

# Cabinet

## DOCUMENTS FOR THE MEMBERS ROOM

Monday, 15th November, 2021  
at 6.00 pm

MEMBERS ROOM DOCUMENTS ATTACHED TO THE  
LISTED REPORTS

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# MEMBERS ROOM DOCUMENTS

## CARER FRIENDLY SOUTHAMPTON

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### **CARER FRIENDLY SOUTHAMPTON**

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Report of the Cabinet Member for Health and Adult Social Care detailing considerations in relation the Executive's response to the Scrutiny Inquiry into Carer Friendly Southampton and seeking to sign up to the Southampton Carers Strategy 2012 - 2026 that helps deliver and achieve the recommendations set out in the Inquires findings.

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<SUBNUMBER\_LAYOUT\_SECTION>

a) Carer Friendly Southampton (Pages 1 - 36)

Report of the Cabinet Member for Health and Adult Social Care detailing considerations in relation the Executive's response to the Scrutiny Inquiry into Carer Friendly Southampton and seeking to sign up to the Southampton Carers Strategy 2012 - 2026 that helps deliver and achieve the recommendations set out in the Inquires findings.

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a) Carer Friendly Southampton (Pages 1 - 36)

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## CHANGES TO SACRE CONSTITUTION

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To consider the report of the Cabinet Member for Education detailing changes to the SACRE Constitution.

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a) Changes to SACRE Constitution (Pages 37 - 40)

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a) Changes to SACRE Constitution (Pages 37 - 40)

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Friday, 5 November 2021

SERVICE DIRECTOR, LEGAL AND BUSINESS  
OPERATIONS

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***Southampton City Council  
Adult Carers' Strategy  
2021 - 2026***

***'Carer friendly Southampton'***

Revised: vs 3.3 27-10-21

## Contents

### *Overview*

1. Foreword
2. Introduction
3. Southampton Adult Carers' Strategy on a page & Carers Priorities
4. Information about carers and caring
5. What do carers do?
6. Facts and figures about carers and caring
7. Carers' comments
8. Relevant legislation

### *What's going to happen*

5 priorities we agree we need to focus on:

1. Improving Identification of Carers
2. Improving Information, Advice and Guidance
3. Help and Support
4. Carers' Voice and Involvement
5. Planning for the Future

## Foreword

The Southampton Health and Wellbeing Strategy's vision is about enabling everyone to live long, healthy and happy lives with the greatest possible independence. Our adult carers strategy is part of achieving this overall aim.

Carers across the city do fantastic work and we want to ensure with support they are able to continue their caring role and enjoy a quality of life for themselves. It recognises that unpaid carers are often doing this alongside work or education. Without their efforts, the family member, partner or friend simply wouldn't be able to manage. Both the individual and communities would be worse off without this care and both the council and NHS would be overwhelmed without it.

We recognise the strain and additional pressure put on carers by the pandemic and now is the time to put carers centre place to ensure they have a good quality of life.

This strategy considers the Integrated Care System development around the wider region and dovetails with the carers strategies for other organisations across health.

This strategy calls for not only the health and social care providers to work together but for everyone and importantly employers and businesses across the city to recognise and support carers and the work they do and to help Southampton to be not only a carer friendly city but a nationally recognised one.

Signed by:

Councillor Ivan White, Cabinet Member for Health and Adult Social Care  
Councillor Lorna Fielker, Shadow Cabinet Member for Health and Adult Social Care

## **Introduction**

The Southampton City Council Adult Carers' Strategy has been developed with key partners:

- Local carers, learning from their experience and being guided by what they think is important and how their priorities feed into the strategy.
- Scrutiny Inquiry Panel evidence from the 'Carer Friendly Southampton' Inquiry 2020-21.
- All health and social care partners across Southampton recognise support of carers must be a key commitment and high priority in all areas and will ensure our strategies link together.
- Other Local Authorities and carers support organisations around the country and drawing on best practice

### *Context*

This new strategy spans five years so is rightly ambitious. It also sets out key areas we need to focus on immediately.

It takes into account the new integrated care system, which covers Hampshire, Southampton and the Isle of Wight. Southampton is a local area within the integrated care system, this strategy reflects the needs of Southampton. It also looks at where our services reach outside our local area to make sure they're linked up.

This new strategy sets out 5 priorities we need to focus on to promote the health and well-being of carers and to reduce the health and financial inequalities that carers experience due to caring. Carers will hold us to account on delivery of the priorities in this strategy.

Underpinning the strategy will be a detailed action plan, work started on this in Autumn 2021.

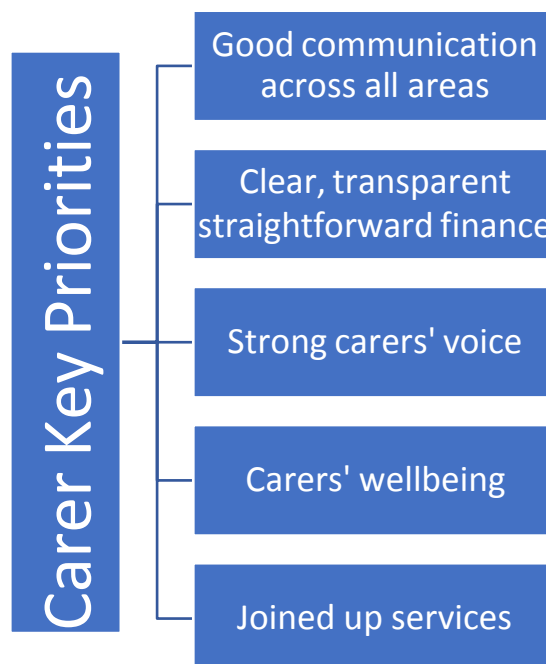
NB: In line with good governance, the wording 'local provider' has been used rather than naming organisations that Southampton City Council currently buys services from. The strategy spans five years so providers may change as services and contracts are reviewed.



## Southampton City Council Adult Carers Strategy 5 Year Priorities



### Carers Immediate Priorities



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## Information about carers and caring

### 1. Who are unpaid Carers?



A Carer can be any child, young person or adult, the care they give is unpaid.

They are people who look after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.

**Adult Carers** are 18 and over caring for another adult aged 18 or over.

**Parent Carers** are 18 and over who are caring for, and have parental responsibility for, a child with needs.

**Young Carers** are under 18 caring for another person who can be either an adult or another child with needs.

A Young Carers Strategy has been developed separately at the request of Young Carers.

## 2. What do Carers do?

Carers might do some, all or even more of the things below .... ***unpaid and while trying to maintain a life of their own***



## 3. Key facts and figures about carers and caring

There are 32,000 carers in Southampton supporting one or more individuals.

That's around 1 in 8 of the population

Carers aged 65 and over are more than twice as likely to be caring for more than 50 hours a week compared to other carers

Being a young carer can affect school attendance, educational achievement, having a normal social life and future life chances

Carers are twice as likely to have a long term physical or mental health condition than non-carers

Unpaid carers are the largest part of the care system.

1 in 4 UK workers are juggling work and care, 2.6 million have given up work to care.

NB: These figures are taken from national data and data supplied to the Health and Overview Scrutiny Committee's enquiry (April 2021)

#### **4. Carers comments**

##### ***What Carers say might help:***

- ✓ **Treat us kindly, we're still human**
- ✓ **Without respite I would not have a family today, with all the stress and strain of caring we would not have survived**
- ✓ **Friends, family or carers need training - that helps**
- ✓ **A key worker (to support carers and cared for) is absolutely vital**
- ✓ **Recognition by GPs**

##### ***What Carers say doesn't help:***

- ☒ **I just felt totally excluded, they (healthcare professionals) do not seem to care about the carers**
- ☒ **I'm worn out and am embarrassed as I'm not sure how long I can continue to work and be a carer**
- ☒ **Not asking me about xxx, I live with her 24 hours and know her very well!**

**5. Relevant legislation & safeguarding** – this is a precis of the relevant legislation, detailed legislation is an appendix to the action plan.

The Care Act 2014 recognises supporting adult carers is as important as supporting the people they care for. The Care Act gives adult carers the right to support from their local authority which can include information and advice, preventative services, carers' assessment and support to meet carers' needs based on national eligibility criteria.

The Care Act also places a duty on local authorities to identify young carers and provide support for parent carers and young carers when a young person is becoming an adult.

The Children and Families Act covers the rights of young carers and parent carers. The local authority has to provide information and support to protect young carers from inappropriate or excessive caring, as well as providing an assessment for a young carer or a parent carer if it appears that they have needs or if they request an assessment.

The NHS Long Term Plan says the NHS needs to improve identification and support for carers and young carers. The plan says that the NHS will introduce 'carer quality markers' in primary care, provide better support for carers in emergencies, publish top-tips for supporting young carers, and make sure that carers benefit from wider use of social prescribing.

The Employment Rights Act and the Equality Act 2010 - The Employment Rights Act gives carers rights to ask for support at work that can help them manage work and caring responsibilities.

The Equality Act 2010 protects carers against discrimination or harassment because of their caring responsibilities.

**Safeguarding** protects an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

A local authority must act when it has 'reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.' (Care Act 2014, section 42)

So safeguarding is for people who, because of issues such as dementia, learning disability, mental ill-health or substance abuse, have care and support needs that may make them more vulnerable to abuse or neglect.

## **What's going to happen**

### **What Southampton will look like from a carer's point of view**

The vision for this strategy is presented as 10 carer 'I-statements' which together set out what Southampton could look like from a carer's point of view by 2026.

The 'I-statements' are based on what carers themselves have said is important to them through the Southampton Carer Friendly Scrutiny Inquiry and various local, regional, national surveys and consultations.

#### **I statements:**

I feel that what I do as a carer is recognised, understood and valued

I have good quality information and advice which is relevant to me

I am listened to and feel part of the team planning care that the person I care for

I know where to get help from when I need it

I know where to get help when things go wrong or in an emergency

I can balance caring with my education and/or paid work

I can have a break and time for myself or with other family and friends

I feel that I am supported to look after my own health and wellbeing

I feel supported when my caring role ends

I can access relevant support without communication barriers and transport barriers

## Priorities we agree we need to focus on

Based on feedback from carers and wider stakeholders undertaken during the development of this strategy and considering the recommendations from the Carer Friendly Southampton Scrutiny Inquiry 5 key priorities have been identified for this strategy.



### ***Carers' Immediate Priorities***

Improved communication with carers, using clear language

Clear, transparent straightforward finance

Strong carers' voice

Carers' wellbeing

Joined up services

These key priorities were gathered by asking carers and carer organisations around the City to share their most pressing priorities for the next year. These have been incorporated into the action plan.



Key objectives have been identified which will contribute towards each priority:

### **Improving Identification of Carers**

1. Raise public awareness of carers and caring to increase the number of people who identify themselves as carers
2. Increase the number of carers who are identified in primary care and the number of patients who are registered with their GP practice as a carer
3. Increase the number of carers who are identified through social care needs assessments of the people they care for
4. Increase the number of organisations proactively identifying people in their workforce who balance their paid employment with caring
5. Align approach to carers across health and social care organisations and education
6. Explore whether the identification of a community hub/venues will make it easier for carers to access support when needed, including info and support, a place to meet other carers and access to replacement care. Or using existing council/NHS buildings for outreach might be helpful.

### **Improving Information, Advice and Guidance**

1. Increase the number of carers who receive information and advice from the NHS, Social Care and education, as well as from specialist carer and young carer services
2. Develop a clear information pack and introductory sessions to share with carers.
3. Explore different apps for Carers. Consider buying access to CarersUK 'Digital Resource for Carers'. This would give all carers in Southampton free access to training, the Jointly app designed by Carers UK to help store and to share information and manage care and other digital support.
4. Identify support within the local community so carers know what help is available.

## **Help and Support**

1. Provide assessments (this involves a chat to discuss possible options for support) that understand carers and family's needs alongside the person they care for.
2. Increase the number of carers assessments completed and recorded by Southampton City Council.
3. Introduce new arrangements which will support more carers to develop unplanned breaks and/or emergency plans
4. Enable carers to stay in employment while they care or return to work after a caring role
5. Support to carers after their caring role has ceased
6. Support carers to have the opportunity to have planned breaks from caring

## **Carers Voice and Involvement**

1. Ensure that carers are acknowledged as partners in care, and their skills and knowledge are valued and used when planning care for the person they care for
2. Provide more opportunities for carers to be involved in strategic planning and commissioning decisions
3. Embed the practice of working in co-production with carers and people with lived experience, as well as other stakeholders, to ensure they are involved in the development, design and provision of services to meet their real needs.
4. Carers to be involved in service review and evaluation, redesign and procurement evaluation
5. Promote carer involvement in delivering training to others

## **Planning for the Future**

1. Review \*transition practice to ensure that policy is implemented.
2. Ensure transition processes undertaken are within agreed standards, so carers and cared for are able to plan appropriately.
3. Map current transition issues between age related or condition specific services to ensure carers are supported when those they care for move
4. Explore possibility of using housing options (e.g. domiciliary care/care homes/supported living/shared lives) as respite to 'practice' for the future.

\* Transition applies to different situations:

A young carer becoming an adult carer

A cared for young person becoming an adult

A cared for adult moving out of home to live independently

*Measuring success* – different audiences require different measures of success and all measures will be based on the I statements. We will capture both quantitative (numbers of people/attending a service) and qualitative (conversations, how well a service was delivered, what people thought).

Council officers will report quarterly to the Southampton Partnership Board, or it's equal if it changes over the next 5 years, and will present to them the results achieved to improve the health and well-being of carers on an annual basis.

This strategy cannot be delivered by Southampton City Council alone and we will be working closely with the partners listed to achieve change across the City:

University of Southampton NHS Foundation Trust

Southern Health NHS Foundation Trust

Solent Foundation Trust

South East Coast Ambulance Service NHS Foundation Trust

Hampshire Constabulary

Hampshire & Isle of Wight Fire and Rescue Service

Commissioned providers

Voluntary sector

There is more detailed information in the action plan – available on request. Please contact

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Xxxxxxx

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# ***Southampton City Council***

## ***Young Carers Strategy 2021 - 2026***

***‘Carer friendly Southampton’  
[Need a graphic representing  
Young Carers]***

Revised: vs 2.9 27-10-21

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7. Young Carers' comments
8. Relevant legislation and safeguarding

### *What we are going to do*

- 4 priorities we agree we need to focus on
  - Who are young carers?
  - Improving Information, Advice and Guidance
  - Help and Support
  - Young Carers Voice

## Foreword

This Young Carers Strategy is a direct result of listening to the young carers. They shared their experiences at the Health & Scrutiny Overview Carers Inquiry and felt very strongly they should have their own strategy, so here it is.

There are two other pieces of council work the Young Carers Strategy supports: Southampton's vision to become a Child Friendly City by 2024/25 Southampton Health and Wellbeing Strategy which is about helping everyone to live long, healthy and happy lives with the greatest possible independence

Young carers across the city do incredible work but it can put a real strain on them. We want to make sure they can also go to school and learn, meet their friends, have hobbies and interests and not be held back by inappropriate levels of caring.

To do this we need to work with young carers and each other across health and social care (e.g. doctors, hospitals, council, social workers) to make sure we get it right for young carers.

We've asked Zunayrah Rizvi to share her hopes for this strategy:

*I am hopeful that we will see more support in schools in the future and lots of fundraising for more Young Carer Projects. It will mean a lot to young carers to be able to know that there is someone there to always speak to if you are feeling down. It is essential that we can identify as many Young Carers as we can and most importantly, that every Young Carer should feel that they're fully supported!*

Final para (to tie in with young carer paragraph).

*Awaiting formal approval*

## Part one:

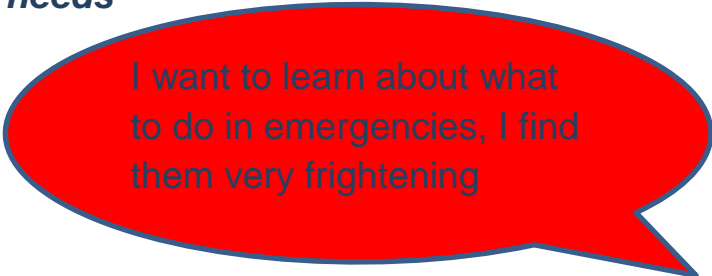
**Introduction** - Our vision is that Southampton is a city where children and young carers have the same opportunities as other children to get a good start in life, so they can fulfil their potential and become successful adults. We owe it to young carers to:

### *Identify them*



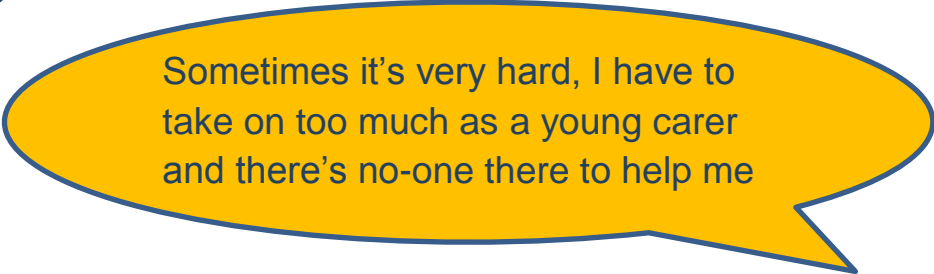
No-one at school knows I'm a carer

### *Listen to them and understand their needs*



I want to learn about what to do in emergencies, I find them very frightening

### *Support them appropriately*



Sometimes it's very hard, I have to take on too much as a young carer and there's no-one there to help me

To do this, the new strategy sets out work we need to focus on to promote the health and well-being of young carers and reduce the significant disadvantages that young carers currently experience due to caring. Young carers will check that we do the work that this strategy says we will do. To support the work the strategy will have a detailed action plan which says what we will do, when the work will start and how long we think it will take to finish.

Young carers have identified three things that are important to them and that they would like us to start on immediately. These form an essential part of the strategy.

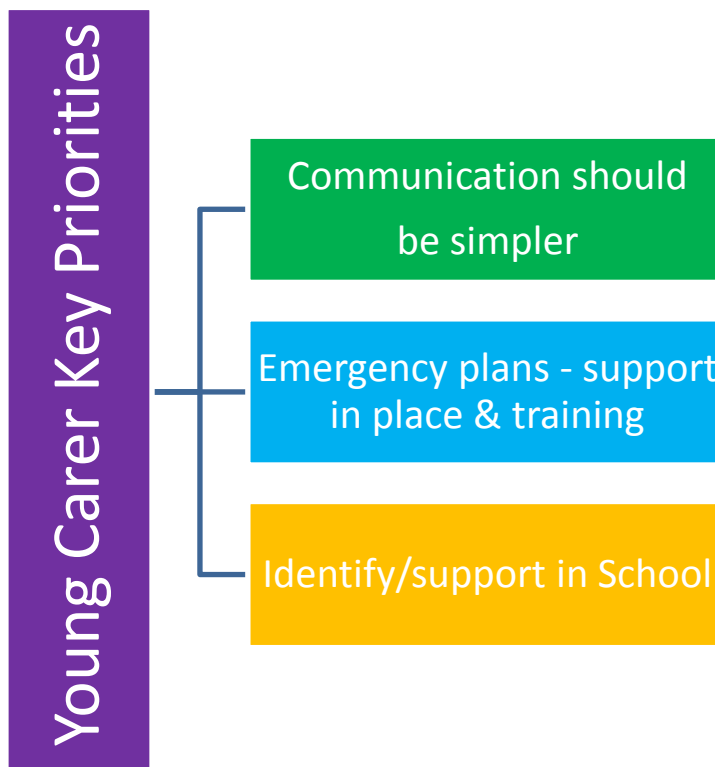
NB: The wording 'local provider' has been used rather than naming current providers as the strategy is for five years and service providers may change.



## Southampton City Council Young Carers' Key Priorities



## Young Carers Immediate Priorities



## Who are Young Carers?

[Image of a group of diverse young people]

A young carer is someone under the age of 18 who looks after a relative with an illness, disability, mental health condition, a drug or alcohol problem. Young carers often take on practical and/or emotional caring roles.

What young carers do to help will be different for each person. Some will have a big family with lots of people helping, while others may have a small family or possibly no-one else to help. Why the relative needs help will also make a difference to what a young carer does.

Sometimes:

- the work they do or decision they have to make is something an adult should do e.g. wash someone, give someone medication or decide what money to spend on food. These are caring roles that are 'inappropriate' for a young person to do;
- a young person may do so much caring that they can't live the life of a child e.g. have a social life. This is called 'excessive' caring and would normally be expected of an adult
- young carers are so worried about leaving the person they care for that they might miss school.

Young carers want to help the people they love, this strategy wants to support them to be a young carer and support them so that they do not have inappropriate or excessive caring roles.

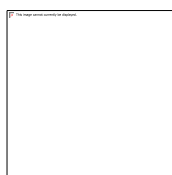
Life will change as a young carer becomes an adult. They may want to leave home, start work or go to college or university. Young people move into adult life at different times and so most services that work with young people believe they should support them until the age of 25. To recognise this, this strategy will include young adult carers up to the age of 25.

## What do young carers do?

Young carers might do some, all or more of the things below .... *unpaid and while trying to maintain a life of their own*



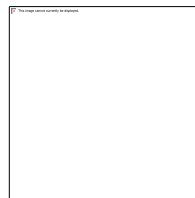
**Balancing work**



**Balancing education**



**Caring for more than one person**



**Dealing with emergencies**

## Key facts and figures about carers and caring

- 2018 BBC survey estimates that there are over 800,000 young carers
- 1 in 8 of those were aged younger than 8 years old
- A third of carers reported having a mental health problem
- Nearly half of young carers said nobody in their school was even aware of their caring responsibilities

Evidence shows that being a young carer can impact on school attendance, attainment, personal development and welfare. For example:

- More than 1 in 4 young carers miss school regularly.
- Young Carers have an average of one grade GCSE level lower, across all the subjects they take, than a young person who has no caring role.
- 6 in 10 young carers say they are bullied.
- Some young carers are worried that their family will be broken up by social services if they tell anyone that they are struggling.
- Many young carers are proud of their caring role and do not want to be pitied or they don't think that telling their school would change very much for them
- In Southampton the number of young carers (aged 8-18) in touch with the Young Carers Service in 2020/21 = 420, with 80 young carers receiving active regular support.

Nationally young carers say the caring roles they do often affects their physical and/or mental health. A survey of young carers in Southampton, conducted by No Limits in 2020, asked, 'Has your caring role affected your emotional well-being?' Of those that responded 60% replied 'yes'. They often:

- feel tired and 'run-down';
- suffer from anxiety, stress and depression; and/or
- find it harder to participate in social activities, which may contribute towards feelings of isolation and loneliness

On the other hand, young people often find they grow personally with their care-giving experience.

## Carers comments

What young carers say might help them:

- ✓ 24/7 support service from young carers project - crisis usually happens in the evenings or at weekends
- ✓ I have someone who helps me with my mental health, my head of year and the head of wellbeing in our school
- ✓ I like the idea of maybe knowing who else in my school is a young carer so we could take time out together to talk to each other, if in case we don't feel comfortable talking to a "grown up" about how being a carer affects us.
- ✓ Give me a break from my caring role (to do an activity, have breathing space)
- ✓ Chats with teachers to ask how everything is. Talking about young carers in things like circle times at school
- ✓ Have Your Say (e.g. Carers' strategy)

What young carers say is difficult for them

- There has been no opportunity to share my story
- I worry that social work will get involved
- I didn't realise I was a carer or that my life is different to that of my peers
- I don't receive support from school
- They didn't offer me support before and they knew about my caring role before.
- I often don't have time to study and I can't go spend time with my friends at all, and I can't travel much
- My younger brother can be disruptive, it can be hard to complete homework, home learning and lack of sleep at times.

**Relevant legislation & safeguarding** - this is a precis of the relevant legislation, detailed legislation is an appendix to the action plan.

The Children and Families Act 2014 and the Care Act 2014, both significantly strengthened the rights for young carers. They aim to assess and support children and young people from taking on excessive or inappropriate care. They also recognised the need to improve the support young carers get when they move from being a young person to being a young adult.

The NHS Long Term Plan - says that the NHS needs to improve identification and support for carers and young carers. The plan says that the NHS will introduce 'carer quality markers' in primary care, provide better support for carers in emergencies, publish top-tips for supporting young carers, and make sure that carers know about and can use clubs, activities and services that are in their neighbourhood or nearby.

## **Part two:**

### **What we are going to do**

#### **What Southampton will look like from a young carer's point of view**

The vision for this strategy is presented as 13 young carer 'I-statements'. These statements include the recommendations from the Scrutiny Inquiry and the Unicef Child Friendly City values.

#### **I statements:**

I feel that what I do as a young carer is recognised, understood and valued

I have good quality information and advice which is relevant to me

I shouldn't have to take on adult tasks or make adult decisions (like doing all the housework, paying the bills or providing emotional/practical support to other members of the family)

I am listened to and feel part of the team planning care for the person I care for

I know where to get help from when I need it (for me or my cared for person)

I know where to get help when things go wrong (for me or my cared for person)

I can balance caring with my education and/or paid work

I can have a break and time for myself or with other family and friends

I feel that I am supported to look after my own health and wellbeing

I feel supported moving from being a young carer to a young adult carer

I feel supported when my young caring role ends

I can get support I need without anything getting in the way (so, for example, there is good transport to where the support is and staff recognise young carers, are child-friendly and talk so young people can understand them)

I want to be supported by people who really care, listen to me and want to help me

## Priorities we agree we need to focus on

Young carers and services who work with young carers have spoken about a lot of things that need to change. When everything is brought together they can be grouped into four themes. We have called these our 'priorities' as they need to be done sooner than other things. Work to change the lives of young carers has been identified within each priority. An action plan has been written which shows what work will be done, when it will happen, who will do it and when it is expected to finish.



### What to do first

*Communication should be simpler*  
*Emergency plans - support in place & training*  
*Identify/support in School*

Young carers and carer organisations have said what is most important to them and what they want done first. These have been written into the action plan.



## **Areas of work for each priority:**

### **Who are Young Carers**

1. Tell people who live and work in Southampton about young carers and what they do. If we tell enough people, young people themselves will recognise they are a young carer and adults will be able to spot young people who have a caring role.
2. Increase number of:
  - young carers known to schools, colleges and services for children and young people;
  - young carers known by their doctor;
  - adults who let their doctor know they have a young carer; and
  - young carers who are found by social care (children's and adults) when supporting the person who needs the care.
3. All services that support carers and the people they care for to work together so that they decide on similar ways to search for young carers and know how best to help everyone.
4. Young Carers to have one way of showing people and services, including emergency services, that they are a young carer – possibly a Young Carers Card.

### **Information, advice and guidance**

1. Increase the number of young carers who receive information and advice from the NHS and Social Care, as well as from specialist carer and young carer services.
2. - Age-appropriate support for young carers.
3. Develop a range of information accessible and relevant to very young carers (primary school age to young adults), including some fun activities.
4. Explore how information can be put online for young carers to access.
5. Identify support within the local community so young carers know what help is available.

## Help and support

1. Provide assessments (a chat to find out a bit about you and the caring you do) that understand that young carers need to have a caring role that is not excessive or inappropriate.
2. Increase the number of young carers assessments completed.
3. Help develop 'what to do in an emergency' training and plans.
4. Enable young carers to stay in education (the right support for different ages, so primary/junior/secondary and college students get the right help).
5. Enable young carers to stay in employment while they care.
6. Provide high quality support while a young carer moves to become a young adult carer.
7. Support to young carers after their caring role has ceased.
8. Look for more young carers in e.g. black Asian or minority ethnic communities (BAME), or young carers who are supporting adults with drug and alcohol problems.
9. Work with local transport providers and community transport to improved transport support for young carers.
10. Explore whether different venues around the City might be helpful for young carers to meet and get support.
11. Make it easier for young carers to get support or a break from caring (such as transport or having interpreters at appointments) – including someone else to care for the cared for person or them having something to do, so the young carer can have a break.

## **Young Carers voice**

1. Young Carers will be supported, and encouraged, to help change services so that they recognise, listen to and support young carers.
2. Young carers wishes and knowledge will be used when writing documents that will affect them, for example city wide transport plans.
3. The Stronger Communities Youth Participation team will work with young carers and the local provider to ensure that their rights as children are promoted within our ambition to become a child friendly city.
4. Ensure that young carers knowledge about the person they care for, and their skills in how to care for them, is valued and used when planning care for the person they care for.
5. Work with young carers and the people they care for to make sure services they use meet their real needs.
6. Develop 'vox pops' or short videos featuring young carers to help train professionals

**Measuring success** – different people will want different ways to know how well the strategy has worked. Everything will be based on the ‘I statements’. We will use numbers e.g. number of people attending a service and we will also talk to young carers and other people about what they thought of a service or how the strategy’s actions from the action plan has worked for them. We will look at what has worked for people and what needs to change to make them work in the future.

Council officers will report quarterly to the Southampton Partnership Board, or it’s equal if it changes over the next 5 years, and will tell them what has made things better for young carers, what hasn’t changed and if anything has made things worse.

This strategy cannot be delivered by Southampton City Council alone and we will be working closely with the partners listed to achieve change across the City:

University of Southampton NHS Foundation Trust

Southern Health NHS Foundation Trust

Solent Foundation Trust

South East Coast Ambulance Service NHS Foundation Trust

Hampshire Constabulary

Hampshire & Isle of Wight Fire and Rescue Service

Commissioned providers

Voluntary sector

The action plan shows what work will happen, when and by who and is available on request. Please contact

Xxxxxx

Xxxxxxx

xxxxx.

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p><b>Name or Brief Description of Proposal</b></p>	<p>Adult and Young Carers Strategies 2021-26</p>
<p><b>Brief Service Profile (including number of customers)</b></p>	<p>Both Strategies cover a five-year period. The strategies consider the recommendations from the Public Inquiry ‘Carer Friendly Southampton’ and has been co-produced with carers and relevant stakeholders.</p> <p>Both Strategies share 4 key priorities improved:</p> <ul style="list-style-type: none"> <li>• identification;</li> <li>• provision of information, advice and guidance;</li> <li>• help and support; and</li> <li>• having a voice and being listened to.</li> </ul> <p>Adult carers have an additional key priority of planning for the future.</p> <p>The immediate priorities adult carers would like improved are:</p> <ul style="list-style-type: none"> <li>• good communication across all areas;</li> <li>• clear, transparent and straightforward finance;</li> <li>• strong carer’s voice;</li> <li>• carers’ well-being; and</li> <li>• joined up services</li> </ul> <p>The immediate priorities young carers would like improved are:</p> <ul style="list-style-type: none"> <li>• communication should be simpler;</li> <li>• emergency plans – support in place and training; and</li> <li>• identify/support in school.</li> </ul> <p>An action plan will guide work to achieve identified outcomes for carers in all priority areas. Work has already started for some of the immediate priorities from both adults and young carers.</p>
<p><b>Summary of Impact and Issues</b></p>	<p>The two strategies together aim to improve the health and well-being of all unpaid carers who live in Southampton. To do this it is anticipated that investment will be needed from health and social care. It is difficult to quantify the exact funding required as the needs of unidentified carers is unknown. Scoping work, however, is being undertaken in 2021/22 to understand the funding required in 2022/23 to e.g. support schools to become young carer friendly and increase capacity withing support services to identify, assess and provide universal support for</p>

	carers.
<b>Potential Positive Impacts</b>	In addition to carers health and well-being the strategies also aims to improve the: <ul style="list-style-type: none"> <li>• experience of carers when they transition from one service to another e.g. young carers becoming young adult carers;</li> <li>• ability of young carers to stay in education or gain employment;</li> <li>• support for adult carers to stay in employment or return to employment;</li> <li>• number and type of breaks a carer can have from their caring role; and</li> <li>• process of assessment and support planning.</li> </ul>
<b>Responsible Service Manager</b>	Adrian Littlemore
<b>Date</b>	26.10.21

<b>Approved by Senior Manager</b>	Adrian Littlemore
<b>Signature</b>	<i>Adrian Littlemore</i>
<b>Date</b>	<u>28-10-21</u>

### Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Age</b>	No negative impact identified.  The strategies aim to improve the lives of carers of all ages. In particular where a carer ages and there is a change in the support agency and/or other services the process of transition will be improved.	
<b>Disability</b>	No negative impact identified.  The people that carers support are from all care groups. Work is currently being undertaken so that access to respite care has parity of esteem across the care groups i.e. carers are not given set funding instead it is based on the respite needs of the carer and the cost of paid care for the person being cared for.	
<b>Gender Reassignment</b>	No identified impacts.	
<b>Marriage and</b>	No identified impacts.	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Civil Partnership</b>		
<b>Pregnancy and Maternity</b>	No identified impacts.	
<b>Race</b>	<p>No negative impact identified.</p> <p>The strategies aim to improve the identification of carers from black and ethnic minority communities as their representation is currently small.</p>	
<b>Religion or Belief</b>	<p>No negative impact identified.</p> <p>The strategies aim to improve the identification of carers from religious communities other than Christian as their representation is currently small</p>	
<b>Sex</b>	No identified impacts.	
<b>Sexual Orientation</b>	No identified impacts.	
<b>Community Safety</b>	<p>No identified negative impacts.</p> <p>The strategies aim to provide more services in local communities and also to improve access to transport where travel is needed. This will enable carers, particularly the young and elderly, to safely access support services.</p>	
<b>Poverty</b>	<p>No identified negative impacts.</p> <p>Improved access to education and employment will reduce poverty within the caring community.</p>	
<b>Other Significant Impacts</b>	No other identified impacts.	

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## Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	Changes to membership on SACRE
<b>Brief Service Profile (including number of customers)</b>	
<p>The proposal, if agreed, will bring about a new representative on SACRE to be a voice for people who would consider they are not represented through a religious group currently within the membership groups – but who have other religious alliance or beliefs as set out in the Human Rights Act. It will also provide a voting membership whereas this is currently a non-voting co-opted position.</p> <p>It will also bring about a full voting membership to a representative of Southampton City Mission from a co-opted position currently also.</p>	
<b>Summary of Impact and Issues</b>	
<p>Impact is linked to religion or belief</p> <p>The South Hampshire Humanist group have requested a full voting place on SACRE. Currently they are a co-opted member within the current constitution, but the co-opted group have no voting rights.</p> <p>The DFE and statute set out the legal position that SACREs must follow regarding membership and their responsibilities. This can be determined in a number of ways.</p> <p>During the constitution review analysis of the data provided to schools by parents regarding their child’s religious affiliation – or “No religion” has been undertaken.</p> <p>The data set is not full, and also relies on schools having recorded accurate</p>	

information in a non-statutory aspect in their information system. However, it indicates that 40% of the current school population have an aspect of “no religion” filled in. This would therefore support the proposal to widen the groups who may have a full place on SACRE from a current pupil population perspective.

We have not found any evidence to support that the South Hampshire Humanists group would represent the beliefs of all of those who have indicated “No Religion” so a place that can be applied for by people who would consider themselves to be part of a belief system but non-religious is proposed to accommodate.

This will enable a broad range of applicants, who would meet the criteria to be determined, to put forward how they will be able to support the statutory duties of SACRE for a period of an academic year. This will enable a wide group of people to have representation over time to contribute. It will be re-assessed when the most recent census data is available so this is taken into account also for the next review.

A process for application will need to be agreed by a sub-committee, for commencement August 2021. It will need to determine clear criteria for who can apply, criteria for those interested to include information against, an application template, and a timeframe for launching and undertaking the process.

The timeframe should be relevant to the unique membership place.

Co-opted members have an agreed timeframe of membership set for any period

Other SACRE members have a 4-year period of membership

SACRE will need to vote to recommend the proposal or not, or make any amended recommendations. It may be that, if this is not recommended by SACRE, or the cabinet to whom the report will go to next, the South Hampshire Humanists who have previously challenged previous decision to not recommend their group become full members may not be satisfied with this application proposal and may decide to proceed with Judicial Review proceedings.

There may be other groups, who if the South Hampshire Humanists are given a specific member place would then feel not represented. Hence the proposed application for short time-framed positions.

The committee already acknowledged the need to be legally compliant whilst balancing the changing population position in the constitution review in 2020 and strongly felt that the DFE needed to take a national position on this to support all SACREs and review the statute rather than place individual SACREs in a difficult position. It is reasonable to think this may continue to be their position, but as time has passed it also will have given members time to reflect and now re-assess.

Southampton City Mission – a representative of a group of churches has also expressed interest in becoming full voting members of SACRE. It is felt that as a representative of other Christian denominations and other bodies this would be already accommodated for within the current Group A arrangements if SACRE were to vote to recommend this additional member

Impact may be that SACRE may recommend something different to that which is proposed – or that South Hampshire Humanists do not accept the constitution membership amendments proposed.

**Potential Positive Impacts**

Strengthen the defensible position of good decision making by SACRE by strengthening the good relations between different people.

An additional representative for the indicated large pupil population group, with belief or no religion, who is able to demonstrate they are able to positively contribute to the statutory duties and scope of Southampton SACRE would be of benefit to the diversity of the full membership voting committee members.

Southampton City Mission, representative of a group of local churches, would be able to vote with other members regarding any issues requiring a vote, if made a full member.

<b>Responsible Service Manager</b>	
<b>Date</b>	
<b>Approved by Senior Manager</b>	
<b>Date</b>	

**Potential Impact**

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>		
<b>Disability</b>		
<b>Gender Reassignment</b>		
<b>Marriage and Civil Partnership</b>		

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Pregnancy and Maternity		
Race		
Religion or Belief	People who have beliefs, but not religious beliefs will be further included in SACRE decision making where voting is required	Solution is as proposed for two additions to group A
Sex		
Sexual Orientation		
Community Safety		
Poverty		
Health & Wellbeing		
Other Significant Impacts		

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