

Scrutiny Inquiry Panel - Carer Friendly Southampton

Thursday, 25th February, 2021
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Virtual Meeting

This meeting is open to the public

Members

Councillor Savage (Chair)
Councillor Prior (Vice-Chair)
Councillor Coombs
Councillor B Harris
Councillor McEwing
Councillor White
Councillor Windle

Contacts

Democratic Support Officer

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PUBLIC INFORMATION

Role of Scrutiny Panel Inquiry – Carer Friendly Southampton

The Overview and Scrutiny Management Committee have instructed the Scrutiny Panel to undertake an inquiry.

Purpose: To identify opportunities to improve support for carers in Southampton.

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.

Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.

Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Dates of Meetings: Municipal Year 2020/2021

8 October 2020
5 November 2020
26 November 2020
7 January 2021
28 January 2021
25 February 2021

CONDUCT OF MEETING

TERMS OF REFERENCE

The general role and terms of reference of the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (Pages 1 - 6)

To approve and sign as a correct record the Minutes of the meeting held on 28 January 2021, and to deal with any matters arising.

7 SUPPORTING CARERS IN THEIR CARING ROLE - COVERING REPORT (Pages 7 - 60)

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SCRUTINY INQUIRY PANEL – CARER FRIENDLY SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 28 JANUARY 2021

Present: Councillors Coombs, B Harris, McEwing, Prior, Savage (Chair), White and Windle.

11. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the minutes of the meetings held on 7th January 2021, be approved and signed as a correct record.

13. **CARER FRIENDLY SOUTHAMPTON - INTRODUCTION, CONTEXT AND BACKGROUND**

The Panel considered the report of the Director of Legal and Business Operations requesting that the Panel consider the comments made by the invited guests and use the information provided as evidence in the review.

- Summary of information provided:
- **A carers perspective – Young carers Alex, Ellie-May, Leah, Zunayrah**
- A vox pop outlining the views of young carers on support in education and transport was played to the Panel, and 3 young carers, Leah, Ellie-May and Zunayrah, supported by Emma Jones from No Limits, informed the Panel about their experiences.
- View that schools could do more to support young carers by ensuring that teachers are aware of their status as young carers; are more flexible in their approach to homework and lateness; are trained to know how to support young carers more effectively.
- No Limits presentation recommended the following to address the issues raised: Schools to include Young Carers awareness in PSHE lessons – raising awareness of support amongst hidden YC in school; Staff inset days to include Young Carers awareness training (No Limits currently run four SCC Wednesday workshop training sessions on Young Carers although teachers are not able to access these sessions due to being within the school day); Schools need more support setting up the school's programmes than is currently available within the young carers team. Add capacity into the current young carers team to enable the roll out of the Young Carers in Schools programmes.
- Transport was raised as an issue for young carers – the cost and lack of flexibility was identified. No Limits recommend free or subsidised public transport across Southampton City for Young Carers to access support

groups and other respite activities (could be accessed with a Young Carers identity card).

A carers perspective – Adult carers Vickey and Jon

- A vox pop outlining views of adult carers on carers support in education and work was played for the Panel. In addition, Linda Lawless, Service Manager at Carers in Southampton, interviewed Vickey and Jon. Vickey is a carer who has a 9-year-old son with a rare neuro-genetic condition and a 6-year-old daughter diagnosed with autism. Vickey is also Co-ordinator of Southampton's Parent Carer Forum. Jon cared for his mother until she died in 2019.
- Vickey had to leave her job as a physio to care for her son. She was unable to combine her caring responsibilities with work.
- Her employer was not very supportive. She was overlooked for opportunities, alienated by her team, left out of social activities.
- Annual leave used to be used for medical appointments. Time for yourself is very limited.
- As Co-ordinator of the Parent Carer Forum she has seen many parents having to take pay cuts, give up businesses to care for their children. The unpredictability of a child's health and behavioural challenges can make a parent who has to care for a child an unreliable employee.
- This is not just a local issue. A 2019 survey of parent carers identified that 53% of respondents had been forced to give up paid employment. SEND parent carers have a high percentage of single-parent families due to pressure and stresses.
- Some good employers have special leave arrangements that are helpful.
- School holiday schemes for SEND pupils are only 1 or 2 weeks in summer holiday. School transport is not flexible, only drop child off at home address so cannot get transport to childcare.
- Jon gave up work to care for his mum who had suffered a stroke and her health deteriorated over time.
- When employed, his manager was excellent and supported him in his caring role. They were flexible with him and it did not reduce his productivity. He was able to work and provide care until he had to focus on caring for his mum.
- Following her death Jon was able to return to employment with the same company in financial services, via an employment agency.

Young Carers Education – Rebecca Rolfe, Service Manager for the Include Service at The Children's Society

- A presentation was provided by Rebecca Rolfe. The 2011 Census identified over 160k young carers in the UK. Latest research indicates that there may be up to 800k young carers now. That is 5 young carers in every classroom.
- Evidence shows that being a young carer can impact on attendance, attainment, personal development and welfare: Over 25% miss school regularly; Significantly lower education attainment at GCSE level an average one grade lower across all subjects; On average young carers miss or cut

short 48 school days a year; 62% said they were bullied; 42% say there is not a particular person at school who recognised them as a carer.

- Young carers develop additional skills and qualities through their caring roles.
- The Children's Society established a Young Carers in Schools Award (YCiS), created by young carers.
- Schools can apply to join the scheme – Criteria for schools is:
 - Understand – is there a young carer lead to approach?
 - Inform – raising awareness through both staff and students to reduce stigma
 - Identify – can staff recognise indicators and action next steps?
 - Listen – space to talk, or just rest
 - Support – practical intervention, space to call home, homework support during school day, signposting / referring to local Young Carers Service or EH or for assessments if necessary
- YCiS Award Impact – 73% of schools reported young carers' classroom engagement had improved; 63% reported improvements in young carers' achievements; 83% of young carers demonstrated increased happiness; 94% of schools reported to have a better understanding of the support required for young carers.
- No schools in Southampton are accredited with the Young Carers in Schools Award.

Good practice: Levelling the playing field for Young Carers – Krista Sharp, CEO, MYTime Young Carers, Dorset

- A presentation was delivered by Krista Sharp informing the Panel of the programmes being delivered by MYTime Young Carers to improve outcomes in Bournemouth, Christchurch and Poole (BCP).
- MYTime runs a school programme and an employability programme – Despite their skillset, emotional maturity and qualities, Carers Trust report that 49% of young adult carers end up NEET (not in employment, education or training).
- Employability programme commenced before March 2020 lockdown - 6 young adult carers went through pilot programme. Scheduled to use Barclay's Eagle Lab as base for support but had to operate via Zoom, led by a careers advisor. Mock interviews with business community, developed CVs.
- Successful programme – 1 young adult carer who was formerly NEET is now in employment, 3 in education, 2 are still working with MYTIME.
- Scheme is also educating business about the flexibility they can offer in their workplaces to support carers.
- Hard to recruit young adult carers to the pilot programme due to poor communications between BCPs young carer team, adult carer team, NEET team and social services. Working with BCP to set up a transitions service for carers that reach 17 - Transitions service will help young carers see what opportunities are out there for them.
- School Young Carer Programme - 'Level Up' - 80% of school teachers have had no training on working with young carers. Working with Senior Leadership and staff in the first school they worked with resulted in 28 young carers being identified by the school (during lockdown).

- Planning to embed employability programme into the Level Up schools programme to ensure careers advice and focussed work experience for young carers.
- Schools encouraged to develop a young carers policy and to appoint a member of the senior leadership team to be accountable for the policy.
- Working with 35 schools across BCP, including academy chains. Sharing good practice. Positive feedback and increased identification of young carers.
- Get school system registers to identify young carers as they would those receiving pupil premium.
- Educating teachers what they need to look out for makes a huge difference.
- Currently measuring impact of the school programme with regards to attendance and attainment.
- Ofsted do not recognise young carers as a distinct disadvantaged group.
- Making Memories Initiative – Opportunity for young carers to experience things they would otherwise miss out on, such as days out.
- MYTime looking to increase the scale of the employability programme.

Summer Camp – Charlie Dormehl, Teacher of History with Hattie Wheeler & Anna Aksenova, 6th formers at King Edwards VI School, Southampton

- Working in partnership with No Limits, every year King Edwards VI School runs a summer camp for 16 young carers in the New Forest.
- The camp is the culmination of activities across a year to raise funds, and to build relationships between the 6th form students who organise the events and the young carers.
- The initiative is an example of good practice that benefits 6th formers and the young carers and could be emulated by other 6th forms in Southampton.

Supporting carers in the workplace – Carers UK

- Madeleine Starr MBE, Director of Business Development and Innovation and Katherine Wilson, Head of Employers for Carers at Carers UK provided a presentation for the Panel. In their absence Adrian Littlemore, Senior Commissioner at the Integrated Commissioning Unit raised the following points.
- 1 in 7 people in any workplace will be a carer, 1 in 5 in health and care.
- 2.8m more workers are juggling work and unpaid care since the Coronavirus outbreak. During the outbreak 11% of carers reported that they had reduced their hours; 9% had given up work; Services being closed/reduced was the biggest factor.
- Carers UK have set up Employers for Carers (EFC) - Carers UK's business forum. Over 220 members representing 3.5m employees.
- The forum seeks to support employers to develop carer friendly workplaces; promote the business benefits of supporting carers; influence employment policy and practice.
- EFC umbrella scheme - Umbrella membership is designed for local authorities to reach and support working carers in their own workforce; Through health partners in their locality, as employers and providers; Through SMEs.

- Local authorities sign up as the key subscriber and then make EfC's resources available free to health partners and SMEs, offering added value at no cost. Cost for a city membership is £5-6k.
- Managed by the EFC, the Carer Confident benchmarking scheme started in January 2020. There are three levels that any organisation, whether they are an EFC member or not, can achieve. Level one shows they are an active in addressing carer support, level 2 shows that they are accomplished in providing carer support, and level 3 shows they are an ambassador for carer support both internally and externally.
- Organisations are measured using the following 5 key criteria: Preparation; Policy and guidance; Practical support; Peer support; Promoting support.
- Recognised benefits to business in retaining skilled and experienced staff.
- No employer in Southampton has signed up to the Carer Confident scheme yet.

Carers in the workplace: SCC as an employer – Katie Cope, HR Advisory Manager, SCC

- A presentation was delivered by Katie Cope.
- Flexible working is followed in most areas of the Council and the right to request flexible work patterns is open to all staff.
- The Way We Work Project is designed to support employees work life balance. 1,000 staff are now on the flexible working scheme – work anytime between 6.30am – 9.30pm – allows up to 4 breaks in a day giving employees more control over their working day (operationally permitting).
- Looking to roll out the scheme across SCC but not suitable for all positions but options are being considered for other roles.
- Scheme has been positively received and gives employees more control over their working day which is beneficial to carers.
- Paid for leave for up to 6 days in an emergency for caring responsibilities. Extended leave - unpaid leave for up to 13 weeks – priority given to requests from carers.
- Employee Assistance Programme (EAP) Provided by Health Assured - Guidance on website for Carers.
- Vulnerable young people, including young carers, are given priority for work experience and apprenticeships at the Council.
- To better understand the number of SCC employees who are unpaid carers, and to identify support and training required, SCC could include a question on caring responsibility in the employers' survey.
- Carer Confident Scheme accreditation would help SCC's reputation as an employer of choice.

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DECISION-MAKER:	SCRUTINY INQUIRY PANEL
SUBJECT:	CARER FRIENDLY SOUTHAMPTON – SUPPORTING CARERS IN THEIR CARING ROLE
DATE OF DECISION:	25 FEBRUARY 2021
REPORT OF:	DIRECTOR – LEGAL AND BUSINESS OPERATIONS

<u>CONTACT DETAILS</u>			
Executive Director	Title	Deputy Chief Executive	
	Name:	Mike Harris	Tel: 023 8083 2882
	E-mail	Mike.harris@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
At the sixth meeting of the ‘Carer Friendly Southampton Inquiry’ the Panel will be considering issues related to supporting carers in their caring role.

RECOMMENDATIONS:
(i) The Panel is recommended to consider the comments made by the invited guests and use the information provided as evidence in the review.

REASONS FOR REPORT RECOMMENDATIONS
1. To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the review process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED
2. None.

DETAIL (Including consultation carried out)						
3. The sixth meeting of the Carer Friendly Southampton Inquiry will focus on supporting carers in their caring role. This will include the move to Personalised Care and understanding how this applies to carers.						
4. Personalised health and care means ensuring that people can make more informed choices and be more involved in decisions about their health and care. There are 6 key elements of personalised care.						
<table style="width: 100%; text-align: center;"> <tr> <td style="background-color: #0070C0; color: white; padding: 5px;">Patient choice →</td> <td style="background-color: #0070C0; color: white; padding: 5px;">Shared decision making →</td> <td style="background-color: #0070C0; color: white; padding: 5px;">Patient activation and supported self-management →</td> </tr> <tr> <td style="background-color: #0070C0; color: white; padding: 5px;">Social Prescribing and community based support →</td> <td style="background-color: #0070C0; color: white; padding: 5px;">Personalised care and support planning →</td> <td style="background-color: #0070C0; color: white; padding: 5px;">Personal health budgets →</td> </tr> </table>	Patient choice →	Shared decision making →	Patient activation and supported self-management →	Social Prescribing and community based support →	Personalised care and support planning →	Personal health budgets →
Patient choice →	Shared decision making →	Patient activation and supported self-management →				
Social Prescribing and community based support →	Personalised care and support planning →	Personal health budgets →				

5.	<p>More information about Personalised Care can be found via the links below: https://www.england.nhs.uk/personalisedcare/ https://www.youtube.com/watch?v=RXOd-7rn6so&feature=youtu.be</p>
6.	<p>When reflecting on supporting carers in their caring role the NICE Guidance, 'Supporting Adult Carers', published in January 2020, recommends that:</p> <p>Working with and involving carers</p> <ul style="list-style-type: none"> ○ Health and social care organisations should promote ways of working with carers that acknowledge them as expert partners in care and value their skills and knowledge about the person they care for. These approaches should be incorporated into formal policies and processes. ○ Health and social care practitioners should work in partnership with carers and treat them as a valued member of the care team around the person being cared for, with the person's consent. This should include involving carers in decision making and care planning and keeping them up to date. ○ During discussions with carers about the person they are caring for: <ul style="list-style-type: none"> ● take into account the mental capacity of the person being cared for and their wishes around confidentiality. ● share with carers the information they need to provide care effectively and safely while respecting confidentiality (explain to them the constraints of confidentiality). ○ Be open and honest with carers about the health condition, disability or needs of the person they care for (with the person's consent), including when information is difficult or upsetting. Explain how it is likely to progress so that carers understand how their caring role might change in the future. <p>https://www.nice.org.uk/guidance/ng150/chapter/Recommendations#information-and-support-for-carers-overarching-principles</p>
7.	<p>To provide a carers perspective on the issues the Panel will hear from carers about their experiences working with health and care services.</p>
8.	<p>Following the insight from carers a number of guests have been invited to provide the Panel with information on the issues:</p> <ul style="list-style-type: none"> ● Lee Culhane - Hampshire Young Carers Alliance ● Alison Froude - Delivery Partner (South East Region) Personalised Care Group, NHS England & Improvement – Alison will be providing a national perspective on supporting carers in the context of Person Centred Care. ● Moraig Forrest Charde - Deputy Associate Director, Integrated Commissioning Unit – Moraig will provide a Southampton perspective on supporting carers in the context of Person Centred Care. ● Carl Adams - Head of People Participation at the Academy of Research & Improvement, Solent NHS Trust – Carl will discuss the change in culture and practice required. ● Tammy Marks - Service Manager: Special Educational Needs and Disability, SCC

	<ul style="list-style-type: none"> • Vickey Kowal - Southampton Parent Carer Forum Coordinator – Tammy and Vickey will be discussing supporting parent carers.
9.	The invited guests will take questions from the Panel relating to the evidence provided. Copies of any presentations will be made available to the Panel.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue/Property/Other</u>	
10.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
12.	None
RISK MANAGEMENT IMPLICATIONS	
13.	None
POLICY FRAMEWORK IMPLICATIONS	
14.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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HYCA



HAMPSHIRE YOUNG CARERS ALLIANCE

WHAT IS HYCA?

The Hampshire Young Carers Alliance (HYCA) is a consortium of ten Young Carer projects/services within Hampshire.

HYCA was formed around 2005 with the initial objectives of individual projects/services working closer together, sharing good practice & resources. The overall aim and vision was to develop a single county-wide voice, advocating and championing Young Carers across the county.

The consortia has allowed stronger relationships to evolve with key stakeholders, ensuring an overarching aim of ongoing quality, consistency and sustainability moving forward.

**Hampshire
Young Carers
Alliance**

BREAKDOWN OF PROJECTS

ALL INDEPENDENT: ONE PROJECT IS PART OF A NATIONAL CHARITY, FOUR ARE LOCAL YOUNG CARER SPECIFIC CHARITIES AND THE OTHER PROJECTS FORM PART OF OTHER LOCAL CHARITIES WITH BROADER REMITS.

Page 13	Andover	• Andover Young Carers	<i>Young Carers Project</i>
	Basingstoke	• Basingstoke & District Young Carers	<i>Young Carers Project</i>
	East Hants	• The King's Arms	<i>Independent Youth Charity</i>
	Eastleigh	• One Community	<i>Community Voluntary Sector</i>
	Fareham & Gosport	• Kids	<i>National Youth Charity</i>
	Hart & Rushmoor	• Hart Voluntary Action	<i>Community Voluntary Sector</i>
	Havant	• Off the Record	<i>Independent Youth Charity</i>
	New Forest	• Community First New Forest	<i>Community Voluntary Sector</i>
	Romsey	• Romsey Young Carers	<i>Young Carers Project</i>
	Winchester	• Winchester & District Young Carers	<i>Young Carers Project</i>

WHAT IS HYCA?

What size of area does HYCA support?

3,700 km²

Both rural and urban areas

Page 14

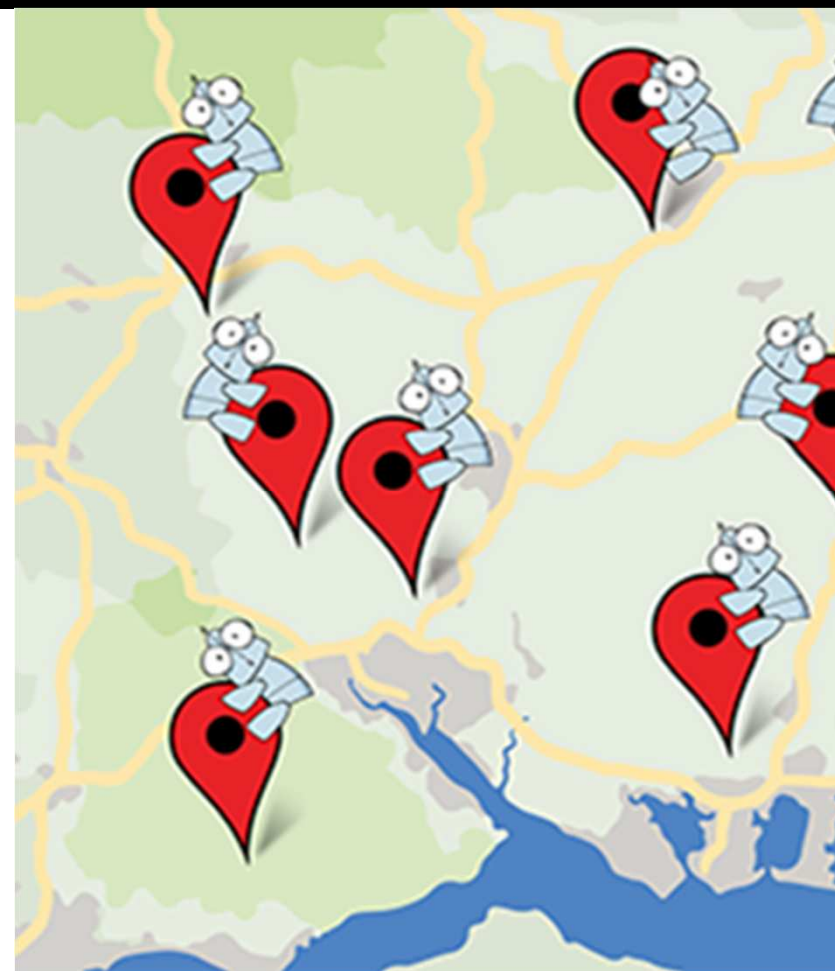
How many Young Carers are there in Hampshire?

4,109 Young Carers identified in the 2011 Census.

How many Young Carers are supported through HYCA?

1,272 registered as Young Carers on the projects

1,449 supported over the year 2019-2020



CURRENT PRACTICE

Project response and delivery takes into consideration geographic, demographic and area need.

A countywide, consistent approach in managing referrals, reviews and 'step-down' process.

Shared database and tools in reference to measuring Young Carer outcomes, giving both qualitative and quantitative data sets.

Strong links to Hampshire's Children's Services Family Support Service, with appropriate challenge made from both sides.

Referrals come from a multitude of sources including self-referrers and family members.

Joined up approach and collective response to identified issues/barriers across all aspects of Young Carers needs. This can include internal and external factors.

Stronger links with Hampshire's Adults' Health and Care Department ensuring that conversations relating to Carers involve Young Carers.



AREAS OF FOCUS

Ongoing consistency in school response – whole school approach.

Stronger links with 'Health' to ensure their understanding of Young Carers, both in what their needs are and in how their role reduces the impact on their services.

To maintain a 'non-hierarchical' relationship with Hampshire County Council, ensuring referrals, and particularly transitions from CSD to AHC, continue to be reviewed and improved.

A joined-up approach in sourcing potential funding and in use of volunteers.

Revisiting and retaining a model of a Young Carer's representative group that is involved in the decision making processes relating to Young Carers in Hampshire.



QUESTIONS?

Thank you.

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Personalised Care and how it can help to support young carers and adult carers

Alison Froude
Delivery Partner
Personalised Care Group

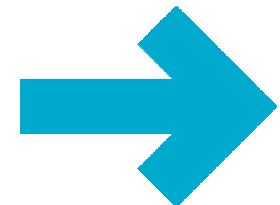
NHS England and NHS Improvement





The NHS Long Term Plan - People will get more control over their own health and more personalised care when they need it.

Personalised Care is one of the top 5 Priorities



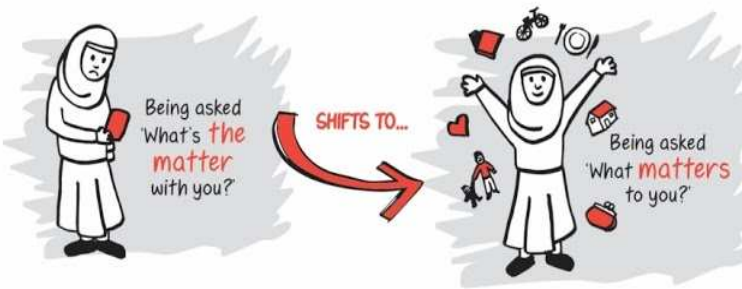
What is Personalised Care?

[Personalised Care Video](#)

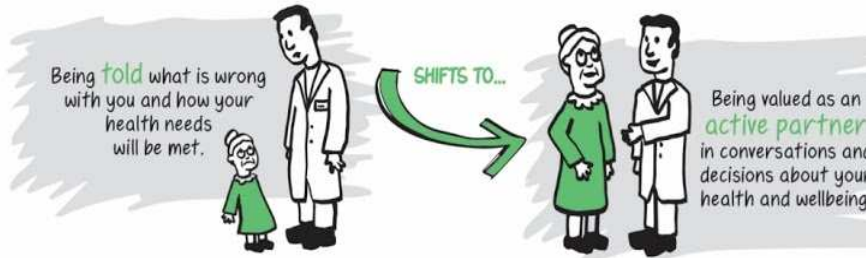




SHIFTS TO...



SHIFTS TO...



Personalised Care: A shift in relationship between health and care professionals and people.

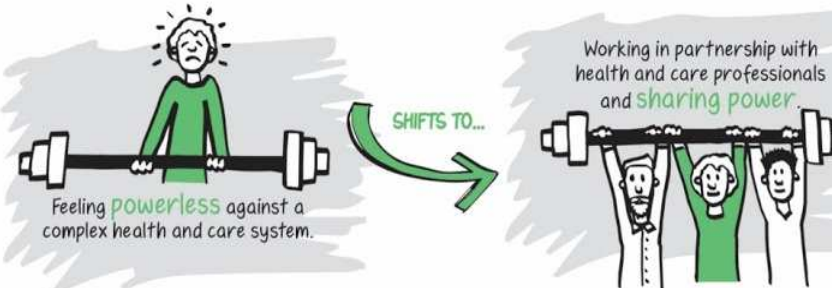


Health and care professionals believing **they have all the knowledge**, expertise and responsibility for your health and wellbeing.

SHIFTS TO...



You and your health and care professional **sharing knowledge**, expertise and responsibility for your health and wellbeing.

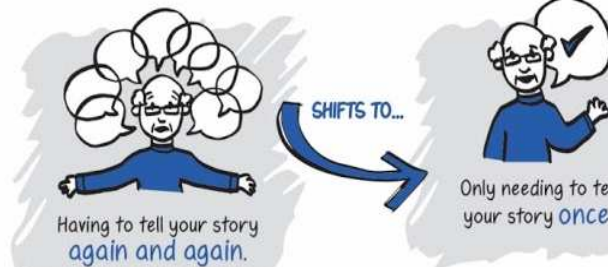


A '**One-size-fits-all**' approach to meeting your health and wellbeing needs.

SHIFTS TO...



Having more **choice and control** so your health and wellbeing needs are met effectively in a way that makes sense to you.





6 Components of Personalised Care

1. Shared decision making
2. Enabling choice, including legal rights to choice
3. Social prescribing and community-based support
4. Supported self-management
5. Personalised Care and Support Planning
6. Personal health budgets and integrated personal budgets



Personalised Care Commitments in the Long Term Plan

1. People will get **more control** over their own health, and **more personalised care** when they need it
2. Personalised care a part of **business as usual** for the health system
3. Roll out a comprehensive model of personalised care to **2.5 million people** by 2023/24

Personalised Care & Support Planning – over **750,000** people expected to benefit with a shift to a different conversation

Social Prescribing – **900,000** people to benefit by 2023/24

PHB - up to **200,000** people will benefit from a PHB by 2023/24

Health inequalities: personalised care can be **targeted** to meet the needs of individuals who experience health inequalities [click here](#)

What does this mean for Carers ?

Personalised Care implementation plan has three actions specifically that focus on carers:

- **Action 2** – take a whole family approach
- **Action 13** - explore new rights to have personal health budgets for carers
- **Action 14** - test, gather best practice and build the evidence for PHBs for carers; Identify actions on how the Personalised care model works for carers, working with relevant representative organisations.

Personalised Care and support planning – a different conversation !



- ❖ Carers are entitled to request a carer's assessment, which is separate to any assessment of the person they care for and takes account of their needs, as a carer.
- ❖ Following the assessment, a carer can hold a support plan in their own right to support them in their role of providing care
- ❖ Personalised Care and support planning is a opportunity for the carer to identify their needs and the outcomes most important to them .
- ❖ It is crucial that this plan is based on **what matters to the carer** !
- ❖ Once the outcomes have been agreed they should agree the best solutions or actions to achieve these outcomes.
- ❖ **The actions or solutions in the plan maybe be different to what has traditionally be offered!**

Personalised Care and Support Planning - Changing the relationship



If the person they care for has a Personalised Care and Support Plan the carers should be fully involved, as far as the person wants them to be,

in line with criteria 1: people are central in developing and agreeing their PCSP including deciding who is involved in the process.

Personalised Care and Support Planning Best Practice Example

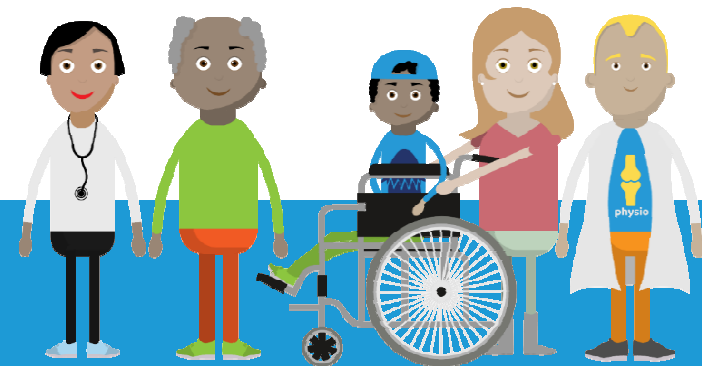


Portsmouth Carers Service

- The assessment and support planning model they use is in line with the Key Features of Personalised Care and Support Planning
- They also offer personal health budgets via prepaid card direct payment

Support to Carers includes:

- Wide range of breaks options e.g. weekly coffee, break away, hair/beauty services, sports/crafting/hobby equipment, part payment for gym membership, kindle, TV subscriptions
- Replacement care includes 6 hours a week sitting service or equivalent via direct payment,
- Telecare/tech based solutions





Social prescribing- Connecting people to help and support in the community

- Carers should have access to social prescribing in all areas of England through referral to a social prescribing Link Worker from primary care and other agencies such as local authority social care teams. **This includes both adult carers and young carers.**
- Carers should be proactively identified as a group that may benefit from social prescribing approaches.
- Social Prescribing Link workers should understand what a carer is, the challenges they may face with managing their health and wellbeing, and understand what services exist in their local area that cater explicitly to carers, alongside wider services, groups and activities that may be of benefit.

Social prescribing

Best Practice Example

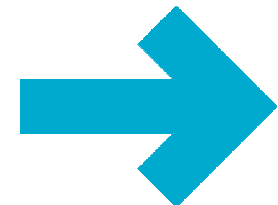


- ❖ A 70 year old man was referred by his GP to the Social prescribing link worker; suffering with anxiety, fatigue, sleeplessness, he was the main carer for his wife who was registered blind.
- ❖ The primary concerns were issues with preparing meals, his wife refused to attend local luncheon clubs as she did not want anyone to see her drop food on herself,
- ❖ As a consequence her husband was missing social interaction as he had always been extremely socially active and a member of his local church
- ❖ They developed a plan focused on the main cause of anxiety which was meal preparation.
- ❖ They arranged for the local lunch club to prepare meals for collection to be eaten at home they also sourced a local organisation who provided daily freshly prepared meals on a china plate which just need re-heating.
- ❖ They also supported the patient to search for additional meal purchasing/preparation options online.

Personal Health Budgets



- To give people greater **choice, flexibility and control** over the health care and support they receive
- An opportunity for people to work in **equal partnership** with the NHS about how their health and wellbeing needs can best be met
- Personal health budgets are **not about new money**, but about using resource differently
- This could range from a small one off payment or a much larger budget to support ongoing care needs



Personal Health Budget

Best Practice Example



- Sasha is an 8 year old young carer who helps care for her brother Karim who has cerebral palsy and mother Meena who has mental health problems.
- Sasha has to spend a lot of time helping at home and with the Covid-19 pandemic there have been even fewer opportunities to play with friends and have time to just have fun .
- The family’s care coordinator talked with Sasha about **what’s important to her and what’s working and not working for her.**
- She said she missed going to playgrounds and spending time outdoors. She said there was little to do that’s fun at home and in their garden.
- The care coordinator discussed with the family how they might use a small amount of money to help the family spend time together playing and have fun.
- They agreed that some garden play equipment would make a big difference to them all and allow them to have more fun together.
- A personal health budget was used to purchase a playhouse and swings that both Sasha and Karim could use.
- This has helped support the health and well being of the whole family.

Personal Health Budget

Best Practice Example



Mrs W cares for her husband who has dementia and a heart condition, he has no formal support and she has her own health issues and has recently had two knee replacements.

As the caring has become hard for her to manage alone, they had moved in with their daughter and her family for support.

A carers personal budget of £300 was awarded to create a garden area for them so she has somewhere to get away from her husband if she needs a break but is still within earshot if needed.

Having her own space to potter and relax will increase her emotional and physical wellbeing, and gives their current living situation more chance to work out long term, reducing the need for formal support eg a package of care or full-time dementia specialist care home.

Supported Self Management



- ❖ Supported self-management focuses on ‘what matters’ to the person, so they are seen within the context of their whole life, including their relationships, interests and caring responsibilities.
- ❖ It is about supporting the person they care for to improve or maintain their health and wellbeing as much as possible

and just as important ...

- ❖ It is about supporting the carer themselves to improve or maintain their health and wellbeing as much as possible
- ❖ Where needed, it is about developing the knowledge, skills and confidence and could involve: **health coaching, peer support or self-management education.**

New Roles in Primary Care



Health & Wellbeing Coach

- ❖ Can work with a carer to identify what's important to them, set personal goals and appropriate steps, build skills and confidence to achieve goals, and use problem solving to work through challenges.
- ❖ They can support carers by working with them to develop their knowledge, confidence and skills to take control of their own health and wellbeing and to do more of the things in life that brings them joy.

Care Coordinator

- ❖ Can work with a carer to ease the potential burden of navigation and coordination across multiple health and care services.
- ❖ These roles will work with the carer to support them and may direct them to one of the recognised supported self-management interventions: health coaching, peer support and self-management education.

Best Practice Example

Care Co-ordinator



- ❖ A care coordinator worked with a lady with arthritis and osteoporosis which were causing her mobility problems. She also had diabetes which she seemed to be managing effectively.
- ❖ Together with her husband, she had recently moved from her previous home over 40 miles away.
- ❖ She was now a long way from her children and grandchildren and reported that she lacked in confidence and struggled with anxiety.
- ❖ The care coordinator spent time with her talking about ways to help her manage her own conditions, and at the same time, care for her husband.
- ❖ They looked at how she could batch cook, so she could heat up a healthy meal quickly without much effort if she was in pain or lacking energy.
- ❖ They also discussed using technology such as a tablet to keep her mind active.
- ❖ It would also help her to keep in touch with her family.
- ❖ In this way, she started to identify ways she could change her behaviour and develop her skills.

Best Practice Example

Peer Support



- ❖ Peer support helped a person with dementia and their carer have more honest conversations.
- ❖ Supported by a link worker they explained it was hard to even get anyone in the door because he was fearful of ending up in a care home and didn't want to be diagnosed.
- ❖ He was trying to give the impression that he was coping by hiding things from his carer.
- ❖ The carer and link worker got him along to a peer support group.
- ❖ Once he met others living with dementia, he heard about strategies to help him keep living at home.
- ❖ It opened a conversation with his carer to be able to support him better.

The
Children's
Society



UK
Foundation

Active Connections: Young Carers Accessing Sporting Opportunities



Barriers that young carers face when accessing extra-curricular opportunities

- Lack of time
- Caring responsibilities
- Unaffordable
- Lack of transport
- Anxiety, worry, lack of self-confidence
- Having additional needs
- Struggling to make friends
- Having no energy or motivation
- Worried about being judged

I just can't juggle it all'

'I'm not able to get out that often'

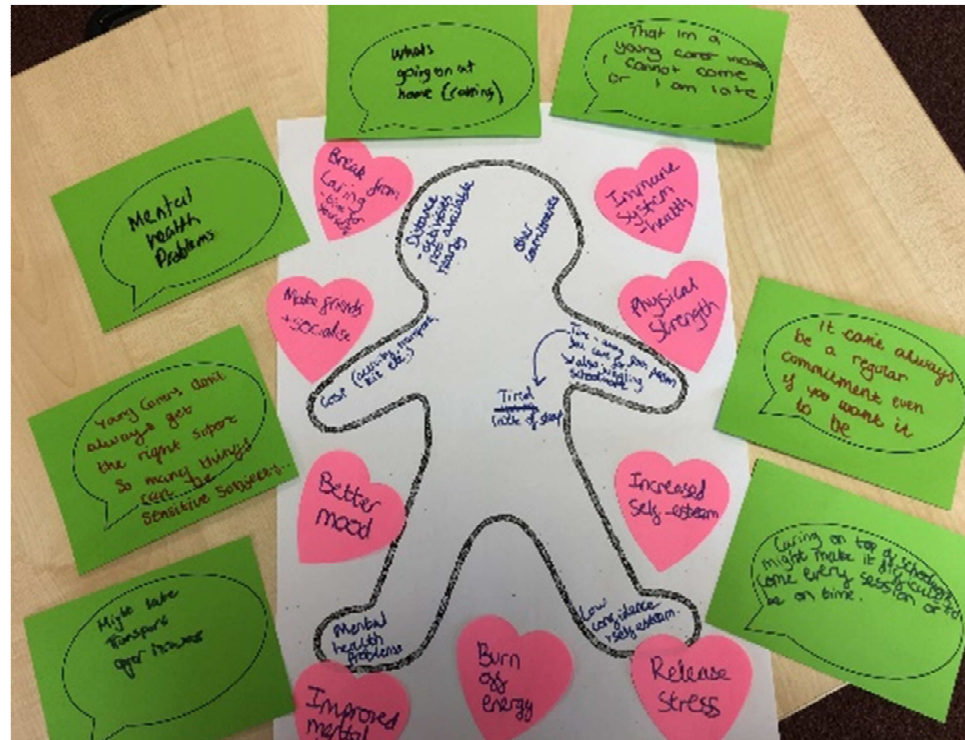
'I worry about what is going on at home'

'I don't have anyone to take me'

'I'm scared something is going to happen and then I can't care or help at home'

Benefits that young carers notice when regularly engaged in extra-curricular physical and group activities

- ✓ Improved mental and physical health
- ✓ Time to myself / headspace / respite
- ✓ Make new friends
- ✓ Healthier lifestyle/fitter
- ✓ Better sleep
- ✓ A happier me!



Personal Testimonials

‘Climbing has made my confidence higher because I’m around other people my age and we’re challenging each other’.

‘The biggest impact to me is that I talk to people more easily now’

‘The biggest difference it has made to me is that I am now more physically fit’

‘Climbing has taught me to push myself to do things I didn’t think I could’

‘I swam to the deep end, achievement of the week!’

‘I like dance because it lets me get away from caring for my sisters and it relieves my stress’.



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Personalised Care and Strength Based Approach – how it works for carers.

Southampton Carers Scrutiny Inquiry
Moraig Forrest-Charde and Louise
Ryan

What is personalised care?

Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences.

Comprehensive model for personalised care

1. Shared Decision Making

2. Personalised Care and Support Planning

3. Enabling Choice

4. Social prescribing and community-based support

5. Supported self-management

6. Personalised health budget and integrated personal budgets

Making personalised care an everyday reality for people requires a whole-system change through the systematic implementation of all six components, supported by key enablers that deliver the necessary redesign to make the model a reality

Personalised care – Southampton’s View

Measure and what it is	What will it look like
A. Patient activation measure (or equivalent) - People completing a measure which helps illustrate how engaged they are in managing their condition	Services more able to identify the right kind of service for an individual.
B. Self-management - People given access to services/Apps which assist them to manage their condition	A more informed person with the tools to manage their condition
C. Community – based support - People referred for social prescribing community groups, peer support and similar activities.	Access to wider support from like minded people or people who have had similar problems themselves
D. Personalised care and support plans - ‘People have proactive, personalised conversations which focus on what matters to them, delivered through a six-stage process and paying attention to their clinical needs as well as their wider health and wellbeing.’	A plan which considers a persons wider wellbeing including ‘what matters to them’ and their support network
E. Personal health budgets	More people given choice of how their PCSP is delivered, personalised to their and their support network.

Social Care Strengths Based Conversations

- 3 conversations has been adopted as an approach for assessment and care planning within Southampton.
- The first conversation explores an adult's strengths, and connect them to personal, family or community resource that can offer support.
- Within that conversations with family/cares and involvement is key.

3 conversations

- The 2nd conversation is led by the adult to assess risks in their lives and to plan for any crisis that may occur.
- The 3rd conversation is planning for long term needs and outcomes. Based on what a good life looks like to that person. Drawing on resources available including personal budgets, personal skills and community assets.

These conversations are suitable for Adults and Carers

Conversation	Needs assessment and care planning questions
1. Initial contact	<ul style="list-style-type: none">•How can I connect you to things that will help you get on with your life –based on your assets, strengths and those of your family?•What do you want to do?
2. If people are at risk	<ul style="list-style-type: none">•What needs to change to make you safe and regain control?•How can I help make that happen?
3. If long-term support is needed	<ul style="list-style-type: none">•What is a fair personal budget and what are the sources of funding?•What does a good life look like?•How can I help you to use your resources to support your chosen life?



Personalised Care

Carl Adams, Head of People Participation/ Clinical lead
Community Specialist Service, Solent NHS Trust

25th February 2021

Approach

- Services and staff personalised care improvement programme
- **WASP** tool - COM- B model survey
 - Action based on learning from 'we said' vs 'what we do' vs 'what others say'
- Working on improvement series of improvement, training
 - Community Independence Service, COPD, Diabetes
- Repeat survey to learn impact

Current improvements

Personalised care and support planning

- Regional workshop (one page bio)
- Therapist goal planning

Shared Decision Making

- Eyes on practice
- Spread awareness

Social prescribing

- SystemOne Template

Patient activation and PAM

Eyes on Practice Form

To be completed any time in the year before your next appraisal.
This can be completed with your line manager or a peer within the service, but must be by someone of the same profession for registered staff.

Preparation for Visit:

- Consider appropriate information, awareness of family etc.
- Have both systems been checked?
- Safeguarding/risk issues identified

Communication Skills:

- Listening:
- Consider agenda-matching
- Ask questions like:
 - "What do you want us to focus on in our time today?"
 - "...What else?"
 - "...What else?"
- Picking up on clues, responding to questions appropriately
- Body language

Assessment Skills:

- Consider use of open/closed questions, observation skills, ability to reflect, knowing when to refer/seek supervision etc
- Allowed person to talk

Observations

Recommendations
Strengths and areas for development

Formulation of assessment

- Giving information:
 - Deciding service offer, offering next point of contact etc
 - Discuss:
 1. What are person's options?
 2. What are the pros and cons of each option for the person?
 3. How can the person get support to make a decision that is right for them?
 - Offer alternatives, listen to what matters
- What matters to the person includes only what people are SAYING
- With their words (When words and behaviour are in conflict, listen to the behaviour)
- Summarise the session

Recall-keeping:

- Consider accuracy, timely manner, grammatically correct etc
- Uses OS Assessment
- Completion of Goals
- Completion of SMART Goals: Focus on HOW to achieve WHAT
- (S-Specific, M-Measurable, A-Achievable, O-Realistic, and T-Time bound)
- Permission to Share
- Consent to financial assessment

Professional Attitude:

- Consider: time-keeping, effective use of time, presentation, appropriate use of

Listening, Open questions, What Matters to you?

Challenges



Change in behaviour – knowing, reflecting to new approach



Staff and services across the health and social care pathway investing in learning, coaching & improvements.



Systems and processes to support personalised care



Page 55

Southampton
Parent Carer
Forum

By Vickey Kowal

Parent Carers report February 2021

Appendix 4

Agenda Item 7



Current difficulties faced by parent-carers

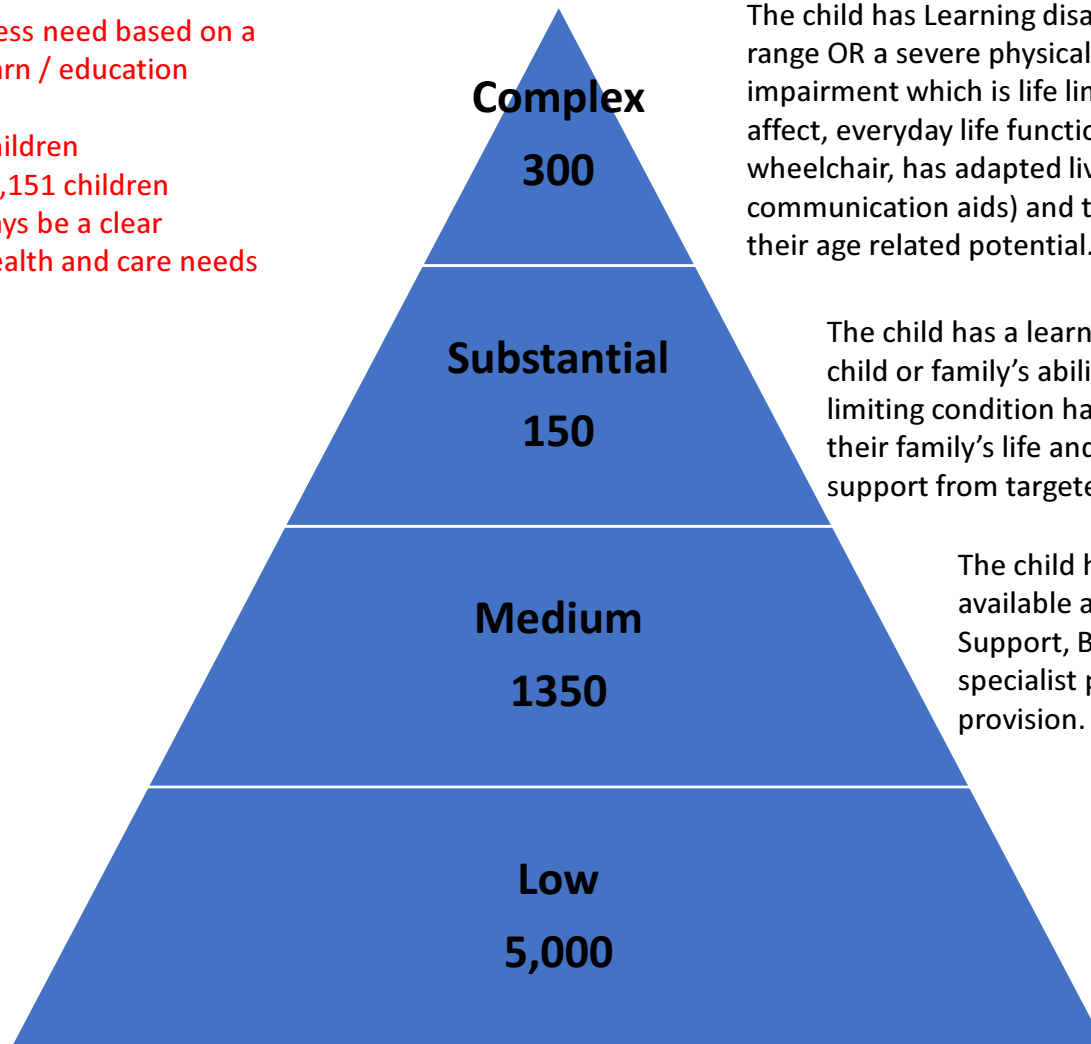
- Lack of easy access to information
- Lack of recognition of needs of parent-carers
- Lack of emotional support
- Lack of practical support
- Financial and housing support
- Breadth of SEND and therefore challenges faced by parent-carers
- Only small percentage of parents able to access carers assessment (statutory requirement) those that do access aren't involved in their own assessment
- Communication
- Parents not seen as experts in their child
- Many families have more than one child with SEND
- For many this is a lifelong role, different needs at different times

Current model for support

NB. Education assess need based on a child's ability to learn / education outcomes:

- EHCP – 1,411 children
- SEN support – 5,151 children

There will not always be a clear correlation with health and care needs



The child has Learning disabilities within the moderate, severe or profound range OR a severe physical (including visual and hearing) health condition or impairment which is life limiting, or significantly affects, or is predicted to affect, everyday life functioning or a child's access to education (e.g. in a wheelchair, has adapted living, requires total personal care support, requires communication aids) and their ability to achieve outcomes appropriate to their age related potential.

The child has a learning or physical disability that significantly impacts on a child or family's ability to function. The impairment, chronic health or life limiting condition have a substantial impact on the quality of the child and their family's life and child would be unable to achieve outcomes without support from targeted services, coordinated by a lead professional.

The child has additional needs where parents require support above what available at universal level e.g. Special Education Information, Advice and Support, Benefits, carers rights and short breaks from caring through specialist play schemes and clubs, or enhanced/adapted mainstream provision.

The child has low level additional needs that parents are able to meet through universal services and a network of family and friends. Parents may require signposting to the SEND Local Offer for information, advice and guidance about the universal services available.

Proposed model

Known as the iThrive model, it is often used by CAMHS services and places families at the center of the model with a needs based approach rather than a service led approach.

Families can move within approach more fluidly

Description of the THRIVE groups



Input offered





Recommendations

- Ensure all parent-carers have access to carers assessment that they have an active role in
- Parent-carers treated equitably with other carers whilst recognizing the differences between the two.
- Cultural change from 'service led and child focused' to 'needs led and family focused'
- Increase the number and variety of parent support groups across different areas of SEND and geographical areas of the city
- Support proposed changes to adopt iThrive model
- Provide Parent support for managing children and young people with challenging behaviour
- Ensure timely access to an increased range of parent training and education courses
- Improved communication between professionals/agencies as well as with parents

What parents say



- 'On the identification point. Our GP surgery won't recognise me as a carer because he's under 18!'
- 'Took me a while to even understand that parent-carer was a role in its itself, for ages I thought we were talking about parents and/or carers. But once I understood it, I wanted everyone to 'understand and acknowledge it too. Its real! It does take a while to acknowledge you are a parent-carer - we all thought we were just going to be common or garden parents and then had to adjust to our new lives, roles and responsibilities.'
- 'Covid has meant...if I'm completely honest, more trapped...'
- 'The only time I get a good night sleep is when my son is in hospital'
- 'One time we were in hospital a nurse sat down and spent time talking to me about DLA it was only 10 minutes but it made a huge difference'
- 'Carers in Southampton are brilliant, a lovely organisation and I do feel I could turn to them to ask a direct question. But they don't feel like "my" service after the confusion about Carers assessments I guess I gave up a bit and sorted myself out.'
- 'I had a breakdown following the fight I had to get suitable special ed place for my boy whilst trying to sustain a teaching career. I have no childcare options for my lad due to his disabilities, no family nearby to take on any caring role and have had to take at least a £20k cut in salary, ending a 20 yr career in teaching.'

Young Carers in Southampton



Emma Bowley
Project Worker
(Primary)



Jo Payne
Project Worker
(Secondary)

[www.teamyoungcarers.org
.uk](http://www.teamyoungcarers.org.uk)

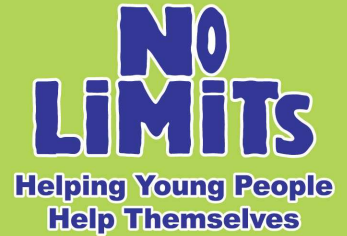
Young Carers in Southampton

Provides...



- **Youth/Support Group – online & face to face**
- **1:1 support – in school, in the community or online**
- **Workshops – What is a Young Carer? / Looking After Myself**
- **Fun Activities and Day Trips throughout the year**
- **Residential including the annual Young Carers Festival Weekend & KES Summer Camp**
- **Befriending Service**

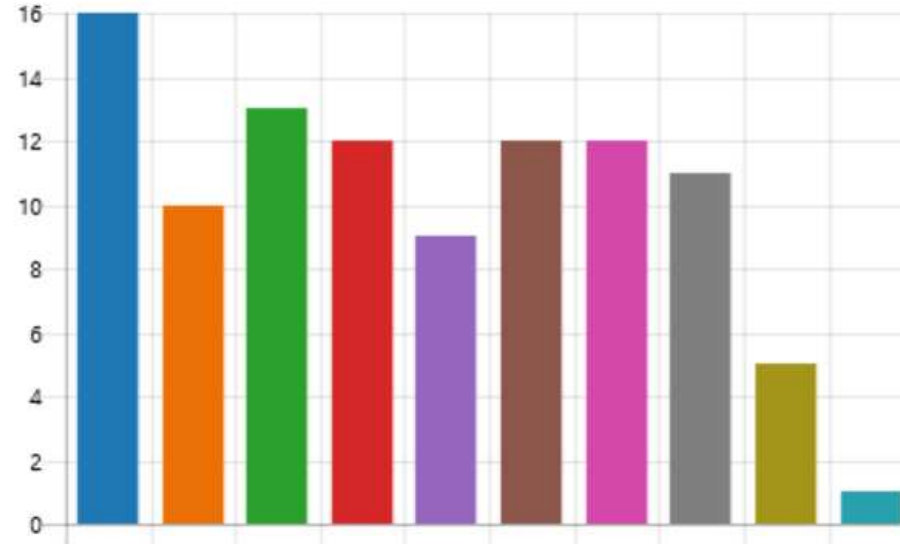
Young Carers in Southampton Provides...



- **Information and guidance**
- **A break away from home and your caring role**
- **A chance to meet other Young Carers and make new friends**
- **Fun, laughs and new opportunities**
- **To be listened to and have a voice**
- **To feel supported and not be judged**




What is helpful about the Young Carers in Southampton support that you currently receive?

Zoom group	16
Face to Face group	10
Young Carers	13
Trips and activities	12
Befriending	9
One to one emotional support	12
Information and advice	12
Have Your Say (e.g. Carers stra...	11
Signposting/referrals to other ...	5
Other	1

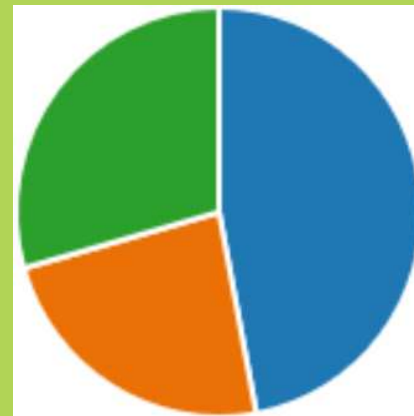





Has your caring role affected your emotional well-being?



 yes	10
 no	3
 sometimes	4

Has the Coronavirus Pandemic affected your caring role?



 Yes	8
 No	4
 Sometimes	5

HOW HAS YOUR CARING ROLE AFFECTED YOUR HEALTH OR EMOTIONAL WELL-BEING? WHAT SUPPORT HAVE YOU HAD?

PMHW, Young Carers, NL
Counselling and have been
referred to counselling via
Barnardo's

I am very drained

I've had counselling in
the past but it didn't do
much, I just ended up
falling out with my
counsellor and have not
yet met my new one as I
am doing school from
home

I know I can talk to
my mummy when
I'm upset

I have had ELSA for my
anxiety over my brother

HOW HAS YOUR CARING ROLE AFFECTED YOUR HEALTH OR EMOTIONAL WELL-BEING? WHAT SUPPORT HAVE YOU HAD?

It sometimes made me feel a bit overwhelmed. I received ELSA and Young Carers support

Whenever something is happening with the person I care for, it has a huge effect on my daily life and overall mood

My brother had a cardiac arrest and was in hospital for a month and there was no one to support me. My dad was away and mum was with my brother. I had to stay with family friends. I had some emotional support at my old school.

I have support from CAMHS but my caring role gives me a lot of worries and anxiety.

It is stressful causing me to sometimes have panic attacks if I can't do anything

HOW HAS THE CORONAVIRUS PANDEMIC AFFECTED YOUR CARING ROLE?

I've been trapped inside with my mum and sister, its like living inside hell. All we do is swear and shout. We can't ever get along anymore but we hate school more so refuse to go, nor me and my sister feel safe or comfortable in our school.

We are both nervous when going out and my nana can't help mummy as much as normal

It has made me really stressed out. My sibling has been having big meltdowns. Feel lonely and low in mood at times

My caring role increased because we had no support/carers coming in to the home.

We have to be careful because of how high risk my mum is

HOW HAS THE CORONAVIRUS PANDEMIC AFFECTED YOUR CARING ROLE?

I cannot go out to go to the shops, and we aren't receiving reliable food and income

I can't get away as we are always together

I was looking after my siblings and mum but then I got Covid so I couldn't do that anymore

I had difficulties in getting medication for both mum/dad and myself. Medication is restricted to pick-up only and only dad has been able to do this outside of working. Mum's anxiety heightened especially before Xmas going into Tier 4. My sister is returning to Uni next week so will revert to being the main carer for mum whilst dad is at work.

WHAT IS YOU AND YOUR FAMILY'S EXPERIENCE OF ACCESS TO HEALTH & SOCIAL CARE SERVICES?

We have a family navigator, my sister has CAMHS and group therapy, I have young carers and a possible counsellor but they probably cancelled by the time I am back at school.

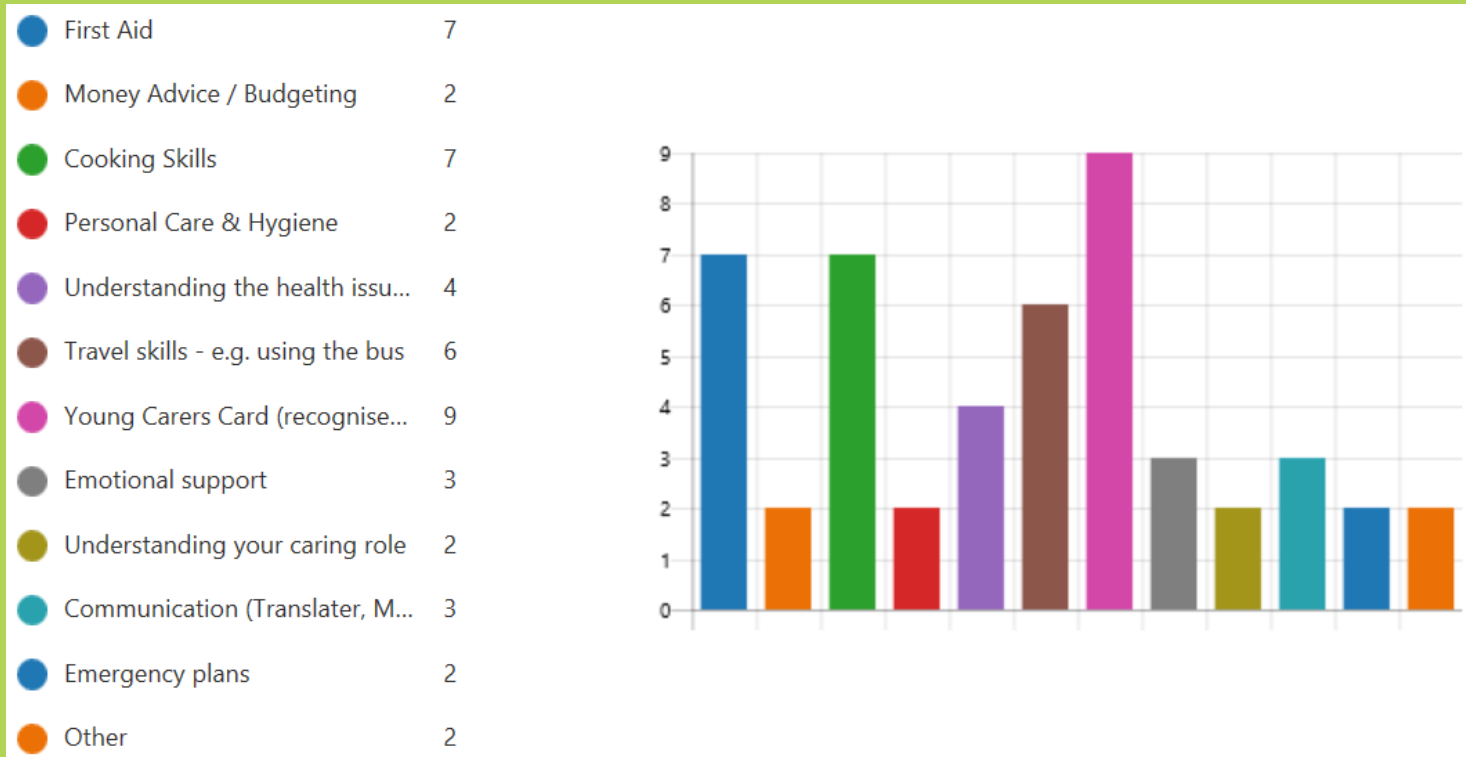
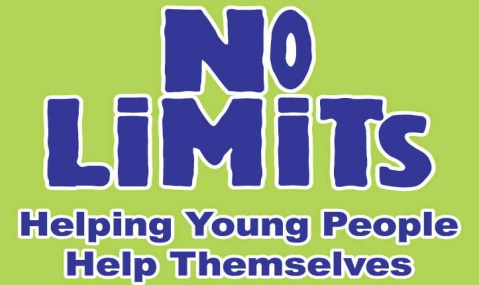
Never had a unpleasant experience

Awful, barely any support from them

Our experience of access to mental health services has been both positive and negative at different times

Hard to get in touch with GP surgery / phone lines very busy and have experienced booked appointments being cancelled on the day. Struggle with phone consultancy - prefer face to face - YP and mum struggle with this method

What training, workshop or practical support do you want/need in relation to your caring role?



Is there any other support that you would like for Young Carers?

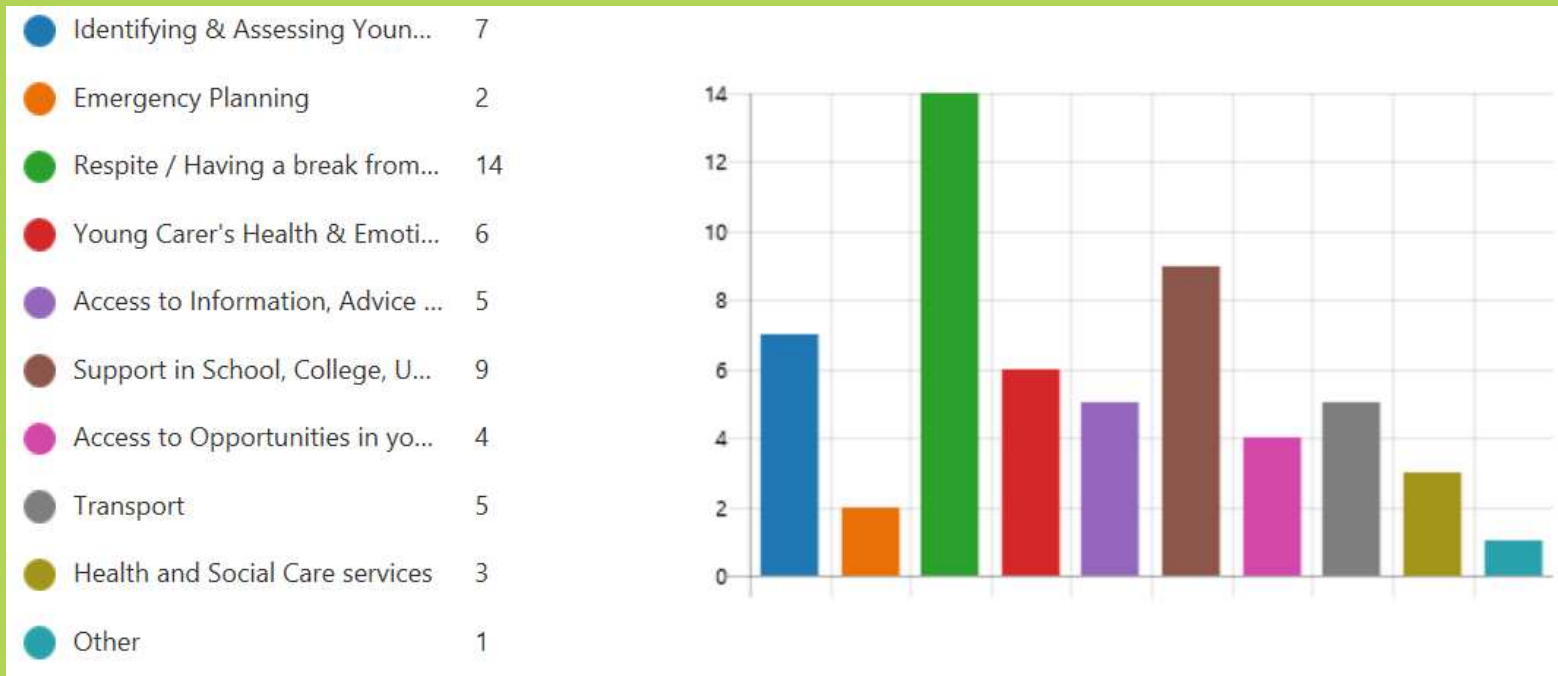
Support in school -dedicated school staff to support young carers. School to do more work to raise awareness of young carers - assemblies and PSHE lessons.

To have more training for younger young carers. A lot of the opportunities/support are for 11+.

24/7 support service from young carers project - crisis usually happens in the evenings at weekends & Art Therapy

Have Young Carers Next Steps back to support 16+ - Money budget, life skills, housing advice Insight into illness of person care for

What area is the most important to provide/improve support with your caring role?



CARERS HEALTH, WELLBEING SAFETY



Challenges

- 1. Limited support for Young People 11+ – long waiting lists, short intervention**
- 2. Limited support available for under 11's (and even less for under 8's)**

Recommendations

- 1. When young carers attend GP appointments with the person they care for, some GP time should be given to them to check on their wellbeing.**
- 2. GP's take the opportunity to register young carers as carers when they visit GP with a person they care for.**
- 3. Improve young carers identification through school nursing & dedicated young carers support in schools**
- 4. Implement a young carers card**
- 5. Improved services for young carers under the age of 11**

CARERS IDENTIFICATION, RIGHTS AND RECOGNITION

Challenges

- 1. Family assessments are time consuming**
- 2. Hidden young carers – lack of referrals - BAME, drug and alcohol, adult services, GP's etc Inappropriate referrals due to lack of other services esp under 11's**
- 3. Vulnerable YC have difficulty accessing support/respite breaks due to lack of transport/lack of engagement by parents**
- 4. Improved partnership working**
- 5. Need more respite breaks to be available**
- 6. Venue for groups small/not easily accessible**

Recommendations

- 1. Simplify the YC assessment – other services to complete complex family assessment**
- 2. Training/awareness raising**
- 3. Improved transport support**
- 4. Activities Coordinator**
- 5. Dedicated and appropriate City Centre venue**
- 6. Implement young carers card**

ACCESS TO INFORMATION, ADVICE, AND GUIDANCE



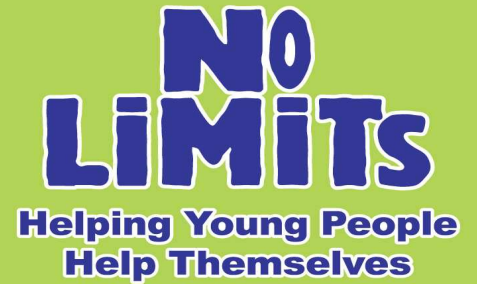
Challenges

- 1. Information for young carers not widely available**
- 2. One to one support is limited**
- 3. Specialist Transitions support for 16+ is limited**

Recommendations

- 1. Carers in Schools programme to be implemented/normalised & development of Young Carers in Southampton website**
- 2. Increase Project Worker capacity/support with YC in Southampton & schools**
- 3. Transition worker 14+ to start YC transition into further education. Can also support schools careers advice**

ACCESS TO HEALTH AND SOCIAL CARE SERVICES IN THE CARING ROLE



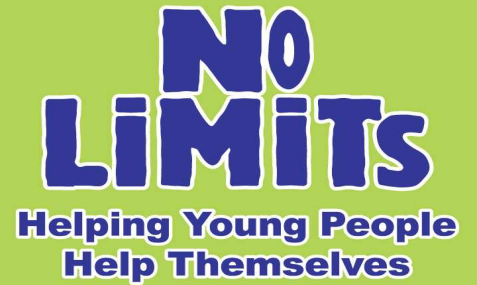
Challenges

- 1. Social Service support inconsistent**
- 2. Lack of Young Carer specific workshops**
- 3. Young Carers views not taken into account by Adult Services**

Recommendations

- 1. Social care responsible for completing early help assessment before sending referrals into YC project**
- 2. Increase capacity within the YC team/partnership working to deliver specialised workshops**
- 3. Include YC views in assessments**
- 4. Increased training for health and social care staff**

SUPPORT IN EDUCATION AND WORK



Challenges

- 1. Carers in Schools Programme not being widely implemented in Southampton**
- 2. Lack of capacity to offer dedicated support to young carers in schools**

Recommendations

- 1. YC in Schools Programme to be rolled out for both Primary and Secondary (needs additional staff capacity)**
- 2. Schools to identify dedicated YC support staff (champions) in schools.**
- 3. Transition's worker to support young carers into further education, work and beyond**
- 4. Increase employers' awareness of carers roles and responsibilities**