



Haringey Council

NOTICE OF MEETING

Scrutiny Review - Support to Carers

TUESDAY, 3RD NOVEMBER, 2009 at 10:00 HRS - WINKFIELD ROAD, RESOURCE CENTRE.

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any 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 which they appear. New items will be dealt with at item 10 below).

3. DECLARATIONS 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. MINUTES OF THE LAST MEETING (PAGES 1 - 52)

To agree the minutes of the meeting held on 13th October 2009.

5. CARERS PARTNERSHIP BOARD (PAGES 53 - 60)

To hear from Cllr Catherine Harris, Chair of the Carers Partnership Board.

6. ECONOMIC REGENERATION (PAGES 61 - 62)

To hear from Paul Clarke, Programme Manager – Employment and Skills, Haringey Council.

7. HARINGEY ADULT LEARNING SERVICE (PAGES 63 - 66)

To hear from Pat Duffy – Head of Adult Learning Service on how they are supporting carers to gain learning and skills.

8. HARINGEY LEISURE SERVICE (PAGES 67 - 70)

To hear from Simon Farrow, Business Development & Engagement Manager, Haringey Leisure Service on how they are supporting carers to access leisure opportunities.

9. HARINGEY COUNCIL - HUMAN RESOURCES (PAGES 71 - 74)

Steve Davies – Head of Human Resources, Haringey Council.

To hear what Haringey Council is doing to support employees who are carers.

10. NEW ITEMS OF URGENT BUSINESS

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26th October 2009

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Scrutiny Review – Support to Carers

Present: Councillor Adamou (Chair), Councillor Wilson, Barbara Nicholls, Lisa Redfern, Eve Featherstone, Colleen Fiffee, Dekh Bhaal, Nick Bishop, Carmel Keeley, Ifeome Akubue, Brudunnisha Mansoor, Regina Fleming, Theresa Wilson, Melanie Ponomarenko (minutes).

Apologies for absence	Councillor Alexander, Councillor Dodds, Councillor C. Harris, Freda Wilson, Robert Edmonds
Urgent Business	None
Declarations of Interest	None
Carers in Haringey	<p>The panel received a presentation from Lisa Redfern, Assistant Director Adults, Adult, Culture and Community Services.</p> <p>Adult Carers Strategy</p> <ul style="list-style-type: none"> • Feeds down from the National Carers Strategy • Involved the Carers Partnership board in drafting the strategy and its consultation • Has four outcomes: <ol style="list-style-type: none"> 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 2. Carers will be able to have a life of their own alongside their caring role 3. Carers will be supported so that they are not forced into financial hardship by their caring role 4. Carers will be supported to stay mentally and physically well and treated with dignity • Includes a target to increase the number of carers receiving an assessment and a review by 25% by 2011. <p>There is a high proportion of young carers (those aged 18-34 yrs of age) in Haringey.</p>

	<p>According to the 2001 census there are 15,967 people who identified themselves as Carers in Haringey.</p> <p>There are 1201 carers on Haringey's Carers register, with a higher proportion in the East of the Borough. Discussion as to why this is the case:</p> <ul style="list-style-type: none">• Those in the West could be accessing support/services by other means• Older population in the West and older people are less likely to identify themselves as carers <p>Haringey's Carers Partnership Board has 19 Carers on with over 1/2 from BME communities.</p> <p>Recognised that we need to make it easier for people to access the support that they need. Also quickly and at the point that they need it.</p> <p>Consultation for the Carers Strategy involved over 90 participants. The top three area of importance that they came up with:</p> <ol style="list-style-type: none">1. Recognition2. Respect3. Flexible support (includes respite, financial and emotional support). <p>Priorities from the carers consultation include:</p> <ul style="list-style-type: none">• Identifying hidden carers• Increase opportunities for carers to be involved• Personalisation <p><u>Personalisation</u></p> <ul style="list-style-type: none">• A briefing has gone to the Carers Partnership Board• Carers have been involved in the Physical Disability and Learning Disability Pilots• A work-stream is being developed which will report to the Carers Partnership Board and to the Transforming Social Care group (which is being set up).
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- Currently looking at involving more carers organisations in this area.

Access to services

- Adult Services Teams
- Central Access points e.g. Physio, GPs, nurses
- Voluntary sector e.g. designated assessments which then go to Adult services for review.

The Central Access Team will be starting in November and should improve responsiveness where needed.

Discussion around Mental Health carers, some of which find it very difficult to access assessments even through Community Mental Health Teams.

- Issues identified around inter-agency working
- Discussions around how the Mental Health Trust works with the Local Authority around carers.
 - Felt that improved strategic planning and delivery may be needed.

Performance on carers assessments is currently very good.

The Carers Centre has 4 staff, this includes a Welfare Benefits worker. The Centre also runs support groups and co-ordinates respite arrangements.

- Issues raised around the Community Alert Card service and the calls going to the Community Alarm Service. This review will consider this further.

Mental Health Support Group provides services including running a counselling service and represents carers issues e.g. on scrutiny issues.

- Believes there should be a coherent network across the groups which receive funding and also include NHS Trusts and the Local Authority.

	<p>Asian Carers Support Group services include the provision of advocacy, support and interpretation services.</p> <ul style="list-style-type: none"> • Language used by professionals is often difficult for people to understand. Both in terms of actual language used and the words/phrases used which are not immediately understandable to those who can speak English. <p>Noted that the Adult Commissioning Manager is working with the Children and Families department to look at pathways in transition from children's services to adult services.</p> <p><u>Funding Streams</u> The Carers Grant is given to the Council as part of the Area Based Grant. Further information on funding will be considered at a later meeting.</p> <p>Discussion around transport and the issues associated with for carers. It was confirmed that transport to hospitals was mentioned by carers at the Annual Health check event. Evidence suggested that there are anomalies and a lack of consistency in who can access transport services.</p> <p>Discussion around the need for the needs of the local population including carers being taken into account when services are reconfigured e.g. it is felt by some that the Mental Health Trust reconfiguration has had a negative impact on carers.</p>
<p>Equalities and Carers</p>	<p>Eve Featherstone</p> <p>Adult Carers Strategy Equalities Impact Assessment (EIA).</p> <p>The EIAs are done along the lines of the six equalities strands and consider what we know, what we don't know and what we therefore need to do.</p>

	<p>The Adult Commissioning Manager is currently going through the draft EIA with the Carers Partnership Board. The EIA should be completed and signed off within the next month.</p> <p>Discussion around support given to younger carers and the need for a short, sharp scrutiny review when resources are available.</p> <p>Discussion around the age profile or ethnic groups and whether this has an impact.</p> <p>Further information on the draft EIA can be found in the attached papers.</p>
<p>Scoping Report</p>	<p>Need to ensure that equalities are considered throughout the report as it is an integral part of the piece of work.</p> <p>Discussion around the need to gain an understanding of the assessment process and the route map from assessment to service including how long this takes and who does what at which point.</p> <ul style="list-style-type: none"> • Not just from the LA but from Mental Health Trust and NHS Haringey perspective also. <p>Discussion around the issue of communication between the different groups and organisations which people felt can make it very difficult to navigate and go through the carers pathway to actually get a service.</p> <ul style="list-style-type: none"> • Could the process be streamlined and made clearer? <p>Agreed to add under the objectives of the review:</p> <ul style="list-style-type: none"> • 'To consider the extent in which carers are engaged and involved in shaping support services', and • 'Assess how the partners are working together to support carers'.

	Scope agreed
New items of urgent business	None

Scrutiny review of support to carers

Lisa Redfern

Assistant Director, Adult Services and Commissioning
Adult, Culture and Community Services

13 October 2009

Haringey Adult Carers Strategy 2009-2014

- Revises and updates 2005 Carers Strategy
- Vision-Carers in Haringey are empowered to care and live a better life*
- Four outcomes for adults of the national Carers Strategy 2008
- Carers Partnership Board has 19 carer members. They were the drivers of new Strategy and took a lead in decision-making about its consultation.

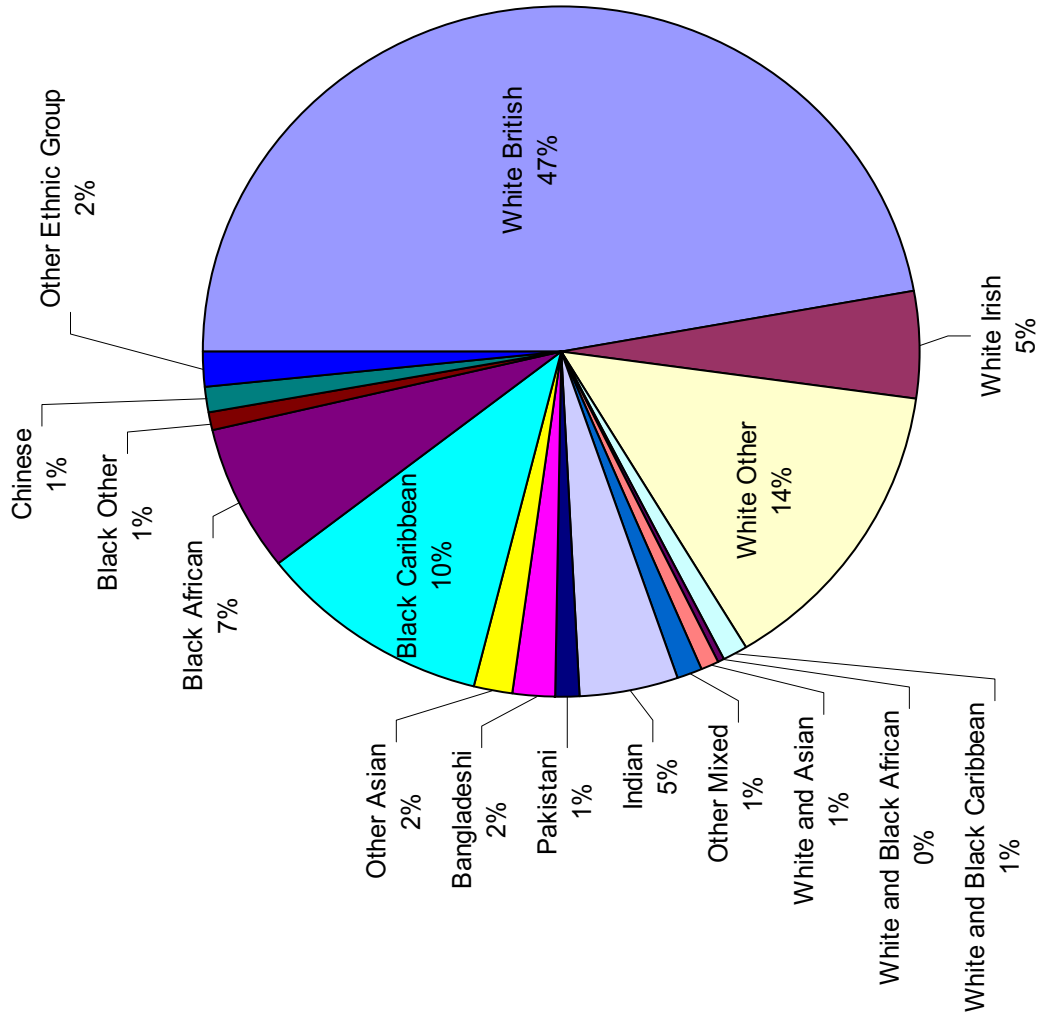
Outcomes of Haringey's strategy

- 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 dignity

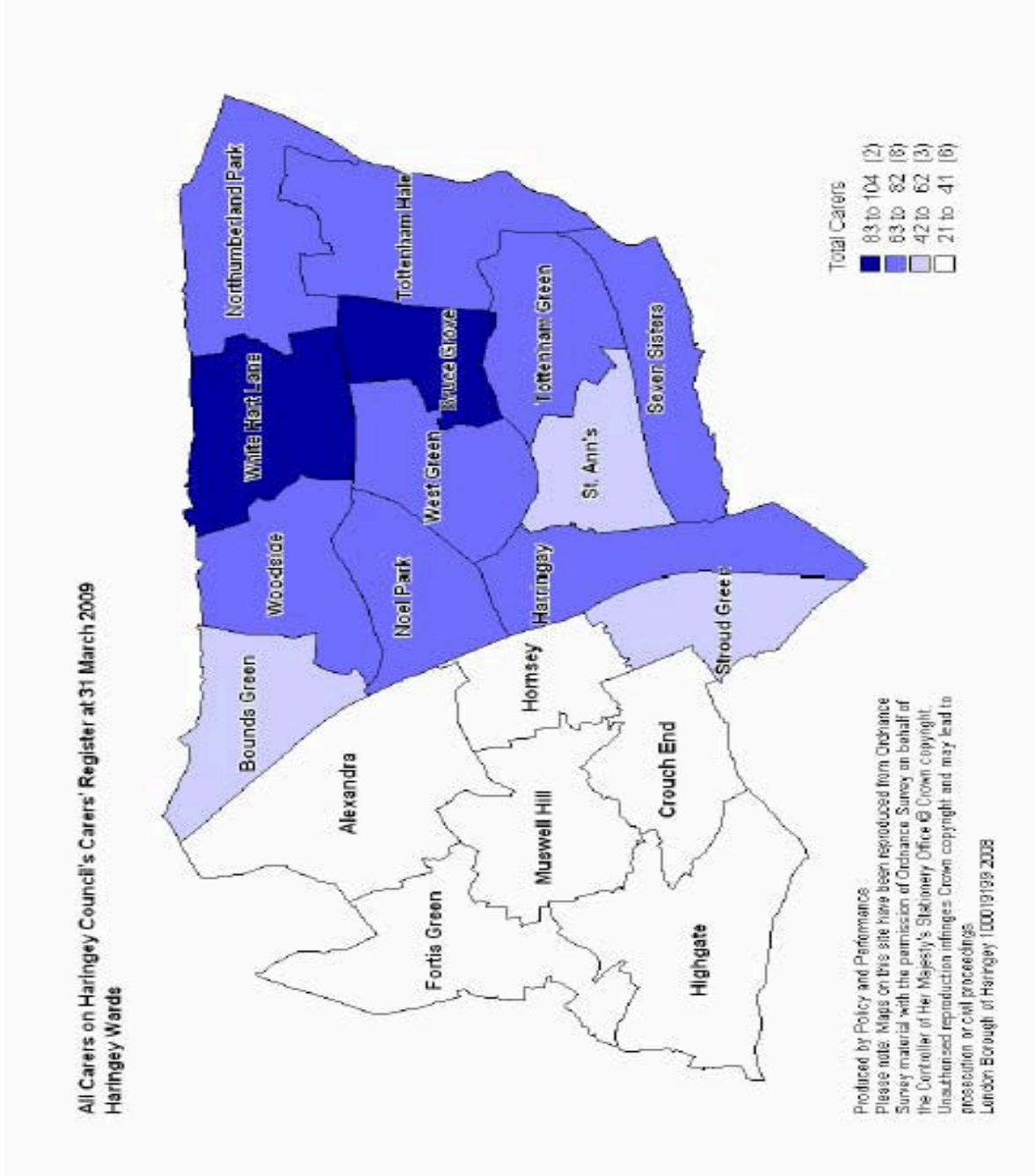
What we know about carers in Haringey

- 15,967 carers in Haringey (2001 census)
- 1201 people on Haringey's Carers' Register as at 31st March 2009

Residents in Haringey who provide unpaid care, 2001



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How carers are involved

- **Carers Partnership Board has 19 carer members. It steers and monitors the strategy implementation**
- **Consultations, for example for the strategy development**
- **Carers Week events**
- **Carers input to Overview and Strategy Health check conference**

What carers are saying-Department of Health survey

Overall how satisfied are you with help from Social Services in the past year?

27% of carers were very satisfied

27% of carers were fairly satisfied

Has it been easy or difficult to get the services or support the person you care for needs in the past year? The services may be provided by different organisations, such as by a voluntary organisation, private agency or Social Services.

16% of carers said it was very easy

36% of carers said it was quite easy

What carers are saying-from Carers Strategy consultation-Carers highest priorities from questionnaire

- Recognition
- Respect
- Flexible support to carry on caring

What carers are saying - from Carers Strategy consultation-Carers priorities from consultation day

- Identify hidden carers
- Increase opportunities for carer representation in decision making
- Personalisation – self assessment and access to individual budgets, flexible carers services; and increased access to universal services, including a wide range of information.
- Modernisation of services
- Increased support for emergency planning
- Develop employment support, and flexible learning opportunities

Assessment process- how a carer can get access to services

- Adult Services teams
- Central referral point
- Voluntary sector organisations

Overview of what services are provided

- Respite (including emergency respite).
- Emergency Alert Card.
- Day opportunities centres – including weekend opening at The Grange.
- Access to leisure services – free entry (when accompanied by the cared for person)
- Discounts on adult learning schemes
- Flexible carers services – direct payments to carers
- Direct payments to service users – allowing carers to pursue eg education and employment
- Bereavement support through Council day-centres

Local support groups in Haringey

- **Haringey Carers Centre**

Information, advice, support and social events for carers

- **Black and Minority Ethnic Carers Support Service**

Provides a sitter service for black and minority ethnic carers in Haringey and hosts a consultative forum for all carers

- **Mental Health Carers Support Association**

Support group and respite breaks for carers of people with mental ill health

- **Asian Carers Support Group**

Drop in session, advocacy and social activities for carers of people from all care groups of Asian origin

Local support groups in Haringey

- **Alzheimer's Society Haringey Branch**

Support for carers and cared for people with Alzheimer's/ dementia

- **Stepping Out, Haringey Mencap**

Day centre activities for adults with learning disabilities; social enterprise group for adults with mild learning disabilities and day service for adults with more profound learning disabilities

- **Markfield Project**

Inclusive services for disabled and non-disabled children, young people, adults and their families

- **Admiral Nurses**

Support for carers of people with dementia

Young carers and parent carers

- **The Parent Partnership Service**

Support and information for parents and carers of children with special educational needs

- **Haringey Young Carers Project**

Support for carers under 18 years and their families - services include one to one support, family support, advocacy, therapeutic work, social and recreational respite and a befriending service.

Funding streams

Carers Grant to Haringey Council

2009-2010	£1.326 million (Adults £927k)
2010-2011	£1.406 million

How we spend the money:

£220k – voluntary sector

£270k – flexible carers services (one off direct payments)

£45k – The Grange weekend opening

£392k – other services that benefit carers, such as respite (including emergency respite)

Funding streams-2

Primary Care Trusts' Money for breaks for carers.

Carers UK has estimated Haringey's allocation

2009-2010 £265,099

2010-2011 £446,139

Priorities for the next two years

- Personalisation - carers should be enabled to achieve greater choice and control over their own lives, particularly in relation to accessing education, training, work or leisure/recreation.
- Continue expansion of direct payments to carers – flexible carers services
- Identification of and engagement with ‘hard to reach’ carers, including men, some BME groups and LGBT.
- Closer more integrated working with the NHS to provide more seamless support for carers.
- Closer working with Children and Families Service to meet the needs of young carers

HARINGEY COUNCIL
EQUALITY IMPACT ASSESSMENT FORM



Service: Carers

Directorate: Adult, Culture and Community Services

Title of Proposal: Revision of Haringey Carers Strategy

Lead Officer (author of the proposal): Barbara Nicholls

Names of other Officers involved: Jan Bryant
Carmel Keeley

Step 1 - Identify the aims of the policy, service or function

Haringey Carers Strategy was first developed in 2004-2005 as a multi-agency strategy for improving support to unpaid carers in Haringey. Its aim was to develop sustainable and appropriate services and support for known carers and to reach out and identify carers who were 'hidden' from services.

Its vision was that, by 2008, "carers in Haringey are empowered to care and live a better life".

The strategy was underpinned by an action plan which detailed the contribution of all the partners to delivering the goals of the Strategy. Key areas for improvement were identified:

- Information
- Assessment of carers' needs
- Carers' health and short breaks
- Carers' employment and financial security
- Voice of carers in service planning

It is now time to revise the existing strategy and update the action plan, assessing what has been achieved so far, what is still work in progress and what new objectives need to be set. These should take account of legislative changes, national and local policy developments and the needs and aspirations of Haringey carers.

Haringey Adult Carers Strategy 2009-2014 is a partnership strategy for the longer term. The strategy as a whole seeks to improve the support offered to carers in their caring roles whilst ensuring that they have the opportunities to lead a life outside caring e.g. through the provision of breaks from caring. It seeks to ensure that carers do not have their health compromised by their caring role and to mitigate the financial burden involved in caring. Carers should, through better information and improved service provision, be able to have the same choice and control in their lives as those without caring responsibilities.

A further intended effect is to strengthen partnership working and to secure

commitment and actions on the basis that *carers are everybody's business*. Carers' involvement and carers' views of what is important are the foundation of the strategy's development.

The revised strategy will benefit unpaid carers, aged over 18 years, caring for adults living in Haringey, aged over 18 years. *A carer is someone who looks after a partner, parent, brother or sister, son or daughter (including adult children) or a friend who is ill or disabled, and would not be able to live in the community without their help. They are unpaid.* (Haringey Carers Strategy 2005-8 definition)

Because most carers support a person with a disability, it can reasonably be assumed that a strategy for improving support to carers will also have some beneficial effect on the disabled population. What matters most to carers is the provision of quality services to the person they look after. Carers do not want to be supported to the detriment of the person they look after.

A number of legislative changes, policy initiatives and new strategies have impacted significantly on the status of carers and how they are supported. These are set out in full in the Strategy document. To select the most important:

- **Forthcoming Equalities Bill April 2009**
will outlaw discrimination against carers. Employers and service providers must not treat carers differently to people who do not have caring responsibilities
- **A New Deal for Carers Feb. 2007**
announced a review of the 1999 National Carers Strategy and 'key deliverables'
- **Personalisation: Putting People First Dec. 2007**
sets out the vision for the transformation of adult social care with citizens empowered to shape their own lives and the services they receive
- **Darzi review of the NHS-High Quality Care For All 2008**
calls for a health service that empowers staff and gives patients choice , providing health care that is personalised and fair
- **New National Carers Strategy June 2008**
sub-titled *Carers at the heart of 21st-century families and communities "A caring system on your side. A life of your own"*

Step 2 - Consideration of available data, research and information

According to the 2001 census, 15,967 people in Haringey identify themselves as unpaid carers. This represents 7.4 % (1 in 13) of the *usual resident population* of the borough (216,507).

3,232 Haringey carers (20% of carers) provide care for 50 or more hours a week.
10,637 Haringey carers (67% of carers) provide care for 1-19 hours a week.

6 million people in the UK care, unpaid.

The 2001 census gives the total Haringey population *living in households* as 214,379 and this figure is the one used in the tables below:

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 borough. (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).

Gender difference is apparent in the *number of hours* men and women carers spend caring; women undertake a larger volume of caring:

Unpaid care by gender, Haringey, 2001

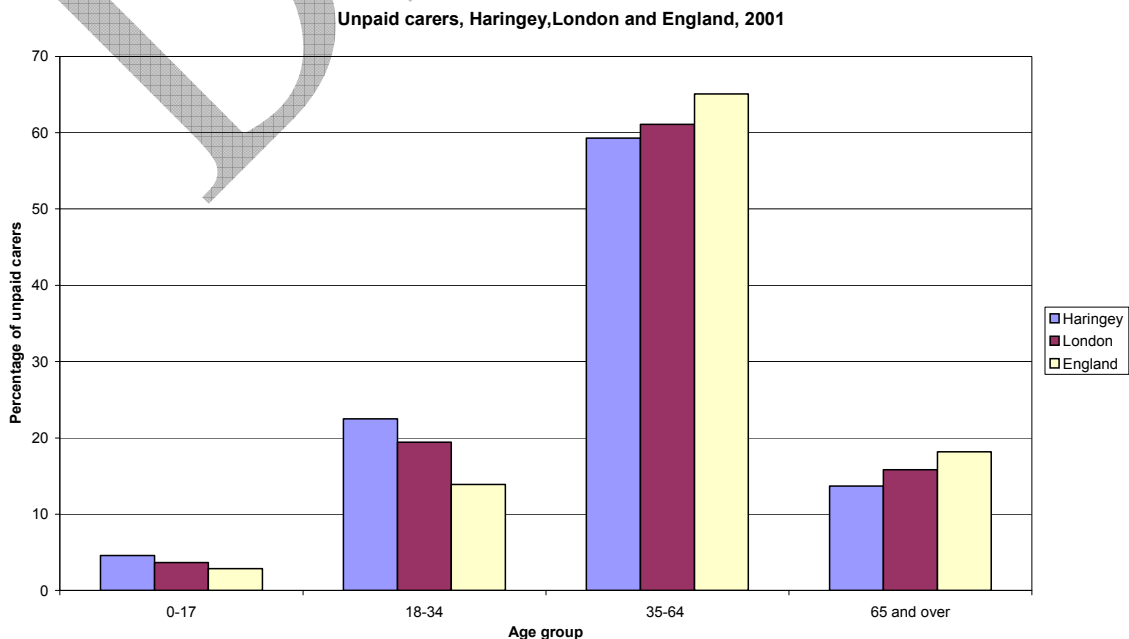
Table Population: All people in households

	Total	Provides no care		1 to 19 hours		20 to 49 hours		50 or more hours	
		No.	%	No.	%	No.	%	No.	%
All people	214,379	198,490	92.59	10,597	4.94	2,097	0.98	3,195	1.49
Male	102,644	96,189	93.71	4,534	4.42	837	0.82	1,084	1.06
Female	111,735	102,301	91.56	6,063	5.43	1,260	1.13	2,111	1.89

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 men

Age profile

From census data, the peak age for caring in Haringey is between 35-49 years. The table below shows the age profile of Haringey carers compared with that of carers in London and in England:



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In overall terms Haringey carers are younger and in comparison Haringey has the most young adult carers aged 18-34 years. In 2006 over half the general population of Haringey was less than 35 years of age (ONS Mid Year Estimate).

Ethnic profile

According to the 2001 census, 34.4% of the population of Haringey reported that they were of Black and Minority Ethnic origin (BME). In 2005 it was estimated that the largest ethnic groups in Haringey were White British (47.6%), White Other (14.1%) - includes white commonwealth, USA, European Union, eastern European and middle eastern origins - Black Caribbean (8.3%) and Black African (9.1%). Haringey is the 5th most diverse borough in London. Between 2001-2005, the largest growth in the Haringey population was seen in the Pakistani (38.1%), Chinese (36%) and mixed White and Asian (12.5%) communities (source: JSNA page 5).

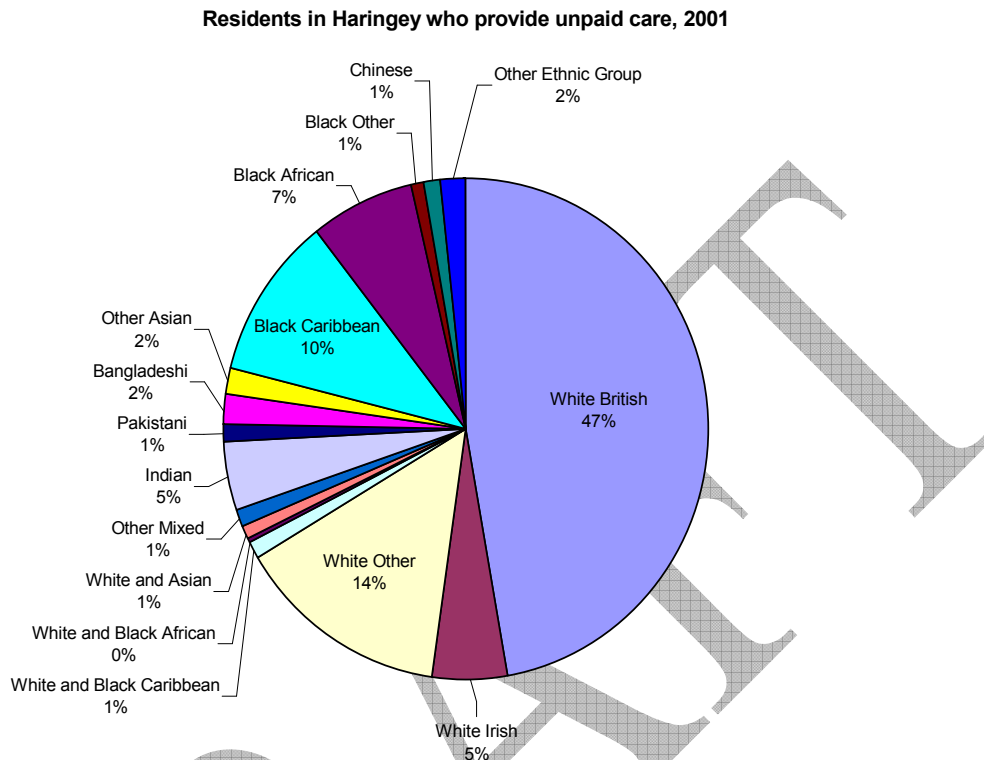
From the 2001 census, the ethnic profile of the 'usual resident population' of Haringey is made up as follows:

Ethnic origin of Haringey Residents 2001

Ethnic Group	Haringey		London
	Number	%	%
White - British	98,028	45.28	59.79
White - Irish	9,302	4.3	3.07
White Other	34,752	16.05	8.29
<i>Sub Total White</i>	<i>142,082</i>	<i>65.63</i>	<i>71.15</i>
White & Black Caribbean	3,205	1.48	0.99
White & Black African	1,551	0.72	0.48
White & Asian	2,329	1.08	0.84
Other mixed	2,761	1.28	0.85
<i>Sub Total Mixed</i>	<i>9,846</i>	<i>4.56</i>	<i>3.16</i>
Indian	6,171	2.85	6.09
Pakistani	2,046	0.95	1.99
Bangladeshi	2,961	1.37	2.15
Asian or Asian British - Other	3,348	1.55	1.86
<i>Sub Total Asian & Asian British</i>	<i>14,526</i>	<i>6.72</i>	<i>12.09</i>
Caribbean	20,570	9.50	4.79
African	19,879	9.18	5.28
Black or Black British - Other	2,928	1.35	0.84
<i>Sub Total Black or Black British</i>	<i>43,377</i>	<i>20.03</i>	<i>10.91</i>
Chinese	2,444	1.13	1.12
Other Ethnic Group	4,232	1.95	1.58
<i>Sub Total Chinese or Other Ethnic Group</i>	<i>6,676</i>	<i>3.08</i>	<i>2.7</i>
TOTAL	216,507	100%	100%
Source: ONS 2001 Census- Table KS06			

The 2001 census gives the most recent data on the ethnic make up of unpaid carers. The ethnicity of all residents who provide unpaid care is represented in the chart below:

Graphic A



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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%

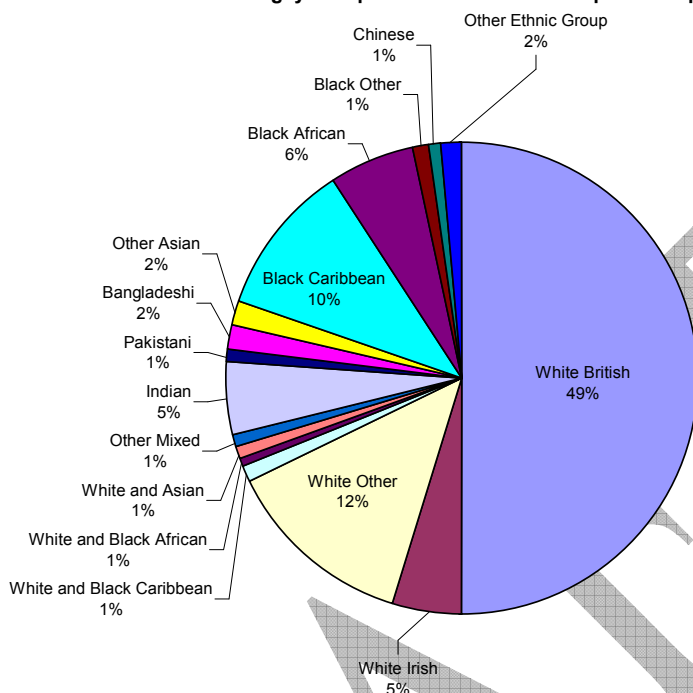
Ethnic groups under-represented as carers (by more than 1%) compared with their profile in the local population:

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

Differences of 1-2% are in the nature of the data slight, especially when decimal figures are rounded up. There was also a 17% non-response rate to the census in Haringey. Small differences, therefore, may be due to chance. However, the over-representation of people of Indian ethnic origin as carers, given their profile in the local population, merits attention.

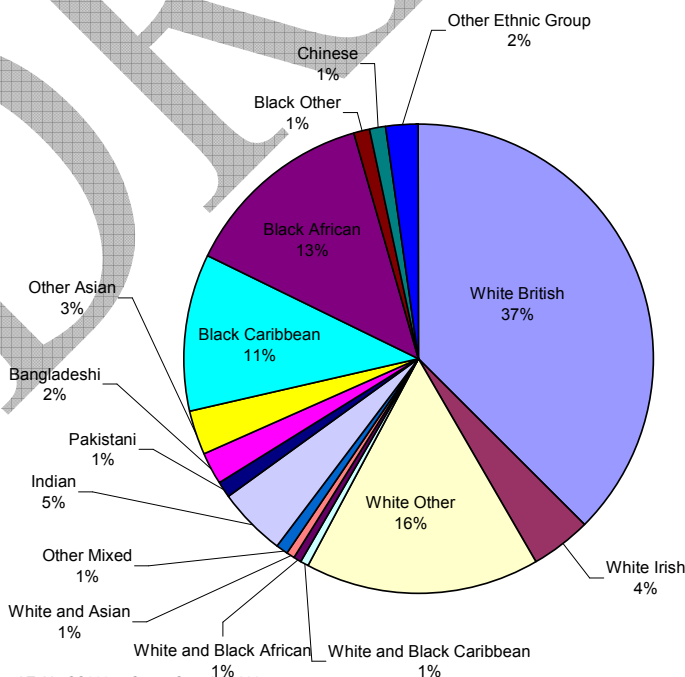
If the variable of number of hours spent caring is introduced, the charts show differences in the pattern of unpaid care:

Residents in Haringey who provide 1-19 hours of unpaid care per week, 2001



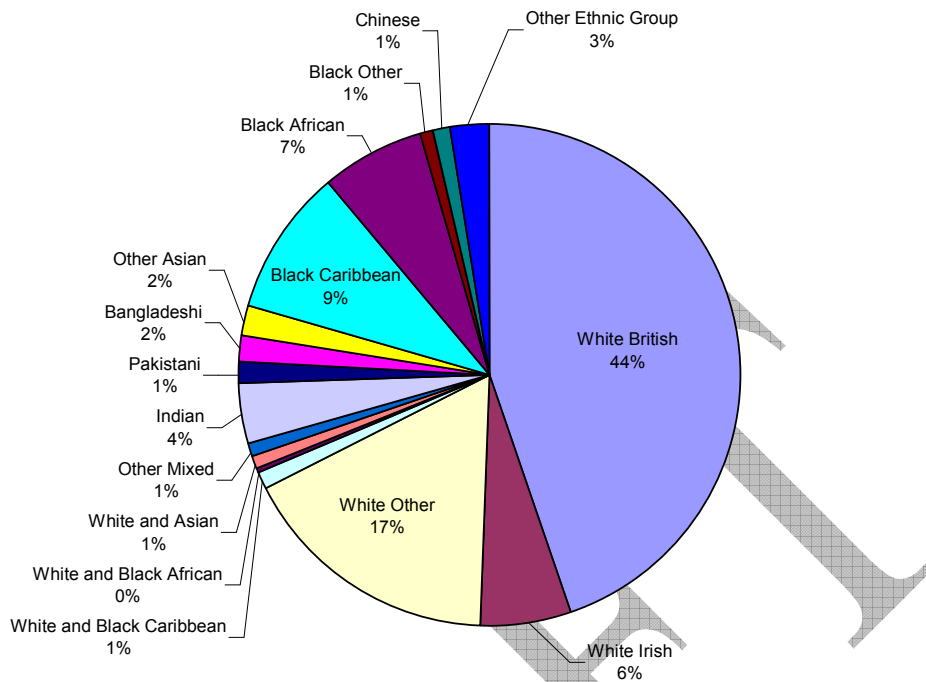
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Residents in Haringey who provide 20-49 hours of unpaid care per week, 2001



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Residents who provide 50+ hours of unpaid care per week, 2001

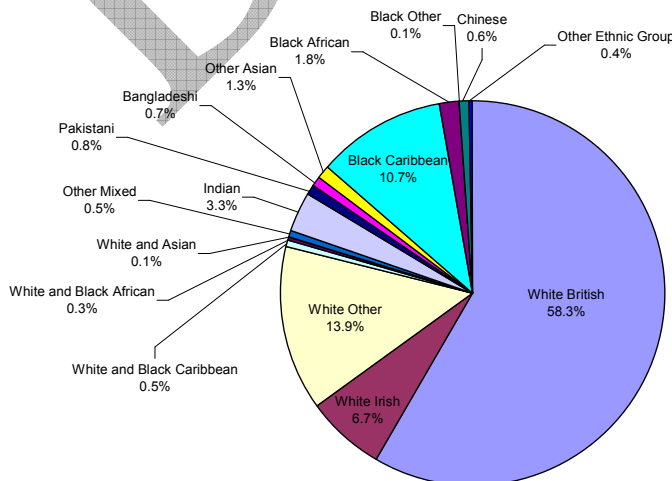


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Of Haringey residents who provide 20-49 hours, there is a 10% drop in White British carers, a 6% increase in Black African carers and 2% increase in White Other carers compared with overall figures (Graphic A above). Speculatively, cared for people from these communities may either be exceeding the threshold for care, thence be receiving day care services (to account for the *reduction* in unpaid carers) or at a stage where they need more input from unpaid carers e.g. children with disabilities who are in school on weekdays (to account for the increase in unpaid carers).

When age intersects with ethnicity, the results for all carers of pensionable age (under 60 years for women, under 65 years for men) are reproduced below:

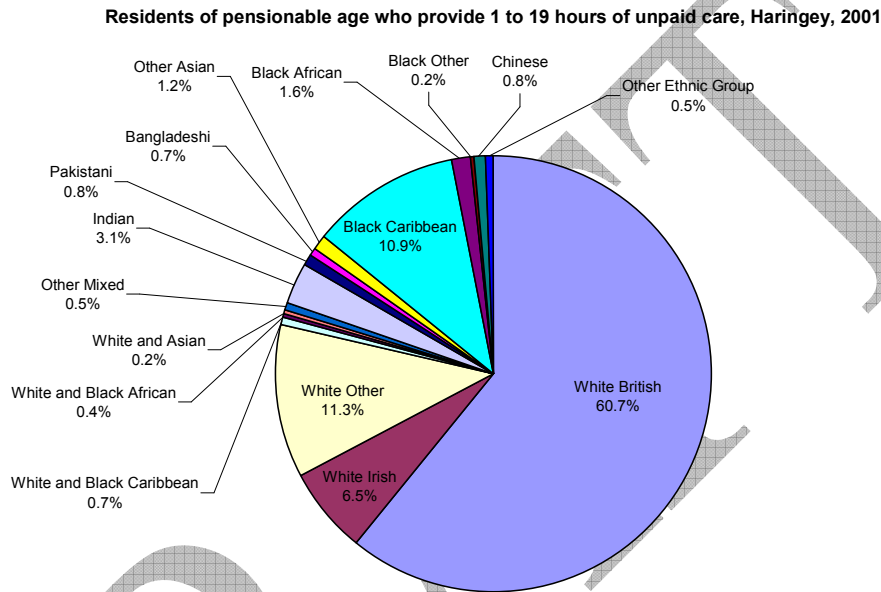
Residents of pensionable age who provide unpaid care, Haringey, 2001



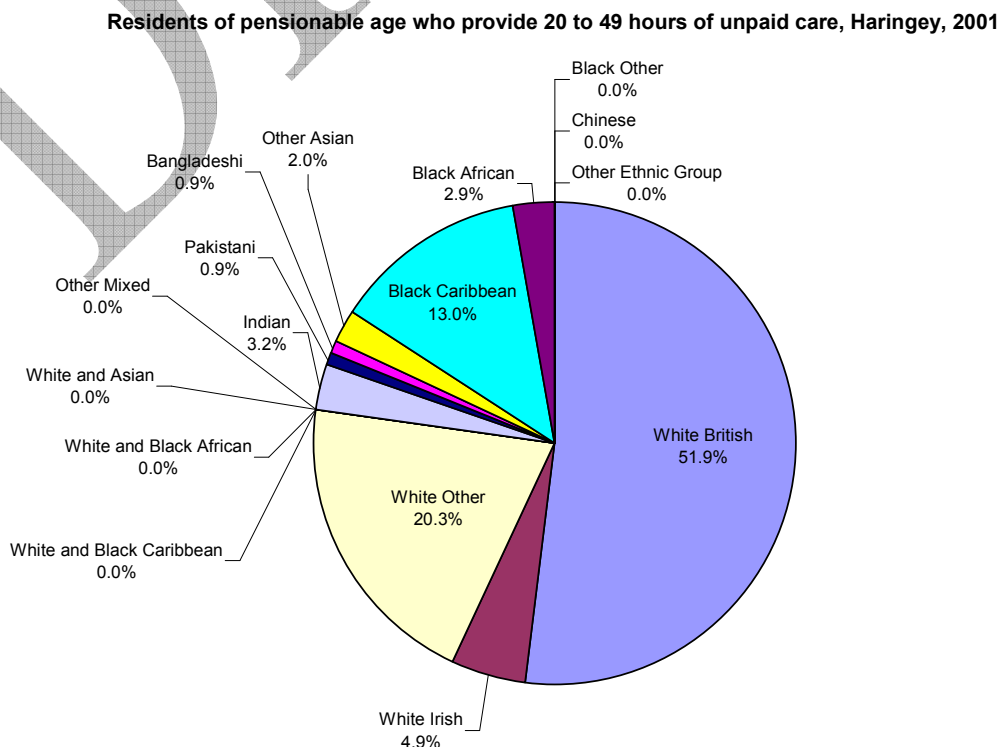
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White British carers of pensionable age make up 58% of the total (up from 47%) and Black African carers of pensionable age make up 2% (down from 7%) compared with all carers (Graphic A). Differences in age structure between majority ethnic and minority ethnic groups are reflected here; generally black and minority ethnic carers are younger, which also means they are of working age.

If the variable of number of hours spent caring is again introduced, differences in patterns of caring again emerge:

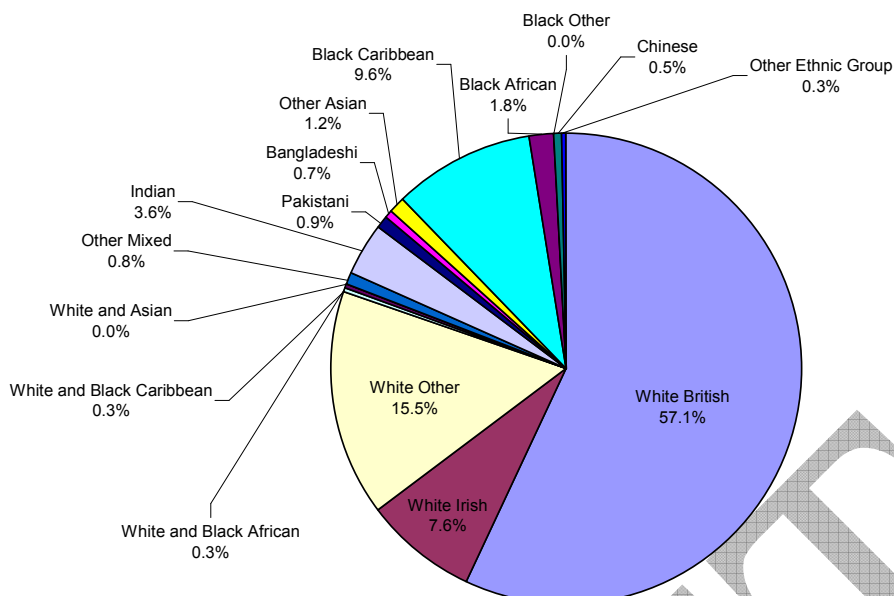


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Residents of pensionable age who provide over 50 hours of unpaid care, Haringey, 2001



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Carers of pensionable age are overwhelmingly White British irrespective of the number of hours of care they provide. They make up 61% of carers of pensionable age providing 1-19 hours of unpaid care. Speculatively, these may be spouses beginning to care for spouses. They make up 57% of carers providing 'heavy end' care (50+ hours per week). However, there is again a variation in respect of carers of pensionable age providing 20 to 49 hours of care: a 9% decrease in White British carers and a 9% increase in White Other carers. White Other is not broken down here; it includes Greek/Cypriot, Turkish/ Cypriot, Turkish, Kurdish as well as white Commonwealth, other European Union and Eastern European. In overall terms White Other make up 16% of the Haringey population and 14% of carers. As there is no reason to doubt the statistics, one may speculate that the increase reflects an ageing population in settled groups and, possibly, spouses caring for spouses. Co-incidentally 35+ hours of caring per week is one of the eligibility criteria for payment of Carers Allowance or being entitled to Carers Allowance even if it cannot be paid. An underlying entitlement may mean an extra amount is paid with some other social security benefits. The figure drops back to White Other groups making up 15.5% of carers of pensionable age providing 50+ hours.

Disability The 2001 census collected data on long-term illness and general health. *Limiting long-term illness* covers any long-term illness, health problem or disability which limits daily activities or work. *General health* refers to respondents' self-defined health over 12 months prior to the Census day (29.4.'01). In respect of unpaid carers, two questions of relevance are: how many carers in Haringey have an existing illness or disability as they take up caring and how many carers experience poorer health as a consequence of their caring role? The census data provides only indirect answers. Of the *usual resident population* of Haringey (216,507), 15.5% reported that they had a limiting long-term illness, 12.8% of whom were people of working age. 70.2% of the *usual resident population* reported good health, 20.9% reported fairly good health and 9% not good health (2001 Key Statistics Table KS08).

The following tables, adapted from Table KSO8 Health and provision of unpaid care, show the relationships between health, caring and the hours of care given.

Provision of unpaid care			
All people who provide unpaid care (based on figure for 'usual resident population')	Number and percentage of people who provide unpaid care		
	1 to 19 hours a week	20 to 49 hours a week	50 or more hours a week
15,967	10,637	2,098	3,232
100%	66.6%	13.1%	20.2%

All people who provide care (based on figure for 'all people in households')	Good Health					
	1 to 19 hours		20 to 49 hours		50 or more hours	
	No.	%	No.	%	No.	%
15,889	6,315	39.7	1,051	6.6%	1,285	8.1%
	Fairly Good Health					
	1 to 19 hours		20 to 49 hours		50 or more hours	
	No.	%	No.	%	No.	%
	3,164	19.9%	747	4.7%	1,238	7.8%
	Not Good Health					
	1 to 19 hours		20 to 49 hours		50 or more or hours	
	No.	%	No.	%	No.	%
	1,118	7%	299	1.9%	672	4.2%

(There is 0.48% difference between the baseline figures for unpaid carers in Haringey). Here is evidence that carers experience poorer health than those who do not provide care:

Self-reported Health	Usual resident population	Unpaid carers (all people in
----------------------	---------------------------	------------------------------

		<i>households)</i>
Good Health	70.2%	54.4%
Fairly Good Health	20.9%	32.4%
Not Good Health	9%	13.1%

Self-reported health status worsens as the number of weekly hours of care increases. Sustained poor health may affect carers' ability to care and their eventual need for care services themselves. Global self-rated health is a strong and independent predictor of subsequent illness and premature death (Haringey JSNA Aug. 2008 Chap. 5).

The effects of caring upon health will not be experienced equally amongst Haringey carers. Local data correlating caring and health status with age, with disability and with ethnicity, for example, is not available. National studies e.g. *Diversity in Caring: towards equality for carers* S. Yeandle et al (2007) provide some evidence base for differential health outcomes. Carers can suffer physical strain associated with lifting or handling the disabled person, physical health problems associated with stress such as high blood pressure, and mental ill health. A representative study based on analysis of the British Household Panel Survey found that carers are more likely to report high levels of psychological distress, including anxiety, depression, loss of confidence and self-esteem, compared to non-carers (*Hearts and Minds: the health effects of caring* M. Hirst 2004). Women were also more likely than men to suffer from mental ill health if they were a carer.

As a snapshot of the incidence of disability amongst Haringey carers, 22% of respondents to a survey questionnaire in January-February 2009 considered themselves to be disabled.

Proposals in the Haringey Carers Strategy 2009-2014 should seek to mitigate the impact that caring has upon the health of the carer and so reduce the inequality that carers face.

Belief

Census data for religious belief is available for the *usual resident population* of Haringey but not specifically for unpaid carers.

Table KS07 Religion gives the breakdown set out below:

All people	Classification	Percentage of people stating religion as:
216,507	Christian	50.1%
	No religion	20.0%
	Religion not stated	12.1%
	Muslim	11.3%
	Jewish	2.6%
	Hindu	2.1%
	Buddhist	1.1%
	Other religions	0.5%
	Sikh	0.3%

Respondents to a survey questionnaire about carers' priorities for the revised Haringey Carers Strategy in January-February 2009 described their religion or belief as follows:

Classification	No of carers	%
Christian	68	53.1%
No religion	21	16.4%
Not stated	12	9.4%
Muslim	12	9.4%
Hindu	8	6.3%
Jewish	3	2.3%
Buddhist	2	1.6%
Greek Orthodox	1	0.8%
Sikh	1	0.8%
Rastafarian	0	0%
Total	128	100%

Nationally"the 2001 census showed that people of Muslim religion have slightly higher rates of caring (possibly related to other linked factors)..." (DH Impact assessment of Health and Social Care proposals in the Carers' Strategy 2008). Given that the Pakistani community was one of the fastest growing in Haringey between 2001-2005, there is a need for further enquiry and possible targeted action to reach Muslim carers.

Distribution and socio-economic context

The 2001 census provides data at ward level about the number of households with one or more persons with a limiting long-term illness. More than one third of households in six Haringey wards have a family member with a limiting long-term illness; these are White Hart Lane, Northumberland Park, Noel Park, St Ann's, Tottenham Hale and Tottenham Green. These wards are all in the east of the borough.

More than 30% of households in another five wards -Bounds Green, Bruce Grove, Seven Sisters, West Green and Woodside-have someone with a limiting long-term illness. The wards with the highest incidence of limiting long-term illness are White Hart Lane (39.9% of households), Northumberland Park (36.3% of households) and Noel Park (35.7% of households).

"Many factors combine to affect the health and well-being of individuals and communities in Haringey. These include environmental and social factors such as the quality of homes people live in, unemployment and deprivation and access to services.....The Index of Multiple Deprivation 2007 (IMD 2007) is a measure of multiple deprivation at small area level; it draws together a number of socio-economic criteria such as education and income in such a way that we can compare areas across the country. The IMD 2007 shows that Haringey is the 18th most deprived borough in England and the 5th most deprived in London....areas in Haringey that have the highest deprivation scores are mainly in the north east of the Borough, particularly in White Hart Lane and Northumberland Park". (*Towards JSNA in Haringey* Aug. 2008).

The wards with the highest number of unpaid carers in absolute terms are ranked 1-6 in the table below. They correlate with the wards with the highest percentage of households with a family member who has a limiting long-term illness. They are located in the east of the borough, with the exception of Fortis Green:

**Table KS08 Health
and provision of
unpaid care**

Source: 2001 Key Statistics Tables
Crown Copyright 2001

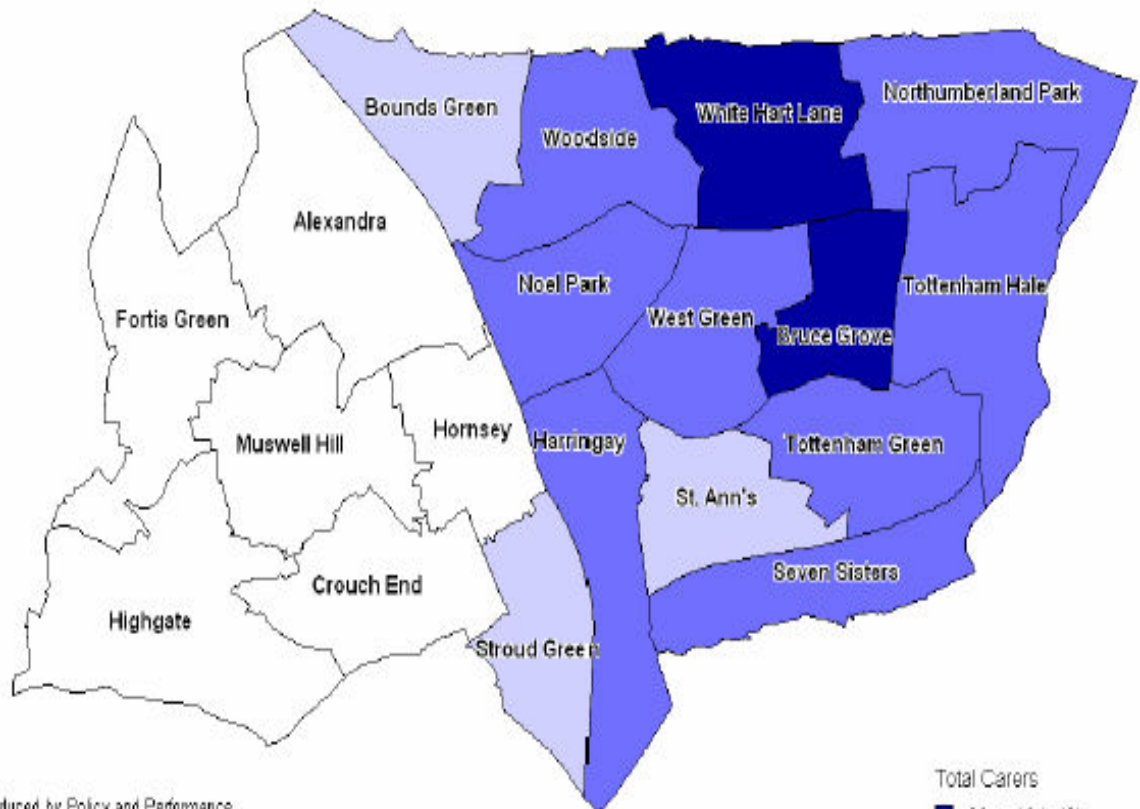
	All people	All people who provide unpaid care	Number of people who provide unpaid care			
			Rank	1 - 19 hours a week	20 - 49 hours a week	50 or more hours a week
Alexandra	10,475	828		658	71	99
Bounds Green	10,905	846		546	139	161
Bruce Grove	11,997	913 (6)		573	124	216
Crouch End	10,762	760		604	74	82
Fortis Green	11,235	919 (4)		686	79	154
Harringay	10,525	682		422	101	159
Highgate	10,310	699		568	60	71
Hornsey	10,075	779		554	103	122
Muswell Hill	9,975	828		641	64	123
Noel Park	11,472	859		519	123	217
Northumberland Park	12,606	979 (1)		582	158	239
Seven Sisters	13,179	879		542	134	203
St Ann's	12,603	915 (5)		565	109	241
Stroud Green	10,324	684		516	72	96
Tottenham Green	11,966	934 (3)		586	138	210
Tottenham Hale	12,728	828		490	145	193
West Green	11,884	814		486	145	183
White Hart Lane	11,985	951 (2)		545	136	270
Woodside	11,501	870		554	123	193
Haringey	216,507	15,967		10,637	2,098	3,232

The high ranking for Fortis Green is most likely explained by the high proportion of much older people who live in the ward. They may not define themselves as having a limiting long-term *illness* (older age isn't ...) but they may define themselves as *carers* e.g. if a spouse is looking after a spouse.

'Heavy end' caring (50 or more hours a week) is most concentrated in White Hart Lane, St Ann's and Northumberland Park wards.

Unpaid carers may register on Haringey Council's Carers Register and thereby gain access to non-assessed carers' services provided by voluntary sector organisations and to advice and information. There were 1201 people on the Register as at 31.3.'09.

The distribution of all carers on Haringey Carers Register was mapped at 31st March 2009:



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London Borough of Haringey 100019199 2008

Total Carers
 ■ 83 to 104 (2)
 ■ 63 to 82 (8)
 ■ 42 to 62 (3)
 ■ 21 to 41 (6)

Carers as individuals change over time (one third move in to caring and one third cease caring in one year). If the incidence of long term illness and provision of unpaid care has remained fairly constant since 2001, this snapshot of the Carers Register is evidence for 'hidden' carers in St Ann's ward not accessing the Carers Register. It justifies some targeted action e.g. leafletting on Carers Rights Day to promote registration and carers' assessments.

Sexual Orientation

This is an area of sensitivity. Carers, in common with other Haringey residents, need to understand why the Council is asking for information about sexuality. Timing is all. A family carer took issue with the question being asked of his terminally ill mother in the last days of her life in her home surrounded by her children.

Questions on gender identity and sexual orientation have been incorporated into equalities monitoring on a routine basis only within the last 12 months. Over time they will become familiar and better understood.

Of the 128 respondents to the Carers' Survey 2009 on the revised Haringey Carers Strategy, 30 (23%) declined to answer the question "How would you describe your sexual orientation?" There were fewer non-responses to questions about religion or

belief (12 or 9%), age group (1 or 1%), disability (4 or 3%) and none to questions about ethnicity or gender.

2 a) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:

- **are significantly under/over represented in the use of the service, when compared to their population size?**
- **have raised concerns about access to services or quality of services?**
- **appear to be receiving differential outcomes in comparison to other groups?**

2 (a) Monitoring data for equalities performance indicators for three quarters of 2008-2009 is reproduced in the table below:

Improved Quality of Life and Freedom from Discrimination and Harassment Receiving Carers Services from Carers Assessment

The percentage of carers receiving services by ethnicity and gender divided by the percentage of the population that are ethnic minority/male to produce a ratio.													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Gender (Males) 18-64													
Ratio			0.55			0.57			0.56				0.56
Actuals			31			68			102				102
Ethnicity 18-64													
Ratio			1.73			1.62			1.53				1.53
Actuals			63			117			167				167
Gender (Males) 65+													
Ratio			0.84			0.78			0.85				0.85
Actuals			19			44			57				44
Ethnicity 65+													
Ratio			2.15			2.00			2.14				2.14
Actuals			24			51			67				67

Expressed as a ratio (calculated against population statistics), a figure of 1.0 is ideal representation, under 1.0 is under-representation and over 1.0 is over-representation. Drawing on RAP data, Black and Minority Ethnic carers aged 18-64 and 65+ are significantly represented as receiving services following a carer's assessment. Whilst male carers of all ages are under-represented in services, there is less of an imbalance aged 65+.

Overall men take on a caring role later than women: women have a 50-50 chance of having substantial caring responsibilities at least once before they are aged 59. Men, on the other hand, reach this point when they are 74 years old. (*.....It could be you* M.George Carers UK Report 2001). After age 75, the incidence of caring is higher among men than women (DH Impact Assessment of the Health and Social Care proposals in the (national) Carers' Strategy). Of male respondents to the Carers Survey 2009 38% were aged 65-74 years.

Unpaid carers may register on Haringey Council's Carers Register and thereby gain access to non-assessed carers' services provided by voluntary sector organisations and to advice and information. From a snapshot of carers on the Carers Register as at 11.6.'09, 48.4% were of Black and Minority Ethnic origin and 51.6% were White (excludes 4% not stated).

Concerns have been raised about access to culturally appropriate services for carers and

the people they care for on behalf of the Orthodox Jewish (Charedi) community based around Stamford Hill. This is a fast growing Jewish minority characterised by its own significant social and cultural mores. No reliable data is available about services currently provided to members of this group because of inconsistent recording of religious belief. The case for an allocation of funding for carers of young adults with learning disabilities has been persuasively made by the Interlink Foundation.

The Asian Carers Support Group has consistently lobbied for the provision of culturally appropriate domiciliary care for older people from the Asian community. This group are best served by paid care workers who speak their language. A recent survey of 71 carers on the Asian Carers Support Group's mailing list elicited a 53% response rate with ratings for the services provided overwhelmingly in the range good-very good- excellent. Respondents commented: "good opportunity to socialise; allows me to get out of the house; very essential support group for Asian carers".

In terms of differential outcomes, there is strong evidence for male carers being under-represented in policy development and consultation (a mere 27% of respondents to the Carers Survey 2009 were men). Muslim carers are hidden also. Hindu carers were significantly represented among 128 respondents to the Carers Survey 2009 (6% of total, albeit the sample was small).

No data is available on Haringey carers by sexual orientation; it is therefore impossible to take a view about differential outcomes.

It needs re-iterating that carers experience differential outcomes compared to the rest of the population *because they are carers*. Sources of inequity, drawn from national research, have been outlined in Step 2 above.

2 b) What factors (barriers) might account for this under/over representation?

The 2001 census provided important data about carers down to a sub-ward level. However, it is now 8 years old and less and less reliable given that carers are a diverse and changing population. It is estimated that one third of carers take on a caring role and one third of carers cease caring in the course of one year. Where carers fulfil a caring role for long periods, on average they care for around 8 years. There is a lack of basic up to date information on overall numbers of carers, the details of their caring role, and the numbers of them in work, for example, as well as characteristics such as age, gender, ethnicity, disability and health status. (DH Impact Assessment of Health and Social Care proposals in the Carers' Strategy 2008).

Factors that might account for under-representation are:

- people who are care givers may not identify themselves as *carers*
- cultural concepts of caring don't translate well into some BME community languages with the consequence that people do not always understand they might be entitled to support (National Black Carers and Carers Workers Network report 2007)
- confusion with term 'carer' (cf unpaid carer vv paid care worker)
- lack of information
- lack of targeted information in community languages
- gender roles e.g. historical assumptions that caring should be performed unpaid at home by women and men go out to work

- religious preferences and cultural expectations
- lack of appropriate/desired services to meet individual needs
- limits of current patterns of service delivery (inflexible)

Factors that might account for over-representation are:

- some health conditions and illnesses are more prevalent among people from certain BME groups
- socio-economic circumstances, financial disadvantage and breakdown in support
- effect of positive action through targeting of services since 2002

Step 3 - Assessment of Impact

3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)

Increase barriers?	Reduce barriers? <input checked="" type="checkbox"/>	No change?
--------------------	--	------------

Comment

3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

Barrier /Imbalance	Actions	Link to Haringey Carers Strategy
Carers 'hidden' as carers- all groups	Enable carers to self-identify as carers <ul style="list-style-type: none"> • Planned outreach to wards with high concentrations of carers e.g. St Ann's 	Outcome 1 Promote recognition and respect for carers
'Hidden' carers in under-represented groups (in terms of age, ethnic origin, religious belief, sexual orientation)	Enable carers to self-identify as carers <ul style="list-style-type: none"> • Review support needs of Young Adult carers (previous group disbanded) • Plan outreach to Bangladeshi, Pakistani and Chinese community groups • Plan approach to faith community at Turnpike Lane mosque with Muslim members of Carers Partnership Board • Make links with West London Gay Men's Project (Caring with Confidence provider) and publicise through appropriate networks (local + London-wide) 	Outcome 1 Promote recognition and respect for carers

<p>Limited information for carers in community languages</p>	<p>Scope range of information needed e.g. about carers/caring, access to services, self-assessment - Information and Communication sub-group of Carers Partnership Board (CPB) to lead</p> <ul style="list-style-type: none"> material to be translated into top 6-8 languages, as advised 	<p>Outcome 1 Enable carers to access integrated and personalised services</p>
<p>Under-representation of male carers in services</p>	<p>Improve understanding and recognition of needs of men as carers: men of working age/men of pensionable age (e.g. hold focus groups, conduct survey)</p>	<p>Outcome 1 Promote recognition and respect for carers</p>
<p>Lack of presence and participation in service development -Charedi community</p>	<ul style="list-style-type: none"> Ongoing contact with Interlink at officer level Involve groups in voluntary sector provider forum ahead of re-commissioning of carers' services 	<p>Outcome 1 Enable carers to access integrated and personalised services</p>
<p>Lack of individualised services (perception and reality)</p>	<p>Involve carers in <i>Transforming Social Care</i> agenda esp. service re-design and commissioning</p> <ul style="list-style-type: none"> Improve availability of information about non-assessed services, Direct Payments and charging 	<p>Outcome 2 Ensure access to to separate carer's assessment and flexible carer's service</p>
<p>Lack of data on carers and their diversity and their experience of services</p>	<p>Improve evidence base for carers commissioning</p> <ul style="list-style-type: none"> Continue to collect information on carers e.g. Carers Experience Survey (pilot site) Ongoing collation and review of equalities data Report findings to CPB and beyond social care Provider services to monitor users by religious belief 	<p>Outcome 2 Ensure access to to separate carer's assessment and flexible carer's service</p>
<p>Lack of awareness of carers as disadvantaged group in own right and of barriers caring creates to more equal outcomes</p>	<p>Raise awareness of discrimination against carers and current/proposed legislative protection-through briefings and training (see training plan)</p> <ul style="list-style-type: none"> Paper to Equalities Board on carers as identified equalities strand, carers' rights and 'carer proofing' of local policies and procedures Discussion with HR on implications of Coleman judgement ('discrimination by association') and measures to identify LBH employees who are carers 	<p>Outcome 1 Promote recognition and respect for carers</p>

3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

Not applicable

Step 4 - Consult on the proposal

4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

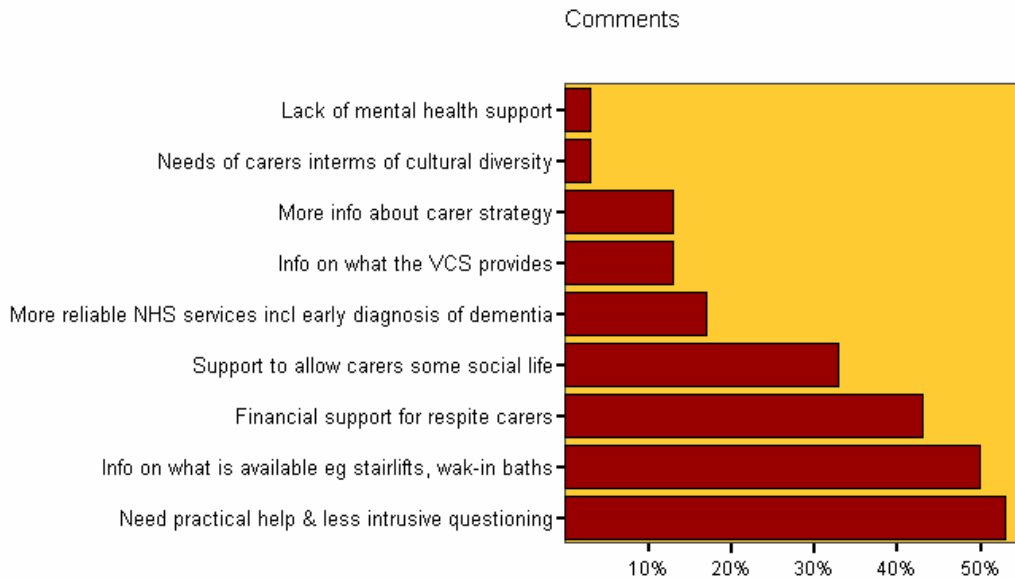
4 (a) The following groups of stakeholders were consulted during the formal consultation on the revised Haringey Adult Carers Strategy (January-April 2009):

- Unpaid adult carers of adults living in the borough of Haringey (via Carers Register)
- Voluntary sector and community organisations
- Health partners
- Council partners

The purpose of the consultations was to help set future priorities for supporting carers in line with the outcomes of the national Carers Strategy 2008-2018. This has its title: "Carers at the heart of 21st-century families and communities A caring system on your side A life of your own". The main methods of consultation were a questionnaire survey of carers' views and a carers' consultation event. A Carers Strategy sub-group, of eight carers, was involved from the outset in developing the Strategy including consultation.

For the **Carers Survey** (January-February 2009), a total of 4000 questionnaires were distributed via GP surgeries, community groups, libraries, and to all carers on the Council's Carers Register (1250 carers). There was also an online version. A total of 128 completed forms were returned by the closing date (13.2.'09). These were entered into SNAP software and data analysed using SPSS. 'Recognition and respect for you as a carer' and 'flexible support to help you carry on caring' emerged as carers' highest priorities. Being involved in planning services attracted *least* number of top priority scores. The characteristics of respondents have been referred to earlier in relation to gender, religious belief and sexual orientation. In terms of ethnic origin, 48% were White British and 52% were of Black and Minority Ethnic and mixed heritage.

A third of carers made suggestions about other goals for the Strategy besides the ones proposed. Of these 16 identified the need for practical help, including 5 carers who also commented that they would prefer less intrusive questioning when they ask for help. Another 15 asked specific questions about what practical help is available including stair lifts and walk in baths. One respondent raised the needs of carers in terms of cultural diversity. The suggestions are grouped into categories in the table below:



The following are verbatim comments about recognition and respect and equalities monitoring:

This makes no difference-carers are treated as third class by family and public.

There needs to be recognition of the sacrifices carers make due to lack of facilities.

I note that two thirds of your questionnaire is about equal opportunities and not about caring. What does one have to do with the other?

Around 90 carers took part in the **Carers Consultation event** on 23.3.'09 planned by the Carers Strategy sub-group of the Carers Partnership Board. Health, voluntary and community sector organisations working with carers were also invited. Consultation took the form of café-style table discussions organised around the four outcomes of the national Carers Strategy relating to adults. These 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 (Outcome 1)
- Carers will be able to have a life of their own alongside their caring role (Outcome 2)
- Carers will be supported so that they are not forced into financial hardship by their caring role (Outcome 3)
- Carers will be supported to stay mentally and physically well and treated with dignity (Outcome 4)

Each group was asked to identify practical suggestions for how carers' needs relevant to one of the outcomes could be met. For outcome 1, the role of carer should be respected and celebrated, but also normalised as part of the lottery of life. The profile of carers needs to be raised so carers recognise themselves and the public at large recognises carers and what they do. Services provided directly to carers e.g. Take a Break are important. For outcome 2, carers wanted assurance about the competence of the person taking over from them e.g. at hospital admission and for respite breaks to be more flexible and

personalised. Day centre hours are not suitable for carers who work full time. Carers need to have the opportunity of an ordinary life with other family members. For outcome 3, it was proposed that there is an annual review of carers' financial circumstances. Carers are penalised by not being able to work and need advice and support to claim what they are entitled to. There are limits in reality to the flexible working employers of carers can accommodate. For outcome 4, carers need access to different sorts of breaks- time out e.g. to look after their health and pampering, time away from home e.g. a holiday and time at home relieved of their caring responsibilities. The essence of breaks is that they are flexible and available when needed and care cover is personalised to the needs of the cared for person. Information was seen as a crucial component of all the outcomes; it too needs to be personalised and available at different times during the caring role.

In an **Ask the Audience** session at the consultation event, carers used computerised handsets to give their views anonymously about specific suggestions for carer support. A weekend away with other carers, face to face carer's assessment, payment to cover transport costs, and personal support in the form of counselling and support groups were given the highest ratings by carers.

In their feedback on the consultation event, carers commented:

Wonderful to see so many carers, it shows how important it is to us.

Good experience of meeting and interacting with people and sharing opinions

More events like this will be very good and supportive for everybody

Among additional comments were further thoughtful suggestions from carers:

An end to end plan for the carer starting with training, recognition, support, development, and post care counselling

More thought about how to reach carers without computers. Some also have difficulty reading so leaflets not always the answer. Picture packs, TV adverts, an advert in the local cinema, Indian restaurants.

Can there be an automatic date each year for a carer's assessment? It's stressful to try to get an assessment if there's not an automatic assessment.

Housing-unsatisfactory housing is so stressful for carers. Lots of issues around supported living for carers and cared for person. Services protecting their own resources instead of shared resource and responsibility.

More home visits. More support for carers (outing, beach, weekend break, picnic, London Eye). Some people have never been outside the house (especially Bangladeshi).

If everything said today is being considered or taken into account, carers will live longer and have their lives back.

In terms of internal partners, a presentation was given to policy officers from across the Council at the March 2009 meeting of the Policy Network to raise the profile of carers.

4 b) How, in your proposal have you responded to the issues and concerns from consultation?

All the responses to the consultation have been documented and analysed by the writers of the revised Haringey Adult Carers Strategy or by the Council's consultation team. Suggestions have been incorporated into successive drafts of the strategy. A comprehensive delivery plan to cover the first three years of the strategy's implementation has been developed and suggestions which are cost neutral are included in the plan. New services will be commissioned as funding becomes available.

4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

In line with the Council's corporate consultation policy, the results of the public consultation will be published on the Council's web site. The final version of the Haringey Adult Carers Strategy 2009-2014 and Delivery Plan 2009-2012 will also be available on the external web-site. A summary version of the Strategy will be produced to send to carers on the Carers' Register and will be available for professionals to download from the web-site. An easy read version will also be prepared which can be down loaded from the web-site.

The proposed actions to address the concerns raised are contained in the Delivery Plan 2009-2012.

Step 5 - Addressing Training

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

Envisioning a changed world for carers....

Training Plan for Staff

Objectives

- Front line staff are able to recognise an unpaid carer and signpost carers to support and services
- Staff understand, respect and work with carers as expert partners

Directorate	Job Role	Number of staff	Induction	Briefing (up to ½ hour)	Team training (up to 1 hour)	Carer Awareness (Half day)	Practitioner Group (monthly)
Adults							
ACCS	*Trainee social workers	8 x1 intake pa (Feb.)		√	√	√	√

ACCS	*Student social workers	20 x 1 intake pa (Oct)	√		√	√	√
ACCS	*New social care staff		√		√	√	√
ACCS	*Care managers/reviewing officers in assessment teams: LD inc. Transition, Older People inc. ICT, MH, Phys. Dis./Sensory impairment				√	√	√
ACCS	*Finance Assessment Team			√	√		
ACCS	*Community Care officers				√	√	√
ACCS	*Out of Hours Duty S/W Team			√	√		
ACCS	Community Alarm Service			√			
ACCS	HICES (Integrated Community Equipment Service)			√			
ACCS	*Phys. Dis. Floating Support Service				√	√	
ACCS	*Homecare/Re-ablement Service/ Rapid Response				√	√	√
ACCS/ Housing	Supported Housing Scheme managers			√			
MH	*Community Mental Health Teams: START, Support and Recovery, Early Intervention in Psychosis, Home Treatment, Assertive Outreach				√	√	√
ACCS	Providers- Day Services: LD/MH/OPS/Phys.Dis./ Sensory Impairment				√		
ACCS	Providers-Residential Services: Older People/LD/MH			√			
Independent sector	Supporting People Teams: 60+ in Haringey One Support HARTS for families				√		
Libraries / Adult Learning/ Leisure Centres							
ACCS	Customer facing staff on Reception/ at Information points in Libraries and HALS			√			
ACCS	Reception/desk staff in Leisure Centres (handling Carers Active Card applications)			√			
Housing							
Housing	Allocations/assessment officers Homeless Persons officers Special Needs Housing officers Housing Benefit officers et al			√			
Call Centre (x1)							
Corporate Resources	Customer Service officers			√			
Customer Service Centres (x4)							
Corporate Resources	Customer Service officers			√			

Note: * these staff groups have selected for them, or select from, the range of indicative training according to role, experience and interest

Equalities and diversity issues will be embedded in the training, which carers will co-produce and co-facilitate.

Step 6 - Monitoring Arrangements

The Haringey Carers Partnership Board (CPB), chaired by the Council's Carers Champion, Councillor Catherine Harris, will be responsible for monitoring the implementation of the Haringey Adult Carers Strategy. The Board will review progress quarterly. The CPB reports to the Well-Being Partnership Board, one of six thematic Boards which make up the Haringey Strategic Partnership (HSP). The Well-Being Partnership Board aims to promote a healthier Haringey by improving well-being and tackling inequalities. A Performance Management Group (PMG) oversees the overall performance of the Partnership.

The main indicator which will monitor progress with the strategy is NI 135-carers receiving needs assessment or review and a specific carer's service, or advice and information, as a percentage of people receiving a community-based service. This performance indicator is one of 35 improvement targets in Haringey's Local Area Agreement (LAA) which encompass key priority areas for the period 2008-2011. As a baseline, the target for 2008-2009 was 14.22% with a final outturn of 21%. Linked projects funded through Area Based Grant are monitored quarterly by the Council's Partnership and Governance team. Month by month performance is published on the web site in a corporate scorecard under 'Promote Independent Living'. The data for NI 135 is supplied by the Electronic Social Care Record and can be analysed by the equalities groups provided the information has been collected.

The Carer User Experience survey, when it is introduced, will also yield useful data for monitoring the equalities impact of the Strategy.

The equalities performance indicators reproduced in 2a above will continue to be monitored quarterly by the Adult, Culture and Community Services' (ACCS) Equalities Board. Progress with NI 135 is monitored monthly at ACCS performance call over.

There is to be a Scrutiny Review of support to carers in 2009-2010, the terms of which are under discussion. The Panel Report and Cabinet member response will be posted on the web site.

Step 7 - Summarise impacts identified

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
<p>Under-support of young adult carers aged 18-34 years</p>	<p>Improved support for carers has potential to positively impact on disabled people, thence reduce inequalities between disabled and non-disabled people</p> <p>Improved support for carers as a whole population has potential to benefit carers with a disability</p>	<p>Under-representation of Pakistani, Bengali, and Chinese carers (growing populations) in provided services</p> <p>Evidence for people of Indian ethnic origin being over-represented as carers in 2001 census</p> <p>Lack of data about carers and caring among new migrant groups, esp. working age migrants from Eastern Europe</p>	<p>Under-representation of male carers in services and consultations</p>	<p>Lack of robust data on ESCR about religion or belief</p> <p>Available evidence points up under-representation of Muslim carers in services and consultations</p> <p>Carers from Charedi community not separately identified as faith group and not directly represented in service development</p>	<p>Lack of information about needs of lesbian, gay, bi-sexual and transgender carers to make an evidence-based assessment of impact</p>

Step 8 - Summarise the actions to be implemented

NB This Equalities Action Plan only includes actions which are realistic and practical in terms of available resources, financial and human. There are significant budgetary pressures and spending constraints within Adult's division, the ACCS directorate and the Council as a whole. As opportunities for remodelling existing services and reinvesting in new services arise, they will be incorporated into the commissioning strategy for Adult, Culture and Community Services. The initiatives outlined here are to be funded from existing resources within each partner organisation.

DRAFT

Step 9 - Publication and sign off

When and where do you intend to publish the results of your assessment, and in what formats?

The results of the assessment will be published on the web-site in August 2009. They will be available in community languages upon request. Other formats are described in 4(c) above.

Assessed by (Author of the proposal):

Name: Barbara Nicholls

Designation: Head of Commissioning

Signature:

Date:

Quality checked by (Equality Team):

Name:

Designation:

Signature:

Date:

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date:

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Haringey Carers' Partnership Board Terms of Reference

**agreed at the meeting of the Carers Partnership Board on
17th February 2009**

1. Purpose

Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and opportunities for a healthier lifestyle.

Haringey's **Well-being Partnership Board** (WBPB) will lead in promoting and delivering a Healthier Haringey by:

- improving the health and quality of life of people who live and work in Haringey and reducing health inequalities
- setting a strategic framework, including outcomes and objectives, through which joint priorities can be delivered and through which statutory responsibilities can be carried out
- agreeing joint, overarching priorities for the wider well-being agenda through an annual statement which will guide the work of the Board in the light of the most recent information and developments

The term "carer" is used with different meanings. This can dilute the role played by informal (unpaid) carers and the contribution they make to society through what they do. The new national Carers Strategy proposes a new definition of "carer" as a means of overcoming this confusion:

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

By this definition workers from statutory, voluntary or private service providers who are paid to provide personal assistance or support, or volunteers from statutory or voluntary organisations who provide personal assistance or support are **not** considered to be carers.

The **Carers Partnership Board** is set within the frameworks of the Well-being Partnership Board (WBPB). The WBPB has an organising structure of five theme groups which focus on key outcomes which the WBPB is committed to achieving/working towards. These are:

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

2. Rationale

The WBPB is a strategic body forming part of the Haringey Strategic Partnership (HSP). The HSP has established six priority outcomes which are set out in the Sustainable Community Strategy. 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:

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

3. Outcomes, Objectives and Priorities

The outcomes, objectives and priorities for the Carers Partnership Board are set out in the Well-being Strategic Framework.

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

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

4. Core business

The Carers Partnership Board through its work plan will:

- Be outcomes focused
- Agree the structure and terms of reference of the Carers Partnership Board
- Report to the WBPB via the subgroup Chairs, providing information to and receiving information from the WBPB on new government initiatives, directives and legislation
- Contribute to the implementation and review of relevant strategies and monitor progress on agreed actions
- Monitor and review the relevant Our Health, Our Care, Our Say outcomes to help us shift from the narrow focus of treating illness and providing care to vulnerable people towards the promotion of well-being for all
- Work with other outcome-focused sub-groups to champion the priorities of the Well-being Strategic Framework (WBSF) and to ensure there is joint ownership and delivery of the framework
- Monitor the implementation of projects delegated to the Carers Partnership Board
- Consider, comment on and endorse, as appropriate, strategic documents from other Partnership Boards or sub groups relating to the sub-group's outcomes that require a joint multi-agency well-being response
- Monitor progress on Local Area Agreement (LAA) targets relating to the sub-group's outcomes
- Contribute to the refreshment and agreement process for agreeing future LAA targets and priorities in line with the Sustainable Community Strategy and the WBSF
- Actively engage informal carers, with specific emphasis on traditionally hard to reach groups, and give support to enable participation from all relevant stakeholders
- Actively encourage the contribution of all stakeholders to the wider well-being agenda, e.g. leisure, environment, housing, community safety, regeneration, education and children's services, ensuring that well-being activities are appropriately considered in their planning, including other HSP theme partnerships
- Share information, best practice and experience
- Share performance management frameworks where appropriate and possible
- Integrate, wherever appropriate, the plans and services of partner organisations including the use of Health Act 1999 flexibilities
- Account for actions and performance through regular reports to the WBPB via the joint commissioning group which manages finance and performance of the WBPB

5. Operational Protocols

Membership

The membership of the Carers Partnership Board will:

- Be related to the agreed role of the sub-group with the flexibility to co-opt members for a specified time to meet specific requirements
- Be reviewed annually
- Have the authority and resources to meet the aims and objectives of the Terms of Reference
- Possess the relevant expertise to deliver the Terms of Reference

- Be responsible for disseminating decisions and actions back to their own organisation and ensuring compliance

Chair

The Carers Partnership Board will be chaired by Haringey Council's Carers Champion, Councillor Catherine Harris.

Vice Chair

The Vice Chair of the Carers Partnership Board will be the Assistant Director of Commissioning & Strategy, Margaret Allen. The Vice Chair will sit on the Well-being Chairs Executive and will be responsible for reporting to the Well-being Partnership Board.

Deputies and representation

Partner bodies are responsible for ensuring that they are represented at an appropriate level. Where the nominated representative is unable to attend, a deputy may attend in their place.

Co-opting

The Sub-Group may co-opt additional members by agreement for a specified time to meet specific requirements who will be full voting members of the sub-group.

Composition

The Carers Partnership Board will comprise the following members:

Agency	Number of representatives
Carers	19
Haringey Council (Adult, Culture and Community Services)	2
Haringey Council (Children and Young People's Service)	2
Haringey Teaching Primary Care Trust	2
Barnet, Enfield and Haringey Mental Health NHS Trust	1
Drug and Alcohol Action Team Manager (Marion Morris) or representative	1
Voluntary Sector representative (HAVCO elected)	1
Community and Faith Sector (HAVCO elected)	1
TOTAL	29

A standing invitation to attend the Carers Partnership Board will be extended to the following agencies to provide a representative:

Agency	Number of representatives
Provider representative (Carers Provider Forum to nominate)	1
Acute Hospital Trust (Whittington or North Middlesex)	1
Policy support officer	1
Leisure Services	1
Adult Learning	1
Urban Environment (Strategic and Community Housing Services)	1
Community Safety	1
Welfare to Work	1
Haringey Partnership Manager Job Centre Plus	1
LD Carers Forum	1
TOTAL	10

Meetings

- Meetings will be held 6 weekly for a maximum of two hours, commencing 30th September 2008.
- A meeting of the sub-group will be considered quorate when at least 5 carer members are present, providing that at least one representatives each of the Council (both the Adult Culture and Community Services Directorate and Children and Young People's Directorate) and the Teaching Primary Care Trust are also in attendance
- The agendas, papers and notes will be made available to members of the public when requested, but meetings will not be considered as public meetings
- Protocols for the conduct of members and meetings will be the same as those agreed for the WBPB

Representatives are responsible for disseminating decisions and actions required back to their own organisation, ensuring compliance with any actions required and reporting back progress to the HSP.

Policy officer support will be provided at meetings. Officers will also attend for specific items within the agenda as and when required.

Administrative support to service the meeting will be arranged by the Head of Commissioning, Adult, Culture and Community Services.

Agendas

Agendas and reports will circulated at least five working days before the meeting, after the agenda has been finalised by the Chair. Carer members are able in discussion with the Chair to put items on the agenda. Additional late items will be at the discretion of the Chair.

Partner action

Representatives will provide a link with their own organisation regarding reporting back and instigating partner action.

Interest

Elected members must declare any personal and/or pecuniary interests with respect to agenda items and must not take part in any decision required with respect to these items.

Absence

If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the partnership.

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Haringey Council

Briefing for:	Scrutiny	Item number	
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Title:	Support To Carers – Economic Regeneration
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Lead Officer:	Paul Clarke - Programme Manager – Employment and Skills
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Date:	26 th October 2009
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The Haringey Guarantee helps residents “return to work” if they so choose, and we provide information on unemployment benefits and Working Tax Credits on returning to work.

- Through frontline Council services, Haringey Guarantee employment advisers engage workless residents who wish or are considering returning to work.
- Provide benefits advice on:
 - Entitlement to Carers’ Allowance
 - Entitlement to out-of-work benefits
 - Entitlement to Working Tax Credits once a resident starts work
 - Provide a comparison of how much financially better off in work a resident may be
 - Signpost to Jobcentre Plus and Citizen Advice Bureau for support in accessing benefits to which a resident is eligible
- Support participants in overcoming barriers to sustained employment and helping them return to work through:
 - One-to-one Information, Advice and Guidance (IAG)
 - Access to unpaid work placements for long-term unemployed
 - Access to an NHS Condition Management Programme for participants affected by a disability or long-term illness
 - Skills and vocational courses including
 - Basic literacy and numeracy
 - Level 1 and 2 Social Care and job brokerage in the care sector
 - Other vocational and accredited skills courses
 - Job brokerage through the Employer Zone one-stop-shop in Haringey for employers
 - In-work support for up to 26 weeks (6 months).

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Initial Briefing on learning support for carers in Haringey

The current Haringey Scrutiny review of Carers, the Personalisation agenda for Adult Services, the supportive role that Culture, Libraries and Learning can provide and the findings/recommendations of recent policy documents have been used to inform this briefing.

Summary Profile of Carers in Haringey:

The numbers of carers are estimated to be 16,000 in Haringey, although only 1200 are registered carers. The latest figures available from the 2001 census show men represent 41% of carers and women the remaining 59%. It also shows women undertake considerably more hours of caring than men in the borough: Of those who care 50 or more hours, 66% are women. Haringey has the most young adult carers aged 18-34 years.

Summary of LSC Policy document July 09 on carers :

The Learning & Skills Council published a report in July 09, entitled 'Including carers: towards a framework for meeting the needs of carers in Further Education and Adult Learning'. This report makes a number of recommendations on how mainstream educational provision could be made more accessible to carers. It requests that a number of agencies consider ways of working together more effectively to remove identified practical, psychological and systemic barriers that prevent access to learning. These include: government departments, such as DWP, LSC/SFA, OFSTED, local Social Services, FE & Adult Education providers, carers centres and carer support organisations.

The LSC report pinpoints a common factor among carers, That is 'the unpredictability of their caring situation and therefore, their capacity to attend provision regularly, complete assignments and take exams.' **We therefore need to adapt, offer courses flexibly and provide a supportive atmosphere.**

The Carers Strategy (HMGovernment,2008) encourages a more flexible approach for lifelong learning opportunities to be made available to carers, particularly those who have been out of the workplace for some time. **Distance learning, modular courses and a wider choice of course times are seen as essential components.** The strategy also focuses on the need for a greater emphasis on the provision of planned breaks to provide carers with the time to take up work, education, leisure and training opportunities. The Paper also looks at a survey on carers accessing NEC distance-learning courses which shows that 'most students study for enjoyment but almost one-third chose a course with a view to gaining employment or starting their own business.

Current position -HALS and provision for Carers:

- Working partnership with Haringey Foster Carers to provide customised ICT classes through Family Learning provision.
- Foster carers also access Family Learning provision in individual courses run in libraries, schools, children's centres
- Developing partnership with SEN schools in Haringey to provide Family Learning opportunities
- Carers in receipt of benefits can already claim a 50% discount on fee-charging courses. Many courses, including Skills for Life, Work-based learning and Family Learning are free of charge to all learners and many of these courses can offer free crèche places. An additional discount of 10% is offered to all registered Haringey carers accessing HALS provision. Day, evening & weekend provision offers a degree of choice to carers on points of access.
- HALS' IAG (Information, Advice & Guidance) accredited service, is open to all individuals over 20yrs who need career information and advice on learning and work and also run a series of 1 day employability skills workshops to support those returning to work .
- Learndirect in HALS provides flexible online learning options on ways to improve literacy and numeracy skills and gain recognised national qualifications. Courses can be partially accessed from home.
- HALS, in partnership with Libraries, acts as an information point for carers of people with dementia. Staff are currently being trained to promote a DVD, 'Life with Two Hats' supported by Millenium Awards, Carers UK & Alzheimer's society, which gives a wealth of information on how to access help as a carer.
- HALS holds a small subcontract with 'Different Strokes' London North organisation for delivery of exercise classes designed to assist recovery for stroke survivors of all ages. In some cases, carers attend and join in the activities to support further recovery at home.

Proposal for further provision to meet carers' needs through a partnership between Haringey Adult Services and HALS.

HALS already provides a range of flexible short and medium length courses covering Arts, well-being, ICT, Skills for Life , Business & Work Skills, Family Learning and Languages over day, evening & weekend hours at a growing number of access points in the borough.

Although these courses are partially subsidised by the LSC and concessionary rates are available , charges apply in many cases that might prevent carers from accessing provision to support skills development.

It is therefore necessary to remove this barrier by applying a further subsidy to courses that carers wish to attend so that they can be offered completely free of charge. ACCS Directorate have indicated that this subsidy might be possible , particularly to support the personalisation agenda and promote an ethos of social inclusion and widening participation

However, due to the unpredictability of a carer's capacity to attend a course of any length, without respite care being provided, **an additional option would**

be to provide distance learning courses through HALS using the existing Haringey network, that is aimed at sharing information and H&S advice with carers. Piloting a range of popular courses adapted to be accessed through distance learning will require a considerable initial input of time to design suitable schemes of work and resources and provide support systems through telephone/e-mail from Tutors. Local carers could be consulted first of all through surveys/ local networks to determine the most popular choice of courses to include in the pilot and their access to computers/internet facilities. Perhaps a loan scheme could be subsidised by ACCS and made available to those carers without these facilities at home.

In addition to the above choices, **HALS could offer access to ICT resources in partnership with existing carers centres and carers support organisations**, operating a rolling programme using laptop trolleys to create 'instant classrooms' which it already does in some community locations. Tutor-led classes could then be an option at centres as well as drop-in facilities whereby carers could access available distance-learning courses.

Marketing these services to carers

There is a need for good quality information on local informal and accredited/formal courses available. HALS would promote courses to attract carers through:

- Using national helpline (Carers Direct), Carers UK/Princess Royal Trust for Carers, Haringey Carers Website to promote flexible learning opportunities.
- Working in close partnership with Adult Services, care organisations, centres, PCT, health centres, doctors surgeries and other relevant referral points.
- Using Life Channel TV promotion video in targeted health centres and doctor's surgeries.
- HALS prospectus /targeted leaflets delivered to all registered carers
- Attend events aimed at carers to promote opportunities
- Use Adult Services, carers service, care day centres, Job Centre Plus, Libraries and HALS IAG services to widen distribution of information
- In addition to findings of Scrutiny committee, HALS to consult with local carers groups on their mainstream learning needs and aim to prioritise provision identified.

Initial Briefing Paper presented by Pat Duffy, Head of Service, Haringey Adult Learning Service.

21st October 2009

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Haringey Council

Briefing for:	Scrutiny	Item number	
Title:	Support To Carers – Leisure Centre Access		
Lead Officer:	Simon Farrow – Business Development & Engagement Manager		
Date:	26 th October 2009		

1. Overview

Support to registered carers is offered at the borough's four leisure's centres in the form of a free Active Card carers pass.

The pass entitles the carer to free access to the leisure centre when they attend the leisure centre with the person they care for. The pass also entitles the carer to reduced price entry to the leisure centre when they attend on their own.

In order to be eligible for a carers pass the carer needs to obtain a letter from the Service Support Officer confirming that they are registered on Haringey Carers' Register.

Once the person has their letter they can then apply at any of the leisure centres in the normal way for their Active Card. The availability of this additional support to carers is promoted via adult commissioning services usually in the form of a leaflet (Appendix 1).

The carers pass lasts nominally for one year and can be renewed, for free, on the production of evidence that they remain on the Haringey's Carers' Register.

The scheme has been in place for a number of years and currently 47 people are registered on the scheme of the 1201 eligible carers as of March 2009. During the last 12 months the carers passes were used for 316 activities.



Haringey Council

In terms of gender profile, Men make up 32% of carers and women 68% compared with a carer population of 41% male and 59% female. The age range of people use of the carers pass is 24-75. The average age of carers is 46.

Of the 47 current carer pass holders only 34 (60%) have provided ethnicity information. Broadly speaking those from BME groups make up a higher proportion of those making use of the carers pass than their profile within all Borough residents.

There are two main activities undertaken by carers and these are swimming and using the fitness suite.

2. Future Developments

Currently Sport and Leisure services have no plans to develop the scheme further; however any development proposals that do come forward will be embraced and supported. In particular we would be keen to provide some further support to young carers where possible.

Active Card for Unpaid Carers



The Active Card is Haringey's Leisure Pass. Registered carers can apply for an active gold card membership which gives free admission to all four Haringey Sport and Leisure Centres when supporting the person they look after to use the facilities.

Carers on the Register qualify for 'active advantage +' admission rates

(around 25% off standard prices) when using sport and leisure facilities by themselves. Terms and Conditions apply for activities and Leisure Centre rules apply at all times.

You will need a letter from the Service Support Officer (020 8489 3967) confirming that you are registered on Haringey Carers' Register.

Please turn over to see where you can apply.

You can apply for the scheme at any of the following sports and leisure centres:

Active Sport and Fitness Centre

College Road, London N17 8EA
Tel: 020 8881 2323 (day)
Tel: 020 8376 5888 (evening/weekend)

Park Road Leisure Centre

Park Road, London N8 8JN
Tel: 020 8341 3567

Tottenham Green Leisure Centre

1 Philip Lane, London N15 4JA
Tel: 020 8489 5322

White Hart Lane Community Sports Centre

White Hart Lane, London N22 5QW
Tel: 020 8881 2323

For further information contact:

Jan Bryant, Commissioning Manager
Tel: **020 8489 3420**

The Active Card for unpaid carers is subject to availability.



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EMPLOYMENT SUPPORT TO CARERS

There are a range of initiatives which are available to all staff but which may give additional support to staff also have care responsibilities.

EMPLOYMENT SUPPORT

Council employment:

- All vacancies are advertised on our website and in the job search bulletin which is sent to council offices and libraries.
- One point of reference makes searching for jobs simpler for those with limited time.
- Applying on-line saves on the cost of postage (important if several applications are being made and the household income is low).
- Applying on-line also saves time as personal, education & employment details need to be entered only once and are then retained on the system.
- The Haringey Website has full information for carers regarding support available to carers, flexible working & time off to deal with emergencies, benefits and respite breaks. Details can be found on either the Social Care and Health pages or on the Advice, Tax & Benefits pages (both areas are directly accessible from the Home page).

Child care Vouchers:

- Vouchers are available to parents in order to pay for registered childcare.
- Up to £55pw (£1,195pa) can be claimed in vouchers with the amount deducted from salary before tax, making the vouchers a tax efficient way of paying for care.
- Both parents are entitled to claim, which doubles the amount available to £2,390 p.a.

Flexible working:

- Fitting in work and care responsibilities often prevent people from working full time.
- Existing benefits may be affected if working hours exceed 16 hours p.w.
- The 2006 Work and Families Act gives employees the right to request flexible working. Options can include: term time work; compressed hours; part time work; annual hours or home working.
- Where it is practical to offer, flexi time is available with the option of arranging to start/finish work at a convenient time to fit in with care responsibilities.

Flexible retirement:

- An option for those taking on care responsibilities towards the end of their working life.
- Employees can request to work past 65 on reduced hours;
- Those aged 55 or over can apply to either reduce their working hours and to draw on part of their pension or
- To reduce to a lower grade and to make up the salary difference by drawing on their pension.
- The final decision to grant the request rest with the directorate as budget implications may arise.

Interest free travel loan:

- The cost of travel by public transport can take a large part of an employee's salary, especially if the individual is on a low grade and works part time.
- An annual ticket can often be cheaper than buying monthly tickets.
- An interest free loan is available for the annual amount with monthly deductions made from salary. This decreases the cost of travel and helps with budgeting.

Local Government Pension Scheme:

- Being sure of a guaranteed income on retirement is critical for those with sole care responsibilities.
- Expert advice is available from the in house Pensions Team on any aspect of pension entitlement and payment.

EXTERNAL SUPPORT

Financial planning seminars:

- Free lunchtime seminars are run by the Financial Services Authority for all staff covering all aspects of financial planning including saving, investments, mortgages & pre-retirement planning.
- Approximately 200 staff have attended the seminars which are always well received.
- The seminars are run by certified independent financial advisors who are available for advice outside work on any aspect of financial planning.

Simply Health (formerly HSA):

- Cash back Health and Dental plans are available at a reduced cost for employees, family members can also be included for the same monthly amount.
- Children under 18 are covered free under the Health plan.
- The plans can reimburse the cost of consultant or testing fees and cover both conventional and alternative medical practitioners.
- Being able to access health information quickly and for free can be important when caring for children.

Staff Discount Website:

- A free site for all staff is accessible from Harinet or from a home computer.
- Among others, discounts are available on entertainment; days out; utilities; gifts; shopping & insurance.
- The reductions offered can help carers either to reduce the cost of everyday items or to afford items which may otherwise be outside of their budget.

Leisure activities:

- Carers can often feel isolated and in need of a break.
- All employees can take advantage of a 10% reduction on the cost of any course arranged by the Adult Learning Service.
- Courses may relate to leisure, work training or hobby interest.
- The cost of entry to Haringey Leisure Centres can also be reduced by buying an Active Card in advance.

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