Research Report DFE-RR084

Improving support for young carers – family focused approaches

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EXECUTIVE SUMMARY

Introduction

1. The Coalition Government is committed to investigating a "new approach to helping families with multiple problems"[1]. These families can include young carers and the new approach will use family focused models of support to help identify and support these families. This paper focuses on the work undertaken by 18 local authorities (LAs) that received funding to develop systems and support to address the needs of families with young carers. It explores some of the positive outcomes linked to taking a family focused approach and showcases good practice developed in this field.

2. A total of six LAs received funding in 2008, with a further 12 receiving funding in 2009[2]. A particular focus for these projects was supporting families with adult mental health concerns and/or issues of substance misuse.

3. The recently updated Carers' Strategy[3] recognises that many young carers remain hidden from services. It suggests that more should be done to identify and support young carers and that all services should be more 'carer aware'. The strategy also highlights the benefits of taking a personalised, whole family approach, which looks at the needs and views of all individuals within the family.

4. Young Carers are young people who help care for a family member. This is a role that many young people are happy and proud to do. However, inappropriate or excessive levels of caring can put their education, training or health at risk, and may prevent them from enjoying their childhood. Often there will be more than one young carer in the family and the caring role is likely to extend beyond looking after the cared for person and may include taking siblings to school and looking after their social and emotional, as well as practical needs.

Young Carer Pathfinders

5. The primary focus for the LAs that received funding has been to develop new 'family focused' models of support that meet the needs of young people with caring responsibilities and their families. The aim is to provide families with access to personalised, integrated and holistic packages of support that address the underlying factors causing young people to take on inappropriate and/or excessive caring responsibilities.

6. Each authority has developed their own operational model to reform, however the general approach involves: delivering packages of support for the whole family; changing models of delivery for practitioners; increasing awareness of young carers across the authority;

[1] http://www.cabinetoffice.gov.uk/sites/default/files/resources/coalition_programme_for_government.pdf

[2] One Pathfinder is no longer operating.

[3] *Recognised, valued and supported: Next steps for the Carers Strategy* [online]. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122106.pdf

and embedding the approach across the whole authority through developing strategic change.

Methodology

7. This research brief is based on:
   - **analysis of the outcomes experienced by the first families exiting the support;**
   - **consultations with local authority staff, key delivery staff and representatives from key partner agencies across the 18 LAs;**
   - **interviews with 16 young carer families.**

Family Impact

8. A crucial element of the evaluation is to assess the impact of the support on outcomes for families.

Family Characteristics

9. The LAs are working with families with complex, high level needs. Almost half (49%) of the families were referred to the projects due to adult mental health concerns and 19% were referred because of substance misuse amongst adults (a further 2% were referred because of children's substance misuse issues).

10. Families were most likely to be referred to the projects by social care (32% of referrals); schools (20% of referrals); or other voluntary or community organisations (13% of referrals); reflecting both families' levels of need and the key partners likely to be working with these families. A further 10% of referrals were from health professionals, 8% were from mental health services (adults and children) and 3% from drugs or alcohol agencies[4].

Overall Need

11. Close to half (46%) of the families who exited from support demonstrated an improvement in their overall level of assessed need following support from the young carers' projects. For 44% of families, practitioners' assessment of need did not change between entry and exit, reflecting the ongoing support needs (e.g. chronic physical or mental health conditions) of young carer families. In addition, this overall assessment of family need masks more specific improvements experienced by individuals within the

[4] The relatively low level of referrals from mental health and substance misuse agencies may appear incongruous given that mental health and substance misuse issues were the main reasons for referring families to the projects. Our findings suggest that this is likely to be because:: families were already known to the projects as they were already working with children within the family,; mental health or substance misuse agencies were not working with the family because they did not meet service thresholds; families were known to the mental health and substance misuse agencies, but were referred to the projects from other service; or substance misuse and mental health agencies were aware of children in the family, but did not necessarily recognise their needs as young carers.

family. For 11% of families their level of assessed need increased, suggesting that projects were identifying previously unmet/unidentified need within young carer families.

12. The support has proved particularly effective for those families with high level needs. Half (50%) of the young carer families entered support either in crisis (statutory support) or needing intensive assistance (specialist support). Of these, one fifth fully addressed the issues they were facing and no longer required any further support. In addition, three-quarters (75%) of families classified as in need of statutory support and more than two-thirds (68%) of families classified as in need of specialist support on entry, had reduced levels of need on exit.

Risks and Resilience

13. The projects have been effective in lifting young carers out of inappropriate caring roles. On entry, practitioners felt that 50% of the children and young people were taking on inappropriate caring responsibilities. Following support, this figure reduced to 30% (a 40% reduction) i.e. inappropriate caring was completely removed. For this 30% where concerns remained, the level of concern dropped considerably. Following support, only 7% of children and young people were considered to be providing care which had a significant negative impact on their lives[5].

> *"I used to take care of my mum but now she takes care of me." (Young carer)*

14. The area of most significant impact for children and young people was in relation to concerns about their lack of engagement in positive activities outside the home. These reduced by two-thirds following support.

> *"I get out of the house with my mentor. Without [the mentor] I'd probably have stayed in the house like before." (Young carer)*

15. The support also had a positive impact on other risks which may lead to children and young people taking on inappropriate caring roles, most notably a lack of family support networks (reduced by two-fifths on exit); parents' awareness of their children's needs; and the provision of age appropriate activities/responsibilities (both of which increased by almost one half on exit).

16. A key issue for many young carers is their engagement with school. Projects have undertaken a substantial amount of awareness raising activity with schools to ensure that previously hidden young carers are identified and supported to attend and engage with school.

> *"I'm happier at school. The project has helped me make friends with people my own age." (Young carer)*

[5] This 7% equates to eight children in seven families. Caring roles were still a high concern on exit because either the family had disengaged with the support or the project was unable to tackle the underlying causes of the caring role. On exit the families were referred to more specialist and/or intensive support, such as a community psychiatric nurse, counselling or Family Intervention Project.

17. School attendance was an identified issue for 20% of the children and young people on entry to support; their average school attendance was 64%. On exit from support their average school attendance had increased to 81%. The impact on those young people where there were high level concerns on entry was particularly significant. Their average school attendance increased from 25% on entry, to 76% on exit.

18. There was a reduction by almost one third in the number of children and young people identified with child protection risks between entry and exit. Furthermore, an additional 3% of children and young people were identified with child protection risks that had not previously been identified.

19. Families' levels of resilience (withstanding crisis and adversity) also improved following support, from an average of six indicators on entry, to eight on exit.

Approaches to Delivering Family Focused Support

20. Voluntary agencies were commissioned to deliver the support in two-thirds (12) of local authorities. This includes both national agencies, such as 'Action for Children' and 'Family Action', and local organisations, such as 'Bolton Lads and Girls Club' and 'Telford and Wrekin Young Carers' Service'. The remaining teams are managed directly by the local authority.

21. The majority of areas testing family focused models of working have shifted the focus of their support away from respite support for the young carer, towards delivering and accessing support that meets the needs of the whole family.

22. Particular approaches to support include: drawing in additional support for adults within the family (e.g. referrals to adult services for support regarding substance misuse or mental health concerns; parenting support; providing practical, emotional and/ or financial support); providing additional support for young carers in transition to adult services; engaging the wider family (e.g. through family group conferences); engaging families in positive activities; and drawing in support for the whole family, particularly by providing volunteer mentors from the voluntary sector (who provide a mixture of practical and emotional support for both the whole family and specific support for young carers and/or adults).

23. All young carer projects have established teams of practitioners to test and develop whole family approaches to supporting young carers and their families. Practitioners in the majority of these teams are taking on the role of key worker, acting as a consistent, single point of contact for the family. Whole family assessments and support plans (either the projects' own or linked into other assessments, such as the Common Assessment Framework (CAF) and drug and alcohol assessments) have helped practitioners identify previously unmet need within families and better understand what is driving the inappropriate caring roles.

24. Team Around the Family (TAF) approaches have helped draw in a wide range of support from the voluntary, community and local authority sector which is felt to have led to more effective and integrated responses to meeting families' needs and facilitated partnership working. Taking an integrated approach to the delivery of support has facilitated access

to additional support for adults, which in turn has reduced inappropriate levels of caring amongst children and young people.

> *"This has made a massive difference to both me and [my daughter]; she can now get out and doesn't have to be here for me all the time and I get proper care that I can rely on." (Mother)*

25. At the delivery level, young carers and their families are being involved in planning and designing services: family group conferences are being used as a tool to engage all family members and ensure that the voices of young carers are heard. This is increasing wider practitioners' awareness of how the caring role impacts on children and young people.

Approaches to Delivering Strategic Change

26. Projects are aiming to embed family focused approaches across LA areas, with a particular emphasis on improving the identification of young carers and improving integrated working.

27. In order to improve the identification of young carers and ensure they receive appropriate support, projects have undertaken a range of awareness-raising and training activity. This activity has been particularly targeted at schools, and adult substance misuse and mental health services. In some areas there is clear evidence that this has led to earlier identification of young carers and helped lift young carers out of their inappropriate caring roles.

28. To improve integrated working, both voluntary sector and LA providers have concentrated on developing joint planning and commissioning of family services and strengthening communication between agencies. There are signs that this is leading to services taking a more family focused approach to support and improvements in joint working across services in some areas.

29. Achieving wholescale systems change is a significant task, and one that presents a number of challenges to the young carer projects. Strategic change requires direction from senior managers and in some instances this has proved to be a challenge.

Conclusion

30. Strategic leads, project managers, practitioners and families all agreed that shifting from a strategy of solely providing respite care to developing a whole family approach to supporting young carer families has been successful. Whilst it is too early to assess the

overall impact of the approach, early analysis of outcomes for families exiting the support and interviews with project staff and families suggest that the key benefits are:

- **young carers are being identified earlier;**
- **the support provided for families is more personalised, integrated and holistic;**
- **the support is tackling the underlying causes of inappropriate caring roles;**
- **young carers are being lifted out of inappropriate caring roles.**

31. However, developing a whole family approach has not come without challenges. In particular, projects are struggling to influence change at the strategic level and engage all services in adopting integrated working, with some agencies reporting they do not have the resources to engage in family focused support. Consequently, LA-wide early intervention systems that prevent inappropriate caring roles are yet to be fully established.

32. The main challenge facing the young carer projects will be sustaining the whole family approach beyond current project funding, which ends in March 2011. Local authorities involved in the Pathfinder programme reported that they believed the financial uncertainty following the Comprehensive Spending Review has made it difficult for local authorities to plan the future of services. This has meant that, at the time of publication, many young carer projects are still uncertain about their future position.

1 THE POLICY CONTEXT

1.1 This is the fourth in a series of papers presenting findings from the Family Pathfinder evaluation. In 2008, 15 local authorities (LAs) received funding to test family focused models of working to improve outcomes for families at risk. Six of these authorities received additional funding to address the needs of families with young carers, with a further 12 LAs receiving funding in November 2009[6].

1.2 'Families at risk' is a shorthand term for families who face multiple and complex problems. A key component of the work is bringing together adult, children's and other services to reach the most vulnerable families currently not being supported, as well as carry out more preventative work aimed at those whose situation may escalate without preventative support.

Young Carers

1.3 Young carers are:

> *"Children and young persons under 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."*[7]

1.4 Helping to care for a family member is something that many young people are happy and proud to do. It helps them develop a sense of responsibility and skills they will use later in life. Taking on a caring role can strengthen family ties and build maturity and independence[8]. However, inappropriate or excessive levels of caring by young people can put their education, training or health at risk and may prevent them from enjoying their childhood in the same way as other children:

> *"A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her physical well-being or educational achievement and life chances."*[9]

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[6] One of the original six young carer areas is no longer operating.

[7] Becker, S. (2000) 'Young Carers'. In Davies, M. (ed.) *The Blackwell Encyclopaedia of Social Work*. Oxford: Blackwell Publishers Ltd, p. 378.

[8] Aldridge, J. & Becker, S. (1993). *Children Who Care: Inside the World of Young Carers*

[9] Frank J. & Mclarnon J. (2008). *Key Principles of Practice for Young Carers and their Families*. The Children's Society.

1.5 Young carers are particularly vulnerable to educational underachievement. It has been estimated that 27% of all young carers of secondary school age are missing school or experiencing educational difficulties. This figure rises to 40% for young carers specifically caring for someone who misuses drugs or alcohol[10].

1.6 In 2001, it was estimated that there were 175,000 young carers in the UK aged under 17 (139,000 in England), and 230,000 carers aged 18-24[11]. Research undertaken in 2010 suggests that the number of young carers in the UK is significantly beyond previous official estimates and could be as many as 700,000 (eight per cent of all children)[12], reflecting a 'hidden army' of young carers.

1.7 In addition to families where young carers are supporting a family member with a condition of a physical health nature, a significant sub-set of young carers care for someone with mental health or substance misuse problems; in particular 29% have mental health problems[13]. Furthermore, it is widely recognised that there are many young carers, particularly where their care relates to parental mental ill health or substance misuse, who do not receive the support they require. This may be because they do not recognise themselves as a young carer (or if they do, do not seek help); services are not identifying them as carers; or because of fears within the family about involving children's services in support.

1.8 Many young carers and young adult carers also experience difficult transitions to adulthood, work, and in their own personal lives[14]. Research[15] has highlighted the particular issues faced by young carers in transition (aged 16 and 17 and young adult carers aged 18-24), in terms of the support available to prepare them for their 'next steps', their ability to access the same opportunities, and achieve the same outcomes as their peers.

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[10] Dearden, C. & Becker, S. (2004). *Young Carers in the UK: The 2004 Report.*

[11] UK 2001 Census

[12] Research undertaken by the University of Nottingham on behalf of the BBC. See http://www.nottingham.ac.uk/news/pressreleases/2010/november/youngcarers.aspx for further details

[13] Dearden, C. & Becker, S. (2004). *Young Carers in the UK: The 2004 Report.* However, this only reflects the issues faced by *identified* young carers. It is possible that the proportion of unidentified young carers facing physical, mental health or substance misuse problems is not equal to these findings.

[14] See Becker, F. and Becker, S. (2008) *Young Adult Carers in the UK: Experiences, Needs and Services for Carers aged 16-24*. London: The Princess Royal Trust for Carers [online]. Available at: http://communications.nottingham.ac.uk/SiteData/Root/File/Resources/Young%20Adult%20Carers%20in%20the%20UK%20-%20full%20report.pdf

[15] Becker and Becker (2008) op cit

Support for Young Carers

1.9 Historically, much of the support for young carers has focused on providing respite opportunities and/or targeted support for the young carer. Whilst this approach provides young carers with a break from their caring role it is unable to address the underpinning family needs which result in children and young people taking on inappropriate levels of caring (see **Figure B1** in **Annex B**).

1.10 Furthermore, concerns have been raised that the difficulties faced by young carers are not being identified early enough by services supporting families because practitioners do not have a clear understanding of young carers and the impact of their caring role. Families may also fear that their children could be taken into care or are concerned about the reactions of others if they disclose mental health and/or substance misuse issues. As a result many young carers remain 'hidden' from health, social care and education services.

1.11 The new Carers' Strategy[16] suggests that more should be done to identify and support young carers and that services should be more 'carer aware'. The strategy sets out the following commitment to young carers:

- **supporting those with caring responsibilities to identify themselves as carers at an early stage**, recognising the value of their contribution and involving them from the outset, both in designing local care provision and in planning individual care packages;
- **enabling those with caring responsibilities to fulfil their educational and employment potential**;
- **providing personalised support both for carers and those they support**, enabling them to have a family and community life;
- **supporting carers to remain mentally and physically well**.

1.12 The strategy highlights the benefits of a personalised, whole family approach, which not only addresses the family's needs as a whole, but also the needs and views of individuals within the family. It emphasises that effective support for young carers requires adult and children's services (including health and schools), alongside the voluntary sector, to work together and prevent young people from taking on harmful caring roles.

1.13 The strategy also calls on statutory directors to consider adopting a local '*Memorandum of Understanding*'[17] to provide a clear framework of personalised and joined up services across all agencies to support young carers and their families.

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[16] *Recognised, valued and supported: Next steps for the Carers Strategy* [online]. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122106.pdf

[17] See *Working Together to Support Young Carers – A Model Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services* [online]. Available at: http://www.adcs.org.uk/download/misc/working-together-to-support-young-carers-adcs-adass.pdf

The Young Carer Projects

1.14 The overriding priority for the local authorities that received additional funding to work with young carers is to develop and test more effective forms of support around the person cared for and the family as a whole, to prevent inappropriate caring from a young person (see **Figure B2** in **Annex B**). In addition, there is a recognised need to identify the many hidden young carers, particularly in families with relatively complex levels of need and where mental health and substance misuse issues may be a concern.

1.15 The local authorities and their partners are providing support which looks at the needs of the whole family. They aim to provide families with access to personalised, integrated and holistic packages of support to address the issues which may result in children and young people taking on inappropriate caring roles.

1.16 The local authorities that received additional funding are aiming to:

- **model and test how better joined-up support can be built around families with young carers;**
- **explore how support can be delivered to young carers and their families as early as possible;**
- **improve the identification of young carers through developing practitioners' awareness and understanding;**
- **influence broader systems changes and the development of family focused models of working for families with young carers.**

1.17 This research brief, drawn from York Consulting's[18] Family Pathfinder Evaluation, is an interim output highlighting the approaches adopted and showcasing the practice developed by the local authorities involved. The brief focuses on the progress made by local authorities in developing family focused support and highlights some of the challenges faced. A more in-depth assessment of the challenges and achievements will be provided in the final Family Pathfinder Evaluation report in Spring 2011.

1.18 The areas of focus are:

- **Section 2: Family Impact**: provides emerging evidence of impact from the first families exiting the support;
- **Section 3: Support for the Whole Family**: describes how the young carer projects are providing support packages that meet the needs of the whole family;
- **Section 4: Approaches to Delivering Family Focused Support**: provides examples of how the young carer projects are developing new models of working to support practitioners in their delivery of family focused support for families with young carers;

[18] York Consulting is a private economic development consultancy which specialises in the evaluation of public sector programmes and initiatives

- **Section 5: Approaches to Delivering Strategic Change**: describes how the projects are influencing LA-wide planning and support for families with young carers;
- **Section 6: Conclusions**;
- **Section 7: Contact Details**: provides contact details for the local authorities working with young carers and their families.

2 FAMILY IMPACT

Overview

2.1 In this section we provide an overview of outcomes for the young carer families who have exited from the projects thus far. The analysis of outcomes is drawn from data gathered by practitioners via an online tool called the Family Pathfinder Information System (FPIS)[19]. The tool invites practitioners to assess the family as a whole, and individual family members, on entry and exit to support. Our analysis presents the outcomes for 114 young carer families (456 family members) who have exited from the support programme to date.

2.2 Readers should be aware that there are a number of acknowledged implications associated with the approach to data collection which could affect the potential robustness of findings. Our methodology has sought to minimise these issues, which are summarised below, and which will be addressed in more detail in the final evaluation (forthcoming 2011). In summary, the issues are:

- **practitioner bias**: the people making the assessments are practitioners who may, to some extent, be predisposed towards positive assessments having a vested interest in the results. To address this, the FPIS tool invites practitioners to provide quantifiable ratings for the risks identified (and progress made), as well as reasons and evidence for their assessments. In addition, data from the tool is not used in isolation; views on effectiveness are also collected from families (through family interviews) and partner agencies within the local areas (through surveys and interviews). In addition, for the final evaluation report, the FPIS data will also be triangulated with the validated McMaster Family Assessment Device (FAD)[20] (completed by the families on entry, exit and six months after support has ended) to increase the reliability of the findings;
- **incomplete picture**: on entry the practitioner may not have a full picture of the family. Assessments on exit may change as a result of working with and getting to know families better, rather than any change in their situation;
- **subjective assessment**: many of the classifications are subjective and open to interpretation. We have sought to minimise the level of subjectivity by providing clear parameters to determine what we mean by high/medium/low level concern. Where possible, these parameters provide quantitative measures;

[19] For more information on FPIS, see *Redesigning provision for families with multiple problems – an assessment of the early impact of different local approaches* at http://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFE-RR046&

[20] Epstein, N. B., Baldwin, L. M. and Bishop, D. S. (1983), THE McMASTER FAMILY ASSESSMENT DEVICE. Journal of Marital and Family Therapy, 9: 171–180. doi: 10.1111/j.1752-0606.1983.tb01497.x

- **sample**: the data presented in this report relates to those families who have started and exited the programme so far (one fifth of all families). The final evaluation report will analyse data on all families who received the support.

2.3 In the remainder of this section we explore the impact of support across a range of factors. These are presented in terms of:

- **Family Characteristics**: the numbers of young carers and potential young carers within the families and the main reasons why families were referred to the projects;
- **Overall Need**: the overall level of family need (i.e. whether they are deemed to be at statutory, specialist, targeted or universal level);
- **Risks and Resilience**: the position in relation to risk and resilience factors. Risk factors relate to concerns of adverse outcomes e.g. unemployment. Resilience factors assist families to withstand crisis and avoid adverse outcomes, e.g. financial stability. Risk factors are addressed at both the individual and family level. Resilience factors apply only at the family level;
- **Escalating Need:** a more detailed analysis of 12 families whose needs have escalated, despite support.

Family Characteristics

2.4 Currently, 531 young carer families are being tracked on the FPIS database, within which there are 604 young carers and 187 potential young carers[21]. The young carers supported were most likely to be aged between 10 and 13 years old (accounting for just under half [46%] of all the young carers identified), and potential young carers were most likely to be aged between six and nine years old (accounting for over a third [37%] of the potential young carers identified).

2.5 Almost two-thirds of families (61%) were referred to the projects because of concerns regarding children and young people taking on inappropriate caring roles. Furthermore, 22% of families were referred due to a physical or learning disability affecting the family, again reflecting the caring roles that children and young people are likely to be undertaking.

2.6 Young carers are likely to provide practical, physical and emotional support within their families and the impact of this role can lead to anxiety and stress, issues with school attendance, peer relationships and behaviour, both in and out of school. Due to their caring responsibilities many young carers find it difficult to engage in activities outside the home, which can lead to social isolation and bullying.

[21] A potential young carer is a child who a practitioner believes may take on a caring role in the future. For example, a child with an older sibling who is a young carer and it is likely that the child will also take on a caring role when they are older, or a child in a family who cares for a family member on a small scale, but it is likely their caring role will increase as the family member's situation deteriorates.

2.7 Families were also referred because of mental health concerns and issues of substance misuse, suggesting that many of the young carers within these families may previously have been hidden from services. Almost half (49%) of the families were referred to the projects due to adult mental health concerns[22] and 19% were referred because of substance misuse amongst adults within the family (a further 2% were referred because of substance misuse issues for children and young people within the family).

2.8 Families were most likely to be referred to the projects by social care (32% of referrals); schools (20% of referrals); or other voluntary or community organisations (13% of referrals), reflecting both families' levels of need and the key partners likely to be working with these families. A further 10% of referrals were from health professionals, 8% were from mental health services (adults and children) and 3% from drugs or alcohol agencies.

Overall Need

2.9 Practitioners were asked to provide a classification of family need when they first began working with families, and then again on exit. The aim was to provide an assessment of which tier of service support reflected the overall level of family need. The levels are:

- **universal** – all children and families not requiring additional support. Services delivered by, for example, mainstream schools, primary healthcare, hospital and youth services;
- **targeted** – children and families needing extra support. Services provided by, for example, Sure Start Children's Centres, learning and behaviour support, family support;
- **specialist** – children and families needing intensive assistance. For example, specialist interventions dealing with offending/substance misuse, acute mental health issues;
- **statutory** – children and families in crisis. For example, care away from the home, multiple offending incidents, and chronic substance misuse.

2.10 **Table 2.1** provides an overview of families' recorded level of need on entry to the support, which shows that projects are predominantly working with families with relatively high levels of complex need who are likely to require an integrated response to address the issues they are facing.

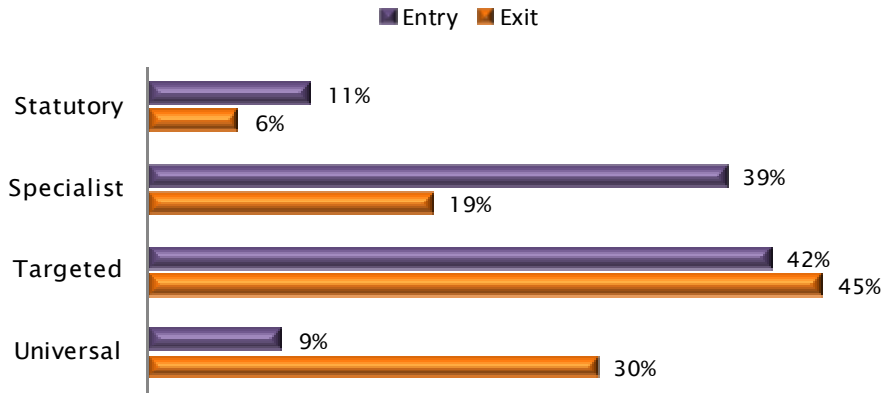
Table 2.1: Young Carer Families' Level of Need on Entry to Support

[22] Practitioners were able to provide up to three reasons for referral.

	No. of Families (N=450) [23]	Percentage (%)
Statutory	61	14
Specialist	186	41
Targeted	173	38
Universal	30	7

2.11 **Figure 2.1** provides an overview of practitioners' assessment of family need for the 114 families who have been exited from the support to date. This shows that on exit the proportion of families requiring the highest level of support (statutory and specialist) reduced, and consequently there was an increase in the proportion of families requiring targeted and more significantly, universal support (i.e. no additional support required).

Figure 2.1: Changes in Family Level of Need from Entry to Exit



[23] Information on level of family need on entry is not available for 81 families as this information has not yet been recorded.

2.12 Further analysis of the data provides a more detailed breakdown of families' levels of need on entry to, and exit from, the support. The following key points emerge:

- **nearly half (46%) of the 114 families experienced an improvement in their overall level of assessed need** following support from the young carers' projects. The support has proved particularly effective for those families with high level needs;
- **half (50%) of the young carer families entered support either in crisis (statutory support) or needing intensive assistance (specialist support).** Of these, 21% fully addressed the issues they were facing and no longer required any further support. On exit three-quarters (75%) of families classified as in need of statutory support and more than two-thirds (68%) of families classified as in need of specialist support on entry, had reduced levels of need;
- **for 44% of families, practitioners' assessment of families' level of need did not change between entry and exit**. This was particularly the case for families assessed as in need of targeted support on entry (54% saw no improvement). This is likely to reflect the ongoing support needs of young carer families;
- **for 11% of families, practitioners' assessment of their levels of need increased.** This was particularly the case for families in need of targeted support on entry (19% of these families' levels of need increased). The reasons for this are explored later in this section, but do suggest that the projects are identifying previously unmet/unidentified need within young carer families.

Risks and Resilience

2.13 Beneath the overall assessment of need, families and family members were assessed against a range of risk and resilience factors. This was to establish a profile of the strengths and weaknesses of the families supported, as well as providing an assessment of progress following support.

Family Risks

2.14 Families were assessed as a unit against a series of eleven risk factors, classified as either 'environmental risks', or risks related to 'family functioning'. The most commonly identified risks on entry related to family functioning (see **Figure 2.2**). These were: relationships between family members (54%); lack of family support networks (39%); and family violence (34%).

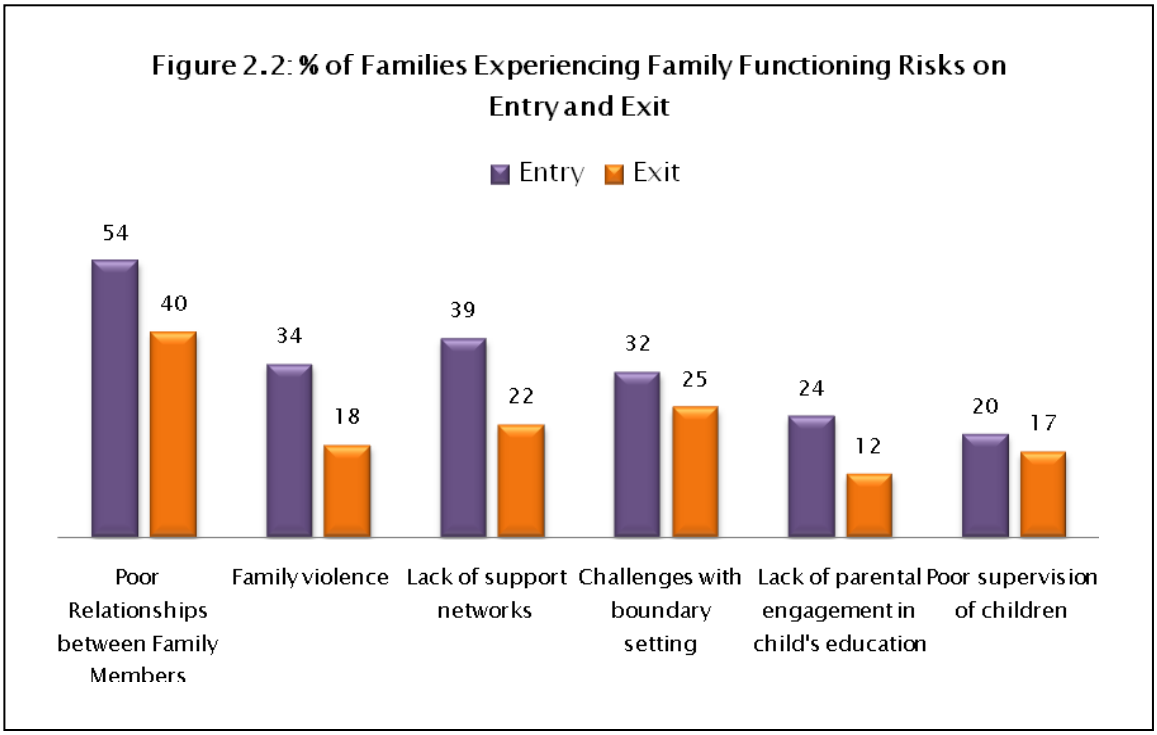
2.15 'On exit' assessments show a reduction in the proportion of families displaying risks across all categories, including those risks which may lead to children and young people taking on inappropriate caring roles. The risk factors where the most significant impact were made were: family violence; a lack of parental engagement in their children's education; and a lack of family support networks. In each case, the prevalence of the issue reduced by almost a half.

2.16 Levels of family violence significantly reduced because support was able to:

- **address the substance misuse or mental health concerns that were causing the violence;**
- **build and strengthen family relationships; and/or**
- **support the family to move away from the perpetrator.**

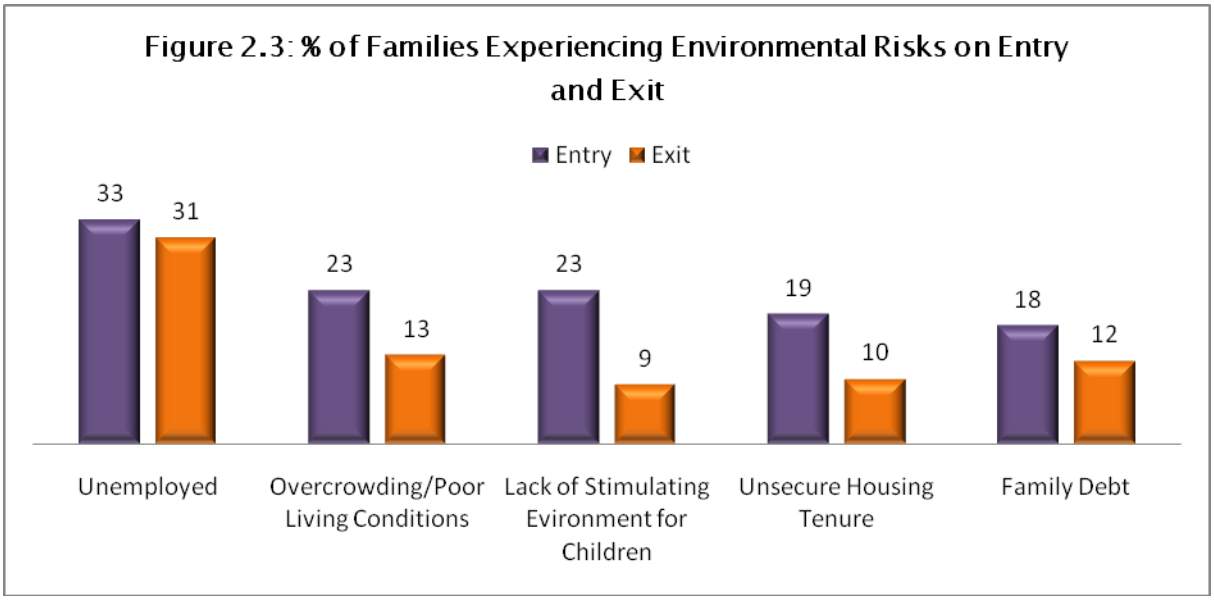
2.17 Concerns around parental engagement in their children's education significantly reduced because project staff were able to build relationships with parents and encourage them to play a stronger role in their child's education.

2.18 Concerns around family support networks significantly reduced because staff encouraged other family members (either parents not living in the family home or wider family members such as grandparents) to provide more support for the family and/or linked the family to other support networks, such as cultural groups, church groups and children's centres (see **Family Case Study 3**, page. 32).



2.19 The main environmental risks identified by practitioners (see **Figure 2.3**) on entry to support were: unemployment (33%), followed by overcrowding/poor living conditions and a lack of provision of a stimulating environment for children, e.g. provision of age appropriate toys and activities, within the family (23% of families respectively).

2.20 'On exit' assessments undertaken by practitioners for each category of risk show a positive trend. In particular, there were significant reductions in issues relating to overcrowding/poor living conditions (reduced by two-fifths) and unsecure housing tenure (reduced by almost a half). This was as a result of staff supporting families to address their housing issues, whether it was ensuring that they were making housing agencies aware of their needs, providing assistance with writing letters or attending appointments, or signposting families to other support agencies.



2.21 For the families where risks were still apparent on exit, the level of concern for some particular risks had reduced significantly. For example, the proportion of families where challenges with boundary setting were identified as a high level concern on entry reduced by three quarters on exit (see **Family Case Study 1**, page 30, for an example of how challenges with boundary setting reduced) (see **Annex A: Table A1.1**).

2.22 In other areas, for example unemployment, impact was more limited. Less than one in ten families had this concern addressed. This finding is likely to reflect the serious physical and mental health disabilities faced by many adults within these families.

Individual Risks

2.23 Practitioners were also asked to assess risks for individual family members on entry to, and exit from, support. **Figure 2.4** (page 20) shows individual risk factors identified for both adults and children (**Table A1.2** in **Annex A** provides an overview of all individual risks identified on entry and exit).

2.24 The most frequently identified risk, affecting over a quarter (26%) of all adults and children on entry, were issues relating to emotional mental health. If psychological mental health issues were also taken into consideration, mental health issues were identified as a key risk for over a third (36%) of all adults and children, again highlighting the prevalence of mental health issues within these families. On exit these figures had been reduced by one quarter and one fifth respectively (see **Family Case Studies 7 and 8**, pages 42 and 43, for examples of how mental health needs were addressed).

2.25 The support also had a positive impact on a range of other health risks including: drugs misuse; engagement with health professionals (adults only); and chronic health conditions. In each of these three categories, the proportion of individuals experiencing the risk reduced by around one third on exit (see **Figure 2.4**).

Young Carer Status

2.26 The projects have been effective in lifting young carers out of inappropriate caring roles. On entry, practitioners identified that 50% of the children and young people within these families were taking on inappropriate caring roles[24]. Following support, this figure reduced to 30%; (i.e. inappropriate caring was completely removed) reflecting a reduction of 40%.

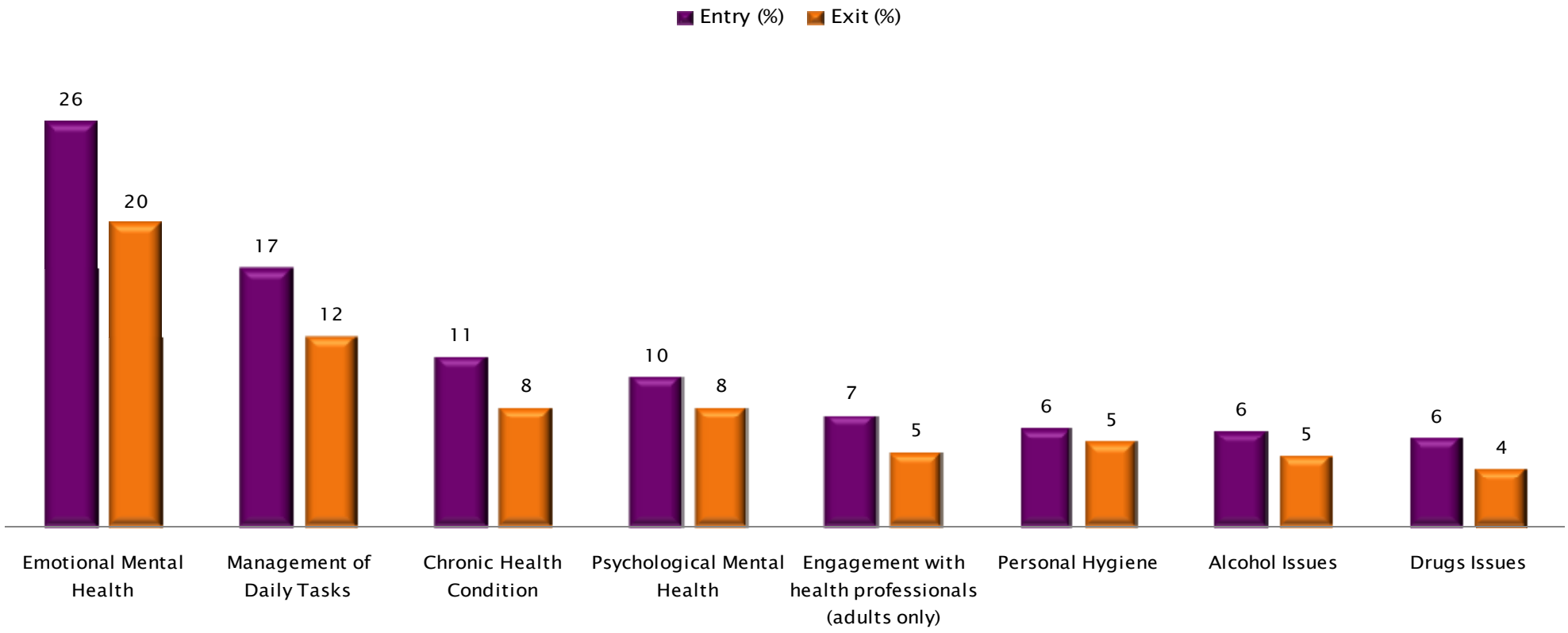
> *"I used to take care of my mum but now she takes care of me." (Young carer)*

2.27 Whilst inappropriate caring remained a concern for 30% of children and young people, the extent of this concern, as rated by practitioners, reduced considerably. Following support, only 7% of children and young people were considered to be providing care which had a significant negative impact on their lives[25].

[24] Given the focus of this project, this figure might be expected to be closer to 100%. Readers should recognise that not all children in these families were taking on inappropriate caring roles. The role often falls on the shoulders of the eldest child. Younger children were more likely to be 'potential young carers'.

[25] This 7% equates to eight children in seven families. Caring roles were still a high concern on exit because either the family had disengaged with the support or the project was unable to tackle the underlying causes of the caring role. On exit the families were referred to more specialist and/or intensive support, such as a community psychiatric nurse, counselling or Family Intervention Project.

Figure 2.4: Individual Level Risks: Adults and Children



Outcomes for Children and Young People

2.28 The area of most significant impact for children and young people was in relation to concerns about their lack of engagement in positive activities outside the home, which reduced by two-thirds following support (see **Figure 2.5**, page 23, and **Family Case Study 6**, page 37). The support provided or accessed for families helped reduce young people's caring responsibilities, giving them the opportunity to access positive activities outside the home. The support provided by the projects also focused on improving young people's self-esteem and independence to give them the confidence to engage in activities. Project staff either linked young people into positive activities (such as carers' groups, church groups or children's centres) or young people accessed their own activities (such as volunteering, after school clubs and youth clubs).

2.29 In addition, concerns relating to peer relationships were reduced by two fifths (often facilitated by their engagement in positive activities outside the home or improved attendance at school). Although bullying was identified as an issue for a relatively small number of children and young people on entry (9%), practitioners indicated that on exit this concern had been addressed for nearly three-quarters of the children and young people affected (see **Annex A: Table A1.2**).

2.30 A key issue for many young carers is their engagement with school. Project staff have undertaken a substantial amount of awareness raising activity with schools to ensure that previously hidden young carers are identified and supported to attend and engage with school (see **Targeted Work with Key Partners: Schools**, page 47).

2.31 On entry to support, school attendance was identified as an issue for 20% of children and young people and their average attendance was 64%. On exit from support their average school attendance had increased to 81%[26]. The impact of support on young carers where school attendance was rated as a 'high' level concern on entry was particularly significant; their average school attendance increased from 25% on entry, to 76% on exit.

Child Protection Risks

2.32 Staff were asked to identify child protection risks, both on entry and exit. The data shows that, on entry, child protection risks were identified for 35 (14%) children and young people. On exit this figure had reduced to 24 (10%); reflecting a reduction by almost a third in the number of children and young people where child protection was identified as a risk (see **Figure 2.5**).

[26] Where an issue about school attendance was identified practitioners were asked to rate their level of concern on entry to the support: high level concern (school attendance between 1 and 49%); medium level concern (50% - 74%); and low level concern (75-94%). On exit from the support they were again asked to rate their level of concern (low, medium, high, or no longer a concern [ie more than 95%]). Therefore, the attendance figures used are estimates based on the attendance range within each band and the number of young people falling within each band.

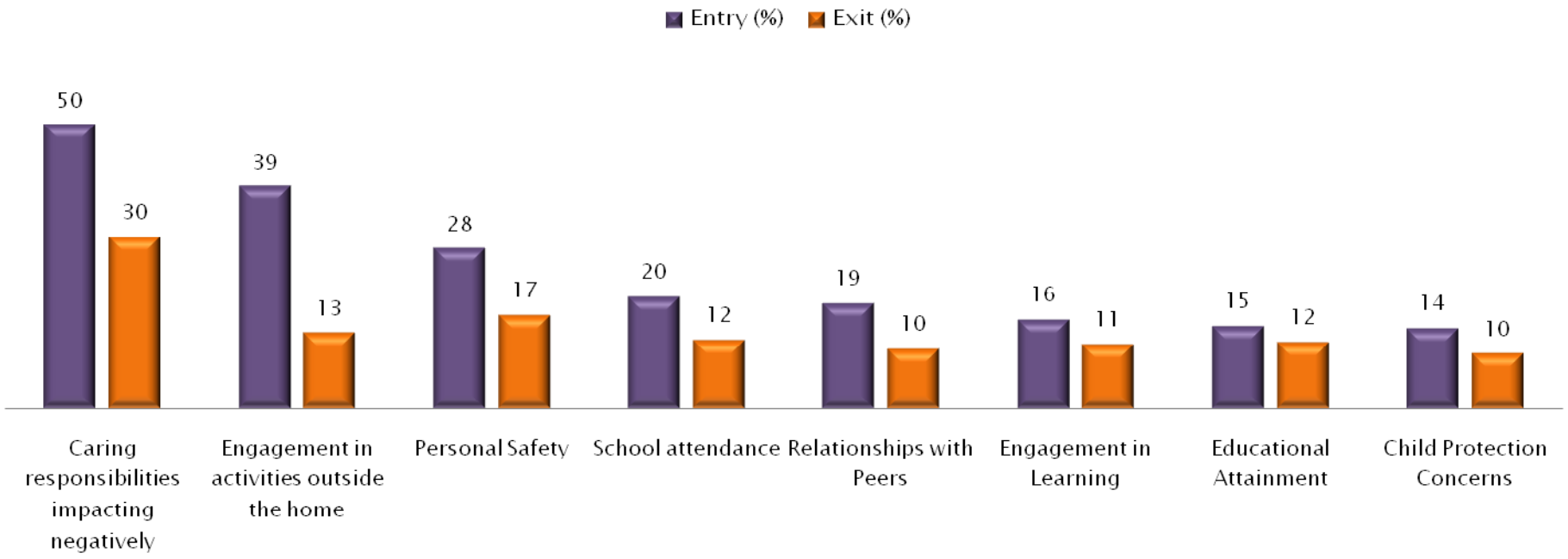
2.33 There was also evidence of project staff identifying child protection risks. An additional seven (3%) children and young people were identified with child protection risks who had not previously been identified by local children's services and when support initially commenced. This reinforces the view that the family focused intensive approach to support is helping to identify otherwise unidentified child protection risks.

Family Resilience

2.34 The support provided for families aims to reduce their risk of experiencing negative outcomes. It also aims to develop and reinforce the range of protective or resilience factors[27] that help families and individuals cope with the problems that occur in their lives. Practitioners were asked to identify families' resilience factors, both on entry to, and exit from, the support. In total, twelve resilience factors were identified, covering a range of themes, including environmental factors, health and well being, and children's education.

[27] Factors which help individuals withstand crises and adversity

Figure 2.5: Individual Level Risks for Children and Young People



2.35 Families' levels of resilience increased as a result of the support provided (see **Figure 2.6**) from an average of six indicators on entry to eight on exit. The resilience factors which increased the most following support were:

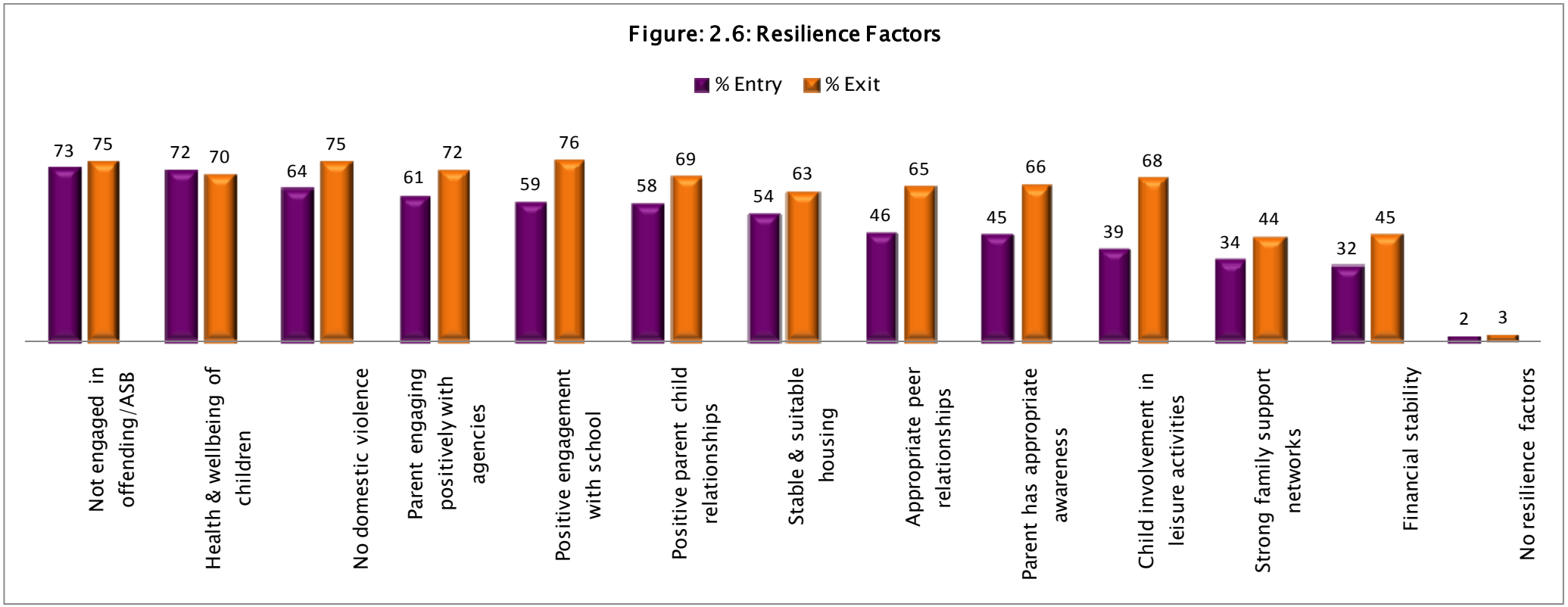
- **children and young people's engagement in positive activities outside the home** (increased by 77%) (see page 34 for examples of how young people were engaged in positive activities);
- **parents' awareness of their children's needs and the provision of age appropriate activities/responsibilities** (increased by 47%) (see **Family Case Study 5**);
- **children and young people having positive and appropriate peer relationships** (increased by 42%); and
- **financial stability within the family** (increased by 42%). Families' financial stability increased because staff were able to provide a range of support, including:
  - supporting families to ensure they received the appropriate benefits to which they were entitled;
  - signpost families to other services who could support them to access appropriate benefits;
  - challenging agencies to ensure that families received the financial support to which they were entitled;
  - liaising with service providers e.g. housing, adult social care;
  - assisting families with debt management/setting up payment plans for existing debts.

Escalating Family Need

2.36 Earlier we indicated that 11% of the families (12 families) who exited support experienced an escalation in their level of need. Analysis of the exit information provides a clearer picture of the potential reasons for the escalation in the level of need. The key reasons listed in order of commonality were:

- **families not engaging**: families did not engage with the support on offer, despite the best efforts of the team;
- **support not sufficiently specialist**: interventions had limited success because more specialist support was required and the needs escalated to require further specialist support.

Figure: 2.6: Resilience Factors



2.37 The following data is taken from the exit notes on these families, illustrating why the support did not lead to an improvement in outcomes. It clearly shows that for a number of families child protection concerns were the primary reason for escalating the level of need and as such, statutory involvement was necessary. The intensive whole family approach taken by the projects helped to identify this previously unmet need.

Families not engaging
• There was no exit plan for this family as they would not engage with the Pathfinder at all. The family also would not engage with other agencies such as social care, which resulted in the children being removed from mum's care and placed with appropriate family members. • Family was very inconsistent, as a result I was unable to engage with the family and continue my intervention fully. [One family member] remained reluctant to allow me to support her, however through my intervention I was able to continue one to one sessions with the children and explore [their] feelings and understandings over certain issues. • [One family member] disengaged so no exit plan in place with her. Spoke to social worker and updated.
Support not sufficiently specialist
• [One family member] now needs statutory intervention for serious Section 47 concerns. The family have moved forward and his needs are being met to a better standard. He is engaging in positive activities. • Section 47 assessment being carried out by social worker. Five [child protection] referrals made on this family during the period of support. Police raided the family home and [one family member] has been arrested for drugs offences. [Another family member] being investigated for benefit fraud. Family disengaged following assessment although many attempts were made to encourage re-engagement, it did not happen. • Case escalated to social care. All three children attending young carers' club. • The family were referred to social care for a core assessment to complete a Child in Need Plan.

Impact on Resilience Factors and Concerns

2.38 Whilst the overall level of need increased for these families, in a number of cases, there was an improvement in some outcomes:

- **there was a positive trend in relation to resilience factors for some of the families**. In four of the 12 families, resilience factors improved to some degree between entry and exit;
- **for two-thirds of the families in this group (8 out of 12), levels of risk declined for some concerns**. Those which seem to have been more effectively addressed were: relationships between family members and boundary setting;
- **families were generally experiencing the same level of issues on exit as displayed on entry**. Only two families experienced a marked escalation of need for relationships between family members and supervision of children.

2.39 When reflecting on the findings presented in this section, it is important to remember the varied and complex nature of issues faced by all of the families receiving support, and the enormous challenge in delivering improved and sustainable outcomes.

Summary

2.40 The findings from the first 114 families to exit from the support are generally positive. Nearly half (46%) of the families' overall levels of need reduced and the support proved particularly effective for those families with high level needs.

2.41 The projects have been effective in lifting young carers out of inappropriate caring roles. The percentage of children taking on inappropriate caring roles reduced by 40% and only 7% were considered to be providing care which had a significant negative impact on their lives Other risks which may lead to children taking on inappropriate caring roles, such as a lack of family support networks and family violence, have also reduced by almost one half.

2.42 Risks for children in other areas were also addressed, such as issues relating to school attendance (reduced by two-fifths) and child protection concerns (reduced by almost one third). In addition, there was an increase in resilience factors within the families supported: children and young people's engagement in positive activities outside the home increased by 77%; and parents' awareness of their children's needs and the provision of age appropriate activities/responsibilities increased by 47%. It is likely that these improvements are linked to a reduction in inappropriate levels of caring.

2.43 However, these findings should be viewed with a degree of caution as the 114 exited families represent only one fifth (21%) of the total families receiving support, and may not be representative of the families currently being supported.

3 SUPPORT FOR THE WHOLE FAMILY

3.1 The LAs testing family focused models of working have shifted the emphasis of their support away from respite support for the young carer, towards delivering support that meets the needs of the whole family.

3.2 The projects are providing a range of family focused support (**Annex C** presents a leaflet produced by Telford and Wrekin outlining the range of family support available) including:

- **additional support for adults;**
- **support which seeks to engage the extended family;**
- **supporting young adult carers;**
- **the provision of positive activities;**
- **drawing in support from the wider community.**

3.3 This section provides practice exemplars of support delivered for the whole family.

Additional Support for Adults

3.4 The vast majority of the young carer projects have focused on tackling the underlying causes of young people's caring roles by providing (or ensuring families have access to) additional support for adult members of the family, where this is needed. For example, Norfolk and Cornwall have integrated their support for young carer families with high level needs with their Family Intervention Projects, in order to provide intensive, solution focused support for both adults and children.

3.5 Other areas have employed support workers with a specific remit to provide and/or access additional support for adult family members. This support may include:

- **specialist support**, such as support for substance misuse or mental health concerns. For example, Cornwall used an element of their funding to fund places at treatment services to ensure families with young carers were able to access support for substance misuse;
- **parenting support**, such as emotional or practical support, or referring to a parenting course (see **Figure 3.1** and **Family Case Study 1**);
- **practical support**, such as support with undertaking daily chores. This is either delivered directly by the support worker, or a referral is made to adult social care;
- **emotional support**, such as referrals to counselling sessions;
- **financial support**, such as using funding to purchase necessary items; a review of family benefit entitlements and support in accessing the correct benefits or grants (see **Family Case Study 2**); or support to help the family manage their debt, for example setting up payment plans;
- **mediation work** to strengthen family relationships, such as Family Group Conferencing (see **Family Case Study 3**, page 32).

3.6 Interviews with project staff and families suggest that the focus on providing additional support for adults has been effective. In particular, the projects have been effective in acting as 'advocates' for the family to draw in support for adult family members from other agencies, as **Family Case Study 2** demonstrates. This is helping alleviate the difficulties faced by families and addressing inappropriate levels of caring amongst children and young people.

Figure 3.1: Parenting Support

Additional support is being made available for parents to increase their parenting capacity to reduce the parenting role taken on by young carers. For example, Telford and Wrekin has used Pathfinder funding to commission a number of parenting programmes, including 'Triple P'.

Other areas have extended the support their service provides, to offer more practical and emotional support for parents. For example, practitioners in Blackburn provide some parents with their mobile numbers and encourage parents to text them in working hours when they are struggling to parent their children.

Project staff report that this additional parenting support is strengthening family functioning and reducing the caring and parenting roles falling on children (see **Family Case Study 1**).

Family Case Study 1: Parenting Support

Background: In this family there were eight children and the mother living in the family home. The biological father of the four youngest children visited the home on a daily basis and was taking on a role in parenting the other children in the family. However, the mother was struggling to implement boundaries and manage the children's behaviour. As a result, the eldest son (17) was taking on caring responsibilities and was supporting his mother with the care and behaviour management of his younger siblings. The eldest son would discipline the children, cook many of the family meals, take the children to and from school and undertake many of the household chores. This had a detrimental impact on his school attendance.

Approach: The support focused on building the mother's parenting capacity and improving family functioning, as this was seen as the main factor resulting in the eldest son taking on inappropriate caring responsibilities. The mother and key worker identified the following goals to work towards:

- put in place bedtime routines;
- implement house rules and boundaries;
- make the lounge a more relaxing place to live in.

The key worker undertook regular family visits to discuss how they would implement the goals. The younger children responded well to the new bedtime routines. All of

Family Case Study 1: Parenting Support

the children made good attempts to follow the rules and boundaries within the family home. For their reward they had a 'special Saturday meal' together where the older children chose what they were going to have to eat and which DVD they were going to watch. The lounge became a place for relaxing family time. The children began to respect their mother's wishes by not climbing on the furniture, picking up their litter, taking their used crockery and cups into the kitchen, and stopped taking their bikes into the room.

Impact: All the family benefited from the support. The mother has now begun to look at her own needs and hopes to pursue a career in family support drawing on her own experiences. She has taken a more active parenting role, taking the children to and from school, managing the household chores and cooking more family meals. As a result, the pressure has been removed from the eldest son to take on these responsibilities, and his caring role has reduced. Subsequently, he is now in full-time employment and hopes to begin an apprenticeship in catering next year. The project's focus on enhancing the mother's parenting capacity therefore reduced the eldest son's caring role.

Family Case Study 2: Drawing in Additional Support for Adults

Background: This family consists of a mother and her daughter. The mother has a long history of illness caused by cancer and has suffered a stroke, leaving her disabled with limited mobility. This has resulted in her daughter taking on significant caring responsibilities, including personal care and helping to lift and bathe her mother. This was causing significant stress for the daughter, who struggled to concentrate at school as a result. This placed a strain on the mother daughter relationship, and culminated in the daughter running away from home.

"We had always been very close and now, it was as if my daughter was running away from it all and I got really scared ... I knew I couldn't cope without her too." (Mother)

Approach: The young carer project undertook an initial assessment of the mother to understand how her needs could be further supported (previously the project would only have assessed the young carer). As a result the family support worker decided that the mother should apply for a disability living allowance (DLA). The project helped the mother complete the application for DLA, which initially was refused on the grounds there was not sufficient disability. The family support worker supported the family in taking their case to a tribunal to appeal against the decision and they successfully overturned the decision not to grant a DLA.

Impact: As a result of the successful appeal, the mother is now in receipt of a DLA and is able to purchase 25 hours of caring support each week from whomever she chooses. This has significantly reduced the caring role taken on by her daughter and also reduced her daughter's levels of anxiety as she knows there is someone else to care for her mother. She feels she is able to concentrate more in lessons and is able

Family Case Study 2: Drawing in Additional Support for Adults
to spend more time engaging in activities outside the home. This has improved the mother – daughter relationship. *"This has made a massive difference to both me and* [my daughter]. *She can now get out and doesn't have to be here for me all the time and I get proper care that I can rely on"*. (Mother)

Engaging the Wider Family

3.7 Four of the projects have a particular focus on engaging the wider family to provide additional support for young carers and their families. For example, families have been offered the opportunity to engage in family group conferences[28]. On a more informal level, project staff work with wider family members to develop and implement family support plans.

3.8 Project staff have found these approaches extremely beneficial in providing additional support for families. Three main benefits were cited:

- family group conferences ensure that the **voices of children and young people are heard** and are an effective way of seeking young carers' views;
- the process **gives families ownership**, allowing them to provide solutions for the issues they face and identify the support they require to meet their needs. This increases their engagement and helps build sustainable tools and strategies to address issues in the future: *"many families say that it is the most constructive conversation they have ever had"* (Project Manager);
- it is an effective process for **engaging wider family members**, including non-resident fathers. It raises their awareness of the issues faced and helps plan a response that shares the young carers' responsibilities across the wider family.

3.9 **Family Case Study 3** demonstrates how families have benefited from the young carer projects engaging the wider family in their support plans.

Family Case Study 3: Family Group Conferencing
Background: This family consisted of a mother, father and their children. The father was severely disabled by a stroke and the rest of the immediate family were struggling to find time to care for him, look after the house and focus at school. The extended family's contact with the family had reduced and they had stopped inviting them to their homes because they were worried about access issues for the father, which they felt would be embarrassing for him. As a result, the family had become

[28] Family Group Conferencing is a system of family-based decision making. For further information see; http://www.frg.org.uk/pdfs/FGC%20Principles%20and%20Practice%20Guidance.pdf

Family Case Study 3: Family Group Conferencing
increasingly socially isolated, which further served to heighten their problems. **Approach:** The young carer project asked if the family would like a Family Group Conference and they agreed. **Impact:** The Family Group Conference increased the extended family's awareness of the impact of the father's disability on his immediate family and the challenges and isolation they were facing. The father's sister has now taken on a greater caring role, which has reduced the caring responsibilities taken on by the mother and children. The extended family now organise regular 'family days' at accessible venues, which has helped reduce the family's feelings of isolation. Furthermore, the extended family and church are fundraising to buy the father a specialised computer to improve his ability to communicate and increase his independence.

Supporting Young Adult Carers

3.10 Young adult carers (aged 16 – 24) require additional support to prepare them for their 'next steps' to access the same opportunities and achieve the same outcomes as their peers[29]. However, young carer projects have traditionally focused on supporting young carers aged up to 18, therefore creating a potential 'support gap' for carers who no longer come within the remit of young carers' services but may not feel that adult carers' services are appropriate for their age group.

3.11 The young carer projects have attempted to plug this gap by providing additional support for young adult carers in transition from children's services to adult services; For example, Telford and Wrekin have used the funding to employ a full-time transition worker. The young carer projects believe this is supporting young adult carers to realise their ambitions and access further and higher education. **Family Case Study 4** demonstrates how families are benefiting from additional support for young adult carers.

[29] See Becker, F. and Becker, S. (2008) *Young Adult Carers in the UK: Experiences, Needs and Services for Carers aged 16-24*. London: The Princess Royal Trust for Carers [online]. Available at: http://communications.nottingham.ac.uk/SiteData/Root/File/Resources/Young%20Adult%20Carers%20in%20the%20UK%20-%20full%20report.pdf

Family Case Study 4: Support for Young Adult Carers

Background: This family is made up of a mother and three daughters. The mother suffers from depression, agoraphobia and has mild learning difficulties. She does not work and finds it difficult to cope with day to day living. The family also have financial worries, as the mother struggles with managing her money. The oldest daughter spends a lot of time at her boyfriend's home and does not help with caring for her mother, and the middle daughter (17) takes on a great deal of caring responsibilities, with support from the youngest daughter. Historically, this has impacted on the 17 year old's school attendance. There has been a great deal of involvement from the Education Welfare Service and the mother has been fined several times for her daughter's non-attendance at school. The 17 year old also became pregnant at the age of 14 and has a child. At the time of referral, the 17 year old was leaving school and at risk of becoming NEET due to her caring role for the mother. The youngest daughter also spent a lot of time accompanying the mother when she had to go out, leaving her little room for her own social development.

Approach: The young carer team focused on supporting the 17 year old in her transition to further education. They provided weekly support for the mother to resolve her financial issues, build her confidence in widening her social network and accessing community services in order to reduce her reliance on her two younger daughters. They also provided one to one support to help the 17 year old to: live independently; find a nursery place for her child so that she could attend college; and manage her finances.

Impact: The mother's confidence has grown and she now independently attends events in the local community, including a women's group at a community centre. This has reduced the mother's reliance on her daughter who has now been able to enrol on a painting and decorating course at college, which she really enjoys. The practitioner supporting the family believes the project was successful in supporting the 17 year old's transition to further education:

"*Without the support of the Young Carers' Project it is certain that the 17 year old wouldn't have fulfilled her potential and gone on to further education*."

Providing Positive Activities

Positive Activities for Young Carers

3.12 The majority of the projects help young carers engage in a range of positive activities. For example, all young carers referred to Bolton Lads and Girls Club are given free membership of the club, allowing them to engage in all activities available to members (including a climbing wall, gym and boxing classes) and excursions (including residential opportunities and the Duke of Edinburgh Award Scheme). Young carers who require additional support and encouragement to engage in club activities can attend a weekly young carer group session which gives them the opportunity to meet other young carers in a safe environment. This is followed by a structured group activity at the club. Finally, young carers with particularly high levels of need are matched with a mentor from the local community to help facilitate their access to additional activities (see '*Drawing on Support from the Wider Community*').

3.13 The projects support families to help overcome the barriers that are preventing young carers to access positive activities, such as transport issues or emotional issues related to the anxiety felt by the young carer on leaving the cared for person. The projects overcome these barriers through providing both practical (eg. transport, phones for communication) and emotional support (eg. building relationships with all family members to ease the anxiety felt by the young carer).

3.14 Interviews with practitioners and young carer families suggest that engaging young carers in positive activities can effectively address the social isolation felt by many young carers. Young carers said that it gave them the opportunity to make new friends and talk to young people in a similar situation to themselves, which helped reduce their levels of stress and anxiety. As already identified, the support provided by the projects resulted in a reduction (by two-thirds) in concerns about children's lack of engagement in activities outside the home.

> *"I get out of the house with my mentor. Without [the mentor] I'd probably have stayed in the house like before." (Young carer)*
>
> *"I'm happier at school. The project has helped me make friends with people my own age." (Young carer)*
>
> *"You get to meet other people and it's good to talk to them, because it's happened to them too. Telling them what happened is good, because then it's not held in. You'd be miserable if not." (Young carer)*
>
> *"I've seen a big change in [my grandson – a young carer]. He seems happier and more outward instead of inward." (Grandmother of a young carer)*

Positive Activities for the Whole Family

3.15 Many of the projects are delivering positive activities for the whole family, rather than for the young carer alone. For example, the Gateshead Young Carers' Project runs a 'Lads 'n' Dads' group that includes activities such as fishing, and the Telford and Wrekin Project runs family activities such as cookery nights.

3.16 The projects find engaging families in positive activities to be beneficial, as not only does it provide respite for the whole family, but the events also help build and strengthen family relationships, which can contribute to reducing caring roles.

> *"It was the first time that I can remember when we were all together doing something and we didn't argue – we all got involved with it!" (Mother of young carers)*

3.17 **Family Case Study 5** provides an example of a family where the young person's caring role has reduced as a result of the family engaging in positive activities for the whole family.

Family Case Study 5: Positive Activities for the Whole Family

Background: This family is made up of a mother and her daughter (13). The mother was an alcoholic and would frequently leave her daughter during the evening. The daughter not only had to look after herself but also her mother when she returned home after drinking. This had a number of negative impacts on the daughter including: poor attendance at school; an unhealthy diet; she was emotionally unhappy; and it was putting her in unsafe and vulnerable situations (there was a great deal of concern regarding her online activity whilst her mother was out).

Approach: The project supported the family in a number of ways. They provided emotional support for the mother and referred her to an anger management course; they provided parenting support; they provided her with study support for her college course; and provided emotional support for the daughter. In addition, the family were referred to 'Lifeline', a local charity providing family services, which provided the family with the opportunity to go on day trips together, such as to theme parks. The project accessed funding from the local 'Time For Me Fund' to buy the family a camera so they could document their experiences on the day trips.

Impact: Family relationships have improved significantly as a result of the support being put in place, and particularly as a result of engagement in the family based activities. Since the project began supporting the family the mother has not been drinking, which means that the daughter is no longer taking on a caring role. As a result, her school attendance has improved, her diet has improved and her mother is at home and cooking her meals. There are also fewer concerns regarding her online behaviour.

> *"My mum's not drinking. It makes me happy...I used to take care of my mum but now she takes care of me."* (Daughter)

The support worker believes this change is attributable to the whole family approach adopted by the project, particularly the family's engagement in positive activities. These helped form a stronger relationship between the mother and her daughter,

Family Case Study 5: Positive Activities for the Whole Family
which made the mother aware of the impact of her drinking on her daughter. This provided her with the incentive to stop drinking.

Drawing on Support from the Wider Community

3.18 Young carer projects have sought to extend and develop the support available for families by drawing on support mechanisms from within the local community. Voluntary sector providers have been able to draw on their existing work in this area, particularly in relation to volunteering and mentoring. This has included recruiting and training volunteer mentors and identifying local community services that families can become involved in. Some examples of these approaches are provided below.

Volunteer Mentors

3.19 Five areas are using local volunteers to provide mentoring support for young carer families. These areas are providing mentoring support for the family as a whole, as well as specific support for young carers and/or adults within the families. They use both adult and peer (older young carers supporting younger carers) mentors, who provide a mixture of emotional and practical support for families.

3.20 Project staff have found that mentoring can play an invaluable role in providing support for young carer families. It provides young carers and other family members with an opportunity to discuss their hopes and concerns with someone outside of the family, as well as an outlet to help individuals cope with their caring role, or the fact that they are being cared for.

3.21 Mentors can also help families (many of whom are socially isolated) establish and develop important social networks and links into existing support and opportunities within the local community. Young carers and their families particularly value the fact that their mentor spends time with them because they genuinely want to and not because they are paid to do so.

3.22 Project staff also noted that mentors are able to provide support when other support is not available or being tapered down, for example when intensive support provided by project staff is coming to a close. Mentors are also able to provide additional support, for example going for a coffee, which project staff might not have the time to do, or provide out of hours support at the weekend or evenings.

3.23 **Family Case Study 6** provides an example of a family benefiting from mentoring support.

Family Case Study 6: Mentoring Support

Background: In this family, the father and son live together and the son sees his mother on an intermittent basis. The father experienced heart failure in 2008 which left him housebound. As a result, the son has taken on many of the responsibilities within the house. The son sometimes misses school to look after his father and there can be tension in the house, because the father wants the best for his son but the son wants to stay at home to look after his father. In addition, the father and son used to do many outdoor activities together, such as mountain climbing and biking; the father's condition means they cannot do these activities anymore, which has resulted in the son becoming depressed and withdrawn.

Approach: The son was matched with a mentor who provided him with the opportunities he was missing out on as a result of his father's condition – specifically the opportunity to engage in outdoor activities. The son and mentor have been meeting up once a week for the last 15 months. When they meet they take part in a range of activities, including playing pool, climbing and bike riding. The two talk and discuss any problems or concerns the son is having.

Impact: The support from the mentor has had a significant impact on the family. There is less stress and tension in the family because the son has the opportunity to engage in outdoor activities and talk about his concerns. The father is less stressed because he is happy his son is able to lead the same life he did before his father became ill. The activities have also given the son the independence and confidence to leave the home, and he has now enrolled on a Duke of Edinburgh course, joined the school rugby team and volunteers at a local club for children and young people.

"We were left there. We had nothing. After [name of provision] *there was more relief for me."* (Dad)

"It gave me a release." (Son)

Accessing Community Services

3.24 Support workers from the Milton Keynes Young Carer project encourage families to seek support from within their local communities and refer families to the Milton Keynes Community Mobiliser Service, run by MKCVO (Milton Keynes Council of Voluntary Organisations). The Community Mobilisers are eight practitioners who support families to access services in the local community, through raising their awareness of local opportunities and encouraging them to get involved.

3.25 The Young Carer Project manager has found this to be effective in building and enhancing families' support networks, which they are then able to draw on in times of need. This means that they are less likely to rely on the children within the family to meet these needs. For example, one wheelchair-bound mother is now accessing exercise classes and a healthy eating programme, as well as play activities for her child, after being introduced to a Community Mobiliser by staff from the young carers' project.

Summary

3.26 The young carer projects have shifted the support available for young carer families away from providing respite support for the young carer to providing support for the whole family. This includes:

- drawing in additional support for adults within the family, for example referrals to adult services for support regarding substance misuse or mental health concerns;
- parenting support;
- practical or emotional support;
- financial support;
- providing additional support for young carers in transition to adult's services,
- engaging the wider family (e.g. through family group conferences), providing activities for the whole family and drawing in support from the community.

3.27 Families have engaged well with these new support packages and they are proving beneficial, improving family functioning and relationships, expanding families' support networks, stabilising family debt and increasing young carers' access to positive activities. Taking an integrated approach to the delivery of support has also facilitated access to additional support for adults. This, in turn, has helped reduce inappropriate levels of caring amongst children and young people.

4 APPROACHES TO DELIVERING FAMILY FOCUSED SUPPORT

Overview

4.1 All young carer projects have established teams of practitioners to test and develop family focused approaches to supporting young carer families. In two-thirds of the areas, existing young carer teams have been expanded to deliver support. In the remaining areas, new teams have been established.

4.2 Voluntary agencies have been commissioned to deliver the support in two-thirds (12) of local authorities. This includes both national agencies, such as 'Action for Children' and 'Family Action', and local organisations, such as 'Bolton Lads and Girls Club' and 'Telford and Wrekin Young Carers' Service'. The remaining teams are managed directly by the local authority.

4.3 The majority of practitioners who have been recruited are key workers or family support workers. Whist the precise approach to delivery varies from area to area, in general the areas have developed approaches focusing on how practitioners assess, plan, review, and deliver support to young carer families:

- **Assessment**: whole family assessments have been developed in eight Pathfinders to provide a better understanding of families' needs and interrelationships, as well as identifying unmet needs. Project staff are also raising awareness of young carers' needs within community care assessments;
- **Planning and review**: twelve projects are using **Team Around the Family (TAF)** approaches to bring practitioners who are supporting the family together to provide a coordinated and integrated response to meeting families' needs. This is reflected in the development of integrated care plans and joint delivery across services. The aim is to bring services together and increase joint working and information sharing in order to improve support for families;
- **Delivery**: **Key workers** provide (where appropriate) intensive, one-to-one support for family members. The key worker will act as a consistent, single point of contact for the family, providing emotional and practical support, identifying additional support needs and co-ordinating support from other agencies. Practitioners are also encouraged to **give young carers a voice** by involving them in the overall design of local care provision and in planning individual care packages.

Assessment - Whole Family Assessments

4.4 In order to provide a holistic package of family focused support that meets the needs of all family members, it is important to have an understanding of the needs of the family as a whole.

"A whole family approach in assessment, enabling both the individuals who need support and those who will support them to identify their own needs and desired outcomes, is much more likely to result in individual care packages that can be sustained effectively." (Department for Education, 2010[30])

4.5 In response, eight[31] of the young carer areas have developed whole family assessments[32]. Staff report that using a whole family approach to assessment allows practitioners to gain a deeper understanding of the family and identify previously unmet needs. Subsequently, practitioners are drawing in additional support for families (particularly adult members) which is helping projects tackle the root causes of the young carer roles and, in turn, reduce caring roles. **Figure 4.1** and **Family Case Study 7** provide examples where young carer roles have reduced as a result of the young carer projects drawing in additional support for families.

4.6 Projects have also sought to embed support for young carers' needs within existing assessment frameworks. For example, in Reading questions around young carers have been embedded into the CAF form, whilst in Cornwall the Drug and Alcohol Assessment has been amended to include questions about young carers. When completing the Drug and Alcohol Assessment, the practitioner must ask the service user if there are any carers in the family – if there are, they must undertake a carers' assessment. This means that if a child or young person is identified as a young carer within that framework there are clear pathways and protocols for accessing support.

Figure 4.1: Integrated Whole Family Assessments in Blackburn

The Blackburn young carer project has designed its own whole family assessment, drawing on the 'Framework for the Assessment of Children in Need and their Families' (DoH, 2000). It is a single assessment divided into different sections, each focusing on different members of the family. From this, a Team Around the Family (TAF) meeting is organised and all relevant agencies are invited. Actions and targets are agreed with the family and a Family Action Plan is developed. Where possible the Family Action Plan is integrated with the care plan implemented by adult services. The Family Action Plan is reviewed every three months (see **Annex E** for a copy of the whole family assessment form).

The Blackburn project has found that the new assessment is prompting support workers to explore families' needs in much greater depth, identifying previously unidentified issues, particularly around parents' needs. In some instances, this has

[30] *Recognised, valued and supported: Next steps for the Carers Strategy* [online]. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122106.pdf

[31] In the remaining nine projects: seven are using CAF and two are using their own young carer assessments.

[32] For more information on whole family assessments, see '*The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems* at: http://www.education.gov.uk/research/data/uploadfiles/DFE-RR045.pdf

Figure 4.1: Integrated Whole Family Assessments in Blackburn

resulted in additional support being provided for families, which has reduced young carers' caring roles. For example, in one family the youngest daughter was providing caring support for her mother and older sister who both had severe learning difficulties. The family were not receiving any additional support from agencies except the young carer service. The whole family assessment identified a series of unmet needs within the family, particularly relating to the extent of the mother's learning difficulties. The young carer family support worker used the evidence from the whole family assessment to request a health needs' assessment for the mother's learning disabilities from adult services. This assessment identified the need for additional caring support for the mother and she now receives four hours of caring support per day. The support from all services has reduced the youngest daughter's caring role and, as a result, her school attendance has improved.

Without the whole family approach to assessing the family's needs it is unlikely that the mother's additional needs would have been identified and addressed and the youngest daughter's inappropriate level of caring would have continued.

Planning and Review – Team Around the Family Approaches

4.7 The majority of projects (twelve) have adopted a Team Around the Family (TAF) approach to plan and review the support for families. This builds on the Team Around the Child (TAC) approach used in the CAF. It focuses on bringing together the family and the practitioners supporting the family on a regular basis to share information, develop an action plan of support, and review the family's progress against the action plan.

4.8 Managers have found the TAF approach particularly useful in enhancing the support provided for families. Information is shared between all practitioners at the TAF meetings, allowing everyone to build up a comprehensive picture of family needs, whilst the open dialogue can help break down communication barriers between agencies.

4.9 This allows the team and the family to develop a support plan that is tailored to the needs of the family and is, ultimately, more effective. **Family Case Study 7** provides an example where a TAF approach has led to more effective planning around a family.

Family Case Study 7: Team Around the Family Approach

Background: This family consisted of a mother and father and two children, aged 17 and three. The mother had suffered a car accident a few years previously which had left her with significant mental health issues. She was struggling to cope with caring for her youngest child, and consequently a great deal of caring responsibilities fell on the eldest child. The mother would also ask other family members to care for the youngest child when she was unable to cope, creating a great deal of instability for the child.

Approach: The Young Carer Project formed a TAF to help plan the support for the family. The TAF included the family and all the practitioners supporting the family including: an adult social worker; a carer supporting the mother; a Connexions practitioner supporting the eldest child; and a nursery nurse supporting the youngest child.

A family support plan was drawn up which focused on:

- encouraging the father to become more involved with the basic care of the children in order to ease the mother's parenting role;
- extending the role of the mother's carer to help equip her with the skills to manage her parenting responsibilities;
- using wider family members to provide support on a more planned and consistent basis.

Impact: The practitioners involved found the TAF process effective in increasing their understanding of the needs of the whole family:

> *"Trying to see things from other people's perspectives other than the person you're directly supporting is really hard. The adult social worker didn't have a strong understanding of what the three year old needed, and we didn't have a good understanding of what the mother's abilities and resources were. Bringing everyone together helped us all work it out."* (Young Carer Project Manager)

This in turn helped the team around the family provide more effective and targeted support:

> *"We didn't have a strong understanding of mum and her capabilities. We'd have tried to put together a plan, but this enabled us to be able to make a specific plan based on mum's needs."* (Young Carer Project Manager)

As a result of this approach the mother felt more empowered to meet the needs of her children and the father became more involved in supporting the family. This has: reduced the eldest child's caring role; reduced the levels of stress within the family; enabled the oldest child to focus more on his career and he has now enrolled at college; and enabled the mother to use her time more productively, and begin volunteering at the local hospital.

Delivery – Giving Young Carers and Families a Voice

4.10 The new Carers' Strategy highlights how carers' views may be sidelined by practitioners, yet carers are often experts, both in the delivery of services and the condition of the person cared for.

> *"Carers often do not feel valued or recognised as expert and equal partners in care." (Department of Health, 2010[33])*

4.11 In order to give young carers and families a greater voice in the delivery of services the young carer projects are:

- **encouraging practitioners to communicate with young carers and their families about the needs being addressed and the support provided;**
- **establishing young carer forums.**

Communicating with Young Carers and Families

4.12 The young carer projects are encouraging professionals from all services to work and communicate with the whole family, rather than just the individual receiving the direct support. For example, professionals are encouraged to spend more time explaining family members' mental health needs to young carers, and in seeking family members' views on the support packages provided for the cared for person. Young carer projects are encouraging this approach by raising other services' awareness of whole family working, through presentations to other services and their daily interaction with practitioners from other agencies. The young carer projects believe this has significant benefits for young carer families, as it can increase young carers' understanding of the illnesses affecting family members, and equally increase practitioners' understanding of how caring roles are affecting wider family members.

4.13 **Family Case Study 8** demonstrates how providing an integrated holistic approach to supporting young carers and their families, which focuses on sharing information between family members and the professionals involved helps improve the support available for the family and meets their needs more effectively.

Family Case Study 8: Communicating with Young Carers and Families

Background: This family consists of a mother, father and three children under the age of 12. The mother has a diagnosis of bipolar disorder, which impacts significantly on the family. At the point of referral she had spent six months in hospital under the Mental Health Act.

Approach: The Lead Professional (LP) from the 'Think Family' team was responsible for liaising with the mental health professional based at the local Community Mental Health Team (CMHT) office. Joint visits were undertaken (by the LP and the mental health professional) to see the mother in hospital and to attend regular ward

[33] *Recognised, valued and supported: Next steps for the Carers Strategy* [online]. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122106.pdf

Family Case Study 8: Communicating with Young Carers and Families

meetings (this would not have happened previously). At these meetings, the LP was able to highlight the impact of the mother's illness on the rest of the family. This influenced her length of stay in hospital as medical staff were made aware of the problems the family were likely to face if the mother was discharged too early.

Whilst the mother was in hospital, the LP undertook joint family visits with the mental health worker. This was a different way of working for the mental health worker, as s/he would not normally undertake any work with the family whilst the patient is in hospital, and would only work with family once the patient was discharged. During these visits, the mental health worker met with the children and explained what was happening to their mother and gave them the opportunity to ask questions.

When the mother was discharged from hospital, the joint visits continued and were undertaken when the children were at home so they could be involved. Again this was a different way of working for the adult mental health worker, as s/he would normally see the patient alone. A package of support was implemented for all members of the family. Following a referral to children's statutory services, the family are also engaged in family therapy which is currently focusing on building the mother's relationship with her eldest child. The children were also referred to the Young Carers' Service, which has focused on providing support to develop the children's understanding of their mother's mental illness. At present, plans are being made to allocate the family a volunteer to commit two hours support per week for a minimum of six months, as the work of the Think Family Team is winding down.

Impact: A number of benefits have been identified as a result of the integrated approach taken by adult and children's services. The mother's needs were not considered in isolation but in the context of the needs of the whole family, which meant that the impact of her illness on wider family members was reduced. The communication between the mental health worker and the family increased their understanding of the mother's illness, which helped them cope with the illness and support the mother appropriately. Finally, the strong communication between children's and adults' services increased everyone's understanding of the family, and ensured appropriate support and referrals (e.g. around safeguarding) were achieved.

"The [whole family] *model of working with this family has acknowledged the importance of a holistic approach when working with families with complex social and mental health needs."* (Practitioner)

Young Carer Forums

4.14 Young carer projects are establishing forums to gain young carers' views on the support they receive from local services. For example, the Norfolk young carer project commissioned Norwich and District Carers' Forum to work with key partners to undertake a large scale consultation of young carers across the local authority (it is aiming to consult with 300 young carers). The consultation is asking for young carers' views on a wide range of issues including school experiences and the services young carers and their families receive. The findings will be used to inform future commissioning and the development of services for young carers and their families, as well as more widely in terms of services for vulnerable children and young people and families with complex needs.

4.15 In Telford and Wrekin, six families are forming a forum to feedback on the services they receive. They are currently receiving training to support them with this. The project managers involved are confident this will give carers a stronger voice in the support available for families, and help break down the barriers families face in accessing services.

Summary

4.16 The young carer teams have developed new models of working to support practitioners in delivering family focused support. New ways of operating include whole family assessments, Team Around the Family approaches and integrated working. Where this has been successful, project managers, practitioners and families report improved identification of young carers, a stronger understanding of the family and more personalised and integrated packages of support for families. Ultimately, these are tackling the root causes of the young carer roles.

4.17 However, in some areas integrating the approach taken by the young carer project with working practices across the authority has been a challenge. In particular, integrating whole family assessments with other assessments, specifically statutory assessments, can be difficult and, if not achieved effectively, can add another assessment layer to the process, which some families are reluctant to engage in. Engaging all services in adopting integrated working has been a challenge, with some agencies claiming they do not have the resources to engage in family focused support.

4.18 Family focused work is therefore only truly effective when it operates across whole areas, rather than in a discreet project. This suggests the need for greater strategic development in embedding family focused work across services.

5 APPROACHES TO DELIVERING STRATEGIC CHANGE

Overview

5.1 Local authorities are aiming to embed the family focused approaches adopted by the young carer teams across their areas. This reflects the belief that an integrated, family focused approach cannot (and should not) succeed within a discreet team alone, but rather requires all agencies to identify young carers earlier and work collectively to meet the needs of young people and their families.

5.2 It also reflects the fact that the teams are working with families with complex needs and in order to meet those needs an integrated whole family approach to support is required, which seeks to address the underlying causes of inappropriate levels of care.

5.3 All the young carers' projects are working towards one or both of the following strategic aims:

- **improving awareness and the identification of young carers;**
- **improving integrated working across services, for example adult and children's services, and the health and voluntary sectors.**

Improving Awareness and Identification

5.4 A lack of identification of young carers means that young people are more likely to take on inappropriate caring roles. Many young carers do not recognise that they are a carer and may not be receiving appropriate support. Furthermore, practitioners across adult and children's services do not always have a clear understanding and awareness of young carers and how their caring role impacts on their lives, particularly in families where the young carer is caring for a family member with alcohol/substance misuse or mental health issues.

5.5 Therefore, a key focus of the work undertaken by projects is to raise awareness of young carers in order to improve identification and ensure that young people and families receive appropriate support.

5.6 In this section we explore how projects have focused on improving identification and support through:

- **targeted work with key partners, for example schools and adult services;**
- **presentations and conferences.**

5.7 A range of awareness raising activity has been used to improve the identification of young carers. Awareness raising appears to be most effective when it is targeted at specific agencies and services and when staff are given responsibility for developing particular aspects of this work. It is also effective when staff undertake a range of strategies to increase awareness (at both practitioner and managerial level) and meet with as wide a range of individuals/agency representatives as possible.

Targeted Work with Key Partners: Schools

5.8 Schools play a vital role in both early identification and in the provision of support for young carers and their families. The desired outcome is that children and young people are able to engage fully with the educational and social opportunities available to them. However, historically for many young carers their caring role has had a negative impact on their school attendance, educational achievement and opportunities to engage in activities after school. To address these issues, an effective response is required, at both the school level and more strategically.

5.9 A key focus for the teams has been in developing their work with schools. Local areas have used a range of strategies to raise awareness of young carers in schools, identify potential hidden young carers and provide appropriate support, including:

- **raising pupils' and staff awareness of young carers through assemblies, curriculum development and class based work;**
- **providing opportunities and activities where children and young people can identify themselves as young carers;**
- **provided training for school staff (including governors) on addressing and supporting the needs of young carers and their families.**

5.10 At the strategic level young carers' projects have:

- **engaged with existing support networks for pupils with additional needs;**
- **linked into local and national policy initiatives such as the 'healthy schools' agenda as potential arenas where young carers might be identified and where awareness can be raised.**

5.11 **Figure 5.1** provides an overview of the work undertaken in Islington to increase awareness and improve identification and support at both the school/pupil level and strategically.

Figure 5.1: Raising Awareness, Improving Identification and Support in Islington

In Islington, a Schools' Development Worker was appointed within the young carers' team in order to raise awareness of young carers within the borough. As part of her role she met with a wide range of school staff (including pastoral staff, class teachers, heads of year and SENCOs) attended staff meetings and provided consultancy advice to help raise awareness of young carers, family focused approaches and the support available for families. She regularly attends pastoral care meetings in schools with inclusion managers and other professionals who are supporting pupils via the Common Assessment Framework, helping them to take a family focused approach.

She has also provided support on developing the curriculum linked to mental health and young carers and has supported teachers to include young carers in the PSHE curriculum. She piloted the teaching resources developed with all Year 9s and Year 10s (10 classes) in one secondary school. The aim is that the teaching resources can be packaged and sent out to all other secondary schools in the local authority. She also delivered assemblies to all Year 7s and Year 8s. As a result of her work previously unidentified young carers within schools have since come forward for support.

Work has also been undertaken at the strategic level. The development worker has attended Inclusion Manager Meetings (attended by all inclusion managers in the LA) to inform them of the services provided by the project. Subsequently, she has provided consultation advice for managers about individual families. She has also linked up with the 'healthy schools' agenda as a more strategic way of getting young carers into the curriculum. Healthy schools are monitoring how many young carers there are in schools, which will help focus schools and make them more aware of young carers. It was felt that, as a result of this developmental work, schools now know more about young carers:

"Some of the young people we [voluntary service] *have worked with are now saying 'my school's talking about young carers now, we had an assembly'. It's out there and they're more comfortable talking about their role because of the work that's been done ... That's partly down to a great member of staff ... but also she's thought about different ways to deliver e.g. consultations, going to meetings, training up staff, delivering lessons and assemblies, preparing resources etc.*" (Voluntary Service Manager)

The project manager noted that the work undertaken by the Schools' Development Worker had helped build stronger links with schools and had also increased referrals from schools. Her work had also strengthened relationships with school staff, particularly Inclusion Officers and SENCOs and that this had been reflected in requests for consultations regarding young carers in schools.

5.12 Focused training programmes have also been developed for school staff in working with vulnerable children and their parents, with a particular focus on young carers, and identifying and meeting unmet emotional needs (see **Figure 5.2**). This is leading to more young carers being identified (see **Family Case Study 9**).

Figure 5.2: Supporting Young Carers in Milton Keynes

Milton Keynes runs an intensive four day training session for schools focused on identifying and supporting the emotional needs of young carers:

- **Day 1:** is presented by a family therapist who works primarily on parenting. She assists participants in developing positive and effective communication skills with children and parents in order to improve behaviour and help them fulfil their potential.
- **Day 2:** focuses on developing an understanding of young carers and their families' needs, including: looking at the family dynamics that make these children vulnerable; the short, mid and long-term impact of caring on development; identification; how to meet young carers' needs in school; attachment styles; compulsive care giving and the 'parentified'[34] child.
- **Days 3** and **4:** explores the emotional needs of children in depth. Participants learn how to identify which emotional needs are not being met and how to rectify this.

All four days of the training are experiential with opportunities for participants to put what they have learnt into practice. The programme is taught using a variety of methods, including: slides, videos, case studies, discussion, and individual and group work. At the end of the four days all participants have a range of resources and information to use in their own schools. The training has improved the identification of young carers within schools. The family below were identified as a direct result of staff undertaking this training.

Family Case Study 9: Impact of Training on Identifying Young Carers

Background: The family consists of a seven year old boy and his mother who has a personality disorder and is diagnosed as bipolar. The boy has behavioural and learning difficulties related to stresses within the family.

Approach: As a result of training delivered by the young carers' project his school's Education Welfare Officer identified the boy as a young carer and referred the family to the young carers' service. Previously, the mother had not engaged well with support services (including mental health) and the only support the family received was through her son's school.

Impact: Since becoming involved with the young carers' project the family have been supported in moving to more appropriate housing; they have engaged positively in a number of community activities; and have made good use of the children's centre. A

[34] Jurkovic, G. (1997). *Lost Childhoods: The Plight of the Parentified Child*. New York: Brunner/Mazel (New York)

Family Case Study 9: Impact of Training on Identifying Young Carers
CAF has been completed for the son and he has also been referred to the Child and Adolescent Mental Health Service (CAMHS) to see a behaviour specialist. The mother has now been assessed by Adult Mental Health Services for long-term support within the community; her son has been supported in finding out more about his mother's illness and its effects; and the mother has agreed to a referral for parenting support. Without the training it is unlikely this young carer's needs would have been identified and addressed.

Targeted Work with Key Partners: Adult Services

5.13 Adult services also have a critical role to play in identifying young carers, particularly given the numbers of children and young people caring for a family member with mental health problems and/or issues of substance misuse. Thus, projects have focused on developing links with adult services in order to raise awareness and improve identification. This work has also focused on increasing agencies' awareness of the support available and the benefits (for adults, children and young people and services) of taking a family focused approach.

5.14 For example, in Blackburn the young carers' manager is working alongside the area manager for the physical and learning disabilities team within adult services to develop partnership working. The young carers' manager has visited a range of teams within adult services to explain their whole family approach and encourage services to engage with the approach by explaining the benefits. This work is building on wider awareness raising activities that are being undertaken across the local authority aimed at engaging adult services.

5.15 The work undertaken by the project manager has proved successful and adult services' representatives are now engaging with family focused approaches. Practitioners from adult services regularly attend Team Around the Family (TAF) meetings and are working with the young carers' team to create integrated family care plans. This improved engagement is also reflected in an increase in the number of referrals to the young carers' team from adult services. Over the last four and a half years the young carers' project received one referral from adult services; whereas in the last three months they have received seven. Engagement continues to increase. Once practitioners engage with the approach they see its benefits, and encourage other practitioners to engage: *"They are genuinely realising that working together is making a difference."* (Project Manager)

5.16 In Cornwall, Drug and Alcohol Assessments have been amended to include questions about young carers (see page 40). However, there are still areas for development. As previously identified, only 4% of referrals originated from community mental health teams and only 3% from drugs or alcohol agencies, despite the fact that families had significant concerns in these areas. Some of the challenges that continue to persist include:

- **Cultural barriers**; staff working with the young carer projects commented that some practitioners in adult services do not feel comfortable communicating or working with children and young people because it is not their professional specialism. They therefore do not necessarily notice if a child is taking on a young carer role and/or do not know what to do if they do see a young carer;
- **Structural barriers**; practitioners interviewed from adult services felt they were not always using assessments that led them to ask whether a young carer was in the family; other practitioners felt they did not have the time to focus on wider family members.

Presentations and Conferences

5.17 In order to raise the profile and awareness of young carers and their families, project staff have delivered presentations and conferences to a wide range of agencies and services. Project staff noted that this work has resulted in increased referrals from the services attending.

5.18 In Hull, a 'Think Family' event and three briefing sessions have led to a significant increase in awareness of the family focused approach and the issues facing young carers and their families. The conference and briefing sessions were well attended (ranging from 120 to 300 attendees) by a wide range of staff (including operational and administrative staff and headteachers). These sessions highlighted that, although practitioners felt they were working in a family focused way, this was not always the case:

> *"One Children's Centre practitioner that inputted into the briefing event said they already worked in a family way. But when probed further, it was revealing that whilst the parent was involved in assessments of her child, they [the practitioner] didn't actually undertake a whole family assessment, or develop any [specific] support to address the mother's needs."*

5.19 These events resulted in an increase in referrals from a wide range of services, including: health services; social care; parenting and intensive family support; the CAF coordinator; voluntary sector organisations; and schools.

5.20 In Bolton, the young carers' project ran a launch event for professionals from a wide range of agencies, as well as undertaking presentations to individual services, including: all of the social work district teams; the drugs and alcohol team; the children's disability team; headteachers from all local schools; and the Family Intervention Project. They have found this approach to be extremely effective in raising agencies' awareness of young carers:

> *"For young carers, they can be easily missed in terms of not noticing them in the home, at school or at the youth club. Our presentations really made agencies think about whether there were young carers in their families, and our referrals increased as a result."*

5.21 Awareness raising work with agencies and services has enabled projects to identify previously hidden young carers. For example, the Islington team felt that the number of young carers referred to them by Children in Need (CIN) teams were low. Team members visited the CIN teams and spoke to them about their understanding of what a young carer is. As a result of this activity there was a significant increase in the number of children and young people identified as young carers. This was because staff in the CIN teams did not view the activities young people were undertaking, such as shopping on a weekly basis as a caring activity, but when this was taken into consideration with other activities they were undertaking, it was clear they were taking on a caring role.

5.22 These findings have been referred back to a strategic level within the LA so that an assessment can be made of how many unidentified young carers there are likely to be across the teams and across the whole LA. This activity has helped increase awareness of young carers and also ensured that they are firmly on decision makers' agendas.

5.23 Finally, Sunderland run training events with other services where they show a DVD produced by The Princes Trust and their own DVD. In these DVDs young carers discuss their roles and the challenges they face. This is seen as an effective method for increasing practitioners' understanding of young carers. As a result of this training, referrals to the service have increased.

Improving Integrated Working

5.24 A key component of the whole family approach is to bring together services from different sectors to work more effectively together (for example adult services, children's services, the health and the voluntary sector). Here we discuss some of the approaches adopted by the young carer projects to develop joint working across services, including:

- joint planning and commissioning;
- providing training to improve communication between key partners.

Joint Planning and Commissioning

5.25 Joint planning can make services more flexible and responsive to the needs of all family members, whilst joint commissioning can be cost effective in reducing possible duplication across services.

> *"Improved strategic collaboration can lead to a more efficient use of limited resources and can help manage the shift across systems from crisis to prevention." (Social Exclusion Task Force, 2008*[35]*)*

[35] Social Exclusion Task Force (2008). *Think Family: Improving the Life Chances of Families at Risk.*

5.26 The projects in Reading and Sunderland have successfully built strategic links across adult and children's services. This has resulted in changes to how services are planned and delivered in order to provide family focused support. **Figures 5.3** and **5.4** provide examples of these approaches.

5.27 Furthermore, in Reading there has been a particular focus on embedding young carer support into mainstream and targeted service provision, rather than operating separate provision, which can run the risk of creating a 'young carer silo'.

> *"We really wanted to make sure this way of working was embedded into teams, so they owned it." (Strategic Manager)*

5.28 The local authority has therefore placed family support workers with responsibility for young carers into pre-existing locality teams, which include a wide range of professionals, such as social workers, education welfare officers and health visitors. The local authority believes that this has given professionals exposure to how young carers can be supported, and raised the understanding of young carers across services. In turn, professionals are thinking more about advice and guidance for families on how to reduce young carer roles.

> *"We are helping people to understand the wider definition of young carers." (Strategic Manager)*

Figure 5.3: Joint Planning and Commissioning in Reading

The Young Carer Project strategic lead has met with adult service managers to discuss how services can be planned more effectively. As a result of these discussions, the strategic lead now sits on the parenting substance misuse panel. This has created a series of opportunities that have led to an increased understanding of other agencies and the development of joint working:
"*It's not that these conversations and plans weren't happening before, it's that these conversations weren't happening together. The Pathfinder has meant I have gone to other providers and we're having these discussions together, rather than in isolation."* (Strategic Lead)

For example, the substance misuse team raised the issue at the parenting substance misuse panel that some adults were unable to attend treatment because they needed access to crèche facilities, which the service did not have the resources to provide. The strategic lead was able to link the service with crèche facilities that were already available within children's services. This has meant that adults previously unable to access services because of childcare issues have now been able to do so.

In addition, family support workers from the young carers' project and practitioners from the Drugs and Alcohol Action Team (DAAT) both raised concerns about adults being able to store their medication in a safe place out of reach of their children. The young carer project and the DAAT team jointly pooled resources to provide families with drugs storage boxes, and advice and guidance on safely storing drugs.

The commissioning teams from both adult and children's services are now undertaking an audit of all provision to see what joint commissioning arrangements

Figure 5.3: Joint Planning and Commissioning in Reading

can be made across services.

The joint working and commissioning has also been facilitated by wider whole family working developments at a strategic level. The creation of a '*Think Family Steering Group'* and the active participation of strategic leads from across the LA (such as the Head of Adult Services and the Head of Children's Social Care) has helped overcome barriers to joint working. It also sends the message to other managers and strategic leads that there is an expectation that joint working will take place:

> "*Senior buy-in and recognition is necessary. You need a Senior Champion to galvanise support. It's not something that can be driven solely at an operational level.*" (Strategic Lead)

Figure 5.4: Joint Working with Adult Mental Health in Sunderland

The young carers' project knew that they had to engage adult services more effectively in order to improve the identification of young carers. They wanted all services to develop clear protocols for identifying young carers and for all staff within services to be actively engaged in this process. The mental health trust has been the first to commit to this approach and are piloting family focused support. Project staff have met the manager and head nurse on one of the mental health wards on a number of occasions to develop an understanding of each other's service and family needs. This has led to the piloting of a family room on one of the wards. This means that anyone being brought onto the ward can have an allocated time to invite family members in and a nurse will talk to them about other services available to support the whole family. This approach will pay particular attention to families with children and young people and inform them of the carers' centre. Young carer project staff will be available to go in and talk to any family who would like additional information about the service they provide. Young carers aged 16 to 25 will be involved in updating the information available in the room for families and young carers and providing additional information via the notice boards. They will also feedback on improvements that they feel could be made for young people visiting families on the ward. If the pilot is successful it will be rolled out onto all the wards.

5.29 In some areas the Memorandum of Understanding, *Working Together to Support Young Carers,* has been an effective tool to facilitate the development of joint protocols (see **Figure 5.5**). However, in other areas there is still a lack of awareness of the Memorandum and how it can be used.

Figure 5.5: Using the Memorandum of Understanding to Facilitate the Development of a Joint Protocol in Cornwall

In Cornwall the Children's and Families' Directorate, the PCT and Adult Social Care have signed up to the Memorandum of Understanding *Working Together to Support Young Carers*. At a strategic level this signing was felt to have been critical in developing strategic approaches to supporting young carers, as the MoU acted as

both a useful leverage and guidance tool. As a leverage tool, it created accountability to support for young carers within the LA and ensured they were 'kept in mind' by senior leaders. As a guidance tool, it helped the LA understand what they should be aiming for and the MoU has been used as a framework to develop a Young Carers' Strategy, the first time one has been developed in Cornwall.

"People treat the Memorandum seriously. It's something tangible to which we can hold each other to account." (Strategic Lead)

Highlighting the needs of young carers and the actions all services needed to take to address these needs, helped encourage the buy-in of key strategic partners and facilitated their sign up to the Memorandum. This included undertaking a needs assessment and raising awareness of young carers during the development of the Carers' Strategy.

Providing Training to Improve Communication between Key Partners

5.30 Joint working requires effective communication and cross-agency support. Staff need to be able to refer young carer families to a range of different services; share information on family need; and review families' progress with the support on a regular basis.

5.31 Managers from the young carer projects felt that cross-service communication can be hindered by a lack of staff awareness:

- **family issues outside their own service remit and how to address them effectively; and**
- **the processes and systems that operate within other services and agencies.**

5.32 This can make staff feel uncomfortable in engaging with, and supporting, wider family members and may lead to a misinterpretation/misdiagnosis of need. A lack of awareness of the support available from other services means referrals may not always be appropriate and limited awareness of referral mechanisms can make appropriate referrals more difficult. Moreover, the different language and terminology used by different services and agencies can make it difficult for practitioners to accurately communicate and plan effective support for a family.

5.33 In Blackburn, Gateshead, Islington and Reading the young carer projects have focused on improving communication between services by organising training for practitioners. Gateshead and Islington have focused on developing LA wide training programmes. Gateshead has developed an 'Integrated Working Training Directory[36]' available for all agencies within adult and children's services as well as the voluntary sector, which provides training on family focused and integrated working. In Islington, LA wide training has been delivered to a range of practitioners (including health staff, child and adult social workers, health and social care staff within prisons and a range of voluntary agency staff) on how parental mental health impacts on children.

5.34 In Blackburn, a service manager from adult social care was invited to speak to the young carers' team about operational processes within adult services, particularly the 'Personalisation Agenda'[37]. In Reading the young carers' project commissioned training from drug and alcohol workers for the team on the type of support available to adults with substance misuse issues.

5.35 Staff noted that the training has impacted on the support provided by practitioners in four key ways:

- **practitioners are more comfortable supporting and engaging with wider family members:**

  "Coming from a youth work background for example, and then being told to help a parent with mental health problems is difficult. Staff were apprehensive as to how effective they would be at helping families. Now they realise that you don't need to be an expert to engage and help; you need to be understanding and a good listener to help the parent feel relaxed." (Young Carers' Service Manager)

- **practitioners have a better understanding of family issues outside their own service remit** and are able to identify additional needs and respond appropriately;
- **practitioners have an increased understanding of what support is available from other services**, which has enabled them to make more appropriate and targeted referrals, thereby allowing them to draw in additional support for young carer families;
- **practitioners have a better understanding of how support is organised and delivered within other services**, which means that more effective packages of support can be planned with staff from other services.

[36] For further information see York Consulting, 2010. *Think Family Pathfinders: Research Update.* DCSF-00140-2010

[37] The Personalisation Agenda is a form of person-centred planning and self-directed support within adult social care, whereby service users have control over what type of service they purchase and from whom. For further information see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115175

Summary

5.36 The Pathfinder funding provided young carer projects with additional resource to undertake awareness raising activity with a range of services and agencies, and this has been effective in increasing the identification of young carers. This does, however, present projects with the challenge of how they respond to the increased demand for their services.

5.37 Progress has also been made in embedding family focused approaches in some areas. However, there have been challenges in engaging some key agencies and achieving authority wide change (this will be explored further in our final report).

5.38 Achieving wholescale systems' change is a significant task and one that has presented challenges for the young carer projects. Project managers have argued that such a task cannot be achieved by service managers alone, and requires strategic direction from senior local authority managers. However, some projects have struggled to access and influence strategic decision makers, (especially those projects that are delivered by voluntary agencies and are further distanced from the local authority), particularly at a time when strategic decision makers have to prioritise responding to the financial difficulties currently faced by LAs.

6 CONCLUSION

6.1 The key element of family focused support for families with young carers is providing support for the whole family to reduce the impact of inappropriate levels of caring on children and young people. The young carer projects have focused on achieving this at four levels: delivering packages of support for the whole family; changing workforce delivery; increasing identification of young carers and developing strategic change.

6.2 At the family level, services are extending the support they offer to families to include the whole family as well as the young carer, including family group conferencing, providing parenting support, positive activities for the whole family and drawing in support from other services. At the workforce level, new models of whole family working for practitioners are being developed that include whole family assessments, Team Around the Family approaches and integrated working. At the strategic level, areas are raising the awareness of young carers within other services and facilitating joint working across agencies.

6.3 Interviews with strategic leads, project managers, practitioners and families, as well as analysis of the impact of the support, all highlight the benefits a whole family approach can provide in supporting young carer families. Interviewees report improved identification of young carers; a greater understanding of the causes of the young carer role; and a stronger integration of services to support the family. Whilst it is too early to assess the overall impact of this approach, analysis of the impact on the initial set of families highlights that it is contributing toward lifting young carers out of inappropriate caring roles.

6.4 However, developing the whole family approach has not come without its challenges. In particular, projects are struggling to influence change at the strategic level and engage all services in adopting integrated working, with some agencies reporting they do not have the resources to engage in family focused support. Consequently, LA-wide early intervention systems that prevent inappropriate caring roles are yet to be fully established. More information regarding the challenges areas have faced will be provided in the final Family Pathfinder Evaluation Report in Spring 2011.

6.5 The main challenge facing the young carer projects will be sustaining the whole family approach beyond the Pathfinder funding, which ends in March 2011. Local authorities involved in the Pathfinder programme reported that they believed the financial uncertainty following the Comprehensive Spending Review has made it difficult for local authorities to plan the future of services. This has meant that, at the time of publication, many young carer projects are still uncertain about their future position. However, the approach adopted by the Pathfinders has a strong fit with the national campaign to turn around the lives of families with multiple problems[38], and therefore the young carer projects should fit well with future work to support families. Evidencing the impact of the whole family approach, and how the projects fit with future policy, therefore needs to be a priority for the projects. The projects' progress in raising the awareness of young carers and increasing referrals from other services will also provide them with the challenge of how they respond to the increased demand for their services.

[38] http://www.number10.gov.uk/news/speeches-and-transcripts/2010/12/speech-on-families-and-relationships-58035

7 CONTACT DETAILS

7.1 If you would like further information about local approaches in these areas, please contact the individuals below.

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ANNEX A:
Family and Individual Risks on Entry And Exit

Table A1.1: Family Level Risks on Entry and Exit										
				RISK ON ENTRY			RISK ON EXIT			
Concern	% of families on entry	% of families on exit	% reduction	Low	Medium	High	No longer a risk	Low	Medium	High
Group A										
Relationships between family members (n=62)	54	40	26%	40%	48%	11%	26%	47%	16%	11%
Boundary setting (n=37)	32	25	22%	24%	51%	24%	22%	38%	35%	5%
Employment (n=38)	33	31	8%	24%	24%	53%	8%	29%	29%	34%
Housing tenure (n=22)	19	10	50%	36%	36%	27%	50%	27%	14%	9%
Supervision of children (n= 23)	20	17	17%	26%	30%	43%	17%	48%	22%	13%
Average	*32%*	*25%*	*25%*	30%	38%	32%	25%	38%	23%	15%
Group B										
Family violence (n=39)	34	18	49%							
Family support networks (n=44)	39	22	43%							
Family debt (n=20)	18	12	30%							
Overcrowding/poor living conditions (n=26)	23	13	42%							
Stimulating environment (n=26)	23	9	62%							
Parents' engagement in child's education (n=27)	24	12	48%							
Average	*27%*	*14%*	*46%*							

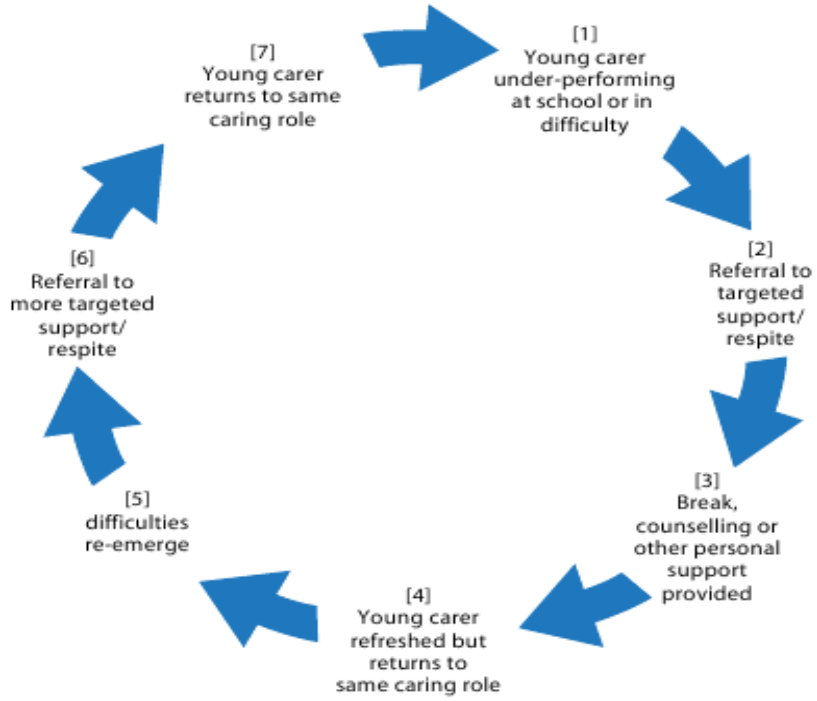
Total families = 114

Table A1.2: Individual Level Risk on Entry and Exit										
				RISK ON ENTRY			RISK ON EXIT			
	% of group on entry	% of group on exit	% reduction	Low	Med	High	No longer a risk	Low	Med	High
Group A										
Health and wellbeing (adults and children - 456)										
Emotional mental health (n=119)	26	20	25%	43%	39%	18%	25%	47%	17%	11%
Psychological mental health (n =44)	10	8	20%	48%	20%	32%	20%	50%	18%	11%
Engagement with health professionals (adults only - 208) (n=15)	7	5	33%	33%	33%	33%	33%	20%	33%	13%
Alcohol issues (n=28)	6	4	25%	39%	21%	39%	25%	32%	7%	36%
Drugs issues (n=26)	6	4	35%	50%	19%	31%	35%	31%	15%	19%
Chronic health condition (n=50)	11	8	30%	38%	34%	28%	30%	30%	14%	26%
Personal hygiene (n=29)	6	5	14%	52%	17%	31%	14%	34%	38%	14%
Offending (adults and children)										
Offending (n=17)	4	2	47%	12%	35%	53%	47%	6%	6%	41%
Anti-social behaviour (n=9)	2	1.5	22%	44%	33%	22%	22%	67%	11%	0%
Personal development /safety (adults and children)										
Management of daily tasks (n=76)	17	12	26%	32%	37%	32%	26%	41%	16%	17%
CHILD ONLY CONCERNS (children - 248)										
Education										
School attendance (n=49)	20	12	39%	43%	35%	22%	39%	29%	29%	4%
Educational attainment (n=36)	15	12	19%	53%	42%	6%	19%	56%	19%	6%
Engagement in learning (n=39)	16	11	28%	21%	62%	18%	28%	33%	33%	5%
Family Functioning										

Table A1.2: Individual Level Risk on Entry and Exit										
				RISK ON ENTRY			RISK ON EXIT			
	% of group on entry	% of group on exit	% reduction	Low	Med	High	No longer a risk	Low	Med	High
Caring responsibilities impacting negatively (n=124)	50	30	40%	44%	35%	21%	40%	42%	11%	7%
Development, Health and Wellbeing										
Communication milestones (n=8)	3	3	13%	88%	13%	0%	13%	88%	0%	0%
Physical goals (n=5)	2	2	0%	20%	20%	60%	0%	40%	60%	0%
Emotional goals (n=27)	11	8	26%	59%	33%	7%	26%	48%	22%	4%
Cognitive goals (n=8)	3	3	0%	50%	50%	0%	0%	88%	13%	0%
Teenage parent (n=4)	2	2	0%	100%	0%	0%	0%	100%	0%	0%
Peer relationships (n=46)	19	10	43%	46%	28%	26%	43%	30%	15%	11%
Group B										
Safety and Engagement (adults & children – 456)										
Racial harassment (n=7)	2	1	29%							
Other harassment (n=17)	4	2	59%							
Personal safety (n=70)	15	9	41%							
Children only (248)										
Engagement in activities outside the home (n=97)	39	13	66%							
NEET (n=1)	0.4	0.4	0%							
Bullying (n=22)	9	2	73%							

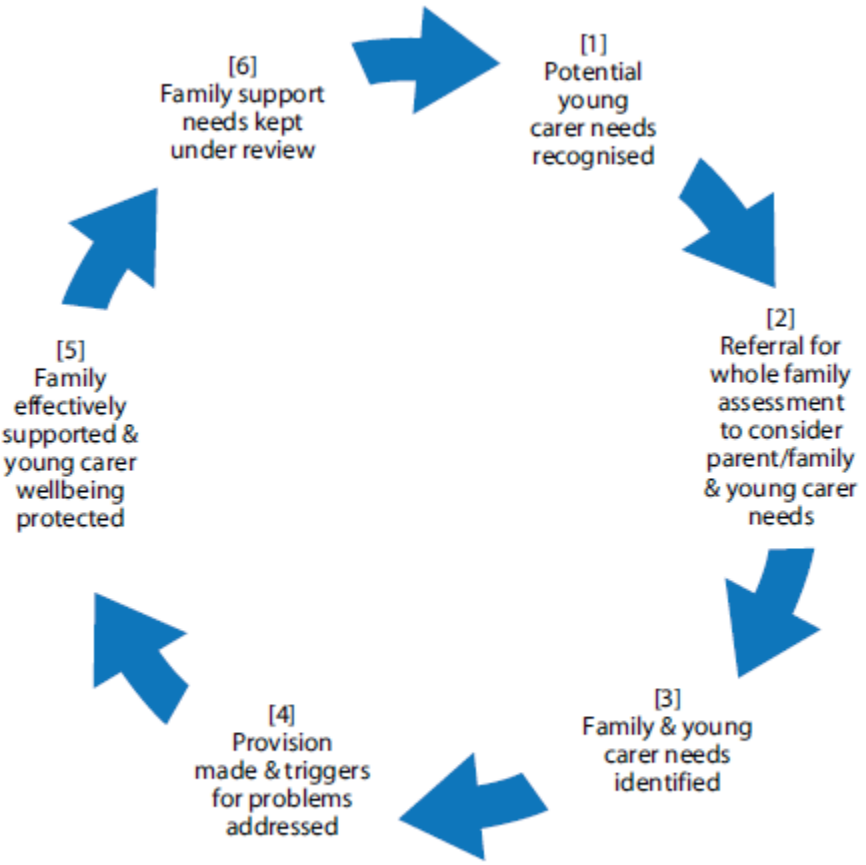
ANNEX B:
Improving Support for Young Carers

Figure B1: Young Carer Supported in Isolation: Pattern Which Can Emerge



Source: Think Family Toolkit: Improving Support for Young Carers [online]. Available at: http://publications.education.gov.uk/eOrderingDownload/Think-Family09.pdf

Figure B2: Virtuous circle: A Whole Family Approach



ANNEX C:
Family Leaflet – Telford and Wrekin

Becoming an adult is a very challenging part of our lives. Along with these challenges, Young Carers may experience further difficulties...

"I would like to go to college but don't have the time"

"I would like to move out, but what will happen to Dad?"

"I can't go out and socialise like my friends do. I have to stay at home to look after my Gran"

"How am I going to get a job that fits in with my caring role?"

Is there more support out there for me and my family?

How can we help you?

Providing activities for young people aged 16 years and over.

Putting you in touch with other young carers your age.

Support searching for college / university courses and applying for EMA / Student loans and grants.

Someone to talk to, individual support 1:1.

Advice and guidance with looking for jobs.

Putting you in touch with other agencies and organisations that will offer you support.

If you are a Young Carer who is aged 16 years or over, the Transition Worker at Telford and Wrekin Young Carers Service could help you and your family through your transition into adulthood.

what is young carers family pathfinder?

The Young Carers Family Pathfinder can offer intensive support for the whole family by ensuring all services work together so that each family can achieve their own positive outcomes....

The Young Carers Family Pathfinder project is based on the "Think Family" approach. This allows services to take a whole family approach to secure better outcomes for everyone.

The young carer and their 'cared for' will be experiencing significant problems.

who are these young carers?

Children and young people aged 5-18 years who care or help to care for somebody with:

- Physical Disability
- Mental health issues
- Substance / Alcohol misuse
- Chronic / Long Term illness

who do they care for?

It could be:

- A parent
- A grandparent
- A brother / sister
- Another adult relative

young carers may have problems with;

- School / College attendance
- Homework / Coursework
- Their own well-being
- Being bullied
- Meeting / going out with friends
- Talking about their caring role

how can we help your family?

Working with other agencies and organisations to ensure you all receive appropriate support.

Providing a wide range of positive activities for your family.

Supporting your family's social and emotional well-being.

Set up a Young Carer's Family Forum to give you a voice in Telford & Wrekin.

Arrange focus group sessions for Young Carers within the family.

Parenting support.

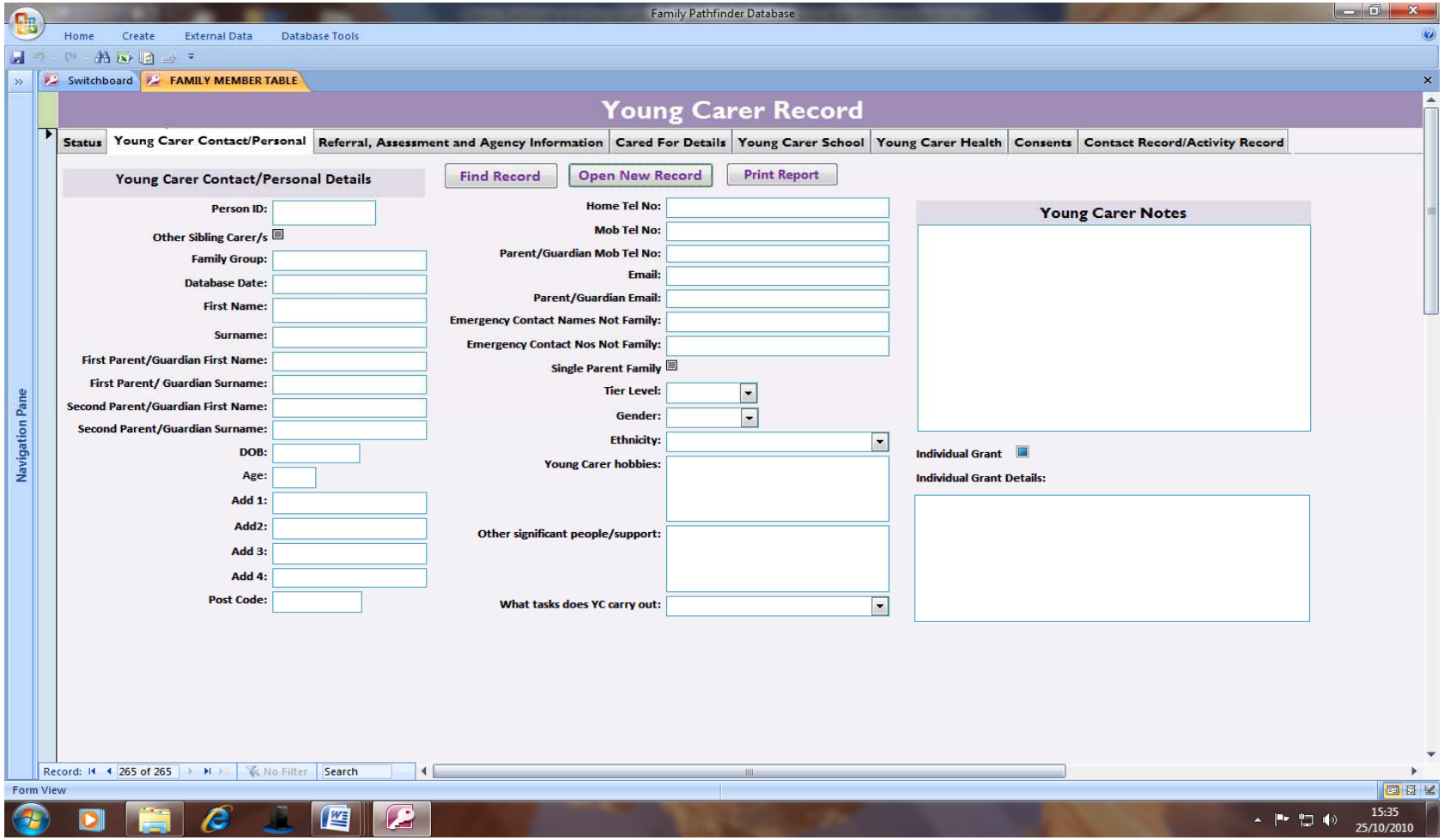
Ongoing family support through a Befriending Scheme.

ANNEX D:
Telford and Wrekin's Assessment Forms

The Telford and Wrekin young carer project uses a series of assessment forms to build up an understanding of each family member, including a parent's assessment, a young carer's assessment, referral form information, and information shared by other agencies. All the information is fed into a database which provides practitioners with a full and comprehensive picture of the whole family (see **Figure D1**).

Pathfinder staff feel this approach has made a real difference to the effectiveness of the support provided for families as staff have a better understanding of families' needs and are able to draw in a broader range of support for the families as a result.

Figure D1: Telford and Wrekin Family Database



ANNEX E:
Blackburn Whole Family Assessment

Think Family Pathfinder
Young Carers and Family Initial Assessment

Name of YP:	**School:**
DOB:	**School Yr:**
YC Ref:	**SEN:**
Staff Ref:	**Attendance**

Date of Assessment:
CAF Ref if Active CAF is open:
Lead Professional and contact details:
OR - Social Care Level:

Name of Person being cared for:
Relationship to young person:
Nature of Illness/disability:

Other Significant members in the household:

What is the role of the young person in providing support to the above? **Estimated total hours of caring each week (including emotional and physical care)**

Other agencies / professionals involved with the family (tick if currently working with the family)			
Agency	**Name**	**Telephone No.**	☑

Young Carers Information

Does the Young Person appear to be:

- **Healthy?** (Comment on Physical, Emotional, sexual and Mental Health as well as any use of drugs, alcohol or other substances)

- **Safe from Harm?** (Comment on safety from neglect, abuse, if victim of bullying, crime or discrimination)

- **Learning and Developing?** (including social development, involvement in school and extra curricular activities, positive/negative role models)

- **Having a Positive Impact on Others?** (Comment on peer relationships and behaviour in school, home and community)

- **Free from the Negative Impact of Poverty?** (Financial, Material, Impact of Poverty, Home Environment, income etc.)

**The outcome of this assessment is based upon the experience and the professional judgement of the Young Carers Project staff, and certain factors have been taken into account, in order to determine 'substantial' care:*

- *Whether the young person's caring role is just age appropriate;*
- *Whether a young person is providing physical care or emotional support or even both, and as to what impact that is having.*
- *Whether a young person is affected by the parents/carers situation or disability but not providing a significant caring role;*
- *Whether without support a young person will not achieve the Every Child Matters outcomes*
- *What other support is in place for the young person*

Outcome of Assessment:

Assessment undertaken by:
Role:
Date:

Sibling Information

Have you identified any additional concerns for the child's / young person's siblings that live within the family home? (Please identify names/dates of birth for each sibling and identify any concerns that you may have at this initial assessment stage – do any of the siblings undertake any caring tasks?)

*****Any family member aged 11 or over should complete a FAD questionnaire*****

Name: **Gender:** **Age:** **DOB:** **School:** ***Health, Safety, Positive Contribution, Enjoy and Achieve, Economic Well Being:***
Name: **Gender:** **Age:** **DOB:** **School:** ***Health, Safety, Positive Contribution, Enjoy and Achieve, Economic Well Being:***
Name: **Gender:** **Age:** **DOB:** **School:** ***Health, Safety, Positive Contribution, Enjoy and Achieve, Economic Well Being:***
Name: **Gender:** **Age:** **DOB:** **School:** ***Health, Safety, Positive Contribution, Enjoy and Achieve, Economic Well Being:***

Parent / Family Information:

What are the identified needs of the parent/s within the family?

(parent/carer 1) **Name of Parent / Carer:** **DOB:** **Contact Telephone Number:** **Address (if different from young carer):** **Doctor:** **Known to Adult Services:** **If yes, contact name and details:**
(parent/carer 2) **Name of Parent / Carer:** **DOB:** **Contact Telephone Number:** **Address (if different from young carer):** **Doctor:** **Known to Adult Services:** **If yes, contact name and details:**

- **Health Needs** (Physical, Emotional and Mental Health, Self Care Skills etc.)

High level of need/support — 0 1 2 3 4 5 — Low level of need/ well supported

(parent/carer 1)	SCORE
(parent/carer 2)	

- **Accommodation/Housing Needs**

High level of need/support — 0 1 2 3 4 5 — Low level of need/ well supported

(parent/carer 1)	SCORE

(parent/carer 2)	

❖ **Employment, Education and Training Needs**

High level of need/support

0 1 2 3 4 5

Low level of need/ well supported

(parent/carer 1) **NEETV (Not in Employment, Education, Training or Volunteering)** **Yes** **No**	SCORE
(parent/carer 2) **NEETV (Not in Employment, Education, Training or Volunteering)** **Yes** **No**	

❖ **Financial Needs** (Financial, material, impact of poverty, home environment, income etc.)

High level of need/support

0 1 2 3 4 5

Low level of need/ well supported

(parent/carer 1)	SCORE
(parent/carer 2)	

❖ **Parenting Capacity** (meeting the care needs of the child / young person, ensuring safety, guidance and boundaries, stability, stimulation, education and learning)

High level of need/support

0 1 2 3 4 5

Low level of need/ well supported

(parent/carer 1)	SCORE
(parent/carer 2)	

- **Family and Social Relationships** (cultural, identity, attachments, emotional warmth, resilience factors, strengths, support network, extended family members for FGCs)

High level of need/support

0 1 2 3 4 5

Low level of need/ well supported

(parent/carer 1)	SCORE 3
(parent/carer 2)	

Any family member aged 11 or over should complete a FAD questionnaire*

FAD results to be analysed as part of overview, and analysing of information*

Practitioners' analysis of Assessment:

FAD questionnaire outcomes:
Strengths (resilience factors examples: good attachments; good self esteem/self image; sociability; emotionally healthy; supportive adults/relationships; problem solving skills; positive parenting / extended family network)
Vulnerability Factors (Risk factor examples: poor attachments; low self esteem/self image; isolated; feelings of depression/stress; negative relationships; communication difficulties; negative parenting; disability; history of abuse)
Overall outcome of Family Assessment: (to include information on YC, siblings, family, FAD questionnaires and scaling questions)

'Take 5' with Manager:

Manager's Comments: **Manager's signature:** **Date:**

FWB PRACTITIONER TO REVISIT FAMILY TO GIVEN ANALYSIS AND COMPLETE FAMILY INTERVENTION PLAN (within 1 week)

Signatures:

Parent/Carer:	Date:
Young Carer:	Date:
YC Staff:	Date:
YC Manager:	Date:

For Office Use Only:

	Yes ☑	No ☑	Details
Active CAF			
Accepted onto project			
Referred to other agency			
Letter sent to family:			
Letter sent to referrer:			
Information passed to CXL:			
Health Assessment check request sent to school nurse:			
Information added to database:			
FGC to be arranged:			
Mother – NEETV? (Add information to database)			
Father – NEETV? (Add information to database)			

Young Carers, Siblings and Family Intervention Action Plan

Name of Family: **Date of plan:**				
Young Carer/s intervention plan:		**Names of Young Carer/s:**		
Assessment	**Agreed Area of Assessed Need**	**What does the Young Carer/s want to achieve or change?** (What are their goals?)	**What Actions need to be taken by Y/C, family or TF practitioner?**	**By Whom?** **/** **By When?**
Be Healthy				
Stay safe				
Enjoy and Achieve				
Making a positive contribution				
Achieve economic well-being				

Sibling Intervention Action Plan **Names of siblings:**				
Assessment	**Agreed Area of Assessed Need**	**What do the siblings want/need to achieve or change?** (What are their goals?)	**What Actions need to be taken by Y/C, family or TF practitioner?**	**By Whom?** **/** **By When?**
Be Healthy				
Stay safe				
Enjoy and Achieve				
Making a positive contribution				
Achieve economic well-being				

Parent Intervention Action Plan **Names parent/s:**						
Assessment	**Agreed Area of Assessed Need** *Original score*		**What does the parent/s want to achieve or change?** (What are their goals?) *Score they would like to achieve*		**What Actions need to be taken by Y/C, family or TF practitioner?**	**By Whom?** **/** **By When?**
Health Needs						
Accommodation / Housing Needs						
Employment / Training/ Education Needs (Are the parent/s NEETV? (Amend information to database if applicable)						
Financial needs						
Parenting Capacity						
Family and Social Relationships						
Signed by Young Carers TF Practitioner:				Date:		
Signed by Parent/Carer:				Date:		

Signed by Young Carer:	Date:

Young Carers, Siblings and Family Intervention Review Plan

Name of Family: Date of plan:				
Young Carer/s review: Names of Young Carer/s:				
Assessment	**Agreed Goals:** **What did the Young Carer want to achieve or change?**	**What is the outcome of this goal/s**	**Is further action/support needed by the Y/C, family or FWB practitioner?** **Place on new Intervention form if applicable**	**By Whom? / By When?**
Be Healthy				
Stay safe				
Enjoy and Achieve				
Making a positive contribution				
Achieve economic well-being				

Sibling review Plan **Names of siblings:**				
Assessment	**Agreed Goals:** **What did the sibling/s want to achieve or change?**	**What is the outcome of this goal/s**	**Is further action/support needed by sibling/s, family or FWB practitioner?** **Place on new Intervention form if applicable**	**By Whom?** **/** **By When?**
Be Healthy				
Stay safe				
Enjoy and Achieve				
Making a positive contribution				
Achieve economic well-being				

Parent review Plan **Names parent/s:**						
Assessment	**Agreed Goals:** **What did the parent/s want to achieve, and what do they feel they have achieved?** (Desired score from action plan)		**How far have the parent/s moved towards this goal being achieved?** (Review score)		**Is further action/support needed by the parents or FWB practitioner? If so continue with new Intervention form**	**By Whom?** **/** **By When?**
Health Needs						
Accommodation / Housing Needs						
Employment / Training/ Education Needs. (Are the parent/s NEETV? (Amend information to database if applicable)						
Financial needs						
Parenting Capacity						

Family and Social Relationships						

Qualitative Information:

Through the Think Family Pathfinders Processes:

Please tick ✓	**Yes, a big difference**		**Yes, some difference**		**Not Really**		**No**	
	Parent	YC	Parent	YC	Parent	YC	Parent	YC
Has the caring role of the young carer reduced over the last 3 months?								
Has there been an increase in school attendance?								
Have you had increased access to support services, i.e. children's and adult's?								
Do you think the family relationships have improved?								
Do you feel that you now have more confidence, self esteem and well being?								
Do you think the Think Family approach to supporting families has made a positive difference?								
Do you feel that the support offered has increased the family's stability and resilience?								

*****Staff to input this data onto the YC database (under 'YC Questionnaire')***

What difference do you feel the Young Carers Think Family Pathfinder has made to you and your family as a whole?

Future agreed goals and actions (ongoing goals can be included in this – please keep same goal number)
***** Complete new Intervention Form***

Level Change (if applicable):	From: To:
Next 12 week review date due:	
Close date (if applicable):	

Signed by Young Carers TF Practitioner:	Date:
Signed by Parent/Carer:	Date:
Signed by Young Carer:	Date:

Signed by Y/C project manager……

Case passed to: (if applicable)……..Date: ..……..

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