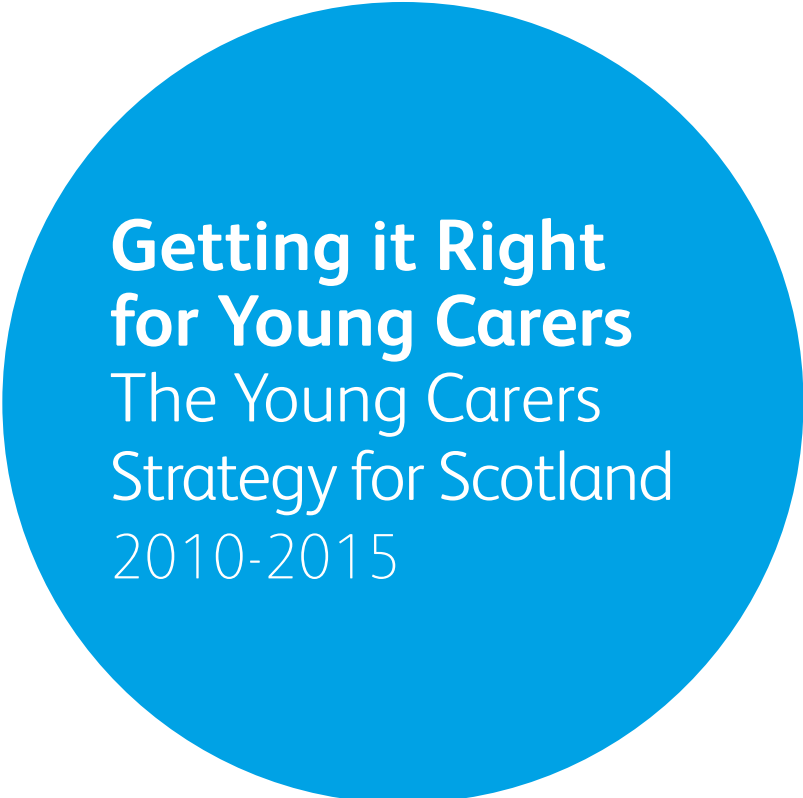




**Getting it Right
for Young Carers**
The Young Carers
Strategy for Scotland
2010-2015

26 July 2010





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All photographs courtesy of the Princess Royal Trust for Carers. Photographs include two taken at Pollok Young Carers Storytelling project, 2010 and one of Amna & Avais.

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Foreword

The Scottish Government and COSLA are determined to ensure that carers are supported to manage their caring responsibilities with confidence and in good health, and to have a life of their own outside of caring.

We are pleased to have worked together with a range of interests, including Health Boards, the national carer organisations and carers in developing this strategy. It will build on the support already in place and take forward the recommendations of the landmark report, *Care 21: The Future of Unpaid Care in Scotland*.

We recognise carers as equal partners in the delivery of care in Scotland and fully acknowledge carers' expertise, knowledge and the quality of care they give. With appropriate support, especially support delivered early to prevent crisis, caring need not have an adverse impact on carers.

Caring Together sets out 10 key actions to improve support to carers over the next five years. The focus is on improved identification of carers, assessment, information and advice, health and well-being, carer support, participation and partnership.

In support of this agenda, the Scottish Government is pleased to announce an investment of a further £1 million in 2010-11 to voluntary sector organisations to provide more innovative short breaks provision in Scotland.

The strategy sits within a wider context and reform agenda, with carers at the heart of this agenda. In order to achieve lasting change both for carers and the people they care for, we need to drive forward a range of policy developments, such as action to tackle health inequalities and household income. We need to do more to shift resources from institutional care to care at home, including support for carers. The Reshaping Care for Older People Strategic Delivery Plan, which is in preparation, will articulate the extent of the shift in resources within the system.

We are also pleased to have produced *Getting it Right for Young Carers*, which we believe will result in better outcomes for young carers. To the best of our knowledge, it is the first ever national young carers' strategy in Europe. We recognise that many young people can benefit from providing care to a relative or friend affected by illness, disability or substance misuse. However, we are committed to ensuring that young carers are relieved of inappropriate caring roles and are supported to be children and young people first and foremost.

We are taking important steps to improve young carer identification and support within schools, colleges and the health service. The strategy also endorses an approach which organises services around the child or young person so that all the needs of the child or young person will be identified and

addressed, including the impact of caring on their health, well-being and education.

In support of this agenda, the Scottish Government is pleased to announce funding of £150,000 for a fourth Young Carers Festival in 2011. This will bring together young carers from all over Scotland to socialise, have a break from caring and let them meet other young carers. Young carers will be able to tell national and local decision-makers what difference this strategy is making (or not) to their lives one year on from publication.

There is an important point relevant to both *Caring Together* and *Getting it Right for Young Carers*. The Scottish Government gave Health Boards £9 million for Carer Information Strategies in the last three years, with £5 million of this allocated this year. Until the Spending Review is concluded, the Scottish Government cannot confirm the resource of £5 million from April 2011 onwards. However, we see this as a priority for that review. Also, completion of some of the other actions in this strategy will depend on the outcome of the review.

We believe that *Caring Together* and *Getting it Right for Young Carers* represent an important step forward in creating a framework for action. Together, and through implementation of this strategy over the next five years, we will improve the lives of carers and young carers.

Shona Robison
Minister for Public Health and Sport

Councillor Douglas Yates
COSLA Spokesperson for Health and Wellbeing

Adam Ingram
Minister for Children and Early Years

Councillor Isabel Hutton
COSLA Spokesperson on Education, Children and Young People

This is a brief guide to the design features within this strategy:

ACTION POINTS

“Quotes from young carers to illustrate points made.”

References to good practice – examples of good practice (and young carers’ stories) are set out in separate document accompanying this strategy.

Points for emphasis, including useful information which does not form an Action Point because the action is already underway and is not new.

The text or narrative.

EXECUTIVE SUMMARY

Headline Message

Young carers can benefit from the caring contribution they make. It can provide them with personal skills and an important role in the family, which enables them to demonstrate their commitment and affection. However, the demands of caring can also be onerous and can have an adverse impact on young carers' health and well-being. The responsibilities of caring can deny a young person their rights and can compromise their safety.

Early intervention is necessary to prevent this. By identifying, assessing and supporting young carers, agencies and practitioners can relieve them of inappropriate caring roles and enable them to be children and young people, first and foremost. Adequate and timely support enhances young carers' opportunities to become successful learners, confident individuals, effective contributors and responsible citizens.

The Government's Headline Actions

The following are the key headline actions in this strategy to help improve outcomes for young carers:

1. We will continue to engage with young carers to identify their needs and priorities and to inform the development of policy.

The Scottish Government will fund a fourth Scottish Young Carers Festival in 2011, which will provide us with feedback from young carers on the implementation and impact of this strategy, as well as progress in implementing *Getting It Right For Every Child (GIRFEC)*.

2. **We will put in place measures to help professionals in education, health and social care to identify young carers.**

Young carer identification opens the door to assessment, through the approach of the *GIRFEC* practice model, which in turn leads to the provision of support. There will be a strong emphasis on workforce training, as members of the workforce who are 'young carer-aware' have a big role to play.

3. **We will introduce a classification of 'young carers' in the 2011 school census**, which will report on the numbers of young carers who have been identified in schools. By identifying young carers in schools we will learn more about the

numbers of young carers and the impact of caring. This may also help ensure that the young carers who are identified are adequately supported.

4. Recognising the important role of school staff in identifying and supporting young carers, particularly in the context of Curriculum for Excellence, **the Scottish Government will work with the Scottish Young Carers Services Alliance to produce a practice guide on young carers for teachers and schools.**

5. **We will improve the provision of information and advice to young carers** through various means, including workforce training and our support for NHS *inform*, who will be launching online a Carers Information Zone.

6. We will enhance our understanding of the impact of caring on young carers through **the commissioning of research into the characteristics of young carers** being supported by dedicated young carers' services.

7. The provision of short breaks or respite is hugely important to young carers. **We will work with a range of partners to promote the further development of flexible, personalised short breaks.**

8. **Skills Development Scotland will design and develop suitable materials and training opportunities to support young carers' services' contact with young adult carers.**

9. To encourage young adult carers to plan to achieve their career aspirations, **Skills Development Scotland will refresh their publicity materials for young carers**, so as to highlight their options and the support that is available.

10. **We will progress a range of actions to improve support to young adult carers.** These will respond to the recommendations produced by a sub-group of the Young Carers Strategy Steering Group and outlined in **Appendix 5.**

Appendix 1 sets out the membership of the Young Carers Strategy Steering Group which helped inform strategy development.

Chapter 1: Action Plan and Implementation

Chapter 1 provides a brief outline of the measures that we will take to monitor the implementation of this strategy.

Chapter 2: Introduction

Chapter 2 provides an introduction to the Young Carers Strategy. We explain that we have produced this strategy because we are concerned about the effects that caring can have on young people's health, well-being and development. These can prevent young carers from achieving the positive outcomes outlined in the Scottish Government's National Performance Framework.

We refer to the definition of a 'young carer' from the Care 21 Report as *"a child or young person aged under 18 who has a significant role in looking after someone else who is experiencing illness or disability."*

We make clear that our policy objective and strategic commitment is that, whilst recognising the positive benefits that caring can bring, we want to relieve young carers of inappropriate caring roles that have an adverse impact on their health and well-being. We want to enable them to be children and young people, first and foremost.

We highlight the strong and essential links between this Young Carers Strategy and other Scottish Government policy developments, with particular reference to the *Getting It Right For Every Child (GIRFEC)* programme. **We recognise how universal services and policies promote and protect children and young people's health and well-being and how young carers are amongst those who can benefit most. We emphasise the relevance and importance of the 'United Nations Convention on the Rights of the Child' for young carers.**

This strategy has been informed by the views of young carers, by their contributions to the two Scottish Young Carer Festivals, by the workers who support them and by input from a wide range of stakeholders.

We set out the Scottish Government and COSLA's commitment to supporting young carers and delivering the strategy. We also demonstrate **local authorities' and Health Boards' commitment to delivering incremental improvements to support for young carers, despite the economic challenges we face.**

Chapter 3: Profile of Young Carers

Chapter 3 outlines what we know about young carers - their numbers, gender, caring tasks and time spent caring.

We highlight how some studies have estimated there to be more than 100,000 young carers in Scotland (although not all will be the main carer and not all suffer adverse affects from the caring role). However, only 3,500 young carers are supported by dedicated young carers' services. **Young carers are very much a hidden population**, not recognised by the services that could support them and often not recognising themselves as young carers.

This chapter highlights **the value of the *Getting It Right For Every Child* approach. Without necessarily having to be identified as a young carer, these young people can benefit from universal and more specialist services working together to ensure that they are safe, healthy, active, nurtured, achieving, respected, responsible and included.**

We identify specific groups of young carers, whom we acknowledge we need to know more about.

Chapter 4: The Effects of Caring on Young Carers

Chapter 4 highlights the effects of caring. We outline that caring can be positive for young carers, enabling them to gain skills, purpose, self-esteem and many personal attributes. We highlight that we want to provide adequate support to enable young people to continue to benefit from caring, without this becoming too onerous.

We focus on the adverse effects that caring can have on children and young people. We highlight how their caring role can impact on their: **educational attendance, attainment, achievement and ambition; physical, emotional and mental health; psychological well-being; social contact and relationships;**

and financial security. In some extreme situations, young carers can experience neglect and abuse.

Chapter 5: Identification of Young Carers

Chapter 5 reiterates the key message from the Scottish Young Carers Festivals, that practitioners in health, social work and education all have a very important role in identifying and then supporting young carers.

We refer to examples of good practice where agencies are currently working effectively, in partnership, with local dedicated young carers' services to enhance practitioners' awareness of young carers' issues and to then identify and support them. We highlight the importance of early identification, in order to prevent the negative impact that caring can have on children and young people.

We identify a range of developments that will further raise awareness and enhance practitioners' efforts to identify and support young carers. In particular, we recognise the contribution of *GIRFEC*, and Curriculum for Excellence, as well as developments in the NHS and the importance of workforce training in health and social care.

Chapter 6: Young Carers Assessment

Chapter 6 highlights how a good, personalised assessment enables young carers to express their views and feelings, to be recognised as a young carer and then to access appropriate and adequate support to help them achieve their potential. Despite this, few young carers are assessed.

We highlight how this will be addressed through the universal approach of *GIRFEC*. This provides assessment tools and a framework for practitioners in all agencies to work more effectively together, to gather and analyse information about a young person's strengths, pressures on them and support needs.

We outline how the provisions of the Additional Support for Learning legislation will benefit young carers, whose caring contribution can affect their achievements at school.

Chapter 7: Supporting Young Carers

Chapter 7 provides information on the range of support that is available to enable young carers to continue to provide appropriate levels of care and that can help relieve them of onerous caring demands. **It emphasises the need for a preventative approach, where adequate support is provided before difficulties arise.**

This chapter highlights that no care package should depend on a child or young person's contribution and that the most effective way of relieving young carers of inappropriate caring roles is by health and social care services adequately meeting the cared-for person's needs.

We set out how young carers benefit from the support provided by dedicated **young carers' services**, where the workers understand their situation and young carers are able to enjoy new opportunities with other young people in a similar situation.

We highlight how important **school-based support** is to young carers and refer to current good practice, which will be given impetus by Curriculum for Excellence with its focus on pupils' health and well-being. **We also highlight a number of particular practical measures that schools can take, which can make a significant difference in improving opportunities and outcomes for young carers.**

This chapter also highlights the importance of practitioners addressing young carers' emotional and mental health needs, providing information, advice, advocacy, breaks from caring and training opportunities.

Chapter 8: Young Adult Carers

Chapter 8 sets out the particular challenges facing **young adult carers, whose transition into adulthood can be all the more challenging because of the pressures arising from their caring role and contribution.**

We highlight how, at a time when their peers are leaving school and making positive plans for employment, training and education, young adult carers often have to deal with demands, responsibilities and emotional pressures that may limit their future opportunities.

We identify a number of action points that we will progress with our partners. These will both support young adults as carers and also enhance their opportunities to access training, education or employment.

1. ACTION POINTS AND IMPLEMENTATION

1.1 The Scottish Government and COSLA intend to ensure that the Action Points in this strategy are taken forward. We will keep the strategy under review to be able to respond quickly to new policy, fiscal and resource developments. We will formally review this five-year strategy by August 2013. We will scope out the nature of this review later.

1.2 The consolidated list of Action Points is set out in **Appendix 2**. The Implementation Plan will be developed over the coming months.

1.3 The Scottish Government intends to establish an Implementation and Monitoring Group, comprising a range of stakeholders, to oversee implementation of the strategy. This Group will report to the Scottish Government's Health and Community Care Delivery Group, as part of the reporting on the implementation of the adult carers part of this strategy.

1.4 We will also explore the scope for reporting on the implementation of the Young Carers Strategy to the *GIRFEC* Strategic Board.

ACTION POINT 1.1

The Scottish Government, with COSLA, will keep this strategy under review. An Implementation and Monitoring Group will report annually on progress, with the first report being undertaken by August 2011. A formal review will be concluded by August 2013. As part of the review the Scottish Government, with COSLA, and informed by the views of stakeholders, including carers, will decide whether new or revised Actions would be appropriate.

2. INTRODUCTION

Why a Young Carers Strategy?

2.1 This Young Carers Strategy aims to build on progress since the publication in 2005 of the *Care 21 Report: The Future of Unpaid Care in Scotland*¹.

2.2 The *Care 21 Report* made 22 recommendations about support for carers and young carers, which the then Scottish Executive responded to in 2006. Most of these recommendations apply to both young carers and to adult carers.

2.3 One recommendation was specific to young carers - the establishment of a Young Carers Forum, supported by a Young Carers Strategy. The *Care 21 Report* also recommended that the Scottish Government continue to develop policy and strategy for unpaid carers. The Scottish Government and the Convention of Scottish Local Authorities (COSLA) are producing this Young Carers Strategy in response to these recommendations.

“Being a young carer, there is no time to have a childhood. It’s like living in “dog years,” you grow up much quicker than everyone else your own age. I feel as if my life has been much longer than it actually has, I have brought up a family from the age of 8.”

Siobhan, 19 years

2.4 Our decision to produce this Young Carers Strategy, linked to the Carers Strategy, reflects our commitment to young carers and the importance that we give them. It acknowledges that young carers’ needs can be different from adult carers’ and that many of the responses also need to be different.

2.5 **We also recognise that the caring contribution made by young carers can have a significant impact on their health and well-being.** Many young carers face demands that can significantly limit their personal development, relationships and opportunities and their ability to reach their full potential.

¹ <http://www.scotland.gov.uk/Publications/2006/02/28094157/0>

2.6 However, many children and young people derive benefits from the caring contribution that they make. But it is essential that this is adequately supported to allow an appropriate balance of caring. Through affection and commitment, very many children and young people are making a positive contribution to supporting a family member affected by illness, disability or addiction.

2.7 The following case studies illustrate what it can mean to be a young carer. The first highlights the positive impact, the second the more negative effects on the young person.

CASE STUDY

Gemma is 11 and helps to look after her mum, who has mobility problems due to severe and progressing arthritis. She has two younger siblings.

Her dad has an early start in the morning, and has to work away from home occasionally. When this happens, Gemma is the main carer for her mum, although her aunt lives nearby and helps out, as her siblings do too. On a normal day, Gemma has to help her mum get up, get washed and dressed, and make breakfast for everyone before she gets her brother and sister organised for school and takes them with her. In the evening, she helps to tidy up and get everyone ready for bed. She doesn't often have to cook or shop, as her dad and her aunt see to that. She has a very close relationship with her mum, and likes to help her.

The family's situation is known to the school, and so she and her siblings are well supported. Gemma has quite a few close friends at school, is a happy individual, and achieves reasonably well. The school referred all 3 children to the local young carers' service about a year ago, and they have all been able to take advantage of activities and trips to get some time away from their caring role. Gemma doesn't go to the group when her dad is away because she feels she needs to be in the house for her mum.

Gemma says she would like to be a vet when she grows up.

CASE STUDY

Luke is 14 and lives with his dad who has depression and drinks heavily on a fairly regular basis. His mum and dad broke up 2 years ago, and his mum and sister went to live in England. Luke wanted to stay as he felt closer to his dad, and was also worried about who would look after his dad.

This year has been very difficult for Luke. His dad was admitted to hospital when he drank himself into unconsciousness, and Luke found himself alone at home overnight as he was afraid to tell anyone. This incident made Luke very anxious about his dad, and he now worries a lot about leaving him alone, believing that the last incident was a failed suicide attempt.

Luke is now regularly missing school, and is becoming increasingly isolated from his friends. Recently, when he did return to school after a 3 week absence, his guidance teacher was quite shocked at the change in his appearance, and his attitude. She made a referral to Child and Adolescent Mental Health Services through the school nurse, and his GP, and he is on a waiting list. Social services are also involved now.

When asked what he would like to do in the future, Luke has said that all he can think of is getting his dad 'off the drink' for good, so that he can have a life again.

2.8 Our policy objective in relation to young carers is that, while recognising the positives that caring can bring, we want to ensure that young carers are relieved of inappropriate caring roles, to enable them to be children and young people first and foremost.

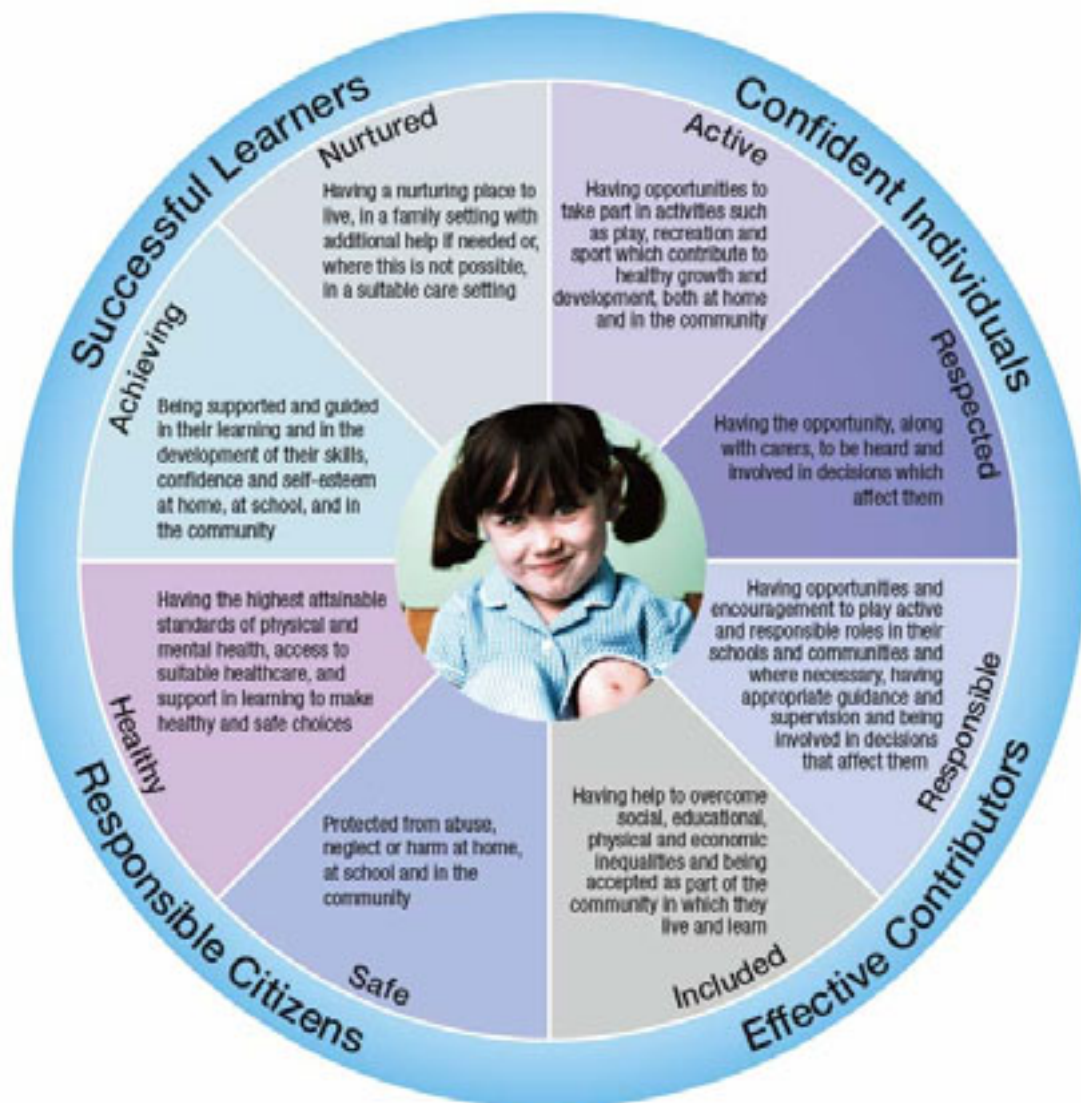
2.9 This Young Carers Strategy has been produced in the context of the development of the Scottish Government's *Getting It Right For Every Child*² (GIRFEC) approach. GIRFEC is a fundamental way of working across all statutory and Third Sector services and is the delivery mechanism for improving outcomes for children and young people.

² <http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec>

2.10 *GIRFEC* is a partnership approach that puts the child, including those with caring responsibilities, at the centre. It identifies and builds on existing family and community supports to promote all children and young people’s well-being and improve outcomes.

2.11 **As the *GIRFEC* approach is adopted by Community Planning Partnerships, support for young carers will be provided earlier and become more integrated and responsive to their needs. There will also be better information gathered about those who are carers.**

2.12 *GIRFEC* has identified eight areas of well-being as areas in which children and young people need to progress in order to do well now and in the future. These are illustrated in the following diagram:



2.13 The impact of caring can significantly reduce children and young people's opportunities and their hopes and dreams for the future. This Young Carers Strategy, together with the implementation of *GIRFEC* across the Third Sector and statutory services, will combine to help to address the negative impact of caring and to build on the positives.

2.14 Together these developments will make a significant contribution to ensuring that young carers achieve the outcomes that we have outlined in our National Performance Framework:

- our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- our children have the best start in life and are ready to succeed.
- we live longer healthier lives.
- we have tackled the significant inequalities in Scottish society.
- we have improved the life chances for children, young people and families at risk.
- we live our lives safe from crime, disorder and danger.
- we have strong resilient and supportive communities where people take responsibility for their own actions and how they affect others.

2.15 The Care 21 Report also highlighted the need for unpaid carers' issues to be integrated into policy planning. This sought to ensure that young carers feature high on the agendas of policy makers and practitioners and that universal services, such as schools and health services, contribute even more to identifying and supporting young people who provide care.

2.16 In developing this Young Carers Strategy we have therefore made direct links with other Scottish Government policy developments relevant to children and young people. In addition to *GIRFEC*, we have sought to highlight young carers' issues and interests in the work that is underway on, for example:

Curriculum for Excellence³: Curriculum For Excellence aims to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18. With the full implementation of CfE from August 2010 everyone within a learning community, whatever their contact with children and young people, will share responsibility for creating a positive ethos and climate of respect and trust where attention is given to all pupils' wellbeing. Curriculum for Excellence provides opportunities and support that is tailored to the needs of the individual learner so that every child and young person can develop the attributes, knowledge and skills they will need if they are to flourish in life, learning and work and to be effective contributors, successful learners, confident individuals and responsible citizens.

Additional Support for Learning⁴: The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) provides a framework for local authorities and other agencies to identify and address the support needs of children and young people who face barriers to their learning. The Act recognises that all children or young people may need additional support, long or short term, to help them make the most of their school education. It also recognises that there are a number of factors which could lead to a child or young person requiring additional support, including being a young carer, not attending school regularly, experiencing a bereavement or are living with parents who are abusing substances or who have mental health problems. The Act recognises that some children, including young carers, need extra support to help them learn. It requires local authorities to identify and support children with additional support needs.

Children Affected by Parental Substance Misuse: This policy work builds on the 'Road to Recovery; A New Approach to Tackling Scotland's Drug Problem⁵'. It recognises that children who live with parents with drug and/or alcohol problems are amongst the most vulnerable in society. Many young carers are living in these situations and are caring for their parent and/or siblings, or have to look after themselves.

³ <http://www.scotland.gov.uk/Topics/Education/Schools/curriculum/ACE>

⁴ <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL>

⁵ <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

Valuing Young People⁶: The Scottish Government and COSLA jointly produced this practical resource, which identifies the links between policy, national outcomes and children's rights. With particular reference to *GIRFEC* and the Early Years Framework, it outlines a set of common principles that have been adopted by key agencies who are working together to enable young people to achieve their potential.

More Choices, More Chances⁷: More Choices, More Chances is an action plan to reduce the proportion of young people not in education, employment or training in Scotland. Its actions seek to ensure that young people are able to access the universal services from which they should benefit, whilst catering for young people who need additional support. More Choices, More Chances recognises that young carers are amongst those young people who do not move on to positive and sustained destinations when they leave school.

2.17 Together these policy drivers and the actions resulting from them will make a significant contribution to ensuring that young carers are better identified and supported, that their well-being is improved and that they achieve better outcomes.

Young Carers' Views

2.18 In developing this strategy we have taken into account the views of young carers themselves. These have been gathered through direct contact with young carers, through representations from the Scottish Young Carer Services Alliance and, in particular, through consultation with the 800 young carers who participated in the Scottish Young Carers Festivals in 2008 and 2009.

2.19 At the festivals, young carers highlighted many positives about the support they receive, particularly from dedicated young carers' services. However, they also identified a number of priority areas for improvement. These included the need for: sustained funding for young carer services; increased awareness and understanding of young carers and the support they need, by teachers, GPs and social workers; national recognition, respect and understanding of young carers; increased support for young

⁶ <http://www.scotland.gov.uk/Publications/2009/04/21153700/0>

⁷ <http://www.scotland.gov.uk/Publications/2006/06/13100205/0>

carers aged 18-25 years; and more awareness-raising training about caring for people with mental health issues.

2.20 This Young Carers Strategy aims to promote actions that will help to address these priorities. Young carers' comments and experiences are included throughout the strategy.

2.21 As young carers have informed the development of this strategy, it is important that they also provide feedback on its implementation. The Scottish Government intends to support this through funding a further festival.

ACTION POINT 2.1

The Scottish Government will provide the Princess Royal Trust For Carers with funding of £150,000 to deliver a Scottish Young Carers' Festival in 2011. As well as achieving the aims of earlier festivals, this fourth festival will give young carers an opportunity to provide feedback, from their own perspective, on the implementation and impact of this strategy and *Getting It Right For Every Child*.

Defining Young Carers

2.22 There are a number of definitions of a 'young carer', which are consistent and share common themes (see for example; Social Care Institute of Excellence⁸; Princess Royal Trust For Carers⁹).

“A young carer is a young person who looks after someone who is ill, and cannot manage to look after themselves and is sometimes in hospital.”

Sandra, 11 years

“As a young carer I know that I have to look after my Mum and help her to get better and I know that she is not able to do things for herself.”

Fiona, 9 years

2.23 Saul Becker's¹⁰ definition of young carers has been adopted by The Blackwell Encyclopaedia of Social Work as:

⁸ <http://www.scie.org.uk/publications/briefings/briefing11/index.asp>

⁹ <http://www.carers.org/who-is-a-carer,118,GP.html>

¹⁰ Becker S. "Growing Up Caring; Vulnerability and Transition to Adulthood" (2000) Joseph Rowntree

“children and young people under 18 who provide or intend to provide care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult.”

“The person receiving care is often a parent but can be a sibling or other relative who is disabled, has chronic illness, mental health problems or other condition connected with a need for care, support or supervision.”

2.24 The Care 21 Report¹¹ provided a more succinct definition of a young carer ***“as a child or young person aged under 18 who has a significant role in looking after someone else who is experiencing illness or disability.”***

2.25 These definitions convey the essence of what it means to be a young carer: as a child or young person, a young carer has more significant responsibilities and demands than are appropriate for their age. The definitions also help to understand more about the young people with whom this strategy is concerned.

2.26 However, we also need to be aware that young carers are individuals. They come from different social, economic and ethnic backgrounds and with a range of experiences. They live in urban and rural areas, with siblings or alone, in two parent and lone parent families. Although young carers have ‘caring’ in common, the amount and type of care that they provide may vary greatly, as will its impact on their health and well-being.

2.27 All partners must also acknowledge that caring is not necessarily static and constant. Family circumstances can change and other adults can begin to contribute or can withdraw support. The effects of a parent’s or sibling’s illness or disability, or of a parent’s misuse of alcohol or drugs, can also change over time, or dramatically, affecting the time and intensity of care given by the young carer. The services that support young carers need to be flexible and responsive to address these changes.

¹¹ <http://www.scotland.gov.uk/Publications/2006/02/28094157/0>

2.28 Further, it is also important to recognise that many young carers do not identify themselves as carers. Instead, they see what they are doing as a natural extension of family relations and as their responsibility as a son, daughter, brother or sister. Many are happy to make this contribution and it can often be beneficial. However, in many situations the impact of the young carer's contribution can be to their detriment.

2.29 If young people do not recognise themselves as young carers or do not want to be seen as such they will not necessarily know where to get the information or support that can help to meet their own needs. This is a challenge for this strategy and for services working with and supporting young people who are providing care. However, in placing the child at the centre, *GIRFEC* focuses on the well-being indicators rather than whether or not a child is identified or defined as a 'young carer' and so helps to address this challenge.

Who this strategy is for

2.30 The Young Carers Strategy will be of interest to identified young carers themselves. It will provide them with information on what support is available and on what the Scottish Government and COSLA intend should be done in order to improve this support.

2.31 This Young Carers Strategy is important and relevant to anyone concerned with the care, protection, welfare and development of Scotland's children and young people. As so many young carers have not been identified, this strategy is not just for those working with young people who are known to provide care. It is also for many others who are supporting Scotland's young people more generally.

2.32 This is a strategy for practitioners, managers and planners in statutory services and the Third Sector. It will be of interest and relevance to those working with children and young people in education, health, youth and community work and in social work services. It is relevant to those partners who have committed to adopting the principles outlined in 'Valuing Young People'.

2.33 By presenting the issues faced by young people who provide care, and by highlighting positive responses, this strategy aims to

increase awareness of young carers. With greater awareness, those who are involved in supporting young people generally will be better able to identify which of them are carers. That will enable them to respond sensitively to the challenges and issues that affect the young carers' lives, that impact on their health and well-being and that limit their childhood.

2.34 One of the most effective ways of relieving young carers of detrimental caring responsibilities is for health and social work services to provide adequate support to meet the cared-for person's needs – support that does not rely on inappropriate caring by a child or young person.

2.35 This strategy is therefore also for those providing care and support to adults or children affected by disability. These practitioners and professionals have a crucial role in considering the impact of the disability, illness or addiction on children and young people in the household.

2.36 This strategy is also for the dedicated young carer services across Scotland. There are nearly 50 such services providing emotional support, group work, information, school-based work and training. They also provide opportunities for young carers to have social contact, enjoy activities, to have fun and to enjoy breaks from caring.

“The Young Carers’ Project means so much to me and I have met loads of new people and have become involved in many new things I may not have had the opportunity to do so otherwise. Most importantly people at the project listen to me and understand me.”

Alexander, 16 years

2.37 Workers in these services understand and are responding with great commitment to the issues affecting young carers. However, this strategy will provide them with other ideas and opportunities to enable them to work more effectively, particularly in partnership with school staff, nurses, GPs, social workers and others, to identify and support young carers.

Resources

2.38 Since this Government assumed office in May 2007 it has invested over £15m in support to carers. Some of this benefits young carers, for example, in respect of NHS Carer Information Strategies and in the provision of additional short breaks from caring. Some of this funding carries forward to 2011.

2.39 In addition, the Scottish Government has given over £800,000 to support specific work with young carers. This includes the funding of three Scottish Young Carers festivals; a Mapping Exercise to identify the level of services to young carers across Scotland; specific young carers' projects; a national Mental Health Development Worker; the development of a toolkit to help identify young carers in primary schools; and support for young carers into employment/training.

2.40 Furthermore, local authorities provide funding to support young carers. Some local authorities directly provide support to young carers, while others support carer centres, dedicated young carer services and other Third Sector providers through grants and contracts.

Challenges

2.41 This strategy is being published in a difficult economic climate, with pressures on public finances, and at a time when the population is aging significantly. It is difficult to predict with certainty the duration of the economic difficulties. However, it is clear that public spending will be under considerable pressure over the next few years.

2.42 Despite the economic challenges, local authorities and Health Boards will commit to delivering incremental improvements in support for carers, recognising that on the present patterns of service delivery demand on statutory health and social care provision is unsustainable.

Opportunities

2.43 Acknowledging these realities and challenges invites us to think about new approaches and ways of working. We need to consider approaches that enable existing resources to be used differently and to go further, by improving partnership working, removing bureaucracy, reducing duplication and focussing on front-line delivery.

2.44 Many of the responses that young carers themselves ask for are not resource-intensive. While many practitioners are supportive, young carers tell us that if greater awareness and sensitivity were shown by education, health and social services staff more widely, as well as by colleges and employers, young carers' situations could be improved significantly.

2.45 Any new approaches to identifying and supporting young carers should also reflect the Scottish Government and COSLA's joint policy commitment¹² to earlier and preventative interventions, as promoted by *GIRFEC* and in 'Valuing Young People'.

2.46 The need for earlier intervention is apparent if we recognise that relieving young carers of inappropriate demands that place them at risk and deny them their childhood, is a child protection issue, a children's right issue and a child health issue – and should thus be a high priority for all agencies working with children and young people.

Role of Scottish Government, COSLA and Partners

2.47 The Scottish Government's role in respect of support to young carers is to set out the strategic context, as we have done in this strategy. The strategic context provides the reference point, on a Scotland-wide basis, for local authorities, Health Boards, other statutory agencies and the Third Sector to locate their plans of action. The Scottish Government's lead in this area will be important to help support local implementation.

2.48 Local authorities are responsible for decisions made at local level and they are best placed, with partners, to determine local priorities. COSLA's leadership will be important to support local implementation.

2.49 The Scottish Government and COSLA expect local authorities to have regard to the key messages in this strategy and to implement the Action Points relevant to them, as local priorities dictate.

2.50 As NHS Health Boards are accountable to Ministers, it was not appropriate or necessary for them to have the same formal

¹² <http://www.scotland.gov.uk/Publications/2008/03/14121428/0>

partner status as COSLA in the development of this strategy. However, they were of course vital contributors to the work on the strategy.

2.51 The Scottish Government expects NHS Boards to support implementation of this strategy as set out in the Action Points. The Scottish Government expects NHS Boards to build on the progress made through their Carer Information Strategies (CIS), which the Scottish Government has provided funding to support over the three years to March 2011.

2.52 The Scottish Government cannot determine the priorities of the Third Sector, although we may influence them through Scottish Government funding to voluntary sector organisations to support carers. However, we encourage the Third Sector to consider and take forward the Actions within this strategy to support young carers.

Good Practice

2.53 To help address the challenges we are currently facing we also need to consider and learn from the examples of good practice that exist. The Scottish Government has received a wide range of good practice examples which demonstrate the commitment of local authorities, NHS Boards, the Third Sector and the private sector to ensuring support for carers in a meaningful and sustainable way.

2.54 It is not possible to showcase all the good practice examples in this strategy. **We are therefore publishing in a separate document the good practice examples received, as well as examples of good practice within the NHS Boards' Carer Information Strategies.** Within this strategy we make reference to some of these examples. The full transcripts are in the separate document.

ACTION POINT 2.2

Over the next 5 years, local authorities and Health Boards, with partners, will take account of good practice promoted in local authority and Health Board areas and will consider how to adopt or adapt the good practice in their area. As a first step, councils and Health Boards, with partners, will consider the good practice contained in the publication accompanying this strategy.

Duration of the strategy

2.55 The strategy spans 5 years from 2010 to 2015. We have set short and medium term priorities with clear timescales for action. We intend to keep the strategy under review to quickly take advantage of new policy, fiscal and resource developments. We will formally review the strategy in 2013. We will decide nearer the time the nature of that formal review.

Vision into Action

2.56 The Scottish Government is committed to supporting and promoting children's rights and the UN Convention on the Rights of the Child (UNCRC). This is a key strand underpinning our activity to improve outcomes for all Scotland's children and young people, including young carers. It is important that all agencies that have an impact on the lives of young carers promote and protect their rights, taking into account:

Article 2 – All rights apply to all children without discrimination and children should be protected from discrimination.

Article 3 - In all actions concerning children, the best interests of the child shall be a primary consideration.

Article 6 – Every child has the right to life, survival and development.

Article 12 – Every child who is capable of forming their own views has the right to express those views freely.

2.57 The demands made on young carers can deny them some of their UNCRC rights. Their caring responsibilities can impact on their right to enjoy appropriate leisure, recreational and play activities (Article 31), can restrict opportunities to join groups and clubs or spend time with friends (Article 15) and can have a detrimental effect on their education (Articles 28 and 29).

2.58 To help identify and address these barriers it is vital for young carers that the key principles outlined above and any other relevant rights, including their right to information (Article 17), are promoted by those agencies that have an impact on their lives.

2.59 Our vision is that:

By 2015, increasing numbers of young carers will be effectively identified and supported by statutory and Third Sector services using the *GIRFEC* approach. This will include the provision of an assessment, information, advice and a range of supports. These will combine to relieve young carers of inappropriate caring roles, to promote their rights under the UNCRC and enable them to be children and young people first and foremost.

2.60 The vision also means that young carers will:

- Have their rights respected and promoted
- Be treated at all times with respect and dignity
- Be treated as individuals and have any particular or special needs recognised
- Be relieved of inappropriate caring roles and able to enjoy their childhood
- Have a life outside of their caring role
- Be supported to stay physically and mentally well
- Be informed through having access to information, advice and support
- Be involved and empowered in making an age-appropriate contribution to caring.

3. PROFILE OF YOUNG CARERS

Prevalence

3.1 Some studies have estimated there to be over 100,000 young carers in Scotland, which is 1 in 10 of the school age population. However, there are variations in the estimated number because different definitions of a 'young carer' exist and because universal services do not keep information on the numbers of young carers they are working with. Further, children and young people who provide care do not always see themselves as 'young carers'.

3.2 Some young people perform a caring role without it being to their detriment and very much see this as a normal part of family life. Other young people do not want to be identified as a 'young carer' for fear of stigma, or being labelled and treated differently.

3.3 Some 'young carers' identify strongly with the term, as it recognises and describes what they do and defines important aspects of their life. It gives them identity, in common with other young people and conveys the contribution they make to looking after a loved one.

3.4 Some young people provide care to adults who also don't recognise the young person as a 'young carer'. Other adults are fearful of the kinds of interventions that statutory services may make and therefore don't allow services into the home, or avoid sharing information with professionals on how much care the young person is providing.

Census 2001

3.5 The last Census included a question to help identify the numbers of unpaid carers in Scotland, their ages and the impact their caring contribution made on their own health. This identified 16,701 young people in Scotland who were recorded as providing some unpaid care (see **Appendix 3**).

3.6 The Census indicated that 13,511 young people were providing less than 20 hours care each week, 3,190 were providing more than 20 hours care each week, with 1,364 providing over 50 hours.

3.7 We need to be aware that the impact of caring need not correspond to the number of hours caring. For example, during the night some young carers will be up for a short time, but on a number of occasions. They may only be caring for a few hours in total, but the impact that this has on them may be very significant.

3.8 In 2012, following the next Census, the Scottish Government will analyse the data on young carers in order to compare this to the previous Census and other reliable data sources.

3.9 However, as Saul Becker¹³ cautions, because the Census tends to be completed by adults these figures should be seen as “minimums”. He highlights that there are many thousands of young people living in households where someone is affected by substance misuse, illness, disability or mental health problems, where they may be called upon to perform caring roles. While they may be *affected* by their parent or sibling’s condition this does not necessarily mean they are providing care, or that their caring is “regular, significant or substantial” and to their detriment.

Other Sources

3.10 Other approaches to gathering information on the number of young carers in Scotland have identified much higher numbers than the 2001 Census. Four small-scale studies (see Appendix 3) found that 10% and 13.5% of respondents identified themselves as young carers. Applying these figures to the school age population suggests that there could be between 80,000 and 115,000 young carers in Scotland.

3.11 However, these studies were based on relatively small samples and may have taken a broad interpretation of the term ‘young carer’. While they suggest that there may be high numbers of young carers in Scotland, these studies only provide very approximate numbers of the possible young carer population in Scotland.

3.12 The approaches and principles being advanced by *Getting It Right For Every Child* provide an opportunity to address some of the issues around young carers as a ‘hidden

¹³ S.Becker (2007) “Global perspectives on children’s unpaid caregiving in the family” - Global Social Policy, Vol. 7, number 1, pps 23-50

population'. With its focus on well-being indicators, *GIRFEC* seeks to identify *all* the needs of a young person, rather than just those associated with a particular role or label.

3.13 As the implementation of *GIRFEC* continues across Scotland there may be less need to identify young people specifically as 'young carers'. In the meantime, however, further action is necessary.

ACTION POINT 3.1

The Scottish Government will make the information on young carers through surveys such as the Scottish Household Survey and Scottish Health Survey accessible to researchers, care providers and the public through its website and publications.

ACTION POINT 3.2

In respect of the 2011 Census, the views of young carers' organisations will be taken into account in deciding what analysis tables will be produced for the General Register Office for Scotland 2011 Census website.

ACTION POINT 3.3

The Scottish Government through ScotXed will introduce a classification of 'young carers' in the 2011 school census, which will report on the numbers of young carers who have been identified in schools. This will provide a baseline number and raise awareness of young carers, resulting in more being identified and supported.

Profile of Young Carers

3.14 Becker and Dearden¹⁴ studied the profile of young carers in 2004 by sourcing information from 87 dedicated young carer services across the UK, in respect of 6,178 young carers. This information (see Appendix 3) provides a helpful overview of the characteristics of young carers and caring, which likely reflects the situation in Scotland.

3.15 It highlights that: many young carers are living in lone parent families; the average age of young carers is 12 years; most are

¹⁴ C.Dearden and S.Becker (2004) – "Young Carers in the UK; the 2004 report"

caring for someone with a physical health problem; just over half are caring for their mothers and a third for a sibling; many are providing emotional support, in addition to more practical help and personal care; one in ten are caring for more than one person; half the young carers are caring for 10 hours or less, one third for 11-20 hours and 16% for over 20 hours; caring can be a long-term commitment and can start at an early age.

3.16 There may be value in determining whether the 3,500 Scottish young carers currently being supported by dedicated services have similar characteristics to those identified by Dearden and Becker, or whether there are any differences. This would help to identify and aggregate need, and hence to define priorities for support.

ACTION POINT 3.4

By 2012 the Scottish Government will seek to commission research to gather information on the characteristics of young carers in Scotland being supported by dedicated young carers' services.

3.17 The Dearden and Becker research did not identify the numbers of young carers affected by parental substance misuse as this was included in the "mental health" category. This may be something we would want to address in any Scottish research.

Specific Groups of Young Carers

3.18 It is important to acknowledge that while all young carers are individuals, they may also have some common experiences. Some young carers will also be amongst other specific groups who have particular challenges of their own to overcome.

Young Lesbian, Gay, Bisexual or Transgender (LGBT) Carers

3.19 Young LGBT carers have to deal with issues around identity and sexuality at the same time as having to undertake caring responsibilities. These demands can affect their ability to form friendships, to access services and to source the necessary support to overcome these challenges. They may fear discrimination and stigma, as a result of both their sexuality and their caring responsibility, which may be to the detriment of their mental wellbeing.

ACTION POINT 3.5

Recognising the particular challenges facing young LGBT carers, the Scottish Young Carers Services Alliance will work in partnership with LGBT Youth Scotland in order to develop information, advice and support for LGBT Young Carers.

Young Carers in Rural and Remote Areas

3.20 Young carers living in rural and remote areas face particular challenges. There may be a lack of services, or those services that are provided may not be available when the young carer needs them. Limited public transport options can affect young carers' opportunities to attend groups and activities and to have contact with their peers, resulting in further isolation. The cost of travel, of public transport and of goods and services can be greater, impacting significantly on those families on lower incomes.

3.21 Rural and remote communities are often more close-knit than in urban settings and can be supportive to families where someone is affected by a disability. In these circumstances, young carers may be also be better supported, with friends and neighbours relieving them of some of their caring responsibilities.

3.22 However, in smaller communities families may not enjoy as much privacy, and the stigma associated with mental health or substance misuse difficulties may be felt more acutely. Young carers in rural and remote areas may have to deal with the social and psychological effects of this without being able to readily access the support that may help them deal with this.

3.23 In addition, in rural and remote areas some families are reluctant to seek help from health and social care services as they may know the practitioners personally. If families are struggling to cope without support, young carers may have to take on additional responsibilities and deal with more onerous demands.

Young Adult Carers

3.24 For young people approaching adulthood the challenge of leaving school, entering further education or employment and leaving home can be difficult.

3.25 **These challenges are often compounded for young carers, for whom caring can have a cumulative effect,**

resulting in social isolation and impacting on their self-confidence and mental health. The demands of caring can lead to children and young people not fulfilling their potential at school, which can limit older young carers' future opportunities. (Further information on Young Adult Carers is included in chapter 8.)

3.26 The 2001 Census highlighted 21,115 people between the ages of 18 and 25 providing unpaid care in Scotland (see **Appendix 3**). Of these, 15% were providing between 20-49 hours each week and 11% were providing more than 50 hours care. This is a significant commitment to make at a time when these young adults might otherwise be moving into employment, further education and training, achieving greater independence, developing their own relationships and starting their own families.

Black and Minority Ethnic (BME) Young Carers in Scotland

3.27 To date no substantive research has been carried out into Scotland's BME young carer population. Young carers are generally a 'hidden' group and BME young carers may experience further isolation. They are under-represented in the numbers supported by dedicated young carers' services and there is no specific BME young carers project in Scotland.

3.28 There are also some indications that the number of BME young carers may be proportionately greater than the number of young carers within the majority population due to the higher levels of poverty, ill health and general disadvantage within some Minority Ethnic populations.

3.29 Racial stereotyping about the prevalence of the extended family and a belief that "they look after their own" can result in little or no service being provided. In addition, practitioners may be reluctant to intervene in what they perceive as a cultural matter for fear of being seen as insensitive or racist.

Other Groups

3.30 There are some communities of young carers we know very little about, most notably: refugees, asylum seekers, gypsy travellers and young carers who themselves have disabilities. The Scottish Government will consider the need for research in this area.

ACTION POINT 3.6

In 2011-12 and beyond, local authorities, Health Boards and all carer support organisations are to identify carers and young carers in the hard to reach groups, including BME carers.

ACTION POINT 3.7

In 2011-12, the Scottish Government will draw up a specification and seek to commission research on young carers in communities we know little about, including BME young carers, new migrant workers and gypsy travellers.

ACTION POINT 3.8

The Scottish Government, with COSLA and partners, will ensure that all the Action Points in this strategy are taken forward in ways which fully address the equalities perspective.

4. THE EFFECTS OF CARING ON YOUNG CARERS

4.1 Many children and young people who provide unpaid care are not identified as young carers. By developing their understanding of the effects of caring, all professionals and agencies working with young people will be better able to identify young carers, understand their circumstances and behaviours and intervene earlier and in a supportive way.

The Positive Effects of Caring

4.2 Contributing to the care of a family member or friend with a disability or illness can be a positive experience for a young person. It can be an expression of commitment and affection, which can serve to strengthen the relationship between the young person providing the care and the person receiving the care.

4.3 **By making an important and positive contribution to family life, the young carer can feel more valued and included. The caring role can give young carers a sense of responsibility and identity, and can build self-confidence and esteem.**

4.4 **Providing care can also enable a young person to develop personally and to gain life skills.** For example, as a result of the contribution they make and the responsibilities they take on, young carers can achieve greater maturity and resilience, can develop problem-solving and coping skills and can become more independent. Caring can also enhance practical skills in managing money, maintaining a home, providing child care, organising appointments and liaising with professionals.

“Being a young carer means I can make sure my mum's ok, and I can feel proud of myself for ensuring she's safe and stable. You get to feel proud and like you're really making a difference to someone in a good way. You learn skills about how to be independent and be able to function when I move out. We are more understanding and accepting of the problems faced by others.”

Rachel B, 17 years

The Negative Effects

4.5 While many young people will benefit from making a caring contribution, this strategy is primarily about those for whom caring has a potentially negative and detrimental effect.

4.6 **When young people are required to take on too many caring responsibilities, or carry out caring roles that are not appropriate, this can have a limiting and adverse effect on their health, well-being, safety and development.**

4.7 As some domestic, personal and child care tasks have traditionally fallen to women there may be a greater likelihood of girls being required to take on these roles, rather than their male siblings. **Despite progress in gender equality issues, families and indeed some professionals may make assumptions that young female carers will forsake further education and future employment to continue to provide unpaid care.**

4.8 Other factors can also compound the effects of caring. For example: in lone parent families there may be greater pressure on young carers; in rural and remote areas there may be greater isolation and limited access to services; in poorer families it will be harder to meet day to day needs, in particular, any special needs; and in BME communities there may be cultural and language barriers to overcome before support can be accessed.

4.9 While all young carers will deal differently with the challenges and pressures they face, some possible effects of caring are summarised below.

Educational

4.10 Providing care for a relative with a disability, illness or substance misuse problem can place demands on a young carer that affect their education. This can include problems with attendance, being late for school, not being able to do homework and difficulty concentrating in class. This, in turn, can limit the young person's achievement, motivation, ambition and progress towards fulfilling their full potential.

“Sometimes I sleep on the couch in my sister's room to give mum and dad a break. It's hard to sleep because I'm afraid she'll stop breathing. It's hard to cope with school the next day cause I'm shattered”

Amy, 12 years

“I miss a lot of school time because I am tired as I may have been up helping my mum with her tablets during the night”

Roberta, 10 years

4.11 Dearden and Becker¹⁵ found that 27% of all young carers in secondary school and 13% in primary school experienced some educational problems. This increased to 40% when the young person was caring for someone with a substance misuse problem.

4.12 Young carers have highlighted the importance of schools, which can provide some sanctuary from the demands they are facing at home. They describe benefitting from positive relationships with teachers and school staff, who respond in a sensitive way to their caring role and provide support to meet their needs. The introduction of Curriculum for Excellence will enhance this.

“In my school they did understand my situation, because I talked to my guidance teacher. After that they helped me and my brothers to get transport to go and see my mum in hospital. My registration teacher was the best.”

Scottish Young Carers Festival 2009

“Sometimes teachers can help a lot as they know you are a young carer and they can help you to catch up with your work, but sometimes they do not know you are a young carer and I do not like to tell anyone as they sometimes think you are strange.”

Catriona, 13 years

Health

4.13 Caring for a relative with a disability, illness or substance misuse problem can be onerous and can have a cumulative and adverse affect on a young carer's physical health. The demands

¹⁵ C. Dearden and S. Becker “Young Carers in the UK; The 2004 Report”

of carrying out moving and handling procedures can, over time, cause neck and back problems and affect a young carer's physical development.

4.14 Having to take on responsibilities that would normally fall to an adult - like providing intimate care, managing a home, or undertaking child care - can lead to a young person experiencing mental health difficulties such as depression and stress. In her research into 61 Edinburgh young carers, Cree¹⁶ found that 67% worried about their own health, 60% had problems sleeping and 30% problems eating and, most worryingly, over 30% had self-harmed or had had suicidal thoughts.

4.15 If a young carer is living in a family where a parent misuses alcohol or drugs, they may lack positive parental support and guidance and may have to fend for themselves, to self-care. This may result in a poor diet, health and hygiene or the young person missing immunisations, health checks and dental appointments, to the detriment of their own health and development. Young people in this situation may also be exposed to criminality and to risks to their safety from unknown adults visiting their home.

4.16 In some situations, for instance, caring for a parent with a mental health or substance misuse problem, with a brain injury or with Huntington's disease, a young carer may be exposed to challenging, unpredictable behaviour, with threats of, or actual violence. These young people may already be socially isolated, due to the stigma associated with the illness.

Social

4.17 The demands of caring can limit young carers' free time and their opportunities to enjoy social contact and friendships. The need to be at home to provide care can curtail their ability to join their peers at clubs and groups, after school, in the evening and at weekends. A family member's disability, illness or addiction may also make them reluctant to bring friends home. **These factors can combine to isolate and marginalise young carers, to make them feel "different" and to cause others to question or ridicule them for not fitting in.**

¹⁶ V. E. Cree "Worries and Problems of Young Carers; Issues for Mental Health" in Child and Family Social Work (2003) 8, pp 301-309

“I cannot go out and play with friends because I have to help my Dad and my little brother who has autism and he is not able to tell my Dad what is wrong.”

David, 14 years

Psychological

4.18 Missing out on opportunities and being denied aspects of their childhood can have an adverse affect on young carers’ psychological and emotional well-being. Seen as “different” from their peers, who don’t understand what they are dealing with at home and why they can’t join in activities, young carers can also experience bullying. This can result in confrontation, further isolation and exclusion, it can damage their self-image and it can cause them to be more secretive about their home life.

“You can't really tell people about your home life, it's kind of a "taboo" subject. Most of us don't receive help until we're at breaking point. I don't get to see my friends as much as I'd like to, and have to make really bad excuses why I'm upset or can't go out. Plus I'm more tied to what I can do and where I can go for my own life.”

Rachel B, 17 years

4.19 Many young carers live with constant anxiety about the health or prognosis of the person they are caring for.

4.20 In addition, when caring for someone with mental health difficulties, HIV/AIDS or Huntington’s Disease the young carer may be dealing with the associated stigma, as well as with fear and **uncertainty about the possible implications for their own future health.**

“I want to know if I'm going to get epilepsy. My mum has lost teeth and has bruises all over from when she falls. No one can tell me if I will. I just try not to think about it all the time, but it's hard.”

Katie, 12 years

4.21 For some young carers the sudden onset of caring can affect previous relationships and can impact on their feelings of security. It can require them to assume new roles and

responsibilities without warning or preparation, resulting in feelings of powerlessness, anger and resentment.

4.22 If the person that they are caring for dies, the young carer will have to deal with feelings of loss and bereavement as well as often significantly changed circumstances such as having to move home and school. **Like many other transitions, the transition to no longer being a young carer can have a significant impact on a young person's psychological well-being and future development.**

“When my dad died I lost my home, my routine, my way of doing things and my important role in the family.”

Erin, 13 years

“My dad was the main carer for my mum, even though he didn't keep well himself. He died suddenly and I became the main carer for her. She suffers from epilepsy and depression....I was coming up for 17 and studying for my highersI was under enormous pressure. I was at my wits end and felt like I was drowning under all the pressure.”

Caitlin, 17 years

Financial

4.23 In her study of young carers being supported by Edinburgh Young Carers Project, Armstrong's¹⁷ findings were consistent with those of other studies, that “the majority experience economic deprivation.”

4.24 **Young carers are more likely to be living in poverty because they live with a disabled adult who is less likely to be working and more likely to be relying on benefits.** Similarly, if a young carer has a sibling with a disability, their parent(s) may have had to give up work to provide care to the disabled child, resulting in a drop in income. Further, the effects of the disability can also bring additional costs, in terms of heating the home, purchasing equipment or maintaining a special diet.

4.25 In families where parents are misusing drugs or alcohol, young carers are likely to face significant financial challenges.

¹⁷ G. Armstrong “Young Carers' Health and Well Being; A Pilot Study.”

This may result in their most basic needs not being met, as well as denying them opportunities to participate in activities with friends.

4.26 Young adult carers can also experience financial hardship in their own right, as a result of the commitment they make to providing care to a relative.

“My problem is that I had to drop out of 5th year at school to look after my mother. I get no benefits as I am under 18 so I am not entitled to Carer’s Allowance or Income Support as I still live with my mother and they say I am her dependent. But if I moved out and stopped caring for my mum, I would be able to claim benefits and rent too and also she would need a lot more support from outside. So by carrying on caring I am saving the government a lot of money, but I don’t feel supported.”

Andy, 17 years

Neglect and Abuse

4.27 In some situations young carers will be highly vulnerable to the risk of abuse or neglect. **Armstrong¹⁸ found that young carers were 7 times more likely than their peers to be referred for child protection measures.** She identified the similarity between many young carers’ circumstances and the factors known to indicate a greater risk of child abuse. She cites these as when the young carer:

- lives with a parent with a drug or alcohol problem
- has a lack of social support
- lives with a lone parent
- experiences social isolation and a lack of a confidant
- experiences stressful life events
- experiences problems with finance, housing and a family member’s health.

4.28 In the absence of consistent parental care, some young carers affected by parental substance misuse may have to look after themselves or their siblings.

¹⁸ G. Armstrong “Young Carers’ Health and Well Being; A Pilot Study.”

“Everything was fine when my mum wasn't drinking, but when she got drunk it could be for weeks at a time. My brother had to steal money out of her purse to get us something to eat out of the chippy. We were only weans, but we couldn't tell anybody case we got taken into care.”

Stephen, 12 years

5. IDENTIFYING YOUNG CARERS

5.1 Many children and young people do not see themselves as 'carers' and many are not identified as such by the universal services they are in contact with. However, when *Getting It Right For Every Child* and Curriculum for Excellence are fully implemented they will enhance health, education and social care agencies' existing commitment to identifying and meeting the support needs of all Scotland's children. This will be achieved irrespective of whether the young person is defined as being a young carer, a child with disabilities, a 'looked after child', etc.

5.2 However, this is not yet the situation across Scotland and, as the previous chapter indicated, young carers can face specific and significant risks and encounter barriers to normal opportunities. It is therefore necessary to consider what more can be done to identify young carers and to make it safe for them to self-identify and disclose that they are young carers.

5.3 One of the most consistent messages that young carers conveyed at the Scottish Young Carers Festivals in 2008 and 2009 was that professionals could do much more to identify them, in order then to provide them with the support they need but otherwise don't receive. Young carers particularly cited teachers, GPs and social workers.

Identification of Young Carers in Schools

5.4 School staff are often provided with the opportunity to identify young carers early, through their day-to-day contact, the support and pastoral care they offer, or their concern about underlying reasons for problems with attendance, achievement, attainment and behaviour. The opportunity may arise through their awareness of the child's wider family circumstances, their partnership working with parents or because professionals in other agencies have shared information about the young person's caring responsibilities.

5.5 Young carers may require additional support to help them make the most of their school education and be included fully in their learning. Local authorities have a duty to provide this.

5.6 Across Scotland there are some excellent examples of agencies working in partnership to ensure that young carers are identified and supported in their access to education. See, for example, **Skye and Lochalsh Young Carers Project**, **Stirling Schools Project** and **Action for Children North Lanarkshire** in *Good Practice Examples*.

ACTION POINT 5.1

By 2012, if they have not already done so, local authority Education Services will wish to revisit their policies, procedures and approaches for identifying young carers in schools, to reflect the impact of current policy and legislation, including Curriculum for Excellence and the Supporting Children’s Learning Code of Practice.

ACTION POINT 5.2

By 2012, if they have not already done so, local authority Education Services will wish to explore opportunities for developing partnership working with their local schools, parents and the third sector, including young carers’ services in order to improve identification of and support for young carers.

ACTION POINT 5.3

The Scottish Government will work with the Scottish Young Carers Services Alliance to produce a practice guide on young carers for teachers and schools.

5.7 The Scottish Government has provided funding to the Princess Royal Trust for Carers to commission a toolkit to assist primary school staff to identify young carers. **In keeping with COSLA and the Scottish Government’s commitment to early intervention and the early years¹⁹, this recognises that these younger carers may be particularly vulnerable and may require more intensive support to achieve positive outcomes.**

5.8 This toolkit will also highlight the importance of ensuring that relevant information about a pupil’s role as a young carer is conveyed at times of transition between schools, including between primary and secondary school.

¹⁹ The Scottish Government and COSLA, “Early Years and Early Intervention; A Joint COSLA and Scottish Government Policy Statement” (March 2008)

ACTION POINT 5.4

The Scottish Government and COSLA will promote the use of the toolkit that is currently being developed to assist primary school teachers to identify and support young carers.

Identification of Young Carers in the NHS

5.9 The potential for General Practitioners to identify unpaid carers is recognised in the Quality and Outcome Framework²⁰, which was introduced in 2004 as a system for managing the performance and payment of GPs across the UK. It requires GP practices to have “a protocol for the identification of carers and a mechanism for referral of carers for a social services assessment.”

5.10 **In providing support to a child or adult with a disability or illness, or to an adult affected by substance misuse, NHS staff are well placed to consider how this disability, illness or addiction might affect other children in the household.** They can consider whether they are young carers and assess the impact this has on their health, to then provide advice and support. See for example, **Skye and Lochalsh Young Carers Project** (in *Good Practice Examples*).

5.11 Young carers sometimes express frustration that they are assumed to be mature enough to carry out a caring role, but when it comes to consultations with GPs and Consultants regarding the cared-for person, they may be excluded - even although they may have an important contribution to make.

“GPs and doctors haven't taken any consideration into my point of view of the illness despite the fact I help my parent with this illness 24/7. It's frustrating.”

Rachel B, 17 years

“I'm 17 yet when my mum was in hospital no one would discuss my mum's situation with me. I'm her main carer and have been since I can remember. It's humiliating and frustrating not being involved in decisions about my mum yet I am considered old enough to care for her.”

Rachel O, 17 years

²⁰ Department of Health, “Quality and Outcomes Framework”

http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/OOF/DH_4125653

5.12 A range of measures are in place, or being developed, to help improve identification of young carers by NHS staff. For example, the Scottish Government has provided NHS Boards with £9m funding over three years to implement their Carer Information Strategies (CIS), which require them to:

- involve young carers and the organisations that support them
- address identification and information needs of young carers
- train staff on issues relating to young carers.

5.13 See, for example, [NHS Lothian's e-Learning modules](#), [NHS Borders consultation forum](#) and [NHS Fife's Information and Liaison Worker](#) (in *Good Practice Examples*).

5.14 Further, the Royal College of General Practitioners in Scotland has decided to make carer and young carer identification and support a priority in 2010-11 and to develop and promote guidance for all GP practices in Scotland.

ACTION POINT 5.5

In 2010-11, the Scottish Government will work with the RCGP (Scotland) on its plans to provide guidance to all GP practices in Scotland on carer and young carer identification and support.

5.15 The needs of young carers will also be better identified and addressed through young carer issues being a focus of in-service training for NHS staff.

ACTION POINT 5.6

In 2010-12, NHS Education for Scotland (NES), in collaboration with NHS Boards and the national carer organisations, will review existing training, education, and learning modules for working with young carers; identify core competencies for NHS staff in identifying and supporting carers *and young carers*; and identify packages and materials to be incorporated within core induction, education and training curricula.

ACTION POINT 5.7

NES will communicate to the relevant regulatory, professional and national bodies the importance of identifying and supporting young carers in workforce training and education.

ACTION POINT 5.8

From 2010 onwards, the Scottish Government will work with NHS Boards to ensure that identifying and supporting young carers is embedded in workforce training.

Identification of Young Carers by Social Work

5.16 In supporting people affected by disability, illness, mental health or substance misuse difficulties, social work practitioners – social workers, Occupational Therapists, Home Care Managers and social care staff – are all well placed to identify and support young carers. In some cases, where they are involved because of child protection issues, these practitioners have not only an opportunity but also an obligation to support and safeguard young people.

5.17 In carrying out assessments and reviews and in providing care and support, social work practitioners can look beyond the social or functional needs of the person with the disability, illness or addiction. **They can take a more holistic view of how this impacts on their quality of life and their opportunities, and that of other family members. They can involve any young carer in the assessment and review process and can ensure that the care package does not rely on any young person carrying out detrimental caring roles.**

“It feels like I'm invisible when people (agencies) come into the house. They don't talk to me. I care for my mum all the time, but they don't think they should be telling me anything. It makes me really angry.”

Andy, 17 years

5.18 Social work practitioners supporting children with disabilities will also wish to be sensitive to the likelihood that many of those children's siblings will be young carers.

ACTION POINT 5.9

In 2010-2011, the Scottish Government will work with the Scottish Social Services Council to identify opportunities to raise awareness of young carers' needs in Social Work qualifying training.

Identification of Young Carers by Others

5.19 With some estimates suggesting that there may be over 100,000 young carers in Scotland, and with only a small percentage being supported by dedicated services, it is important that other agencies who engage with young people recognise that a number will be young carers.

“Make more people aware of young carers so they know who we are.”

Young Carer, Scottish Young Carers Festival 2009

5.20 Youth and community groups, wider third sector organisations, after-school clubs and other child care organisations, as well as churches, and the emergency services should all be aware of the potential that young people they are in contact with may be young carers. For example, see **Skye and Lochalsh Young Carers' Project** work with the Fire and Police Services in *Good Practice Examples*.

5.21 Those agencies who have committed to the principles outlined in 'Valuing Young People' will be working in partnership to support young people to achieve their potential. 'Valuing Young People' recognises that some young people, including many young carers, benefit from earlier intervention and more intensive support to become successful learners, confident individuals, effective contributors and responsible citizens.

5.22 Alcohol and Drug Partnerships (ADPs) and the new Scottish Drugs Recovery Consortium (SDRC) can also contribute to raising awareness about young carers affected by parental substance misuse. The Scottish Government expects ADPs to engage with all relevant aspects of community planning to help secure the best outcomes both for people with addiction problems and for their carers, including young carers and families.

ACTION POINT 5.10

From 2010 onwards, the Scottish Government will promote this strategy with Alcohol and Drug Partnerships (ADPs) and with the Scottish Drugs Recovery Consortium (SDRC) and will work with ADPs and with the SDRC to help identify and support young carers affected by parental substance misuse.

5.23 With greater awareness of the existence and plight of young carers, adults working in these settings and agencies are better able to identify and support young carers who they come into contact with.

Public Awareness

5.24 Many young people providing care and support to family members affected by disability, or by mental health or substance misuse problems, will be doing so without the local community or local services being aware of this. This may be a natural feature of families enjoying their privacy, without any external intrusion and interference. However, it may also be a reaction to the stigma associated with some conditions, an awareness that children are over-burdened and a fear of what might happen if services become involved.

5.25 **Increased public awareness of the existence of young carers, the role they carry out and the demands they face, may be to their benefit as a “hidden population” and as individual young people.** Young carers have highlighted the need for this.

“Everyone should be told how to recognise a young carer as this is the only way we can get help.”

Dean, 14 years

5.26 Raised awareness of the existence of young carers, their role and contribution could also help to challenge negative attitudes about young people, about disability and particularly around some conditions. This could make it safer, more acceptable and easier for young carers to disclose the extent of their caring role. It could enable young carers to be identified sooner and to be provided with more timely support, including support that relieves them of inappropriate caring roles.

“I think it is a good idea to try and raise awareness about the things we have to do as young carers, although sometimes young carers do not want everyone to know.”

Jayne, 13 years

6. YOUNG CARERS ASSESSMENTS

6.1 A thorough, timely, individualised assessment is the key to identifying need and to accessing appropriate support. In 2002, the Community Care and Health (Scotland) Act amended the Social Work (Scotland) Act 1968 to give carers the right to request an assessment of their ability to care and extended this provision to young carers under the age of 16 years.

6.2 Despite young carers being given this right, very few receive an assessment of their contribution and needs. Of those who responded, 81% of young carers at the Scottish Young Carers Festival had not been assessed. In their 2004²¹ survey, Dearden and Becker found that only 18% of young carers surveyed had been assessed. These are low numbers considering that the young people involved had been identified and were being supported as young carers.

6.3 There may be particular reasons why young carers aren't offered a Carer's Assessment. The contribution of young carers may be overlooked as the focus is on the cared-for person. If the young carer is caring for an adult, the Social Worker involved may be from an Adult Social Work Team and may not feel responsible for carrying out an assessment of a child or young person.

6.4 Also, young carers may feel disempowered, may not be aware of their entitlements and may be unable to assert their rights. Bibby and Becker²² observe that young carers experience a double disadvantage, as children and young people they are attempting to deal with adults, and as carers they are lay individuals dealing with professionals.

6.5 The limitations of Carers Assessments for identifying the needs of young carers and the low take-up, as well as possible issues about who is responsible, combine to suggest that a different approach is needed. *Getting It Right For Every Child* provides such an approach.

²¹ C. Dearden and S. Becker, "Young Carers in the UK; The 2004 Report" (2004), Loughborough University

²² A. Bibby and S. Becker, "Young Carers in Their Own Words" (2000) London: Calouste Gulbenkian Foundation

6.6 *GIRFEC*'s unified approach provides assessment tools and a framework for use by practitioners in *all* agencies to gather and analyse information about a young person's strengths, pressures and support needs. It actively involves the young person in the assessment and the action planning.

6.7 The three components of the *GIRFEC* practice model (see **Appendix 4**) are:

- The eight *Well-being Indicators* (safe, healthy, active, nurtured, achieving, respected, responsible and included) are used to record observations, events and concerns and to inform a child's plan.
- The *My World Triangle* helps practitioners inform their assessment through a better understanding of a child or young person's whole world.
- The *Resilience Matrix* can be used to weigh up the balance between vulnerability and resilience, and between adversity and protective factors.

6.8 In applying a *GIRFEC* approach, practitioners will combine some or all of the following actions in the way most appropriate to the child or young person's needs:

1. Using the *Well-being Indicators* to **record and share information** that may indicate a need or concern and then taking action as appropriate
2. Using the *My World Triangle* to explore this information and to **gather further information** about a child or young person's needs
3. Using the *Resilience Matrix* to help **organise and analyse information**
4. **Summarising needs** against the *Well-being Indicators*
5. **Constructing a plan** and taking appropriate action
6. **Reviewing the plan.**

ACTION POINT 6.1

The Scottish Government will continue to support the full implementation of the GIRFEC programme and practice model. We will support Community Planning Partners to work with members of the Scottish Young Carers Services Alliance to support their efforts to incorporate a GIRFEC approach into their policies and practice.

6.9 In addition, the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended in 2009) places a duty on local authorities to make arrangements to identify children and young people's additional support needs.

6.10 A parent or young person may ask a local authority to assess whether a child or young person has additional support needs and if they require a Co-ordinated Support Plan (CSP). A CSP is a statutory document which is subject to regular monitoring and review. Education authorities must have arrangements in place to identify those children and young people who need a CSP. Not all young people with additional support needs will require a CSP and a CSP is not a precursor to the delivery of services.

6.11 These approaches do not preclude the need for specialist assessments. Many young carers' services have developed their own assessments to inform their work with individual young carers.

ACTION POINT 6.2

The Scottish Young Carers Services Alliance will encourage and support dedicated young carers' services to review their assessment models in light of the development of the GIRFEC programme.

7. SUPPORTING YOUNG CARERS

7.1 This chapter outlines the approaches, services and supports that can offset the negative effects of caring and can make a positive difference to young carers' lives, experiences and outcomes. Its contents reflect the earlier findings of the Care 21 Report, contributions from members of the Young Carers Strategy Steering Group and feedback received from young carers, including from the two Scottish Young Carer Festivals.

7.2 Aldridge and Becker²³ propose a preventative model for supporting young carers. This highlights the need to provide better support to the cared-for person to prevent young people from becoming young carers. It also recognises the inevitability of young people providing some care and support to family members with disabilities and it thus seeks to minimise any negative impact that this has on their welfare and development.

7.3 This is consistent with the approach promoted by the Scottish Government and COSLA in their joint statement on 'Early Years and Early Intervention',²⁴ issued in March 2008.

7.4 This statement highlighted the need to: anticipate the risks of young people not achieving positive outcomes; take action to ensure these risks don't materialise; and make effective interventions where the risk occurs.

Support to the Cared-for Person

7.5 The most effective way of ensuring that young carers are relieved of inappropriate caring roles that impact on their own care and well-being is by health and social care services providing adequate care and support to the cared-for person.

7.6 Support for young carers can be a child protection issue, a child health issue and a children's rights issue. Practitioners working with people with disabilities, ill-health or affected by substance misuse will wish to consider the impact that these conditions can have on any children in the household.

²³ J. Aldridge and S. Becker "Prevention and Intervention; Young Carers and Their Families." (April 1997) Loughborough University

²⁴ The Scottish Government and COSLA, "Early Years and Early Intervention; A Joint COSLA and Scottish Government Policy Statement" (March 2008)

“Social Workers helped me and my brothers, but not my mum. Which means if you don’t help her.....you aren’t helping me at all.”

Young Carer, Scottish Young Carers Festival, 2009

7.7 By carrying out holistic and personalised assessments, social work practitioners working with people affected by disability, illness or addiction can consider the wider impact of these conditions on the family and can determine whether children in the household are young carers.

7.8 By avoiding making assumptions about any young carer’s caring contribution, services and support can be provided that meet the assessed needs of the cared-for person and, at the same time, protect their children from carrying out inappropriate caring roles.

7.9 When assessing parents affected by disability, illness or addiction, health and social care practitioners will wish to consider whether these conditions have an impact on their ability to meet child care and parenting demands. This may highlight the need for particular, family-oriented interventions that ensure adequate care and protection for vulnerable children and young people.

7.10 The provision of appropriate and adequate support to the cared-for person can reduce the risk of young people becoming carers and of young carers reaching crisis. **Timely intervention can prevent the need for more reactive and intensive child protection measures. Preventative measures help improve family members’ care and welfare and also strengthen family cohesion.**

Young Carers’ Services

7.11 There are nearly 50 dedicated young carers’ services across Scotland, supporting around 3,500 young carers. All but 3 local authority areas in Scotland have a service dedicated to young carers. These young carers’ services meet together under the Scottish Young Carer Services Alliance.

7.12 Young carers’ projects provide a range of services that seek to identify and support young carers, to prevent the negative impact caring can have and to improve young people’s outcomes. In 2009, the Scottish Government funded a

Mapping Exercise²⁵ of young carer services. This identified the types of support provided by young carers' projects, as follows:

SERVICE	Percentage of projects providing this
Emotional support	89.7%
Group activities	76.9%
Information and Advice	53.8%
Training	23.1%
Respite breaks and holidays	74.3%
Advocacy	51.3%
Family work	30.7%
Work with schools	35.9%

7.13 The main services provided by young carers' services across Scotland are around; *emotional support and counselling*, provided through one-to-one contact; *group activities*, which provide opportunities for new experiences and outings; and *respite breaks* allowing "time out" of caring, as well as holiday opportunities that the young carers would otherwise not be able to experience.

7.14 Some young carers' services also develop support for specific groups of young carers, recognising that they may have particular issues to deal with around gender or the cared-for person's condition. See, for example, **Edinburgh Young Carers Project Girls Group** in *Good Practice Examples*.

7.15 Young carers consistently provide very positive feedback on the support that they receive from dedicated young carer services, on the difference it makes to their lives and on the commitment of the staff that support them.

"They offer support and opportunities to discuss the issues we face on a daily basis. They help us a lot with family problems."

Young Carer, Scottish Young Carers Festival, 2009

"Always have that shoulder to cry on. First person I would talk to about anything. They are awesome."

Young Carer, Scottish Young Carers Festival 2009

²⁵ PRTC – Mapping of Services to Young Carers in Scotland, May 2009

“My young carer group has the best leaders. They help in every aspect of my life. And the best young carers too. I love my group.”

Young Carer, Scottish Young Carers Festival, 2009

7.16 In attending young carers’ projects, young carers highlight the benefit of being with people who understand their situation. Their contact with other young people in similar circumstances enables them to recognise that they are not alone. They feel safer and more comfortable in sharing their experiences and they are able to be better supported by their young carer worker and their peers.

“I honestly say I love my group so much and it has helped me to feel really confident. I also feel as if I can be more open about my situation and feelings. I absolutely love the staff and the girls and I know for certain they will always be my friends. I feel comfortable with them and we have hundreds of laughs and lots of memories.”

Brooklynn, 15 years

7.17 While many groups consider the issues that young carers have to deal with, young carers sometimes don’t want to discuss their caring situation for reasons of privacy, concerns about stigma or just because they want to leave it at home. The group activities and opportunities provided by young carers’ projects enables them to have a break from caring, to have fun and to enjoy their childhood.

7.18 As well as providing direct support to individual young carers, many of the services promote the importance of supporting and identifying young carers in their work with other professionals and agencies. Young carers’ services participate in joint working in respect of individual young people and they also represent young carer interests at a service and strategic level. See, for example, **Dumfries and Galloway’s Young Carers Strategy** or **For Highland’s Young Carers**, both in *Good Practice Examples*.

7.19 Despite the benefits that young carers gain from young carer services many of these services face real challenges in their capacity to meet demand and in terms of their continuing funding. This has resulted in increasing numbers of young carers being placed on projects’ waiting lists for service, and young carer

workers having to reduce hours, reduce activities and opportunities and focus more time on fundraising.

7.20 In response to this, and with support from the Scottish Young Carers Services Alliance, young carers' services are considering;

- the services and models of support that they provide
- their eligibility criteria and how best to target scarce resources
- how best to share information and resources across the network
- approaches to raising young carer issues up partners' agendas
- how best to respond to national and local policy drivers
- how to evidence effectiveness to Community Planning Partners.

7.21 One study²⁶ provides evidence of the economic value of investing in young carers' services. "At What Cost To Young Carers?" concluded that ***"for every pound invested in a young carers' project the saving to the Exchequer and wider society is £6.72"***.

7.22 The researchers considered the extent to which young carers' services could impact on some important issues. They identified the savings that could be achieved as;

- avoiding being taken into local authority care: £50,574
- improving a young carer's schooling: £47,931
- avoiding a teenage pregnancy: £130,405
- supporting a young carer to care: £7,827

7.23 Taking all the available evidence into account the researchers estimated that young carers' projects have an 11% impact on reducing truancy, a 1% impact on reducing the risk of young carers being taken into care and a 2.5% impact on reducing the risk of teenage pregnancy amongst the young carers they work with.

7.24 They concluded that in order for a young carer's project to justify its funding, in respect of every 50 children they worked with in a year they would have to *either* divert three young carers from truancy, *or* one young carer from becoming a teenage parent, *or* three young carers from going into care.

²⁶ <http://www.carers.org/professionals/young-carers/policy-and-planning,3062,PP.html>

ACTION POINT 7.1

The Scottish Government will continue to work with the Scottish Young Carers Services Alliance to promote their work in identifying and supporting young carers, in developing their approaches, in sharing resources and best practice and in highlighting young carers' issues.

School and Curriculum-based Support for Young Carers

7.25 Feedback from young carers and those who support them consistently highlights the important role that head teachers, teachers, guidance teachers and support staff in schools can play in identifying and supporting young carers. Unfortunately, this can be accompanied by examples of schools not recognising how the young person's caring responsibilities can impact on their attendance, concentration, attainment and behaviour. At times, this lack of awareness can result in a disciplinary response, rather than one that is sensitive and supportive.

“Teachers could be more understanding about our needs”

Young Carer, Scottish Young Carers Festival, 2009

“Teachers should take time to think about what we do at home and ask us if we are ok sometimes.”

Young Carer, Scottish Young Carers Festival, 2009

7.26 However, the landscape has shifted and we are now seeing good practice across the country, with measures being taken to identify and support young carers in schools. These have been given impetus through legislative and policy developments, for example, as a result of Curriculum for Excellence and the Education (Additional Support for Learning) (Scotland) Act 2004 as amended by the 2009 Act.

7.27 Curriculum for Excellence gives all teachers the responsibility for pupils' health and wellbeing and promotes a school ethos that should ensure that children and young people feel cared for and valued, feel safe and secure and work in a trusting and respectful environment.

7.28 Curriculum for Excellence provides universal support, but also recognises that additional provision will be needed to ensure that vulnerable young people have equality of opportunity.

7.29 Curriculum for Excellence promotes opportunities for personal achievement and provides the child or young person with learner entitlements. These include *the entitlement to support to enable them to gain as much from school*, as well as *skills for learning, skills for life and skills for work and opportunities to move on to positive destinations*. Young carers in particular may benefit from these entitlements.

7.30 The Education (Additional Support for Learning) (Scotland) Act 2004, as amended by the 2009 Act, provides the legal framework that underpins the system for identifying and addressing the barriers that children and young people may face in accessing learning. For a variety of reasons, including having caring responsibilities, children and young people may need additional support, long or short term to enable them to make the most of their school education.

7.31 The Minister for Children and Early Years has requested that young carers be one of the specific groups who are being considered in HMle's review of the implementation of the Additional Support for Learning Act.

ACTION POINT 7.2

The Scottish Government and partners will respond to the recommendations coming from HMle's review of the implementation of the Additional Support for Learning Act and its impact on specific groups of young people, including young carers.

7.32 Support for young carers in schools has also been promoted by HMle's work on inclusion, which ensures that particular groups of young people do not miss out on the opportunities that can be provided in school. For example, in 2008, in partnership with the Scottish Government, HMle published a self-evaluation and improvement guide, *"How Good Are Our Services For Young Carers and Their Families?"*. This invites schools and their partners to evaluate and enhance the measures that they have in place for identifying and supporting young carers.

7.33 There are a number of practical steps that schools can take and arrangements that they can make to respond sensitively to the impact that caring can have on young carers' attendance, achievement, attainment and conduct. These include:

- providing support for learning and access to facilities
- identifying young carers in *GIRFEC* plans
- ensuring that detention does not clash with caring responsibilities
- giving access to bus passes to facilitate extra-curricular activities
- allowing young carers to keep mobile phones on in class
- making referral to the Young Carers Project for support
- making provision for young carers arriving late at school
- introducing "out of class cards"
- introducing a "chill out" room at times of high anxiety
- giving extensions to homework deadlines
- involving young carers in teaching on disability and caring issues
- providing homework help classes
- supporting access to the Pupil Support Base
- sharing information with Education Welfare Officers
- introducing some flexibility into the timetable
- arranging alternative study periods
- making good use of technology i.e. pupil teacher contact via Glow (the national schools intranet), computer based learning.

ACTION POINT 7.3

By 2012, if they have not already done so, local authority Education Services will wish to review the approaches they have in place for ensuring that young carers are supported in school and to ensure that they are not disadvantaged because of the impact their caring has on their attendance, achievement, attainment and behaviour.

ACTION POINT 7.4

By 2012, the Scottish Government and Learning and Teaching Scotland will work together to explore opportunities provided by "Glow", the national schools intranet, to identify and support young carers in school.

Information and Advice For Young Carers

7.34 Young people who recognise that they are young carers can benefit from accessing www.youngcarers.net run by the Princess

Royal Trust for Carers. This provides a range of good quality and relevant information. It is also interactive, with discussion boards and chatrooms that allow young carers to share experiences, post messages, ask questions and find support. www.youngcarers.net also provides information for professionals and parents, and links to other sources of information.

7.35 Through their contact with dedicated young carer services many young carers will also be supported to access appropriate information and advice on a range of subjects such as health, the law, personal safety, children's rights, activities, employment, benefits, etc. The support of young carer workers will also ensure that they are able to source information about caring, including information about specific conditions.

7.36 As many young people who are providing care do not recognise themselves as "young carers", it is all the more important that they can easily access up-to-date and relevant information and advice from general sources on the support that is available to them. www.youngscot.org provides this, as well as links to other important sources of information. These can help young people better understand the world around them, the available opportunities, the risks they might face, their rights and the services that can support them to grow, learn, play and develop.

7.37 Young carers at the Scottish Young Carers Festivals highlighted the important role that GPs and other primary care colleagues can have in providing information and advice. The young carers were particularly concerned to obtain information that helps them to understand the condition of the cared-for person, their treatment and their prognosis.

"Explain things properly to us."

Young Carer, Scottish Young Carers Festival, 2009

"Help us to know what we should do when we are looking after someone who has mental health issues."

Young Carer, Scottish Young Carers Festival, 2009

7.38 In producing information on carers and young carers for all GPs in Scotland, the work being progressed by the Royal College of General Practitioners, will help to address this need.

7.39 In addition, the implementation of NHS Carers Information Strategies across all Scottish Health Boards has already resulted in considerable progress over the last few years. More carers and young carers are being provided with information and advice or are being signposted to relevant sources of advice and support. The Scottish Government will encourage Health Boards to build on this progress.

7.40 Further, the Carers Information Zone being established by NHS *inform* will be crucial in providing information to carers and young carers. This zone is informed by the needs of carers and young carers. When it is launched in 2010 it will;

- provides a central accessible online resource of specific information for carers ranging from practical support for looking after someone to caring for their own health and wellbeing; and
- signpost carers to the most appropriate source for further information, support and guidance.

ACTION POINT 7.5

In 2010, the Scottish Government will continue to work with NHS *inform* on the development of its Carer Information Zone. Once fully developed, NHS *inform* will continually review the online service to ensure that it remains up-to-date, accurate and relevant to carers' and young carers' needs.

Advocacy

7.41 All children have the right to have their voice heard when decisions are being made that impact on them. For young carers there are many situations where their views are or should be sought, for example, in contributing to the cared-for person's assessment, by inputting to a GP or Consultant's patient review, or when a young carer assessment is being carried out.

7.42 Many children and young people will be comfortable expressing their views in both informal and formal situations. But for some children, or in some situations, they may require the support of another person. This could be a parent or guardian, a friend or other trusted adult. For some children, because of their particular circumstances or caring responsibilities, they may need

access to a dedicated, independent, professional advocacy worker.

ACTION POINT 7.6

The Scottish Government is currently developing work which aims to drive improvements to the quality, consistency and availability of advocacy support for children and young people. The Scottish Government will consider the needs of young carers within this work.

Young Carers Health and Well-being

7.43 Caring can have a significant and detrimental impact on young carers' physical and mental health and emotional well-being, and a lasting effect on their development. Young carers' services provide a range of support to seek to address this. They give information and advice on health and well-being, arrange health checks and doctor's appointments and provide support and advocacy to the young person when attending their GP. They support health promotion, healthy lifestyles and personal safety.

7.44 **Young carers' services also provide basic emotional support to young carers - listening to them; counselling them; helping them to express themselves and to make sense of their situation; empathising with and reassuring them; and providing them with time and attention, practical help and support.** From this, young carer workers can also determine whether and when more specialist psychological support or counselling is necessary. The emotional support provided by young carers' services is crucial in helping young carers cope.

7.45 Young carers attending the Scottish Young Carers Festival, in 2009 highlighted the need for improved help in understanding and dealing with mental health issues. In response, the Scottish Government has funded a Young Carers Mental Health Development Worker, who has been appointed by the Princess Royal Trust for Carers.

7.46 The Development Worker will have the dual role of developing accessible information for young carers on mental health issues and advancing a range of measures to enhance young carers' own mental health and well-being.

7.47 As well as providing support and developing resource material, the Development Worker will liaise with mental health agencies, advocacy services, befriending organisations, NHS Boards and local authorities in order to develop a network of support for young carers. Further, the postholder will raise awareness of young carers' specific needs around mental health and well being, so that information being provided by mental health organisations, NHS and local authority services is tailored to their needs.

ACTION POINT 7.7

The Scottish Government will review the work undertaken by the Mental Health Development Worker in order to identify what further developments are necessary to support young carers dealing with mental health issues. Consideration will be given to producing a bespoke resource for young carers on issues relating to stress.

7.48 However, as emphasised throughout this strategy, the majority of young carers are not identified as such, and are not supported by dedicated young carers' services. The *GIRFEC* approach, which focuses on *all* young people and considers their well-being, helps to address this challenge.

7.49 Indeed, through a *GIRFEC* approach, practitioners in all agencies concerned about a young person's health and well-being, or associated behaviours, may enquire further about the underlying issues. That may lead them to identify the young person as a 'young carer' for the first time.

7.50 GPs and other Community Health practitioners will all be concerned to promote and protect children and young people's health care needs. Through routine appointments, at the point of immunisations or health checks, or when young people present at surgeries these practitioners can assess both their physical and mental health.

7.51 Similarly, in carrying out assessments, particularly more family-focussed and holistic assessments and Carer Assessments, social workers have opportunities to consider the impact of caring on young people's health and well-being.

7.52 *GIRFEC* highlights the contribution that *all* practitioners, irrespective of which agency, can make when they have concerns about a child or young person. It suggests five questions that practitioners should ask themselves.

- *What is getting in the way of this child or young person's well-being?*
- *Do I have all the information I need to help this child or young person?*
- *What can I do now to help this child or young person?*
- *What can my agency do to help this child or young person?*
- *What additional help, if any, may be needed from others?*

7.53 By adopting this approach and asking these questions the underlying issues impacting on young carers' health and well-being will be able to be identified and addressed more effectively, by practitioners in any agency.

7.54 The introduction of Curriculum for Excellence²⁷ highlights the responsibility that all teachers have for a child or young person's health and well-being. Whilst it is not expected that teachers will have the knowledge and skills to be able to deal with every single issue they may encounter, they are expected to know the correct procedures to follow to ensure that the child has access to the necessary support and assistance.

7.55 Curriculum for Excellence entitles all children and young people to the support that they need to enable them to get the most from curriculum. The Scottish Government is developing a framework which draws together all of the policies which support children and young people throughout their learning careers and towards positive sustained destinations. This framework includes the 10 standards of support outlined in 'Happy, Safe and Achieving Their Potential; a Standard of Support for Children and Young People in Scottish Schools.'²⁸

²⁷ <http://www.scotland.gov.uk/Topics/Education/Schools/curriculum/ACE>

²⁸ <http://www.scotland.gov.uk/Publications/2005/02/20625/51515>

7.56 These standards encourage teachers to build positive relationships with children and young people and to provide pastoral care that looks beyond their academic progress to their welfare and personal development. The standards also recognise the importance of partnership working and the need to identify when referral to specialist services is necessary.

7.57 The actions being progressed by specialist and universal services, in the context of the range of policy and legislative developments outlined here, will combine to ensure that young carers' health and well-being needs are identified and their outcomes improved.

Breaks From Caring

7.58 In order to enjoy their childhood and to be children and young people first and foremost, young carers need breaks from caring and relief from the inappropriate caring roles that they often have to undertake.

7.59 Some young carers are providing very intensive support to the cared-for person. Even when they aren't at home, they may be worrying, pre-occupied and unable to enjoy possible respite. Others may have some opportunities for breaks through their participation in clubs, groups and activities. This may offset the effects of caring by allowing them to socialise, play, have fun and experience new opportunities and activities.

7.60 However, many young carers will have become isolated because of their caring role. They may need support to re-connect and rebuild friendships, gain confidence and be better equipped to plan and enjoy their breaks from caring. While this kind of support can be provided by a dedicated young carers' service, it can also come from local youth clubs and voluntary youth organisations. This is supported by the common principles outlined in 'Valuing Young People', which highlights the contribution that a range of partners can make to ensuring young people achieve their potential.

7.61 For some young carers school may be a sanctuary and an opportunity to enjoy a break from caring. But for others it may be somewhere that they encounter other challenges and difficulties, and so it may add to the pressures that they have to contend with.

7.62 In carrying out comprehensive assessments, identifying the contribution of carers in the family and ensuring that adequate replacement care is provided to the cared-for person, social work services can contribute significantly to ensuring that young carers are able to enjoy breaks from caring.

7.63 Young carers greatly value the short breaks that are provided by dedicated young carers' services, particularly if they can enjoy them confident in the knowledge that the replacement care being offered is reliable and of good quality. The range of breaks provided by dedicated young carers' services can take many forms - participating in activities, going on trips, experiencing new opportunities, having holidays, etc. However, young carers have expressed concern that many of their projects are having to reduce these opportunities due to the funding challenges they are facing.

7.64 In 2008, the Scottish Government jointly with COSLA issued "Guidance on Short Breaks (Respite)"²⁹ which encourages local authorities to take a strategic approach to developing short break provision. It aims to ensure the design and delivery of flexible and personalised short breaks are designed and delivered that seek to prevent the caring situation from breaking down.

7.65 The particular needs of young carers and the benefits they can derive are identified in the short break guidance, as follows:

Breaks from caring can prevent young carers becoming excluded by allowing them time with friends or peers to participate in social and leisure activities, or time for themselves. These opportunities are important to promoting young carers' health and wellbeing.

Young carers can benefit greatly from carefully planned, person-centred, flexible breaks offering a range of options to ensure that the young person is able to have a positive break from their caring responsibilities. Many are unfamiliar with short breaks, so practical examples will help to improve understanding and allay any anxieties.

Breaks for young carers should aim to improve health and well-being; reduce social exclusion; provide choices and empower young carers, leading to young carers:

²⁹ <http://www.scotland.gov.uk/Publications/2008/11/20094716/0>

- having a choice in determining the way short breaks are delivered
- having the opportunity to participate in mainstream groups or activities
- being able to attend a young carers' service, residential trips or activity breaks.

7.66 It should be noted that breaks from caring do not necessarily mean a break from the cared-for person, as support can be provided to relieve the young carer of the caring tasks, while being able to spend some quality time with the cared-for person.

7.67 It is also important to acknowledge that young carers and wider family members can benefit from a holiday as a family unit. One study³⁰ has highlighted how a family holiday can bring families closer together, provide respite from day-to-day pressures, provide access to new opportunities and new social networks, generate optimism and enhance mental health. These are benefits that should be available to young carers.

7.68 Local authority Social Work Departments provide respite and short breaks for the cared-for person, often to the benefit of their carers. The Scottish Government has provided in excess of £4m in additional funding between 2009-2011 to support local authorities' commitment to increase the numbers of respite weeks provided.

7.69 However, the information recorded on respite provision relates to the *cared-for person*. It remains unclear to what extent young carers derive respite from the provision made to their disabled parent, sibling or other relative.

³⁰ http://www.fhaonline.org.uk/news_story.php?id=74&storyID=232&mpid=6

ACTION POINT 7.8

The Scottish Government and COSLA will develop measures to identify the extent to which young carers benefit from the provision of short breaks and respite care by local authorities. This will seek to identify good practice, whilst promoting the Short Break Guidance and highlighting the value of short breaks to young carers.

ACTION POINT 7.9

In 2010-11 the Scottish Government will work with Shared Care Scotland and others to disseminate the findings of short breaks research that is underway and to consider the development of further actions in light of the findings. In particular, Shared Care Scotland will seek to use the research findings to support partners to improve the local strategic planning and commissioning of short break provision.

ACTION POINT 7.10

For the duration of this strategy, the Scottish Government with Shared Care Scotland and other partners will encourage and support the continued development of more effective ways of providing short breaks through learning networks and, where possible, the setting up of demonstration projects.

ACTION POINT 7.11

In 2010-11, The Scottish Government will work with a range of organisations to explore the potential to develop short breaks provision through volunteers.

ACTION POINT 7.12

The Scottish Government will continue to publish beyond 2011 official statistics on respite provision and will work to improve the quality and consistency of this information, in order to achieve National Statistics status for this data source and publication.

ACTION 7.13

For the duration of this strategy, the Scottish Government will work with a range of organisations to explore the potential to develop emergency respite and to support young carers with emergency planning.

Young Carer Training

7.70 Many young carers' services provide training to young carers or arrange for them to access this. The focus of the training tends to be either to support young carers in their caring role, or to support their personal development.

7.71 Young carers benefit from training in a range of areas where this enables them to continue to safely and freely carry out caring roles and reduces any detrimental effect that caring may have. This may relate to providing information on the cared-for person's condition, treatment and prognosis and ensuring that the young carer acquires the skills and knowledge to intervene and assist safely, as appropriate.

7.72 First aid training, often provided in partnership with the British Red Cross or St Andrew's First Aid, also equips young carers with basic knowledge and skills that may assist them in their caring role or more widely.

7.73 Some young carers also receive and benefit from moving and handling training. However there are real challenges in providing this training.

7.74 In providing young carers with any training, an appropriate balance needs to be struck between, on the one hand, equipping them with knowledge, skills and awareness to ensure that they do not compromise their own health and safety when providing care, whilst on the other hand not training them to undertake tasks that it is neither appropriate nor safe for them to carry out.

7.75 Where personal development training is provided this aims to improve young carers' confidence, resilience and assertiveness and to build on the skills that they have acquired. This may extend to involving young carers in awards schemes, such as the Duke of Edinburgh Awards, Dynamic Youth Awards or Youth Achievement Awards. These enhance social development and encourage young people to acquire new skills and to take part in outdoor and sporting activities. They also recognise and value the contribution that young carers make to their families and communities.

7.76 The focus of young carer training is often no different from that which other young people can or could benefit from in order to

equip them to deal with the normal challenges, risks and opportunities of growing up. For example, young carers benefit from training on personal safety, fire safety, healthy eating, sexual health and relationships and in the risks around use of drugs and alcohol.

7.77 There are examples of older young carers also being equipped with the knowledge and skills to enable them to become peer educators in respect of sexual health, drugs and alcohol, enabling them to pass on information to other young people. This has proven beneficial to young carers who may have missed out on vital sessions within schools or who feel inhibited to ask their own questions about drugs and alcohol because of parental misuse.

7.78 Young carers will be able to benefit from the training opportunities offered by the NHS Carer Information Strategies, as well as the funding that the Scottish Government has given to the National Carer Organisations to develop carer training. Subject to the outcome of the Spending Review, the Scottish Government will also work with NHS Boards so that they may make an offer of training to carers in the greatest need.

Telecare

7.79 Telecare is the term used to describe the use of technology to provide support to people with disabilities, frailty or health problems in their own home. The term usually refers to sensors and alerts which provide automatic and remote monitoring of care emergencies and lifestyle changes, in order to trigger a human response or shut down equipment to prevent hazards.

7.80 Supported by the Scottish Government's £20m Telecare Development Fund, all 32 local partnerships in Scotland have developed telecare services. The potential benefits of telecare to young carers have not however been fully identified or realised.

ACTION POINT 7.14

In 2010-2015 the Scottish Government will explore the innovative use of new technologies that are accessible to and supportive of young carers.

8. YOUNG ADULT CARERS

8.1 Transition is a key part of everyone's lives. The demands of coping with change and moving on from that change can have a significant impact on young carers, who have to cope with the same transitions as their peers, whilst balancing the stresses of caring for a parent, sibling or other person in their lives.

8.2 In recent years, the needs of young adult carers, aged 16-25 years, have been given some attention in research and in service developments. Recognising this group's particular needs and the very limited provision to address them, expressing concern for their own future support, young carers at the Scottish Young Carers Festival 2009 recommended that more should be done to support older young carers.

“Recognise we need help until 25 years.”

Young Carer, Scottish Young Carers Festival, 2009

“Make a bigger group for 18-25..... no resources.”

Young Carer, Scottish Young Carers Festival, 2009

8.3 This chapter highlights some of the issues that young adult carers face, it outlines some of the positive responses that have been made, both by universal services and by dedicated services, and it brings forward some specific actions that seek to improve provision for young adult carers.

8.4 For young adult carers the transition into adulthood can present particular challenges. At a time when their peers are leaving school and making positive plans for employment, training and education, older young carers often have to deal with demands, responsibilities and emotional challenges that influence their choices and limit their future opportunities.

8.5 For example, young adult carers may;

- be committed to continue to provide care, but may not be able to tell others, including careers advisors and jobcentre staff, that this is why they are not making other plans

- may feel compelled to continue to care, or professionals may have made assumptions about this limiting their opportunities and any ambition for their future.
- be anxious about leaving home, because of concern about the cared-for person or fear that a younger sibling may have to take on caring responsibilities.
- lack confidence, self-belief and social skills, may not have many friendships and supports and may not have succeeded at school because of the impact of their caring responsibilities, perhaps over many years.
- be desperate to leave home at the earliest opportunity, but be ill-equipped to deal with the practical and emotional challenges of setting up their own home and living alone or with other young adults.

8.6 Many young adult carers encounter these difficulties at a time when the dedicated young carers' service that supports them is no longer able to continue to do so, either because of capacity issues, or because most of these services are only funded to work with young people up to 18 years.

8.7 Evidence from the Scottish Young Carer Services Alliance suggests that services are often just beginning their work with young carers of this age when funding restrictions require that the person can no longer access the service. Approaching the age of 18, some young adult carers also stop attending the dedicated young carers' services, despite their continuing vulnerability and their need for support, because they don't necessarily identify as well with other, younger carers.

8.8 In addition, there are very few examples of 18-25 year old carers seeking support from the services that support adult carers, as they don't tend to identify themselves with these services, which have tended to support older carers.

8.9 To address this gap in provision some dedicated young carers' services have been able to develop specific services for young adult carers. These provide essential support at what can be the most challenging of times.

See, for example the [UPBEET Project in Dundee](#), and [Edinburgh Young Carers Project 16-25 Group](#). Others, such as [East Ayrshire Carers Centre](#) have set up initiatives to support young adult carers into employment.

“I have got my confidence back since I became involved with the project. The only thing I have found challenging is to get up in the morning and leave my mum when she is upset. I have enjoyed meeting new people and seeing my worker because she is very nice and boosts my confidence.”

Pauline, 17 years

“When working with the staff at the project I feel it is a relief because I know I can off load and anything I say is in confidence. I feel I am getting more opportunities in various different areas in my life.”

Laura, 19 years

16+ Learning Choices

8.10 Universal support that assists school leavers to make informed and positive choices is, of course, also available to young carers. 16+ Learning Choices provides such an opportunity.

8.11 16+ Learning Choices is an integral part of Curriculum for Excellence and focuses support on those young people who are eligible to leave compulsory education. It facilitates the offer of a place in post-16 learning for every eligible young person who wants it. In doing so it contributes to the Scottish Government’s national indicator for positive and sustained post-16 destinations.

8.12 16+ Learning Choices helps young people to stay in learning post-16, since this is the best way to improve their long term employability. It aims to help build capacity in individuals, families and communities, to support economic growth in Scotland and to help prevent and reduce youth unemployment.

8.13 16+ Learning Choices applies to all young people within the Senior Phase. It gives added attention to those who face significant barriers to achieving positive and sustained post-16 destinations. Young carers are recognised as a specific group who are at risk of disengaging from learning.

8.14 Local authorities are leading on the implementation of 16+ Learning Choices and are working towards universal delivery by the end of 2010. Schools, Skills Development Scotland, Colleges and other providers of learning and support for young people all have important roles to play in implementation. 16+ Learning Choices has been a catalyst for strengthening post-16 transition planning, bringing together community planning partners to support young people into positive and sustained destinations.

ACTION POINT 8.1

The Scottish Government will continue to support local authorities and their partners to implement 16+ Learning Choices. This will include working closely with Skills Development Scotland in their role as the national provider of careers information, advice and guidance; and as the hub for 16+ Learning Choices data and monitoring the impact on vulnerable groups.

More Choices, More Chances

8.15 The Scottish Government's More Choices, More Chances strategy adopts a multi-agency approach to support young people into positive and sustained destinations and is closely associated with the principles of *GIRFEC*. This focuses on **early identification** of those at risk of disengagement; effective **early intervention** to sustain their engagement; and **re-engaging** those who have disengaged to help them back into learning, training or employment.

8.16 Young Carers are vulnerable to disadvantage and educational disaffection. This can result in truancy, exclusion and low levels of attainment. More Choices, More Chances recognises young carers as a group who should be targeted by local authority partnerships to ensure that they have sufficient focussed support to maintain positive engagement in learning.

ACTION POINT 8.2

The Scottish Government will continue to support local partnerships to deliver more choices and chances for young people at risk of moving into a negative destination. This will include monitoring impact on vulnerable groups such as young carers. As part of this the Scottish Government will highlight the need for collaboration between dedicated young carers' services and local More Choices, More Chances lead officials. This will result in broader awareness of the barriers to education, employment and training and will highlight the importance of flexible, tailored learning opportunities and relevant supports to enable them to combine learning with caring.

Skills Development Scotland

8.17 Skills Development Scotland, as the national body responsible for careers, skills, training and funding advice, has a key role to play in supporting young carers to make a successful transition when they leave school and in helping them to identify and achieve their career aspirations.

8.18 Supported by the Princess Royal Trust for Carers, Skills Development Scotland has identified a number of actions that they intend to advance, in partnership, to support this strategy and the delivery of better outcomes for young carers. Where appropriate, the Scottish Government will support Skills Development Scotland in advancing these actions.

ACTION POINT 8.3

By 2011, Skills Development Scotland will identify baseline data of likely numbers and destinations of young carers through collecting information from appropriate local partners, secondary schools and the School Leavers Destination Return.

ACTION POINT 8.4

By 2012, Skills Development Scotland will design and develop materials focussed on career management and employability and will develop training opportunities for young carers' services.

ACTION POINT 8.5

Skills Development Scotland will review and update previous publicity materials for young carers which identify their options and the support available, in order to encourage young carers to plan to achieve their career aspirations.

ACTION POINT 8.6

Skills Development Scotland will work with the Scottish Young Carer Services Alliance to develop content about Skills Development Scotland for inclusion on www.youngcarers.net.

ACTION POINT 8.7

By 2011, Skills Development Scotland will explore ways in which referrals between young carers' services and Skills Development Scotland can be formalised and improved.

ACTION POINT 8.8

By 2012, Skills Development Scotland will review and evaluate with the Scottish Young Carers Services Alliance and BME young carers the particular issues they face in accessing education, employment and training

Further Action To Support Young Adult Carers

8.19 A sub-group of the Young Carers Strategy Steering Group considered the particular needs of young adult carers. In doing so, they reflected on recent key research findings, both from local projects and in terms of national studies.

8.20 The group concluded that the findings of a major study undertaken by Saul and Fiona Becker³¹ into the needs of young adult carers were highly relevant to this strategy. The sub-group developed these recommendations to suit the Scottish context and suggested that they inform further work by the Scottish Government and partners. The recommendations are contained in Appendix 5.

ACTION POINT 8.9

By 2011, the Scottish Government and relevant partners will develop a "Young Adult Carers Action Plan" to progress the recommendations contained in Appendix 5 of this strategy.

³¹ Becker S. and Becker F. "Young Adult Carers in the UK"

Appendix 1

Members of the Young Carers Strategy Steering Group

Name	Organisation
Florence Burke	The Princess Royal Trust for Carers
Fiona Collie	Carers Scotland
Sharon Duncan	NHS Grampian
Diane D'Warte	NHS Fife
Evelyn Freeman	Children 1 st
Stephen French	NHS Forth Valley
Elaine Garrick	Scottish Government
Sean Harkin	Action for Children
Selwyn McCausland	Barnardo's Scotland
Stewart McFarlane	Scottish Young Carers Services Alliance
Louise Morgan	Scottish Young Carers Services Alliance
Suzanne Munday	MECOPP
Robert Nicol	COSLA
Moira Oliphant	Scottish Government (Chair)
Gordon Paterson	Scottish Government (seconded from Fife Council)
Ann Marie Knowles	ADES/South Lanarkshire Council
Martha Shortreed	Social Work Inspection Agency
Claire Stevens	Scottish Government (seconded from CSV Scotland)
Susan Taylor	ADSW/East Ayrshire Council
Lynn Williams	The Princess Royal Trust for Carers
Don Williamson	Shared Care Scotland

ACTION POINTS AND IMPLEMENTATION PLAN

1.	ACTION POINTS AND IMPLEMENTATION PLAN	IMPLEMENTATION LEAD
1.1	The Scottish Government, with COSLA, will keep this strategy under review. An Implementation and Monitoring Group will report annually on progress with the first report being undertaken by August 2011. A formal review will be concluded by August 2013. As part of the review the Scottish Government, with COSLA, and informed by the views of stakeholders, including carers, will decide whether new or revised Actions would be appropriate.	Scottish Government COSLA - with partners
2.	INTRODUCTION	
2.1	The Scottish Government will provide the Princess Royal Trust For Carers with funding of £150,000 to deliver a Scottish Young Carers' Festival in 2011. As well as achieving the aims of earlier festivals, this fourth festival will give young carers an opportunity to provide feedback, from their own perspective, on the implementation and impact of this strategy and <i>Getting It Right For Every Child</i> .	Scottish Government PRTC
2.2	Over the next 5 years, local authorities and Health Boards, with partners, will take account of good practice promoted in local authority and Health Board areas and will consider how to adopt or adapt the good practice in their area. As a first step, councils and Health Boards, with partners, will consider the good practice contained in the publication accompanying this strategy.	Scottish Government Health Boards Local Authorities
3.	PROFILE OF CARERS	
3.1	The Scottish Government will make the information on young carers through surveys such as the Scottish Household Survey and Scottish Health Survey accessible to researchers, care providers and the public through its website and publications.	Scottish Government – with local partners
3.2	In respect of the 2011 Census, the views of young carers' organisations will be taken into account in deciding what analysis tables will be produced for the General Register Office for Scotland 2011	Scottish Government - with GRO (S)

	Census website.	
3.3	The Scottish Government through ScotXed will introduce a classification of "young carers" in the 2011 school census, which will report on the numbers of young carers who have been identified in schools. This will provide a baseline number and raise awareness of young carers, resulting in more being identified and supported.	Scottish Government – through ScotXed
3.4	By 2011, the Scottish Government will seek to commission research to gather information on the characteristics of young carers in Scotland being supported by dedicated young carers' services.	Scottish Government SYCSA
3.5	Recognising the particular challenges facing young LGBT carers, the Scottish Young Carers Services Alliance will work in partnership with LGBT Youth Scotland in order to develop information, advice and support for LGBT Young Carers.	SYCSA LGBT Youth Scotland
3.6	In 2011-12 and beyond, local authorities, Health Boards and all carer support organisations are to identify carers and young carers in the hard to reach groups, including BME carers, to meet requirements of equalities legislation.	Local Authorities Health Boards Carer Organisations
3.7	In 2011-12, the Scottish Government will draw up a specification and seek to commission research on young carers in communities we know little about including BME young carers, new migrant workers and gypsy travellers.	Scottish Government
3.8	The Scottish Government, with COSLA and partners, will ensure that all the Action Points in this strategy are taken forward in ways which fully address the equalities perspective.	Scottish Government COSLA - with partners
5.	IDENTIFYING YOUNG CARERS	
5.1	By 2012, if they have not already done so, local authority Education Services will wish to revisit their policies, procedures and approaches for identifying young carers in schools, to reflect the impact of current policy and legislation, including Curriculum for Excellence and the Supporting Children's	Local Authorities

	Learning Code of Practice.	
5.2	By 2012, if they have not already done so, local authority Education Services will wish to explore opportunities for developing partnership working with their local schools, parents and the third sector, including young carers' services in order to improve identification of and support for young carers.	Local Authorities
5.3	The Scottish Government will work with the Scottish Young Carers Services Alliance to produce a practice guide on young carers for teachers and schools.	Scottish Government SYCSA
5.4	The Scottish Government and COSLA will promote the use of the toolkit that is currently being developed to assist primary school teachers to identify and support young carers.	Scottish Government COSLA
5.5	In 2010-11, the Scottish Government will work with the Royal College of General Practitioners Scotland on its plans to provide guidance to all GP practices in Scotland on carer and young carer identification and support.	Scottish Government RCGP PRTC SYCSA
5.6	In 2010-12, NHS Education for Scotland (NES), in collaboration with NHS Boards and the national carer organisations, will review existing training, education, and learning modules for working with young carers; identify core competencies for NHS staff in identifying and supporting carers <i>and young carers</i> ; and identify packages and materials to be incorporated within core induction, education and training curricula.	NHS Education for Scotland Carer Organisations Local Authorities
5.7	NES will communicate to the relevant regulatory, professional and national bodies the importance of identifying and supporting young carers in workforce training and education.	NHS Education for Scotland
5.8	From 2010 onwards, the Scottish Government will work with NHS Boards to ensure that identifying and supporting young carers is embedded in workforce training.	Scottish Government NHS Boards
5.9	In 2010-2011, the Scottish Government will work with the Scottish Social Services Council to identify opportunities to raise awareness of young carers' needs, contribution and issues in Social Work	Scottish Government SSSC

	qualifying training.	
5.10	From 2010 onwards, the Scottish Government will promote this strategy with Alcohol and Drug Partnerships (ADPs) and with the Scottish Drugs Recovery Consortium (SDRC) and will work with ADPs and with the SDRC to help identify and support young carers affected by parental substance misuse.	Scottish Government - with ADPs
6.	YOUNG CARER'S ASSESSMENT	
6.1	The Scottish Government will continue to support the full implementation of the GIRFEC programme and practice model and will support Community Planning Partners to work with members of the Scottish Young Carers Services Alliance to support their efforts to incorporate a GIRFEC approach into their policies and practice.	Scottish Government Local Authorities NHS Boards SYCSA
6.2	The Scottish Young Carers Services Alliance will encourage and support dedicated young carers' services to review their assessment models in light of the development of the GIRFEC programme.	SYCSA
7.	SUPPORTING YOUNG CARERS	
7.1	The Scottish Government will continue to work with the Scottish Young Carers Services Alliance to promote their work in identifying and supporting young carers, in developing their approaches, in sharing resources and best practice and in highlighting young carers' issues.	Scottish Government SYCSA
7.2	The Scottish Government and partners will respond to the recommendations coming from HMle's review of the implementation of the Additional Support for Learning Act and its impact on specific groups of young people, including young carers.	Scottish Government HMle
7.3	By 2012, if they have not already done so, local authority Education Services will wish to review the approaches they have in place for ensuring that young carers are supported in school and to ensure that they are not disadvantaged because of the impact their caring has on their attendance, achievement and attainment and behaviour.	Local Authorities

7.4	By 2012, the Scottish Government and Learning and Teaching Scotland will work together to explore opportunities provided by “Glow”, the national schools intranet, to identify and support young carers in school.	Scottish Government LTS
7.5	In 2010, the Scottish Government will continue to work with NHS <i>inform</i> on the development of its Carer Information Zone. Once fully developed, NHS <i>inform</i> will continually review the online service to ensure that it remains up-to-date, accurate and relevant to carers’ and young carers’ needs.	Scottish Government NHS <i>inform</i>
7.6	The Scottish Government is currently developing work which aims to drive improvements to the quality, consistency and availability of advocacy support for children and young people. The Scottish Government will consider the needs of young carers within this work.	Scottish Government
7.7	The Scottish Government will review the work undertaken by the Mental Health Development Worker in order to identify what further developments are necessary to support young carers dealing with mental health issues. Consideration will be given to producing a bespoke resource for young carers on issues relating to stress.	Scottish Government PRTC
7.8	The Scottish Government and COSLA will develop measures to identify the extent to which young carers benefit from the provision of short breaks and respite care by local authorities. This will seek to identify good practice, whilst promoting the Short Break Guidance and highlighting the value of short breaks to young carers.	Scottish Government COSLA
7.9	In 2010-11 the Scottish Government will work with Shared Care Scotland and others to disseminate the findings of short breaks research that is underway and to consider the development of further actions in light of the findings. In particular, Shared Care Scotland will seek to use the research findings to support partners to improve the local strategic planning and commissioning of short break provision.	Scottish Government Shared Care Scotland
7.10	For the duration of this strategy, the Scottish Government with Shared Care Scotland and other partners will encourage and support the continued development of more effective ways of providing	Scottish Government Shared Care Scotland

	short breaks through learning networks and, where possible, the setting up of demonstration projects.	Local Authorities - other partners
7.11	In 2010-11, The Scottish Government will work with a range of organisations to explore the potential to develop short breaks provision through volunteers.	Scottish Government Shared Care Scotland
7.12	The Scottish Government will continue to publish beyond 2011 official statistics on respite provision and will work to improve the quality and consistency of this information, in order to achieve National Statistics status for this data source and publication.	Scottish Government COSLA
7.13	For the duration of this strategy, the Scottish Government will work with a range of organisations to explore the potential to develop emergency respite and to support carers with emergency planning.	
7.14	In 2010-2015 the Scottish Government will explore the innovative use of new technologies that are accessible to and supportive of young carers.	Scottish Government - with partners
8.	YOUNG ADULT CARERS	
8.1	The Scottish Government will continue to support local authorities and their partners to implement 16+ Learning Choices. This will include working closely with Skills Development Scotland in their role as the national provider of careers information, advice and guidance; and as the hub for 16+ Learning Choices data and monitoring the impact on vulnerable groups.	Scottish Government Local Authorities SDS
8.2	The Scottish Government will continue to support local partnerships to deliver more choices and chances for young people at risk of moving into a negative destination. This will include monitoring impact on vulnerable groups such as young carers. As part of this the Scottish Government will highlight the need for collaboration between dedicated young carers' services and local More Choices, More Chances Lead officials. This will result in broader awareness of the barriers to education, employment and training and will highlight the importance of flexible, tailored learning opportunities and relevant supports to enable them to combine learning with caring.	Scottish Government Local Authorities MCMC Leads
8.3	By 2011, Skills Development Scotland will identify baseline data of likely numbers and destinations of	SDS

	young carers through collecting information from appropriate local partners, secondary schools and the Schools Leavers Destination Return.	
8.4	By 2012, Skills Development Scotland will design and develop suitable materials focussed on career management and employability and will develop training opportunities for young carers' services.	SDS
8.5	Skills Development Scotland will review and update previous publicity materials for young carers which identify their options and the support available, in order to encourage young carers to plan to achieve their career aspirations.	SDS
8.6	Skills Development Scotland will work with the Scottish Young Carers Services Alliance to develop content about Skills Development Scotland for inclusion on www.youngcarers.net	SDS SYCSA PRTC
8.7	By 2011, Skills Development Scotland will explore ways in which referrals between young carers' services and Skills Development Scotland can be formalised and improved.	SDS SYCSA
8.8	By 2012, Skills Development Scotland will review and evaluate with the Scottish Young Carers Services Alliance and BME young carers the particular issues they face in accessing education, employment and training.	SDS SYCSA
8.9	By 2011, the Scottish Government and relevant partners will develop a "Young Adult Carers Action Plan" to progress the recommendations contained in Appendix 5 of this strategy.	Scottish Government COSLA Carer Organisations

Profile of Young Carers

Census 2001

The following table breaks down the number of young carers according to their age and the reported numbers of hours care they were providing each week.

Age	1-19 hours	20-49 hours	50 or more	Total Number	Total %
5-7	626	77	103	806	4.8%
8-9	963	108	134	1205	7.2%
10-11	1,702	176	166	2044	12.2%
12-14	4,191	405	349	4945	29.6%
15	1,800	271	148	2219	13.2%
16-17	4,229	789	464	5482	32.8%
All	13, 511	1,826	1,364	16,701	100%
All as %	80%	11%	8%	100%	

The 2001 Census provides further information on the numbers of young adult carers aged 18-25 years in Scotland.

Numbers of older young carers aged 18-25 years in Scotland	Caring for 0-19 hours	Caring for 20-49 hours	Caring for 50 + hours	Total number caring	Proportion of this age group providing informal care
	15,417	3,203	2,495	21,115	5%

Other Sources

1. In 2002, an audit of schools in Highland found that at least 10% of children and young people identified themselves as carers, after receiving a class lesson about young carers. The figure rose to 15% when those young people who thought they might be young carers, but weren't sure, were added. Applying the lower figure to the population of school age children in Scotland suggests that over 80,000 children and young people could be young carers in Scotland.

2. A study of hidden young carers in rural Perth and Kinross found that 13.5% of the school age population identified themselves as young carers. Using this percentage figure would indicate a national figure of over 115,000 young carers.

3. In 2009, secondary school pupils in Renfrewshire were surveyed about their health and well-being. Of the 5557 who replied, 1250 reported that they were living in the same household as someone affected by disability, illness, or substance misuse issues. 3 in 5 of these pupils said that they were carers. This again equates to 13.5% of those surveyed.

4. Glasgow's Joint Young Carers Strategy (2002-2005) refers to research carried out by the Greater Glasgow NHS Board in 2000. This "Youth Health Survey" received returns from 2,600 young people aged 12-15 years, of whom 11.1% were found to be young carers.

“Young Carers in the UK; the 2004 Report” Summary

General

56% Girls, 44% Boys
 Average age 12
 56% in lone parent families
 84% white
 10% caring for more than one person

Duration of Caring

36% - caring for 2 years or less
 44% - caring for 3-5 years
 18% - caring for 6-10 years
 3% - caring for more than 10 years

Age of Young Carers

0-4	-	0
5-7	-	4%
8-9	-	5%
10-11	-	11%
12-14	-	31%
15	-	14%
16-17	-	35%

Intensity of caring

5 hours	-	15%
6-10 hours	-	34%
11-15 hours	-	17%
16-20 hours	-	16%
21-30 hours	-	10%
31-40 hours	-	4%
Over 40 hours	-	4%

Caring for Whom

50% of cared for have a physical disability
 29% of cared-for have a mental health problem
 17% of cared-for have a learning disability (sibling care)
 3% of cared-for have a sensory impairment

In 52% of cases, caring for mother or step-mother (70% in one parent families).
 In 14% of cases, caring for a father or step-father
 In 31% of cases, caring for a sibling (63% with learning disability).

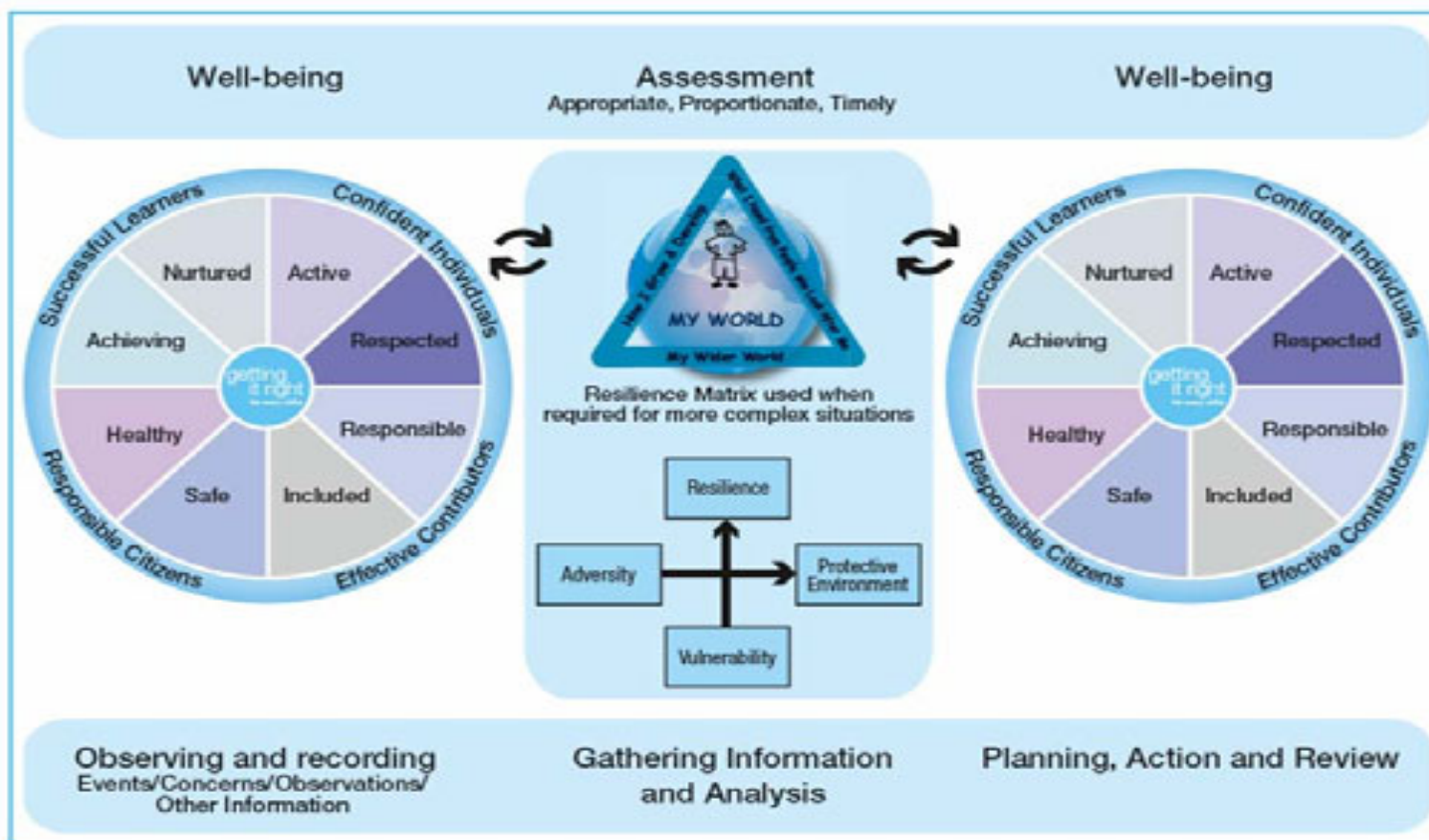
Types of Caring

Domestic Tasks (68%)	- shopping, cooking, cleaning, ironing
General Care (48%)	- medication, mobility, transfers, changing dressings
Emotional Support (82%)	- responding to mood, supporting, supervision
Intimate Care (18%)	- washing, dressing, personal care, toileting
Child Care (11%)	- caring for siblings
Other (7%)	- translating, administration, hospital visits, paying bills

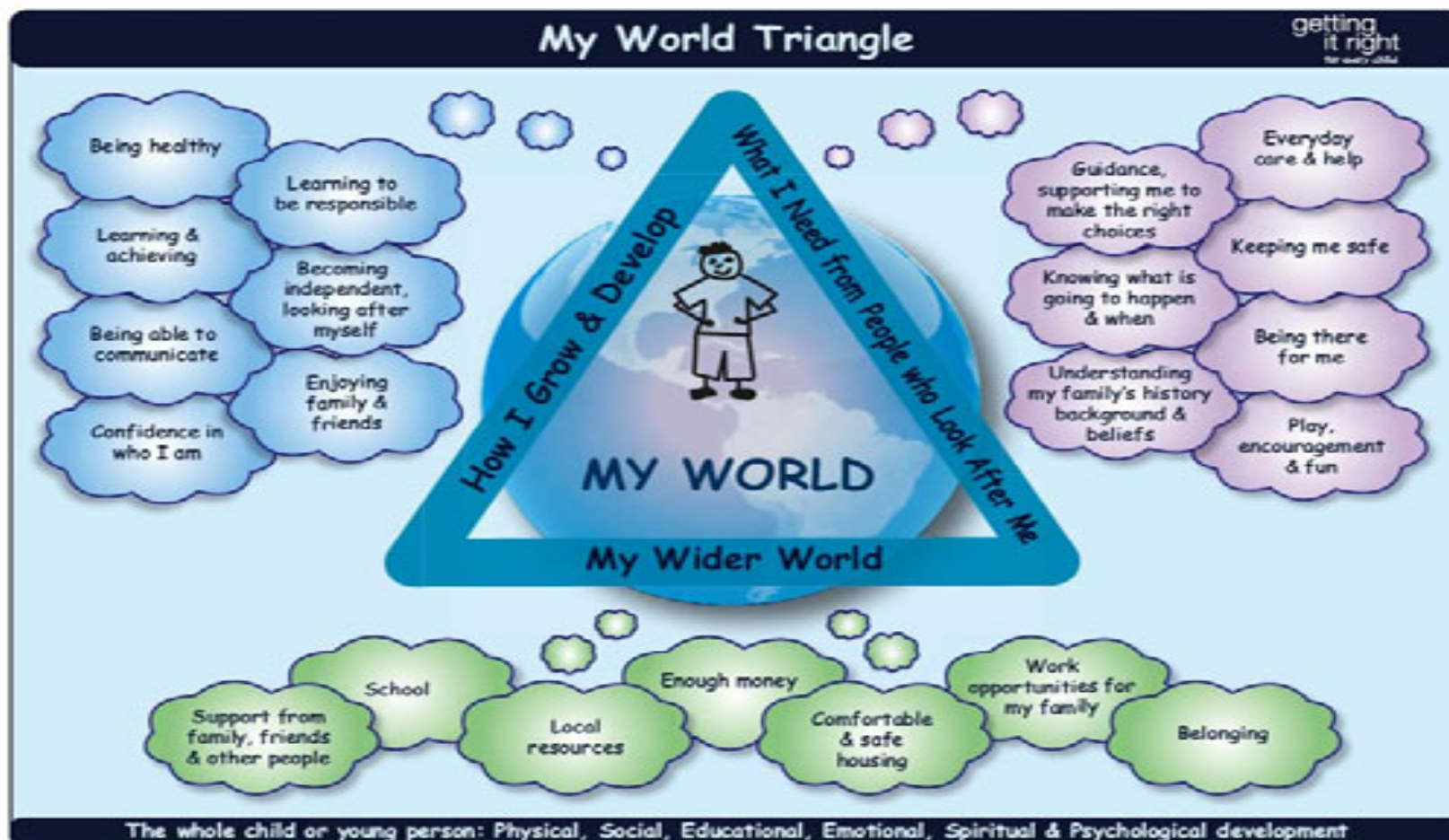
Gender Issues

Overall, girls are more involved in all aspects of caring. This is more marked in respect of domestic and intimate care, both of which have traditionally fallen to women. 75% of girls, but only 65% of boys, provide domestic care, while 22% of girls and 13% of boys provide personal, intimate care.

The Getting It Right For Every Child Practice Model



The Getting It Right For Every Child “My World Triangle”:



Young Adult Carers – Recommendations For Future Action

Recommendation 1

The key factor to be considered in the development of services and interventions for carers aged 16-17 and 18-24 years should be concerned with outcomes for the carers rather than types of services and models. Commissioners and service providers should identify clearly the outcomes to be achieved and delivered for these groups of carers.

Recommendation 2

A key principle for the development of services should be that young carers and young adult carers, who wish to do so, are involved fully in planning services.

Recommendation 3

Services for young carers under the age of 18 need to prepare them, around the ages of 16 years and over for the next 'phase' in their lives. This might include signposting or referral to other service providers to make sure that this transition is as smooth and successful as possible.

Recommendation 4

Young Carers projects could have a key role in developing and delivering short, focused transition preparation programmes for young carers. This should include the issues most pertinent to them, such as job/course search skills, grant applications for university, CVs, first aid, cooking, benefits, relationships, adult social care services etc. Development and delivery would need to take place with key partners, including Skills Development Scotland, local colleges, local regeneration agencies etc. There will undoubtedly be existing good practice which supports young carers or which could be adapted to specifically meet the needs of young carers. Within the wider skills and employability context, young carers and young adult carers need to be seen as a target group for support/intervention.

Recommendation 5

The Scottish Government should explore how the School Leaver Destination Return (SLDR), carried out annually and with a 6 monthly follow up exercise, could be altered to 'baseline' the destinations and outcomes achieved by young carers/young adult carers when they leave school. Skills Development Scotland's Insight Database could be used to help in gathering data on young carers situations, outcomes etc

as this already is central to the completion of the SLDR survey of all Scottish school leavers.

Recommendation 6

Systems will need to be developed and put in place to monitor and evaluate interventions and outcomes, using robust measures, instruments and tools that enable comparison between interventions/services over time and place. Recommendation 5, above, provides a starting point in terms of examining outcomes for young carers as they become young adult carers.

Recommendation 7

All agencies, but especially local authority services and Carers Services, should provide young carers and young adult carers with information about their legal rights, including the right to a Carer's Assessment from the local authority, which is a potential gateway to services and support for carers and their family.

Recommendation 8

Young Carers' projects, in conjunction with adult carers' and other services, need to consider the best ways to provide 'seamless services' to young carers after they reach 18 years of age. Young Carers' projects need to build relationships and bridges with local Adult Carers services to help adult services recognise and become more engaged with the needs of young adult carers.

Recommendation 9

Universal services, such as schools and health (including primary and secondary health care), have a role to play in supporting young carers and young adult carers alongside more specialist provision. Universal service providers need to be more alert to the specific needs of these carers and find ways to deliver their particular service to them, but they also have a crucial role in identifying young carers in the first place.

Recommendation 10

Agencies that would not traditionally be associated with meeting the needs of carers also need to identify and engage with young adult carers. So, for example, colleges, universities, JobCentre Plus, employers, leisure services providers, housing and others all need to be alert and sensitive to the needs and issues confronting this group of hidden carers and which affect their opportunities for further education and learning, leisure, careers and paid work – a life outside of their caring role and the chance to access the same opportunities as their peers.

Recommendation 11

The needs of young adult carers, and the outcomes that are required through service interventions, need to be integrated fully into every local authority's carers/young carers strategy.

Recommendation 12

Adult Carers services need to address the barriers that are inhibiting carers aged 18-24 from using their service and address their own lack of relevance to this group – as perceived by young adult carers themselves.

Glossary of Terms and Definitions

Additional Support for Learning	A framework for local authorities and other agencies to identify and address the support needs of children and young people who face barriers to their learning.
Alcohol and Drug Partnerships (ADPs)	Alcohol and Drug Partnerships (ADPs) have been set up for every local council area to transform the provision of services to tackle substance misuse. ADPs are developing and implementing local alcohol and drugs strategies to reduce the numbers of people with substance misuse problems.
Association of Directors of Social Work (ADSW)	ADSW is the professional association representing senior social work managers in local government in Scotland.
Black and Minority Ethnic (BME)	Any minority group who has a shared race, nationality, language and culture. House of Lords definition of an ethnic group – “Essential features are a long shared history and a common cultural tradition. There may also be some of the following present: common geographical location from a small number of ancestors; a common language; a common literature; a common religion; and, being a minority within a larger community.” An alternative definition is: “A group of people who share certain background characteristics such as common ancestors, geographical origin, language, culture and religion. This provides them with a distinct identity as seen by both themselves and others.”
Children Affected by Parental Substance Misuse (CAPSM)	Early identification of more children at risk in substance misusing families and the subsequent delivery of services to address their needs so that they are properly protected and supported.
Community Health Partnerships (CHPs)	Community Health Partnerships were established by NHS Boards as key building blocks in the modernisation of the NHS and joint services, with a vital role in partnership, integration and service redesign.
Concordat	The agreement in November 2007 between the Scottish Government and local government, based on mutual respect and partnership. It underpins the funding to be provided to local government to March 2011.
Convention of Scottish Local Authorities (COSLA)	The representative voice of Scottish local government and the employers’ association on behalf of all Scottish councils.
Curriculum for Excellence	Curriculum for Excellence is the Scottish Government's major programme of reform for the

		education sector. It starts in nurseries and continues through schools, colleges and beyond.
Getting it Right for Every Child (GIRFEC)		Getting it right for every child is the foundation for work with all children and young people, including adult services where parents are involved.
Lesbian, Gay, Bisexual and Transgender (LGBT)		Lesbian, gay, bisexual and transgender people.
More Choices, More Chances		An Action Plan to Reduce the Proportion of Young People not in Education, Employment or Training in Scotland
National Carer Organisations (NCOs)		The 5 voluntary organisations representing carers issues on a national basis: <ul style="list-style-type: none"> - Carers Scotland - Coalition of Carers in Scotland (COCIS) - Crossroads Caring Scotland - Princess Royal Trust for Carers - Shared Care Scotland
NHS inform		A single gateway provided by NHS 24 for the provision of quality assured health information for the population of Scotland.
Scottish Drugs Recovery Consortium (SDRC)		<p>The newly established consortium was launched on 1 June 2010. The SDRC is an independent national membership organisation established to drive and promote recovery for individuals, family members and communities affected by drugs across Scotland. The consortium is funded by the Scottish Government to support the implementation and delivery of the 'Road to Recovery' national drugs strategy. SDRC is a company limited by guarantee and is registered as a Scottish charity.</p> <p>The SDRC will be an open and accessible vehicle for all of the key stakeholders – individuals who want to share their experience of recovery, mutual aid and community groups; treatment providers in statutory and non statutory settings; housing agencies; employment and training organisations; primary health providers; and specialist agencies. They will work together with people in recovery and their families to develop pathways to meaningful and sustained recovery. For more information about SDRC visit www.sdrconsortium.org.</p>
Scottish Social Services Council (SSSC)		The Scottish Social Services Council (SSSC) was established in October 2001 by the Regulation of Care (Scotland) Act . The SSSC is responsible for registering people who work in the social services and regulating their education and training.
Social Work Inspection Agency		The Social Work Inspection Agency (SWIA) is an independent Government agency formed to improve

(SWIA)	<p>the quality of social work services across Scotland.</p> <p>In 2011, there will be a single body for healthcare services and another body for social work and social care services, including child protection and the integration of children's services. The new bodies will take on work in these areas currently done by: Her Majesty's Inspectorate of Education (HMIE); NHS Quality Improvement Scotland (NHS QIS); Social Work Inspection Agency (SWIA); and the Care Commission.</p>
Third Sector	<p>The Third Sector comprises social enterprises, voluntary organisations, co-operatives and mutuals. It has an important role in helping the Scottish Government achieve its purpose of creating a more successful country with opportunities for all to flourish, through achieving sustainable economic growth.</p>