
Executive Member Signing

WEDNESDAY, 1ST FEBRUARY, 2006 at 17:30 HRS - RIVER PARK HOUSE, HIGH ROAD, WOOD GREEN, N22 8HQ.

MEMBERS: Councillor Wynne

AGENDA

1. URGENT BUSINESS

The Executive Member will notify any items of business which it has decided to take as urgent.

2. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

3. MINUTES (PAGES 1 - 4)

To confirm and sign the minutes of the meeting of the Executive Member Social Services and Health held on 15 February 2005

4. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Standing Orders.

5. HARINGEY CARER'S STRATEGY (PAGES 5 - 30)

(Report of the Director of Social Services) To agree the Haringey Carer's Strategy.

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**EXECUTIVE MEMBER SOCIAL SERVICES AND HEALTH
15 FEBRUARY 2005**

PRESENT: Councillor Katherine Wynne, Executive Member Social Services and Health.

1. URGENT BUSINESS

There were no such items.

2. DECLARATIONS BY EXECUTIVE MEMBER OF INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

No declarations were made.

3. MINUTES

RESOLVED

That the minutes of the meeting held on 1 February 2005 be approved and signed.

4. DEPUTATIONS

There were no deputations.

5. SUBSTANCE MISUSE CONTRACTS: REQUEST FOR WAIVER OF REQUIREMENT TO TENDER (Report of the Director of Social Services – Agenda Item 6):

This item was the subject of a motion to exclude the press and public from the meeting as it contained exempt information relating to terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods and services and to terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods and services.

It was noted that the substance misuse contracts consisted of two crisis rehabilitation services currently provided by Odyssey Trust (City Road) and Rugby House and of two care management and assessment contracts provided by Haringey Advisory Group on Alcohol (HAGA) and Drugs Advisory Service Haringey (DASH). Contracts had been awarded to HAGA and DASH in 1999 for 5 years. Contracts had also initially been awarded to Rugby House and Odyssey Trust City Road in 1996, with new 2-year contracts put in place since 2002. These contracts were due to expire on 30 September 2005 and 31 March 2005 respectively.

It was also noted that these contract were linked as the care management and assessment fed in to the crisis drug and alcohol rehabilitation service and were integrated into a joint strategy to provide a joined-up, seamless range of treatment services across Social Services and Health to combat substance misuse and ultimately to provide safer communities for all residents in Haringey. The crisis rehabilitation contracts were jointly commissioned with the Health Service, while the commissioning of

**Executive Member Social Services and Health
15 February 2005**

crisis bed-nights agreed were negotiated annually with the Service Manager.

Odyssey Trust and Rugby House had been identified as the sole London suppliers of these specialist residential drug and alcohol residential crisis rehabilitation services and a waiver of Contract Standing Order 6.4 (requirement to tender) was sought on the basis that the nature of the market for the services to be provided had been investigated and was demonstrated to be such that a departure from that requirement was justifiable in accordance with Contract Standing Order 7.3(a).

In addition, HAGA and DASH as specialist providers of assessment and care management services represented good value for money and it was in the overall interests of the Council under Contract Standing Order 7.3(d) to award the contracts for specialist care management and assessment for alcohol and drug mis-users to HAGA and DASH without engaging in a tendering exercise. Also as the only providers of this service in Borough they were accessible to borough residents.

It was further noted that the Social Services Directorate had established an excellent relationship with these providers and were happy with the quality of service provided. The contracts with the providers had been monitored regularly and continued to represent a good and invaluable service, which the Directorate was keen to continue with Health Service partners to reduce substance misuse and help to achieve the Council's vision of safer communities.

Confirmation having been sought that these were four separate contracts within the same service area and that there was no legal reason preventing the Executive Member from approving the waiver recommendation proposed, attention was drawn to the comments of the Head of Legal Services that because of the value of the contracts the waiver had to be approved by the Executive Member in accordance with Contract Standing Order 7.2(c) and that should the waiver be agreed then the Director would award all four contracts in accordance with Contract Standing Order 11.2.

RESOLVED:

1. That, in accordance with Contract Standing Order 7.2(c), approval be granted to the waiver of Contract Standing Order 6.4 (Requirement to Tender) to enable the substance misuse contracts to be awarded to Odyssey Trust (City Road), Rugby House, Haringey Advisory Group on Alcohol (HAGA) and Drugs Advisory Service Haringey (DASH) for the reasons outlined above.
2. That, in accordance with Contract Standing Order 11.2, the decision to award the contracts be made by the Director of Social Services on the terms set out in paragraph 7.1 of the interleaved report for a period of 3 years subject to any increase in line with inflation.
3. That, subject to satisfactory monitoring information having been provided to the Executive Member and to the availability of funding from the Department of Health, the Director be authorised to extend the contract for a period of up to two years as appropriate.

**Executive Member Social Services and Health
15 February 2005**

KATHERINE WYNNE
Executive Member Social Services and Health

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Executive Member Signing**On 31st January 2006**Report Title: **Haringey Carer's Strategy**

Forward Plan reference number (if applicable):

Report of: **Anne Bristow, Director of Social Services**Wards(s) affected: **All**Report for: **Non Key****1. Purpose**

1.1 To agree the Haringey Carer's Strategy

2. Introduction by Executive Member

2.1 With almost 16,000 carers in Haringey, we have a duty to ensure the services and advice we provide to them has a strategic frame - addressing many aspects of supporting carers - and monitoring our delivery of such services.

Haringey Council has looked at the type of services we provide and how we provide them and we have asked Carers how we could improve these services. Through consultation and working in partnership with carers we have developed a strategy which I believe is responsive to the needs of carers in Haringey. Some of the improvements this strategy will deliver include: the direct booking scheme for respite care, which will allow carers to arrange breaks directly with the residential care home and an Emergency Card Scheme for Carers.

I believe this strategy demonstrates our commitment to supporting carers in Haringey and a clear understanding of the task carers undertake.

Report Authorised by: **Anne Bristow, Director of Social Services**Contact Officer: **Bernard Lanigan, Service Manager**

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3. Executive Summary

- 3.1 The Haringey Carers Strategy represents the culmination of championing the carers agenda across the Local Strategic Partnership, to include Carers, Services Users, the Voluntary Sector and Statutory Organisations.
- 3.2 The Strategy sets out a vision for how services need to be developed to support carers.

4. Reasons for any change in policy or for new policy development (if applicable)

- 4.1 The Carers (Equal Opportunities) Act , 2004 took effect on 1st April, 2005. It builds on previous carers' legislation, strengthening carers' rights. Carers should be able to access the same opportunities that are available to those without caring responsibilities.
- 4.2 The strategy fully reflects the key element of the new Act that carers should be supported to care *and* to live as full a life as possible.
- 4.3 The strategy recognises the importance of information in enabling carers to make choices about how to balance caring with a life of their own.

5. Local Government (Access to Information) Act 1985

- 5.1 Haringey Carer's Strategy 2005 - 2008.

6. Background

- 6.1 The purpose of Haringey Carers Strategy is to develop sustainable and appropriate services and support for known carers and to reach out and identify those carers presently hidden from services.
- 6.2 It reflects a commitment of health and social care partners to improve carers' support services over the next three years.
- 6.3 This commitment to identify and support more carers is made within a context of available resources, including the availability of Carers Grant.

7. Description

- 7.1 This strategy develops and extends previous approaches to supporting carers. It was developed during 2004-2005 by the Carers Partnership Board. The strategy covers all care groups and carers of all ages.
- 7.2 The implementation plan identifies 8 key areas of work: information, assessment of carers' needs, carers' health and short breaks, carers' employment and financial security, children and young people as carers, the voice of carers in service planning, commissioning plans, and staff and carers' training.
- 7.3 Actions across all sectors and settings will secure the vision of the strategy to empower carers to care and live better lives.

8. Consultation

- 8.1 The local knowledge of carers, and their views, has significantly shaped the content of the strategy. The document is structured so that policy issues and what carers have said they want to see changed link directly to strategies for improvement.

8.2 There was an initial round of consultation with carers and partners through the client specific Partnership Boards and organisations working with carers. The revised strategy was subsequently consulted on, including forums held in community settings, and endorsed by the Health and Social Care Executive.

9. Financial Implications

9.1 The implementation of the Haringey Carers Strategy will be supported by the Carers Grant, 1.1 million in 2005/06.

10. Summary and Conclusions

10.1 The Haringey Carers Strategy sets out a clear framework for the promotion of Carers. The strategy helps to set out clear priorities for the development of services to achieve the Haringey Vision of 'Carers in Haringey are empowered to care and live better lives'.

11. Recommendations

11.1 That Members adopt the Haringey Carers Strategy 2005 – 2008 as Council policy.

12. Comments of the Director of Finance

12.1 The Carers Grant allocation is allocated between services according to the grant determination. In 2005-06 the split is as follows:

Children's	£404.3k
Adults	£589.4k
Older People	£131.3k

13. Comments of the Head of Legal Services

13.1 The Haringey Carers Strategy is not a key decision and its adoption comes within the delegated powers and portfolio of the Executive Member for Health and Social Services.

14. Equalities Implications

14.1 Carers play a vital role in maintaining disabled/vulnerable people in the community. They are critical partners with the statutory services in ensuring people with disabilities can participate in their community. The Carers Strategy will ensure a greater number of hidden carers are brought to the attention of services who then can be provided with an assessment and any subsequent services required.

15. Use of Appendices

15.1 Haringey Carers Strategy 2005 -2008.

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**Haringey
Carers Strategy
2005-2008**

Carers are at the heart of [Teaching Primary Care NHS Trust](#), which relies on the care and support provided by family, friends and neighbours to enable people who need help to continue living at home

**15,967 people provide unpaid support in Haringey
(Census 2001)**

Our Vision

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

**We will realise this by:
Working in partnership to develop and ensure
delivery of quality services that empower
and support carers**

**The statutory partners in Haringey recognise the
contribution made by carers and are committed
to improving and broadening the range of support
services provided to enable carers to care.**

This Document:

- Sets out an overall Carers Strategy for Haringey, developed in partnership with carers, and
- Recognises that carers are not only the responsibility of Social Care and Health agencies but wider services such as housing, leisure, employment and education.

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Forewords

By the Director of Social Services:

I am very pleased to introduce the multi-agency Haringey Carers Strategy for 2005-2008. It is the product of consultation and discussion with our partner agencies in Health and the voluntary sector, with members of the Carers Partnership Board and, most importantly, with carers themselves.

The purpose of a local strategy for carers is to give overall direction to the development of services over the next three years. The Council and its partners are committed to identifying and supporting more carers and reaching out to carers who have not so far been recognised. This strategy will harness all our efforts and ensure that we make a positive difference.

There are more than 16,000 people in Haringey providing unpaid care to family members, friends and neighbours who cannot manage without them. In economic terms, carers nationally contribute the equivalent of another National Health Service. But we acknowledge and celebrate Haringey carers for the inestimable care that they give. Because of them, people they look after are able to lead more independent and satisfying lives in their own homes and communities.

This year carers gained new rights under the Carers (Equal Opportunities) Act, 2004. We have developed and will develop our support to carers in line with legislation. But together with our partners we are first to recognise how much more needs to be done to secure a fairer deal for Haringey carers.

Anne Bristow

By Carers:

We often do not see ourselves as 'carers'. We are partners, relatives, and neighbours, doing what we can in the context of familial relationships of love, respect and mutuality. We think politicians and professionals should not treat us as a natural resource for them to draw on at will.

In our view, agencies often see themselves as supportive of carers as the primary providers of services. This has some merit as an approach but it can also mean that, as carers, we feel exploited and under-resourced.

We welcome this Carers' Strategy as a first step, recognising that a future strategy will need to develop and regard carers as full partners with agencies in providing the social and health care needed.

1. Introduction

The purpose of the Haringey Carers Strategy is to develop sustainable and appropriate services and support for known carers and to reach out and identify those carers presently 'hidden' from services. This strategy reflects a commitment of health and social care partners to improve the support services over the next three years.

The commitment to identify and support more carers is made within a context of available resources. Eligibility criteria will be developed for carer support services, reflecting the need for balance between the needs of carers and those of the people they care for, and ensure equity of provision across the different care groups.

In order to make best use of local resources across all partners, existing services will be reviewed and mapped against need, identifying any duplication and gaps that will inform the development of a joint commissioning strategy.

The existing assessment process will be reviewed and developed in line with new legislation, which took effect in April, 2005. This may impact on the number of carer assessments that can be completed.

1.1 Understanding Carers

Who is a Carer?

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

A parent carer is a parent or guardian who is likely to provide more support than other parents because their child is ill or disabled. A parent carer will probably support their child for many months or years and it will have a significant effect on other children in the family.

A young carer is someone under the age of 18 who cares for an ill or disabled member of their family. They will be taking responsibility that an adult would usually have. This may limit their personal, social and educational opportunities as other young people.

What do carers do?

- Carers give practical, physical and emotional support to vulnerable people. They help the person they care for to deal with problems caused by long-term illness or disability, mental illness or problems resulting from substance misuse or HIV/Aids.
- Carers may supervise someone to keep him or her safe.
- Caring responsibilities may vary over time and may be difficult to predict from day to day.

- Becoming a carer may be a gradual process or the result of a sudden event, such as an accident or stroke.
- When considering the effect on carers of providing care, it is not enough to count the hours they devote. What matters is the overall effect on the carer.

1.2 Setting the scene: demographic information

2001 Census summary:

- Total population of Haringey was 216,507.
- About 193 languages are spoken in the borough
- 10% of the total population is made up of refugees and asylum seekers.

Carers in 2001:

- 15,967 people in Haringey were carers.
- 723 carers from the total were under the age of 17 years.
- 3,232 carers looked after someone for more than 50 hours a week. 66 of this total were carers under the age of 17 years.
- 2,098 carers looked after someone for more than 20 hours, of whom 67 were young carers.
- In Haringey 7.4% of the total population was made up of unpaid carers, compared to the London average of 8.5%

Local

- 1011 carer's assessments and/or reviews were carried out in 2004/05.
- In 2004/05 there were 939 carers on the Haringey Register.
- At least 110 young carers were known to services.

Work is being carried out on the ethnicity of carers, which will inform the development and nature of services.

1.3 Our vision

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

We will realise this by:

Working in partnership to ensure the development and delivery of quality services that support and empower carers

Improving the quality of life for carers in Haringey and promoting independence for people they care for by providing carers with an equal access to a wide range of tailored support services

Identifying carers and their needs, allocating appropriate resources, promoting choice where possible, raising awareness and improving information and communication

This strategy incorporates the principles of Government guidance 'Caring about Carers' and of the 'Carers Compass', developed by Kings' Fund. The Carers Compass sets out the different policies and practices that need to be in place to support carers and to meet the 8 key outcomes that carers have identified as important to them.

These are:

- full information
 - recognition and their own health and well-being taken into account
 - a life of their own and quality services for themselves and the person they care for
 - time off
 - emotional support
 - training and support to care
 - financial security
- and
- a voice that is listened to.

2. The Strategy For Improvement

The development of this strategy is driven by commitment and by relevant legislation and national guidance as summarised in Annex 1. The local knowledge of carers and their views has significantly shaped the content of this strategy. It is a dynamic document and will continue to be reviewed with carers' feedback.

Haringey has identified five key areas for improvement:

1. Information
2. Assessment of Carers' needs
3. Carers' Health and Short Breaks
4. Carers' Employment and Financial Security
5. Voice of Carers in Service Planning

The details, with time scales to achieve these improvements over the next three years, are outlined in the Action Plan. The Action Plan details core actions that apply to all carers, together with specialist developments identified for the different care groups or populations e.g. young carers will require different approaches from adult carers.

2.1 Information

Carers in Haringey are from diverse ethnic groups and of different ages. Information must meet a range of requirements. In Haringey the standards set out in the Government guidance 'Caring about Carers' (1999) are considered to still be appropriate. All information for carers must be:

- Accurate
- Accessible
- Provided when it is needed

- Show consideration
- Jargon free
- Variety
- Help choose appropriate services

In Haringey we recognise that it is unlikely that any single agency will be able to meet all of a carer's needs. Agencies are part of a bigger network and will need to share information amongst professions and themselves.

To support carers in Haringey effectively, sharing of information will be within the guidance of the jointly agreed information sharing protocols.

Many carers, particularly from hard-to-reach groups, may not be in touch with Social Services. Their main contact may be their GP, district nurse, physiotherapist, or voluntary organisations e.g. Alzheimer's Society, Stroke Care, Mencap etc. Young carers may be particularly wary of seeking help from official organisations and may see voluntary groups or school nurses as less threatening.

Carers in Haringey have said that they do not want to repeat their details when referred from one agency to another, one department to another. Such experiences can act as a deterrent for carers to come forward and register as a carer.

Carers would like to see that:

- Members of staff deal with enquiries respectfully, promptly, and responsibly.
- They have human contact available when in need.
- Frontline staff are trained in cultural sensitivity and in working with young carers
- When dealing with individual carers, staff commit to a time scale on when information tasks will be completed and confirm this in writing.
- Complaints are dealt with efficiently in line with procedures
- Information that is relevant to carers is updated regularly and available through 24 hours.
- Adult carers can access information on motoring and transport for the disabled, holidays, housing, health, pensions, grants, courses, benefits, legal, advocacy and counselling, and events that are specific to carers
- Young carers are involved in considering how they can best access information.
- Information is given in a relaxed atmosphere where carers learn informally from each other by sharing experiences.

Strategy for Improvement:

Partners aim to improve the quality, appropriateness and accessibility of up to date information by:

1. Ensuring that all information made available to young carers and adult carers is also accessible to the cared for person, including people with disabilities and sensory impairment, and is in appropriate language
2. Involving carers from BME communities in drafting information about services that is culture and language sensitive.
3. Building trust and gaining carers' confidence in statutory and other provider agencies by jointly agreeing a code of practice and guidance for all frontline staff coming in contact with carers
4. Ensuring that confidentiality and Data Protection requirements are met whilst dealing with carers' personal information when this is shared to facilitate provision of support
5. Enhancing access to information and benefits advice services as part of the new Haringey Carers Centre.
6. Updating regularly all forms of information provided including leaflets, forms, handbooks and web-based information
7. Ensuring that staff across all statutory and voluntary agencies in Haringey, who come into contact with potential carers, have updated information on support services available to carers in Haringey.
8. Providing information that young carers have helped develop and can understand.
9. Publicising complaints procedures and encouraging carers to use the procedures.
10. Aiming to introduce a model of 24 hour single point of access to information, such as a dedicated 'help-line' for carers.

2.2 Assessment of Carers' Needs

The local authority has a duty to inform carers that they may be entitled to an assessment of their needs. Equally carers may request a carer's assessment. Good practice suggests that carers' assessments should consider the support given and all the tasks that a carer has to perform when looking after a relative or friend. The assessor should also consider if caring affects the carer's own health and wellbeing, and if they wish to continue with their caring role.

The assessment process should offer the opportunity to a carer to ask any questions about their caring role, express any worries they may have, and to discuss what support and services they may be able to get and how they may help.

The final outcome of the two assessments (the carer's and the person they care for) will help the assessor decide the level and type of service to be offered to the cared for person, as well what support and services need to be in place for the carer to continue with their carer role.

A summary of good practice in carers' assessments, and carers' rights, is given in Annex 2.

Haringey Facts:

Over 1011 carer assessments or reviews were carried out during 2004-2005.

These resulted in:

- 80% had an outcome of 'services for the person cared for'
- 9% had an outcome of 'services for the carer'
- 1% led to more comprehensive carer's assessments
- 4% led to no further action
- Less than 1% of assessments led to the carer being directed to other parts of the Council or other agencies

Carers in Haringey have said:

- Often the assessment form duplicates information already given.
- There are no clear pathways once the assessment is completed.
- Carers are not kept informed of the process nor given feedback on the outcome of the assessment.
- Carers often feel that their needs are not being met.
- Carers don't see any tangible outcomes.
- They feel invisible to professionals who are focussing on the cared for person.
- As young carers they are not recognised as having problems at school, with missing lessons, bullying, unfinished homework, tiredness and lack of sleep, with not being able to sit exams, and not getting qualifications or achieving their potential.
- They have not had the chance to be a child and feel isolated from other children due to caring responsibilities

Strategy for Improvement:

In light of carers' feedback and new Performance Indicator (PI) for carers' assessments, Partners acknowledge that there is a need for a culture change in how carer assessments are viewed within the overall assessment process. We recognise that carers have a distinct role to play in sharing the responsibilities of providing care.

To improve services we aim to:

1. Ensure that Carers' Assessments become part of the holistic approach to care.
2. Improve the assessment process pathways and communication by involving carers and users in service review

3. Improve performance by addressing the reasons for the high percentage of carers' assessments resulting in no further action or no service provision.
4. Improve partnership working and coordination across care agencies and service providers.
5. Ensure that assessment processes and systems that incorporate the government's proposed Common Assessment Framework for children take account of the needs of young carers and the Single Assessment Process for adults.
6. Develop a joined up approach to working with families as a whole, identifying the special needs of young carers.
7. Develop assessment processes that take account of the Children's National Service Framework (NSF) standards and developments towards integrated, multi-agency working.
8. Use the Quality and Outcomes Framework to encourage GP practices to identify carers and to make referrals for assessment of their needs as a carer.
9. Continue to identify new carers and encourage them to come forward and put their name on the Carers' Register so as to access information about support services.
10. Widen the advocacy support available to different cultural groups to ensure they are fairly represented in the expansion of carers' assessments.
11. Ensure that carers of children with disabilities have their equipment needs considered in totality, to fit in with their family life and family lifestyle and with regard to social, cultural and religious factors.

2.3. Carers' Health & Short Breaks

The government document 'Caring about Carers' states that '*carers have a right to see their own health needs met. They need help to maintain their health, both physical and emotional*'.

Carers may have health problems as a result of caring. These may manifest as physical injuries or exhaustion, stress, emotional problems, isolation etc.

Traditionally, health and social services have offered what is called 'respite care'. Respite care is usually short-term residential or hospital care for the looked after person to give the carer time off from their caring role.

For some carers it may not be appropriate to offer respite for the person they look after. Sometimes users and carers have different views, in which case different options for support should be considered.

Carers in Haringey have said:

- The lack of sufficient and appropriate respite breaks is one of the key obstacles to their own personal health and well being.
- There is a need for a one-stop shop type of service for all carers that could act as a link between carers, services and solutions.
- There is not the flexibility to have short breaks, including day trips, home visits and outreach work.
- There is lack of access to services in emergencies.
- There is the need to have a 'bank' of vetted sitters whom carers can trust leaving the cared for person with and who can be called on to provide sitting services at short notice.
- They do not have enough time to follow their employment, education or training and leisure interests.
- There are few opportunities for carers to relax and learn new skills away from the person they care for.
- They do not have access to knowledge and skills to understand and help manage the condition of the person they care for.
- They are not provided with emotional support.
- Advice and services by a 'friendly human voice' that 'knows what they are talking about' are not available. There is not the commitment from statutory bodies nor the understanding of carers' needs.
- Some families and carers have expressed little faith in services provided by the statutory partners.
- Carers have suggested development of an independent, multi-lingual, community advocacy service provided by staff from specific communities.
- There is a lack of locally based, residential respite services for Adults. Carers do not wish the cared for person to be sent far away so they can have a break.
- Young carers need different types of support from adult carers

Strategy for Improvement:

The partners will aim to:

1. Develop a joint approach to promoting and safeguarding the health and well being of carers by ensuring that a range of services support carers through their own life changes and those of the person they care for.
2. Improve care plans that support the cared for person by incorporating the health and well being of the carer, allowing time for the carer to meet their own health, leisure, employment and education needs.
3. Ensure that GPs consider and recognise a carer's caring role and are aware of the possible impact on their health.
4. Ensure that implementation of the Patient Involvement Strategy also includes identification and involvement of informal carers.

5. Identify hidden carers by raising awareness within Health and Social Services through provision of appropriate training to front line staff.
6. Provide appropriate training to carers to equip them to manage their own health and well being, and to help them continue with their caring role.
7. Develop a joint commissioning strategy that reflects the different needs of carers and the people they care for and supports the equitable distribution of resources.
8. Develop break services for carers who want respite care provided at home and do not want their cared for person going into hospital or residential care.
9. Enforce standards for the services provided which ensure quality and equity and empower carers by:
 - Offering appropriate assistance and support to service users to enable carers to have a real break without worry
 - Delivering services in a non-discriminatory and non-patronising manner, by professional, well-trained and courteous staff, in a way that demonstrates respect for the dignity and value of service users
 - Providing services with the ability to adjust to changes in individual circumstances and needs so as to enhance and maintain the best quality of life for the person needing care
 - Working in partnership with carers and persons being cared for in a way that is flexible, gives confidence and can be trusted
 - Ensuring that carers have access to respite care, which respects their cultural background and takes account of any particular specified needs, including a care giver who speaks the first language of the person being cared for
 - Getting regular feedback from carers about how they view the outcome of the services provided and of the professional input
10. Enable young carers to maintain their own education, health and well-being in light of the implementation of the National Service Framework for Children
11. Ensure that the support provided is appropriate to the young person's age and understanding and not simply an add-on to the services provided to the cared for adults or children.

2.4 Carers' Employment and Financial Security:

Many carers combine caring with paid employment. Some may choose to give up work altogether and undertake caring full time. For young carers their

role as a carer may impact on their ability to achieve at school, which may limit their employment opportunities as an adult.

The attitudes of colleagues and employers can make the difference between a carer being able to stay in work or having to leave. Where there is no flexible working in place, carers often feel uncomfortable taking time off to deal with urgent demands placed on them by their carer role. These unplanned demands should not be caused or exacerbated by inconsistency or failure of existing support services.

Parent carers also need understanding employers. Parents of children with disabilities may need particular help when returning to work, which may include e.g. access to school transport and finding suitable after-school clubs.

Haringey Employment Statistics:

- Census 2001 data for Haringey indicates that 15,967, from the total population of 216, 507, reported that they provide unpaid care.
- Of the 15,967, about 2,098 people provide care between 20 and 49 hours a week; about 3,232 people provide care for 50 or more hours a week.
- The majority, 10,637 people, provide care between 1 and 19 hours a week.
- Not all these people are registered as carers, thence known to statutory agencies.

In Haringey, unemployment has exceeded national averages for many years. The Council, with its partners, has taken a long-term approach to identifying possible causes and building on the strengths of the community and other local resources to improve the employment position generally.

Carers in Haringey have said that they want to be consulted about the implementation of the Carers (Equal Opportunities) Act, 2004 in respect of employment, education and training related issues.

Strategy for Improvement:

The Partners aim to:

1. Ensure that care plans take account of carers' wish to continue with their employment responsibilities.
2. Develop a holistic approach to improving work practices and employment conditions for local carers as employees, along with local business partners.
3. Help carers maintain their financial security by increasing their awareness of benefits, enabling easier access to their entitlements, working in partnership with benefit agencies to review and appeal benefit assessments, and holding regular advice sessions.

4. Introduce jointly agreed working policies for carers who work across Haringey Teaching Primary Care Trust and Haringey Council, and promote awareness about working carers and carer-friendly practices.
5. Raise awareness and develop procedures with major local employers to encourage and facilitate the return of carers to employment through flexible working policies.
6. Involve teachers and school nurses in identifying hidden young carers and providing appropriate support.
7. Promote and safeguard the welfare of young carers and to ensure that all staff are suitably trained and aware of the London Child Protection Procedures.

2.5 Voice of Carers in Service Planning

The key objective of Government 'Caring for Carers' policy is to enable *'those who choose to care, and where care is wanted by another person, to do so without detriment to the carer's inclusion in society and their health'*.

The national strategy initiatives of Local Implementation Teams (LITs) for the National Service Frameworks (NSFs) for Older People and Mental Health have increased carers' involvement in service planning for particular groups of vulnerable people. For learning disability services, the views of carers are to be heard through the mechanism of partnership boards developed in response to the government's strategy document, Valuing People.

Haringey Facts:

The Carers Partnership Board has been established with strategic links through to the Haringey Local Strategic Partnership. Carers of all service user groups are represented on the Partnership Board. Training is available to ensure the active participation of all Board members.

An independent Haringey Carers' Consultative Forum was established in 2004. The aim of this forum is to facilitate a dialogue between carers and all social care providers to promote the carers' agenda in Haringey. During 2005 the Forum will be placing carers' representatives on Partnership Boards and working groups.

A limited activity at the Carers' Centre has been in operation since 2003 to support carers over the age of 18 years. The core aims of the Centre are to:

- Provide information and advice
- Support carers and those in their care
- Represent carers' views and needs within Haringey

A variety of consultation events have been held since 2003, where carers' and users' views have been sought about specific services or service planning strategy.

In addition to the above, there are joint users and carers groups that meet regularly. Representatives of Supported Housing tenants have met quarterly since 2002. The Domiciliary Care Users Forum, set up in 2004, meets quarterly. Other groups that have been in existence for some time include the Mental Health Partnership Board Carers' sub-group.

The Young Carers Project proposals are to set up three consultation panels for each of the three different age ranges they provide support to. One of the key aims is to involve and consult with young carers on the development of support activities.

Carers' Views:

Consultations with carers across all care groups have identified areas that could potentially create barriers or obstacles to carer involvement.

Carers have said:

1. The quality of communication with carers is poor. Lack of quality cuts across use of age appropriate and preferred language and cultural sensitivity of written and verbal communication.
2. There is lack of feedback to carers on issues raised.
3. There is lack of trust between carers and statutory and provider agencies.
4. Time and support are not available for carers to attend consultations.
5. Young carers may be afraid to ask for help.
6. The culture of organisations and attitude of staff get in the way of processes that build inclusive working with users and carers
7. Carers' input is not acknowledged by the statutory agencies.
8. There are too many forms to fill in which duplicate information.
9. Carers feel that their needs are not being met

Strategy for Improvement:

We will aim to:

1. Ensure that carers' views, young and adult, are collected and used in service planning and improvement strategies across health and social care for all care groups.
2. Develop appropriate methods of involving hard-to-reach carers and identifying hidden carers.
3. Continue to provide carers with appropriate support and training to enable greater involvement and participation.

4. Give regular feedback to carers as to how their contributions have helped shape service development.
5. Ensure that front line staff are appropriately trained and aware of carers' needs.
6. Ensure that Patient Involvement Strategies identify and involve carers in service planning and improvement.
7. Develop a Carers Champion in Haringey through the Carers Partnership Board.

3. Measuring the Strategy's success

The real success of this strategy will be measured by the impact it makes on the lives of carers in Haringey. The Carers' Partnership Board, which includes carers, will monitor the progress of the action plan to accompany the strategy. The action plan details core actions which need to be undertaken to make improvements in the five key areas identified.

Nationally, significant changes in the way services for carers are measured have come into effect. Since October, 2004 the following distinctions have been applied to defining carers' services:

- 'Breaks for the carer'.
- 'Other specific carers' services';
- 'Information and advice'; and
- 'Other services for the cared for person'.

Only breaks for carers and other specific carers' services count towards the national measure of performance, the Carers' Performance Indicator (P.I.)-C62. Haringey's target for 2005-2006 is that the number of carers receiving a carer's break or specific carers' service following an assessment is 25% of the number of cared for people receiving a community based service during the year.

We will ensure that efficient systems are put in place to measure the effectiveness of the strategy. To manage and improve performance the Partners will:

1. Develop local scorecards to monitor the performance of carers' services
2. Continue to use carers' feedback against the key standards set out for carers in "Better Care, Higher Standards".
3. Ensure that implementation of the Patient Involvement Strategy helps to identify the needs of carers.
4. Ensure that informal carers are encouraged to take up training to enable them to acquire NVQ Accreditation.

5. Monitor performance against the Carers' P.I. each month to achieve the year end target, taking remedial action as necessary
6. Ensure that 90% of all identified carers of older people receive assessment by March, 2006 (ref: All our Tomorrows).
7. Increase the take up of Direct Payments by 10% each year across all care groups, to give users and carers choice and control.
8. Ensure that where a Carers' Protocol has been agreed by GP practices, learning is shared (ref: Quality and Outcomes Framework-Management indicator 9).
9. Monitor the number of carer's assessments undertaken.
10. Monitor the number of short breaks provided.
11. Monitor the number of carers benefiting from short breaks.
12. Seek carers' feedback, annually, on how well their needs are being met.
13. Monitor use of the GP protocol for identifying carers.

Annex 1

National Key Drivers to Carers Services

There are several laws and Government Guidance that applies to carers and the people they care for. These laws state what each council and other statutory organisations must do when working with carers and vulnerable people. The key drivers that inform this strategy are:

1. **NHS and Community Care Act (1990).** Council must involve families and carers when making plans for helping vulnerable people in the community.

2. **The Disabled Persons (Services, Consultation and Representation) Act (1986).** When assessing a disabled person's needs, Councils must consider whether a carer is able to continue to care for that person.
3. **The Carers (Recognition and Services) Act (1995).** When Councils assess a disabled person, they must also assess the carer's needs.
4. **The Carers and Disabled Children's Act (2000).** All carers, including parent carers, are entitled to an assessment of their needs. Councils should offer an assessment of their needs to all carers, even when the person they look after chooses not to have their own needs assessed. Councils should offer carers the option of organising their care services through Direct Payments Schemes. This includes carers aged between 16 and 18. Voucher schemes may be used for short break services.
5. **The Children Act (1989).** The child's safety and well-being are of the utmost importance. Councils should help the families of children who are in need.

'Children in need' are defined as those who may not have the opportunity to achieve or develop fully without help from carers and/ or support services. The law says that some children and young people will be considered to be in need because of the effect of parental illness. All children with disabilities, and children and young people with caring responsibilities, are considered as children in need.

6. **'Getting the Right Start' National Service Framework for Children (2004)**
The Children's NSF is aimed at everyone who comes into contact with, or delivers services to, children and young people. It is intended to raise standards in hospitals, GP surgeries, schools and nurseries, maternity units and Sure Start children's centres. Staff from all sectors will need to work together so that the services they provide join up across health, social care and education, and offer the best possible solution for children and their families.

The standards in the NSF for Children will be incorporated into the new integrated inspection framework. The NHS and local authorities will increasingly be assessed on the quality of their services and whether they are making progress towards meeting the standards.

7. In 1999 the Government published a policy document called '**Caring about Carers**'. It describes ways of helping and supporting carers, and covers the wide range of issues that affect carers' quality of life. The relevant guidance is detailed in the individual sections of the document. The key areas identified are:
 - Providing information
 - Assessing carers' needs
 - Carers' health and training
 - Carers and employment
 - Children and young people with caring responsibilities
 - Carers' involvement in planning services.

- 8 **The Carers (Equal Opportunities) Act, 2004** came into effect on 1st April, 2005. It is designed to ensure that carers are able to take up opportunities that those without caring responsibilities take for granted.

The Act builds on existing carers' legislation and Government support for carers. In summary the changes are:

- Local authorities are required to inform carers that they may be entitled to an assessment of their needs;
 - A duty is placed on Councils to consider a carer's outside interests (work, study, training or leisure) when carrying out an assessment; and
 - Local authorities must work in partnership with other bodies to ensure support for carers and the people they care for is delivered in a coherent manner.
9. The Department of Health has been giving funding to local Councils through **Carers Grant** to enable Councils to work with Partners and create opportunities for carers to have breaks from their caring role. The Carers Grant allocation for 2005-2006 to Haringey is £1,125,000, split 64%:36% between Adults and Older People Services and the Children's Service.

Assessment of Carers' Needs

Carers' Rights:

Carers have their own rights that include:

1. All carers, including parent carers, have the right to an assessment of their social care needs.
2. All carers have the right to have a record of the assessment, explaining what support and services will be available.
3. Carers have a right to have their assessment privately, or with the person they care for, or with a relative, friend or advocate (someone independent who can speak on their behalf).
4. Carers have the right to an assessment even when the person they look after does not want their own needs assessed.
5. Carers have the right to an assessment even when the person they look after does not live in the same local authority area.
6. A carer's assessment should cover the carer's ability to meet the needs of the person they look after, their own health and well being, and their own needs that arise from caring for another person.
7. If there are communication difficulties, Social Services should arrange for an interpreter or advocate.
8. Carers should be informed of the outcome of their assessment.
9. Carers' needs should be reviewed every year or sooner if their circumstances change.