

# Merton Young Carers Multi-Agency Strategy 2019 – 2022



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**Merton Young Carers Strategy**  
**2019 – 2022**

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## Introduction

Children and young people who are carers have the same rights and access to the same opportunities as all children and young people. They should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods.

Young Carers tell us that they are proud of their caring role and value the contribution they are able to make in their families and to wider society. They also find their caring role rewarding, bringing emotional and psychological benefits, but their caring role can equally place a great strain on their lives.

Young carers in Merton are proud of their caring role and responsibilities, but they also do not want to add any additional pressure to their parents by worrying them about the impact their caring role can have on their lives. Young carers in Merton have asked us to make sure that professionals provide opportunities to actively seek their views, listen to their stories and help them get the support they need; for themselves and for the person or people for whom they care. This strategy is about enabling this to happen.

Children and young people, however, become carers because someone in their family has a significant care need due to disability, poor mental or physical health or substance use. Some young carers take on a level of responsibility that no child should be expected to undertake. This, in turn, can have adverse effects on their education, their own health and well-being and restrict their opportunities to engage in social activities enjoyed by children who are not carers.

This strategy sets out how Merton council, and its partners will bring about improvements in the way services work together to identify, assess and improve outcomes for young people with caring responsibilities. This strategy builds on the priorities of the Merton Safeguarding Children's Board (MSCB) to 'Think Family' in its collective partnership approach to fostering positive outcomes for children and young people. It also forms our collective response to lessons drawn from Serious Case Reviews, including our own local example.

The priorities for change, identified within this strategy, have first and foremost been developed through listening to the voice of our local young carers and are agreed by the range of agencies and professionals that work with children and families across the health, education, social care and voluntary sector. The strategy sets out what actions will be taken to achieve our priorities and identifies the resources to meet these.

## National Context

**Prevalence:** There are estimated to be almost 166,000 young carers<sup>1</sup> aged 5 to 17 in England according to the 2011 census<sup>2</sup>, though estimates from other general surveys<sup>3</sup> suggest there may be as many as 700,000, which is one young carer for every 12 secondary aged pupil.

The most recent national survey conducted across England on young carers by the Department of Education reveals that most of the young carers were caring for someone inside the home, of these over half (55%) were caring for their mother and a quarter were caring for a sibling. The younger carers (aged 5 to 11) were most likely caring for a sibling, while older children (aged 16 to 17) were most likely caring for their mother. A small number of young carers were caring for a grandparent, or sibling that they did not live with.

**Types of caring:** Parents reported, through this survey, that the kind of tasks carers were undertaking included cooking, cleaning, paperwork and helping with household chores. Caring responsibilities also increased with age. One in four carers were providing nursing care and over half (57%) also provided emotional support. Those caring outside the home were less likely to be undertaking nursing care (11%) but were providing similar levels of practical and emotional support including one quarter of 5 to 11 year olds helping in this way. Young carers were also often helping with physical tasks such as lifting or carrying heavy items. In terms of hours of care provided, over half provided up to an hour of care per day during the school or college week and one in seven (14%) were providing up to four or more hours of care each day, rising to 26% at the weekends. This represents a substantial amount of caring hours provided by young carers across the country. McIntyre (2010) usefully categorises the types and levels of care young carers may undertake:

CATEGORY	RESPONSIBILITIES
High care 'high'	Helping an adult or sibling with additional needs to dress/undress
	Helping an adult or sibling with additional needs in and out of bed/wheelchair
	Helping an adult or sibling with additional needs to bathe or shower
	Helping an adult or sibling with additional needs to use the toilet
Low care 'low'	Making sure an adult in the house is taking the medication they need
	Keeping an adult or sibling with additional needs company by reading to them, talking to them etc.

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<sup>1</sup> The definition of a young carer is taken from section 96 of the Children and Families Act 2014: '...a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).'

<sup>2</sup> The Lives of young Carers in England, Omnibus survey report (2017) Department for Education.

<sup>3</sup> <http://www.bbc.co.uk/news/education/11757907>

	Ensuring an adult or sibling with additional needs in the house is safe by watching them or listening in the night
	Accompanying an adult or sibling with additional needs to appointments, shopping etc.
	Helping an adult or sibling with additional needs to communicate
<b>General responsibilities</b>	Respondents who reported having caring responsibilities but who do not fill the criteria for 'high' or 'low' caring <sup>4</sup>

**Impact of caring:** Just over half (55%) of parents reported that their child had been absent from school at least a few times in the last year, compared with one third of non-carers and 12% were aware that their child had fallen asleep at school at least a few times in the previous 12 months. Parents also reported that their child was less likely to be 'in very good health' than those whose children were not caring.

In comparison to young people who do not have a 'defined' caring role parents of young carers were significantly more likely to report that their child was bullied, with the greatest difference among 16 to 17 year olds for whom 16% considered their child was being bullied compared to 4% of those the same age who were not carers.

When asked directly about their experience at school one in ten young carers aged 11 to 17 reported being late for school or college more than once a week and 5% had been absent from school more than once per week, 31% also reported that they had fallen asleep at school at least a few times in the preceding 12 months. Nearly one fifth (19%) of young carers aged 11 to 17 reported having trouble making friends compared to 12% of non-carers and 16% reported being bullied, compared to 3% of non-carers. Young carers also reported that they were less likely to have had fun 'a lot' and more likely to experience anger 'a lot' than their non caring peers. It is clear that young carers are taking on much higher levels of responsibility in the home than peers who do not have to provide care. For some, the impact of their caring role on their physical and mental health and well-being is considerable and without formal identification, assessment and support these could have profound long-term effects on their lives.

Furthermore a GP patient survey comparing long term illnesses in carers and non-carers found that long-standing health conditions were more common in the caring population. Carers significantly reported higher prevalence of arthritis, back problems, high blood pressure, long term mental health problems, asthma or long term chest problems than non-carers. Carers across the majority of age groups also reported pain or discomfort and higher levels of anxiety than those who did not report a caring role<sup>5</sup>.

<sup>4</sup>Adapted from McIntyre et al (2010), Everyone should learn about young carers, MCC Health & Wellbeing Overview and Scrutiny Committee, July 2010, [manchester.gov.uk/download/meetings/id/10021/9\\_young\\_carers&rct](http://manchester.gov.uk/download/meetings/id/10021/9_young_carers&rct)

<sup>55</sup> NHS England (2015) GP Patient Survey

**Identification and support:** More starkly, however, according to this survey, fewer than one in five (19%) were reported to have received an assessment of the child's needs by the local authority. Nearly two thirds (64%) were receiving no support, whether formal or informal, for their caring role. Of those who did receive help, however, the most common source of support was from a young carers' project, followed by their school or college.

## The Legislative Framework

The Care Act (2014) and the Children and Families Act (2014) consolidate previous legislation affecting young carers and require the development of an integrated response to the specific needs of young carers. Legislation now places the responsibility for identifying and supporting young carers on both Adults' and Children's Services.

The Care Act (2014) also introduces new obligations to young carers in transition to adulthood, including the requirement of adult services to provide transition planning for young carers who are likely to need support after becoming 18 years old. The Children and Families Act (2014) requires local authorities to take reasonable steps to identify young carers in their area, provide assessments for young carers under the age of 18, and identify whether caring responsibilities are appropriate. The Care Act (2014) requires local authorities to put in place a transition plan for young carers aged 16 –18. This key legislation refocuses the law around the person rather than the provision of a service, strengthening the need for a more integrated approach.

Working Together 2015 strengthens the emphasis on early identification, assessment and intervention. This reinforces the need for agencies to work together effectively to support families with young carers, developing a whole-family approach.

Through the Children and Families Act 2014 and Care Act 2014, the expectation is that when a child is identified as a young carer, the needs of everyone in the family are to be considered. Further detail enshrined in legislation is provided in appendix one.

## Our Vision for Young Carers

The key outcome of this strategy is to ensure that, through an integrated approach, young carers are identified, support needs are assessed appropriately and they receive support for their caring role, and are safeguarded against taking on inappropriate levels of responsibility. This approach is underpinned by a set of key principles that are drawn from the voice of Merton young carers and from Merton's 'Think Family' strategic approach:

- There are no ‘wrong doors’: young carers are identified and assessed, and their families receive support to prevent inappropriate levels of caring regardless of which service comes into contact with them first.
- Listening to young carers and their families through the use of child-centred approaches and holistic assessments is embedded into everyday practice and recognising that they are ‘experts’ on their situation.
- Young carers and their families are identified and supported earlier to prevent inappropriate levels of caring.
- The voice of young carers and their families informs strategic developments and commissioning.
- Young carers and their families have access to community resources through effective information, advice and support.
- Young carers identified as having a continuing caring role as they move into adulthood will be supported through that transition.

To ensure these principles are adhered to across our multi-agency partnership Merton has agreed to sign up to the ‘No Wrong Doors’ Memorandum of Understanding (MoU) as Issued jointly by the Association of Directors of Children’s Services, the Association of Directors of Adult Social Services, The Children’s Society and the Carers Trust (March 2015). The MoU forms the fundamental partnership agreement on which this strategy is based and its signed version is found in Appendix Two.

## Merton Young Carers

In Merton we recognise that the impact on children and young people may be related to additional duties such as housework, shopping and caring for siblings rather than actual caring duties. Therefore, our definition includes the following:

***“A person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, as part of a contract or as voluntary work). This relates to care or additional duties related to having a family member who has a physical disability, mental health need, learning disability, or who is affected by drugs, alcohol or other substance use”.***

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families. The key features for us are that the caring responsibilities persist over time and are important in maintaining the health, safety or day to day well-being of the person or family cared for. It is also recognised that young carers are likely to be providing care or assistance that is not formally recognised by them, their carers, or professionals involved.



The person receiving care is often a parent but can be sibling, grandparent or other relative who is disabled or has a chronic illness, mental health problem, or other conditions connected with a need for care (including drug and alcohol misuse), support or supervision.

In Merton, ONS estimates indicate that there are approximately just short of 1500 young people aged 0 to 24 in an unpaid caring role<sup>6</sup> with just over 400 aged 15 or under<sup>7</sup>. Of these, 80% (330) provide anything up to 19 hours of care each week; 13% (53 young people) provide 20 to 49 hours of care each week and 7% (29 young people) may be providing over 50 hours of care each week. If the research from the BBC is correct there could be as many as 4 times the number of young carers living in Merton than are currently identified. Merton young carers have estimated that there could be just over 2500 young carers in Merton aged up to the age of 17.

Support for young carers is currently offered in Merton from Carers Support Merton (CSM) providing confidential information, advice, advocacy, and support to any unpaid carer over the age of 5 years. Local monitoring data gathered to the end of March 2017 showed that over 600 young carers aged 5 to 17 were registered to the programme and the organisation was actively working with just over 200 cases. Young carers receive one-to-one support, workshop interventions, respite opportunities and advocacy support, many of whom receiving multiple interventions. At year end, CSM were working with 15 Young Carers who were subject to child protection plans and 30 who were recognised as children in need in accordance with section 17 of the Children's Act (1989).

The young carers project is part funded by the local authority, with additional funding coming from the voluntary sector itself. LA funding contributes to the funding of assessment and support of approximately 120 young carers each year.

## **Demography of Merton Young Carers**

**Gender and age:** Demographic data to end 2017 was captured for 206 unique young carers in Merton. While research generally indicates that Young Carers are often split equally between male and female active cases at year end, however, show a greater number of females to males in the current cohort (57% were female). This could indicate some gender bias from referrers who view girls as more likely to take on a caring role.

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<sup>6</sup> An unpaid carer is defined as: a person who is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. No distinction is made about whether any care that a person provides is within their own household or outside of the household, so no explicit link can be made about whether the care provided is for a person within the household who has poor general health or a long-term health problem or disability.

<sup>7</sup> <https://www.nomisweb.co.uk/query/construct/submit.asp?forward=yes&menuopt=201&subcomp=>.

The predominant age range of 8 to 13 for Merton young carers with a second peak at around 16. This demonstrating the additional difficulties Young Carers face around times of transition whilst maintaining a caring role. Shared challenges for the 16 year olds included stress around exam time and a requirement for support around transitioning to further education or employment.

**Ethnicity:** The 'Hidden from view' research suggests that BAME children are 1.5 times more likely to be carers. This is backed by our local data which shows that 60.7% of our active cases are with children who of non-white British ethnicity.

The case study below provides an example of how the project has helped young carers.

Zack, aged 10, cares for his mum who has depression and substance misuse issues. He is not aware of or fully understand his mother's condition and did not initially recognise himself as carer. Zack helps to tidy up around the house and comforts mum when she is feeling low, he misses out socially due to mum's health. Zack is subject to a child protection plan due to exposure to domestic violence between his parents, parental substance misuse and neglect of his basic care needs. Zack's mum has a history of poor engagement with support services which can further prevent Zack from receiving the support he needs.

As a result, CSM fostered a relationship with Zack's grandparents to develop a plan in partnership with Zack to enable him to engage in CSM workshops and activities. Zack now has a better understanding of his mum's health needs and has gained new friends through attending a peer support group run by Young Carers. His family support worker has also been able to bring Zack's voice into safeguarding meetings. Since his involvement in young carers began Zack's confidence and understanding of his role has grown immeasurably and he has recently taken part in research to raise awareness of the needs of young carers. Zack is now much more able to express himself while his mum has been able to take time out and reflect on her own well-being and is now consequentially more positively engaged within safeguarding decisions and agreements.

Evidence gathered from case studies throughout the year demonstrates the positive impact and value of young carers involvement with Merton Young Carers' project:

***Positive Impact for the Young Carer:***

- *Identification of positives and resilience factors. Improved confidence to raise concerns with parents and school.*
- *Increased attendance at school.*
- *Engagement in respite events and social activities.*
- *Access to housing equipment such as beds and soft furnishings.*
- *Improved interaction with peers.*
- *Enabled young carers to express own feelings and wishes.*
- *Celebrating achievements publicly through news letters.*
- *Enabling carers to participate in service development.*
- *Improved social skills and emotional well-being.*

Furthermore, families including siblings have also gained in a multitude of ways from engagement with the Merton young carers' project:

***Positive Impact for the family:***

- *Enabled parents to understand the caring role the young person undertakes and the impact it has on their own life.*
- *Improved communication between parent and child.*
- *Improved communication between home and school.*
- *Enabling families to spend quality time together.*
- *Support with accessing benefits and advice and disability support packages.*
- *Enabled support for siblings and reduced resentment between siblings.*

## **The Voice of Merton Young Carers**

Merton Young carers consulted during the development of this strategy told us they value the contribution they make to their family, they are very clear that they enjoy many aspects of their caring role. The experience has helped them to mature, grow their independence, as well as to learn valuable life skills. Many feel that caring has strengthened their family bonds.

However, young carers also identified negative aspects of their caring role, and it is nationally recognised that many young carers experience poor outcomes. This strategy therefore concentrates on actions to prevent young carers being involved in inappropriate caring and to offer the support they need to learn, develop and thrive and to enjoy positive childhoods and youth. More specifically Merton young carers wanted professionals to:

- listened to them;
- be enabled to access sources of support for them and their families;
- ensure that their own health needs alongside the health needs of their family were addressed;
- be able to access activities and opportunities enjoyed by their non-caring peers.

### **Merton Young Carers said...**

#### **Of Schools...**

Schools should be aware of the issues that young carers go through every day even if it is the parents' responsibility to help their children recover from these issues it is also the schools duty to motivate these young carers and make sure they achieve their assessments without any stress. The school should listen to them and try to advise them simultaneously. They might try to advise them to talk to their parents, however, if those young carers don't want to tell their parents to not worry them more then the school can inform charities like young carers for help and organise them into clubs to socialise. School staff should also inform the school nurse to check on their health because stress can cause an increase in adrenaline from the adrenal glands which can cause problems.

#### **Of Doctors and Nurses...**

All the doctors and nurses have to ensure that the young carers are in good shape just as the school nurse would do. Doctors can be pictured as the kindest people on earth in people's eyes because they take responsibilities with people's lives. Therefore, young carers can trust them enough to tell them their problems, the doctor can see if these situations affect the child's health and try to find a medical solution for them. Most importantly they should try to address the health issues of their special need family members; this will make the young carers feel comfortable and happy in life.

#### **Of Social Workers...**

The social workers have to listen to those young carers as well and provide their special need family members the right equipment and good carers to help those youngsters and their families. Social workers have to communicate politely and if there is a problem they should pay attention to what the young carers and parents say then inform the council to look for a solution as heroes.

#### **Of Charities and Voluntary Organisations...**

These types of charities like the Merton young carers organisation can handle these types of problems by listening to those children and talking to them, organising activities and trips to help them forget the harsh life they live in and to make sure that they are healthy and safe. There aren't any comments or complaints because a lot of children go there and I am one of them.

#### **Of Parents...**

Parents are the only people you could trust in this world. Only 3% of families care about money more than children but that doesn't mean that they don't love them. You could talk to them. You might not want to worry them but they wouldn't leave you to suffer in misery so talk to them; same thing is expected by parents they should listen to their children and make them smile.

**We are grateful to Carers Support Merton for their work with Young Carers, helping them to share their views.**

## Learning from the Child B Serious Case Review (2017)

B was 16 when she was seriously assaulted during the night by her Mother in Autumn 2015. The assault resulted in significant injuries. The Merton Safeguarding Children Board commissioned a Serious Case Review (SCR) to ensure that the lessons were learned from this case.

The SCR found that although B was quickly recognised to be a young carer, there was no thorough assessment of the significance of this role to B. Nor was there an assessment of the impact on B emotionally of her Mother's ill-health and what this might mean. B felt responsible for her Mother's care and in the latter stages mental health workers saw B as a carer, inappropriately. The review found in Merton Young carers are not always recognised as such; and when they are their needs are not always understood or attended to by the whole multi-agency system.

B's status as a carer was noted but not attended to with sufficient rigour. No proper assessment of B's needs as a young carer was done and at times Mental Health Services placed inappropriate responsibilities on B, given her age and vulnerability.

The Young Carer's Strategy (2013-2016) was not clear about responsibility for the commissioning of young carer's assessments, looking more to the provision of services, rather than identifying individual need. The review recommended a review of the Strategy and Protocol.

## Strategic Priorities

### Cross Cutting Theme

#### **Partnerships and Process – 'Think Family'- a Whole Family Approach.**

Research shows that consistently the first priority stated by young carers themselves is for better care and support for the cared-for person. However when the focus is solely on the cared-for person the role of the young carer and the impact on them can very easily be overlooked. Therefore this strategy is committed to a whole family approach, where the impact of the illness or disability on everybody in the family is considered fully as part of an assessment, and services are put in place that consider the needs of the whole family. This requires streamlined processes of multi-agency support. The five strategic priorities have been generated from the key messages raised through both national and local research:

**Priority One:** To identify, assess and support young carers at an early stage, recognising the value of their contribution and prevent them from falling into detrimental caring roles.

**Priority Two:** Enabling those with caring responsibilities to fulfil their education and employment potential.

**Priority Three:** Offering personalised support both for young carers and those they support, enabling them to enjoy family and community life.

**Priority Four:** Supporting young carers to remain mentally and physically well throughout their lives and as they transition into adulthood.

**Priority Five:** Involving young carers from the outset in designing local care provision and in planning care packages.

The safeguarding needs of young carers are equally important and the priority areas for action will take this into account by ensuring that all safeguarding needs are identified and supported. Services working with young carers are required to be alert to safeguarding issues and work within the MSCB policy and procedures.

A multi-agency whole family approach demands good understanding from each agency potentially involved about the needs of young carers – and this includes adult services, health and education as well as children's services.

Central to the implementation of this strategy is therefore continued development of clear understanding and awareness between different teams and agencies so that young carers do not “fall through the net” and are protected from inappropriate caring.

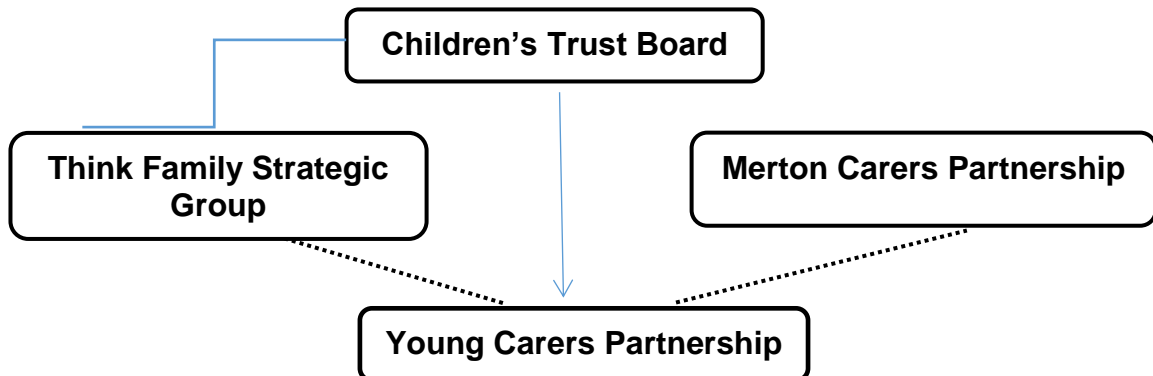
It is recognised, however, that local resources are finite. The multi-agency approach will therefore ensure that the needs of the most vulnerable young carers are prioritised. This may include those providing a high level of care as defined by McIntyre 2010 or where there are multiple family vulnerabilities coupled with long hours of care being provided. (we may want to set this out in bullet points – On reflection, this needs to be addressed during the consultation, but could you start us off by looking at those priorities)

This work will be integrated with other strategic partnerships in Merton, and a Young Carers Partnership will be developed to follow through and monitor the complimentary action plan for this strategy (see appendix two), and to feed into the Children's Trust Board and Merton Carers Partnership. The strategy will also be incorporated into future revisions of other relevant strategies (e.g. Children and Young People's Plan and the Parenting Strategy).

## Implementation

Delivery of the strategy will be undertaken in partnership, aligning effort and resources wherever possible to ensure efficient effective outcomes improvement for young carers. Merton Children's Trust will be responsible for overseeing the implementation of this strategy and clear lines of accountability will be drawn to both the Merton Think Family Strategic Group and the Merton Carers Partnership. A new Young Carers

Implementation Group will be adopted as a subgroup of the Merton Children's Trust Board to over-see delivery of the action plan.



**Resources:** Currently resource specifically to support young carers is provided through the commissioning Early Intervention, Priority Services and other funding from the 3rd Sector. Commissioned services are also delivered across the spectrum of universal, targeted and specialist. Young carers will be encouraged to access mainstream universal or targeted services as far as possible.

As the Young Carers Strategy covers the period beyond the next scheduled Comprehensive Spending Review, the level of future specialist resources is unknown. However it is recognised that there are limited resources and a focus on identifying and meeting the needs of the most vulnerable young carers remains important.

The Merton Young Carers Implementation Group, with representatives from Children's Services, Adult Services, Health Services, Education Services and the Voluntary Sector will be responsible for the following actions:

- To provide leadership to ensure that all activity to support young carers is delivered in partnership and is as effective and efficient as possible.
- To ensure that the *Think Family* approach informs all working, particularly between adult and children's services.
- To monitor the Young Carers Strategy Action Plan on a regular basis.
- To provide a regular report on performance to the Children's Trust Board and to the Merton Carers Partnership.
- To review the Young Carers Strategy and action plan annually and to refresh both as appropriate.
- To ensure that the Partnership moves towards full engagement and participation by all the relevant partners including young carers and those they care for.
- To raise the profile of young carers as a key vulnerable group and the activity undertaken to support them.

- To ensure that actions are consistent with the Merton Children & Young People Plan, and that support for young carers is properly represented within the CYPP.
- To communicate and publicise the range of support that is available for young carers and families across the borough beyond the young carers project.



## Appendix One: Legislative Framework

### Care Act 2014 Duties in Statutory Guidance

- The LA must identify any children who are involved in providing care. Where appropriate, the LA must consider whether to undertake a young carers assessment (in the context of the Care Act this means a young carer who is transitioning to adulthood) or a child's assessment (section 17 Children and Families Act).
- An adult's assessment must also consider the impact of the adult's needs on the young carer's wellbeing, welfare, education and development and whether any caring responsibilities being undertaken by the young carer are inappropriate.
- In adults or carers' needs assessment LA's are required to adopt a whole family approach in order to take a holistic view of the person's needs in the context of their wider support network.
- Identification of any young carer should result in an offer of a needs assessment for the adult requiring care and support.
- LA's should ensure that protocols are in place for referrals and that adult and children's social services work together to ensure the assessment is effective.
- Inappropriate caring should be considered as anything which will impact on the child's health, wellbeing or education and includes examples such as administering medication and emotional support to the adult.
- LA's should take into account the parenting responsibilities of the adult.
- LA's may combine an assessment of an adult needing care and support with a carer's assessment and an assessment relating to a child (including a young carer) where both the individual and the carer agree.
- If the LA combines a plan and one of the plans to be combined is for a child (below 18 years old), the child must have capacity to agree to the combination, or if lacking capacity, the LA must be satisfied that the combination of plans would be in the child's best interests.
- LA's can offer individuals a supported self-assessment if the adult or carer is able and willing to undertake it. A child (this would be a transitioning young carer) can undertake a supported self-assessment if the adult or carer is able and willing to undertake it.
- LA's may also carry out a care and support assessment jointly with any other assessment that the individual or carer is having (with their consent) with another body.

## **Children and Families Act 2014 duties in primary legislation**

17ZA Young Carers' needs assessments: England (12):

- A LA in England must take reasonable steps to identify the extent to which there are young carers within their area who have needs for support

17ZA Young Carers' needs assessments: England (1) (a)

- If it appears to the LA that a young carer may have needs for support they must assess whether the young carer has needs for support and, if so, what those needs are

17ZA Young Carers' needs assessments: England (7)

- A young carers' needs assessment must include an assessment of whether it is appropriate for the young carer to provide, or continue to provide, care for the person in question, in light of the young carers' needs for support, other needs and wishes

17ZB Young Carers' needs assessments: supplementary (6) (a)-(b)

- Where a LA is required to carry out a young carers' needs assessment, and are required or have decided to carry out some other assessment of the young carer or of the person cared for the LA may combine the assessments.

## Appendix Two: Memorandum of Understanding

# No wrong doors: working together to support young carers and their families

## A memorandum of understanding

### 1. Key principles

Young Carers have said that there should be “no wrong doors” for young carers and their families. Young carers should be identified, assessed and their families supported regardless of which service is contacted in the first place. Children and Adult Social Services therefore commit through this memorandum to work together locally, adopting a whole system, whole council, whole family approach to providing support for young carers and their families. This will be achieved through working across systems, in partnership with health and with local carers’ organisations. Children and Adult Social Services will work together to fulfil duties in law<sup>8</sup> and ensure that the following key principles<sup>9</sup> underpin practice:

- *The starting point should be to assess the needs of the adult or child who needs care and support and then see what remaining needs for support a young carer in the family has.*
- *The presence of a young carer in the family should always constitute an appearance of need and should trigger either an assessment or the offer of an assessment to the person needing care.*
- *A whole family approach is key when assessing an adult needing care where there are children in the family providing care to the adult or undertaking wider caring responsibilities. The adult’s assessment and eligibility for support should take into account their parenting responsibilities and the functioning of the family.*
- *Assessments should ascertain why a child is caring and what needs to change in order to prevent them from undertaking excessive or inappropriate caring responsibilities which could impact adversely on their wellbeing, education, or social development. It will be good practice to seek the views of children and adults separately, as it may be very difficult for children to say how they really feel in the presence of an adult who may also be the person they care for.*
- *Consideration must be given to whether a young carer is a ‘child in need’ under the Children Act 1989. The assessment must establish if they are unlikely to achieve or maintain a reasonable standard of health or development without the*

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<sup>8</sup> Responsibilities for identifying and supporting young carers are placed on the local authority as a whole.

These responsibilities are set out in the Children’s Act 1989 (as amended by the Children and Families Act 2014) and under the Care Act 2014. Section 96 of the Children and Families Act 2014 introduces new rights for young carers to ensure young carers and their families are identified and their needs for support are assessed.

From April 2015 all young carers are entitled to an assessment of their needs from the local authority. This new provision works alongside measures in the Care Act 2014 for transition assessment for young carers as they approach adulthood, and for assessing adults to enable a “whole family approach” to providing assessment and support. These obligations further explained in The Young Carers (Needs Assessments) Regulations 2015 and in Guidance related to both of these Acts and “Working Together to Safeguard Children” (DfE – 2015).

<sup>9</sup> Joint statement on key principles for supporting young carers made by DH and DfE (updated 2015)

*provision of services and whether their health or development may be impaired if they or their family are not provided with support.*

These principles apply equally to all children up to the age of 18, recognising that young carers may require more focused support during the period they will be making the transition to adulthood. It is also intended that a consistent and coordinated approach is taken to identifying and supporting young adult carers aged 18 to 24.

## **2. A Shared Understanding**

The definition of a young carer is taken from section 96 of the Children and Families Act 2014; "...a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work). For the purposes of this Memorandum, this relates to care for any family member who is physically or mentally ill, frail elderly, disabled or misuses alcohol or substances. This memorandum also applies to young adult carers aged up to 25 and the transition from children's services to adult care and support.

## **3. Identifying young carers and promoting well being**

At the first point of contact, all those undertaking or receiving referrals or with responsibility for undertaking assessments will have a key role in identifying young carers. At the point of assessing the cared-for person, it is important to ask whether there are children in the same household as the person they are assessing and, if they do, to establish how much care and support is undertaken by any children through discussions with any adult who is being assessed and other family members, including the child(ren) concerned. Practitioners responsible for assessing people with care needs should identify how it will be possible to support the person in need of care so that children and young people are not relied on to provide excessive or inappropriate care. It will be essential that the particular vulnerabilities and needs of children and young people are recognised. Practitioners responsible for assessing adults with care needs must be able to recognise and respond to risks to children's safety and welfare. They must know how to respond where they have concerns that children are, or may be, suffering significant harm.

## **4. Assessment**

### **4.1 Responsibilities for assessment provision**

There will be provision for an assessment of needs for support for all young carers under the age of 18 on request from them or their parent or on the appearance of need. This will be available regardless of who they care for, what type of care they provide or how often they provide it. Young carers, the person cared for and, if different, the parents of the young carer will be informed about the assessment process and we will ensure they are able to participate in the process as effectively as possible.

The primary responsibility for responding to the needs of young carers and young adult carers and ensuring an appropriate assessment rests with the service responsible for assessing the person they support, rather than the age of the carer. This means that:

- Young carers of disabled children are the responsibility of the Children's Service which will also need to undertake carers' assessments for any young adult carers who look after disabled children.
- Adult Services will identify children in the household / family network and ensure that young carers are not left with excessive and inappropriate levels of caring responsibilities that risks them becoming vulnerable. They will also need to undertake carers' assessments for young adult carers. Adult Services will refer to Children's services where the child is thought to be a child in need or to young carers services or Early Help where other preventative services are needed.

## **4.2 Whole family approach to assessment**

A whole family approach will be embedded into local assessments. This means making sure any assessment takes into account and evaluates how the needs of the person being cared for impacts on the needs of the child who is identified as a possible young carer, or on any other child or on other members of the household. A thorough assessment centred on the family should result in appropriate support being provided for the person in need of care and support. This may result in the young carer being relieved of part or all of his or her caring role. Any remaining unmet support needs for the young carer should then be considered and responded to.

## **4.3 Principles of practice in undertaking a young carers needs assessment**

No care or support package for a parent, other adult or sibling should rely on excessive or inappropriate caring by a young carer to make it sustainable. When carrying out a young carer's needs assessment we will work to determine:

- the amount, nature and type of care which the young carer provides;
- the impact of the caring role on the young carer's wellbeing, education and personal and emotional development;
- whether any of the caring tasks the young carer is performing are excessive or inappropriate having regard to all the circumstances
- whether a needs assessment of the cared for person (be they a child or adult) has been carried out, and if not, to request one;
- whether any of the young carer's needs for support could be met by providing support or services to:
  - the person cared for [by the young carer]; or
  - another member of the young carer's family.
  - what the young carer's needs for support would be likely to be if he or she were relieved of part or all of his or her caring role and whether the young carer has any remaining unmet needs.

When carrying out a young carer's needs assessment, we will:

- ensure that the assessment is carried out in a manner which is appropriate and proportionate (in the light of the young carer's age, needs and wishes and feelings;
- adopt a whole family approach;

- ensure that any person who is to carry out a young carer's needs assessment has sufficient competence, knowledge, skills and training to be able to carry out that assessment and be an appropriate person to carry out the assessment in the light of the young carer's age, sex and understanding
- where considered appropriate or necessary to do so, consult persons with expertise and knowledge relevant to the young carer; and also to consult any person the young carer or their parent wishes to involve
- ensure that the young carer, the person cared for and, if different, the parents of the young carer are informed about the assessment process, usually prior to the assessment, and are helped to be able to participate in the process as effectively as possible.
- We will provide young carers, their parents and any person at the request of the young carer or their parent with a copy of the assessment with information about the actions to be taken including whether the young carer has been assessed as a "child in need" and confirming arrangements for review.

Where a young carer a "child in need" needing protection and support or needs early help support, adult workers will discuss the case with the Children's Services to decide if further action is needed. Further action might include:

- a referral to an independent Young Carers' service;
- accessing preventative support through the "Early Help Network"
- a joint assessment where appropriate (there is provision in the Care Act Guidance and in Section 17 of the Children Act to combine a young carers assessment with that of the adult); or
- further investigation by Children's Services about safeguarding concerns if there is a likelihood of significant harm to the child.

Where there are any aspects of a situation that indicates there are concerns about children's and/or vulnerable adults' safety and they require protection from harm these will be responded to swiftly and in line with local safeguarding procedures. Typically, children's services will undertake the provision of services or support to children in need and adult social services will undertake services and support to the adult. These may be directly provided or commissioned from other providers.

## **5. Information, advice and advocacy**

Together with our partners, we will work towards a position where services are available to all young carers and their families offering information, advice, advocacy, representation and support. This includes, where appropriate, support through local young carers' services, young adult carers projects or parenting groups. We will work with partners in the local community to ensure that information and advice for young carers is available in a range of appropriate settings and formats that are accessible by children and young people.

## **6. Transition to Adulthood**

We will assess the needs of young carers as they approach adulthood wherever it appears that there may be 'significant benefit' to the individual in doing so. Young adult

carers often find their education, training and employment prospects are challenged by their caring role.

We will therefore consider how to support young carers to prepare for adulthood and to raise and fulfil their aspirations. This is regardless of whether the young carer currently receives any services and includes young carers whose parents have needs below the local authority's eligibility threshold.<sup>3</sup>

Where young carers are not eligible for services, the transition assessment will be followed up with good information and advice about support in the community. We recognise that the power to join up assessments can be important at transition and where appropriate we will consider combining any existing Education Health and Care plans with transition plans and plans for the adult carer. When assessments are combined, we will as appropriate designate a named person to coordinate transition assessment and planning across agencies.

## **7. Information Sharing**

Effective and timely information sharing between agencies, including health, is critical to empowerment, preventative work, supporting transitions and promoting the welfare of young carers. Within the framework of existing local information sharing protocols our aim is to ensure specific recognition of the position of young carers and their identification and support.

## **8. Safeguarding**

### **8.1 Joint responsibility**

We will ensure that practitioners are aware of local safeguarding policy and practice and accept a joint responsibility to work in partnership to identify and respond to any young carers who are suffering, or likely to suffer, significant harm. Early sharing of information is key if there are emerging concerns. No professional should assume that someone else will pass information on that they think maybe critical to the safety or wellbeing of any child or adult. If a professional has concern about a child's or adult's welfare and believes they are suffering or likely to suffer harm or neglect then they should share the information with the local authority and, or, the police if they believe or suspect a crime has been committed. Information sharing should be in line with local agreements and Caldicott principles.

### **8.2 Local Safeguarding Partnerships and Boards**

Local Safeguarding Children Partnerships and Adults Boards will be made aware of issues surrounding young carers and of this Memorandum of Understanding. This is to ensure consistency with local multi-agency policies and procedures. This will also raise awareness of the way in which safeguarding work forms part of a continuum of person-centred and proportionate risk-based responses. We can all use these to ensure that those adults and children at risk of harm are kept safe and their welfare is promoted.

## **9. Putting these intentions into action.**



Actions arising from this agreement will form part of our commissioning plan for carers and of a more detailed action plan. We will put in place arrangements for periodic audit and the provision of reasonable assurance to the Council, partners, young carers, their families and the community on how this memorandum of understanding is being implemented. Feedback from young carers and their families will be an essential element of audits.

Programmes for learning and development will be put in place to raise awareness and understanding of young carers and their families. Training will be designed to support those undertaking young carers' assessments to have the necessary knowledge and skills. This should include ensuring that practitioners in the local authority and partner agencies are aware of the specific requirements concerning young carers of the Care Act and amendments to the Children Act and accompanying Guidance and Regulations.

## 10. Local Partnerships

There should be no "wrong doors" for young carers and their families. Young carers should be identified, assessed and their families supported in ways that prevent excessive or inappropriate caring and support parenting roles regardless of which service or agency is contacted first. Partnership working is key to providing joined up seamless services. This will include working with the NHS, voluntary organisations, education (including further education), public health, housing and local communities to support young carers.

Work through the local Health and Wellbeing Board and the Joint Strategic Needs Assessment (will include identification of the needs of young carers and young adult carers in the local area. The local Joint Health and Wellbeing Strategy will include shared strategies for meeting these identified needs, setting out arrangements for working together and the actions that each partner will take individually and collectively.

.....  
Director Children's Services

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Director Adult Social Services

\_\_\_\_\_  
**Commencement Date:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_  
(Review Date: normally 3 years from the date of commencement)

**Note:** Variations may be agreed to reflect changing legislative, policy and local evidence of what works best for young carers and their families.

**Publication:** This document will be placed on the Council's web site as part of our commitment to work together on these issues. It may be reproduced and used freely subject to acknowledgement.



