

**Kent Safeguarding Children Multi-Agency Partnership
(KSCMP)**

Child Safeguarding Practice Review “Molly”

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Contents

Preface.....	
1. Introduction.....	1
2. What we know about you.....	1
3. What are the most important things we have learnt by completing this review?	6
4. Why did these things happen?	7
5. What is in place that helped you and/or could help other children and young people like you?	11
6. Other findings	13
7. Summary.....	155
8. Recommendations.....	166
8.1 National recommendations	166
8.2 Local recommendations	177
Appendix 1: Young Carers and Young Carers in Transition: Legislative Overview	188
Appendix 2: Why did these things happen? - version for professionals	20
Appendix 3: Recommendations from Carers Trust review of the implementation of “No wrong doors: working together to support young carers and their families” template Memorandum of Understanding.....	222
Appendix 4: Organisations who participated in this review	233

Preface

Kent Safeguarding Children Multi-agency Partnership (KSCMP) decided to conduct a Child Safeguarding Practice Review (CSPR) following the unexpected and tragic death of Molly¹ in 2024. Molly was a child of White/British heritage and was aged 14 years when she died. She had no physical disabilities; at the time of her death, she was Electively Home Educated (EHE) and had been registered as a young carer since the age of 9. Since Molly's death, it has transpired that she was displaying behaviours associated with an eating disorder and had previously taken an intentional overdose of medication. Prior to Molly's death, it was known that she had self-harmed and had thoughts about not wanting to be alive anymore.

Molly died at home after ingesting medication and given the circumstances of the death, Kent Statutory Safeguarding Partners determined that the serious incident criteria were met, which resulted in a Rapid Review and the decision to conduct a CSPR. The National Panel endorsed that decision and recommended that clear key lines of enquiry be devised.

The KSCMP identified 5 key lines of enquiry which are set out below:

- a) Molly's voice and lived experiences
- b) Impact of parental physical and mental health on parenting capability
- c) Referral/service closure including discharge planning/pathways
- d) Young Carers
- e) Elective Home Education

KSCMP is fully committed to ensuring that the experiences of children and young people are integral to and inform any local CSPR and chose to pilot a methodology that they considered could further this ambition. One component of that methodology is that the CSPR report is written 'to' Molly.

The report is written by Liz Murphy, Independent Reviewer with contributions also made by KSCMP Practice Review Manager

¹ The names in this report have been changed to protect the family's identity.

1. Introduction

- 1.1 Molly, I have been asked to write to you about the review that has taken place following your death in 2024. I am going to begin with what the review found out about you and your life. Your parents, sisters, and the services who worked with you have told us about you and your life. There are three things that everyone who knew you said:

you were kind, creative and funny.

2. What we know about you

- 2.1 You were about 6 years old when your parents separated; since then, you lived with your Mum and older half-sister, Ella, in a rural location in Kent. From what I have been told, public transport isn't as good where you lived when compared to more built-up areas in the county. You had your own bedroom at home and spent a lot of time in there, which of course is quite common for teenagers. Between living in a rural location and spending lots of time in your bedroom, sometimes you felt isolated, and from what you wrote on your phone I know that in the last year of your life you were really, really struggling with behaviours associated with an eating disorder. Whilst undiagnosed by professionals, I will refer to this as an eating disorder.
- 2.2 Your mum has two other daughters; they are both older than Ella. Most of the people I met didn't know about them; you would spend time with one of them who is called Anna. Anna and Ella have contributed to this review as have your parents. Your dad also has other children; some older and some younger than you.
- 2.3 When you were in primary school you used to spend time with your dad at the weekend. He also lived in Kent, although he later moved away. You told your primary school that you sometimes wished you could see your dad more.
- 2.4 Your mum had to go into hospital in March 2022 because she was very ill and your dad looked after you at this time. You continued to see your dad until late 2022. Your mum said that you didn't want to see your dad anymore because you were upset you were unable to see him as planned in late December 2022. Your dad said that sometimes finances and his living arrangements meant that he was not always able to see you as he wanted.
- 2.5 Your mum and dad went to mediation to try and agree if and how you would see your dad, however, they could not agree a plan. Your dad said he applied to Court so he could see you but stopped these proceedings as he thought they would cause you more stress. The relationship between your mum and dad had become strained from around late December 2022; we know that children whose parents have a strained relationship can feel 'caught up' in what is going on between their parents. Some services that knew you did not know that your dad had Parental Responsibility (PR) for you; this was because your mum told them he didn't.
- 2.6 Your dad contacted Children's Services in September 2023 because he was worried about your mental and emotional health and what you were posting on social media; this was the second time in your life that he had done so. He had also contacted your primary school twice, in September 2020 and in February 2021; again, because he was worried about you.
- 2.7 At nursery school, you very quickly showed a lovely sense of humour and are described as having a cheeky smile. Both your primary and secondary school staff said you were kind,

caring and thoughtful. You looked out for and after your friends and tried to cheer them up if they were upset. In primary school, you liked to play with cars and make tracks and tunnels, and you had a talent for art and creative writing. One of the teaching assistants from your primary school still has artwork that you made for them as a 'thank you' gift. Your primary school said your stories and poems were imaginative and were fun to read; as you got older, you grew to love anime and origami. You won the Artist of Year 6 Award which must have been a very special moment for you.

- 2.8 At both primary and secondary school you had a small group of close and special friends. You had a lot of time off school. In year 5 your attendance was just 45%, in year 6, it was 76%, year 7, 64% and in year 8, it was 71%. The government says that attendance less than 90%, which is when pupils miss school for one day every fortnight, is 'persistent' absence and attendance less than 50%, which is when pupils miss 5 days every fortnight, is 'severe' absence. I can see that on average you were absent for at least 3 days every fortnight from year 6 onwards.
- 2.9 Your primary school said that at times you struggled with your confidence, and they thought this was because you had missed so much time off school and were struggling to keep up with the work. You didn't attend school during Covid although were offered a place and instead your school gave you books and artwork; this was because they knew you loved art and were very good at it too. When school would contact you during lockdown, you were usually in bed because you had been up late and into the night on your phone.
- 2.10 At secondary school you are described as a quiet student, and as you did at primary school, you showed your sense of humour and kind nature. It was thought by teachers that you found secondary school a difficult and perhaps intimidating place and that you felt safer at home. You are described as anxious about school, and that you thought people were judging you. The assessment you completed as a young carer in 2023 shows that school attendance and schoolwork were real pressures for you and that you did not feel school staff understood those pressures; I don't think this information was shared with your school.
- 2.11 You had a Hub pass and would often go there during break and lunch times. The Hub is a central area in school to support and nurture students across a wide range of needs. Your mum told school and me that one of the reasons that you did not want to go to school was because of who was or wasn't in your classes and that not being with your friends made you anxious. School made changes to your timetable to address this, however, your mum and sisters said there were still some classes where you were not with your friends. The special education needs co-ordinator contacted your mum to discuss a referral for an autism assessment as school thought this might be part of the reason you did not want to attend. A referral was not progressed, and your attendance may have impacted on the ability of school-based staff to assess whether you were not displaying signs of autism.
- 2.12 When you were in school you did your best in lessons, although you did not like P.E. and would always try to find a way not to do it. You struggled to come to school on P.E. days or if you were in school, you would ask to stay in the Hub. Staff encouraged you to go to P.E. and you would do so without any argument or fuss. I wonder whether body image and latterly, the eating disorder that you had, explain why you did not want to do P.E; either because you did not have the energy to do physical activity or because you felt conscious about your body.
- 2.13 Your mum has a lot of health needs; when you completed a young carers assessment in 2023, you shared that your mum had a broken back, type 2 diabetes and is partially blind. Your mum

has other physical and mental health needs, experiences a lot of pain and uses a mobility scooter. Your mum has in the past been reluctant to take prescribed medication for her type 2 diabetes for fear of gaining weight having previously lost a significant amount. Without this medication, her diabetes is very poorly managed. Whilst your mum's GP practice held information about the nature and extent of your mum's health needs, no other service who knew you or your mum did, which meant that these services could not understand what help your mum may have needed, including as a parent, or what you and Ella needed to do at home as young carers.

- 2.14 In March 2022, when your mum was very poorly because her diabetes was unmanaged and she could have died, she kept falling over at home and you put blankets on the floor to try and stop her from hurting herself when she fell. You were only 11 years old when this happened, and you must have been very scared and worried. Your mum's diabetes became unmanaged as prescribed medication/treatment was not routinely taken. A care needs assessment would have helped everybody understand what help your mum needed, however, this was not considered. She may also have needed extra support because her care and support requirements may have meant she was unable to meet her own needs; this is called self-neglect. At one point, the Ambulance Service made a vulnerable person referral to Adult Social Care because they were worried your mum was self-neglecting; mainly in relation to not taking her prescribed medication. Since your death, a safeguarding enquiry has been completed with your mum because of similar concerns about engaging with treatment and support. When your mum was poorly and her diabetes wasn't under control she would shake and sweat which may have been scary to see. Your mum also needed to rest because of the impact of the strong medication she was taking for pain relief. The strong medication and low blood sugar levels may have also meant that at times your mum was sleepy and confused.
- 2.15 Your mum recognised that you and Ella were 'young carers' and she made referrals to the Young Carers Service for Ella in 2018 and 2019, and a referral for you when you were 9 years old. From what your family have told me, Ella did "everything" from 2018 onwards.
- 2.16 In 2018, Ella was assessed as a 'high' level young carer; you were assessed as a 'low' level young carer in 2019 and again in 2020. By 2021, which is the year Ella became 18, she was also assessed as a 'low' level young carer. A young carers assessment was completed with you in school in 2023 by the Young Carers Service and you were assessed as a 'low' level young carer. In 2024, information was sent to your mum about a young carer's assessment, but no reply was received. I am not sure if that's because you decided not to respond or because you didn't receive the information.
- 2.17 Being a young carer was a big part of who you were and your life; being a young carer can be hard, and it can also be good as you can learn skills, feel good about yourself and enjoy helping people. The young carer's assessment that was completed in 2023 found that you provided low levels of caring activity and this appears to be because Ella took on the primary caring role. Later in 2023, Ella moved out of the family home for a time, and this is likely to have impacted on the level of care you provided. By December 2023, your attendance at school was just 58% for that year. Being a young carer can also mean you worry, and when your mum had to go to hospital, ambulances came to your home and sometimes out of hours services were contacted because your mum or Ella were unwell. It appears that the primary reason you missed so much time off school was because you were a young carer.

2.18 You got support as a young carer at and through school. This was from your friends, one of whom was also a young carer, the Hub and the Young Carers Club. The Young Carers Club met every Wednesday after school and you enjoyed going to this club; you were able to have some time for you, have fun and relax a little bit. You and your friend who you were very close to would chat and laugh together at Club and you would sometimes join in games and activities, especially if the Club were cooking or playing card or board games. You also used the computer to print cartoon characters to cut out and hand to your friends to show them you cared, or larger pictures of characters from your favourite shows to use as posters in your bedroom. Unlike other young carers in the Club, you didn't talk to the teachers about life at home, and as I said earlier, you are described by lots of people as being quiet at secondary school. Young carers can sometimes be reluctant to ask for help because they want to protect the person they care for; alternatively, they may not seek help because the amount of caring has become 'normal' for them, or they may worry what would happen if they did talk about what life is like. Your sisters have said that as family you would not reach out for help because "it is not in our nature" and your mum has spoken about being anxious about allowing unknown adults into your family home because of her desire to maintain this as a 'safe space' for you and Ella.

2.19 School told me that you didn't take part in any other after school clubs as you worried about your mum and needed to get home to her. School made a record of worries they had about you and on two occasions since March 2022, Early Help workers were involved: the first time for just under two months and the second time for about one month. The worries that school had were about your attendance, your mum's mental health, your clothes not being washed, and whether you had eaten. Early Help workers were involved for a short time in 2022, partly because your dad's involvement in your life was seen as a positive thing, and in 2023, because Ella cared for you whilst your mum was in hospital, and the Young Carers Service was asked to complete a young carer's assessment.

2.20 In November 2023, school told you about an emotional wellbeing service. The service is part of a national programme that provides low intensity emotional wellbeing support to children and young people in schools, and in December 2023, you were supported by school to self-refer to this service. When you were completing the referral form you shared and wanted the support service to know that:

"I have some anxiety about attending school. I sometimes feel down and want to be at home with my mum and sister".

You also wanted them to know:

"I am a young carer for my mum. My sister is 20 years old and also lives at home. She is the main carer for mum".

2.21 A worker from the support service met with you shortly before the end of term and you told them that you had trouble sleeping; this was something that you struggled with for quite a while. It seems to have started when you were very young and may have got worse during lockdown. You also told the worker that sometimes you had thoughts about not wanting to be alive anymore and said that the last time you had suicidal thoughts was about a month previously; you said you couldn't recall any specific triggers. You and the worker wrote a safety plan and you included your mum and your friend and school as sources of support.

2.22 The worker spoke with your mum about a week later, and your mum told them you had self-harmed the weekend before the end of the school term, which would have been 1-2 days after your meeting with the worker from the support service. Your mum said that 3 days previously she had noted scratches on your arms. The scratches were made using a knife and your mum said she had removed it from your bedroom. Your mum also said that you had suicidal thoughts on the last day of school term and that you had said just before bedtime:

"Hopefully, I won't wake up tomorrow."

Your mum told the worker that your main worries were school and having to leave your mum and go and live with your dad. The information your mum shared about self-harm and suicidal thoughts was discussed with you in January 2024 and you said that the trigger was the thought of returning to school in January. Your mum also said that your dad was worried about your mental health given what you were posting on social media. I don't know what your dad found online, and your mum told the worker that she had checked and there was nothing of worry.

2.23 The safety plan written in December 2023 was shared with your mum and school; it was not shared with your dad. Additional safety advice was agreed with your mum following the conversation she had with the worker in December 2023. In early January 2024, you started to attend an 'Improving Mood Group' which is delivered as part of the national programme of emotional wellbeing support. The group ran until February 2024. In March 2024, school made a record of their worry that you had self-harmed, and in June 2024, your friend told school she was worried you were self-harming. In between these times, your mum and school started to talk about you being educated at home which would mean you would no longer attend school. At the start of year 9, your mum told school she had decided to do that. School offered to meet with her to talk about this, however, she did not take up this offer. One of your older sisters said she and your mum discussed that because your mum would struggle to get to school, your sister could meet with school to discuss who was or wasn't in your classes, but this did not happen.

2.24 At the end of the first month of year 9, you officially became an Electively Home Educated child. Parents are allowed in law to make this decision, although your dad was not aware that this had happened. When parents decide to Electively Home Educate their child, they are required to provide them a suitable and full-time education. It seems that there was some misunderstanding about what 'home educated' meant as your mum understood that the Council's education services would send work for you to complete. Your mum had asked for support and guidance from education services so she could do whatever was needed.

2.25 Becoming Electively Home Educated meant that you lost a big part of your support network and safety plan.

2.26 What has also become clear is that being home educated created significant pressure for you and you were frustrated as you didn't know what work you were meant to be doing. This may also have been because you were feeling unwell due to the eating disorder which you said became much worse from summer 2024. You told your mum and Ella that you wanted to eat healthily and added foods to the weekly online shop that were healthier. For this reason, your mum and Ella attributed your weight loss to your healthier eating regime; some of your family say that when they look back now, they can see that you lost more weight once you became home educated. You felt weak, and were often awake at night, either struggling to resist over-

eating or binge eating and obsessing about food and your weight. Early in October 2024, you took an overdose of medication and in the notes on your phone, you said:

*“I’m so ***** angry, I just want it to be over, I wanna be gone where no one has to worry about me doing work and I don’t wanna be asked to take the dogs out again”.*

2.27 Just under 6 weeks later, your mum and Ella found you deceased.

2.28 You were 14 years old. It seems you had taken your mum’s prescribed medication. In the notes on your phone which were found after your death, you again mention the pressure of being home educated which was due to start again in three days once the half term holiday ended. The notes on your phone also talk about the fun things you did with your best friend and how special your friend was to you.

2.29 Your mum and Ella said they had last seen you around 9pm the day before. Immediately after your death, it was reported that the safety plan that had been developed to manage any self-harm or suicidal thoughts and behaviour included how to safely store prescribed medication, however, considering all the available information, it does not appear that the safety plan explicitly addressed the storage of prescribed medication. Your body was described as unkempt and your feet, toenails and fingernails were described as ‘dirty’. Police who attended your home on the day you died described conditions as cluttered and grimy.

2.30 In the notes on your phone, you said:

“I really do need help, I don’t wanna ask for help and I think I’m fine, but I know I do need it”

3. What are the most important things we have learnt by completing this review?

3.1 The starkest findings from this CSPR are best summed up in the words of the professionals who participated in this review:

“Young carers are not getting sufficient attention for their vulnerability.”

3.2 The first finding includes when Elective Home Education is being considered or is requested by a parent, and the child is a young carer.

3.3 The second finding is:

“I’m struck by how much we didn’t know.”

This is primarily about how much was *not* known about your mum’s health needs and the impact of these on her and her parenting, your family circumstances and the extent of caring responsibilities that you and your sister had.

3.4 In the next section, I will explore *why* these findings happened; there are two more detailed sections written for the professionals who have responsibility to act on the findings of this CSPR which can be found at Appendices 1 and 2. These sections have been included to help those professionals to think about what they can do to act on the findings of this review and it is essential that professionals read those two appendices before they read the rest of this report. This is so they can understand the legislative and policy frameworks in respect of

young carers and the opportunities and obligations to provide a whole family approach to supporting young carers and their families.

4. Why did these things happen?

- 4.1 In Kent, like in other areas in the country, there is a need to make sure that everyone who works with children and young people and their families understands that being a young carer can make life harder. Being a young carer can also be a good thing and is more likely to be a good thing if help and support is available.
- 4.2 One of the reasons why it is hard to identify young carers is because they may not ask for help, either because they are worried about services getting involved in their lives or because they have become so used to caring that it has become 'normal' for them. Whilst this wasn't the case for you as your mum had made a referral to the Young Carers support service in Kent; it could be important for other young carers who have not been yet identified.
- 4.3 Kent schools recorded the highest number of young carers in the country in the 2023 and 2024 school censuses,² however, research³ tell us that there is a gap in knowing who a young carer is:
 - There are now estimated to be over 1 million young carers across the UK; that equates to 2 young carers per class, yet 72% of schools report 'zero' young carers in their annual census⁴
 - It takes an average of 3 years for young carers to be identified and linked into support; some go for more than 10 years without any support
 - Young carers are most commonly identified by schools, followed by children's social care. Very few young carers are identified within adult social care or health settings
 - Despite identifying the highest number of young carers in the country in the Kent school censuses, it is a very small proportion of the total pupil population in the county.
- 4.4 Kent County Council and its partners do not yet have a young carer or all age carer strategy which would help 'champion' the needs of young carers and breakdown some of the barriers to them being identified and getting help. A strategy could help to make sure that all services work together in a 'whole family approach'. A whole family approach is when adults' and children's services work together to offer young carers and their families an effective service and respond to the needs of a young carer, the person cared for, and others in the family. There is national guidance that was introduced in 2009 that can be used to break down the barriers that get in the way of a whole family approach. This guidance is called "No Wrong Doors for Young Carers - Memorandum of Understanding" and like lots of other areas in the country, Kent has not adopted it. There was a national review about how this guidance is used in 2023 and the recommendations made by the review can be found at Appendix 3
- 4.5 Without such guidance, young carers may not be readily identified; information is also less likely to be shared about young carers, the needs of the person cared for, and others in the family. This includes the use of 'flags' on agency records to help people who work with children and their families to easily know which children are young carers. Four different health providers worked with you and your family and none of them had added a flag or code to their records to show you were a young carer. At least one of them does not yet have the facility on

² 3501 young carers which equates to 1.4% of a total pupil population of 251,669 in 2024

³ From caring to support – we still need to close the gap for young carers" Young Carers Alliance, 2022

⁴ [Schools, pupils and their characteristics, Academic year 2024/25 - Explore education statistics - GOV.UK](#)

their recording systems to do so. Furthermore, national guidance for coding young carers does not specify that codes or flags should also be added to or documented in the records of the person being cared for. Without this happening, it could mean the needs of a young carer and the support a person being cared for needs, including as a parent, are overlooked when the person who is cared for accesses health appointments.

4.6 Examples of information that were either not known, shared, or sought by agencies who knew you or your family are:

- The nature and extent of your mum’s health needs and the impact of long-standing use of opiate medication
- That your dad had parental responsibility
- The Young Carers support service did not know about your suicidal thoughts and self-harm or that you had become Electively Home Educated
- School did not know the detail you shared in your young carers assessment about the impact of being a young carer on your education
- Your use of social media
- Some services did not know your dad had raised concerns about your emotional health and wellbeing and online safety, with Children’s Services
- That Ella was not living in the family home in Autumn 2023
- And as set out above, no service knew you had an eating disorder.

4.7 Without effective information sharing, there is a greater risk that the known negative impact of caring responsibilities will not be recognised, despite increasing evidence highlighting the impact of caring responsibilities on the education, mental health and life opportunities for young carers and young adult carers. I have given some examples below of how young people can be negatively impacted by their caring responsibilities:

- 1 in 3 ‘always’ or ‘usually’ struggle to balance caring with education⁵
- Young carers are significantly more likely to report severe psychological distress, self-harm, and make attempts on their own life⁶
- Young adult carers are 38% less likely to achieve a university degree, and significantly less likely to enter employment

4.8 The information that was either not known, shared or sought had a negative impact on the outcome of assessments that were carried out and on decision making. For example, the service that provided the emotional well-being support at your school has identified as part of this review that if they had known the extent of your mum’s health needs and that your dad had raised concerns, they would have provided a more specialised intervention and considered making a Request for Support to Kent Children’s Social Care in December 2023 when they became aware that you were self-harming and having suicidal thoughts. The safety plan that was devised by this service did not explicitly include keeping medication secure at home; and we know from your young carers assessment that administering medication was a caring task you were required to do. Online safety was not considered in the safety plan. It is not clear whether the original safety plan document was updated to reflect the information shared by your mum about your self-harming, and if it was, whether it was shared with you, your mum or school. Safety planning appears focused on managing self-harming behaviours although both you and your mum had shared information about suicidal thoughts and going to school being a

⁵ Being a young carer is not a choice; it’s just what we do” Carers Trust, 2023

⁶ COVID Social Mobility and Opportunities Study: Wave 1, 2021-2022, Sutton Trust, 2022

trigger for these thoughts. When your mum went into hospital when she was very ill, three services made Requests for Support to Kent Children's Social Care; however, the referral made by your family GP was not made or received as a request for an assessment. It was also not flagged in GP records that safeguarding concerns had been identified which meant people who worked at the GP practice were not prompted to think about the previous safeguarding concerns in their future work with your family.

4.9 In the young carer's assessment that you completed in 2023, you answered '*never*' to the following five questions:

- I feel my attendance at school is good
- I feel I do well in my school and homework
- I feel I can meet my schools' expectations of me
- I feel that adults at my school understand what I do to look after the person I care for
- I feel that adults at my school understand how my caring role can impact me and how I am at school.

The answers you had to choose from were 'a lot', 'some' and 'never'.

4.10 These findings indicate that your caring responsibilities were affecting your education and your development. You also said in the young carer assessment that the caring task that you least liked to do was giving your mum her tablets and that you did this 'a lot of the time.' Some of your mum's medication was classified as a controlled drug which means it should be safely stored and managed. 'Administering medication' is defined in guidance⁷ as inappropriate and an excessive caring responsibility for a young carer. These findings did not result in any support being provided to you or your family to reduce the negative impact of the excessive and inappropriate care that you provided. Your mum has said that despite you and Ella being identified as young carers, this did not result in any 'real change' or 'proper help' being provided to the family.

4.11 I have thought about why the young carers assessment did not identify that your caring responsibilities were excessive and inappropriate and instead you were defined as a low-level carer. Positively, the assessment in 2023 was completed *with* you and as recommended, away from the person cared for. The young carer assessment tool is a scoring-based tool that is commonly used and has four sets of questions designed to measure:

- Caring activity undertaken
- Positive and negative outcomes of caring
- How caring affects education and free time
- What you like and dislike about caring

4.12 Based on the caring activity you said you did and in accordance with the scoring guidelines, it was determined you provided a 'low' level of caring activity, and it appears that the outcome of this section of the assessment resulted in you being defined and understood as a low-level carer. However, the outcome of the section on how caring affects education and free time indicated 'very few positive outcomes, a high cause for concern and that additional support was needed' and the scoring guidelines advise consideration of referral to Early Help or Children's Services. Administration of medication also indicated your caring responsibilities were 'inappropriate and excessive'. An additional factor that could have impacted on the

⁷ [Care and Support Statutory Guidance 2016](#)

outcome of the assessment is that you said that Ella was the main carer for your mum; this may have influenced how professionals thought about you and your needs. The phrase 'low level' potentially influenced everyone's thinking about the impact of being a young carer on you.

- 4.13 Ella was originally assessed as high-level carer and subsequently re-assessed as a low-level carer. The basis for that change is unknown and there is no information to suggest that your mum's care and support needs decreased or were being met by someone else. This is a further example of why a whole family approach is needed to provide an effective service to young carers and their families and why assessments need to use all the available information to identify needs.
- 4.14 The Young Carer Needs Assessment Regulations require that a whole family approach should also include involving both parents and consider any differences of opinion between the young carer, the young carer's parents and the person cared for, with respect to the care which the young carer provides. Services did not involve your dad and so his views were not known. The assessment was also based on what you had told them about your mum's care and support needs, and whilst you had described some of her needs; there were also some additional and significant needs that were not known by the Young Carers support service. You did share that your mum had diabetes; this review has identified that the impact of (unmanaged) diabetes on an individual is not well understood and had it been, it may have led to greater recognition of your mum's need for support in her own right, as a parent, and the extent of your caring responsibilities. Another thing this review has found is that as elsewhere, there is a long-standing gap in specialist psychological support for people in Kent with diabetes who have fears of weight gain. The nearest service is in London which would have been difficult for your mum to travel to if she had been referred, given her reduced mobility and poor transport links from where you lived. The gap in this service has been raised many times by a health provider in Kent although to date, this has not resulted in the service being available. The review has been informed that NHS England are the organisation responsible for making this service available.
- 4.15 Your mum was prescribed opiate medication to manage her pain; long term use of opiates has a proven negative impact on parenting⁸, with mothers who use them being shown to be more irritable, ambivalent, disinterested and less able to recognise their children's cues in comparison to parents who don't use opiates. The effects on children include disorganised attachment, increased risk of emotional and behavioural issues, poor academic outcomes and poor social skills. NHSE guidance in relation to structured medication reviews⁹ does not address the need to consider the safeguarding of any children or dependants of the person being reviewed. The question was raised as to whether national guidance for structured medication reviews needs to be strengthened to inform practice at a local level.

⁸ Romanowicz, M., Vande Voort, J.L., Shekunov, J., Oesterle, T.S., Thusius, N.J., Rummans, T.A., Croarkin, P.E., Karpayak, V.M., Lynch, B.A. and Schak, K.M. (2019). The effects of parental opioid use on the parent-child relationship and children's developmental and behavioral outcomes: a systematic review of published reports. *Child and Adolescent Psychiatry and Mental Health*, [online] 13(1). doi:<https://doi.org/10.1186/s13034-019-0266>

⁹ NHS England (2023). *Structured Medication Reviews and Medicines Optimisation*. [online] [www.england.nhs.uk](https://www.england.nhs.uk/primary-care/pharmacy/smr/). Available at: <https://www.england.nhs.uk/primary-care/pharmacy/smr/>

- 4.16 Parents have a right to choose to Electively Home Educate their child(ren), however, we know from an important briefing paper that for some children this can increase their vulnerability¹⁰. Your views about becoming home educated are not known and it may be that given what you said in the young carers assessment about the impact of being a young carer on your education, plus the increase and ‘possible difficulties’ in separation anxiety identified by the Mental Health Support Team at the end of their involvement, that this initially felt like a good thing. However, what you have said in the notes on your phone tells us that schooling became an even bigger pressure once you became home educated and potentially a trigger for intentional overdose. Your friends were very important to you, and you saw them at school. You also attended a young carers group at school and enjoyed doing fun things there. Not being at school meant that the regular support you had outside of your family stopped, although you did keep in contact with your close friends.
- 4.17 The deletion from school roll form completed by your school following your mum’s request to home educate included a question as to whether there were any “current safeguarding concerns.” The wording of this question has been discussed as part of this review as it is open to interpretation. The form did not include an option to select ‘young carer’ as an additional vulnerability, and furthermore, the cumulative impact of being a home educated young carer could not have been fully considered given the extent of your mum’s health needs not being known or understood. The impact of your caring responsibilities had also been misunderstood or misrepresented by you being defined as a low level carer.
- 4.18 Your dad’s views about you becoming home educated were not sought and as highlighted in the important briefing paper, your mum, like some other parents, seems to have made the decision to start Elective Home Education without a full understanding of the commitment involved. Your mum has indicated that she understood the Council’s Education Services would support with home schooling materials and it therefore seems there was a misunderstanding of the role of the Council’s Elective Home Education Service. In the absence of any guidance, your mum obtained and used advice from an adult who ‘cold called’ to the family home on an unrelated matter. The Government is planning to ask Councils to keep a register of children who are not in school and being a young carer is a characteristic that could be helpfully included in the register. This could promote meaningful consideration by the network of professionals providing a whole family response, and in conjunction with the child and their parents, of the likelihood of any additional adversity to a young carer by becoming home educated.

5. What is in place that helped you or could help other children and young people like you?

- 5.1 When a review is completed, it is important to think about the things that were helpful for the child and their family so they can continue to be used or expanded to help other children and families in similar circumstances. Some of the things that are helpful, identified as happening in Kent either as part of the first review that took place (which is called a Rapid Review) or as part of this review, are set out in the table overleaf.

¹⁰ [Safeguarding children in elective home education - GOV.UK](#)

What is helpful	Why this is helpful	What will make this even more helpful
Flagging or coding that children are young carers on computer records and especially in schools and health services.	This helps people who work with children and families to know who a young carer is and to think about their needs, including when they are in contact with the person who is cared for by the young carer.	<p>People who work with children and young people need to understand the vulnerability of young carers.</p> <p>Information routinely shared between health providers, young carers support services and schools about which children are young carers.</p>
Capturing data about how many young carers and young carers in transition there are in an area: this could be for the whole county, different areas in Kent, amongst different groups of children, and in individual schools.	<p>This helps young carers become more visible.</p> <p>The law requires Councils to identify the needs of young carers.</p>	Using this data to think about which groups of children may be more vulnerable and to help plan where services and support is most needed.
Support provided by schools to young carers, like the young carers group in your school.	Schools can help children to recognise that they are a young carer and can provide help to the child in school and arrange for help outside school too.	Schools in Kent working to achieve the Young Carers in School award.
Considering the impact of a young carer becoming home educated; the deletion from school roll form now asks whether the child is a young carer and gathers a range of information that can be used to better consider the impact of becoming home educated.	Whilst school attendance and work can be a pressure for young carers, school friends, teachers/staff and school-based services are an important part of a young carers support network. Parents who are cared for may also find it harder to provide what is called a suitable education for their child.	<p>Schools in Kent to adopt the EHE checklist and pathway devised by your school</p>  <p>EHE Checklist.pdf</p> <p>Consider learning from this review alongside implementation of the Children's Wellbeing and Schools Bill requirements.</p>
Direct engagement with young carers and young carers in transition, completion of a young carers assessment or young carers in transition assessment by the young person, away from the person being cared for; like when you completed your assessment in 2023.	<p>Young carers and young carers in transition are directly informed of their rights.</p> <p>Gives young carers the opportunity to tell their story and ask questions</p>	<p>For more people who work with children and their families to be able to complete young carer assessments with the young carer.</p> <p>For young carer assessments to involve parents, including assessment of whether it is appropriate for the young</p>

		<p>carer to provide, or continue to provide care for the person. Where needed, the assessment results in support to the young carer(s) and the family.</p> <p>Review/publish the arrangements for a young carers assessment in transition.</p> <p>This is a helpful checklist about the requirements of young carers' needs assessments that could be used in Kent young-carers-needs-assessment---checklist.pdf</p>
Think about why health appointments for adults may be 'missed' and what 'missed' health appointments by the person cared for could mean for the young carer (as well as for the adult who did not attend).	Prompts professionals to consider the voice of the child and helps to decide if a child or adult with care and support needs may need more support, including to be safe.	For all health providers and services to have an adult Was Not Brought/Did Not Attend/Disengagement policy and guidance.

6. Other findings

6.1 There are a small number of other findings in this review that have also been found in other reviews carried out in Kent. They are included in this report because of how important they are to helping children and families and are set out in the table below.

The finding	Why it is important	What KSCMP or Kent and Medway Safeguarding Adult Board is already doing	Possible further considerations
Including fathers in conversations, assessments, plans and decision making, and responding to referrals to Children's Social Care made by fathers or other family members in the same way as referrals made by professionals.	<p>Fathers' views are equally as important as mothers', and fathers' may need help for themselves.</p> <p>Young Carer Needs Assessment Regulations require involvement</p>	<p>In September 2023, Kent launched Father Inclusive Guidance and accompanying resources to support practitioners and service providers in taking an inclusive approach to fathers.</p> <p>Kent Father Inclusive Guidance (PDF, 546.4 KB) Kent Father Inclusive One Minute Guide (PDF, 251.7 KB) Kent Father Inclusive Checklist (PDF, 151.6 KB)</p>	<p>KSCMP may wish to evaluate the difference that the Father Inclusive Guidance is making.</p> <p>KSCMP may wish to check the response to Requests for Support to Children's</p>

	<p>with both parents.</p> <p>A National Child Safeguarding Practice Review¹¹ reminded us of the importance of listening to family members and making sure referrals are responded to in the same way regardless of who has made them.</p>		<p>Social Care made by fathers.</p>
<p>Safety plans should be a tool that young people can use to share what causes them distress and what can help; they should be shared with and used by the young person and trusted adults.</p>	<p>Self-harm and suicidal thinking are a sign of serious emotional distress in a young person.</p> <p>The prevalence of emotional distress and poor mental health is increasing amongst children and young people.</p> <p>Difficult things that happen to children can make it harder for them to manage emotional and self-regulation¹².</p>	<p>The KSCMP Learning and Improvement Group are overseeing previous learning in respect of safety planning, including a multi-agency working group that will define what a good safety plan looks like, how and with who it should be shared, and role of trusted adults and agencies in the safety plan.</p>	<p>Progress existing work with greater pace.</p> <p>Distinction between self-harm and suicidal thoughts is understood by those who work with children and addressed in safety plans.</p> <p>Involve children and young people in the work that is in progress.</p>
<p>Multi-disciplinary meetings (MDTs) bring together the people who work</p>	<p>It can be difficult to have the full picture of somebody's</p>	<p>The Kent and Medway Safeguarding Adults Board is progressing action plans in response to SAR learning where multi-agency working and</p>	<p>MDTs include a whole family focus and consider the</p>

¹¹ [National review into the murders of Arthur Labinjo-Hughes and Star Hobson - GOV.UK](#)

¹² Howe D. *Attachment Across the Lifecourse A Brief Introduction*. Basingstoke: Palgrave Macmillan; 2011

with an adult with complex needs and play an important part in helping to co-ordinate support when there are lots of services involved.	needs when there are lots of services involved and a clear plan can be made at an MDT.	MDT processes have been a feature. Additionally, the Board has launched a multi-agency risk management framework (MARM), designed to support anyone working with an adult where there is a high level of risk of harm and the circumstances sit outside the statutory adult safeguarding framework, but where a multi-agency approach would be beneficial. final_marm_approved_by_kmsab.pdf	needs of any young carer who provides care for the adult.
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7. Summary

- 7.1 KSCMP have used a different way of doing this review than they have done before; this is because they wanted to make sure that your views and experiences were at the heart of the review.
- 7.2 The review has tried to use your experiences to understand what can help to support children who are young carers and the person who is cared for, and what more can be done.
- 7.3 The review has sought to show how young carers are vulnerable and can be disadvantaged as shown by school attendance data¹³
- In the 2022/23 academic year, almost two in every five (39.0%) recorded young carers were persistently absent which means they were off school for at least 1 day out of every 10 days. This was almost double the number of pupils who were not identified as young carers (21.1%).
 - Persistent absence of young carers is a particular issue in secondary schools, with 46.2% of young carers persistently absent compared to 26.4% of their peers.
- Despite the big differences in attendance between young carers and their peers, young carers are not currently a specific group that schools are required to include within daily attendance data records.
- 7.4 Some of the things that the review has found that could be done in Kent to help young carers and their families could also be done in other parts of the country, and similarly, some of the challenges found would also be found in other areas. For this reason, there are some ‘national’ recommendations made in the next section; there are also some recommendations for KSCMP too.
- 7.5 All the recommendations are designed to address the two biggest findings of the review which are:
- The need for greater a focus on young carers and young carers in transition given their vulnerabilities and potential to be disadvantaged
 - The need for better information sharing across all services about young carers, the person they care for and their families and to provide support to reduce negative

¹³ [YCiS-Evaluation-Interim-Report-January-2025.pdf](#)

outcomes and disadvantage and to support persons who are cared in their own right and as parents.

- 7.6 There is national guidance called “No Wrong Doors for young carers” that can be used to address these findings and break down the barriers that get in the way of what is needed, which is a ‘whole family approach’. As a reminder, a whole family approach is when adults’ and children’s services work together to offer young carers and their families an effective service, able to respond to the needs of a young carer, the person cared for (in their own right and as a parent), and others in the family.
- 7.7 The services that have contributed to this review are listed at Appendix 4 and all of these have identified learning and actions they can take as a single agency. The recommendations made in this review are about what the government, NHS England and senior leaders could do to further develop how the whole system works to support young carers and their families. No specific recommendations are made about the ‘other’ findings and this is because these will be considered and taken forward through existing work programmes; however, the need for statutory partners to progress previous learning and agreed activity in relation to safety planning is included as a recommendation at the request of the agencies who contributed to this review.
- 7.8 The findings and proposed recommendations of this review were shared with a group of professionals at an event before finalising the report. Some of them knew you, some of them didn’t. We did this to check we had captured the learning accurately and so that those who are involved in making decisions about how services work could help us plan how to turn the recommendations into actions as quickly and meaningfully as possible.

8. Recommendations

8.1 National recommendations

- 1 – Kent statutory safeguarding partners to share this review with the Department of Education and:
- Reiterate the No Wrong Door Review recommendation that the statutory guidance ‘Working Together to Safeguard Children’ includes an expectation that Local Authorities and Integrated Care Boards should adopt “No Wrong Doors for Young Carers”.
 - Recommend that *young carer* is a characteristic that is included in local register of children not in school (as per Children and Wellbeing Bill: 436C Content and Maintenance of registers)¹⁴.
 - Propose that Working Together to Improve School Attendance guidance is amended to include young carers in the suggested cohort of pupils to be included in the attendance data analysis undertaken by schools/academies and Local Authorities and in the ‘groups of children to be particularly mindful of’ section of the guidance (Paragraphs 54-64).
- 2 – Kent statutory safeguarding partners to share this review with NHS England and recommend that:

¹⁴ Children and Wellbeing Bill: 436C Content and Maintenance of registers 2m “any other information about the child’s characteristics, circumstances, needs or interactions with a local authority or educational institutions that the Secretary of State considers, or the Welsh Ministers consider (as the case may be), should be included in the register for the purposes of promoting or safeguarding the education or welfare of children

- a) Guidance on coding/flagging/documenting of young carers is reviewed to promote a whole family approach.
- b) Guidance on structured medication reviews is reviewed to include consideration of the impact of long-term use of medication on dependants and young carers.

3 Kent Statutory Safeguarding Partners to formally raise with NHSE (as the commissioner of specialist services) the gap in specialist psychological support for people with diabetes who have fears of weight gain from insulin and the potential impact on diabetes management. NHS England should be asked to advise as to how such specialist mental health support can be provided to adults and children living in Kent.

8.2 Local recommendations

1 – Kent County Council, in collaboration with system partners, to revise the Kent adult carer’s strategy to include the needs of young carers and carers in transition, or alternatively, create a stand-alone Kent young carers strategy.

2 – Kent County Council and Kent and Medway Integrated Care Board, in conjunction with system partners, to adopt and implement the “No Wrong Doors for Young Carers” Memorandum of Understanding to promote and provide a whole family approach to young carers assessments. The “No Wrong Doors for Young Carers” and the principles contained within it should be reflected in the All Age or Young Carer’s Strategy and the delivery of the Kent Integrated Health Strategy (It is also important to recognise that existing practice models can be used to promote the principles of “No Wrong Doors for Young Carers”)

3 – Kent County Council to review the arrangements to complete young carers assessments and young carers assessments in transition to:

- a) Provide assurance that young carer assessments are consistent with the requirements of the Young Carers Needs Assessments Regulations 2015 including determining what support is required and by whom as per locally agreed levels of need i.e. Kent Support Levels Guidance for children
- b) Provide assurance that young carers assessments in transition are consistent with the requirements of Care Act guidance including determining what support is required and why whom

4 - Kent Statutory Safeguarding Partners to recommend, as a model of best practice, the Elective Home Education leavers checklist and pathway developed as part of this review across the education sector in Kent (this can be found in the table on page 12).

5 – Statutory Partners and relevant agencies of Kent Safeguarding Multi Agency Partnership and Kent and Medway Safeguarding Adult Board to raise awareness of the impact of (unmanaged) diabetes and long-term use of opiates on an individual’s functioning, including where relevant, on parenting capacity.

6 – Kent Statutory Safeguarding Partners to receive and oversee a timeline for the completion of the work that has been previously agreed to improve the content and sharing of new and updated safety plans for children who self-harm or express suicidal thoughts and behaviour.

Appendix 1: Young Carers and Young Care in Transition: Legislative Overview

Section 17ZA of the Children Act 1989 imposes a duty on local authorities to assess whether young carers in their area have needs for support and, if so, to assess what those needs are.

The Children and Families Act 2014 amended the Children Act 1989 to make it easier for young carers to get an assessment of their needs and to introduce ‘whole family’ approaches to assessment and support¹⁵. This legislation is aligned with similar provision in the Care Act 2014¹⁶ requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide, care. In these circumstances the authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child’s caring responsibilities affects their wellbeing, education and development.

Assessments of young carers and the people they care for are intrinsically linked. This is why the legislation allows local authorities to combine assessments. Local authorities should ensure that adults’ and children’s services work together to offer young carers and their families an effective service, able to respond to the needs of a young carer, the person cared for, and others in the family. This may mean that children’s needs are assessed by professionals who will not have the same familiarity with children’s needs as social workers employed by children’s services.

Young Carers Needs Assessment Regulations 2015 and set out how the local authority must carry out its duties in relation to assessing the needs of young carers and can be found [here](#) . Working Together to Safeguard Children (2023), for the first time includes a section on support for young carers which essentially reinforces the requirements of the Young Carers Needs Assessments Regulations. This statutory guidance also requires that Early Help systems must reflect the potential need for support for children who are young carers.

Sections 63 - 64 of the Care Act 2014 introduced duties towards young carers making the transition to adulthood. This is called a Young Carers’ Assessment (YCA) in transition. The Act requires local authorities to seek the agreement of the young carer to undertake an assessment if they are likely to have needs for support when they reach eighteen, and if the timing of the assessment offers ‘significant benefit’.

Both the Care Act 2014 and Children Act 1989 include requirements for NHS bodies to cooperate with local authorities, including in relation to their responsibilities to carers and young carers.

There are similar provisions in the NHS Act 2006 where Section 72 requires NHS bodies to co-operate with each other, and Section 82 requires that this also extend to working with local authorities ‘in order to secure and advance the health and welfare of the people of England and

¹⁵ Children Act 1989: section 17ZA 1(a) [inserted by section 96 Children and Families Act 2014

¹⁶ Care Act 2014: section 63(1).

Wales'. Taken together with the duties to cooperate in the Care Act and Children Act, NHS bodies have had a long-standing duty to cooperate in relation to carers of all ages. The Health and Care Act 2022 strengthened the rights of young carers and enhanced these duties for NHS to cooperate with local authorities in the identification, assessment and support carers of all ages. The provisions of the Act that relate to young carers are:

- A duty on Integrated Care Boards to consult carers (including young carers); both around service planning and commissioning
- A duty on Integrated Care Boards to consult carers (including young carers) about individual services relating to the patient for prevention, treatment and diagnosis
- A duty on NHS England to consult carers (including young carers)
- New powers for the Care Quality Commission to assess the performance of local authorities which includes for their duties to carers and ensuring a whole family approach is taken
- A duty on NHS hospital trusts to ensure that unpaid carers of all ages are involved as soon as feasible when plans for the patient's discharge are being made.
- Provision for statutory Hospital Discharge and Community Support Guidance which is mandatory and so is more directive than most other NHS guidance
- Clarity that the term carer applies to carers of all ages and therefore includes young carers

Appendix 2: Why did these things happen? - version for professionals

The National Panel in their [Annual Report 22-23](#) identify that young carers are not always formally recognised and nor was the impact of providing care. The National Panel concluded that more needs to be done across the safeguarding system to recognise young carers, the responsibilities they may shoulder, and how this can sometimes impact on their safety and wellbeing. The findings of this review reinforce this perspective.

As set out in Appendix 1, The Children and Families Act 2014, and the Care Act 2014 give young carers and young adult carers the right to an assessment, placing duties on Local Authorities to offer these assessments.

The legislation requires that a young carer assessment must consider whether it is inappropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Care Act guidance (2.50) states:

“Children should not undertake inappropriate or excessive caring roles that may have an impact on their development. A young carer becomes vulnerable when their caring role risks impacting upon their emotional or physical wellbeing and their prospects in education and life. A local authority may become aware that a child is carrying out a caring role through an assessment or informed through family members or a school [and] ...should consider how supporting the adult with needs for care and support can prevent the young carer from undertaking excessive or inappropriate care and support responsibilities. Where a young carer is identified, the local authority must undertake a young carer's assessment under part 3 of the Children Act 1989”

Kent has an adult carers strategy which can be found [here](#); its focus is on adult carers and so it does not include young carers or carers in transition. There is not a separate strategy for young carers in Kent which could shape and inform how the local system provides a whole family approach to determining whether any of a young carer's needs for support could be prevented by providing services to the person cared. There is not a Memorandum of Understanding (MoU) in place designed to improve joint working between Local Authority adult and children's social care services, Integrated Care Board and other system partners including education providers albeit, a national MoU template has been in place since 2009 and was updated in 2014 to reflect the changes to legislation with regard to whole family approaches as outlined at Appendix 1. This finding is not unique to Kent.

The national template is called "No Wrong Doors for Young Carers" MoU and it covers a range of areas such as identification, whole-family approaches to support and transitions from children to adult services. In 2023, the Carers Trust conducted a review of the use of MOU including a desk top review of either young or all age carer strategies and/or Joint Strategic Needs assessments across 153 Councils. That review found very limited evidence that the No Wrong Doors Approach was being used. The table overleaf sets out the RAG rated findings.

RAG	What RAG rating means	Percentage of Councils (Number of Councils)
	No reference to No Wrong Doors or joint working between children’s and adults; or document is 5 years out of date	82% (125)
	Documents out of date; some reference to joint working	11% (15)
	Specifically mentions No Wrong Doors/clear references/actions around joint working	7% (13)

The review found two overarching themes as to why people felt “No Wrong Doors” had fallen off the radar:

- Personnel changes - a number of councils reported both significant turnover in staff during and following the COVID-19 restrictions – both in terms of frontline practitioners, and also commissioners/strategic leads. Staff who joined local authorities in recent years reported how they had never been told anything about No Wrong Doors, and with other changes in personnel, many were similarly not aware. A number of councils said there had been changes in portfolios and so new commissioners/strategic leads have taken on the carers brief.
- System pressures/prioritisation - system pressures during the peak of COVID-19 meant that work on initiatives such as No Wrong Doors were paused, and for the majority of councils, any pre 2020 work has not been revived subsequently.

These insights serve to illustrate the long-standing impact of the pandemic on young carers.

The full findings of the review can be found in this [briefing](#) and given their significance to this CSPR, the recommendations can be found in full at Appendix 3 and it is recommended they are read before returning to the main body of the report.

A revised No Wrong Doors MoU was published in February 2024 and can be found [here](#); whilst supporting guidance can be found [here](#).

Appendix 3: Recommendations from Carers Trust review of the implementation of “No wrong doors: working together to support young carers and their families” template Memorandum of Understanding

- a) The refreshed “No Wrong Doors for Young Carers” Memorandum of Understanding should require Adult Social Care Services, Children’s Social Care and Integrated Care Boards to be signatories as a minimum.
- b) All local authorities and Integrated Care Boards should ensure that “No Wrong Doors for young carers” and the principles contained within are reflected in their Carer’s Strategy and Integrated Care Strategies.
- c) The Department for Education and Department of Health and Social Care should ensure that statutory guidance such as ‘Working Together to Safeguard Children’ includes an expectation that local authorities and Integrated Care Boards should adopt “No Wrong Doors for Young Carers”.
- d) ADASS, ADCS, LGA and NHS England should formally support/endorse the “No Wrong Doors for Young Carers” Memorandum of Understanding and encourage its uptake and implementation.
- e) Care Quality Commission and Ofsted should ensure that they are asking about “No Wrong Doors for Young Carers” and whole family approaches in their assurance of local authorities (Children’s and Adult Services) and Integrated Care Boards and that it is referenced within their respective assessment/assurance frameworks.
- f) The Government should ensure that any future national Carers Strategy sets out how the Government plans to improve whole-system working in relation to identification and support for young carers and their families.

Appendix 4: Organisations who participated in this review

- Primary school
- Secondary school
- Kent County Council (Integrated Children's Services and Adult Social Care)
- Imago – Kent Young Carers
- Kent and Medway Integrated Care Board
- Kent Community Health NHS Foundation Trust
- Local Hospital Trust
- North East London NHS Foundation Trust
- Kent and Medway NHS & Social Care Partnership Trust