CHILDREN AND YOUNG PEOPLE
SCRUTINY PANEL

A Scrutiny Review on Young Carers –
They care – do we care enough?

June 2009
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Foreword

Cllr Peter Carey
Chairman, Overview and Scrutiny Committee, LB Hounslow

I and colleagues on the Children and Young People Scrutiny Panel are extremely grateful to Cllr Allan Wilson for the passion, time and patience he has brought to bear to help our young carers. I know there were many frustrating delays at the beginning but his persistence has paid off.

It is a topic he has made his own and already shown what can be achieved when a non-executive councillor takes up an issue which can sometimes get lost in the many competing priorities that a large organisation has.

The results are already to be seen. Two schools are trained and equipped now to deal better with the hidden numbers of young carers on their rolls. We have a better idea just how many potential young carers we have in the borough, and we have a great new advocate for better services for young carers in the form of the Bedfont GP, Dr Delan Amin.

Most importantly Cllr Wilson is known to the young carers who attend the borough’s young carers project. They now know they have a stronger voice who can advocate on their behalf at the highest levels and hopefully overcome some of the blocks that can get placed in their way.

I look forward to seeing how the support that the Council, health partners, schools and others provide to young carers develops and improves in the months and years to come.
Introduction
Cllr Allan Wilson
Lead Member of the Young Carers Scrutiny Review

It was an unlikely start to a review. I was on holiday in the New Forest when I heard a radio programme about young carers. It was something I had never thought about before. The figures shocked me. 175,000 young people looking after others and losing out on their childhood!

I was determined to find out what we did in Hounslow for our young carers. One of the first things I did was to meet with young carers themselves. I was moved by their courage and maturity, impressed by the care that they do that is just part of their normal day, and shocked by some of the blocks that are placed in their way.

They told me of the bullying they suffered, the unfairness of the way they were sometimes treated at school and at the doctor’s and in other areas of their lives. Why can’t allowance be made for a young carer who is so worried about their mum or dad’s health that they can’t concentrate on their schoolwork to make a mobile phone call at breaktime? They care so much for the people they love but we (by this I mean adults and officialdom in general) don’t always seem to care enough and I wanted to see what we could do to change this.

Hounslow is not alone regarding any of these issues but I, as I think all of us do, want to ensure that in this borough we are doing the very best by our young carers.

I found it’s not as easy as it first appeared. I found out that young people are often reluctant to come forward as they are afraid social services will get involved and split up the family. Or they don’t even realise they are young carers – it’s just the reality of their lives as they’ve always known them.

There are many people I would like to thank for working with me on this. First and foremost my thanks must go to Emma Yates from Hounslow’s young carers project for the time and effort she has put in. Wendy Williams from children’s commissioning helped us greatly in setting things up and providing us with information and background. We worked with two fantastic schools – one primary and one secondary – and Barinder Mann, an academic from Royal Holloway, in the research itself to see how young carers could best be identified and supported in schools.

I must place on public record my thanks to the two young carers, K. and J., who carried out the fantastically well delivered training with teachers, social
workers and councillors so that we could get an insight for ourselves into what it meant to be a young carer. This made all the difference and the feedback from all the professionals who attended those sessions was very positive.

We came up with some good results and I am very grateful to all concerned for their co-operation. The secondary school put together an excellent protocol for young carers that could be a model for others. I look forward to seeing how we can encourage other schools to adopt something similar.

We also worked with Dr Amin, a GP in Bedfont, to carry out initial work on the numbers of potential young carers in Hounslow. The borough young carers project has just over 120 young carers on its books but Dr Amin’s research shows there could be over 4,000 young people living in families where a family member has a long-term health condition. That’s a scary number.

If we get it right for our young carers we save money that we’d have to pay later if things get worse. A study by the Man Group Charitable Trust found that the cost of taking a young person into local authority care was £50,574.1 That is almost as much as we spend on all the young carers in the borough. If we invest in supporting young carers, we save money in the long run. And not only that, we help young people have a tiny bit of the childhood all our young people deserve.

1 http://static.carers.org/files/young-carers-research-project-4024.pdf
Executive Summary and Recommendations

1. The main recommendations touch on different areas of the partnership working in the Borough: GPs, NHS Hounslow, schools, adult social services and strategy, leadership and direction on the issue of young carers from the Children and Young People’s Strategic Partnership and the Council.

2. The figures that our research has revealed regarding the potential numbers of young carers in the borough, through our work with a GP practice in Hounslow, are very worrying.

3. Young carers have told us that they are generally not well supported by GPs we would like there to be a local pilot/research at a GP practice/GP practices in the borough (possibly in collaboration with other local authorities) on identifying young carers and informing local work on the development of so-called Whole Patient Pathways, as young carers do not care in isolation from the rest of their families.

4. The Government has made money available following the recent National Strategy for Carers. We would like the funding position to be clarified and monies to be allocated from that funding stream to young carers. This needs to be clarified now in order to feed in to decisions about budgets for 2010-11.

5. The links between young carers and adult social services are not always working well. The new young carers assessment forms do not appear to have been integrated with procedures in adult social care. We have also heard of cases where the requirements of the Carers Act 2004 may not be being followed. The Carers Act states that “No care package should depend on the inappropriate caring role of a child”. We would like this to be investigated and rectified as necessary.

6. Some schools are proactive about young carers and have a protocol and support them well. The young carers have said that this is not a consistent picture across the borough. We would like to see all schools having a protocol and awareness-raising sessions for staff and pupils.

7. Information sharing within schools about young carers does not appear to work well. This is the message that we heard from the young carers and the young carers project. We would like to see all schools producing guidelines for sharing information sensitively and appropriately both within their school and with other agencies in liaison with the Borough Lead Officer for Child Protection in Education, as well as the Lead Officer in the Borough for the CAF (Common Assessment Framework). This touches on more than just young carers but the overall well-being of young people in Borough schools. (This recommendation is being made while expecting national guidelines on this post-Lord Laming's 2009 review.)
8. The aims and ambitions that the Borough has for its young carers are variously low, vague or lacking in clear leadership and accountability. There is only brief mention of them in the Children and Young People’s Plan 2007-2010 with an action point to set up a new centre for them. This happened some time ago. The local authority/PCT Joint Carers Commissioning Strategy has laudable aims but we want to know when these aims of awareness raising, implementation of protocols with adult social services etc. will be followed up with action.

9. We also want to see greater clarity on the aims and expectations for the Borough Young Carers Project. The staffing levels of the young carers project is 1.5 full-time equivalent (FTE) staff. There needs to be agreement on how these 1.5 posts should spend their time: what should the balance be between supporting young carers directly vs. awareness raising/training of other professionals? There needs to be more clarity regarding the young carers project’s long-term position within or outside the Council; and a whole systems approach to supporting young carers’ needs implemented across the borough with a clear, accountable senior lead to do so.

10. On the councillor side we would like to see a non-executive member nominated as young carers champion by Borough Council.

11. We hope that this report is a catalyst for action. We presented our report to the young carers themselves and they fully endorsed the findings and recommendations. We have promised to report back to them on progress.
Background to the Review & Terms of Reference

12. It was Cllr Wilson who brought the idea, the drive and the passion to carry out this review. Colleagues on the Children and Young People Scrutiny Panel approved the review and from Cllr Wilson’s initial question “what is Hounslow doing for its young carers?” emerged a full review lasting four months.

13. It was delayed by about a year as we did not want to overlap with any work carried out with research funded from the national programme of the Princess Royal Trust for Carers. It was six months before it was finally clear that Hounslow had not been successful. The next six month delay was in procuring a researcher to carry out the in-depth work.

14. What finally emerged was a project of excellent collaboration between Cllr Wilson, the researcher, Hounslow’s Young Carers Project, the schools and a GP.

15. There are many areas the review could have looked at such as links with Adult Social Care services, transition to becoming an Adult Carer, links with Education Welfare, Connexions as well as other services in the Council and beyond. This research and report needs to be seen as the start of wider interest on the part of the Scrutiny Panel in this area. The links to other parts of support services for young carers (potentially such as extended services in schools or GPs) can be explored by scrutiny later.

16. After Cllr Wilson’s initial meeting with some fifteen young carers in February 2008 it was decided to focus the research on schools and how effective they were at identifying and supporting young carers. This had been raised by young carers as one of the biggest significant issues in the lives of young carers and linked in with the Children and Young People Scrutiny Panel work on issues of pastoral care in schools. It also seemed like an area where scrutiny could have most impact.

17. A primary and a secondary school in different parts of the borough agreed to work with the research project. They were chosen as a) there were a larger number of young carers from the western end of the borough so it made sense to see how they could be better supported in school and b) gaps in knowledge about Asian families and young carers. (These were both issues identified in early discussions with Children’s Services Commissioning.)

18. The original intention was to commission the researcher to carry out the work both in the secondary school and the primary school. However, due to resource and capacity constraints the researcher was only able to carry out the project in the secondary school. It was
decided that the Scrutiny Officer and the Borough Young Carers Project co-ordinator would carry out the work in the primary school.

**Terms of Reference**

19. The following terms of reference set out the aims of the review project:

a) To research how schools can better identify young carers and address the barriers that prevent young carers from coming forward.

b) To examine how schools can better help and support identified young carers at school.

20. Beyond the direct research in schools other issues have emerged including for example the results of the research on numbers at a GP practice and have hence been included in this review.

**Structure of the report**

21. The main report is a summary of the research undertaken in the secondary school, as well as the findings of the research in the primary school and other research undertaken as part of the review.

**Research methodology**

22. This involved preparatory work and then the main research. The preparatory work included meetings between Cllr Wilson and young carers, the young carers project co-ordinator and children's services as well as desk-top research.

23. The main research was based in schools. The aim was to raise awareness of staff and pupils in one year group in each school (Year 4 in the primary and Year 7 in the secondary) and then examine outcomes with staff and the leadership of the school.

24. Twilight sessions were used at both schools for the teacher awareness work. The format of the training was a brief introduction to the Young Carers project as well as the aims of this specific piece of research, followed by a brief overview of young caring which was delivered by two young carers and then an informal question and answer session with the young carers. Almost all staff from the primary school attended the training and all Year 7 staff (plus two learning mentors) in the secondary.

25. The awareness-raising for pupils in the primary school was carried out in December 2008. The Young Carers Project co-ordinator delivered an awareness raising lesson to all three Year 4 classes based on the
PSHE Young Carers Lesson Pack. The lesson comprised a discussion based on pictures of caring for different kinds of people/animals, eliciting a definition of a young carer, a short animation video from the Lewisham Young Carers project, and then a short role-play and discussion.

26. The awareness raising in the secondary school was more intensive. The school wanted the project to be fully integrated into their Year 7 tutorial sessions. It began with an introduction in the Year 7 assembly, followed by two sessions per tutor group (7 tutor groups). The Lewisham video was used, along with a variety of exercises, role play, agony aunt letters and discussions. All of this was based on the Hounslow Young Carers PSHE material.

27. At the beginning of 2009, thanks to the links established with a Bedfont GP practice, research was carried out regarding numbers of young carers.

Research Ethics and Data Protection

Informed consent
28. All those participating in the research were fully informed of the purpose of the work being carried out, as well as how the data would be gathered and the way in which it would be processed and used. Before undertaking this work the participants were made aware of their right to withdraw from the research at any time.

Confidentiality, privacy and anonymity
29. The issue of confidentiality was discussed with all the research participants before undertaking the research. The identity of the research participants has been kept anonymous and personal information has been processed in accordance with the Data Protection Act 1998.

Well-being and safety of participants
30. Professional integrity was maintained throughout the research process and appropriate attention was given to the emotional, physical and environmental factors impacting upon the participants’ situation, before, during and after the research (British Sociological Association, 2002).

31. A sensitive approach was adopted when working with participants on the issues relating to young carers. As part of the preparatory risk assessment it was factored in that - should ethical issues arise during the course of the study which required the participant to liaise with a trained professional - then appropriate measures would be undertaken to seek the support of other services.

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2 This was developed two years ago in collaboration with School Advisers within LB Hounslow.
Context and Background

Background

What is the definition of a young carer?

32. Carers UK have defined a young carer as “anyone under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of someone who is ill, has a disability, is experiencing mental distress, or is affected by substance misuse.”

How many young carers are there in Hounslow?

33. There is a lack of clarity about the numbers of young carers. The 2001 census identified 175,000 young carers nationally which, when broken down to local authority level suggest a figure of 580 young carers in Hounslow. (See Hounslow’s Children and Young People’s Plan 2007-2010.)

34. However, other statistics suggest that this figure could be much higher. The Borough’s Drug and Alcohol Commissioning Strategy 2008 states that there are an estimated 2,000 young people in Hounslow who have at least one parent who is a problematic drug user. (Nationally this is badged under ‘hidden harm’.)

35. Research was carried out in February 2009 at the Grove Village Medical Centre in Bedfont across the following long-term conditions:

1. Coronary Heart Disease
2. Heart Failure
3. Epilepsy
4. Cancer
5. Multiple sclerosis
6. Mental illnesses
7. Learning disabilities
8. Drug Abuse
9. Alcohol abuse
10. Older and Elderly

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36. The numbers of dependents living with those patients (irrespective of whether the patients are parents or siblings etc.) is 78 at that GP practice. (This number also takes dual diagnoses into account i.e. there is no double-counting, there are 78 individual dependents.) There are other long-term conditions like diabetes which were not included in the search i.e. there are likely to be more when a full search is carried out on those conditions.

37. The patient list size at Grove Village is 5,000. The total GP practice list size in Hounslow as at March 2008 was 259,622.\(^8\) Assuming that the prevalence of long-term conditions is spread evenly across the borough (which we know not to be the case but for the purposes of a rough and ready figure) AND assuming that all the dependents would classify as young carers (which is not necessarily the case) then based on the long-term conditions listed above there would be approximately 4,050 young carers registered with Hounslow GPs (1.56% of total patient list). (Another complicating factor in this calculation is that 15% of registered Hounslow patients live outside the borough – though this would also work the other way i.e. there would be Hounslow residents registered with e.g. Richmond or Ealing GPs.

38. Even given the caveats on the figures from the Bedfont GP practice they are good local indication that there are significantly more than the 2001 census derived figure of 580 young carers in Hounslow.

Prevalence of young carers in relation to certain long-term conditions

39. The initial research at the Bedfont GP practice showed that dependents under 18 (and it must be stressed that until further work is undertaken they cannot be classed as young carers) are spread differently across different long-term conditions.\(^9\) In terms of total numbers the three most significant conditions were:

<table>
<thead>
<tr>
<th>Long-term condition</th>
<th>Total number of dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older and elderly</td>
<td>28</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>16</td>
</tr>
<tr>
<td>Mental health</td>
<td>10</td>
</tr>
</tbody>
</table>

40. In terms of prevalence of patients with dependents under 18 living with them against total numbers of those patients in total at the practice the three conditions with the highest likelihood of having dependent potential young carers were:

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\(^9\) For full results, see presentation made to Children and Young People Scrutiny Panel, 10 March 2009 by Dr Amin: http://213.210.33.3/Published/C00000446/M00004981/AI00044862/$YoungCarersdraminv3.pptA.ps.pdf
<table>
<thead>
<tr>
<th>Long-term condition</th>
<th>% of patients with dependents in their household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>27.2%</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>20%</td>
</tr>
<tr>
<td>Mental health</td>
<td>15.38%</td>
</tr>
</tbody>
</table>

**Hounslow’s Young Carers Project**

41. The Young Carers project – now renamed at the wish of the young carers themselves the “Footprints Project” – currently has 119 young carers on its books. (As at February 2009.) In three area committee areas they are spread as evenly as the population. The discrepancies are a significantly lower figure in the eastern end in Chiswick (half the expected level) and a slightly lower figure in Heston and Cranford. There are greater than expected proportions of young carers in the west of the Borough.

42. There are a number of possible reasons for this: a) it could partly be due to the fact that the young carers project is based at Bedfont in the western end of the borough and thus also more difficult to get to from the eastern end in Chiswick; b) it would seem from the statistics that there are more families with 2-3 children in the western end; and c) there is a link between social deprivation and young carers. Research has found that young carers are more common in single-parent families, families suffering social exclusion and enjoying little support from other family members, and families with unemployed parents or on low incomes. Lack of employment can in turn contribute to a family’s poverty. In the absence of a second parent, the likelihood of a child performing some form of care for a parent with care needs is increased.10

43. The statistical breakdown of young carers know to the young carers project by Area Committee areas is as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of young carers know to the y.c. project</th>
<th>Hounslow Population (number) in 2001</th>
<th>% of young carers across borough</th>
<th>Population % in 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Hounslow</td>
<td>24</td>
<td>42,631</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Chiswick</td>
<td>9</td>
<td>31,409</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td>Heston and Cranford</td>
<td>20</td>
<td>44,047</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Isleworth and Brentford</td>
<td>25</td>
<td>41,659</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>West</td>
<td>41</td>
<td>52,595</td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>119</strong></td>
<td><strong>212,341</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

44. In terms of ethnicity there is, given the low numbers, a very close match with the ethnic profile of the Borough:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of young carers</th>
<th>Ethnic profile in Hounslow(^{11})</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (British/English/Other)</td>
<td>61</td>
<td>65%</td>
</tr>
<tr>
<td>Asian (British Asian or Asian)</td>
<td>29</td>
<td>25%</td>
</tr>
<tr>
<td>Mixed</td>
<td>12</td>
<td>3%</td>
</tr>
<tr>
<td>Black (British/African/Caribbean)</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>119</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Funding level and sources for the Young Carers Project**

45. The Funding for Footprints totals £61,000, of which £10,000 is rentals for the use of Southville; £34,000 (approx) is related to staffing of 1.5fte (full time equivalent) staff members and the remainder is for activities, transport support and other provisions. The £10,000 for rental of space at the Southville Children’s Centre is money which comes from the Children’s Centre grant. The rest comes from the Carers Grant. As the Carers Grant now forms part of the Council’s Area Based Grant (ABG) it was subject to a 3% top-slice in order to fund special Borough projects as decided by the Local Strategic Partnership. The money for young carers within that has not been reduced.

46. As the Project is now within the authority it is no longer able to bid for further grants from foundations etc. This is why a charity “Friends of Young Carers in Hounslow” was set up and is run by parents. As such they have been able to apply for additional monies for residential respite care.

**Links to Hounslow’s Children and Young People Plan 2007-10**

47. As data was lacking (apart from the 2001 census derived figure, the Children and Young People’s Plan only makes mention that: “There are 580 registered young carers who take on significant responsibilities in their communities.”\(^{12}\) The action point relating specifically to young carers is to “develop a support base for young carers in Feltham.”\(^{13}\)

**Current position of the Young Carers Project with the authority**

48. The Young Carers Project was an outsourced contract run by the charity KIDS. The contract ended on 31 March 2008. The Footprints Project – as it is now called – is now fully within the Council’s Integrated Youth Support Service as a designated area within the


Service. The service has said that targets and areas of work are being looked at for the coming year both to respond to the Council’s priorities (one of which is Voice of Young Carers) and also more importantly to respond to the needs and wishes of the young people themselves. They say they are in the process of setting up a Young carers (Footprints) Project Board to ensure that the project is doing what the young people feel it needs to.

Why is it important to support young carers?

49. There are a range of outcomes that can negatively affect young carers. 27% of all young carers of secondary school-age are experiencing some issues of school attendance, and the equivalent proportion of young carers of primary school age is 13%.

50. The links between attendance and attainment are well established. See below for the graph from research from 2007 undertaken by the then DfES on the evidence at GCSE/Key Stage 4.14

![Secondary School Key Stage 4 Performance by Average Absence Sessions 2003/4](image)

51. There are a range of other outcomes, apart from attendance, that can negatively affect young carers. In terms of education there are often problems in completing homework/coursework or joining in extra

educational difficulties. In a wider context they often suffer from bullying, anxiety and fatigue due to their caring responsibilities.\textsuperscript{15}

52. Support for young carers works – or at least the anecdotal evidence from the young carers themselves in this borough is that it is appreciated. Their responses are set out in more detail under the findings below. The main areas where help is appreciated are:

- Support from school in terms of understanding their home situation.
- Local Young Carers Project – so they can be with other young carers.
- Council/NHS by providing support to the person they care for, involving them appropriately and respecting their role, knowledge and understanding of the person they care for.

53. The value that young carers place on young carers projects is borne out by national research. A study by the Social Care Institute for Excellence found that “The research consistently reports positive feedback from young carers about young carers’ projects. In this setting many young carers consider their problems and experiences to be valued, understood and recognised. They prefer support that is non-intrusive and provided by individuals and organisations other than statutory services.”\textsuperscript{16}

54. Surveys of young carers found substantial numbers reporting stress, anxiety, low self-esteem and depression. This has also been found in a study comparing young carers with children who are non-carers. Several research studies have found that young carers often feel concerned and anxious about their parent’s welfare when they are not there to help look after them, especially if their parent has mental health problems and is at risk of self-harming. Other studies also found that substantial numbers of young carers reported mental health and related problems, such as eating problems, difficulty in sleeping, and self harm.\textsuperscript{17}

55. It is always difficult to put a monetary value early intervention/preventative work. In terms of adult carers research suggests that, based on 2001 census statistics, in Hounslow they are carrying out care which would have a replacement value of £272m. (£87bn. for the UK as a whole).\textsuperscript{18}


\textsuperscript{16} http://www.scie.org.uk/publications/briefings/briefing11/index.asp

\textsuperscript{17} http://www.scie.org.uk/publications/briefings/briefing11/index.asp. It should also be pointed out that one study has also made the point that it is not possible to determine how far it is their role as a young carer that is contributing to these problems, or whether other mental health and socio-economic variables are playing the principal role.

\textsuperscript{18} http://www.carersuk.org/Policyandpractice/Research/Profileofcaring/1201108437/Valuingcare rsFINAL.pdf
56. We wish to be very cautious about making the links between young carers and links to safeguarding but the link has been made by researchers regarding the cost effectiveness of early intervention and support for young carers. A recent study by the Man Group Charitable Trust estimated that the cost of taking a young person into local authority care was £50,574.19

57. The same research found that - taking account of the per capita cost of delivering an intervention - the likely impact interventions make on different outcomes and the per capita cost of savings, the team estimated that for £1 invested in supporting young carers to carry out appropriate care (young carers projects etc.) the saving to the Exchequer and wider society is £6.72.20

19 http://static.carers.org/files/young-carers-research-project-4024.pdf
Main Findings

58. This section is set out in three parts:

a) Findings from discussions with young carers  
b) Findings from research in Borough primary school  
c) Findings from research in Borough secondary school

A) Findings from discussions with young carers
59. In February 2008 Cllr Wilson met with some 15 young carers. The main issues that the young carers raised were to do with school. One reported that their school was very supportive and allowed the young person time to go home in an emergency, as well as to carry a mobile phone, receive, and make calls as and when required.

Problems young carers have at school
60. Despite the positive note above, a supportive school was the exception for the majority of those present. Some of the issues raised included:

- A young carer was refused a request to leave 5 minutes before the end of day to take the person being cared for to a GP appointment.
- No phone access during school time. One young carer explained that on one day it took 30 minutes to find a senior member of staff to request the use of a phone. Eventually was told to use the pay phone in the reception area which wasn’t private.
- Some young carers had experienced bullying at school for being ‘different’ or looking after a ‘freak’.
- If one young carer was late they got detention which could be 30 min to 1 hour after school. This was the same if homework was handed in late.
- One young carer had a letter from their parent whom they were caring for addressed to the teacher explaining their lateness (unclear if general lateness or for homework) but the teacher did not accept it and accused the young carer of writing it as the handwriting was similar to a young persons. The parent then had to telephone to confirm their writing of the letter.
- Some raised breach of confidentiality and trust as an issue. One reported that learning support staff had, for example, disclosed information they had confidentially shared with them to other staff members at school.
- Household poverty\(^2\) - Most homework requires a PC, access to the internet or specific software application which some families cannot afford. As a result they try to complete this homework during ICT lesson.
- Free school meals available – It was felt the amount was too little to obtain a full proper meal. In one school the lunch token was for

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\(^2\) Research indicates that where a family member has a long-term condition, there is greater risk of poverty. See 2004 report on young carers:  
£1.70 limiting what they can buy. No tokens available during break times. In another school, discounts are given via a top-up card which is self funded. However a credit/debit card can only do the top up and some of the adults the young carers are caring for do not have these cards.

- Support for young carers works. This was the message from the young carers that were involved in this piece of work. Their responses are set out in more detail under the findings below. The main areas where help is appreciated are set out below:

### Problems young carers have with health professionals:

61. Young carers at the meeting explained how some medical professionals asked the young carers to leave the room whilst discussing issues with the adult. This frustrated the young carers as they did not know what is happening or being discussed. They felt they held a lot of valuable information about the adult’s symptoms which were not valued by the professionals. They also stated that most medical professions did not explain the adult’s condition properly.

### Young carers’ views on value of Hounslow Young Carers Project

62. Young carers said they valued the KIDS project. (Though it must be said that those in attendance at this session were all enthusiastic participants of the project. No attempt was made to gauge the opinions of those who chose not to take part in the Young Carers project activities.) They said they appreciated the support they received and found it a useful place for young carers to meet others with similar needs/circumstance to themselves and who were aware how to look after parents, siblings etc. They especially felt comfortable with the project because they did not have to explain themselves to anyone. However, they said Bedfont was not convenient as a place to meet. The young carers said they would like a more central location to meet.

### Young carers fun day, August 2008

63. The researcher attended the fun day organised by the Young Carers Project in August 2008. Seven questionnaires were completed by young carers aged between 9 and 15 years old. The majority of them helped look after a family member that was either their parent or sibling with disabilities, restricting their mobility. The types of caring duties undertaken by the young carers ranged from cleaning, cooking, clothing, shopping, help with medicines, feeding, communicating with others and getting up stairs or going out as well as providing emotional support. “Basically being there for them”, as one put it.

64. Their views replicated those at the session with Cllr Wilson. Support at school, difficulties with friends, feelings of guilt, not being believed (“some people believe that I use my role as an excuse”). They said that
at school they felt distracted, worried, lacked concentration and found it difficult to complete homework while undertaking caring duties at home.

65. In terms of school, 2 said they felt very supported at school, 2 felt moderately supported and 2 did not feel supported at all. (One did not respond to this question.)

B) Findings from research in Borough primary school

66. As set out in the section on research methodology above, an INSET training session for all staff was held followed by awareness-raising sessions in all three Year 4 tutor groups.

INSET training for primary staff

Staff views on definition of young carer

67. The definition was elicited from staff by the young carers. The starting view was of a young carer looking after a parent but then in the course of the discussion staff expanded this to cover siblings and any relative e.g. grandparent.

68. Regarding age, initial suggestions were starting at e.g. 4 and going up to 16. The project co-ordinator clarified that the “official” age range was from 5 to 18 as if they are under 5 it is assumed that their own needs of care mean they are not in a position to look after others. However, she did point out that some children do take on caring tasks under the age of 5.

69. Regarding conditions, there was again a useful discussion. Starting suggestions from staff centred on relatives with physical conditions but quickly expanded to any long-term condition e.g. mental illness. The question was asked about bereavement. The project co-ordinator said that although it could be a very distressing time for a family this was not considered a condition that would meet the definition as it was of a temporary nature. However, if it precipitated a long-term depressive illness for example it would then be a caring condition.

70. Staff asked about children in care and the links with young carers. The project co-ordinator responded that the child may end up in care because they were a young carer, and the behaviour shown may be similar, but these are not automatically by definition young carers.

Staff responses to quiz about young carers

71. Most staff guessed correctly that:

- the average age for a young carer was 12 years old;
- most young carers look after a parent;
- most assumed incorrectly that there was an equal gender split. In fact there are more female young carers;
The percentage of children who miss some schooling due to caring responsibilities is 20%. Just under half guessed this correctly;

Regarding how being a young carer can affect them at school, participants correctly said that all three negative outcomes mentioned could apply: under-achieving, bullying, emotional burdens.

Numbers of young carers

72. Staff were told that on conservative estimates (of 1.7% i.e. the figures based on the 2001 census data) they could expect there to be around five young carers in their school. They were told that the Young Carers project knew of one young carer in the school. The project co-ordinator said that she had spoken to the mother of the child who was happy for this to be discussed at the training session.

73. In discussions staff came up with about five pupils at the school that they collectively knew about, three with siblings with SEN, one with a parent with multiple-sclerosis, as well as one other.

74. It emerged that not all pupils the school collectively knew about were known to individual relevant teachers. The project co-ordinator said this was not an unusual situation in her experience. This is not to say that communications in the school are bad. There could be a variety of legitimate reasons as to why this did not happen that could not be explored at this session.

Question and answer session with the young carers

75. Part of the INSET training was a question and answer session with the two young carers. It was made clear that staff should feel free to ask them any questions they wished but that the young carers might say they did not wish to answer a particular question. Staff were split into two groups, one with each young carer for approximately 15 min.

Group 1:

76. Questions from staff focused on the overall situation as well as the negative – and positives of being a young carer:
- Which relative required care
- What condition they had
- How much support/attitude of other relatives.
- Also what the positives of being a young carer were.
- Bullying
- Difficulties with school staff/lack of trust in staff
- Friendships and free time
- Importance of the young carers project e.g. in doing activities during the summer holidays so that they would be able to say they had done things when schoolmates asked about this in September.

Group 2:
• The questions focused on the young carer’s home situation; when it started; why; what a typical week can be like for them; the differences between being a young carer in primary and secondary school.
• Sharing information both with friends and at school. The young carer spoke about frustrations of the welfare team at their current school knowing about the family situation but not passing it on to the people working directly with them;
• Whether they knew other young carers in school. The young carer said they did know others but only through the Borough young carers project.
• Staff talked about their frustration regarding information sharing. They said that years ago each child had a file which the class teacher used to have access to and hence information does not get through in a timely manner – if at all.

General issues raised in the INSET session

77. There was a discussion about the difficulties in identifying a young carer. The Young Carers Project co-ordinator drew attention to the checklist drawn up by the Princess Royal Trust for Carers. She talked staff through it and said she would make copies and send them through to the school.

78. In response to another question the Project co-ordinator said that parents could sometimes be quite wary of being labelled. The recent media campaign22 (on television and in newspapers) to raise awareness had focused on serious conditions and high caring responsibilities, but had potentially made families with caring needs feel too negatively about their situation, or conversely feel their situation was not as serious as the examples portrayed in the media campaign and were therefore not young carers.

Observations
79. The feedback from staff about this training session was very positive.

80. There was less discussion about the young carers’ lives in school than we had expected in planning for this session. This is not a judgement on the staff at all but it is a useful reminder that the best way to carry out any kind of training is to approach staff as much as individuals as professionals. It was the chance to speak directly and openly with young carers that made the biggest impact and made the sessions so successful.

Primary pupil awareness-raising (Year 4)

81. In December 2008, the Young Carers Project co-ordinator delivered a young carers awareness raising lesson to all three Year 4 classes.

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22 Run by the charity Action for Children: www.actionforchildren.org.uk
They were based on the PSHE Young Carers Lesson Pack\textsuperscript{23}. The lesson comprised a discussion based on pictures of caring for different kinds of people/animals, eliciting a definition of a young carer, a short animation video from the Lewisham Young Carers project, and then a short role-play.

Outcomes of Year 4 Lesson

82. Despite it being a Friday the pupils engaged really well with the topic. Their attention was very much captured by the video. The short discussions were good in the main with some intelligent and probing questions being asked e.g. “how can you be two and a young carer?” and good discussions on why someone might have problems with friendships if they were a young carer, the dilemmas of honesty/dishonesty about a young carer’s home life. It was apparent that the school was very good at fostering a supportive atmosphere where pupils felt they could share information. Some spoke about the conditions that their relatives had. It was apparent how concerned many of them were about various conditions e.g. cancer. After hearing more about the definition and seeing the video one pupil said to the project co-ordinator that they felt they were a young carer. (This was followed up by the project co-ordinator afterwards.)

83. The form teachers fed back that it had had a clear impact on their children. They reported that their pupils were talking about it afterwards and that they felt the questions asked in the lessons themselves was high. They repeated the comments made by staff at the INSET training that they were unsure about how to share information within the school on young carers in this instance. They said the problem from their perspective was in identifying young carers. They said they would welcome more awareness raising about this in PSHE lessons across the school and that follow-up work on young carers with the current Year 4 would be good.

C) Findings from research in Borough secondary school

84. As this piece of work is set out in full in the research report by Barinder Mann, researcher from Royal Holloway, University of London, only a summary of the findings are set out here. The main report is attached to the agenda papers for the meeting of the Children and Young People Scrutiny Panel of 10 March 2009.\textsuperscript{24} As set out there, there was an INSET training session for staff held on 11 November 2008. For pupils, the school wanted it to be an integral part of their tutorial sessions. It began with an introduction in the Year 7 assembly, followed by two sessions per tutor group (7 tutor groups). The Lewisham young carers video was used, along with a variety of exercises, role play, agony aunt letters, discussions and homework. All of this was based on the Hounslow Young Carers PSHE material. There was then a feedback assembly for pupils and a feedback session for staff.

\textsuperscript{23} This was developed two years ago in collaboration with School Advisers within LB Hounslow.

\textsuperscript{24} \url{http://213.210.33.3/ieListDocuments.asp?CId=446&MId=4981&Ver=4}
INSET training for secondary staff

85. As with the primary school, what made this session so successful was the fact that it was mainly delivered by two trained young carers. It made all the difference as it made the issue real and tangible. There were very empathetic and insightful questions asked of the young carers by staff which included all Year 7 tutors and two learning mentors.

Key points from secondary school staff training

86. The definition was elicited from staff by the young carers. The starting view was of a young carer looking after a parent but then an interesting discussion began between staff in the course of which they extended the definition to cover siblings and any relative e.g. grandparent (which is the official definition).

87. Questions from staff focused on finding out how the young carer coped with homework; how much information they shared with teachers; what kind of things could help young carers in school; what their typical day looked like; the condition of the person they cared for; the situation regarding freetime; emotional health; their awareness of being a young carer; the value of the Hounslow Young Carers Project; how they saw their futures; as well as questions about the benefits – if any – of being a young carer.

Key messages

88. When the groups were brought back into the circle they were asked to give feedback on the points that were raised during their discussions with the young carers. The responses were:

- There was good discussion about what support a school can give young carers. Staff were surprised at the lack of support in the young carers’ schools in some situations; the young carers said that many teachers and people in general did not understand that the demands of caring are “constant 24 hours a day, 7 days a week”.
- Regarding their awareness of young caring. For one it was school sports day: “There was a dad and son egg and spoon race.”
- The young carers said that communication between form tutors and subject teachers did not always work.
- They spoke about the difficulty with friendships. That they don’t always tell friends “because I want to make it as normal as possible.” In terms of having friends home: "My parents would be happy if people came back home but I don’t want it." “I only invited a friend home once and asked them to stay in the living room.” “Everyone else’s dad used to come and pick them up from school. I said dad was in America.”
Issue facing siblings that are young carers, particularly in terms of needing to alternate participating in activities so that both can attend meetings/groups and look after their parent;

Staff asked whether they can be automatically privy to information about whether a pupil is a young carer and also whether this information is shared between the primary and secondary schools. This followed a discussion about respecting the rights of a young carer and their family to determine what information is shared with professionals. One teacher highlighted her concern about not knowing whether a young person was a young carer by saying that it “makes differentiation impossible” and that she would not be able to act in the best interests of the young carer if such information was kept confidential.

Support provided to young carer needs to be consistent e.g. the support from learning mentors could be erratic.

In terms of support the young carers said that they would appreciate a drop-in group in school. Though in terms of the Hounslow Young Carers Project, they said they valued it. They said that being able to talk to other young carers was a positive thing because they become aware that there are other young people who share similar experiences as them. As well as carrying out fun activities, “it’s nice to know I’m not the only one.”

Not previously aware of how long a young carer’s day can be.

Importance of maintaining trust with young carers and listening to them.

Recognition how young carers, similar to young people in general, find it easier to liaise with internal agencies such as Learning Mentors rather than opening up to external agencies, outside of school.

In terms of emotional health, one young carer said it came out first in depression and then in anger as he grew older. “If you’re an angry person like me it comes out in school. I get into trouble. I’m on a final warning now.” In response to a question about coping when the young carer was upset or didn’t want responsibility the young carer said that he used to make up excuses to friends as to why he could not participate in after school activities, which afterwards would make him feel "angry" but it would all be worth it when he got home and saw dad laughing.

The difficulty of enjoying free time: “When I do have free time I start feeling really happy but then I start worrying about dad.”

The young carers spoke about the positives: “Our family is probably the strongest because we spend so much time together. “[Skills?] Yes, but they come with downsides.”

One of the learning mentors said that the training session had given her insights that would not otherwise have been possible. She had supported young carers at school she had not been able to talk with them about what life was actually like at home.

In terms of the future and jobs the young carers said that he went would not consider the option of taking on a job that would
interfere with caring responsibilities at home because being a young carer was his primary responsibility.

Secondary pupil awareness-raising (Year 7)

89. This was conducted through an assembly, two sessions in each of the seven Year 7 tutor groups and a final assembly to feed back to pupils the initial findings.

90. The classes were all different in the way they responded to both the trainers and the topic of young carers but there were some common observations. There were some very empathetic questions asked, some shared some very personal information and clearly felt comfortable about doing this in front of classmates (which speaks for the good pastoral culture in the school), though it is possible that to an extent some answers were given as they understood what was expected as an ideal response. An example of this was when a class was asked what would happen if a young carer arrived late due to caring responsibilities. The first answer was that the young carer would tell the teacher. When they were pressed with a direct example “so if a young carer was to walk in late to that class over there, they would tell the teacher?”, the answer came back swiftly “no”.

91. Students were empathetic and in their responses to the exercises about how being a young carer could impact upon a young person’s life at home, in friendships and at school. They mostly seemed to enjoy the exercises and sharing them with the class, their teacher and the trainer.

92. Students were aware of how they could/should deal with bullying: identifying bullying, supporting victims and who they should go to for support i.e. trusted staff/learning mentors etc.

93. The key questions that the pupils raised that could not be dealt with in sufficient depth in the training sessions and which point to the need for further work were: questions of child protection and how that linked with young carers; questions of disability and their fears about how you became disabled or developed a long-term condition. The impact of the media campaigns on e.g. smoking came through in that pupils showed knowledge of the links of smoking and cancer but no real understanding of the real risks. The trainers felt that various campaigns were leaving young people with some awareness but nowhere to go with their fears and questions.

Impact of awareness-raising work in secondary school

94. It is difficult to measure the impact as this would only be measurable in the long-term. In the short-term the feedback from staff and the school leadership was that it was very helpful in terms of raising their awareness of this group of their pupils. In terms of pupils, their engagement was excellent. The best proof of this is that the young
carer already knew to the Hounslow Young Carers Project felt able, after the awareness-raising sessions with her tutor group, to tell friends about being a young carer. It is difficult to draw wider conclusions from this but we hope it speaks for the depth of understanding about this topic that the intervention brought.

Feedback from staff questionnaire

95. The feedback showed that staff had learned valuable information from the INSET training session.

96. Half of the respondents said that they would not know what steps to undertake in order to identify whether a pupil was a young carer whereas two respondents said that they would ask the student why homework was not complete, why they were tired and what they did last night or refer them to a Learning Mentor?

97. In relation to: How integrated services help towards identifying and supporting young carers in school? Half of the respondents said “don’t know” or not sure. The results of the questionnaire suggest that respondents lacked awareness about multi-agency working schools but were positive about forming external links and working in partnership with children and young people’s services.

98. The general consensus amongst teachers and learning support staff was that unless they were appropriately informed about the students young carer status they were unable to effectively respond to and meet the young person’s needs in a planned, sensitive and flexible way: “Even if young carers don’t want teachers to know, we should know, we are professionals. How can we meet their needs if we don’t know?”
Conclusions

99. One of the first conclusions is to state that there would appear to be a large number of carers in the borough that are not known either to schools or to the young carers project. Based on the 2001 census there are about 460 that are not known as such to the young carers project. Based on the extrapolated figures from the GP practice in Bedfont there are possibly about 4000 who – even if they do not have a caring role at home – live with a family member with a long-term health condition.

100. Identification is key. The schools in our research have said they would be keen to support young carers more – if they knew who they were. The area where this could happen most easily is via GPs. We have seen that it should be possible to identify a large number fairly easily in each practice. There is guidance from the Princess Royal Trust for Carers about how GPs can support carers including young carers that was published last year. This is complemented by guidance on so-called Whole Family Pathways.

101. Even if there are 78 young carers from an examination of the Bedfont practice patient list, it is possible that a) some of them would not have significant caring roles or needs; b) some of them and their families would not want to be identified as such, and would refuse support. It would also be important to see what extra burdens this placed on the young carers project in terms of supporting newly identified young carers. However, a pilot would be invaluable in building up a truer picture of Hounslow young carers and their needs.

102. We would like to propose that a local GP practice be encouraged to run a proper pilot to identify young carers – possibly linked with work to develop “Whole Family Pathways”. The rationale for Whole Family Pathways is that “Young carers do not care in isolation from the rest of their family. Although they need support for themselves, their needs should also be considered in the context of their whole family.”

103. Before any GP practice pilot went ahead safeguarding factors would have to be put in place that all GPs and practice staff had had training on how to have these sensitive conversations with families. We have heard many times how concerned families can be about e.g. fears of family break-up through social services if they contact statutory services, or how resistant families can be to being labelled as having children who would fit the definition of being young carers. If such

26 See this 2008 Children’s Society publication: http://www.youngcarer.com/pdfs/Whole%20Family%20Pathway%2010th.pdf
27 See page 1 of publication: http://www.youngcarer.com/pdfs/Whole%20Family%20Pathway%2010th.pdf
training could be partly be delivered by young carers themselves we feel this would be very beneficial.

104. Such a project would be entirely consistent with the recommendations of the Children’s Society Young Carers principles which state that “Young carers may be hidden and there is a need to develop pro-active practice that will enable families to feel able to ask for support.”

Recommendation 1

That Children’s Services and the PCT work with the Scrutiny Panel to run a local pilot/research at a GP practice/GP practices in the borough (possibly in collaboration with other local authorities) on identifying young carers and informing local work on the development of so-called Whole Patient Pathways, as young carers do not care in isolation from the rest of their families.

105. There is the possibility that identifying young carers could be part of the enhanced PCT contract with GPs. However, until there is more information from the pilot it is not possible to make any recommendation on this subject.

Borough Young Carers Project

106. All the work we have done and seen depends to a great extent on the role of the Young Carers Project in the Borough. It currently has three almost distinct functions. Firstly it carries out a young carers assessment which is every young carer’s right. This involves visiting the family and discussing in-depth their needs. Secondly it runs drop-in sessions for the young carers during the week in term time as well as activities during the school holidays. Thirdly it is also a general point of advice for schools, the rest of the local authority, and other stakeholders, like GPs etc.

107. With only 1.5 fte (full time equivalent) members of staff it would not be able to cope with the workload if significantly more young carers were identified and there needs to be greater clarity from the Council’s point of view about what the project’s aims are.

108. The review heard that Extended Schools have been given £1.2m for work with disadvantaged children. There is scope for this to be used on young carers projects within schools. There are also other funding

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29 Examples of schools nationally setting up young carers societies is set out in the recently published Ofsted report on Outstanding Schools: Twelve outstanding secondary schools - Excelling against the odds. See its reference to Middleton Technology School in Rochdale. P.27.; http://www.ofsted.gov.uk/content/download/9129/100820/file/Twelve%20outstanding%20secondary%20schools.pdf
streams such as Healthy Schools or new Government money for the national Carers Strategy.  

109. Young carers are mentioned in the Borough’s Children and Young People’s Plan 2007-2010 but the only action point is to “develop a support base for young carers in Feltham.”  

Young carers also feature in the Joint (i.e. PCT and Local Authority) Commissioning Strategy for Carers 2008-11. Under the action points for specific care groups there is the following table:

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<th>OBJECTIVE</th>
<th>DESCRIPTION</th>
<th>TIMESCALE &amp; LEAD</th>
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<tr>
<td>5. Increase the identification and service provision to Young Carers.</td>
<td>To work with Children’s services to establish robust procedures for identification assessment and support is in accordance with Young Carers Strategy. Ensure service widely advertised internally and externally. Ensure adult teams, health and education professionals are aware of the need to identify young carers and how to make appropriate referrals. Ensure that agreed protocols are observed to ensure adult service users are enabled to fulfil their parenting roles.</td>
<td>December 2008 Carers Development Manager &amp; Children’s Commissioning</td>
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110. The 2008 National Strategy for Carers includes steps that the Government believes need to play a part in improving the lot of young carers. They are:

- Action to build effective joined-up support around the family and the person cared for and to shift systems of support towards active prevention.
- An extended programme of training on whole-family working for staff in local services.

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31 See p.58 of the Children and Young People’s Plan 2007-10: http://www.hounslow.gov.uk/children_young_peoples_plan.pdf. (It ought to be noted that, as set out above, young carers said they found it inconvenient to get to, especially if they are from the eastern end of the borough.)

• Funding to embed support and guidance for young carers through the Healthy Schools Programme. This should ensure staff have the resources they need.
• Funding for awareness-raising across schools and other children’s settings.
• Research on what sort of project-based support works best for young carers.
• Materials for GPs and hospital discharge teams to build awareness and skills in dealing with young carers.

111. The review has never heard of the Young Carers Strategy as mentioned in the Borough’s Joint Commissioning Strategy for Carers. Whether or not one exists – and we are not necessarily suggesting that yet another strategy should be drawn up – there needs to be clarity on the role of the Borough Young Carers Project. What are its aims? What should it be expected to do? Is it primarily there to support the young carers themselves? Can/should it have the capacity to train/raise awareness among other professionals? If so, to what extent? The aims of the young carers project could usefully be informed by any pilot at the GP practice, and should, it goes without saying, be planned in consultation with the young carers and their families themselves.

112. From the evidence the review has heard from teaching staff, from young carers, from the young carers project and from health professionals there is not great understanding of young carers, the young carers project and a lack of a whole system approach to supporting young carers. Responsibility for young carers cannot be left to the young carers project but must be seen as the responsibility of all those working with young people and families.

113. There needs to be greater clarity on funding sources as well as accountability for the issue of young carers. Account should be taken of the savings to the public purse of supporting young carers. The research estimates that for every £1 invested in supporting young carers to carry out appropriate care saves £6.72.

114. From the excerpt from the Joint Carers Commissioning strategy above it would seem that responsibility on the officer side for ensuring young carers issues are moved forward lies with the children’s commissioning manager. The young carers project itself is managed by the head of integrated youth support. These fall under different assistant directors in children’s services. We would like clarity on senior officer responsibility for delivering services for young carers.

115. We would also like there to be a non-executive councillor champion for young carers nominated by Borough Council to make sure that their voice and their issues are heard at the highest levels.
Recommendation 2

That there is agreement in Hounslow on the aims and expectations for the Borough Young Carers Project i.e. the balance between supporting young carers directly vs. awareness raising/training of other professionals, as well as its long-term position within or outside the Council; and a whole systems approach to supporting young carers’ needs to be implemented across the borough with a clear, accountable senior officer lead to do so.

Recommendation 3

That Borough Council nominate a non-executive Councillor to be Hounslow’s champion for young carers.

Recommendation 4

That strategic and practical aims and targets relating to Young Carers are added to Hounslow’s Children and Young People’s Plan or refreshed action plan following the next regular review of these documents.

Recommendation 5

That the PCT/local authority clarify the funding position regarding young carers including any new monies from the recent National Strategy for Carers 2008 and report back to scrutiny.

116. The review heard that the Children’s Workforce Development Strategy is in development. We would like reassurances that young carers feature as part of the suite of issues that anyone working in children’s services should be aware of, and know how to point children and families towards the help and support they could access.

Recommendation 6

That young carers feature in the Hounslow Children’s Workforce Development Strategy.

117. The review heard that the young carers assessment forms that were drawn up after consultation with young carers in 2006 are still not in use. Legislation states that they have the right to an assessment.33 The

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33 "The Carers (Equal Opportunities) Act 2004 placed a duty on local authorities to inform carers, regardless of their age, of their rights to an assessment. Children (aged under 18) who are carers should be offered an assessment as "a child in need" under the Children Act 1989. This assessment must include their new rights under the Carers (Equal Opportunities) Act 2004, which says that their assessment must consider their work, education and leisure"
Scrutiny Panel expressed frustration at this delay and wanted to make a recommendation that they be implemented as soon as possible and that systems are in place so that support deemed necessary following the assessment i.e. mainly input from adult social services is put in. The Panel would like to hear how work has progressed between children’s and adult services to ensure that this happen.

**Recommendation 7**

That the new young carers assessment forms and procedures be implemented as soon as possible. Alongside this there needs to be systems in place so that support deemed necessary is put in i.e. mainly input from adult social services. Scrutiny should be provided with the timescales for implementation. (See also recommendation 8.)

**Adult Social Services**

118. The role of Adult Social Services is often raised nationally. See this finding from the Social Care Institute for Excellence: “The problem of the boundaries between adult and children’s services is a constant theme of much of the policy and research literature. Research and guidance literature currently advocates the “whole family” approach, which seeks to support young carers and their parents together, rather than focusing exclusively on either the child or the parent.”

119. Without having done more research locally we would ask that adult social services check their processes and give an initial brief report back to scrutiny on what is being done to ensure that:

a) in terms of care packages (cf. Carers (Equal Op) Act 2004: “No care package should depend on the inappropriate caring role of a child”); and

b) links are made by those doing adult social care assessments to the young carers project if there are dependent children i.e. development of whole family pathways.

120. Some examples of care packages have been brought to our attention which may suggest that a care package has been put together which is potentially dependent on an inappropriate caring role of a child.

**Recommendation 8**

That adult social care provide an initial brief report back to scrutiny on what is being done within that service to ensure that a) in terms of care packages (cf. Carers (Equal Op) Act 2004: “No care package should depend on the
inappropriate caring role of a child’); b) links are made by those doing adult social care assessments to the young carers project if there are dependent children i.e. development of whole family pathways; and c) scrutiny members know where the lead is in adult social care for ensuring that this happens.

Schools

121. There are two key recommendations in regard to schools based on the information the research picked up. In the schools which took part in this research it was clear that there were good systems of pastoral care in place. It was the two issues of identifying young carers and sharing information about them within and outside the school that was the problem.

School protocol on raising awareness and identifying young carers

122. To address this we would like a lead from the local authority for every school to develop a protocol on young carers including a) how often there should be awareness-raising for staff, ancillary staff and pupils and b) a checklist for signs that a pupil might be a young carer. For examples, please see appendices A and B. In the words of a young carers school liaison officer in another borough: “Schools need to be equipped with a good working definition of a young carer.”

Recommendation 9

That all schools in the borough be encouraged to develop a protocol on young carers including a) how often there should be awareness-raising for staff and pupils; b) a checklist for signs that a pupil might be a young carer; and c) how young carers should be supported. For examples, please see appendices A and B of this report.

School protocol on sharing sensitive information about pupils

123. From working with the schools and from what young carers told us, it is apparent that information about young carers is not always shared appropriately within schools. It is our recommendation that every school in Hounslow considers and produces information sharing guidelines, liaising closely with the Borough Lead Officer for Child Protection in Education, as well as possibly seeking input from the Lead Officer in the Borough for the CAF (Common Assessment Framework). This touches on more than just young carers but the overall well-being of young people in Borough schools. It is possible that Lord Laming’s recent report will have a bearing on this.35

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The Government has recently produced some guidelines on information sharing at the heart of which are the so-called Seven Golden Rules. These are set out below:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

**Recommendation 10**

That all schools in the borough produce guidelines for sharing information sensitively and appropriately both within their school and with other agencies, liaising closely with the Borough Lead Officer for Child Protection in Education, as well as possibly seeking input from the Lead Officer in the Borough for the CAF (Common Assessment Framework). This touches on more than just young carers but the overall well-being of young people in Borough schools. (This recommendation is being made while expecting national guidelines on this post-Lord Laming’s 2009 review.)

## Table of recommendations

<table>
<thead>
<tr>
<th>Number</th>
<th>Recommendation</th>
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<tr>
<td>1</td>
<td>That Children’s Services and the PCT work with the Scrutiny Panel to run a local pilot/research at a GP practice/GP practices in the borough (possibly in collaboration with other local authorities) on identifying young carers and informing local work on the development of so-called Whole Patient Pathways, as young carers do not care in isolation from the rest of their families.</td>
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<td>2</td>
<td>That there is agreement in Hounslow on the aims and expectations for the Borough Young Carers Project i.e. the balance between supporting young carers directly vs. awareness raising/training of other professionals, as well as its long-term position within or outside the Council; and a whole systems approach to supporting young carers’ needs to be implemented across the borough with a clear, accountable senior officer lead to do so.</td>
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<td>3</td>
<td>That Borough Council nominate a non-executive Councillor to be Hounslow’s champion for young carers.</td>
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<td>4</td>
<td>That strategic and practical aims and targets relating to Young Carers are added to Hounslow’s Children and Young People’s Plan or refreshed action plan following the next regular review of these documents.</td>
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<td>5</td>
<td>That the PCT/local authority clarify the funding position regarding young carers including any new monies from the recent National Strategy for Carers 2008 and report back to scrutiny.</td>
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<td>6</td>
<td>That young carers feature in the Hounslow Children’s Workforce Development Strategy.</td>
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<td>7</td>
<td>That the new young carers assessment forms and procedures be implemented as soon as possible. Alongside this there needs to be systems in place so that support deemed necessary is put in i.e. mainly input from adult social services. Scrutiny should be provided with the timescales for implementation. (See also recommendation 8.)</td>
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<td>That all schools in the borough be encouraged to develop a protocol on young carers including a) how often there should be awareness-raising for staff and pupils and b) a checklist for signs that a pupil might be a young carer and c) how young carers should be supported. For examples, please see appendices A and B of this report.</td>
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App A – Possible Clues and Signs that help with Identifying Young Carers in Schools

This information below is based on information published by the Princess Royal Trust for Carers.\textsuperscript{37}

There are a variety of clues or signs that a child in at school might be a young carer. There could be a single sign or a combination of any of the following.

A Cautionary Note:
Not all young carers choose to reveal their caring role to teachers. They may fear the reaction they would receive, concerned that their situation might be accidentally leaked to other children. (It is advisable for schools to have a data sharing policy in place. See recent (2008) Government guidelines.)

Be aware that some children have not declared their status and are suffering in silence. They are often leading secret lives and working especially hard to keep up with their schoolwork as well as carrying out their caring duties. To the outside world they appear as normal children but they are often carrying a large emotional burden. They take time off school to be with and support their parents and their teachers are never told the real reasons for their absences.

However, other young carers may display no such characteristics and perform well across most subjects. Not all young carers have problems at school; some are making the most of the various opportunities available, as this will increase their life chances later on. Caring can also be a positive experience and it is therefore important to avoid the assumptions that being a young carer means a child will perform badly at school or will have behaviour problems in the classroom.

Possible signs and symptoms:

- Homework appears to have been rushed or is lacking in content
- Their parents never or only rarely attends parents evenings.
- Young carers often mature mentally much quicker then their peers.
- Child misses school with no explanation or prior warning.
- Often miss single lessons during school day
- Persistent lateness: morning or afternoon or both
- Child appears to be constantly tired or permanently worried
- Little or no involvement in extra curricular activities or after school events or sports
- In primary schools it is common for most infants to invite the whole class to parties and socialise with their peers. It is noticeable if a child does not attend, as the others will often mention it.

\textsuperscript{37} http://static.carers.org/files/young-carers-guidance-for-schools-las-08-07-ok-3128.doc. See also the main webpages for information for professionals on young carers: http://www.carers.org/professionals/young-carers
• Young carers’ may present behavioural problems to gain attention or as a way of acting out or as a cry for help.
• They might leave the school premises to use a nearby public telephone/try using their mobile or office phone inappropriately.
• The young person may prefer to go home at lunchtimes, this is usually to ‘check on’ the cared for person.
• The child’s academic performance is erratic or there might be a fall in achievement.
• Tracking absences, both authorised and non-authorised can be revealing. Beware of parental collusion in providing notes that hide the real reason the child is not at school.
• A pattern will often emerge in the type of excuses given, however in primary schools a child will often tell you the real reason inadvertently.
• A child may declare or give subtle hints that they have a caring responsibility. Their parents, siblings or friends might do the same.
App B – Example of a Hounslow secondary school young carers policy

"If I'd have gone regularly to school I would have done all right. But under the circumstances I'd have felt I couldn't have gone. It would have just made me feel more guilty that I was going if you know what I mean. I just didn't want to do that."

This Policy is founded within our School ethos which provides a caring, friendly and safe environment for all members of our community.
1. Vulnerable Children and the context of our policy

1.1 Heston Community School recognises that children may be vulnerable if they have greater difficulty accessing education than the majority of their peers. This is particularly important for students at risk of social exclusion, such as Young Carers. This policy brings together why and how we provide for Young Carers and should be read in conjunction with the other school policies listed in section 7.

2. Definition of a Young Carer

2.1 Young carers are children and young people under 18 who help to look after a family member who is disabled, physically or mentally ill or has a substance misuse problem.

2.2 Helping out around the house is a normal part of growing up, but young carers regularly carry out significant or substantial caring tasks and assume a level of responsibility which is inappropriate to their age.

2.3 Caring can involve physical or emotional care, or taking responsibility for someone’s safety or well being. Many young carers spend a lot of time doing household chores or looking after younger siblings in addition to helping a sick or disabled parent with tasks such as administering medication, helping someone to get up and get dressed or helping someone use the bathroom.

2.4 Some young carers help parents to look after a disabled sibling.

3. Key Principles

3.1 Most young carers will meet the definition of a child “in need” under the Children Act 1989 and may be entitled to an assessment from Children's Services. A small number will be at risk of significant harm. Where you suspect that this may be the case, the school’s child protection procedures should be followed.

3.2 All young carers must have a named member of staff (Key Worker) that they can talk to and who will support their needs either directly or by directing them towards the appropriate personnel/services.

3.3 Key Workers must ensure that the relevant information relating to the Young Carer is shared, this should include but is not limited to informing Welfare of the students' potential need to call home,
explaining to staff that leniency with punctuality and homework is called for and ensuring complete confidentiality

3.4 Key Workers should negotiate deadlines for homework at times when the student’s caring role increases. Arrange lunchtime detentions rather than after school detentions should any be necessary

3.5 Individualised plans are drawn up between the key Worker, the Young Carer and any other appropriate professionals which recognise the students specific needs as a young carer

4. Guidance for Newly Identified Young Carers

4.1 Where we become aware of a Young Carer we should attempt to signpost the family towards appropriate support services.

4.2 The cared-for person may be entitled to an assessment of their needs from social services such as a Community Care Assessment or Care Programme Approach assessment.

4.3 Appropriate support services include:

- Adult Social Services
- Adults' Mental health teams
- Drug and Alcohol Services
- Citizens Advice Bureaux and other voluntary sector services.

4.4 The Young Carers Service will be able to support or carry out this work for the school.

5. Support for Staff

5.1 Appropriate training to promote a fuller understanding and acceptance of, and respect for, the issues surrounding disabilities and caring as well as promoting positive images of disability and impairment will be carried out for all staff with a direct responsibility for Young Carers.

5.2 Staff will have access to information and training to enable them to recognise the indications that a child has a caring responsibility as well as increasing their understanding of such responsibilities

5.3 Training will ensure that any Young Carers who are children in need are identified or feel able to ask for help, are listened to and offered direct services and protection, if needed.
6. School Young Carer's Charter - Heston Community School:

6.1 Has a member of staff with special responsibility for young carers and lets all new students know who they are and what they can do to help.
6.2 Runs a SPACE lesson on the challenges faced by young carers during year seven which includes developing an understanding of disability.
6.3 Can put young carers in touch with the local Young Carers Service. We can also put families in touch with other support services.
6.4 Is accessible to parents who have mobility and communication difficulties and involves them in parents’ evenings.
6.5 Respects your right to privacy and will only share information about you and your family with people who need to know to help you.
6.6 Will consider alternatives if a young carer is unable to attend out of school activities e.g. detention, sports coaching, concerts, due to their caring role.
6.7 Allows young carers to telephone home during breaks and lunchtimes.
6.8 Can give parents advice about how to get their children into school where transport is a problem.

7. Other School Policies

7.1 The following policies should be read in conjunction with this policy.

- Anti Bullying
- Child Protection
- Behaviour for Learning
- Disability Equality Scheme
- Teaching and Learning
- Curriculum
- Assessment and Marking

8. Legislation and Guidance

8.1 UN Convention on the Rights of the Child Articles 28 and 29. Children and young people have the right to the best available education and to opportunities to develop their personality, mental and physical ability to their fullest potential.
8.2 The Children Act 1989
The Framework for Assessment of Children in Need and their Families, which gives guidance on S. 17 of the Act, has a section on young carers which states that effective support will require “good quality joint work between adult and children's social services as well as co-operation from schools and health workers. Young carers can receive help from both local and health authorities.”

8.3 DCFS Advice and guidance to Schools and Local Authorities on Managing Behaviour and Attendance: groups of pupils at particular risk (replaced Circular 10/99 Social Inclusion: Pupil Support):
• “In a genuine crisis, a school can approve absence for a child to care for a relative until other arrangements can be made...”
• “Schools should consider designating a member of staff to have responsibility for young carers. They can also contribute to schemes that support them, working with local authorities and voluntary agencies.”

8.4 Effective Attendance Practice in Schools:
An Overview of attendance guidance states that schools should have “support systems in place for vulnerable groups which provide” among other things, signposting and access to external support for parents and pupils” and “training for staff on specific needs of pupils e.g. young carers”.

8.5 The Children’s Society Young Carer’s Initiative is funded by DCFS to develop Key Principles of Practice in supporting young carers and their families. Key Principle 4 states: Young carers will have the same access to education and career choices as their peers:

8.6 The Disability Discrimination Act states:
LEAs must provide adequate support to disabled parents with getting their children to school.