



Identification Practice of Young Carers in England – Review, Tips and Tools

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All library photos posed by models. Identities of carers have been changed in the interest of privacy.

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Introduction

1

Who is this resource for?

Identification Practice of Young Carers in England – Review, Tips and Tools is primarily aimed to be a guide for local government.

The Children and Families Act 2014 places a duty on local authorities to take 'reasonable steps' to identify young carers in their area who have support needs. This resource sets out these duties and shows how local government can work with education, health and social care partners to take the steps necessary to increase identification of young carers.

This resource will also be useful to leaders, commissioners and professionals in health, education, voluntary and young carer services:

- **Health:** Relevant chapters are
 - 1) Introduction, pages 1–6
 - 2) Identification – Overview, pages 7–14
 - 3) The role of sectors and agencies – Health services, pages 26–34
 - 4) Key findings, pages 63–68.
- **Education:** Relevant chapters are
 - 1) Introduction, pages 1–6
 - 2) Identification – Overview, pages 7–14
 - 3) The role of sectors and agencies – schools, pages 35–44
 - 4) Key findings, pages 63–68.
- **Voluntary sector:** Relevant chapters are
 - 1) Introduction, pages 1–6
 - 2) Identification – Overview, pages 7–14
 - 3) The role of sectors and agencies – The voluntary sector and multi-agency working, pages 45–54
 - 4) Key findings, pages 63–68.
- **Young carer services:** Relevant chapters are
 - 1) Introduction, pages 1–6
 - 2) Identification – Overview, pages 7–14
 - 3) The role of sectors and agencies – The voluntary sector and multi-agency working, pages 45–54
 - 4) Key findings, pages 63–68.

Policy and practice background

Working Together to Safeguard Children¹ defines young carers as ‘a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work)’. Estimates of their number in England range from approximately 166,000² to more than 800,000.³ This significant variance highlights the challenges around the identification of young carers.

Children can undertake caring responsibilities from a very young age which can have significant implications.⁴ Evidence shows that having a caring role can impact negatively on a child’s physical and mental wellbeing, social relations, education and employment prospects. Identification, and more importantly early or timely identification, is a crucial first step in ensuring young carers receive the support they need before a child becomes vulnerable. Research on young carers demonstrates the multiple, intersecting and compounding disadvantages they experience as a result of their caring role:

- **Education:** As many as one in five (800,000) secondary school students have a caring role.⁵ 27 per cent of young carers in secondary education and 40 per cent of those caring for someone misusing alcohol or drugs experience educational difficulties or miss school.⁶ Compared to their peers with no caring responsibilities, their GCSE grades are on average nine grades lower.⁷
- **Health:** According to 2011 Census data, young people providing care for 50+ hours per week are five times more likely to describe their general health as ‘Not good’ compared to non-carers.⁸ 61 per cent of carers state the lack of support for them has negatively impacted their health. 24 per cent of carers say their hospital is not carer friendly and 13 per cent find this the least carer friendly service in the community.⁹
- **Socialisation:** 23 per cent of young carers state their caring role has impacted negatively on their capacity to establish friendships and 80 per cent say this restricted their ability to participate in leisure activities.¹⁰ As many as a quarter of young carers also report being bullied at school because of their caring role, with only half of them receiving additional support from school staff.¹¹

Importantly, research also highlights the positive emotional and personal benefits young carers experience as a result of caring, as long as appropriate support is in place and the caring responsibilities do not become excessive or inappropriate.¹²

The Children and Families Act 2014¹³ and the Care Act 2014¹⁴ introduced new rights for young carers. The intention of the legislation was to improve identification and support for young carers by enhancing the rights of young carers, young adult carers and their families. They established, in particular, the right for young carers and their families to appropriate assessment and support from local authorities working in collaboration with other statutory agencies.

The legislation places a duty on local authorities to take 'reasonable steps' to identify young carers in their area who have support needs, including requesting information from schools and young carer services. Young carers are granted the right to a young carer's assessment irrespective of the type or level of care they provide and without the requirement to request one. The assessment should identify whether there is a need for support and if so, what this need is. Local authorities must also consider the possibility of providing services to support the person being cared for to avoid excessive and inappropriate caring responsibilities being placed on the young carer. A specific Transition Assessment should be offered to those preparing for adulthood, to plan and take account of their future needs. In the process of identifying young carers and assessing their situation, local authorities and other agencies are encouraged to take a 'whole family approach' so that the needs of all family members are addressed through clear support pathways and with the principle of 'no wrong door'.¹⁵

The identification of children and young people who have a caring role is an essential precondition to these rights being met. Early identification is particularly important to avoid young carers taking on responsibilities that put them at risk and make them vulnerable. Identification does not automatically have to lead to support unless there is a need, but it will ensure that a young carer is on the radar should they require support if the need occurs at a later stage.

Research has repeatedly evidenced that young carers often remain unidentified by services or are identified only after they have been caring for a long time. 'Seldom heard' groups¹⁶ are at a higher risk of not being identified.¹⁷

Despite the great strides taken in law to ensure young carers are better identified and supported, there remains a lack of awareness of who young carers are, their likely prevalence and their rights. This is reflected across the public and professional realm and has required extensive investment and effort to ensure that young carers are better recognised by the professionals they encounter.

This review aims to explore the different approaches taken to improve identification of young carers across England and highlight good practice.

Aims and methodology

This review, tools and tips were commissioned by the Department of Health and Social Care with the aim to carry out exploratory research to study, evidence and share best practice in identifying young carers.

The research was conducted in collaboration by Carers Trust and NatCen. This project and its outcomes are intended to support joint working between the statutory and voluntary sectors, and wider communities, as part of developing carer-friendly communities, to achieve better identification and support of young carers. It also seeks to support the Department of Health and Social Care, the Department for Education and wider government's strategic aims to:

- Support carers to continue to care, only where appropriate, while minimising the detrimental impact on their own health, wellbeing and life chances.
- Ensure the new rights for carers introduced by the Children and Families Act 2014 are fully embedded, and bring the benefits to carers intended by the Act.
- Help realise the duty placed on local authorities in England by the Children and Families Act 2014, to take reasonable steps to identify the extent to which there are young carers within their area who have needs for support.

The study involved research with key stakeholders and practitioners in young carer services and statutory agencies with the intent to:

- Explore the main drivers, barriers and enablers to timely identification.
- Provide in-depth insight into 'what works' in timely identification of young carers.
- Highlight, where possible, the challenges faced by seldom heard young carers.
- Identify ways in which local agencies and organisations can work together to identify and provide appropriate support to young carers.

In total, 35 interviews were conducted with stakeholders across young carers services in The Carers Trust Network and other voluntary and community sector organisations, schools, healthcare and social services, and local authorities. Deeper analysis of practice was explored through five case studies. Supplementing these findings, an online survey of young carer services was distributed to Carers Trust Network Partners and via national partners including The Children's Society and Barnardo's, securing 51 responses. An online survey of local government was distributed to all Directors of Children's Social Services and via the Association of Directors for Adult Social Services leading to 39 complete or partially completed responses. Additional contextual information came via a Carers Trust conference for local government attended by 70 local authority representatives and a Carers Trust young carer services conference attended by 95 service managers and practitioners.

About Carers Trust

Carers Trust is a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with a UK wide network of quality assured independent partners and through the provision of grants to help carers get the extra help they need to live their own lives. With these locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

Our vision is that unpaid carers count and can access the help they need to live their lives.

About NatCen

NatCen is Britain's largest independent social research agency. We have over 50 years' experience of listening to the public and making sure their voice is heard.

The research we do helps government and charities make the right decisions about the big issues and we're passionate about ensuring its widest possible impact on the world around us.

Our reputation for delivering relevant and robust research is down to our policy sector specialists, survey methodologists, data analysts and expert quantitative and qualitative researchers.

A young boy and girl are hugging and smiling. The boy is on the left, wearing a blue hoodie, and the girl is on the right, wearing a blue hoodie and a blue t-shirt. They are both looking at each other and smiling. The background is a plain, light-colored wall.

**Identification
– overview**

2

To begin to explore good practice in the identification of young carers, it's necessary to first highlight the range of factors which can have implications for identification and require organisations and practitioners to establish a set of responses which tackle the barriers.

Self-realisation and perceived norms

“ They've actually just grown up knowing what to do and help, and everything, and they don't realise that they're actually caring a lot more than what other people would be.

Young carer

Perceived normality

Many young people who look after someone offering physical and/or emotional support do not recognise themselves to be carers. They consider their caring tasks to be 'normal' and 'ordinary'. Young carer services and young carers reported that this is common among young carers who have grown up with caring responsibilities, because they do not know anything different.

Young carers noted that reaching the age of ten or 11 was a marker linked with social interaction with peers, independent of adults. It's around this age that the transition to more independence starts, such as going out with friends, and young carers described noticing a difference between their lives and that of their friends.

“ You can see when they hit ten, 11 years old, that they start to realise that their lives are different from other people's, and that's when it starts to affect them. Things like they can't have their friends around or they can't go out with their friends.”

Young carer service

Misconceptions about caring responsibilities

Young carers also perceived that others may think that if they complete day-to-day tasks, they are not a young carer.

“ Caring can range from helping the person that you care for out of bed or it can range from cooking the dinner and I think a lot of people don't realise that fact and they think oh just helping around the house for somebody who physically or mentally can't, they don't realise that that is indeed a part of young caring.”

Young carers, their families and the wider community may also not identify young carers if the young person does not fit the archetypal characteristics associated with a caring role. A common misconception observed by service providers and young carers themselves is that a young person is not a young carer if they provide emotional support.

Perhaps driven by the misconceptions surrounding the type of caring task, a common recognition barrier relates to young carers believing only specific health conditions qualify a child to young carer status.

“When I first found out about Young Carers for example, I didn’t know that if you had a parent or a sibling that was misusing alcohol or drugs, you counted as a young carer. I thought it was exclusively for people who had siblings or parents with mental health or physical illnesses.

Young carer

Issues with terminology

Young carers also highlighted that terminology was sometimes a barrier to identification. The word ‘carer’ was associated with paid employment or only for those who are recognised as a carer through the receipt of Carer’s Allowance. The term ‘young carer’ was also perceived by some young carers themselves as singling them out.

Young carer services commented that it was important to consider the language used during all awareness raising activities, as some families and young carers do not identify with the terminology ‘young carer’.

“We need to be making sure we’re using language that they do connect with and that does resonate with them in order to support them to self-identify.”

Young carer service

Capacity to self-refer

Service providers reflected that parents often have other commitments related to their own or another family member’s health condition or disability, such as hospital appointments, which limits their time to facilitate identification.

Similarly, due to a young carer’s extra responsibilities, they often have limited time to reach out to service providers themselves.

“Parents [of a child with autism] are absolutely at their wits’ end and really haven’t got the headspace to think about their other children a lot of the time, but we do.

Young carer service

Previous poor experiences of services

Young people and their families were also reported to have refused service engagement because of a previous negative experience with service providers.

“Our young carers say to us, ‘Well, I did share my story, and nothing happened, so what’s the point of doing it again?’”

Local authority

Familial and cultural expectation

Family expectation

According to young carer services, for some families caring tasks are embedded within familial or cultural norms, which reinforces the views held by young carers that caring is part of day-to-day life.

“I think a lot of families and young carers just see it as a duty, really. They don’t question it, they’re just helping to look after Mum or Dad or looking after siblings, so it’s just the norm, so they wouldn’t necessarily class themselves as a carer.”

Young carer service

There was a perception among service providers that family expectations are more common in certain communities including black, Asian, Jewish, Traveller and minority ethnic communities.

“So, we experience families where there is an expectation [that] children will provide quite a high level of care and it does impact on their life. That is considered the norm, so we sometimes have to say, ‘No, actually this isn’t appropriate’ but culturally it is the norm that children do care and provide a lot of care, yeah definitely.”

Young carer service

A failure to recognise the need and/or benefit of support provision

Service providers commented that some families do not engage with services because they do not believe they need it. It was observed that this was particularly relevant for families with large support networks, who are self-supporting, and may not believe they would benefit from receiving support. According to service providers, some young carers also share this view, particularly as they get older and develop their own friendship networks. Failure to recognise the need or benefit of support provision may be driven by a lack of awareness surrounding the caring role and the support available.

Service providers also highlighted that it was particularly difficult to help families who did not speak fluent English (that is, parents who had English as an additional language and/or were Deaf or hearing impaired) to be aware of and understand the support provision on offer.

Lack of acceptance of a health condition

Alongside a lack of awareness surrounding the caring role, respondents in the qualitative research observed that parents or family members may not acknowledge they are being cared for because they either do not recognise or accept that they have a health condition or disability. This was felt to be a particular barrier among young carers caring for someone with more hidden or stigmatised conditions such as mental ill health and/or substance misuse.



Stigma

Young carers and their families who are aware of their caring situation may be reluctant to self-identify because they fear the stigma attached with caring, as well as the reaction of others. The unwillingness to self-identify is distinct from the issue of a lack of recognition as it shows deliberate intention to conceal the caring role.

Stigmatisation in the community

A main barrier for families self-identifying to others is the perceived stigma in the community attached to illness or disability. Service providers reported that families with a mental health condition or substance misuse issue tend to fear judgement from others to a greater extent when compared to those with physical disabilities. However, young carers did not make this distinction and reported experiencing stigma attached to both mental and physical illnesses:

“... words are thrown around that are used as quite derogatory descriptions of people with physical illnesses or mental illnesses and I think that needs to be got rid of before you can necessarily come out and feel comfortable enough to say that you are a young carer.”

Young carer

The fear of stigma was thought to be more prevalent among certain communities. One service provider explained that there is high stigma attached to illness in military communities, perhaps driven by the fact that health conditions can impact promotions. This can result in a greater pressure to not disclose illnesses.

Alongside stigma associated with the health condition or disability and the caring role, service providers also reported that families perceive stigma around engagement with social care. This can hinder acknowledgement of caring needs and engagement with services. Service providers observed that this form of perceived stigma typically occurred in areas where benefit uptake is perceived to be uncommon.

Stigmatisation among peers

Young carers suggested that some young carers might conceal their caring role due to fears it may cause a negative reaction from their peers. Young carers explained that they were concerned that revealing they were a carer may disrupt their friendships.

“ I didn’t want to tell my friends that I was a young carer because I thought that they wouldn’t want to be my friend anymore.”

Young carer

Others reported that young carers might be concerned about being bullied.

“ Sometimes people can be really mean. For example, if you spend too much time caring for your mum, they might bully you, saying, ‘Mummy’s boy, mummy’s girl’ something like that ...If you help your mum or help your dad they can make insults about that.

Young carer

Fear

Staff from young carer services said that a key reason why families do not engage with services is through fear that their children will be taken into care.

“ When I’ve mentioned it before and said, ‘Are your kids young carers?’ ‘Yes, but don’t tell anyone because they’ll take my kids off me.’ I was like, ‘They’re not going to do that.’”

Young carer service

It was noted that fear is more pronounced among parents who require the most intensive support, and where health and social care services are not providing enough support to the adult with care and support needs.

“ Sometimes when the parent might be reluctant is when it’s themselves that have the disability and they’re relying on the young carer a bit too much, because that would be one of their fears about statutory care assessments would come into it.”

Young carer service

One young carer service observed that after the young carer reaches the age of 18, families tend to be more open about their caring needs because their child cannot be taken into care.

Lack of parental consent

Service providers discussed how and why young people might be deterred from self-identifying to services as a result of resistance from their parents or families. Parents may obstruct the process by not providing the consent that services need in order to make referrals. Perceived reasons for this included fear around the consequences of identification, stigma attached to the disability or health condition the parent has, as well as practical barriers, such as losing consent forms due to chaotic, busy or transient lifestyles.

Summary

These examples evidence why children and families should not be left to identify themselves as young carers, to pro-actively seek out support or to know their entitlements.

The Children and Families Act 2014 and the Care Act 2014 removed these conditions as a precursor to support. Young carers no longer had to request an assessment of their needs. The type or amount of caring they provide was no longer an eligibility factor in rights to assessment or support. The legislation placed the onus of identification onto the professionals, services and organisations young carers and their families encounter.

In order to achieve effective identification, the organisations, services and professionals that young carers and their families regularly encounter must:

- Know who young carers are.
- Understand the reasons why young carers and their families might not come forward independently.
- Know their own role and responsibilities in relation to identification and support for young carers.
- Know how to identify them, including indicators and questions to ask.
- Recognise the importance of identifying them early, routing them into support and ensuring they are more widely connected to services who acknowledge their caring role.
- Consider providing more support so that young carers do not have to do as much, or any caring.

Good practice in identification focuses on young carers being on the radar at the earliest possible point to ensure that children do not take on responsibilities that are excessive to them. This will vary from child to child and family to family, making early identification and review essential. For this to be successful, professionals, departments, agencies and organisations all have a role to play in effective early identification. While the duty sits with local government, the Care Act 2014 also places a duty on education and NHS bodies to co-operate with local authorities in its delivery.

The role of sectors and agencies

3



Local authorities are the primary agent in the identification of young carers, either directly through their adult and children's services, or indirectly through the services they commission and the strategic expectations they establish with partners.

This chapter explores how local government, the services they commission and their key partners in health and education, identify young carers and what challenges they face independently and together.

Statutory services

Remit

The Care Act 2014 created a fundamental shift, requiring statutory services to take a whole family approach and compelling adult and children's social services to work together in order to:

- Look at the impact of caring on the family.
- Consider the parenting role of the adult.
- Identify any children who are providing care.
- Ensure appropriate support is in place for the whole family.

As part of whole family working, the responsibility for assessing children can now come under the remit of adult social care. Whole family working asks practitioners to 'think family', get the whole picture, make a plan that works for everyone and check it's working for the whole family.¹⁸

Whole family working is at the heart of effective identification by statutory services. However, without a whole system approach, linked senior strategic buy-in and national oversight, it is unlikely this aspiration will be achieved for young carers and their families.

Of the 24 respondents to the question in Carers Trust's survey of local government, only nine had a protocol in place between adult and children's services. The evidence from our research reveals the same key barriers present in 2014 remain in many local authorities across England.

Sector overview

Of 51 young carer services that responded to our survey, 98 per cent received referrals from children's social services. 61 per cent received referrals from adult social services. This suggests that there remains a limited number of adult social services identifying young carers through their engagement with families. Over half (55 per cent) of young carer services felt that lack of co-operation was a key barrier. Reasons included a lack of understanding on whole family approaches, competing priorities and social worker focus on the service user without considering their role as a parent.

79 per cent of young carer services felt that having common objectives enabled them to work better with adult social services. Examples of good practice highlighted by local authorities and young carer services in the surveys included:

- An agreement in place between children's and adult social services to support a whole family approach.
- Integration of young carer support into wider programmes of support operating in that authority area including Early Help and Troubled Families.
- Embedding young carer 'flags' into core systems such as children's social services and Early Help.
- A multi-agency working group involving representatives from disability teams, health, adult services, the education department in the council, school nursing service, young carers forum and others.
- Commissioned young carer awareness training for all professionals in the locality.
- Ensuring young carers are included in the overall area carers strategy.

These barriers and enablers will be explored in greater detail below, drawing on the findings from the qualitative research.

Key barriers

Respondents taking part in the qualitative research identified four main areas of concern impacting on the identification and support of young carers by statutory services:

- Focus on the person with care needs.
- Information sharing.
- Signposting and referral.
- Financial resources.

Focus on the person with care needs

The focus of adult social service professionals on adults in the family means that the early indications that a child may be a carer are overlooked, preventing proactive and early identification of a young carer.

“ I suppose if it’s not on your radar, if young carers are not on your radar, then they’re easily overlooked.

Young carer service

“ Children being unkempt. When you’re doing your home visit with the parent, they’re at home. Should they be in school?”

Local authority

There was concern expressed about the time and capacity professionals had to focus on adults with complicated needs, even without

having to incorporate the added complexity of young carers and their needs. Given the limited time professionals have during visits, the view was that adding in questions to help identify young carers would generate more work for the professional – work which sat outside what they perceive to be their core responsibilities.

“ [Service professionals] just tick the boxes they have to tick, and the extras are just left because they don’t feel they’ve got the time to do so, or it’s going to create more work [for them].”

Young carer service

Information sharing

A core aspect of being able to identify young carers, carry out timely assessments and provide support to young carers is awareness of the statutory responsibilities of local authorities and how this translates into practice by professionals and practitioners.

Respondents in the qualitative research reported that a lack of awareness of these responsibilities combined with a lack of time means that professionals may fail to share information about young carers with young carer services and other organisations or to carry out assessments.

In turn, knowledge and skills gaps among professionals mean they are unable to suitably advise young carers and their families on their entitlements and any wider support available.

Signposting and referral

Communication and information sharing between local authorities and the local voluntary sector were described as needing improvement. There was uncertainty among voluntary sector organisations as to whether information

shared with local authority staff was followed up. A reason given for this was a history of poor communication between the voluntary and statutory sector. Voluntary sector staff felt that referrals they had made were not confirmed or outcomes of their referrals were not communicated.

Financial resources

A consistent issue raised was the financial cuts that have been experienced by local authorities over the years. A range of consequences of ongoing financial constraints were explained:

- Reduction in staff leading to an increased case load and less time: “Local authorities are being reduced in size. We’re expecting those children and families’ teams to be doing more with less resources.” (Young carer service)
- Prioritisation of those most in need such as missing children, those with acute safeguarding needs or exploited children.
- Restructuring of services resulting in uncertainty: “There’s been a lot of changes and restructuring within our local authority, and we’ve had three different commissioners in the past five years.” (Young carer service)
- Workforce churn leading to loss of local knowledge and local provision needing to re-establish relationships with new staff: “Staff turnover is high, meaning teams change regularly which means the service loses contact with a key person within a team.” (Young carer service)
- Meeting tight deadlines between a referral and assessment: “Practitioners are given 15 working days to conduct an assessment from the date of allocation, which is riddled with difficulties ...” (Local authority)
- Limited capacity to take a reflective and proactive approach: “We ... are fighting fires and are being reactionary rather than proactive.” (Local authority)

A combination of these barriers was reported to increase focus on the most essential or core tasks, a consequence of which was that young carers may not be identified and supported in a timely way.

“ ... we won’t necessarily hear what the updates are, what’s happening. Or if we’re trying to share information ... let a social worker know that there is a young carer within that family, we don’t always have our phone calls returned or emails returned. That happens more often than not.

Young carer service

“ They might be working towards completing an assessment for three families at the same time and rather than completing the young carer’s referral for one of them, they would continue to try and reach the deadline for the other two families first. I think that’s the reality of practice and where we’re at.

Local authority

Key enablers

High level strategic leadership, commitment and co-ordination are vital. Confidence was expressed in local authority leadership’s ability to overcome barriers by transforming services and focusing on the development of Early Help provision.

Within this senior strategic commitment, three main approaches were perceived to increase the early identification of young carers:

- Relationship building within and between voluntary and statutory services.
- Awareness raising and training among staff.
- Effective overview and scrutiny.

Relationship building

While establishing a lead contact focused on young carers would be a starting point, the persistent nature of staff turnover and capacity issues within the statutory sector means that for local young carer services, there is a need to have regular targeted contact with adult and children’s services.

On the statutory side there needs to be scope for handing over the duties and responsibilities of the lead contact to another member of staff. This also requires a sense of shared responsibility towards young carers and a recognition among managers and team leaders of the importance of identifying and supporting young carers.

“ Obviously the cost of crisis is a lot higher than it is for early intervention ... it’s a transformational programme that they’re embarking on now with the new CEO and Director of Children and Families ... it’s on every level that [they’re] scrutinising and looking at where the costs can save and be realigned into early help and early intervention.

Young carer service

Upskilling the workforce

Young carer services staff observed that one of the consequences of staff turnover meant that local knowledge was lost. They recommended that young carer awareness and identification was built into induction for new staff and there was a named young carers lead who would act as key contact. The findings suggest that a commitment to a core set of responsibilities within a young carers lead job description would ensure there was continuity and succession planning.

Overview and scrutiny

It was noted that external checks such as those provided by Ofsted may be a way to improve the early identification of young carers.

In some instances it was considered to be the case that changes were made to how statutory services work following an inspection. The suggestion was to include criteria related to the identification of young carers.

The findings suggest that overview and scrutiny can play a significant role in holding organisations to account and ensuring the duties held by local government are delivered in practice.



“ I think it has to be an expectation which you're being measured on.

Young carer service

Summary

It is evident that local government has been taking strides to improve the identification of young carers in local areas. 24 out of the 26 local authorities that responded to this question in our survey said they had made improvements since 2014 and related introduction of the Children and Families Act 2014 and Care Act 2014.

However, there remain ongoing challenges that are preventing any changes from becoming part of the working culture. Ongoing financial constraints, translating into an over committed workforce, with time limitations, high caseloads and increased employee turnover mean that young carers are not being readily identified, particularly by adult-focused social workers. Across statutory services, it is evident that without a clear pathway for young carers and their families, information sharing, and communication is breaking down.

Identification is working best in situations where barriers have been overcome by transformational leadership, developing services to integrate young carers with effective partnerships between children's and adult social services and across agencies and organisations.



Top tips for success

- **Senior strategic leadership:** A clear strategy for young carers, led by senior strategic management and based on collaborative approaches for identifying, assessing and supporting young carers, leads to a more effective and co-ordinated approach to the identification of young carers. Use available mechanisms such as the Carers Strategy or Joint Strategic Needs Assessment.
- **Working together protocols:** Implementation of a jointly owned Memorandum of Understanding, based on No Wrong Doors: Working Together to Support Young Carers and their Families,¹⁹ will make roles and responsibilities clearer and establish expectations for working together.
- **Integration:** Ensuring young carers are identified and supported onto a wider pathway will increase the consistency and likelihood of identification by different professionals and practitioners. Developing identification triggers across the system will mean young carers can be more easily flagged.
- **Multi-agency strategies:** Development of a broad multi-agency strategy or steering group builds strong cross sector relationships, clear expectations and open communication.
- **Workforce development:** Implementation of training on young carer awareness, identification and local whole family practice, ensuring it is embedded across workforce development of key providers.





Resources to check out

Carers Action Plan 2018–2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf

Making a Step

<https://makingastepchange.info/key-themes/identification-of-young-carers/>

No Wrong Doors: Working Together To Support Young Carers And Their Families

<https://www.local.gov.uk/sites/default/files/documents/no-wrong-doors-working-to-27d.pdf>

The Care Act 2014 and Whole Family Approaches

<https://www.local.gov.uk/sites/default/files/documents/care-act-and-whole-family-6e1.pdf>

Young Carers Needs Assessment: Supporting Information for Use in Conjunction with ‘No Wrong Doors’

<https://www.local.gov.uk/sites/default/files/documents/Young%20Carers%20needs%20assessment.pdf>

See Resources overview on page 69 for more information about the resources in this section.



Young carers and wider health offer for young people

Overview

In Norfolk County Council a multi-agency action planning group, which is health and local authority chaired, formed several years ago and has been responsible for supporting the development of various activities that have aimed to improve the identification of and support for young carers. Notably, work undertaken by the group has ensured that the re-commissioning of the 0–19 Healthy Child Programme (HCP) recognises the need for supporting young carers. This programme delivers health provision for children and young people via school nurses, health visiting services and the Family Nurse Partnership.

During the re-design of the HCP's core and enhanced offer for 0–19-year olds, work was undertaken to ensure engagement tools have specific details that could help young carers self-identify and reach out to access health support if needed. Engagement tools adapted to include information for young carers include:

- **The county 'movement in' letter.** When a pupil moves into a school within the county, they receive a letter welcoming them. Young carers and health practitioners recognised this as a good opportunity to reach a wide range of young people, support them to self-identify as a young carer and seek support via the links included in the letter.
- **Chat health and health passport.** These are both part of the county's core offer of health support for young people. Both tools provide information around the characteristics of a young carer. The expectation is that unidentified young carers accessing these tools are exposed to information that may help them self-identify and seek support from a health service.

Alongside these engagement tools, the HCP has also ensured that young carers have access to an enhanced offer of support from health practitioners, which includes face-to-face support.

Successes and achievements

Networking and relationship building between the health sector and experts from the young carer service (Carers Trust, Cambridgeshire, Peterborough and Norfolk) has been the most important mechanism in embedding young carer awareness raising into mainstream health support. This was seen to be a particular success factor by the young carer service and those leading the development of the HCP engagement tools for young people.

For Carers Trust Cambridgeshire, Peterborough and Norfolk, the multi-agency working approach has helped to legitimise and drive forward the work which is at the core of its service:

For health practitioners, the opportunity to build close working relationships with operational staff in the young carer service and to consult young carers themselves has been instrumental in ensuring tools include information that will help facilitate self-identification and access to health support.

Another significant achievement has been the inclusion of information about a young carer's role in the mainstream healthcare information available for all young people in the county.

While formal outcomes around identification and support of young carers are not collected as part of this work, Carers Trust Cambridge, Peterborough and Norfolk observed that more of the young carers using its services are accessing health services within Norfolk.

“ I think by having that group really driving this work forward around about young carers identification, actually adds weight that really helps encourage the work to continue. The organisations are seeing, actually yes, it isn't just our organisation but actually there is a key role that we need to play and it's a strategic priority for them as well.

Young carer service

Health services

Remit

The Care Act 2014 places a duty on NHS bodies (NHS England, clinical commissioning groups (CCGs), NHS trusts and NHS foundation trusts) to co-operate with local authorities in delivering their Care Act 2014 duties. These are:

- To provide information and advice to carers in relation to their caring role and their own needs.
- To prevent, reduce and delay the need for support, including the needs of carers.
- To provide a carer's assessment.
- To meet carers' eligible needs.
- To promote a carer's wellbeing.

NHS staff have a role to play in making sure young carers and their families receive the assessment and support they are entitled to, which requires identification in the first instance.

In 2016, NHS England published its Commitment to Carers²⁰ to give them the recognition and support they need. As part of this, the Young Carers Health Champion programme was established in 2015 to support improved health literacy, promote health and wellbeing and develop the capacity of young carers to participate in planning the development of young carer friendly services. It aims to support service change through young carer voices. The NHS Long Term plan²¹ commits to 20,000 young carers benefiting from GPs having top tips, from young carers themselves, on how to better support them.



Sector overview

73 per cent of the young carer services responding to our survey received referrals from health services and 78 per cent were engaging with health services where possible. This referral rate is considerably higher than from adult social services and indicates that health has been a growing focus for young carer services in their awareness raising activities.

The main ways of working together relate to information distribution, including posters on noticeboards, in reception areas and in registration packs. 94 per cent of services working with GPs and 85 per cent of services working with hospitals undertook this kind of activity. Requiring more investment, over 65 per cent of the services held awareness raising events such as information stalls, fundraisers or awareness days. Nearly half (48 per cent) provided online or face-to-face training to hospitals which increased to 58 per cent delivering training to GPs.

Services were targeting GPs as the principle health partner in the identification of young carers, with much smaller percentages working with occupational therapists (24 per cent), district nurses (27 per cent) and hospital social workers/discharge teams (37 per cent).

The key challenge experienced by services trying to engage GPs was a lack of co-operation, with 73 per cent indicating this was a barrier. Reasons included time constraints, but also changing priorities of the practice and the fact GPs were focused solely on the patient.

88 per cent of respondents in the online survey of young carer services said the key enabler was knowing the right person to speak to.

Examples of good practice highlighted by health providers and young carer services to overcome challenges included:

- Working strategically with the CCG to ensure young carers remain a priority for GP practices.
- Taking a systems level approach and strengthening any existing Carers Memorandum of Understanding with an NHS Young Carers Pledge. One local area was including this pledge into all core NHS commissioned services from April 2019.
- Ensuring that staff who were engaging health practitioners about awareness raising for adult carers also raised awareness of young carers.

These barriers and enablers will be explored in greater detail below, drawing on the findings from the qualitative research.

Key barriers

The discussion around the healthcare sector and the role it can play in identifying young carers was framed by an understanding of a fundamental difference between the medical and care models. Respondents in the qualitative research explained that the medical model is focused on individual health conditions and/or disability and, in contrast, described social care as being underpinned by a social model which has the potential to be more inclusive and family focused.

This difference was considered to be at the root of many of the barriers to identification of young carers by health professionals.

Time constraints

Medical appointments were considered to be relatively short, target-driven, and took place in the clinical setting (and usually not at home). Therefore, signs or characteristics that a child is a carer might not be evident.

Condition focus

Medical professionals focusing on a patient do not have the scope within the short timeframe available to them to ask questions about carers or question the presence of children accompanying an adult. This view was expressed consistently by respondents in the qualitative research. Loss of a family doctor to provide consistent care to a family meant that GPs no longer had in-depth knowledge around a family.

“ We were told several years ago by a manager in one of these services, that case workers were reluctant to suggest to parents that someone works with their children, because they felt the parents would then want to back off.

Young carer service

“ I think we're really good at supporting the adults but less so at seeing the child behind the adults.

Healthcare sector worker

Fear

Parents with complex needs accessing specialist services such as a drug and alcohol service, may disengage if questions are asked about their children. This finding suggests that in these cases a young carer may go unsupported and left at risk.

There's also a fear that GPs might be judgmental because they may feel that children should not be in a caring role.

Knowledge and skills gap

Respondents in the qualitative research recognised that GPs do not receive formal training about identifying young carers and that the links between GP practices and voluntary sector provision for young carers was patchy and inconsistent. This in turn leads to a lack of confidence among GPs to ask questions about family-based issues outside or on the periphery of their medical expertise.

Moreover, there was the acknowledgement that the NHS duty in relation to identifying young carers was vague and there was limited awareness of the duties outlined in the Care Act 2014 and the Children and Families Act 2014. Therefore, there was no impetus for GPs to increase their awareness of the importance of identifying young carers.

Key point of contact

Across the healthcare sector as a whole, respondents in the qualitative and quantitative research felt that it was difficult to identify the most appropriate person to contact to raise the issue of prioritising the identification of young carers due to the many layers of management.

Key enablers

Respondents suggested three ways of improving early identification of young carers.

Upskilling the workforce

Incorporating awareness raising into healthcare professionals' routine safeguarding training.

Key point of contact

Working with an identified lead within GP practices, with a focus on practice managers who could more easily cascade information to GPs. Refer to page 33 for more details on this example of reported good practice. Other similar instances of awareness raising in GP practice or hospitals included:

- Health workers who met with practice managers handing out leaflets and information to share with practice GPs and other staff.
- An awareness day held in hospitals where materials with referral pathways for young carers were provided.

GP prescriptions

Including questions about caring as part of the screening process and to simplify referrals between health and social care was seen as useful. However, data sharing and IT systems were considered a political issue in relation to the NHS.

In addition, training, alongside a script to ask parents about a child's caring role, was identified as an approach that could increase GPs' confidence in broaching these issues.

Other good practice examples described by interview participants included the use of a top tips document by GPs to identify young carers which they followed up with a 'prescription' for those who were young carers. This prescription created an electronic referral record within the GP and NHS Trust mechanisms. This was thought to be a successful way to identify young carers.



“ So, we're really proud ... as there's a group of key people that can recognise [and] early identify young carers.

Young carer service

Lastly, respondents in the qualitative research described linking GPs to a dedicated social worker to discuss issues raised during a medical appointment. This helped GPs talk through what they may have noted in relation to a young carer with ease.

Summary

The national drive from NHS England to increase their Commitment to Carers has created a platform on which to push forward the identification of carers and the profile of young carers within that work. It is evident that young carer services are recognising the role of GPs and hospital workers in the identification of young carers and are investing in relationship building, awareness raising and training for staff.

However, the evidence highlights that without area-wide strategic planning, co-operation is not consistent, and it is hard to know the right person to speak to. GPs are necessarily patient focused and constrained by time, but without understanding the ramifications of failing to identify young carers or knowing how to route them to support, young carers are more likely to develop increased health needs themselves. Making it as simple as possible for GPs to identify young carers and route them into support is essential and committing to this at an area wide level is the only way to ensure young carers are identified in every practice and not just some.



Top tips for success

- **Senior strategic leadership:** Engage the CCG to ensure that there is a clear expectation in commissioned NHS contracts that young carers will be identified and routed into support so that young carers become a priority for local GP practices and hospital teams.
- **Working together agreements:** Implement a jointly owned protocol based on The NHS England Carers Toolkit and template Memorandum of Understanding.
- **Referral routes:** Make referrals as easy and consistent as possible. GP carers prescriptions are actionable and can directly follow identification, creating agency and purpose.
- **Workforce development:** Implement training on young carer awareness, identification and local whole family practice, ensuring GPs and hospital workers know how to ‘think young carer’ and what to do when they identify a child who is caring.
- **Invest in carer leads:** To create a single point of contact and improve communications across agencies and organisations.





Resources to check out

Carers Passport

<https://carerspassports.uk/>

NHS Commitment to Carers

<https://www.england.nhs.uk/commitment-to-carers>

NHS Commitment to Carers Toolkit

<https://www.england.nhs.uk/commitment-to-carers/carers-toolkit/>

NHS Long Term Plan

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Queens Nursing Institute Carers Resource Project

<https://www.qni.org.uk/nursing-in-the-community/supporting-carers/>

Royal College of General Practitioners' Carers Support Page

<https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/carers-support.aspx>

Royal College of General Practitioners' e-learning module Supporting Carers in General Practice

<https://www.e-lfh.org.uk/programmes/supporting-carers-in-general-practice/>

Surrey Carers Prescription

<http://carersworldradio.ihoststudio.com/centralsurreypath.html>

Surrey Memorandum of Understanding for Carers

<http://carersworldradio.ihoststudio.com/carersnet/Together%20for%20Carers%20final.pdf>

Top tips for young carers visiting their GPs

http://carersworldradio.ihoststudio.com/carersnet/SYC%20GP%20poster_Octoberiii.pdf

Training resources to help with improving the identification and support of young carers

<https://professionals.carers.org/training-resources-identification-support-young-carers>

Young Carers Pharmacy Project

<https://professionals.carers.org/youngcarerspharmacyproject>

See Resources overview on page 69 for more information about the resources in this section.



Linking GP surgeries with young carer services

Overview of the approach

Suffolk Family Carers, a Carers Trust Network Partner, has linked up with GP surgeries to raise awareness about carers, including young carers, and provide them with support. Primary care family advisers from the organisation deliver outreach sessions in local GP surgeries – setting up a dedicated stall in the waiting room, distributing information leaflets, responding to queries from patients and their families and offering private one-to-one guidance and advice. The service advertises these GP visits on its website and through regular e-newsletters. To increase visibility, staff wear pink Suffolk Family Carers hoodies when visiting the surgeries.

The project also raises the profile of carers in the healthcare sector to ensure practitioners are attentive to their presence and needs, and are aware of available support and referral routes. Suffolk Family Carers attends health service meetings and offers bespoke training to GPs, nurses, nurse practitioners and healthcare assistants so all surgery staff can identify carers and feel confident about making referrals. Regular surgery reviews are carried out with GP practice managers to assess their capacity in identifying and referring carers to other services, and to set out strategies and approaches to improve this. In turn, these reviews help the carer service gain key insights into GP centres' work, priority areas and staff changes, enabling the development of more targeted approaches to working with them.

Resources and support

To successfully set up and deliver this work, the following support and resources were seen to be pivotal:

- **Buy-in from strategic leads (for example CCG or executive leads)** was essential in securing funding for the project. The service formed strong relationships with the local council and NHS, positioning itself strategically among other organisations, raising the profile of the service and keeping carers high on the agenda. Strong, positive relationships between Suffolk Family Carers and statutory services had already been formed and cultivated over the years by working together towards shared aims, which facilitated this process. Evaluation reports, including numbers of monthly referrals from GP surgeries and case studies, were key to obtaining ongoing support and funding.

- **Buy-in from GPs and surgery staff** was critical for project implementation and delivery. Suffolk Family Carers invested time in building rapport with GP centres, so that they could have space in the surgery, starting with brief conversations with practice managers which opened opportunities for further engagement and networking with different practices as the service grew and developed. Suffolk Family Carers stressed the importance of adopting a persistent but gentle approach to establishing links, for example by visiting surgeries each month to offer information leaflets and raise its profile. GPs' initial scepticism was overcome by demonstrating the value of the project in meeting CQC inspection criteria, by emphasising the financial support from government and CCG partnership, and by providing regular feedback on progress achieved in identification and referrals.
- **Easily accessible material for information and referrals** developed by the carer service, including posters and leaflets for GP centres and other local services such as pharmacies, libraries, community centres and churches to keep on display and hand out. Suffolk Family Carers also designed a GP referral form that requires only essential information, enabling it to be filled out easily.

Successes and achievements

- **Better awareness among young people that they might be a young carer and of available support.** This can result from reading awareness-raising materials, conversations with support workers or from overhearing conversations about other carers when visiting a surgery. It also means young carers know where they can go for help without the fear that may exist around social services, thus aiding timely identification and access to support and aiding crisis prevention.
- **A growing number of referrals.** While those caring for a family member often visit GP centres, they rarely talk or are asked about their caring role. The presence of practitioners with specific expertise around carers is felt to help improve identification and referrals by raising awareness and providing a space for young carers to voice their needs and concerns. The GP referral form was a key facilitator in this process.

Schools

Remit

Schools and colleges are vital and ideally positioned to identify young carers early and initiate support. Although schools do not have a statutory duty to identify young carers, the widely held view, reinforced in the qualitative research, is that schools are an important location where young carers could be identified and supported. Without recognition of their caring responsibilities and support to engage flexibly in learning, young carers cannot achieve the same as their peers.

The Care Act 2014 places a duty of co-operation on education providers to work with local authorities to fulfill their obligations under the legislation. This is particularly true in relation to transition to adulthood in which it says schools are vital to identifying young people and carers who may not already be in contact with local authorities.²²

Sector overview

Only 2 per cent of young carer services that replied to our survey were not doing any work with schools and over half (51 per cent) of the services who answered the question had dedicated school workers. This reflects the general view that schools are fundamental to the early identification and ongoing support for young carers. These efforts have been rewarded with 96 per cent of young carer services saying they receive referrals from schools.

Young carer services overwhelmingly agreed (96 per cent) that the key enabler to working with schools was knowing the right person to speak to and, conversely, the key barrier related to a lack of co-operation (62 per cent). The reasons for this took many forms but the main considerations were lack of time in schools, not seeing young carers as their responsibility to identify, not acknowledging they have any young carers in their school and their capacity to engage being impacted by the availability/or lack of pastoral support.

Young carer services and local government were overcoming these challenges in a number of ways, including:

- Having tangible materials and resources to help schools such as the Young Carers in Schools Programme²³ or another locally available scheme.
- Work between children's social services and school improvement teams to use the mandatory safeguarding audits (section 175 and 157) to create more consistent identification and support in schools under a designated lead.
- Building school engagement into wider platforms of work such as school networks or healthy child programmes. (See pages 24 and 43 for more case studies).
- Creating effective transitions between education providers so that there is continuity of support. One area had secured the inclusion of young carers as vulnerable children on the Transitions Grid. This online system transfers essential information about a child from their primary school to their forthcoming secondary school to ensure that children get the right support on entry to secondary school and that appropriate information is shared between the schools.

These barriers and enablers will be explored in greater detail below, drawing on the findings from the qualitative research.

Key barriers

Lack of statutory obligation

Although young carers' wellbeing, attendance and academic performance may suffer due to their caring role, schools are under no statutory obligation to identify young carers and support them. As a consequence, other needs and issues may be prioritised by the school. The issue of responsibility or the lack of it was felt to be more pertinent among academies and multi-academy trusts which are not accountable to local authorities. Therefore, the wider structural changes to the school system may have indirectly influenced school behaviour in relation to young carers.

With schools focused on curriculum delivery and academic success, taking action to understand and support a specific group of students is not at the forefront of the minds of staff.

A lack of capacity to undertake extra work outside of the curriculum and insufficient funding were also cited as key barriers.

“It’s about achieving, it’s about doing well, league tables, and so I think sometimes it just falls off the agenda.”

Young carer service

Staff turnover and a lack of ring-fenced time to identify and support young carers were identified as issues in providing continuity of support in schools. This lack of capacity could also hinder how schools engage with the parents of young carers.

“Schools are just literally overworked and underfunded, because funding’s getting cut constantly by the government, ... so that’s why they stick to what’s in the curriculum.”

Young carer service

Skills and knowledge gap

A lack of awareness among schools was cited as a key barrier to the early identification of young carers in educational settings. This was due partly to a form of denial, where staff believe that none of their pupils are carers and partly to a lack of prioritisation of the issue among the school leadership team. Young carer services reported that this lack of knowledge, combined with the absence of processes to identify young carers, means that schools are unlikely to meet the educational and pastoral needs of young carers.

Awareness among school staff was noted as a strategic and operational issue requiring direction from school governors and the senior leadership team to provide awareness raising training for staff and instil a school-wide ethos of recognition and support for young carers. Operationally, policies and processes, including a way to identify young carers when they first enrol in schools, were suggested as means to increase awareness and identify young carers early.

“It’s not just one individual on a crusade in school to support all the young carers! It needs to be like a whole-school ethos, and it needs to have buy-in from, I said teachers, senior leadership team, for it to work and be embedded, and have that sustainability within the school.”

Young carer service

Lack of continuity between education providers

Although communicating the needs of a child and young person across school transitions may seem like an obvious approach to the early identification and continuity of care/support, there was little indication that this took place. An observation was made that even the transition from nursery into primary school offers an opportunity to identify future young carers, especially if information on health-related issues in the family is known by educational settings. Where nurseries are linked to primary schools, this may be easier as early years staff are likely to have more frequent contact with school staff.

In contrast to sharing information about known children with special educational needs and disability (SEND) and with an Education, Health and Care (EHC) plan in place, there may be young carers with low levels of need who remain unidentified because there is no requirement for schools to support these transitions for young carers.

How this information sharing might work in practice and issues of consent managed were less clear. However, a suggestion for a potential way forward was to include a question in the school admission applications administered by local authorities.

Key enablers

Whole school approaches

Take up of a school wide programme, such as Young Carers in Schools, means that identifying young carers becomes a core component of the school's infrastructure. There is ownership by school leadership and governance, and the school's policies and procedures reflect the provision available for young carers. To raise awareness of carers and their caring role means that the school is actively trying to 'de-stigmatise' caring as a part of some pupils' lives. This could include the provision of an ID card to young carers.

Upskilling the workforce

A support package combining teacher training materials, such as posters and guidance documents, lesson plans about young carers, templates for drafting school policy and procedures as well as presentations at assemblies, were some of the activities mentioned by interview participants. An award programme²⁴ alongside this can help schools to benchmark their progress and is a way for support services to establish an ongoing relationship with the school. Local services might require funding for school outreach workers, who would also need to be trained.

School lead for young carers

Programmes, such as Young Carers in Schools, highlight the importance of a designated lead member of staff whose role includes supporting young carers and championing the identification of pupils with caring responsibilities. This is particularly important for early identification and self-identification.

“ We do find where schools have really good support for young carers, they identify a lot of them and make regular referrals to us. That breaks down a huge barrier for young people if they know that they can go to a teacher in school, we are visible in their school.

Young carer service

A dedicated member of staff, a young carers lead, ideally with ring-fenced time to focus on the identification and support of young carers and who would be responsible for using existing referral systems, can be particularly useful in ensuring young carers receive the support they need. Schools would also need to ensure that a plan was in place to provide continuity of support and manage staff changes.

Continuity of care and an ongoing school-service relationship can include the voices of young carers to develop and refine schools-based provision.

Establishing a network of schools

Bringing together local schools – primary, secondary and early years settings – to share ideas and improve practice across the network was identified as a useful approach. This type of forum helps to bridge the gap between support provided at school and by local services and can help to increase the identification of carers. For more detail on this good practice example, see page 43.

While schools with designated young carers leads and ring-fenced time are more likely to engage in a network, involving a wider group of schools would help to raise awareness and cascade different ways of working that help to identify young carers and incorporate their voices into school activities.

“ Use them as champions and role models to other schools. They’re all very competitive! ”
Young carer service

This type of network could provide young carers with an opportunity to take on the role of building relationships with school nurses, safeguarding links, or counsellors at schools who have not engaged with the identification and support of young carers.

The network would also help primary schools and destination secondary schools with information sharing and supporting young carers through the school transition.

Both approaches are important in strengthening the support network to ensure young carers know how to access support within and outside of school settings. A school’s role in linking a young carer with available support is especially important in instances when parental engagement is weak or unavailable. A school duty to act as ‘in loco parentis’ means that a school can provide support even if parents are not involved.

Summary

Schools are increasingly being recognised for their vital role in the identification and support of young carers. They are likely to be the first professional to come into contact with an unidentified young carer and are fundamental in preventing young carers slipping through the net.

Good practice in the identification of young carers in schools has been consistently growing, driven by national and local programmes established to promote a consistent approach in schools in a given area, or across England. When schools begin to implement practice which promotes the identification of young carers, they rapidly come to identify a group of learners in their school and are able to engage them more fully in their education and ensure they are routed to wider support.

Given the general barriers to identification outlined in Chapter 2, it is essential that there is a whole school approach to the identification of young carers, which tackles stigma, loneliness and bullying and ensures young carers feel safe to talk to a member of staff.

However, schools are busy, dynamic environments with increasing pressures and competing priorities. Too much good practice in the identification of young carers still relies on the passions of an individual, who ultimately moves on. Unless schools are systematically required to identify young carers, there will continue to be inconsistencies between schools, even within a local area and in one child's experience of moving from primary to secondary school.

Asking schools to identify young carers is a fundamental change which must happen to allow this group of learners to be better known and understood.



Top tips for success

- **Whole school approaches:** Make sure that any approach to identifying and supporting young carers in a school is a whole school approach. Use the Young Carers in Schools programme to achieve consistent identification and support for young carers that reaches a minimum standard. Whole school approaches should include:
 - Assigned members of the school's governing body and senior leadership team having responsibility for leading and championing the school's provision for young carers.
 - A clearly identifiable lead for young carers, responsible for the day-to-day management of provision for pupils who have caring responsibilities.
 - Positive images and information about disability, illness and young carers which are shared with pupils, staff and families.
 - All staff able to take proactive actions, as part of their wider roles, to identify young carers.
 - Young carers being listened to, consulted with and given time and space to talk.
 - The school monitoring and tracking the attendance, attainment, progress and wellbeing of young carers in the same way as other vulnerable pupil groups.
 - Young carers being supported within the school, and signposted to whole family resources and services outside the school.
 - Inclusion of young carers across the portfolio of school policies and literature.
 - Identification practices which support transition into, through school and into their next opportunity.
- **Upskilling the workforce:** Ensure that young carer awareness training becomes part of teacher training, at qualification stage, newly qualified stage and in any induction to a school.

- **Local authority leadership:** Include work with education providers in the local carers strategy and commit to schools-based identification through local authority led activities such as:
 - Creating a young carer lead in each school.
 - Commissioning schools based training and engagement work.
 - Monitoring identification and support through section 157 and 175 returns. These place a duty on local authorities, schools and academy trusts to have arrangements in place which safeguard and promote the welfare of children, identify where there are child welfare concerns and take action to address them.



Resources to check out

Carers Passport

<https://carerspassports.uk/>

School Nurse Pathway

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299270/Young_Carers_pathway_Interactive_FINAL.pdf

Supporting Students with Caring Responsibilities: A Resource for Colleges and Services to Help Young Adult Carers Succeed in Further Education

<https://professionals.carers.org/collegetoolkit>

Supporting Students with Caring Responsibilities: Ideas and Practice for Universities to Help Student Carers

https://professionals.carers.org/sites/default/files/supporting_students_with_caring_responsibilities_ideas_and_practice_for_universities_to_help_student_carers.pdf

Young Carers in Schools

<https://youngcarersinschools.com/>

See Resources overview on page 69 for more information about the resources in this section.



Creating a school network

Overview of the approach

Carers in Bedfordshire, a Carers Trust Network Partner, has linked up with local primary and secondary schools to create a school network. The purpose is to increase awareness around identification and facilitate referrals between schools and the young carer service. There are 12 schools involved in the network, with the ambition for more to join.

The network was set up to improve school level support for young carers through the involvement of the local carer service. This is achieved through the distribution of resources created by the service to schools in the local area. This includes a toolkit, featuring an identification sheet advising staff on how to identify a young carer, information around the impact of caring, the policy around young carers, and the Young Carers in Schools Award. In addition to in-school resources, the service has created a letter that schools can send to parents, containing information about the definition of who a young carer is and a tick-sheet for parents to fill in. Some schools have utilised the letter in their admissions application pack, resulting in young carers being identified before joining the school.

The close relationship between Carers in Bedfordshire and schools within the network also facilitates information sharing. With permission from the young carer, the service shares their details with their school, resulting in linked-up support.

Additionally, Carers in Bedfordshire has direct contact with pupils through the school network. The service delivers assemblies with the aim of raising awareness among pupils and teaching staff and works together with schools in the network to train peer mentors. Peer mentors assist with support and identification of other young carers in the school.

Resources and support

To successfully set-up and deliver this work, the following support and resources were seen to be important:

- **Involvement from the carer service** was essential to lead and co-ordinate the network and the creation and distribution of resources. Clearly defined roles within the service are seen to facilitate successful partnerships, as individuals know who to contact for advice, information or resources.

- **Senior buy-in (for example, from school governors or senior leadership team)** was critical for initial participation and sustained engagement from schools. Senior buy-in was achieved through email communication from Carers in Bedfordshire. It was felt that some schools required regular contact (for example, weekly emails) to encourage them to sign up.

Successes and achievements

- **Better awareness among schools about young carers.** Schools in the local area become more aware about the issues surrounding identification and support of young carers. Awareness raising highlights that there are likely to be young carers in every school, and therefore all schools should be doing more to identify and support young carers.
- **Sharing of good practice among schools in the network.** Schools receive information from Carers in Bedfordshire about how to identify young carers. Close relationships between schools also facilitates sharing of good practice at school level.
- **Improved practice around the identification of young carers.** Schools that are part of the network benefit from knowledge sharing, and so improve their identification processes and support provision.
- **A growing number of referrals from schools in the local area.** The increase is particularly noticeable after schools attend a network event. Information obtained from letters sent to parents in school application packs has also contributed to a growing number of referrals to schools and the young carer service. Some young carers, who are unknown to Carers in Bedfordshire, self-identify at cross-school networking events.

The voluntary sector and multi-agency working

Remit

For the identification of young carers to be truly effective, timely and continuous, it requires all agencies and services working together to recognise young carers and ensure there is a clear and accessible pathway to support.

Reflecting on the individual duties and responsibilities across social care, health, education and the voluntary sector, this section covers the nature of the connections and links that exist within and between the sectors. It also explores, in particular, the issues experienced by the voluntary sector which has no specific legal duties itself but is commissioned as a key delivery agent for the local authority in its requirement to identify, assess and support young carers.



Key barriers

The main issues that need solutions to facilitate multi-agency working were:

- Capacity.
- Clear roles and responsibilities.
- Ineffective referral pathways.

Capacity

A key theme across the sectors and again relevant here is the issue of diminishing funding affecting availability of services in the voluntary sector. Across the sector, services continue to struggle with many years of shrinking state funding which means that for some, maintaining the activities they carry out on early identification of young carers is difficult.

Decreasing funding has resulted in services having to make difficult decisions on the projects and activities they deliver. This uncertainty stopped services from expanding and created a precarious work situation for staff. They relied on short-term contracts or a very small team, restricting capacity.

“‘Are we going to get a tender? Are we going to have jobs?’ That’s all of the staff members saying, ‘Actually, I need to look elsewhere for work now.’ So, we’ve lost three members of staff in the last 18 months. It’s really quite significant.”

Young carer service

Services described trying to achieve a balance between awareness raising and providing ongoing support. One service informed us that they could not provide specialist support to young carers under the age of 11 due to a lack of staff to conduct home visits. Respondents in the qualitative research spoke about the positive outcomes of a service focused on awareness raising, particularly the increase in early identification and referrals. However, they raised the issue that this can result in the service becoming oversubscribed, without the staffing, capacity or resources to provide the post identification support and services required for all the young carers they have identified.

“ I think we’re doing as much as we can do with the resource that we’ve got. I think if we had more staff and more time, we would see an increase in referrals because there would be more work being done to uncover them and let them know that we’re here.

Young carer services

“... we’ve got the understanding, we’ve got the knowledge, we’ve got the passion. It’s the means to do that appropriately and safely. Because we could probably send all of our young carer workers out to do an assembly in every single school across the county and identify 20 times the amount of young carers that we’re currently supporting. Then we wouldn’t be able to do anything [else].”

Young carer service

Reduced funding for certain activities may mean that a wider service cannot be offered. For example, a provider stopped carrying out school related work when a specific contract was not continued. Similarly, funding awarded for specific activities by a local authority was restricted in its purpose and so could not be redirected to other young carer related activities, such as raising awareness across the healthcare sector.

Consequently, the view was that for services and sectors to work in a co-ordinated way and provide the full range of activities and support, the issue of funding and its purpose needed to be addressed as a matter of urgency.

Clear roles and responsibilities

The issue of who holds responsibility for identifying young carers affects how well agencies work together to increase early identification of young carers. If a practitioner does not think it is their core responsibility, they will not always identify, communicate to the family their options, or refer to wider partners.

Even within young carer services, interview participants described instances where separate teams for supporting young carers and adult carers within one organisation were not working together effectively or sharing information.

Similarly, this type of separate working was highlighted within the statutory sector as children’s and adult social care teams tend to work in silos. The lack of clarity around roles and responsibilities can lead to referrals not being made, a child slipping through the net and the provision of needs-based support being hindered.

“... there’s always potential danger of adults thinking, oh, there’s a child, so that will be children’s services and children’s thinking, oh, they’re looking after an adult, so it’s adult services. One needs to make sure that actually, young carers, if you like, don’t fall down the middle.”

Young carer service

How responsibilities are delineated and staff held accountable in relation to their work for young carers is likely to influence how closely teams work together. While one view was that children's services are more able to take a whole family approach, the idea of working with families rather than individuals within families was not felt to be fully embedded into practice. The overwhelming view was that team structures did not facilitate a whole family approach.

Ineffective referral pathways

Participants in the qualitative research felt that the referral process did not always work well, even within services. In relation to statutory services, there was a view that adult services are focused on the adult in the family, and may not notice the presence of a child, often failing to ask questions. Additionally, because of the siloed nature of working, staff from different teams do not share information, even informally, in ways that could help to identify a young carer. A similar view was expressed in relation to the voluntary sector organisations supporting young carers. Ensuring that there is a clear referral pathway to use, and that support will be available for the young carer and the family at the end of this, appear to be factors that could increase referrals.

Certainly, there was a feeling that the issue of young carers was not explored with a family because assumptions were being made about support already being put in place by another agency or team. This was especially the case where the family was well known to services so it was assumed that a whole family approach was already being undertaken.

“I'd rather receive three referrals in a year for the same young person and be able to feed back that we're already supporting them, than none at all. ... So as to prevent duplication of stuff, but more so that we don't miss an opportunity to identify a young carer, just on the assumption that we're definitely working with them.”

Young carer service

“There's lots of information out there, lots of really good stuff, about if you know that children or young people are living in a family, make sure that you at least do a visit when they're [present].”

Young carer service

Key enablers

The research findings suggest multiple ways in which multi-agency collaboration could work better to support the early identification of young carers.

Upskilling the workforce

Highlighted as an issue across all sectors, the need to ensure professionals are trained and receive the right information on an ongoing basis was believed to be of paramount importance. This needs to focus on how to identify young carers in a timely way as well as an understanding of where the connections or communication channels between services lie so that information can be shared with ease.

The view was that there was already a lot of information – materials and tools – available and the focus needed to be on communicating these and explaining how to use them instead of spending limited resources on creating new but similar materials.

Lead for young carers

With busy professionals and a provider landscape under pressure due to reduced funding, there was consensus among professionals within young carer services on the need to establish a young carers lead within the local authority. This lead would become part of a communications network across teams and sectors to facilitate ease of information sharing, informal discussions about young carers in a family and to make appropriate referrals.

To ensure that this could happen, respondents in the qualitative research suggested that senior managers needed to be involved so that the young carers lead had time to dedicate to the issue of identifying young carers and building a communications network. In addition to allocated time, including the identification of young carers and cross-sector communication as indicators to measure performance would give more weight to the role of the young carers lead.

Starting early

In some instances, monitoring a home situation was considered to be helpful in order for identification or self-identification to take place when needed. Interview participants suggested that this could start very early, potentially with health visiting services if it was known that an adult in the family had a disability, health condition, or complex needs which required care or could require care in the future.

Shared systems

Technology and systems which allowed for early tracking of a family situation across all sectors was believed to be an effective method in ensuring that a network of support around the young carer could be activated quickly. A good practice example of embedding awareness raising activities and monitoring into school nurse and health visiting services can be found on page 24.

National policy levers

Multi-agency collaboration to prioritise the identification of young carers requires resources, and respondents felt that currently there were no national policy levers to do so. Respondents in the qualitative research felt that with years of funding cuts, services and staff tended to focus on their own role and responsibilities. This affected collaborative working and the predominant view was that a change in national policy and funding to local areas is necessary in order to improve cross-sector working to improve identification of young carers.

The issue of funding cuts, which have caused changes to the nature and scope of services available and caused uncertainty among the workforce, was an overarching theme over which the sector had little control. To alleviate the situation and to support ongoing efforts on the early identification of young carers, a shift in national policy was suggested. The expectation was that if young carers were a national policy priority, more funds would be allocated to services locally.

Across all services and sectors, the need to raise awareness of young carers on an ongoing basis was a recurring theme. A suggested way forward was the introduction of a young carers lead in all relevant agencies and organisations. The lead would have dedicated time to carry out outreach and awareness raising activities, using a combination of formal and informal training. This young carers lead was suggested as a way to ensure that young carers were noticed by professionals and appropriate referrals made. To make sure that this dedicated role would work, ring-fenced time and a role description with associated performance indicators were needed. The view was that a designated member of staff in each service and sector could form a cross-agency network which would facilitate timely communication and also actively support a young carer once identification had taken place.



Top tips for success

- **Building the carers strategy:** Ensure the local carers strategy incorporates young carers and plans for their identification and support. Led by senior management and used as an active commitment, a carers strategy can set clear expectations and secure commitment from key agencies to establish multi-agency pathways to support, working together protocols and mechanisms for communication and evolving delivery. This strategy will require senior engagement and active commitment to have a sustained effect.
- **Designating young carer leads:** Clear ownership of the young carer brief within an organisation's infrastructure will support continuity, despite staff turnover, and overcome the key barrier of not knowing the right person to approach. This person can ensure young carers remain an organisational priority in a school, GP practice, hospital, children's or adult social service team or a carer service.
- **Tackling system change:** To achieve effective identification at an early stage, systems need to be in place which support communication, referral pathways, case management and review. For any one agency to only hold part of the picture is not to be able to truly identify the needs of the family or be connected to their evolving needs. Technology, partnership agreements, protocols and clear roles and responsibilities are the most effective ways in increasing efficiency, reducing duplication and preventing young carers from slipping through the net.





Resources to check out

NHS Commitment to Carers Toolkit

<https://www.england.nhs.uk/commitment-to-carers/carers-toolkit/>

No wrong Doors: Working Together to Support Young Carers and their Families

<https://www.local.gov.uk/sites/default/files/documents/no-wrong-doors-working-to-27d.pdf>

Supporting Young Carers Aged 5-8

<https://professionals.carers.org/supporting-young-carers-aged-5-8>

The Care Act and Whole Family Approaches

<https://www.local.gov.uk/sites/default/files/documents/care-act-and-whole-family-6e1.pdf>

Training resources to help with improving the identification and support of young carers

<https://professionals.carers.org/training-resources-identification-support-young-carers>

Young Carers Needs Assessment: Supporting information for Use in Conjunction with 'No Wrong Doors'

<https://www.local.gov.uk/sites/default/files/documents/Young%20Carers%20needs%20assessment.pdf>

See the Resources overview on page 69 for more information about the resources in this section.



Using the Early Help tool

Overview of the multi-agency approach

Liverpool City Council has established a multi-agency approach to create a robust and clear pathway for practitioners to identify and support young carers.

In 2013 the Early Help Assessment Tool (EHAT) replaced the Common Assessment Framework. Early Help is a way of working together to ensure that families receive the help and support they need, while the EHAT is a simple tool for gathering information to help identify the needs of children and families and make a plan to meet those needs. EHAT is a shared tool, used by all agencies in Liverpool delivering Early Help. Its purpose is to provide a co-ordinated response so that no one in a family misses out on the support they need.

Multi-agency working has led to a co-ordinated approach across all agencies to raise the 'red flag' via the EHAT that there may be a young carer within a family and feel confident that if they raise the issue, it will be dealt with by the appropriate service.

“We completely embedded the young carer’s assessment within the Early Help Framework. It didn’t matter where you sat across the system, whether it was adult or children’s services in their broadest sense. You are able to identify children with additional needs and young carers using the pathway within Early Help with the support of the Early Help Hubs and so on. They would navigate into the young carer service here at Barnardo’s, where they undertake the statutory assessment.”

Local authority commissioner

Resources and support

In order to make this multi-agency approach to identification, assessment and support a success, the following resources and support were necessary:

- **Buy-in and strong leadership** from senior members of the city council and wider statutory services. Most important was passion and strong leadership from the Adult and Children’s Commissioner, at the heart of changes in practice in the way that young carers are identified.
- **Data sharing agreements** have ensured that the young carer service, Action With Young Carers Barnardo’s (Liverpool), is now a ‘virtual member of staff’ within the Early Help Hubs. The young carer service has access to all of the information collected when EHAT has been used, which helps in following up and identifying whether there is a young carer in need of support.

- **Commissioning of a young carer development worker** to raise awareness of young carers via training and working directly with individual practitioners or teams, such as Mersey Care NHS Foundation Trust, Liverpool's adult mental health service provider. The development worker worked with mental health practitioners and education institutions to develop communication materials to raise awareness of young carers.
- **Long-term commitment** and engagement across the relevant adult and children's services within this local authority is important to ensure that buy-in of an approach is maintained throughout a process of development and change.

Successes and achievements

- **City level co-ordinated response led to a 'no wrong door' approach to identifying and supporting young carers.** The embedding of the young carer's assessment within the Early Help Framework and accompanying training has led to all services, including adult services, understanding how to identify young carers. This has facilitated a strong joined-up approach, which has meant that if a young carer is identified via family contact with an adult or children's service, the details can be captured centrally and dealt with by the relevant service. Local authority staff also feel more confident flagging young carers because they know that they will not hold sole responsibility for meeting the needs identified.
- **Timely identification of young carers.** The multi-agency approach of using the EHAT to alert the relevant services of young carers has meant that young carers and their families are receiving support within 24 hours of being identified, limiting delay between identification and support.

Practices to identify and support seldom heard groups

The survey and the qualitative research found a range of practices that young carer services undertake to identify and/or support seldom heard groups. A common theme in its delivery was the role of partnership with specialist organisations.

This section will explore targeted engagement with seldom heard groups and the emerging themes across the types of support provided.

Black, Asian and minority ethnic young carers

Nearly two thirds (63 per cent) of young carer services who responded were supporting young carers from black, Asian and minority ethnic groups. Over half of the services employed a member of staff who speaks a different language and more than a third train their staff to support young carers from black, Asian and minority ethnic communities. The same percentage provide information in another language. Most of the services referred to their work in partnership with specialist agencies where they might refer a young carer onto this partner, undertake joint visits or deliver targeted awareness raising sessions.

The qualitative research also provides examples of young carer services having strong links with the voluntary sector and community groups that represent particular black, Asian and minority ethnic communities. Good relationships were perceived as beneficial for two reasons. First, having regular communication with community groups helps young carer services raise awareness of the characteristics of young carers and also raises the profile of the service as a support organisation for young carers. Second, partnerships with specialist and community organisations could also support the young carer service by offering translation and interpretation services, when needed.

Lesbian, gay, bisexual, transgender, questioning and intersex young carers

Over two thirds of respondents to the online survey of young carer services said they provide support for lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) young carers. A lot of work on identification (62 per cent) is via partnerships and co-operation with external organisations such as Rainbow Head, The Proud Trust and local LGBTQI groups. Over half (56 per cent) of staff who provide support to LGBTQI young carers have received specific training.

Young carers caring for someone who uses drugs or alcohol

A significant majority (80 per cent) of services support young carers caring for someone who misuses drugs or alcohol. The specialist support included specific groups or activities, targeted literature as well as transport and telephone/online support. The specific work to help in identifying young carers caring for someone who misuses drugs or alcohol is primarily with specialist organisations and charities (62 per cent). This finding is mirrored in the qualitative research:

“ We work with a lot of other organisations who are working out there who have got that speciality and equally working with them that’s how they might identify carers and put them in touch with us. There is a partnership approach rather than have our own specific service.

Young carer service



Over half of staff are trained in supporting carers caring for someone who misuses drugs or alcohol. There were also examples from the qualitative research of services employing their own substance misuse support workers whose role it was to support young carers and their families, once identified. It was reported that the key benefit of this role is having a dedicated member of staff who is able to provide intensive support to families as a whole. This means the needs of the young carer can be addressed individually but also indirectly by addressing the support needs of the family.

Rural young carers

Young carer services in the qualitative research highlighted some challenges with the process of identifying young carers living in rural locations. Due to their isolated location with limited transport, the view was that young carers found it difficult to make physical contact with their nearest service. Nearly 60 per cent of respondents to the online survey of young carer services reported that they support carers living in rural communities and 93 per cent of these services provided transport. Service providers pointed to the need for free and flexible transport services to be made available so that young carers could access support. An alternative way to address this barrier was the suggestion for local services to arrange home visits.

“We visit everybody at home if they want to be visited at home, so we’re not even saying they have to get somewhere for their needs assessment or anything.”

Young carer service

Recruiting support workers with particular specialisms

Although still in its infancy, an example of a dedicated support worker for military families was identified as a way to reach this group. As explained elsewhere in this report, military families can be difficult to engage because of the stigma attached to seeking support beyond the military, and the fear of their health condition becoming known. This dedicated role was believed to be the best response to engaging military families and identifying young carers.

Arguably this approach could be reflected across other community groups. It was raised by some young carer services that more could be done to recruit and reflect the communities being served in local areas to improve identification and also increase the acceptance of support by the service.

Targeted workforce development

One example was taking the opportunity at mental health trust conferences to raise awareness of the support needs of young carers.

“ In the past we've had young carers who were willing and able to go along and talk about the support that they've had. The importance of being recognised as a young carer who's come [to the service] for a parent with mental health ... I think a lot of that comes because of the strategic partnerships that we have and arranging these conferences.

Young carer service

Summary

Young carer services are trying to identify and engage with groups of young carers that may be less likely to be identified or seek out support. This was particularly the case in relation to caring for health conditions which might be more stigmatised or where the caring role could be misunderstood or overlooked, such as when caring for someone with alcohol and drug issues and/or mental ill health. Young carer organisations typically said their services were accessible to all and that they would tailor support to the individual. In this way, young carer organisations were trying to be inclusive but might not have established specific or targeted engagement with seldom heard groups.

Many young carer services recognised that the best way to engage and support young carers from black, Asian and minority ethnic communities or those caring for people with more stigmatised conditions was to work in partnership with specialist or community organisations who have close links within the communities. Partnership is essential to ensuring that the necessary skills and experience are present to support the wider needs of the young carer and their family. While some services were developing expertise within their organisations to respond to identified need, or recruiting targeted community workers, most services were developing their partnerships to increase the identification and support of hidden young carers.



Top tips for success

- **Review, map and connect:** Use the carers strategy or joint strategic needs assessment to understand the young carer population in your area. Identify any groups that are less likely to be identified or engage with services. Map available and targeted provision for these groups across statutory and voluntary sectors and create joint working protocols to support communication, partnership and referral systems.
- **Establish multi-agency networks:** Foster a culture of partnership working to ensure young carers are identified by all partners who are working with children and especially those engaging marginalised or at risk children.
- **Transforming services:** To achieve effective identification at an early stage, systems need to be in place which support communication, referral pathways and review. All organisations supporting children, or families with care needs, should know how to recognise a young carer and have partnerships and systems in place to connect them to wider support.





Resources to check out

Meeting the Health and Wellbeing Needs of Young Carers

https://www.local.gov.uk/sites/default/files/documents/LGA_Meeting%20the%20health%20and%20wellbeing%20of%20young%20carers_22%2019_January%202018.pdf

The Carers Centre: Bristol and South Gloucestershire. Network Participation Group

<https://www.bristol.gov.uk/schools-learning-early-years/involving-young-people-in-council-decision-making>

The Triangle of Care for Young Carers and Young Adult Carers: A Guide for Mental Health Professionals

https://professionals.carers.org/sites/default/files/toc_ycyac-proof4.pdf

Young Carers in Armed Forces Families

<https://www.childrenssociety.org.uk/sites/default/files/young-carers-armed-forces-families.pdf>

Young carers of black, Asian and minority ethnic families

<https://www.childrenssociety.org.uk/sites/default/files/young-carers-of-bame-families.pdf>

Young carers of parents who misuse substances

https://www.childrenssociety.org.uk/sites/default/files/young-carers-of-parents-who-misuse-substances_0.pdf

See the Resources overview on page 69 for more information about the resources in this section.



Awareness raising in schools using Young Carers Awareness Day

Overview of activities

Carers of Barking and Dagenham, a Carers Trust Network Partner, works with schools to raise awareness about young carers and run activities for the annual Young Carers Awareness Day.

For the 2019 campaign, it asked supporters to wear something yellow, and helped promote Young Carers Awareness Day via school-based stalls with leaflets, and via social media, newsletters and posters in schools.

Carers of Barking and Dagenham developed additional material for schools to use, including yellow t-shirts, a locally-shot film featuring young carers which was shown in assemblies (see <http://www.youngcarerscentre.org.uk/node/407>), and a resource pack for PHSE lessons. The involvement of young carers supported by the service is considered pivotal to awareness raising activities. They feature in videos shown in schools and deliver assemblies, making the message more powerful, and signaling to young carers that there are others with caring responsibilities in their area.

Carers of Barking and Dagenham provides training for schools in the months preceding Young Carers Awareness Day each year. This raises the profile of young carers in schools and helps them be more carer friendly by informing staff and students about who young carers are, how their caring role may impact them, and what support may be available. Advice about available support is also offered to families through posters and leaflets, with particular attention paid to explaining the variety of caring tasks a young carer might have and of conditions they can care for. This is especially important in raising awareness of 'hidden' young carers, such as those who care for someone misusing alcohol or drugs and/or with mental health conditions, or who are caring for their siblings, as young carers are commonly thought to be only those who care for disabled parents. Increased awareness and understanding among school staff and young carers' peers are ultimately seen to promote identification, self-identification and referrals.

Young carers taking part in focus groups thought that early identification is crucial for the young person's wellbeing as well as for that of the person being cared for, as it facilitates timely access to support in and outside of school. They felt awareness raising was essential to this, as teachers and peers often lack an adequate understanding of caring – resulting in difficulties in establishing friendships, being bullied, or being singled out by teachers because of behaviours related to their caring role (for example, detention or falling behind with work).

Resources and support

The following support was key to the set-up and delivery of Young Carers Awareness Day in schools:

- **Senior buy-in (for example, assistant head, headteacher or school governor).** As the school council has responsibility for deciding which charities or awareness days to support, having a supportive person in the senior leadership team is essential.
- **Presence and support of a dedicated person in schools.** Support from this person is pivotal – they are the first point of contact for the young carer service and are usually responsible for cascading information to staff and the senior leadership team.
- **Buy-in from teaching staff.** It is also important to have a contact within the school who is willing to take on responsibility for running activities and working directly with young people to raise awareness (for example, teachers, teaching assistants and/or learning mentors).

Successes and achievements

- **Increased awareness among staff about young carers,** which is seen to aid identification as teachers are better able to recognise children who are experiencing difficulties and can refer them to the family support worker within the school or to the carer service.
- **Increased referrals and more effective pathways for support,** facilitated by the links and personal relationships established through this work between schools and young carer services. For this to happen, it is important that referral processes are simple and not time consuming.
- **Increased awareness among young carers and their peers.** Young carers stressed the benefits of having ambassadors in schools who identify as young carers and can offer information and support. They mentioned the importance of having young carers speaking in assemblies, and of raising awareness of young carers more in schools, for example through posters detailing who young carers are and the support they can access. They thought awareness raising could facilitate self-identification by destigmatising caring undertaken by young people.

Key findings

4



Summary of findings

The Children and Families Act 2014 and Care Act 2014 gave new rights to assessment for young carers, required local government to take a whole family approach and take reasonable steps to ensure all young carers with needs for support are identified. Since these laws were enacted, it is evident that practice has evolved in some areas to create effective multi-agency relationships across social care, health, education and the voluntary services which allow young carers to be identified early on. However, these examples of effective and good practice are patchy and inconsistent, which means young carers living in neighbouring boroughs could have vastly different experiences of identification and support. The disparity in identification and support across the country means a young carer could be identified in a primary school and slip through the net when they move onto a secondary school. They could be identified in one medical practice but not by another in the same town or be seen by an adult social worker conducting a care needs assessment but not be connected to wider support provided by colleagues in children's social services within the same organisation.

Common barriers

There are common issues which are presenting as barriers to identification across the sectors. Although each of them separately prevents the identification of young carers, it is evident when exploring the root causes that they are all interconnected and interdependent.

At the root of these barriers was the view that ongoing financial pressures were creating instability and shifting focus away from early intervention and prevention. Without adequate funding to implement the Care Act 2014 and Children and Families Act 2014, local government and the partners it commissions are failing to realise the transformational approaches set out in the legislation and guidance. The review particularly highlighted the following issues:

Unclear roles and responsibilities: Professionals and practitioners from across children's and adult social services, education and health may be unclear whether it is their responsibility to identify young carers. If they do not see it as part of their core responsibilities, or they view it as someone else's responsibility, identifying young carers is deprioritised for other more pressing and immediate duties.

Capacity issues: Professionals and practitioners across these sectors reported increasing capacity issues, which in turn is creating time pressures. These time pressures are evident in short medical appointments when the focus is on the patient and not the wider family, in assessments of people with care needs where a child could be identified, or in schools where the focus is on curriculum and learning. The findings suggest that there may be opportunities where young carers could be identified but are not because the practitioners are heavily constrained by capacity issues and are narrowing the focus of their responsibility to ensure they meet their core brief and targets.

Ineffective systems: In working together protocols and in technology, systems are preventing effective referrals of young carers so that a potentially identified child or young person ultimately goes unrecognised or unsupported. Common feedback and issues conveyed through the research focused on breakdowns in communication, uncertainty about where information goes and how those children and young people are ultimately engaged. In many cases the identification, assessment and support for young carers is sitting outside of other, more integrated pathways to support. This also means that children who are being assessed and supported elsewhere in the system are not also being identified as a young carer. This might seem fine if the young person and their family are already being supported. However, the experiences of a young carer and the emotional and physical toll of caring on a child needs a specific set of responses which acknowledges their role, respects their input and generates the right kind of support for their family.

Knowledge and skills gap: Feedback suggests this was in the form of both a lack of awareness of young carers but also a lack of confidence on what to do if you come across a child who is caring. As an adult social worker, GP or teacher, understanding what a young carer is, how to identify them and what steps to take is of paramount importance.

Misunderstood, vague or non-existent duties: The duties in the Children and Families Act 2014 and Care Act 2014 are clear. However, wider duties for health and education around co-operation were considered to be vague and it was unclear how this translated to the work of the local GP or teacher, making it more difficult to lever conversations or activity around identifying young carers. Respondents specifically felt that the lack of a duty to identify young carers in schools was a real barrier to identification, which means they will continue to go under the radar in local communities.

Financial constraints: Often considered to be the root cause of the barriers to identification, financial constraints were creating pressures across all sectors. These were leading to uncertainty, increased staff turnover, lack of historical knowledge or expertise, increased targets and limiting deadlines, in turn creating a narrowing of focus and prioritisation of limited resources.

Common enablers

The research unveiled strong cases where acknowledging young carers as a priority, securing commitment from relevant partners and transforming services to ensure they were identified and routed through to support, was making a vast difference. As with the barriers, the enablers, while all separate factors, are also interconnected and it would be hard to achieve one enabling area without taking steps to deliver them all.

Senior strategic leadership: Commitment at a senior management level is essential to embedding change and creating a whole systems approach to identifying young carers within organisations and across agencies. Where this was in operation, young carers were being integrated into wider mechanisms for identification and wider pathways to support. This could be through using Section 157 and 175 safeguarding returns as a way for schools to demonstrate how they were identifying and supporting young carers. Other examples included, connecting GPs to a link social worker, or including young carer pledges in every commissioned contract for health commissioners. To be effective, these require senior oversight, commitment and review.

Transformed services and systems: To achieve effective identification at an early stage, systems need to be in place which support communication, referral, case management and review. For any one agency to only hold part of the picture is not to be able to truly identify the needs of the family or be connected to their evolving needs. Technology, partnership agreements, protocols and clear roles and responsibilities are the best way to increase efficiency, reduce duplication and avoid young carers slipping through the net. Areas where young carers were being integrated into wider pathways such as Early Help were taking steps to ensure children with caring responsibilities could be flagged across all families in need. Authorities and services creating young carers leads were in a stronger position to keep awareness high and communication active across partners.

Upskilling the workforce: Highlighted as an issue across all sectors, the need to ensure professionals are trained and receive the right information on an ongoing basis was viewed as an enabler and believed to be of paramount importance. This needs to focus on how to identify young carers in a timely way but also where the connections or communication channels between services lie so that information can be shared more easily.

Key recommendations

This review into identification practice of young carers has reiterated the importance of the Children and Families Act 2014 and Care Act 2014, particularly whole system and whole family approaches. For these to be effective, they require commitment from multiple agencies and a fundamental change in organisational culture. Young carer services are trying to identify and support young carers, often on very limited resources, supplementing any statutory funding they receive through fundraising activity. Without senior statutory leadership and integration into wider identification and support mechanisms, the voluntary sector is struggling to ensure young carers are appropriately prioritised in local strategies and funding policy. This needs to be met by a national response which promotes transformational change and emphasises young carers as a priority both locally and nationally.

Oversight and scrutiny

National: Mentioned during the research was the need for recognition of young carers within the Ofsted Education Inspection Framework, implemented in September 2019. The DfE has reinforced its view that the revised framework has been designed to be clear that schools should understand the needs of all pupils and that an exhaustive list of vulnerable pupils is not possible. We recommend that Ofsted should ask every school about the identification and support that they are providing young carers as a hidden and vulnerable group of children and young people. By a similar token, Ofsted should be asking about the identification and support of young carers in its inspections of Children's social services. The Care Quality Commission (CQC) monitoring of GP practices should explicitly ask how young carers are being registered, identified and supported. Oversight of young carers needs to be strengthened to ensure this vulnerable group of children become better recognised and understood so that their needs are addressed in local planning and provision.

It was viewed that central government should be doing considerably more to ensure that the duties which came into force as a result of the Children and Families Act 2014 and Care Act 2014 are being implemented. This includes creating more robust data collection mechanisms which capture how young carers are being identified across key partners, how they are being assessed and how they are being supported. This data must be monitored so that progress can be tracked.

Local: Carers strategies must incorporate young carers and plan for their identification and support. Led by senior management, a carers strategy should set clear expectations and secure commitment from key agencies to establish multi-agency pathways to support, working together protocols and mechanisms for communication and evolving delivery. This strategy will have limited success if it does not have senior engagement, active commitment and regular review. Another potential lever is local authority cabinet members, scrutiny committees and senior officers who can have an important role in the overview of commissioning practices and implementation of legal duties.

Leadership

National: Respondents felt that very little would improve without policy levers to drive change. There should be stronger identification duties, particularly in schools, and policies which drive senior commitment across health, social care and education to form effective multi-agency pathways which ensure early identification and support of young carers and young adult carers.

Local: Senior and documented buy-in from health, social care and education leaders should exist in a core set of commitments which aid the identification of young carers. Where possible, this should include a young carers lead in each service to improve connection, communication and pathways for young

carers and their families. Clear ownership of the young carer brief within an organisation's infrastructure will support continuity, despite staff turnover, and overcome the key barrier of not knowing the right person to approach.

Transformation and investment

National: It was clear that the sector was struggling to deliver services for young carers on the available funding. Respondents felt that only with increased funding, or policy which prioritised funding for young carers, would there be the stability they needed to provide the full range of activities required to achieve effective early identification of young carers. Local government should be adequately funded to meet its duties in the Care Act 2014 and Children and Families Act 2014.

Local: While it is undeniably the case that financial cuts have created a constrained environment, it is not a justifiable reason for local planning and commissioning to ignore the needs of young carers and their families. Local discourse readily explains away failures for these vulnerable children on the basis that there is no money, instead of considering how its available resources can work better for these children and young people. Local government must transform its services so that young carers are integrated into wider local authority provision and not viewed in isolation. Transformation must consider how organisations can work together and embed that practice. Professionals need to understand their core responsibilities and how they contribute to the whole, and technology must support communication. Investment can avoid larger scale long-term expenditure on crisis and poor outcomes.

Workforce development

National: For young carers to be routinely identified, acknowledged and understood in the same way other vulnerable children are, young carers ultimately need to be included in pre-registration and mandatory training for children's and adult social workers, health professionals and teachers.

Right now, the focus needs to be on communicating the available tools and resources with the sector and investing in activity which gives them the confidence to identify and support young carers instead of spending limited resources on creating new but similar materials.

Local: Organisations should incorporate training on young carers identification and support into induction and ongoing professional development.

Resources overview

Carers Action Plan 2018–2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf

Details the cross-government programme of work to support carers in England between 2018 and 2020. It sets out the government's commitment of supporting carers through 64 actions across five priority areas which emerged from the carers Call for Evidence.

Carers Passport

<https://carerspassports.uk/>

A Carers Passport is a record which identifies a carer and provides an offer of support, services or other benefits. It also contributes to raising awareness and improving identification by creating a culture of acceptance. The website provides resources that support the establishment of a Carers Passport scheme in a range of sectors – employment, hospitals, community, mental health, schools and universities.

Making a Step Change

<https://makingastepchange.info/key-themes/identification-of-young-carers/>

Delivered in 2015 and 2016, this programme supported local authorities to fulfil the duties set out in the Care Act 2014 and Children and Families Act 2014. It trailblazed activity with six local authorities, testing good practice models and providing briefings on key themes, including leadership, participation, identification and engagement with key stakeholders. The resource highlights and provides tools of best practice both a) between adult and children's social care, and b) with health, voluntary and community sector partnerships.

Meeting the Health and Wellbeing Needs of Young Carers

https://www.local.gov.uk/sites/default/files/documents/LGA_Meeting%20the%20health%20and%20wellbeing%20of%20young%20carers_22%2019_January%202018.pdf

Provides good practice examples of identifying and supporting young carers from services working with young people. Case studies include joint working between adult and children's social care to identify young carers, improving identification of young carers in school, and training the wider workforce to be young carer aware.

NHS Commitment to Carers

<https://www.england.nhs.uk/commitment-to-carers/>

In partnership with carers, patients, partner organisations and care professionals, NHS England developed 37 commitments representing its wider commitment to carers. The toolkit identifies eight key priority areas, each with a range of activities to raise the profile of carers. These include establishing an NHS board level carers champion and supporting the annual Carers Week campaign.

NHS Commitment to Carers Toolkit

<https://www.england.nhs.uk/commitment-to-carers/carers-toolkit/>

Assists health and social care organisations in working together to identify, assess and support carers and their families. It details the duties of co-operation on NHS organisations and all agencies involved in public care following the Care Act 2014 and the Children and Families Act 2014. It also includes a Memorandum of Understanding for local partners to utilise in order to establish a joined-up approach in supporting carers and their families. The toolkit also details good practice in identifying young carers.

NHS Long Term Plan

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Sets out what the NHS wants to achieve over the ten years from 2019. The plan includes rollout of 'top tips' for GPs, developed by young carers to provide information and advice on how best to support them. Up to 20,000 young carers will benefit from this more proactive approach by 2023/24.

No Wrong Doors: Working Together To Support Young Carers And Their Families

<https://www.local.gov.uk/sites/default/files/documents/no-wrong-doors-working-to-27d.pdf>

A template framework, which promotes co-operation between adult and children's social care services and enhanced partnership working with health, voluntary and community sector partners, encouraging a personalised and joined-up approach for young carers. It also provides guidance for services working with families to ensure the support needs of children are recognised and met, and details how the assessment of those being cared for should include questions to identify children who may be caring.

Queens Nursing Institute Carers Resource Project

<https://www.qni.org.uk/nursing-in-the-community/supporting-carers/>

Online resources to support nurses who work with carers, including a specific module for school nurses. This includes a section on identifying young carers, featuring a quiz and self-assessment exercise.

Royal College of General Practitioners' Carers Support Page

<https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/carers-support.aspx>

Dedicated page for carer support, providing information and resources for GPs. The Supporting Carers Programme closed in 2015 but still contains useful information and resources which aid identification.

Royal College of General Practitioners' e-learning module Supporting Carers in General Practice

<https://www.e-lfh.org.uk/programmes/supporting-carers-in-general-practice/>

Developed for primary care professionals to help them support people who care for others. It contains six modules, one of which is focused on identifying carers, as well as a video which provides five top tips for GPs to make a difference to carers' lives.

School Nurse Pathway

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299270/Young_Carers_pathway_Interactive_FINAL.pdf

A pathway for young carers to be identified and receive support from school nurses, who can play an important role as young carer leads. Includes a co-ordinated approach between school nurses, education, local authorities and young carer services to ensure early identification of young carers. There are also good practice examples of early intervention and joint commissioning.

Supporting Students with Caring Responsibilities: A Resource for Colleges and Services to Help Young Adult Carers Succeed in Further Education

<https://professionals.carers.org/collegetoolkit>

Enables colleges to further understand the challenges young carers face and how they can be better supported to remain and succeed in further education. Includes a checklist and top tips section on identifying and supporting young carers in colleges, as well as replicable good practice examples.

Supporting Students with Caring Responsibilities: Ideas and Practice for Universities to Help Student Carers

https://professionals.carers.org/sites/default/files/supporting_students_with_caring_responsibilities_ideas_and_practice_for_universities_to_help_student_carers.pdf

Aims to support universities address challenges faced by student carers. It highlights good practice already developed by universities and makes recommendations for how higher education institutions can support students. This includes widening participation activity, applications, admissions and student support while a student carer is at university. Contains a checklist for universities in identifying and supporting student carers.

Supporting Young Carers Aged 5-8

<https://professionals.carers.org/supporting-young-carers-aged-5-8>

This resource provides best practice in working with young carers aged 5–8, including identification techniques, examples of identification, and instructions on establishing 5–8 support.

Surrey Carers Prescription

<http://carersworldradio.ihoststudio.com/centralsurreypath.html>

With an online referral form and a practitioner checklist, the Carers Care Pathway helps to ensure carers receive the level of support they need. This pathway can be integrated into all patient care pathways and hospital discharge procedures. It also assists health staff in identifying and supporting carers, including young carers.

Surrey Memorandum of Understanding for Carers

<http://carersworldradio.ihoststudio.com/carersnet/Together%20for%20Carers%20final.pdf>

Young carers in Surrey created a wish list of what they would like from health professionals, which became the Young Carers Pledge. This outlines the commitment NHS employees are making to young carers, which is now part of the Surrey Memorandum of Understanding for Carers. The Surrey Health and Wellbeing Board (comprising of Surrey County Council and the six CCGs in the area) are signed up to this Memorandum of Understanding.

The Care Act 2014 and Whole Family Approaches

<https://www.local.gov.uk/sites/default/files/documents/care-act-and-whole-family-6e1.pdf>

Provides guidance for adult social care practitioners, particularly in relation to carrying out assessments and developing plans which consider the needs of the whole family in line with new requirements. It also considers how the Care Act 2014 works in tandem with the provisions of the Children and Families Act 2014 to create a cohesive legislative framework that allows assessment and support for families to be combined where appropriate.

The Carers Centre: Bristol and South Gloucestershire. Network Participation Group

<https://www.bristol.gov.uk/schools-learning-early-years/involving-young-people-in-council-decision-making>

A partnership example detailing the Bristol and South Gloucestershire Participation Network, which is co-ordinated by Bristol City Council. All other marginalised community groups are involved (for example, LGBTQI and black, Asian and minority ethnic groups).

The Triangle of Care for Young Carers and Young Adult Carers: A Guide for Mental Health Professionals

https://professionals.carers.org/sites/default/files/toc_ycyac-proof4.pdf

Highlights the need for better involvement of carers and families in the care, planning and treatment of people with mental ill health. Specifically addresses the needs of young and young adult carers, what the challenges are in identification and how to overcome them. This resource supports the wider implementation of the Triangle of Care and works to ensure that all carers are included and supported by mental health services.

Top tips for young carers visiting their GPs

http://carersworldradio.ihoststudio.com/carersnet/SYC%20GP%20poster_Octoberiii.pdf

This is an example poster designed to be used in GP surgeries as a tool to aid self-identification and signpost support.

Training resources to help with improving the identification and support of young carers

<https://professionals.carers.org/training-resources-identification-support-young-carers>

Resources to help professionals, including those across education, health, social care and the voluntary sector, to identify and support young carers and their families. It includes examples of best practice and guidance on the signs of a caring situation, how best to open conversations with young people, and referral pathways.

Young Carers in Armed Forces Families

<https://www.childrenssociety.org.uk/sites/default/files/young-carers-armed-forces-families.pdf>

Examines the needs of children in armed forces families who have caring responsibilities and provides methods for improving identification and support. Includes an information resource pack aimed at young carers in armed forces families, signposting them to further information and advice. It also includes recommendations to promote young carer awareness within the armed forces and among professionals involved in young people's lives.

Young Carers in Schools

<https://youngcarersinschools.com/>

A free initiative which focuses on a whole school approach and makes it as easy as possible for schools to identify and support young Carers. Run jointly by Carers Trust and The Children's Society, the programme works with schools across England to provide tools and training as well as share and reward good practice.

Young Carers Needs Assessment: Supporting Information for Use in Conjunction with 'No Wrong Doors'

<https://www.local.gov.uk/sites/default/files/documents/Young%20Carers%20needs%20assessment.pdf>

Assists professionals who may not have a background in children's services in working with young carers and their families. Encourages shared understanding of needs across adult and children's services to ensure young carers, the people they care for and others in the family are provided with effective support.

Young carers of black, Asian and minority ethnic families

<https://www.childrenssociety.org.uk/sites/default/files/young-carers-of-bame-families.pdf>

A leaflet which provides information on what a 'young carer' is, what the Care Act 2014 and Children and Families Act 2014 say about young carers, and the prevalence of young carers from black, Asian and minority ethnic families. There are best practice top tips for identifying and supporting young carers.

Young carers of parents who misuse substances

www.childrenssociety.org.uk/sites/default/files/young-carers-of-parents-who-misuse-substances_0.pdf

A leaflet which provides information on what a 'young carer' is, what the Care Act 2014 and Children and Families Act 2014 say about young carers, and the prevalence of young carers with parents who misuse substances. It contains information of where support is readily available.

Young Carers Pharmacy Project

<https://professionals.carers.org/youngcarerspharmacyproject>

This toolkit, which includes a checklist to support relationship building, supports young carer services to work collaboratively with pharmacies to provide timely identification and support for young carers.

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- 14 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- 15 <https://www.local.gov.uk/sites/default/files/documents/no-wrong-doors-working-to-27d.pdf>

- 16 Seldom heard groups include young carers from black, Asian and minority ethnic backgrounds, those identifying themselves as lesbian, gay, bisexual, transgender, questioning and intersex, those living in rural areas, those caring for someone with a mental health condition and/or those caring for someone who misuses drugs or alcohol.
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