

Supporting young carers

Identifying, assessing and meeting the needs of young carers and their families

This small-scale survey explored how effectively young carers were identified by councils and their partners. It also examined the assessment and delivery of services for young carers and their families. It drew on evidence from visits to eight council areas, focus groups with young carers and meetings with those who provide young carer support services.

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Executive summary

The survey looked at how well councils and partners:

- were working to identify young carers
- assessed the needs of young carers and their families
- consulted young carers when professionals assessed disabled parents
- addressed young carers' needs when providing services for disabled parents.

The survey focused on children and young people who had a caring responsibility for a disabled parent. The children and young people are referred to as young carers throughout the report. Disabled parents in the survey included parents who may have had additional requirements related to physical and/or sensory impairments; those with learning difficulties and/or disabilities; mental health problems; drug and alcohol-related problems; serious illnesses and parents who identify as deaf.

The survey findings have implications for the following: the development of policy by the Department for Children, Schools and Families (DCSF); Ofsted when inspecting children's services and universal provision; councils and partners when designing services to meet the needs of the family; and young carer support projects.

In November and December 2008, inspectors visited eight council areas. During the visits they met 50 young carers (37 of whom were caring for disabled parents and 13 for siblings); representatives from 12 young carer support projects representing nine voluntary agencies; and representatives from children's and adult social care and health services.

Common themes emerged regarding barriers encountered by councils and their partners in identifying young carers, effective practice and the challenges they face in assessing and meeting the needs of the whole family.

Overall, not enough young carers were known about or receiving support in the areas visited. Councils were unable to identify clearly how many young carers were unsupported in their area. A lack of professional awareness and families' reluctance to engage with services were two key barriers to identifying more young carers. All representatives from the eight council areas agreed that young carers with parents who misused substances and/or had mental health issues were the most difficult to identify. The report includes some examples of actions that councils and their partners found effective in helping them increase the number of young carers known to services.

Inspectors found that councils and their partners were not routinely considering young carers' views when assessing the needs of, or delivering services to, disabled parents. Overall, council directorates and agencies carried out their work separately from others, looking either at the distinct needs of the adult or the child. Limited

capacity, insufficient inter-agency training and a lack of awareness by some professionals were barriers to providing whole-family assessment and support. The survey did identify good practice, but overall practice across the councils was inconsistent.

The young carers were often unaware that they were entitled to an assessment.¹ They all attended young carer projects and valued them highly. However, in seven of the eight areas visited, the projects reported limited capacity and half of them had waiting lists. The report includes the views of the young carers who participated throughout the survey.

Key findings

- Overall, councils and partners visited had identified fewer young carers than estimates suggest actually existed.
- All eight council areas felt that young carers whose parents had drug- and alcohol-related problems were challenging to identify. Four of the eight areas mentioned those whose parents had mental health issues as also being a potentially 'hidden' group.
- When carrying out assessments of disabled parents, the councils and their partners were not identifying young carers consistently.
- Young carers visited were unaware of their right to request an assessment.
- Young carers' views were not informing assessments of their disabled parents. Only three of the 37 young carers interviewed said their views had been sought or included in parents' assessments.
- Councils and partners visited were not routinely considering the needs of young carers when providing services for disabled parents.
- In seven of the eight councils visited, at a strategic level, joint working between partners to provide a holistic service to families was 'work in progress'.
- Resources to ensure that young carers support projects are sustainable were not always secure or adequate. Eleven of the 12 projects reported capacity issues and six of the projects had waiting lists.

¹ A carer who is aged under 16 years may request a carer's assessment under the Carers (Recognition and Services) Act 1995, and this request must be granted, whenever the person they care for is assessed or reassessed for community care.

Recommendations

The DCSF should:

- ensure that young carers are given sufficient priority by councils and partners
- work with councils to find an effective way to obtain realistic estimates of the number of young carers nationally and in each council
- work with councils to identify and share good practice about the identification of young carers.

Councils and partners should:

- consider ways to ensure that children's services, adult services and partners work together to deliver holistic assessments and services that meet the needs of the whole family
- ensure that professionals within universal services are aware of the needs of young carers, so that they can be identified and supported
- ensure that young carers are aware of their right to request a carer's assessment when an assessment or reassessment of their parent takes place
- ensure that children and young people's views contribute to assessments of disabled parents and family needs
- ensure that children's caring roles are always taken into account when services are delivered to disabled parents, to ensure that children and young people are not overly burdened
- explore whether any groups of children and young people are over- or under-represented within the known young carers group and the reasons for this
- resource young carers support projects more effectively.

Identifying young carers

1. Overall, councils and their partners had not done enough to identify young carers. The 2001 census found 175,000 children and young people providing care in the UK. Although this figure includes caring for family, friends, neighbours and others, it is likely that this is an underestimate because many families do not reveal their situation.²
2. The number of young carers with access to projects designed to support them varied widely across the eight councils visited. All the professionals who took part in the survey recognised that there were unidentified young carers in their council areas. Two of the councils were not being proactive in identifying young carers.
3. Professionals in all the council areas visited were concerned about 'hidden' young carers in families where parents had drug and alcohol problems. Professionals reported that, within these families, parents were often reluctant to accept that their children were fulfilling a caring role. Councils and their partners were unable to estimate how many young carers were in this group. The Home Office report *Hidden harm* estimated that in the UK there were between 250,000 and 350,000 children of problem drug users.³
4. Professionals in four of the eight areas mentioned children and young people who have a caring role within families where parents have mental health difficulties as also being of concern and hard to reach. One worker from a young carer's project told us 'you can recognise these children as soon as they walk in'.

In one council area, they are meeting the needs of identified young carers whose parents have mental health difficulties.

A separate support group is devoted to young carers whose parents have mental health difficulties. Adult mental health workers explore issues such as the side effects of medication with the young carers and offer suggestions about coping with their own stress levels as carers, thereby helping the young carers to understand and manage their situation.

5. In families where parents misused substances or had mental health problems, professionals described a lack of 'parenting presence'. Here, the children and

² The census collected data from those caring for family and also neighbours and friends, so it potentially overestimates the numbers, but a poll commissioned by The Princess Royal Trust for Carers in 2004 indicates that the number of young carers could be much higher. This is confirmed in research – *Young carers: evidence and messages from UK and Australian research*, Saul Becker, 2005.

³ *Hidden harm: responding to the needs of children of problem drug users*, Home Office, 2003; <http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm>.

young people had to care for themselves, as well as providing emotional support and/or physical care for their parent. This indicates that there is no one definition of a young carer and there is a wide range of care provided by children of disabled parents. Professionals were not clear whether to consider these children and young people as young carers, or to what extent they would be identified by adult services. However, it is difficult to suggest they are not young carers. Professionals agreed that the impact of these children's responsibilities was not easily identifiable or measured.

6. Other groups of young carers that councils reported as being difficult to identify related to the make-up of the local community. These included young carers within Traveller families, those carrying out interpreting tasks for parents who did not understand spoken or written English and those from transient families.
7. All eight councils identified young carers as a potentially vulnerable group and therefore linked the identification of young carers with the early intervention and prevention work happening in localities. Children's services in four of the eight areas stated that locality meetings were already proving effective in identifying young carers using the Common Assessment Framework.⁴ Using the framework in one area, they had identified 12 new young carers over the past year. In those areas where the framework was less well embedded, councils and partners viewed it as a positive source of earlier identification and prevention for the future.
8. Three councils found that the prevalence of children in caring roles was higher in areas of deprivation than elsewhere. This confirmed evidence from the 2001 Census. In one area, young carers from minority ethnic groups were over-represented when compared to the overall children and young people population. However, overall, councils and their partners were uncertain of whether any groups were under- or over-represented among their known young carers.
9. There were some common barriers to the identification of young carers in the council areas visited. These included:
 - difficulties in identifying how many children and young people of disabled parents were in the council area. None of the areas had reliable estimates of the number of potential young carers, making the targeting of identification activities difficult. Four of the councils visited mentioned the need to conduct further needs analysis to identify how many young carers may require support services

⁴ The Common Assessment Framework is a shared assessment tool for use across all children's services and all local areas in England. It aims to help early identification of need and promote co-ordinated service provision. All local authority areas implemented the Common Assessment Framework between April 2005 and March 2008.

- families' reluctance to engage with services, especially social care services, fearing that their capacity to parent would be questioned and the family would be broken up. This was a particular issue where support services for families were 'in-house' rather than with a separate voluntary agency

'My dad don't trust anyone from social services' (young carer)

- reluctance to use the term 'young carer'. Professionals said that parents and young carers sometimes do not relate to the term and that the term was a barrier for families where parents did not want to acknowledge that their children were carers. Some of the professionals spoken to in two council areas disliked the term as it appeared to condone sometimes inappropriate or high levels of caring. However, none of the young carers objected strongly to the term

Some of the reactions from young people when asked their views on the term 'young carer'.

'I'm young and I'm a carer'

'I just class myself as my mum's daughter'

'It's good being different'

'We're special'

'Sometimes it makes you feel proud and special, but sometimes you feel singled out'

'I came to the group and then realised I was a young carer'

'So what, I am a young carer'

- professionals' lack of awareness, knowledge and understanding of young carers. Seven areas stated that many professionals, especially those working within universal and adult services, lacked insight into the impact of a parent's disability on the children and young people in the family, some of whom will be young carers. The number of referrals to young carer projects from general practitioner surgeries was low in five of the eight council areas compared to other referring professional groups.
10. The DCSF had taken steps recently to address capacity building within front-line services. In September and October 2008, nine regional National Carers Strategy roll-out events took place that included workshops on strengthening and developing services for young carers. The Children's Society and The Princess Royal Trust for Carers are delivering a national programme of training and awareness-raising in relation to young carers and whole-family working between April 2007 and March 2010. However, these opportunities to increase

professionals' knowledge and understanding of young carers' issues were not mentioned by key professionals with responsibility for young carers during our visits to the eight council areas.

11. Examples of effective practice in the council areas visited included:

- a high strategic priority given to young carers that ensured sufficient focus on this potentially vulnerable group
- training
 - induction for new staff across the Children's Trust included an introduction to young carer issues
 - opportunities for professionals to shadow colleagues working across adult and children's services
 - training for school governors and school nurses on young carer issues
- targeted awareness-raising work
 - good recording of referrals to the young carer support projects and using the information to target agencies or teams that were not making referrals
- awareness-raising days within schools, run by the young carer support projects, with input from young carers, were very effective. On one occasion this identified five young carers from one year group of 150 pupils. In another area 12 young carers from one school had been identified in one day
- schools
 - the analysis of data on persistent absenteeism – both authorised and unauthorised – revealed pupils previously not identified as having caring roles
 - a healthy, open and caring school environment encouraged more young carers to self-identify⁵
 - the introduction of designated school staff for young carers, who were aware of young carers' issues
 - a young carer's identity card enabled young carers to be easily recognised by professionals and to receive appropriate educational and pastoral support

⁵ The social and emotional aspects of learning and healthy schools programmes were both mentioned as effective in promoting a healthy, open and caring school environment.

- young carer support groups work with teachers who lead on personal, social, health and economic education programmes of work.⁶ Professionals reported that including young carers' issues within the programme of study for personal well-being was an effective way to ensure that all pupils had an awareness of young carers
- well-established young carer support services that were well known and highly regarded by professionals working with disabled parents and their families raised the profile of young carers in the local area and encouraged a higher level of referrals.

Examples of good practice in schools

Over half of the councils' schools had a young carer's policy and a designated teacher with responsibility for young carers. As a result, the highest levels of referrals to the young carers support project came from schools.

Young carers take part in assemblies of the whole school so all students know the issues around caring for others and are aware of the support that is available. They meet together for lunch every Friday, where they can give each other support and build confidence for the forthcoming weekend.

Referring and assessing needs

Focusing on disabled parents

12. In seven of the eight council areas visited, professionals did not consistently consider children's views when assessing disabled parents. Only one council stated that adult services would make home visits during the evening or at weekends to ensure they could include children's views when assessing the needs of their disabled parents. Generally, professionals from adult or health services did not see school-age children with their family at home.
13. From April 2009, the introduction of the national 'Think Family' reform programme aims to ensure that adult services have effective arrangements for identifying children's needs when supporting adults, and intends to address current weaknesses. None of the council areas visited for this survey was a Think Family pathfinder area.

⁶ At the current time, there is non-statutory guidance for both primary and secondary levels regarding the delivery of personal, social, health and economic education within schools. The Qualifications and Curriculum Authority's new non-statutory programmes of study at key stages 3 and 4 (September 2008) include young carer issues.

14. Only three of the 37 young carers with disabled parents said their views were sought or included in their parents' assessments.⁷
15. Barriers to focusing on the needs of the whole family in the council areas visited included:
- services conducting assessments without reference to other council services and agencies
 - assessments conducted outside the home, such as in outpatient clinics, looked solely at the adult's needs and did not consider their role as a parent or the caring support given by children and young people
 - professionals from adult services not considering the impact of the adult's disability on the children or not feeling they had the knowledge and skills to question children and young people
 - limited time, staff or resources to assess the needs of the whole family
 - a prevailing culture where adult services tend to think about the needs of the adult rather than the needs of the whole family, including the young carer
 - a lack of joint and inter-agency training across partnerships, including social care, health, education and the voluntary sector
 - failure to appreciate the reciprocal benefits of working together to assess the needs of the whole family and reluctance to take on what is perceived to be other agencies' work.
16. There were some examples of good practice.

Good practice in multi-agency working to ensure young carers were identified

The drug and alcohol action team, substance misuse assessment team and adult mental health team worked together to ensure that assessments of the parents' needs identified potential young carers.

One of the councils visited had an agreed protocol in place regarding assessment, based on the practice guidance to the Carers (Equal Opportunities) Act 2004 (SCIE 2005).⁸ The protocol emphasised the need

⁷ Article 12 of the UN Convention on the Rights of the Child states that children have the right to express their views freely in all matters affecting them and that the views of the child should be given due weight.

⁸ SCIE Guide 9: Implementing the Carers (Equal Opportunities) Act 2004 (SCIE 2005); <http://www.scie.org.uk/publications/guides/guide09/index.asp>.

to adopt a whole-family approach that supports adults who have care needs with their parenting.

Referrals to young carer support projects

17. Referrals to young carer support projects came from a wide range of sources. However, in at least five of the council areas visited, most referrals to young carer support projects came from social care teams, both children's and adult teams, but mainly children's services. Only one area had schools as the most frequently referring organisations, which is disappointing as schools are potentially the partners most capable of identifying young carers. Two areas had high levels of self-referrals as a proportion of all referrals. Each of the council areas gave differing explanations. One said that the high number of self-referrals was due to the young carers support project being well established and well known in the community. Good information was available to young carers on the web and through agencies. However, in another council area, professionals were unaware of the service and were not identifying enough young carers; therefore, the children and young people had to self-refer.

Assessments of young carers

18. All councils and partners stated that there were clear, agreed child protection protocols and procedures in place to safeguard children. All representatives from adult services and health partners felt that they were aware of procedures to follow should they identify a child at risk. Professionals reported that safeguarding training was widely available.
19. However, professionals were less clear about the assessment of young carers who were not suffering, or likely to suffer, significant harm. There was no consistent pattern about children's social care assessments of young carers' needs, each case being individual and unique. In one council, children's services policy identified children of disabled parents as children in need and therefore a priority for assessment. In practice, resource constraints meant that they carried out an assessment only if there were clear child protection concerns.
20. None of the young carers we spoke to during the visits mentioned a right to assessment.
21. Eleven of the 12 young carer support projects were conducting young carer assessments soon after a child or young person came to the project. These assessments generally took the form of life maps. They identified specific issues relating to young carers, such as inappropriate caring responsibilities, any concerns at school and opportunities for a social life.
22. Two support projects used further, more detailed assessment systems for those young carers with higher levels of need. This enabled them to offer a

differentiated service depending on the young carer's identified caring role and unmet needs, such as one-to-one support and counselling.

The Common Assessment Framework

23. All council areas considered that locality working and the Common Assessment Framework were useful in assessing the needs of young carers. However, councils and partners were at different stages of introducing or embedding the framework. In those areas where it was most developed it had proved effective in the identification and assessment of young carers' needs. Three of the young carer support projects were successfully conducting assessments using this framework themselves. In four areas, professionals were not using the Common Assessment Framework routinely and they were unable to state whether they had yet identified and supported young carers through this framework.
24. Overall, for most children and young people identified as young carers no assessment of their needs was conducted by children's social care, which is not acceptable.
25. Young carers' high levels of understanding of their parents' and their own needs were not being used to inform whole-family assessments.

Delivering services to families

26. Professionals questioned during the survey stated that agencies were not consistently addressing young carers' needs when delivering services for disabled parents.⁹ Six councils reported that they were not consistently working well enough to provide a joined-up service to young carers and their families.
27. In seven areas, at a strategic level, joint working between partners in a local area to provide a holistic service to families was 'work in progress'.
28. When we asked young carers whose needs within the family were the most important, they all identified their parents or siblings as having the greatest need.

'My mum's needs are most important because I love her' (Young carer)

29. However, there was recognition of their personal needs from three of the 50 young carers.

'I think both are important as we need to support each other'

⁹ Article 18(2) of the UN Convention on the Rights of the Child (1989) states that appropriate assistance will be rendered to parents in the performance of their child-rearing responsibilities.

'I think the whole family's needs should be considered – it affects everyone'

'Both are equal – if you meet the child's need they can help the parent and if you meet the parent's needs, they can care for the child'

(Young carers when asked whose needs were the most important in their families)

30. Only 15 of the 50 young carers felt that there was enough support for their family.

'I don't want them to get better because I love them as they are; I just want things to be easier' (Young carer)

31. In five of the eight council areas visited, the allocation of responsibility for family outcomes was unclear. Council directorates were clear about their role and responsibility in meeting either children's or adults' needs, but not in meeting the needs of the family.
32. All councils and partners recognised that meeting whole-family needs was an area for development and suggested that a clear steer from senior management was required. One of the councils visited had a specific protocol regarding young carers, including responsibility for funding.
33. Two councils visited mentioned the move towards personalised planning as being the way forward in terms of providing families with individual packages of support, but this was in the early stages of development.
34. There were examples of good practice in joint working. However, these tended to be on an ad hoc basis and dependent on individual workers within individual teams.

Adult social care services had changed a support worker's hours so that they provided care to a disabled parent in the early morning, relieving the young carer of caring tasks and thus enabling them to get to school on time.

A joint meeting took place between the adult sensory impairment team, children's services and the family following reports that two young carers were not attending school. As a result, a reader visited the parent to enable them to manage correspondence, thereby releasing the children to attend school.

35. Three councils mentioned the use of direct payments as a way of supporting disabled adults in their parenting.¹⁰ In one area three young carers attended university courses through their parents' use of direct payments. However, none of the councils reported older young carers taking up direct payments themselves. At the end of March 2007 there were just 36 young carers aged 16 and 17 in receipt of direct payments across all councils in England.¹¹
36. Barriers to addressing the needs of the whole family when delivering services in the council areas visited included:
- services focusing on the need of the individual child or adult, rather than the family or parent
 - the lack of clear roles and responsibilities for individual agencies or directorates in meeting the needs of the whole family
 - limited capacity within both children's and adult services
 - a lack of clarity regarding the funding of services
 - adult and children's services working within separate council directorates hindered progress in joint work with families. Young carers were described as 'a casualty of the split' resulting from the separation of adult and children's social services
 - lack of knowledge of the services available to support families, including young carers

One representative from a young carers' project had visited a young carer while the child's social worker happened to be present. Because of that chance meeting, the social worker referred three more young carers to the project.

- a view among some professionals that it is acceptable for young family members to adopt caring roles
- lack of joint training, inter-agency meetings and discussion.

'Mind the gap' is a regular learning group for professionals who work with families at the interface between children's and adult services. The group has the support of both directors in the council. Practitioners bring cases

¹⁰ Direct payments are cash payments made to individuals who have been assessed as needing services, in lieu of social service provisions. They can be made to disabled people aged 16 or over, to people with parental responsibility for disabled children, and to carers aged 16 or over in respect of carer services.

¹¹ The official England total published by the DH/NHS Information Centre at 31 March 2007. This figure is the aggregated total from individual councils' PSSEX1 statistical returns to the Information Centre.

where there are child and adult issues to explore difficulties and share best practice.

Young carers' views

37. Young carers' views underpin each section of this report, but it is worth drawing particular attention to some of the additional issues that they raised in our discussions with them.

38. The young carers visited were accepting of their caring role. They saw it as part of normal life. They identified two main positives regarding their caring. In their view, they felt a greater closeness to their parents than their peers did and they benefited from learning how to deal with the practicalities of life at an early age.

'Feel good for helping out my dad – he feels he has achieved something'
(Young carer)

39. However, the young carers identified concerns relating to school and college. Older young carers said they were frequently late or absent and had problems getting coursework completed on time. School responses and the level of understanding and support demonstrated to young carers were variable. Of the 28 young carers asked, 19 said that their schools were aware of their caring responsibilities, but nine had not told their school.

'Sometimes I am late for school – they don't remember I'm a young carer. Just put up with the detention' (Young carer)

40. The young carers talked of their lives being 'hard' and 'stressful'. Caring tasks included the collection and administration of medication, first aid and dealing with family finances.

'If her speech knocks out I have to lay pillows around her in case she fits'
(Young carer)

41. They talked of restrictions on their social lives.¹²

'I don't have anyone back and I don't go out – just say I can't be bothered, it's easier than explaining'

'Only close friends know I am a young carer'

'I don't broadcast it'

¹² Article 31 of the UN Convention on the Rights of the Child (1989) recognises the right of all children to rest and leisure and to engage in play and recreation activities.

(Young carers talking about friendships)

Supporting young carers

42. We spoke to representatives from 12 young carer support projects. There were projects in all eight of the council areas we visited and two of the council areas each had three projects. All of the support projects were highly valued by the young carers we met. Eleven of the 12 support projects were commissioned from voluntary agencies. The projects offered a wide range of services, including signposting, advice and guidance, group sessions, one-to-one support, short breaks, counselling and the provision of first aid training. Work with other agencies to raise the profile of young carers was ongoing in seven of the eight areas visited. Many of the young carers viewed the projects as essential to their well-being and valued the time they spent at the projects, especially being able to share their experiences with others in similar positions and with caring adults.

'I was quite lonely; I didn't know how many people were like me' (Young carer)

43. Six of the 12 projects had waiting lists. In the worst case, 117 young carers were waiting between six and eight months to access the service. Projects reported limited capacity in seven of the eight council areas visited. There are, therefore, tensions between their role in identifying young carers and being able to provide adequate support for the young carers once identified. Commitment from the council to improve outcomes for young carers was widely reported to be firmly in place, but resources were not always secure or sufficient.
44. The young carers supported in the projects had various levels of need. Three of the projects were moving towards providing support only for main carers or those with higher identified levels of need. Those assessed as requiring lower levels of support were likely to be referred to universal provision such as extended schools and youth support services.
45. Five of the projects described a lack of clear understanding between the council and themselves regarding what was expected of the project under the terms of the service level agreement.
46. Eight of the 12 projects felt that short-term funding hindered their ability to plan. These constraints affected outcomes for the young carers, as the projects had to adjust their service, for example changing the frequency of young carers' meetings, which meant that the young carers felt less well supported.
47. Five of the eight council areas visited raised the issue of transition for young carers at the age of 17 or 18. There was no clear pathway and there were no appropriate services for young adult carers.

Strategy

48. More young carers were receiving support in areas where they were specifically included in the Children and Young People's Plan and/or the Local Area Agreement, demonstrating higher priority for young carers in these areas. This was the case in six of the eight areas we visited.
49. Four of the eight council areas visited had developed a strategy and/or action plan specifically for young carers. The development of a strategy demonstrated a commitment to improving outcomes for this potentially vulnerable group and these areas stated that it had given greater focus and direction to joined-up work with young carers.
50. Six councils visited had an overarching carers' strategy, which encompassed adult and young carers. However, one council area felt it was important to ensure that young carers are not a 'bolt on' to the overall strategy as there was a tendency for them to 'get lost as a priority'. Another council was reviewing the carers' strategy because young carers did not achieve enough prominence in the document.

A protocol was developed for identifying and assessing young carers based on best practice. This had brought adult and children's services together to review the criteria for accessing adult services and ways in which they might identify young carers when visiting adult clients in their homes.

51. In two of the eight areas, there was no carers' strategy or young carers' strategy. The lower priority given to young carers had led to a lack of a clear overview and there was no named professional to lead on this work. The young carer projects were not engaged with the councils in these two areas in the strategic development of services for young carers.
52. In the councils that were working most effectively with young carers, their voices were being heard. Councils consulted with them and involved them in service improvement.

The young carers' forum has worked on defining what they believe to be inappropriate levels of caring for children and young people and this has been used by the council to inform strategy.

Schools are encouraged to sign up for the young carer's identity card scheme. The young carers' forum developed the card in response to their experiences at school and college. This meant that young carers could avoid having to explain their home circumstances to every teacher, for example if they were late to a class.

Notes

This report focuses on young people who have a caring responsibility for a disabled parent. There is no single definition of 'young carer'.

In November and December 2008, Ofsted inspectors visited eight councils, including London boroughs, county councils and unitary authorities. The research excluded councils that are part of the extended Family Pathfinder programme or those that were involved in the Commission for Social Care Inspection (CSCI) special study.¹³

During the visits inspectors met:

- fifty young carers between the ages of seven and 20 years, 37 of whom were caring for disabled parents and 13 for siblings
- representatives from 12 support projects representing nine voluntary agencies
- children's and adult social care professionals, health partners and commissioners.

Additional evidence was gained from documentation provided by each council area.

Further information

In 2008 the CSCI, in partnership with Ofsted, the Audit Commission, the Healthcare Commission and the Social Care Institute of Excellence, conducted a special study, *Supporting disabled parents and parents with additional needs: a family or fragmented approach?* Many of the conclusions and recommendations from that study are of relevance to this survey.¹⁴

Useful websites and guidance

Carers at the heart of 21st-century families and communities: a caring system on your side, a life of your own

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

¹³ Under the Children's Plan the Government committed £3m to enable six Family Pathfinder areas to look in depth at support needed and provided for young carers over the three-year period from April 2008. The National Carers' Strategy, published in June 2008, announced a further £4m for an additional 12 areas to become pathfinders for young carers from April 2009.

¹⁴ CSCI special study, *Supporting disabled parents and parents with additional needs: a family or fragmented approach?*, Care Quality Commission, 2009;
http://www.cqc.org.uk/publications.cfm?widCall1=customDocManager.search_do_2&tcl_id=2&top_parent=4938&tax_child=4939&tax_grand_child=&tax_great_grand_child=&search_string=&pageNum=6
<http://www.disabilityalliance.org/csci.htm>.

SCIE Guide 9: Implementing the Carers (Equal Opportunities) Act 2004 (SCIE 2005)
<http://www.scie.org.uk/publications/guides/guide09/index.asp>

The Children's Society
www.youngcarer.com

The Children's Society National Young Carers Initiative
www.youngcarer.com/showPage.php?file=index.htm

The Princess Royal Trust for Carers
www.youngcarers.net

Annex

Councils visited for this survey include:

Birmingham City Council

Bournemouth City Council

Cambridgeshire County Council

London Borough of Hounslow

Nottingham City Council

Plymouth City Council

Royal Borough of Kensington and Chelsea

Swindon Borough Council

Voluntary agencies that took part in this survey include:

Action for Children

Action for Young Carers (Carers Federation)

Centre 33

Crossroads

Family Action

Ormiston Children and Families Trust

Spurgeons

Swindon Carers Centre (PRTC)

The Zone