

Haringey Adult Carers Strategy

2009-2014

This strategy has been developed Haringey Council, working in partnership with the Carers Partnership Board, a subgroup of the Haringey Strategic Partnership.

Members of the Haringey Strategic Partnership are:

- Haringey Council
- NHS Haringey
- Metropolitan Police
- Job Centre Plus
- Local Businesses
- New Deal for Communities
- College of North East London
- Middlesex University
- Haringey Association of Voluntary and Community Organisations
- Community Empowerment Network
- Race Equality Joint Consultative Council
- Faith Communities
- Greater London Authority
- Members of Parliament
- Registered Social Landlords

Carers organisations currently working in Haringey

Age Concern Haringey
Alzheimers Society Haringey
Asian Carers Support Group
BME Carers Support Services
Carers Centre
Mental Health Carers Support Association

Alternative formats

This strategy is available on request in community languages, Braille, on tape, in large print and in a format accessible to people with learning disabilities.

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Draft Foreword

The carers of Haringey provide unpaid support to the people they care for, to family members, partners and friends. Carers choose to do it because they care about the quality of life of the people they care for and want to support their choice to live at home. Carers' choice to care provides an essential voluntary contribution to society as well as to the people they support. If carers in Haringey stopped their unpaid work the cost of replacing it would be £236.5 million a year. Carers in Haringey are proud of their honourable role which needs to be recognised, supported and celebrated.

Haringey's carers are as diverse as the people of the borough. They live in all parts of the borough and come from all sections of the community. Some may be starting to care as a family member partner or friend becomes frail or disabled. Others may have been caring for many decades. Some carers have given up paid employment; others are balancing employment and caring. Some will be grieving after the death of the person they cared for and trying to work out what that now means for their lives.

Some people may not even recognise themselves as a carer or know there is support available to them in their caring role and in their life apart from caring.

Whatever the differences in their situation, all carers have a right to support for their needs, for advice and information, for a listening ear and for options to enable them to continue caring and to have a life of their own.

We are committed to working together to reach out to, and be alongside, Haringey's carers and to provide them with the personalised support they need in their invaluable work.

Signatories

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Executive Summary

Aim

The **aim** of this Strategy is:

- to identify and support Haringey's unpaid carers in their caring role and in their life apart from caring
- to provide culturally appropriate support for all Haringey's diverse carers throughout their caring lives
- to involve Haringey carers in all developments affecting them and the people they care for
- to ensure that all partners to the strategy work together effectively to support carers

Vision

The vision of the Haringey Adult Carers Strategy 2009-2014 is

'Carers in Haringey are empowered to care and live a better life'.

Outcome 1

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

Outcome 2

Carers will be able to have a life of their own alongside their caring role

Outcome 3

Carers will be supported so that they are not forced into financial hardship by their caring role

Outcome 4

Carers will be supported to stay mentally and physically well and treated with dignity

Key actions/ programmes

These are outlined in Section 6

1 Introduction

1.1 Background Information

Haringey Carers Strategy 2005-2008 provided the framework for supporting carers. That strategy was developed by a partnership between carers, Haringey Council, Haringey Teaching Primary Care Trust (HTPCT) – now NHS Haringey-and Barnet, Enfield and Haringey Mental Health Trust, (BEHMHT).

Haringey Carers Strategy 2005-2008

identified five key areas for improvement:

- Information
- Assessment of Carers' needs
- Carers' Health and Short Breaks
- Carers' Employment and Financial Security
- Voice of Carers in Service Planning

The strategy's action plan for 2005-2008 has been reviewed and updated, most recently to 31 October 2008.

It now needs revision and updating in the light of significant national and local developments. The revision provides an opportunity for partners to renew their commitment to more effectively meeting carers' needs in the years ahead and for carers involvement to be the foundation of this process. The new Haringey strategy will have an accompanying delivery plan, which will be completed after consultation with carers and stakeholders.

The most important national development is the 10 year national strategy for carers, *Carers at the heart of 21st century families and communities*, published in 2008.¹ The national strategy was developed after extensive consultation with carers. We will use its outcomes for adult carers as the outcomes for this revised Haringey strategy. They are:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- Carers will be able to have a life of their own alongside their caring role

¹ *Carers at the heart of 21st century families and communities* DH 2008
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_085345

- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and treated with dignity

Who is a carer?

The word carer has been used to mean different things which can be confusing. For example many “carers” of drug and alcohol users do not see themselves as “traditional carers” so do not come forward to access services. Instead they respond more positively to “family and friends”. The government acknowledges in the new 2008 national strategy (Page 19) that *the term “carer” has different meanings in different legislation.*¹

The definition used by the national strategy is:

*A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.*²

The government is proposing that this definition is used across government. The definition does **not** cover paid or employed homecarers or employees in residential homes or volunteers.

1.2 The National Context

Demographic issues

The 2001 Census³ included, for the first time, a question on the provision of unpaid care. It asked:

Do you look after or give any help or support to family members friends or neighbours or others because of: long-term physical or mental ill-health or disability or problems related to old age?

Analysis of the 2001 Census by Carers UK⁴ shows that women are more likely to be carers than men. Across the UK 58% of carers are female and 42% are male. Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years

² As above Page 19

³ <http://www.statistics.gov.uk/census2001/census2001.asp>

⁴ *Statistical analysis of the Census* Carers UK, 2001

old. Women are more likely to give up work in order to care⁵. Most carers (5.7 million) are aged over 18 and the peak age for caring is 50 to 59. More than one in five people aged 50-59 (1.5 million across the UK) are providing some unpaid care. One in four women in this age group is providing some care compared with 18% of men. This compares with 6% of adults aged 18 to 34, 12.5% aged 35 to 44, and 11.5% aged 65 or over.

Caring varies between ethnic groups. Bangladeshi and Pakistani men and women are three times more likely to provide care compared with their white British counterparts.

National data since 1985⁶ shows a continued increase in the number of carers providing in excess of 20 hours of care per week. This figure has risen from 1.5 million in 1985 and 1990, to 1.7 million in 1995, to 1.9 million in the 2001 census.

Figures for the number of carers providing 50 or more hours per week have also increased to 1.25 million in the 2001 Census. Previous GHS figures from 1985 to 2000 were between 750,000 and 850,000.

Carers UK reported in January 2009⁷ that every year over 2.3 million adults become carers and over 2.3 million adults stopped being carers and that 3 in 5 people will be carers at some point in their lives.

Another Carers UK report in 2007 identified that one in five carers give up work to care which usually means a considerably reduced income, if not a slide into poverty. The main carer's benefit, Carer's Allowance, remains the lowest benefit of its kind, at £50.55 per week (2008/9 levels) for providing at least 35 hours of care a week. Helping carers to remain in paid work, through support services and access to flexible working, has a significant impact, for individuals and for the economy as a whole.

The Department of Health identified⁸ that society, and carers themselves, will be affected by the following long-term trends:

- carers are getting older while there is growing demand for care
- changes in the choices people are making about how and where they want their care, with more people wanting to be cared for in their own home
- changes in technology supporting people to live independently for longer
- changes in the caring relationships in families with, for example, increases in young and older carers

⁵ *It could be you*, Carers UK 2000

⁶ *General Household Survey 1985* HMSO 1987

⁷ <http://www.carersuk.org/Home>

⁸ *Terms of Reference for Standing Commission on Carers* Department of Health 2007

<http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=311742&NewsAreaID=2&NavigatedFromDepartment=True>

- changes in the locations of families with more family members working or living further away from those who need to be cared for
- changes in the number of adults and children with chronic conditions and mental health problems.
- growing concerns around the misuse of alcohol

Effects of caring on carers' health

The health of the UK's six million carers suffers as a direct result of unpaid caring work. According to In Poor Health⁹, a survey of the impact of caring by [Carers UK](#) in 2004, the more hours a carer provides, the more likely it is that they will be in poor health. This is particularly so for those providing more than 50 hours a week, which is the case for nearly 21% of carers.

Further research was carried out to launch Carers Week 2006¹⁰. A survey of more than 5,000 carers shows the vast majority of those questioned (79%) reported that caring had made their health worse – and yet just one in four (27%) had been offered a health check by their GP. An overwhelming 89% of carers thought they should be offered an annual health check. Unsurprisingly, 71% of carers said that health problems affected their own ability to care – and, in turn, 57% said their health problems were affecting the person they cared for. The most common complaints, stress/worry (91%), depression (58%) stem from the emotional impact of caring, while backache (50%) demonstrated the physical toll on the health of carers.

Key Legislation

The following is a brief outline of key legislation affecting carers. Full details are to be found in *Carers and their Rights*¹¹ or at the Office of Public Information website¹².

Disabled Persons (Services, Consultation and Representation) Act 1986

requires that during an assessment of a disabled person's needs consideration must be given to whether a carer is able to continue in that role.

NHS and Community Care Act 1990

requires local authorities to involve families and carers when making plans to help vulnerable people.

Carers (Recognition and Services) Act 1995

⁹ In Poor Health Carers UK 2006

<http://www.carersuk.org/Policyandpractice/Research/Healthimpactofcaring/1201185222>

¹⁰ Princess Royal Trust for Carers 2006

¹¹ *Carers and their rights*. Luke Clements Carers UK 2007

<http://www.carersuk.org/Policyandpractice/Delegateresources/Carersandtheirrights>

¹² <http://www.opsi.gov.uk/>

gives carers the right to have their needs assessed in relation to their willingness to continue in their caring role.

Carers and Disabled Children Act 2000

gives all carers the right to ask for an assessment of their own needs in relation to their caring role. Local authorities can offer assessments to carers even when the person they care for refuses an assessment for themselves. They have the power to provide services directly to carers.

Carers (Equal Opportunities) Act 2004 (England and Wales)

- Places a duty on local authorities to inform carers who are eligible of their right to a carer's assessment.
- An assessment must consider work, life-long learning and leisure.
- Gives local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers.

Work and Families Act 2006

gives carers the right to request flexible working from their employer. They can ask their employer to change their work pattern. It can only be refused if it will damage the business or have an impact on other employees.

Law Commission's proposed review of social care legislation

In November 2008 the Law Commission¹³ published a scoping report for a review of adult social care legislation and came to the conclusion that:

the legislative framework for adult residential care, community care, adult protection and support for carers is inadequate, often incomprehensible and outdated. It remains a confusing patchwork of conflicting statutes enacted over a period of 60 years. There is no single, modern statute to which service providers and service users can look to understand whether (and, if so, what kind of) services can or should be provided.

This analysis is especially relevant to legislation affecting carers which has developed in a piecemeal and ad hoc way by means of Private Members Bills.

Relevant national and policy initiatives

Carers Grant

¹³ http://www.lawcom.gov.uk/adult_social_care.htm

The Government introduced the Carers Grant in 1999 to help councils to provide breaks and services for carers in England. From 2008, the Grant has been paid to councils as part of the Area Based Grant (ABG).

Our Health, Our Care, Our Say

In 2006 the White Paper *Our Health, Our Care Our Say*¹⁴ (OHOCOS) proposed a vision of social care services for users and carers that included 'personalisation'. This signalled a strategic shift towards early intervention and prevention.

A New Deal for Carers

This was announced in February 2007. It included a review of the 1999 National Carers Strategy with a consultation which closed in September 2007. An Expert Carers Programme and a national helpline for carers was announced. A new grant of £25million per year for emergency home-based respite for carers is being paid to local authorities from October 1st 2007.

Personalisation: Putting People First

In December 2007 Government launched *Putting People First*. It sets out the shared aims and values of the Government, Local Authorities and the National Health Service which will help guide the transformation of adult social care and support the Government's commitment to independent living for all adults. This move to personalisation will have implications for all service users and carers.

Personalisation means:

*the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive.*¹⁵

This means that **everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third sector and community or private sector or by funding it themselves, will have choice and control over how that support is delivered.**

¹⁴ Our health, our care, our say: a new direction for community services, Department of Health, 2006

¹⁵ As in note 11 above

The introduction of personalisation is being hailed as the biggest change to the delivery of social care since the introduction of the NHS and Community Care Act 1990. There are five elements of the vision for transformation:

1. A new relationship between Government, Local Authorities, the NHS, Independent Sector Providers and the Regulator.
2. A major shift of resources and practice to prevention, early intervention and re enablement.
3. High quality accessible information and advice available to all irrespective of financial means.
4. A commitment to treating carers as partners.
5. Maximum power, control and choice in the hands of the people who use these services and their carers.

Government guidance on personalisation states that, by March 2011, people who use services and their carers, frontline staff and providers should experience significant progress in all local authority areas.

*Personalisation pilots have been taking place prior to full implementation. A recent study has reported a positive response from carers involved in these.*¹⁶

Putting people first without putting carers second

*The Princess Royal Trust for Carers has produced this guidance on good practice in the implementation of personalisation for carers.*¹⁷

Standing Commission on Carers.

In September 2007, Ivan Lewis, the Health Minister, announced the creation of a Standing Commission on Carers. The Commission is chaired by Philippa Russell, a member of the Disability Rights Commission and advocate for disabled children and young people. It reports to the Secretary of State for Health. Its terms of reference are to:

- ensure the voice of carers is central to the development of Government policy
- look at how carers will be affected by demographic issues
- monitor implementation of the Carers Strategy and the New Deal for Carers

¹⁶ [Individual Budgets Pilot Projects: Impact and outcomes for carers](#), 2009

Glendinning, C. and others 2009 <http://php.york.ac.uk/inst/spru/research/summs/DHPcarers.php>

¹⁷ Putting people first without putting carers second. *The Princess Royal Trust for Carers*. 2009

The national Carers strategy 2008¹⁸

After a period of consultation with carers the long-awaited national strategy was published in June 2008. It raises the national profile of carers. It sets out the Government's short-term agenda and long-term vision for the future recognition and support of carers. It states "that the needs of carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve."

£255 million "new money" is available for new commitments including:

- £150 million for Primary Care Trusts (PCTs) towards planned short breaks for carers;
- £38 million towards supporting carers to enter or re-enter the job market and
- £6 million towards improving support for young carers.

Other schemes include:

- piloting of annual health checks for carers to help them stay well
- training for GPs to recognise and support carers.

A more integrated and personalised support service for carers will be offered through

- easily accessible information,
- targeted training for key professionals to support carers,
- pilots to examine how the NHS can better support carers

The Princess Royal Trust for Carers has produced estimates for individual PCTs of the new money for carers' breaks within their overall allocations. The total money is £150m over 2 years.

The NHS Operating Framework¹⁹ says:

*"The carers' strategy sets out how we can ensure that we support carers. One key requirement is that PCTs should work with their local authority partners and publish joint plans on how their **combined** funding will support breaks for carers, including short breaks, in a personalised way."*

Strategic Health Authorities will be monitoring PCTs' performance on this.

¹⁸ *Carers at the heart of 21st century families and communities* DH 2008

¹⁹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445

Equalities and social inclusion

Carers in general are a potentially disadvantaged group in comparison with populations without caring responsibilities. Caring intersects with age, gender, ethnicity, religion, sexuality and socio-economic status to compound disadvantage. In addition for carers supporting drug users there is the added issue of the illicit nature of drug use and this will also present as a barrier to accessing services, particularly where children are concerned.

Carers are among the most socially excluded groups in society, less likely than other groups to access services and when they do are less likely to gain from them. This may affect Black and Minority Ethnic (BME) carers disproportionately.

An Equalities Impact Assessment (EIA) is being carried out on this revised Haringey strategy.

The government in the national carers strategy²⁰ points out that:

Carers are not a homogenous group. Caring can take a large number of forms and is undertaken by individuals from all walks of life at different stages in their lives...

The experience of caring will differ according to the circumstances of the person cared for, and the cultural expectations and family structures within different communities. In addition there are some groups of carers about whom little is known due to difficulties in identifying them at a national and local level, for example those with learning disabilities, and lesbian, gay, bisexual and transgender (LGBT) carers.

Carers are developing a higher profile in relation to equalities issues as the following developments show:

- **European Court of Justice “discrimination by association” judgment²¹**

Sharon Coleman’s son, Oliver, was born with a rare condition affecting his breathing. He is also deaf. The court upheld Ms Coleman’s claim of discrimination by association and ruled that treating employees less favourably because of their association with a disabled person is unlawful. Ms Coleman’s case was that she was forced to resign from her job as a legal secretary after being harassed by her employers and refused flexible working, which was allowed to other employees. She believed she was specifically targeted because she has a child with a disability, and was denied the flexible work arrangements offered to her colleagues without disabled children.

- **New Deal for Carers Taskforce**

²⁰ As 9 above, Page 19

²¹ <http://www.equalityhumanrights.com/en/newsandcomment/Pages/legalvictoryinEurope.aspx>

Four Task Forces were created to help in developing the national Carers' Strategy. The Equality Task Force produced a report²² on equality in relation to carers which outlines some of the major issues and debates. The report concludes that their work has

highlighted the ongoing need for effective consultation with carers and those in receipt of care as well as improvements in the evidence base on carers so that carers with different characteristics and their needs can be quantified. This would help to address the problem of carers from some groups under-reporting their caring status and better identify need.

- **Equalities Bill 2009**

Discrimination against carers to be outlawed

The Equalities Bill brings together nine existing major pieces of legislation on equalities. For the first time carers are included and will have protection against discrimination in their own right as people 'associated with' someone who is disabled. The provision will apply in employment and in the provision of goods, facilities and services and education and property services. The Bill will, in effect, implement the 2008 European Court of Justice Coleman judgment, described earlier.

The new ruling will apply to the public, private and voluntary sector. Employers and service providers must not treat carers differently from people who are not carers. They will need to ensure that employees or customers who are carers will be given equal access to jobs or services. This means having an understanding of who carers are and how they might be affected by their policies. The Equality Bill will give carers the right not to be discriminated against. By giving the same rights against 'discrimination by association' across all protected groups such as age, race and sexual orientation, as well as disability, the Government is providing consistency and clarity to both employers and carers.

The Equality Bill passed its second reading in the House of Commons on 11 May 2009. It will now be considered in more detailed by a committee of MPs.

End of life care

²²http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086585

The National Audit Office ²³(NAO) indicates that the majority of people would prefer to die at home, but because of lack of NHS and social care support, many die in hospital despite there being no medical need for this. The report points out that:

Patients and carers suffer from a lack of integrated care and a single contact for coordination. Only 29% of PCTs report that carer assessments are offered as standard. End of life care in hospitals does not always reflect dignity and privacy and the transition from 'curing' to 'caring' may not be handled well.

The government published an *End of Life Care Strategy*²⁴ in 2008. Primary Care Trusts (PCTs) are the lead organisation for its implementation.

Other relevant initiatives

More care at home

Government initiatives, particularly since the publication of the White Paper *Our Health, Our Care Our Say*,²⁵ generally widely supported in principle, is for more health and social care being provided in people's homes, rather than in institutions. This will add to the pressure on carers.

Implementation of the recommendations in Lord Darzi's recent report, *Healthcare for London: a Framework for Action*²⁶, will move more health services into the community, increasing the need for personal care and demand on carers.

Safeguarding of Vulnerable Adults (SOVA)

The Commission for Social Care Inspection (CSCI) published a report²⁷ in 2008 on arrangements to safeguard vulnerable adults from abuse. The CSCI report identifies that carers and the people they support may be vulnerable adults. In common with other social groupings in society carers may experience abuse themselves or may be the perpetrators of abuse because of the stress of caring. The report emphasises the importance of embedding safeguarding in services for

²³ *End of Life Care*: National Audit Office 2008

²⁴ *End of Life Care Strategy: promoting high quality care for all adults at the end of life. 2008*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

²⁵ *Our Health, Our Care, Our Say: A New Direction for Community Services* DH 2006
<http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm>

²⁶ *Healthcare for London: a Framework for Action*

²⁷ *Safeguarding adults: A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse*. CSCI 2008

carers and the people they care for. More information about safeguarding adults in Haringey²⁸ is available at the following website address:

http://www.haringey.gov.uk/index/social_care_and_health/safeguardingadults.htm

If you think you, or someone you know is being mistreated, ring the Safeguarding Adults Referral and Advice Line on 020 8489 1400 (office hours) or 020 8348 3148 (out of hours).

Transition from Children to Adults services

The National Strategy outcome for young carers is that:

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the *Every Child Matters*²⁹ outcomes.

For young carers

Young carers were particularly concerned about gaps in support around the family and the person they care for. They also worry about their own problems, for instance missing out on the opportunities other young people have. Children should not have to take on inappropriate types and levels of caring, which can affect school attendance, emotional and physical wellbeing and longer-term life opportunities.

Task force Equalities report³⁰

Age: Caring undertaken by children and young people

Being a young carer has a detrimental effect on young people's life chances and opportunities. Among young adults (aged 16-24) caring reduces the likelihood of participating in further or higher education, with a resulting impact on future earnings as well as their own personal development.²² More general issues resulting from caring include problems at school, health and emotional problems, isolation, lack of time for leisure, problems with transition to adulthood, lack of recognition and feeling they are not listened to.

1.3 The Local Context

The Borough of Haringey

²⁹ <http://www.everychildmatters.gov.uk/>

³⁰ New Deal for Carers *Equalities Taskforce Report* 2008

Haringey is, in demographic terms, an exceptionally diverse and fast changing borough. Some 50% of our population overall, and three-quarters of our young people, are from ethnic minority backgrounds, and around 200 languages are spoken in the borough.³¹ It is the fifth most diverse borough in London. (See Appendix A for more detailed information on the borough.)

Demographic data on carers in Haringey

According to the 2001 Census, 15,967 people in Haringey identify themselves as unpaid carers³². This means that 7.4% of the total local population are carers, compared with the London average of 8.5%.

The table below provides more detail about the amount of care provided on a weekly basis.

Provision of unpaid care

	Haringey	London	England
All People	216,507	7,172,091	49,138,831
Provides no care	200,540	6,562,201	44,261,771
Provides 1-19 hours care a week	10,637	417,934	3,347,531
Provides 20-49 hours care a week	2,098	72,761	530,797
Provides 50 or more hours care a week	3,232	119,195	998,732

Source: Census 2001

The census figures show that a significant number of Haringey people provide full-time care; 5,330 for at least 20 hours care per week including 3,232 providing at least 50 hours care per week. For some carers, such as those supporting drug and alcohol users, the practical support they give (eg. sorting out benefits and getting them to appointments) is more difficult to quantify given the nature of the issues and the chaotic needs of the user.

Haringey carers identified in the census were estimated, in 2007, to save the borough £236.5 million a year³³. According to a Carers UK report³⁴ (2007) the

³¹ *Haringey's Borough Profile 2008*

http://harinet.haringey.gov.uk/index/news_and_events/fact_file/boroughprofile.htm

³² These figures are likely to be underestimates, as many people who provide help and support to a relative, friend or neighbour do not identify themselves as carers

³³ Estimate from Carers UK, based on 2001 Census

³⁴ *Valuing Carers- calculating the value of unpaid care*

<http://www.carersuk.org/Newsandcampaigns/Valuingcarers/Fullreport>

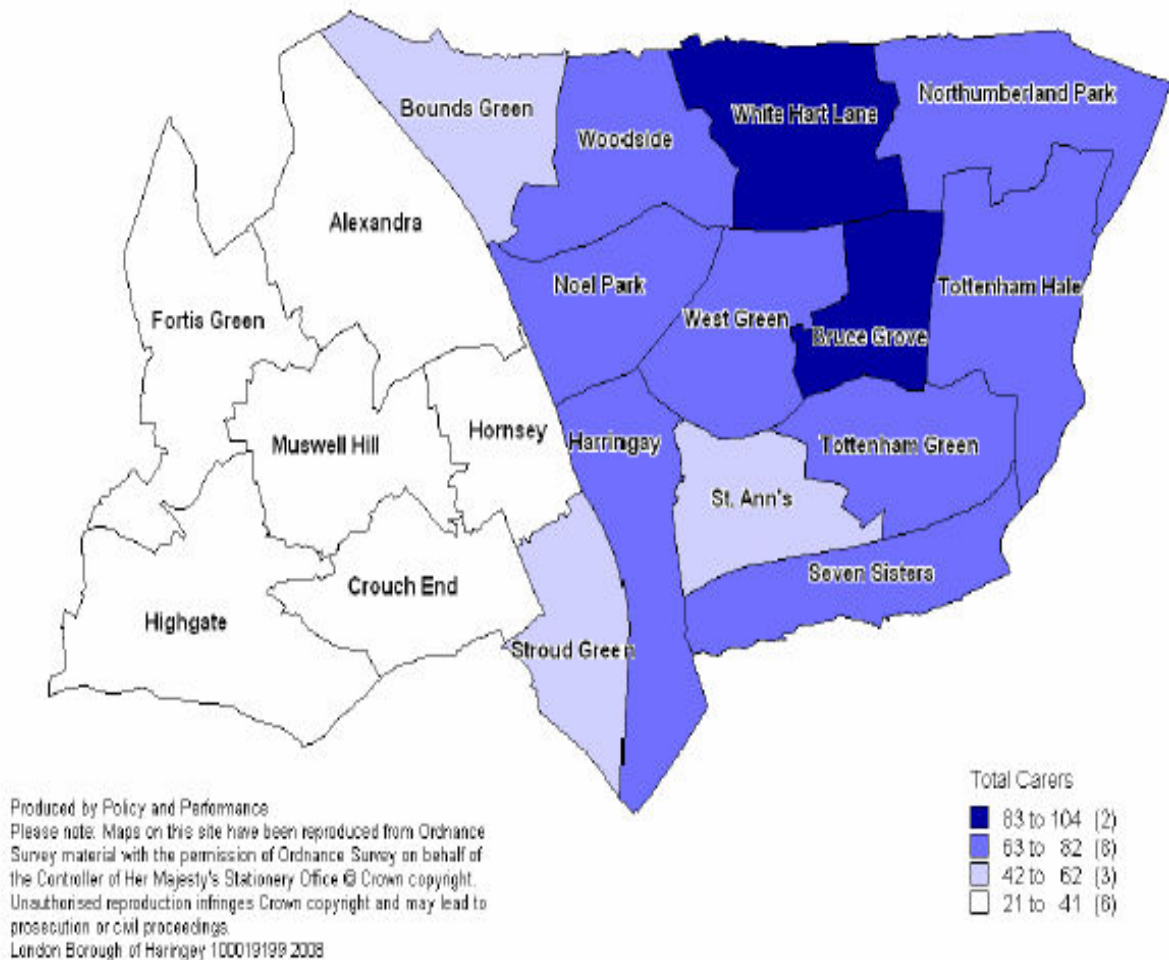
value of the care provided, calculated as replacement care, is estimated to have increased as follows:

	Value of replacement care 2007 (£m)	Value of replacement care 2002 (£m)	Increase (£m)	% increase
Haringey	£236.5	£184.2	£52.3	28

Haringey Carers Register

The Council keeps a register of carers so that we can better plan services for carers. There were 1201 people on Haringey's Carers' Register as at 31st March 2009, with a greater prevalence in the east of the borough as shown in the map on the following page. This is most likely to correspond with the higher level of service users in the east.

All Carers on Haringey Council's Carers' Register at 31 March 2009
Haringey Wards



Source: London Borough of Haringey

Developments and Achievements in Haringey since 2005

- Comprehensive "Essential Guide for Carers in Haringey 2007" - 3000 hard copies and accessible on the website
- Introduction of *Flexible carer's services* (2007)
- Haringey Carers Centre established as independent resource for carers (2007)
- Partnership working with voluntary sector providers
- Between 2005/6 and 2008/9 Haringey Council has doubled the number of carers who have received a service and quadrupled the numbers of carers receiving information and advice.

- Measurable improvement in performance on carers' assessments and services: from 4.8% on C62 in 2005-2006 (services only) to 21.7 % on National Indicator (NI) 135 in 2008-2009 (services *and* information and advice)
- Local Area Agreement target for carers' breaks exceeded in 2006-7 and 2007-8
- Training DVD on information-sharing with mental health carers produced as partnership project between carers, voluntary and statutory organisations (2007)
- Introduction of Carer of the Year award in 2007; year 3 in 2009
- Creation of Carers Champion (elected member) who chairs Carers Partnership Board (2008)
- North London Carers Learning Network 2005-2008: an innovative, voluntary sector project provided training for care-giving and vocational training
- 36 expressions of interest from carers to join the Carers Partnership Board translated into a carer membership of 19 on re-constituted Board (September 2008)
- 2 local consultations contributed to National Carers Strategy (2007)

1.4 Purpose of this Strategy

Haringey Carers Strategy is being reviewed to produce a strategy which:

- will improve support and services
- meets the aspirations of Haringey carers and the people they care for
- meets the requirements of the national carers strategy 2008
- will be an updated 5 year partnership strategy for the period 2009-2014
- will ensure carers' needs are included in the implementation of the personalisation of social care

1.5 Reason for the Change in Policy

A new strategy is needed:

- to enable all partners to deliver their statutory responsibilities to Haringey carers and the people they care for
- to assure the equitable and transparent use of the carers' element of the Area Based Grant
- for the effective monitoring of partners' joint resources
- to plan for the introduction of personalisation

2 Policy Statement

2.1 Aim

The **aim** of this Strategy is:

- to identify and support Haringey's unpaid carers in their caring role and in their life apart from caring
- to provide culturally appropriate support for all Haringey's diverse carers throughout their caring lives
- to involve Haringey carers in all developments affecting them and the people they care for
- to ensure that all partners to the strategy work together effectively to support carers

2.2 Vision

The vision of the 2008 national strategy is that by 2018 carers will have in place “a caring system on your side, a life of your own” and that “carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.”

The vision of the Haringey Carers Strategy 2005-2008 was

‘Carers in Haringey are empowered to care and live a better life’.

This vision is as relevant now and into the future as it has been in the past.

It is proposed that the same vision be adopted for the 2009-2014 Haringey strategy.

2.3 Outcomes 2009-2014

The national strategy identifies four outcomes for adult carers which flow from the vision. They are the main national strategic goals for carers. The following table lists the national outcomes alongside what this might mean for carers in Haringey, the Haringey objectives. These are taken from the Haringey Carers Strategy 2005-2008, as well as national strategy objectives.

Table to show Outcomes from National Carers Strategy and suggested Haringey Objectives		
	National Strategy Outcomes	Haringey Objectives
1	Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role	<ul style="list-style-type: none"> • To ensure recognition and respect for carers • To provide flexible support and breaks to enable carers to carry on caring • To ensure carers are involved in the support planning for the people they care for • To provide carers with clear information to make better choices about the support they need • To involve carers in planning and monitoring services • To ensure that all organisations supporting carers work together to provide personalised and culturally appropriate support • To provide carers with support relevant to their age, gender, race, disability, sexuality and religion and the nature of the caring role
2	Carers will be able to have a life of their own alongside their caring role	<ul style="list-style-type: none"> • To provide support to enable carers to have a life apart from caring • To support carers' education, training and employment and leisure needs
3	Carers will be supported so that they are not forced into financial hardship by their caring role	<ul style="list-style-type: none"> • To provide carers with access to information and advice on income maximisation • To ensure that carers are enabled to choose to remain in, or return to, employment
4	Carers will be supported to stay mentally and physically well and treated with dignity	<ul style="list-style-type: none"> • To provide support for carers' emotional and physical health • To treat carers with dignity

2.4 Who and what is covered by the Strategy (its Scope)

A definition of **carer** needs to be agreed. Below is the proposed national definition and two current definitions used in Haringey:

Definition proposed by government

Government strategy 2008 definition for use across government, out for consultation

*A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.*³⁵

Local definitions

Barnet, Enfield and Haringey Mental Health Trust *Mental Health Carers Strategy 2007* definition

someone who provides practical unpaid help or emotional support to family members, neighbours or friends who are suffering from mental health difficulties; e.g. a carer may or may not live in the same home as the person they are caring for.

Haringey Carers Strategy 2005-2008 definition

A carer is someone who looks after a partner, parent, brother or sister, son or daughter (including adult children) or a friend who is disabled, and would not be able to live in the community without their help. They are unpaid.

Which carers in Haringey are covered by this strategy?

Carers aged 18 and over of people aged 18 and over where the cared for person lives in the borough of Haringey.

Who and what the strategy will not cover

- This strategy is for adults as outlined above and will **not** cover children and young people and their carers who are the responsibility of the Children's and Young People's Partnership.
- The strategy does **not** cover paid or employed care workers or employees in residential homes or volunteers in voluntary agencies

³⁵ *Carers at the heart of 21st century families and communities* DH 2008

3 Equalities Statement

We will update this section when Equalities Bill 2009 is enacted

All organisations who sign up to this strategy are committed, as service providers and employers, to ensuring that carers should not be discriminated against because of their caring responsibilities. We are also committed to ensuring that all carers have equality of access to services and support for their own needs and those of the people they support .

The diversity of carers' needs

Carers needs are as varied as the diversity of carers themselves. The following list, while not exhaustive, provides some indication of the possible range of circumstances of carers in Haringey:

- carers from all of Haringey's changing and diverse BME communities and all cultural and religious groups
- carers at all stages of the caring role (for example at the beginning and end. There is a turnover of a third each year)
- carers caring for people at end of life and with palliative care needs
- carers who themselves have an illness or disability, or a mental health problem or are dying
- carers of different ages, (for example from 18 to over 90 years)
- carers with different levels of income
- carers in different housing circumstances
- carers of people with different needs eg. who have;
 - dementia
 - HIV or AIDS
 - mental health issues and/or
 - misuse substances
 - learning disability
- lesbian and gay carers
- carers with cared for people in transition from Children to Adult Services
- carers who are full-time, part-time or casual employees of the Council, health and voluntary and community sector organisations

4 Links with the Other Strategies

All strategies in Haringey which come under the Haringey Strategic Partnership (HSP) need to flow from the priorities of the HSP and its Sustainable Community

Strategy (SCS). Any strategies concerned with well-being need to reflect the outcomes of the Well-being Strategic Framework. All strategies in which Haringey Council is a partner need to reflect the Council priorities. In this way there should be a golden thread running through the work of all the partners from the strategic level to service level. The following section outlines how the Carers Strategy links with the SCS and WBSF. The aim is to ensure that all the organisations involved are committed to effective support for carers.

4.1 Links with the Sustainable Community Strategy

Haringey Strategic Partnership is responsible for the Sustainable Community Strategy in Haringey. Its vision is:

“A place for diverse communities that people are proud to belong to”

The HSP has established six outcomes.

The Well-being Partnership Board (WBPB) is a strategic body reporting to the HSP. The WBPB contributes to all six outcomes and has adopted them as its priorities. Whilst all six outcomes are significant for carers, the Carers Partnership Board makes a key contribution to three of these outcomes in particular and reports to the WBPB. The following table below shows the links between the SCS priorities and the WBPB outcomes with the WBPB outcomes which have a particular relevance for carers in bold print.

Sustainable Community Strategy Priorities	Well-being Partnership Board Outcomes
People at the heart of change	<i>Improved quality of life</i> <i>Making a positive contribution</i> Freedom from discrimination or harassment Maintaining personal dignity and respect
An environmentally sustainable future	<i>Improved quality of life</i> Economic well-being
Economic vitality and prosperity shared by all	<i>Improved quality of life</i> Economic well-being
Safer for all	<i>Improved quality of life</i> Freedom from discrimination or harassment
Healthier people with a better quality of life	Improved health and emotional well-being <i>Improved quality of life</i> <i>Increased choice and control</i> Freedom from discrimination or harassment Maintaining personal dignity and respect
Be people and customer focused	<i>Making a positive contribution</i>

4.2 Links with Other Relevant Strategies

Sustainable Community Strategy 2007-2010 outcome: *Healthier people with a better quality of life*

Priority:

- *Support people to make healthy choices and lead healthy lives.*

Through improved community-based services we will support vulnerable members of the community so that they can remain at home and maintain their independence and we will give support and recognition to the role of carers.

Haringey Council Plan Key Priorities 2007-2010

- *Encouraging lifetime well being at home, work, play and learning;*
- *Promoting independent living while supporting adults and children when needed*

Key Well-Being Strategic Framework Outcomes

Outcome 2-Improved Quality of Life

Outcome 3-Making a positive contribution

Outcome 4-Increased choice and control

Corresponding national and other indicators

Local Area Agreement Improvement Target

Proposed Improvement Indicator:

NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information

National Carers Strategy 2008 outcomes for adult carers compared with Haringey Carers Strategy Priorities 2005-2008

National Carers Strategy outcomes proposed for the new Haringey strategy	Haringey Carers Strategy 2005-2008
Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role	<ul style="list-style-type: none"> • Information • Assessment of carers needs • Carers' health and short breaks • Voice of carers in service planning
Carers will be able to have a life of their own alongside their caring role	<ul style="list-style-type: none"> • Information • Assessment of carers needs • Carers' health and short breaks
Carers will be supported to stay mentally and physically well and treated with dignity	<ul style="list-style-type: none"> • Information • Carers' health and short breaks
Carers will be supported so that they are not forced into financial hardship by their caring role	<ul style="list-style-type: none"> • Information • Carers' employment and financial security

4.2.1 Links with Haringey's Well-being Strategic Framework

The Well-being Strategic Framework brings together the many strategies and plans of all organisations in the borough which deal with well-being by bringing them together under a coherent framework, organised around the following outcomes:

- **Improved health and emotional well-being**
- **Improved quality of life**
- **Making a positive contribution**
- **Increased choice and control**
- **Freedom from discrimination or harassment**
- **Economic well-being**
- **Maintaining personal dignity and respect**

Outcomes, Objectives and Priorities

The outcomes, objectives and priorities for carers in the Well-being Strategic Framework which are the responsibility of the Carers Partnership Board are as follows:

Outcome 2: Improved quality of life for carers and cared for

This means:

- Access to leisure, social activities and life-long learning and to universal, public and commercial services
- Security at home
- Access to transport
- Confidence in safety outside the home

Our objective is:

To promote opportunities for leisure, socialising and life long learning, and to ensure that people are able to get out and about and feel safe and confident, inside and outside their homes

The priorities are to:

- Promote cultural life and libraries as centres of learning, social, economic and cultural activity
- Enhance future facilities for improving well-being
- Enable people to undertake life-long learning opportunities
- Develop a greater range of social activities within the community
- Reduce fear of crime
- Work to increase access to information technology (IT) for everyone
- Improve transport in the borough so that people are able to get out and about
- Improve sports and leisure provision
- Enhance home care
- Provide culturally appropriate support for carers, including preparing for when they are no longer able to care

- Increase opportunities for people who live independently in their own homes

Outcome 3: Making a positive contribution

This means:

- Active participation in the community through employment or voluntary opportunities
- Maintaining involvement in local activities and being involved in policy development and decision making

Our objective is:

- To encourage opportunities for active living including getting involved, influencing decisions and volunteering

Our priorities are to:

- Create opportunities for having a say in decision making
- Promote user and carer involvement and engagement in service commissioning and delivery
- Increase opportunities for volunteering
- Ensure carers are involved in the support planning for the people they care for and empowered as a member of the care team

Outcome 4: Increased choice and control

This means:

- Maximum independence
- Access to information
- Being able to choose and control services
- Managing risk in personal life

Our objective is:

To enable people to live independently, exercising choice and control over their lives

Our priorities are to:

- Ensure service users and carers have a say, and are actively involved in developing their care plans
- Provide culturally appropriate care in the community
- Promote the use of direct payments as widely as possible
- Further access to employment through individual budgets
- Support individuals with long-term conditions in self-management
- Develop housing-related support services for vulnerable people

5 Measuring Performance

5.1 Links with Haringey's Local Area Agreement

What is a Local Area Agreement (LAA)?

Following the *Local Government and Public Involvement in Health Act* (2007) and local government White Paper *Creating Strong and Prosperous Communities* (2007), all local areas were required by law to have an LAA in place by June 2008. An LAA is a three year agreement and medium term delivery plan for the local Sustainable Community Strategy. It contains the targets agreed between the Haringey Strategic Partnership and the Government Office for London that Haringey is responsible for attaining. It can be found on the web at

<http://www.haringey.gov.uk/index/council/strategiesandpolicies/localareaagreement.htm>

The LAA target for carers

Haringey's LAA includes an improvement target for carers:

By 2011 we will have increased by 25% the number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.

The government's rationale for having this indicator is because:

Support for carers is a key part of support for vulnerable people. Support for carers also enables carers to continue with their lives, families, work and contribution to their community. This measure provides a measurement of engagement with, and support to, carers.

Local Area Agreement Improvement Target

Proposed Improvement Indicator:

NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.

5.3 Outcomes and Related Key Targets

This section contains key targets which will measure overall performance within each outcome. Other targets related to the key outcomes are included in the delivery plan.

6 Outcomes and Priorities decided by carers 2009 – 2014 and how these will be monitored

This section summarises how the strategy will be implemented. Full details are in the accompanying delivery plan.

6.1 Outcome 1

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

What this outcome means for the carers of Haringey

- To ensure recognition and respect for carers
- To provide flexible support and breaks to enable carers to carry on caring
- To ensure carers are involved in the support planning for the people they care for
- To provide carers with clear information to make better choices about the support they need
- To involve carers in planning and monitoring services
- To ensure that all organisations supporting carers work together to provide personalised and culturally appropriate support
- To provide carers with support relevant to their age, gender, race, disability, sexuality and religion and the nature of the caring role

Related Plans and Strategies

Experience Still Counts 2009-2012

Outcome 1 Priorities 2009 – 2014 decided by carers

Outcome 1	Key targets	Carers Partnership Board workstream responsible for monitoring targets
Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role	1.1 To promote recognition and respect for carers 1.2 To promote awareness of carers as a disadvantaged group <i>in their own right</i> and of the inequality gap for carers 1.3 To enable carers to access integrated and personalised services 1.4 To develop an effective	Information and Communication sub-group Personalisation sub-group

Outcome 1	Key targets	Carers Partnership Board workstream responsible for monitoring targets
	protocol in place which establishes clear responsibilities for assessing the needs of, and providing support for, carers aged under 18 including the period of transition from Children to Adult Services.	

6.2 Outcome 2

Carers will be able to have a life of their own alongside their caring role

What this outcome means for the carers of Haringey

- To provide support to enable carers to have a life apart from caring
- To support carers' education, training and employment and leisure needs

Related Plans and Strategies
Cultural Strategy 2009-2012 in development
Flexible working scheme Haringey Council 2007
Haringey's Housing Strategy 2009-2014

Outcome 2 Priorities 2009 – 2014 decided by carers

Outcome 2	Key targets	Carers Partnership Board Workstream responsible for monitoring targets
Carers will be able to have a life of their own alongside their caring role	<p>2.1 Ensure access to separate carer's assessment and flexible carer's service for eligible carers</p> <p>2.2 Increased number and availability of carers' breaks</p> <p>2.3 Carers have confidence that they can be supported when they have an emergency</p>	Carers and current services sub-group

6.3 Outcome 3

Carers will be supported so that they are not forced into financial hardship by their caring role

What this outcome means for the carers of Haringey

- To provide carers with access to information and advice on income maximisation
- To ensure that carers are enabled to choose to remain in, or return to, employment

Related Plans and Strategies
Experience Still Counts 2009-2012
Haringey Guarantee 2006
Welfare to Work for the Disabled Strategy 2005-15
Worklessness Statement 2007

Outcome 3 Priorities 2009 – 2014 decided by carers

Outcome 3	Key targets	Carers Partnership Board Workstream responsible for monitoring targets
Carers will be supported so that they are not forced into financial hardship by their caring role	<p>3.1 Carers supported with information and advice to maximise their income</p> <p>3.2 Carers supported to remain in or return to work</p> <p>3.3 Employees of Haringey Council who are carers are recognised and supported</p>	Access to education and employment sub-group

6.4 Outcome 4

Carers will be supported to stay mentally and physically well and treated with dignity

What this outcome means for the carers of Haringey

- To provide support for carers' emotional and physical health
- To treat carers with dignity

Related Plans and Strategies
Barnet, Enfield and Haringey Mental Health Trust <i>Mental Health Carers Strategy</i>

2007
Domestic Violence and Gender-Based Violence Strategy 2008-2012
Dying for a Drink: Haringey Alcohol Harm Reduction Strategy 2008-2011
Equal Opportunities Policy Haringey Council 2008
Life Expectancy Action Plan 2007-10
Haringey Joint Health and Social Care Mental Health Strategy 2005-2008 (being updated)
Haringey Multi-Agency Safeguarding Adults Policy and Procedures 2008
Personal and Sexual Relationships Policy (under development)
Safer for All: Haringey's Community Partnership Strategy 2008-2011

Outcome 4 Priorities 2009 – 2014 decided by carers

Outcome 4	Key targets	Carers Partnership Board Workstream responsible for monitoring targets
Carers will be supported to stay mentally and physically well and treated with dignity	<p>4.1 Carers can access a specialised carers' service or resource centre</p> <p>4.2 Carers can access ongoing emotional support</p> <p>4.3 Carers can access health and well-being services</p> <p>4.4 Carers can access psychological support and counselling</p> <p>4.5 Carers can access training for care- giving</p> <p>4.6 Carers are recognised and supported in primary care</p>	Personalisation sub-group

7 Monitoring the Strategy

The strategy will be reviewed after five years and the delivery plan every three years.

The Carers Partnership Board which reports to the Well-being Partnership Board will monitor the implementation of the strategy by:

- monitoring the delivery plan for the strategy and
- assisting in monitoring commissioning performance

The Carers Partnership Board meets every two months and the Well-being Partnership Board meets quarterly.

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9 Glossary

ABG	Area Based Grant
ACCS	Adult, Culture & Community Services
BCHS	Better Care, Higher Standards
BEHMHT	Barnet, Enfield & Haringey Mental Health Trust
BME	Black & Minority Ethnic
CPB	Carers Partnership Board
DAAT	Drugs and Alcohol Action Team
DH	Department of Health
EIA	Equalities Impact Assessment
EoL	End of Life
GHS	General Household Survey
GP	General Practitioner
HAVCO	Haringey Association of Voluntary and Community Organisations
HSP	Haringey Strategic Partnership
HTPCT	Haringey Teaching Primary Care Trust, now called NHS Haringey
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LSP	Local Strategic Partnership
LTC	Long Term Conditions
LGBT	Lesbian, Gay, Bi-sexual and Transgender
NI	National Indicator
NHS	National Health Service
NHS Haringey	The name for the former Haringey Teaching Primary Care Trust since April 1 2009
OHOCOS	Our Health, Our Care, Our Say
ONS	Office for National Statistics
OT	Occupational Therapy
PAF	Performance Assessment Framework
PCT	Primary Care Trust
Personalisation	The government programme to give people more control over their care and support by giving them Personal Budgets to choose how to spend on their support

RSL	Registered Social Landlord
SAB	Safeguarding Adults Board
SAP	Single Assessment Process
SARA	Self-Assessment, Rapid Access
SCS	Sustainable Community Strategy
SDC	Self-Directed Care
SDS	Self-Directed Support
SOVA	Safeguarding Vulnerable Adults
VCS	Voluntary & Community Sector
WBPB	Well-being Partnership Board
WBSF	Well-being Strategic Framework

Appendix A: Needs Assessment - Setting the Scene for the Strategy

Key Statistics

- Haringey's population is projected to expand by 6.6% or 14,900 residents by 2029, according to the Office of National Statistics projections (2004 sub-national population projections) and by 10.6% or 23,800 residents by 2031 according to the GLA projections (2005) estimates.
- The male population of Haringey is expected to grow faster than the female population; by 2029 there will be 6,400 more males than females in the borough.
- There will be a general shift upwards in the average age of Haringey's population over the next 25 years; the number of those aged between 40 to 69 will grow by 26.7%: that is 17,500 residents.
- 34.4% of Haringey's population belong to a Black and Ethnic Minority group.
- Haringey ranks as the fifth most diverse borough in London.
- Almost 50% of residents born outside the UK are from Asia and Africa.
- The top five countries of birth for new national insurance registrations are Poland, Turkey, Italy, France and Australia with Hungary and Lithuania increasingly important.
- There is a distinct polarisation, in terms of 'social grade', between the east and the west of the borough.
- Almost 30% of Haringey's households have dependent children and 13.6% of all households are lone parent households. There are projected growths in households by 2026 of lone parent households (+45%) and cohabiting couples (+118%). Married couple households will fall by 34%.
- 952 people in Haringey were living in a same-sex relationship in 2001³⁶
- There were 31 civil partnerships in Haringey in December 2005, when civil partnerships became legal³⁷, 188 in 2006³⁸ and 40 in 2007³⁹
- Haringey has high levels of mental ill-health⁴⁰. Mental ill-health is particularly common in some of Haringey's newer refugee communities whose members may have experienced trauma in their home countries
- The prevalence of limiting long-term illness and disability in Haringey is similar to its prevalence across London as a whole (Census 2001)
- There are larger than average numbers of households living in private rented accommodation in Haringey, compared with London as a whole, but in Haringey RSL housing is increasing in importance.

³⁶<http://neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=276756&c=Haringey&d=13&e=16&g=335694&i=1001x1003x1004&m=0&enc=1&dsFamilyId=201>

³⁷http://www.gro.gov.uk/Images/CP_PR_31Jan06_tcm69-31882.pdf

³⁸http://www.statistics.gov.uk/downloads/theme_population/Tables_2_to_5_Area.xls

³⁹<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14675>

⁴⁰ Haringey Public Health Report 2004

- 'Black and Black British' households are more likely than other groups to be living in social rented housing.
- 'White – Other' households are particularly likely to live in the private rented sector. 'White – British' and 'Asian and Asian British' households are most likely to be owner-occupier.
- The average home in Haringey cost £328,176 in February 2009
- The £27,368, average gross household income in Haringey is lower than the London average of £28,772.
- 46% of households do not have access to a car, compared with 37% in London.
- Since 2002/3 there has been a 102% increase in alcohol related hospital admissions in the NHS Haringey area.⁴¹

⁴¹ Source North West Public Health Observatory. Available: <http://www.nwph.net/alcohol/lape/index.htm>

Appendix B: Lead Contacts for Each Outcome

People to lead on each of the proposed outcomes need to be decided. Each lead person can serve as a single point of contact for any queries on different aspects of the strategy.

Outcomes	Lead/Organisation	Contact Details
Outcome 1 Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role	To be decided	To be decided
Outcome 2, Carers will be able to have a life of their own alongside their caring role	To be decided	To be decided
Outcome 3 Carers will be supported to stay mentally and physically well and treated with dignity	To be decided	To be decided
Outcome 4 Carers will be supported so that they are not forced into financial hardship by their caring role	To be decided	To be decided

Appendix C: Development of the Strategy

This strategy has been developed by the Carers Partnership Board, a sub-group of Haringey Strategic Partnership's Group Well-being Partnership Board.

Appendix D: Consultation about the Strategy

The consultation on the strategy started in January 2009 with a questionnaire on strategy goals to carers via GPs surgeries, community groups, libraries, and all carers on Carers Register. The consultation day looked in more detail at ideas for the delivery plan for the strategy, how we can all work to support carers over the next three years.

Consultation Day Monday 23 March

Over eighty carers took part in the Consultation Day at Bruce Castle Museum on Monday 23 March, with senior managers from ACCS, NHS Haringey, Haringey Association of Voluntary and Community Organisations and the elected member who is the Carers Champion.

Carers from the Carers Partnership Board, which is chaired by the Carers Champion, were involved in planning the discussion topics for the day under the outcomes for adults of the National Carers Strategy, which they had agreed as outcomes for Haringey's strategy. The outcomes are:

Outcome 1

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

Outcome 2

Carers will be able to have a life of their own alongside their caring role

Outcome 3

Carers will be supported so that they are not forced into financial hardship by their caring role

Outcome 4

Carers will be supported to stay mentally and physically well and treated with dignity

Group discussions

Each group took one outcome and identified practical suggestions for how carers' needs under that outcome can be met. The suggestions will be included in the Delivery Plan for the revised Haringey Carers Strategy. Implementation will depend on funding being identified.

Ask the Audience

This interactive session, run by the Council Consultation team, elicited carers' views in confidence about specific suggestions for carer support.

The results of the consultation are informing the strategy, the Equalities Impact Assessment and the delivery plan.