AN INDEPENDENT EVALUATION OF THE NORFOLK YOUNG CARERS THINK FAMILY PATHFINDER 2010 - 2011

COMMISSIONED BY NORFOLK COUNTY COUNCIL

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EXECUTIVE SUMMARY

The Think Family Young Carers Pathfinder Project formed part of wider multi agency commitment to support families with multiple problems across Norfolk. In particular it built upon the experience of the local Family Intervention Projects and direct work with Young Carers and their families. It also helped to promote the views of Young Carers themselves through consultation and the newly established Forums.

The Pathfinder has been all too brief, but it has served to highlight the numbers and needs of Young Carers across the county and especially those living in complex families. The latest estimates suggest there may be more than 10,000 Young Carers in Norfolk although less than a thousand are receiving a specialist service.

It has also confirmed the growing recognition that the wellbeing of Young Carers is frequently inextricably linked to that of the person(s) they care for. Further it has shown that by adopting whole family approaches it is possible to address and prevent the various causes of children and young people having to take on inappropriate and excessive caring roles and responsibilities which could otherwise have a negative impact upon their own outcomes.

Such an approach invariably involves supporting the parent(s) as well as the Young Carers and therefore cuts across the responsibilities of most statutory and many voluntary agencies. Rising to this challenge requires a system-wide shift in culture and practice. Hopefully the findings, commentary and suggestions made here will help to further stimulate and inform such a transformation.

SUMMARY OF MAIN RECOMMENDATIONS

1. Develop ‘whole family pathways’ through children’s and adult assessment and service delivery arrangements

2. Further develop real or virtual teams around the family

3. Commission services that are personalised but also sustain families

4. Ensure that Workforce Development plans enable all relevant staff to identify and signpost Young Carers, and that specialist workers have the skills and capacity to support all members of the family

5. Schools and colleges should adopt policies and practice that identify and support Young Carers and their families

6. Current resources for specialist services to Young Carers should be protected, and services commissioned that are linked to local adult services to support Young Carers in transition and Young Adult Carers

7. Revise, broaden and strengthen the current Protocol between children’s and adult services and encourage other key commissioners and providers to sign up
INTRODUCTION

This report was commissioned by the Young Carers Pathfinder Steering Group via NCC Children’s Services in October 2010. It is designed to bring a local context to the evaluation of the national Family Pathfinder Programme being produced by York Consulting on behalf the Department for Education (DfE). It also complements the Final Project Report produced by the Think Family Young Carers Project Team, and the Report of the recent consultation with Young Carers in Norfolk. Both reports are available in full from alyona.hogg@norfolk.gov.uk

This report sets out the national and local context for the successful bid by Norfolk County Council (NCC) in September 2009 for Young Carer Pathfinder status. It describes the subsequent development and delivery of each of the different workstreams. The main focus is on the direct work with Young Carers and their families undertaken by the Think Family Young Carers Project (run as part of the Crossroads Norfolk Young Carers Project by Crossroads Care Association) in three designated Family Intervention Project (FIP) areas. Selected case studies are included to help illustrate the lives of those living in complex families and the impact of the interventions made by the three Project Workers. Please see Appendix 1.

Comments and suggestions are offered for how the various lessons learned could be reflected in future commissioning and the design of service models in order to achieve better outcomes for Young Carers and their families.

METHOD

Desk research included the Norfolk County Council Pathfinder Project Proposal to the Department for Children Schools and Families (DCSF), plus relevant national and local reports on Young Carers and ‘whole family working’. These included those produced so far by York Consulting  and the regular reports made by Think Family Young Carers Project and others to the Young Carers Pathfinder Steering Group.

Interviews have been held with the manager and staff of the Think Family Young Carers Project team, managers of the three Family Intervention Projects (FIPs), plus other relevant staff from Norfolk CC. The views of Young Carers themselves, which have been gathered by means a written survey and discussions by the Norfolk Young Carers Forums, have also been reflected.

The participation by all those who have so generously contributed their time and cooperation is greatly appreciated.

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1. The use of whole family assessment to identify the needs of families with multiple problems 2010
2. Redesigning Provision for Families with Multiple Problems 2010
3. Improving support for Young Carers – family focused approaches 2011
3 THE FAMILY PATHFINDER PROGRAMME

The Family Pathfinder Programme was announced in the national Children’s Plan in 2007 in response to the findings of the *Think Family: Improving the Life Chances of Families at Risk* review undertaken by the Cabinet Office. The review estimated that around 2% of families in England experience multiple and complex difficulties which are likely to impact significantly on the life chances and outcomes for children. Many of these families lack the resilience to overcome the problems facing them, but the review found that they either did not seek the support they needed, or that existing support systems failed to improve their outcomes.

The Think Family Pathfinder Programme was designed to develop and test a range of family focused service models. In particular the aim was to bring together and better co-ordinate services and systems from both children’s and adult services, building on the success of existing whole family approaches, including Family Intervention Projects (FIPs).

Initially fifteen local authorities received additional government funding from the Family Pathfinders Programme, of which six extended their work to address the needs of families which included Young Carers. Norfolk was one of a further twelve Young Carers Pathfinders which were approved in November 2009.

Changes to the government’s funding regime, with the introduction of the Early Intervention Grant from April 2011, meant that the ringfenced funding for FIPs and the Young Carers Pathfinders ended on 31 March 2011. The direct work with Young Carers and their families in Norfolk was extended until 31 May 2011 using slippage resulting from a Project Worker vacancy.

4 WHO ARE YOUNG CARERS?

Before looking at the Norfolk project in more detail, it is worth considering what makes a child or young person a Young Carer. Most children and young people are expected to help out in and around the home. This may include practical tasks or occasionally looking after a younger brother or sister. So when trying to define a Young Carer it is important to distinguish those roles, responsibilities and tasks that are over and above these ‘normal’ expectations. As we will see it is also important to consider what constitutes ‘excessive’ or ‘inappropriate’ caring when trying to assess the negative impacts this may have.

Even now there is no single definition used by professionals or universally accepted by Young Carers themselves or their families. (NB the use and meaning of the word Carer in this context is different from that typically used by staff from children’s services when describing an adult looking after a child that is not their own). This can make it difficult for staff to identify Young Carers, and also for children and young people to identify themselves.
The *Strategy for Carers in Norfolk 2011-2014* offers the definition drawn from the previous government’s national Carers Strategy:\(^2\)

*A Carer spends (or intends to spend) a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problems.*

And adds

*Young Carers are children and young persons who provide care assistance to a family member.*

The problem with these and many other definitions is that they concentrate on the time spent and on practical or caring tasks. Whilst these are obviously important and should not be underestimated, they fail to recognise the wider and more subtle impacts upon children’s lives and outcomes when they have to take on roles and responsibilities for the wellbeing of their parents and / or siblings.

However Young Carers are not a homogenous group. Each caring relationship and its impact are unique to those individuals involved and their needs and wellbeing are invariably closely entwined. Their reasons for taking on caring roles are often complex. Few ever choose to do so. Most feel they have little or no choice. This is usually because other family members and / or statutory and other services are unable or unwilling to provide the support required by the person cared for.

Many Young Carers have emotional difficulties or disabilities of their own, and this was reflected in those supported by the Pathfinder. Their resilience and needs vary widely and change over time. These variations are one of the key reasons why it can be so difficult to determine what is excessive.

Young Carers have been recorded as young as four years old, although most are of school age. Many have to look after themselves as well as looking after their parent(s) and / or their brothers or sisters.

Young Carers aged between 16 and 18 have recently become known as being *in transition* and have to navigate their way through adolescence whilst also looking after someone else. Those aged between 18 and 24 are increasingly described as Young Adult Carers, and their particular needs are only now becoming better understood.\(^3\)

\(^2\) Carers at the heart of the 21st century families and communities. 2008

\(^3\) Independent review of services to Young Carers in transition aged 16&17, and Young Adult Carers aged 18-25. Forward Consulting. 2010 Commissioned by NCC and available from alyona.hogg@norfolk.gov.uk
Young Carers in the UK which surveyed 114,000 Young Carers in 2004\(^4\) found that

- 56% were girls, 44% were boys
- 44% had been caring for between three and five years
- their average age was 12 years
- 56% lived in one-parent families
- 15% were from ethnic minorities
- 30% were supporting parents with mental health needs

In the context of the Young Carers Pathfinder, some would argue that any child living in a family with multiple and complex problems is at least potentially a Young Carer. This is especially relevant given the targeting of families with parents who have physical disability / chronic illness, mental health problems, and/or problematic drug and alcohol misuse, and the growing evidence suggesting that there will be at least some negative impact on Young Carer’s outcomes.

The actual roles, responsibilities and tasks undertaken by Young Carers in Norfolk are described by the Young Carers themselves in the results of a consultation commissioned as part of this Pathfinder. This survey drew 222 responses, making it the biggest and most comprehensive ever undertaken in Norfolk and amongst the largest anywhere in the country. Please see section 10.11 for a summary of the results.

**5 HOW MANY YOUNG CARERS ARE THERE?**

Clearly the absence of an agreed definition makes estimating current numbers problematic. This is compounded by a chronic lack of data, since most local agencies still fail to collect even the most basic information about children and young people living in families with any sort of problems, illness or disabilities.

The most comprehensive local data on numbers of Young Carers in Norfolk dates back to the 2001 Census. Even then and using a fairly limited definition, it recorded

- 1,927 Young Carers under 18
- 1,654 undertook 1-19 hours caring per week
- 151 undertook 20-49 hours caring per week
- 122 undertook 50 or more hours caring per week
- 874 (45.4%) were boys or young men

More recent research by the University of Nottingham in 2010 on behalf of the BBC suggested that as many as 8% of all children aged 5-17 may be Young Carers. Based on an NCC estimate (148,000 young people aged 4-19 2009) this would translate into more than 10,000 Young Carers in Norfolk, far more than had previously been thought.

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\(^4\) Dearden and Becker. Loughborough University 2004
The recent report *Access all Schools*\(^5\) by the Norfolk Disabled Parents Alliance suggested there was at least one Young Carer in every class.

Whatever the actual number might be, it is generally accepted that only a small proportion of Young Carers, and even fewer Young Adult Carers, are recognised, recorded or have their needs assessed by children’s or adult services in Norfolk. It is known that only about 450 are attending groups and around 100 are receiving a specialist service at any one time. There is no way of knowing whether the needs of those Young Carers currently not receiving a service are any less than those who are, but there is nothing to suggest that this is the case.

With reference to the cohort targeted by the Pathfinder, we know that the significant majority of parents suffered from mental health problems. So there is a correlation between the mental health of a parent, anti social behaviour and the likelihood of any children in the family being Young Carers. Unfortunately there is also anecdotal but consistent evidence to suggest that staff from the local adult mental health services are amongst the poorest at identifying Young Carers or including their needs in assessments.

The correlation between parents with long term physical conditions or disabilities and anti social behaviour is perhaps less established, but there is still a strong likelihood of children being Young Carers, albeit undertaking different roles and tasks.

### 6 WHAT ARE THE IMPACTS OF BEING A YOUNG CARER?

We know there can be some positives in being a Young Carer and many are rightly proud of what they do. However low self esteem, anger, depression and a lack of aspiration or ambition all figure strongly in the growing number of research studies. They also feature in local surveys and the recent consultation with Young Carers in Norfolk. So even though when asked many Young Carers will say they want to continue caring, this is only one part of the story and cannot justify leaving them unsupported.

Over the last few years the terms *inappropriate* and *excessive* have been used to try to categorise and quantify some of the roles taken on by Young Carers. An important example of this is *Working together to support Young Carers*\(^6\), which has been endorsed by the directors of both Children’s and Adult services in Norfolk and aims to ensure;

*children are protected from excessive or inappropriate caring roles; further inappropriate caring is prevented; parents feel supported in their caring roles; and transition to adulthood is supported*

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\(^5\) *Access all schools*, disabled parents and schools working together. NDPA 2010  
\(^6\) A Model Local Memorandum of Understanding between Statutory Directors for Children’s Services and Adult Social Services ADASS / ADCS 2009
Unsurprisingly there are no neat definitions for either of these terms as their relevance depends upon individual and family circumstances, requiring a careful and sometimes complicated assessment. But *inappropriate* is often applied to describe roles such as providing medication or intimate personal care for a parent, especially where it is provided by a daughter for their father, or by a son for their mother. Similarly *excessive* is increasingly used to describe any activity that has a negative impact upon a child’s outcomes and life chances.

We know that the amount of time spent caring does affect opportunities, but does not always accurately predict the impact on outcomes. Nor is there a clear correlation between the severity of the illness, disability or problem and its impact upon the Young Carer. For example, constant worry or acute anxiety about the condition of the person they care for may have just as detrimental or disruptive an impact as extra physical tasks. This can be especially significant in relation to caring for someone with mental health or substance misuse problems and / or a long term or degenerative physical illness or disability. This is of particular relevance to this Pathfinder, given the number of adults in Norfolk who fall into these categories.

All of these potential difficulties and the resilience and ability to cope with them are likely to differ between individuals and even between siblings in the same family. They will also be exacerbated by other factors such as

- Poor housing
- Poverty or low incomes
- Unemployment or dependency on benefits
- Mental or physical problems of their own
- Domestic violence at home or bullying at school
- The stigma associated with any of these

Many of the families and Young Carers supported by the Pathfinder experienced some if not all of the above.

7 CURRENT SERVICES FOR YOUNG CARERS

Over the last 15 years Norfolk has developed a range of services aimed at supporting Young Carers. Most are designed to reduce the impacts of caring and / or provide a respite from it. The mainstay of these has been the network of Young Carers’ groups across the county which offer a mix of support, positive activities and social opportunities. They have previously been run by a range of local voluntary organisations and the County Council’s Youth Service. Although all services take a family history, very few have the time (or sometimes the expertise) to undertake work with parents or siblings thereafter. This inevitably means that although the groups and outings provide a valuable and welcome break from the effects of caring, they can do little to address the underlying problems, issues and dynamics within families that make the caring necessary.

Some of these services were reduced or stopped altogether during 2010 / 2011 as a result of reductions in funding by Children’s Services. At the time of writing the future
of those groups previously run by the Youth Service remains uncertain, but the funding has been ringfenced and initial commissioning intentions are to redirect it to similar services.

The pattern of support for Young Carers offered by Norfolk’s schools is very varied – ranging from the informed and excellent to the ignorant and unhelpful. Only a minority of schools and colleges currently have policies or procedures in place to identify families which might include Young Carers or to support those Young Carers amongst their pupils.

One of the few specialist (tier 2 / 3) services with the skills and time to work with both Young Carers and their families is the Crossroads Norfolk Young Carers Project. The three Project staff provide 1:1 support, and sometimes ‘casework’ to Young Carers aged 4 – 18. This can often be on school premises during school time, when the school agrees. They receive around a dozen referrals every month from across the whole county. The majority of these come from education settings. The project typically has a caseload of around 130, and currently has a waiting list of over a hundred. Cases are allocated on the basis of need not time spent waiting. Since the project started in 2003 the three main reasons for Young Carers providing care (mainly to parents) have been mental health problems, chronic illness, and physical disability. Current funding comes from Children’s Services and NHS Norfolk, and has recently been extended for a further 12 months until April 2012 pending re-commissioning.

8  ENABLING PARENTS WITH A DISABILITY OR LONG TERM ILLNESS

Norfolk was amongst the first local authorities to develop a joint policy and protocol to support partnership working between adult and children’s services around disabled parents and their children. The Protocol, entitled *Enabling Parents with a Disability or Long Term Illness* was jointly launched by both directors in March 2006. Since then it has been promoted and underpinned by an ongoing programme of training available free to staff from many statutory and voluntary organisations. The protocol covers parents with

- Learning difficulty / disability
- Physical disability
- Sensory impairment
- Mental health difficulties
- Substance misuse / problematic drug and alcohol misuse
- Long term or terminal illness
- Autistic spectrum conditions

This list is admirably inclusive, although many of these terms and descriptions are often not seen as ‘disabilities’. This may contribute towards a continuing lack of awareness and understanding that persists amongst many staff and some parents.
THE NORFOLK YOUNG CARERS PATHFINDER PROPOSAL

It was against this background that Norfolk Children’s Services led the development of a successful bid to the DCSF for £157,500 to run a Young Carers Pathfinder in September 2009. The proposal had the support of the Children’s Trust, which includes adult services and also key NHS representatives who committed their engagement and support. The main aim of the Pathfinder was described as

To take the Think Family approach from the early stages of collaborative working to the next stage

The Project outcome was

To ensure Young Carers are not caring inappropriately, through Think Family working to provide support to the whole family

The Project objectives were identified in the proposal as

1. To embed the ‘Enabling Parents with a disability or long term illness’ protocol in practice by using it as the framework to underpin the Think Family approach to delivering integrated support for families. We will test the protocol and use it as an agent for change through the Young Carers pathfinder. Our focus will be on the 3 most significant causal factors of young caring in Norfolk: mental health problems (including substance misuse), chronic illness, and physical disability. One or more of these priority causal factors is present in every FIP family where there are young carers.

2. To empower Young Carers to act as a full partner in design, assessment, delivery and evaluation of the service so that it better meets their needs, including their right to request a carer’s assessment.

3. To reduce inappropriate caring for Young Carers through ensuring integrated support for the whole family, in particular for the disabled parent, and in doing so improve measurable outcomes for the child, such as better school attendance, improved levels of attainment

4. To improve interagency information sharing protocols and shared learning at local and national level through whole family assessments and planning, leading to earlier identification of Young Carers within the most vulnerable families.

5. Resource Young Carers projects more effectively to enable gaps in service to be filled for the most vulnerable Young Carers and their families.

The whole Project would therefore comprise ‘a number of linked elements to ensure cultural as well as systematic change’:

- The further development and embedding of the whole family assessment and support, information sharing and integrated working practices between children’s and adult services. This would be primarily through
creating additional capacity for the post of Protocol Manager (based in adult services) to promote the Protocol and deliver additional awareness raising and training sessions.

- **Engagement and involvement of Young Carers in the design, delivery and evaluation of services** – partly by being involved in the planning of services they receive themselves and also by influencing commissioning, mainly through the emerging Young Carers Forums

- **Consultation with Young Carers by means of events and questionnaires** led and co-ordinated by Norwich and District Carers Forum

- **Sustained, intensive work with targeted Young Carers and their families** led by Norfolk Crossroads in conjunction with three FIPs.

This intensive work would focus on those families that...’fall within the top 2% most vulnerable families in Norfolk from within the most needy 5% of families at risk. Our focus will be the three most significant causal factors of young caring in Norfolk’ (ie. mental health problems (including substance misuse), chronic illness, and physical disability

The three FIPs selected were

- Norwich – hosted by Norwich City Council
- Great Yarmouth – hosted by the Ormiston Trust
- North Norfolk and Broadland - hosted by Wherry Housing

All three of these FIPs had targeted government funding to support families involved in Anti Social Behaviour (ASB), and specifically those at risk of losing their tenancy as a result.

Families would ‘primarily be identified through the Common Assessment Framework (CAFs)’ although ‘the new service will also identify some eligible young carers and families from within their existing client base’ and some ‘will come through post CAF assessments such as FIP, adult services etc’.

Further targeting would use ‘the Think Family 5 key risk criteria and additional key risk factors to be identified locally by expert partners’.

The bid was built upon the experience and expertise of the Crossroads Norfolk Young Carers Project and would enable them to develop a new tier 3 / 4 service. The manager of the existing service was to be given additional hours to oversee the project, and an additional 3 full time Think Family Young Carers Project Workers would be appointed to undertake intensive work with the selected families:

‘The target number of families for intensive 1:1 support provided by the Think Family Young Carers project workers will be a minimum of 8-10 for each worker per annum (pro rata) .... and a minimum total of 40 families over the life of the project..... Interventions could last up to 12 months and longer if required’
10 WHAT HAPPENED IN PRACTICE?

10.1 Young Carers Project Steering Group

The whole Pathfinder Project was overseen and managed by a Steering Group which was led by Children’s Services with representation from Adult Services, Norfolk Crossroads and the Norwich and District Carers Forum. It was accountable to the DCSF/DfE for the Pathfinder budget. It also reported to the Assistant Director Strategy and Commissioning (Safeguarding and Additional Needs) and the Young Carers Project Advisory Group (PAG).

10.2 Crossroads Think Family Young Carers Project

In November 2009 the Project Manager began meeting with each of the three host organisations for the FIP Teams to which the Project Workers would be linked. They explored how the new Project would complement the work of the existing FIP teams, including referral criteria and processes and how staff could be integrated and supported.

Given the complex nature of the targeted families and the relatively short length of the project, and it was agreed to recruit only experienced professionals to the three new posts. Essential criteria therefore included a degree or equivalent professional qualification plus relevant experience such as in teaching, social work, youth and community, nursing, family casework or work with Young Carers.

The Project Proposal and budget envisaged that the project would become operational in or around November 2009. The very short timescales were identified as a ‘high’ risk in terms of recruitment and setting up, and so it proved. The three suitably qualified and experienced Project workers were successfully recruited and started in their role as follows:

- Norwich / Central Area FIP: 22 March 2010
- Great Yarmouth FIP: 6 April 2010
- North Norfolk/Broadland FIP: 4 May 2010

Their induction programme included:

- an understanding of the core Young Carers 1:1 project
- shadowing staff from the 1:1 service
- familiarization of the tools used to support Young Carers
- familiarization of local resources and services for Young Carers
- meeting the FIP teams, shadowing and arranging joint visits
- training on child protection, CAF, self harm, working with families of substance misusers etc.
- training on how to capture and send data to York Consulting for analysis

Casework started in April 2010.
10.3 The three FIP teams

The work of the Norfolk FIP teams is well described and evaluated elsewhere\(^7\), so the following is a summary to provide the context for the Think Family Young Carers Project.

From the outset it was clear that although the three FIP teams had received funding from the same source and therefore had similar remits, there were also differences between them that would impact the engagement, involvement and activities of the Project Workers. Some of these differences will be highlighted in sections below.

The Norwich FIP is hosted by Norwich City Council, which although a statutory body is not a social care authority. The FIP had developed out of a long standing commitment to supporting families and individuals at risk of losing their tenancy and the impact of anti social behaviour upon communities. The team was the largest of the three, having grown to 12 posts by 2010. Although all the staff were employed by the city council, the team had attracted sufficient funds from various government initiatives to operate well beyond the city boundary. They were already undertaking intensive casework with families and delivering parenting programmes, as well as acting as a link or signpost to other agencies.

The Great Yarmouth FIP is hosted by the Ormiston Trust, a regional voluntary organisation specialising in working with families. Ormiston staff have been operating through a range of local partnerships in Great Yarmouth for 14 years and have a good reputation in the town. In particular they believe that being a non-statutory organisation makes them far more acceptable to many of the families in the Pathfinder target group. Like the Norwich FIP, Ormiston has obtained funding from various government programmes over the years such as Youth Crime and Anti Social Behaviour and had been running a FIP since 2009. Their team had grown to seven posts which covered all of Great Yarmouth and Gorleston.

The third and newest FIP is hosted by Wherry Housing Association which already had a team of patch housing officers who support tenants. The FIP funding enabled the appointment of two additional (unqualified) Family Intervention workers in July 2010 to provide additional support in Broadland and parts of north Norfolk. Their role was to work intensively with a small number of families, specifically around anti social behaviour either experienced or caused by Wherry tenants. However, despite best efforts, and a very well attended training session prior to her appointment, the Young Carers Project Worker was unable to engage with the FIP workers as much or as well as the other two did with ‘their’ FIP teams. In fact there was relatively little contact and although she spent some time working across some of the same area she did not receive any Young Carer referrals from them. The balance of her time was spent working with families in and around Norwich.

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\(^7\) Norfolk’s Family Intervention Projects. The DfE Business Case for Intensive Support for Families with Multiple Problems. Nicky Dawson NCC Childrens’ Services 2010
The two Project Workers aligned with the Norwich and Yarmouth FIPs were quickly made to feel valued and very welcome. It was clearly felt that they complemented and enhanced the existing skill mix. They also embraced the culture and shared the commitment to intensive working, often out of normal office hours, and where necessary ‘getting their hands dirty’.

The Young Carers Project Workers were based at home, and so were able to easily fit into the ‘hot desk’ working style of their FIP colleagues. This co-location helped to build mutual confidence and understanding of each other’s roles and responsibilities.

There were nevertheless some key differences between them and the FIP teams. These included

- Accountabilities
- Priorities and success criteria
- Line management and supervision
- Assessment processes and paperwork
- Risk management policies

Clearly these could and did sometimes get in the way of more fluent and integrated working that might have come from being a full member of the team. But there were also some advantages in being ‘once removed’, in particular, coming from a voluntary organisation with a good local reputation and a clear focus on Young Carers.

That said, it was apparent that the FIP teams and their offices were considered by many families to be more acceptable and accessible than those of the ‘children’s department’. This was particularly so in Great Yarmouth where the Ormiston Office is only yards away but has none of its associated stigma.

Prior to the Pathfinder the FIP teams had little to do with local Young Carers organisations or groups. Nor did they have particularly strong relationships with local adult services, and there were examples of difficulties in engaging effectively with local Mental Health services.

Unsurprisingly there were occasional differences of (professional) opinion amongst members of the multi disciplinary and multi agency teams. In particular what constituted anti social behaviour or criminality? and what could be tolerated? One example of this centred around illegal drug use, and whether or not the police should intervene.

10.4 Criteria and definitions

All of the FIPs applied criteria to families referred to them. These were linked to anti social behaviour and families at risk of losing their tenancy. They in turn referred 16 families to the Young Carers Project (9 from Great Yarmouth and 7 from Norwich) which included 26 Young Carers.
Referrals from other sources, including the Crossroads 1:1 Core project, were also accepted as long as they lived in one of the FIP catchment areas and met at least five of the following risk factors:

- No parent in the family in work and / or long term unemployment
- Family living in poor quality or overcrowded housing
- No parent with any qualifications
- Adult mental health problems
- Adult learning difficulties, disabilities or chronic illness
- Family with low income
- Family unable to afford a number of food and clothing items
- Criminal or anti-social behaviour
- Poor school attendance and behaviour
- Drug and alcohol dependence
- History of or current domestic violence

It was agreed that priority would be given to:

- Families referred by the three FIP teams which met the FIP criteria
- Families living in the FIP areas and which met the criteria, but were not yet known to the FIP teams
- Families which met the FIP criteria but did not live in the FIP areas

Although there was initial confusion amongst some FIP staff who thought that the Young Carer had to be the one who was causing the anti social behaviour, the criteria were applied in a creative and inclusive way. Indeed it seemed that although the Young Carers Pathfinder was set up under the umbrella of the ASB FIPs, the ASB criteria were not perceived by the Young Carers Project workers as a barrier or hindrance to working with appropriate and eligible families.

However there were variations in the application of the criteria relating to Young Carers. This was unsurprising given the continuing debate around definitions. However, in spite of the training sessions and having a full time specialist worker alongside them, there is evidence that differences of opinion and interpretation persisted. Even towards the end of the Project there was still some misunderstanding – or perhaps a lack of agreement - amongst some staff of how the roles and responsibilities of being a child in a vulnerable family impacted upon their outcomes and whether or not they might be considered as a Young Carer.

This is reflected in some of the statistics presented by and about the FIPs which show that children in some very complex families with multiple problems were probably still not being identified or counted as Young Carers. For example ‘the average profile of families entering Norfolk FIPs’ (as described in the Business Case) suggests that 35% have substance misuse issues, and 34% have mental health issues. But only 21% of families were recorded as having Young Carers.
10.5 Caseloads

The Pathfinder Proposal anticipated that the team would work with a total of around 40 families. In practice they met this target working at tier 3/4 with 42 families, including 60 Young Carers. This enabled each worker to work intensively with a relatively low caseload of up to 15 families and also allowed for a degree of turnover. During the Project they provided almost 1000 individual sessions and attended nearly 300 casework related meetings.

One of the Think Family Project Workers left in December 2010 after eight months, primarily because of the uncertainty over funding beyond March 2011. He agreed exit strategies with the Young Carers and the families he had worked with. Clearly there was no point in recruiting to this post as the project was due to end on 31st March 2011. In February 2011 the Steering Group decided to use any underspend from the vacant post to extend the contracts of the remaining workers for a further two months. It was agreed that they would not take on any additional referrals, but concentrate on their existing cases.

Those families that were most likely to need continuing support were identified and efforts were made to transfer them to the relevant FIP team, or in some cases to the core Crossroads 1:1 Young Carers Project.

10.6 Referrals to the Think Family Young Carers Workers

The priorities of the FIP teams were understandably driven by their primary objectives, which in this case was the reduction of anti social behaviour (ASB). Not all of their target families had potential or actual Young Carers. The Young Carers workers were involved if and when specific concerns were raised and, as has been shown, this did depend upon a certain level of awareness and understanding.

The Project Steering Group received regular reports from the Crossroads Project Manager. All the following data are taken from her final Project Report, which also compares them with data from the core Young Carers Project.

Breakdown of Young Carer by age and gender:

<table>
<thead>
<tr>
<th>Age/Gender</th>
<th>Under 5</th>
<th>5 - 10</th>
<th>11 - 14</th>
<th>15 - 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>1</td>
<td>10</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>F</td>
<td>0</td>
<td>8</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>

Relationship of person needing care:

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Partner</th>
<th>Sibling</th>
<th>Grand parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>9</td>
<td>2</td>
<td>15</td>
<td>2</td>
</tr>
</tbody>
</table>

26 of the families had only a single parent. In all but two this was the mother.
Reasons for care provided by the Young Carer

<table>
<thead>
<tr>
<th>Mental health problems</th>
<th>Learning difficulty</th>
<th>Chronic illness/ Phys disability</th>
<th>Terminal illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>4</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Sensory impairment</td>
<td>Substance misuse</td>
<td>HIV / AIDS</td>
<td>Behavioural problems</td>
</tr>
<tr>
<td>0</td>
<td>8</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Of those with mental health problems, there is often a dual diagnosis.

There was an occasional sense that the ability to refer families to the Young Carers Project Workers gave others in the FIP team an opportunity to reduce their involvement and input to some families.

Only 11 of the Young Carers supported through this Pathfinder were engaging in anti social behaviour themselves. Indeed many Young Carers do all they can to stay out of sight and away from trouble. But that is not necessarily the case for all the families targeted by the FIP teams, where all members, including the children, can be at real risk of being involved directly or indirectly in anti social behaviour. Some undoubtedly have other psychological or social difficulties themselves or encounter problems as a direct result of their caring roles, especially those associated with school.

10.7 Assessments

The use of Whole Family assessment models by FIP teams around the country to identify the needs of families with multiple problems during the national Pathfinder programme is the subject of a detailed report for the DfE by York Consulting. However it does not contain much detail on specific processes for use with those families with Young Carers.

In Norfolk each of the FIPs had their own assessment processes and recording arrangements. The three Think Family Project Workers used the CAF documentation, either as an assessment tool or as part of a full multi agency CAF, and ensured that Young Carers and their families were involved in the process. Young Carers were able to sign off and review their own Action Plans. They were also encouraged to complete the Self Assessment questionnaires at the beginning and end of intervention - see section 11.

Information relating to those families who already had a CAF was usually available from the lead professional, so they were able to build up their own pictures based upon shared information. There were examples of ‘occasional’ joint assessments and Project Workers undertook the role of Lead Professional in some cases, in practice if not name, providing invaluable drive and co-ordination.

The use of the Common Assessment Framework remains patchy across parts of the county, even within childcare teams. When it is used well it can be very good for both

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8 Op. cit. see section 2
families and agencies. But the CAF is still not always recognised as a useful process by some staff who felt that families with complex needs were sometimes ‘beyond the scope of the CAF’, and that ‘there were already too many workers involved’. This feeling was shared by some of the families who had also been told that the process was voluntary but felt they had been ‘bulldozed’ into it. This could make establishing trust with those families that much more difficult.

The Project Workers did get involved in CAF meetings, case discussions and reviews where the potential needs of Young Carers had been recognised. But again this was usually dependent upon an invitation rather than being there as of right as a team member. Attendance by other agencies such as schools and health also remains very patchy. There was one report of a GP attending which had very positive results.

There are still problems and barriers between many agencies, including Norfolk CC, around information sharing and data protection. However these are gradually being overcome. So, although it took a few months, Children’s Services and CareFirst did eventually give the Project Workers access to their electronic records.

Adult Services were continuing to develop and roll out the use of the Needs Assessment Questionnaire (NAQ) as a key part of the Personalisation Agenda throughout the period of the Pathfinder. Thanks partly to the efforts of the project manager for support for disabled parents and the Protocol, the Norfolk NAQ does have prompts for issues around parenting and the needs of Carers, including Young Carers, although these are not always carried through. The assessment of adults for social care still tends to be an entirely separate process from the various systems used by children’s services and others. There were very few local examples of co-ordinating the processes or an integrated ‘whole family assessment’ for social care.

Experience of adult assessments was mixed. There were reports of long waiting times, with families going into avoidable crisis in the meanwhile, although others were described as quick and easy. Once started, some were too superficial or insensitive to get any real understanding of the complex situation affecting the whole family, or took a long time to complete, leading to further delays in accessing services or Personal Budgets.

All Carers aged over 16 are entitled to a Carers Assessment which can result in them receiving specific help such as Carers Allowance to enable them to continue caring. This can be especially important where for example both parents are still in the family, and one is providing significant care for the other. Without external support they are less likely to be able to provide sufficient time and energy to ‘parenting’ their children, and some of the additional caring burden is also much more likely to fall upon the children, who then become Young Carers. However, very few of the adults or older Young Carers supported by the Project had received a Carers Assessment.

Recent changes will make it even harder for Young Carers to qualify for Carers Allowance and this, together with changes to the Education Maintenance Allowance, will make even more difficult for Young Carers to undertake further education.
Most health assessments remain firmly patient focused, with seemingly very few exceptions, and thus do not routinely capture information about other family members especially Young Carers. The responsibilities and pathways to community care assessments for adult with mental health problems and or drugs / alcohol misuse remains unclear.

10.8 Parenting

The Draft Norfolk Parenting and Family Support Strategy 2010 – 2013 defines parenting as ‘everything that parents and carers do to bring up children and young people’. This involves six key areas

- Basic care
- Ensuring safety
- Emotional warmth
- Stimulation, including supporting their educational attainment, learning and achieving
- Guidance and boundaries
- Stability

Before going on to explore the role of parents, it is worth remembering that although the draft strategy doesn’t say much about Young Carers, some of them will be undertaking many if not all of these six roles for themselves, and sometimes for their siblings as well.

A growing number of international research studies⁹ are showing that evidenced based Parenting Programmes can have a positive and sustainable impact on outcomes for both parents and children in families with complex needs when used as part of range of interventions and support.

Both the Norwich and Great Yarmouth FIPs have been referring to and / or delivering accredited programmes for some years. 10 of the families supported by the Pathfinder included parents that had been on such courses. Others who came direct or via the Crossroads core Young Carers Project sometimes had to wait longer to get onto the courses. Some parents refused to attend training courses, or did not finish them.

The local results from amongst those that did attend were described as occasionally ‘revelatory’. Some parents discovered that they were not the only ones in their position or feeling how they did. Others found that they were not as ‘useless’ or ‘bad’ as they had thought and nor were their children. Sometimes the revelation was deeply uncomfortable as some others found the opposite.

Some parents of Young Carers are known to expect or even demand ‘inappropriate’ or ‘excessive’ care and support from their children without necessarily realising that it

⁹ see for example that produced by CEDAR Centre for Educational Development Appraisal and Research University of Warwick 2010
is inappropriate or understanding the negative impact it is having on them. Sometimes when they gain a greater insight, it can lead to guilt and remorse.

Where parenting courses or other inputs lead to a 'resumption' of parental roles and responsibilities it can have repercussions throughout the family, including sometimes ambivalent reactions from Young Carers. For example despite the additional demands upon them, some Young Carers do gain a sense of self worth and confidence from caring for a parent or sibling. The loss of these excessive and perhaps inappropriate roles can lead to greater opportunities, but less self esteem and perhaps a certain loss of identity.

For some Young Carers the intervention of the Project Workers and / or the FIP team with their parents did clearly result in real improvements to their lives. Here too there was sometimes an unexpected edge to this. Whilst the Young Carers relished their new found freedoms, some had also become far more aware and consequently angry about what they had been missing. Having tasted a more normal childhood, some had greater fears about returning to their previous existence if support was withdrawn and / or when their parent(s) relapsed or became ill again.

However it is important to remember that not all the parents of Young Carers were necessarily ineffective or had poor parenting capacity. Many are perfectly good parents, working extra hard to care for their children as well as overcome a wide range of other difficulties. Although some parents can still improve their skills as a result of a parenting course, many would probably choose to receive better ongoing support instead.

Poor school attendance, behaviour issues and educational underperformance amongst Young Carers are still often dealt with by schools without an understanding of what is going on at home. The research by the Norfolk Disabled Parents Alliance found that only some schools identify and reach out to families with difficulties or disabilities. On the other hand some of the parents in families with complex and multiple problems are only too well known to schools, and relationships with them can often become very difficult and entrenched, with the Young Carer sometimes caught in the crossfire.

The Norfolk County Council Fair Access to Care eligibility framework and criteria for accessing Adult Social Care (2004) comprises four tiers: Low, Moderate, Substantial and Critical. Increasingly only those whose needs are assessed as critical or substantial are receiving a service or a Personal Budget.

The ‘critical’ criteria include Vital family and other social roles and responsibilities cannot or will not be undertaken. The ‘substantial’ band includes The majority of family and other social roles and responsibilities cannot or will not be undertaken. These descriptions are said to refer to parenting, but it is unclear whether adult services use the same definitions as set out by children’s services in the Norfolk Parenting Strategy.
As previously noted, the Needs Assessment Questionnaire (NAQ) in use during the Pathfinder includes specific questions about the parenting role. Adult services have confirmed that where appropriate this is being translated into ‘points’ when calculating the value of Personal Budgets. This is born out by one of the case studies (see Appendix 1). However, there is also anecdotal evidence to suggest that many parents with disabilities or difficulties do not receive adequate support, or have to fight for it. This despite the fact that if they did, it would also help to relieve the burdens on Young Carers, and perhaps prevent them from becoming Young Carers in the first place.

**10.9 Embedding and using the Protocol**

The development of the Disabled Parents Protocol is described above. Funding made available through the Young Carers Pathfinder provided extra capacity for the delivery of additional awareness raising and training sessions.

Further half day workshop sessions during Spring 2010 were aimed specifically at staff working in the three FIP Team areas. They were tailored around the needs of Young Carers and their families in order to help promote recognition and understanding, and also clarify how to use the Protocol and referral routes. This was adapted and timed to coincide with the appointment of the three Young Carers Project workers who would be linked to the FIP teams.

A total of 35 staff from 17 different professional backgrounds attended the three sessions, including children’s and adult social care, health, housing, schools and police. The courses scored consistently well in the evaluation reports.

The experience of the Project Workers was variable, but it does suggest that many staff from both adult and children’s services were familiar with the Protocol and knew how to utilise it effectively - both in its own right and also as a route into other entitlements. Indeed they needed to invoke it less often than had perhaps been anticipated.

Staff from adult services were also becoming increasingly aware of how the Protocol could be used in conjunction with the introduction of the Personalisation NAQ. Only time will tell whether some of the more complex families will be able to manage a Personal Budget and ensure it is spent on meeting identified needs and achieving agreed outcomes. However, for the moment the Protocol is thought to be working quite well between adult and children’s services, with no significant concerns about disputes between departments.

Despite the training programme, understanding was also ‘patchy’ amongst staff from CareConnect, who are often the first contact for many customers and carers when contacting the County Council. They often needed reminding about it.

NHS staff in both mental health and primary care seemed much less familiar with the existence of the Protocol or its use in practice, as were those working with drug and
alcohol abuse. This would seem to bear out the wider experience, referred to elsewhere, that many of these staff appear to see only the adult in front of them.

10.10 Norfolk Young Carers Forum

Prior to the Pathfinder bid Crossroads Care, working as part of a collaborative with members of the Young Carers Project Advisory group (PAG), had successfully applied for funding from the Big Lottery to set up and support a Norfolk Young Carers Forum. The Pathfinder bid sought to build upon and learn from the countywide and local forums which were convened during the autumn of 2010. Within just a few months members of the Forum have already established positive and constructive links with key postholders, including the Director of Children’s Services. The Forum also reports regularly to the Carers Council for Norfolk and the Young Carers Project Advisory Group (PAG).

Forum members from some of the areas covered by the Pathfinder were asked to comment on some of the issues emerging from the Think Family Project, and a summary of their views are described in Appendix 2.

10.11 Survey of Young Carers in Norfolk

Norwich and District Carers Forum were commissioned to undertake the widest ever countywide survey of Young Carers in Norfolk. The design of the survey was informed by Young Carers themselves, and included both questions and opportunities to make comments. The main form was designed for Young Carers aged 8 upwards to complete themselves. A shorter simpler form was designed for those aged between four and seven and was completed on their behalf during an interview.

Distribution to around 30 groups was organised during December 2010, primarily through the Young Carers Project Advisory Group. It is worth noting that most if not all respondents were therefore ‘known’ Young Carers and either were receiving some form of service, or had done so in the past. All groups were asked to encourage and support their members and users to participate. A small additional ‘reward’ grant of £100 was made available to all those groups that took part for them to spend as they wished. Young Carers receiving a 1:1 or Family Pathfinder service received a £10 grant.

214 Young Carers completed their forms, with results from a further eight completed for the younger ones giving a total of 222 responses. The full results are available from alyona.hogg@norfolk.gov.uk. The key findings include

Who are you providing care for?

- 137 (62%) were caring for their mother
- 56 (25%) were caring for their father
- 82 (37%) were caring for a brother or sister
- 65 (29%) were caring for more than one person
What care are you helping to provide?

- Personal care, washing and dressing – 62
- Getting up at night – 29
- Medication, including changing dressings, catheter care, infection control – 81
- Cooking – 106
- Shopping – 131
- Making sure they are alright – 128

Time spent each day

<table>
<thead>
<tr>
<th>Weekdays i.e. school days</th>
<th>Weekends</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 3 hours</td>
<td>128</td>
</tr>
<tr>
<td>3 - 6 hours</td>
<td>42</td>
</tr>
<tr>
<td>&lt; 6 hours</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>49</td>
</tr>
</tbody>
</table>

Comments about schools reflect the range of responses suggested above. Many respondents thought that their teachers did not understand their situations

- 58 found it hard to get to school on time
- 110 felt they may get upset at school
- 95 found it hard to get their homework done on time

But, 55 felt their teachers ‘always make sure everything is alright’

Only a small proportion said that they and their family got practical help

- 35 with personal care
- 47 with housework and laundry
- 31 with caring for siblings

Although 111 do get help from other family members and friends

- 74 had someone at school or college they could talk to
- 21 talked to a counsellor
- 34 talked to a social worker
- 76 to a Youth Worker

When asked ‘what do you and your family need, what would help you and your family?’ the top answers were

- For us to go out more as a family - 143
- For my school/college to understand our situation at home – 113
- A break from caring – 104
- To be able to talk to someone about how I feel - 98
- Other people, such as social workers and doctors, knowing more about young carers and their families – 96
- To meet someone in a similar situation – 93
- Other people in my family to understand (me) better – 83
- More support for the person / people I care for – 79
- More practical help at home - 66
11 FINDINGS

The Think Family Young Carers Project Workers had a narrower, more specialised focus than many of the other members of the FIP teams. Despite the nominal focus on families their priorities, partly driven by the funding streams, meant that the main focus of the FIP Teams tended to be on the adults. This was reflected in the roles and professional backgrounds of other staff in the FIP teams.

There is little doubt that prior to the Project Workers involvement that some Young Carers were being missed by FIP teams. It was also felt that some of the changes supported or instigated by FIP teams and others did not with hindsight always benefit the Young Carers.

The Project Workers did not have direct control over some of the resources available to the FIP teams, such as places on parenting courses. But they could be influential advocates with statutory and voluntary colleagues because of their professional experience and their detailed knowledge of the families. They were also able to help families to maximise their income and resources due to their knowledge of benefits, grant making trusts and experience of supporting applications, claims and appeals.

One of the key strengths highlighted by the Project was the ability work more intensively than the existing Crossroads Young Carers service and more flexibly than statutory organisations, sometimes out of normal working (and school) hours and at weekends. They used a range of communication methods, with text messaging becoming increasingly effective.

Each Project Worker made positive and creative use of the Activities Budget to provide both tangible help and new opportunities for Young Carers. The availability of money was also used as an incentive to help build confidence, improve communications and build lasting capacity and capabilities across the whole family. The final Project Report describes many positive outcomes for Young Carers such as being able to join in school outings as equals with their peers. There were also lasting benefits for whole families. For example, having all been out together once, sometimes for the first time, all members got involved in discussions and planning subsequent outings.

It is acknowledged that the training for staff around the Disabled Parents Protocol raised awareness around the needs of the wider family. The Project Workers were able to reinforce and build upon this bringing a new and welcome ‘children’s perspective’ to the team as well as the focus on Young Carers.

The Project Workers were sometimes the only professionals representing the ‘children’s interests’ at multidisciplinary meetings which otherwise focused on the adults. For the most part they were able to keep a good balance between working with members of the family and still ensuring that the Young Carers needs were paramount.
Some families were in crisis when referred to the FIP and needed help from others to address the immediate concerns and stabilise before other needs were identified and other changes could be explored. So the Project Workers were often introduced to the family and Young Carers only after other colleagues had done their parts. There is more to learn about the impact of how and when support is provided by multi-agency family focused teams to Young Carers.

Coming from a voluntary agency certainly made the Young Carers workers more acceptable to some families. However, it has to be acknowledged that they had little to offer some of those that were referred. Some families were distrustful, cautious of intensive interventions and some were clearly resistant to change. Some of the families who had originally agreed to become involved, ‘had enough’ of the intensive interventions and disengaged, not responding to telephone or text messages and missing appointments.

However, although most families did recognise a need for change, some of their problems such as worklessness or criminality had been so deeply entrenched, sometimes over generations, that it took a long while for them to even begin to sort out what they wanted and be ready to try to achieve it.

For others their difficulties stemmed from the many profound effects of chronic physical disability, degenerative disease, or long term mental health problems which were just not going to get better. For them some of the ‘success criteria’ and target time lines for the duration of support were often inappropriate or inadequate.

The following table describing ‘measures of success’ was completed by the Project Manager on a quarterly basis. These data are from the final report.

<table>
<thead>
<tr>
<th>Number of Young Carers</th>
<th>Safeguarding issues identified</th>
<th>Safeguarding issues avoided</th>
<th>Family no longer dependent on statutory input</th>
<th>School attendance issues</th>
<th>School attendance of YC improved</th>
<th>YC accessing out of school activities</th>
<th>Parents successfully completing evidence based parenting programmes</th>
<th>Family/children engaging with authorities</th>
<th>Inappropriate caring has been reduced</th>
<th>Inappropriate caring has stopped</th>
<th>YC with special needs identified</th>
<th>Physical/emotional health improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>11</td>
<td>18</td>
<td>30</td>
<td>10</td>
<td>25</td>
<td>18</td>
<td>5</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>%</td>
<td>20%</td>
<td>17%</td>
<td>15%</td>
<td>24%</td>
<td>40%</td>
<td>65%</td>
<td>22%</td>
<td>54%</td>
<td>40%</td>
<td>11%</td>
<td>22%</td>
<td>72%</td>
</tr>
</tbody>
</table>
A summary of the Manager’s comments include:

‘Less caring’ is very difficult to measure in terms of those supporting someone with a mental health illness. Mental health illness is the reason 80% of the young carers are providing care. In fact in single parent families where the young carer is the main care provider, 29 care for someone with a mental health illness and 4 for someone with substance misuse issues. In these situations, the only way to provide complete respite for young carers is to give them time away from home. It is also very difficult to plan for someone else to provide informal care because of the unpredictability of some of the mental illnesses.

The report also includes the results of the two nationally accredited self assessment questionnaires¹⁰ which were designed to be completed by Young Carers at the beginning and end of intervention.

The PANOC-YC20 tool measures the subjective and emotional impact of caring, and highlights both the positive and negative aspects. 36 Young Carers completed the questionnaire at entry point, but only 11 at exit. This makes analysis difficult, but it is possible to say that, initially at least, many of the Young Carers supported by the Pathfinder did derive positives from their caring responsibilities, despite also having negative feelings about the burdens they placed upon them. This apparent paradox reflects views often expressed elsewhere.

The 11 Young Carers who did complete the exit questionnaire reported feeling better emotionally and physically, experiencing more positive and less negative outcomes than before. But it must be said that this is not always the case in such situations as the rise in awareness and the process of reflection necessary to capture ones feelings can result in a more negative response. In the absence of more data, it is therefore worth noting the views expressed by the Project Workers in the report who found….

that Young Carers affected would be self harming or having a eating disorder, were suffering from stress and physical complaints, were angry, withdrawn or involved in anti social behaviour and could have their school attendance and school seriously affected by their caring responsibilities.

The MACA YC42 tool captures the range and frequency of the roles and activities undertaken by Young Carers. It can provide a useful insight for Young Carers, test out the perceptions of their families and also prompt professionals when trying to assess the extent of the support provided.

Of the 36 who completed the entry questionnaire, 26 provided high or very high levels of caring activity. Again only 11 completed on exit, of these 7 reported reduced levels of caring and 4 an increase. Whilst drawing conclusions from such a small

sample is obviously difficult, it is perhaps reflective of the very unpredictable and changing nature of caring, especially for someone with mental health problems.

Initial analysis of data from a much bigger sample gathered by York Consulting from across the whole Pathfinder Programme suggests that whole family approaches can have a range of positive outcomes for children and young people. These include a reduction in the numbers identified as Young Carers and a similar reduction in the number for whom caring responsibilities were considered to have a negative impact.

12 COMMENTARY

It is difficult to overestimate the importance of the skills and perseverance required by the Project Workers in order to engage with all members of the most complex families. Some would have been dismissed as too hard to reach by agencies without the dedicated resources and determination to undertake focused and intensive work. That said, some families were only too delighted to finally get some recognition and support after feeling ignored by a range of organisations for years.

Such specialist roles require the ability to work with children, young people, and adults, as well as mediation and negotiation with and between family members. Such a skill mix seems to be increasingly rare. Protected caseloads are also vital if staff are to have the time often necessary to become accepted, undertake a thorough assessment and be able to undertake intensive support over long periods.

The experience of implementing the Personalisation agenda for this group of parents remains limited and mixed. There were examples where the Project Workers felt that the parenting role was not adequately reflected in the assessment and that Young Carers were seen as a resource rather than someone with their own needs. But there were also examples of Personal Budgets working well, although part of this relative success was probably due to the skilled and intensive input from the Young Carers Project Workers. Without such inputs adult social care and health services may still focus too much on individual clients or patients and fail to recognise or support their carers. The potential negative impact of this upon Young Carer’s outcomes has already been noted, but the failure to support caring spouses or single parents can compromises their ability and right to parent their children properly. Of course it also increases the likelihood of those children becoming Young Carers.

Children’s Services can seem to send inconsistent messages about where their priorities lie. Alongside the assertions about the needs of children being paramount, much the same is also said about forming partnerships with parents and now more recently about working with ‘whole families’. The pledge in the draft Norfolk Parenting and Family Support Strategy 2010 – 2013 to address this is therefore to be welcomed -

*If we are to reach out to families at risk we need to identify and exploit opportunities to build capacity of systems and services to ‘whole family’ thinking. This means a shift in mindset to focus on the strengths and*
difficulties of the whole family rather than those of the parent and child in isolation.

However, despite their commitment to the current Protocol, there remains some concern about whether children’s services fully recognise and prioritise those families with parents who have physical disabilities or long term health conditions in quite the same way as those ‘at risk’ because of safeguarding or social / psychological problems.

Similarly, many of those working in hospitals, primary and community health care with adults who have long term or deteriorating conditions are still not checking whether they are parents and if so helping to ensure their children are prevented from having to undertake excessive or inappropriate caring responsibilities.

Interpreting the Pathfinder referral criteria to include disabled parents as defined by the Protocol, and not just those involved in Anti Social Behaviour, enabled the provision of intensive support to some Young Carers and their families who had significant needs. However it is also important to recognise some of the very real differences between caring for someone with a long term physical condition or disability, and someone with mental health problems and or problematic drug / alcohol misuse.

It is clear, but hardly surprising, that some Young Carers were not being identified by the FIP teams prior to the Protocol training and the links with the Project Workers. What is more disappointing is that whilst understanding did improve, there were still examples towards the end of the Project where the needs of Young Carers were not properly recognised. Part of this must be to do with awareness, but it seems unlikely that this can be the only reason. One possible explanation comes from growing anecdotal evidence that staff who have chosen to work with adults feel they don’t have the skills or confidence to work with children and young people, and this mitigates against them getting involved. The same might well be true amongst those trained to work with children, including some teachers, not feeling able to engage with other members of the pupil’s family.

Such a situation has been compounded by the fragmentation and disruption of services resulting from recent successive reorganisations in response to changing national priorities. Against this background the ‘rediscovery’ of whole family working by the Department for Education, exemplified by this Pathfinder programme, is very encouraging. So too is the active participation of Norfolk Children’s Services. What is perhaps more unexpected but consequently even more welcome is that the Department of Health (DoH), which traditionally has a greater influence upon adult and health services, also seems to be moving in the same direction.
The DoH Policy Paper *Carers and personalisation: improving outcomes*\(^\text{11}\) declares

> Historically there has often been too much of a divide between the user and the carer, whereas the physical and emotional well-being of both are inextricably linked…..and suggests……

> wherever possible, establish whole family approaches that ensure there is integrated support planning that benefits everyone involved.

The last twenty years has seen real progress in raising public and professional awareness of the needs of Young Carers. This has led to the development of valuable specialist services designed specifically for this group and usually provided by childrens’ organisations. However, this has been achieved partly by making a ‘special case’ for Young Carers amongst other competing demands for attention and resources. One result of this has been to see their needs in isolation from those of the parent or sibling they care for. A proper balance must now be struck between continuing to highlight the particular needs of Young Carers without marginalising or excluding them from mainstream services, activities and opportunities.

The DoH Policy Paper makes excellent reading and provides a raft of ‘key practice points’ and describes numerous examples of how adult and children’s services around the country are already working together to address the needs of Young Carers living in families with complex problems.

The Paper also notes the ‘value of mediation and facilitation between family members when needed’ and encourages the use of Family Group Conferencing. It is therefore concerning to note that Children’s Services in Norfolk are currently reducing their commitment to this approach.

Both the government’s National Carers Strategy and *Working together to support Young Carers*\(^\text{12}\) call for children and young people to be protected from taking on ‘excessive’ levels of caring that have a negative impact upon their outcomes. This Pathfinder has highlighted and reinforced the need for a shift towards addressing the underlying reasons that children and young people undertake excessive, inappropriate and unwanted caring roles in the first place.

As was noted in *Supporting carers – early interventions and better outcomes*\(^\text{13}\)

> Applying early intervention thinking to the support of carers can lead to better value for money and better outcomes

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\(^{11}\) Department of Health November 2010

\(^{12}\) Working together to support Young Carers – a Model Local Memorandum of Understanding between Statutory Directors for Children’s Services and Adult Social Services. ADASS/ADCS December 2009

\(^{13}\) ADASS and Princess Royal Trust for Carers (PRTC) 2010
Such an approach needs to start with assessment. The study by York Consulting gives plenty of examples of how local authorities have begun to address this issue. Many have built upon the CAF, but here too there is scope for better co-ordination between adult and children’s services:

‘Where families wish to, they should have the option of being assessed for eligibility as a whole family, rather than having to negotiate separate assessments and eligibility for each individual ....for most it would be better to achieve a package that tackled all of their needs in a coherent way’\(^{14}\)

However care needs to be taken to guard against making inappropriate assumptions about how well Young Carers get on with their parents and also

‘….about how much support carers are willing and able to provide which can lead to an underestimation of eligible needs’\(^{15}\)

…or even worse, the concern that some professionals might collude with apparently willing Young Carers to avoid the need to fund or deliver alternatives.

Similarly the continued absence of hard data on Young Carers in Norfolk must not create the impression that ‘this doesn’t happen here’. There is no evidence to suggest that the local situation is any different from that revealed by detailed national research. The Pathfinder has confirmed that many of the families with complex and multiple problems are indeed very likely to contain children and young people who are at great risk of undertaking excessive and / or inappropriate caring roles and responsibilities. The countywide consultation has confirmed that such families are not just confined to the FIP areas.

The use of the Every Child Matters outcome framework seems to be in decline as both a set of principles and also as means of assessing needs. The framework has been an important and effective tool in describing the impact of being a Young Carer on the various aspects of their lives. It is hoped that whatever replaces ECM will continue to be as persuasive.

Schools and colleges are the only universal services for children and young people. Their understanding, attitudes and actions to support Young Carers and their families continue to vary considerably. Most could and should do more, and do it better. Positive leadership should be taken by the local authority to actively encourage the adoption of policies and procedures around the identification of families where there are parents with difficulties, and supporting children who are in caring roles.

Fear of children being taken into care can still be a very real one amongst some of the more complex families, and this can get in the way of engagement. National

\(^{14}\) Caring for Carers - Putting people first without putting carers second. PRTC and Crossroads 2009

\(^{15}\) Guidance on eligibility for adult social care DoH 2010,
statistics confirm that the numbers are relatively high amongst this group. Leaving home is sometimes the only way open for some Young Carers to be relieved of otherwise excessive and inappropriate caring responsibilities. But it is unclear how often this is ‘inevitable’ and how often it is the result of a systems failure to provide proper support to the family.

The importance of safe and secure housing to all Young Carers and especially those in vulnerable families has been clearly demonstrated. It is important that the co-working between housing providers and those supporting Young Carers which has been developed through the FIP teams is not lost. At the very least housing support workers should be well aware of local Young Carers groups and also know how and when to refer to specialist services.

Norfolk County Council’s *In my Place* system of developing plans for use in the case of a sudden change in circumstances or an emergency is particularly relevant to Young Carers in families with complex needs. It can help identify potential risks and clarify who would do what if a crisis should arise. The absence of such planning can cause additional anxiety to Young Carers who are already concerned about vulnerable parents. The presence of such plans can help to build confidence and give invaluable reassurance. The funding for the scheme is currently uncertain, but it is hoped that more is done in future to promote the take up by families with Young Carers.

Some of the Young Carers supported by the Pathfinder have become far more aware of their situations and those of their family. Some of these have become positively radicalised about what they have been missing and what needs to change. Some have already channelled their views to Norfolk children’s services via the Young Carers Forum which is helping them and others less articulate to find their voice. It is important that their views are heard and heeded by adult services and health services as well - not just at strategic level, but also in the delivery and review of the support that they and the person they care for receive. It remains a peculiar irony that Young Carers are frequently ‘allowed’ or expected by professionals to undertake adult caring roles and responsibilities but their views are then not sought or their expertise and knowledge dismissed by the same staff when it comes to assessing need and planning care packages.

A commitment was made in the project proposal to support families and Young Carers for ‘as long as they needed it’. In practice most cases were closed or referred on to other services appropriately. But for others the ending of the ringfenced funding resulted in the support from the Project being withdrawn when it was clearly still required.

And finally, we must remember that by any measure only a small fraction of Young Carers in Norfolk are currently receiving a service of any kind. The significant majority continue unrecognised and unsupported. By ‘revealing’ Young Carers living in some of the most complex families that were already known to services - in both urban and rural areas - the Pathfinder has confirmed the belief that many Young Carers are currently missed by those who should help to identify them.
13 CONCLUSIONS

Taken together, the work with complex families and the wider consultation with Young Carers made possible by the Pathfinder give a new and valuable insight into the individual and collective views and needs of Young Carers and how they might be addressed.

The targeting of families with multiple problems for intensive support has been shown to be difficult and time consuming, but also cost effective and worthwhile in terms of improving lives and outcomes. It has further highlighted the multiple needs of Young Carers, and shown how their wellbeing is usually (although not always) inextricably linked with that of other family members, especially their parents. Importantly it has shown that it is possible and desirable to address and prevent the underlying causes of excessive and inappropriate caring responsibilities as well as mitigating their adverse effects. Invariably this requires additional support for parents to address their health or social care needs, and / or to help with their parenting role.

However not all Young Carers, or their families, want or need specialist intervention or intensive support. This is just as well given the present capacity of such services and the latest estimates of the number of Young Carers. But the impact of their roles and responsibilities – on both Young Carers and their parents - should still be recognised and where appropriate assessed. The growing understanding of the interdependence between the carer and the cared for, and the need to narrow the gap between them, means that whole family approaches to assessment and support should become the default and not the exception.

This can only be achieved by commissioners and staff in both children’s and adult’s mainstream agencies working closer together and taking a more co-ordinated and ‘whole family approach’ - in particular, social care, health care, education and housing.

At the time of writing the future size and shape of many of these services is uncertain, while the incomes of many of these families are also reducing in real terms. What is clear is that in order to meet the challenge of growing demands for a more equitable and accessible service during a period of financial constraint, there must also be a shift of both culture and practice towards early intervention and prevention.

14 RECOMMENDATIONS

Assessment processes and information systems should be reviewed and revised to create ‘whole family pathways’ through the respective children’s and adult arrangements, whilst also preserving Young Carers entitlements to assessments in their own right.

Staff from relevant agencies should be co-located at a local level so as to build on the success of the FIPs and create virtual or real ‘teams around the family’. Other
agencies, especially health, substance misuse and housing should be encouraged to engage and second or align staff wherever possible.

Care services should be commissioned and delivered in ways that are personalised around individuals but that also sustain families, preventing the need for any family member, but especially Young Carers, to take on inappropriate or excessive roles. It will be important for the Norfolk Strategic Commissioning Group for Carers to monitor progress on the Personalisation agenda and keep its impact on Young Carers and their families under review. They should also explore the opportunities and issues arising from the proposals to create Whole Family Budgets, and for linking personal care budgets with health budgets.

Professional and workforce development plans for children’s and adult services should ensure the availability of staff with the appropriate skill mix, competence and confidence to work with whole families.

There should be an ongoing commitment to a programme of awareness-raising around the needs of Young Carers, and the importance of supporting their parents, for all staff working in both the statutory and the community sectors and with both adults and children. Priority should be given to those working with adults with mental health and drug or alcohol problems, and those working in schools.

All schools that continue to operate under the auspices of the County Council should adopt policies, for example those recommended by the Norfolk Disabled Parents Alliance setting out how they will identify, signpost and support Young Carers and their families. All independent or ‘free’ schools working outside the local authority should be encouraged to follow suit.

All providers of further and higher education should adopt similar policies and practices as recommended by National Institute of Adult Continuing Education Current specialised services and groups for Young Carers in Norfolk are highly valued by those who use them, and they should be protected from further funding reductions. But they should become better coordinated at local level with the statutory and voluntary services, groups and networks that support other family members and especially adult carers. This will help to narrow the gap between carer and cared for and also help support Young Carers ‘in transition’ and Young Adult Carers.

Many of these recommendations would be progressed significantly if / when the whole family approach is embedded in a revised Norfolk Protocol between children’s and adult services. This should be widened and strengthened along the lines of the Memorandum of Understanding, which has been endorsed by all directors of adult and children’s services, and in the light of the latest local and national evidence from the Think Family Pathfinder Programme. It should also be informed by parents

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16 Access to Education and Training for Young Adult Carers. NIACE 2009

17 Op.cit. see ref 12
and Young Carers through their Forums. The Protocol should be renamed to better reflect the breadth of its range. All key commissioners and providers, especially those in the NHS and education, should be actively encouraged to both sign up and ensure it is adopted in practice.

Terry Ward  
Director Forward Consulting  
June 2011
APPENDIX 1 - YOUNG CARERS PATHFINDER - CASE STUDIES

Case 1: Referred in May 2010, exiting February 2011

Background

Child A, aged 12 was referred to the Young Carers Project in May 2010 by Youth Inclusion Support Panel (YISP). As the family met the Think Family Pathfinder criteria (anti-social behaviour, mother suffering mental health illness, parent not in work, family on low income), the referral was given to the Project officer working with a Family Intervention Project.

Child A was identified by YISP as a Young Carer during their assessment process. He provided emotional support to his mother as well as undertaking household duties such as cooking and cleaning.

Child A has presented anti social behaviour; he was permanently excluded from his junior school in March. Child A has been diagnosed with ADHD and takes Concerta (slow release Ritalin). He was attending the Pupil Referral Unit (PRU) three mornings a week.

His mother was diagnosed with paranoid schizophrenia a number of years ago and finds life difficult unless stress and family difficulties are kept to a minimum. Her partner (A’s stepfather) is her main carer but Child A provides care too.

YISP had initiated talks with housing as the family before TF intervention was in cramped and inadequate housing. The family was re-housed in late April to a modern two bedroomed flat with a small garden.

Successful Strategies

- Child A met daily with the Young Carers Worker on exclusion days. He worked well, displaying a thoughtful and self-aware aspect of his nature. He was open and honest about his outbursts at school which led to his permanent exclusion, and was able to see others points of views regarding those events as well as his own sense of unfairness and injustice. It appeared that school had preconceptions of how Child A would react and Child A felt he was ‘picked on’ for most of the unwanted behaviour in his class before staff had actually investigated the real facts – school told the TF Project Worker that he was ‘un-teachable’.
- The Project Worker supported Child A at his transition meetings for High School. The High school was sympathetic to him, and the transition went smoothly and has been successful. High school has now identified Child A as Gifted and Talented – especially around numeracy and science. He now has extension work in these subjects – Child A confided that he had been bored in junior school which may have exacerbated his behaviours.

18 These 3 case studies also appear in the Final Report of the Think Family Young Carers Pathfinder Project Team prepared by Crossroads Norfolk May 2011
• Child A was invited to three day long activities run by Crossroads. His parents were especially nervous about these days without their input and supervision as they had been told by school that he was not capable of coping with the more unstructured nature of outings. Child A was successful on all days. He was a valued member of all groups, integrating and working well with other Young Carers. He thoroughly enjoyed all activities with gusto and good nature. He coped well with a day to London which involved a very early start, four train journeys and two underground journeys. He was polite, compliant and helpful at all times.

• The TF Project Officer provided support to the mother during a review of her ability to work, having first telephoned the DWP to explain how stressful this was going to be for her, and how stress could trigger a severe and prolonged episode of her mental illness. The DWP were very helpful, keeping the interview to a minimum and stating from the start that it was not their intention to make her find work.

Exit strategy

The Project Worker, with the agreement of the family and Child A, gradually decreased the 1:1s, home visits and school visits. These decreased to a weekly telephone call after Christmas 2010. At the last meeting in late January it was agreed by all parties that intervention was no longer required as the original presenting difficulties were no longer present. It was agreed for the final visit to be in February 2011 when final evaluations would be completed.

Case 2: Family Members

➢ A (Father)
➢ H (17) young carer
➢ E (15) young carer

Overview of presenting difficulties at commencement of work

A is in the acute stage of Multiple Sclerosis. He is confined to bed for most of the day, only able to leave the house in his wheelchair, reliant upon H and E to move him to his chair and wheel him. There was much frustration, tension and dysfunctional communication within the family as H felt she took most of the burden of responsibility for the house, her father and her sister.

E had displayed quite severe anti-social behaviour. She was frequently using alcohol to the extent she was unable to function in a responsible fashion. This led to sexual promiscuity (resulting STD’s) and physical and verbal aggression. E had been arrested on a number of occasions. At the point of intervention E had been permanently excluded from her High School.

H’s attendance at college was poor. Her final grades are linked to attendance. H was in great distress regarding her father’s poor health, E’s behaviour and the profound responsibility for the family that she carried.
After assessing the needs of the family the Project Worker liaised and engaged with: sexual health workers, Silverwood's Children and Adolescent Mental Health Service (CAMHS), learning mentors, Children's Services, High School, Norfolk Young Offenders Team and the FIP.

The Project Worker offered one to one support for both young people as well as ensuring the needs of the father were met, for example providing advocacy if father was unable to attend family meetings due to ill health.

Outcomes

Over the months of work, H is now attending college regularly and her attendance is no longer an issue. H has developed good relationships with project officer. Close collaborative work has developed between the FIP key worker and Young Carers Worker enabling her to offload her frustrations and concerns. The Project Worker successfully challenged a cut in Youth Services funding for driving lessons for H. H has also become involved in the Young Carers County Forum, enabling her to have a strategic voice which has increased her confidence and self-esteem. H and E have been involved in positive activities resulting in better relationships between the sisters.

E was supported during her GCSE’s by the Project Worker resulting in her sitting her exams. She now attends college regularly and her attendance is 95% plus. Her anti-social behaviour is no longer a concern; there have been no more arrests. The one to one work provided has offered E the opportunity to create a bond of trust with the Project Worker and explore more effective strategies in dealing with her frustrations and fears. E is now able to have a close and open relationship with her father and sister.

A now has control of a Personal Budget and employs a personal assistant for several hours a day. This has reduced the girls caring responsibilities substantially. A has been fully informed and involved with the FIP interventions with the help and support of the Project Worker. He feels confident and able to contact the Project Worker for support and advice when necessary. An application has been made for the Disabled Parent Protocol to be used when A’s assessment for personal budget is made.

Postscript: May 2011

H has become a valued and very articulate member of the Norfolk Young Carers Forum. She has met with influential decision makers and has helped to give a voice to Young Carers across the county. She has represented Young Carers on local radio and with local press. Her whole family described their experiences of the Think Family Project at an evaluation meeting with national and local government representatives.

H had been for some time reconsidering her education and career path; she is currently studying hairdressing at NVQ level 2. She decided in April 2011 that she would like to study for a career in Social Sciences. With support from the Project
Worker she has secured a Humanities Access course at her college from September 2011, and following a conversation with a local university, has been invited to have an interview in January 2012 with the view to becoming a fulltime student of Psychology next September.

At present she would like to explore a future in Social Work. H has used the opportunities presented to her through her involvement with the TF project to aspire and develop personally and professionally. This case would suggest that the Whole Family approach offers multi layered opportunities to individuals and families.

Case 3: Referred in November 2010, exiting May 2011

Background

Family consisting of mother and father and three children, aged 16, 13, 12, referred by Youth Worker in September 2010. Mother has learning difficulties; father has chronic illness and disability, primarily diabetes-related renal failure requiring dialysis three times a week, also arthritis, Irritable Bowel Syndrome, Carpel Tunnel Syndrome and cognitive difficulties.

Child A, aged 16, suffers from depression; Child B, aged 14, with significant behavioural problems including verbal and physical aggression; Child C, aged 12, with significant learning difficulties (has a Statement of Special Educational Needs). The family is on a low income, neither parent in employment, living in rural, socially isolated location, with no formal or informal support network, but all three children attending Young Carers groups run by youth service.

Mother is the main carer, but all the children help support their father, e.g. prompting to take medication, some personal care, keeping him company, household duties, accompanying him to local hospital for dialysis when mother is unable to go.

Successful strategies

- One-to-one support for Child A around mental health issues, including accompanying to GP appointment, informal counselling sessions away from the home environment, information about other support, e.g. from Young Minds and Young Carers website and support for parents. Child A subsequently ‘ran away’ from home to the North of England, to join her boyfriend, after which TF Project Worker supported and advised parents in establishing and maintaining positive contact with her.
- Instigated CAF, primarily for Child B, completed initial assessment and acted as Lead Professional at three CAF meetings held at the school.
- Following Child B’s exclusion from school due to repeated verbal and physical aggression, Project Worker provided intensive support to him and his parents to enable their full participation in the school governors exclusion meeting, as well as personally making written and verbal representations on their behalf. Also liaised and arranged joint meetings with the Young Carer and his parents and the County Council to put in place alternative education that would best meet Child B’s needs.
Accompanied Child B to the local rugby club, with a view to his becoming involved in their youth rugby.

Introduced both Child B and Child C to the Holt Youth Project, where they now go regularly for youth nights and also for the project’s Young Carers sessions. (This has helped minimise the loss of their Youth Service Young Carer’s groups.) Project Worker provided one-to-one support at the youth project for Child C on two evening sessions, to help her get to know staff and other young people there, so she would feel more confident. This subsequently made it easier for her brother to attend.

Made a referral to Social Services to instigate assessment of care needs of father and carer needs of mother, citing the Enabling Disabled Parents Protocol. This has resulted in a Personal Budget for father, which includes an allocation of money for family outings and holidays.

Secured funding from local charity to buy a new bed/pull-out guest bed/desk/chest of drawers for Child B.

Accompanied Child C to local riding stables for two initial riding lessons - the second in a small group, then secured agreement from her school for approximately £200 for further lessons (using their disadvantage subsidy/access-to-activities budget). This activity looks like it will be of huge benefit to her physical health and self-confidence.

Assisted family in completing DLA claim on behalf of Child C and put them in touch with the Norfolk Coalition for Disabled People.

Supported and advised the family when there was a recent crisis involving their oldest daughter, L, and her one-year-old child, following the sudden break-up from her husband in distressing and potentially violent circumstances. (She and her young son are now temporarily living with her parents, Child B and Child C, and continuing to get support from the local Sure Start centre.)

**Exit Strategy**

- Child B and Child C successfully integrated into Holt Youth Project, including their Young Carer’s group.
- Personal Budget agreed and about to be put in place (Independent Living Norfolk to assist with recruitment and employment of a personal assistant).
- Mother has had a Carer’s Assessment. Family linked in with Disability Rights advisers.
- Child B now has an alternative education programme that he is happy with. There has been no recent incident of physical aggression and his verbal aggression is milder and less frequent.
- Agreement with Child B’s former school (Child A’s current school) that a CAF not currently needed for Child C, but this will be considered again at forthcoming Statement Review meeting in June; consultation with Douglas Bader Centre pending regarding continuing with CAF for Child B (they would have to take on the Lead Professional role).
- Child C to attend Young Carers Conference on 2nd June.
• Arranged to take Child C for another horse-riding session this week, as a farewell fun outing.
• Final home visit arranged to complete exit questionnaires and to give the family a list of useful contacts.