the person you care for?
- Does anybody else help in caring for this person?
- How much of your time is taken up with caring?
- Do you feel your life is different from other people of your age?
- Who else knows about what you do?
- What would help you for the future?
- What does Eastern Ravens do for you?

The questions were designed to elicit information not only in relation to the Young Carers care responsibilities and what this entails in real terms, but also to try to gain an understanding of how being a 'Young Carer' impacts on the child's life in broader sense, both at home, at school or college and in terms of their social life.

In addition to this social research further, consultation with groups of young people through a series of meetings and event held in May and June 2009 offered additional information to develop this strategy etc and finally, a stakeholder event held in June 2009 and attended by a wide range of professionals and service providers also looked at the following issues;

- How do we identify young carers?
- Who is best placed to identify our Young Carers?
- What current range and scope of services are available
- What type of services do we need?
- How do we develop these services - identifying funding streams, resources etc – i.e. pooling of resources, new funding streams, changing the way we work

The consistency of the findings from all of these from each of these events were encouraging in that many of the issues raised were reflected in the development of this strategy and the resulting action plan.

National Consultation Processes

The consultation processes used to underpin the delivery of the new national carers strategy 'Carers at the Heart of the 21st Century' also included independent consultation with Young carers which found that the main concerns for Young Carers is that they are often missing out on childhood and being denied the opportunity to socialise and become involved in normal activities. This consultation found that Young Carers want;

More help. With issues such as:

- respite so that they can have a physical and emotional break;
- the chance to take part in activities other young people take for granted including improved access to transport;
- consistency of care, a regular carer who is someone they can really trust to look after the person they care for;
- access to better information and support about the condition of the person they care for.

More Support. Particularly including things like:

- the chance to meet and socialise with other Young Carers;
- access to counselling for those who need it;
- better support from schools, ideally with dedicated or named carer support staff;
- better professional support – particularly with more recognition of their roles as carers;
- increased support for the person they care for so that they can also socialise with others so that the Young Carer is not worrying about leaving them.

More understanding. Especially about the role they play in their families lives and the difficulties they face in dealing with the community, professionals and their peers.

These key themes are reflected throughout our strategy key objectives and are a current theme which underpins the aims of our action plan.

9. Special Considerations

The range of issues in which Young Carers are involved varies widely. The responses needed to support them can vary in complexity from low level support where the family may need help with light domestic chores or tasks to alleviate the pressure on a Young Carer, to those where severe or critical illness is a factor in the family and a range of intensive support services a number of agencies are involved. In other situations, such as those where there is a mental health or substance misuse issue, the caring responsibilities are not so obvious, and identifying the problem can often be more difficult.

The information below offers an overview of the main types of caring situations in which young people often become involved.

Substance Misuse.

Some facts taken from the Hidden Harm report :

- It is estimated that there are between 200,000 and 300,000 children in England and Wales where one or both parents have serious drug problems. This represents about 2–3% of children under 16;
- Only 37% of fathers and 64% of mothers involved in substance misuse were still living with their children;
- The more serious the drug problem, the less likely it was for the parent still to be living with the child;
- Most children not living with their natural parents were living with other relatives: about 5% of all children were in care;
- Problem drug use in the UK is characterised by the use of multiple drugs, often by injection, and is strongly associated with socio-economic deprivation and other factors that may affect parenting capacity. It is typically chaotic and unpredictable;
- Serious health and social consequences are common;
- Parental problem drug use can and often does compromise children's health and development at every stage from conception onwards.

The incidence of parental substance misuse is associated with a range of poor outcomes for children and young people which will vary according to the child's stage of development and circumstances but can include; emotional, behavioural, psychological problems, poor educational attainment, poverty, low self esteem, offending behaviour, and exposure to sexual exploitation, domestic violence and the normalisation of substance misuse related issues.

The stigma that surrounds drug dependency problems means that both parents and children are often reluctant to speak openly about the family secret for fear of public censure and social isolation. Children and parents also often share a fear that revealing a drug problem will result in their separation by being taken into care. This quote is from a 12-year-old boy, for example, who kept his mother's drug problem a secret out of fear of the consequences of not doing so, including being picked on by his friends.

"I just couldn't tell anybody 'cause it's like...it's hard to tell someone and if they find out, they like phone the police and you might get took off your Mum and your Dad and the Police will get involved and that."

Children understand from an early age the importance of keeping the family secret. As this parent said:

"Children have to keep the secret as though they're going to be punished."

Many children are also ashamed of their parents' problem, as this parent commented:

"They want to walk on the other side of the road. They're ashamed of you...they call you 'meth', 'tramp'."

Mental Health.

Young Carers supporting a parent with a mental illness may suffer considerable emotional strain, particularly as their role as a carer is even more likely to be unrecognised. When a child's parent(s) suffers from a mental illness the situation at home can fluctuate from a normal secure home life to periods of instability, confusion and emotional upheaval. Changes in the behaviour of parents with mental ill health can be traumatic for the children, and all the more so if they are trying to take on some or all of the caring responsibilities. Children caring for a parent with mental ill health can feel a great sense of responsibility and loyalty to their parent and some go to great lengths to conceal the illness and its effects and to make up excuses for their behaviour. For some their anxiety about potential stigmatising or bullying ensures that no one at school, either teachers or pupils, knows about their situation at home, and that no one ever visits them there.

"I feel really guilty if I talk about her. I can't tell anyone because you can't trust people. So I keep it inside and it becomes a big secret. But then I snap and people don't know why. It's very difficult".

For many Young Carers involved in supporting a drug or alcohol dependant parent the issues are often the same.

Disability and / or Long Term illness.

A report titled 'Making it Work', published in 2002 by The Children's Society and The Princess Royal Trust for Carers found that a high proportion of Young Carers look after someone with a disability or long-term illness; this includes caring for someone with a sensory impairment.

Young Carers in these situations often assume greater responsibility for practical, physical tasks, as well as coping with the associated emotional stress and responsibility. They may experience physical ill health and/or injury themselves because of their caring role, due to the range of support which they often have to give which can include help with moving or lifting those they care for, interruptions in their normal sleep patterns, etc.

Young Carers from minority groups.

As well as sharing the specific experiences of all Young Carers, those from ethnic minority groups face other issues, these include:

- minority families may be less likely to contact Local Authority Social Care departments for fear that their children will be taken away;

- children from ethnic groups are more likely to be excluded from school. The Government is already taking action through initiatives to reduce school exclusion and through behaviour support plans to combat such problems. Increased awareness training of teachers will also help;
- children from minority groups are often expected to take responsibility for interpreting for the person they are caring for, regardless of whether or not they understand the issue or it is appropriate to their age.

'We end up becoming translators, legal advisors, housing advisors and carers for the whole community'.

Identification of this group of young people is also likely to be more difficult due to a range of other cultural issues such as language barriers, prejudice, limited knowledge of health and social care provision, access to social services, isolation, as well as often having to cope with dealing with displacement and dispersal.

Refugee children and young people are particularly vulnerable due to the physical and emotional disruption and trauma they may have experienced. The additional burden of having to care for a family member who is mentally or physically unwell may prevent them from integrating into their communities which can have a significant effect on their development, and their physical and emotional wellbeing.

Caring for a Sibling

Many Young Carers are caring for a brother or sister with a disability or illness. Often, these Young Carers will be playing a supportive role to their parents, but the impact on them should not be overlooked or undervalued.

Many disabled children need intensive care, seven days a week, and sometimes at night as well. This level of care impacts on the whole family and the siblings may take on caring tasks in order to share the work with other family members. In these situations, the professionals involved with the family need to ensure they assess the role and individual needs of each family member, and provide support and signposting services, as required.

Carers and Education

This should be seen as a priority area of concern as many Young Carers are often of compulsory school age. Information collated from a national survey of 6,178 Young Carers showed that of this sample, the average age was 12 years old. A Young Carer at school may experience some or all of the following:

- a lack of understanding from their peers;
- being bullied and/or teased at school;
- a perception of a lack of understanding by their teachers;
- tiredness or struggling to concentrate in class;
- "acting out" behaviour;
- rushing or failing to complete homework on time;

- difficulties in attending after-school or out-of-school activities;
- arriving late for school or leaving early;
- regularly missing school;
- parents being unable to attend parents evenings;
- academic under-achievement;
- limited opportunities for further or higher education;
- difficulty in explaining to their teachers what is happening;
- having to change schools, receive home tuition or opt out of education.

The effects of caring, may impact on the emotional wellbeing and mental health of the young person and managing the parent's emotional and behavioural problems can cause the young person anxiety.

Some will regularly miss school because of their caring responsibilities when a Young Carer feels it is not safe to leave the parent on their own; many more are frequently late and/or have difficulty completing homework. Whilst at school a Young Carer may find difficulty in concentrating because of tiredness or concern about the person at home

Some Young Carers have had long periods of non-attendance, may appear at school purely for registration or may attend parts of lessons. This may be the result of the cared-for person needing help during the day or because of concern or guilt about leaving the person at home alone.

Schools may have limited awareness of the needs and special support needed by Young Carers and may not recognise the difficulties faced by Young Carers; some may be unaware of the existence of Young Carers in their school; some schools may have internal communications problems.

“There should be someone at school to talk to”

All schools are expected to be sensitive to the individual problems faced by Young Carers. The Government's National Strategy for Carers encourages schools to designate an appropriate person to act as the link to the statutory services and Young Carers projects.

Part of the purpose of this Strategy is to encourage schools to work more closely with the other agencies involved with Young Carers to ensure that they are recognised and their needs met. One way of achieving this could be for more awareness-raising in schools so that they become enabled to be asking the right questions and looking for signs that indicate a child is a Young Carer. This would be particularly helpful in situations where, for example, a parent wants the school to know that their child is a Young Carer but the child does not want this.

10. Delivery of our Strategy for Young Carers

The ideal vision is that there should be no Young Carers because appropriate services are provided to disabled parents/siblings, but since this may be difficult to achieve we will work to continually improve and develop our range of services and support.

This strategy recognises that Young Carers do not care in isolation from the rest of their family. Their support needs must be considered in the context of their whole family and the identification of resources available to achieve the overall strategic outcome will require an audit of current capacity and resource investment.

We have developed this strategy to make sure that the services offered to support Young Carers and their families work to minimise the effect that caring responsibilities have on their lives, so that they are enabled to achieve their full potential as young people.

Consultation with Young Carers in Stockton has shown that they also feel that the types of care and support which they need vary at different life stages, i.e. what a child of aged 8 or 9 may need, can differ greatly from that of a young person aged 15 or 16 years of age.

Regardless of the child or young person's age though, our overarching strategic aims are:

Being Healthy – Young Carers will be supported to achieve and maintain good physical, mental and emotional health;

Staying Safe - Young Carers who could become at risk of physical or emotional harm are identified and offered early or preventative support;

Enjoying and Achieving - Educational attendance and attainment will be promoted for Young Carers and more opportunities for leisure, breaks and play will be made available;

Making a Positive Contribution - Enabling choice and control for Young Carers. More Young Carers will be involved in opportunities beyond caring and engaged in decision making;

Achieving Economic Well Being - Tackling the potential poverty faced by Young Carers. Supporting Young Carers with the transition to adulthood, and helping them to access training and employment.

These Strategic Aims will be achieved through the implementation of the supporting Action Plan which will work to ensure that a multi agency approach is adopted with commitment from all stakeholders and that the young persons age is a factor which influences the service delivery response.

It is recognised that much can be done within existing resources, through improved practices and efficient multi-agency working but additional funding is likely to be required, particularly when undertaking consultation and promotional activity.

Success measures for Young Carers

The Stockton-on-Tees Children's Trust Board, which was established in 2005, through its members, coordinates, plans, commissions and delivers services based on local need and national policy, to improve outcomes for children and young people across the Every Child Matters framework:

- Be Healthy;

- Stay Safe;
- Enjoy and Achieve;
- Make a Positive Contribution;
- Achieve Economic Well Being.

There is a strong performance management culture across the Children's Trust Board Partners with the Board and Every Child Matters Partnership Groups responsible for the oversight or performance and delivery of children's services.

Young Carers services sits within the Make a Positive Contribution and Economic Well Being Partnership Group who will monitor the overall strategic delivery of the strategy.

To support this, we will bring together a multi agency Young Carers strategy group, which will lead on the implementation and continual development of the strategy and which will also agree a range of success measures across which the performance of our strategy will be measured and evaluated on a regular basis.

Positive outcomes and effective services which offer value for money will be secured through a range of agreed contracting and service agreement processes so the both the service provider and purchasers are clear as to their levels of responsibility.

The strategy will also complement and support the overarching Adults Carers Strategy and work within and alongside a range of other strategic frameworks such as the Children and Young Peoples Plan, Aiming High, Transitions, the Stockton-on-Tees Local Safeguarding Children's Board, etc.

Consultation with Young Carers in Stockton-on-Tees has shown that they feel that the types of care and support which they need vary at different life stages.

Action Plan

A detailed action plan has been developed which sets out how the key themes of identification, recognition and support will be taken forward by the individual agencies, in order to improve the quality and consistency of services to Young Carers and their families.

The delivery of this plan will be taken forward by the Young Carers action planning groups and will be implemented and monitored through a range of performance frameworks.

11. Key Legislation and National Guidance

The follow is not an exhaustive list, but highlights the main legislation and national guidance that impacts on carers:

Carers at the heart of 21st-century families and communities (2008) is the national carers' strategy, setting the agenda for supporting carers for the 10 years to 2018. Includes emphasis on improving breaks provision, support for carers through the NHS, recognition of needs of Young Carers, and carers in employment.

Carers' Grant 2008-11 is central government funding to local authorities to enable them to continue to develop innovative and personalised outcomes reflecting the needs of their local carer population.

Think Family; Improving the Life Chances of Families at Risk 2008; sets out a vision from a local system which improves the life chances of families at risk and helps to break the cycle of disadvantage.

The Children's Plan - Building Brighter Futures (Department for Children, Schools and Families [DCSF], December 2007) specifically includes Young Carers as an identified group (Chapter 1; Happy and Healthy) Secure the wellbeing and health of children and young people, stating 'We will set out our plans to support Young Carers once the Department of Health Carers strategy review work has concluded.

Aiming High for Disabled Children (Department for Children, Schools and Families [DCSF], 2007) provides additional funding in three priority areas to improve outcomes for disabled children: access and empowerment; responsive services and timely support; and improving quality and capacity. New national indicator looks at parental experience of service for disabled children (aged 0 - 19) and assess to the extent to which services for disabled children are delivered according to the 'core offer' standards:

Putting People First agreement 2007 is a commitment to the transformation of social care services, confirming the intention to integrate health and social care services to create systems that are fair, accessible and responsive to the individual needs of those who use services and their carers.

Local Government and Public Involvement in Health Act 2007 set up Local Involvement Networks (LINks) requiring the primary care trust and the local authority to consult and involve service users.

Childcare Act 2006 requires local authorities to provide information, advice and assistance to parents.

Our Health, our Care, our Say Whitepaper 2006 set a new direction for the health and social care system, emphasising promotion of independence, choice and a stronger voice for both carers and the people they care for.

Carers (Equal Opportunities) Act 2004 confirms the duty to inform carers of their rights to assessment and requires consideration of carers' needs or wishes to work or undertake education, training or leisure.

It states that 'There is widespread agreement that children should not be undertaking regular and substantial caring responsibilities or inappropriate personal care tasks. Local authorities have a responsibility to ensure that the person needing care has appropriate services and this should include help with parenting tasks.'

It makes the following recommendations among others:-

- No care package should depend on the inappropriate caring role of a child.
- Ensure that the multi-agency strategy addresses the needs of young carers and, where possible, is linked to the Children and Young People's Plan for your area.
- Have in place a protocol, shared between adults and children's services, for identifying and assessing young carers
- Adopt a whole-family perspective, working jointly with statutory services for children and adults, voluntary services, education and (for children of 13 years and older) Connexions.

Children Act 2004 places a duty to co-operate on public bodies in relation to organising services for children, supported by the introduction of the Common Assessment Framework.

Community Care Assessment Directions 2004 LAC (2004), provides a legal framework for place existing good practice and guidance on conducting care assessments and care planning.

Community Care (Delayed Discharges etc.) Act 2003 confirms the right of carers to have their needs assessed as part of the assessment of needs of a person who may require a community care service to achieve safe discharge from hospital.

Carers and Disabled Children Act 2000 extends carers' rights to assessment in circumstances where a service user refuses assessment or services and empowers local authorities to provide services to carers.

This act applies to carers over 16 and made the following principal changes to the law: it gave local councils mandatory duties to support carers by providing services to carers directly, it gave carers the right to an assessment independent of the person they care for, it empowered local authorities to make direct payments to carers and it enabled councils to support flexibility in provision of short breaks through the short break voucher scheme.

Education Act 1996 states that schools and the local authority have responsibility to identify, assess and make provision for a child's special educational needs based on a shared perspective.

Carers (Recognition and Services) Act 1995 requires a local authority as part of the assessment of a service user, to assess needs of a carer, who is providing or intends to provide a substantial amount of care on a regular basis.

This act gave carers important new rights and a clear legal status. Under the act, individuals who provide or intend to provide a substantial amount of care on a regular basis are entitled to request (at the time the person they care for is being assessed for community care services), an assessment of their ability to care and to continue caring.

Local authorities are also required to take into account the results of that assessment in making decisions about the type and level of community care services to be provided to the person receiving care. The assessment under the 1995 Act is of the carer's ability to provide care and of his or her ability to sustain the care that he or she has been providing. The 1995 Act applies to carers of all ages

NHS and Community Care Act 1990 requires a local authority to assess the needs of a person aged 18 or over if it appears that that person may be in need of community care services. Carer's Strategy 3

Children Act 1989 restates the principle of the welfare of the child being paramount and stresses the importance of family support services for children in need. The definition of children in need includes disabled children and children unlikely to have the opportunity to achieve or maintain a reasonable standard of development without provision of services or support.

Disabled Persons (Services Consultation and Representation) Act 1986 requires a local authority during an assessment of a disabled person aged 18 or over, to take into account carers' abilities to continue caring.

Chronically Sick and Disabled Persons Act (1970) places a duty on local authorities to make arrangements to provide services to individuals it had assessed as needing them.

And, of course, the overarching Every Child Matters five outcomes which cuts across all of the above in terms of targeted measure of success for children and young people;

- Being Healthy
- Staying safe
- Enjoy and achieve through learning
- Making a positive contribution
- Achieving economic well-being

Action Plan

The objectives for the Young Carers strategy have been strongly influenced from the results of our consultation events. Our objectives are as follows:

Strategic Objective 1 - Being Healthy	Encouraging and supporting good physical, mental and emotional health			
Outcome	Young Carers will be supported to achieve and maintain good physical, emotional and mental health.			
Output Measures	Well co-ordinated and accessible service are available to meet the needs of Young Carers.			
Lead Officer				
Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer
1.1 Family based interventions are developed which deliver whole family support and working.	<p>(i) Support parents to reduce their reliance on the caring role of their child by;</p> <ul style="list-style-type: none"> including awareness raising of Young Carers across adult services; including more questions about parenting support needs in adults' carers assessments; developing cross service protocols across between children's and adults' services which reflect the needs of Young Carers; encouraging parents to access direct payments/individual budgets and use them to support their needs and those of their children and to minimise young people's involvement or roles as carers. extended school activity programme will consider the needs of Young Carers and their families when planning and delivery of additional services. 			
				Progress Update

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
1.2 Action is taken to promote Young Carers physical and mental health.	<p>(i) CAMHS and partners will support Young Carers whose own mental health is affected by caring by:</p> <ul style="list-style-type: none"> educating Children and Young People about personal stress and how to manage it; providing activities that aim to enhance Young Carers' mental health and social networks. 				
1.3 Young Carers at risk of Mental Health problems are identified and receive appropriate levels of support.	<p>(i) Health professionals are trained to recognise and identify the needs of Young Carers in patients households and to consider:</p> <ul style="list-style-type: none"> any adverse home environment effects on Young Carers health – i.e the provision of adequate equipment, i.e hoists etc safe storage facilities for medication etc; possible mental and physical health problems and processes of appropriate referrals for support; pathways to access to integrated assessment, treatment and support services. 				
1.4 Healthy lifestyles are promoted for children and young people.	<ul style="list-style-type: none"> there is a coordinated approach to promoting the health and well-being of Young Carers Young Carers are discouraged from smoking and substance abuse (including drugs, volatile substances and alcohol) and supported in giving up. 				

<p>Strategic Objective 2 - Staying Safe</p>	<p>Identifying Young Carers who could become at risk of physical or emotional harm and offering early or preventative support</p>				
<p>Outcome</p>	<p>All Young Carers who are at risk or in need of support or who could become at risk of physical or emotional harm are offered early or preventative support</p>				
<p>Output Measures</p>	<p>All agencies working with families, will have the skills to identify Young Carers and to work to minimise the effect that caring has on their lives.</p>				
<p>Lead Officer</p>					
<p>Key Tasks Required to Complete Action</p>	<p>Performance Measures</p>	<p>Timescale</p>	<p>Cost</p>	<p>Responsible Officer</p>	<p>Progress Update</p>
<p>2.1 Services work together to identify and support families in order to avoid young people becoming established in inappropriate caring roles.</p>	<p>(i) There will be a designated lead on Young Carers issues, to liaise with the Local Children’s Safeguarding Board (LCSB) and have access to senior managers whose role will involve the development of:</p> <ul style="list-style-type: none"> • policies and protocols for joint working and information sharing across adult and children’s services; • whole-family based assessment and support for families with children who have disabilities to ensure that the contribution and role of siblings as supportive Carers is proportionate; • increased awareness in Adults’ services to ensure that child protection issues are considered when determining support to parents to prevent children from being exploited in their caring responsibilities; • more voluntary and independent sector involvement in strategic planning, case conferences, joint training, induction programmes. 				
<p>2.2 Young Carers are provided with a safe environment</p>	<p>(i) Parents and carers are advised how to keep safe and to manage risks i.e awareness raising on issues such as storage and handling of drugs – both prescribed and non prescribed, substance and alcohol misuse, safety in the home –i.e moving and handling, lifting, fire safety etc.</p>				

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
	(ii) Young Carers affected by domestic violence, bullying, discrimination, crime or substance misuse issues are identified and, protected and supported. (iii) Clear policies on combating bullying in or out of the school environment are implemented and monitored. (iv) Action is taken to challenge and reduce discrimination and harassment to Young Carers.				
2.3 Young Carers living in households where substance misuse is an issue will be supported and provided with appropriate services	(i) Minimisation of the increased risks to Young Carers safety in terms of: <ul style="list-style-type: none"> • witnessing or experiencing violence in or around the home; • exposure to danger from alcohol, drugs or drug taking equipment; • other inappropriate adults visiting the home; • experimentation with smoking, drugs or other harmful substances; • parents reduced capability, loss of reasoning or consciousness; • lack of adequate heating, lighting, food, clothing etc. (ii) Appropriate and good quality support is provided, particularly in relation to the: <ul style="list-style-type: none"> • emotional impact of being involved in a family with substance misuse issues; • physical impact of caring for families – i.e physical neglect, self neglect, poor school attendance, poor diet, missed health appointments etc. 				
2.4 Action is taken to identify and support Young Carers from minority groups.	(i) Work will be undertaken to explore the additional special needs of Young Carers from minority groups where there may be additional challenges such as more social isolation, language barriers resulting in the need for more intensive support in translation, higher expectations from families of young people etc.				

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
2.5 Agencies fully comply with the requirements of current government guidance and the Stockton Local Safeguarding Children's Board arrangements.	(i) Inter-agency policies and procedures are comprehensive and up-to-date, and they reflect local and statutory regulatory requirements.				
2.6 Public and staff awareness is raised concerning the needs of Young Carers	(i) Local services and national online support service for Young Carers will be promoted. (ii) Information for Young Carers will be included in generic young people's information sources.				
2.7 Schools will have in place procedures and policies which offer flexible and additional support to Young Carers.	(i) Schools will: <ul style="list-style-type: none"> • identify at least one trained designated worker to deal with the problems of Young Carers and specifically with those Young Carers whose parents have problems with substance misuse; • maintain constant vigilance of known affected Young Carers with the provision of additional pastoral support; • provide pupils who are or may be Young Carers with confidential information and support if they do not wish to talk to their teacher; • know how to access sources of support for Young Carers and when to contact or involve other agencies; • encourage and support Young Carers participation in supervised extra curricular activities; • gain a broader understanding of the impact and stress on a child's life when there are substance misuse issues in the family particularly when the child is also involved in caring responsibilities; • Have protocols in place to deal with issues such as; • disclosure and confidentiality, • pupils needs in terms of welfare and support, • boundaries of the schools responsibilities 				

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
2.8 Young Carers receive an assessment of their support needs that includes their Carers (Equal Opportunities) Act 2004 assessment rights.	<ul style="list-style-type: none"> definitions of significant harm in terms of child protection and guidance when to invoke CP procedures (i) The CAF will be used more effectively to identify with Young Carers and adults' services will be involved in CAF implementation to ensure use and awareness. (ii) Use specific Young Carers assessments as part of Child in Need assessments. (iii) Develop protocols for transitional arrangements for Carers assessments for 16-17 year olds promoting, where appropriate, access to direct payments. (iv) Develop emergency/ hospital admission plans for parents. (v) Identify and record unmet needs on a more formal and regular basis. 				
Strategic Objective 3 - Enjoying and Achieving					
Outcome	Promoting educational attendance and attainment and providing opportunities for leisure, breaks and play.				
Output Measures	Young Carers do not miss school and are able to access a range of educational and leisure opportunities, breaks, and play and social network support				
Lead Officer	Educational achievement and attainment, leisure and play opportunities are promoted and appropriate support services are developed.				
Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
3.1 Education providers and their partners promote the attendance and achievement of Young Carers.	(i) Education Providers/Schools and their partners will: <ul style="list-style-type: none"> Designate a lead teacher for Young Carer issues and adopt a clear policy which reflects this; Provide targeted action to promote good behaviour and attendance, particularly for known Young Carer who are difficult to manage; 				

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
<p>3.2 Parents are supported to take part in their children's education.</p>	<ul style="list-style-type: none"> • Address the needs of Young Carers through the school policies and procedures via; • specialist support to them and their parents and carers as necessary; • admission arrangements which allocate the available places which reflect need and reduce stress for Young Carers and their parents • more flexible starting and finishing times; • more flexible support with homework deadlines • approved leave in times of crisis; • access to telephones to contact parents etc during the day to allay anxieties. <p>(ii) Train EWOs in better supporting Young Carers and their families.</p> <p>(iii) Inform pupils of their policies to Young Carers and available support via assemblies, lessons and notice boards.</p> <p>(iv) Tackle the stigma surrounding disability, mental health and substance misuse problems.</p> <p>(v) Ensure Education Maintenance Allowance contracts are fair to Young Carers.</p> <p>(vi) Target support to Young Carers at transition stages into secondary and further education.</p> <p>(vii) Work in partnership with Young Carers to provide in- and out-of-school activities and mentoring.</p> <p>(i) Educational Provider admission forms will identify Young Carers and families affected by a long term illness or disability.</p> <p>(ii) Parents with limited mobility are supported and enabled to take part in parents' evenings and PTAs. i.e offer alternatives to parents' evenings such as a phone call.</p>				
<p>3.2 Parents are supported to take part in their children's education.</p>	<p>(i) Educational Provider admission forms will identify Young Carers and families affected by a long term illness or disability.</p> <p>(ii) Parents with limited mobility are supported and enabled to take part in parents' evenings and PTAs. i.e offer alternatives to parents' evenings such as a phone call.</p>				

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
<p>3.3 Authorities provide activities for Young Carers and maximise their inclusion in generic youth services and Extended School Service provisions</p>	<p>(i) Youth services to identify and reach Young Carers and provide them with activities, some of which have recorded and accredited outcomes. (ii) Train youth workers to identify and include Young Carers. (iii) Provide younger Young Carers with accessible opportunities for play.</p>				
<p>3.4 All Young Carers can access a range of recreational activities, including play and voluntary learning provision.</p>	<p>(i) A range of affordable, accessible, challenging and rewarding recreational and voluntary learning opportunities is provided which is (ii) Action is taken to ensure that the cost or availability of transport are not undue barriers to participation in recreational and voluntary learning activities (iii) Recreational and voluntary learning opportunities reflect the needs of Young Carers, and they are given particular encouragement to take them up.</p>				

Strategic Objective 4 - Making a Positive Contribution	Enabling choice and control for young carers. Offering opportunities beyond caring. Engaging young carers in decision making.					
Outcome	More Young carers will be involved in the development and planning of services which best meet their needs.					
Output Measures	Children and young people with caring responsibilities are allowed choice and control.					
Lead Officer						
Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update	
4.1 Young Carers are supported in developing socially and emotionally.	<ul style="list-style-type: none"> (i) Planned opportunities are provided for children and young people to develop a range of secure and positive relationships with adults and other children. (ii) Mentoring and other support is provided for children and young people having difficulties in developing and maintaining positive relationships with others. (iii) Parents and carers having difficulties in maintaining positive relationships with their children have access to support. 					
4.2 Young Carers, particularly those from vulnerable families and groups, are supported in managing changes and responding to challenges in their live.	<ul style="list-style-type: none"> (i) Children, young people and their parents are supported at key transition points in their lives. (ii) Children and young people are supported in coping with traumatic events and major changes in their lives. (iii) Children and young people are empowered to deal positively with threatening circumstances. (iv) Young Carers are supported to enable them to lead as normal a life as possible. 					
4.3 Children and young people are encouraged to participate in decision making and in supporting the community	<ul style="list-style-type: none"> (i) Children and young people are consulted and listened to when key decisions are made about local provision, and local provision, and encouraged to participate in the planning and management of services and activities. 					

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
4.4 Young Carers involved in the development and evaluation of services which involve them.	<p>(i) Young Carers will be involved in:</p> <ul style="list-style-type: none"> Working with the voluntary sector to engage in decision making; Involvement in staff training and awareness raising programmes where appropriate; <p>(ii) Supporting Young Carers services in including Young Carers as part of their service management structure.</p>				
4.5 Young Carers have access to volunteering opportunities	<p>(i) Young Carers are supported to take part in volunteering opportunities, with respite care provided to enable them to do so where necessary.</p>				
4.6 All Young Carer services are accessible for minority groups (black and ethnic minority communities; travellers; refugees; asylum seekers)	<p>(i) Create awareness and understanding among young people from diverse communities.</p> <p>(ii) Meet with community leaders/organisations to gain cultural insight into caring in a variety of minority groups.</p> <p>(iii) Identify training needs in relation to working with minority groups and support Young Carers services to set targets in this area.</p>				

Strategic Objective 5 - Achieving Economic Well Being		Tackling the poverty faced by Young Carers. Supporting Young Carers with the transition to adulthood, and helping them to access training and employment			
Outcome	All Young Carers will be supported through the transition to adulthood, and helped to access training and employment.				
Output Measures	Social and economic disadvantage will be challenged and overcome for young people with caring responsibilities so that they can achieve their full potential.				
Lead Officer	Joint Strategic Commissioner				
Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
5.1 Young Carers are supported to further/higher education or training.	<ul style="list-style-type: none"> (i) Train Connexions Personal Advisers and guidance services to identify and support Young Carers. (ii) Support Young Carers who are 16 years old and above to gain Education Maintenance Allowance. (iii) Train Job Centre Plus staff to identify and support Young Carers. (iv) Encourage FE and HE establishments to identify and support Young Carers and introduce flexible entrance requirements. 				
5.2 Action is taken to ensure that local housing allocation policies consider the needs of Young Carers to be located near to families they help support.	<ul style="list-style-type: none"> (i) Young Carers are able to maximise choice and are not inhibited to move on to independent accommodation by the need to continue their caring links and responsibilities. (ii) Housing services will work in partnership with community care services in maximising choice of accommodation for Young Carers. 				
5.3 Young Carers are supported with the transition to adulthood and for independence.	<ul style="list-style-type: none"> (i) Support Young Carers to choose whether to live independently, with alternative support found for the cared-person to allow this choice. (i) Support Young Carers who are 16 years old and above to gain Carers Benefit / Direct Payments as appropriate. 				

Key Tasks Required to Complete Action	Performance Measures	Timescale	Cost	Responsible Officer	Progress Update
5.4 Young Carers 11–19 are helped to prepare for working life.	<ul style="list-style-type: none"> (iii) Develop specialist support services for Young Carers who are no longer eligible for children's service. (iv) Direct payments are available and promoted for families with disabled children and/or disabled 16- and 17-year-olds. (i) Young Carers are supported in developing self confidence, team working skills and enterprise. (ii) Action is taken to identify under represented groups in education and training post-16 and to target recruitment strategies accordingly. (iii) Personal, financial, welfare and advocacy support is available to 16–19 year-olds to support their education or training 				

1. Be Healthy Young Carers will be supported to achieve and maintain good physical, mental and emotional health.	2. Stay Safe Young Carers who could become at risk of physical or emotional harm are identified and offered early or preventative support.	3. Enjoy and Achieve Young Carers educational attendance and attainment will be promoted and supported and more opportunities for leisure, breaks and play will be made available.	4. Make a Positive Contribution More choice and control for Young Carers to be involved in decision making and opportunities beyond caring.	5. Achieve Economic Wellbeing Young carers will be supported with the transition into adulthood with support to help them access training and employment
1.1 Parents and carers receive support to keep their children healthy.	2.1. Families will be supported to avoid young people becoming established in appropriate caring roles.	3.1 Parents and carers receive support in helping their children to enjoy and achieve	4.1 Young Carers are supported in developing socially and emotionally	5.1 Young people 11–19 are helped to prepare for working life
1.2 Young Carers will be supported to achieve good mental health.	2.2 Young Carers are informed about key risks to their safety and how to deal with them.	3.2 Young Carers are enabled and encouraged to attend and enjoy school and achieve highly.	4.2 Children and young people, particularly those from vulnerable groups, are supported in managing changes and responding to challenges in their lives	5.2 Action is taken to ensure that local housing allocation policies consider the needs of Young Carers.
1.3 Young Carers good physical and mental health support will be promoted.	2.3 Young Carers will be provided with a safe environment.	3.3 All Young Carers can access a range of recreational activities, including play and voluntary provision.	4.3 Young Carers are encouraged to participate in decision making and in supporting the community	5.3 Young Carers are supported to access further / higher education and training.
1.4 Healthy lifestyles are promoted for children and young people.	2.4 The incidence of child abuse and neglect is minimised	3.2 Early years provision promotes children’s development and well-being and helps them meet early learning goals.	4.4 Young Carers are involved in the development and evaluation of services which involve them.	5.4 Young Carers are supported with the transition into adulthood
2.5 Young Carers living in households where substance misuse is and issue will be supported and provided with appropriate services.	3.3 Action is taken to ensure that educational provision 5–16 is of good quality.		4.5 Young Carers have access to volunteering opportunities	

1. Be Healthy	2. Stay Safe	3. Enjoy and Achieve	4. Make a Positive Contribution	5. Achieve Economic Wellbeing
	2.5 Action is taken to identify Young Carers from minority groups	3.4 Children and young people are enabled and encouraged to attend and enjoy school and to achieve highly.	4.6 All Young Carers Services are accessible for minority groups.	
	2.6 Agencies collaborate to safeguard children according to the requirements of current government guidance	3.5 All Young Carers can access a range of recreational activities including play and voluntary learning provision.		
	2.7 Action is taken to avoid children and young people having to be looked after due to family breakdown.	3.6 Parents are supported to take part in their children's education		
	2.8 Public and staff awareness is raised concerning Young Carers issues.	3.6 Authorities provide activities for Young Carers and include them in generic youth services.		
	2.9 Schools will have in place procedures and policies which offer flexible and additional support to Young Carers.			
	2.10 Young Carers receive an assessment of their needs that reflects the Carers Act 2004			

References and Key Contacts

Advisory Council on Misuse of Drugs (2003) *Hidden Harm*. London; Home Office

Aldridge J. and Becker, S. (1993) *Children Who Care: Inside the world of young carers*. Loughborough University: Young Carers Research Group.

Baker, G. (2002) *Unseen and Unheard: The invisible young carers*. Carers Lewisham, Princess Royal Trust for Carers.

Cabinet Office (2008) *Think Family: Improving the life chances of families at risk*, London: Cabinet Office.

The Children's Society, Disabled Parents Network and Princess Royal Trust for Carers (2004) *Joint Position Statement on Young Carers*.

Dearden C. and Baker, S. (2004) *Young Carers in the UK: The 2004 Report*, Carers UK & Princess Royal Trust for Carers.

Department for Children, School and Families (2006) *Advice to Schools and Local Authorities on Managing Behaviour and Attendance: Group of pupils at particular risk*. London: The Stationery Office.

Department of Health (2003) *Direct Payments Guidance: Community care, services for carers and children's services (direct payments) guidance England (2003)*. London. Department of Health.

Frank, J. (2002) *Making it Work*. The Children's Society and Princess Royal Trust for Carers.

Frank, J. Tatum, C. and Tucker, S. (1999) *On Small Shoulders: Learning from the Experiences of Former Young Carers*. London: The Stationery Office.

HM Government (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*. London: The Stationery Office.

Prime Minister's Strategy Unit (2004) *Alcohol Harm Reduction Strategy for England*. The Cabinet Office.

The Princess Royal Trust for Carers websites, www.carers.org, www.carers.org/professionals (including section on professionals working for and with young carers and a website specifically for young carers www.youngcarers.net .

www.youngcarers.net The Princess Royal Trust for Carers young carers websites offers online support to young carers and includes a section for professionals.

www.disabledparentsnetwork.org.uk Disabled Parents Network is the leading organisation advocating for the rights of disabled parents. The website includes information on the legal rights of disabled parents.



