



# **An evaluation of young carers' projects in Essex**

**Commissioned by the Schools, Children and Families  
Directorate, Essex County Council  
(June 2008)**

# 1 Introduction

Essex County Council (CC) defines 'young carers' in their *Information for young carers living in Essex* booklet (2007) as:

*'Children and young people whose lives are in some way different because they provide care, assistance or support to another family member. The person they care for is often a parent but could be brother, sister, grandparent or other relative. A young carer may be dealing with a range of situations, such as disability, chronic illness, mental health difficulties or problems with drugs or alcohol misuse.'*

Essex CC has estimated there are about 5,000 young carers in the county.

The first specialist project for young carers in Essex was set up in 1997 by Crossroads at Castle Point. Since then eleven others have followed. Essex County Council's Schools, Children and Families Directorate (SCF) currently supports twelve young carers' projects for those aged between 8 and 18, with at least one project in each of the districts and boroughs. Nine are managed by a range of community and voluntary organisations, and three by the County Council itself. County-wide coverage of this sort is a remarkable and significant achievement.

All the voluntary sector projects receive grant funding and have service level agreements with Essex CC running until March 2009. These agreements set out the minimum number of sessions and attendance, plus agreed service standards as part of 'an agreed local model'. This reflects a 'whole family approach', and also the application of 'best youth work practice'. All projects are required to provide quarterly quantitative data, and Essex CC also completes its own quality assurance visits and checks.

The original service model tended to focus largely on providing 'respite' by giving young carers a break from their caring role. This essentially takes the form of specialist youth club sessions run regularly in the early evening. Since talking on responsibility for services to young carers approximately three years ago, the Schools, Children and Families Directorate has encouraged a greater emphasis on 'respite supported by personal development and positive leisure activities'.

The SCF Directorate has also taken a proactive role in raising awareness, within the County Council, with partner agencies and also with the wider public about the role and needs of young carers. This has contributed to an exponential growth in the numbers identified and assessed, more than doubling from 250 in 2005/06 to over 500 in 2007/08. This trend is likely to continue with wider media coverage, and the continuing roll-out of the excellent 'Do you care?' campaign aimed specifically at young carers, which was launched by Essex CC in October 2007.

Against this background, Mike O'Brien (Senior Development Manager – Youth Service, SCF), and Debra Tracey (Young Carers Development Officer, SCF) commissioned ContinYou to undertake an independent evaluation of a representative sample of five projects.

The resulting report was to inform current service delivery and further development, and also future commissioning, and thereby improve outcomes for young carers in Essex.

## 2 Methodology

The evaluation comprised of the following:

### February 2008

Meeting between the consultant and Mike O'Brien and Debra Tracey to scope the project.

### March 2008

Further meeting with Debra Tracey to gain understanding of the current and future approach to services for young carers, and to agree the five projects that would be the subject of further study. These were selected to provide a mix of providers, a balance between older and newer projects, and a contrast between urban and more rural catchments.

Internet study of the latest national and local research findings, and principles and good practice guidelines around work with young carers.

### April 2008

Visits to meet with lead staff from the five selected projects:

- Juliet Jeffries – Tendering Crossroads
- Clare Furtado – Maldon Carers Centre (PRTC)
- Marion Horsley and Donna Wilson – Rayleigh and Rochford (RRAVS)
- Gina Stickling – Essex CC (Basildon)
- Polly Bartram – Castle Point Crossroads.

The discussions were structured to include:

- nature of the host organisation
- background to the establishment and funding of the service
- purpose and desired outcomes of the service currently being offered
- staffing numbers, and background, experience and qualifications
- numbers, ages and gender of those attending
- frequency of group sessions, and services available between meetings
- the involvement of young carers and their families in shaping the service
- relationships of the host/project with funding and other partner agencies
- referral pathways, assessment and review processes
- record keeping
- suitability and accessibility of venue.

Participants were also encouraged to identify:

- What is going well?
- What are the barriers to further development, and any resulting tensions or concerns?
- How could the service be even better in the future?

### May 2008

Meeting with four young carers at Rayleigh to obtain their views on the service they currently receive, and comments on how services could be improved.

Review of written feedback from young carers and parents, provided by Castle Point Crossroads.

Further meeting with Mike O'Brien and Debra Tracey to discuss initial findings

## **June 2008**

Preparation and presentation of draft evaluation report.

# **3 Findings**

## **3.1 The core service offer**

All of the projects offer a service designed to give young carers aged 8 to 18 an enjoyable break from caring. Currently they are open to any and all young carers. None of the projects have waiting lists, or explicit eligibility criteria – other than age – that would exclude any young carer. Each of the projects has determined its own place along the 'respite to personal development' continuum.

They all run sessions after school. Most of the projects run every week, but because most run separate groups for different age groups, individual young carers may only be able to attend once a fortnight.

Sessions usually last for between two and two and a half hours, but have various start and finish times, for example, 5 till 7, or 6 till 8. The views of those young carers consulted varied about which of these was best. Some wanted to start soon after school, others wanted time to get home, get changed and perhaps have something to eat first. Most of the young carers wanted the sessions to last longer.

All projects are also able to offer a good choice of activities – within the constraints of their building, transport and finance – to reflect the differing interests and ages within the groups. There did seem to be a good balance between 'just having fun', and slightly more serious subjects, and this was borne out by the young carers themselves.

All projects also bring in experts or specialists for themed sessions such as:

- make up
- understanding mental health/drugs issues
- personal hygiene
- drama
- first-aid
- cookery
- arts and crafts.

Young carers liked these activities, but some warned about them being too structured or too long ('boring!'). Some of the projects have introduced activities that can be accredited, or count towards awards or qualifications.

All the projects demonstrated effective ways of involving young carers in the selection and choice of activities and outings, and in consulting on the overall service. In addition to asking for views and suggestions at sessions, some projects use written questionnaires to get feedback from young carers and their parents. The latest innovation is the creation of a 'council' of six volunteer young carers at Rayleigh, which will help develop representation still further.

Projects usually phone round to young carers, or their parents, to find out if they are attending the forthcoming session, and therefore need transport. This also

gives an opportunity to gather any other relevant contemporary information. All projects arrange transport by taxi to and from all sessions and outings. The vast majority of young carers take up this offer.

Most projects arrange daytime outings during the summer holidays. The annual trip to Adventure Island, jointly organised by all the projects and SCF Directorate, which is open to all family members, was much anticipated and appreciated.

Only some projects currently offer evening sessions during school holidays.

Centre-based activities are supplemented by regular trips to a wide range of activities outside the centres, with 'Megazone' being particularly popular.

None of the projects make any charge to young carers or their families for attending the sessions, activities, outings, transport, food, or targeted services, where provided.

All projects had some method of managing disruptive behaviour, usually a 'three strikes', or yellow/red card approach. These all seemed well thought out and effective. The main sanction, exclusion from attending the following session or outing, was reportedly very rare.

Importantly, staff took an insightful and understanding view of disruptive behaviour, especially if it was uncharacteristic. They recognised that it may be a reaction to the demands of the caring role, or difficulties at home. Such behaviour was likely to result in at least 'a quiet word', and possibly an offer of additional targeted support, for example, a referral for counselling or anger management, or perhaps finding a mentor (see below). Some projects had involved the young carers in formulating the 'house rules', and some got every young carer to formally sign up to keeping them.

There was some variation among the projects in accepting young carers with diagnosed behavioural difficulties, such as autism, that may cause disruption to the group sessions. Some strived to have an inclusive approach, while another felt that the needs of the whole group exceeded that of an individual.

At least one project ran a 'homework club' and, perhaps surprisingly, young carers at another project asked for help and support with homework and revision, including better access to computers, especially at exam time.

Some young carers said they would like it if staff were more accessible by email or perhaps by mobile phone/text. Where this had been tried (Castle Point), there were no reports of it being abused.

Staff seemed well aware of safeguarding issues, although there were very few examples where these had arisen. Some projects had confidentiality arrangements where they would not normally talk to parents about young carers without the young carer's permission.

### **3.2 Additional and targeted services**

Services provided directly by staff between the sessions varied quite markedly. Some projects currently only have enough paid hours to organise and run the regular sessions, and very little else. At the other end of the spectrum, some had enough paid hours or money to offer other direct services to young carers, plus getting involved in promoting the wider young carers agenda to other forums.

All projects had recognised the need of some young carers for targeted support, such as mentoring or counselling. These young carers are usually identified and selected by staff, although some young carers ask for additional help themselves. Mentors are sometimes found from among the older or ex members of the group.

Counselling is usually agreed for a set number of sessions and then reviewed. Some projects provide counselling from amongst their own staff, where they had the necessary skills and qualifications. Some signpost young carers to local specialist agencies. Others have arrangements with accredited private practitioners, who they refer to, or bring in.

One of the projects (Rayleigh) has recently begun to offer a simple cooked meal – baked potato with toppings – during their sessions. These generally proved very popular, although some of the young carers normally ate at home either before or after the session, and so would prefer to have something cold, such as sandwiches.

One upper school (in Maldon) had provided space and time for a young carers' worker to offer appointments, with parental consent, during the school day. They were described as 'befriending' rather than counselling, and were proving popular. None of the other projects have gone down this route, either for lack of resources, lack of a willing host school, or concern that pupils taking time out of class might single them out for unwelcome attention from their peers.

The same school had also facilitated lunchtime drop-in sessions, run jointly by project staff and the school nurse. This approach has the advantage that parents did not necessarily need to know or give their consent. Pupils could also be more discrete. Most projects mentioned that some young carers had reported being bullied at school.

Only some projects hold open days or sessions for families and colleagues from partner agencies. Those that do find them very worthwhile.

Some projects have developed a suite of very useful information and promotional material. For example, Maldon has a booklet specifically for teachers to raise their awareness. Some have newsletters, which can be helpful to show existing and prospective members, families (and funders) what goes on, and what can be achieved

### **3.3 Who is using the service**

The five projects each had between about 45 and 80 young carers 'on their books'. Not all of them attended every session, but the vast majority attend regularly. Typical numbers at sessions varied from around a dozen to nearer forty.

There is no consistent trend of referral by age or gender across the projects. There are examples where some groups currently have more girls than boys, and vice versa. Similarly, some projects have more of one age group than others. All groups said that the size, content and dynamics of the group were subject to change, and it was not always clear why.

Nor is there a clear or consistent pattern of where referrals come from. Relationships and reputation with local statutory and voluntary organisations is clearly an important factor. So is the length of time the project had been running and its profile in the local community. But some relatively new projects, such as Rayleigh, have also attracted high numbers in a relatively short time, by having the staff time to be more proactive.

Referrals by parents and self-referrals have grown as the role of young carers has become better known and understood. This was more likely where the host organisation was also involved in supporting adults with disabilities or other problems, such as Crossroads and carers' centres.

Young carers themselves thought that posters and flyers were useful, but that the single most effective way of identifying young carers, or helping them identify themselves, was through schools: during assembly, letters sent home, and also at parents' evenings. They also thought there could be adverts on TV during the early evening.

Judging from the limited feedback available, many parents really value the opportunity for their children to get a break from caring and to have a good time. It is reasonable to assume that this helps them feel less 'bad' or guilty for putting the additional tasks and responsibilities upon them, and may also help make up for them being less able to take them out or to activities.

Most projects reported a rise in the number of young carers coming from families with mental health, drug or alcohol problems. All projects saw these young carers as eligible for their service, although one said there has to be a 'diagnosis', and the problem had to be 'chronic and ongoing'. There was some suggestion that young carers from these families were more likely to miss sessions, and were 'less likely to receive parental guidance'.

Projects do follow up those young carers who stop coming to sessions – but not indefinitely. Staff often had an idea why they stopped, but these reasons varied. It might occasionally be to do with people falling out with others in the group, but staff do try hard to prevent this, and it was relatively rare. Changes in home circumstances were thought to be one of the main reasons. Some projects have a policy of allowing young carers to stay on the books for a year after the person they care for has died.

All projects had given some thought to what they might do when young carers reached the 'maximum' age of 18; but there are no clear pathways or support to help with the transition from being a young carer to being an adult carer. Indeed, some of the older young carers have said they did not want leave when they reach 18, and this may well have something to do with feeling 'too young' for, or too alienated from, adult services.

### **3.4 Increasing demand**

All projects are experiencing significant growth in numbers on their books. A five-fold increase in the last five years is not untypical. Some young carers, who until relatively recently were part of small groups of around a dozen, are now one among 40. Staffing numbers have had to keep pace with this exponential rise.

Most projects have reached the capacity of their premises or staff team, or will soon do so. Some have already had to address this. They have typically split existing groups in two and hold them alternately in order to create more places, and others are considering doing so. This split is usually on an age basis, typically one group for those between 8 and 10 or 11, and one for those between 10–12 and 18. This does allow a better focus on age sensitive activities. It can also result in friends or siblings being in different groups (not always a bad thing).

Of course, it has also reduced the number of sessions that individual young carers can now attend (from weekly to fortnightly or even monthly). The Castle Point project has now developed a weekly 'drop-in' session to help address this growing problem.

Young carers themselves understood the pressures on the existing projects being caused by increasing numbers. They suggested setting up more similar projects covering smaller areas, and also having three age groups: 8–10; 10–13; and 13–18. They were adamant that, if there needed to be changes, all existing members should be consulted and given the choice of which group they were in.

### **3.5 Assessment and review**

It had been anticipated that all projects would use the Common Assessment Framework (CAF) from April 2008. However, the roll-out and take up of CAF has not yet been as comprehensive as anticipated, partly as a result of the reorganisation of the Essex SCF Directorate.

Staff from some projects are becoming involved in, or are using, the CAF process. This seemed at least partly to do with their own professional background or experience, and was certainly affected by the amount of paid time they have available between group sessions. Where joint training had been taken up, it had proved a good opportunity to make useful contacts and share information.

In the meantime, all projects are continuing to undertake their own initial assessments, all using similar but different documentation – even where there is a CAF. This takes the form of a home visit and a discussion with the parents and the young carer(s). There were no reports of undue delays in following up referrals with these visits.

Projects tend not to involve staff from other organisations in their own assessment process. One project questioned whether CAF was appropriate when the 'only issue' was being a young carer.

All projects carry out some sort of regular review of the young carer, together with their family. Again approaches and the forms being used are similar but different. Intervals between reviews also vary between six and twelve months. Time spent by staff on assessments and reviews is obviously increasing in line with rising numbers of referrals.

All projects keep 'case files' on their young carers. Some keep information to a minimum – for example, assessment and review forms, family details and consent forms – while others also record contemporary information, such as how individuals behaved or presented during sessions. All seemed to have developed their own (different) systems.

### **3.6 Staffing issues**

There is a range of experience and qualification among managers and staff across the different projects. Many had some experience or training in working in the care sector. But only a minority had specific qualifications in working with children and young people. Knowledge and understanding of the Every Child Matters agenda and the ECM outcomes framework was patchy.

For a few staff the job is virtually full-time. For most others it was either part of a wider role, such as manager of a Crossroads Scheme, or a (very) part-time sessional role.

Some projects have been able to recruit volunteers, sometimes from among the older young carers or ex members of the group. Others had been able to attract direct support from youth workers, or student social workers. All of these had added significantly to the available skill set, and had made a really positive contribution to the range and quality of services that could be offered.

Some projects are making real efforts to promote further training and professional development among their staff. There was a general welcome for the staff development days organised by SCF. The recent introduction of a bespoke City and Guilds vocational course, sponsored by SCF, around young carers was a very interesting and positive development. There would be some further interest in it if it were to be repeated.

Only one project reported that staff accessed the information and best practice resources around services to young carers provided by the Princess Royal Trust for Carers (PRTC).

Staff in one project, Basildon, run directly by SCF, employed the youth work practice of planning out in advance the objectives of each activity, and then formally reviewing this at the end of each session.

### **3.7 Location and premises**

Some projects currently have large catchment areas, leading to long and expensive journeys for young carers. While young carers do use the journey to chat with friends, it does make the evening a long one for some.

The quality, size, accessibility, and location of the premises used for group sessions is generally good. The best – purpose built youth/children’s centres such as in Basildon – are very good indeed, with a wide variety of resources, equipment and activities, with ample space for games both inside and out.

Most projects use premises owned by others, often Essex CC. However, some projects have experienced resistance in the past from centre managers to offer them full and easy access to all the facilities available. One reason given for this has been the age of the youngest young carer being below the minimum for the youth service. Staff from the SCF Directorate have been instrumental and helpful in resolving this situation.

Castle Point continues to use its own premises, which, although perhaps less ‘fit for purpose’, is nevertheless ‘all theirs’, and they have been very creative in adapting it to suit their needs.

### **3.8 Relationships with other agencies**

Large catchment areas can mean projects have to relate to lots of schools and lots of organisations and teams. Naturally, this is more complex and can take up more time.

Few, if any, of the projects have catchments that are co-terminous with the new TASCC teams. However, where relationships had been established with the teams, for example, Rayleigh, these were very useful and positive. The manager from one project had also been able to attend the Multi Agency Cluster (MAC) meeting.

Relationships with schools varied widely. Very few schools have identified a lead person for young carers. Those projects that have the time available have made real efforts to engage with schools in their catchment area. The results were variable and often unexpected. For example, a venue located on a secondary school campus had received no referrals from the host school. Other schools had been much more proactive in seeking out information, and establishing good and supportive links with projects.

Few of the projects felt they had particularly good relationships with those local agencies providing other services to the families of young carers. This included both adult services and children’s services provided by Essex CC.

The number of referrals from adult services varied from project to project, probably depending on the length of time the project had been running and the quality of the relationship – see above. It is unclear (to the projects) whether assessment forms used by adult services currently have questions about young carers.

The picture is similar or worse with the NHS. None of the projects felt they had made effective relationships with primary care or NHS trusts. However, a few

practitioners, such as school nurses, had begun to become involved. Concerted efforts are currently underway by SCF to engage with local GP practices as part of the 'Do you care?' campaign.

Those projects that are hosted by organisations that also provide services to the 'cared for', such as Crossroads or the PRTC Carers' Centre, usually had a closer link with services going into the family. They were also able to help provide substitute care to allow the young carer to attend sessions or outings.

However it should be noted that at least one project said they deliberately 'don't get drawn into the parents' problems'.

One project reported that as many as half of its young carers helped to look after a sibling, and so the family would probably be known to SCF staff/TASSC teams. (It is understood that the CAF form used in Essex does have questions about young carers.)

### **3.9 Financial arrangements**

All voluntary sector projects have a service level agreement with Essex CC, which sets out the level of grant and the minimum numbers and minimum standards required.

Some concern was expressed by the projects managed by community or voluntary organisations about the degree of influence expected by Essex CC in return for their funding. All of these projects sought additional funding from elsewhere and most are successful, sometimes making the proportion of income from Essex CC relatively small. And yet the Council still required projects to meet their requirements. This does cause some tension for some of the projects.

Project managers would also like greater certainty about the level and duration of future funding.

There were a number of examples where projects had been able to make very positive use of the special grant made available to support individual young carers through the arrangements with SCF. This had included payments for equipment, holiday breaks, and additional support. The simplicity, flexibility and speed of the application and decision process is very much appreciated.

## **4 Conclusions**

### **4.1 Service delivery**

The evaluation revealed plenty of good practice, and some examples of best practice. There was no evidence of poor or unsafe practice. This reflects very well on the hosts, managers and staff of the projects – and also on the support provided, and monitoring undertaken, by SCF.

The leadership of the SCF Directorate in promoting the 'holistic family approach' is absolutely right. Their ongoing supportive role in moving the projects towards the 'respite care plus' model, and the development of the 'Do you care?' campaign are also to be commended.

Certainly, based on the five projects evaluated, it is at least reasonable to conclude that, taken as a whole, the twelve projects provide a good-quality service, which is sensitive and responsive to those young carers who use it, right across the whole county.

The five projects had many aspects in common, but also had numerous differences. Some of these differences reflect local circumstances, and are a real tribute to the imagination and ingenuity of their managers and staff. But there is also scope for achieving more consistency and maintaining high standards,

without threatening the essence of local independence which is at the very heart of these vibrant and vital services.

The evaluation also highlighted the range of different needs among young carers. Essex, like many other local authorities, uses an inclusive definition of young carers. But not all young carers are affected to the same extent by their caring role. It is hoped that the full implementation of CAF will help bring some consistency to the assessment of the impact of caring on ECM outcomes.

In the meantime, the projects have demonstrated what targeted services can be provided where there are resources to do so. Here again there were examples of good and often innovative practices, which are providing real benefits to those young carers able to access them.

The first group of recommendations below draws on the findings from the study, and wider research, to suggest some ways in which current services might be made even better, and all be as good as the best.

## **4.2 Future commissioning**

All the five projects evaluated are either at, or are approaching, their current capacity. This is even after they have split groups into different age ranges, and in some cases reduced the frequency of access. It is understood the other seven projects are in a similar position.

Taken together, the existing twelve projects are currently in touch with around 500 to 600 young carers, which is probably little more than ten per cent of the potential number in the county. So far, none of the projects have had to refuse a place to a young carer or start a waiting list. But clearly this is not sustainable, and projects may have to start applying eligibility or priority criteria which reflect the range of needs amongst young carers, sooner or later. If so, these criteria should be based on assessed need, and agreed and applied equitably across the county.

But even with twice as many projects as now, capacity would still fall well short of potential demand, which is certain to continue to grow as more young carers are identified.

It is, therefore, not practical or possible to envisage an equitable service offer based solely on 'more of the same'. It is also important to note that the 'specialist youth club' model is unlikely to be what all young carers want, and will not meet the complex continuum of needs.

The second group of recommendations therefore envisages a wider service model, which underpins the current holistic and family approach, and explicitly addresses the five Every Child Matters outcomes. The model would comprise:

- universal services available to all young carers and their families
- specialist services for those young carers who need and want them
- targeted support for those young carers assessed as being in the greatest need.

Many of the services that will help to reduce the impact of caring undertaken by young carers will continue to be provided by a variety of 'adult' services. But it is also important to remember how many will be receiving support from those SCF services supporting parent carers of children with additional needs. Essex is no different from other authorities in that young carers often remain 'invisible' to staff whose attention or priority is focused elsewhere.

It is, therefore, vital that any current gaps in understanding about the role and needs of young carers are narrowed, and that assessment and service delivery is integrated around the needs of the whole family, including young carers.

These recommendations also suggest the contributions that could be made by a wider group of organisations than are currently involved, and also how those contributions could be better co-ordinated.

## **5 Recommendations**

### **5.1 Improving service delivery**

SCF Directorate should encourage all service providers to adopt a common definition of 'young carers', which reflects the different levels of need.

All providers should have a clear statement of aims, objectives and intended outcomes that is consistent with the service standards set out by Essex CC in the service level agreement.

All voluntary sector providers and/or their hosts should undertake an ongoing 'self-assessment' of their organisation, using an approved quality assurance process such as PQASSO (Practical Quality Assurance System for Small Organisations, developed by the Charities Evaluation Service). This would require working towards agreed standards, and providing evidence of having key policies and procedures in place. A suggested list of what this might include is at Appendix 1.

All projects to consider using 'my life now' type approaches to self-determined personal outcomes with appropriate young carers (suggested by Princess Royal Trust for Carers (PRTC) and further developed in practice by the Young Carers Project at Suffolk Family Carers).

Staff from different providers should be encouraged to visit, learn from and, maybe, peer review each other's projects.

All providers should develop a suite of information/publicity material, setting out the key features of the services they offer.

All assessment and review processes should be standardised on CAF as soon as possible.

SCF should continue to encourage and facilitate staff development, through continuation of the project staff forum, and the dedicated City and Guilds vocational related qualification.

SCF should encourage and require evidence of regular professional supervision and staff meetings within projects.

All projects should explore how staff can be more accessible to young carers using email or SMS.

SCF should help ensure that all projects receive direct support from youth service/Connexions/extended schools staff.

### **5.2 Informing future commissioning**

SCF should continue to promote its 'Do you care?' campaign widely, and explore the possibility of including TV adverts.

SCF should monitor closely the referrals received by each project to identify the:

- numbers
- source
- age
- gender.

SCF should use this data to inform the commissioning of additional specialist services to meet the growing demand, and also reduce the size of catchment areas. The service specification should be based on the current service model, but be extended to include details of how young carers will be assessed, and how they will access or be referred for targeted support.

SCF should commission specialist services for siblings of children with additional needs.

SCF and adult services should jointly commission specialist services for those young carers aged 18 to 25, to help support them through the transition to adult services.

The commissioning strategy should build, initially at least, upon the partnerships with the existing network of local providers, giving them the first options of helping to design and deliver additional and new services – rather than putting the service straight out to tender. All development should also be informed by the views and wishes of young carers and their families.

These arrangements should be built into new three-year service level agreements, which reflect the relative size of the financial contribution by the commissioner, but also recognise and value the independence of the provider.

SCF should lead a debate about how projects should determine priorities amongst young carers when faced with 'competition' or a waiting list for places.

The Essex Children's Trust should encourage all of its partner organisations to appoint Young Carers Champions, and to reflect the needs of young carers in their strategies and budgets. This would include:

- every PCT
- every NHS Trust
- drug and alcohol team
- district and borough councils
- local strategic partnerships
- relevant community and voluntary organisations.

These Champions could form a reference or steering group to oversee the delivery of the Young Carers Strategy currently under development by SCF.

The Schools, Children and Families Directorate should set an example by requiring the appointment of a Young Carers Champion/lead person in:

- every TASCC team
- every school leadership team and governing body.

The SCF Directorate should also develop specimen policies, procedures and examples of good practice for adoption and use by all schools to help them:

- raise the young carers agenda among all staff, pupils and their families
- identify young carers
- develop universal services for young carers
- work in partnership with local specialist young carers' projects, extended schools/services and TASCC teams to ensure a comprehensive range of community based services.

The SCF Directorate should negotiate a protocol with the adult directorate and other key partner agencies, setting out clear means of identifying, referring, and supporting young carers. (This could be based on the Suffolk ACCORD (Adults and Children's Services Co-ordination) for good outcomes with families where a parent has a disability and/or an additional need – see SCC website for full details.)

The protocol should anticipate changes to the delivery of services in the light of 'self-directed support' and the introduction of personal budgets as a result of *Putting People First* (DoH, 2008).

# Appendix 1

All providers of services to young carers should have policies and procedures covering the following:

- eligibility for providing a service, and criteria for refusing or withdrawing it
- bullying
- child protection and safeguarding
- complaints
- rules of behaviour by young carers and sanctions that can be applied
- confidentiality, and record keeping
- disciplinary process for staff and volunteers
- equal opportunities
- financial governance
- grievance procedure
- health and safety
- risk assessment
- lone working
- line management and supervision arrangements
- staff supervision
- recruitment, induction, and continuing staff development
- use of volunteers.