

LONDON BOROUGH OF SUTTON
Joint Working Protocol for Young Carers



Foreword

This protocol has been written to create clarity regarding multi-agency roles and responsibilities in respect of young carers. It is recognised that there is much work to do in raising the profile and supporting the needs of young carers in the borough, with this protocol representing a joint approach to this challenge.

In the first instance, this protocol defines referral pathways and expectations on both children's and adults social care and on multi-agency colleagues, of whom many young carers engage with on a daily basis.

It is acknowledged that this protocol is correct at the time of writing and will require ongoing review and update in line with practice and evolving agenda's. This will be overseen by the Children's Trust Board.

Thanks go to partner's who have contributed to this protocol and for the work that is already being undertaken with young carers in the borough. It is also appropriate at this juncture to take the opportunity to thank all our young carers for the roles they play in supporting their families and the wider community as a whole.

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1. Introduction

Children and young people often become carers because someone in their family has significant unmet care needs arising from ill health, disability, mental health needs or substance misuse. Sometimes young carers step up to help and assume a level of responsibility that they should not be expected to take on. This can potentially lead to inappropriate levels of caring and have a detrimental effect on their schooling, independence, mental and physical health, poverty and employment prospects.

The purpose of this protocol is to ensure there is a shared understanding across the People Directorate and between the wider professional network including health, education and the voluntary sector with regard to everyone's responsibilities in ensuring that the needs of young carers are identified and appropriately met.

The need to identify and support young carers has been highlighted and strengthened in the Care Act 2014 and Children and Families Act 2014

This protocol outlines arrangements between divisions in the directorate and other partners. It is expected that each agency will take responsibility for developing early intervention and practice guides for their service area to ensure all colleagues are aware of how the protocol is adopted by their service.

For the purpose of this protocol, young carers are: ***“children and young people up to 18 whose lives are in some way affected because of the need to take responsibility or care for an adult or child in their family with a long-term condition, disability, mental health issue or an alcohol/substance misuse problem”***.

Caring tasks can involve practical, physical or emotional care. Due to the changes in legislation, when working with families where there are care needs a family approach will be taken, to assessment and service provision. This will culminate in the compilation of a family plan which recognises the interdependencies between those needing care and those with caring responsibilities including young carers. It is however recognised that the funding of resources will at this juncture be separated between children's and adults divisions.

It is worth noting that not all “young carers” will require support as many have caring roles that are appropriate and commensurate to their age, outcomes and families functioning. However, it is right that “Young Carers” are recognised for the role they play in supporting their families and society as a whole.

The Care Act 2014 includes a duty to provide or arrange access to services, facilities or resources that will contribute towards preventing or delaying the need for care and support. The Children and Families Act 2014 includes a duty to promote integration of services across education, health and social care. Both Acts have a focus on wellbeing and introduce a duty to assess the needs of young carer to ensure that they are not taking on roles which impact on their physical, intellectual or emotional well being. If any of these impacts are identified, support should be given to young carers and their families to reduce the effect on the child or young person.

The Care Act 2014 has introduced an expectation that Young carers are considered as children in need as defined with the 1989 Children Act.

“He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;

His or health or development is likely to be significantly impaired, or further impaired, without the provision of services for the LA;

He or she has a disability”.

It is clear that all efforts should be taken to reduce the impact of caring responsibilities on children and young people. This protocol sets out the roles and responsibilities of those who work with or come in to contact with young carers and their families, in order to ensure young carers are offered an assessment of their needs.

Those professionals in health, education or voluntary organisations are likely to be among the people that a family turns to for help with an illness or disability. These colleagues are likely to be the people who are able to ask the right questions to find out if a child is taking on caring responsibilities. In order to ensure access to assessments and potential services, clear referral routes will be embedded within practice across agencies in order that all young carers have the opportunity to be considered for support.

It is hoped that with this document in place, with training for multi-agency partners and the work of the voluntary sector and indeed other agencies that the profile of young carers is raised within the borough.

All agencies in Sutton are required to apply the LSCB threshold document to their work, in order that children and young people are assessed against a set of risk indicators, which grow in complexity as the threshold rises. Those Young Carers whose needs sit within the amber and red areas of the threshold document will be allocated within children’s social care. Those which sit within the green area are recognised as vulnerable, with the likelihood that concerns will escalate should the needs/issues not be addressed.

More information pertaining to the relevant legislation can be found at:

Children and Families Act 2014 – section 96 – 17ZA Young carers need assessment:

<http://www.legislation.gov.uk/ukpga/2014/6/section/96/enacted>

Young carers (Needs Assessment) – Regulation 25

http://www.legislation.gov.uk/uksi/2015/527/pdfs/uksi_20150527_en.pdf

Young carers memorandum of understanding published by LGA

<http://www.local.gov.uk/documents/10180/5756320/Young+carers%20needs+assessment/d766543c-b933-4919-b020-97f43286a488>

Multi-Agency Threshold Guidance

The Four Levels of Needs

Tier 1: No additional needs

These are children with no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care giving from their parents or carers. The majority of children living in each local authority area require support from universal services alone.

Tier 2: Early help

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving. This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care.

Tier 3: Children with complex multiple needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.

Tier 4: Children in acute need

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

Sutton LSCB – Multi Agency Threshold Guidance Document

<p>Tier 1 – No Additional Need Child / Young Person Developmental Needs</p> <ul style="list-style-type: none"> • Developmental milestones / needs are being met • All basic and health needs being met • Age appropriate emotional development • Good/Excellent attendance and punctuality at school <p>Parenting / Carer Capacity</p> <ul style="list-style-type: none"> • Regular access to universal services to meet child's needs • Regular demonstrations of positive relationships with child / young person • Consistent evidence of secure and caring parenting <p>Family and Environmental factors</p> <ul style="list-style-type: none"> • Stable and safe housing • Safe environment • Financial stability • Good social networks and access to community resources 	<p>Tier 2 – Early Help Common Assessment Framework (CAF)/Early Help Assessment Consent required -Single Agency Assessment / Lead Professional Child / Young Person Developmental Needs</p> <ul style="list-style-type: none"> • Developmental milestones are not fully met as expected • Concern about child's / young person's basic needs • Occasional demonstration of emotional or behavioural difficulty • Attendance is on or below the persistent absence threshold • Significant unauthorized absence from school or educational establishment • Child is not in receipt of education <p>Parenting Capacity</p> <ul style="list-style-type: none"> • Parent/s / Carer not accessing universal services appropriately • Low level parental mental health • Low level parental conflict and tension • Irresponsible parental substance misuse when child / young person is not present <p>Family and Environmental Factors</p> <ul style="list-style-type: none"> • Overcrowding in home / Housing transience • Experience of social exclusion / hate crime / Anti-Social Behaviour • Irresponsible financial planning and budgeting for the family
<p>Tier 3- Children with Complex Multiple Needs Single Assessment required - Consent required Children's Social Work Assessment Child / Young Person Developmental Needs</p> <ul style="list-style-type: none"> • Needs are neglected or require specialist support and intervention • Persistent demonstration of emotional difficulties • Persistent demonstration of behavioral difficulties • Poor relationships (including adolescent domestic abuse) • Attendance is on or below the persistent absence threshold • Significant unauthorized absence from school • Child is not in receipt of education <p>Parenting / Carer Capacity</p> <ul style="list-style-type: none"> • Poor engagement with recommended support and services • Mental health, disability or learning difficulties impact on child's outcomes • Historic or current domestic violence impacts on child / young person's wellbeing • Substance and alcohol misuse when child/ young person present <p>Family and Environmental Factors</p> <ul style="list-style-type: none"> • Housing, financial need and transience has a serious impact on the child • Social exclusion / hate crime / exposure to violence & Anti- Social/Criminal Behaviour 	<p>Tier 4- Children in Acute Need No consent required Children's Social Work Assessment Child/ Young Person Developmental Needs</p> <ul style="list-style-type: none"> • Developmental needs are not being met with a significant risk to wellbeing • Persistent demonstrations of emotional and behavioural difficulties • Attendance is on or below the persistent absence threshold • Significant unauthorized absence from school or educational establishment • Child is not in receipt of education • Ongoing significant risk of harm from bullying, gang activity, violence, etc. <p>Parenting / Carer Capacity</p> <ul style="list-style-type: none"> • No engagement with support services or are unable to meet basic developmental needs; Child / Young Person is at significant risk of harm • Prioritization of own needs above those of the child / young person • Mental health, disability or learning difficulties places presents a significant risk of harm • Severe domestic abuse and substance and alcohol misuse presents significant risk of harm <p>Family and Environmental Factors</p> <ul style="list-style-type: none"> • Evidence of physical, emotional, sexual abuse and / or neglect and persistent neglectful home environment • Significant violence and exposure to criminal behaviour

2. Referral Pathway

Appendices A, B and C detail the referral pathways for access to assessments for young carers. These can be summarised as follows:

1. Young carers who care for a sibling with a disability will be assessed by the children with disabilities team, within the context of a child and family or early help assessment.
2. Young carers who are open to other statutory social work teams will be assessed via a child and family assessment i.e. children who sit within the amber and red areas of the threshold document.
3. Young carers identified by multi-agency colleagues will be assessed by the adults division unless a referral to MASH is required i.e. children who sit within the green area of the threshold document. Referrals need to be made via the call centre on 0208 770 5000
4. Young carers identified within the process of assessing an adult will be assessed by the adults division

Having multiple points where assessments can take place will:

- Ensure assessments are appropriate to the level of need.
- Reduce the likelihood of duplication
- Reduce the number of professionals involved in a child/young persons life
- Mean that children and their families won't need to keep telling "their story"
- Support the assessment process in a number of cases, by the assessment being completed by a familiar person (those cases open to social work teams).
- It is important to note that regardless of which team undertakes the assessment, that the focus will be on individuals, within the context of their family and that clear communication shared between services will be a significant contributory factor to this process.

3. Responsibilities for Adult and Children's Social Care

It is the statutory duty of Adult and Children's Social Care Services under the Care Act 2014 and the Children & Families Act 2014, to assess the needs of carers and if requested, to consider the support needs of adults with disabilities in their parenting role. If the assessment process identifies a need to support an adult with a disability and if they meet the eligibility criteria for publicly funded support. There are different options available that include direct payments

Using the "whole family approach" when assessing the needs of adults, Adult Social Care staff should also explore the extent of any of the caring tasks undertaken by children and young people in the family. The assessment should identify the type of caring tasks performed, the frequency and duration of these and the impact that such tasks have on the child or young person's physical, emotional, intellectual or social development. In addition the assessment should establish if the young carer is performing intimate and personnel care tasks which are inappropriate for the child/young person's age/development

When assessing an adult's support needs, the impact of any care package on children in the person's family must be considered. It is not acceptable to offer packages of care that depend on a child or young person carrying out caring responsibilities which impact on their wellbeing, regardless of how competent they appear to be.

All staff should understand and follow safeguarding procedures applicable to children and adults –

www.suttonlscb.gov.uk

<http://suttoncs.proceduresonline.com/index.htm>

<http://www.scie.org.uk/adults/safeguarding/policies/>

If it is suspected that a child may be at risk of harm a referral to MASH (Multi-agency safeguarding hub) needs to be made in order that the level of need and appropriate resource can be ascertained. If it is considered that there are not safeguarding concerns then adult social care staff will include the young carer in the adult assessment in order to ensure that:

- That the assessment focus is on the family – taking account of individual needs within this context
- If eligible resources are applied to the adult to reduce or minimise the impact of the caring responsibilities on the child/young person
- Where needed resources will be identified for the young carer to support their health and wellbeing in view of their caring responsibilities.

A young carer must be offered a young carers' assessment (and if a young person asks for a carers assessment this must be granted) whenever the person they care for is assessed or re-assessed by Adult Social Services.

If a child is identified as having caring responsibilities, not only should this trigger an assessment of their needs but it should also review the needs of the person requiring care.

When completing a young carers assessment the following principles will be applied:

- The assessment will be completed in partnership with all family members through consent and individual and joint discussions.
- The family will be assessed as a whole, taking account of individual needs, risks and protective factors.
- Multi-agency information will be gathered and used to create a holistic assessment.
- The assessment will be tailored to the specific needs/age of the young carer
- Stability of issues affecting the family for example: is their illness or disability stable or likely to deteriorate
- Recognition that there may be fear regarding the acknowledgment of children having caring roles
- Differing views of family members will need to be taken account of.

Assessments undertaken will be completed within a maximum of 45 days, during which time a plan will be (where appropriate) compiled with the young carer and their family.

The assessments will be recorded on the local authorities recording system (FWI). Due to confidentiality issues the assessment of those who require care will be recorded separately. The family plan however, will refer to any services being provided to those who need care as well as any needed by the young carer. A link between the assessments will be available.

It has been agreed that where it will assist family engagement, that the carer's centre will support the local authority in the completion of such assessments. This is considered to be a positive move in working jointly for the benefit of young carers and their families as well as gains to be made through the sharing of skills and knowledge between professionals.

For those young carers open to statutory social work teams the lead professional or in most instances the social worker, will be responsible for completing a young carers assessment. During this process it will be paramount for discussion to be had not only with the young carer, but also those whom require care and colleagues in the adult division.

4. Plans/Reviews

Following the completion of an assessment a plan will be compiled which will take account of the needs of the family as a whole. The plan should identify what the concern is, how it will be addressed and what the expected outcome will be. It should also detail who will lead on an action and the expected timescale for completion. This plan should become the working document in meeting the family's needs and should be reviewed regularly in order to ensure that progress is being made and that the needs of the young carer are being addressed. The plan should be reviewed by the lead professional as agreed with the family and multi-agency network where applicable.

The plan will need to adopt the SMART principles in order that improved outcomes for child or young person are achieved in a timely way. When reviewing the plan adult services need to be involved in order to ensure the adult support package remains relevant and addresses they young carers needs.

As noted within the threshold section, it is expected that young carers who meet threshold at tier 2 and above will have a lead professional allocated to them, whilst there are apparent concerns.

Children at tier 2 will be afforded a lead professional from a range of disciplines including education, health and the voluntary sector. It is the responsibility of that professional to ensure plans are executed in order that the needs of the young carer are met. This does not mean that all tasks are allocated to the lead professional. It is however important to remember that those children/young people who are members of families at Tier 2 need to be worked with through the principles of consent and partnership working. It will be the responsibility of adult social care to pass the case to a lead professional upon completion of the assessment and plan. It is likely that this will fall to the person who made the referral, unless the request was from a young carer themselves.

5. Funding – who pays?

It is recognised that at this juncture, Adult services currently have a carers commissioning plan in place which runs until 2017. It is anticipated that during this period, this protocol will be built upon, thus creating and encompassing a joint Child and Adults Carers Strategy with pooled resources that will reflect the Local Authorities' statutory duties and priorities post April 2017

Meeting the needs of young carers who provide inappropriate levels of care is everybody's responsibility. Adult Services need to ensure they execute their responsibilities to children and young people by ensuring the child's needs are fully included in the adult assessment, applying resource to the adult to reduce this where appropriate. Children's services will source resource to children/young people as carers, where there is clear evidence that by not doing so would be detrimental to their health or development

Decision making about funding must not prevent support needed being available for the young carer or the person concerned. Shared responsibility exists between Adult and Children's Services within the People Directorate to ensure needs are not left unmet because they fall between internal administrative boundaries. Compliance with this protocol should mitigate against such scenarios. However in the event that this is not the case then the concern should be escalated to the Executive Head for Adult Services and the Executive Head for Education and Intervention in order that resolution can be agreed.

Services available to young carers

Resources will be allocated depending on the outcome of the assessment and level of need identified. It is recognised that resources should have a timeframe and an outcome attached to them, which reflects the need of the young carer. The following are some examples of services which young carers and their families may receive:

- For some young carers and their families signposting and the provision of information will be sufficient for their needs. The Family Information Service/directory has a wealth of information which families and professionals can easily access.
- Additional support from the schools they attend – for example access to the ELSA service or after school activities.
- Services which support emotional resilience including those provided by the carers centre and MAPs via mentoring

- Services accessible through the carers centre including specific targeted intervention to address a particular need e.g. group work/social activities with other young carers
- Some young carers may benefit from targeted youth provision
- Services from the voluntary sector

6. Information sharing

Information sharing between Adults and Children's Services, and other partners, is critical to the success of the protocol and more importantly to ensuring the needs of the carers, and those who need to be cared for, are met. Principles of information sharing should be adhered to by all including:

- The safety and welfare of both the child who is a carer and the vulnerable adult who they care for, is of paramount importance
- Data protection is not a barrier to information sharing
- Information sharing should be proportionate, relevant and delivered in a timely fashion, where appropriate and underpinned with consent

Having Children's and adults services within the People Directorate will support the communication pathways and internal processes which will assist with the delivery of a timely and seamless service to young carers and those in need of care.

Through the process of assessment, consent to share information will be acquired from the young person (where appropriate) or from the parent/carer(s) as necessary. Having a team around the family approach to young carers and their families, will greatly assist in the sharing of information and efficient delivery/execution of the families support plan.

Currently the borough holds little information regarding the population of our young carers and therefore planning for future commissioning arrangements will be a challenge. It is intended that a register will be developed which will log all those identified young carers along with the lead professional who is responsible for overseeing their needs as a young carers.

7. Transition

“Services at transition should be aimed at moving a person into work/adult life in such a way as to promote their independence and so reduce their long term needs for care and support”

We know that the transition to adulthood is a time when young people and their families are thinking about their aspirations for the future. If people are likely to have care and support needs when they are 18, they need information and advice so that they can make the necessary plans.

Planning for transition

The Act says that if a child, young carer or an adult caring for a child (a “child’s carer”) is likely to have needs when they, or the child they care for, turns 18, the local authority **must** assess them if

it considers there is “significant benefit” to the individual in doing so. This is regardless of whether the child or individual currently receives any services.

When either a child or a young carer approaches their 18th birthday, they may ask for an assessment. A parent or carer may also ask for an assessment as the child they are caring for approaches 18.

As in all assessments, local authorities will need to consider the needs of the person, what needs they are likely to have when they (or the child they care for) turn 18, and the outcomes they want to achieve in life. They should consider what types of adult care and support might be of benefit at that point, and also consider whether other options beyond formal services might help the individual achieve their desired outcomes.

What information will someone receive?

The Act says that when an assessment is carried out, information should be given about whether the young person, child’s carer or young carer is likely to have eligible needs for care and support when they turn 18. The person should receive advice and information about what can be done to meet or reduce the needs they are likely to have, as well as what they can do to stay well, and prevent or delay the development of future needs.

This information will give young people, child’s carers and young carers an indication of the sort of support they can expect. This will remove some of the uncertainty caused by having to wait and see what will happen when they turn 18.

Any requests for an assessment which are declined by the local authority must have a clear rationale for why the request has been refused. This may include a review of any current assessment.

When does planning start?

The Act does not say that the child or young person has to be a certain age to be able to ask for an assessment. It says that local authorities must consider, in all cases, whether there would be a “significant benefit” to the individual in doing an assessment. This means the local authority is able to take each individual’s circumstances into account when *deciding* whether to assess them. This is instead of having a blanket rule that means everyone has to be assessed at the same age. This flexibility recognises that the best time to plan the move to adult services will be different for each person.

Ensuring there is no gap in services

When a local authority assesses a child (including a young carer) who is receiving support under legislation relating to children’s services, the Act requires them to continue providing him or her with that support through the assessment process.

This will continue until adult care and support is in place to take over – or until it is clear after the assessment that adult care and support does not need to be provided. These changes will mean there is no “cliff-edge” where someone reaching the age of 18 who is already receiving support will suddenly find themselves without the care and support they need at the point of becoming an adult.

For the purpose of this protocol, it will be imperative that the likelihood of support post 18 is highlighted within the young carers plan in a timely manner in order to avoid delay in transition or a gap in service provision.

Working with other organisations

A successful transition to adult care and support needs the young person, their families and professionals to work together. This is crucial. The Act gives local authorities a legal responsibility to cooperate, and to ensure that all the correct people work together to get the transition right.

The Act makes clear that the local authority can combine any of these “transition” assessments with any other assessment being carried out for some other person (provided all parties agree). If an external organisation (such as a hospital) is carrying out an assessment of the individual or a relevant person, for example, the individual’s carer or someone the individual cares for, around the same time as the local authority’s assessment, the local authority can carry out that assessment jointly with the other organisation or on behalf of the other organisation. This allows for sensible and flexible combinations of assessments, which is in everyone’s interest. Transition assessments could also potentially become part of a child or young person’s Education, Health and Care plan (see below).

The Care Act (and the special educational needs provisions in the Children and Families Act) requires that there is cooperation within and between local authorities to ensure that the necessary people cooperate, that the right information and advice are available and that assessments can be carried out jointly.

The Children and Families Act

The Children and Families Act creates a new ‘birth-to- 25 years’ Education, Health and Care Plan (EHC) for children and young people with special educational needs , and offers families personal budgets so that they have more control over the type of support they get. In some cases, where a person is over 18, the “Care” part of the EHC plan will be provided for by adult care and support, under the Care Act.

The Children and Families Act also improves cooperation between all the services that support children with special educational needs and their families. This requires local authorities to involve children, young people and parents in reviewing and developing care for those with special educational needs. Local authorities will also need to publish information about what relevant support can be offered locally.

8. Responsibilities for Education Professionals

During enrolment of new pupils, for example, school staff should attempt to find out the following information from the young person and their family and record their answers;

- Does the pupil have parents or other family members who have disabilities or other long term physical or mental health problems
- Does the pupil help to look after them and what impact does this have on their education
- Is the family in touch with support services that could reduce the impact of the pupil’s caring role

All school staff should understand and follow their own local procedures for supporting a child in need or young carer. Where it becomes apparent that a child could be affected by a family member’s health condition or disability, staff should be aware of the referral routes depending on level of risk and status of those being cared for.

It is suggested that a Carers Toolkit may be useful to help schools support young carers in their education. This piece of work will be explored further in due course.

It is expected that schools will have their own reporting and decisions making policy in respect to young carers.

Every school should have a member of the Senior Leadership Team responsible for young carers who tracks them through their school years and ensures that they are making expected progress. Once a young carer is identified, the school will along with partner agencies and where appropriate, refer to the service for a young carers assessment as defined within the flow charts on page 18.

Appendix D is a prompt tool to support staff in establishing if a child/young person may be a young carer and in need of support. As mentioned earlier consent and partnership working are key themes which need to be applied by all professionals working with young carers and their families.

For children with additional needs or for those who have siblings with additional needs, school staff are minded to signpost families to the local Offer whereby they will be able to access a range of advice and information.

Addressing the needs of the young person as a young career is paramount but Education professionals should consider the young person's needs as a child first and foremost and then their needs as a young carer. If the child is seen as being at risk, this should immediately be reported to Sutton's MASH if the child is not open to statutory services.

mash@sutton.gov.uk

9. Responsibilities for Health Professionals

The term Health covers all professionals/services who come in to contact with children and young people who are or who could potentially be young carers. This will predominantly include school nurses, health visitors who see families with children in key stage 2 and general practitioners. This however does not preclude others, with it being paramount that all professionals take an interest in the health and wellbeing of children and young people.

Health services should be alert to the appropriate referral mechanisms should they become aware that a young person is a young carer or is at risk of becoming one due to a family member's health condition or disability or that an adult has unmet caring needs.

Addressing the needs of the young person as a young career is paramount but healthcare professionals should consider the young person's needs as a child first and foremost and then their needs as a young carer. If the child is seen as being at risk, this should immediately be reported to Sutton's MASH if the child is not open to statutory services.

mash@sutton.gov.uk

In order to ensure that young carers and those at risk of becoming young carers are referred, joined up working between Health Services and Children's Social Services, other council departments and the voluntary sector is strongly encouraged.

During any kind of comprehensive assessment of the child or young person healthcare professionals should ascertain the following information from the young person and their family and record the answers:

- Are the child/young person's health needs being met?
- Does the young person appear anxious or concerned about an ill or disabled family member?
- Is the young person being bullied or are they isolated?
- Does the young person have behaviour problems?
- Does the young person suffer from back pain from lifting heavy loads?
- Are there other children in the home? What are their ages and do they have a caring role?

Where it becomes apparent that a child could be affected by a family member's health condition or disability, staff should be aware of the referral and assessment procedures for adults so that the young person's family can be signposted to the appropriate service.

10. Responsibilities for Voluntary Professionals

Voluntary agencies, including charitable organisations provide an important role by supporting the community and working in partnership with health, education and children and adult services.

Addressing the needs of the young person as a young carer is paramount but voluntary professionals and other children's services should consider the young person's needs as a child first and foremost and then their needs as a young carer. If the child is seen as being at risk, this should immediately be reported to Sutton's MASH if the child is not open to statutory services.

mash@sutton.gov.uk

When working with children, young people and their families, voluntary organisations need to ascertain if the child or young person is a young carer. This may be accomplished by identifying the following:

- Is there anyone in the household (child or adult) who has a disability and requires care support?
- Does the child or young person provide care and what activities do they complete?
- Is the child's health and/or education affected by their caring role?
- Consider speaking to the child/young person alone if suitable and with consent from parent and child/young person. This is to allow the child/young person to speak freely about their thoughts and feelings

It is recognised that the voluntary sector play a pivotal role in supporting children, young people and their families in the community. It is therefore likely that colleagues in this area of work are likely to be engaged with families who may avoid other interventions. Colleagues will therefore play a crucial role in establishing firstly if a child/young person is undertaking caring responsibilities and secondly in supporting the child/young person and their family to access services which could potentially alleviate the caring responsibilities.

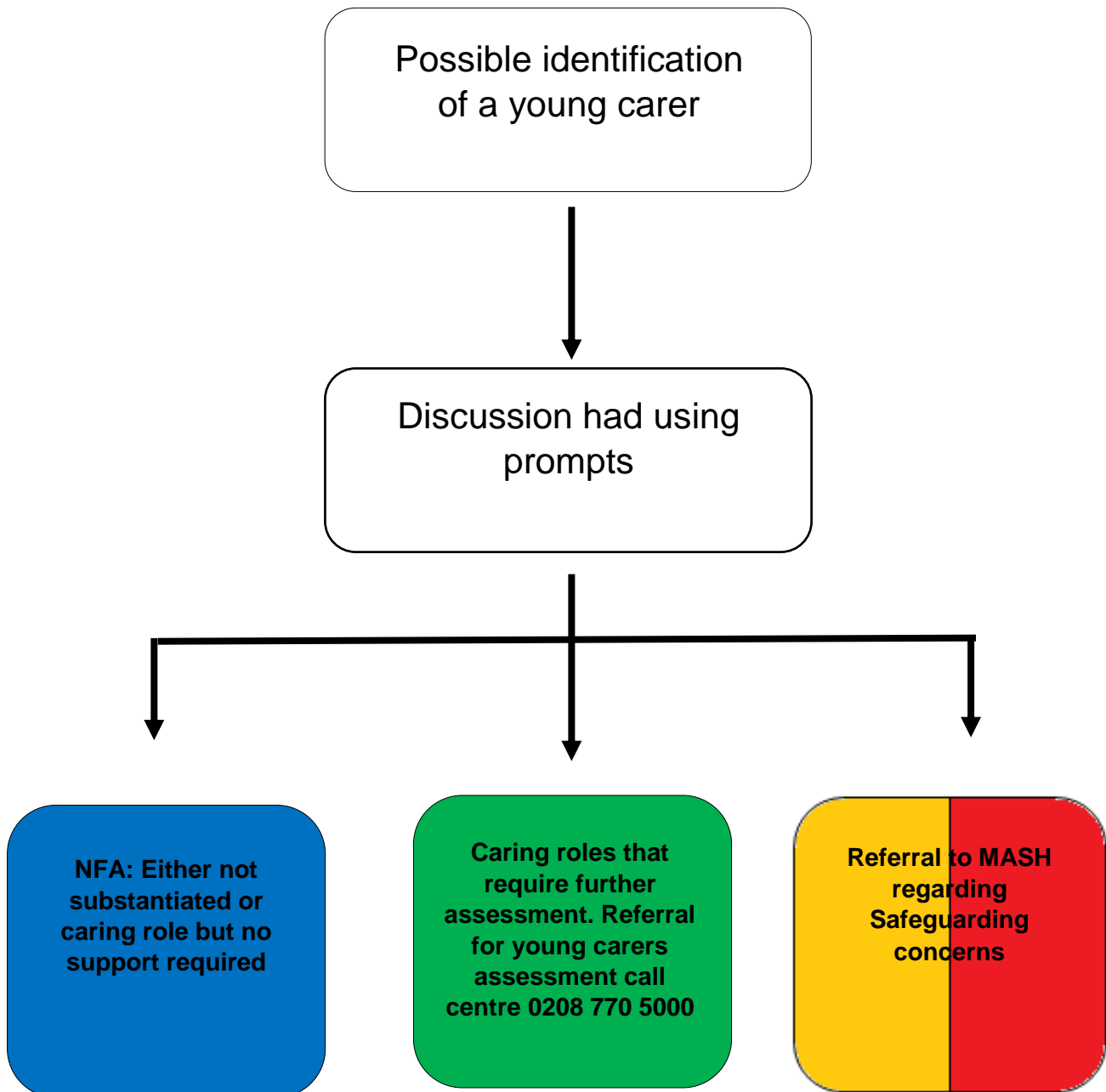
Colleagues within the voluntary along with other agencies should refer to the appendices in the back of this document with regard to referral routes and also to Appendix D for guidance on the types of questions to ask.

Governance

The Children's Trust Board will be responsible for the overseeing and reviewing of this protocol, taking account of progress made and challenges which arise. It will consider the outcomes for young carers, the role of multi-agency partners and the interface between adult and children's services.

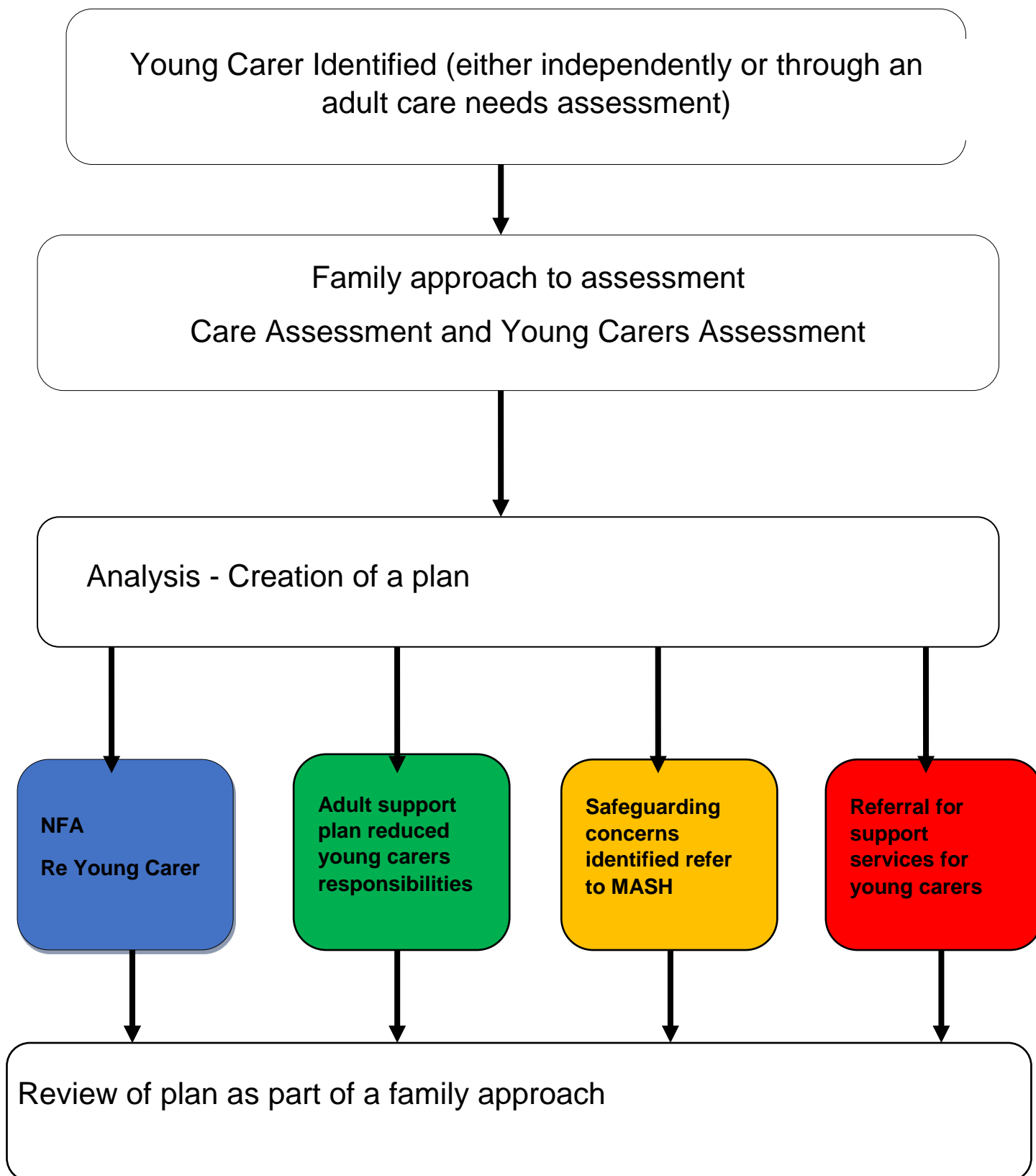
APPENDIX A

Referral Pathway for Partner Agencies for Young Carers Assessments (when not open to social care)



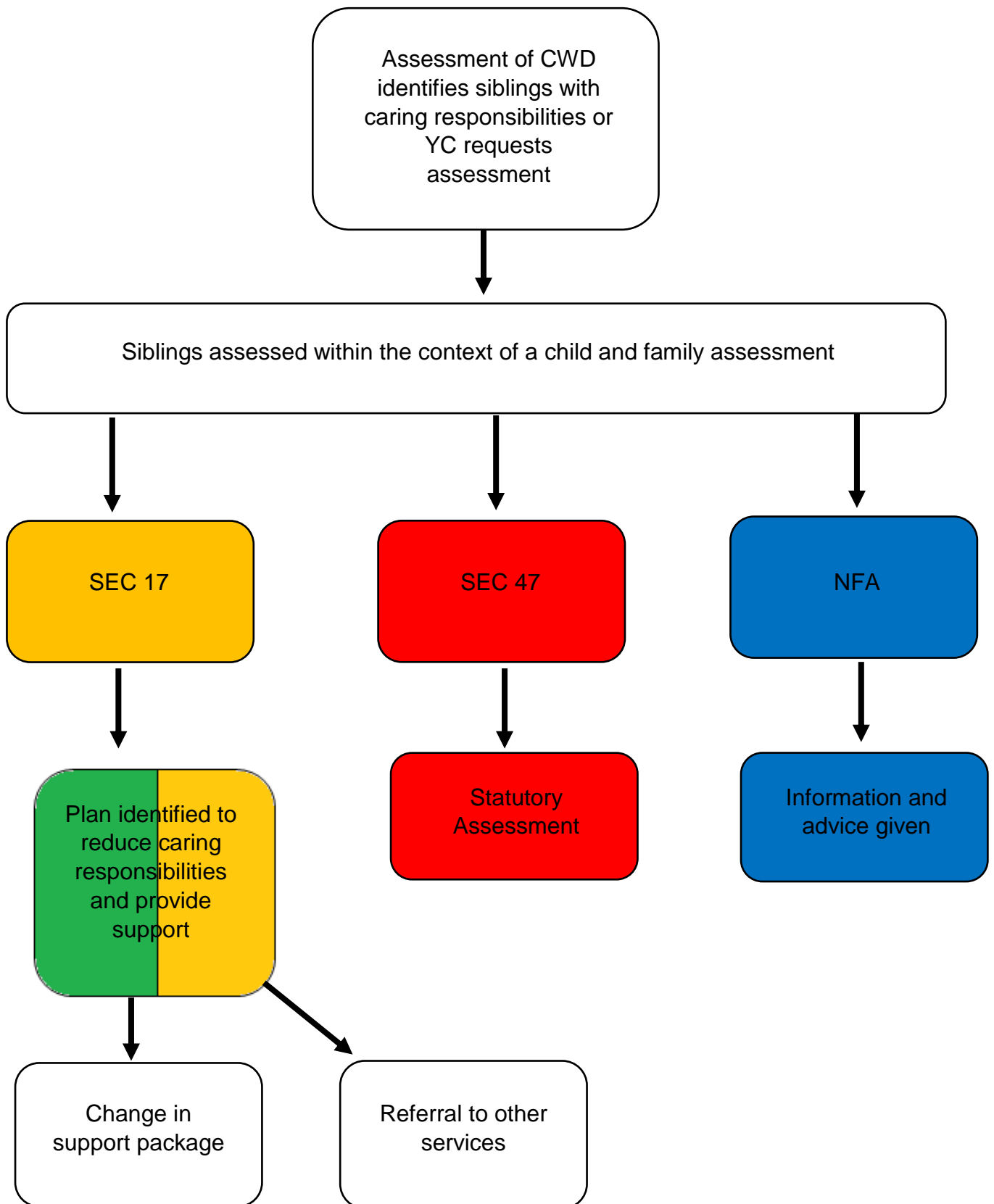
APPENDIX B

Process for Young Carers Assessment



APPENDIX C

Young Carer identified within the context of caring for a sibling with disabilities



APPENDIX D

Prompts for ascertaining if a child/young person is a young carer

1. Establish who lives in the house
2. Do you help or care for anyone in your house if so why do they need your help and what do you do to help them

Give examples of doing chores / caring for siblings

3. Does the help or care you do in your family affect you in any way?

Give examples: do you get to school on time / complete homework / have time to go out with friends

4. What do you like most about the help or care you do?
5. What do you dislike most about the help or care you do?
6. Is there anything that could help you or your family?