



**Staffordshire Safeguarding Children Board
&
Stoke-on-Trent
Safeguarding Children Board**

Safeguarding and Young Carers

**Section 4W (Staffordshire)
Section D09 (Stoke-on-Trent)**

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1. Introduction:

1.1 This Policy aims to include:

- The identification of young carers.
- To hear the voice of young carers by assessing their needs and identifying any inappropriate caring roles.
- Consideration of wider family members and the support that they may require from Adult Services.
- An intervention plan to include consideration of early help and appropriate signposting to other agencies.
- An exit strategy as prevention / post support.

2. What is a young carer?

2.1 *When identifying young carers the following definitions are considered:*

'The term young carer should be taken to include children and young people, from the age of 5 up to their 18th birthday, who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of caregiving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances' *(Hidden from View - The Children's Society Report, 2013)*

'A young carer is anyone aged from 5-18 years, whose life is restricted because of the need to take responsibility for the care of a person who is terminally / chronically ill, has a disability, is experiencing mental distress, or is affected by substance misuse, HIV / AIDS. *(Carers Association Southern Staffordshire – CASS YCS, 2014)*

'Young carers look after a relative or friend who needs support because of a physical or learning disability, illness or substance dependency. Caring is classed as everything from intensive support through to small tasks such as communicating for deaf relatives.' *(North Staffs Carers Association - NSCA YCS, 2014)*

2.2 A young carer may do some, or all of the following:

- Undertake practical tasks such as cooking, housework and shopping.
- Undertake physical care such as lifting, helping a parent on stairs, or with physiotherapy.
- Assist with personal care, such as dressing, washing, helping with toileting needs.
- Manage the family budget, collecting benefits and prescriptions.
- Administer medication.
- Look after or parent younger siblings.

- Provide emotional support.
- Interpret, due to a hearing or speech impairment, or because English is not the family's first language.

2.3 Some young carers may undertake high levels of care, whereas for others it may be frequent low levels of care. Either can impact heavily on a child or young person.'
(Carers Trust, 2014)

3. Local Context:

- There are **177,918 young carers** identified in England & Wales and **244,000** young carers under 19 years. This includes nearly [10,000] 5-7 year olds; over [12,000] 8-9 year olds, and over [72,000] 10–14 year olds. (2011 Census).
- The average age of a young carer is 12. (Becker, 2014)
- There are **465 young carers** currently identified and supported within the combined districts of Stafford, Cannock Chase, South Staffs, Tamworth, Lichfield and East Staffs. (CASS, 2014)
- There are **242 young carers** currently identified and supported within the combined districts of Staffordshire Moorlands and Newcastle-under-Lyme. (NSCA, 2014)
- There are **560 young carers** currently identified and supported within Stoke-on-Trent. This increases by 4-5 per week. (Stoke-on-Trent City Council, 2016)
- Young carers are 1.5 times more likely to have a special educational need, or a longstanding illness or disability (SEND).
- One in 12 young carers are caring for more than 15 hours per week.
- One in 20 young carers miss school because of their caring responsibilities and are more likely to be NEET (not in education, employment or training) between the ages of 16 and 19. Despite improved awareness, there is no strong evidence that young carers are any more likely than their peers to come into contact with support agencies. (Hidden From View – Children's Society Report 2013)

4. Warning signs/ risk factors young carers:

4.1 The individual circumstances of each young carer are different, but several factors may influence the reasons why children or young people become carers.

4.2 Individual family needs:

4.2.1 A child or young person may become a young carer because a parent requires their direct support. In other situations, the level of support required may be too much for an adult carer to provide, requiring children or young people to become secondary carers supporting the main carer, this can also include taking responsibility for younger siblings.

4.2.2 Other families may contain more than one member with care needs; increasing the responsibility taken on by others. The support available from others, including the extended family, also has an impact on the level of care being provided by young carers.

4.2.3 Other factors include:

- Family structure
- Speed of onset of illness or condition
- Episodic illnesses e.g. epilepsy, diabetes
- Palliative care
- Lack of effective services
- Reluctance in involving agencies
- Parent fearful of acknowledging child's caring role (*parents can be reluctant to acknowledge child's caring role as they may feel disempowered as an adult and a parent, they can experience embarrassment of having to rely upon their child for their care, or refuse to acknowledge/value the role/responsibility the child takes*)

4.3 The type of illness / disability / substance misuse and perception of need:

4.3.1 The levels of support required can vary widely depending upon the nature of the illness / disability / substance misuse. These may be stable and managed, in others degenerative and without periods of remission.

4.3.2 The common 'time lag' between onset, diagnosis, acceptance and requests for support can lead to inappropriate levels of care being provided by the family. Social taboos around substance misuse may mean that help is provided at crisis point.

4.4 Knowledge of support available:

4.4.1 While coming to terms with and managing emerging needs, families are not always aware of who they can turn to for support. This can be compounded in situations where families or individuals fear being stigmatised. Families often lack information and knowledge of their rights and how to access available support.

4.4.2 The combined effect of these factors can lead to children and young people becoming young carers. In some cases, this process is conscious and voluntary as children and young people are often keen to support their parents/family in need of support. In others it occurs through gradually taking on responsibilities as they arise, or having demands placed upon an individual to avoid interventions by 'strangers' or through fear of the family being separated.

It is everybody's responsibility to identify and support young carers and their families. Adult practitioner/professionals are in a prime position to identify that a child or young person may have additional needs as a result of their parent's illness or disability, and to make sure they do not remain ignored.

4.5 What 'signs' should we be looking for?

Personal:

- Young carers may have limited horizons and aspirations as a result of their reluctance to leave the family home.
- They are often limited in terms of their opportunities to take part in social or leisure activities.
- A fear of professionals can be common, with young carers and their families often reluctant to disclose their situation for fear of judgement or the young carer being taken into care.

- Young carers are often required to grow up more quickly than their peers as a result of their responsibilities. This often results in them behaving in a more mature way, sometimes leading to isolation from peers.
- Young carers may feel frustrated about their own needs and the needs of the person they care for (needs in conflict). This may result in feelings of guilt and resentment.
- They may have low self-esteem. This can be compounded where their contribution is undervalued and they are excluded from discussion about the family's needs.
- Behaviour / isolated / withdrawn / uncommunicative – where a young carer could be viewed as difficult and challenging without further investigation as to why. Young carers may have difficulty in articulating their feeling and emotions.

Social:

- The difference in life experiences between young carers and their peers can result in difficulties, due to restrictions on friendships and lack of understanding. This can lead to young carers being vulnerable to bullying.
- Isolation from peers and feelings of being an outsider can lead to young carers not talking to adults about their caring role.
- The isolation may lead to children being vulnerable to other types of abuse; internet grooming, online bullying, exploitation etc.
- Young carers may be stigmatised by association – depending upon the illness / condition present in their family. This is more likely to happen where mental health, learning disability or substance misuse are present.
- Personal cleanliness i.e. hygiene / presentation and lack of care of school uniform can be sensitive issues to consider. Young carers may take responsibility for family laundry as part of their caring role.

Health:

- Health problems may develop for young carers as a result of their role e.g. back problems brought on by lifting, or mental health problems due to the high levels of anxiety, worry and fear of bereavement.
- The emotional well-being of young carers can also be negatively affected by seeing a loved one in pain, not having an understanding of their medical condition, or dealing with behaviour from a family member which may be irrational, unpredictable and hurtful.
- The presence of substance misuse within the home can alter a perception of appropriate and safe behaviour.
- Substance misuse / self-injurious behaviour (SIB) / risk taking behaviours as coping strategies pose a risk.
- Fatigue due to lack of sleep / rest, stress / anxiety, workload, fears for the future etc.
- Special educational needs (SEND) / mental health / other additional vulnerabilities.

Education / Employment:

- One of the first signs of a young person having caring responsibility can be erratic and / or poor attendance, or poor punctuality at school or college. Schools, school health, specialist services and local support teams/locality teams all need to be alerted to the potential for children and young people, whose attendance alters/falls.
- Schools may be the first service where indicators are visible, and the local authority will be active in supporting schools in raising their awareness and understanding.
- Lack of attendance of a young carer's parent / guardian at school parents' evenings.
- Lack of young carers' attendance during after-school clubs / activities / school trips.

- Some young carers don't achieve their target grades and may leave school with no qualifications as a result of missing school, not completing revision or being tired and distracted while at school, especially while sitting exams.
- For some, low self-esteem, or a reluctance to leave the family home may result in low levels of achievement, below their potential and major difficulties in making the transition to employment.
- Young carers have limited access to extra-curricular activities due to their responsibilities at home, which can hinder personal development.
- Caring often influences views of the future, leaving some young people with a reluctance to leave home or commit to study, post 16.
- Consideration to be given to transition Key Stage 6-7 for 11 and 12 year olds through into adult caring.
- Some young carers use their experiences to access employment only in the caring sector.
- The negative impacts a wage may have on the household's ability to qualify for benefits.

4.6 Appropriate / Inappropriate Levels of Caring:

4.6.1 When practitioners consider what are *appropriate* and *inappropriate* levels of care provided by young carers, the practitioner is required to consider the tasks, roles and responsibilities the young carer is undertaking, whilst understanding how these impact on the young carers health, development and life chances. Consideration must be given to parenting need/capacity, child development and environmental factors.

4.6.2 What is appropriate for one young carer may not be appropriate for another – this will heavily depend on the age, emotional intelligence, maturity, resilience and wishes of the young carer.

5. Protection Factors:

- Multi agency, early identification and response is required with a proactive stance to recognising young carers and working with them, their families and wider community assets to reduce their level of caring: “**Workers should prevent young carers from falling into inappropriate caring roles by putting in place adequate support for the parent or relative with care needs (including out of hours/emergency support).** *The Carers Equal Opportunities Act 2010*
- The importance of a range of school staff that are available to offer support i.e. young carer champions, mentors, examinations mentors, pastoral staff and form tutors.
- A *Whole Family Approach* and what this means in terms of services/ interventions and impact. While young carers are children, it is widely recognised that young carers must be assessed and supported within the context of their caring role acknowledging how this fits within their family unit and considering diversity and cultural issues. Practitioners have a duty to safeguard young carers and their families.
- “**Safeguarding and promoting the welfare of children** is defined for the purpose of this guidance as, protecting children from maltreatment; preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.”

(Working Together to Safeguard Children, 2015)

- For every adult parent with an illness/disability (physical, learning or mental health) or substance misuse issue, seek information to ensure the needs of young carers are considered.
- Practitioners should make themselves aware of the needs within the family, particularly where there are difficulties such as mental health, problematic substance misuse, domestic abuse and sexual violence/abuse.
- Delivery of reactive support to meet the needs of the young carer, the person in need of care and the wider family, taking into account fluidity of support needs i.e. accident and illness – acknowledging that young carers can become carers overnight.
- Young carers tell us that recognition and support is essential; knowing that their situation is not uncommon and that their role is understood and valued.
- Young carers and their families tell us that provision of information about the illness/disability is essential, with the opportunity to ask questions and talk openly in a safe and supportive environment. Provision of information regarding who to contact in a crisis and opportunities to engage with practical help and training.
- It is widely acknowledged that young carers highly value opportunities to take a break from their caring role and the chance to be children and young people – meeting other young carers where experiences, concerns and positive coping strategies can be shared and social networks can be formed.
- The importance of emotional support for young carers is recognised; offering young carers protected time to share their anxieties, concerns (current and future), strengths and triumphs.
- Practitioners should ensure they are trained in the identification of child maltreatment to ensure effective judgements are made as to whether the child or young person's health and development are subject to impairment.
- Practitioners should make good use of School Nurse pathways and support, coordinating a joined-up approach to on-going support for young carers.
- Being mindful of additional trigger points (transition points / changes within the family unit and/or the condition of the person requiring care) and gaining a clear understanding of referral pathways.
- An increased awareness and understanding is required across the safeguarding workforce with reference to young carer information included in Level 1, 2 and 3 SCB multi-agency training delivery.
- Safeguarding young carers is everyone's responsibility – school, college, school health, parents, children's centre, neighbours, wider family, Staffordshire and Stoke-on-Trent Partnership (SSOTP), Staffordshire County Council, Stoke-on-Trent City Council, housing officers, the fire service, police, probation service, ambulance service, health & social care – including hospitals/GP's and mental health services and voluntary sector services. Encouraging all agencies to take an active role in providing robust support to the young carer and their family where appropriate.

- Encourage early intervention to prevent inappropriate caring roles and the need for escalation.
- Consideration of early involvement of local young carers services to support young carers and their families – offering information, guidance and emotional support through a range of services and opportunities.
- Consideration to be given to schools and colleges identifying in-house young carer Champions, mentors and examination mentors to enable good quality and timely support for young carers in school/college settings. These staff members should be easily identifiable to young carers, their families, agency staff and external practitioners.

6. Referral and Assessment:

Early Help:

To comply with both the Children and Families Act and Care Act, the early identification of young carers must be supported, to promote the young carer's wellbeing and to prevent delay of the identification of the needs of young carers by adhering to the local Early Help Framework and young carer's assessment processes.

- The voice of the young carer **must** be heard, and practitioners must ensure they secure opportunities to speak with the young carer alone, and as part of the family unit.
- Issues around consent must be considered. As always, parental consent should be sought where possible and practicable, and in addition, the consent of the young carers should also be secured. It is expected that professional confidentiality guidelines and professional boundaries would be made clear at point of contact.
- Parents should be supported in their role as a parent and their parenting capacity assessed with a view to providing support for the parent to continue/increase capacity in the parenting role. Supporting parents to be as independent as possible and maximise their own capacity to parent, helps reduce the caring responsibilities of children at home and as a consequence increases the likelihood that the outcomes for young carers can be met
- While working with young carer, practitioners should be mindful of a young carer's emotional investment in their caring role and their sense of duty. Many young carers tell us that they care because they wish to and are proud of their caring role. However, practitioners should be aware of the potential for a family conspiracy of silence that can exist as families can fear external intervention and family separation.
- **Staffordshire's and Stoke-on-Trent's Early Help Assessments (EHA) should be utilised when it is identified that a child or young person has additional needs / caring responsibilities.** This process will support practitioners in their understanding of need, joined-up thinking, proactive working, and shared solutions. Practitioners from all sectors should utilise the Early Help Assessment to identify the young carer's individual needs.
- Support from Local Support Teams - LSTs (Staffordshire) and Locality Teams / Co-operative Working (Stoke-on-Trent) should be requested to help support the young carer and wider family.

- Consideration should be given to the delivery of appropriate adult services for the adult requiring care and/or children's services (for children with disabilities) and to transition phases, aiming to reduce the level of care a young carer provides.
- Consideration should be given to the wider family (including siblings) as a network of support, where young carers will be registered with services but families not always requiring a referral to statutory services.
- Assessment should include **all siblings**. All children must be assessed individually and not just as a group. Learning from recent serious case reviews (SCR) have shown "the common sense short-cut of taking a parent's treatment of some of her children as indicative of the nature and quality of their treatment of all of their children, can lead to oversight of the distinctive maltreatment of a particular child." (*Annual Report on the Effectiveness of Safeguarding Children in Staffordshire, 2012 - 2013*).
- A regular programme of reviews and care planning should be undertaken to track and support the changing needs of the young carer and the family, while ensuring good quality ongoing dialogue with the young carer throughout the process. This promotes meaningful involvement of young carers and their families in decisions made about their lives and promotes further engagement and ownership of positive outcomes.
- A clear shared responsibility for supporting young carers and their families by schools, colleges, school health, parents, neighbours, wider family, careers service, police, ambulance service, housing, health agencies, including hospitals / GPs and mental health services and the voluntary (3rd sector) services.
- Plans must develop as the needs of the family change and the child grows, which includes the needs of siblings.

Child Protection:

- Section 17 (Child in Need) and Section 47 (safeguarding thresholds, Step-up/Step-down processes) must be clearly understood: First Response (Staffordshire) / Safeguarding Referral Team (Stoke-on-Trent) to be contacted for referral and support as required. Practitioners should be mindful of how young carers fit the Children Act (1989) Section 17 definition: "*he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority - his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services.*"

7. Exit Pathways:

- Practitioners must be aware of the need for stepping down/de-escalation and what this means for young carers and their families.
- The importance of regular reviews and continuing to hear the voice of young carers is essential when considering exit strategies; ensuring that de-escalation is undertaken at the right time for the young carer and their family, and for the right reasons
- A clear, self-supporting exit plan is required that identifies agencies involved and the young carers and parents' wishes about moving forward.

- Practitioners must be confident that support services are robust and reliable to enable the exit strategy and sustainability of positive outcomes for the young carer and for the family.
- Plans to support young carers when the parent requiring care goes into hospital should be robust and enable (where appropriate) the young carer to continue to have contact with the parent.
- Plans to support when young carers move into the care of other authorities; ensuring strong links with schools / colleges and other organisations across all sectors are forged and maintained.
- Plans to support young carers following a death of the cared-for person; acknowledging the need for pre and post bereavement support for the young carer and other family members.
- Before exit; clear information regarding the way forward, ability to come back into services / contact details etc. should be afforded to the young carer and family.

8. Legislation / Guidance:

8.1 The following legislation / guidance guides this policy:

- Working Together to Safeguard Children (2015)
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf>
- Carers' (Equal Opportunities) Act (2010)
[http://www.skillsforcare.org.uk/Documentlibrary/Skills/Carers/CMEBfiles/The_equality_and_diversity_of_carers_\(1\)_v2.pdf](http://www.skillsforcare.org.uk/Documentlibrary/Skills/Carers/CMEBfiles/The_equality_and_diversity_of_carers_(1)_v2.pdf)
- Human Rights Act (1998) <http://www.legislation.gov.uk/ukpga/1998/42/introduction>
- Caring for our Future: reforming care and support (2012):
<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>
- UN Convention on the Rights of the Child <http://unicef.org.uk/UNICEFs-Work/UN-Convention/>
- Children Act (1989) <http://www.legislation.gov.uk/ukpga/1989/41>
- Children Act (2004) <http://www.legislation.gov.uk/ukpga/2004/31/contents>
- Carers (Recognition & Services) Act (1995)
<http://www.legislation.gov.uk/ukpga/1995/12/contents>
- Equality Act (2010): <http://www.legislation.gov.uk/ukpga/2010/15/contents>