

NOTTINGHAM CITY COUNCIL

CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 19 July 2016 from 11.02 - 12.26

Membership

Present

Councillor Brian Parbutt (Chair)
Councillor Azad Choudhry
Councillor Mohammed Ibrahim
Councillor Patience Uloma Ifediora
Councillor Glyn Jenkins
Councillor Chris Tansley

Absent

Councillor Josh Cook
Councillor Georgina Culley
Councillor Ginny Klein
Councillor Neghat Nawaz Khan

Colleagues, partners and others in attendance:

Helen Blackman	- Director Children's Integrated Services
Sara-Jane Brighthouse	- Project Manager
Rob Gardiner	- Carers Federation AYC Service
Rav Kalsi	- Senior Governance Officer
Rosaleen Lynch	- Carers Federation AYC Service
Tajinder Madahar	- Head of Service, Children's Duty Team and Targeted Services
Sue Taylor	- Locality Manager
Zena West	- Governance Officer

9 APOLOGIES FOR ABSENCE

Councillor Josh Cook – other Council business
Councillor Georgina Culley – personal reasons
Councillor Neghat Khan – other Council business

Alison Michalska (Corporate Director, Children and Adults)
Councillor David Mellen (Portfolio Holder for Early Intervention and Early Years)

10 DECLARATIONS OF INTERESTS

None.

11 MINUTES

The minutes of the meeting held on 17 May 2016 were agreed and signed by the Chair.

12 SERVICE PROVISION FOR YOUNG CARERS IN NOTTINGHAM

Helen Blackman (Director Children's Integrated Services), Tajinder Madahar (Head of Service Children's Duty Team and Targeted Services), Rob Gardiner and Rosaleen Lynch (Carers Federation Action for Young Carers), Sara-Jane Brighthouse (Project Manager), and Sue Taylor (Locality Manager) gave a combined presentation

from a range of services working together for young carers, highlighting the following points:

- (a) the law changed for Young Carers from April 2015. If the young carer or their parents request an assessment, or it is identified that a young carer is negatively affected by their caring role, then Local Authorities must ensure that a "Young Carer's needs assessment" is carried out to decide what type of help the young carer and their family might need;
- (b) this affects both Children's and Adult services. A 'think family' approach is taken, with an Interim Joint Protocol developed by the Children & Adults department and the Carers Federation- Action for Young Carers;
- (c) the joint protocol ensures there is responsibility for providing services to young carers regardless of who they care for, what care they provide, and how often they provide care. The needs assessment assesses what type of support they might need, with an aim of preventing crisis situations. The joint protocol has been drafted and presented to Children and Adults as well as to the Children's Partnership Board;
- (d) the main commissioned provider of support services to young carers is the Carers Federation - Action for Young Carers (AYC), who are commissioned to provide the service until March 2017. They engage with young carers aged 5 - 18 years, and work closely with Explore Families, supporting families where there are issues of substance and alcohol misuse;
- (e) there is joint working between Nottingham City Children and Adults & AYC, to tackle issues and impact on young carers, engage with and support young carers, offer a range of support provisions, and seek feedback on the impact of that service provision;
- (f) the assessment is in terms of the whole family, what is causing the child to fulfil the caring role? Are there any dangerous or inappropriate activities that need tackling with family? Does the Adult Social Care team need to assist? Etc. As well as identifying the needs of the individual being cared for, the assessment looks at the impact on the young carer. Often carers as young as 6 or 7 are in charge of dispensing medication, or other inappropriate support. The assessment also looks at the impact on their education and their health. For example. young carers are less likely to engage in dental care than the average child, as going to the dentist gets lost in amongst the daily care routine;
- (g) a key part of the work is to develop assessments and work out what support both the cared for and carer need. There is often intense activity in the first 2 or 3 months of working with young carers, then ongoing support at a lower level. Assessments have to be accurate from the start;
- (h) provision exists in 3 tiers (1, 2 and 3) with the aim of moving young carers down the tiers due to the level of support. There is a statutory assessment with the whole family, referrals are made to the relevant support to immediately reduce carers role, then individual assessment take place with the child on

their own. From that assessment comes the 1 to 1 support. This 1 to 1 support will help to tackle isolation, the emotional impact of their carer role, and any health and education needs. There are 10 designated sessions with a support worker, where the young person is in control of the support plan;

- (i) part of the support involves having designated workers in schools who know how to support young carers, getting to meet other young carers locally in a social network that understands the pressure of being a young carer, and social help to support each other's emotional wellbeing;
- (j) there are also regular residential opportunities, day trips, and social activities. Money has been raised to take 10 young people since 2006 to France on a music trip. None of those young people had ever picked up a musical instrument before their trip. They stayed with a composer. The difference in those vulnerable people after their trip was visible, and activities like this are crucial to build up their own social networks and support and peer groups;
- (k) activities and trips with the young carers family are also important. A coach is hired for family day trips 4 times per year;
- (l) a lot of young carers are subject to child protection or other social services involvement, and families are often nervous to go to these meetings and are frightened the young carer will be removed. Support and advocacy is provided for the whole family, with the aim of keeping families together wherever possible;
- (m) a free and confidential counselling service is also provided by the Young Carers Federation. If there are greater needs, a referral can also be made to CAHMS (Child and Adolescent Mental Health Services) if necessary;
- (n) young carers are often required to do tasks they're not trained for, such as handling and moving people. Training is provided on first aid, child exploitation, and sexual health. Consultation takes place with the young carers to ask what training and support they want, but they can also be introduced to other independent services if they don't want to engage with the services available;
- (o) the Dogs Trust also get involved in training and support, teaching young carers how to look after any pets properly too;
- (p) one of the services offered is a young carers ID card, which young carers can request. For older young carers it acts as consent so the carer can prove their responsibilities and have information about the cared for person shared with them. For older and younger young carers, it is a useful tool in schools for proving their caring responsibilities, for example if they are upset or need some additional support from the school;
- (q) there is a smartphone app, for keeping in contact with support services after the initial intensive support has ended. It includes a self-assessment tool if the young carer is struggling and enables them to get further help and contact;

- (r) AYC are currently working with 274 young carers, but can work with over 300 at any one time. The Children's Social Care Assessments identified 141 children and young people where there were "concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities." Common Assessments identified 57 children and young people as being a young carer. 19 families were identified for referral to Adult Social Care;
- (s) if young carers and their support needs are identified at the right time, then there is often very positive feedback. Families grow and move on, and young people become more independent. Collaborative working will continue, with more work being done to identify carers who aren't being identified elsewhere.

The following points were raised in discussion:

- (t) the Children's Educational Trust provides grants of up to £500, which may be suitable to go towards day trips and excursions for young carers;
- (u) part of the young carer assessment evaluates what support they will need from their school. The most appropriate person in the school to talk to and explain the situation is identified, and the impact at home on that young person is explained, so that the school can support that young person. Care support at home can also enable fewer absences. Some young carers haven't been in school at all, in those cases the aim is to work with the parents to change their mind-set about education to get the child back into school, then ongoing support of that child in school;
- (v) during a recent group activity, medical check-ups were provided to young carers, in conjunction with the CityCare Partnership. Young carers are also encouraged to register with their GP and dentist. A number of questions in the self-assessment relate to health issues, so these will be monitored even after the intensive support ends;
- (w) the schools are becoming more open to the idea of supporting young carers. The Care Act has given the issue greater visibility, and there is now an OFSTED requirement to support young carers. Support will also help to improve attendance and attainment, and it can now be evidenced to schools that providing support is to their benefit in terms of outcomes;
- (x) AYC was originally commissioned until 2016, but the contract was extended to 2017. The contract will then go out to tender along with other carers contracts. This is currently being reviewed by the Commissioning team at Nottingham City Council, and is in the early stages of consultation;
- (y) the last UK census identified 3,300 young carers under 25, but this could be as little as one third of the real number, as families in the census don't tend to identify young carers. There has been a significant increase in referrals from social services as the partnership is working well. GPs are poor at identifying carers, especially young carers, given the access they have regarding medical needs of the people being cared for, but they don't seem to take the initiative. Whilst GPs are paid to hold a carers register, they aren't required to put people

on it. The service is advertised, but most referrals still come through from schools;

- (z) the Department for Work and Pensions doesn't routinely ask who is supporting claimants on Employment and Support Allowance, or other disability related support;
- (aa) some families are complex and have complex needs, so to intervene and separate them when there are structural things that could change instead would be inappropriate. With the right support, a child can remain in the family with a parent they love very much. More intense support work is often required if there are substance misuse issues, but additional services and support can be commissioned as required;
- (ab) where there is a deteriorating or terminal illness, support is flexible, and services can adapt when the care expectations on the young person increase. The whole family approach does involve identifying extended family who can help with support needs, but there are sometimes cases where a terminal patient has a young carer as their sole available carer. In these situations, it is also crucial to identify what support the young carer will need after the person requiring care has succumbed to their illness, such as accommodation support, supporting young people to apply to university etc. The reality is that whilst these support services can't improve terminal patients health, they can ensure that as much help is in place for the young person as possible as the person requiring care's condition deteriorates;
- (ac) most young carers are very proud, and sometimes they feel a sense of loss when support responsibilities are taken away from them, even when it's providing them with other opportunities. It is important to ensure that young carers do not see the need for support as an inability to care for their relatives, or as a failure in their duty;
- (ad) the whole family approach will also identify situations where there is more than 1 young carer in the family, such as a sibling group, or cousins;
- (ae) Adult Services work on enablement with the adult, to help them to be able to better care for themselves, such as installing adaptations. Increasing the adult's independence (if possible) is very important;
- (af) there is an existing link with GP services through the CityCare Partnership, so there should be greater engagement from them. Some GP surgeries have even refused to display posters regarding young carers. One of the commissioners is very aware of the issue, the commissioners also have this problem and find it very difficult to get GPs to engage;
- (ag) auditing of schools support also takes place, analysing various issues, such as:
 - what support is in place for young carers?
 - does their teacher training cover young carers?
 - do they support young carers to become young carer champions and help other young carers?

- (ah) certain wards currently have heavier demand, an assessment will take place to try to ascertain why this is. Bilborough, Aspley and Bulwell currently use the service more than other wards, whilst it is a struggle to get referrals from Arboretum and Lenton, or areas with potential cultural barriers such as Hyson Green;
- (ai) for some young carers there is not a major impact on their mental health other than not enough time for education - they're comfortable in their role and it's well managed. At the other end of the scale there have been severe mental health impacts and children ending up in long term support services. Sometimes anxiety and depression can have a knock on effect going into their adult life too, and they need mental health support from an early age if there is significant impact from the caring responsibility. The transition to adulthood has always been especially difficult as the provision doesn't always match up. The age range from 18-35 has a lot of carers, who mostly don't access the support services available;
- (aj) whilst there is no obligation on GPs to help identify young carers as part of the Care Act, the new NHS 5 year plan is placing a greater emphasis on all health service professionals to identify carers, so it is hoped there will be added leverage to get cooperation and support from GPs.

RESOLVED to

- (1) thank Helen Blackman, Tajinder, Rob Gardiner, Rosaleen, Sara-Jane Brighthouse and Sue Taylor for the presentation on the service provision for young carers in Nottingham;**
- (2) ask Health Scrutiny Committee to review the new NHS 5 year plan which places a greater emphasis on all health service professionals to identify carers, including GPs.**

13 YOUTH AND PLAY PROVISION IN NOTTINGHAM

This item was deferred to the next meeting of the Children and Young People's Scrutiny Committee in September 2016.

14 PROGRAMME FOR SCRUTINY

Rav Kalsi, Senior Governance Officer, updated the Committee on the work programme:

- (a) the report on Youth and Play Provision will be presented to the Committee in September 2016;
- (b) the proposed report on Stability of Social Workers will move to another month, to be confirmed;
- (c) a new meeting will be scheduled for October, possibly 18 October 2016, to allow the committee to catch up on deferred items.

RESOLVED to note the changes to the work programme.