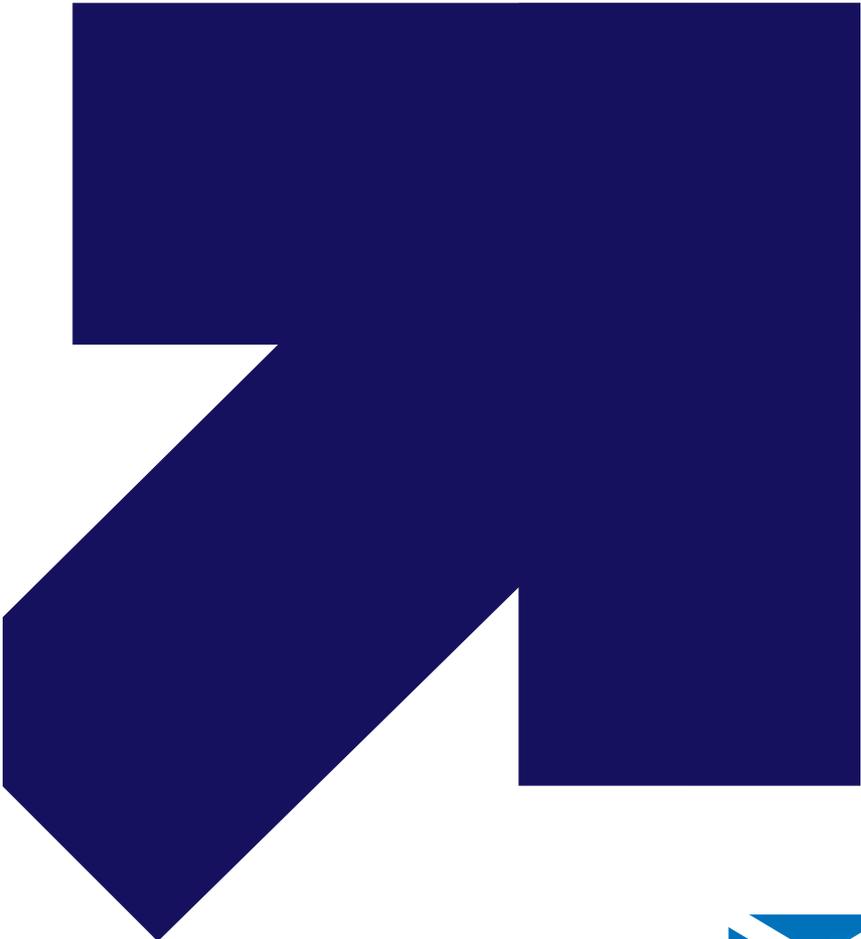


Improving: Services for children

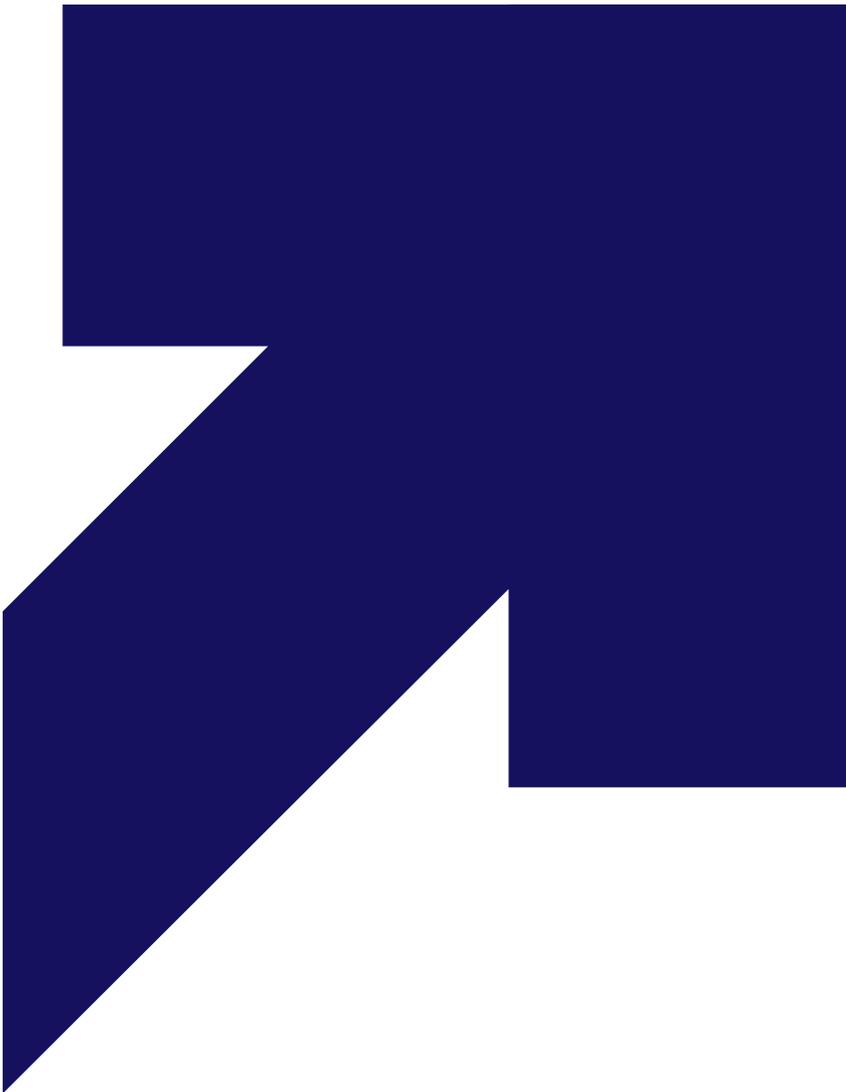
How good are our
services for young carers
and their families?
How good can we be?



Improving: Services for children

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services for young carers
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How good can we be?



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1. INTRODUCTION

This guide to self-evaluation and improvement builds upon the advice given in the publication *A Guide to Evaluating Services for Children and Young People Using Quality Indicators* (HMIE, 2006)¹ (A summary of the quality indicators is reproduced in Appendix I). Local authorities, agencies and professionals who have responsibilities for providing services to young carers and their families can use this guide to help evaluate and improve the services provided. It provides guidance and support to local authorities and agencies and recognises the individual and joint responsibilities of local social work, education, health and voluntary sector agencies and leisure and transport services in supporting young carers effectively.

While individual services will be able to use the guide to help self-evaluate the services they provide, it will be most effective when used in partnership with all agencies involved in supporting young carers. This partnership approach will provide a full picture of the support available to young carers in a local area.

Identifying young carers and improving the support available to them is a component in several key policies of the Scottish Government. For example:

- ✦ Care 21 Report: The Future of Unpaid Care in Scotland²
- ✦ Getting it Right for Every Child³
- ✦ More Choices, More Chances; A strategy to reduce the proportion of young people not in education, employment or training⁴
- ✦ The Education (Additional Support for Learning) (Scotland) Act 2004.⁵

Ensuring that the issues concerning young carers are part of the mainstream agenda provides the most effective means of delivering real and lasting improvements for them. The aim of this guide is to assist services individually, and working in partnership to evaluate and improve the quality of the work we do with young carers and their families.

The audience for this publication includes social workers, social care staff, NHS staff, teaching staff, educational authority staff, leisure and transport services, voluntary sector and senior managers in young people services and agencies.

¹ A Guide to Evaluating Services for Children and Young People Using Quality Indicators (HM Inspectorate of Education, 2005) <http://www.hmie.gov.uk/documents/publication/hwcpnm.pdf>

² Care 21 Report: The Future of Unpaid Care in Scotland <http://www.scotland.gov.uk/Publications/2006/02/28094157>

³ Getting it Right for Every Child – Proposals For Action <http://www.scotland.gov.uk/Publications/2005/06/20135608>

⁴ More Choices, More Chances: A Strategy to Reduce the proportion of young people not in education, employment or training <http://www.scotland.gov.uk/Publications/2006/06/13100205>

⁵ The Education (Additional Support for Learning) (Scotland) Act 2004 <http://www.opsi.gov.uk/legislation/scotland/acts2004>

“Young carers are children and young persons 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, grandparent or other relative who is disabled, has some chronic illness, mental health or addiction problem or other condition connected with a need for care, support or supervision.”

Blackwell Encyclopaedia of Social Work

The most recent Census figure puts the number of young carers in Scotland at 16,701. However, of these, fewer than 4,000 are known to agencies and services. A number of surveys undertaken in secondary schools throughout the country indicate that at least 10% of the population of secondary schools are children and young people who have a caring role. If this percentage is applied to Scotland’s population of children and young people, we can expect that there are over 100,000 young carers in Scotland.

Caring can impact on a child’s education, health and social situations. It may affect a young person’s lifelong learning and job prospects. Many young carers do not recognise themselves as such, and so may not ask for support. Others choose not to tell anyone about the situation at home for fear of negative repercussions for the family. There is therefore a large population of ‘hidden’ young carers who need to be identified and be made aware of the support options available to them.

The caring role of young people, and the emotional and developmental impact of caring, often remain hidden from service agencies. With 98% of children and young people in mainstream education, education staff remain best placed to identify young carers early and prior to crisis. Those most vulnerable must be a high priority for local service partners.

High-risk environments include situations where a young carer may be exposed to:

- ✦ physical, emotional or domestic abuse;
- ✦ serious or repeated neglect;
- ✦ a culture of parental substance misuse;
- ✦ sexual abuse; and
- ✦ racial abuse.

High-risk behaviour includes behaviour such as:

- ✦ substance misuse;
- ✦ offending;
- ✦ inappropriate sexual activity; and
- ✦ self harm.

What constitutes high-risk behaviour will vary with the context of the individual child and is for professional judgement to establish. These children and young people are among the most vulnerable, requiring pro-active and well-coordinated intervention and support by service partners.

Responsibilities to care for a parent or sibling can restrict the time and access of pupils to learning. It may result in lateness, absence from school, concentration problems and reduced peer contact at school and outside education. While we recognise that young carers are individuals, a standardised definition of a young carer, agreed by all local partners, may help to ensure that young carers can be quickly identified by all agencies they come into contact with. Young carer assessments remain an important gateway for young carers to access support. Peer support and respite breaks from caring routines are essential support components. Agreed protocols for referral and communication across the range of agencies can help to ensure that young carers receive appropriate, integrated support as soon as possible. Young people with caring responsibilities should not experience educational disadvantages or barriers to realising their fullest potential in education, employment or lifelong learning.

Planning and quality improvement processes must add value to the outcomes for children and families. Scottish Ministers have identified expectations and aspirations relevant to all Scotland's children and young people, applying across agency, service and professional boundaries and consistent with the principles enshrined in the United Nations Convention on the Rights of the Child:
<http://www.unicef.org/crc/crc.htm>:

These aspirations are that children and young people in Scotland should be valued by ensuring that they are:⁶

- ✦ **Safe:** Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.
- ✦ **Nurtured:** Children and young people should live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.
- ✦ **Healthy:** Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.
- ✦ **Achieving:** Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential.
- ✦ **Active:** Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.
- ✦ **Respected and Responsible:** Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.
- ✦ **Included:** Children, young people and their carers should have access to high-quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

⁶ *Guidance for Integrated Children's Services Plans 2005-08* (Scottish Executive 2004).

These indicators of wellbeing should be at the heart of Integrated Children's Services Planning. The outcomes for children and young people can be built on these indicators in the context of the Concordat between the Scottish Government and Local Authorities and Single Outcome Agreements.

Partnership and collaboration are essential if we are to achieve the all-round development of the "personality, talents, mental and physical abilities of each child and young person to their fullest potential".⁷ This applies especially to young carers and, although this self-evaluation can be used by each of the partner services, establishments and agencies individually, it will be most effective when used by the integrated team around the child.

⁷ Standards in Scotland's Schools etc. Act 2000.

2. SELF-EVALUATION FOR IMPROVEMENT

Self-evaluation, within the overall process of planning for improvement and excellence helps identify current good practice and positive impacts, and identify areas for further development. This publication provides a flexible tool which should fit into our current procedures and practices in self-evaluation. It can be used at any stage of service development.

Self-evaluation helps to:

- ✦ recognise the work we are doing which has a very positive impact on the lives of young carers and their families;
- ✦ encourage staff, at all levels, to reflect upon practice and identify the strengths and areas for improvement;
- ✦ identify levels of service we need to maintain or improve;
- ✦ identify what we can do to make things better for young carers and their families; and
- ✦ inform stakeholders about the quality of services in our area.

When we self-evaluate, we look **honestly** but **critically** at our practice and at the services we provide with a view to improvement. Put simply, self-evaluation for improvement broadly focuses on answering two key questions about our practice:

How good are we now?

This helps us to identify our strengths and development needs in key aspects of our work and the impact our work has on young carers and their families.

and

How good can we be?

We ask this question to help us set priorities for improvement and to form a clear picture about what a very good quality provision would look like.

Self-evaluation, to be meaningful, has to focus on on-going improvements in outcomes. It is not a one-off activity which is done for its own sake. It is a dynamic process which goes on throughout the year. We can use self-evaluation to establish a baseline from which to plan to improve outcomes for young carers. We can use self-evaluation as a means of ensuring our stakeholders' commitment to set priorities and change. After we have taken planned action, ongoing self-evaluation helps us to monitor our progress and determine impact.

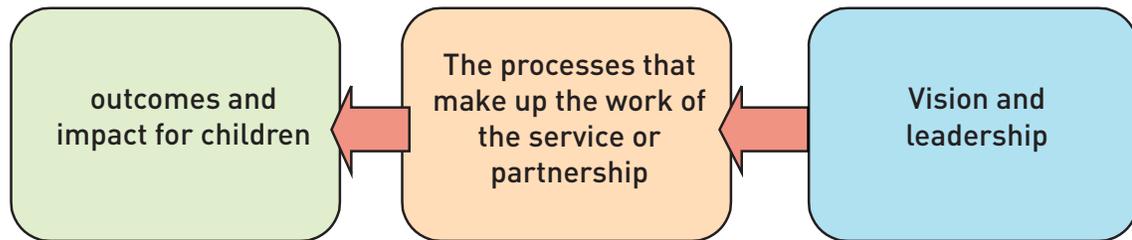
This self-evaluation guide uses the quality framework contained in *A Guide to Evaluating Services for Children and Young People Using Quality Indicators*. The framework is based around six high-level questions:

- ❖ *What key outcomes have we achieved?*
- ❖ *How well do we meet the needs of our stakeholders?*
- ❖ *How good is our leadership?*
- ❖ *How good is our management?*
- ❖ *How good is our delivery of services for children and young people?*
- ❖ *What is our capacity for improvement?*

Each of these high-level questions relates to a number of quality indicators (QIs) which cover the key aspects of the work of services for children. Each indicator contains illustrations which describe very good and weak practice. We can use these illustrations to check the quality of our own services.⁸

The QIs and the six high-level questions can be viewed as a three-part model consisting of three inter-related areas:

- ❖ the vision and leadership of the service;
- ❖ the processes that make up the work of the service; and
- ❖ the outcomes and impacts the service wants to have on the lives of children.



The vision and leadership for the service are the key drivers for the work of the service which in turn determine the outcomes for and impacts on children.

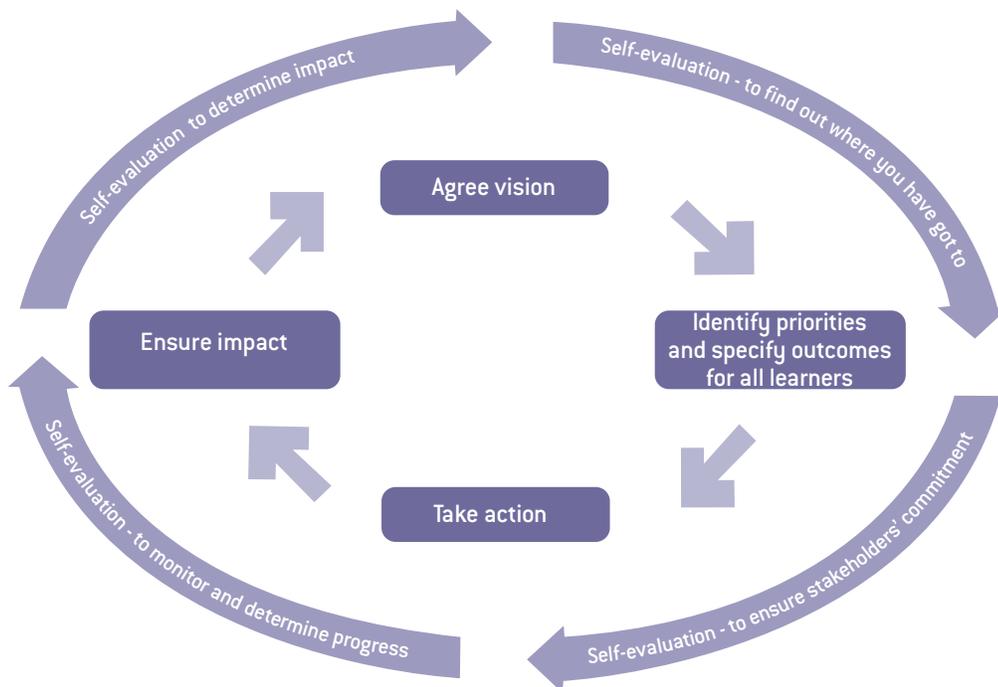
⁸ The term 'service' can be taken to mean one individual service or a partnership made up of more than one service.

The **vision** which we have for our service should set out our view of what we hope to achieve for young carers. Our vision needs to link appropriately with the vision set out in the purposes for the curriculum 3-18 that children should become *successful learners, confident individuals, responsible citizens and effective contributors*. In order to achieve these, children need to be *nurtured, safe, active, healthy, achieving, included, respected and responsible*. Our vision is the main driver for our work. However, it is not necessary to evaluate our vision on a regular basis. It should be sufficient to check annually that we have a shared vision of the kind of service we aim to provide to young carers.

The starting point in self-evaluation is to ask *How good are we now?* and consider the **outcomes and impact** which our service has on young carers. We should look closely at the illustrations in selected QIs from *A Guide to Evaluating Services for Children and Young People Using Quality Indicators*. It is important that we evaluate the **direct** outcomes on young carers and families rather than indirect outcomes such as the policies, procedures or other materials which we have developed. Developing policies and procedures may be useful, but they are means to more important ends: improvements in outcomes for young carers and positive impact on their lives. We should then look at aspects of our work and the processes we use to achieve the outcomes and impacts we want for young carers. In order to do this, we should select key QIs from the **processes that make up the work of our service** in the model above. By asking the question, *How good are we now?* we can identify strengths and areas which we need to improve or develop further.

Improvement should be central to our self-evaluation. By asking *How good can we be?* we can set goals for improvement.

This diagram shows how self-evaluation contributes to **planning for improvement**.



An **improvement plan** will have:

- ✦ A small number of **improvement priorities** which focus improvements for young carers and are **observable and measurable**.
- ✦ Clearly identified **responsibilities** for implementation linked to named individuals and/or teams.
- ✦ Clear **timescales** with milestones and deadlines.
- ✦ **Measures of success** which include performance data, quality indicators and stakeholders' views.

Self-evaluation is a continuous process which we can use throughout improvement planning. We should use it to check our starting point and identify what we need to do. We should then use it to monitor our progress and check out the impact of the action we have taken on the lives of young carers.

3. HOW TO USE THIS GUIDE

This guide uses a suite of QIs which have been selected from *A Guide to Evaluating Services for Children and Young People Using Quality Indicators* to help us focus on, and improve outcomes for young carers.

By answering the question *How good are we now?* and considering the illustrations in the chosen QIs we can identify our strengths and areas for improvement. This is key to knowing if we are doing the right things, at the right time, and in the right way in order to meet the needs of young carers. The answer to *How good are we now?* will help us to see what is working well and where we need to take steps to improve. We can then take action and monitor and determine our progress. The answer to the question *How good can we be?* will help us to check our vision in relation to the overall vision for Scotland's children and set priorities for improvement.

We should ask the questions *How good are we now?* and *How good can we be?* in relation to each of the QIs below.

First, we should identify our priorities and the specific key **outcomes** for, and **impacts** on, young carers that we wish to achieve.

QIs which should be used are:

- 1.1 Improvements in performance
- 2.1 Impact on children and young people

Then, we should identify **the processes** and aspects of our work in relation to services for young carers that we need to look at more closely.

QIs which should be useful to look at are:

- 5.1 Knowing and communicating the needs of children and young people
- 6.3 Planning
- 7.3 Training and development of staff

We should check that that our **leadership** ensures that our work remains on course.

A QI which could be useful is:

- 9.2 Leadership and direction

There are a number of sources of evidence which can inform our service about how well we are meeting the needs of young carers and what differences we are making to their lives. By using a range of sources of evidence, we can form an overall view of quality.

There are four key sources of evidence from which evaluations can be made. These are:

- ✦ performance data
- ✦ relevant documentation
- ✦ stakeholders views and feedback
- ✦ direct observations of practice.



These sources of evidence are complementary. A single source may not provide enough evidence to enable a reliable or robust evaluation to be made.

4. SELF-EVALUATION QUESTIONS

The following pages contain selected indicators from *A Guide to Evaluating Services for Children and Young People Using Quality Indicators*. This section consists of key questions which we can use to evaluate the quality our service to meet the needs of young carers. Each page sets out some questions and signposts to good practice in relation to the quality indicator. There is space to record strengths, areas for development and to set priorities for the future. After recording these strengths and areas for development, it is important that we prioritise the key aspects that need to be developed. These, and the actions taken to realise them, will form our **action plan** for improvement.

This table provides a summary of the quality indicators we want to consider. Next to each indicator there is a key question that we should consider in relation to **services for young carers and their families**. The table can be used to record a summary of the overall evaluation for each QI and proposed action.⁹

Quality Indicator	Key Question	Priorities for Action
1.1 Improvements in performance	<i>How safe and healthy are our young carers?</i> <i>How well do our young carers achieve at school and beyond?</i> <i>How involved are our young carers in a range of wider activities?</i>	
2.1 Impact on children and young people	<i>What impact have we had in meeting the needs of young carers and their families?</i>	
5.1 Knowing and communicating the needs of children and young people	<i>How effectively do we deliver our services to young carers?</i>	
6.3 Planning	<i>How effective is our planning for young carers?</i>	
7.3 Training and development of staff	<i>How effectively do we train and develop staff?</i>	
9.2 Leadership and direction	<i>How good is our strategic leadership for young carers services?</i>	

⁹ See Appendix II: The six-point self-evaluation scale.

Quality Indicator 1.1:**Improvements in performance**

- ✦ Performance data and measures showing trends over time
- ✦ Overall quality of services delivered by service providers, individually and in partnership
- ✦ Performance against aims, objectives and targets

Questions you should ask in relation to this QI:

- ✦ How healthy are our young carers?
- ✦ How safe are our young carers?
- ✦ How well do our young carers achieve at school?
- ✦ How involved are our young carers in a range of wider activities?

Signposts to very good practice

Our service has a proactive approach to identifying the young carers in our area. We know who they are and what their needs are. We recognise that young carers need to be children and young people first. Our service provides support to allow them to achieve this. School records and records kept by young carers services and projects show where appropriate, additional support which young carers and/or their families received to meet the standards, and highlight areas of good practice. Our service and our partners gather a range of data about young carers. We use this data and have improve our services to young carers.

The data we gather, or have access to, includes:

- ✦ Numbers of young carers on Child Protection Register
- ✦ Numbers of young carers known to Youth Action Teams, Reporter to the Children's Panel
- ✦ Numbers of young carers on school register or service database
- ✦ Numbers who attend dedicated young carers services
- ✦ Numbers accessing respite, residential trips and activity breaks with young carers services or school trips
- ✦ Numbers of young carers known to the school
- ✦ Numbers receiving education at home or in special setting
- ✦ Recorded absences from schools
- ✦ Numbers of excluded pupils known to be young carers
- ✦ Evidence of participation in mainstream groups such as after school clubs, youth clubs etc.
- ✦ School records, guidance reviews
- ✦ Numbers of young carers who have an Individualised Educational Programme
- ✦ Numbers of young carers receiving some form of additional support for their learning
- ✦ Numbers of young carers who engage in sports or hobbies
- ✦ Numbers of young carers who go into sustained positive destinations (education, employment, training or volunteering) after leaving school
- ✦ GPs and other NHS services have protocols for identifying and signposting young carers
- ✦ School nurses are available to give information on a one-to-one basis about health issues
- ✦ Relevant self-evaluation work carried out by local partners.

<p><i>How good are we now?</i> What evidence do we have of our strengths and areas for development?</p>	<p><i>How good can we be?</i> What action will we take to improve current practice?</p>

Example of working practices which led to positive action:

As part of their work on the *More Choices, More Chances* agenda, West Dunbartonshire Council have developed a *Risk Matrix* for pre-16s. This Matrix identifies all young people attending school within the local authority area by name and SEEMIS number. The Matrix enables identification and recording of whether the child has any specific needs, including whether they are a young carer. This Matrix also enables the authority to highlight the perceived level of risk to the young person (high, medium, low), their attainment in reading, writing and mathematics and their attendance/exclusion rate. Therefore, the Matrix enables the authority to see at a glance how many young carers are known to them, how well they are achieving at school, what other needs they may have, etc. This helps to inform service development.

Quality Indicator 2.1:

Impact on children and young people

- ⊕ The extent to which children and young people are safe, nurtured, healthy, achieving, active, respected and responsible, and included
- ⊕ The extent to which children, young people and their families report that services are enabling children and young people to become safe, nurtured, healthy, achieving, active, respected and responsible, and included

Questions you should ask in relation to this QI:

- ⊕ Do young carers feel safe, nurtured, healthy, achieving, active, respected and responsible, and included?
- ⊕ How well do young carers report that they feel supported by our service?
- ⊕ How well do their parents and carers report that they feel supported by our service?

Signposts to very good practice

The work of our service has positive impacts on the lives of young carers. Young carers achieve their fullest potential as successful learners, confident individuals, responsible citizens and effective contributors. They feel safe and supported. They feel that they have regular breaks from their caring responsibilities. Young carers have the opportunity to express their views about the services they receive. We consult regularly with young carers and their families and we know we are having positive impacts because of the results of our questionnaires, surveys, focus groups and unsolicited comments. Young carers and their parents and families have positive perceptions of our service and what we provide for them.

The services we and our partners provide ensure the same positive outcomes for young carers as for children without caring responsibilities.

<i>How good are we now?</i> What evidence do we have of our strengths and areas for development?	<i>How good can we be?</i> What action will we take to improve current practice?

Example of working practices which led to positive action:

The Dundee Young Carers Forum meets on a monthly basis. This Forum brings together young carers from the area to have their say on the issues which affect them. Young carers report feeling listened to and value the opportunity to express themselves. The project also hold 'tell it how it is' events. These events include a focus on parents and provides them with the opportunity to express their views on having children who are young carers. Dundee Young Carers project also have a Family Support Worker post which aims to support parents with information and advice. This can be practical advice, encouraging a proactive attitude or signposting to more relevant services. Each family has a different level of need and support from basic information to advocacy and support to access counselling services. There have also been opportunities for building on communication within the home. The presence of the Family Support Worker has led to better engagement with the families of young carers, improving outcomes for the young carers themselves.

Quality Indicator 5.1:

Knowing and communicating the needs of children and young people

- ✦ Identification, recording and communication of the needs of children and young people
- ✦ Communication and information sharing across partner organisations and with children, young people and their families

Questions you should ask in relation to this QI:

- ✦ How effective are our systems for identifying young carers?
- ✦ How effective are we in assessing the needs of young carers?
- ✦ How well do we communicate and share information with young carers and with our partners?

Signposts to very good practice

We have clear systems for identifying young carers and assessing their needs. Young carers and their families receive very good support from our service. We are committed to providing quality, and have robust systems in place for joint working. Records which we keep reflect the work of any other agencies involved for each young carer. Good local support is in place and this delivers the same positive outcomes for young carers as for children without caring responsibilities.

Our service has a proactive approach to identifying young carers and their needs. Young carers have access to support to achieve this.

<i>How good are we now?</i> What evidence do we have of our strengths and areas for development?	<i>How good can we be?</i> What action will we take to improve current practice?

Example of working practices which led to positive action:

Stirling Young Carers Schools Project works in partnership with Education Services. The project has quarterly meetings with a Support for Learning Officer who receives a project progress report and who assists with the introduction of the project into schools.

The project's Young Carers Education Officer provides each school with a resource pack as a framework for service delivery. Each school involved with the project agrees and signs a young carers charter and appoints a Young Carers Co-ordinator(s) within the school. The Co-ordinator provides a named contact for young carers and staff and acts as a link between young carers in school and Stirling Carers Centre. Young carers identified at school complete the 'See if I Care' interactive assessment tool with the Young Carers Education Officer to identify their needs – this maintains consistency between the young carers core service and the Young Carers Education project. Young carers identified can be referred to the young carer groups and access them if they are 'high priority' and there is an available space.

This practice has led to improved identification of young carers within schools, and a better understanding by school staff of the support available from the young carers project.

Quality Indicator 6.3:

Planning

- ✦ Developing and implementing the Integrated Children’s Services Plan and plans of partner organisations
- ✦ Structure and content of plans of partner organisations
- ✦ Use of management information
- ✦ Risk management
- ✦ Planning for sustained improvement of services for children and young people

Questions you should ask in relation to this QI:

- ✦ How well do we plan for the needs of young carers within our service?
- ✦ How well do we link with others to plan for young carers?

Signposts to very good practice

Young carers’ issues cut across the work of many agencies. Our plans and policies identify the support we give and we jointly support young carers.

The local Integrated Children’s Services Plan recognises young carers and sets targets to improve outcomes for young carers.

When we plan for young carers, we take account of the Integrated Children’s Services Plan and other relevant local and national guidelines.

Services for young carers feature on our improvement plan. We have effective procedures to monitor and evaluate the impact of policies and planning on young carers. Our service has regular, structured communication and consultation with our partners and other services and agencies.

<i>How good are we now?</i> What evidence do we have of our strengths and areas for development?	<i>How good can we be?</i> What action will we take to improve current practice?

Example of working practices which led to positive action:

Highland Council’s Integrated Children’s Services Plan includes targets specifically for young carers: *each secondary school should have at least one member of staff who has received young carer awareness training and is the named contact for young carers in school.* There is also dedicated funding within the plan for a pan – Highland young carers service co-ordinator.

This has led to improved recognition of young carers’ needs by children’s services across the area.

Quality Indicator 7.3:

Training and development of staff

- ✦ Professional competence and confidence
- ✦ Processes for staff review and support
- ✦ Training and development
- ✦ Joint multi-disciplinary training

Questions you should ask in relation to this QI:

- ✦ How effectively do we receive the training and skills we need?
- ✦ How effective is the advice and support we get when we need it to ensure that we have appropriate knowledge about young carers?

Signposts to very good practice

Staff in our service are knowledgeable about the needs of young carers. In this way, they are clear about the responsibility they have to young carers and their families. Staff have adequate time and resources to support young carers and their families. Staff have the power to make relevant decisions and allocate resources to meet the needs of young carers. Staff are well supported in working with young carers and their families. They are able to improve their practice through training and development activities. We have systems in place to enable staff to work effectively in multi-agency teams.

<i>How good are we now?</i> What evidence do we have of our strengths and areas for development?	<i>How good can we be?</i> What action will we take to improve current practice?

Example of working practices which led to positive action:

The Scottish Young Carers Services Alliance offers training to members of its network, and other providers in the statutory and voluntary sector on young carers issues, quality of service provision, and also hosts an annual policy conference bringing together partner agencies to impart and share information. The Alliance also hosts quarterly network meetings for its members to come together and share good practice.

These events ensure that staff are aware of the latest national guidance, policy and legislation which has potential to affect young carers. This subsequently assists dedicated young carers staff to raise awareness with statutory partners at a local level to promote identification and inclusion of young carers, for example presentations to children's and families teams, education staff, health development officers.

Quality Indicator 9.2:

Leadership and direction

- ✦ Shared leadership of services
- ✦ Strategic planning and communication

Questions you should ask in relation to this QI:

- ✦ How effectively are we committed to developing services for young carers?
- ✦ How well do we collaborate with other services in the development of services and support for young carers?

Signposts to very good practice

Young carers need to be highlighted in all the agendas which affect them. Some 'hidden' young carers may be more obvious to some services than to others. To effectively identify and support the hidden population, our leadership and direction on a strategic approach covers all agendas relating to children and young people.

Senior managers steer strategic planning of services in a way that empowers and galvanises staff at all levels to commit to the practical realisation of the aspirations for services for young carers.

<i>How good are we now?</i> What evidence do we have of our strengths and areas for development?	<i>How good can we be?</i> What action will we take to improve current practice?

Example of working practices which led to positive action:

NCH North Lanarkshire Young Carers Project is fully funded by North Lanarkshire Council and has recently developed a Service Level Agreement with Education which links NCH's Outcomes Framework to the quality indicators in *How good is our school?* This partnership has enabled the project to have three Young Carer Education Link Workers based within the secondary school setting. Their role is to raise awareness with both pupils and teaching staff of young carers issues, encourage teaching staff to identify young carers and empower young carers to identify themselves. As a result of effective awareness raising and identification, the project is able to assess and offer a needs-led service plan to best meet the needs of individual young carers.

At strategic level, the project sits on the Additional Support for Learning sub-group, the Carers Strategy Implementation Group, the Child Protection Committee for Voluntary Organisations and Children Affected by Substance Misuse sub-group within the Council. Involvement of the young carers project at this level ensures that young carers' issues are highlighted and addressed when services are being planned and developed.

POSSIBLE SOURCES OF EVIDENCE

1) Sources of evidence for 2.1: Impact on children and young people

Questionnaires, surveys or focus groups

Service seeks the views of young carers and their families what their thoughts are about the service, and how it can be improved

Community Care Plans, Carers Assessments, Individualised Educational Programmes or Coordinated Support Plans

Individualised Educational Programmes

Independent advice, support and/or advocacy to young carers and their families on health and other areas

Attendance records at young carers services

Advice and support to young carers and their families to plan and sustain next steps beyond school

Homework clubs and numbers of known young carers who attend after school activities, youth clubs, interest groups, etc.

2) Sources of evidence for 5.1: Knowing and communicating the needs of children and young people

Systems to identify young carers, e.g. at times of hospital discharge, at first guidance interviews in schools; on identification of problems with lateness/absence from school

Awareness-raising information, presentations in schools, social work and healthcare settings

System for recording young carers on school register while maintaining confidentiality

Child impact assessment systems

Numbers of assessments undertaken, records of monitoring actions

Records of multi-agency interventions

Records of activities young carers have undertaken at services.

Strategies for early interventions and appropriate staffing levels to work in this way

Strong arrangements for joint working across statutory and voluntary agencies to provide fast track to services

Minutes of multi-agency meetings.

3) Sources of evidence for 6.3 Planning

Children's Services Plan and related outcomes

Dedicated members of staff with responsibility for young carers

Policy and procedures for inter agency working

Agendas and Minutes of meetings

Details of young carer involvement and participation

Policies and procedures.

4) Sources of evidence for 7.3: Training and development of staff

Staff training records

Staff attendance at joint training sessions, conferences

Staff training on issues affecting ethnic minorities and carers from ethnic minorities

Procedures for dealing with staff suggestions and complaints

Survey of staff views or staff focus group.

5) Sources of evidence for 9.2: Leadership and development

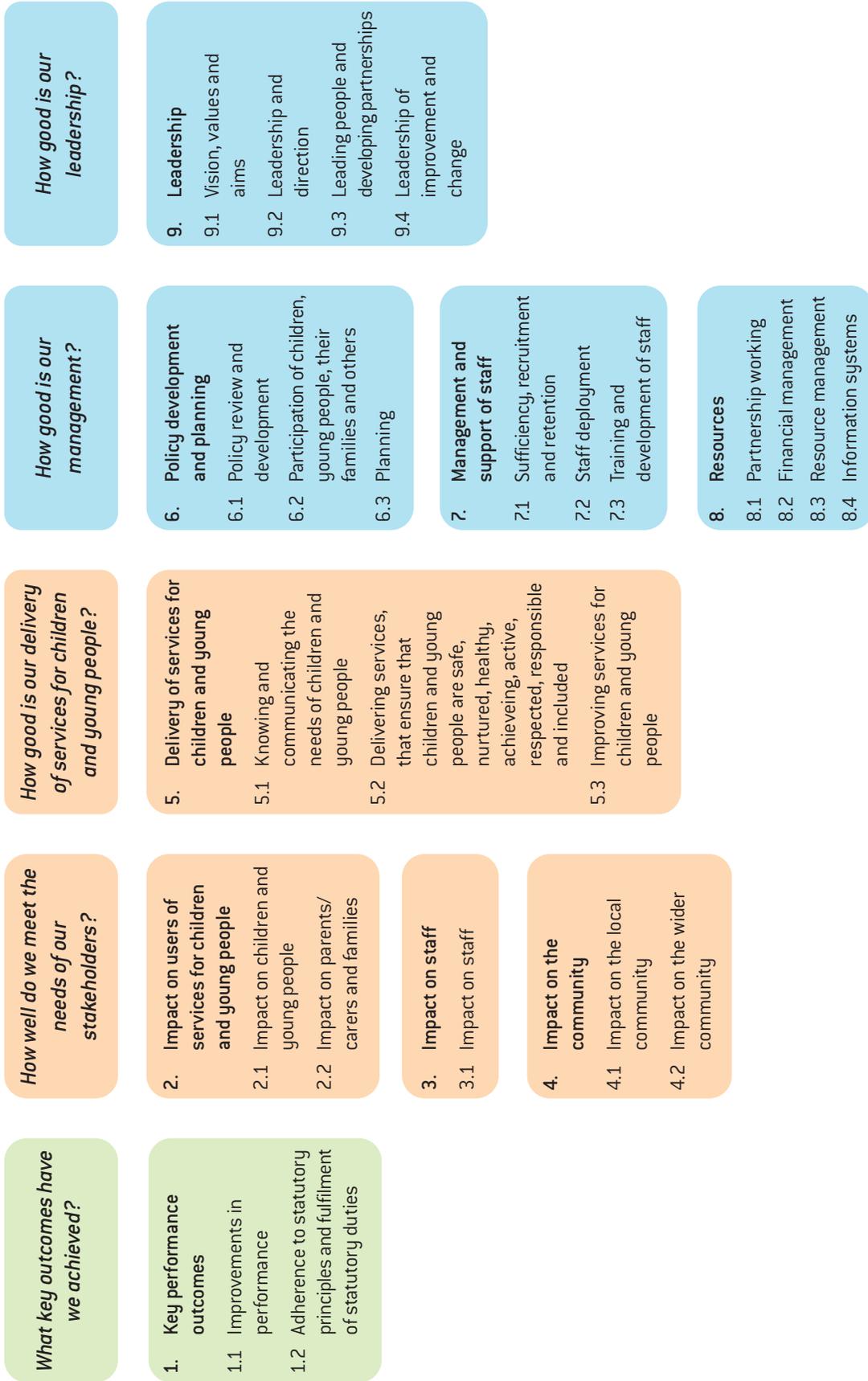
Children's Services Plan

Outcomes from the Coordinated Support Plan

Strategic practice reflecting a proactive approach to identifying and supporting young carers throughout services in the statutory and voluntary sectors

Quality assurance systems relevant to service provision for young carers

APPENDIX I: The Quality Indicators



APPENDIX II

THE SIX-POINT EVALUATION SCALE

Excellent

An evaluation of *excellent* applies to provision which is a model of its type. Young carers' experiences and achievements are of a very high quality. An evaluation of excellent represents an outstanding standard of provision which exemplifies very best practice and is worth disseminating beyond the service/partnership. It implies these very high levels of performance are sustainable and will be maintained.

Very good

An evaluation of *very good* applies to provision characterised by major strengths. There are very few areas for improvement and any that do exist do not significantly diminish the young carer experience. Whilst an evaluation of very good represents a high standard of provision, it is a standard that should be achievable by all. It implies that it is fully appropriate to continue to make provision without significant adjustment. However, there is an expectation that the service/establishment will take opportunities to improve and strive to raise performance to excellent.

Good

An evaluation of *good* applies to provision characterised by important strengths which, taken together, clearly outweigh any areas for improvement. An evaluation of good represents a standard of provision in which the strengths have a significant positive impact. However, the quality of young carers' experiences is diminished in some way by aspects in which improvement is required. It implies that the service/establishment should seek to improve further the areas of important strength, but take action to address the areas for improvement.

Satisfactory

An evaluation of *satisfactory* applies to provision characterised by strengths which just outweigh weaknesses. An evaluation of adequate indicates that young carers have access to a basic level of provision. It represents a standard where the strengths have a positive impact on young carers' experiences. However, while the weaknesses are not important enough to have a substantially adverse impact, they do constrain the overall quality of young carers' experiences. It implies that the service/establishment should take action to address areas of weakness while building on its strengths.

Weak

An evaluation of *weak* applies to provision which has some strengths, but where there are important weaknesses. In general, an evaluation of weak may be arrived at in a number of circumstances. While there may be some strengths, important weaknesses will, either individually or collectively, be sufficient to diminish the young carers' experiences in substantial ways. It implies the need for structured and planned action on the part of the service/establishment.

Unsatisfactory

An evaluation of *unsatisfactory* applies when there are major weaknesses in provision requiring immediate remedial action. The young carer experience is at risk in significant respects. In almost all cases, staff responsible for provision evaluated as unsatisfactory will require support from senior managers in planning and carrying out the necessary actions to effect improvement. This may involve working alongside staff from other departments or agencies.

APPENDIX III

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