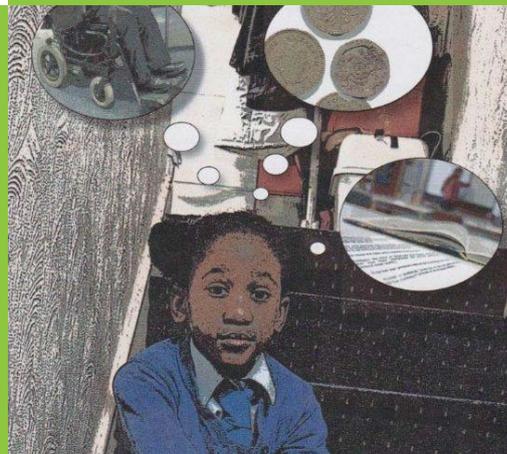


Targeted interventions for asylum seeking and refugee young carers and their families



What is the initiative?

CareFree – Asylum Seeking, Refugee and Newly Arrived Young Carers Project

Who runs it?

Barnardo's CareFree

Who does it benefit?

Young carers and their parents from asylum seeking, refugee or newly arrived (ASRNA) families living in Leicester.

What does it do?

CareFree provides all or some of the following to young carers from ASRNA families:

- One-to-one support.
- Regular respite groups.
- Advocacy for their parents at healthcare appointments.
- Work with staff in schools.
- Signposting to services and co-ordinating other support for parents.
- Support with grant applications.
- Inclusion work to engage young carers in their communities.

When did it start?

2008.

Why was it started?

During 2007–2008, a number of young carers from asylum seeking and refugee backgrounds were referred to the existing Barnardo's CareFree service. It became

very apparent to the CareFree team that this hard to reach group shared many of the issues of other young carers in Leicester but that they also had a range of additional needs. Therefore, the CareFree team undertook an informal consultation exercise with four of these young carers to further explore the additional needs they had and applied for funding for a specialist provision.

Leicester is set to become the UK's first city where people from black, Asian and ethnic minority communities make up the majority of the population. The number of the city's refugee and asylum seeking residents has grown considerably in recent years due to the implementation of the Home Office's dispersal programme. Many of the refugee and asylum seeking families are single parent households and have members who have been injured, tortured or sexually violated. The incidence of young carers in these families is therefore likely to be higher, and, moreover, cultural norms together with a lack of English and knowledge about how to access support, means that these young carers are more likely to be hidden and in excessive caring roles.

What are the aims and objectives?

Aims:

- To reduce the extent of inappropriate caring responsibilities undertaken by young carers from ASRNA families.
- To produce positive outcomes for young carers from ASRNA families.

Objectives:

- To employ a skilled social worker to develop trust and a good understanding of the issues that ASRNA young carers and their families face.
- To design and implement a personalised family support plan to promote parents' independence and reduce young carers' excessive or inappropriate caring roles.
- To provide a range of direct services to young carers including advocacy, respite, inclusion work, one-to-one support and grant making.
- To co-ordinate a range of services from statutory and voluntary agencies to ensure that parents' health needs are met by someone other than their children.
- To increase understanding of mental health and wellness within the family.
- To work with other agencies and community groups to identify and support more young carers from ASRNA communities.
- To work closely with the young carers' schools to ensure they are offered the support they need to attend and achieve in school given their care role and ASRNA status.

How is it funded?

This project was funded via the Young Carers Grant Programme 2008–10, managed by The Princess Royal Trust for Carers using funding from Comic Relief. Carers Trust is a new charity formed by the merger of The Princess Royal Trust for Carers and Crossroads Care.

What has it achieved?

“We appreciate the help you gave for us, before you we couldn’t do anything.”

Young carer

“Everything was really wonderful. It really helped me a lot with the kids. I’m really happy with the support. It makes me feel wanted in society and with my kids. It boosted our confidence.”

Parent

The project has achieved significant outcomes for the young carers it has supported, across all aspects of the Every Child Matters spectrum. ASRNA young carers have succeeded particularly well in ‘enjoying and achieving’, for example by joining a football club or getting support at school, and ‘improved economic wellbeing’ from grants and benefits.

Young carers, both from ASRNA communities and non-ASRNA communities, who participate in the CareFree project, are assessed across 16 of the 25 specific aims for children and young people from the Every Child Matters Outcomes Framework. For each aim, young carers are given a score from 1–5, where one indicates no issues and five indicates critical issues. This score is evaluated after six months.

All of the parents were offered a range of service co-ordination to help them to reduce their children’s caring responsibilities. These interventions, which included referrals to adult mental health services and specialist groups for trauma and personality disorders, have been effective in parents accessing more appropriate practical and emotional support than their children.

Respite was also offered to all of the young carers, but unfortunately not all of them attended as some parents prohibited it. Nonetheless, some families have benefitted from intensive support provided to the parent through CareFree’s Out and About Project, which empowered parents to take their family out and engage in community activities.

Additionally, there was also a take up of Home Start services and use of Sure Start Children’s Centres by the families, and some young carers over the age of 16 secured Education Maintenance Allowance. Sure Start helped to build parenting skills and confidence which in turn helped relieve the young carers’ caring responsibilities.

Parents also took to using the Project Worker as a ‘cultural guide’ to answer questions worrying them such as what is and is not culturally acceptable, what is ‘normal’ behaviour for teenage children and how the education system works. This too has greatly alleviated their anxieties, which in turn has lessened the amount of emotional support parents seek from their children and aided family dynamics.

Lastly, school advocacy work has resulted in better support for young carers in schools and colleges and a heightened understanding among school staff of the caring and cultural barriers ASRNA young carers face.

How have carers been involved in planning and delivering this work?

Once it became apparent to the CareFree team that the ASRNA young carers referred to them had additional needs, they set up an informal consultation with four of these young carers to explore their needs further and gather evidence for funding bids.

Young carers were then fully engaged in their own assessments, designing their own support plans and six-month reviews. One young carer also joined the CareFree Project's Young Carers Forum where he has been able to apply for funding for the group and influence its expenditure.

How is the initiative run?

The CareFree project for ASRNA young carers was staffed by one part-time social worker with managerial and administrative support from the core CareFree Project in Leicester.

In total, the project worked with 14 families, comprising of 20 young carers and 14 parents. All of the parents were single parent women who were either estranged from their partners or bereaved. These mothers also all happened to have some type of mental ill health, including anxiety, depression and post-traumatic stress disorder. Some also had physical health conditions such as HIV/AIDS and injuries sustained from war or torture.

The young carers in this cohort were aged between 6–17 years old. Their care responsibilities included practical and emotional care for their parent and siblings, personal care, housework, managing household finances and interpreting. The length of time the families had been in the UK ranged from two months to 12 years, and they came from diverse places of origin, including Iraq, Somalia, Zimbabwe and Poland.

When families were referred, the young carers were initially assessed against the Every Child Matters Outcomes Framework. Young carers were involved in their own assessments and scoring. Young carers who scored a three or above on these criteria were prioritised by the CareFree team.

CareFree then separately assessed the young carer's parent's needs. The information from the young carer's and parent's assessment was used to develop a personalised family support plan to promote the independence of parents and reduce inappropriate or harmful caring responsibilities. This family support plan typically included a range of external services from statutory and voluntary agencies – such as Home Start and mental health services – as well as direct service delivery and advocacy for both the young carer and parent by CareFree.

As part of their support plan, young carers may receive one-to-one support for self-esteem building or understanding their parent's health issues, respite groups, and grant applications for things such as school equipment, clothes and bedroom furniture. The CareFree team will often work with the pastoral staff and teachers at the young carer's school, using their specialist **Schools Resource pack**, to raise awareness about the needs of young carers who look after parents with mental health problems.

With the core CareFree provision, most interventions are completed by the first six monthly progress review and a sustainability plan is put in place for the future. However, this was often not possible for the ASRNA cohort of young carers due to the enormity and complexity of their own and their parent's issues. The intensive case work with ASRNA young carers' families, however, was usually completed in around six months, with an open door for re-referrals for young carers whose circumstances change or need additional support after their casework is closed.

What methods have been particularly effective?

Making significant contacts with religious and community organisations and leaders was an effective means of reaching hidden families and to building trust.

Using highly visual communication tools developed specifically for the service was not only useful for overcoming language barriers but in successfully promoting discussion about mental health between young carers and their parents.

The one-to-one sessions with young carers were particularly beneficial, as was anonymously sharing the experiences of other young carers to offer reassurance. One-to-one work was also sometimes a more acceptable service for the child's parent who was fearful of more people learning the nature of their health condition, as might happen in a young carers group.

Have there been any challenges along the way?

Referrals to the project were lower than anticipated and it took longer than expected to identify relevant organisations and build trusting relationships with community groups. The fact that the CareFree team was active in community groups at a grassroots level, liaised strategically with inter-agency groups and worked to build trust with community leaders, helped to break down barriers with this hard to reach group.

Young carers were not always perceived to be a priority for teaching staff and the absence of a lead worker for young carers in schools meant that identifying someone who was willing and able to engage in the young carer agenda and promote CareFree was often a challenge.

The stigma, beliefs and associated misunderstandings across cultures related to mental health problems was a challenge. Building trust, and learning differing terminology for mental illness, as well as the meaning of mental ill-health and the stigma attached to it within some cultures, did help the team to mitigate these issues.

The label young carer was unknown and confusing to many of the families. Additionally, there were barriers to overcome regarding cultural and gender expectations of care giving by children and young people. The Project Worker spent time with the family to help them understand the concept of a young carer and be aware of the impact of caring on a child's health and development.

What hints and tips might help me get started?

- Be prepared to spend a considerable amount of time attending community groups and events which may, on the surface, appear to be unrelated to your work. You need to get your face and your organisation known and respected.

- Be prepared to discuss your organisation's values as these are important to many asylum seeking and refugee people.
- Recognise and embrace the fact that disability and caring issues are one of the many difficulties faced by these families. They are likely to want to engage you in a number of interventions not directly related to your primary remit and concerns.
- Utilise respected and well-trained interpreters. Ensure they know that they should only interpret, not offer their own advice.
- Ensure that practitioners are well-trained and confident in safeguarding issues. Safeguarding thresholds are the same for all children irrespective of their cultural origin or the beliefs of their parents.

Are there any useful documents or resources that could assist me?

Contact Barnardo's for the scores of the Every Child Matters assessment for CareFree young carers.

CareFree is featured in Barnardo's **briefing** on supporting young carers whose parents have mental health problems.

Connolly, M, et al (2001), 'Culture and Child Protection: Reflexive Responses.' Jessica Kingsley Publishers.

Papadopoulos, R (2002). 'Therapeutic Care for Refugees: No Place Like Home.' Karnac Books.

Rutter, J (2003), 'Supporting Refugee Children in 21st Century Britain: A Compendium of Essential Information.' Trentham Books

Where can I get further information?

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