

Barriers and solutions to implementing the new duties in the Care Act 2014 and the Children and Families Act 2014

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Introduction

On 1 April 2015, two new pieces of legislation come into force, giving new rights to care and support for young carers, young adult carers, and their families. The new laws are called the Children and Families Act 2014, and the Care Act 2014.

The new duties and powers placed on local authorities mean that arrangements must be in place to identify, assess and provide information and advice to young carers, young adult carers, and their families. This is to ensure that no young person's life is unnecessarily or inappropriately affected because they are providing care to a family member.

Since April 2015, practitioners from a range of services that support young carers, young adult carers and their families have faced challenges, and equally, developed innovative solutions to meet these new duties. This resource breaks down the most commonly identified barriers highlighted by multi-agency practitioners into related sections and provides some possible solutions to overcoming them. The solutions might be relevant to local authorities, young carers practitioners, or other professionals who work closely with young carers and their families.

These barriers were identified by practitioners and professionals from a range of services and organisations attending conference events, workshops and activities organised by The Children's Society.

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1. Barriers to identification

	Barrier	Potential solutions
1 4		Potential solutions
1.1	We do not have enough capacity to actively seek out and identify young carers	Capacity is a common barrier for many local authorities, as they are increasingly being asked to do more with less. However, insufficient resources are not an excuse for not getting the job done. New legislation introduced in April 2015 (the Children and Families Act 2014, Section 96) requires local authorities to "take reasonable steps to identify the extent to which there are young carers within their area who have needs for support" and the Statutory Guidance recommends doing so using a whole family approach.
		The local authority can leverage its networks and engage other services with front line contact with young people so they are aware of how to identify and refer young carers. This might include: Schools, including staff, teachers and school nurses GPs, physiotherapists, etc. Counsellors, psychiatrists, psychologists, and other therapists Physical, mental and learning specialists, etc. Young carers services Voluntary sector organizations Youth clubs (i.e. sports clubs, Girl Guides, Scouts, etc.) Community centres Health services including, hospital discharge, specialist clinics and treatment centres
		An important first step in overcoming this barrier is to map out referral pathways within the local authority so that no matter where the young carer or their family makes first contact, the same processes are followed. A useful resource to help establish this referral pathway is the Whole Family Pathway.
1.2	The school administration in our local area believe that they do not have young carers in their schools	According to the 2011 Census, there are 166,363 young carers in England; however, this is likely to be an underrepresentation as many remain under the radar of professionals. In fact, a 2010 BBC and University of Nottingham study suggested there could be approximately 700,000 young carers in the UK. Therefore, it is unlikely that any school does not have at least one young carer in their

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student population.

The research from the BBC in 2010 found that as many as one in 12 secondary school pupils have a moderate or high level of caring responsibility. That is 2 students in every class.

In addition evidence shows that young carers routinely achieve less academically compared to their peers:

- 27% of young carers of secondary school age experience educational difficulties.
 When caring for someone who misuses drugs or alcohol, 40% have educational difficulties.
- At GCSE level young carers achieve the equivalent to nine grades lower i.e. the difference between nine C's and nine D's.
- Young adult carers aged between 16 and 18 years are twice as likely to be not in education, employment, or training (NEET)

Uncertainty around the true number of young carers suggests that many children with caring responsibilities go unidentified and unsupported. The report Hidden from View provides further statistics and information about the effect on young carers' education and employment outcomes. Using this information, awareness should be promoted within schools. New research from The Children's Society, 'There's nobody is there – no one who can actually help?', looks at key issues in relation to caregiving responsibilities of children and young people.

<u>Young Carers in Schools</u> is a free England-wide initiative that makes it as easy as possible for schools to support young carers, and awards good practice.

Run jointly by <u>Carers Trust</u> and <u>The Children's Society Young Carers in Focus partners</u>, we are working with schools across England to share good practice, provide relevant tools and training, and to celebrate the great outcomes that many schools achieve for young carers. This initiative is funded by <u>The Queen's Trust</u> and <u>The Big Lottery Fund</u>.

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The Young Carers in Schools programme offers half day training courses that help schools increase their ability to identify young carers, understand the challenges facing these young people and offer appropriate support to result in the best outcomes.

It is important that schools are involved in actively identifying young carers, as they are at the front line of interacting with these young people. In order to help encourage identification of young carers in schools, a system of information sharing could be established between primary and secondary schools and colleges/ universities. In addition to the information currently shared (such as grade, attendance and special educational needs information), caring roles could identified and provided as a part of admissions information to each subsequent level of education, upon consent of the young carer and their family.

One local authority in England is asking every school in their area to identify a Schools Lead for Young Carers (see the relevant toolkit). This directive demonstrates a high level commitment to supporting young carers and makes identifying young carers a priority in schools, placing a certain degree of responsibility on schools to be involved in the process.

1.3 Schools are not effectively identifying and supporting young carers

In addition to the potential solutions of sharing caring role information at the various transition points between schools and higher education, and asking schools to identify a School Lead for Young Carers (see the relevant Local Authority Toolkit), there are a range of other ways that schools can increase their effectiveness at identifying young carers.

Teachers should receive training on young carers, how to identify them and what procedures to follow once they have identified a young carer. The Young Carers in Schools programme offers half day training courses that help schools increase their ability to identify young carers, understand the challenges facing these young people and offer appropriate support to result in the best outcomes.

School social workers or school nurses/health visitors could increase identification by ensuring that they are asking the right questions that enable them to identify young carers. This might be as

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simple as asking "Do you help take care of anyone at home?" or may incorporate other <u>assessment tools</u>.

In order to encourage self-identification, schools could hold assemblies and/or incorporate lessons into PSHE classes to increase knowledge about what a young carer is and what they might do. One local authority has created a schools resource pack to help schools identify young carers and help them get the best from education. Others have leveraged the idea of a Young Carers ID Card, which is used to help young carers identify themselves when they go with the person they care for to the hospital, the doctor and other health appointments. In schools, this can be used by students who need extra time to do homework or make telephone calls home to discretely identify themselves to teachers and other school employees.

The Young Carers in Schools programme has developed a guide called <u>Supporting Young Carers: A Step-by-step Guide for Leaders, Teachers and Non-teaching staff,</u> which sets out ten key steps to help schools identify young carers and improve their outcomes. Each step is accompanied by key information and practical tools, which schools can use and adapt to suit their school structure and local circumstances.

The <u>Young Carers in Schools Award</u> enables schools to gain recognition from several leading charities for their effective practice. The <u>Award Guidance</u> provides a clear outline of essential evidence for each criterion. By taking part in the <u>Young Carers in Schools</u> programme, schools will be able to show that they are meeting the needs of a particularly vulnerable group of pupils (specifically mentioned in Ofsted's School Inspection Handbook).

Often, the local authority struggles with the fact that schools have their own systems and structures, which makes it hard to standardize identification and support processes. However, asking every school in their area to identify a School Lead for Young Carers (see the relevant Local Authority Toolkit) demonstrates the local authority's commitment to young carers and can be

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achieved by every school, regardless of their structure.

Additionally, the Young Carers in Schools <u>step-by-step guide</u> and <u>award</u> offer flexibility. Not all schools will need to use all the tools included. Some may find it more helpful to choose those that will help enhance the support they already offer to young carers while others will need to start and build their activities over a number of years. To find out which tools your school might find most useful, you can fill out the <u>Baseline Review</u>.

1.4 We are uncertain how best to engage with mental health and substance misuse services to ensure that young carers are identified and referred

The updated Memorandum of Understanding – Nowrong doors – promotes working together between adults' and children's social care services and offers a framework which professionals can use to provide personalised and joined up support for young carers and their families. This should apply equally when working in partnership with colleagues in health and the third sectors including, mental health and substance misuse services.

NHS England has published the Integrated approach to identifying and assessing Carer health and wellbeing. The 'integrated approach' provides a toolkit that clarifies the new duties on NHS organisations under the Care Act 2014 and the Children and Families Act 2014, and provides a template Memorandum of Understanding (MOU) to support joined up working locally. It also includes numerous examples of positive practice of work that have proven successful in supporting carers and their families.

The <u>Commissioning for Carers Principles</u> also provides guidance on the key actions needed to achieve the best outcomes for carers, including young carers.

Other resources for engaging with mental health and substance misuse services include:

- Stars National Initiative offers support and guidance on parental drug and alcohol misuse.
- SIGNPOSTS: See me, hear me, talk to me

 talk to my family as well offers some
 signposts to effective practice, local
 conversations and partnership working with
 a focus on improved outcomes for young
 carers and their families.

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Supporting pupils with substance misusing parents Supporting children who have a parent with a mental illness Increasing awareness of young carers and their 1.5 Awareness about young carers is insufficient in both statutory and needs is often the first step to increasing non-statutory services identification. There is no one-way to achieve this: a multi-faceted approach is required to effectively increase awareness. Where local authorities have a multiagency steering group (see the relevant Local Authority Toolkit) in place with a wide number of stakeholders, this often acts as a useful conduit to agencies connected to those stakeholders. Where local authorities have developed a local Memorandum of Understanding (MoU) to support joint working, this can be used to raise awareness of young carers and the need to identify and support them. Wider reach to a greater number of agencies and frontline staff can be achieved through a launch event and through **Continuing Professional Development** (CPD) training and events. The Young Carers in Schools programme offers half day training courses that help schools increase their ability to identify young carers, understand the challenges facing these young people and offer appropriate support to result in the best outcomes. The Children's Society can offer Training and Consultancy packages; visit our website at www.youngcarer.com for more information. Some local authorities have used young carers conferences to initiate awareness and recognition of young carers - targeting a wide range of agencies from children's and adults services, health, education, mental health and substance misuse services, as well as others such as police and housing. Local authorities might wish to consider developing a young carers website (see the relevant Local Authority Toolkit) that sets out who young carers are, the support

they are entitled to and how to refer young or young adult carers and their families (including criteria and referral processes/ forms) for assessment and support.

- The Young Carers in Focus programme has developed an Influencing Change toolkit aimed at encouraging young people to get involved in creating a change in their local
- Involve your local young carers service in promoting awareness by supporting them to host an event or share their expertise.
- Leverage traditional media, such as newspapers (print or online), radio or social care magazines to help promote awareness.
- The Making a step change for young carers and their families: Putting into practice project website has some useful resources.
- 1.6 GPs are not proactively identifying and referring young carers

Young carers are often under the radar of professionals, and health professionals are no exception. Awareness of young carers in health services may be low due to the high numbers of practitioners; however, it should be a part of the assessment protocol for GPs to "think family", and ask the right questions:

- To adults: Do you have any children? Do you need support in your parenting role? Is there anyone else that helps care for you?
- To young people: Is there someone in your home that you help take care of?

The Royal College of General Practitioners' Supporting Carers programme addressed the issue further by nominating GP Champions based around England who were able to offer in-depth knowledge and expertise in supporting and identifying carers. The RCGP, in conjunction with NHS England and NHS Improving Quality, also launched the Commissioning for Carers Principles and a self-assessment questionnaire to support commissioners to invest in carers based on effective approaches.

Some local authorities have started using Young Carers ID Cards, which are used to help young carers identify themselves when they go with the person they care for to hospital, the doctor and other health appointments.

Other local authorities have created mental health

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care packs for young carers, including games and age appropriate mental health resources. These serve the dual purpose of providing information about issues around mental health to young people visiting their family members in mental health wards and help facilitate dialogue between children, parents and healthcare professionals about the impact of parental mental health on children.

The Children's Society has developed a GP's pack to be used in GP surgeries, available at www.youngcarer.com.

The burden to identify and refer young carers shouldn't rest solely with GPs; others in health care services should be involved as well, including nurses, <u>pharmacies</u>, and voluntary sector organisations. In order to develop sustained and systematic practice affecting young carers with health professionals, it is important to have established referral pathways in place.

NHS England has published the Integrated approach to identifying and assessing Carer health and wellbeing. The 'integrated approach' provides a toolkit that clarifies the new duties on NHS organisations under the Care Act 2014 and the Children and Families Act 2014, and provides a template Memorandum of Understanding (MOU) to support joined up working locally. It also includes numerous examples of positive practice of work that have proven successful in supporting carers and their families.

1.7 There are a large number of potential groups involved in identification, making both awareness and the will for a joined up effort difficult to achieve

The local authority is legally responsible for identifying young carers; though they can devolve responsibilities, they cannot transfer accountability. We encourage all local authorities to sign up to a Memorandum of Understanding to ensure that referral pathways are clear to all staff and work for every team or department.

In 2013, Liverpool introduced an <u>Early Help</u> <u>Assessment Tool (EHAT)</u> which provides a robust, integrated, whole family framework to bring adults and children's services together, creating resourceful and resilient families. It is a good example of taking a whole family approach to the identification, assessment and support of young carers.

1.8 Young carers do not self-identify because they do not know/realize they are a carer

Many young carers take on caring responsibilities without realising that is what they are doing. Many are happy to do so in order to help their family and do not think it is anything extraordinary. Other young carers may take on this role because of cultural or familial expectations. This is an issue of awareness-raising and needs to be addressed separately from the issue around an unwillingness to self-identify.

In order to increase awareness of what a young carer is, it is important to do so in ways that reflect how young people actually communicate and in places where young people go. The use of websites and social media to raise awareness. should be considered. The local authority could create a young carers website (see the relevant Local Authority Toolkit) that includes information about what a young carer is, and signpost to local young carer services for more information. Some services offer online guizzes to help selfidentification. This, however, may not be sufficient if young carers do not actively seek out this information, and therefore, other websites frequently visited by young people should be considered as potential platforms to increase awareness. This may include Facebook ads, Twitter campaigns or other social media marketing methods.

Locations where young people are likely to go should also be considered as potential opportunities for awareness-raising. Schools can include young carers in their PSHE curriculum or present on the topic at assemblies, to increase knowledge and acceptance within the entire school population. Working with local youth services may be a good idea, as well as with faith groups, community groups, careers advisory services, or parents of teenager services. A local awarenessraising programme asking a simple question like "does anyone at home rely on you for support?" may be helpful. Cinemas, concert halls, sports stadiums could be ideal venues for raising awareness through posters advertising local young carers services.

Local authorities can also encourage already identified young carers in their areas to help promote awareness through the use of the

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Influencing Change toolkit.

It's important to encourage young carers to self-refer, perhaps by having professionals in children's services, schools and health services ask a simple question such as, "Is there anyone at home who can't manage without your support?" While self-referral is of course important, this can't take the place of the local authority's duty to take reasonable steps to identify young carers and offer them an assessment. Self-identification is not the only means to identify a young carer; they can and should also be identified by speaking to those being cared for.

A useful young person friendly resource to promote awareness is the new guide for young carers and young adult carers by Carers Trust: Know your Rights: Support for Young Carers and Young Adult Carers in England. This could be shared in schools and health settings.

1.9 Young carers (and/or their families) are reluctant to self-identify because of stigma and bullying, or a fear that they may be removed from the family

Each of these reasons is a complex matter on its own, and requires its own solutions; however, some solutions might help young carers and their families feel more comfortable with the idea of self-identification no matter the reason behind their initial reluctance. General awareness-raising can help to combat stigma (see Barrier 1.8 for awareness-raising solutions).

Schools can help combat bullying by including young carers, disability and illness (including stigmatised illnesses such as HIV, mental ill health and substance misuse)in their in their PSHE curriculum or by presenting on the topic at assemblies, to increase knowledge and acceptance within the entire school population.

Some local authorities have started using <u>Young</u> <u>Carers ID Cards</u>. These allow young carers to discretely identify themselves in a variety of settings, including hospitals, the doctor's office and in school.

Other local authorities have introduced <u>online</u> <u>referral systems</u> that may reduce fears of stigma by streamlining the referral pathway and the number of professionals involved. To make these more young people friendly, a local authority could incorporate questions from the MACA, the PANOC

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or the <u>YC-QST20</u> (see more assessment tools) and produce a free app available on mobile devices.

Addressing the fear and concern that children might be removed from the family is difficult. However, this is often a reason why young carers and their families are not willing to identify themselves. This involves building trust with the family so they feel confident enough to disclose a young person's caring role. In order to promote sensitive practice, this requires appropriate workforce development and staff training.

Carers Trust has written a free and helpful Know your Rights guide which young carers and young adult carers may find helpful in understanding their rights as young carers.

identified because they are hidden for a variety of reasons According to the 2011 Census, there are 166,363 young carers in England. The Children's Society believes this is just the tip of the iceberg and has produced Hidden from view: The experiences of young carers in England based on a 2013 study of young carers. New research from The Children's Society, 'There's nobody is there – no one who can actually help?', looks at key issues in relation to caregiving responsibilities of children and young people.

There are many reasons why young carers may remain unidentified and unsupported, taking on levels of care that are inappropriate for their age. These include:

- The nature of a parent or sibling's illness or disability, including speed of onset or whether it is an episodic illness.
- Fear of the perceived stigma associated with the condition, particularly where there is a mental illness, substance dependency, HIV or AIDS.
- Many black, Asian and other minority ethnic families, including Gypsy and Traveller families and new migrants, are isolated from services.
- There may be a lack of services outside the family supporting the person needing care, if the person does not meet eligibility criteria for services.
- Adult and children's services:
 - Create a gap in services by not

1.10 Young carers are not being

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sharing information or joint working. Do not recognising the need to support young carers until a crisis is reached. Thinking about the reasons why young carers may be hidden can lead to potential solutions for reaching these young people. Common groups include families affected by HIV, substance misuse or mental illness, young carers of siblings or black and minority ethnic and refugee families. Targeting awareness-raising within services that typically support these families (such as religious groups) or planning consultations with groups you feel may be underreported could result in increased identification of young carers. Schools, health, transportation, housing associations and other services that reach a large cross-section of the population, might also play a vital role in this. A whole family approach to assessments and service provision is also critical to the identification of many hidden young carers. It is important that any professional interacting with families "think parent, think child". There is no accurate data on the 1.11 Understanding how many young carers are in your local authority is an important step towards helping amount of young carers in our local area them. Local authorities need to develop ways to better capture the true numbers, and spread, of young carers. One particular local authority has done this by asking the Young Carers Project to scope/map how many young carers are in the area. Other suggestions might be to ask schools in the local area to identify young carers through school nurse assessments and report back on the numbers identified. Before the numbers of young carers can be determined, there is a need to raise more general awareness of young carers in the local area, so that more professionals can be a part of the identification and data collection process. See the identification section of this document for more information and ideas on raising awareness. 1.12 Consent for data sharing needs to be put into place There are concerns about data protection which prevent the from the outset during assessments. By having a defined coordinated approach (like the EHAT in identification and sharing of information about young carers Liverpool or the MASH in Hampshire) and co-

	location of services, service users will understand that information will be shared across services in order to best offer whole family support.
	Practitioners may come into contact with young carers and their families who are unwilling to admit to their caring responsibilities. It is important to build trust with young carers and their families and ensure that they understand that information sharing is both protected and purposeful.
Identification of young carers by adult services is low	Identification of young carers by adult social services can be low for a variety of reasons: they may be focused on the adult with care needs, their assessments may not ask the right questions, or their databases may not have any way to record young carers who have been identified.
	Workers in adult services need to "think family" and be aware of the existence of young carers just as much as those in children's services. Raising awareness through joint training and CPD can increase the ability of workers within adults' services to recognize the signs that a young carer might be in the family.
	Asking a simple question during adults' assessments such as "Do you have any children?", "Do they take an active role in your care?" and "Do you need any additional parenting support?" is an easy first step to increasing the identification of young carers by those working in adult services.
	Issues of databases are more complex, and some ideas have been presented in Barrier 4.3.
I do not understand what section 96.12 of the Children and Families Act means when it says local authorities must take "reasonable steps" to identify young carers	There isn't any more detail in the legislation or regulations about what this means. Nor is there any case law about any interpretation of this, either. However, it's not hard to see that taking "reasonable steps" could include local authorities identifying children and families who may be entitled to assessment and support by working with, or reaching out to: Schools (the Young Carers in Schools project has resources on how this can be done). Other children's services and youth projects, including young carers services. Adults' services.
	I do not understand what section 96.12 of the Children and Families Act means when it says local authorities must take "reasonable steps" to identify

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 Community and faith groups. Charities that support disabled people who are also parents or have other support needs, for example the local branch of Mind or MS Society. Health services, for example, in-patient mental health services, local GPs. pharmacists and outpatient clinics. 1.15 Young carers who are caring for In 2012, it was estimated that there are around siblings are not adequately 800,000 children with a disability in the UK, which identified and supported equates to approximately 5.5% of the total child population (Office for National Statistics). There has been a considerable amount of research around the needs of children with disabilities and the needs of their parents. However, there has been a more limited investigation into the issues for the siblings of these children. One study found that siblings often have fewer choices than other children and young people and few siblings were being supported by agencies such as Child and Adolescent Mental Health Service (CAMHS). It was identified that it would be of benefit to young carers if access to these and similar services could be made more widely available. The University of Portsmouth and Family Fund have put together a list of recommended actions to improve the outcomes of young carers who are caring for siblings. Organisations such as SIBS and The True Colours Trust also provide relevant

resources and support.

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2. Barriers to assessment

	Barrier	Potential solutions
2.1	The assessments we use are not appropriate for assessing young carers of very young ages or with limited English language skills	Some local authorities have addressed this issue by developing different assessments to suit different ages. It is not good practice to expect young carers to interpret for their families particularly when it involves someone with an illness; however, this is often a reality in families of recent migrants. To find out about local interpreting services in your area access Language Line Solutions and promote these services within your local authority. The Children's Society has also produced a refugee toolkit to support refugee young carers and their families.
2.2	I do not understand the difference between young carers assessment and young carers needs assessment (under the two separate Acts)	There are three kinds of assessments: A young carers' needs assessment, under the Children and Families Act, is an assessment for young carers under age 18. This is to see what support they need now, before they turn 18. A young carer's assessment (or transition assessment), under the Care Act 2014, is also an assessment for young carers under 18. This is to see what support they might need after they turn 18, and how to help them prepare for adulthood. A carer's assessment is an assessment for carers over age 18, under the Care Act. This is to see what support an adult carer needs
2.3	I do not know about all the available assessment tools and would like a national standardized assessment for young carers	There is currently no national standardized assessment for young carers. Statutory Guidance regarding assessments is available in The Care Act and Whole Family Approaches and Young Carers' Needs Assessments. These documents aim to provide practical guidance for practitioners in relation to carrying out assessments and developing plans which consider the needs of the whole family. The assessment should be reviewed at intervals which would be helpful to the young carer and their family. There may need to be another assessment if the young carer's needs increase, or if the cared

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2.4 We do not have the capacity or knowledge to create customized whole-family assessments that identify the needs of young carers

for person's care and support needs increase. This is particularly true during times of transition, such as when a young person approaches age 18.

There is no legislative requirement to change your existing assessments. Simply asking the right questions is the first step:

- o Do you have any children?
- Do you need help with your parenting role?
- o Do you care for anyone in your home?

The new legislation should actually reduce the burden of assessments, as it allows local authorities to combine the young carer's assessment with that of the person in need of care and the whole family. Assessments of young carers and the people they care for are intrinsically linked and combining assessments avoids the need for multiple assessments where children and adults find they are expected to give the same answers to professionals from different services, coming into their home at different times.

Further guidance regarding assessments is available in two documents that aim to provide practical guidance for practitioners in relation to carrying out assessments and developing plans which consider the needs of the whole family:

- The Care Act and Whole Family
 Approaches
 has practical tools to aid implementation of whole-family approaches to assessment and care planning, which can be adapted and developed for local use, provided in annexes C and D.
- The Young Carers' Needs Assessments assists professionals working with young carers and their families, who may not have a background in children's services, to encourage a shared understanding of children's needs, so young carers, the people they care for and others in their families, are provided with effective support.

The Social Care Institute for Excellence has further advice on <u>approaches to assessments</u>.

Some examples of specific assessment tools are available on the <u>Carers Trust</u> and <u>Making a step change for young carers and their families: Putting it into practice project</u> websites.

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2.5 It is difficult to demonstrate that assessments will result in positive outcomes for young carers

A good young carers' needs assessment should be a process of working out what the young carer wants to achieve in all areas of their life, and a plan to help them get there; it should focus on *outcomes* for the young carer. When an assessment is done well, young carers may feel this is a helpful process in and of itself, prior to receiving any support.

An assessment that identifies needs for support will not lead to positive outcomes for young carers in the absence of that support. Unfortunately, there is no legislative duty to provide support unless the young carer is a child in need and is assessed under the Children Act 1989. However, adults with care needs who are parents are entitled to support under the Care Act, which could in turn reduce the impacts upon the young carer.

It may be more a helpful practice to phrase conversations about assessments along the lines of "to see what support you and your family may be entitled to", rather than giving the idea that an assessment will automatically equal support.

There are some tools to help demonstrate impact, including the Outcome Stars, the MACA YC-18: Multidimensional Assessment of Caring Activities and the PANOC YC-20: Positive and Negative Outcomes of Caring. More information on assessments is available here.

2.6 Young carers are not aware that they are entitled to an assessment or properly informed about what an assessment involves

All too frequently, young carers tell us that they are unsure if they've ever had an assessment, even when they know the person they care for has had one. The new legislation requires that a local authority assess a young carer if:

- (a) it appears that the young carer may have needs for support; or
- (b) the authority receives a request for an assessment from the young carer or their family.

It is therefore important that young carers know that they are entitled to an assessment, what an assessment of their needs is and what it will involve; this could help ease any anxiety they have prior to the assessment and raise their confidence in participating in one.

Carers Trust has written a helpful Know Your

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		Rights guide for young carers and young adult carers explaining their rights in a young person friendly way.
2.7	Assessments of a young carer's needs are biased because they are influenced by the presence of their family at an assessment	There can be benefits to combining the assessment of an adult needing care and support with the assessment of another family member or carer (including young carers), if each individual agrees. In some instances this can be done by working collectively with relevant family members at one time and place or by aligning the assessment process.
		However, where assessments are combined, there is a risk that the information shared is biased. Often, young carers feel guilty about admitting they would like more free time away from their caring responsibilities and might not share their true feelings at a combined assessment. Therefore, it is important that each individual, including any children, has a chance to have a private conversation with the assessor in case there are areas they wish to identify and explore separately.
		An approach that can be used is 'together, apart, together', where an assessment starts with the whole family speaking together, then works individually with each relevant member and finally, comes back together at the end to look at how the range of identified needs work together or impact on each other.
2.8	Multiple assessments are a repetitive burden to the young carer and their family and result in excess paperwork for the services involved	Local authorities should ensure that adults' and children's services work together to offer young carers and their families an effective service that responds to the needs of a young carer, the person cared for, and others in the family. This may involve a combined assessment of the whole family's needs. This avoids the need for multiple assessments where children and adults find they are expected to give the same answers to professionals from different services, coming into their home at different times. Assessments of young carers and the people they care for are intrinsically linked; this is why the legislation allows local authorities to combine assessments. This may mean that children's needs are assessed by professionals who will not necessarily have the same familiarity with children's needs as social workers employed by children's services. Local authorities should therefore be providing adequate training and professional development to any

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professionals that are likely to perform whole family
assessments.
Further information about combining assessments can be found in Young Carers ' Needs Assessments, a resource aimed at adults' and children's services work together to offer young carers and their families an effective service.
carers tell us they do not
assessment for support assessments when there are concerns about
consent:
 If a young carer under 18 does not want a young carers' needs assessment, and there are no safeguarding concerns, then they don't have to have one. If a young carer under 18 does not want a transition assessment, they do not have to have one. However, the <u>Statutory Guidance</u> clearly states that "everyone has the right to refuse a transition assessment, however the local authority must undertake an assessment regardless if it suspects that a child is experiencing or at risk of abuse or neglect."
the family (parent or child) in need of support first makes contact with an agency, the same processes or pathway is followed, and that at all times young people are protected from caring roles that negatively impact upon their life chances. The Whole Family Pathway and No wrong doors can help clarify a referral pathway and encourage joint working.
Some local authorities offer online self-assessments to help encourage identification. Any approach to online assessment should consider very carefully how to challenge any default assumptions that caring must continue, in order to encourage young carers' future aspirations.
assessments in <u>The Care Act and Whole Family</u> <u>Approaches</u> .
concerned about the both self-assessments and self-assessments and self-assessments and self-assessments and self-assessments and self-assessments of the self-assessment forms. It is important that these forms are designed to be as simple as possible to complete. Ideally, a local
reglect." It is important to ensure that, whoever of the family (parent or child) in need of su makes contact with an agency, the same processes or pathway is followed, and times young people are protected from that negatively impact upon their life chen whole Family Pathway and No wrong of help clarify a referral pathway and encounty working. Some local authorities offer online self-assessments to help encourage identification approach to online assessment should very carefully how to challenge any defassumptions that caring must continue, encourage young carers' future aspiration. There is further guidance on supported assessments in The Care Act and Who Approaches. Local authorities offering self-assessment typically include some elements of the PANOC in their self-assessment forms important that these forms are designed.

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carers to ensure that the questions asked are understood by and relevant to the young people.

It is important to remember that self-assessments alone should not be used to determine resource allocation or replace assessments done by trained professionals. They are best used to help triage professional assessments.

Some local authorities experiencing a high demand for young carers' assessments are prioritizing young carers with higher caring responsibilities. Referral forms are triaged accordingly:

- First priority is given to young people who provide a substantial amount of care.
- Second priority is given to young people who provide a significant amount of care.
- Third priority is given to young people whose lives are affected by their caring role.

Obviously, the definition of 'substantial' and 'significant' are somewhat subjective. However, the local authority can assess and define their own levels, considering the amount and types of caring duties taken on by young people, in addition to the impact this has on the health and well-being, education and future aspirations of the young person.

Other factors are also considered, including, but not limited to:

- Young carers who have special needs of their own.
- Young carers whose caring responsibilities are likely to increase.
- Young carers whose responsibilities will prevent them from achieving their future aspirations.
- 2.12 Young carers and their families do not know the outcome of their assessments

The <u>Children and Families Act 2014</u> requires that a "a local authority that have carried out a young carer's needs assessment, must give a written record of the assessment to:

- (a) the young carer,
- (b) the young carer's parents, and
- (c) any person to whom the young carer or a parent of the young carer requests the authority to give a copy."

Good practice would be to keep the family

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informed along the way by establishing at the end of an assessment what the next steps are to be, including when they can expect to receive the written record of the assessment and any decisions of support.

2.13 Parents refuse consent to allow the young carer to participate in an assessment

The following principles should apply to assessments when there are concerns about consent:

- If a young carer under 18 does not want a young carer's needs assessment, and there are no safeguarding concerns, then they don't have to have one.
- If a young carer under 18 does not want a transition assessment, they do not have to have one, unless the local authority has safeguarding concerns, in which case they may assess.
- If a carer over 18 does not consent to a carer's assessment, then they do not have to have one.

It would be good to develop ways of working that encourage young carers and young adult carers to feel comfortable approaching the local authority again if their needs change, even if they have turned down an offer of assessment before. The Statutory Guidance clearly states that "everyone has the right to refuse a transition assessment, however the local authority must undertake an assessment regardless if it suspects that a child is experiencing or at risk of abuse or neglect."

Parental consent is a more difficult issue, and needs sensitive handling, without leaving a young carer without support. Parental consent doesn't have to be sought, e.g. if a young carer asks for an assessment of support needs for themselves. Of course, safeguarding issues may need to be sensitively explored, in terms of whether or not there is something else going on that the young carer doesn't want to discuss independently of their parent.

Local authorities will have other areas of their work where they're dealing with similar issues, and can draw on similar policies – e.g. what a parent/guardian will or won't consent to in other areas of young people's lives.

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If a parent or guardian does not consent to a young carer having an assessment, then the law doesn't say what should or shouldn't happen. There may or may not be safeguarding issues which may need to be explored. Overall, the issue is about sensitively exploring with the young carer, or their family, what support the young carer needs, and how best to provide this or how to support to the family so the young person is not taking on inappropriate caring roles. Ultimately, consent shouldn't prevent local authorities from providing a young carer with an assessment of their own support needs. 2.14 Some local authorities experiencing a high demand Due to the removal of the caring threshold, we are seeing an for young carers' assessments are prioritizing increase in referrals and do not young carers with higher caring responsibilities. have enough capacity to perform Referral forms are triaged accordingly: all the required assessments; First priority is given to young people who there is a long waiting list evidence they are providing a substantial amount of care. Second priority is given to young people who evidence they are providing a significant amount of care. Third priority is given to young people whose lives are affected by their caring role The local authority should define these levels considering the amount and types of caring duties taken on by young people, in addition to the impact this has on the health and well-being, education and future aspirations of the young person. 2.15 Young carers have conflicting A young carer's unwillingness to share information desires: they want everyone to might be an issue of trust or fear, and might be have the information needed to overcome by making the young carer feel best support them, but don't want comfortable during the assessment. This is their information to be recorded ultimately an issue of sensitive practice and may require additional staff training or workforce and shared development to ensure professionals working with young carers are equipped with the skills necessary to make young people feel comfortable enough to share important information about their caring responsibilities. An important element of this is making sure the young carer knows what an assessment will involve and when they will find out what the outcome will be. The Know Your Rights pack is geared towards teaching young carers about their

		right to an assessment. Understanding the purpose of an assessment and what it involves can help young carers to feel more confident sharing their information. A good assessment should be a process of working out what the young carer wants to achieve in all areas of their life, and a plan to help them get there. Focusing on future goals might also help the young carer to feel comfortable sharing during an assessment.
2.16	We are concerned that adult social workers do not have the skills to complete young carers' needs assessments	Assessments of young carers and the people they care for are intrinsically linked, which is why new legislation allows local authorities to combine assessments. This may mean that children's needs are assessed by professionals who will not necessarily have the same familiarity with children's needs as social workers employed by children's services.
		Adult social workers may require additional training or development opportunities to ensure they are equipped with the skills necessary to make young people feel comfortable enough to share important information about their caring responsibilities. The Young Carers ' Needs Assessment resource is written for workers from adult services who don't usually work with children
		In carrying out young carers' needs assessment it is important that: o information is gathered systematically and carefully and is precisely recorded; o information is checked and discussed with the young carer and with the adults concerned; and o differences in views about the child's caring role, and how this affects the child's wellbeing, are understood and clearly recorded.
2.17	It is unclear who will be responsible for the assessment once a young carer has been identified	Adults' and children's services may have overlapping responsibilities in arranging to assess and, if appropriate, support young carers and the person they care for.
		The <u>Statutory Guidance</u> suggests that the primary responsibility for responding to the needs of a young carer rests with the service responsible for assessing the cared for person, rather than depending on the age of the carer. This means

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that:

- Young carers of disabled children are the responsibility of children's services.
- It will usually be the responsibility of adult services to identify whether children in the household/ family network are expected to assume inappropriate or excessive caring responsibilities for parental figures, or other adults.

It may be helpful for children's and adults' services to develop a <u>protocol to describe how they will</u> <u>work together</u> when assessing both young and adult carers and the people in their care.

Some local authorities have delegated assessments to their local young carers service. However, it is important to remember that although a local authority can delegate activity, they cannot delegate responsibility.

The Care Act and Whole Family Approaches guidance has more information on combining assessments.

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3. Barriers to support

	Barrier	Potential solutions
3.1	Young carers do not attend support groups because they are afraid or embarrassed	Many of the suggested solutions to combat the stigma that prevents identification (1.9 and 1.10) can be applied to encourage young carers to attend support groups.
		Local young carers projects could encourage their existing group of young carers to engage in an awareness-raising campaign, to help encourage attendance by other young carers in their community, perhaps using the Influencing Change toolkit. Schools can also help decrease the anxiety around accessing young carers support groups by using resources from the Young Carers in Schools programme that will help them develop ways to share local project information and reduce stigma in schools.
3.2	Young carers are unable to access support because of remote localities, isolation and/or travel constraints	Some local authorities are addressing the transportation barrier by issuing young carers with travel vouchers or pre-paid debit cards intended for transportation purposes.
		Local authorities could also encourage the use of telephone or Skype conversations for assessments and support. Makewaves, Babble and Matter are safe social media communities for young carers, which can increase the support network of young carers located remotely.
3.3	It is difficult to understand the support needs of young carers	The best way to understand the support needs of all young carers, including those in harder to reach or hidden groups, is to ask them. A local authority could do this by arranging a consultation day with young carers and their families, or setting up a regular young carers forum (see relevant Local Authority Toolkit) in an effort to increase coproduction.
		The government's <u>national carers strategy in 2010</u> focussed on personalisation, recognising that "the circumstances of every carer are unique, and that is why there is an overriding need to personalise support to fit around individual and family preferences". <u>Best practice guidance</u> issued in conjunction with the national strategy offers signposts for better practice and outcomes when supporting young carers. This is currently being reviewed.

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Some of the most common support needs might be addressed through information (young carers frequently ask for more information about the needs of the person they care for, particularly from health services) and personalised education plans. Friendship and socialisation with other young people who are experiencing similar circumstances can also be a big support to young carers, so connecting them to their local young carers service might also be a great way to support them. The Children's Society and Carers Trust both have websites dedicated to supporting young carers. Some local authorities have also developed resources and guidance for professionals supporting young carers. 3.4 Support services are too focused The new legislation requires that local authorities think "whole family" when working with people in on providing care for the cared for person and do not meet the care. While there may be some concern that this will result in extra workload, all this really means is needs of the young carer that they need to be asking the right questions about whether or not someone is a parent or if there is anyone else in the home that helps provide care. In this way, they can identify young carers in the home and follow the referral pathways established in the local authority for assessing and supporting them. The Statutory Guidance suggests that "a local authority should consider how supporting the adult with needs for care and support can prevent the young carer from under taking excessive or inappropriate care and support responsibilities." Good practice may then be to first meet the needs of the person in need of care, and then to see what other needs for support remain for the young carer, once the support needs of the cared for person are met. 3.5 We do not have enough capacity The new legislation requires local authorities to or resources to support every adopt a whole system, whole council, whole-family young carer and their family that approach, which calls for coordinating services and support. Issues of capacity might be addressed we assess and there is a waitlist for support services through joint commissioning. Joint commissioning ensures the involvement of a group of agencies, which can share the responsibility for assessing and supporting young carers and their families. It is recommended that the primary responsibility for responding to the needs of a young carer rests with the service

responsible for assessing the person they support, rather than depending on the age of the carer. This means that:

- young carers of disabled children are the responsibility of children's services.
- it will usually be the responsibility of adult services to identify whether children in the household/ family network are expected to assume inappropriate or excessive caring responsibilities for parental figures, or other adults.

It may be helpful for local authority services for children and adults to develop a <u>protocol to describe how they will work together</u> when assessing both young and adult carers and the people in their care

Joint commissioning will hopefully lead to better outcomes for young carers and their families because pooling resources allows better value for money for local authorities working through a joined-up approach. In Liverpool, adults' services, children's services and the CCG have pooled budgets to commission a young carers service through a joint contract. Whilst the pooled budget receives contributions from all members of the joint commissioning group, the contract is managed and monitored by an agreed designated lead. The Commissioning and Contract Manager advises joint commissioning groups to be very clear about who is going to be responsible for the monitoring and further development of any service you are commissioning, so that the provider is clear about who the primary contact person is. It is important when you're developing your service specification. that you are clear which outcomes the service provider should be working towards, what reporting is required and how it will be monitored, so that they are only providing one set of information once. rather than duplicating their reporting requirements across the commissioning group. This ensures that providers aren't spending unnecessary time on completing monitoring reports when that time can be better used delivering services.

Combining assessments is another way to reduce burden on resources. Where all parties agree, this has the potential to offer an uncomplicated gateway which opens the way to the right kind of

		help. While an assessment may lead to support plans that may be the responsibility of different organisations, plans should be coordinated, rather than developed in isolation, and if all relevant parties agree, they can be combined to form a single plan. Any combined assessment must identify which professional will be the lead for coordinating services to the household along with information about the roles and responsibilities of other professionals. The lead professional will be responsible for monitoring the effectiveness of the plan and keeping it under regular review. The FACE Resource Allocation System is another way of assessing carer's needs and allocating
3.6	Parents and/or the young carer themselves refuse support for the young carer	According to the Statutory Guidance, "the person concerned must agree to the provision of any service or other step proposed by the local authority. Where the person refuses, but continues to appear to have needs for care and support (or for support, in the case of a carer), then the local authority must proceed to offer the individual an assessment." Even when the offer of support is initially refused, the person should not be abandoned by the relevant services. "The situation should be monitored and the individual informed that she or
3.7	Everyone is required to identify and assess young carers, but it is unclear whose budget is responsible for supporting them post-assessment	Joint commissioning and a Memorandum of Understanding can help establish who is responsible for all stages of the referral pathway for young carers, young adult carers and their families. Joint commissioning, where budgets are pooled, can help share the financial responsibility of taking on the duties to identify and assess young carers and their families. Whilst the pooled budget receives contributions from all members of the joint commissioning group, the contract should be managed and monitored by an agreed designated lead. It is important to be very clear about who is going to be responsible for the monitoring and further development of any service you are commissioning. It is also important to be clear about which outcomes the service provider should

be working towards, what reporting is required and how it will be monitored, so that they are only providing one set of information once, rather than duplicating their reporting requirements across the commissioning group. This ensures that providers aren't spending unnecessary resources on completing monitoring reports when that time and money can be better used delivering services. Responsibility for support is also an important question as the young carer approaches the age of 18. There is no obligation on local authorities to implement the move from children's social care to adult care and support as soon as someone turns 18. Very few transitions will take place on the exact day of someone's 18th birthday. For the most part, the move to adult services begins at the end of a school term or another similar milestone, and in many cases should be a staged process over several months or years. The young carer can even continue to receive support from children's services after they turn 18, until adult services are working in a way that the young carer finds helpful. This prevents a "cliff-edge" of support happening at age 18, when many changes are happening for young people. 3.8 The money provided to support a Ensuring that the family budget is accurately young carer is being absorbed understood can help alleviate the need for a young into the whole family budget and person's budget to be spent on family expenses. is being used to support the Other ideas can include assessing the young person in care and not the young carer's needs and finding alternative ways to carer provide support for these needs, such as travel vouchers for getting to college or direct payments to the social or sport club of their choosing. 3.9 There are many agencies that should be involved We don't know how to coordinate support when there are a large in identifying and supporting young carers. number of agencies that could be including adults and children's services, schools, involved in supporting young health services, the voluntary sector and wider carers and their families groups in the community. The Memorandum of Understanding is a resource to help promote working together between adults and children's social care services and enhanced partnership working with health and third sector partners. NHS England has published the Integrated approach to identifying and assessing Carer health and wellbeing. The 'integrated approach' provides a toolkit that clarifies the new duties on NHS organisations under the Care Act 2014 and the Children and Families Act 2014, and provides a

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		template Memorandum of Understanding (MOU) to
		support joined up working locally. It also includes
		numerous examples of positive practice of work that have proven successful in supporting carers
		and their families.
3.10	I do not understand what the new	The Children and Families Act 2014 says that
	laws say about providing support to young carers and their families	local authorities that carry out a young carer's needs assessment must consider –
	to young carers and their families	(a) "whether the young carer has needs for support",
		(b) if so, whether those needs could be satisfied by services which the authority may
		provide, and (c) if they could be satisfied, "whether or not to
		provide any such services in relation to the young carer."
		The <u>Care Act 2014</u> requires that local authorities give the young carer "an indication as to whether any of the needs for support which it thinks the young carer is likely to have after becoming 18 are likely to meet the eligibility criteria."
		The key challenge is that the law says young carers "can be supported", rather than legislating local authorities to provide support. While neither of these laws specifically requires local authorities to provide support for young carers, provision of support may be covered under other areas of the law, particularly in the case of safeguarding concerns. Obviously, best practice is to provide support following an assessment.
		The <u>Statutory Guidance</u> suggests that "a local authority should consider how supporting the adult with needs for care and support can prevent the young carer from under taking excessive or inappropriate care and support responsibilities." Good practice may then be to first meet the needs of the person in need of care, and then to see what other needs for support remain for the young carer, once the support needs of the cared for person are met.
3.11	We do not know how to demonstrate that our support interventions are resulting in improved outcomes for young carers	Demonstrating direct impact of support can be difficult; however, proxy measures could be used to show changes in the outcomes for young carers. This might be done using impact measurement and assessment tools (such as MACA or PANOC) or by comparing GSCE scores for young carers prior to intervention with post-intervention scores.

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Additionally, the local authority could compare the
amount of young carers attending
college/university before and after the introduction
of an intervention.

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4. Barriers to effective transition

	Donnien	Detential colutions
	Barrier	Potential solutions
4.1	Young carers may choose not to go to college/university or into employment because of their caring role	For some young people, the ability to participate in work or education will be more important than for others, and in these cases "promoting their wellbeing" effectively may mean taking particular consideration of this.
		For a variety of reasons, young carers may feel they are unable to go to college or university, or into full-time employment, because of their caring role. According to a <u>study by The Children's Society</u> , young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.
		One step to overcoming this barrier is to provide adequate information and support so that their caring role does not impact on their future prospects for education and careers. Local authorities should encourage services to develop flexibility and make available support so that young carers can take part in work, education or training.
		Where it appears that a young carer is likely to have needs for support after becoming 18, legislation in the Care Act 2014 requires the local authority to assess whether the young carer is likely to have needs for support after becoming 18, if it would be of significant benefit to the young person. This should include assessing the young carer's future aspirations such as college, university or employment. Though a transition assessment is for the young carer, the person they care for may also need another assessment. This should look at how the cared for person's needs might change should the young carer decide to go to college or university or seek employment. Putting a plan in place early that will meet the changing needs of the whole family can encourage more young carers to seek higher education and employment.
		Some universities have started programmes to support young carers while in higher education. Manchester Metropolitan University (MMU) holds a Young Carers Day during which they invite young carers to go to campus to experience University for

a day. This day includes a chance to hear about how the University supports young carers and to speak to current students who are carers to find out first hand their experiences at MMU. Your local authority might consider encouraging universities and colleges in your area to offer similar programmes.

See the <u>resource for universities</u> and services supporting young carers to move into and succeed in higher education and <u>Student Carers in Further Education</u>. Make sure you are familiar with what the Care Act requires under <u>chapter 16 of the Statutory Guidance</u> in regards to transition.

4.2 It is unclear how to transition support from children's services to adults' services when a young carer turns 18

There is no obligation on local authorities to implement the move from children's social care to adult care and support as soon as someone turns 18. Very few moves will take place on the day of someone's 18th birthday. For the most part, the move to adult services begins at the end of a school term or another similar milestone, and in many cases should be a staged process over several months or years. Support can be given after the young carer is 18 from children's services, until adult services are working in a way that the young carer finds helpful, so that there is not a "cliff-edge" of support at age 18.

Advice and information may be a good place to begin, as this will enable you to explore with the young carer what they might want for the future, and how to get there. This will help to prepare the person-centered transition plan.

A transition assessment is for the young carer, but the person they care for may need another assessment too, to look at how their needs may change as the young carer's role changes. For example, imagine a situation where a young carer supports their disabled sibling in the morning after their dad goes to work and before they both go to school together, and again in the evening when they both get home from the same school, before their father gets home. If the young carer is going to be leaving school and going to sixth form college, both the young carer and the disabled sibling may need more or different practical support; as well as emotional support to help them both manage the change. Their dad may need another carers' assessment too. These

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assessments can be combined if everyone agrees.

See the <u>resource for universities</u> and services supporting young carers to move into and succeed in higher education and <u>Student Carers in Further Education</u>. Make sure you are familiar with what the Care Act requires under <u>chapter 16 of the Statutory Guidance</u>. Don't forget to contact the local college or university, and work with them to support the young carer. They may be able to access the discretionary element of the 16-19 Bursary to offer support (<u>Learning and Work</u>: York College good practice).

The Social Care Institute for Excellence also has some <u>transition resources</u>. Skills for Care has resources on <u>Transition to Adulthood</u>. The Carers Federation Limited, through their <u>Young Carers</u> <u>Transitions Project</u>, has developed a life skills programmes for young carers aged 15-19.

Don't forget to use the Whole Family Approach, so that you are supporting the whole family during transition, not just the young carer.

4.3 Databases used by each service do not cross-share information to ensure a smooth transition between children's and adults services

While the obvious, albeit expensive solution, is to migrate towards a shared database, this is often not feasible. Joint training and co-location of the database administrators is perhaps an easier solution to encourage the sharing of data across services.

A co-located hub of agencies enabling real time information sharing, decision making and communication has proven to be the most effective interventions for vulnerable young people and their families. In Hampshire, there is a shared case management multi-agency system, called a Multi-Agency Safeguarding Hub (MASH). Hampshire MASH does not use an integrated IT system; all agencies work only on their own IT systems, but the system employs the use of secure e-mails. This has resulted in a faster, more co-ordinated and consistent response to safeguarding concerns about vulnerable children and adults. Other examples of effective multi-agency hubs can be found here.

Liverpool uses a shared <u>Early Help Assessment</u> <u>Tool (EHAT)</u> which provides a robust, integrated, whole family framework to encourage adults' and

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4.4 Adult services is providing assessments to young adult carers who present spontaneously and are approaching 18, but will not provide support under their budget until they turn 18	hildren's services to work together. hough the local authority as a whole is now esponsible for assessing young carers, some local authorities are finding it difficult to connect ansition assessments with actual transition apport. The key challenge is that the law says ney "can be supported" rather than legislating ocal authorities to provide support. There is no obligation on local authorities to move apport from children's social care to adult care as oon as someone turns 18. The move to adult ervices will most likely begin at the end of a
SI SC SE	upport from children's social care to adult care as oon as someone turns 18. The move to adult
m se at ui	chool term or another similar milestone, and in hany cases should be a staged process over everal months or years. Support can be given fter the young carer is 18 from children's services, ntil adult services are working in a way that the oung carer finds helpful, so that there is not a cliff-edge" at 18.
tra pa Jo	he gap between the transition assessment and ansition support could also be addressed through artnerships. One local authority has found that obcentre Plus is keen to partner to help support oung carers in transition.
are under transition in the new legislation fe	he duty to conduct a transition assessment, under the Care Act 2014, applies when the local authority teels that a young carer is likely to have needs for the are and support (or support as a carer) after they are 18 and if doing so would be of significant enefit to them.
	 chapter 16 of the Care and Support Statutory Suidance covers: When a transition assessment must be carried out; Identifying young people who are not already receiving children's services; Adult carers and young carers; Features of a transition assessment; Cooperation between professionals and organisation; Providing information and advice once a transition assessment is completed; Provision of age appropriate local services and resources; After the young person in question turns 18; Combining EHC plans with care and support

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plans after the age of 18;

- Continuity of care after the age of 18;
- Safeguarding after the age of 18;
- Ordinary residence and transition to higher education;
- Transition from children's to adult NHS Continuing Healthcare.

4.6 We do not know what a transition assessment looks like

Transition assessments should focus on outcomes and well–being for young carers; the timing of this assessment will depend on when it is of *significant benefit* to the young person.

All transition assessments must include an assessment of:

- the young carer's current needs for care and support and how these impact on wellbeing;
- whether the child or carer is likely to have needs for care and support after the child in question becomes 18;
- if so, what those needs are likely to be, and which are likely to be eligible needs;
- the outcomes the young person or carer wishes to achieve in day-to-day life and how care and support (and other matters) can contribute to achieving them.

Transition assessments for young carers or adult carers must also specifically consider whether the carer:

- is able to care now and after the child in question turns 18;
- is willing to care now and will continue to after 18;
- o works or wishes to do so;
- is or wishes to participate in education, training or recreation.

These assessments allow local authorities to better understand the needs of people in their population, and to plan resources and commission services for young people and carers accordingly.

Further information is available the Chapter 16 of the <u>Care and Support Statutory Guidance</u>.

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5. Barriers to effective leadership and management

	Barrier	Potential solutions
5.1	There is no collaboration between adults' and children's services and the voluntary sector provider of the young carers service – everyone is working in isolation.	There are many agencies that should be involved in identifying and supporting young carers, including adults' and children's services, schools, health services, the voluntary sector and wider groups in the community. The Memorandum of Understanding is a resource to help promote working together between adults and children's social care services and enhanced partnership working with health and third sector partners. It establishes responsibilities and protocols for the various agencies involved in supporting young carers and their families.
		NHS England has published the Integrated approach to identifying and assessing Carer health and wellbeing. The 'integrated approach' provides a toolkit that clarifies the new duties on NHS organisations under the Care Act 2014 and the Children and Families Act 2014, and provides a template Memorandum of Understanding (MOU) to support joined up working locally. It also includes numerous examples of positive practice of work that have proven successful in supporting carers and their families.
5.2	A large number of staff and a	Local authorities should promote collaboration amongst different services by offering joint service training in regards to young carers and their families and by bringing together staff from different services through co-location. It is important that all staff within the local authority
0.2	high turnover rate means that not everyone is aware of young carers and the duties required	are aware of what a young carer is, what they do, and what the legal duties are in regards to identifying, assessing and supporting young carers and their families.
		There are many existing resources that provide answers to these basic questions, including:
		 Information about young carers – Hidden from View 'There's nobody is there – no one who can actually help?': Young carers report and policy briefing Supporting Young Carers Aged 5–8: A Resource for Professionals Working with

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Younger Carers

- Guidance in regards to the duties
 - The Care Act and Whole Family Approaches
 - Young Carers' Needs Assessments
 - Whole Family Pathway

Local solutions may consider creating a basic online training course or video about young carers, which can be included as a requisite in their new employee induction plan. It will be important to also ensure that all current employees are up to date and the launch of the new training course could be a good opportunity to refresh the knowledge of all staff.

Interactive resources that could inform this training course include:

- Videos created by young carers about the new legislation and transition.
- 'What works for us' following on from new legislation in 2014 affecting young carers and their families, young people share what works for them when it comes to identification, assessments and support.
- The Children's Society Include Programme website.
- The Carers Trust professional <u>website</u>.

5.3 We do not know how to consult with young carers in a meaningful way

Co-production is described in the Care Act 2014 as a process when an individual influences "the support and services [they] receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered'. The Statutory Guidance issued under the Care Act 2014 talks a lot about co-production, and encourages it as a local approach that can help councils meet the new duties for young carers and their families. Partnerships between councils, citizens, providers and communities lead to a shared vision, and result in more effective solutions because they leverage a range of skills and ideas to get the design and delivery of services right the first time. As Martin Yates, Chair National Coproduction Advisory Group, Think Local Act Personal believes 'you need people who know how it works to make it work' (Plenary Session at NCAS 2015).

It is therefore important that local authorities,

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		young carers and their families come together to decide how best to fulfil the duties set in legislation. The Co-production in Commissioning tool is a resource for anyone affected by the Care Act including local authorities, carers and their families, organisations who provide services, and people who commission services. Think Local Act Personal also offer top ten tips for co-production.
		Carers Trust and The Children's Society have produced a toolkit for local authorities to encourage and support young carers' services in setting up local young carers' forum of their own. There is also a toolkit for setting up a multi-agency steering group (see the relevant toolkits).
5.4	Our website is under-resourced and out of date so it is not providing the most useful information for young carers and their families	Carers Trust and The Children's Society have produced a toolkit with recommendations for what to include on a local authority young carers website for supporting young carers, their families and professionals.
5.5	The local authority does not know how to demonstrate its legal accountability under the Children and Families Act 2014 and the Care Act 2014 to ensure the identification, assessment and support of young carers	The local authority needs to ask itself these basic questions: At a leadership level - is there a Memorandum of Understanding in place between (at least) Children and Adult Services that takes account of the legal duties and is there a means of review to ensure its effectiveness? At a management level - is there an interagency steering group (see the recommended toolkit for help in creating one) that includes local authority adult and children services, health commissioning and key voluntary sector and private providers? Is there a Terms of Reference for the group; who is its chair? Does it have a 'To Do' list that identifies and reports on action? At a practice level - what induction, training and support is in place: a) for workers in touch with families about the identification of need and how to respond and refer; and b) for children and adult care workers about the identification of young carers and the assessment of need within a Whole Family Approach?
5.6	We do not know how to translate the signed MoU into action – there is difficulty sustaining and integrating early momentum about training and implementing	This is about the interface between leadership, management and practice. Once there is a Memorandum of Understanding in place between (at least) Children and Adult Services at a leadership level, there needs to be further will to
	new legal duties especially	action the new duties. At a management level

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	regarding assessment	there should be an inter-agency steering group (see the recommended toolkit for help in creating one) that includes local authority adult and children services, health commissioning and key voluntary sector and private providers. This group should have a Terms of Reference and a 'To Do' list that identifies and reports on action. At a practice level, there needs to be appropriate induction, training and support in place: a) for workers in touch with families about the identification of need and how to respond and refer; and b) for children and adult care workers about identification of young carers and the assessment of need within a Whole Family Approach.
5.7	There are no mapped referral pathways in our local authority	It is important to ensure that, however a young carer or a family in need of support first makes contact with an agency, the same process or pathway is followed. The resource Whole Family Pathways was designed to inform decision making when establishing effective referral pathways. In 2013, Liverpool introduced an Early Help Assessment Tool (EHAT) which provides a robust, integrated, whole family framework to bring adult and children's services together, creating resourceful and resilient families. It is a good basis for taking a whole family approach to the identification, assessment and support of young carers.
5.8	The voluntary sector is leading on providing young carers services, without sufficient commitment, leadership or directive from the local authority	Is there an inter-agency steering group (see the recommended toolkit for help in creating one) that includes local authority adult and children services, health commissioning and key voluntary sector and private providers? This group should have a Terms of Reference and a 'To Do' list that identifies and reports on actions. At a practice level, putting in place joint local authority-voluntary sector training about the identification, assessment and support of young carers within a Whole Family Approach can help promote whole system working in support of young carers and their families.
5.9	The commissioned service for young carers is involved in delivering services but is not involved in wider strategic thinking and planning	Carers Trust and The Children's Society have produced a toolkit to help local authorities establish a multi-agency steering group working towards supporting young carers and their families. This encourages the involvement of a large number of stakeholders, including commissioned services, in strategic planning for young carers.

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Other Resources

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