

TRUST-WIDE NON CLINICAL POLICY DOCUMENT

**IDENTIFICATION OF
YOUNG CARERS AND
ASSESSMENT**

Policy Number:	SD23
Scope of this Document:	All Staff
Recommending Committee:	Trust Think Family Group
Approving Committee:	Executive Committee
Date Ratified:	May 2019
Next Review Date (by):	April 2022
Version Number:	2019 - Version 5
Lead Executive Director:	Executive Director of Corporate Governance and Communications
Lead Author(s):	Business Development Manager :Chair for Trust Think Family Group

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

Version 5 - 2019

*Striving for perfect care
and a just culture*

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

IDENTIFICATION OF YOUNG CARERS AND ASSESSMENT

Further information about this document:

Document name	SD23 Identification of Young Carer's and Assessment Process
Document summary	To ensure that the Trust's practitioners/care coordinators understand young carers' rights to young carer's assessment and support under both the Care Act 2014 and Children and Families Act 2014.
Author(s) Contact(s) for further information about this document	Ann Hanlon Business Development Manager Telephone: 0151 330 7394 Email: ann.hanlon@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	<ul style="list-style-type: none"> • SD13 Safeguarding and Protection of Children • SD22 Children Visiting Trust Sites • SD39 Carers • IT10 Confidentiality and Information Sharing • SD21 Care Programme Approach

	<ul style="list-style-type: none"> • SD19 Advance Statements and Advance Directives • SD38 Suicide Prevention • HR10 Equality and Human Rights • SA02 Risk Management Policy and Strategy • HR31 People Participation Framework • SA12 Management of Domestic Abuse • SA 24 Development and Review of Information for Service Users and Carers • SA25 Ensuring Service Users, Relations and Carers have Suitable/Accessible Information to Raise Concerns
<p>This document can be made available in a range of alternative formats including various languages, large print and braille etc</p>	
<p>Copyright © Mersey Care NHS Foundation Trust, 2015. All Rights Reserved</p>	

Version Control:

		Version History:
Version 1	Policy Group	October 2006
Version 2	Policy Group	November 2014
Version 3	Policy Group	October 2015 (Interim Review)
Version 4	Policy Group	June 2016
Version 5	Policy Group	May 2019

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgment made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality, Dignity, and Autonomy**.

Contents

Section	Page No
1. Purpose and Rationale	7
2. Outcome Focused Aims and Objectives	10
3. Scope	11
4. Definitions	11
5. Duties	12
6. Process	12
7. Consultation	13
8. Training and Support	14
9. Monitoring	14
10. Equality and Human Rights Analysis	15
11. Appendices	22

1. PURPOSE AND RATIONALE

1.1 Purpose

a) This guidance has been developed to ensure all Mersey Care NHS Foundation Trust staff understands young carers' rights to a young carer's assessment and support under both the Care Act 2014 and Children and Families Act 2014. It is designed to ensure that young carers are identified and offered a separate assessment of their own needs if it is their choice to do so and that those assessments are carried out in accordance with legal provisions and local contractual agreements.

b) The Children and Families Act 2014 amended the Children Act (1989) to make it easier for young carers to get an assessment of their needs and to introduce 'whole family' approaches to assessment and support. Local authorities must offer an assessment where it appears that a child is involved in providing care.

c) This legislation is aligned with similar provision in the Care Act 2014 requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide, care. In these circumstances the authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development.

d) The Care Act now makes integration, co-operation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, housing, and the Care Quality Commission (CQC).

e) Mersey Care as an NHS Foundation Trust has a duty to co-operate and the Trust is required to communicate to service users and carers, an awareness and understanding of the potential impact of their mental illness on the whole family including children and young people. The local Early Help Frameworks delivered by the local authorities and their partners agencies can improve life chances particularly for families experiencing complex and multi difficulties. Responding as soon as possible in order to prevent problems becoming entrenched or escalating is essential.

f) The Trust has an obligation to ensure children and young people are made aware of their rights. Professionals need to be aware of their duty to young people to make them aware of the support that is available to them, when a family member or significant other has a mental illness and caring needs.

g) This guidance should be read in conjunction with other policies such as SD13, Mersey Care NHS Foundation Trust Safeguarding and Protection of Children Policy.

1.2 Rationale

a) Results from the 2011 census statistics reveal there are 166,363 young carers in England, compared to around 139,000 in 2001. This is likely to be an under representation of the true picture as many remain under the radar of professionals.

b) The level of unpaid care provided by young people in Liverpool is the highest among the eight core cities in England, and significantly above both national and regional levels as highlighted in Liverpool's JSNA report 2014.

c) Evidence has suggested that, often young carers do not think of themselves as carers, and they are under recognised and consequently under identified particularly within adult mental health services.

d) Caring can be a positive role which children and young people are happy and proud to do; conversely caring can have a negative impact. Evidence shows that inappropriate or excessive levels of caring can result in much poorer outcomes for young carers than their peers, including affecting their education and training. It can also have negative effects on the young carer's physical, mental health and emotional wellbeing. This may at the minimum prevent them from enjoying their childhood and may include safeguarding issues. (See 1.2.h).

e) The right to a family life is a fundamental human right, protected by law, yet is often misunderstood or misinterpreted in healthcare. The Trust's human rights-based approach has a proven track record of involving service users, their carers' and family members at all times. The provision of a variety of 'Think Family' practices across all its services, demonstrates Mersey Care's commitment to listen to and respond to the widest needs of people who use its services, their carers and family members and this includes identifying young carers.

f) It is important to remember that not all children living with a family member, who has a mental illness or disability, will be taking on a caring role. However research suggests that children whose parents or family members have a mental illness or disability are at an elevated risk of neglect and harm. Practitioners are well placed to identify whether children are at risk of neglect and harm and / or carrying out a caring role at an early stage. Professionals need to remember the 'voice of the child', ask them about their views and feelings, and include them appropriately in discussions. Subsequent actions taken by practitioners will therefore be dependent on this identification and future monitoring. (See appendix 5 "Identifying Young Carers").

g) Supporting parents to be as independent as possible and maximise their own capacity to parent, helps reduce the caring responsibilities of children at home and as a consequence increases the likelihood that the outcomes for young carers can be met.

h) As stated in Trust Safeguarding and Protection of Children Policy SD13 "Mental illness in a parent or carer does not necessarily have an adverse impact on a child, but it is essential always to assess its implications for any children involved in the family. And that it has potential for impact in a number of ways including:

SD23 Identification of Young Carers - Version 5 May 2019

children who may have caring responsibilities inappropriate for their years (SD13 6.7 & 6.8).

i) The Trust Policy and Procedure for the Care Programme Approach, SD21 states, "It is mandatory to share information with the Health Visitor if a service user has care of a child under 5. In the case of school age children, the School Health Practitioner should be informed. The service users consent should be sought regarding this, however where Safeguarding concerns exist consent is not required". By sharing this information appropriately, this may well afford an opportunity to identify potential young carers.

j) This guidance is underpinned by legislation, regulations, guidance and supporting documentation and makes reference to:

- **Children and Families Act 2014 – Section 96. Young carers**
- **Care Act 2014 – Section 63. Assessment of a young carer's needs for support**
- **Care Act 2014 – Section 64. Young carer's assessments**
- **The Care and Support (Eligibility Criteria) Regulations 2014**
- **The Young Carers (Needs Assessments) Regulation 2015**
- **The Care and Support (Assessment) Regulations 2014**
- **Care and Support Statutory Guidance issued under the Care Act 2014**
- **The Care Act Easy to Read Guidance**
- **'Care Act and Whole-Family Approaches'**
- **No wrong doors: working together to support young carers and their families**
- **Young Carers' Needs Assessment**
- **NHS England and Partners Carers Toolkit**
<https://www.england.nhs.uk/ourwork/pe/commitment-to-carers/carers-toolkit/>
- **ADASS & ADCS (2011) Signposts : See me, hear me, talk to me - talk to my family as well**
<https://www.adass.org.uk/adassmedia/stories/Policy%20Networks/Carers/signposts131011.pdf>
- **Liverpool City Council (2014) Joint Strategic Needs Assessment Population Groups : Young Carers**
<http://liverpool.gov.uk/media/9751/populationgroupscarersyoungpeople.pdf>
- **Liverpool Early Help Strategy 2013**
<http://liverpool.gov.uk/media/9186/earlyhelpbookletstrategy.pdf>
- **Mersey Care NHS Foundation Trust (2014) Think Family – Progress report**
<http://www.merseycare.nhs.uk/media/1065/think-family-progress-report-final-version.pdf>
- **Mersey Care NHS Foundation Trust Supporting Your Whole Family**
<http://www.merseycare.nhs.uk/our-services/think-family/>
- **SCIE (2009- 2012) Think Child, Think Parent, Think Family: A guide to parental mental health and child welfare**
<http://www.scie.org.uk/publications/guides/guide30/>
- **SCIE e-Learning: Parental mental health and families**

<http://www.scie.org.uk/publications//elearning/parentalmentalhealthandfamilies/index.asp>

- SCIE Social Care TV

<http://www.scie.org.uk/socialcaretv/topic.asp?t=parentalmentalhealthandchildwelfare>

- Wardale L (2007) Keeping the Family in Mind Resource Pack
Barnardo's Liverpool

http://www.barnardos.org.uk/resources/research_and_publications/keeping-the-family-in-mind-resource-pack-2nd-edition/publication-view.jsp?pid=PUB-1600

- 10 Message from Young Carers accessed in above Pack and on line .

<http://www.merseycare.nhs.uk/media/2802/10-messages-2011-2.pdf>

- Parental Mental Health and Child Welfare Vol 1, 2016 Pavilion Annual Chapters 1, 2 & 21

https://www.pavpub.com/uploadedFiles/ParentalMentalHealth_Sample.pdf

- The Carers Trust (2015) The Triangle of Care for Young Carers and Young Adult Carers

https://professionals.carers.org/sites/default/files/toc_vcyac-proof4.pdf

- Carers Action Plan 2018 - 2020 Supporting carers today - DHSC https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

a) All Mersey Care NHS Foundation Trust staff have a responsibility to work collaboratively with universal services, local authority children and adult services, young carers services, educational institutions, and other relevant organisations, in order to achieve the best outcomes for the child/young person and their whole family.

b) To comply with both the Children and Families Act and Care Act, all staff will support the early identification of young carers, promote their wellbeing and prevent, reduce and delay the needs of young carers by adhering to their local Early Help Framework and young carer's assessment processes. All frontline staff will undertake mandatory Safeguarding Adult and Child level 2/3 training which includes awareness raising of the early help framework appropriate to their area. Trust Staff will also be encouraged to utilise additional training provided by their relevant Local Safeguarding Children Board.

c) To ensure a structured and systematic approach to identifying children and young people up to the age of 18 years who are caring for a service user supported by the Trust.

d) To comply with our statutory duty to safeguard and promote the welfare of children.

e) Interventions delivered will be those that best meet the needs of the young
SD23 Identification of Young Carers - Version 5 May 2019

carer, in providing support to alleviate any caring responsibilities that are impacting negatively upon their life.

f) Consideration to be given when agreeing Advanced Statements with service users re utilising Message in a Bottle (emergency planning tool) to support children and young people.

g) The identification and assessment process should be viewed as a positive way of supporting families by recognising their strengths as well as their needs. Parents must feel that their needs and rights will be taken into account and promoted, and that their parenting abilities will not be questioned inappropriately. Equally, young carers must feel that their abilities as carers are acknowledged and valued and that they are not patronised or ignored in the decision making process.

h) The aim should be to acknowledge value and respect the reciprocal and interdependent nature of care given between young carers and their families, and to support and nurture these relationships through identification, assessment and careplanning.

3. SCOPE

a) This guidance applies to all staff, service users and carers of Mersey Care NHS Foundation Trust.

4. DEFINITIONS

a) Throughout this document the term 'Local Authorities' refers to the 'The City of Liverpool' and the 'Metropolitan Borough of Sefton' and 'Metropolitan Borough of Knowsley (*For note: Mersey Care NHS Foundation Trust only provides services in the Kirkby area of Knowsley*)

b) Throughout this document the term 'relevant young carers services' refers to:

- Barnardo's Action with Young Carers, Liverpool
- Sefton Carers Centre, Sefton <http://www.sefton-carers.org.uk/index.php/young-carers-service>

c) Throughout this document the term mental health problem means: mental illness (functional and organic), learning disability, brain injury and addictions.

d) This document supersedes the previous SD23 policy and procedure and now introduces changes to assessment, eligibility and support planning in respect of young carers arising from the implementation of the requirements of the Care Act 2014 and the Children and Families Act 2014.

e) In this document we refer to children and young people. This applies to all

children and young people up to the age of 18 years old

f) In this document we make reference to “identifying if a child has caring responsibilities”, this is outlined further in Appendix 5 and whilst there is not a ‘checklist’ given young carers are not a homogenous group, they may not be visible and it is important to be aware of the signs, information or behaviors that would identify/suggest that a child is caring and this is negatively impacting. It is critical to recognise that the lack of visibility of young carers can lead to long delays in identification, which in turn can lead to lack of timely and appropriate support for the child/young person and whole family.

5. DUTIES

5.1 Divisional Governance Boards

a) The Governance Boards in each clinical division will be responsible for regular assessment and evaluation to ensure awareness and implementation of the guidance.

5.2 Board of Directors and Accountable Director

a) The Executive Director of Corporate Governance & Communications is the ‘Accountable Director’ and will be responsible for ensuring that progress is monitored.

b) The Equality and Diversity Committee will receive an annual report from the Think Family Group

5.3 Service Managers

a) Service Managers are responsible for ensuring that staff, for which they have responsibility, are aware of all policies and that they understand and use them. This information must be provided to all new staff on induction including bank and agency staff. A local system is in place for their area of responsibility that keeps staff involved in and up to date with new procedures and documentation and any changes made to these. This includes a capacity to record and track the introduction of individual members of staff to the above on induction to the service

5.4. Staff and Practitioners

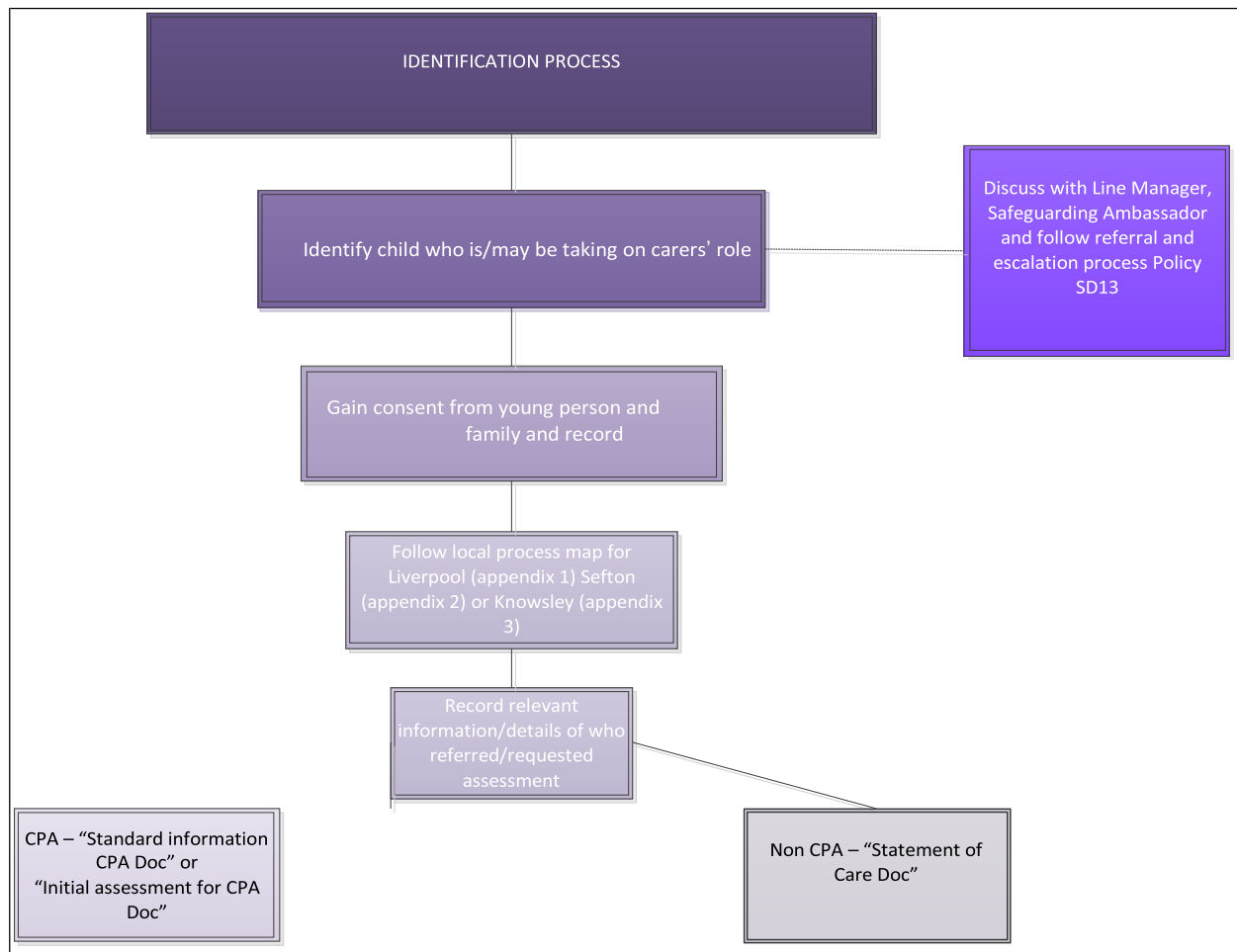
a) Staff and practitioners are responsible for familiarising themselves with the guidance and adhering to the standards set out. Staff are responsible for implementing the process.

6. PROCESS

- a) Practitioners should be vigilant and ascertain if the service user and/or carer has parental responsibility as identified through assessment processes and if so, ascertain if the child or young person is taking on a caring role.

- b) Practitioners are required to be aware of and identify young carers if they are undertaking a caring role and follow the process below. Practitioners should then follow their local guidance (Appendix 1 Liverpool, Appendix 2 Sefton and Appendix 3 Kirkby)

See below process:



c) Having followed relevant local processes, as described in Appendix 1, 2 and 3, the practitioner will take an active part in the “Team around the Family” meetings (multi agency meetings) to ensure the family is supported by the relevant agencies

d) Given the Trust’s commitment to supporting the whole family, practitioners are actively encouraged to consider referrals to the Trust’s think family initiatives including Psychotherapy/ Family Services and the Family Support Workers (Liverpool only)

7. CONSULTATION

a) This guidance has been developed in partnership with

- Liverpool City Council
- Sefton Borough Council
- Barnardo’s Action with Young Carers, Liverpool & Keeping the Family in Mind
- Knowsley Borough Council

- b) Consultation has taken place with the following groups:
- Mersey Care NHS Foundation Trust Think Family Group (including representation from all Divisions)
 - Liverpool City Council Commissioning and Contracts Manager (responsible for carers)
 - Service and Family Support Managers
 - Project Managers from the Voluntary Sector
 - Mersey Care NHS Foundation Trust Lead for Safeguarding Children
 - Director for People Participation and Inclusion

8 TRAINING AND SUPPORT

a) Awareness and guidance for this process will be delivered as part of the Trust Safeguarding Training

b) An awareness raising and training plan will be developed and implemented. This will support better identification of young carers and those at risk of caring, determine the level of care that is being provided and assist how best to work with parents and their children as part of the Early Help Framework.

c) The Equality and Diversity Committee will receive an annual report from the Think Family Group

9 MONITORING

The Think Family Group will ensure that this guidance is implemented and complied with, through feedback and monitoring of training plan.

The Equality and Diversity Committee will receive an annual report from the Think Family Group

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Equality and Human Rights Analysis

Title: Identification of Young Carers and Assessment Process
Area covered: Trust wide
What are the intended outcomes of this work? To ensure that all Trust staff, particularly practitioners/care coordinators understand young carers rights to young carers assessment and support under both the care Act 2014 and Children and Families Act 2014
Who will be affected? All staff groups, service users, carers, volunteers, excluding high secure

Evidence
What evidence have you considered? Policy only
Disability (including learning disability) This policy supports the issues for parents who have mental health issues not being discriminated within the assessments process due to their mental ill health
Sex See cross cutting
Race See cross cutting
Age This policy is in place to ensure children and young people who take on a caring role are recognised, identified and receive support
Gender reassignment (including transgender) See cross cutting
Sexual orientation See cross cutting
Religion or belief See cross cutting
Pregnancy and maternity See cross cutting
Carers The policy is supportive of children and young people as carers
Other identified groups See cross cutting
Cross Cutting There will be a need to have some monitoring process in place to ensure that any unconscious bias/discrimination does not occur in the process of identifying children and young people requiring an assessment for support and help in their caring role

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	not engaged
Right of freedom from inhuman and degrading treatment (Article 3)	not engaged
Right to liberty (Article 5)	not engaged
Right to a fair trial (Article 6)	not engaged
Right to private and family life (Article 8)	Supportive of a HRBA This policy recognises the rights of children and young people to a family life and supports the assessment to have support to enable them to care for their family member/significant other and have their own needs identified and met
Right of freedom of religion or belief (Article 9)	not engaged
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	not engaged not engaged
Right freedom from discrimination (Article 14)	not engaged

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

- Liverpool City Council
- Barnardo's Action with Young Carers, Liverpool & Keeping the Family in Mind
- Knowsley Borough Council
- Mersey Care NHS Foundation Trust Think Family Group
- Liverpool City Council Commissioning and Contracts Manager (responsible for carers)
- Service and Family Support Managers
- Project Managers from the Voluntary Sector
- Mersey Care NHS Foundation Trust Lead for Safeguarding Children
- Director for People Participation and Inclusion

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy is supportive of the rights of children and young people who are carers for family members who have mental health issues

Advance equality of opportunity

It seeks to establish equality of opportunity for children and young people

Promote good relations between groups

What is the overall impact?

This is a supportive policy that looks to tackle inequalities

Addressing the impact on equalities

There is an action plan to address issues identified below

Action planning for improvement

For the record

Name of persons who carried out this assessment: Ann Hanlon

Meryl Cuzak

Linda Morris (Clatterbridge Cancer Centre) Louise Wardale (Barnardo's)

Date assessment completed: 13 th June 2016
Name of responsible Director: Elaine Darbyshire
Date assessment was signed:

Action plan template

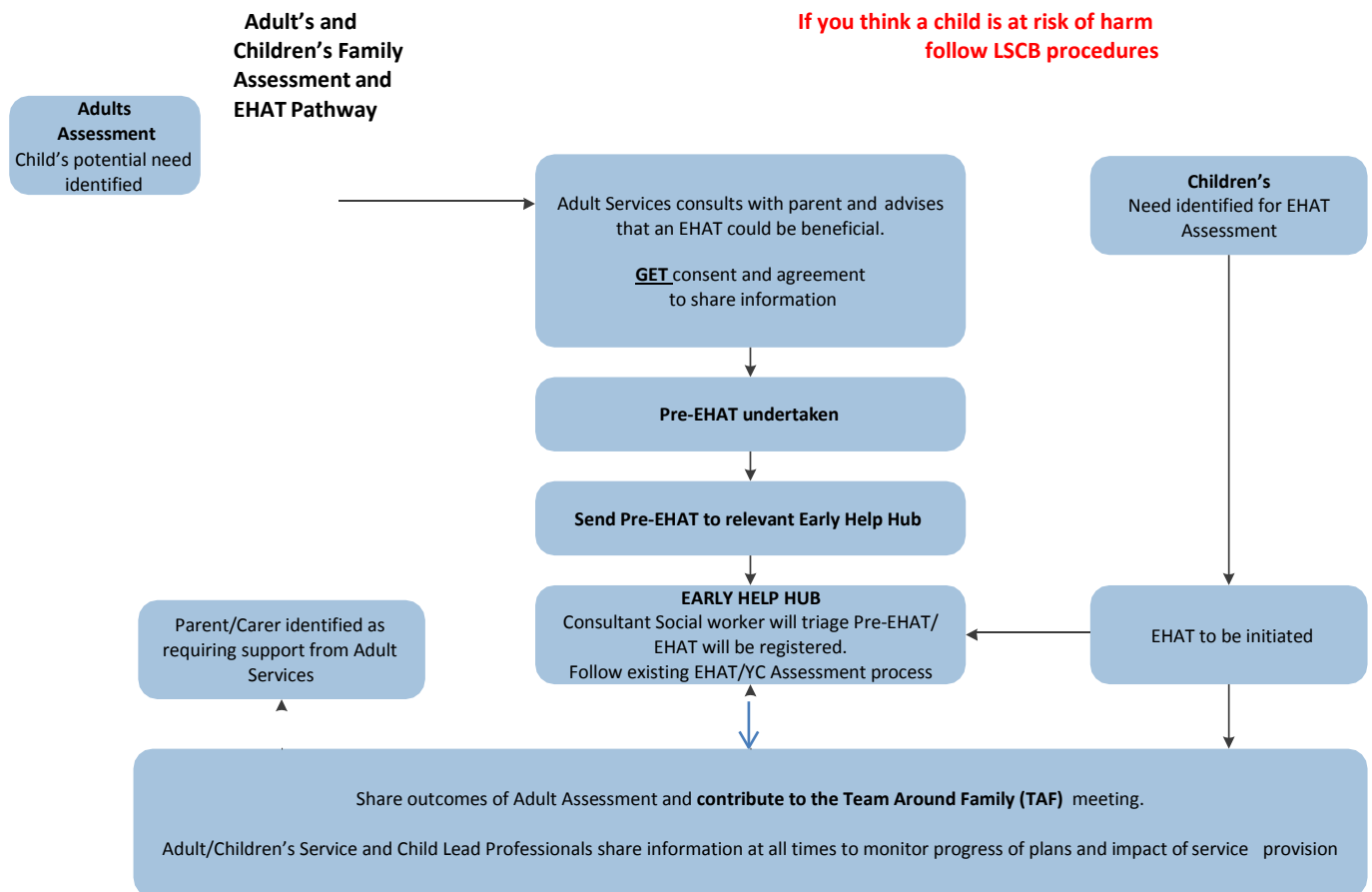
This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	The Think Family Group will ensure that this guidance is implemented and complied with, through feedback and monitoring of training plan. Annual report to Equality and Diversity Committee	July 2019 –March 2020	Ann Hanlon
Engagement	The Think Family Group will cascade the revised policy through internal communications Awareness sessions will be planned throughout the year	July 2019 March 2020	Ann Hanlon Ann Hanlon
Increasing accessibility	The guidance will be placed on Mersey Care NHS Foundation Trust Web Site, with the Equality and Human Rights Analysis	July 2019	Policy Group

Appendix 1

Liverpool's Adult and Children's Family Assessment and EHAT Pathway

The following diagram shows the overarching framework under which young carers are identified and assessments are undertaken in Liverpool



Note:

- To be read in conjunction with Appendix 4 Confidentiality, Appendix 5 Identifying Young Carers and Appendix 6 Guiding principles of 10 Messages from Young Carers.
- Practitioners are actively encouraged to directly contact Barnardo's Action with Young Carers Service for information, advice and guidance. Barnardo's Action with Young Carers Service is the city wide community based service that ensures young carers and young adult carers in Liverpool (up to and including the age of 25) are identified and can receive a carer's assessment, support plan and review to meet their needs to reduce the negative impact of caring for an adult.

- Following discussions with the service user/carer and child/young person and on gaining appropriate consent complete Liverpool's Early Help Pre – Assessment Tool (pre-EHAT).

- The pre-EHAT can be downloaded from <http://liverpool.gov.uk/media/9244/ehat-pre-assessmentdec2015.pdf> you should include as much detail as you can paying particular attention to **section C** on the form 'Family and Environmental Factors' to describe how the child/young person is negatively impacted by caring for the ill/disabled adult.

- Following completion of the pre-EHAT send it by secure e-mail to the relevant Early Help Hub:

North: Clubmoor Children's Centre

Email: EHLHnorth@liverpool.gcsx.gov.uk Tel: 0151 233 3637

Central: Clubmoor Children's Centre

Email: EHLHcentral@liverpool.gcsx.gov.uk Tel: 0151 233

5241

South: Belle Vale Children's Centre Email: EHLHsouth@liverpool.gcsx.gov.uk
Tel: 0151 233 4447

And to the Young Carers Service youngcarers.liverpool@barnardos.org.uk

- On receipt of the pre-EHAT, a Barnardo's project worker will contact you to arrange to meet the child/young person and family to start the Young Carers assessment.

- Record on documentation as outlined in 6.b) process.

- Parents, children, young people and family members are actively encouraged to contact the service to discuss what support is available so that they can make choices about whether they would like an assessment.

Appendix 2

Sefton Assessment and Referral Route

- Staff should go onto www.sefton.gov.uk/earlyhelp go into contacts on the left hand side open and complete the contact form and once complete email it to Gateway on the above web site.
- Staff can contact Sefton Young Carers Supports Service on the below website

Website: <http://www.sefton-carers.org.uk/index.php/young-carers-service>

Appendix 3

Knowsley Assessment and Referral Route

To refer Young Carers through to Knowsley Children's Social Care

- Practitioners need to make telephone referral through to Knowsley Contact Centre and Children's MASH on 0151 443 2600.
- The child/young person will then be assessed from there. There is no additional requirement from the professional referrer.
- Support for young carers in Knowsley
<https://www.knowsley.gov.uk/residents/care/support-for-younger-carers>

Appendix 4

Young Carers and Confidentiality

a) As a key principle confidential information should only be shared on a “need to know” basis and on the basis of the consent of the individual service user, except in circumstances of potential risk to self or others e.g. risk to a child; or in the public interest e.g. terrorism, weapons. In such circumstances, consent is not an issue

b) In all areas of health and social care the various agencies involved should be aiming to deliver a seamless service. Statutory Health and Social Care agencies involved in the delivery of care are governed by very stringent guidance in order to ensure patient confidentiality. However these agencies, Eg. Children’s Social Care, Police, have a statutory duty to assist each other and work together. Non-statutory or independent agencies play as equally an important role as statutory services in supporting and monitoring people with mental health problems in the community.

- The care co-coordinator must be able to pass on essential service user information between the NHS, local authority and voluntary or independent services, where those agencies are contributing to or planning a programme of care, or where one may need to be initiated. This clearly results in the need for identified risks and concerns to be communicated to these agencies in order to facilitate their involvement in the effective management and implementation of the care plan. Established principles on confidentiality between these statutory and non- statutory agencies must therefore be followed.

- The service user needs to be aware that some information sharing will be necessary and this should be discussed with him or her as part of the care planning process. If the service user raises objections, the possible consequences for a coordinated care programme should be explained and assurances given that other agencies will only receive information that they really need to know. However, the service user’s ultimate decision should be respected unless there are overriding considerations relating to risk to self, others or questions of capacity. Examples of such exceptions could be in relation to a history of violence, family and child welfare issues or where a vulnerable adult shows signs of non-accidental injury. In such circumstances it may be justifiable to pass information to another agency without the service user’s agreement.

- Please see SD13 Safeguarding and protection of Children and IT10 Confidentiality and Information Sharing.

Appendix 5

Identification of Young Carers and Parents

- Young Carers are not a homogenous group and why they undertake a caring role will be different dependent on the parent's/family member's additional needs, therefore identification via a simple checklist is not always the best approach. A proactive, non- stigmatising and sensitive approach is best adopted given caring often occurs over time and may grow to meet the emerging needs within the family.
- It is everybody's responsibility to identify and support young carers and their families. Adult practitioner/professional are in a prime position to identify that a child or young person may have additional needs as a result of their parent's illness or disability, and to make sure they do not remain ignored.
- A parent is defined as the natural/step/foster mother or father or guardian who has legal responsibility for the care of that child/young person.
- Other related adults, including partners of the parent, may also qualify to be defined as parents.
- The child or young person does not necessarily have to reside with the person for whom they care.
- It is equally important that both inpatient staff as well as community staff identify and address the needs of parents and their dependent children. Crucial opportunities include when parents are admitted, treated and discharged from mental health hospital wards as well as through community support.
- Practitioners must be aware which service users and carers that they support, have children/parental responsibility for children and young people up to the age of 18.
- Practitioners must remember that children and young people can be caring for another family member, who may not be their parent and that it could be older sibling, grandparent, extended adult family member.
- It is important to recognise that there are barriers which hinder identification and staff need to be mindful; For example, families may be reluctant to talk about their experiences of parenting and if they are relying on their child to help care for them for fear of what may happen and resulting in them being stigmatized as a 'poor parent'. The same is equally true for children who are scared to ask for help as they feel they are being disloyal to their family and they could be split up.
- Conversely by undertaking an assessment of the parent's needs, understanding the barriers and delivering support from Mersey Care, can most definitely support the identification of potential young carers and those that are currently taking on a caring role. Therefore whenever a Care Programme Approach (CPA) or SD23 Identification of Young Carers - Version 5 May 2019

Community Care Act Assessment is conducted with an adult with mental health problems or disability, who has parenting or guardianship responsibilities for a child up to the age of 18, the

practitioner as part of their assessment, should consider whether any child/children has taken on a caring role for any member of the household

- Importantly being a member of a household where an adult has mental health problems or a disability, does not automatically identify a child or a young person as a carer and this should not be assumed.

- Equally it is important to frame questions sensitively to find out whether any factors associated with the parent's mental health problems impact on their parenting role and on the child

- Practitioners need to consider the impact of the person's condition on the whole family and in particular on the child/young person and this may be gained by having open and trusted conversations covering some of the areas listed including:

- Does their mental health problem, emotional and personal care needs have an impact on the family?
- Does someone help to care for the person at home?
- Is there a child/young person in the family who may be helping to provide care?
- If this is the case then it's important to consider the impact on the child/ young person physically, emotionally and /or educationally?
- Is there any direct help that would support the young carer and explain that they are entitled to an assessment (see Appendices 1, 2 & 3)
- Does the parent need support in their parenting role?
- What can be offered to help the whole family?
- If a child is off school when you visit then sensitively enquire why, as this may elicit that the child is caring and that he/she may be worried about leaving their parent- Please see the 10 Messages Appendix 6.
- Likewise, when families use the Family Rooms in all the In-Patient Units this too lends itself to conversations re support for the whole family

- When appropriate include children and young people in discussions about their caring responsibilities and consult with them about their family's needs
- Children and young people have very real worries about their parents and this can impact on their own mental health and wellbeing.

- Responding to their need for information and appropriate reassurance can significantly increase their resilience.

- This can help positively to support their role as a young carer and armed with appropriate information they can make informed choices

All services have the Barnardo's' Keeping the Family in Mind Pack and access to the Message in a Bottle Emergency Planning Tool to support this whole family approach.

- Further support is available for practitioners in identifying young carers and in particular assisting what can be at times be 'difficult and sensitive' conversations in the SCIE E-Learning Module Parental Mental Health and Families:

"Communication with families, parents and their children and helping parents to talk to their

children." <http://www.scie.org.uk/assets/elearning/parentalmentalhealthandfamilies/deploy/module8/main.html>

Appendix 6

Guiding

Principles

The 10 Messages from Children and Young People

These 10 messages were written by a group of young carers for people who work in mental health services

1. Introduce yourself. Tell us who you are and what your job is
2. Give us as much information as you can
3. Tell us what is wrong with our parents
4. Tell us what is going to happen next
5. Talk to us and listen to us. Remember it is not hard to speak to us. We are not aliens
6. Ask us what we know and what we think. We live with our parents: we know how they have been behaving
7. Tell us it is not our fault. We can feel really guilty if our mum and dad is ill. We need to know we are not to blame
8. Please don't ignore us. Remember we are part of the family and we live there too
9. Keep on talking to us and keeping us informed. We need to know what is happening
10. Tell us if there is anyone we can talk to. **MAYBE IT COULD BE**

YOU

For a downloadable version please go to Trust webpages

<http://www.merseycare.nhs.uk/media/2802/10-messages-2011-2.pdf>

Helpful contact details

Mersey Care NHS Foundation Trust Safeguarding Office

0151 471 2380 (office hours only)

Liverpool Children's Services

Careline 0151 233 2700

Early Help Locality Hubs

North: Tel: 0151 233 3637

Central: Tel: 0151 233 5241

South: 0151 233 4447

Barnardo's Action with Young Carers Liverpool Service (up to and including the age of 25 years)

0151 228 4455

Sefton Social Services

Out of hours Team 0151 920 8234

Customer Service referral 0151 634 373

Knowsley Children's Social Care

0151 443 2600