

# Islington Young Carers Strategy 2008-2011

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## Introduction

### 1. Who are Young Carers?

*'Young carers are children and young people under 18 who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically or mentally ill or has a drug and alcohol misuse problem. They carry out on a regular basis, significant or substantial tasks, taking on a level of responsibility that is inappropriate to their age or development. (SCIE, 2005)*

Although being a young carer may lead to many positive experiences for a young person and their family, being a young carer can have a negative impact on some young people's emotional and physical well being. It may create problems at school and restrict the opportunities to join in with leisure and social opportunities with other young people.

The Being a Young Carer Report by the Commission for Social Care Inspection (2004), identified issues that affect carers such as limited opportunities, aspirations, lack of opportunities for social and leisure activities, lack of understanding, isolation and emotional difficulties.

Young carers report that they sometimes feel different and are isolated from their peers, that there may be pressure to keep their family situation a secret and that they feel they are not recognised or listened to. In addition, there may be difficulties experienced in their transition to adulthood. (Dearden and Becker 2004)

Many young people are not significantly harmed by their caring role but if they have too much responsibility or if too many expectations are placed on them to provide care or support, this can have serious implications for their own wellbeing and personal achievements.

In order to improve the lives of young carers, help on a number of issues needs to be identified. They need to be able to enjoy their childhood, achieve their aspirations and stay healthy and safe.

### Islington's definition of a Young Carer

Currently, the consensus in Islington is that young carers are children and young people up to the age of 18 who provide some care for a parent or other family member. However there is an increasing recognition, on a national level, of the needs of young adult carers up to the age of 25, particularly in relation to issues around transition and independent living. In Islington therefore the age range referred to is up to 25yrs.

The person cared for could be a family member who has:

- a physical or sensory impairment
- learning disability
- long-term / terminal illness
- mental ill health
- alcohol or drug dependency

Many children and young people do not see themselves as carers. They just see themselves, as supporting another family member and doing what anyone else would do in their situation, particularly if the parent or sibling has mental health or drug and alcohol misuse problems. The parent(s) themselves often do not recognise that they have a problem or that they need support. However, young carers who support family members with mental ill health can also suffer emotional pain themselves, which may impact on their own mental health.

Children and young people as carers have the right to be given a choice, be treated as an individual, be given appropriate and co-ordinated support from the relevant agencies and be given the option to participate in the planning and delivery of services.

The strategy is important in that young carers can be given a choice to care or not to care and that children do have a right to be properly parented and cared for. The strategy also needs to show how the support needs of young carers and their families are effectively met by a range of agencies, working in an integrated and collaborative manner.

The type of caring tasks carried out by young carers include:

- Domestic tasks cooking, cleaning, washing, ironing (over and above the general age appropriate role)
- Help with mobility (e.g. walking, getting in and out of bed)
- Nursing/general care (e.g. daily blood checking; changing dressings/pads; giving/supervising medicines)
- Emotional support
- Intimate care (e.g. dressing, bathing, toileting, changing pads etc)
- Child care
- Keeping the care recipient company
- Help with financial matters and paperwork
- Escorting to appointments (e.g. GP, hospital, chiropodist, hairdresser etc)

- Other (translating, paying household bills, buying food etc)

The care they provide may be regular, substantial or less intensive; however, it is often inappropriate for the young person's age and has an impact on areas of development such as education, social interaction and health.

According to Dearden and Becker there has been an increased incidence of emotional support offered by young people and a decrease in personal care. Overall, girls are more involved in all aspects of care, particularly domestic and intimate care, which have traditionally been seen as 'women's work'. Gender differences become more marked as carers grow older.

#### Case Example

In Oncology and Palliative care situations, young people may have to manage not only hearing very sensitive health information for the first time, but also decide how to tell an ill adult about such information. Although it is not recommended practice to use relatives as the first choice of interpreters, the reality of busy hospital settings sometimes leads to family members being asked to translate sensitive information on the spot, including at the time of diagnosis of serious illnesses, as well as in explaining disease progression in the context of getting a patient's consent for treatment. This has included young people at times, who are themselves not adequately prepared to hear that a parent or other significant adult is seriously ill. Additional difficulties arise when cultural influences regarding stigma relating to certain illnesses, or prohibiting open discussion about impending death, force young people to make decisions about how much information to share with the ill adult and other non-English speaking family members. This may only be exacerbated if the interpretation responsibilities are carried over into the home setting, where the ill adult may be dependent upon the young person to translate for community health and social care professionals who are providing care in the home. The emotional impact of such responsibilities can be very weighty and may have a detrimental effect on a young person's long-term well-being, particularly if appropriate emotional support, as well as alternatives for interpretation, are not adequately explored.

## **2. Profile of Young Carers**

### **Numbers of Young Carers nationally**

- Nationally the Census 2001 identified 175,000 young people with caring responsibilities; this figure was more than 3 times the previous estimate. (ONS 2003)
- The majority of young carers care for parents (66%) or siblings (31%) and a small number for grandparents (4%). (ONS 2003)
- 84% of young carers provide care or support for between 1-19 hours per week, 9% between 20 and 49 hours per week and 7% over 50 hours per week
- 35% of young carers are 16-17 year olds and have differing needs than younger carers. Evidence suggests that young carers are more likely to experience problems with transition into adulthood
- 13% of young carers from primary school and 27 % from secondary school experience some problems at school.
- Incidence of missed schooling or educational difficulties is most marked for young people who care or support a relative with drug or alcohol problems.

The research undertaken by Chris Dearden and Saul Becker in 2004 for Loughborough University of 6,178 young carers supported by specialist youth projects found that:

- 84% of the sample were white
- 56% lived in lone parent households
- the majority of people with care needs were mothers
- 27% of all young carers of primary school age experienced some problems with school
- emotional support is far more common where the person has mental health problems
- only 18% of young carers had been assessed

## Profile of young carers in Islington<sup>1</sup>

There is no absolute figure for the number of young carers in Islington.

Identification of young carers is difficult because of lack of communication, systems and processes between identification and referral bodies such as between adult and child social services or simply because young carers or their families do not wish to be identified.

Young carers are, therefore, largely hidden and it is difficult to know how many young people with caring responsibilities there are, both nationally, and in Islington.

While the Family Action Islington Young Carers Service (formerly Family Welfare Association Islington) supports an average of 60 young carers in Islington each year, it is likely there are many more young people who would benefit from receiving support from universal services, and in some cases more targeted support.

The census in 2001 provided the most extensive range of data for young carers in Islington. These figures provide an initial starting point for identifying the numbers of young carers in Islington however; they are now 7 years old and research by young carers projects nationally have indicated that the census 2001 figures are lower than the true figures.

- There are 39,195 young people aged 0-19 living in Islington.
- 802 (2.05%) of them have some level of caring responsibility. This is higher than the national figure of 1.6%.
- A significant proportion of young people provide 1-19 hours of care per week. The highest proportion of young carers' lie in the 16 – 17 and 18-19 age categories.
- A small but significant proportion of young carers (90 out of a total of 802) provide 50 or more hours of care per week.
- A higher proportion of females aged 0-19 have caring responsibilities than males in the same age. The proportion of male and females providing care increase as they get older. However, the proportion of females providing care is higher than males from age 12 onwards.

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<sup>1</sup> All data taken from census 2001, © ONS, 2003

- There is broad distribution in the ward location of young carers in Islington. Holloway has the highest number of young carers aged 0-19 and St Mary's has the lowest number.
- Overall, a higher proportion of young people aged 20 –24 have caring responsibilities than young people aged 0 –19. Three times as many 20 –24 year olds provide 50 hours or more care per week than 0-19 year olds.
- More females aged 20 –24 provide care than males in this age range both in percentage and absolute terms.
- Young people who are classified as White British, White Other, Black African, and Black Caribbean have the highest absolute number of 5-15 year old care providers.
- Young people from White Irish, Black Other and Black Caribbean, backgrounds have the highest percentage of 5-15 year olds providing care. Young people aged 5-15 from Indian, Pakistani, Other Asian and Chinese backgrounds have no recorded caring responsibilities.
- For all ethnic groups, except White and Asian and Bangladeshi the majority of care provided by young people aged 5-15 is between 0-19 hours.

*Please see Appendix 3 for full information on young carers' demographics.*

As stated earlier however, these statistics may not still reflect the current situation. The 2001 census asked "Do you look after, or give any 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? Do not count anything that you do as part of your paid employment." This, for example, would not take into account caring responsibilities related to drug and alcohol misuse.

The 'Hidden Harm' report (ACMD, 2003) estimated that there were between 250,000 – 350,000 children living with a drug using parent in the UK. The 'Bottling it Up' report (Turning Point, 2006) estimated that there were approximately 1.3 million children living with an alcohol using parent.

Based on these national figures, the Parental Drug and Alcohol Misuse team has estimated that in Islington there are 2,500 - 4,000 children and young people (0-19yrs old) affected by parental drug and alcohol misuse. Many of these children and young people are likely to be performing some sort of caring role for their parent(s) and or younger siblings.

Many of these children and young people are not known to services, often because their parents have not sought help for their substance use, and are therefore a hidden population. This is likely to be an underestimate based on the prevalence study from University of Glasgow (*Hay et al, 2006*). This represents between a quarter to just under a half of all children estimated to be in need of support.

The Camden and Islington NHS Foundation Trust mental health services are currently providing service for 666 Islington parents and there are currently 695 adults in treatment with the Trust's drug and alcohol services. Of these, approximately 20% would be parents (based on a snapshot of clients taken at the beginning of 2006).

It is estimated that the rate of mental disorders in private households in Islington is likely to be about 36% higher than the national average, with an estimated 2,930 children aged 5-16 affected in 2006. (Public Health Report 2006) Promoting Mental Health in Islington. *Islington Primary Care Trust*.

Mapping research commissioned by the Islington Refugee Integration Service (IRIS) in 2005 estimates that 10% of the borough's population are first generation refugees. In schools, just over 20% of the pupils are from refugee communities (Cambridge Education @ Islington). The four largest refugee communities are Turkish and Kurdish, Somali, North African and Latin American.

Information supplied by the Family Action Islington Young Carers Service (YCS) using a family's ethnic background (in particular their mother tongue or country of origin) infers that 14% of their current cases are refugees (or their families) and from closed cases (2004 - 2007) the figure is 22%.

### **3. Legislation**

Young carers are supported through a raft of legislation and policy and practice guidance in both children's services and adult services including:

- The Children's Act 1989
- The Carers (recognition and Services) Act 1995
- The Carers (Equal Opportunities) Act 2004

Reports and guidance notes support this legislation for young carers including:

- Carers at the heart of 21<sup>st</sup> century families. A caring system on your side. A life of your own. HM Government 2008.
- The Framework for the Assessment of Children and their Families 2001,

- Children Act 2004,
- National Service Framework for Children, Young People and Maternity Services, National Carers Strategy 1999,
- Carers and Disabled Children Act 2000
- NICE guidance – ‘Improving Supportive and Palliative Care for Adults with Cancer’ 2004.

*The New Deal for Carers announced in 2007 includes extensive consultation on a new national strategy for carers, which includes young carers.*

#### **4. A Multi-Agency Strategy**

Young carers are being increasingly recognised as a vulnerable group within government policy and there is agreement that supporting Young Carers and their families requires a planned and co-ordinated approach.

National policy guidance recommends a multi-disciplinary approach to support Young Carers involving Children and Adult Social Care and Health Services, Education, Youth services and the voluntary sector.

The Islington *Young Carers Strategy* will therefore be a multi agency document. It will link with Islington ‘s *Children and Young People’s Plan 2006-09* and the *Islington Strategy for Carers* and will inform protocols aimed at joint working across adult and children services.

Islington’s new Strategy for Carers 2007-2010 seeks to ensure that young carers are recognised and their issues given a place within the wider carers agenda.

The Children and Young People’s Plan 2006-2009 (CYPP) also address the needs of young carers. Its 2007/8 priorities are:

- Prevention is better than cure: giving young children the best possible start in life
- Every child going to school every day
- Outstanding learning in every Islington school
- Young people with access to all the support and help they need
- Islington’s children in care enjoying the lives we want for our own children.

The following agencies are partners in the development and implementation of this strategy:-

- Children's Services (including Children's Social Care assessment services, Young people's Services and Commissioning)
- Housing and Adult Social services (including Community Care, Performance & Quality)
- Children and Adolescent Mental Health Services
- Cambridge Education @ Islington
- Camden and Islington NHS Foundation Trust
- Islington Primary Care Trust
- Community Safety (Drug and Alcohol services),
- Voluntary sector organisations, especially Family Action Islington, Islington Carers Centre and Centre 404.
- Islington Refugee Integration Service
- Whittington Palliative Care Team
- Young Carers themselves have also been part of the process through consultation meetings and other events.

### **5. Approval and monitoring**

This strategy will be approved by the Islington Children's Board through the Family Support Strategy Group.

The Family Support Strategy Group meets approximately bi-monthly and focuses on linking Family Support, Parenting and Young Carers Strategies. It will monitor the implementation of the strategy.

The three-year Young Carers Strategy 2008-2011 will be:

- incorporated into the CYPP review for 08/09;
- built into the CYPP 09-11 and
- reviewed for the 2011-14 CYPP onwards

Islington Council's Executive Committee has already approved the Islington Strategy for Carers. The Carers Strategy group will be monitoring the implementation of the Islington Strategy for Carers and the Young Carers Strategy, and will be reporting to the Executive annually on progress.

### **6. Aims of the Young Carer's Strategy**

## **Aims and Objectives:**

The aims of this strategy are to:

- Reduce, in the long term, the numbers of young people who are in a position where they have to take on, or continue with, caring roles that impact on their general health and well being.
- Support young carers who cannot immediately change their position regarding their caring role. Young carers will be assisted to acknowledge their current role.
- Raise awareness and foster acknowledgement of the issues faced by young carers among professionals and organisations in Islington.
- Acknowledge the diversity of caring roles and recognise that reducing the responsibility of the young carer may require a whole family approach with provision put in place for other family members.
- Among communities (e.g. refugee communities) who may be unfamiliar with the concept of caring as something additional to normal cultural and familial responsibilities, raise awareness of the role of young carers and the practical and emotional support available to them.

## **7. Implementing the Strategy**

The three-year action plan resulting from this strategy, which is currently in development, will be agreed by the Family Support Strategy Group. This will direct the implementation of the Islington *Young Carers Strategy 2008-11* and will set priorities for development during each financial year. The progress of the action plan will also be reported to the Carers Strategy Group.

## **8. Consultations**

Listen Up held a series of consultation workshops with young carers in March and April 2008. The young carers were asked to comment on the draft strategy and come up with good and bad points about being a young carer. The full findings of the consultation can be found in appendix 1.

## **Key Points from the Listen Up Consultation in Islington**

- Biggest challenges / concerns were being tired and not having time to themselves to relax and worrying about the person that they are caring for. They cited being tired as something which can cause problems at school as it can leave them without the energy or inclination to do school work, can find it hard to concentrate or end up 'letting off steam' at school because they can't do it when they are at home
- Young carers are currently not receiving a great deal of support in school, with the exception of at the younger age range where Learning Mentors in primary schools play a key role in supporting young carers
- They would like to have a named person that they can talk to at school who understands the issues that affect them and they would like all staff to be aware of young carer's issues. However, they would not necessarily like all members of staff to know they are a young carer nor would they like to have a school-based young carers group
- Young carers enjoy current projects and find the mixture of 1-1, group work and activities helpful. They like having a place that they can go to and have fun, relax, meet other young carers and talk to people who listen and understand about issues that affect them. It's important that the place feels like it's their own. They would also like to be able to discuss other issues that affect young people in general and would like the opportunity to do more physical activities such as sports
- They would also welcome support, information and advice on specific issues that would help them when they have to talk to doctors, social workers etc. and would like someone from the council or the project to be available to advocate on their behalf
- The young carers enjoy having the opportunity to meet other young carers and would like to be involved in activities with other young carers outside their group
- They are keen to be involved in promoting awareness of young carers' issues and services available to other young carers, parents and schools. This could be done through posters, newsletters, information leaflets, large events, interactive websites (including on C-World) or a MySpace site, local press, TV and radio and felt that a widely publicised number or hotline that young carers could call would help other young carers realise that they are not alone and that there are people that they can talk to about the issues that are affecting them
- The young carers were also keen to have their skills and knowledge recognised by professionals, preferably through a qualification.

The results of the consultation were used to inform decisions on service development and the writing of the Young Carers Strategy.

## Key Outcomes for Young Carers:

### What do the Key Outcomes mean for Young Carers?

#### 1. *Being Healthy*

For young carers this means:

**Encouraging and supporting good physical, mental and emotional health**

#### **Barriers to Being Healthy**

Research (by Dearden and Becker) has consistently shown that young carers experience a range of physical and mental health problems and these may be linked to:

- Stress, worry and a lack of emotional support about their caring role
- Physical strain and injury from help with personal care and household tasks
- Interrupted sleep due to night time caring
- Bereavement and loss
- Lack of opportunity to take part in sport or leisure activities outside school
- Anxiety related to keeping support in the family secret (e.g. when the care is related to drug and alcohol misuse or HIV).
- Anxiety related to feelings of being different from other children and young people - some young carers are bullied because of their situation.
- Having to make difficult life decisions e.g. young adult carers deciding to become more independent of family.
- Feeling guilty at leaving the cared-for in order to have a break or do something fun
- Feeling discriminated against because they are carers

#### **Current Position in Islington**

##### **Services**

- Family Action Islington YCS project provides direct support to young carers and their families – recreational activities, practical and emotional support and advocacy, and family support. The service supports around 50 children and young people at any one time, and 18 young adult carers (16 – 25 year olds).

- Islington Carers Centre and the Family Action Islington Grants Service provide access to funding for breaks and recreational activities for young carers.
- Centre 404 runs a siblings group for children under-11 living with a sibling with a disability.
- Camden and Islington NHS Foundation Trust have worked in partnership with Family Action Islington YCS specifically with young carers for many years, running Kidstime workshops for children, young people and their parents affected by mental illness.
- Health services and family support providers reach many families where there are adults with physical and mental health difficulties and learning disabilities or who are affected by drug and alcohol misuse. These include:
  - Health Visitors
  - GP's
  - CAMHS (Child and Adolescent Mental Health Services)
  - Children's Social Care (formerly Social Services)
  - Children's Disability Services
  - Family Action Islington Children's Support Service
  - Centre 404
  - CASA Family Service
  - Family support workers working in Children's Centres.
- Health Services provide support to children and young people in these families, and refer identified young carers to the Family Action Islington YCS. Young People's Services and Schools and Education services also work with young carers. These services all need more input to identify young carers and increase awareness of young carer's issues and appropriate practice
- Within local palliative care services, the Macmillan social work team receives regular referrals requesting support for children of patients known to the multi-disciplinary palliative care teams. This includes support to young carers.
- Adult Services are increasingly aware of the need to consider the needs of the children in families they work with e.g. the Joint Working Protocol for Parents with Disabilities. The National Treatment Agency (NTA) now requires all drug treatment services to ask about and

record the parental status of clients. When the needs of adults with mental health problems are assessed by the NHS Foundation Trust (formerly the Mental Health and Social Care Trust) they are asked about their childcare responsibilities.

- There is currently an under-representation of referrals from general health services. For example GP's and Health Visitors, to Family Action Islington YCS. Regular referrals however do come from the Adult Mental Health Teams and CAMHS.
- All adult drug treatment services in Islington, as well as the statutory alcohol treatment service, are now required to ask about and record the name, date of birth and childcare circumstances for all new clients coming into treatment. These services all use a standard assessment tool to identify unmet needs as well as risks to children of substance using parents, and refer on to either Children's Social Care, the Parental Drug and Alcohol Misuse service or voluntary sector family support services when necessary.
- Islington Young Peoples' Drug & Alcohol Service (IYPDAS) offers one-to-one work supporting children and young people around the issue of parental drug and alcohol misuse, focusing on building resilience through work around self-esteem and emotional literacy. It is young person focused and goal orientated. IYPDAS is currently working in partnership with Family Action Islington YCS and CASA Family, Partners & Friends Service in planning to set up group work for children of substance using parents.
- Islington Parental Drug and Alcohol Misuse service (PSMS) is a team of childcare practitioners based in adult drug & alcohol treatment services. They work alongside treatment workers to assess the needs of children and young people affected by parental drug or alcohol use, and refer on to statutory and non-statutory services for further support.
- CASA Family, Partners & Friends Service works with adults affected by someone else's drug or alcohol use. Often this work identifies the needs of young carers, and support for these young people is sought via a referral to Family Action Islington YCS, IYPDAS or the PSMS.

## **2. *Staying Safe***

For young carers this means:

**Identifying young carers who could become at risk of neglect, physical or emotional harm and offering early or preventative support**

### **Barriers to Staying Safe**

- Young carers can often be 'hidden' and may not be recognised for their caring role by health and social care professionals in both adult and children services.
- Lack of recognition of caring and the lack of adequate services increase the stigma attached to requesting help. This can be compounded by parents' fears about children being removed from their care if they are seen not to be coping adequately. However if services are not taken up, young carers can be more at risk.
- Young carers can be subject to risk from performing 'adult' tasks such as cooking, childcare, providing intimate care and giving medication.
- In households where there is drug and alcohol misuse, healthy relationships and care may be affected and there may be additional risks.
- Young adult carers are particularly vulnerable in the transition stage to independence.
- Additionally, young carers experiencing difficulties in transition related to loss and bereavement are particularly vulnerable, given the myriad of practical and emotional changes that must be negotiated.
- Difficulty for some parents in setting consistent boundaries if their mental health or drug and alcohol misuse affects their ability to be physically or emotionally available to their children at times

- In households where a parent or significant adult has a serious illness or is dying, a child's exposure to the significant physical or emotional changes in the adult, as well as their increased needs for care, may contribute to higher emotional distress. This is particularly true if the child's information and support needs are not identified or are not adequately met.

## **Current position in Islington**

### **Services**

- Carers' assessments by law are available to young people aged 16 and over. CAF (Common Assessment Framework) assessments are gradually being implemented for all children known to services who reach a particular threshold. CAF does not currently specifically flag up young carers' issues but this is currently under review.
- A range of providers work with young carers who are at risk but more may need to be done to reduce stigma and families fears about asking for help as well as to increase understanding in the whole community about the possible detrimental impacts of young caring.
- Fair Access to Care criteria for Adult Services includes reference to 'vital family roles' that cannot be undertaken due to health or disability. This makes sure that parents have the right support to look after their children, without having to rely on a young carer. Joint working protocols are in place for parents with disabilities and are in development around parental drug and alcohol misuse. A joint working protocol was agreed between the Camden and Islington NHS Foundation Trust and Children's Services which sets out how the two services will work together.

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### **3. *Enjoying and Achieving***

For young carers this means:

**Promoting educational attendance and attainment and providing opportunities for leisure, breaks and play.**

### **Barriers to Enjoying and Achieving**

- Missing school to care for someone or dropping out of school
- Falling behind with coursework or having less time to revise for exams

- Feeling unable to share their home experiences with teachers or other significant adults at school, in case they are singled out
- Feeling that when caring responsibilities are shared, some teachers may not take them into consideration when assessing progress
- Problems with behaviour in school
- Bullying due to home situation
- Feeling isolated at school, by not having common out-of-school experiences with peers or due to missing significant time at school
- Parents have difficulty attending parents evening or participating in school activities
- Young carers being unable to participate in the wider school agenda, social events, residential school trips, after school clubs etc.
- Young carers not encouraged to continue in education because of poor attendance or exam results etc
- 13% of young carers from primary school and 27% from secondary school experience some problems at school. (Dearden and Becker 2004)
- Young adult carers choices related to growing independence including education, training, benefits, housing and employment are limited
- Issues of loss and bereavement have a significant impact in this area

## **Current Position in Islington**

### Services

- Family Action Islington YCS prioritise liaising with schools as part of the family support work with young carers.
- With parental consent, Family Action Islington YCS aim to conduct 1:1 goal setting sessions at school. This allows Family Action Islington YCS staff to develop a relationship with the Head of Year/Pastoral Care staff and for these staff to be aware that the young person has additional caring responsibilities at home
- Family Action Islington YCS Young Adult Carers project support and encourage social development and recreation through monthly meetings and respite activities, these have included talks from Connexions
- CAF and integrated working is enhancing school responses to children in need including young carers

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## **4. Making a positive Contribution**

For young carers this means:

## Enabling choice and control for young carers. Offering opportunities beyond caring. Engaging young carers in decision making

### Barriers to Making a Positive Contribution

- Young carers' are used to putting other people first and to their views being overlooked
- Young carers have less access to opportunities outside school e.g. leisure and creative projects, volunteering, because of their caring role
- There is a lack of awareness of young carers services among young people
- Young carers are not valued in a way which enables them to feel proud of their role and aware of how much experience they have to offer others e.g. to service providers for their family, to other young carers, to influence service development in the borough
- Lack of awareness or understanding by parents and families of children's needs to participate

### Current Position in Islington

- Family Action Islington YCS encourages the participation of young people, e.g. in the steering groups, involving representatives in formal consultation processes and regular consultation exercises
- Young Adult Carers is a user-led group that promotes leadership and a sense of ownership of the project. Young adult carers have spoken at conferences e.g. Carers Conference. Two members of Family Action Islington YCS Young Adult Carers participated in the national consultation for New Deal for Carers (London, November 2007)
- Practice in responding to young carers' views about their needs/their parents/carers or sibling's needs is variable. Integrated working and teams around the family have the potential to enable young carers' views to be heard and responded to more routinely. There will be a need for good advocacy support for young carers to help them in this process
- Some young people are recognised as young carers by Islington Adult Social Care Services and their level of care assessed for appropriateness, but this is not consistent across all adult or children services

- Camden and Islington NHS Foundation Trust have involved young carers in the production of the video and training pack for professionals 'Being seen and heard' and in raising awareness of young carer's issues. This was done in partnership with Family Action Islington YCS

## **5. Economic Wellbeing**

For Young Carers this means:

**Tackling the poverty faced by young carers. Supporting young carers with the transition to adulthood, and helping them to access training and employment.**

### **Barriers to Economic Wellbeing**

Although young carers come from all walks of life, many young carers are affected by the following:

- Young carers' families often lack a working parent,
- Finances within the home may be affected by disability or illness,
- Young carers often leave school without reaching their full academic potential
- Young carers may encounter difficulties in continuing on to further education or training,
- Reliance on the young carer for care and support often continues into their adulthood and may restrict choices as an adult
- Young people with caring responsibilities are expected to have poorer life outcomes if they also experience poor schooling, live in poverty, have parental unemployment (Aldridge and Becker 1993)
- Difficulty accessing housing, especially post bereavement
- Difficulties in claiming the carers allowance for young adult carers (see below)

### **Current position in Islington**

- Welfare rights advice is available to young carers through a range of commissioned services in the voluntary sector e.g. Family Action Islington YCS, Islington Carers Centre, Islington People's Rights, Welfare Rights (within Social Services), Islington Law Centre, Mary Ward Legal Centre etc.
- Family Action Islington YCS provides educational grants, grants for lone parents and for people with disabilities; ICC provides Carers Break Fund for young adult carers.
- Some young adult carers are not being offered a carers assessment when they become 16

- Young carers may be able to claim benefits, including carer's allowance, when they become 16. Whether you can claim any benefits depends on your individual circumstances, the circumstances of the person you look after and the amount of care you provide. A claim for carer's allowance can sometimes reduce the amount of benefit paid to the disabled person and this may put a young carer under pressure not to claim this benefit. The benefits available to young carers are complicated and young carers should always take advice from one of the organisations listed on page 22. A young carer who is given a carer's assessment should always be offered a benefits check by social services' staff.

## Appendices

### ***Appendix 1 – Young Carer consultation***

#### **The national context**

There has been considerable consultation with Young Carers on a national level and within other authorities. The results of these consultations and the experience of professionals working in local projects and other authorities have identified that, as a young carer, young people need:

- Help – including specific support, when they need it, and not just the sort of help that is regularly scheduled whether it's needed at the time or not;
- Knowledge – of how best to care for someone, about their particular disability etc; and
- More understanding from others – including raising awareness of issues for Young Carers in schools so that teachers know what it means to be a young carer and are flexible over school demands and deadlines and are able to provide practical help if necessary

The consultations have found that, in order for this to happen, the needs of both the Young Carer and the person they are caring for should be considered and that services should be family rather than individual focused.

#### **What we have done in Islington**

Islington's Listen Up service has worked with young carers from YCS in order to ascertain what young carers in Islington feel about the type of support they currently receive and what they would find helpful to include in a strategy. The consultation was carried out in March and April 2008.

Listen Up and the Family Action Islington YCS worked with two peer researchers, one of whom had been a young carer, to design a session plan for the consultation. Two workshop sessions each were carried out with the 12-15 and 16-25 age groups, which meant that the consultation involved four sessions in total.

#### Session 1:

The first session involved the young carers talking about the good and bad aspects of being a young carer. It was important to make sure that young people felt that they could talk about this in a non-personal way so that they would not feel compelled to reveal personal details about their own experience. So the young people were asked to talk about a non-specific young carer and what would impact on this carer to have an OK or difficult life. At the end of the session they were asked to prioritise five items for the 'Good' list, and five from the 'Bad' list.

## Session 2:

The groups left the first sessions with a short version of the strategy to read. During the second session, they looked back at the work they'd done in the first session. The group was then asked what there should be in the strategy to promote / support the good things about being a young carer, and what could help young people in dealing with / eliminating the bad things, with a focus on the ten priorities they had chosen in the previous session.

This meant that the result of the four sessions was a list of young carers priority issues and what they would like to see done to improve life as a young carer. The two age groups were asked to choose the following priority areas:

### **The 12 – 15 age group chose:**

#### **Good things about being a young carer / which can help you with being a young carer**



Having someone to talk to (regular one to one)

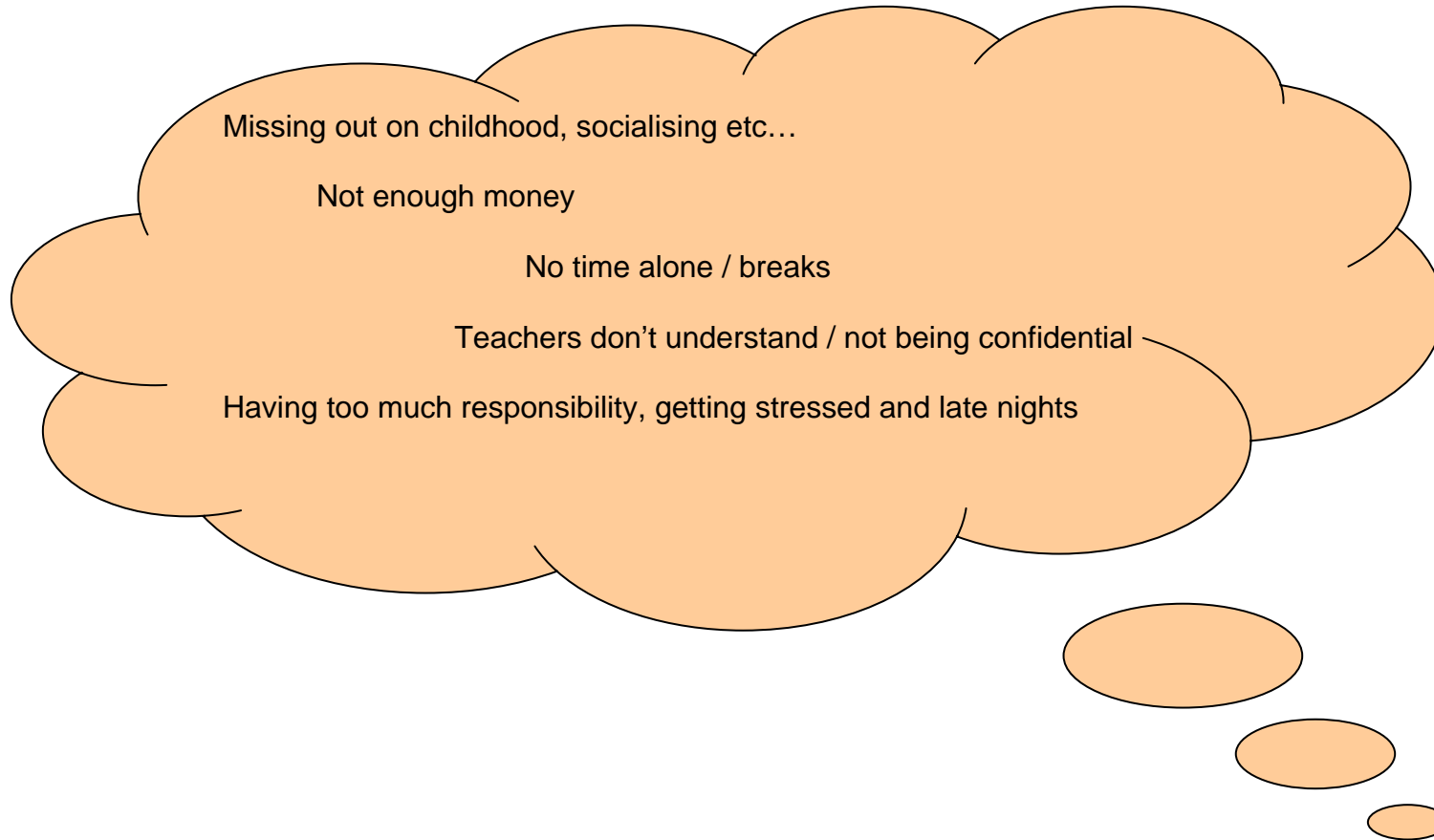
Having support outside of school with schoolwork / homework

Fun activities, group sessions and events

Picking up skills you will need for later on in life

Having the young carers group – being able to talk to others in a similar position

**Bad Things about being a young carer / which don't help**



The 16 – 25 age group chose:

Good things about being a young carer / which can help you with being a young carer

Having a project like the young carers group / Family Action Islington  
YCS

Having other stuff in your life

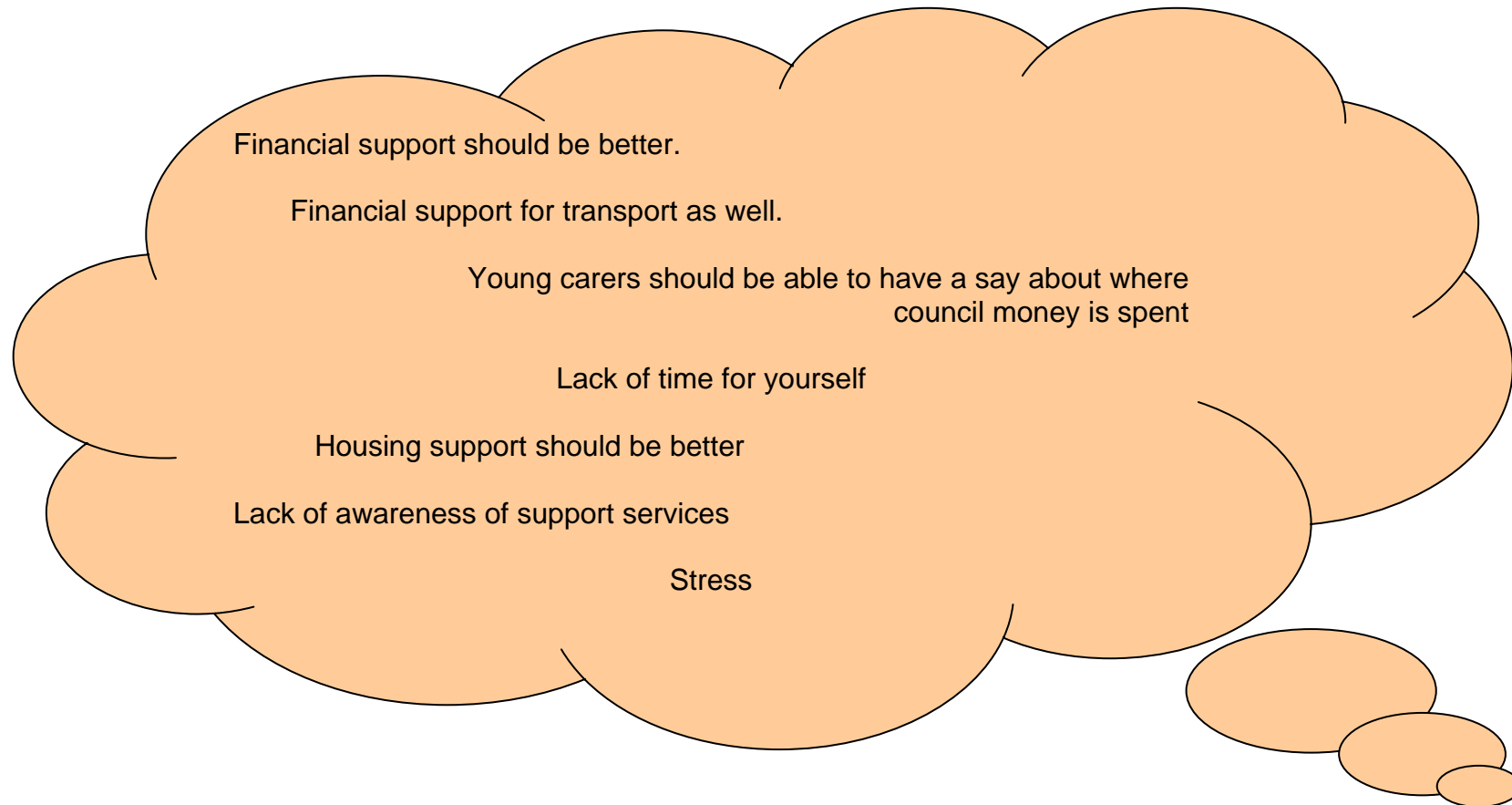
Socialising

Having someone to talk to (youth worker, mentor etc...)

Learning new stuff / experiences

There should be a qualification for young carers, for all the work we

**Bad Things about being a young carer / which don't help**



The two groups were asked for ideas on how to maintain or improve the areas that they had selected in their priority lists. Ideas from both age groups fell into similar priority areas, and are listed here:

### **Emotional Support**

#### **12 – 15 age group**

- A mentors scheme – someone who has been a young carer themselves who would be neutral

#### **16 – 25 age group**

- Make sure services see being a young carer a positive thing. Make sure counselling, support, groups and other therapies are available while the young person is caring.

### **School / College / University work**

#### **12 – 15 age group**

- Homework club at YCS
- Training for teachers on what being a young carer means and how important it is to keep confidential information confidential

#### **16 – 25 age group**

- Study support – teachers to help with coursework and for colleges to be more flexible
- Information and support to access further education etc.
- Training for teachers at colleges and Universities on the needs of young carers

### **Social Life**

#### **12 – 15 age group**

- More activities from YCS
- More communications from YCS in schools and colleges about the service they offer

#### **16 – 25 age group**

- Respite to be provided by the same person every time so that they can build up a relationship with them and know that the person they care for is with someone they trust
- Better information on what is happening in Islington

## **Stress**

### **12 – 15 age group**

- Schools to be understanding when the young person is late
- Anti-stress club, perhaps with Tai-Chi / yoga classes
- Discounts at leisure centres

### **16 – 25 age group**

- Discounts / free access to leisure centres
- Grants for holidays / a fund for young carers breaks

## **Having too much responsibility and growing up too fast – being a young carer does not stop as soon as you are not with the person you care for**

### **12 – 15 age group**

- Having someone they trust to look after the person they care for so that they can take a break
- Discount card for shops and the cinema
- Someone to help at home when the young person is there as well, not just respite care

### **16 – 25 age group**

- Help with transport – for example if the young carer doesn't live with the cared-for but they have to get there quickly. Cabs can be expensive
- Young carers should get an allowance on points for housing – it should be easier to live near the person you care for, and in a good environment

## **Young carers' skills**

### **12 – 15 age group**

- Could there be a qualification for young carers?

### **16 – 25 age group**

- Life skills courses – how to manage money, pay bills etc. both for the young carer and for when they have to do this for the person they care for
- Conflict resolution training
- Get a qualification for the skills developed as a young carer

## **Financial help**

### **12 – 15 age group**

- Young carers can't afford school trips
- There should be grants you can apply for – for families and young carers

### **16 – 25 age group**

- More funding for outings and activities
- Money so that you can do something fun once a week or month
- Carers allowance is deducted from the benefits of the person you care for – and it shouldn't be
- Young carers will miss out on their EMA when they are late because of an emergency with the cared-for, and they shouldn't
- Could there be some help with benefits – especially when there is a mix-up and they don't come through

In conclusion, the consultation showed that there are several issues which impact on young carers' lives and which could be improved. These issues have been incorporated into the action plan.

## Appendix 2 - Useful Contacts

<p><b>Children's Social Care</b> 292 Essex Road London N1 3AZ</p> <p>Tel: 020 7527 7000 / 7400 Email: <a href="mailto:childrens.services@islington.gov.uk">childrens.services@islington.gov.uk</a> Web: <a href="http://www.islington.gov.uk/Health/ChildAndFamilyServices">www.islington.gov.uk/Health/ChildAndFamilyServices</a></p>	<p><b>Adult Social Services</b></p> <p>Information and Access Team</p> <p>Tel: 020 7527 2299 Email: <a href="mailto:Information.Accesssteam@islington.gov.uk">Information.Accesssteam@islington.gov.uk</a> Web: <a href="http://www.islington.gov.uk/Health/ServicesForAdults">www.islington.gov.uk/Health/ServicesForAdults</a></p>
<p><b>Family Action Islington</b> (formerly Family Welfare Association) <b>Young Carers Service</b> Young Carers Service Islington 608 Holloway Road London N19 3PH</p> <p>Tel: 020 7272 4412 Email: <a href="mailto:islington.youngcarers@fwa.org.uk">islington.youngcarers@fwa.org.uk</a> Web: <a href="http://www.fwa.org.uk">www.fwa.org.uk</a></p>	<p><b>Islington Carers Centre</b> 53 Hargrave Road London N19 5SH</p> <p>Tel: 020 7263 9080 Email: <a href="mailto:islingtoncarers@btconnect.com">islingtoncarers@btconnect.com</a> Web: <a href="http://www.carers.org/islington">www.carers.org/islington</a></p>
<p><b>Listen Up</b> The Listen Up project works with children and young people in Islington to find out what they think about the borough they live in, and to see that their ideas are listened to when the council makes decisions about the area they live, work and study in.</p> <p>Tel: 020 7527 3814 Email: <a href="mailto:listenup@islington.gov.uk">listenup@islington.gov.uk</a> Web: <a href="http://www.young.islington.gov.uk">www.young.islington.gov.uk</a></p>	<p><b>CASA</b> For carers of people who misuse Drugs and Alcohol 75 Fortress Road London NW5 1AG</p> <p>Tel: 020 7485 1945 Email: <a href="mailto:admin@casa.org.uk">admin@casa.org.uk</a></p>

<p><b>Centre 404</b>  For carers of disabled children &amp; adults with learning difficulties  404 Camden Road,  Holloway,  London  N7 0SJ</p> <p>Tel: 020 7697 1325  Email: <a href="mailto:general@centre404.org.uk">general@centre404.org.uk</a>  Web: <a href="http://www.centre404.org.uk">www.centre404.org.uk</a></p>	<p><b>Islington Mind</b>  Manor Gardens Centre  Manor Gardens  London  N7 6LA</p> <p>Tel: 020 7561 5289  Email: <a href="mailto:admin@islingtonmind.org.uk">admin@islingtonmind.org.uk</a>  Web: <a href="http://www.islingtonmind.org.uk">www.islingtonmind.org.uk</a></p>
<p><b>Islington Refugee Integration Service (IRIS)</b>  Islington Council  299 Hornsey Road  Islington  London  N19 4HN</p> <p>Tel: 020 7527 7140  Email: <a href="mailto:iris@islington.gov.uk">iris@islington.gov.uk</a>  Web: <a href="http://www.islington.gov.uk/iris">www.islington.gov.uk/iris</a></p>	<p><b>Young Carers net (national organisation)</b>  The Princess Royal Trust for Carers  Unit 14, Bourne Court  Southend Road  Woodford Green  Essex  IG8 8HD</p> <p>Tel: 0844 800 4361 (Princess Royal Trust)  Email: <a href="mailto:youngcarers@carers.org">youngcarers@carers.org</a>  Web: <a href="http://www.youngcarers.net">www.youngcarers.net</a></p>
<p><b>Princess Royal Trust for Carers (national organisation)</b>  Unit 14, Bourne Court  Southend Road  Woodford Green  Essex  IG8 8HD</p> <p>Tel: 0844 800 4361  Email: <a href="mailto:info@carers.org">info@carers.org</a>  Web: <a href="http://www.carers.org">www.carers.org</a></p>	<p><b>Carers UK (national organisation)</b>  32-36 Loman Street  Southwark  London  SE1 0EE (Temporary offices)</p> <p>Tel: 020 7922 8000  Email: <a href="mailto:info@carersuk.org">info@carersuk.org</a>  Web: <a href="http://www.carersuk.org">www.carersuk.org</a></p>

**Appendix 3 – Young Carers in Islington, Ethnicity, Age, Gender and Ward**

<b>Young Carers in Islington - Ethnicity</b>						
<b>Table population : All people aged 5 -15</b>	<b>ALL PEOPLE</b>	<b>ALL PEOPLE</b>				
		<b>Provides no care</b>	<b>Provides care</b>			
			<b>Total providing care</b>	<b>1-19 hours</b>	<b>20-49 hours</b>	<b>50 or more hours</b>
<b>All Children - Total 5 - 15 yrs</b>	<b>21114</b>	<b>20792</b>	<b>322</b>	<b>241</b>	<b>45</b>	<b>36</b>
White British	10309	10135	174	135	18	21
White Irish	433	418	15	15	0	0
White Other	1871	1836	35	26	6	3
White and Black Caribbean	840	828	12	6	3	3
White and Black African	341	338	3	0	0	3
White and Asian	333	330	3	0	3	0
Other Mixed	507	498	9	6	0	3
Indian	244	244	0	0	0	0
Pakistani	136	136	0	0	0	0
Bangladeshi	1068	1062	6	3	3	0
Other Asian	202	202	0	0	0	0
Black Caribbean	1229	1205	24	21	3	0
Black African	2437	2407	30	21	6	3
Black Other	501	490	11	8	3	0
Chinese	371	371	0	0	0	0
Other Ethnic Group	292	292	0	0	0	0
<b>Young Carers in Islington - Ethnicity Percentages</b>						

All Children - Total 5 - 15 yrs	ALL PEOPLE				
	Provides no care	Provides care			
		Total providing care	1-19 hours	20-49 hours	50 or more hours
White British	98.31%	1.69%	1.31%	0.17%	0.20%
White Irish	96.54%	3.46%	3.46%	-	-
White Other	98.13%	1.87%	1.39%	0.32%	0.16%
White and Black Caribbean	98.57%	1.43%	0.71%	0.36%	0.36%
White and Black African	99.12%	0.88%	-	-	0.88%
White and Asian	99.10%	0.90%	-	0.90%	-
Other Mixed	98.22%	1.78%	1.18%	-	0.59%
Indian	100.00%	-	-	-	-
Pakistani	100.00%	-	-	-	-
Bangladeshi	99.44%	0.56%	0.28%	0.28%	-
Other Asian	100.00%	-	-	-	-
Black Caribbean	98.05%	1.95%	1.71%	0.24%	-
Black African	98.77%	1.23%	0.86%	0.25%	0.12%
Black Other	97.80%	2.20%	1.60%	0.60%	-
Chinese	100.00%	-	-	-	-
Other Ethnic Group	100.00%	-	-	-	-

Source: Table C0108a (based on table S025) Census 2001  
**SEX AND AGE AND ETHNIC GROUP BY PROVISION OF UNPAID CARE**

**Breakdown of young carers by age and number of hours**

	ALL PEOPLE	ALL PEOPLE				
		Provides no care	Provides care			
			Total providing care	1-19 hours	20-49 hours	50 or more hours
<b>All People</b>	172253	158718	13535	9114	1668	2753
aged 0 to 4	11106	11106	0	-	-	-
aged 5 to 7	5986	5971	15	6	6	3
aged 8 to 9	3842	3815	27	18	0	9
aged 10 to 11	3899	3850	49	43	3	3
aged 12 to 14	5717	5550	167	121	30	16
aged 15	1655	1588	67	59	0	8
aged 16 to 17	3639	3386	253	203	23	27
aged 18 to 19	3351	3127	224	172	28	24
<b>aged 0 to 19</b>	<b>39195</b>	<b>38393</b>	<b>802</b>	<b>622</b>	<b>90</b>	<b>90</b>

<b>Breakdown of young carers by age and number of hours - percentages</b>						
	ALL PEOPLE	ALL PEOPLE				
		Provides no care	Provides care			
			Total providing care	1-19 hours	20-49 hours	50 or more hours
aged 0 to 4		100.00%	0.00%			
aged 5 to 7		99.75%	0.25%	0.10%	0.10%	0.05%
aged 8 to 9		99.30%	0.70%	0.47%	0.00%	0.23%
aged 10 to 11		98.74%	1.26%	1.10%	0.08%	0.08%
aged 12 to 14		97.08%	2.92%	2.12%	0.52%	0.28%
aged 15		95.95%	4.05%	3.56%	0.00%	0.48%
aged 16 to 17		93.05%	6.95%	5.58%	0.63%	0.74%
aged 18 to 19		93.32%	6.68%	5.13%	0.84%	0.72%
<b>aged 0 to 19</b>		<b>97.95%</b>	<b>2.05%</b>	<b>1.59%</b>	<b>0.23%</b>	<b>0.23%</b>

<b>Breakdown of young carers by age and number of hours – aged 20-24</b>						
	ALL PEOPLE	ALL PEOPLE				
		Provides no care	Provides care			
			Total providing care	1-19 hours	20-49 hours	50 or more hours
aged 20 to 24	13870	13159	711	534	78	99
			5.13%	3.85%	0.56%	0.71%

Source: Table S25 Sex and age by general health and provision of unpaid care

**Breakdown of young carers by gender and number of hours - Males**

Males	ALL PEOPLE	ALL PEOPLE					
		Provides no care	Provides care				
			Total providing care	Total %	1-19 hours	20-49 hours	50 or more hours
All People	172253	158718	13535	3.17%	9114	1668	2753

Total Males	82591	77127	5464	6.6%	3818	663	983
aged 0 to 4	5695	5695	0	0.0%	-	-	-
aged 5 to 7	3057	3054	3	0.1%	0	3	0
aged 8 to 9	1896	1882	14	0.7%	8	0	6
aged 10 to 11	2005	1979	26	1.3%	20	3	3
aged 12 to 14	2881	2806	75	2.6%	59	12	4
aged 15	826	804	22	2.7%	22	0	0
aged 16 to 17	1769	1657	112	6.3%	89	13	10
aged 18 to 19	1605	1505	100	6.2%	82	10	8

<b>total aged 0 - 19</b>	19734	19382	352	1.78%	280	41	31
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### Breakdown of young carers by gender and number of hours - Females

	ALL PEOPLE	ALL PEOPLE					
		Provides no care	Provides care				
			Total providing care	Care providers as % of total	1-19 hours	20-49 hours	50 or more hours
<b>Total Females</b>	<b>89662</b>	<b>81591</b>	<b>8071</b>	<b>9.0%</b>	<b>5296</b>	<b>1005</b>	<b>1770</b>
aged 0 to 4	5411	5411	0	0.0%	-	-	-
aged 5 to 7	2929	2917	12	0.4%	6	3	3
aged 8 to 9	1946	1933	13	0.7%	10	0	3
aged 10 to 11	1894	1871	23	1.2%	23	0	0
aged 12 to 14	2836	2744	92	3.2%	62	18	12
aged 15	829	784	45	5.4%	37	0	8
aged 16 to 17	1870	1729	141	7.5%	114	10	17
aged 18 to 19	1746	1622	124	7.1%	90	18	16
<b>total aged 0-19</b>	<b>19461</b>	<b>19011</b>	<b>450</b>	<b>2.3%</b>	<b>342</b>	<b>49</b>	<b>59</b>

	ALL PEOPLE	ALL PEOPLE					
		Provides no care	Provides care				
			Total providing care	Care providers as % of total	1-19 hours	20-49 hours	50 or more hours
<b>Males</b>							
aged 0 -19	21207	20633	574	2.71%	432	67	75
aged 20 to 24	6036	5780	256	4.2%	199	29	28
<b>Female</b>							
aged 0-19	27243	26413	830	3.0%	631	96	103
aged 20 to 24	7834	7379	455	5.8%	335	49	71

Source: Table S25 Sex and age by general health and provision of unpaid care

### Young carers in Islington and Ward

Ward Name	Total 0-19	Provides no care 0-19	Total providing care 0-19	Care providers as % of total aged 0 -19	Total 20-24	Provides no care 20-24	Total providing care 20-24	Care providers as % of total aged 20 - 24
Barnsbury	2309	2263	46	1.99%	738	699	39	5.28%
Bunhill	2122	2075	47	2.21%	803	762	41	5.11%
Caledonian	2537	2480	57	2.25%	1034	962	72	6.96%
Canonbury	2352	2300	52	2.21%	607	564	43	7.08%
Clerkenwell	1749	1707	42	2.40%	636	604	32	5.03%
Finsbury Park	3003	2948	55	1.83%	1357	1295	62	4.57%
Highbury East	2235	2181	54	2.42%	671	654	17	2.53%
Highbury West	2735	2677	58	2.12%	1052	981	71	6.75%
Hillrise	2927	2881	46	1.57%	940	897	43	4.57%
Holloway	2369	2304	65	2.74%	975	938	37	3.79%
Junction	2169	2123	46	2.12%	849	819	30	3.53%
Mildmay	2661	2599	62	2.33%	846	791	55	6.50%
St George's	2434	2389	45	1.85%	780	748	32	4.10%
St Mary's	2165	2137	28	1.29%	782	753	29	3.71%
St Peter's	2399	2351	48	2.00%	696	670	26	3.74%
Tollington	3030	2975	55	1.82%	1091	1022	69	6.32%
<b>Total: Islington</b>	<b>39195</b>	<b>38393</b>	<b>802</b>	<b>2.05%</b>	<b>13870</b>	<b>13159</b>	<b>711</b>	<b>5.13%</b>

## **Appendix 4 – Summary of Key Legislation and Guidance relating to Children and Adult Carers**

### **Children**

Children Act 1989

The Framework for the Assessment of Children and their Families 2001

DFES Circular 10/99 Social Inclusion/Pupil Support

Children Act 2004

National Service Framework for Children, Young People and Maternity Services

Some of the key judgements and standards include:

**Children Act 2004** highlights the importance of providing services to children and young people to prevent increased need and has a direct relationship to the preventative services young carers may require. Specific key judgements relating to Young Carers includes Enjoying and Achieving Children and young people are supported in developing personally and academically. Making a positive Contribution 'children and young people are helped to manage changes and respond to challenges in their lives.

**The National Framework for Children, Young People and Maternity Services** is a ten year programme intended to lead to sustained improvement in children's health. It aims to ensure fair, high quality and integrated health and social care from pregnancy to adulthood. Services are intended to be designed and delivered around the needs of children and families.

Relevant Standards for Young Carers:

Standard 1 Promoting Health and Well being, Identifying needs and intervening early

Standard 2 Supporting Parenting

Standard 3 Children, young person and family centred services

Standard 4 Growing up into adulthood

Standard 5 Safeguarding and Promoting the welfare of children and young people

## **Carers' Legislation**

### **The Carers (Recognition and Services) Act 1995**

All 'regular and substantial' carers of any age have the right to request their own carer assessment. The request triggers a duty to respond to the request

### **The Carers and Disabled Children Act 2000**

- The right for a carer over 16 to request an assessment of their needs even when the person they care/support refuses a Community Care assessment. The carer must be providing regular and substantial care for someone over 18 for whom the local authority would provide services
- The right for parents of children with disabilities to request a carers assessment
- The power for local authorities to provide services directly to carers to assist them in their caring role
- The ability for local authorities to provide direct payments instead of services to parent carers of disabled children, young disabled people aged 16 and 17 and to carers for their own services

### **The Carers (Equal Opportunities) Act 2004**

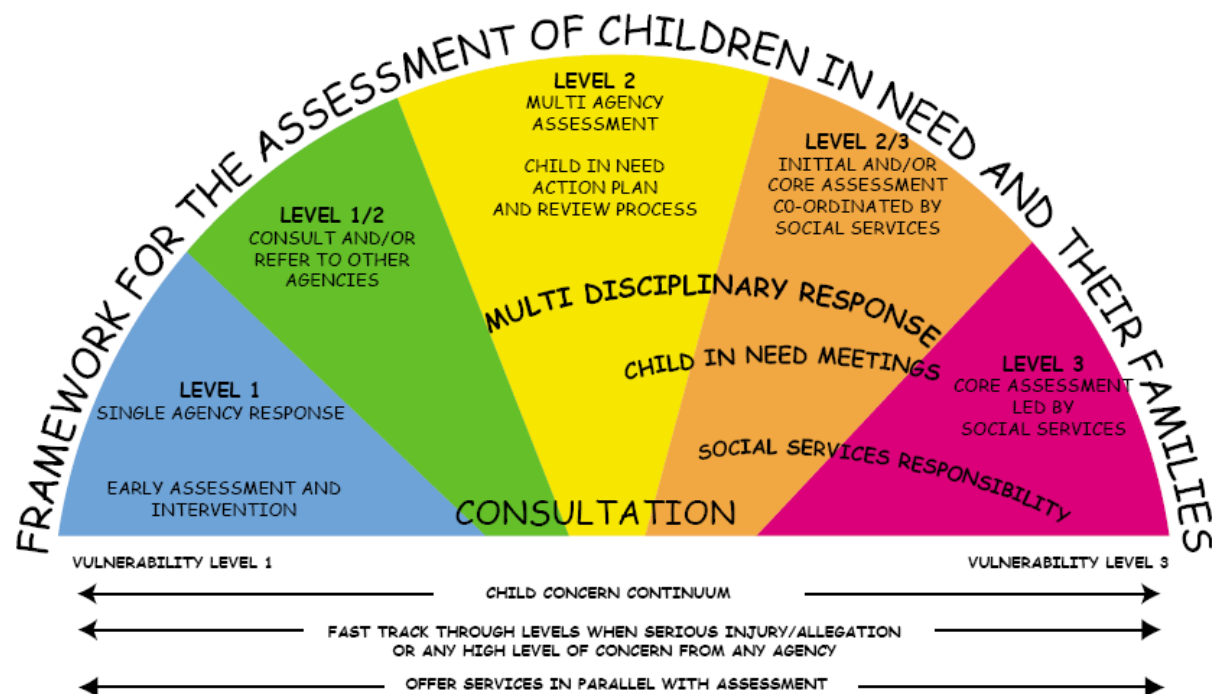
Carers over 16 should be:

- Be told about their rights to their own carer's assessment
- Have their wishes to remain in or return to work and education taken into account when decisions are made about support given to the person they care for
- Have better information about opportunities for work, education, training and leisure
- Benefit from more emphasis on joint working between statutory services such as Camden Social Service and Camden Primary Care Trust

Policy and Practise guidance for the Carers (EO) Act 2004 include separate sections on support to young carers

***The Children Act 2004*** highlights the importance of providing services to children and young people to prevent increased need and has a direct relationship to the preventative services Young Carers may require.

The **Framework for the Assessment of children in need and their families** advocates an holistic family approach to assessment of the young person facilitated by joint working across children and adult services. The guidance is clear that if a Young Carer is considered to be in need they should be assessed as a child in need under this assessment framework:



(Note: Chart taken from [www.plymouth.gov.uk/child\\_concern\\_handbook\\_web.pdf](http://www.plymouth.gov.uk/child_concern_handbook_web.pdf))

The **National Carers Strategy (DOH 1999)** identifies that Young Carers need recognition of their role, information about support available to them, support with caring tasks and the opportunity to speak to someone about their feelings.

The ***Carers (Recognition and Services) Act 1995 (DOH 1996)*** gave the right for a 'regular and substantial' carer of any age to request a separate Carers Assessment. Although a Young Carer may request an assessment under this Act and the local authority must carry out the assessment, the subsequent ***Carers and Disabled Children Act 2000 (DOH 2001)*** clearly points to the assessment of Young Carers as being most appropriate under the Framework for the Assessment of Children in Need.

Guidance for the 2000 Act also refers to particular circumstances when a young person of 16 and 17 years may be taking on aspects of a caring role. In these circumstances it may be relevant to consider offering a Carers Assessment, but it emphasises that practitioners should make carefully considered judgements as to whether the caring role and tasks are appropriate and above all the guidance states that the caring role should be a positive experience. ***The Carers (Equal Opportunities) Act 2004 (DOH 2005)*** requires that an assessment of the carers should consider training, education, employment and leisure opportunities for carers and this is particularly relevant for Young Carers aged 16 and 17 years.

The overall aim of the combination of guidance to support young carers is that disabled or ill parents or parents with disabled children are sufficiently supported in their parenting role and have choices in how care or support is provided within the family to minimise the caring role of the young person.

## **Policy Guidance**

### **Children Society - Key Principles of Practice**

The Children's Society National Young Carers Initiative has been funded by the DfES through the Safeguarding Children Grant to:

- Encourage and support the effective implementation of interagency, whole family assessments and service delivery at local practice levels; and
- Promote joint working between adult and children's services

This work is being undertaken in partnership with Disabled Parents Network and The Princess Royal Trust for Carers.

The Children's Society is developing Key Principles of Practice which, are intended to be used along side legislation and guidance already in place and, to support agencies to respond to the recommendations of national policy that affect Young Carers and their families in ways that are sensitive to their needs. Using the Key Principles of Practice will help to ensure the best use of resources and promote whole family working. They also enable practitioners to deliver practice based on the 5 aims of Every Child Matters.

The Principles are:

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

## ***Appendix 5***

### **Summary of Islington's Carers Strategy 2007-10**

Islington Council is committed to promoting stronger communities and recognises the role that carers play in the community. Working in partnership with Islington Primary Care Trust, we acknowledge the vital role that carers have in looking after older people and vulnerable adults and children with disabilities in the community. We are also committed to listening to the people of Islington to develop better, more responsive services.

This strategy commits us to working in partnership to support carers to maintain their caring role where it benefits both them and the person they care for. We will listen to and work with carers and the organisations that represent and support them to meet carers' needs, including addressing their health, housing, leisure, work, training and welfare benefits in assessing their needs as carers.

We recognise that working in partnership with statutory and voluntary bodies is the most effective way of meeting the wide ranging needs of carers. We will work across the whole Council and with NHS bodies providing services in Islington to agree how these needs can be met. The PCT will advise on the health needs of carers, and Council departments will advise on housing, leisure, training, benefits and work.

The Islington Children's Partnership will advise on young carers and the needs of carers of children with disabilities.

The Council will set challenging targets for its staff to assess the needs of carers and provide services as a result of the assessment, and will apply its performance management framework to achieve its targets. We will focus on the outcomes for carers and the people they look after in evaluating how effective our services are, and we will report annually to the Executive or as required on progress on supporting carers.

Above all, we will continue to engage with carers at the individual level and with the organisations that represent them. We will ensure that all carers are offered the opportunity to have a separate assessment of their needs and that we tailor services to individual needs.

As the two largest employers in Islington, the Council and the PCT will work with their Human Resources advisors to develop flexible working policies for staff with caring responsibilities that will enable them to continue caring and working in their paid employment. Recognising that most of our staff live in other boroughs, we will work with other London Councils to promote a London wide approach to flexible working for

carers. We will seek to extend this approach to other employers and organisations in Islington, working through the Islington Strategic Partnership.

With the PCT, we recognise the role that carers play in preventing admission to hospital or residential care as well as helping the service user to get appropriate treatment, and we will work to support them as part of our preventative strategy. We will include carers in the strategic assessment of needs of the community that will inform the strategic joint commissioning of health and social care services in Islington.

As we review and renew our Local Area Agreement, we will make meeting the needs of carers a priority. We will consult with carers on the development of new services for them and the people they care for, we will involve carers in training our staff and the staff of independent providers of social care, and in monitoring services provided or commissioned by the Council and the PCT.

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