

For Shetland's Young Carers 2008 - 2011

For Shetland's Young Carers

A strategic framework to support young carers across Shetland

2008-2011

Foreword

The term young carer means different things to different people: for some it may be construed only as referring to young people caring for a parent with a disability, for others it may have a wider more inclusive definition and encompass those young people assuming some caring responsibilities for parents or other family members with needs arising from mental health or drug or alcohol problems. For some young people themselves, the term may be just another label they do not wish to identify with. One thing is certain: young people in Shetland who take on caring responsibilities, for whatever reason, do not all receive the level of support they need or deserve to enable them to make the best of this and other aspects of their young lives.

The accepted definitions of young carer are varied: some are more inclusive than others. For the purposes of this strategy a broader amalgam of previous definitions has been adopted allowing for the development of services for a greater number of young people with caring responsibilities.

Each young carer's experiences and circumstances will inevitably be unique to them and any needs they may have, relating to or compounded by their caring responsibilities, are likely to be similarly unique. No single approach is likely to deliver the optimum level of support to all who need it, but we do require a common understanding of the process of identification and assessment of young carers. Young carers require recognition and support from a range of sources. This strategy describes how this should be achieved and how services need to work together to ensure that young carers are supported in both their caring role and elements of their lives upon which it impacts.

This strategy has been developed by NHS Shetland, Shetland Islands Council and voluntary agencies working with children and their families and endorsed by NHS Shetland and SIC Shetland Community Health Partnership (CHP) and the Integrated Children & Young People's Services Planning Group.

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Summary

The Community Care & Health (Scotland) Act 2002 gives young carers the right to an assessment of their needs as a carer. However, this can only be offered where children and young people are identified in the caring role - either by those who work with them, the people they care for or by the young carer themselves. In Shetland, it is more likely that carers are not receiving professional support for reasons of accessibility, age appropriateness or lack of knowledge regarding services that are available or what these services might do to help them.

It has been shown that around 1 in 6 young people recognise themselves as young carers. An estimated 1,320 children and young people in Shetland could have a caring role (Census 2001). These figures are backed up, if not exceeded by local figures during 2003-2005 where 13% of pupils in secondary 2 considered themselves to be a carer. We do not know who all of these young carers are, and therefore, do not know what their needs are. Significant service development is necessary to ensure the well being of Shetland's young carers.

Consultation has taken place with young carers, with some of their families, and also with those who work with young people. This has informed the development of the strategy to support young carers regardless of where they live in Shetland.

Young carers say we need to acknowledge and better understand that they may have their own reasons why they assume caring responsibilities in their lives and that professionals who work with them need to be equipped to support them so that any negative impact arising from these responsibilities is minimised. Young carers also need to know that they have the choice not to be a carer and that appropriate services are available to help the people being cared for and that these services are accessible and attractive.

Fear of involving professionals creates barriers. Young carers have told us they need to have confidence in the professionals they interact with and clear expectations of what services will do for them if they ask for help.

For Shetland's Young Carers provides the framework to establish support for young carers through mainstream provision such as health services, social work and education as well as through the work of the voluntary sector. The integrated model defined within this strategy is seen to be essential to deliver the level of support needed by many of the young carers in Shetland.

The focus of this work cannot just be on the children and young people assuming caring roles in their lives but also needs to include better support mechanisms for those adults and siblings for whom they care. Adult services across a range of professional disciplines also have a significant role to play in supporting young carers and allowing them the best chance of achieving their fullest potential.

Who are young carers and why do they need a strategy?

Defining young carer

As we have already identified, the term young carer can mean many things to many people. To some it instantly conjures the image of a young person cooking for a physically sick parent, others may picture a youngster providing emotional support to mum because she is struggling with her alcohol treatment at the moment. For others still the picture might be of the child or young person cooking breakfast and getting a sibling ready for school because one parent has left for work already and the other one is busy with another, disabled sibling. In truth all these pictures are accurate. All these and hundreds of other domestic scenes are enacted each day in Shetland.

A perusal of the literature about young carers will not necessarily result in a clearer idea about who they are; definitions still vary from organisation to organisation. For this strategy an amalgam of previous definitions has been adopted and thus:

A young carer is a child or young person, (under 18), who provides or intends to provide a significant level of care for someone who is physically ill or experiencing mental distress, is affected by substance misuse, has a disability or experiences any of these problems in combination. The person being cared for is usually a parent, carer or sibling or other close family member and the level of care the young person administers will restrict their life chances in some way.

Numbers of young carers

It is estimated that there could be around 1,320 young carers in Shetland. Around 6% of young people surveyed in Scotland identified themselves as a young carer. This figure is very similar to findings elsewhere in the UK and further afield. The figure suggests that the 16,701 young people living in Scotland who were identified as having caring responsibilities through the 2001 National Census is not a true representation of the level of incidence. One reason for this may be that it is unlikely that those who are caring for someone with a substance dependency are included, due to the way the question was set out in the census. The figure is also likely to be affected by the amount of insight held by the adult who completed the form.

Actual numbers of young carers in the UK are difficult to establish due to many children and young people not recognising themselves as carers or not wishing to be categorised as such. Often services also find difficulty in identifying young carers and it is in raising awareness of young carers allied with an increase in the ability to assess the needs of these children and young people arising from their caring functions which is the starting point of this strategy.

The young carers role

Caring has a very positive side and most young carers take satisfaction from contributing to the care of a family member. Where, however, the level of caring becomes too high or otherwise inappropriate, the health and well being of the young carer can suffer. They need the time and opportunities to develop their abilities and potential and agencies must develop an awareness where this right is being compromised.

The United Nations Convention on the Rights of the Child identified a number of fundamental children's rights:

- To have full account taken of their best interests
- To receive education and development opportunities
- To express their views and have them taken into account
- To have access to leisure, recreation and cultural activities
- To live without discrimination

Young carers make a significant contribution to the well being of others. There is, however, a clear need to provide them with appropriate support. The Carers Legislation Working Group was established by the Scottish Executive to advise of any changes in law required to improve support to carers. The Community Care and Health (Scotland) Act 2002 now provides a right for young carers to a carer's assessment.

Most young carers care for parents or siblings, but they may also care for grandparents, other family members or friends. Young carers include children who are very young. For example, a six or seven year old who regularly checks that a sibling is safe and well in another room in the house because a parent is physically disabled is carrying out tasks beyond what might be considered normal.

Statistically we know that a young carer is slightly more likely to be female than male: the Loughborough University study identified that 57% of young carers were female. Almost a third of young carers (29%) look after someone with mental health problems. We suspect a similar amount will be looking after someone with drug and/or alcohol problems, although we do not have the evidence to substantiate this. One in five young carers taking part in the above study provided intimate care for the people they were caring for.

The nature and extent of the caring tasks are, in the main, determined by the condition of the cared for person and family circumstances. The range of tasks highlighted are varied and included:

- Domestic chores
- Shopping
- Help with moving around
- Giving medication
- Offering emotional support
- Providing intimate personal care such as bathing and dressing
- Looking after brothers and sisters

Here in Shetland, as elsewhere, we still do not have clear enough picture of who all the young carers are and the range of problems that they are all facing. We need to know more in order to better understand and effectively support their needs.

How does the caring role restrict a young person's life?

The authority on young carers in the UK, Professor Saul Becker, Director of the Young Carers Research Group at Loughborough University, has identified five areas where caring impacts adversely on the lives of children and young people with caring responsibilities. These areas are:

- **Education** - failure to do homework, lateness or absenteeism affects future educational prospects
- **Health** - where young carers attempt to provide physical care which is beyond their current capabilities
- **Social** - young carers do not generally have an 'ordinary' lifestyle and may be dealing with issues arising from mental health problems, substance dependency etc. that are socially stigmatised. Because of this, they may be singled out as different by their peers and experience isolation and lack social interaction
- **Emotional** - young carers may experience feelings of being trapped leading to anger, frustration, guilt and confusion
- **Financial** - many young carers live in families of reduced income leading to limited access to outside activity and further isolation from their peers

All these possible outcomes need to be anticipated and support needs to be available to the children, young people and their families who may be affected by them, if the impact of the caring responsibilities is to be kept to a minimum and not affect the young person's life into adulthood. We know from local data that young carers are less likely to have breakfast or take regular exercise. They are more likely to feel unhappy or depressed, have problems sleeping and smoke.

This is a challenge for all agencies working with children, young people and adults experiencing physical ill health, mental distress or substance misuse problems need to work together to meet. From the point of identification of problems through the assessment process and into the delivery of services and support, only an effective, joined-up approach, will deliver the level of changes necessary to enable these children and young people to achieve "the development of the child's personality, talents and mental and physical abilities to their fullest potential" as enshrined in the United Nations Convention on the Rights of the Child. *As For Scotland's Children* so neatly puts it:

If every child does matter, there is much to do and both the targeted and universal services that children and their families come into contact with must address better the picture presented here.

Needs of young carers

In order to achieve the goal of social inclusion for young carers a range of issues need to be addressed:

- Identification of young carers and consideration of their needs
- Educational attainment and achievement at school leading to further education, training or employment
- Good physical and mental health
- Practical, social and emotional supports
- Choice and control of their circumstances and personal development
- Remove inappropriate caring tasks by providing suitable care for the cared person.

Information for young carers

Young carers require information to help them with a range of issues including:

- Identifying themselves as carers
- Understanding their circumstances
- How to look after their physical and mental health
- Knowing what help is available and where and how to get it
- Understanding the condition of the person they care for

Information requires to be produced in a range of formats and styles, which are sensitive to their age and circumstances

How are young carers needs currently met in Shetland?

Crossroads provide a respite care service that is available to young carers although it is mainly used by adult carers. This may be due to lack of awareness of the service by young carers.

Shetland Befriending Service has identified young carers within some of their referrals (although they have not been referred because they are carers but because of different issues within the family home). Shetland Befriending Scheme can provide a befriending support service to young carers.

Community Alcohol & Drugs Services Shetland (CADSS) provides treatment and support services to anyone affected by substance misuse. CADSS has a dedicated Young Person's Service that provides confidential support to young people around substance misuse; this can be their own substance misuse but is more often the substance use of parents, family members or friends that concern the young person. Some of CADSS service users are, therefore, young carers and CADSS works closely with other statutory and voluntary agencies to ensure that the needs of young carers are met. CADSS recognises that its young carers may be disadvantaged in terms of opportunity for healthy social interaction and provides regular family outings as part of its Activities Programme.

Advocacy Shetland is an organisation that offers independent advocacy to all users of health and social care facilities in Shetland. They provide advocates who can:

- Help clients explore the options available to them when faced with difficulties
- Accompany and support clients before, during and after meetings with organisations
- Put forward clients' point of view to those who are not listening when they feel that cannot
- Help with correspondence and/or phone calls on clients' behalf

To date, there have had no referrals from young carers. This may be due to lack of awareness of the service by the young carers. This service is flexible enough to tailor the service to suit the demand should it arise. There is a 24-hour voicemail service, and 'out of hours' arrangements can be made.

Pupil support staff work with other school staff to identify and support young people who are acting as carers. School will be offering ASL Act 2004 training when the needs of this group will be highlighted and an additional guideline in relation to young carers' is to be added to the Managing Inclusion folder, available in all schools.

School Nursing, NHS Shetland - School Nurses offer every S2 pupil the chance to complete a Health Questionnaire. A part of this questionnaire asks about caring roles. Young carers can be identified using this tool and the school nurse can offer individual support or signposting.

Integrated Assessment Framework - most agencies currently working with children and young people and many of those providing support to families will be working with young carers. Often this work will be focused on other areas of need and often the true extent of the caring situation may not be fully understood. However, the support they receive, albeit not carer specific, will often bring benefits to the young person which can help them with their caring role and may contribute to reducing consequences of caring. Future plans to implement the Integrated Assessment Framework will provide a structure for identifying needs and coordinating support.

The purpose of the strategy

The needs of young carers represent a truly cross-cutting agenda: services for adults with mental health problems, substance dependence problems, physical disabilities and health problems should be equally engaged in the process of identifying and supporting young carers with their colleagues providing services for children and young people. There are many opportunities to begin to address the issues that caring can bring to young people's lives. There are very few of these opportunities that are currently being utilised.

The purpose of this strategy is to generate recognition of the role of young carers and to plan and develop practical supports that will measurably increase their quality of life and support their development.

The outcomes the Strategy proposes are:

- Development of mechanisms for identifying and assessing young carers
- Increased awareness of young carers issues and needs across all services for children and young people
- Development of support services for young carers
- Involvement of young carers in the development and evaluation of services

The actions and recommendations that will support the achievement of these outcomes are set out in the Action Plan, which follows.

The action plan

Outcome	Agency	Action	Funding	Timescale
1. Development of mechanisms for identifying and assessing young carers.	All Partner Agencies	1.1 The Integrated Assessment Framework (IAF) will be the main tool for assessing the needs of young carers and co-ordinating their support	WER	From January 2009
		1.2 A specific question about young carers will be included in all commonly used assessment tools across services	WER	By end 2009
		1.3 Training will be delivered across professional and organisational boundaries at local level in keeping with recognised good joint working practice. This should be included as part of ongoing IAF and SSA (Single Shared Assessment) training	WER	From January 2009
		1.4 Develop, in partnership with all agencies, a system to record prevalence of young carers in Shetland, their caring situations and their localities	Funds to be identified	2010/11
		1.5 Develop agreements and mechanisms for sharing and using the information received from the secondary two questionnaire given to pupils that has a question about 'Caring for Others'	WER	2009/10

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Outcome	Agency	Action	Funding	Timescale
2. Increased awareness of young carers issues and needs across all services	All Partner Agencies	2.1 Ensure young carers feature in other strategic documents (e.g. substance misuse protocol, mental health strategy, data sharing protocol, schools improvement plan)	WER	2009
		2.2 Seek opportunities to raise awareness of young carers through school PSE/circle time and the development of peer support/training	WER	2009-10
		2.3 Seek support from schools, youth services and others to help with young carers attending activities after school and at weekends	WER	End of 2008
		2.4 Develop a local website for young carers	Funds to be identified	2000-10
		2.5 Young carers issues to be promoted regularly e.g. as part of Carers Week	WER	Ongoing
3. Development of support services for young carers	All partner agencies	3.1 Develop information packs and leaflets for young carers	Funds to be identified	End 2009
		3.2 Development of advocacy service for children and young people in Shetland and promotion of access to Children's Rights professionals	Funds may need to be identified	2010

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Outcome	Agency	Action	Funding	Timescale
		3.3 Development of short training courses for young carers, which can be delivered through a variety of agencies, and include resilience strategies, transitions, etc,	Funds to be identified	2010
		3.4 As part of the assessment, consult with young carers about their respite needs and work with other providers to identify means of providing these	WER	2009
		3.5 Work with adult and children's services to ensure support is available for the cared for parent or sibling to allow young carers to access respite if they need to	WER	2009
4. Involvement of young carers in the development and evaluation of services	All partner agencies	4.1 Utilise opportunities provided by website and newsletters to consult with young people	WER	2009/10
		4.2 Work with youth projects to seek views of young people	WER	2009/10
		4.3 Use opportunities provided by other consultation exercises to gain views of young carers in Shetland	WER	2009/10
		4.4 Establish a young carers group who can be part of reviewing and developing this strategy	WER	2010

The Legislation & Policy Context

There is a legislative and policy framework, which underpins the recommendations made in this strategy. Local authorities and other bodies have a duty to provide services as described in current legislation regarding young carers.

There are a number of areas of legislation which impact on children and young people. In this section, attention is drawn to legislation, policies and other relevant guidance under which the needs of young carers may be met, and which specify how young carers should be supported.

International Principals

UN Convention on the Rights of the Child

The UN convention came into force in 1990 and sets out the principle of human rights with as they apply to children through 54 different articles. The Convention promotes the right of children and young people to have their needs taken account of, to be assessed to ensure that their needs are identified and to have those needs met.

Relevant articles state:

- *In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration and the state parties must provide adequate care when parents or others responsible cannot do so. (Article 3)*
- *Parties shall ensure to the maximum extent possible the survival and development of the child. (Article 6)*
- *Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. (Article 12)*
- *Parties recognise the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child. (Article 23)*

- *Parties recognise the right of the child to the enjoyment of the highest attainable standard of health. (Article 24)*
- *Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. (Article 27)*
- *Parties recognise the right of the child to education, and [take] a view to achieving this right progressively and on the basis of equal opportunity. (Article 28)*
- *Parties agree that the education of the child shall be directed [towards] the development of the child's personality, talents and mental and physical abilities to their fullest potential. (Article 29)*
- *Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities [...] and to participate freely in cultural life and the arts [...] and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity. (Article 31)*
- *Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances. (Article 33)*
- *Parties shall protect the child against all other forms exploitation prejudicial to any aspects of the child's welfare. (Article 36)*
- *Parties shall take all appropriate measures to promote physical and psychological recovery and social integration of a child victim of: any form of neglect [...] or degrading treatment. (Article 39)*

Relevant UK Legislation

Community Care and Health (Scotland) Act 2002

Section 9 of the Act creates a new section 12AA of the Social Work (Scotland) Act 1968. Under the new Act young carers are entitled to an assessment of their needs in their own right. Similar amendments are made with regard to Section 25 of Children (Scotland) Act 1995 and these are outlined below.

The guidance published by the Scottish Executive with regard to how the Act affects carers rights states that local authorities need to be aware that *young carers under the age of 16 now have an explicit and independent right to have their ability to care assessed if they are providing or intend to provide "substantial and regular" care.*

The Guidance makes a plethora of further recommendations to local authorities including that they should

- *In interpreting substantial and regular not automatically adopt the same approach that would be used for an adult carer.*
- *Focus on the practical and emotional impact of the caring responsibilities on the young person's current and future development, and their access to social, leisure and educational activities.*
- *Take account of the young person's age and the nature of the caring responsibilities.*
- *Ensure that the cared-for person receives sufficient other support so that the young person does not undertake a caring role that is likely to have an adverse impact on their social and educational opportunities.*
- *Ensure that a young person does not have a greater caring role than they want.*
- *Respect the young person's views and wishes and consider whether and how to support them in their caring role.*
- *Take great care to ensure they do not unintentionally endorse or perpetuate significant caring roles for young people.*
- *Be aware that there may be some young carers who do not provide "substantial and regular" care, but whose development is potentially at risk as a result of their caring responsibilities.*
- *Treat young carers as children "in need" if their caring role is not "substantial and regular", but they have support needs or are at risk of inappropriate caring.*
- *Ensure the family has access to alternative forms of support.*
- *Recognise that frequently young carers provide more emotional support than physical support, and consider fully impact of this in deciding what may be appropriate levels or types of care.*
- *Consider the whole family situation.*
- *Ensure the young carer is enabled to express their views fully about their caring role and their own needs.*
- *Be ready to involve staff from adult services as well, in order to address the needs of the family as a whole.*
- *Offer young carers the option of having a friend or other supporter present at the assessment, and ensure confidentiality issues are addressed where this happens.*
- *Recognise that young carers may want to be supported by relatives, teachers or support workers with whom they have built up a relationship of trust.*
- *Ensure ready access to child advocacy support in such situation.*

Section 12 of the Act requires that the NHS identifies all carers, not just those providing regular and substantial care and including young carers, and that all carers are provided with targeted information at the first point of contact. This approach, badged under the auspices of NHS Carer Information Strategies, requires that consent be gained to facilitate the passing of information to carers to help them in their caring role. There is a minimum requirement that carers must be given general information on medical conditions, medication, treatment and practical issues relating to care at home and long-term care even where consent has been withheld for more focused information to be provided. Systems should also be in place to facilitate the formal referral of carers to specialist support.

The guidance relating to this section firmly places carers on the training agenda for staff in both local authorities and the NHS and mainstreams carer awareness across all levels of activity within the NHS.

The guidance on the Single Shared Assessment also indicates the carer's right to be involved in the assessment process for the cared for person - whoever is carrying out the assessment must actively seek the views of the carer

· **Carers (Recognition and Services) Act 1995**

This Act, which built on by the above, states that a carer has the right to an assessment of his or her own needs. It requires local authorities to have regard to the result of the Carers Assessments when making decisions about services to be provided to the service user. Under the Community Care and Health (Scotland) Act 2002 and young carers now have an equal right to a carer assessment.

· **The Children (Scotland) Act 1995**

The Children (Scotland) Act 'safeguards and promotes' the welfare of children in need (Section 22) and young carers, whilst not being directly referenced within the Act do fall within its definition of children in need. For the purposes of the Act 'in need' is stated under Section 93 to mean that a child is *in need of care and attention because -*

- (i). He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless there are provided for him [...] services by a local authority;*
- (ii). His health or development is likely significantly to be impaired, or further impaired, unless such services are so provided;*
- (iii). He is disabled; or*
- (iv). He is affected adversely by the disability of any other person in his family.*

The Act reinforces the rights of a child not to be affected adversely by familial disability (Section 23) and states the right of children who are affected by disability in the family to *lead lives, which are as normal as possible*. (Disability is taken to mean that someone is chronically sick or disabled or *suffers from mental disorder* as defined by Mental Health (Scotland) Act 1984.

Section 24 of the Act allows, subsequent to amendments introduced following the Community Care and Health (Scotland) Act 2002 that

A person ("the carer") provides or intends to provide a substantial amount of care on a regular basis for a disabled child may, whether or not the carer is a child, [...], request a local authority to make an assessment ("the carers assessment") of the carer's ability to provide or to continue to provide such care for the child

and, under Section 24a, that

where it appears to a local authority [...] that [...] "the carer" provides, or intends to provide, a substantial amount of care on a regular basis for the child the local authority shall notify the carer that he may be entitled under section 24(1) of this Act to request an assessment of his ability to provide, or to continue to provide, care for the child.

Education (Additional Support for Learning) (Scotland) Act 2004

The Act moves from the term 'special educational needs' to the wider term 'additional support needs'. The legal definition of special educational needs given in section 1(5)(d) of the Education (Scotland) Act 1980 stated that children or young people who have a learning difficulty which creates significantly greater difficulty in the learning than the majority of children or young people of the same age or that they have a disability which prevents or hinders them making use of the type of educational facilities generally provided. The new Act moves more closely in-line with the notion of 'fullest potential' contained within the Standard's in Scotland's Schools Act 2000 and promotes a more holistic view of the child, aiming to support all children who may meet difficulties with their learning. The Act promotes a co-ordinated support plan (CSP) shared across relevant agencies to best meet the needs of the child or young person and support their learning. Some young carers should benefit as barriers to learning can include social, emotional or family and care circumstances. Both parents and young people themselves have the right to request an assessment if they feel they may have Additional Support Needs.

· **Mental Health (Care and Treatment) (Scotland) Act 2003**

The Mental Health (Care and Treatment)(Scotland] Act 2003 ensures that people with a mental disorder receive effective care and treatment. Mental Disorder includes mental illness, learning disability and personality disorder. In certain circumstances where a person's decision making is impaired and their health, safety, welfare or the safety of others is compromised they can be admitted to hospital and/ or treated against their will. However, individuals who are subject to the Act also have rights which must be taken into account, such as the right to Independent Advocacy and the right to appeal to the Mental Health Tribunal for Scotland.

The 2003 Act does not specifically pertain to Young Carers, but it does contain conditions which can impact on young carers, including:

- Respect for carers - One of the principles of the Act states that those providing care for service users or an informal basis should receive respect, appropriate information and advice and have their views taken into account.
- Young carers are entitled to seek help from the local authority even if his or her parent or guardian does not wish this.
- Reciprocity - the 2003 Act also contains a Principle stating that if a person has been subject to compulsion under the Act, then health and social care services have a duty to provide appropriate services and support in return.
- Advance statements - these allow a person to set out how they would wish to be treated if they become unwell. A service user can state what they would wish to happen if a crisis occurs, and this could include the provisions for a young carer, if one should exist.
- Named Person - service users can nominate someone as their named person to support and act on their behalf during any proceedings under the Act. A named person must be over 16 years old, so could include young carers who have attained 16 years.

Mental Health Officers - Social Workers, who have gained a specialist qualification in mental health, can act as MHO's under the 2003 Act. An MHO will normally be involved where a person has been subject to compulsion under the Act, and in certain circumstances have a duty to carry out social circumstances reports. In doing so it is good practice to consult carers [including young carers], consider their needs and whether a Carers Assessment should be offered.

· **Disabled Persons Act 1986**

This Act requires local authorities to take account of a carer's ability when determining the need for service provision. This has obvious connotations where children and young people are the main carers for the disabled person being assessed.

Relevant Scottish and UK Policy and Guidance

There is a wide range of relevant strategies and guidance in Scotland and throughout the UK, which can be referenced.

- **Getting Our Priorities Right** - Good Practice Guidance for working with Children and Families affected by Substance Misuse (2003)
This guidance from the Scottish Executive proposes a comprehensive inter-agency approach to tackling the damaging impact of problem drug and alcohol use on family life from pre-birth into adulthood. The report focuses on the need for an effective partnership approach to the work supported by meaningful policies and protocols. The guidance overtly states the need to better link substance-related and children's services and recommends that assessment opportunities are better utilised in the determination of actual and potential harm arising from problem familial substance misuse. The report admits there is much to be done and that

Professionals in specialist drug and alcohol-related services frequently feel ill-equipped to manage the often complex needs of both parents and their children and have focused on adults. Similarly, staff in children's services have lacked the knowledge, skills and confidence to address parents' substance problems [...] even when these are clearly affecting their children.

- **Hidden Harm: Responding to the needs of children of problem drug users** (2003)
This report by the Advisory Council on the Misuse of Drugs, a UK wide working group with a statutory advisory role to the Government, makes a series of recommendations about responding to the impact of problem familial drug use on children and young people. Many of the recommendations echo the approaches suggested by *Getting Our Priorities Right*. The Scottish Executive has published a response to the document (2004). A further examination of the issues surrounding drug use in the family can be found in the Scottish Executive **Effective Interventions Unit report Supporting families and carers of drug users: a review** (November 2002).
- **For Scotland's Children** (2001)
This report, published by the Scottish Executive, makes a series of 12 recommendations and 6 action points and lays out the framework for delivering children's services in an integrated, co-ordinated, single system approach. It highlights the fact that the complexity of the systems currently in place may contribute to children falling through the net and that a more joined up approach is required.

· **'It's everyone's job to make sure that I'm alright'** (2002)

This report of the Child Protection Audit and Review, published by the Scottish Executive in November 2002, reinforces the need for effective interagency working. Two key messages from Chapter 5, 'What leads to Success' states, *'Good child protection work is dependent on:*

- *Individual professionals, social work, education, police, medicine and nursing, making judgements, working for the best interests of the child, and being held to account for their work.*
- *Effective work by all agencies depends on their working well together.'*

Protecting Children and Young People: The Charter 2004

Makes a number of pledges addressed to children and young people at risk of abuse or neglect; namely that you will:

- *get the help they need when you need it;*
- *be seen by a professionals such as a teacher doctor or social worker to make sure you are alright and not put at more risk;*
- *be listened to seriously, and professionals will use their power to help you;*
- *be able to discuss issues in private when, and if, you want to;*
- *be involved with, and helped to understand, decisions made about your life; and*
- *have a named person to help you*

and that those helping you will:

- *share information to protect you;*
- *minimise the disruption to other parts of your life;*
- *work together effectively on your behalf;*
- *be competent, confident, properly trained and supported; and*
- *rigorously monitor services to continually improve how and what is done to help you.*

Protecting Children and Young People: Framework for Standards 2004 sets out the expectations of professionals working with children and young people or their carers, and for agencies to honour those pledges and promote best practice in working together to protect children and young people at risk of abuse or neglect

Guidance relating to the sharing of information about children at risk of abuse or neglect has been disseminated in a letter from Chief Medical Officer in September 2004 (**Sharing Information about Children at Risk: A Brief Guide to Good Practice**) which clearly states that *staff caring for adults should always ask whether there are dependent children at home who may be endangered by the adult's condition.*

- **School's Out: Framework for the Development of Out-of-school Care** (2003)

Published by the Scottish Executive this report underpins the importance of the provision of high quality out of school care for children and young people. It requires local authorities and childcare partnerships to work together to increase the amount of provision and to ensure that this is of a high quality and that there is provision for children with disabilities and other needs, including those with additional support needs, in each childcare partnership area. This should improve the range of support options available to young carers outside of school subject to the provision being made at a convenient time and accessible location.

- **Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care** (2004)

Published as a draft for consultation in December 2004 this document builds on the integrated approach to child and adolescent mental health promoted by the earlier Scottish Needs Assessment Programme (SNAP) report (March 2003). Amongst other recommendations it highlights the needs of young people 'whose parents have problems of illness, dependency or addiction' and prescribes that services working with adult health problems consider the potential impact of this upon dependent children.

- **Health for All Children** (2003)

Hall 4 as it is known, edited by Hall and Elliman in 2003, stresses (amongst other areas of concern) 'the importance of considering the impact on children of parental mental and physical illness, domestic violence and substance misuse' and recommends that 'health professionals working with adult patients should enquire about their children and liaise closely with paediatric services where needed'. **Health for all children 4: Guidance on Implementation in Scotland** (2005) provides the framework for better connected services in the delivery of support for children and young people's health and development across the age range.

· **Integrated Strategy for the Early Years (2003)**

A Scottish Executive consultation document considering services provided to children under 5 and their families. The strategy aims to foster:

- *A better service for users in seamless delivery, early preventative action and reduced risk of people falling through the net - providing the right services at the right time*
- *More flexibility for those commissioning or delivering services*
- *Increased efficiency for agencies, for example by reducing unnecessary repetition of information*
- *Better long-term outcomes for children, for example fewer children needing protection, fewer children offending and reduction of health inequalities*

Being Well - Doing Well: a framework for health promoting schools in Scotland (2004)

All of Scotland's schools have been given the target of becoming a health promoting school by 2007. Such schools will take a holistic view of health, involving pupils, staff, communities and other professional partners in the delivery of an approach to health of benefit to all. This Scottish Health Promoting Schools Unit publication provides a framework for promoting 'the physical, social, spiritual, mental and emotional health and well-being of all pupils'.

· **A Scottish Framework for Nursing in Schools (2003)**

This Scottish Executive framework aims to 'set out in clear terms the nursing service that should be delivered to children and young people in Scotland's schools' and aims 'to ensure that the best use is made of [school nurses'] skills and expertise'. The framework recognises in its standards for vulnerable children and young people that young carers may have additional social or health care needs or be particularly vulnerable.

· **Improving Health in Scotland: The Challenge (2003)**

This Scottish Executive strategic framework examines the route to improving Scotland's health. Early years and teenage transition constitute half of the four priority groups. The framework focuses on such areas as promoting resilience and supporting the emotional, physical and mental health of children and young people.

· **Our National Health - A plan for action, a plan for change (2000)**

This Scottish Executive publication from 2000 lays out the strategy for improving the nations' health through NHS and local authority leads. Amongst its many aims it states that children (and the elderly) will be targeted priority for action. It aims to provide, inter alia all children and their families with equal and easy access to comprehensive, combined and integrated services. In common with other strategies cited above it favours a partnership approach to the delivery of the stated aims.

· **Young Carers in the UK (1998)**

This 1998 book by Dearnden and Becker from Loughborough University's Young Carers Research Group amongst other material makes a series of recommendations for policy and practice:

1. **Defining Young Carers** - definitions should not be too restrictive as they can act as gatekeepers to assessments and services. Professionals should ask themselves, "What might happen to this child if I don't do anything to support them and the family?"
2. **Awareness Raising** - strategies need to be ongoing. They should be directed not just at social care professionals, but also at education and health professionals, including teachers, nurses and GPs.
3. **Understanding Caring** - professionals need a better understanding of the processes, which draw or force some children into caring roles within particular families. The nature, extent and quality of support provided to young carers and their families will play the critical role in determining what and how much young carers must do.
4. **Supporting families** - support of the whole family should be seen as a priority.
5. **Minority Ethnic Communities** - there needs to be more general and specific provision, and more research to investigate their specific experiences and needs. (In Shetland we would take this to mean those marginalised by ethnicity or religion).
6. **Assessments** - The process is very variable. It needs to be explained more clearly and fully to families, and it needs to be child - and family-friendly. Too few young carers have been assessed under any piece of legislation.
7. **Joint Working** - services from the statutory, voluntary and private sectors need to consider how they can work best together to deliver a seamless package of care and support to young carers and their families.
8. **Young carer's projects** - is a project required? If so, the young carers' project worker would not do assessments on behalf of social services departments. This would compromise their role as befriender and advocate.
9. **Family centre** - there may be scope for a young carer project to adopt a more 'whole family' approach, based for example on the family centre or family service principles?

10. **National standards** - there needs to be more uniformity across regional boundaries in what young carers can expect in terms of help and support.
11. **Research** - further research on young carers and their families has an important role to play in informing the future direction of policy and practice.

· **Children's Concerns....about the health and well-being of parents and significant others (2005)**

This report from ChildLine Scotland the Centre for Research on Families and Relationships (University of Edinburgh) is due for publication in July 2005. The research examined health related reasons for children and young people calling ChildLine. It identified that parental alcohol misuse was the most frequent concern that young people presented, accounting for 30% of calls. It also identified the link between issues such as domestic violence being causative of parental health problems, which could result in a young person assuming a caring role. It cites that

Some children were left with a role caring for others, either younger siblings or their parent, and took responsibility for household tasks such as cooking and cleaning. Some children sought employment and used money earned from paper rounds or other part-time jobs to buy food for the household and pay for gas or electricity. Tragically, some reported having to steal to meet basic subsistence needs.

Relevant Local Strategies

There are a wide number of local strategies and policies, which are relevant to children and young people with caring responsibilities in their lives. Many relate to specific areas of service delivery or respond to specific areas of need. There is work ongoing which aims to develop the delivery of effective high quality service to all of Shetland communities. One recommendation of this framework is that young carers needs are heard during such considerations.