



NOTICE OF MEETING

Scrutiny Review - Support to Carers

TUESDAY, 13TH OCTOBER, 2009 at 10:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Adamou (Chair), Alexander, Dodds and Wilson

AGENDA

1. APOLOGIES FOR ABSENCE

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (late items will be considered under the agenda item where they appear. New items will be dealt with at item below).

3. DECLARATION OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is being 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 and if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct and/or it is related to the determining of any approval, consent, license, permission or registration in relation to them or any person or body described in paragraph 8 of the code of Conduct.

4. CARERS IN HARINGEY

To receive a presentation from Adult, Culture and Community Services on carers services.

5. EQUALITIES AND CARERS

To receive a presentation from Eve Featherstone, Equalities Manager, on equalities and carers.

6. SCOPING REPORT (PAGES 1 - 94)

To discuss the scope of the review and approve the objective and terms of reference.

7. NEW ITEMS OF URGENT BUSINESS

Ken Pryor
Deputy Head of Local Democracy and Member
Services
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

Melanie Ponomarenko
Research Officer
Tel: 020 8489 2933
Email:
Melanie.Ponomarenko@haringey.gov.uk

5th October 2009



Agenda item:

[No.]**[Name of Meeting]****On [Date]**

Report Title. Scoping report – Scrutiny review on Support to Carers in Haringey

Report of **Cllr Adamou, Chair of the review panel**

Signed :

Contact Officer : Melanie Ponomarenko

Tel: 0208 489 2933

Email: Melanie.Ponomarenko@haringey.gov.ukWards(s) affected: **[All / Some (Specify)]**Report for: **[Key / Non-Key Decision]****1. Purpose of the report (That is, the decision required)**

1.1. For the Overview and Scrutiny Committee to consider and approve the scope and terms of reference for the scrutiny review of support to carers in Haringey.

2. Introduction by Cabinet Member (if necessary)

2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1. This review links with the Sustainable Community Strategy Outcomes of:

- Economic vitality shared by all, specifically:
 - Maximise income
 - Increase skills and educational achievement.

<ul style="list-style-type: none">● Healthier people with a better quality of life, specifically:<ul style="list-style-type: none">● Tackle health inequalities● Give greater opportunities to live a healthier lifestyle● Promote independence and provide high quality support and care for those in greatest need. <p>3.2. This review links with the Council Plan priorities of:</p> <ul style="list-style-type: none">● A Thriving Haringey● A Caring Haringey● Driving Change, Improving Quality <p>3.3. This review links with the following Local Area Agreement:</p> <ul style="list-style-type: none">● NI 135 – Carers receiving needs assessment or review and a specific care's service, or advice and information
<p>4. Recommendations</p> <p>4.1. That the Terms of Reference and scope of the review be agreed.</p>
<p>5. Reason for recommendation(s)</p> <p>5.1. Reasons for the above recommendation are laid out in the main body of this report.</p>
<p>6. Other options considered</p> <p>6.1. N/A</p>
<p>7. Summary</p> <p>7.1. The Overview and Scrutiny Committee commissioned a task and finish review into support for carer as part of its 2009/10 work programme.</p> <p>7.2. There is increasing national emphasis on ensuring that carers have appropriate support to enable them to have a life of their own alongside their caring role. This is underpinned nationally by the National Carers Strategy and locally by the Haringey Adult Carers Strategy and accompanying delivery plan.</p>
<p>8. Chief Financial Officer Comments</p> <p>8.1. TBC</p>
<p>9. Head of Legal Services Comments</p> <p>9.1. TBC</p>

<p>10. Head of Procurement Comments –[Required for Procurement Committee] 10.1. N/A</p>
<p>11. Equalities & Community Cohesion Comments 11.1. TBC</p>
<p>12. Consultation 12.1. The review will seek the views of a range of stakeholders (as outlined in the main body of the report). This will include carers.</p>
<p>13. Service Financial Comments 13.1. This review will be carried out within the current resources of the Overview and Scrutiny Service. 13.2. Any financial implications of the final report will be covered within that report.</p>
<p>14. Use of appendices /Tables and photographs</p> <ul style="list-style-type: none"> ● Appendix A – Haringey Adult Carers Strategy 2009-2014 ● Appendix B – Haringey Adult Carers Strategy Delivery Plan 2009-2012 ● Appendix C - Carers personalisation briefing, SCIE and Carers UK ● Appendix D – Carers Grant 2008-2011 Guidance, Department of Health
<p>15. Local Government (Access to Information) Act 1985</p> <ul style="list-style-type: none"> ● National Carers strategy: Carers at the heart of 21st Century families and communities, Department of Health, 2008 ● Haringey Adult Carers Strategy 2009-2014, Haringey Strategic Partnership, 2009 ● Haringey Adult Carers Strategy Delivery Plan 2009-2011, Haringey Strategic Partnership, 2009 ● Comprehensive Area Assessment Framework, Audit Commission, February 2009 ● Our Health, Our Care, Our Say: a new direction for community services, Department of Health, 2006 ● Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

- Employment support for carers (research report 597), Department for Work and Pensions, 2009
- Local Government Information Unit, Health and Social Care Round up briefing, 2009
- Carers (Equal Opportunities) Act 2004, Office of Public Sector Information
- Work and Families Act 2006, Office of Public Sector Information
- Commissioning for Carers, Improvement and Development Agency
- Equalities Bill 2009
- Supporting Carers to Care, Commons Public Accounts Committee, 2009
- Haringey Adult Carers Strategy, Equalities Impact Assessment, 2009
- Haringey Independence, Well-being and Choice, Safeguarding Adults Inspection, Care Quality Commission, January 2009
- High Quality Care, NHS Operating Framework for the NHS in England 2009/10, Department of Health, 2008
- Carers Grant 2008-2011 Guidance, Department of Health, 2008
- Sustainable Community Strategy, Haringey Strategic Partnership, 2007-2016
- Council Plan, Haringey Council, 2009-2010

1. Background

- 1.1. The Overview and Scrutiny Committee commissioned a task and finish review into the support given to carers in Haringey as part of their 2009/10 work programme.
- 1.2. This was initially on the work programme for 2008/09 but due to work being undertaken on the Haringey Adult Carers Strategy it was felt that the review would be able to add more value once this was completed.

2. Local Context

2.1. Haringey Carers Strategy's vision is...*"that by 2018 carers will have a place in "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 balanced between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and able citizen".*¹

- 1.1. The Strategy has four outcomes and is underpinned by a delivery plan for 2009-2012 (see Appendix A and B).
- 1.2. The four outcomes are as follows:
 - "Outcome 1 - Being respected and supported: 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 Haringey Adult Carers Strategy 2009-2014, Haringey Strategic Partnership, 2009

- Outcome 2 – Balancing caring with a life apart from caring: Carers will be able to have a life of their own alongside their caring role.
- Outcome 3 – Carers financial security: Carers will be supported so that they are not force into financial hardship by their caring role.
- Outcome 4 – Carers well-being: Carers will be supported to stay mentally and physically well and treated with dignity.”²

2.2. It is estimated that by providing unpaid care, carers in Haringey save the borough £236.5 million per year³.

3. Definition of a Carer

3.1. For the purpose of this review the definition of a carer is taken from the National Carers Strategy, this is also the definition used in the Haringey Adult Carers Strategy.

*“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”.*⁴

4. National Context

4.1. Comprehensive Area Assessment Framework⁵ document states that scrutiny reviews carried out locally will provide valuable evidence that can feed into the CAA and may help inspectors understand issues without having to carry out additional work. The three key area assessment questions are as follows:

- How well do local priorities express community needs and aspirations?
- How well outcomes and improvements needed being delivered?
- What are the prospects for future improvement?

4.2. The **National Carers Strategy**⁶ sets out to raise the profile of carers and sets out the Governments short and longer term commitment and vision for carers. The vision by 2018:

- 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;
- 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 dignity⁷.

² Haringey Carers Strategy – Haringey’s strategy for supporting unpaid adult carers, Delivery Plan 2009-2012, Haringey strategic Partnership, 2009

³ As noted in the Haringey adult carers strategy, source: Carers UK

⁴ National Carers Strategy: Carers at the heart of 21st Century families and communities, Department of Health, 2008

⁵ Comprehensive Area Assessment Framework, Audit Commission, February 2009

⁶ National Carers Strategy, as above

⁷ National Carers Strategy, as above

4.3. “The carers’ strategy is underpinned by £255 million to implement some immediate steps alongside with medium and long-term plans.

- New commitments in the carers’ strategy include:
- £150 million 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.

4.4. Other schemes associated with the strategy include the piloting of annual health checks for carers to help them stay well and training for GPs to recognise and support carers”⁸.

4.5. The **Personalisation agenda**

4.4.1 The 2005 Green Paper (Independence, Well-being and Choice) and the Our Health, Our Care, Our Say white paper both proposed the vision of a ‘personalisation’ of services. Personalisation being: “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”⁹. This transformation in the way that services are shaped and provided is being compared with the changes which occurred with the introduction of the NHS and Community Care Act 1990.

4.4.2 In December 2007 the Department of Health published a Ministerial concordat ‘Putting People First’¹⁰ which set out the shared aims and values to drive the transformation of adult social care, by working across sectors and agendas.

4.4.3 A Social Care Institute for Excellence/Carers UK briefing on the implications of this agenda for Carers can be found at Appendix C.

4.6. **Commissioning for Carers** guidance has been produced by the Improvement and Development Agency in consultation with carers and local authorities. The aim of this guidance is to help authorities to realise the vision of the National Carers Strategy (as above). This guide covers:

- Strategic Planning
- Commissioning Services
- Developing a provider market

4.7. The **Carers (Equal Opportunities) Act 2004** places a duty on:

4.4.1 Local Authorities to ensure that carers know that they are entitled to an assessment of their needs.

4.4.2 Councils to consider carers outside interests when carrying out an assessment e.g. leisure, education and work.

⁸ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

⁹ Our Health, Our Care, Our Say: a new direction for community services, Department of Health, 2006

¹⁰ Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

4.4.3 Gives Local Authorities powers to enlist the help of housing, health and education to ensure that support is delivered coherently¹¹.

4.8. The **Work and Families Act 2006** gives carers the right to request flexible working. This can only be refused if the change in working pattern would damage the business or impact on other employees.

4.9. The **Equalities Bill 2009** sets out to replace a number of laws with one single Act to make it easier for people to understand their legal right and for employers to understand their legal obligations. This Bill is expected to come into force in the Autumn of 2010. It is the first time that carers are included in a Bill in this way and will protect carers from discrimination and harassment by association to the person they care for and will apply in employment, as well as in the provision of services.

4.7.1. The Bill in effect implements the Coleman Judgement of the European Court of Justice in 2008. The Coleman judgement means that people now have rights not to be subjected to direct discrimination or harassment on grounds of their association with a disabled person¹².

4.10. The **Employment support for carers**¹³ explores how caring responsibilities affect people's decisions about employment. The study came to the following conclusions:

- Job seeking and benefits rules were viewed by carers as complicated and inflexible.
- A single point of access where carers' needs were understood was seen as important.
- Removing barriers to employment requires action from a range of stakeholders. Legislative rights would not by themselves promote flexible work opportunities.
- More clarity about benefits and entitlements is needed,
- Care packages are rarely constructed with reference to the carers need to work¹⁴.

4.11. **Supporting Carers to Care**¹⁵ recommends making benefits clearer and simpler to access and that the Department for Work and Pensions (DWP) should improve the effectiveness of its employment support to carers at Jobcentre Plus and share good practice in supporting carers across its new Care Partnership Managers. Findings of the report include:

- Benefits for carers are unnecessarily complex and cause confusion, including understanding information and requirements from the Department for Work and Pensions (DWP).

¹¹ www.direct.gov

¹² www.equalityhumanrights.com

¹³ Employment support for carers (research report 597), Department for Work and Pensions, 2009

¹⁴ Local Government Information Unit, Health and Social Care Roundup briefing, 2009

¹⁵ Supporting Carers to care, Commons Public Accounts Committee, 2009

- Carers receive insufficient support to combine employment with caring responsibilities.

5. Haringey Carer's Population

5.1. According to the 2001 Census 15,967 people identified themselves as carers' in Haringey. As the Haringey Adult Carers strategy notes, this is likely to be an underestimate due to some people not identifying themselves as a carer. (NB these are the most up to date figures available).

5.2. The Haringey carers register had 1201 carers registered in March 2009. These are people who have identified themselves as carers and asked to go onto the register. This does not mean that this is the number of people receiving a carer's support service by the council, nor does it mean that they have had a carer's assessment; they may have requested not to do so.

5.3. According to the 2001 census the key demographics of the carer population in Haringey are:

5.3.1. Gender profile

- Men make up 41% of carers and women 59% compared with a male to female ratio of 48:52 for all people in the borough¹⁶.
- Women undertake more hours of caring than men.
 - Of those who care 1-19 hours, 57% are women and 43% are men
 - Of those who care 20-49 hours, 60% are women and 40% are men
 - Of those who care 50 or more hours, 66% are women and 34% are men¹⁷.

5.3.2. Age profile

- The peak age for caring in Haringey is between 35-49 years.
- Haringey has the most young adult carers aged 18-34 years.

5.3.3. Ethnic profile

- Ethnic groups over-represented as carers (by more than 1%) compared with their profile in the local population:

Ethnic group	Ethnic profile all residents	Ethnic profile of carers
White British	45.3%	47%
Indian	2.9%	5%

- Ethnic groups under-represented as carers (by more than 1%) compared with their profile in the local population:

¹⁶ Since 2001 the gender difference has reduced and by 2007 Mid Year estimates -224,700 people in total- there are roughly equal numbers of men and women resident in Haringey

¹⁷ Haringey Adult Carers Strategy, Draft Equalities Impact Assessment, 2009

Ethnic group	Ethnic profile all residents	Ethnic profile of carers
White Other	16.1%	14%
Black African	9.2%	7%

5.3.4. Further information on all of the above can be found in the Haringey Adult Carers Strategy Equalities Impact Assessment.

6. The Scrutiny Review

6.1. This review will consider the support given to adult carers of adults. However, should information suggest that there is a need for a further review into either child carers or adult carers of children then a recommendation may be considered for a piece of work at a later date by the Overview and Scrutiny Committee.

6.2. As part of the consultation for the Haringey Adult Carers Strategy a questionnaire was carried out asking carers a number of questions including:

- How support services could be improved.
 - 24.74% Face to face carers' assessments
 - 21.65% Annual health checks for carers
- What practical help could be provided to the person as a carer?
 - 27.78% - A payment to cover transport/travel costs
 - 21.11% - Reliable safe transport for the cared for person
 - 22.22% - Financial advice for carers
- What services would provide personal support to you as a carer?
 - 28.42% - Counselling for carers
 - 28.42% - Support group for carers
 - 18.95% - Telephone support

6.2.1. A total of 127 completed questionnaires were received.

6.3. The Independence, Wellbeing and Choice, Safeguarding Adults¹⁸ inspection whilst overall positive in relation to carers made a number of points relevant to this review:

- "Services were in place to support carers in their role and there were positive reports where support had been received but this was not the experience of all. The council had recognised the need to further review and develop these services and this work had begun. There was a good range of services to meet the needs of people from black and minority ethnic communities available but staff did not always use them in the most effective way.¹⁹"
- "The council had increased the number of carers assessments completed over the last 12 months. This had not always improved the

¹⁸ Independence, Well-being and Choice, Safeguarding Adults Inspection, Care Quality Commission, January 2009

¹⁹ As above

quality of life for some carers. A Local Area Agreement target was supporting the further development of carer's services.....²⁰ “

- “The council should...ensure that the review of the carers strategy is progressed to deliver improved support and outcomes for carers..²¹” (N.b the Haringey Adult Carers Strategy is due at the Haringey Strategic Partnership later this year).

6.4. The Carers Grant is paid to local authorities as part of the Area Based Grant. It is a non ring-fenced general grant and it is therefore left to authorities to locally determine how best to spend the grant to meet local and national priorities. However, the guidance states that “whilst there are no conditions attached to the Carers Grant money for 2008/09, the Self Assessment Survey will continue to monitor the provision of services to support carers. The approach to carers set out in the Social Care Concordat ‘Putting People First’ should be reflected in the development of any services and policies²²”.

6.4.1. The indicative allocation for 2010/2011 £1,405,684²³

Please see Appendix D for full guidance.

7. Terms of Reference

“To assess the support provided to adult carers of adults in Haringey specifically to provide an objective view of these services and whether they provide value for money”

8. Objectives of the review:

- Assess how NHS Haringey and Haringey Council work together to provide carers' breaks considering the requirement for PCT/LAs to have joint plans²⁴ for carers' breaks.
- Consider the effectiveness of the assessment process.
- Feed into the Haringey Carer' Strategy Delivery Plan.
- Assess whether services that deliver support to carers in Haringey provide Value for Money.
- Council funding and NHS Haringey funding
- To assess whether the services provided are appropriate to the needs of Carers.
- To consider what Haringey Council, as an employer, is doing to meet the needs of carers.
- Make recommendations to improve the support carers receive in Haringey.
- Provide evidence for the Comprehensive Area Assessment Process

8.1. The specific areas of the Haringey Adult Carers Strategy Delivery Plan that the review will incorporate are:

- Number and availability of carers breaks

²⁰ As above

²¹ As above

²² Carers Grant 2008-2011 Guidance, Department of Health, 2008

²³ <http://www.communities.gov.uk/documents/localgovernment/xls/7707021.xls>

²⁴ High Quality Care, NHS Operating Framework for the NHS in England 2009/10, Department of Health, 2008

- Emergency cover
- Information provision inc income maximisation
- Remain in or return to work
- Specialised carers service or resource centre
- Access to health and well-being services
- Training for care giving

8.2. With reference to Value for money the review aims to consider the following questions:

- Do costs compare well with others (allowing for external factors)?
- Are costs commensurate with service delivery, performance and outcomes achieved?
- Do costs reflect policy decisions?
- How is Value for Money monitored and reviewed?
- How is procurement managed?
- How external funding is obtained?

8.3. With reference to the Comprehensive Area Assessment process the following questions will be considered in relation to carers:

- How healthy and well supported are people?
- How is adult social care meeting people's needs and choices?

9. Methodology

9.1. Panel Membership

- Councillor Gina Adamou (Chair)
- Councillor Karen Alexander
- Councillor Ray Dodds
- Councillor Richard Wilson

9.2. Stakeholders

Cllr Catherine Harris	Chair of the Carers Partnership Board
Lisa Redfern	Assistant Director Adults
Barbara Nicholls	Head of Commissioning
Susan Oti	Associate Director of Public Health
Paul Clarke	Programme Manager - Employment and Skills
Phil Harris	Housing Strategy and Needs
Pat Duffy	Head of Adult Learning Service
Andy Briggs	Head of Sport and Leisure Services
Steve Davies	Head of Human Resources
Phylis Fealy	Job Centre Plus
Linda Barton	Job Centre Plus
Faiza Rizvi	BME Carers

Celia Bower	Local Involvement Network Representative
Robert Edmonds	Director, Age Concern Haringey
Charlotte Law	Corporate Accountant
Eve Featherstone	Equalities Manager
Colleen Fiffie	Carers Centre
Dekh Bhaal	Asian Carers Support Group
Ray Churchill	Mental Health Carers' Support Group
Nick Bishop	Mental Health Carer' Support Group
TBC	Carers Partnership Board Representative
TBC	Carers Partnership Board Representative
TBC	Carers Partnership Board Representative
TBC	Carers Partnership Board Representative

10. Timescale

10.1. The review aims to report to the Overview and Scrutiny Committee by March/April 2010. The recommendations will then go to Cabinet and other bodies, for example the NHS Haringey, following this.

	Aug. 09	Sept.	Oct.	Nov.	Dec.	Jan. 10	Feb.	Mar.	Apr.
Scoping									
Meetings			1	2	3	4	5		
Visits									
Reporting									
OSC									
Cabinet									

10.2. The proposed meeting structure is as follows:

Evidence Sessions		
Meeting 1 13 th October	Context of the review ACCS presentation Equalities Scoping report and Terms of reference	Barbara Nicholls Eve Featherstone
Meeting 2 Tuesday 3 rd November – 10am	1. Job Centre Plus 2. Economic Regeneration 3. Adult learning	Paul Clarke Pat Duffy

	4. Leisure 5. Housing 6. HR	Andy Briggs Phil Harris Steve Davies
Meeting 3 Thursday 26 th November – 7pm	Voluntary and Community Sector 1. Carers Partnership Board 2. BME Carers 3. Carers Society 4. Mental Health Carers Support Groups 5. Asian Carers Support Group 6. Local involvement Network	Cllr Catherine Harris Faiza Rizvi Colleen Fiffie Ray Churchill Dekh Bhaal Celia Bower
Meeting 4 Tuesday 15 th December – 10am	<i>NHS Haringey</i> Commissioner Provider Arm (Community matron/District Nursing) <i>Adults</i>	Susan Oti James Slater Anne Daley/Jill Shattock TBC Lisa Redfern
Meeting 5 Thursday 7 th January – 7pm	Executive Member? <i>Value for Money</i> <i>Adults</i> Corporate Accountant Service Finance NHS Haringey Further TBC	Cllr Dogus Lisa Redfern Charlotte Law Niyazi Soyel Susan Oti
Meeting 6 Tuesday 19 th January – 10am January 2010	Conclusions and Recommendations	
Panel Member Visits		
November 17 th Or December 19 th	BME Carers Meeting Selby Centre	
1 st December	Carers Partnership Board	

11. Independent Expert Advice

11.1. In addition, the Panel may wish to consider if their work would be assisted by the provision of some independent expert advice. This could “add value” to the review by:

- Impartially evaluating current practice providing advice on successful approaches and strategies that are being employed elsewhere
- Suggesting possible lines of inquiry
- Commenting on the final report and, in particular, the feasibility of draft recommendations.

DRAFT

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.

For more information contact:

Margaret Allen
Assistant Director Commissioning and Strategy
Adult, Culture and Community Services, Haringey Council
40 Cumberland Road
Wood Green
London N22 7SG
Email: margaret.allen@haringey.gov.uk
Tel: 020 8489 3719

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

Executive Summary	5
Aim.....	5
Vision.....	5
1 Introduction	6
1.1 Background Information.....	6
1.2 The National Context.....	7
1.3 The Local Context	17
1.4 Purpose of this Strategy	21
2.1 Aim.....	22
2.2 Vision.....	22
2.3 Outcomes 2009-2014	22
2.4 Who and what is covered by the Strategy (its Scope)...	24
3 Equalities Statement.....	25
4 Links with the Other Strategies	25
4.1 Links with the Sustainable Community Strategy.....	26
4.2 Links with Other Relevant Strategies.....	27
4.2.1 Links with Haringey's Well-being Strategic Framework	29
5 Measuring Performance	31
5.1 Links with Haringey's Local Area Agreement	31
5.3 Outcomes and Related Key Targets.....	31
6 Outcomes and Priorities decided by carers 2009 – 2014 and how these will be monitored.....	32
6.1 Outcome 1	32
6.2 Outcome 2	33
6.3 Outcome 3	34
6.4 Outcome 4	34
7 Monitoring the Strategy.....	35
8 Bibliography	37
9 Glossary.....	40
Appendix A: Needs Assessment - Setting the Scene for the Strategy	42
Appendix B: Lead Contacts for Each Outcome.....	44
Appendix C: Development of the Strategy.....	44
Appendix D: Consultation about the Strategy	45

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 Health*⁹, 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 detail 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>

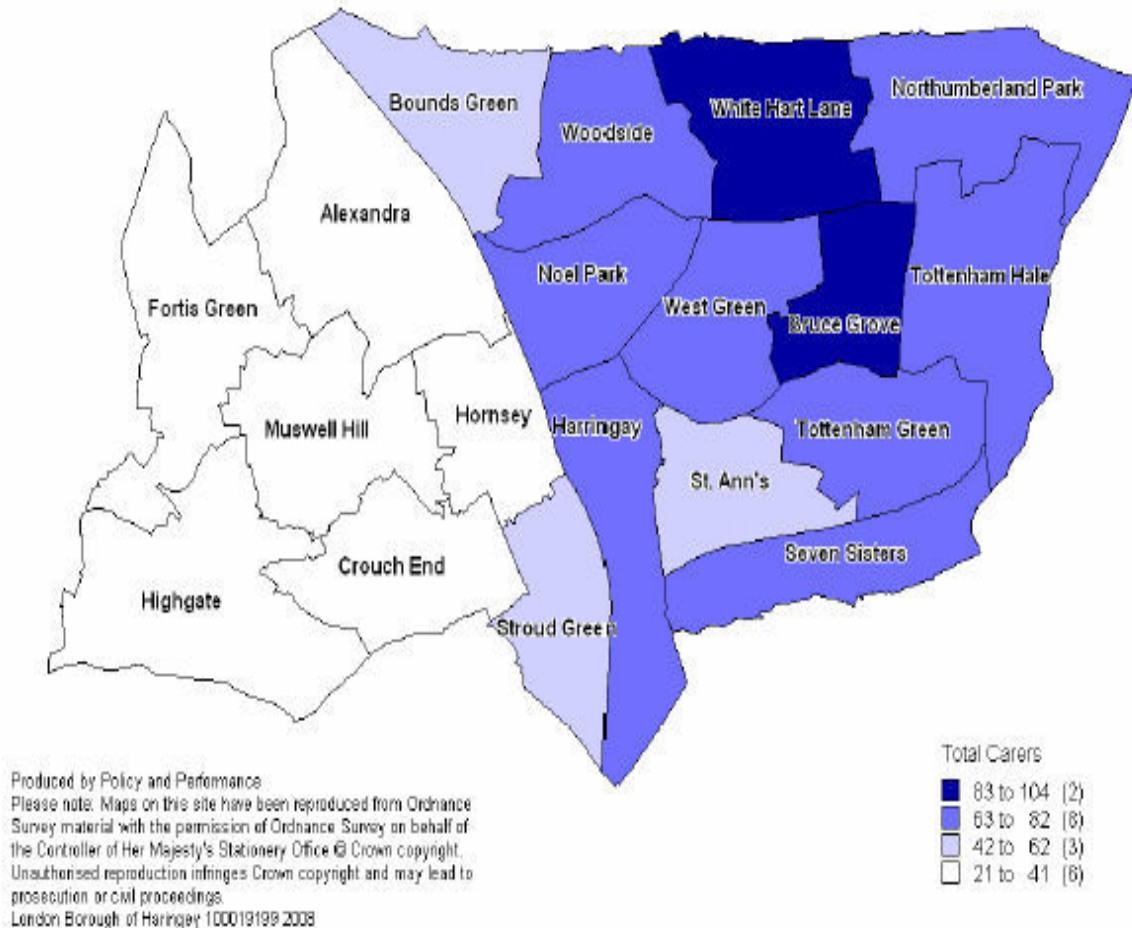
value of the care provided, calculated as replacement care, is estimated to have increased as follows:

	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.

8 Bibliography

Adult Social Care Scoping Report. Law Commission 2008

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

Carers and their rights. Luke Clements Carers UK 2007

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

Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own (National carers Strategy) DH 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

Cross border carers' assessments: A protocol for assessment of carers who live in a different local authority area to that of the person they care for. Greater London Authority 2006

Drugs: Protecting families and communities.2008-2018 Strategy Home Office 2008

<http://drugs.homeoffice.gov.uk/drug-strategy/overview/>

End of Life Care. National Audit Office November 2008

http://www.nao.org.uk/publications/0708/end_of_life_care.aspx

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

Every Child Matters: Change for Children. DfES 2004

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

Healthcare for London: a Framework for Action. NHS London 2008

http://www.healthcareforlondon.nhs.uk/framework_for_action.asp

How good is your service to carers? Kings Fund 2002

New Deal for Carers

http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Healthreform/NewDealforCarers/DH_075478

The NHS in England: The operating framework for 2009/10

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

No Secrets: Guidance on developing Multi-Agency Policies and Procedures to Protect Vulnerable Adults DH 2000

[No Secrets: Guidance on developing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse](#)

Our Health, Our Care, Our Say: A New Direction for Community Services DH 2006

<http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm>

Putting people first: A Shared Vision and Commitment to the Transformation of Adult Social Care. DH 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH_081118

Personalisation toolkit DH 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Reaching out: An Action Plan for Social Exclusion. Cabinet Office 2008

http://www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/reaching_out.aspx

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

http://www.csci.gov.uk/about_us/publications/safeguarding_adults.aspx

Service Needs and Delivery Following the Onset of Caring amongst Children and Young Adults: Evidenced Based Review. Saul Becker & Fiona Becker, Commission for Rural Communities

<http://www.ruralcommunities.gov.uk/files/CRC%20web36%20YCIRE.pdf>

Supporting and Involving Carers: A guide for Commissioners and Providers. National Treatment Agency for Substance Misuse 2008.

http://www.nta.nhs.uk/areas/users_and_carers/publications/supporting_and_involving_carers_10.08.pdf

Supporting people with long term conditions: commissioning personalised care planning - a guide for commissioners

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093354

Standing Commission on carers

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

Valuing Carers-Calculating the value of unpaid care

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

Valuing people now: a new three-year strategy for people with learning disabilities. DH 2009

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

Young Adult Carers in the UK: Experiences, Needs and Services for Carers aged 16-24. Becker, F and S. The Princess Royal Trust for Carers

<http://static.carers.org/files/yac20report-final-241008-3787.pdf>

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>

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

³⁸ http://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.

This page is intentionally left blank

Haringey Carers Strategy

Haringey's strategy for supporting unpaid adult carers

Delivery Plan 2009-2012

incorporating stakeholder views from consultations

OUTCOME 1: BEING RESPECTED AND SUPPORTED				
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				
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATORS 2009-2012	LEAD	WBSF OUTCOME
1.1 To promote recognition and respect for carers				
<p>1.1(i) Identify hidden carers and enable carers to recognise themselves as carers</p> <ul style="list-style-type: none"> Maintain the profile of carers and caring through press and media coverage of carers' events, launch of new carers' services, Carer of the Year Award etc Promote the Carers Register as a means of networking carers with borough-wide support and services and accessing carers' discounts Train front line staff across the Council, NHS, MH Trust, Homes for Haringey and Jobcentre Plus to recognise and signpost carers Nominate carers champions in key settings e.g. GP receptions, Customer Services, Library information desks, Haringey Adult Learning Service (HALS) Review GP protocol for referring carers to Adult Social Care 	Within existing resources	<p>Percentage increase year on year in newly identified carers as proportion of total number of carers on Carers Register</p> <p>Baseline 2008-9: 1283 carers on Register @31.3.09</p> <p>Percentage increase year on year in number of carers on Carers Register as indicator of reach of key initiatives</p> <p>Baseline 2008-9: 1283 carers on Register @ 31.3.09</p>	<p>Commissioning Manager Adult, Culture and Community Services (ACCS)</p> <p>Assistant Director, Adult Services ACCS</p> <p>Deputy Director Practice-based and Acute Commissioning NHS Haringey</p> <p>Head of Commissioning South East Haringey</p> <p>Director of Nursing Barnet, Enfield and Haringey Mental Health Trust</p>	Improved quality of life
<p>1.1(ii) Reach out to hidden carers</p> <ul style="list-style-type: none"> Planned outreach to under-supported groups and new communities and wards with high concentrations of carers Extend distribution networks for Carers Register mailings through partnership working (LBH/NHS Haringey/MH Trust Communications teams & CVS networks inc. Haringey Forum for Older People Targets developed for identifying 'hidden' carers in new contracts with providers 	Within existing resources	As above	<p>Commissioning Manager ACCS</p> <p>Information and Communication sub-group</p> <p>Carers Partnership Board</p>	Improved quality of life
1.1(iii) Bring about or accelerate culture change in attitudes and	Within existing	NI 4: % of people	Information and	

OUTCOME 1: BEING RESPECTED AND SUPPORTED				
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				
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATORS 2009-2012	LEAD	WBSF OUTCOME
behaviours towards carers <ul style="list-style-type: none"> • Awareness raising of carers' contribution at societal and individual levels • Develop 'Day in the life' and case studies as a means of attracting public interest /challenging perceptions via local media • Train carers as trainers • Carers present/co-present carer awareness training to be rolled out to front line staff -see 1.1(i) 	resources	who feel they can influence decisions in their locality Baseline: 40.5% (2008 Place Survey) 2009-10: 42.9% 2010-11: 45.1% 2011-12: tbc	communication sub-group Carers Partnership Board Carers Centre Director Media and Public Relations representatives: Haringey Council NHS Haringey Barnet, Enfield and Haringey Mental Health Trust	Making a positive contribution
1.1(iv) Increase opportunities for carer involvement and representation in decision-making <ul style="list-style-type: none"> • Include carers in User Payment Policy roll-out to recognise their contribution to service planning and development • Arrange training and confidence building for carer members of the CPB • Enable carer members of CPB to act as representatives on other Partnership Boards of the Haringey Strategic Partnership (HSP) • Review carer representation on CPB in Feb.'10 and annually • Carers Partnership Board to ensure appropriate representation for formal consultations as appropriate • Offer support with transport, translation & interpreting and replacement care as standard to all carers participating in consultative forums • Continue to develop opportunities for carers to participate in area assemblies, Overview and Scrutiny reviews, NHS Haringey consultations and Theme Groups • Promote understanding of roles of LINKs and Community Link Forum • Develop a framework for carers to evaluate services and to be involved in service development 	Within existing resources	NI 4: % of people who feel they can influence decisions in their locality Baseline: 40.5% (2008 Place Survey) 2009-10: 42.9% 2010-11: 45.1% 2011-12: tbc	Commissioning Manager, ACCS Associate Director of Public Health Adults and Older People NHS Haringey Co-chairs, Making a Positive Contribution sub-group, Haringey Strategic Partnership (HSP) Director, Black and Minority Ethnic Carers Support Service Consultation Manager Communications and Consultation Unit Haringey Council	Making a positive contribution

<p align="center">OUTCOME 1: BEING RESPECTED AND SUPPORTED</p> <p>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</p>				
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATORS 2009-2012	LEAD	WBSF OUTCOME
<p align="center">1.2 To promote awareness of carers as a disadvantaged group in their own right and of the inequality gap for carers</p>				
<p>1.2(i) Following the Equalities Impact Assessment, develop an action plan to challenge discrimination against carers:</p> <p>To include:</p> <ul style="list-style-type: none"> • Recognition of the role and contribution of carers • Awareness of the barriers that caring creates to more equal outcomes between carers and non-carers • Joint strategic needs assessment to reflect diversity of carers and their needs • Establish a consistent definition of term 'carer' across the Haringey Strategic Partnership • Inclusion of carers as a separate equalities strand in Equal Opportunities Policies • 'Carer proofing' (impact assessment) of local policy, practice and procedure • Publicise and promote flexible working to Haringey employers whose staff have caring responsibilities • Local Carers Charter 	<p>Within existing resources</p>	<p>NI 140 Fair treatment by local services Baseline:60.4% (2008 Place Survey) 2009-10: 62.6% 2010-11: 65% 2011-12: tbc</p>	<p>Commissioning Manager, ACCS</p> <p>Carers Champion, Haringey Council</p> <p>Corporate Equalities Board member</p> <p>Associate Director of Public Health, Adults and Older People, NHS Haringey</p>	<p>Freedom from discrimination or harassment</p>
<p align="center">1.3 To enable carers to access integrated and personalised services</p>				
<p>1.3 (i) In preparation for Personalisation, ensure carers can access comprehensive and reliable information about support and services when they need it</p> <ul style="list-style-type: none"> • Information and communication sub-group of CPB to lead on review of information currently available to carers and make recommendations • Existing carers' services able to provide core information offer (voluntary and statutory) • Quality standards for information set in new contracts for providers • Maintain Carers Register as opportunity to provide newly registered carers with individually tailored information • Update the <i>Essential Guide for Carers in Haringey</i> in paper formats • Ensure information is available at key access points: GP surgeries, 	<p>Within existing resources</p>	<p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information Baseline : 2008-9 22.2% (844 services+ 320 advice and information)</p>	<p>Information and communication sub-group Carers Partnership Board</p> <p>Personalisation sub-group Carers Partnership Board</p> <p>Commissioning Manager ACCS</p>	<p>Increased choice and control</p>

OUTCOME 1: BEING RESPECTED AND SUPPORTED					
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					
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATORS 2009-2012	LEAD	WBSF OUTCOME	
<p>hospital discharge, Customer Service centres, call centre, libraries, Adult referral and assessment teams</p> <ul style="list-style-type: none"> Market personalisation to carers to overcome concerns that it means extra responsibilities for them <p>1.3(ii) With the introduction of Personalisation, provide a "universal offer" of advice and information for carers as well as a personalised service for carers with differing needs:</p> <ul style="list-style-type: none"> Provide a range of information from a single source to save carers' time Develop web-based provision of information Publicise national helpline and web service Develop information about support services for BME communities, LGBT carers, disabled carers, men and women carers Provide information in translation and in accessible formats 	<p>Within existing resources</p>	<p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information</p> <p>Baseline : 2008-9 22.2%</p>	<p>Programme Co-ordinator, Personalisation, Haringey Council</p> <p>Assistant Director Adult Services</p>	<p>Increased choice and control</p>	
<p>1.3 (iii) To ensure carers have a choice of modernised, reliable, culturally appropriate services which support them and inspire confidence</p> <ul style="list-style-type: none"> Further develop commissioning plans for carers' services through the commissioning cycle Carers involved in commissioning activities Identify the range of interventions needed to deliver integrated and personalised services i.e. brokerage, advocacy, information, caring support and training Review funding for advice, information and signposting provided in the voluntary sector Increase the evidence base for carers commissioning e.g. quality measures of carers' experience of services Identify gaps in information about carers and the diversity of their needs that can be filled <p>1.3 (iv) To put in place an effective protocol 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</p>	<p>Within existing resources</p>	<p>Carer User Experience Survey</p> <p>Baseline (pilot): to be confirmed</p> <p>NI130 Social care clients receiving Self Directed Support</p> <p>Baseline 2008-9: 717 carers</p>	<p>Commissioning Manager, ACCS</p> <p>Programme Co-ordinator Personalisation, Haringey Council</p>	<p>Improved quality of life</p> <p>Increased choice and control</p>	
	<p>Within existing resources</p>		<p>Commissioning Manager Children & Young</p>		

OUTCOME 1: BEING RESPECTED AND SUPPORTED				
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				
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATORS 2009-2012	LEAD	WBSF OUTCOME
Adult Services			People's Service Adult Service Managers	
OUTCOME 2: BALANCING CARING WITH A LIFE APART FROM CARING				
Carers will be able to have a life of their own alongside their caring role				
KEY INITIATIVES	RESOURCES	NATIONAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
<p>2.1 Ensure access to separate carer's assessment and flexible carer's service for eligible carers</p> <p>2.1(i) Ensure holistic carer's assessment offered as Haringey standard by assessment & care management teams</p> <ul style="list-style-type: none"> • Carer reasons for declining assessment recorded as outcome of carer's referral on Electronic Social Care Record (Framework-i) • Carers routinely signposted to direct access universal services • Carers provided with a copy of their support plan and told what will happen next • Option of Individual Budget (inc. Direct Payments) for cared for and carer routinely discussed • Where a cared for person receives community care services, ensure a carer's assessment is completed for carers who provide regular and substantial care • Carers informed of outcome of community care assessments /reviews and told what will happen next • Recording of unmet need to inform service developments 	Within existing resources	<p>Carers User Experience Survey Baseline (pilot): to be confirmed</p> <p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information</p> <p>Baseline : 2008-9 22.2%</p> <p>NI130 Social care clients receiving Self Directed Support Baseline 2008-9: 717 carers</p>	<p>Commissioning Manager ACCS</p> <p>Service Manager Adult Services</p>	<p>Improved quality of life</p> <p>Increased choice and control</p>

OUTCOME 2: BALANCING CARING WITH A LIFE APART FROM CARING Carers will be able to have a life of their own alongside their caring role				
KEY INITIATIVES	RESOURCES	NATIONAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
<p>2.1(ii) Delegated assessments of 'hidden' carers provided by voluntary sector partners</p> <ul style="list-style-type: none"> Review end to end process, carers' eligibility and quality of assessments with partners Set targets and monitor performance quarterly Service level specification in future provider contracts 	Within existing resources	<p>Percentage increase year on year</p> <p>Carers User Experience Survey Baseline (pilot): to be confirmed</p>	<p>Commissioning Manager ACCS</p> <p>Carers Partnership Board sub-group on Carers and Current Services (including Transition)</p>	Improved quality of life
<p>2.1(iii) Increase expertise of work force undertaking carer assessments</p> <ul style="list-style-type: none"> Carer awareness in induction training for new staff Carer awareness training available in adult social care short course programme Training in teams Performance workshop on carer assessments and support planning Carers' individual needs identified and range of services required to meet them (beyond breaks) Carers' right to an ordinary family life with other family members recognised in assessment and provision of services 	Within existing resources	<p>Carers User Experience Survey Baseline(pilot): to be confirmed</p>	<p>Commissioning Manager ACCS</p> <p>OD & L Consultant Social Care Sector</p> <p>Head of Systems Development & Performance ACCS</p>	Improved quality of life
<p>2.1 (iii) Make preparations for the introduction of self-directed support for carers</p> <ul style="list-style-type: none"> Involve carers in the design of the carer's self-assessment questionnaire (SAQ) Hold information and feedback sessions for carers involved in pilot projects Develop good quality information for carers about self-directed support and universal and targeted services Regular telecare demonstrations and roadshow Work with provider organisations to update service descriptions and publicity Consider peer and community support available to carers in commissioning plans 	Within existing resources	<p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information</p> <p>Baseline : 2008-9 22.2%</p> <p>Carers User Experience survey baseline: to be confirmed</p>	<p>Commissioning Manager, ACCS</p> <p>Programme Manager, Personalisation</p>	Increased choice and control
2.2 Increased number and availability of carers' breaks				
2.2(i) Joint planning between the Council and NHS Haringey to use pooled funding to provide breaks for carers:	Within existing resources	NI 119 Self-reported measure of people's	Commissioning Manager	Improved health and

OUTCOME 2: BALANCING CARING WITH A LIFE APART FROM CARING Carers will be able to have a life of their own alongside their caring role				
KEY INITIATIVES	RESOURCES	NATIONAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
<ul style="list-style-type: none"> Short breaks provided by in-home replacement care Short breaks provided by carers' organisations: social activities, pampering, opportunities for volunteering, learning and skills development (direct access) Overnight replacement care Rolling breaks Access to regular breaks via domiciliary care package or residential respite for cared for Flexible carer's service can be used to fund break Explore alternative models for break provision e.g. carers registered with Haringey Time Bank accrue credit which can be exchanged for breaks, HomeShare personalised respite (Redbridge Crossroads), breaks fund administered by carers organisation Promote the uptake of direct payments and Individual Budgets to give carers flexible choice and control over breaks 		<p>overall health and well-being Baseline 2008-9 80%</p> <p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information Baseline : 2008-9 22.2%</p>	<p>ACCS Commissioning Manager NHS Haringey</p>	<p>emotional well-being Improved quality of life Increased choice and control</p>
<p>2.3 Carers have confidence that they can be supported when they have an emergency</p> <p>2.3(i) Mainstream planning for a carer emergency within carer's assessment and self-assessment</p> <ul style="list-style-type: none"> Redesign business processes Arrange briefings for staff Ensure information available at key access points: GP surgeries, hospital discharge, Customer Service centres, call centre, libraries, Adult referral and assessment teams and on the website Collect and analyse data about carers' needs for replacement care to inform future commissioning 	<p>Within existing resources</p>	<p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information Baseline : 2008-9 22.2%</p> <p>NI 127 Self-reported experience of social care users No baseline till end of 2009-10</p>	<p>Commissioning Manager ACCS Personalisation Programme co-ordinator Service Manager, Community Alarm Service</p>	<p>Improved quality of life Increased choice and control</p>

OUTCOME 3: CARERS FINANCIAL SECURITY				
Carers will be supported so that they are not forced into financial hardship by their caring role				
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
3.1 Carers supported with information and advice to maximise their income				
<p>3.1(i) Carers have ready access to welfare benefits advice:</p> <ul style="list-style-type: none"> • Carer specific services are well publicised and co-ordinated (time/geographical location) • Carer specific services are quality assured • Carer specific services are flexible (home/telephone/office appointments) • Provide information, advice and help with form-filling • Reach out to under-served groups • Work in partnership to deliver special events e.g. Carers Rights Day • Quarterly performance reviews to identify value for money and inform commissioning strategy 	<p>Within existing resources</p>	<p>NI 127 Self reported measure of social care users</p> <p>No baseline till end of 2009-10</p> <p>Carer User Experience Survey Baseline (pilot):to be confirmed</p> <p>Better off calculations</p>	<p>Commissioning Manager ACCS</p> <p>Provider Leads</p> <p>Age Concern</p> <p>Benefits and Local Taxation Manager Haringey Council</p>	<p>Economic well-being</p>
<p>3.1(ii) Develop internal and external partnerships in order to run themed events for carers e.g. <i>Making the most of your money</i> and increase carers' material benefits</p> <ul style="list-style-type: none"> • Protocol for joint working already in place between Haringey Council and Benefits Agency • Include carers in Claim it campaign • Investigate possibility of cross-referencing databases (DWP/Homes for Haringey/Housing Associations/Carers Register) to identify carer households for anti-poverty initiatives (Warm Front Scheme, Decent Homes etc) and targeted carers' information 	<p>Within existing resources</p>	<p>Better off calculations</p>	<p>Finance Assessment Team Manager</p> <p>Service Manager Housing and Health, Urban Environment</p>	<p>Economic well-being</p>
3.2 Carers supported to remain in or return to work				
<p>3.2(i) Carers' eligibility for services reviewed for working carers and returners:</p> <ul style="list-style-type: none"> • Minimise risk to employment as consequence of caring responsibilities • Carers' aspirations to return to work or undertake work-related training validated in carer's assessment and support planning (self-assessment and resource allocation under Self-directed Support) • Option of <i>flexible carer's service</i> (or Individual Budget) publicised to carers 	<p>Within existing resources</p>	<p>NI135 Carers receiving needs assessment or review and a specific carer's service, or advice and information Baseline 2008-9 22.2%</p>	<p>Service Manager, Adult Services</p> <p>Head of Learning Disabilities Partnership</p> <p>Mental Health Service Manager</p> <p>Personalisation Programme co-ordinator</p>	<p>Increased choice and control</p> <p>Economic well-being</p> <p>Improved quality of life</p>

OUTCOME 3: CARERS FINANCIAL SECURITY				
Carers will be supported so that they are not forced into financial hardship by their caring role				
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
<ul style="list-style-type: none"> Information about eligibility for services of cared for person and carer publicised to carers support organisations Briefings for referral and assessment teams 				Freedom from discrimination or harassment
<p>3.2(ii)</p> <ul style="list-style-type: none"> Develop partnership working with Jobcentre Plus (JCP) to the Haringey Care Partnership manager or representative to the Carers Partnership Board Clarify employment support services available to carers in local Jobcentre Plus offices Work towards improved information about flexible job vacancies in Jobcentre Plus job banks Provide information about flexible working and job opportunities via the Carers Register and on-line 	Within existing resources	JCP indicators	Haringey Care Partnership Manager Department for Work and Pensions Commissioning Manager ACCS	Increased choice and control
<p>3.2 (iii)</p> <ul style="list-style-type: none"> Develop employment support, adult guidance, learning and training opportunities for carers Develop a co-ordinated and collaborative approach Incorporate into the carers commissioning plan 	Within existing resources		Commissioning Manager ACCS Head of Haringey Adult Learning Service (HALS) Assistant Director, Learner Information and Support, CONEL Welfare to Work Co-ordinator HC Programme Manager Haringey Guarantee HC Black and Minority Ethnic Carers Support Service	Increased choice and control
3.3 Employees of Haringey Council who are carers are recognised and supported				
<p>3.3(i)</p> <ul style="list-style-type: none"> Improve recognition for Council employees who are carers Scope areas for development Virtual or actual buddy system or support network Implications of Coleman judgement and Equalities Bill in terms of 	Within existing resources	Satisfaction rating of respondents to specific question in annual staff survey	Commissioning Manager ACCS Carers Champion Head of HR	Increased choice and control

OUTCOME 3: CARERS FINANCIAL SECURITY				
Carers will be supported so that they are not forced into financial hardship by their caring role				
KEY INITIATIVES	RESOURCES	NATIONAL/LOCAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
<ul style="list-style-type: none"> a Carers Register of employees 'Carer proofing' (impact assessment) of HR policies Time off with pay for employees who are carers to attend Council-run consultations, information and awareness-raising events (max. 2 per year) Annual invitation via pay slips to carers to 'Get connected' 				Improved quality of life Economic well-being

OUTCOME 4: CARERS WELL-BEING				
Carers will be supported to stay mentally and physically well and treated with dignity				
KEY INITIATIVES	RESOURCES	NATIONAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
4.1 Carers can access a specialised carers' service or resource centre				
<p>4.1 (i) Provide an integrated support service tailored to carers' specific needs, delivering <i>early identification of carers; advocacy, empowerment, involvement; ongoing emotional support</i></p> <ul style="list-style-type: none"> • one point of call for carers • increased level of funding and increased level of service provision • resource centre model • self-organising groups • information, advice, signposting, health liaison • continuity of support • robust monitoring of take up and outreach to under-represented groups 	<p>Within existing resources</p>	<p>NI 119 Self-reported measures of people's overall health and well-being Baseline 2008-9 80%</p>	<p>Commissioning Manager ACCS</p>	<p>Improved health and emotional well-being Improved quality of life Increased choice and control Freedom from discrimination or harassment</p>
4.2 Carers can access ongoing emotional support				
<p>4.2(i) Ensure a range of social and emotional support: peer support groups and activities; pampering days, alternative therapies, stress busting; regular support during vulnerable periods; pre-and post-bereavement support;</p>	<p>Within existing resources</p>	<p>NI 119 Self-reported measures of people's overall health and well-being Baseline 2008-9 80%</p>	<p>Commissioning Manager ACCS</p>	<p>Improved health and emotional well-being</p>
4.3 Carers can access health and well-being services				
<p>4.3(i) Enable access to a range of healthy living activities, especially free and low cost services, advice and information:</p> <ul style="list-style-type: none"> • Health walks from libraries • Free swimming (over 60s), carers' discounts on sport and leisure centre admission • Relaxation classes 	<p>Within existing resources</p>	<p>NI 119 Self-reported measures of people's overall health and well-being Baseline 2008-9 80%</p>	<p>Commissioning Manager ACCS</p>	<p>Improved health and well-being</p>
4.4 Carers can access psychological support and counselling				
<p>4.4 (i) Enable access to appropriate psychological support, including</p>	<p>Within existing</p>	<p>NI 119 Self-reported</p>	<p>Commissioning Manager</p>	<p>Improved</p>

OUTCOME 4: CARERS WELL-BEING				
Carers will be supported to stay mentally and physically well and treated with dignity				
KEY INITIATIVES	RESOURCES	NATIONAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
<p>counselling:</p> <ul style="list-style-type: none"> • Access to Haringey IAPT (Improving Access to Psychological Therapies), GP services, low cost community-based schemes • Access to CRUSE for bereavement counselling • 	resources	measures of people's overall health and well-being 2008-9 baseline 80%	ACCS NHS Haringey	health and well being
4.5 Carers can access training for care-giving				
<p>4.5 (i) Enable access to or co-ordinate a programme of training to support carers in their caring role:</p> <ul style="list-style-type: none"> • Moving and Handling • First Aid • Nutrition • Medication • Use of specialist equipment • Caring with Confidence/ Expert Patient Programme 	Within existing resources	NI127 Self-reported experience of social care users No baseline till end of 2009-10	Commissioning Manager ACCS	Increased choice and control
4.6 Carers are recognised and supported in primary care				
<p>4.7 (i) Develop a project plan to improve support for carers by the NHS (informed by "Supporting Carers: An action guide for general practitioners and their teams" 2008 RCGP)</p> <ul style="list-style-type: none"> • Lead commissioner for carers identified in Primary Care Trust (NHS Haringey) • Carers' champions –on PCT and Trust Boards, in GP surgeries, including practice nurses, professionals allied to health and receptionists • Carers support and advice workers in acute and community settings • Identification of carers and co-carers • Effective use of GPs' carers registers • Dedicated time for practice nurses to support carers • Annual health check for carers • Information prescriptions • Care passports (let carers help cared-for person express their care needs and staff know they can share information with the carer) 	Within available resources	NI 119 Self-reported measures of people's overall health and well-being Baseline 2008-9 80% NHS Quality Markers	<p>Project Group:</p> <p>Head of Commissioning ACCS</p> <p>Deputy Director, Practice-based Commissioning and Acute Commissioning, NHS Haringey</p> <p>Associate Director of Public Health, Adults and Older People, NHS Haringey</p> <p>Carer representative, Carers Partnership Board</p>	<p>Improved health and emotional well-being</p> <p>Improved quality of life</p> <p>Increased choice and control</p>

OUTCOME 4: CARERS WELL-BEING Carers will be supported to stay mentally and physically well and treated with dignity				
KEY INITIATIVES	RESOURCES	NATIONAL INDICATOR 2009-2012	LEAD	WBSF OUTCOME
<ul style="list-style-type: none"> • Flexible use of technology e.g. home consultations • Development of carer pathways 				



At a glance 10

Personalisation briefing



July 2009

Implications for carers

Key messages

Personalisation for carers means:

- tailoring support to people's individual needs and being part of the discussion about support for yourself and support for the person you are looking after
- not having to take on all the responsibility and all the managing of care and support – the local authority should ensure that you are sufficiently supported
- recognising and supporting carers in their role, while enabling them to maintain a life beyond their caring responsibilities – you should have your own needs assessed and have choices about your own support
- ensuring that people have access to information and advice to make good decisions about their care and support
- ensuring all citizens have access to universal community services and resources such as health, transport and leisure
- making services more flexible so you can agree outcomes and find solutions that are right for your situation
- if needs change over time, personalisation should enable you and the person you are looking after to change the way you are supported.

This At a glance briefing examines the implications of the personalisation agenda for carers.

Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment regardless of age or disability.

What are the implications for carers?

There are two main elements to personalisation for carers. Firstly, personalisation should impact on the support provided to the person you are looking after, which may help both them and you. Secondly, personalisation should affect the support provided for you as a carer, after a carer's assessment.



Personalisation briefing: Implications for carers

Example: Olu

'After my carer's assessment it was agreed that I could have a morning off each week and my mother could have someone to come in and sit with her. I employ a neighbour who knows my mum well with the direct payment I receive. Mum doesn't really like day centres. Before, I felt that as day centres seemed to be the only option I would just have to be with her all the time. But it was wearing me out. Direct payments allow me to get some 'me' time and I am sure that my mother also feels the benefits – she relaxes more and is not on the receiving end of my tiredness. The flexibility means that we can also pay someone to support us going out shopping if she wants to. It's the best thing we ever did. We are in control and can control how social services gets involved. We have tended to shy away from support in the past and do it alone, fearing intrusion.'

Personalisation in relation to the support provided to the person you are looking after

Everyone is entitled to an assessment of their needs. Following such an assessment, the person you are looking after will access support either through their local authority social care staff or by paying for support themselves independently of their local authority.

If the person you are looking after is arranging care for themselves independently of their local authority or you are undertaking this on their behalf, then getting advice about the support available and its cost might be important. Social services staff at the local authority of the person you are looking after should be able to provide information that will help you to arrange and pay for care independently. However, the availability, range and quality of this advice from local authorities may be variable. Help is also available from the Care Quality Commission (the regulator of care services), Counsel and Care or Elderly Accommodation Counsel for more information.

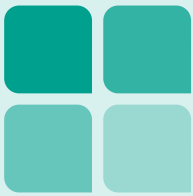
Their contact details are provided at the end of this briefing.

If the person you are looking after is accessing support through an assessment from their local authority social services teams, then both of you should carefully consider the following points to make sure that personalisation really works for both you and the person you are looking after.

Personalisation is not just about what social services can provide, it is also about what and how other public services can help – for example, through providing health, housing, transport, leisure services. What personalisation is supposed to do is find the solution that is right for you and meets your and your family's needs.

Making sure personalisation is working for your situation

- **Decide what outcomes you both want.** What do you and your family need? Do you have different needs within the family that have to be met? What other outcomes do you want as a carer? To work? To be able to visit family? Does the person you care for need to socialise a bit more? Are they really keen to get involved in the local community, but need support to do so? Or do you need basic help getting the person out of bed, dressed and washed?



Personalisation briefing: Implications for carers

Example: deciding on outcomes

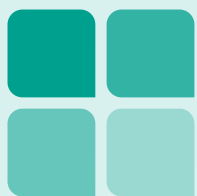
If you want to make sure that your father is safe, you will need to find out what support there might be that you could call upon. Would a day centre work for both of you? If your father does not want to attend a day centre then would an alarm system help to provide a safer environment and reassure you as his carer? Or do you think that a direct payment should be made that would enable you to employ someone to sit with him while you are out of the house? What solution will make life better for you both? Personalisation should be flexible enough to allow you to find a solution.

- **In some cases, it will be important to think how the care needs of the person you are looking after and your own needs might change over time and how this will affect what services you both need.** It may be that a day care centre works well now for the person you are looking after but in the future your home may need to be adapted and direct payments used to employ care workers to help out at home. Personalisation should enable you and the person you are looking after to change the way you are both supported over time. These changes might be important so that the caring does not get too stressful, your health does not suffer or you can continue working.
- **Are you being involved in the discussions about personalisation and the package of care for the person you are looking after?** Are you able to say how those plans will impact on you as a carer? This is important whether you are funding the care yourself or if social services are looking at funding the care. If changes are being made to a care plan, do the plans make life easier for you or more difficult?

- **If the person you are looking after is unable to manage making decisions about buying in care, etc, are you able to manage this?** If the care is being funded through the local authority, the local authority should be ensuring that you are sufficiently supported in this role and carers have told us that good advice is vital. Personalisation does not necessarily mean that you take on all the responsibility and all the work of managing care.
- **If you are taking on managing budgets, are they being properly resourced so that you can do this?** If you are employing staff, the budget needs to cover not just the normal staff costs, but also insurance, maternity leave, sick leave, emergency cover, recruitment costs, etc.

Example: carer involvement

If the person you are looking after is moving from three full days of day centre care to a four hours tailored support in the morning, this might mean that you have to provide care in the afternoon that was not previously necessary. This, in turn, may cause you difficulties. It might mean having to give up work – or putting extra pressure on your health and well being which may not be acceptable. If the local authority is funding the care you may have to argue that services or funding shall be made available to ensure that you are able to continue working and your health is better supported.



Personalisation briefing: Implications for carers

Personalisation in relation to the support provided for you as a carer

The second element of personalisation is where you, as a carer, can have your own needs met by the local authority. This can be arranged through you requesting a carer's assessment from the local authority of the person you are looking after. If you are providing substantial care and doing this regularly then local authorities have a duty to take your needs into account when looking at what services to provide.

If you need to work, for example, then they have to consider this, or if you wish to study, or have time off from caring to pursue a hobby. They could either increase or change the services package of the person being cared for, or they could give you your own services.

Again, if your health is deteriorating and this is making caring difficult, or the caring is causing your ill-health, local authorities should be working with the NHS provide support, designed around your and your family's needs.

Once the local authority has decided how much support they can provide following your carer's assessment then you will need to make decisions about the way you would like to receive the support. You could leave it up to the local authority to make the arrangements for you, or you could take the money as a direct payment and buy in the support you need.

Example: June

'My mother isn't always comfortable with strangers providing the personal part of her care. Direct payments through the personalisation agenda allow me to buy help around the house, which I couldn't previously access under our old care package. This allows me to care without the pressure of having to do all the cooking and

cleaning as well. Often these domestic jobs just didn't get done, or I could only do them in a slapdash way. I work full time, but I can now also pay someone to look in on my mother to check she is OK whilst I'm at work. The key is flexibility – my mother's needs change and the services we buy with direct payments can change with them and fit around us.'



Personalisation briefing: Implications for carers

Example: Rahilah

'Being a carer can change your relationship with the person you care for. I was worried and tired and stressed about many things – Mum had had one fall and I was worried it was going to happen again. There are lots of things she cannot do on her own and getting her out of bed, washing, bathing and then doing everything else had pushed me to breaking point. What was important to me was Mum keeping as well as possible and being able to do things herself for as long as possible – even if they are tiny things. It is really important to her and to me.

We went to our local authority and basically talked about what was important to each of us

and then they looked at what solutions would work for us. After the assessment which looked at all her needs, we got some great gadgets and the house was adapted which is much better for her and for me. I worry a lot less about her hurting herself by falling over and it has made caring much easier physically. Direct payments have allowed us to get back some of that mother/daughter relationship. I would not change providing care for my Mum, but when you love someone you want to be all things to them. When you can't do this you feel a failure. I don't feel this way anymore. We spend quality time and her care is successful. My health is much better – I didn't think that would happen, I just thought it would get worse and worse.'

Further information

Carers UK has developed an assessment guide to help you plan and think about what is important to you and what kinds of care you provide to see what kinds of support the family might need. Carers use this to help prepare themselves for carers' assessments and it can also be used to help think about personalisation. The guide can be accessed at: www.carersuk.org

Contacts:

Carers UK

CarersLine Telephone: 0808 808 7777
Wednesday and Thursday 10–12 and 2–4
Email: info@carersuk.org

Counsel and Care

Telephone: 0845 300 7585
www.counselandcare.org.uk
For help with making decisions about buying care

Elderly Accommodation Counsel

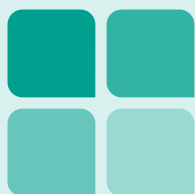
Telephone: 0800 377 7070
www.housingcare.org

Care Quality Commission

Telephone: 03000 616161
Email: www.cqc.org.uk
For information about the regulator of health and care services.

Acknowledgements

Written by SCIE, in conjunction with Carers UK



Personalisation briefing: Implications for carers

Personalisation: a rough guide tells the personalisation story so far – exploring what it is, where the idea came from and where it sits within wider public service reform. It is freely available online at www.scie.org.uk. This briefing is one of a series explaining the personalisation agenda and what it means for different groups.

Briefings in this series:

At a glance 06: Personalisation briefing for commissioners

At a glance 07: Personalisation briefing for home care providers

At a glance 08: Personalisation briefing for housing providers

At a glance 10: Personalisation briefing for carers

SCIE's At a glance summaries have been developed to help you understand as quickly and easily as possible the important messages and practice advice in SCIE's guides. These summaries will give you an overview of the messages or help direct you to parts of the guide that you may find most useful. You can also use them as training resources in teams or with individuals. We want to ensure that our resources meet your needs and we would welcome your feedback on this summary. Please send comments to info@scie.org.uk, or write to Publications at the address below.

**Social Care
Institute for Excellence**
Goldings House
2 Hay's Lane
London SE1 2HB

tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

Registered charity no. 1092778
Company registration no. 4289790



CARERS GRANT 2008-2011

GUIDANCE

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

Document Purpose	Best Practice Guidance		
ROCR Ref:	Gateway Ref:	9293	
Title	Carers Grant 2008-2011		
Author	DH/SCLG & P		
Publication Date	11 Jan 2008		
Target Audience	Directors of Adult SSs, Directors of Children's SSs		
Circulation List			
Description	This good practice guidance is issued every year along with monies to enable councils to support carers. Precisely how they do this is monitored by the Commission for Social care Inspection		
Cross Ref	N/A		
Superseded Docs	Carers Grant Guidance 2006-07 and 2007-08		
Action Required	N/A		
Timing	N/A		
Contact Details	Gail Elkington SCLG & P Room 119 Wellington House, 133-155 Waterloo Road, London SE1 8UG 020 7972 4723		
For Recipient's Use			

CARERS GRANT 2008-2011

GUIDANCE

Summary

1. The carers grant will be paid as part of the new Area Based Grant from April 2008. This is a new non-ringfenced general grant. As such local authorities are able to determine locally how best to spend the Grant in order to deliver local and national priorities in their areas. Local authorities, Voluntary Organisations and carers can identify the level of funding specifically allocated in recognition of the need for carer support in Area Based Grant on the CLG local government finance settlement website - <http://www.local.odpm.gov.uk/finance/0809/specgrant.htm>.
2. In 2008/09, the contribution to Area Based Grant for carer support will increase to £224 million. This contribution is intended to enable local authorities to continue to develop innovative and personalised outcomes reflecting the needs of their local carer population. It will rise to £240m in 2009/10 and £256m in 2010/11. These sums include £25m each year in recognition of the need to ensure councils have the means to provide emergency cover when carers are suddenly unable to care. This was first paid as a separate sum in October 2007.
3. The Area Based Grant will be paid as a non-ringfenced general grant. The contribution for carers support has been allocated using the following criteria: 20% has been allocated using the children's formula, to support parent carers and to ensure young carers do not take on an inappropriate caring role; 24% has been allocated using the adults' (18-64) Formula Spending Share (FSS) formula; and, 56% using the older people's FSS formula
4. The Area Based Grant will be paid under section 31 of the Local Government Act 2003. Local authorities will be paid in single monthly instalments from CLG, as outlined in the recently published Local Area Agreement Operational Guidance¹.
5. Whilst there are no conditions attached to the Carers Grant money for 2008/09, the CSCI Self Assessment Survey will continue to monitor the provision of services to support carers. The approach to carers set out in the Social Care Concordat 'Putting People First' should be reflected in the development of any services and policies. Therefore, the information in this guidance is important and councils should note well the contents of this circular.

¹ <http://www.communities.gov.uk/publications/localgovernment/laaoperationalguidance>

Background

6. The contribution to Area Based Grant for carer support forms part of the Government's strategy for carers, originally set out in *Caring about Carers* published in 1999. It has previously been used by councils to stimulate diversity and flexibility in provision of breaks for carers and/or direct services to carers to support them in their caring role.

Policy Intentions

7. The Government's objective is to build on the expertise achieved in commissioning carer support and encourage councils to continue developing personalised, innovative and high quality carers services in response to local needs. This should be done in partnership with carers, relevant voluntary organisations, the local NHS and other statutory agencies. In particular to:
 - set up systems to ensure carers can have immediate access to alternative support in an emergency or crisis situation. Examples of ways councils might achieve this are found at Annex A;
 - provide planned breaks for carers who provide substantial and regular care to a 'relevant adult' who lives at home. Examples of ways councils might achieve this are also found at Annex A;
 - provide planned breaks for disabled children and their families under part 3 of the Children Act 1989;
 - provide support such that young carers do not take on an inappropriate level of care
 - support children and young people (under 18) who are carers in having a break from caring;
 - fund voluntary organisations to provide breaks directly on the basis of their own assessments. Level of commissioning of voluntary organisations should be determined by local need and reflect stakeholders views.
 - facilitate carers networks and support groups
8. The definition of a breaks service can be found at Annex B.
9. In addition, councils may also seek to:
 - develop pragmatic, outcome focused approaches to the carers assessment, integrated with the development of the

Single Assessment Process and promotion of joint working with health services;

- focus on the needs of carers, which is often the most effective way to prevent loss of independence. In line with *Fair Access to Care Services*, local authorities should ensure no assumptions are made that caring roles can be sustained without assessment and the possibility of support for the carer. For further information *Quality Standards for Local Carer Support Services* was published by the Department of Health in February 2000;
- fund administration relating to local carers strategies and consultation with carers;
- agree a plan with stakeholders to ensure the grant is spent on locally agreed priorities;
- implement the provisions of the impact of the Carers (Equal Opportunities) Act 2004.

10. In addition to those services described, councils can develop other ways to respond imaginatively to requests for diversity in service provision for carers.

Carers' Services

11. It is recognised that the results of a carer's assessment will usually be the provision of community care services to the service user. Such community care services should be as flexible as possible and take the needs of both parties into account as far as possible.

12. Where sustainability of the carer's role is dependent on other factors local councils could choose to fund Carers and Disabled Children Act 2000 carers' services for carers. Examples might include driving lessons, moving and handling classes or a short holiday for the carer to enable them to have time to themselves.

13. Local authorities could also consider supporting carers' wellbeing through opportunities that might not involve a conventional breaks service. Examples might include funding courses to support carers to move on to new learning and/or work or volunteering opportunities. This might include help with confidence building and skills.

14. Local authorities must consider the Carers (Equal Opportunities) Act 2004 which came into force in April 2005. The Act seeks to give carers more choice and better opportunities to lead a more fulfilling life by ensuring that carers receive information about their

rights under the Carers and Disabled Children Act 2000. It also ensures that carers' assessments consider leisure, education, training and work activities, and provides for co-operation between local authorities and other bodies, including housing, education and health, in relation to the planning and provision of services that are relevant to carers.

15. In recognition of the need to work across health and social care boundaries councils could consider using some of the money to employ a carers' development worker. This would help to develop carers' services locally and in particular, links to the NHS. This could be done through a pooled budget arrangement, which would establish a firmer basis for partnership working. Recruitment to such a post should be done in consultation with local stakeholders.

Emergency Cover

16. This section of the guidance relates directly to the £25m made available to local authorities in England from 1 October 2007 which has been paid in addition to the Carers' Grant. This additional contribution to Area Based Grant has been allocated in recognition of the need for services to provide emergency cover for unpaid carers who, for reasons of an emergency or personal crisis are unable for a short period to continue to provide care. The policy was first signalled in *Our health, our care, our say* in January 2006 and formally announced as part of the New Deal for Carers on 21 February 2007.
17. There is considerable evidence that one of the factors that limited carers' freedom to have any life of their own was the worry about what would happen if they became ill or if they were involved in an accident. Many carers have told Carers UK they did not take unnecessary journeys and frequently missed out on attending family events because of the worry of not being able to get home on time, or of being caught up in an accident. They were worried that there would be no one to look after the person they cared for.
18. The policy intention is that short-term, home-based, emergency cover is established in each council to provide support in crisis or emergency situations. The outcome of the initiative is to provide reassurance and confidence for the carer that should anything happen to them to prevent them providing care at very short notice, then alternative care can be provided. Wherever possible, this should take place in the cared for person's home and cover the time the usual carer is unavailable or at least provide sufficient time to make alternative arrangements.
19. The guidance that follows sets out the principles which authorities may wish to take into account in building their emergency cover

provisions. It does not attempt to describe an ideal model since it will be up to each authority to establish that which best reflects the needs of the carers in their locality and fits in best with their own local service provision. However, there are four examples of good practice described below which serve to illustrate what an effective service model might look like.

20. This additional £25m was allocated in recognition of the pressures on local authorities to provide emergency cover for all carers, including parent carers and young carers. In the case of a parent who is temporarily unable to look after their disabled child, the grant may be used to provide alternative care for other children in the family during a crisis. In such circumstances the arrangements should aim at ensuring that the children remain together.

Definitions

21. As with planned support for carers, short breaks apply in the case of those providing substantial and regular care.

22. To some extent, local judgment will be needed to determine what constitutes an emergency. However, the following are clear examples of an emergency for which these provisions could apply:

- Carer's admission to hospital or other health needs which preclude him or her from continuing to provide care;
- Family emergency such as a close relative being taken ill and requiring help/attention;
- Real risk to the carer's employment on a particular occasion;
- Funeral of a close friend or relative

Core Principles

23. There should be clearly understood means of communicating with agencies in the event of an emergency of crisis. This might be a single phone number which the carer the cared for person or a health and social care professional can ring.

24. Consideration should be given to providing systems which clearly identifies when people are carers – e.g. cards which would include contact numbers in case of an emergency.

25. Planned care arrangements can be put in place at short notice which will last for at least 48 hours while longer term arrangements can be made if necessary (but emergency cover should be capable of being sustained until either the carer returns or where necessary longer term alternative arrangements can be put in place).

26. The carer, and where possible the care user, should be a full partner in the development of the care arrangement plans.
27. The care arrangement plans should be based on the needs of the carer and the person being cared for and be updated regularly, initially as part of the carers' assessment and subsequently at the review of that assessment. Assessments for emergency cover should include an assessment of risks.
28. The care arrangement plans should take account of the individual's needs as a whole including social and emotional needs as well as their medical needs, and in the case of children, their educational needs.
29. The care arrangement planning should involve all key agencies, including health and third sector partners and take account of the care that is currently being provided by those agencies.
30. Care arrangement plans should be held in a readily accessible format so that they can be put in place 24 hours a day, 7 days a week. The electronic social care record may be an appropriate place for these plans.
31. One set of contingencies may not be sufficient, particularly where the care arrangement plan involves the participation of friends and or relatives. In these circumstances it is suggested that there are three options available and the need for this is fully explained to the carer.
32. In developing the care arrangement plans for emergency cover, authorities should have regard to disability, culture, ethnicity, gender, sexuality and religious beliefs for the carers and of those for whom they care.
33. There should be no charge for the temporary cover.

Payment of the Area Based Grant

34. Communities and Local Government, as the agent for Area Based Grant, will issue a grant determination for the total Area Based Grant to be paid to local authorities. Individual authorities will then receive their payments of Area Based Grant in one single monthly payment from CLG.

Guidance and publications on carers' Issues

35. Further information, in particular, the combined Guidance on the Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004, is on the Department of Health website.

Enquiries

36. Any enquiries should be addressed to: Social Care Policy and Innovation,
Department of Health, Room 119 Wellington House, 133-155
Waterloo Road, LONDON SE1 8UG E-mail: SCPI-Enquiries
@dh.gsi.gov.uk

ANNEX A

Emergency Cover - Four examples of good practice

Sefton Carers Emergency Respite Team (CERT): Princess Royal Trust for Carers, Sefton Carers Centre

Sefton Council commissions Sefton Carers Centre to provide the Carers Emergency Respite Team. The service provides home-based respite support to carers in crisis or emergency situations for a period of up to 48 hours. During the 48 hour period the team can provide a series of 'pop in' calls or, if necessary, will arrange a total move in to support the person being cared for.

An important feature of the service is the advanced care planning which is carried out when a carer registers with the service, so that everyone in the team is clear about the individual's needs and support that would be required in an emergency. The care plan includes an exit strategy, which considers how support will continue to be provided beyond the 48 hour period if this is required. Typically, the exit strategy will include the carer's network of support, and if this is limited, the service links in with the local authority social services department.

The London Borough of Merton (Merton)

Merton provides a partnership-based solution to deliver an emergency response service. They commission Carers Support Merton, Mascott (telecare services) and Merton Crossroads – Caring for Carers, to provide the scheme.

Initial contact to the scheme is via Carers Support Merton who provide the carer's alert card. This process initiates the essential planning element required for any emergency response. The card is carried by the carer and gives the 24-hour telephone number run by Mascott. In an emergency anyone using the card can contact Mascott who keep the details of the person the carer has nominated to provide care for the cared for in this situation and contact them to alert them of the situation. The nominated person can be a relative, friend or neighbour.

However not all carers have a nominated carer or one that can attend immediately or for the whole time that the emergency exists. Merton Crossroads are therefore commissioned to provide care for the cared for in the short term during the emergency until more permanent arrangements can be made.

This short-term emergency home-based care is provided for periods up to 48hrs and during this time long-term arrangements can be developed if necessary.

Merton Crossroads provide an on call care support worker 24hours a day, seven days a week, who can in an emergency provide pop in calls, substantial care hours or a total move in for a period of 48 hours. The home-

based service is designed to either replace the carer in total or support the nominated person in their caring role. The service is an extension of the respite care service already provided by Merton Crossroads and supports carers who are unable to continue in their normal caring role due to sudden injury, illness or unplanned hospital admission.

The London Borough of Lewisham (Lewisham)

In Lewisham, the local authority and the Carers' Centre have worked in partnership to ensure that there is a comprehensive response to carers' needs both for urgent help and to deal with real emergencies.

All carers in touch with the centre are given a "Coping with Emergencies" leaflet which explains how they can get help in an emergency. There are 3 mechanisms available:

- An emergency card for carers who want to have one – this gives information about the carer and cared-for with contact details of relatives/friends who could help in an emergency.
- The Carers' Centre manages a pot of money (funded through the Carers' Grant) which staff can use flexibly to buy in occasional domiciliary care support for carers. Help can be provided at short notice where members of staff are aware of an urgent need for support.
- In emergency situations where neither of the above are applicable, the council responds by arranging appropriate care for the cared-for person – either in the home or through residential placements. This includes a responsive out of hours service – the Carers' Centre has helped raise awareness of carers' issues amongst emergency staff who receive calls.

Warwickshire County Council (WCC)

WCC has tendered out a combined emergency and planned respite service known as "In Your Place". The service is provided by Direct Health UK in the north of the county and Allied Healthcare in the south.

The emergency service can be in place within two hours and provides home-based cover for up to 72 hours. During this period the service provides a live-in support worker who aims to ensure that normal routines continue. Carers can register for the service which entails completing a comprehensive emergency care plan which includes details of the normal daily and weekly routines, visitors who may call, usual activities, pet care, etc. The service can be extended beyond 72 hours if necessary. Arrangements can be made to secure ongoing support as appropriate through direct links to WCC's Adult Social Care Teams.

The planned part of the service can be used as an alternative, or to complement, short-term residential provision. It typically provides support from 6-72 hours and has been helpful in enabling carers to access educational

courses, attend family functions, and generally take longer breaks without having to resort to residential care. An advantage of combining the two schemes is the greater level of familiarity which can be developed between the carer and cared for and the support staff which can be helpful in the event of an emergency.

Planned Support for Carers - Examples of Innovative Practice

Joint working between health and social care

Much research on carers' health shows the huge negative impact caring has on their health. Councils may wish to combine PCT funding with matched funding from the Area Based Grant and provide a practice nurse for carers who is based across a number of GP practices. GPs and health and social care professionals can all refer carers direct to the carers nurse.

A carers nurse can do much to alleviate the problems of poor physical and emotional health. They can play a role in the prevention of poor health by monitoring key indicators of health (blood pressure, weight, smoking habits, physical activity, diet and lifestyle) and arrange training for carers such as moving and handling and managing medication. Another important aspect is emotional support for carers and signposting to other agencies where this is necessary.

Extended/flexible opening hours

Extending the hours of opening of day centres at both ends of the day would enable carers who are in paid work to be able to benefit from the day centre opening before they go to work and remaining open until they return home. Clients attending these centres could have their breakfast where they arrive early and have a late tea where their carers arrange for their going home later. This service would ensure continuity of support since the clients would already be known to the staff.

Utilising existing communal spaces

Rural carers frequently have difficulty finding and accessing resources that give them a break. Existing resources, such as public houses, could host a group of cared for people which, along with a paid care worker, would enable them to have a change of scene, meet others and partake of activities whilst giving their carers a break.

Assistive technology

Carers who feel unable to go far from the home because of their caring responsibilities can benefit greatly from the use of assistive technology. Various pieces of equipment can be purchased as a carers' service which will enable them to spend some time out in the garden, or indeed a short distance from the home and still be contacted by the person they care for or alerted if their relative is in distress or difficulty.

Befriending Services

Some individuals would benefit from a group model where people with similar

needs are offered a befriender to supervise and support an activity chosen by the group whilst their carers take a break. In addition, the model identifies those people with specific needs who would also benefit from one to one support.

Carers Leads

Carers leads within assessment teams can ensure that all team members who carry out community care assessments can also assess carers. This approach can help to prioritise the carers agenda locally and give professionals the opportunity to gain knowledge and an expertise in the practice of assessing and supporting carers. Similarly, good practice can be disseminated and developed further by these staff.

ANNEX B

Definition of breaks services

A 'breaks service' is one which actually gives the carer a break from direct responsibility of supervising or caring for the relevant person by providing a service to that person.

A breaks service must always aim to provide a positive experience for the service user as well as a break for the carer.

Services provided in an emergency, such as when a carer is hospitalised, or simply to allow the carer to visit the doctor or dentist, should not be regarded as a breaks service but as a core element of supporting the cared for person and carer. Breaks should be about carers having some time for themselves.

Local councils are referred to the Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance available on the department of health website.

Young carers' breaks services

Where the carer is a child, a service which helps the child to take part in activities outside the home, so that they can truly benefit from such a break, is also a breaks service.

In line with existing guidance on young carers, breaks should be provided as part of a package of services that makes sure that:

- services are provided to parents to enhance their ability to fulfil their parenting responsibilities
- young carers are not expected to carry inappropriate levels of caring which may have an adverse impact on their development and life chances
- children do not take on similar levels of caring responsibilities to adults.

Voucher schemes

Guidance on voucher schemes is available on the Government web-site for carers (www.carers.gov.uk).