

YOUNG CARERS

DOCUMENT

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1: Young Carers in Manchester 1994 – 2004

This section offers a context to the situation for Young Carers in Manchester. It is important to take this history into consideration as it demonstrates the merits of specific targeted services for young Carers in Manchester. It also emphasises the need for these services to secure long-term funding.

12 January 1994: Manchester City Council Social Services Department hosted a Young Carers Conference including speakers from Social Services, Education and the Health Commission alongside Young Carers, acknowledging the needs of Young Carers and formally announcing future commitment to Young Carers.

Young Carers Steering Group 1994 – 1999: As a consequence of the Conference a multi-agency steering group “Young Carers Steering Group” was formed to progress issues brought out at the conference and develop a strategic approach to addressing the needs of Young Carers.

August 1994 – September 1999: Manchester Health Commission secured funding from the Regional Health Authority for a service for Young Carers from Black and Ethnic minority communities throughout the city in August 1994. Bibini Centre for young people secured the contract to deliver the service to and for children and young people with caring responsibilities aged up to 25. The Black Young Carers Project worked directly with Young Carers and their families, and undertook development work with the statutory sector raising awareness of the needs of Young Carers. Following the closure of the project Bibini’s family support service continued until the closure of Bibini in 2003.

1998 – 2001: Longsight Adventure Playground ran a Young Carers Project for Young Carers aged 8 – 25 in the Longsight, Ardwick and Chorlton on Medlock areas of the city. This project is now closed.

April 1999 to date: Joint finance was secured (initially for 3 years) to secure a citywide service for all Young Carers aged up to 18. NCH secured the contract and provides information, advice and support services directly to Young Carers and undertakes development work with statutory agencies to raise awareness of the needs of Young Carers. Following the initial contract period Social Services, Health and Education have continued to fund the Project for short periods at a time.

April 2003: Carers Grant funding allocated for a Young Carers Development Worker to be employed by Manchester Carers Forum to raise awareness of the needs of Young Carers.

November 2003: Funders of NCH Young Carers Project announced that they proposed to cease funding the project in June 2004.

Carers Strategy Group January 2004: The Carers Strategy Group continues to meet to implement the Carers Strategy produced in 2003 with the aim of improving services and support for all Carers in the City. The Group has agreed that a strategic approach to services and support for Young Carers is required. This includes the need for statutory agencies to develop and adopt plans to recognise and address the need of Young Carers. Additionally there is also a need for independent information, advice, advocacy and support services specifically for Young Carers throughout the City.

2: Defining a Young Carer

“In the North West of England it is estimated that 17% of the population over 16 years are carers. If we applied this locally, it would mean that there are approximately 70,000 carers living in Manchester. Of these 4,000 (7%) are known to services (both voluntary and statutory organisations).

There are **120 young carers** known to service providers in Manchester, by applying the 7%, we can estimate that the total number of young carers in Manchester is around 4,900.” (1)

Definition of a Young Carer

- “Young carers are children and young people under the age of 18yrs, who provide care to another family member, who has physical illness/disability; learning disability; mental illness; sensory disability or has a problematic use of drugs or alcohol. The level of care they provide would usually be undertaken by an adult and as a result has a significant impact on their normal childhood” (2)
- Young carers should be explicitly defined as children in need, e.g. “The young person is a significant carer and their ability to lead their life is adversely affected through having to care for someone else (adult or child) (3)
- “assumptions should not be made about the young carer’s ability or willingness to provide care... all agencies have a responsibility to enable carers to maintain their own identity and to be in control of their own life.” (4)

3: Identification of Young Carers

'You can't have an assessment if you can't identify who to assess; you can't identify who to assess if you don't have a clearly understood definition to work from'

- **Issues hindering the identification of young carers:**
 - Young people don't identify themselves as young carers – this may be due to a fear of peer group response, and the response of the local community.
 - Fear of the response from statutory services (social services in particular). There can be a worry that social services will 'disrupt the family'. This can be combined with the fear of being seen to fail.
 - Differing opinions between parents and young carers – this may be about the perception of caring responsibilities.
 - What level of care is acceptable/normal? – often related to gender and culture.
 - Professional ignorance – often in schools – an ignorance of what caring is and the impact of it.
 - Professionals tend to be only interested in their own area of responsibility, that means the cared for, not the carer. It may be in the professionals' own interest not to identify young carers – they may even be considered as having a vested interest in not doing so, in terms of increased workload or lack of resources to meet identified need.
 - What do professionals do with the knowledge? If they thought a child was at risk they would know what to do. If they identified a child as a 'young carer', would they know what to do?
 - Social workers have not taken on the issue of young carers, yet they are solely responsible for carers' assessments. Without an assessment carers may struggle to access services.
 - Services are often aimed at mature carers – often funding is directed this way. Funding needs to be directed at **specific young carers services**.

- **Positive contributions to the identification of young carers:**
 - Provision of a clear definition of young carers, and a strategy for young carer identification, which is clearly communicated to all young carers and workers who engage with young people.
 - Professionals need to ask the right questions: i.e. why is a child consistently late or frequently falling asleep in class. This rather than making a judgement can be the beginning of proactive problem solving.
 - Within the statutory sector there are some professionals who are very responsive to young carers, however there is not an overall strategic approach.
 - A strategic approach will have resource/financial implications. Is there a financial commitment to undertaking work with young carers? Where is this to be targeted and how are we to account for best value utilisation of such funding, which may become mainstreamed?
 - Publicity material can be the first step to generating awareness.
 - Young carers are recognised in local, regional and national strategy and policy. Statutory services have adopted these policies.

4: Identification of Young Carers' Needs

There is a need to identify not just who young carers are, but to identify their needs and provide the support they require.

Young carers have the same needs as other children, but have additional needs and rights. All children need:

- “the chance to fulfil their potential by reducing levels of educational failure, ill health, substance misuse, teenage pregnancy, abuse and neglect, crime and anti-social behaviour among children and young people.”
- the government to set out a positive vision of the outcomes it wanted to achieve. The five outcomes which mattered to children and young people most were:
 - being healthy
 - staying safe
 - enjoying and achieving
 - making a positive contribution
 - economic well-being (5)

○ **Assessment:**

- Assessment is a crucial tool in the identification of Young Carers.
- Assessment needs to be part of a holistic approach. A young carer is a young person, who can be helped to achieve their potential.
- The aim of the assessment is not only to identify the caring responsibilities undertaken by the child/young person, but also the impact caring has had upon all aspects of their lives.
- On completion the assessment should identify a course of action and advocacy to alleviate or support (as appropriate) the young person with their caring role, and enable them to experience a full and positive childhood.
- The link between identification, assessment and planning is ‘cyclical’. Assessment may contribute to an individual identifying themselves as a young carer
- Joint-agency working is essential.
- Young carers have a right to the opportunity to fulfil their potential. Agencies must work jointly towards reducing levels of educational failure, ill health and tackling substance misuse.

○ **Barriers to young carers having an assessment:**

- Social Services have not provided an active response to issues raised by the voluntary sector.
- Social workers haven't been carrying out assessments on young carers.
- A lack of joint-agency working between statutory services prevents effective identification and assessment.
- A lack of an effective and active response by the statutory sector to issues on identification raised by the voluntary sector.
- Lack of appropriate training for those carrying out assessments.
- Lack of funding to ensure professionals receive the training to carry out assessments.
- Assessment is viewed as pointless as there is a lack of resource available to meet latent demand.

5: Service Provision for Young Carers

- Services must be identified and resourced as those that alleviate or support a young carer's caring role. Also those that enable the young carer to have a life of their own.
- Young carers should be included as part of the decision making process within services.
- There should be a multi-agency cross-sector advisory group in place with sufficient **knowledge** and **power** to influence practice and policy – this must be meaningful and has not happened up to now.
- Services must be identified which meet the 5 needs below.
- How do/will mainstream services provide for the 5 points stated by the **Kings Fund Quality Standards** below?
 - **Information:** information provided to carers must be comprehensive, accurate, appropriate, accessible and responsive to individual needs.
 - **Providing a break:** this must be done in partnership with the carer and the person being cared for. It must be flexible and offer confidence and can be trusted.
 - **Emotional Support:** either one to one or in a group. It must take account of confidentiality issues, be accessible and offer continuity.
 - **Support to care and maintain carers' own health:** training, health promotion and personal development opportunities, responding to individual needs.
 - **Having a voice:** the service should support carers' individual or collective voice, acting in an independent way (6)
- Young carers have a right to services due to the Carers Act and government strategy as outlined in the current Green Paper (Every Child Matters). These services are additional to services simply for young people. The services are also different to adult carers' services.
- Services must be identified as those that alleviate or support a young carer's caring role, and support their right to a life of their own.
- "There should be 'clear protocols covering areas of responsibility for funding and meeting service needs at inter divisional/departmental/agency level' (10). Any 'service should liaise with other local voluntary, statutory and private agencies and be part of a joint approach to ensure carers obtain co-ordinated support and are not passed from pillar to post' (11) – added to this should be: 'there should be protocols agreed for strategic two-way feedback to funders and statutory agencies about challenges and gaps in services. Funders and statutory agencies should make adequate and appropriate responses.'" (7)
- "Services should be flexible to respond to individual needs. They should 'listen to what families are saying about the kind of help they want' (16)." (8)
- Services should be designed to target the specific needs of young carers. Where appropriate services should be **specific** and **targeted**. Such services should be holistic. Services should have a commitment to three dimensions of work: **individual, group** and **family**.
- The voluntary sector can be key in service provision. Services to young carers should be provided in a variety of formats including access to **statutory** and **specialist** services.
- "Mainstream agencies should ensure that they fulfil responsibilities to young carers irrespective of the existence of specialist services. 'By themselves, projects cannot deal with all the needs of young carers and their families and establishing a young carers project should not be seen as an opportunity to pass on all young carers' issues to such a project. Young Carers need to be 'owned' by a number of departments and agencies, and seen as an important area of work for all professionals in the field' (24)" (9)
- Services should be offered from a permanent base.

6: Identifying Funding Strands

- This should reflect the sentiment of the Manchester Compact – there should be **secure** and **long-term** funding for young carers' services.
- Chapter 1 (Young Carers in Manchester 1994 – 2004) demonstrates the need for secure and long-term funding for services provided for Young Carers. Numerous projects have closed in the last ten years due to a lack of secure and long-term funding.
- The Young Carers Service Framework states that funding should include salaries for a **realistic** number of staff, including an allowance for volunteers. The Young Carers Service Framework states that:

“A recurrent problem would appear to be short term funding, resulting in a large number of projects nationally which have ended. Short term funding means that continuity and long term planning are problematical and expectations raised may not be met”

7: Documents Consulted

- Young Carers; A Service Framework March 2003 (North West Quality Protects Reference Group) – YCSF
- Green Paper: Every Child Matters; Summary.
- Manchester Carers Strategy 2003-2006.
- Manchester Compact

- 1 Manchester Carers Strategy 2003-2006 p6
- 2 YCSF p7
- 3 YCSF p36 (recommendation 1)
- 4 Manchester Carers Strategy 2003-2006 p19
- 5 Green Paper: Every Child Matters p7 (9 + 10)
- 6 YCSFp9 (refers to Kings Fund, Feb 2000)
- 7 YCSF p11
- 8 YCSF p14
- 9 YCSF p15