



**WORKING TOGETHER TO SUPPORT  
YOUNG CARERS AND THEIR FAMILIES**

**A Template for a Local Memorandum of Understanding [MoU]**

**between Statutory Directors for**

**Children's Services and Adult Social Services**

**August 2012**

## About this Paper

There is a considerable amount of guidance and practice material to guide local policy and practice when working with young carers and their families. New materials are appearing all the time and increasingly there is local evidence based material that can be used to review and support local action.

The template in this paper is intended to be a resource and not a prescription. The intention is to promote working together between Adult's and Children's social care services and offer an enhanced basis for working in partnership with health and third sector partners. The final local text may be varied to reflect local circumstances. Additional areas may be included where this is considered appropriate. Any areas covered by existing local policies may be omitted or simply referenced. The content reflects the cross government strategic vision and priorities set out **Recognised, Valued and Supported**<sup>1</sup> [See: **Appendix B**] intended to inform national and local progress.

Nothing in this updated paper seeks to amend or replace existing statutory or accepted best practice guidance on any of the issues the template seeks to cover. Should any conflict or apparent difference in interpretation arise, or if further statutory guidance is issued, the expectation is that the statutory guidance would take precedence. Statutory Directors should obtain further information or legal advice, as necessary.

Whilst every attempt has been made to ensure accuracy and promote best practice, the content of this document does not represent a formal statement of the law or Government policy. The Associations cannot accept any responsibility for loss or liability occasioned as a result of people acting or not acting on any information contained in this paper.

The content of the template applies in all situations irrespective of age, disability, gender, race, cultural or religious beliefs and sexual orientation. All references to *children* in this paper include *young people*.

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## JOINT FOREWORD

The first model local Memorandum of Understanding [MoU] was published jointly by ADCS and ADASS in December 2009<sup>2</sup>. A summary version was prepared in partnership with The Children's Society in 2010. Quite a few Councils have developed their local agreements. The updated template contained in this paper reflects this and the experience flowing from the Department for Education [DfE] funded *Prevention through Partnership Programme*<sup>3</sup> led by The Children's Society. In addition, we have some new resources, which we have worked on, that support the need for working together to support young carers and their families:

- ***Signposts 2011***<sup>4</sup>
- ***Young Carers Personalisation And Whole Family Approaches 2011***<sup>5</sup>
- ***Whole Family Pathway 2012***<sup>6</sup>

Our starting point for everything continues to be that children and young people who are carers have the same rights as all children and young people. We should be pursuing the same opportunities for them. They should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children. Where services are working with families we should try to ensure that the needs of dependent children in the family, including those who may be assisting with caring, are recognised. This means taking account of their hopes, aspirations, strengths and achievements and the need for advice and support for all the family. Continued caring by children and supporting others in a family can be an appropriate part of this where this does not have an adverse affect on well-being.

Young carers and families are experts on their own lives. It falls to professionals across all sectors to include them in shaping the personalised and integrated responses that best suit their needs. We remain clear, however, that the approaches we outline apply no matter how competent or willing a young carer may appear to be. They apply equally whether care needs arise as a result of mental or physical illness or disability, substance misuse and whether a parent or a sibling is the focus of support. The updated template offers a clear framework which professionals can use to develop and provide personalised and joined up support for young carers and their families. It is expected that it will apply equally when working in partnership with colleagues in health and the third sectors.

Where one person holds both statutory roles the memorandum template approach may still be relevant for use by their operational leads for adult's and children's social care within the organisation. This is consistent with our view that the template is principally about how we work together and the professional culture we expect to inform it. In updating the template we are clear that early local adopters of the 2009 model do **not** need to review or amend their local agreement until its agreed review date unless, of course, they wish to do so.

Finally, it is especially pleasing that this updated template is a jointly agreed one between our three organisations. It is a reflection of the shared commitment we hold. Widespread adoption and use of the template can help us all to build upon local delivery of national policies, support local progress and better achieve the outcomes we are working towards.



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# THE TEMPLATE

## Joint Memorandum of Understanding

### WORKING TOGETHER TO SUPPORT YOUNG CARERS AND THEIR FAMILIES

.....

Director Children's Services

.....

Director Adult Social Services

**Commencement Date:** To be inserted

**Review Date:** To be inserted – normally 3 years from the date of commencement

**Note:** Variations may be agreed to reflect changing legislative, policy and local requirements and evidence of what works best for young carers and their families. Consultation on changes is expected to be undertaken consistent with local policy and practice.

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## WORKING TOGETHER TO SUPPORT YOUNG CARERS AND THEIR FAMILIES

### WHAT WE ARE AIMING TO DO LOCALLY – A JOINT STATEMENT OF INTENT

Young carers tell us that they value their caring roles and are often proud of the contribution they are able to make in their families. All too often, however, children and young people become carers because someone in their family has significant unmet care needs arising from ill health, disability, mental health needs or substance misuse. In some cases young carers have stepped into the breach, sometimes assuming a level of responsibility that no child should be expected to take on. This can have consequent knock-on effects on schooling and other key areas of their lives.

***Putting People First***<sup>7</sup> emphasised that care services should be delivered in ways which sustain families, avoid the need to take on inappropriate caring roles and prevent further inappropriate caring. This policy aim, which is also reflected within the current national strategy for carers, is interdependent with the principle of integrated working.

***Making it Real [2011]***<sup>8</sup> was prepared by the Think Local Act Personal Partnership [TLAP] and sets out a framework for taking forward personalised, community based support.

***Positive for Youth, 2012***<sup>9</sup>, the cross-Government policy for young people aged 13-19 offers us real insights and encouragement on how we can work together in partnership to support families and improve outcomes for young people; especially, those who are vulnerable.

We have committed to working together locally. We will do this across systems, in partnership with health and local carers' organisations and within the resources available. We will work in partnership with parents and young carers to ensure:

- Children have a sense of belonging within supportive relationships where parents feel supported in their parenting role.
- Risks to independence, safety and welfare are recognised and responded to. We ensure safety of those who are vulnerable and at risk of significant harm and do so in ways that are personalised, proportionate and risk based.
- Integrated, earlier and more effective responses to young carers and their families are adopted using approaches such as the "***whole family pathway***".
- There are no "wrong doors". Young carers are identified, assessed and their families are supported in ways that prevent excessive or inappropriate caring and support parenting roles regardless of which service is contacted first.
- No care or support package for a parent or sibling relies on excessive or inappropriate caring by a young carer to make it sustainable.
- Young carers are encouraged to have strong ambitions and good opportunities to realise their potential and to have the same access to education, career choices and broader opportunities as their peers.
- Transition to adulthood is supported. The challenges faced by young adult carers [18-24] around education, training, employment and independence are responded to.
- All young carers and their families feel empowered. Increasingly they see themselves and are seen as partners in shaping what we do.
- We learn from and build on their experience and outcomes.

## MEMORANDUM OF UNDERSTANDING

### EMPOWERMENT

#### 1. Young Carers: A Shared Understanding

We are agreed that the term “young carer” should be taken to include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families and is part of community and family cohesion. The key features for us are that:

***“caring responsibilities are important and relied upon within the family in maintaining the health, safety or day to day well-being of the person receiving support or care and/or the wider family.”***

We will continue to work together to develop a shared and more detailed understanding of the different types and levels of caring in our area. Our main focus, however, will be to ensure we develop better ways of identifying where caring by children risks becoming excessive and/or inappropriate and putting in place the support that prevents this happening.

The central issues for us are recognition, adverse impact, empowerment and support, including emotional support and accountability. Timely assessment and early intervention can prevent a child undertaking inappropriate levels of care. We start from the belief that:

***“a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well being or educational achievement and life chances”<sup>10</sup>***

The young carers involved in the *Whole Family Regional Conferences*<sup>11</sup> facilitated by The Children’s Society provided powerful testimony about joint working and support services for young carers. They want to be seen as just like other children and young people. At the same time they are very clear that timely and effective support for young carers and their families can make a real difference to the impacts they experience by:

- reducing marginalisation, isolation and anxiety
- managing feelings of stigma or shame
- meeting additional needs
- keeping together as a family – being a family
- enabling them to keep up with school work
- improving school attendance and achievement
- enabling young carers to continue in education post 16 and gain employment
- recognising what it means to be a “young carer”
- responding to concerns around self identification and what happens next

## 2. Promoting Awareness and Recognition

We have heard key messages<sup>12</sup> that:

- Without early identification young people's disclosure tends to happen at crisis points.
- Young people appreciate professionals who give them space to build trust as well as the choice to talk, what to tell and at what pace.
- Young people's repeated experiences of disrupted relationships with professionals may result in resignation and lack of engagement.

We will keep local practice under review and where appropriate refine it to ensure that it:

- promotes positive images of adults with long term conditions/disabilities that encourage families to seek information, assistance and spot children with caring responsibilities;
- provides appropriate and accessible information for families about services that support parenting capacity, independence and well being;
- enables access to self directed support; including direct payments to meet the needs of parents where appropriate;
- reaches out to families to offer support that avoids inappropriate forms of caring developing or continuing;
- reflects principles of partnership working with communities, in particular, the need for sensitivity to cultural needs;
- supports schools in their key role of identifying children with additional support needs and early intervention and support of young carers;
- identifies "hard to reach" groups/families and creates opportunities to meet their needs;
- recognises that care needs can vary significantly and ensures local processes offer emergency advice and support where usual care arrangements risk breaking down; and,
- engages with local young carers' projects for early support and *whole family* working.

Awareness is the key to recognition. Indicators of the impact of caring on children can include:

- Problems at school, not completing homework, absenteeism, lateness and inability to take part in after school activities.
- Social Isolation from other children their age, feeling that no one else can understand his or her experience.
- Lack of free time for play, sports and leisure activities.
- Emerging behavioural problems, in some cases including youth offending activity.
- Emotional impacts, such as worry, depression, self-harm.
- Physical impacts, such as tiredness, fatigue, back injury.
- Lack of aspirations and career opportunities.
- Increased independence and maturity for their age.

- Advanced life skills such as a caring attitude or being a good listener.
- Increased knowledge of disability and illness.

Not all children who have ill or disabled parents or siblings take on caring roles or do so in ways that cause difficulties. Circumstances will vary. What is important is that we work closely with the family and the young person so that reasonable steps can be taken to pre-empt likely problems and any emerging difficulties affecting well-being can be identified at an early stage.

Adult Social Services, in addition to assessing parental social care needs, have a key role in identifying young carers, as they will often be the first point of contact. At the point of assessing the cared-for person, adult services will ask whether the person they are assessing has children and, if they do, what impact they feel their situation has on them.

**SIGNPOSTS** [ADCS/ADASS 2011] contains valuable evidence to inform practice on working together to improve outcomes for young carers in families affected by enduring parental mental illness or substance misuse. It is a useful resource for local professionals in identifying and supporting young carers. It offers points for discussion that we can use to support progress.

### 3. Schools, Academies and Colleges

Schools, Academies and Colleges will be encouraged to identify young carers at an early stage; promote and co-ordinate their support of young carers; and, liaise with other agencies as appropriate with the outcomes we are seeking. School nurses also have a role to play here. We will encourage schools and academies to:

- Have a named staff member with lead responsibility for young carers and to recognise this role within continuing professional development.
- Have in place a policy to encourage practice that identifies and supports young carers such as adapting school arrangements if needed, provision for personal tutors and private discussions and access to local young carers' projects.
- Promote open communication with families that supports parenting capacity and encourages the sharing of information.
- Ensure school policies such as those for enrolment, attendance, bullying, behaviour and keeping safe afford recognition to young carers.
- Incorporate into individual pupil plans recognition and support for the positive aspects of the young carer's role, as well as providing the personalised support necessary to enable young carers to attend and enjoy school.
- Consider scope for school staff to adopt lead professional roles within locally agreed assessment arrangements or **CAF**<sup>13</sup>.
- Consider the role of school nurses in supporting improved health outcomes and reduce inequalities of family/child experience<sup>14</sup>.

### 4. Promoting Health and Wellbeing

Health professionals are also likely to be among the people that a family turns to for help with an illness or disability. Whether they work in a hospital or community, with adults or children, they may be the only person who is able to ask the right questions to find out that a child is taking on caring responsibilities. Additionally, we will encourage GP surgeries to have registers identifying carers and young carers and consider use of e-learning resources<sup>15</sup>.

Child and adolescent mental health services should be used as appropriate to support the emotional well being of young carers who are seriously troubled by their caring role. Integrated working across health, adult social care, children's services and third sector partners and through local partnership arrangements and the local **Health and Wellbeing Board**<sup>16</sup> will be used to develop a strategic and operational framework that identifies young carers and their needs. This would be done with a view to:

- Promoting and sustaining healthy lifestyles and diets
- Encouraging regular exercise
- Ensuring good oral health
- Raising awareness and reducing risks of substance misuse
- Offering smoking cessation support to young carers interested in giving up.
- Raising awareness of maintaining emotional well being and reducing personal stress
- Enabling young people to assess risks about lifting and handling and provide information, advice and support to remove or reduce risk of injury as necessary
- Promoting safe procedures for control of medication that do not involve young carers.

## **5. Equality & Diversity**

As with abuse or neglect, inappropriate caring responsibilities adversely impacting on wellbeing, cannot be condoned on gender, religious or cultural grounds. We will ensure that appropriate people are readily available to provide advice on such matters. We will tackle barriers to effective communication and take up of support.

When considering translation services we will consult with families as to who could fill this role appropriately. Where appropriate and possible, bi-lingual advocates will be used and account taken of any relevant factors around faith, gender or locality. We are agreed it is not good practice to expect young carers to interpret for their families, particularly when it involves someone with an illness. We will discourage this. We expect interpreters to be used and will reinforce this in staff guidance as appropriate. There may be occasions, however, where a family express a strong preference for an adult family member to be the interpreter. Where all are in agreement and the requirements and responsibilities of the role are understood this can be considered.

We will keep under review and encourage staff awareness around gender issues and assumptions that can impact upon both male and female young carers

## **6. Information for Empowerment**

Together with our partners, we will work towards a position where, if not already in place, information and advocacy services are available to all young carers and their families offering information, advice, advocacy, representation and support. This includes, where appropriate, peer support through local young carers' projects or parenting groups. We will encourage local use of the following general principles when people act as advocates for young carers and/or their families:

- Advocates should be the individuals' person of choice and can be informal as well as professional advocates. Peer advocacy may be appropriate in some situations.
- Advocates should work for the best interests of the individual and their family.

- Advocates should be alert to the potential for conflicts of interests within families and potential needs for separate advocates in some situations.
- Advocates should value and respect young carers and their families as individuals and challenge all types of unlawful discrimination.
- Advocates should work to make sure that everyone understands what is happening to them, can make their views known and exercise, where possible, appropriate choices when decisions are being made.
- Advocates should help young carers and their families to raise issues and concerns about things with which they are unhappy. This includes complaints.
- Advocates must understand requirements regarding safeguarding and know what to do if they become aware of abuse or neglect or risk of it occurring.

## 7. Information Sharing

Effective and timely information sharing between our agencies and with our partners is critical to empowerment, the provision of early intervention and preventative work, supporting transitions and, for safeguarding and promoting the welfare of young carers. Within the framework of existing local information sharing protocols our aim is to ensure specific recognition of the position of young carers. This will cover their identification and support. Local arrangements for information sharing under this protocol will be consistent with national guidance. All practitioners should follow the seven “golden rules” that are in place:

- Remember that Data Protection legislation is not a barrier to sharing information
- Be open and honest about why, what, how and with whom information could be shared,
- Seek advice if in any doubt
- Share information with consent where appropriate
- Consider the child’s safety and welfare
- Gather and keep secure information that is necessary, proportionate, relevant, accurate, and timely
- Keep a record of decisions and what, if any, information has been shared and with whom.

## 8. Transition to Adulthood

We will build on local experience and make use of the findings of *Young Carers Pathfinders*<sup>17</sup> and other research<sup>18</sup> to deliver our commitment on transition to adulthood and for support of young adult carers. We will:

- Raise professional awareness of the risks and challenges faced by young carers around low aspirations, negative experiences of learning and support and the impacts of disadvantage and consequences of caring responsibilities on take up of education, training and employment.
- Aim to have one organisation/named professional who takes responsibility for the holistic needs of a young adult carer’s; support on transition issues, moving from dependence to independence; improving resilience and opportunities to take up education, training and employment whilst recognising needs around continuing to care.

## ASSESSMENT

### 9. Introduction

We are agreed that the key to ensuring better support and outcomes for young carers is effective assessment. If a referral is made about a parent with a disability, dependency or illness, agencies should always consider whether there is a child in the family who is providing personal care or practical support. In doing so, practitioners will be expected to consider, preferably within a **whole family approach**, the impact of the disability or illness on each child within the family; including whether any of them are or could be providing care or support that is relied upon, is impacting on wellbeing and where a review of adult care needs is indicated.

Concerns may arise in many different contexts and their nature will vary. Our local approach will make appropriate use of partnership and integrated working. For young carers and their families this includes:

- **Assessment** – ensuring all assessments are timely, transparent and proportionate within the locally agreed *Assessment Framework or CAF* which is consistently understood and applied. [See Below].
- **Early intervention** – early or identification of situations before they become critical
- **Reviewing or referring for review** the adult social care needs of a parent where children with caring responsibilities that are relied upon within the family are identified.
- **Personalising Support** – using the potential of personalised care and self-directed support planning to meet care and support needs.<sup>19</sup>
- **Recording** – making sure information is in one place with the consent of the child or parent consistent with established principles for obtaining informed consent.
- **Sharing information** – so that all agencies involved know what the issues are, what is intended and so that young carers and families do not have to repeat things to us. [See above]
- **Joint Decisions**, using, as appropriate, *Team around the Child* and *Team Around the Family* for assessments and evidence based decisions for support
- **Lead Professionals** – acting as the point of contact for young carers and their families to make connections, build trust, bring things together and help them stay that way.
- **Ensuring child safety** [See: p 15]
- **Effective professional supervision and regular reviews** – seeing assessment as a continuing process to ensure a clear direction of travel and inform future plans.

### 10. Empowering and Proportionate

The local approach to working with families will be empowering, holistic, inclusive, proportionate, integrated, child centred, rooted in child development, focus on strengths as well as difficulties and have a clear focus outcomes. We will:

- Consider the family as a whole, acknowledge parents' strengths, promote resilience and beware of undermining parenting capacity.
- Work with colleagues from all sectors including with the voluntary sector where appropriate.

- Ensure that the assessment process is appropriate to age and understanding and specific to their needs as a young carer.
- Recognise that families may be fearful of acknowledging children's caring roles.
- Ascertain if the illness/disability is stable, changing or episodic.
- Maintain a focus on positive outcomes for the young person and their family when working with other departments/agencies.
- Respond to young carers' needs for emotional support and counselling.
- Consider the family's housing needs and access to benefits.
- Be sensitive to cultural perceptions and needs around disability, illness and caring consistent with a child's fundamental right to a safe and secure childhood.
- Recognise there may be differences of view between children and parents about appropriate levels of care and that such differences may not be acknowledged.
- Take account of the young carers wishes regarding education, employment and recreational activities

The resolution of any tensions requires good quality joint work between adult and children's social services as well as co-operation from schools and health care workers. This work should include direct work with the young carer to understand his/her views. The young person who is a primary carer of his or her parent or sibling may have a good understanding of the family's functioning and needs. These should be incorporated into any assessment.<sup>16</sup>

This memorandum also provides a framework to ensure that any lead professional, adult or children's services, should have access to and hold multi-agency information and assess the whole family regularly. Consideration will be given to who is deemed to be an appropriate lead professional having regard to all the circumstances of the assessment.

We will encourage professionals to ask certain questions either as part of their assessment, or during professional supervision, or at review to inform judgements about what is in the "best interests" of the young carer and their family. These questions might well include:

- Is a child undertaking (or at risk of undertaking) caring tasks likely to impact on them?
- Why is a child undertaking care and support tasks that are relied upon?
- What is the impact of caring on the child's development, health and well-being?
- What additional personalised services or support may be needed to ensure the parental care needs are met or to sustain a family unit and to prevent a child taking on or continuing to hold inappropriate caring responsibilities?
- What is the parental capacity to respond to needs? Do they need support in their parenting role or in developing their parenting capacity?
- What can be done to help the whole family or to maximise the broader support which others in the family are able to provide and to promote resilience?
- How might we build resilience and family strengths and manage risks along the way?
- Do the impacts on the child indicate that it would be appropriate to engage the locally agreed framework for assessment of *Children in Need and their Families* or under the Carers and Disabled Children Act 2000<sup>20?</sup>

- Are there any additional needs falling within the locally agreed **Assessment Framework for Children** [See: endnote 13]?

**Keeping the Family in Mind**<sup>21</sup> offers some timely reminders from children and young people for professionals coming into contact with parents with enduring mental health needs. We will encourage professional awareness of these, as appropriate, along with the principles of successful front line family services<sup>22</sup>.

## 11. Whole Family Working

A **whole family** approach will be embedded into local assessments. We will ensure that:

- The primary responsibility for responding to the needs of young carers derives from the person in need of care and support. This means that whichever service identifies there is a young carer in the family, whether it is children's or adults' social care services or health, it is responsible for referring or assessing the needs of that young carer within that family context.
- Practitioners seek advice and support where necessary from colleagues, whether it is children's or adults' social services or a partner agency, to support discharge of our joint and separate responsibilities towards young carers and their families.
- Practitioners are aware of the prejudices and stereotypes that may exist around cultures, and disability, or about adults who misuse drugs/alcohol or have mental health needs in terms of their parenting capacity and competence.
- Practitioners reach their conclusions on the basis of the evidence of their observation of both parents and children; including any young carers.

## 12. Focused on Change and Outcomes

Providing an assessment only for the child will not necessarily resolve the situation that has caused their referral. All adult social care and children's assessments should ascertain **why** the child is caring, the **extent** of the reliance and caring responsibility and **what** needs to change. This is essential to prevent children from undertaking inappropriate levels of care and being relied on to assume levels of responsibility which impact adversely on their own well-being.

Timely assessments of both the person who needs care and the whole family could prevent a child undertaking inappropriate levels of care in the first place. When a referral is made about a parent with a disability, substance dependency or illness, we have committed to finding out whether there is a child in the family who is providing personal care or practical help. In doing so, professionals will also be expected to consider, within a **whole family** approach, the impact of the disability or illness on any child within the family; including, whether any of them are or could be providing some form of care or not. Similar considerations apply if there is a child with a disability within a family.

Such assessments should not only identify regular individual personal care needs (including safeguarding), but should also consider the range of parenting, caring and family tasks that are needed when care workers are not present and mean a child is relied upon to carry them out.

## 13. Joint Assessment

Joint assessment by adult, child and family and health staff will be expected where this is appropriate. Access to specialist advice and support should be available as needed. Finally, we should never ignore any aspect of a situation that indicates there are concerns about children's and/or vulnerable adults' safety and they require protection from harm.

## SAFEGUARDING

### 14. Children at Risk of Harm

Safeguarding<sup>23</sup> is part of a continuum where prevention and early intervention can help young carers and their families work through the challenges they face. Safeguarding is about keeping children safe from harm and abuse and is an important part of integrated working.

By working together in an integrated way professionals place the child at the centre of all activities and are better able to identify holistic needs earlier and improve outcomes. We accept a joint responsibility to work in partnership with others to identify and respond to any young carers who are suffering, or likely to suffer, significant harm and to protect them from this harm. We will do this in ways that keep children safe and:

- focus on working together, early intervention and prevention;
- reflect practice guidance;
- do not stigmatise families or risk increasing the number of hidden young carers; and,
- do not discourage young carers and their families from seeking information and advice, or an assessment and provision of services.

Local single and multi-agency policies and procedures set out clearly the local arrangements for safeguarding children at risk of significant harm and/or promoting their welfare. We will:

- State clearly the responsibilities of staff under local safeguarding children procedures to make referrals where children are considered to be suffering or likely to suffer significant harm and emphasise the principle that safeguarding is everyone's business.
- Ensure all staff and volunteers across all sectors have undertaken appropriate training in recognising harm, reporting concerns about a child's welfare and safety and confirming referrals they have made to children's social care within 48 hours.
- Ensure all staff and volunteers across all sectors have undertaken appropriate training in relation to mental health and substance misuse issues.
- Make sure our arrangements for young carers and their families reflect any requirements of local multi-agency and single agency policies for safeguarding children and seek inclusion as necessary.

### 15. Adults at Risk of Harm

***The Vision for Adult Social Care***<sup>24</sup> identifies seven key principles for building up a modern system of social care. They are: prevention, personalisation, partnership, plurality, protection, productivity and people. Protection is defined as ensuring that:

*“there are sensible safeguards against risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom”.*

We are agreed that we have a joint leadership responsibility to:

- Ensure awareness of safeguarding adults' policy and practice; the ability to recognise and respond to safeguarding adults' concerns; and to promote confidence and consistency in using local multi-agency procedures by staff in across all agencies.
- Apply the agreed principles of adult safeguarding and secure consistency with local multi-agency policies and procedures in respect of adults who are vulnerable and more at risk of harm in line with the following<sup>25</sup>:

- **Empowerment:** presumption of person led decisions and informed consent.
- **Protection:** support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** proportional and least intrusive response appropriate to the risk presented.
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect.
- **Accountability:** accountability and transparency in delivering safeguarding; including learning from experience and outcomes

## 16. Local Safeguarding Boards

Local Safeguarding Children and Adults Boards have been made aware of the general issues surrounding young carers and the intention to adopt this Memorandum of Understanding. This has been done to ensure consistency with local multi-agency policies and procedures.

It is also intended to raise awareness of the way in which safeguarding work forms part of a continuum of locally agreed person-centred and proportionate risk-based responses. We can all use these to ensure that those adults and children at risk of harm are kept safe and their welfare is promoted.

## ACCOUNTABILITY

### 17. Funding Responsibilities

The internal allocations of funding by the Council should not become a barrier to timely and appropriate support for young carers and their families. We recognise that disputes about where funding responsibility lies can be deeply damaging to families. They were one of the concerns voiced by families and young carers in national consultations on the National Carers Strategy. We will act to ensure that staff have a clear understanding of joint and separate responsibilities to support parenting roles, respond to needs and reduce the need for inappropriate caring by young carers. The following general principles apply to the expected *whole family* and joint approach to meeting needs and arranging support:

- Adult social care is responsible for commissioning care and support services for adults to reduce or prevent inappropriate caring responsibilities by young carers.
- Children's social care is responsible for commissioning services to respond to specific needs of the child or young person; including, those relating to the impact of their caring role on them.
- Shared responsibility exists between us for commissioning services that would support or sustain adults in their parenting role having regard to the individual circumstances.

### 18. Preventing Disagreements

We believe that the inclusive, *whole family* approach to which we are committed should mean significant disagreements between local adult and children's services will be rare. Two potential areas suggest themselves and are:

- disagreements about whether the need relates to the young carer or the adult or sibling who is supported by him or her; and/or,
- disagreements about respective responsibilities or thresholds for adults or children.

We intend to reduce the risk of disagreements by:

- ensuring that staff are appropriately trained and supported in understanding and in the exercising of joint and separate responsibilities towards young carers and those they support;
- being as clear as we can about our joint and separate responsibilities;
- ensuring young carers and parents have access to information and advocacy services to support them in the exercise of their rights; and,
- ensuring that effective arrangements for consultation, communication and feedback to young carers and those they support are available and acted upon.

How such issues are resolved is a matter for us as the Statutory Directors to determine within the context of our corporate responsibilities within the Council. The following general principles will be used to inform action and decision-making:

- Disagreements about funding responsibilities must not get in the way of responding in a timely manner to situations where it is evident that inappropriate caring responsibilities are being undertaken and relied upon.
- Disagreements about funding must not be allowed to become a problem for the young carer or the person supported and must not be argued about in front of them.

- Disagreements about responsibilities must not leave the needs of family members unmet because they seem to fall between internal administrative boundaries.
- Dispute resolution procedures relating to the joint and separate responsibilities of Statutory Directors for young carers and the people they support will be put in place.
- Both Statutory Directors have final operational responsibility for ensuring that any disagreements about funding are resolved in a reasoned, timely and appropriate manner with better outcomes for young carers being a primary consideration.

## **19. Audit and Reasonable Assurance**

We intend to put in place arrangements for periodic audit and the provision of reasonable assurance to the Council, partners, young carers, their families and the community on how this memorandum of understanding [MoU] works in specific areas or as a whole.

These audit arrangements will be located within wider Council processes for the management of risk and provision of reasonable assurance. The information arising from these audits will be used to inform performance priorities for development and delivery of the key processes and outcomes that the memorandum has been designed to help secure.

Information on audit and assurance will be shared within local partnership arrangements.

## **20. Learning and Development**

We will ensure that our programmes for learning and development reflect the need for joint and separate training to underpin the organisational, policy and practice principles adopted for working with young carers and their families.

Feedback from young carers and their families will be used to inform our programmes.

## **21. Local Partnerships**

We are agreed that successful local partnerships depend on the building of constructive relationships and a shared vision around what we are trying to do. We will use the opportunities for working together to identify key priorities for commissioning and the best use of available resources designed to secure the outcomes for well-being we have identified and agreed.

## APPENDIX A

### WORKING TOGETHER TO SUPPORT YOUNG CARERS AND THEIR FAMILIES WITHIN A *WHOLE FAMILY* APPROACH

#### FLOW CHARTS <sup>1</sup>

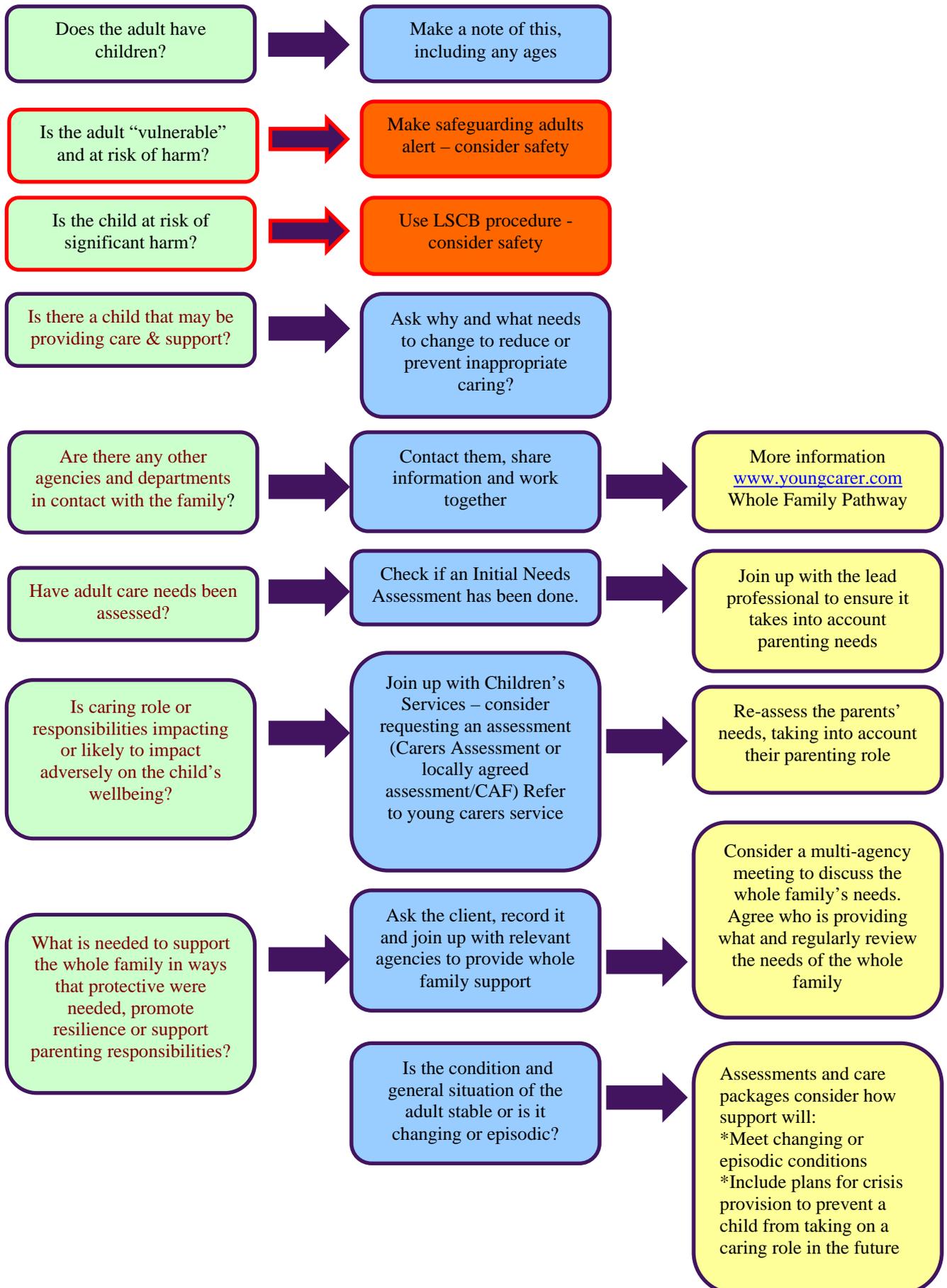
#### FOR ALL STATUTORY, NON-STATUTORY AND INDEPENDENT SECTOR SERVICES WORKING WITH OR LIKELY TO COME INTO CONTACT WITH FAMILIES AND YOUNG CARERS

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<sup>1</sup> The flow charts presented are those used by some councils where a MoU is in place. Local arrangements will need to reflect local circumstances and practice. Other examples are available, for a single page model please see: <http://liverpool.gov.uk/council/strategies-plans-and-policies/children-and-families/think-family/>.

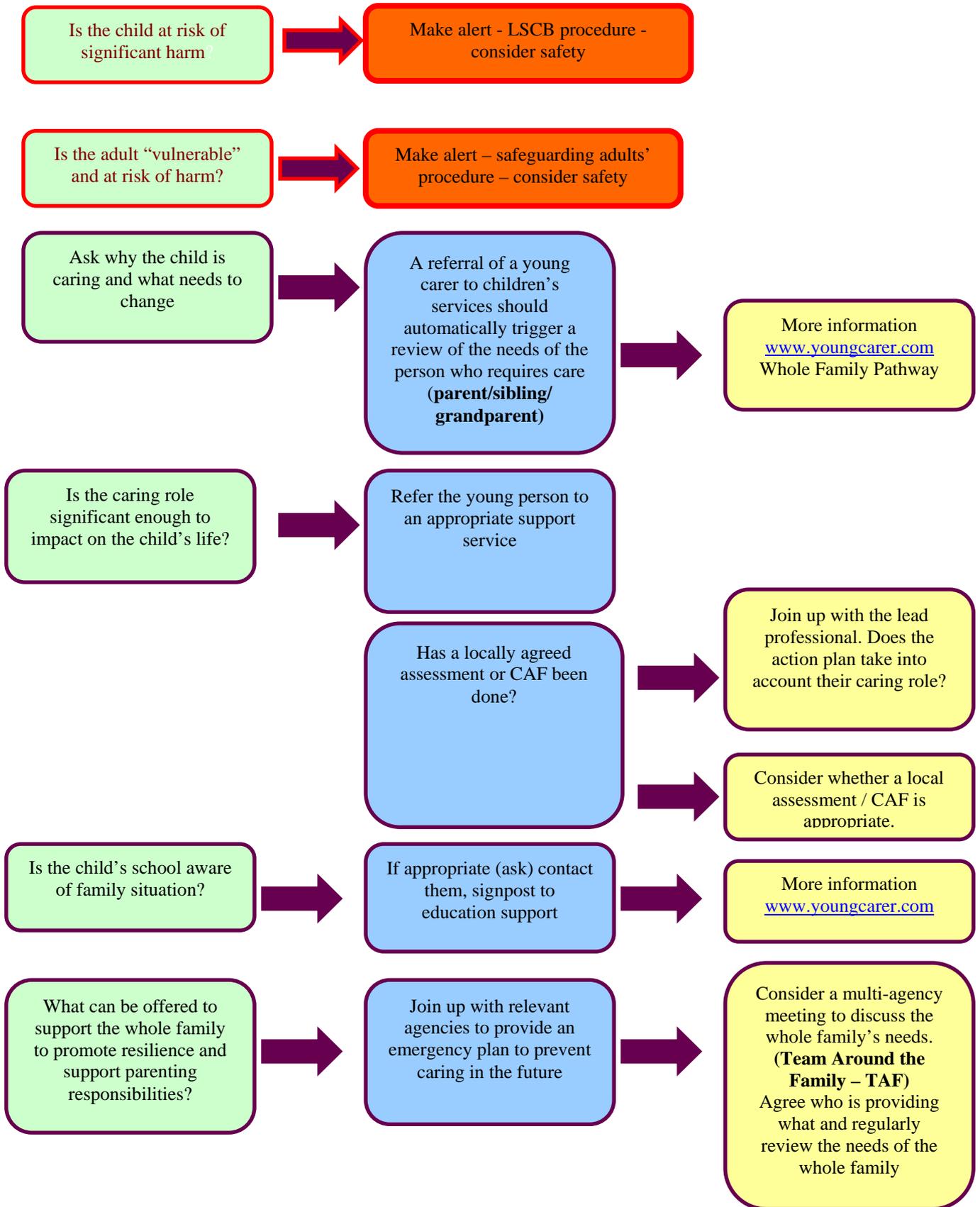
## Flowchart for Adult Social Services

When a referral is made for an adult with a disability or illness, consider:



## Flowchart for Children's Services

When a referral is made for a child who is a young carer consider:



## APPENDIX B

### RECOGNISED VALUED AND SUPPORTED

#### - THE CURRENT NATIONAL POLICY CONTEXT FOR CARERS

*Recognised, Valued and Supported* [2010] set out the Coalition Government's broad approach and priorities in England with a view to securing the best possible outcomes for carers and those they support.

The five key outcomes within the 2008 strategy<sup>26</sup> continue to inform the overall framework:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

The Coalition Government identified four key priority areas flowing from consultation responses and discussions with the Standing Commission on Carers. They are:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

The priority areas were recognised to be overlapping and that "... addressing any one of them adequately will require attention to all of them."

**Source: *Recognised, Valued and supported: next steps for the carers strategy* [2010]**

## APPENDIX C

### SOURCES & REFERENCES

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