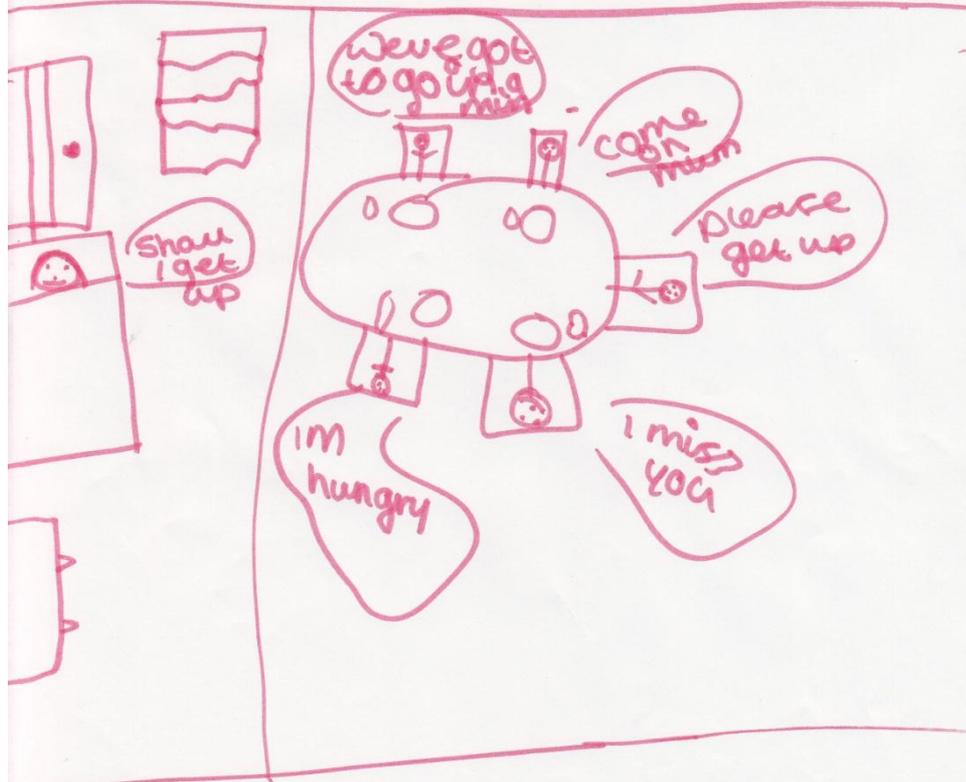


Putting the 'young'
in young carer

- Gloucestershire Young Carers
development
services
challenges
- Identifying and engaging young carers
- Who should / shouldn't we offer services to?
- Keeping the young carer at the centre of a
whole family approach
- Evidencing outcomes

My mum never gets up in the morning
I have to get up by myself get brothers, sisters
up get ready for school and eat



I feel like I can't do anything at home
all I do is homework look after siblings
I have no time for me.

WHY SUPPORT YOUNG CARERS?

- **Physical health**

tiredness, back problems, injury, lack of time for play, sport or leisure

- **Emotional health**

stress, anxiety, guilt, fear, bullying, stigma - leading to changes in behaviour

- **Education & training**

lateness, absence, bullying, under achievement

- **Isolation**

feeling like the only one in their situation, feeling, 'different'

- **Transition to adulthood**

difficulties in finding work, their own home and establishing relationships

- **Safety**

of young carer and/or the person they care for. Children and young people may be at risk of harm because someone in their family has an unmet need.

- **Developmental factors**

 - Attachment

 - Emotional/behavioural development

 - Identity

 - Social presentation (learned behaviour)

 - Role reversal (nurturing parent).

 - Less time to be a child

- **Associated factors**

 - Substance misuse, depression, isolation, housing, environment,

 - Domestic violence, finance, family relationship, unemployment, offending

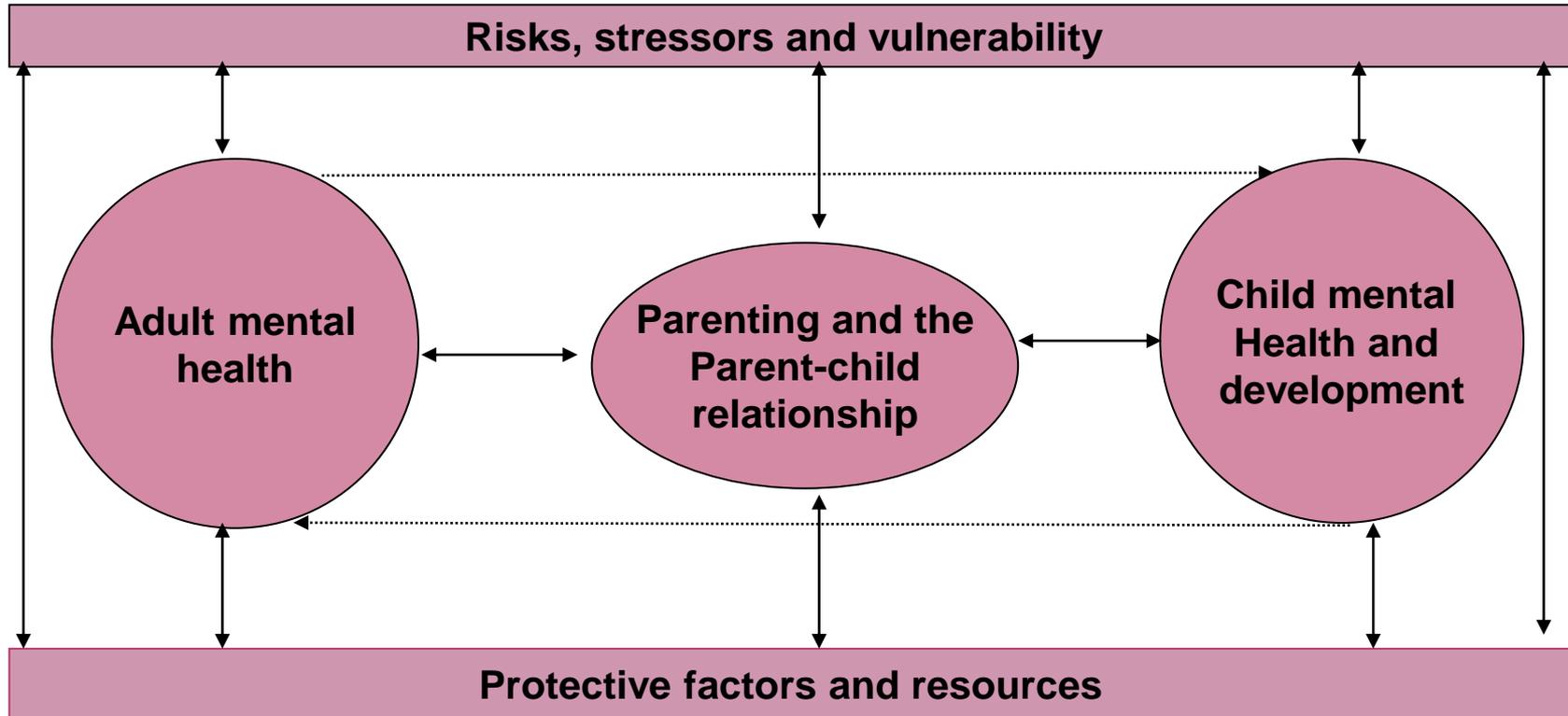
 - Poverty, crime, seldom heard & seldom seen

PARENTAL MENTAL ILLNESS

- A child whose parent is mentally ill has a 70% chance of developing at least a minor adjustment problem by adolescence *Rubovits 1996*
- A child with two mentally ill parents will have at least a 30% chance of developing a more serious mental health problem *Rubovits 1996*
- Children of parents with severe mental illness are 2.5 times more likely to develop a mental health problems than their peers *Cowling 2004*

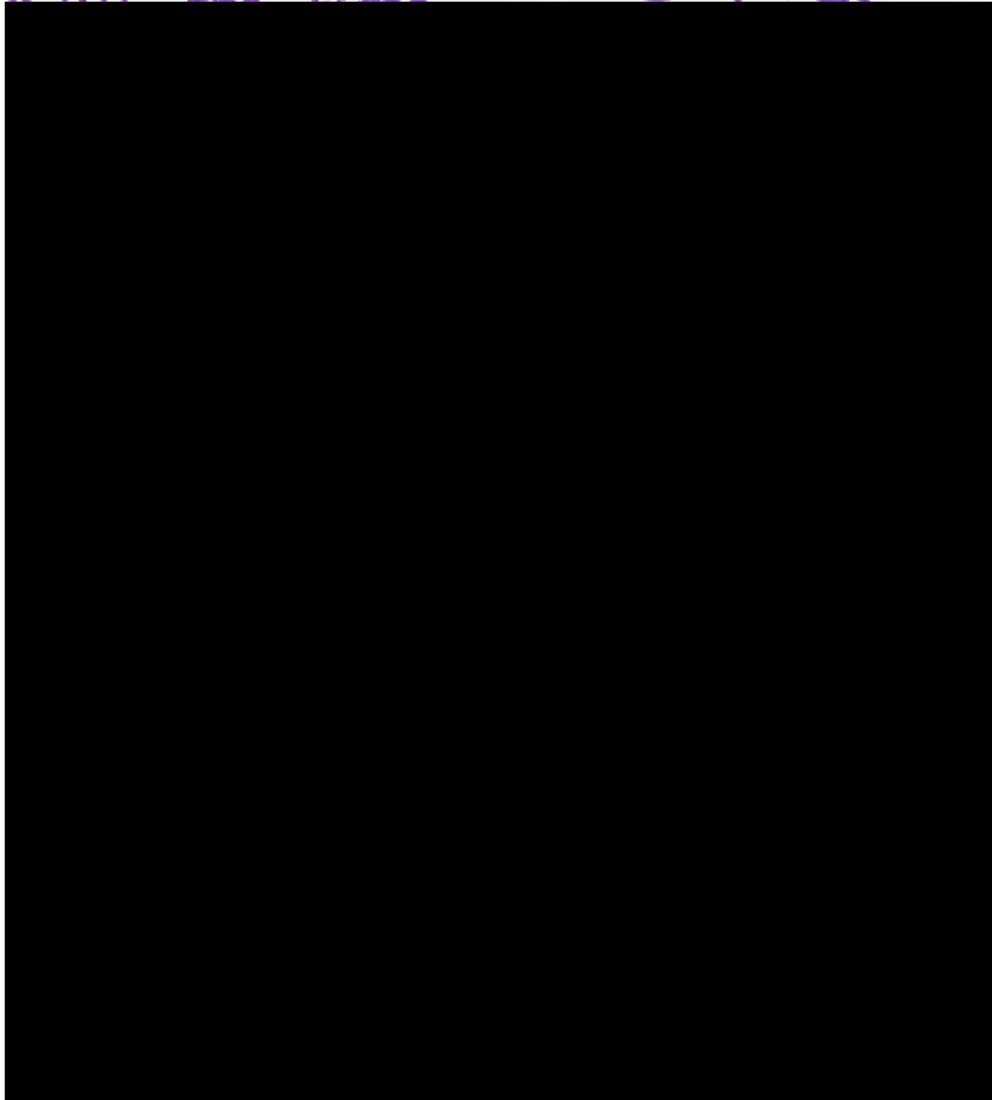
THE FAMILY MODEL

LINKS BETWEEN CHILD AND ADULT MENTAL HEALTH



(*Crossing Bridges Reader*)

People say that my Mum's mental
Means that I mental as
She is and take the mick
at all the time



PARENTAL SUBSTANCE MISUSE

- 7 out of 10 cases of child abuse or neglect are caused or exacerbated by substance misuse
- ‘children of parents with alcohol dependency were found to be at a substantially increased risk of developing alcohol and drug abuse or dependence’

Chassin L, Pitts SC, DeLucia C, Todd M 1999

So who do we support when siblings respond differently to the impact of illness or disability in the family?

- Research indicates that 1:12 young people in UK secondary school are either impacted by family ill health or carry a caring responsibility

BBC / University of Nottingham 2010

- 2,492 self identified young carers in Gloucestershire

Online Pupil Survey 2010

- Gloucestershire Young Carers currently provides direct support to 200 and 'remote' support to 700 young carers

GETTING THE BALANCE RIGHT

‘The needs of young carers could often be better met by validating their input, concerns and skills’

SCIE Research briefing 24: Experiences of children and young people caring for a parent with a mental health problem: 2008

‘Young carers are often strongly attached to their caring role and in some cases it is only with assertive support from teachers, personal tutors, young carers services or from family members that they can be encouraged to accept help to reduce the impact of the caring role’

Recognised, Valued and Supported: Next Steps for the Carers Strategy: 2010

WHOLE FAMILY PATHFINDER PROJECT

Where intensive support, coordinated by a key worker, is focussed on the whole family, this resulted in:

- 35% reduction in the number of young carers
- 33% reduction in the number for whom caring was having a negative impact

Redesigning Provision for Families with Multiple Problems: Department for Education 2011

CAN WE MAKE A DIFFERENCE?

‘Interventions to prevent mental disorders and psychological symptoms in the offspring of parents with mental disorders appear to be effective.’

Siegenthaler E, Munder T, Egger M; 2012



.... supports young carers in reaching their potential, enabling them and their families to access support that minimises the physical and emotional impact of caring, and that promotes resilience, health and well being.

THE EARLY DAYS

- 1992 Countywide multi-agency steering group set up following conference
- 1992 Appointment of Project Development worker
- 1994 First group set up in a café with 5 young carers Young carers influence the Carers Recognition Act 1995

1997 became an 'Independent
Company Limited by Guarantee'

Began working with children under 12

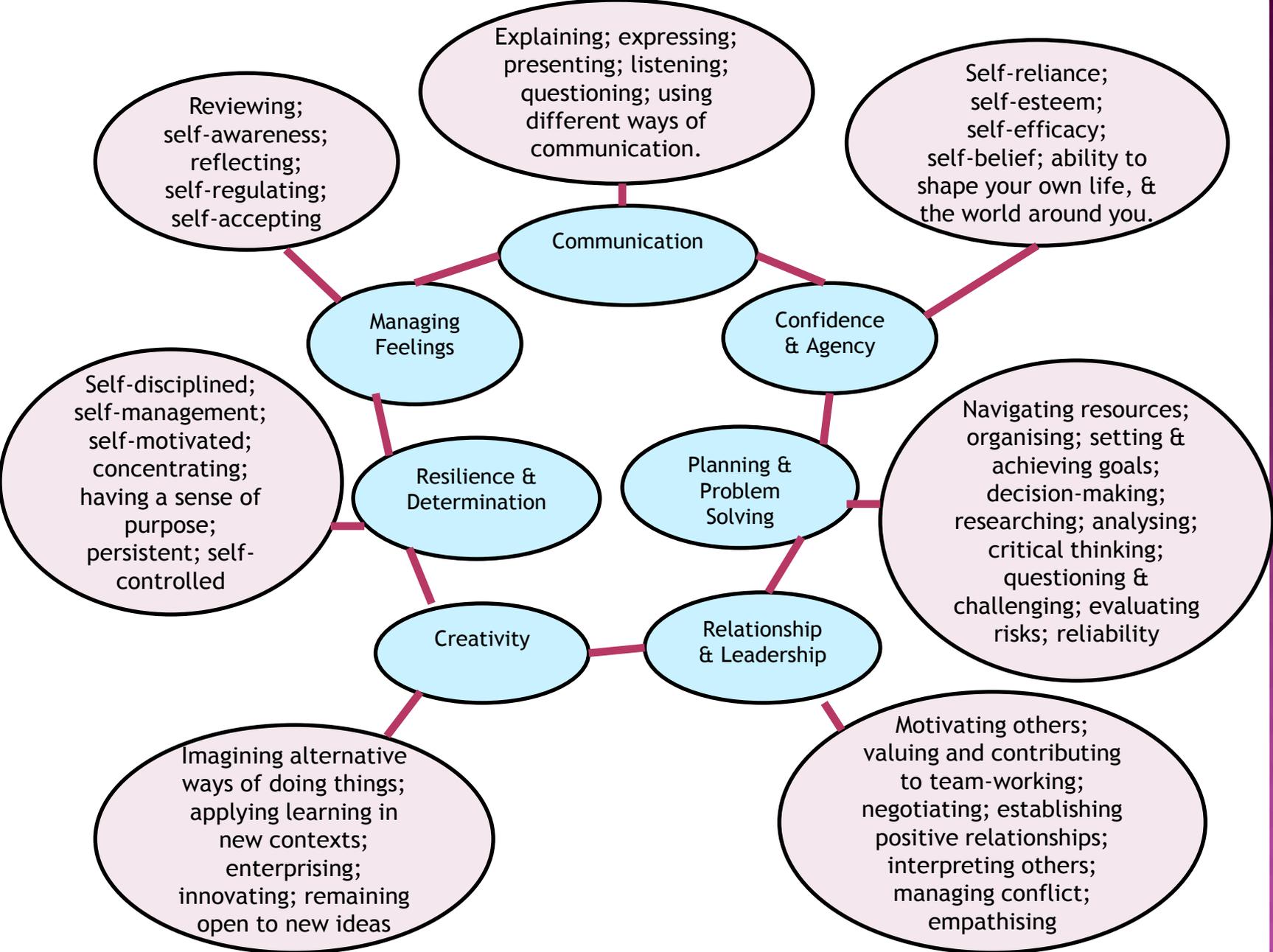
2002 awarded charitable status

Services delivered through a youth
work model

CURRENT PHILOSOPHY

A whole family approach in supporting the child/young person:

- Direct services to the young carer
- Whole family support



Adapted from The Young Foundation: An Outcomes Framework for Young People's Services 2012

ENGAGEMENT

TRUST

ACCESS



A STEPPED APPROACH TO ENGAGING VULNERABLE FAMILIES

Step 1: Access

Young carer

- Introducing the concept of 'young carer'
- Social support groups
- Residential and day trips
- Age appropriate information

Support agencies

- Awareness raising and training

Steps 2 and 3: Trust and Engagement

Participation

Local and national young carer's forum

'We Care We Count' newsletter

Training (e.g. media / assertiveness)

Consultations / commissioning / strategy

Resource development

Accreditation

Support

Mental health support groups: Us Too
Parents Too
Horses Too

Services for young substance misuse carers

Befriending: 'My Time

Transition support (11 - 12 years & 16 - 24 years)

Family advocacy / whole family approach

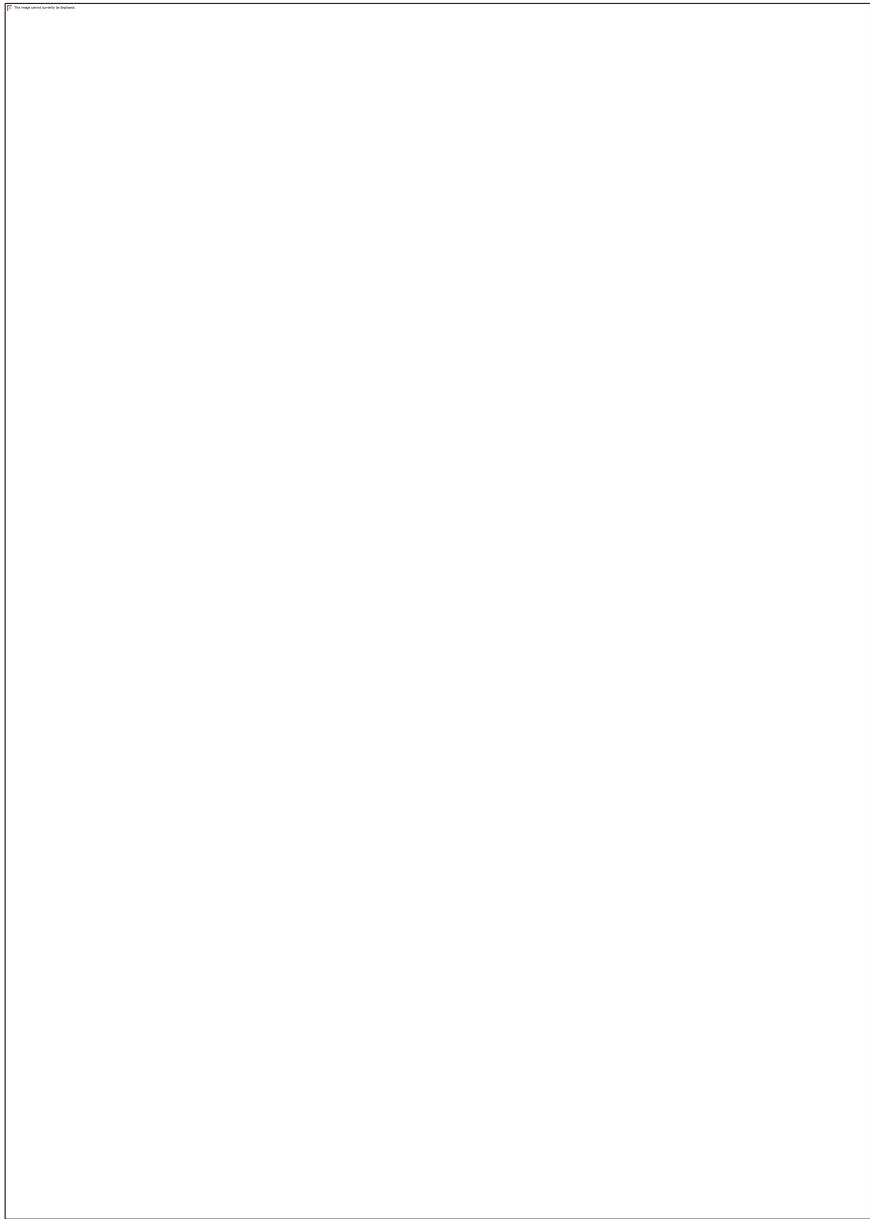
WHOLE FAMILY APPROACH

For the most vulnerable:

- Direct interventions with young carer
- Improving communication within families in relation to the impact of illness / disability
- Young carer crisis plans: Safe Sorted and Supported
- Actively support parent to access services
- Actively support family to access support from extended family and community
- Engagement in Common Assessment Framework

FAMILY ADVOCACY: OUTCOMES

- 80% young carers recorded improved outcomes on impact of caring assessment
- 78% were less worried
- 76% had a better understanding of the illness
- 88% parents had been supported to access services
- 73% families had increased support from extended family
- 88% of young carers had accessed new social activities



GLOUCESTERSHIRE

YOUNG
CARERS

Checking in...

*...to find out what's important to you
and how we can help you*

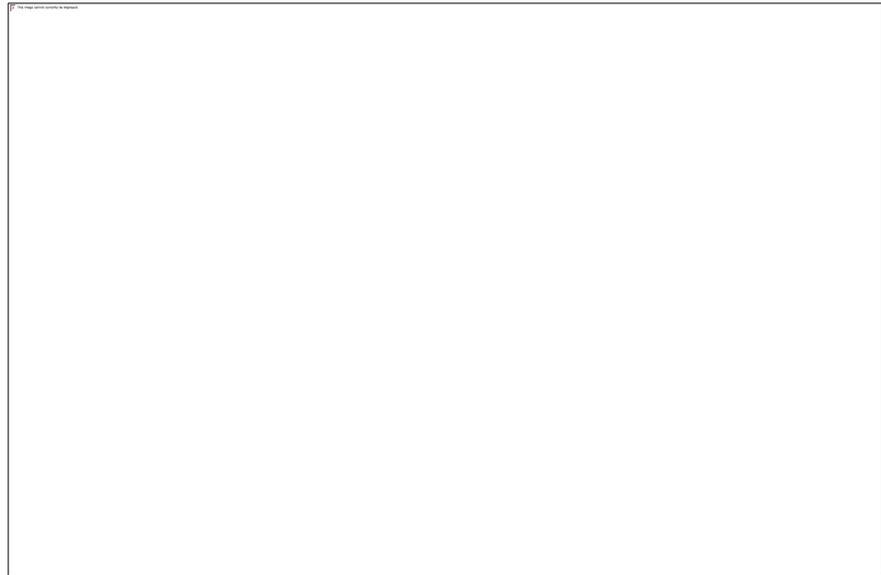
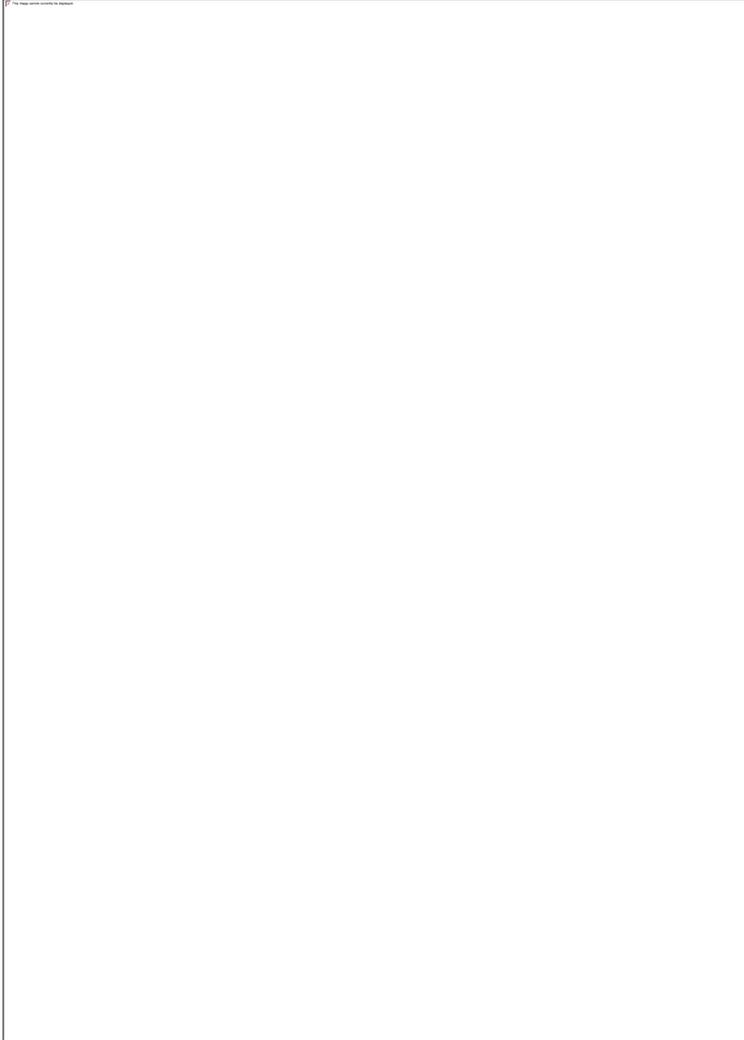
A PARTNERSHIP APPROACH

- Partnership work with a variety of agencies including:
 - Education
 - Social care
 - Targeted Youth Support Services
 - NHS: mental health, G.P.'s, hospitals
 - Drug and alcohol agencies
 - Safeguarding Children Board
 - Adult Carers organisation
 - Arts based organisations

- Young Carer Link Workers / Champions
- National Young Carers Coalition

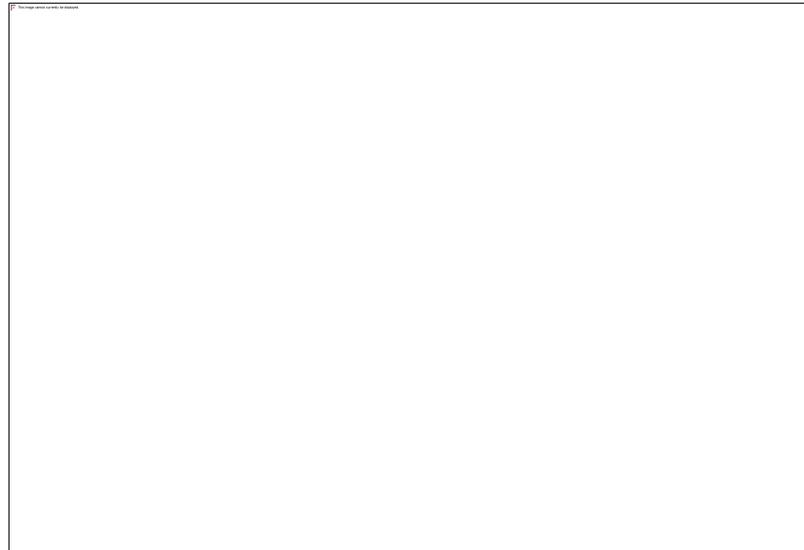
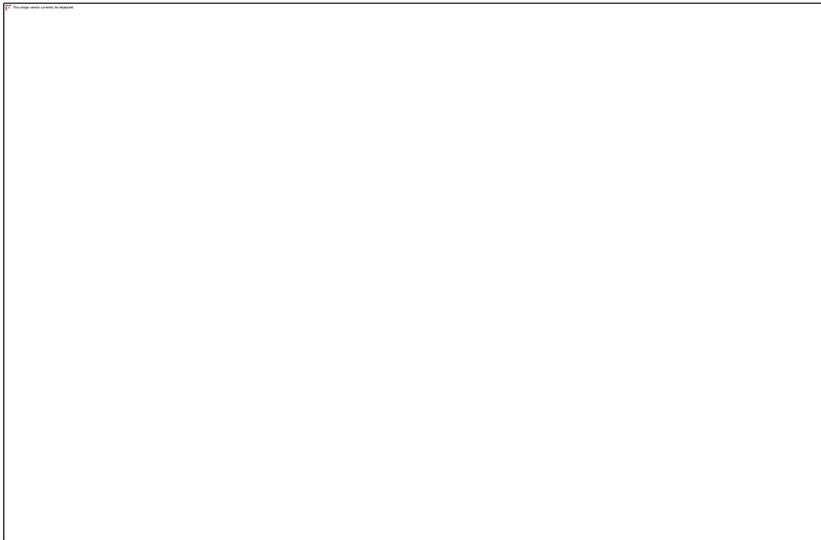
Minds Myths and Me

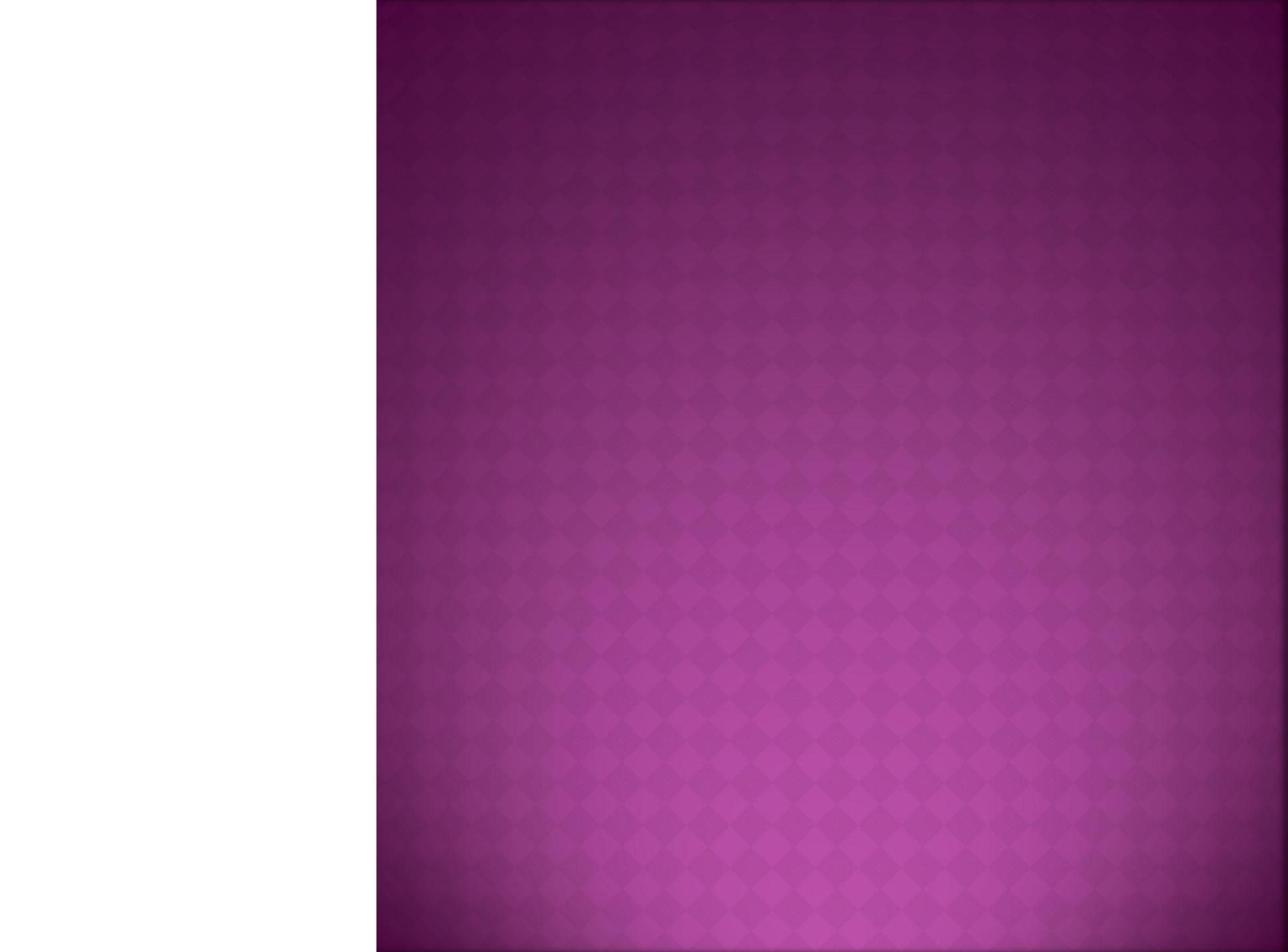
Designed by young people

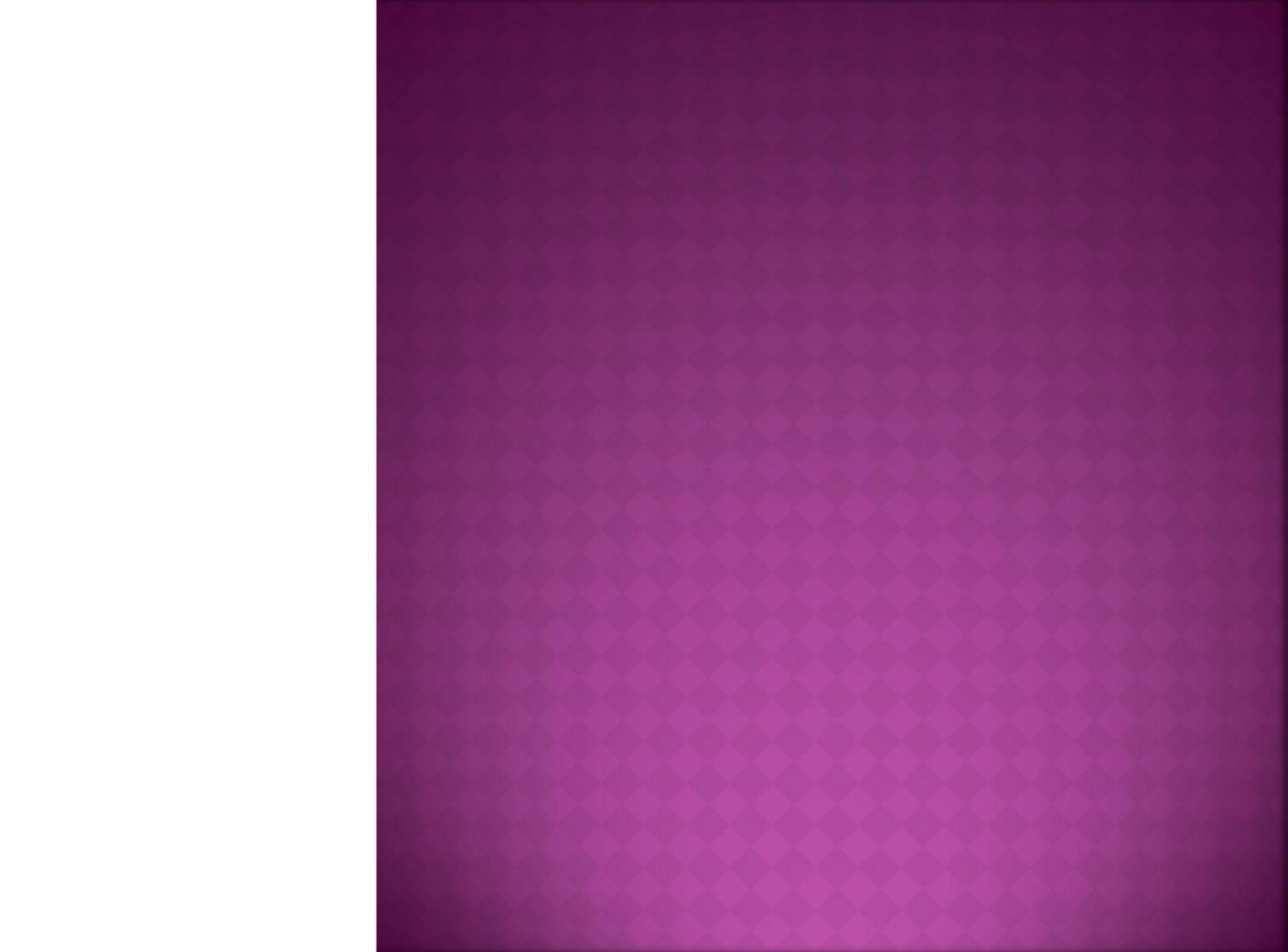


Young people working
on the publication

Safe, Sorted & Supported







INTEGRATED INTERVENTIONS

A mental health family empowerment project developed as a partnership between GYC and NHS

- Hospital based whole family support
- Community based whole family support
- Improved access to information
- Participation

Based on National COPMI Initiative, Australia

WEBSITES / RESOURCES

- The Children's Society Include Project:
www.youngcarer.com
- Carers Trust:
www.professionals.carers.org/young-carers
www.youngcarers.net
- SCIE e-learning:
www.scie.org.uk/publications/elearning/index.asp
- COPMI:
www.copmi.net.au

OUR MAJOR ACHIEVEMENT

Providing masses of educational & fun opportunities for young carers



mandy@glosyoungcarers.org.uk

www.glosyoungcarers.org.uk