

Hidden Heroes

young carers in Tower Hamlets



A Practitioners' Guide

All photos in this booklet are posed by models.



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Introduction to this handbook and pack

Within many homes in Tower Hamlets, you will find children and young people who are caring for a relative, a friend or a sibling. They may be caring for someone with a disability; they may be caring for someone with mental illness or someone with a substance misuse problem.

These children take on a level of responsibility, which is not usually expected of children and young people, but which can have a significant impact on their lives. No matter whom they are caring for, or the amount of hours they spend, this caring takes away from the time they have to learn, play or be just like any other child.

This is why I see them as our Hidden Heroes.

In this handbook you will find support and advice for young carers. It is designed to give a brief understanding of young carers and ways to support them in your school, youth group, or other setting. It looks at how you assess the needs of young carers and what support may be needed. The pack is aimed at all professionals working with children, young people, parents and carers in Tower Hamlets, looking at the particular groups of people in the children's workforce that may find young carers, and with each of these scenarios offers ideas on how to support them.

Michael O'Meara
Development Manager Young Carers' Services

Who is a young carer ?

'Young carers are children and young people under 18 who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically or mentally ill or has a substance misuse problem. They carry out, on a regular basis, significant or substantial tasks, taking on a level of responsibility that is inappropriate to their age or development.'
(SCIE, 2005)

What are inappropriate levels of responsibility?

Levels of responsibility that are inappropriate to their age or development may include:

- lifting, bathing, changing, dressing, medicines, mobility
- cooking, cleaning, shopping, laundry, dishes, gardening
- looking after brothers, sisters, other family members
- staying in, talking, listening, keeping an eye on someone, translating bills or forms

(13% of young carers from primary school and 27% from secondary school experience some problem at school (Dearden and Becker 2004))

The term 'carer' is used to distinguish those who provide care for others on an unpaid basis, apart from those who are paid (care workers, home helps and people employed by someone with a disability).

A young carer is a child or young person under the age of 18, a relative or friend who cares for a person with a long term condition or disability.

Many young carers may contribute to the care of others; where this affects their access to the full range of activities experienced by other children and young people then they may be being denied the rights accorded under the UN Children's Charter.

How to identify a young carer?

Below are some indicators that may help you recognise a young carer. Included are barriers to young carers and their families receiving support. They are based on the the Princess Royal Trust for Carers' Guidance: Delivering Every Child Matters for Young Carers (2006).

Be Healthy

- Interrupted sleep due to night time caring.
- Stress or constant worry about another's safety or health.
- Back injuries due to lifting an adult.
- Bereavement.
- Unhealthy lifestyles and diet.
- High levels of self harm.
- Exposure to substance misuse.
- Interpreting for family member in inappropriate circumstances.

Stay Safe

- Most young carers are hidden from children's and adults' services.
- Chaotic home life due to parental substance misuse.
- Parenting can be impaired by substance misuse/mental health problems.
- Young carers can be relied on for adult tasks (child care, cooking, giving medicines) at an early age.
- BME families can be particularly isolated from services.
- Some families reject support services after negative or stigmatising experiences.

Enjoy and Achieve

- Missing school days to care for someone. Some young carers drop out of school.
- Falling behind with homework, coursework and revision.
- High levels of bullying and isolation.
- Parents find it difficult to access parents' evenings, PTAs etc.
- Lack of automatic free school transport provision for young carers.
- Behavioural problems.
- Not prioritised in school admissions (close to home).
- Not accessing Extended School, OOSHL and Study Support activities.

Making a positive contribution

- Lack of awareness of young carers services among young people.
- Young carers feel they are relied on to stay at home rather than taking part in opportunities.
- Young carers' views are often overlooked. The most vulnerable young carers are the hardest to engage.
- Young carers not encouraged to continue further/higher education

Achieve economic wellbeing

- Young carers' families often lack a breadwinner.
- Disability can be expensive.
- Finances can be affected by substance misuse.
- Young carers leave school without qualifications.
- Reliance on the young person can persist into adulthood.
- Young carers' families lack awareness of services available in borough.
- Difficulties travelling to and from services or young carers' clubs.

Guidance on how to use the CAF with young carers

Examples of information that may be relevant for young carers within the CAF:

Development of the child or young person

General health

The child's parents may have difficulty taking the child to the doctors. Other factors to be aware of include:

- Interrupted sleep due to night time caring.
- Stress or constant worry about another's safety or health.
- Back injuries due to lifting an adult
- Bereavement.
- Unhealthy lifestyles and diet.
- High levels of self harm.
- May be exposed to substance abuse at home

Physical development

Some of the activities they engage in as a young carer may not be age appropriate and cause physical problems eg back pain due to:

- Lifting, bathing, changing, dressing, medicines, mobility.
- Cooking, cleaning, shopping, laundry, dishes, gardening.

Speech, language and communications development

- The young carer may be using inappropriate language.
- Some young carers communicate at a very adult level.
- They may be regularly required to communicate for family members.

Young carers may find it difficult to express their views or be heard.



Emotional and social development

- Some may be at risk of self harm.
- Some may not have the ability to accept constructive criticism and correction.
- Some may not have had opportunities to socialise with peers.
- Some may exhibit feelings of frustration/anger at their situation.

Behaviour development

- Some young carers may have already recognised behaviour difficulties or be withdrawn.
- Some may be aggressive because they feel let down by the situation they are in.
- The most vulnerable young carers are the hardest to engage and may avoid talking about issues in their lives.

Identity, including self esteem, self image and social presentation

- Research shows that young carers can experience high levels of bullying and isolation.
- Young carers may feel embarrassed by their home situation.

Family and social relationships

- Some young carers have difficulty engaging with peers, but not with adults.
- Some may have little opportunity to establish relationships outside the home.

Self care skills and independence

- Some young carers may seem to be too independent due to caring at home.
- Some young carers may be washing their own clothes at home.

Understanding reasoning and problem solving

- Some young carers may be interpreting for family members in inappropriate circumstances.
- Some may have a very adult knowledge and understanding.

Progress and achievement in learning

- Some young carers may be missing school days to care for someone.
- Many fall behind with homework, coursework and revision.
- Many young carers leave school without qualifications.

Participation in learning, education and employment

- Young carers are often encouraged to continue further/higher education
- Many will have little or no access to sports, cultural or leisure activities.
- Some young carers drop out of school.

Aspirations

- Young carers may not feel that they can gain employment because of their caring role.
- Some feel they are relied on to stay at home rather than taking part in opportunities.

Basic care, ensuring safety and protection

- Some young carers may be more at risk because of substance misuse at home.
- Some may be taking risks where parents have a disability and find it difficult to physically intervene.
- Young carers can be relied on for adult tasks (child care, cooking, giving medicines) at an early age.

Emotional warmth and stability

- Parenting may be impaired by mental health problems. Home life could be chaotic due to this.

Guidance, boundaries and stimulation

- Parenting may be impaired by substance misuse. Home life could be chaotic due to this.
- Parents find it difficult to access parents' evenings, PTAs etc.

Family and environmental elements

Family history functioning and well being

- Reliance on the young carer can persist into adulthood.

Wider family

- Do the grandparents/other family members have caring responsibilities and could they be classified as Kinship Carers?
- Is the wider family supportive/well supported, or is the young carer isolated?

Housing considerations

- If there is disability in the family, is their housing appropriate?

Employment considerations

- Young carers may not feel that they can gain employment because of their caring role.
- Parents may not be able to work due to health or disability issues

Financial considerations

- Young carers' families often lack a breadwinner due to disability/health issues

Social and community elements and resources, including education

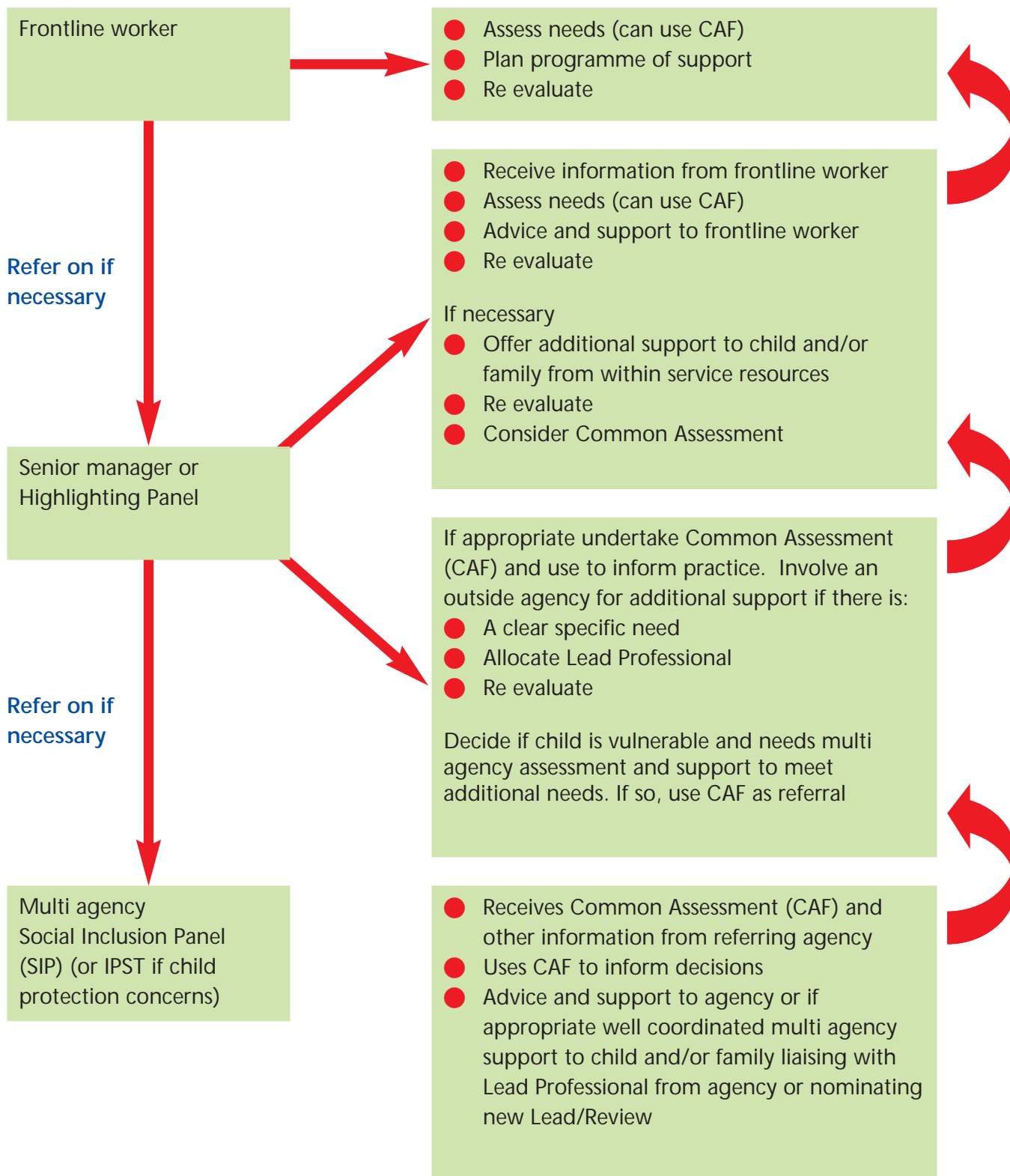
- Young carers can feel isolated, and disassociated from mainstream society.
- Young carers may not be able to access local youth/out of school activities due to their caring responsibilities.

Would the young carer benefit from attending any of the young carers' clubs?

Referral routes: all children's workforce

Child/young person
with additional needs

Action



Young carers services club details

Young Carers' and Siblings' Group

London Borough of Tower Hamlets Youth and Connexions Services are operating the Young Carers' and Siblings' Group. Young carers aged between eight and 18 years are welcome to attend.

The project aims to:

- give young carers the **opportunity to take a break** from the daily responsibilities of being a carer;
- give young carers the **opportunity to mix with other young carers** in a social setting and engage in sports, leisure and social activities;
- **support** young carers on any **issues concerning them** and offer **one to one advice and guidance** from the borough's core team of Personal Advisers.

The group can take part in activities such as art, drama, music, photography, canoeing, biking, climbing, swimming, cinema, bowling, day trips and other activities as decided by the young people who attend.

Through club based and non club based activities the young carers will be supported by personal advisors to develop their self esteem and self confidence through group based activities and one to one support from a personal adviser.

Club Session Timetable

Mondays

6.30pm to 8.30pm

Age group 13-18

Tuesday

5.30pm to 7.30pm

Age group 8-13

The club based activities take place at:

The Urban Adventure Base, 150 Burdett Road, Mile End Park, London E3 4JT

For more information please contact:

LBTH New Start

Tel: 020 7364 5834

LBTH New Start, St Mary's Church Hall, First Floor, Kitcat Terrace, Bow, London E3 2SA



Carers Connect Project

Supports young carers and their families living with someone who has mental health problems. It is run by Family Action (formerly Family Welfare Association) based at:

Albert Jacob House
62 Roman Road London E2 OPG
Carers Connect Project telephone number
020 7364 3497
For general enquiries or referrals:
020 7364 3491

The aim is to give young carers and their families some relief from the pressures they face and, through our programme of outings and events, to give them opportunities to meet and make friends with other children in similar circumstances.

Toyhouse Libraries Family Play Young Carers group

For children up to the age of 11, with their siblings and parents.
Saturday Mornings

Toyhouse Libraries Association of Tower Hamlets
The Toyhouse Centre, 92 St Paul's Way,
London, E3.4AL
Tel: 020 7987 7399
Email: info@toyhouselibraries.org.uk
<http://www.toyhouselibraries.org.uk/>

Young Carers' Services Tower Hamlets

Tel: 020 7364 6405/6293



What happens when you are no longer a young carer?

When you reach adulthood, there is also support that you can receive as a carer. As a first port of call you can contact the:

Carers' Centre Tower Hamlets.

21 Brayford Square
Off Commercial Road
Stepney London E1 0SG

Tel: 020 7790 1765

enquiries@carerscentretowerhamlets.org.uk
<http://www.carers.org/local/london/tower-hamlets/>

However, this transitional period can be hard to cope with. Although we would advise young carers in transition to carers to contact the Carers Centre, we feel that additional support is needed at this time, whether through the young carers' clubs that they are attending or through New Start Personal Advisers. Call or email the Personal Advisor's Manager on 020 7364 5834.

Caring for someone with mental illness

If you know of a child living with someone with mental illness and the child is carrying out, on a regular basis, significant or substantial tasks, taking on a level of responsibility that is inappropriate to their age or development, then this child will be a young carer.

If you discover a young carer in your school or workplace, you must inform the designated Safeguarding person, sometimes called the Child Protection Officer.

The Safeguarder must get parental consent and then contact Children, Schools and Families as there are a number of schemes and services in place to support young carers.

If you are aware of young carers and you already have parental consent please inform Tower Hamlets Young Carers' Service on 020 7364 6405/6293; if you do not have consent, please ensure you have this before passing information on to the local authority.

Collecting this information is a priority in the Children and Young People's Plan, and will help us ensure that young carers are properly supported.

The main focus of the Safeguarder is that they hold the information and let that out on a need to know basis. Build a relationship of trust with the child and parent so they know that this is the case. Confidentiality doesn't mean that you don't pass anything on. Safeguarders have to be very skilled in their judgements here and this confidence develops with experience. Because of the confidentiality, they will be the point of contact from outside services in the school.



The Safeguarding/Child Protection person must start filling in a CAF, (check if one has already been started by contacting the CAF administrator on 020 7364 1965) and then refer them to the School Highlighting Panel.

Adult Mental Health services will probably already be aware of the parents, but historically it was not their role to support the children. The Parental Mental Health Team is creating that bridge.

The Parental Mental Health Team (CHAMP) can support you. A member of the team can come into the school and also obtain permission from the parent to come in and work with pupils.

Community Mental Health Teams

There are four teams in the borough, available for advice, or in times of crisis, but remember the Parental Mental Health Team is the first point of call.

Below are contact details for all four Tower Hamlets Community Mental Health Teams (CMHTs). These teams are responsible for supporting adults in the borough with 'severe and enduring' diagnosed mental illness, as opposed to other problems with mental health.

CHAMP: Child and Adult Mental Health Project

The CHAMP team are a parental mental health team in Tower Hamlets providing support to families where there is parental mental illness.

Based within the CMHTs are staff members who work between adult services, parents and the needs of their children in and out of school.

The Support for Learning Service employ a teacher who is available to help schools to develop confident, confidential and sensitive approaches to supporting the children who carry this heavy burden, sometimes without adult help, and often alone. The teacher can facilitate school contact with a range of appropriate outside agencies, both for advice and also in times of crisis.

- If you have a general enquiry about mental health concerns around your pupils, or
- If you have a crisis in school about mental health, contact
champ@towerhamlets.gov.uk

Tower Hamlets Community Mental Health Teams

Please feel free to contact any of the teams below:

Isle of Dogs & South Poplar CMHT

The Barkantine, 121 Westferry Road,
London, E14 8JH

Office tel: 020 7791 8299

Bethnal Green CMHT

Pritchard's Road Centre, Marian Place,
London, E2 9AX

Office tel: 020 7364 1183

Bow & Poplar CMHT

Gladstone Place, 1 Ewart Place, London,
E3 5EQ

Office tel: 020 7364 5513

CHAMP worker: Oliver Kianchehr

Stepney & Wapping CMHT

Steel's Lane Health Centre, 384-398 Commercial
Road, London, E1 0LR

Office tel: 020 7791 3701

Carers Connect Project

The Carers Connect Project supports young carers and their families living with someone who has mental health problems. It is run by Family Action (formerly Family Welfare Association) based at:

Albert Jacob House

62 Roman Road, London E2 0PG

Carers Connect Project telephone number: 020 7364 3497

For general enquiries or referrals: 020 7364 3491

Helena Maine, Carers Connect Coordinator: 020 7364 3516

The aim is to give young carers and their families some relief from the pressures they face and, through their programme of outings and events, to give them opportunities to meet and make friends with other children in similar circumstances.

Caring for someone with a disability

Children with Disabilities Team

The London Borough of Tower Hamlets and Tower Hamlets NHS aim to meet the needs of disabled children through universal provision in order to encourage inclusion. Additional services are available, targeted to the needs of those with more complex needs.



Children are also served by the Integrated Service for Disabled. This is made up of a number of different teams who work closely together to provide an assessment, support and review service for disabled children and their families. The Integrated Service is made up of the following teams:

- Children with Disabilities Team
- Child Development Team
- Autistic Spectrum Disorder Assessment Service
- Children's Community Nursing Team
- Early Years Portage Team
- Eva Armsby Parent Outreach Team

Services for disabled children in the borough are provided by integrated teams across health and children's services for effective joint working to meet the needs of disabled children with a timely, accessible and coordinated approach.

The Children with Disabilities team provides assessment, care planning and reviews for children and young people from birth to 19 years. Care packages may include personal care services, short breaks, parenting strategies, counselling and support to access local mainstream services.

Carers' assessments are undertaken to identify support needs for parents and carers to meet the additional needs of a disabled child. Direct payments may be used to purchase services to enabling individuals' greater flexibility in purchasing and arranging care services to best fit their life styles and specific needs. Direct Payments are commonly used for personal care assistants.

For more information about the Integrated Services for Children with Disabilities, contact the Screening Desk on 020 7364 2977 or cwdscreening@towerhamlets.gov.uk

Tower Hamlets Integrated Services For Disabled Children

Disabled Children's Carers Pathway

Services available:

- Toyhouse Young Carers Group
- Urban Adventure Base
- Young Carers and Siblings Group
- Usha Mohila Somity (New Dawn)
- Parents and Carers of Special Educational Needs Children (PACSEN)
- Parents Advice Centre
- Carers Centre
- Buddhist Centre
- Black Women's Health and Family Support Service and Somali Carers Project
- Job Enterprise and Training by Tower Project
- Claim the Max: DLA, Disabled Facilities Grant, Carers' Grant and Family Fund

Parent or professional identifies the need for a Carers' Assessment through the Common Assessment Framework (CAF)

Carer contacts the Children with Disabilities team Screening Desk on 020 7364 2724. A Carers' Assessment is undertaken as part of an initial assessment. Assessment completed by social worker or lead practitioner/professional.

Carers' Assessment and Emergency Card Plan discussed with parent/carer and written. This may include existing services or Children's Out of Hours (OOH) .

Completed referral and contingency plan eg

1. Name, nominated person for emergency card, contact details.
2. Copy of training requirement needs to meet the child's needs to be included in the care information pack where relevant.
3. Short Break Services eg Discovery Home, Richard House or an emergency placement.
4. Back up friend or relative known to the child.
5. Children's Service Duty/Out of Hours.

Referral information logged on combined social care databases with adults by Carers' Commissioning Team.

Screening worker or Lead Practitioner/Professional checks Framework I and arranges most appropriate response for the case depending on existing care arrangement. Back up emergency short break* provider to cover for 48 hours if this is best option.

Care Alert
Receive call, check details on user database (Framework I – social care database) and contact people in order listed on contingency plan; explain as much as possible about circumstances of carer.

Carer or emergency service calls in need

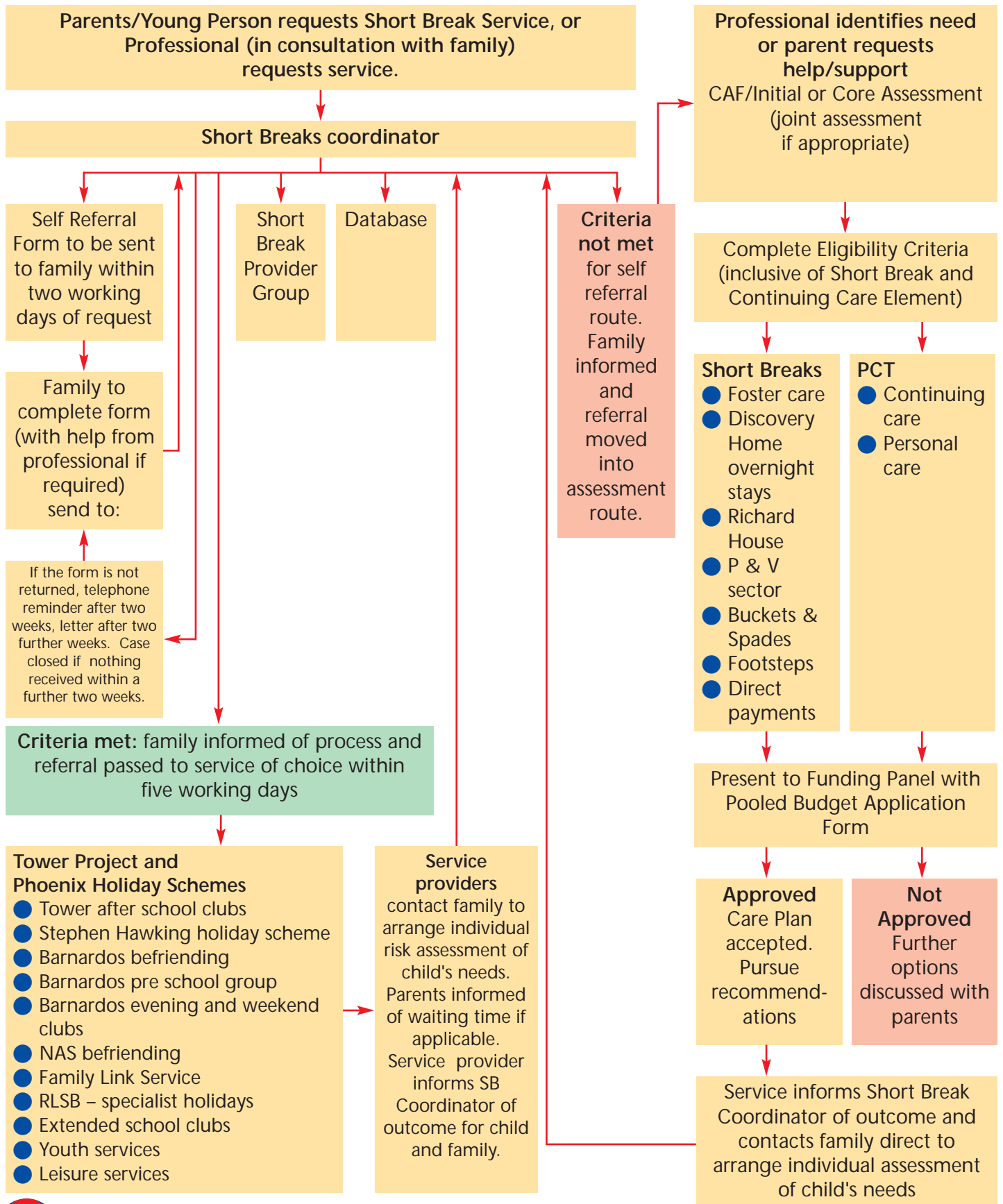
Out of hours notifies and updates the Lead Practitioner/ Professional and Screening Team.

Short breaks referral pathway

Self referral and professional assessment routes

Short Break Parent/Carer
Self referral route requesting one service

Short Breaks,
Personal Care, Continuing
Care and Direct Payments
Assessment Route
Professional assessment route
for one or more services



Caring for someone with a substance misuse problem



Hidden Harm

Hidden Harm refers to the impact of parental drug or alcohol misuse on children or young people.

There are up to 1.3 million children living in the UK with parents who misuse alcohol and this was identified as a factor in over 50 per cent of child protection cases.

There are between 250,000 and 350,000 children of problem drug users (problem drug users are crack and/or heroin users) in the UK.

Some of these children and young people are living in Tower Hamlets with a parent or carer who is using drugs or drinking too much. Sometimes it is difficult to identify drug and alcohol use as it is often hidden.

We know that many of these children and young people care for their parents or younger siblings but may be afraid to identify themselves as young carers for fear of what could happen to their parents or carers.

Working Together to Safeguard Children (March 2010) makes the following points about drug and alcohol use:

It is hard to know with any degree of certainty how many children are living with parents who are problem drug users as such behaviour is against the law and characterised by denial and secrecy.

Parental problem drug misuse is generally associated with some degree of child neglect and emotional abuse. It can result in parents or carers experiencing difficulty in organising their own and their children's lives, being unable to meet children's needs for safety and basic care, being emotionally unavailable and having difficulty in controlling and disciplining their children. Difficulty in organising day to day living means that important events such as birthdays or holidays are disrupted and family rituals and routines such as meal or bed times, which cement family relationships, are difficult to sustain.

Problem drug misuse may cause parents to become detached from reality or lose consciousness. When there is no other responsible adult in the home, children are left to fend for themselves. Some problem drug using parents may find it difficult to give priority to the needs of their children. Finding money for drugs may reduce what is available to meet basic needs, or may draw families into criminal activities. Poverty and a need to have easy access to drugs may lead families to live in unsafe communities where children are exposed to harmful, anti social behaviour and environmental dangers such as dirty needles in parks and other public places. At its extreme, parental problem drug misuse can be implicated in the serious injury or death of a child. The study of 192 Serious Case Reviews found that in a third of cases there was a current or past history of parental drug misuse.

Research suggests that children's education and performance in school may suffer because parental problems dominate the child's thoughts and can affect concentration. Some children feel



responsible for their parent's actions, believing they are to blame for their parent's drug taking. This can lead to feelings of inadequacy and guilt when their actions fail to make any impact on their parent's use of drugs. Parental problem drug misuse may have very negative effects on the parent/child relationship. The need for drugs is paramount and children may believe that they take second place in their parent's lives, leaving them with feelings of anger, betrayal and worthlessness. Children may also have to grow up too quickly, as parental problem drug use may result in some children having to assume adult responsibilities. Children may be left to take care of themselves for much of the time, which can lead to school work being neglected, erratic school attendance, curtailment of friendships, and a general loss of childhood. Parental problem drug use is associated with higher levels of aggressive, noncompliant, disruptive, destructive and antisocial behaviours in children.

For some children, school and friendships offer respite and a safe haven from a troubled home situation. Other protective factors for this age group include: the presence in the home of an alternative, caring adult who does not misuse drugs, a supportive older sibling and/or members of the wider family, regular school attendance, vigilant and sympathetic teachers, learning different ways of coping and developing the confidence to know what to do when parents are incapacitated.

Children of parents with chronic alcohol problems are more likely to experience reading problems, poor concentration and low academic performance. When parents are intoxicated, they may not be capable of encouraging the child to learn, or of providing sufficient support with schooling.

Alcohol can make parents behave in inconsistent and unexpected ways, loving and caring at one moment and rejecting and cold at another. This can leave children feeling betrayed, let down, angry, and uncertain that they are loved. Middle year children tend to feel guilty and blame themselves for their parents' drinking; emotions which are compounded when parents deny the problem. A further possible consequence of parental problem drinking is that children may grow up too quickly, having to look after themselves, younger siblings and their alcoholic parent. It should not be assumed that all children in middle childhood who live with a parent with alcohol problems experience emotional and behavioural difficulties. Research suggests youngsters aged 11-12 years are more likely to use alcohol, cannabis and tobacco if their parents have an alcohol problem. Young people who start drinking at an early age are at greater risk of poor health and being involved in accidents and accidental injury. The relationship between parental problem drinking and young people's drinking patterns is complex because observing the devastating effect alcohol has on their parents' lives may act as a strong deterrent.

Young people's education may continue to be affected by their parents' alcohol problems and they may find themselves facing the stress of examinations with little or no support. Education may also be interrupted because teenagers feel compelled to stay at home to look after their parent or younger siblings. A lack of educational attainment has long term effects on young people's life chances. However, generalisations should not be made. For some young people, school offers an escape from the problems at home and an opportunity to build a different life from that of their parents. Some teenagers may experience physical neglect when drinking takes precedence and there is not sufficient money for household essentials and clothes. Such neglect

may jeopardise friendships or lead to bullying. To keep up appearances, some young people may resort to stealing or other illegitimate ways of obtaining money to keep up appearances. Others may seek to escape the difficulties within the home by withdrawing into themselves, using alcohol or drugs, or leaving home altogether.

Young carers of substance misusing parents often experience feelings of loneliness and isolation. Being with other children and young people who have similar experiences or having someone supportive to talk to can ease their burdens and help them to understand that they are not alone. Specialist family projects such as Breaking the Cycle and Moving Parents and Children (MPACT) can offer the family the support they need and understand the complexities when there is substance misuse involved.

Useful Hidden Harm Numbers

Hidden Harm Coordinator
020 7364 5488

CAF Coordinator
020 7364 1965

Integrated Pathways and Support Team
(Child Protection, Child in Need, link to Social Services all teams)
020 7364 5606/3859/5601

Family Intervention Project and MPACT
020 7364 1975

Breaking the Cycle
020 7364 5931

NSPCC Child Protection Helpline
0808 800 5000

Tower Hamlets Domestic Violence Team
0800 279 5434

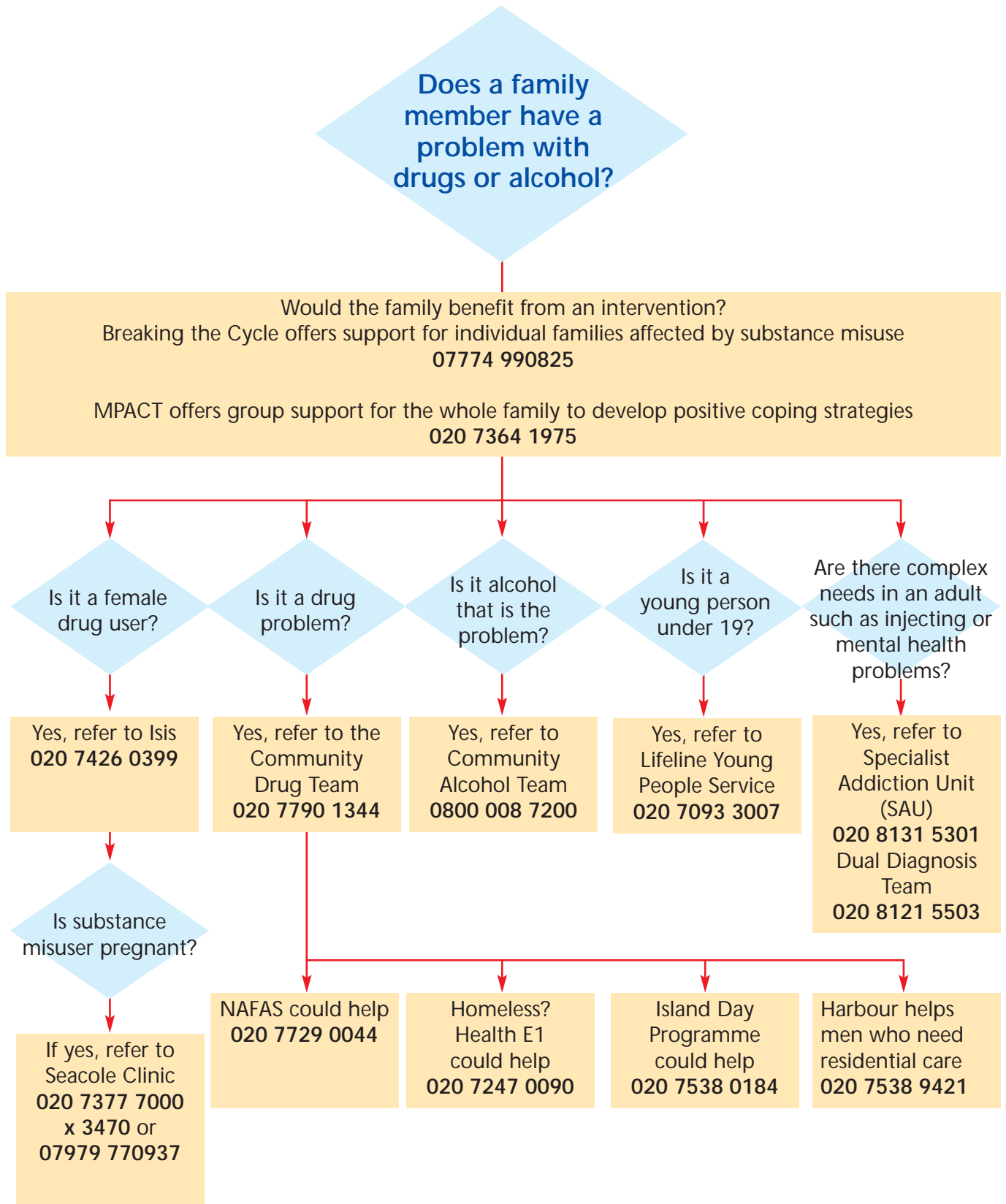
Family Information Service
020 7364 6495

Parenting Advisor (Strengthening Families)
020 7364 0731

Lifeline – free, confidential and honest advice about drugs
020 7093 3007

A quick guide to drug and alcohol services in Tower Hamlets

In Tower Hamlets, we have a wide range of support for drugs and alcohol and we are keen to help in any way to engage parents/carers into effective treatment, improving the quality of their family life.



Integrated Pathways and Support Team

Normally, most young carers would be supported through a Common Assessment and Team Around the Family approach; sometimes they made need more support. You can get advice from the Integrated Pathways and Support Team (IPST), a new team in the Children, Schools and Families Directorate in Tower Hamlets. The IPST has three main functions:

The first of these is to undertake the screening (duty) function by receiving all referrals of concern about children and families in Tower Hamlets who are not already allocated to a social worker. The team looks at the referrals ensuring that families receive appropriate levels of support through agencies in the community or through Children's Social Care.

The second function of the IPST is to develop a good quality advice service, through visiting agencies in the local authority and advising referrers about those agencies.

The third function of the IPST is to support children and families who do not have an allocated social worker, but need ongoing support through Team around the Child (TAC) where necessary. In this way, professionals who are involved with children and families, meet as a TAC group with the family to ensure that the needs of the family are being met and that they are continuing to receive appropriate services.

Contact details for IPST are:

Screening/Duty Numbers: 020 7364 5606/5601/3859/2972

Case studies:

Family Play Project

Introduction and background information on child/young person

ie age, demographics and any other relevant information

- Ms X is an 11 year old female of Bangladeshi origin.
- She goes to a local primary school full time.
- She has two siblings - a younger sister aged four and a younger brother aged nine. The brother has additional needs.
- They all live in a three bedroom flat in east London with both parents.

Background to caring responsibilities

ie needs of person for whom caring and nature and duration of caring responsibilities

- It is understood Ms X plays a significant role in the house, helping her mother. The father works long hours, and consequently it is difficult for him to be around the house. In a typical day to day setting, while the mother is preparing the young boy who has autism for school, Ms X makes the breakfast and prepares her younger sister for nursery.
- The mum also described how Ms X helps out with household chores, sweeping, wiping down surfaces and even peeling potatoes. In addition, it is difficult for the mother to go to the shops with the young boy, so it is not uncommon for the young girl to do the shopping with the father.

Activities

ie What did you do?
What went well?
What did not go well?
What are you doing to address any issues?
Any other information?

Ms X is a very active and popular member in the session. She plays with Nintendo Wii and experiments with all table top games. She does not use the sensory room. She particularly likes the arts and crafts and engrosses herself in painting, drawing and sewing. Furthermore, Ms X enjoys the outdoor facilities and participates in the team sports and running games like 'Stuck in the Mud'. She often borrows Nintendo DS games from the toy library but has also, in the past, borrowed books and board games to play with her sister.

Outcomes achieved

ie What outcomes has the service user achieved since they have been involved with the project?

The project has helped the user achieve all the aspects of the intended outcomes. In particular and perhaps most relevant, in recent weeks she has been concerned about starting secondary school. We have talked with her to allay her fears. She is a conscientious member of the project and certainly makes a positive contribution, enjoys and achieves.

Summary

ie Overall summary and where to go from here.
PLEASE NOTE – if there are comments from the service user about how they think they progressed, please include these here.

- In summary, we are happy with the progress of this user and are happy to accommodate her. She has been involved in the project for almost three years, and we have observed how she has transformed into a kind, helpful and confident person. We are aware of the enormity of the responsibility she bears, and thus we feel it is important that she has a place where she can be relieved of some her roles and continue to learn and develop through play.
- As Ms X will be transferring to secondary school this autumn, it will be important to prepare and support her in a transfer to Young Carers' Group session run after school where she will be able to involve herself in all the activities without her needing to worry about her siblings or parents.

Case studies: New Start Personal Advisor



Introduction and background information on child/young person

ie age, demographics and any other relevant information

Ashley (name changed for confidentiality) is a 14 year old, white British young girl who lives in a two bedroom council flat with her nine year old brother, her 42 year old mother and her 38 year old father. Ashley is reported to be a bright and sociable young person who is achieving academically despite the complexities of responsibilities that she is undertaking on a daily basis. Nevertheless, Ashley was lacking support, guidance and someone to talk to as a friend and this was impacting on her confidence and self esteem. Due to her experiences with social services, Ashley was very reluctant in disclosing or sharing information with professionals. Her brother was displaying mildly challenging behaviour in school which was being displayed as uncontrollable anger due to the family situation at home.

Background to caring responsibilities

ie needs of person for whom caring and nature and duration of caring responsibilities

- Ashley's mother, Mrs Dole, has a longstanding history of severe depression and post traumatic stress disorder as a result of a previous violent relationship. Her condition has exacerbated tremendously due to Mr Dole's health condition. Mr Dole had a fall in the shower in 1999: as a result, he had a brain haemorrhage which has deteriorated significantly over the last two years as he is having dizzy spells and recently had a fall on the stairs. Mr Dole attends a day care centre, Mondays to Fridays and a care plan is in place so as to alleviate Ashley's caring responsibilities.
- As a result of both parents' health conditions, Ashley and her brother have taken on a great deal of responsibility within the home, to ensure that the family remains together. Ashley, as the older sibling in the family, has taken a lead role in ensuring that her father attends the day centre and all his appointments are maintained. She does all the housework, ensures that her brother has done his school homework, that her mother and father have taken their tablets and also does the cooking every other day. She informed me that she has been doing this since she was four years old.

Activities

ie What did you do?

What went well?

What did not go well?

What are you doing to address any issues?

Any other information?

- Ashley and her brother were referred and are attending the young carers' activities that occur every Monday and Tuesday at the Urban Adventure Base, which gives them the opportunities to participate in activities and eventually share experiences with other young carers'.
- I visit Ashley and her family on a weekly basis to ascertain that, as young carers, despite their background, situation or circumstances they have adequate support to achieve their potential and obtain advice and guidance on a one to one basis with regards to any issues concerning themselves or their parents. I have, on many occasions during my visit, helped Ashley and the family to complete housing benefit or housing transfer forms, making phone calls to confirm or find out about any attended or unattended appointment. I also liaise with other professionals to obtain clarification or information because of Mr Dole's memory loss.
- I often have a one to one private communication with Ashley for at least 30 minutes to check that she shares some concerns or worries and is advised, supported, and represented accordingly. I always mediate with other organisations such as social services or school to ensure that her voice is heard and taken on board during any decision making regarding the family.
- I have managed to establish a trustful and good working relationship with Ashley and her family although this was an area where I was experiencing difficulties at the beginning due to her reluctance in sharing information with professionals as she believed that professionals were cooperating together to split their family (taking them into care).
- I have managed to obtain details of her aunt presently living in North London which social services could not obtain. I have spoken to the aunt and she is willing to move to Tower Hamlet if necessary to help the family remain together as desired by Ashley, her brother and parents. This information was given to social services.
- I also assess Ashley's feelings concerning her caring roles or responsibilities, what impact these have on her education and how best could she be assisted to alleviate her caring responsibilities with the view of ascertaining that she and her brother are achieving in education.
- I organised big events such as young carers and their families' trips to theatres/cinemas which Ashley and her family attended. Transport was booked to accommodate their needs.

Outcomes achieved

ie What outcomes has the service user achieved since they have been involved with the project?

- Ashley has changed her view on working with professionals and is more cooperative than before. She said that, even in terms of house chores, she can organise herself much better and she is no longer cooking every day. She said to me that she knows how to express her opinion even to social services without having the feeling that they are just planning to take them into care.
- A care plan is now in place for Mr Dole such as meal on wheels, personal assistance in the morning and evening, and a cleaner is sent to their house twice a week. These have tremendously reduced Ashley and her brother's caring responsibilities, therefore giving them more time for themselves.
- Auntie is now attending every weekend to support the family and also to take them out for a meal or cinema.
- Ashley and her brother attend young carers' activities on a weekly basis and it appears that they are enjoying these as they meet with other young carers and share not only experiences but also being cared for and considered as young individuals. Ashley said that she has learnt a lot of skills and feels more stable emotionally.
- Ashley says that what she really appreciates above all is having a reliable and trustworthy person that she can talk to whenever needed.
- The brother is no longer displaying challenging behaviour in school or uncontrollable anger according to the teacher. He is a more cheerful young boy and school results have improved as well. I remember the brother showing me a numeracy test where he had 20 out of 20 a few weeks ago.

Summary

ie Overall summary and where to go from here. PLEASE NOTE – if there are comments from the service user about how they think they progressed, please include these here.

- Working with this family was heart breaking in the beginning due to the complexities of demand, the vulnerabilities of both parents and children and the limited timescale of each of my visits.
- I am pleased to see the changes that New Start Young Carers' Project has achieved on the life of these young people and their parents. Through joint work with other professionals such as CAMHS, school, social services and the family, these young people's caring responsibilities have been reduced therefore ensuring that they will flourish, make a positive contribution in society and achieve their personal goals. In all of our interventions, we have ensured that the welfare of the young carers is promoted and maintained at all circumstances.
- We are still working with this family to ensure that they are adequately supported and achieving good outcomes. Ashley would like to be a lawyer and is attending Saturday school to ensure that she is efficiently supported when required. We will continue helping with filling in application forms with regards to education and any further identified needs.
- Ashley calls on a regular basis to obtain advice, information or to just update on her situation. She says that "I do not know what I would have done without the Young Carers' Project. You have given me the means to be emotionally healthy by sharing experiences and being always there for me and my family." "Thank you for giving my family the opportunity to go out together maybe that will be the last occasion to go out with my dad as he is ill."

Case studies:

School Learning Mentor

Introduction and background information on child/young person

ie age, demographics and any other relevant information

This girl was eight years old when I first started supporting her. She lives at home with mum, dad separated. She is the only child.

Background to caring responsibilities

ie needs of person for whom caring and nature and duration of caring responsibilities

Looks after her mother who has been suffering from multiple sclerosis since 1996.

Activities

ie What did you do?
What went well?
What did not go well?
What are you doing to address any issues?
Any other information?

Information gathering

- As a mentor, I gathered my information about this girl from the referral, through observations of her in different settings for example, playground, classroom, dinner hall and meeting with her mother.
- From my observations, I gathered that this girl is a bright and sociable child who is confident and enjoyed interacting with adults. However, it was very apparent that she was drawn towards children with disabilities and special needs. She liked taking care of them and helping them.
- I felt that the caring behaviour was in her character because of the carer role she plays at home. I was not overly concerned by her friendship with children with special needs; however, I was concerned that she continued to play the role of a carer at school. She did not engage herself with other children in her class or involve herself in active activities during playtimes.
- When I spoke to her mother, she expressed similar concerns about her friendship. Mum felt that she felt obliged to help and take care of her at home.

Support/intervention strategies

- My work with this girl involved raising her self awareness and helping her to build her friendship group. Together, we came up with two targets for her to work on:
 1. I would like to make more friends.
 2. I would like to change my attitude towards my mum and friend because I get cross with them very quickly.

Activities

ie What did you do?

What went well?

What did not go well?

What are you doing to address any issues?

Any other information?

- The intervention involved weekly one to one sessions, in which we talked a lot about her and her family. She made a book about her family, her surroundings and her feelings. We also looked at her friendship group and had little targets to involve her with other children in her class, for example choosing different children for lunch partner and talked about why it was important to have a larger friendship group. She showed a very mature attitude and acknowledged that she didn't spend much time with other children in her class because she liked helping children with special needs. One of the other issues we looked at was her anger and her lack of control over her feelings. We spent a lot of time talking and discussing the reasons behind these feelings and looked at different strategies she could use to manage her feelings better.
- I also worked with the class teacher in delivering circle times with the whole class. This was to help the class recognise each others strength and build a positive relationship. This I hoped would help the class learn more about her and for this girl to see there are other children in class she could build her friendship with. In addition to my 1:1 input with this girl, I also involved her in the after school club called 'Get Together' which aims to provide an opportunity for children to build on their social skills and make friends through creative activities like clay, cooking, art and craft, games and music. I felt that this club will help her to build on her friendship group and have the opportunity to meet other children from across the school.
- I supported her for two terms and had positive feedback from the class teacher as well as her mum. Mum reported that her daughter was really taking on board the strategies and is more confident to stand up to the children who picked on her. In school she was beginning to look a lot happier.
- When a more serious issue came up that we could not deal with in school, I completed the Common Assessment Framework with both the girls' parents and with their permission made a referral to Docklands Outreach Team, an organisation who work closely with CAMHS. I also made a referral to CAMHS to get some additional support for the family. While we were waiting for the referrals to be processed, I supported this girl through some basic counselling sessions on a weekly basis.
- I also contacted the Young Carers' Club at the Urban Adventure Base, an organisation that specifically provides services to young carers. I felt this child would benefit from spending some time with children who were also young carers like her.

Outcomes achieved

ie What outcomes has the service user achieved since they have been involved with the project?

- The work by Docklands Outreach Team has been very successful. They were able to work with the family both in the home and at school. Through her session with Docklands Outreach Team this girl was able to talk about her feelings and explore her role and responsibilities. She was also able to understand why her role is different from other children her age.
- At school, there were significant improvements in her attendance and punctuality. Her involvement in school activities was excellent. She expressed her ideas in class and had a better relationship with her peers.

Summary

ie Overall summary and where to go from here.

PLEASE NOTE – if there are comments from the service user about how they think they progressed, please include these here.

- This girl's mum is currently attending the Strengthening Families Strengthening Communities Parents' course which is run at the school. She has been a fantastic role model for other parents. She is a well known face in the community for the work she does in organising fairs and events and the parents' associations.
- Mum's feedback: 'The sessions have given my daughter a chance to understand her actions better and she has become more thoughtful'.
- Mum's involvement in school and the relationships she has built with the staff have been a great benefit to the family. Her daughter could see the relationship between her mum and the school. This definitely played a crucial part in the success of the interventions we used. Without a solid relationship between school and home, I don't think any intervention in such cases would show results.



Useful resources

Fiction featuring children who care for their families:
also available at Tower Hamlets Schools' Library Service

| Author | Title | Imprint/ISBN | Keywords | Description |
|-------------------|---------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fine, Anne | Crummy Mummy And Me | Puffin, 1989, 0140328769 | <ul style="list-style-type: none"> ● families ● young carers ● primary4 ● humour | "I don't think my Mum's fit to be a parent, really I don't!" Minna finds out that it is not easy being the only sensible one in the family. |
| Fine, Anne | Press Play | Egmont, 1994, new ed 2002, 1405201851 | <ul style="list-style-type: none"> ● primary2 ● families ● instructions ● independence ● young carers ● technology ● electricity ● survival | Nicky and Tasha wake up one morning to find that their mum has had to go out and has left them a cassette recorder with instructions on how to get themselves and their baby brother ready for school. |
| Gleitzman, Morris | Bumface | Puffin, Feb 1999, 0141303557 | <ul style="list-style-type: none"> ● primary4 ● families ● humour ● young carers | Angus is fed up of being the sensible one in the family and picking up the pieces after his scatty parents - but then he meets Rindi, child of superstar parents, and realises his problems are small in comparison. Funny, but with underlying seriousness. Ages 11+ |
| Hafner, Marilyn | Mums Don't Get Sick | Walker Books, 1996, 0744547229 | <ul style="list-style-type: none"> ● young carers ● illness ● health | One Saturday morning, mum feels sick and has to stay in bed. Then dad goes out to the shops leaving Abby in charge of the house and baby. |
| Laird, Elizabeth | Oranges in No Man's Land | London: Pan Books, 2006, 0330445588 | <ul style="list-style-type: none"> ● Lebanon ● Beirut ● short stories ● primary4 ● war ● journeys ● courage ● young carers | Ayesha is a young girl living as a refugee in war torn Beirut. Her grandmother needs medicine which can only be obtained from the wrong side of the green line. Ayesha's adventures show people at their best and worst and that no side is completely right or wrong in this simply told, effective and moving tale. |

| Author | Title | Imprint/ISBN | Keywords | Description |
|--------------------|----------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ure, Jean | Fruit and Nutcase | Collins, 2001, 0007121539 | <ul style="list-style-type: none"> ● primary4 ● families ● young carers ● technology ● talking | Mandy has trouble writing but no trouble talking, so her brother suggests she record her chaotic life on tape. |
| Wilson, Jacqueline | The Mum Minder | New York: Yearling, 0440863023 | <ul style="list-style-type: none"> ● primary2 ● parents ● one parent families ● families ● young carers | Sadie's mum is a childminder who minds three young children. Disaster strikes when Sadie's mum gets the flu. All of the other mums get together to sort out the childcare arrangements; some of them are great fun for Sadie although she often has to take control. She also has her mum to look after, a task she does very willingly and calls herself a 'mum-minder'. |
| Cave, Patrick | Last Chance | Oxford University Press, 2002, 0192752413 | <ul style="list-style-type: none"> ● independence ● families ● twins ● young carers | Julian comes home one day to find his father gone, leaving him to look after his two sisters and to keep the family going without anyone finding out they are on their own. |
| Cole, Hannah | Bring in the Spring | Red Fox, 1994, 0099254816 | <ul style="list-style-type: none"> ● young carers ● illness ● brain injuries | Sarah's life finally changes when Bel, who is helping out on a school placement, recognises Sarah's attempts at communication and proves to Bel that she is not completely brain damaged. Life is not easy for Bel at the moment but, she is determined to help Sarah even if it means going against the school's authority. (From Birmingham City Libraries.) |
| Cross, Gillian | Tightrope | Oxford U.P., Jan 1999, 0192717502 | <ul style="list-style-type: none"> ● graffiti ● gangs ● urban ● communities ● young carers | Ashley is as good as gold and looks after her disabled mother by day, but climbs walls and writes the most amazing graffiti by night. Someone discovers her secret and is stalking her - but who? Gripping realism for ages 13 and above. |

| Author | Title | Imprint/ISBN | Keywords | Description |
|-------------------|------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Desai, Anita | Village by the Sea | Penguin Plus, 1982, 0140325050 | <ul style="list-style-type: none"> ● India ● work ● growing up ● classics ● young carers | Set in India, four children have an ill mother and a father with a severe drink problem. With no other adults to help them, the two oldest children have to support the whole family and forego their own education and youth. The story does have a positive ending. |
| Feeney, Josephine | The Day My Parents Ran Away | Puffin, Jul 1999, 0140385126 | <ul style="list-style-type: none"> ● parents ● relationships ● mental disability ● mental health ● primary4 ● young carers | Sarah's dad has a nervous breakdown. Then, just when he seems to be getting better, he runs away. Her mum sets out to bring him back and Sarah has promised to tell no one they have gone. She is left alone with her two little sisters but how long can she keep the secret? |
| Fine, Anne | The Granny Project | London: Collins, 1986, 0003302342 | <ul style="list-style-type: none"> ● resources ● stereotyping ● age ● Great Britain ● plays ● family relationships ● classroom activities ● creative writing ● role play ● young carers | Ivan and his brother and sisters cannot believe it when their parents want to put their grandmother into a home for the elderly. They refuse to allow this to happen and find out what it is like to look after someone else. |
| Garisch, Dawn | Babyshoes | Simon & Schuster, 2004, 068983778X | <ul style="list-style-type: none"> ● family issues ● babies ● boys ● South Africa ● relationships ● responsibility ● young carers | David has good reasons for leaving home with his baby half brother but a life of exploration without plans has problems and all relationships seem far too complicated. |

| Author | Title | Imprint/ISBN | Keywords | Description |
|------------------|-------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kelleher, Damian | Life, Interrupted | Piccadilly Press, 2009, 1848120036 | <ul style="list-style-type: none"> ● families ● illness ● bereavement ● emotions ● primary4 ● young carers | Fourteen year old Luke's world is turned upside down when his mum collapses at the hospital where she works as a nurse. He and his football obsessed younger brother Jesse each cope in their different ways with the people sent to look after them, with people constantly asking questions and with the gradual realisation that this is not a trivial illness. |
| Laird, Elizabeth | Red Sky in the Morning | London: Pan Books, 0330398679 | <ul style="list-style-type: none"> ● hydrocephalus ● mental disability ● mental health ● primary4 ● young carers | A very moving sensitive story that is both sad and funny. The story tells how Anna comes to terms with her new baby brother Ben who is born with a disability. |
| Mahy, Margaret | Memory | Collins Flamingo, 2002, 000712337X | <ul style="list-style-type: none"> ● bereavement; ● death ● brothers and sisters ● guilt ● New Zealand ● Maoris ● mysteries ● scary ● young carers | Johnny still blames himself for his sister's death. He searches for Bonny, who was his sister's best friend. During his search, he meets up with Sophie, an elderly lady who has senile dementia. He is horrified to learn she lives alone, and decides to do something about it. |
| Moore, Ishbel | Daughter | OXFORD: Oxford U.P., 2001, 0192718746 | <ul style="list-style-type: none"> ● primary4 ● disabilities ● Alzheimer's disease ● families ● young carers ● relationships | 14 year old Sylvie enjoys fashion, parties, and music and is beginning to be interested in boys too, but her mum is starting to behave strangely. Some days she can't even remember her daughter's name and Sylvie's life is turning upside down. A touching teenage novel about a family coping with Alzheimer's disease. |

| Author | Title | Imprint/ISBN | Keywords | Description |
|--------------------|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Paul, Bette | Becca's Race | Deutsch, 1992, 0590550527 | <ul style="list-style-type: none"> ● illness ● leukaemia ● young carers | Digby sees life as one big movie. Even when his sister is diagnosed as having leukaemia and he has to look after his younger brother he cannot help seeing events as a 'scene' in a film he is going to make. However, the extra responsibility and his first serious relationship with a girl make him come back down to earth ... sometimes. (From Birmingham libraries.) |
| Rees, Gwyneth | My Mum's from Planet Pluto | London: Macmillan Children's, 2005, 0330437283 | <ul style="list-style-type: none"> ● embarrassment ● parents ● mental illness ● primary4 ● young carers | When his mother becomes headteacher at his school, 12 year old Daniel can think of nothing more embarrassing. But with his father away on business, his mother stops taking her special medicine and Daniel has to cope with her re emerging mental illness. |
| Sones, Sonya | Stop Pretending: What Happened When My Big Sister Went Crazy | Dolphin, 2002, 1842550756 | <ul style="list-style-type: none"> ● poetry ● emotions ● feelings ● mental illness ● sisters ● family issues ● young carers | When her older sister has a mental breakdown and has to go to hospital, a young girl is left behind to cope with a family torn apart by grief. Told in a succession of powerful poems. |
| Wilson, Jacqueline | The Illustrated Mum | Corgi Yearling, 2007, 978044086781 | <ul style="list-style-type: none"> ● primary4 ● relationships ● mothers ● identity ● stereotypes ● young carers | Many people say that Marigold is a dreadful mother but, to Dolphin, she is the best and most beautiful mum in the world. She is totally covered in tattoos and has mood swings due to manic depression, so Dolphin and her sister work hard at trying to make her happy. |

A young carers' resource pack

- Go to www.tacade.com/publications_pse.php
- then scroll down to this section of their webpage

Tacade has developed a FREE resource for young carer workers and teachers who work in primary and secondary schools. The aim of the pack is to raise awareness and develop an understanding about:

- how young carers are defined
- the particular needs of young carers
- increasing acceptance (and, consequently, decreasing the stigma) in schools of the need to care for people with mental health, substance misuse and disability issues



'A Resource Pack for People Working with Young Carers' contains:

- two lessons for 7 – 11 year olds (Key Stage 2)
- two lessons for 11 – 14 year olds (Key Stage 3)
- two lessons for 14 – 16 year olds (Key Stage 4)
- a CD ROM containing PowerPoint assemblies for Key Stages 2, 3 and 4
- how can schools identify young carers?
- how can teachers help young carers?
- young carers' partners in education support agreement form
- student questionnaires
- a young carers' charter
- example of a young carers' policy for schools
- action checklist for teachers

Other useful resources are also available on this website.

The Children's Society Include Project

A range of resources for young carers, their families and service providers, including:

- A Practice Guide - Making it Work: Good Practice with Young Carers and their Families
- Young Carers, Parents and their Families: key principles in practice
- An Educational Resource Pack for Young Carers
- A schools notice board pack.
- Whole Family Pathway: a free online resource for practitioners working with young carers and their families

www.youngcarer.com

Alcohol Concern

Supporting children affected by parental alcohol misuse: toolkits for teachers, school nurses, practice nurses/GPs, health visitors and social workers.

www.alcoholandfamilies.org.uk/toolkits.htm

Web Safety

Adults working with young carers should be aware that they are often unable to leave the home because of their caring responsibilities and, therefore, may spend more time on the internet, and to socialise with friends. There are Esafety issues that they should be aware of, including whether sites they are visiting are age appropriate, whether the information they are viewing is accurate and valid, and the ways in which they communicate with others are safe and cyber bullying.

Schools and Youth Services should follow policies and guidance as set out by the Elearning team and Esafety implementation group. Additionally there are a number of sites that are useful.

<http://www.childnet-int.org/>

Childnet International is a non profit organisation working with others to help make the internet a great and safe place for children.

<http://www.childnet-int.org/kia/>

Know IT All, Childnet's multi award winning suite of education resources designed to help educate parents, teachers and young people about safe and positive use of the internet.

<http://www.thinkuknow.co.uk>

ThinkUKnow Latest information on the sites young people like to visit, mobiles and new technology. Find out what's good, what's not and what you can do about it. If you look after young people there's an area for you too – with resources you can use in the classroom, at home or just to get with it.

<http://www.ceop.gov.uk/>

The Child Exploitation and Online Protection (CEOP) Centre delivers a multi agency service dedicated to tackling the exploitation of children.

<http://publications.becta.org.uk/display.cfm?resID=32422>

Links to a booklet which contains background information, advice and guidance for primary teachers relating to Esafety issues. It signposts appropriate opportunities to embed Esafety within the curriculum and free online teaching resources from a range of organisations to help support lessons.

Useful contacts and further information

Family Information Service

Provides information on any service for local people from birth - 19 (or 25 years for young people with additional needs) including helping local parents and carers find high quality childcare, advice on tax credits and childcare vouchers. Staff at the FIS have information on all services for children, young people and families in the borough and offer advice completely free of charge. The Family Information Service can be contacted on **020 7364 6495** between 8.00am and 6.00pm, Monday - Friday, or by email on fis@towerhamlets.gov.uk.

Princess Royal Trust Tower Hamlets Carers Centre

www.carers.org/local/london/tower-hamlets

youngcarers.net
www.youngcarers.net/

The Children's Society Young Carers Initiative

www.youngcarer.com/

Young Carers Research Group

www.lboro.ac.uk/department/ss/centres/YCRG/

Young Carers reports

Type in young carers to find articles
www.carersuk.org/

Barnardos work with young carers

http://www.barnardos.org.uk/what_we_do/our_projects/young_carers.htm

NCH Action for Children

www.actionforchildren.org.uk/content.aspx?CategoryID=26

AMP website

www.amp.uk.net/
A resource and community platform for young people in Tower Hamlets. If you are aged 11 to 19 and are living, studying or working, sign up and become a member, meet other young people and make the most of our services.

East End Talking website

www.eastendtalking.org.uk
The website for primary age students in Tower Hamlets. Developed by and for children, to empower themselves with a voice, and showcase the variety of living, learning and working in the East End.

Tower Hamlets Partnership

www.onetowerhamlets.net/
Packed full of news, articles, information and more, the website for the Tower Hamlets Partnership will keep you in touch with what is going on in your area.

Teachernet guidance

Type young carer into their search engine below
<http://www.teachernet.gov.uk/management/atoz/search/>

Alateen

Alateen is for young people whose lives have been affected by someone else's drinking.
020 7403 0888

Docklands Outreach

Docklands Outreach is an east London based charity designed to meet the needs of young people in the London Borough of Tower Hamlets.
020 7538 1601
<http://www.dockout.org.uk/>

Tower Hamlets Parents Advice Centre

For parents and carers
Drop ins on Tuesdays
10.00am-3.00pm
30 Greatorex Street, London E1 5NP
020 7364 6489

Tower Project

The Tower Project provides a range of services on a number of fully accessible sites, to children, young people and adults with disabilities, who are residents within the London Borough of Tower Hamlets, Corporation of London and surrounding boroughs.
45-55 Whitehorse Road, London, E1 0ND
Tel: **020 7790 9085**

Job Enterprise and Training (JET)

Tower Project

Job Enterprise Training Unit

22-23 Copperfield Road

London E3 4RL

020 8980 3500

Email:

reception@towerproject.org.uk

Website:

www.towerproject.org.uk

JET is a part of the Tower Project, which is a specialist service for residents of Tower Hamlets who consider themselves to have a disability or long term health condition. They offer information, advice and guidance on finding work, keeping a job, developing skills and making adjustments for work. The organisation's specialist Employment and Training Advisors are qualified in information, advice and guidance and offer a person centred approach based on the individual person. They offer access to work, funding, free skills development training, life coaching and vocational rehabilitation services. Paid work, work placements and volunteering opportunities are available and awareness training and job brokerage is also offered to employers.



Additional resources in pack

If you have received this booklet as part of a pack, you will also find included:

- Hidden Heroes DVD
- Directory of Services for Disabled Children.
- Young Carers Mental Health Resource: "Making Young Carers Count in Tower Hamlets"
- Young Carers flyer – Do You Know a Young Carer?
- Booklets from the Include Project
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