Delivering Every Child Matters for young carers

Young carers are children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically or mentally ill, or has a substance misuse problem. They carry out, often on a regular basis, significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development.

Government and Local Authorities are increasingly recognising that young carers and their families are a vulnerable group for whom delivering the outcomes of Every Child Matters requires a planned and coordinated approach. Authorities can expect to be asked about their services for young carers in Joint Area Reviews. Furthermore, as the most desirable outcome for the child is that the family is able to find more appropriate sources of care, the vital role of adults’ services in supporting parents who have care needs is becoming more widely recognised.

There is a body of research, information and government guidance on the needs of young carers and ways in which to identify and support them (see appendices). This document is limited to providing a template for an effective multi-agency strategy for young carers work that enables a Local Authority to:

- reduce the numbers of young people who feel obliged to take on or continue with an inappropriate caring role
- deliver the five Every Child Matters outcomes for young people who cannot immediately be protected from taking on an inappropriate caring role
- demonstrate to inspection agencies that it is carrying out best practice as defined in the range of relevant government guidance and legislation

This template is structured around the five Every Child Matters outcomes, broken down into the Key Judgements most relevant to young carers taken from *Inspection of children’s services: key judgements and illustrative evidence*.

The resulting strategy should be integrated with the authority’s

- Children and Young People’s Plan
- Carers’ Strategy
- Disabled Parents strategy (see below)

For the strategy to be successful, the following agencies should have signed up:

- Children’s Trust and/or Children’s services: Social Care; Education; Youth Services/ Connexions; Youth Offending Team; Health Services including Child and Adolescent Mental Health Services (CAMHS); Children’s/ Family Centres.
- Adults’ Services: Mental Health; Drug and Alcohol Teams (DATs); Drug and Alcohol Action Teams (DAATs); Community Care; Learning Disability; Housing; Primary Care Trusts (PCTs)
- Voluntary sector: Young Carers Services; Disability; Mental Health; Substance Misuse etc.

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## What are the barriers to delivering the five outcomes for young carers?

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>What the theme means for young carers</th>
<th>Potential barriers for young carers and their families</th>
<th>The challenges for services</th>
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</thead>
</table>
| **1 Being Healthy** | Encouraging and supporting good physical, mental and emotional health | • Interrupted sleep due to night time caring.  
• Stress or constant worry about another’s safety or health.  
• Back injuries due to lifting an adult  
• Bereavement.  
• Unhealthy lifestyles and diet.  
• High levels of self-harm.  
• Exposure to substance misuse.  
• Interpreting for family member in inappropriate circumstances. | • Do health services assist in early identification?  
• Does CAMHS address the needs of young carers?  
• Do adult services support their clients with their parenting role?  
• Are support services for young carers funded sustainably? |
| **2 Staying Safe** | Identifying young carers who could become at risk of physical or emotional harm and offering early or preventative support. | • Most young carers are hidden from children's and adults' services  
• Chaotic home life due to parental substance misuse  
• Parenting can be impaired by substance misuse/ mental health problems.  
• Young carers can be relied on for adult tasks (child care, cooking, giving medicines) at an early age.  
• BME families can be particularly isolated from services.  
• Some families reject support services after negative or stigmatising experiences. | • Do adults’ services consider child protection issues and support parents to keep their children safe? Is joint working promoted?  
• Do children's services and adults' services link together to give whole-family support?  
• Are young carers treated as a low priority until there is a crisis?  
• Is there a lead worker for young carers within the Local Authority? Can funding disputes be settled quickly?  
• Are services flexible and family-led?  
• Can parents access direct payments/ individual budgets and use them to support their parenting? |
| 3 Enjoying And Achieving | Promoting educational attendance and attainment and providing opportunities for leisure, breaks and play. | • Missing school days to care for someone. Some young carers drop out of school.  
• Falling behind with homework, coursework and revision.  
• High levels of bullying and isolation.  
• Parents find it difficult to access parents’ evenings, PTAs etc.  
• Lack of automatic free school transport provision for young carers.  
• Behavioural problems. | • Are school staff aware of young carers?  
• Do schools follow DfES guidance?  
• Are young carers services part of Health Schools, Extended Schools etc?  
• Does the school link with the family and children’s and adults’ services?  
• Is the school accessible to disabled parents?  
• Are Education Maintenance Allowance contracts flexible for young carers? |
|--------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 4 Making a Positive Contribution | Enabling choice and control for young carers. Offering opportunities beyond caring. Engaging young carers in decision making. | • Lack of awareness of young carers services among young people.  
• Young carers feel they are relied on to stay at home rather than taking part in opportunities.  
• Young carers’ views are often overlooked. The most vulnerable young carers are the hardest to engage.  
• Young carers not encouraged to continue further/higher education | • Are providers of activities and volunteering opportunities are responsive to young carers’ needs?  
• Is there adequate transport and respite care provision to allow young carers to participate?  
• Does the LA work with the voluntary sector to engage young carers in decision making?  
• Is the young carers service adequately resourced and seen as part of youth service provision? |
| 5 Achieving Economic Well-being | Tackling the poverty faced by young carers. Supporting young carers with the transition to adulthood, and helping them to access training and employment. | • Young carers’ families often lack a breadwinner.  
• Disability can be expensive.  
• Finances can be affected by substance misuse.  
• Young carers leave school without qualifications.  
• Reliance on the young person can persist into adulthood. | • How are young carers supported with the transition from children’s to adults’ services?  
• Does Connexions support young carers?  
• Do careers services and Job Centre Plus’s identify young carers and link with young carers services?  
• Do FE and HE establishments identify and support young carers? Do they have flexible entrance requirements? |
## Being healthy

<table>
<thead>
<tr>
<th>The Key Judgements most relevant to young carers</th>
<th>Evidence requirements most relevant to young carers</th>
</tr>
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<tbody>
<tr>
<td><strong>1.1 Parents and carers receive support to keep their children healthy</strong></td>
<td>There are community outreach programmes of health education for parents from hard-to-reach groups (NSF 2).</td>
</tr>
</tbody>
</table>
| **1.2 Healthy lifestyles are promoted for children and young people** | There is a coordinated approach to promoting the health and well-being of children and young people (NSF 1).  
Children and young people are discouraged from smoking and substance abuse (including drugs, volatile substances and alcohol) and supported in giving up (NSF 1).  
Children and young people are encouraged and enabled to eat healthily and drink water at regular intervals in and out of school (NSF 1).  
Children and young people are enabled and encouraged to take regular exercise (NSF 1).  
Children and young people are educated about personal stress and how to manage it (NSF 9). |
| **1.3 Action is taken to promote children and young people’s physical health** | Action is taken to minimise adverse environmental effects on children and young people’s health (NSF 1). |
| **1.4 Action is taken to promote children and young people’s mental health** | Children and young people have access to an appropriate range of support if they feel troubled (NSF 9).  
Staff working with children and young people are advised and supported in identifying possible mental health problems and in making appropriate referrals (NSF 1, NSF 9).  
Children and young people with mental health problems and their families have access to integrated assessment, treatment and support services (NSF 9). |
<table>
<thead>
<tr>
<th>What do the Key Judgements/Outcomes mean for young carers and their families?</th>
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</table>
| **Young carers are supported to remain healthy and adopt healthier lifestyles** | • Support young carers affected by specific health issues in the family such as mental health, substance misuse, HIV.  
• CAMHS and partners support young carers whose own mental health is affected by caring.  
• Provide breaks and activities that aim to enhance young carers’ mental health and social networks.  
• Support young carers to avoid back injuries due to inappropriate lifting via information and training.  
• Support young carers with healthier cooking and eating. | | |
| **Disabled parents are supported by adults’ services** | • Raise awareness of Fair Access to Care with adults’ services.  
• Include questions about parenting support needs in adults’ assessments.  
• Support parents to reduce their reliance on the caring role of their child.  
• Cross service protocols are in place between children’s and adults’ services.  
• Services can be planned around whole families, not just individuals.  
• Parents can access direct payments/individual budgets and use them to support their parenting. | | |
| **Health professionals (PCTs, CAMHS, CMHTs, School Nurses, HVs) are well trained** | • Raise awareness of the barriers to health experienced by young carers  
• Provide guidance on support available and referral criteria to health professionals.  
• Raise awareness that “supported parents mean healthy children”. | | |
| **Public awareness is raised concerning the needs of young carers** | • Presentations, talks, radio interviews and displays for the public promote referrals to specialist services.  
• Promotion of local services and national online support service for young carers at [www.youngcarers.net](http://www.youngcarers.net).  
• Information for young carers included in generic young people’s information sources. | | |
## Staying Safe

### The Key Judgements most relevant to young carers

<table>
<thead>
<tr>
<th>Evidence requirements most relevant to young carers</th>
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<tr>
<td><em>NB: NSF = The National Service Framework for Children, Young People and Maternity Services</em></td>
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</table>

#### 2.1 Children and young people and their carers are informed about key risks to their safety and how to deal with them
- Parents and carers are advised how to keep children safe, including their safety in the home (NSF 1, NSF 2, NSF 5).

#### 2.2 Children and young people are provided with a safe environment
- Children affected by domestic violence are identified, protected and supported.
- Clear policies on combating bullying are implemented and monitored.
- Action is taken to challenge and reduce discrimination and harassment by children and young people (NSF 2).
- Children and young people who are the victims of bullying, discrimination, harassment or crime are supported.

#### 2.3 The incidence of child abuse and neglect is minimised
- The contribution of each service to preventative support is clearly identified and understood, and inter-agency policies and procedures are consistently implemented.
- Families and children and young people at risk of harm, or where there are concerns about their welfare are identified, and coordinated support is provided to them in a timely way.

#### 2.4 Agencies collaborate to safeguard children according to the requirements of current government guidance
- Inter-agency policies and procedures are comprehensive and up-to-date, and they reflect regulatory requirements (National Assessment Framework, Working Together, NSF 5).
- Threshold criteria for making and responding to safeguarding referrals are clear and widely understood (NSF 5).
- Agencies’ accountabilities are clear at each stage of the safeguarding procedures (NSF 5).
- The involvement of parents, carers, children and young people in safeguarding processes is encouraged and supported.
- There are clear procedures for children and young people and carers to make complaints, and support is available.

#### 2.6 Action is taken to avoid children and young people having to be looked after
- Families are offered timely and coordinated support to prevent the need for children and young people to be looked after.
- The decision to look after a child is taken only when there are no appropriate alternatives and with clear accountability.
### 2.8 Children and young people with learning difficulties and/or disabilities live in safe environments and are protected from abuse and exploitation

- **Carers** of children and young people with learning difficulties and/or disabilities are offered assessments of their own needs.

### What do the Key Judgements/ Outcomes mean for young carers and their families?

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<tr>
<td>Services work together to identify and support families in order to avoid young people becoming established in inappropriate caring roles</td>
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<tr>
<td>• Designate a lead on young carers issues, ideally a specific Development Coordinator. This post to liaise with the Local Children’s Safeguarding Board (LCSB) and have access to senior managers.</td>
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<tr>
<td>• Develop and implement policies and protocols for joint working and information sharing across adult and children’s services (see exemplar at <a href="http://www.youngcarers.net/professionals">www.youngcarers.net/professionals</a>).</td>
</tr>
<tr>
<td>• Offer whole-family assessment and support to families with children who have disabilities. Adults’ services to consider child protection issues and support parents to keep their children safe.</td>
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<tr>
<td>• Inform education workers about the vulnerability of young carers to bullying. Support young carers who are bullied.</td>
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<tr>
<td>• Involve voluntary sector services in strategic planning, case conferences, joint training, induction programmes.</td>
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</table>

| Young carers receive an assessment of their support needs that includes their Carers (Equal Opportunities) Act 2004 assessment rights |
| • Use CAF effectively with young carers. Involve adults’ services in CAF implementation. |
| • Use specific young carers assessments as part of Child in Need assessments. (See [www.youngcarers.net/professionals](http://www.youngcarers.net/professionals) for example). |
| • Develop protocols for Carers assessments with 16-17 year olds and aid, where appropriate, access to direct payments. |
| • Develop emergency/ hospital admission plans for parents. |
| • Identify and record unmet needs. |
# Enjoying And Achieving

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<tr>
<td><strong>3.1 Parents and carers receive support in helping their children to enjoy and achieve</strong></td>
<td>• Targeted guidance and support is provided to parents and carers, in line with their expressed wishes, in helping children and young people to enjoy play, achieve educationally and make productive and enjoyable use of leisure time</td>
</tr>
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</table>
| **3.2 Early years provision promotes children's development and well-being and helps them meet early learning goals** | • Integrated provision and services are effective in supporting parents and improving the well-being of young children  
• Training is provided for early years staff, with particular attention to the needs of vulnerable and underachieving groups. |
| **3.3 Action is taken to ensure that educational provision 5–16 is of good quality** | • Patterns of under-performance by minority ethnic or other groups of pupils, or in particular localities, are identified and action is taken to redress inequalities  
• Inclusive practice by schools is promoted and monitored. |
| **3.4 Children and young people are enabled and encouraged to attend and enjoy school and to achieve highly** | • Admission arrangements allocate the available school places to reflect need, minimise stress for children and young people and their parents, and give priority to the most vulnerable groups of children and young people  
• Targeted action is taken to promote good behaviour and attendance, particularly for pupils who are difficult to manage; specialist support is given to them and their parents and carers as necessary (NSF 9)  
• Young people are encouraged and helped to have a growing awareness of their own development needs, to take increasing responsibility for meeting them, and to have high self-esteem and high aspirations  
• The needs of **young carers** are addressed. |
| **3.6 All children and young people can access a range of recreational activities, including play and voluntary learning provision** | • A range of affordable, accessible, challenging and rewarding recreational and voluntary learning opportunities is provided  
• Action is taken to ensure that the cost or availability of transport are not undue barriers to participation in recreational and voluntary learning activities  
• Recreational and voluntary learning opportunities reflect the needs of socially excluded groups, and they are given particular encouragement to take them up. |
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| Schools and their partners promote the attendance and achievement of young carers. | • Every secondary school to designate a lead teacher for young carer issues and adopt a policy (see [www.youngcarers.net/professionals](http://www.youngcarers.net/professionals) for example).  
• Provide help with school transport for the children of parents with limited mobility who live within statutory walking distance of their school (in line with DDA).  
• Train EWOs in supporting young carers and their families.  
• Schools to inform pupils of their policy to young carers and available support via assemblies, lessons and noticeboards. Schools to tackle the stigma surrounding disability, mental health and substance misuse problems.  
• Ensure that young carers are a criterion in the Healthy Schools Programme.  
• Ensure Education Maintenance Allowance contracts are fair to young carers.  
• Target support to young carers at transition stages into secondary and further education.  
• Schools to work in partnership with young carers to provide in- and out-of-school activities and mentoring. | | |
| Parents are supported to take part in their children’s education | • School admissions forms to identify young carers and families affected by a long term illness or disability. Links are maintained with families.  
• Support parents with limited mobility to take part in parents’ evenings and PTAs. Offer alternatives to parents’ evenings such as a phone call.  
• Schools are able to signpost/refer families to adults’ services. | | |
| Authorities provide activities for young carers and include them in generic youth services | • Youth services to reach young carers and provide them with activities, some of which have recorded and accredited outcomes. Delivered in partnership with the voluntary sector where available.  
• Train youth workers to identify and include young carers.  
• Provide younger young carers with accessible opportunities for play. | | |
## Making A Positive Contribution

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| **4.1 Children and young people are supported in developing socially and emotionally** | • Planned opportunities are provided for children and young people to develop a range of secure and positive relationships with adults and other children.  
• Mentoring and other support is provided for children and young people having difficulties in developing and maintaining positive relationships with others.  
• Parents and carers having difficulties in maintaining positive relationships with their children have access to support. |
| **4.2 Children and young people, particularly those from vulnerable groups, are supported in managing changes and responding to challenges in their lives** | • Children, young people and their parents are supported at key transition points in their lives.  
• Children and young people are supported in coping with traumatic events and major changes in their lives.  
• Children and young people are empowered to deal positively with threatening circumstances.  
• **Young carers** are supported to enable them to lead as normal a life as possible. |
| **4.3 Children and young people are encouraged to participate in decision making and in supporting the community** | • Individual children and young people are consulted and listened to when key decisions affecting their future are made.  
• Children and young people are consulted and listened to when key decisions are made about local provision, particularly focusing on what they most enjoy.  
• Children and young people are encouraged to participate in the planning and management of services and activities. |
| **4.5 Action is taken to prevent offending and to reduce re-offending by children and young people** | • Children and young people who have offended or are at risk of offending are provided with a range of activities and support to assist them in leading law-abiding and constructive lives and to raise their self-esteem.  
• Arrangements are in place to address specific mental health needs of young offenders. |
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<tr>
<td>The needs of young carers are considered during:  - community care assessments of cared-for parents;  - carers’ assessments of adult carers who are parents.</td>
<td>• Train workers to ensure young carers are listened to and have a choice about the extent of their caring role; provide adequate support to the cared-for person.  • Adults’ service workers understand cross-service working protocols and the Common Assessment Framework.</td>
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<tr>
<td>Young carers involved in the development and evaluation of services.</td>
<td>• Work with the voluntary sector to engage young carers in decision making. Young carers involved in staff training and awareness raising programmes where appropriate.  • Provide adequate transport and respite care provision to allow young carers to participate in e.g. Young People’s Panels.  • Support young carers services in including young carers as part of their service management structure.  • Adequately resource a young carers service.</td>
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<tr>
<td>Young carers have access to volunteering opportunities</td>
<td>• Young carers are supported to take part in volunteering opportunities, with respite care provided to enable them to do so where necessary.</td>
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<tr>
<td>All young carer services are accessible for minority groups (black and ethnic minority communities; travellers; refugees; asylum seekers)</td>
<td>• Create awareness and understanding among young people from diverse communities. Meet with community leaders/organisations to gain cultural insight into caring in a variety of minority groups.  • Identify training needs in relation to working with minority groups and support young carers services to set targets in this area.</td>
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# Achieving Economic Well-being

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<tr>
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| **5.2 Young people 11–19 are helped to prepare for working life** | • Young people are supported in developing self-confidence, team working skills and enterprise.  
• Action is taken to identify groups under-represented in education and training post-16 and to target recruitment strategies accordingly.  
• Personal, financial, welfare and advocacy support is available to 16–19 year-olds to support their education or training. |
| **5.3 Action is taken to ensure that 14–19 education and training is planned and delivered in a coordinated way, and to ensure that education and training (16–19) is of good quality** | • 14–19 provision is planned collaboratively in response to an evaluation of the needs of children and young people in the context of the local and national economy.  
• Provision is planned in a way which is sensitive both to race and other equality issues and to the needs of potentially underachieving groups. |
<p>| <strong>5.5 Action is taken to ensure that young people have decent housing</strong> | • Action is taken to maximise the proportion of children and young people living in homes that meet the Decent Homes Standard. |
| <strong>5.7 Children and young people with learning difficulties and/or disabilities are helped to achieve economic well-being</strong> | • Direct payments are available and promoted for families with disabled children and/or disabled 16- and 17-year-olds. |</p>
<table>
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<tbody>
<tr>
<td>Families affected by disability live in adequate housing. Disabled people are supported into training and work where appropriate.</td>
<td>• Encourage housing services to work in partnership with community care services.</td>
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<tr>
<td>Young carers are supported to access further/higher education or training.</td>
<td>• Train Connexions Personal Advisers and guidance services to identify and support young carers. • Support young carers who are 16 years old and above to gain Education Maintenance Allowance. • Train Job Centre Plus staff to identify and support young carers. • Encourage FE and HE establishments to identify and support young carers and introduce flexible entrance requirements.</td>
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<tr>
<td>Young carers are supported with the transition to adulthood and independence.</td>
<td>• Support young carers to choose whether to live independently, with alternative support found for the cared-for person to allow this choice. • Support young carers who are 16 years old and above to gain Carers Benefit/direct payments as appropriate. • Develop specialist support services for young carers who are no longer eligible for children's service.</td>
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## Service Management and Implementing The Strategy

### Key Judgement

#### 6.3 Capacity

**b) Capacity is used efficiently and effectively and is developed to deliver ambitions, priorities and value for money**

- Local commissioning strategies ensure that children’s services are developed in a flexible way to cover the gaps in local services, meet needs as they arise, and are of an acceptable level of quality.
- Use is made of local providers from the local public, private, voluntary, community and social enterprise sectors who have the capacity and track record to provide effective services.
- Voluntary and community services are engaged in developing the strategy to deliver priorities and the capacity of their services is enhanced through local cooperation.
- Budgets are pooled, where this provides improved impact.

**c) The needs of individual children, young people and their families are effectively identified, recorded and communicated**

- Children and young people, parents and carers are involved in identifying their needs and designing services.
- A single assessment and recording system is in place, or being developed, to ensure that information about individuals is provided to local services once only and that the actions which agencies take are well coordinated and facilitate tracking of individuals.

#### 6.4 Performance management

- Children and young people contribute to performance management and their views are listened to.

### What do the Key Judgements/Outcomes mean for young carers and their families?

### What actions will be needed to deliver the outcomes and meet evidence requirements for young carers?

<table>
<thead>
<tr>
<th>The implementation and success of the strategy is monitored.</th>
<th>Actioned by</th>
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<tbody>
<tr>
<td>Review the strategy’s progress in line with the action plan drawn up as part of the Children and Young People’s Plan annually.</td>
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<tr>
<td>Undertake consultation with young carers and families from all communities.</td>
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<td>Monitor unmet need and challenging cases.</td>
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<tr>
<th>Specialist young carers services are funded adequately on a commissioning basis and able to plan. Increased numbers of families are identified and supported to a high standard.</th>
<th>Actioned by</th>
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<tr>
<td>Set realistic case loads and targets for the young carers service.</td>
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<td>Monitor the young carers service’s quality and support planned growth.</td>
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<td>Involve young carers services in the development of Children’s Trust.</td>
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<tr>
<td>Pool budgets or involve a range of stakeholders in funding the young carers service, including adults’ services.</td>
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</table>
Appendix: Sources

This resource was developed with much help from Oxfordshire County Council’s Young Carers Strategy (contact Deborah Parkhouse, Young Carers Strategic Lead: Deborah.Parkhouse@Oxfordshire.gov.uk).

Key judgements tables are taken from Inspection of children’s services: key judgements and illustrative evidence www.ofsted.gov.uk/publications/index.cfm?fuseaction=pubs’summary&id=3962

Information for professionals and example documents, including an Exemplar Protocol for Joint Working between Children’s and Adults’ Services, are available at www.youngcarers.net/professionals

Further reading:

- The policy guidance to the new Carers EO Act has a page on young carers: www.dh.gov.uk/assetRoot/04/11/78/66/04117866.pdf
- The SCIE site also has several relevant briefings: www.scie.org.uk/publications/briefings/index.asp
- The Young Carer Research Group site: www.lboro.ac.uk/departments/ss/centres/YCRG with evidence papers at www.lboro.ac.uk/research/ccfr/publications/evidencePapers.html The 2004 Young Carers Report by the group is at www.carersuk.org/Policyandpractice/Research#10954932960 Their schools research is at www.carersuk.org.uk/Policyandpractice/Research
- Making it Work, the good practice guide from The Princess Royal Trust for Carers and the Children’s Society available from: www.youngcarer.com which also has a national database of Young Carers Services.
- You can find your local carers statistics (England and Wales) by going to www.nomisweb.co.uk/home/census2001.asp and finding Table SO25 Unpaid caring by age and health, which can be obtained broken down to Local Authority level from ONS.
- Key Principles of Practice for Young Carers, Parents and their Families from The Children’s Society www.youngcarer.com
Appendix: Inspections

In Inspection of children’s services: grade descriptors, April 2006, the descriptors for local authority ratings by inspectors contain the examples below:

Making a positive contribution: based on the contribution of services to delivering the outcomes.

Good (3)
Information, advice and counselling provision is signposted well and targeted effectively at those in most need. For example, young carers have regular opportunities to get help from specialist support groups, including study support, to socialise in integrated provision, to participate in ‘out of school activities’ and have time for themselves.

Adequate (2)
Young carers are known and have access to some support, especially someone to talk to who will listen. The assessment and review of vulnerable and other groups of children and young people are supported by clear criteria for accessing services and undertaking assessments.

Appendix: Funding sources

Examples are available of young carers support funded by a wide range of statutory funding sources, including The Carers Grant; The Standards Fund (Vulnerable Children’s Grant); CAMHS; DAT; PCT; Healthy Schools programmes; Youth Service/Transforming Youth Work; Connexions; Positive Activities for Young People. For details of service designs and funding sources, contact The Princess Royal Trust for Carers (Alex Fox; Head of Young Carers Development; 0113 2688817; afox@carers.org).

3 DH Fair Access to Care
4 DfES Every Child Matters outcomes framework
5 Ofsted Inspection of children’s services: key judgements and illustrative evidence