



Haringey Council

NOTICE OF MEETING

Scrutiny Review - Support to Carers

THURSDAY, 26TH NOVEMBER, 2009 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD,
WOOD GREEN, N22 8LE.

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive 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 (PAGES 1 - 16)

To approve the minutes from the previous meetings held on:

13th October 2009

3rd November 2009

5. MENTAL HEALTH CARERS SUPPORT ASSOCIATION (PAGES 17 - 20)

To hear from Nick Bishop of the Mental Health Carers Support Association

6. HARINGEY CARERS CENTRE (PAGES 21 - 22)

To hear from Colleen Fiffie, Centre Director, Haringey Carers Centre.

7. ASIAN CARERS SUPPORT GROUP (PAGES 23 - 24)

To hear from Mina Patel, Manager, Asian Carers Support Group.

8. BME CARERS

To hear from Faiza Rizvi, Director, BME Carers.

Document to follow.

9. MAPPING EXERCISE

To consider the range of services which people are aware of for Carers across the borough of Haringey.

10. NEW ITEMS OF URGENT BUSINESS

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17th November 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 – Support to Carers
Draft Minutes
3rd November 2009**

Present: Councillor Adamou (Chair), Councillor Catherine Harris, Barbara Nicholls, Colleen Fiffee, Marylyn Duncan, Gabrielle Lock, Liz Marnham, Faiza Rizvi, Steve Davies, Paul Clarke, Pat Duffy, Celia Bower, Melanie Ponomarenko (minutes).

Apologies for absence	Councillor Alexander, Councillor Dodds
Urgent Business	None
Declarations of Interest	Cllr Adamou declared an interest as her daughter is a social worker.
Minutes of the last meeting	Deferred
Carers Partnership Board	<p>Councillor Catherine Harris – Chair of the Carers Partnership Board</p> <p>The National Carers Strategy was published in June 2008. Haringey’s Adult Carers Strategy fed down from this.</p> <p>The Carers Partnership Board has 19 members who helped to develop the Haringey Carers Strategy.</p> <p>A Providers Forum is due to be set up which will involve the four carers provider organisations in Haringey.</p> <p>According to the last census there are approximately 16,000 unpaid carers in Haringey who provide approximately £240 million of care per year.</p> <p>Carers want planned short breaks. Not just respite for the cared for person.</p>

	<p>When configuring services providers need to ensure that they are authentically reflecting what the carers want.</p> <p>Emergency breaks/planning is a concern in Haringey for carers. This is the care provided when a carer breaks down and can no longer care for the cared for person. Cost implications where carers are not properly supported as emergency breaks have to then be put in place.</p> <p>This point/concern was reiterated by carers organisations.</p> <p>Feeling that if care plans are done properly then this would limit the number of emergency situations due to carers breaking down.</p> <p>Emergency planning is a particular concern for older carers who worry what will happen to the person they are caring for if they are to fall ill or die.</p> <p>There is a need to ensure that there are transition arrangements in place for when a person that is caring dies.</p> <p>Personalisation</p> <p>There is a need to ensure that carers are fully trained in the implications of the personalisation agenda for example being prepared to make their own choices and support the cared for person in making their choices.</p> <p>Carers support organisations need to be supported in the changed to enable them to fully support the carers that come through their doors.</p> <p>Gaps</p> <ul style="list-style-type: none">• There are gaps in Mental Health service provision for carers, for example around risk assessments.<ul style="list-style-type: none">○ Feels that it would be useful to have a consistent/named representative from the MHT to attend the Carers Partnership Board.
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	<ul style="list-style-type: none"> • Coordination and availability of Emergency breaks. • Information – not just leaflets but also having someone that they can call for information and advice. Some boroughs have a carers helpline which is a focal point of knowledge for carers, this also prevents carers having to call around for hours trying to speak to the right person. • Data – there are gaps in data on lesbian and gay carers. There are also gaps on the religion of carers, for example how many Jewish carers do we have? <ul style="list-style-type: none"> ○ Ethnic monitoring information – need to know exactly who we are providing services to. The monitoring forms across the organisations should be consistent. <p>There is a need to focus on the gaps identified and work at filling them.</p> <p>It is important to remember the huge impact that caring 24hrs a day has on a person's life. This often continues even when a cared for person is in hospital, for example:</p> <ul style="list-style-type: none"> • When a person with learning disabilities is in hospitals the carer often has to stay with them to translate what they are saying to the medical staff. • What happens in a crisis situation? In a crisis situation there is an impact on the carer's routine and life, for example when a carer is in employment and they have to take time off at the last minute in order to deal with the crisis. <p>Health and well-being is carers highest priority above other aspects e.g. opportunities for employment.</p> <p>Carers feels that there is a lack of availability of physiotherapy and rehabilitation services. General feeling that you have to fight to get access to physiotherapy and that there are issues around maintenance e.g. if someone relapses.</p> <p>Melanie Ponomarenko to add this to the information which will be presented by NHS Haringey.</p>
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	<p>Carers should be treated as experts and should have an input into the services which are provided to them.</p> <p>Discussion around what other boroughs are providing e.g. size of centres, hotlines, service provision. Barbara Nicholls will look into this and feed back into the review.</p> <p>Discussion around the need for organisations (carers and otherwise) to share information on what is available in the borough. If the organisations don't know then what hope is there for the carers to be able to find out?</p> <p>Need to look at whether there is duplication on what is being provided across the organisations.</p> <p>Discussion around the potential benefits of there being a centralised number for carers to call when needing support.</p> <p>BME Carers organisation:</p> <ul style="list-style-type: none">• Feels that the response to the Carers Partnership Board by NHS Haringey has been disappointing thus far.• Feels that there is a continuity issue with attendance by the Mental Health Trust e.g. the same person should be attending each meeting.• Concerned about the availability of aids and adaptations e.g. examples of carers having to carry people upstairs which is a serious concern and has health and safety implications. <p>Discussion around an example of the Duty Team being called by a Mental Health carer in crisis who was told to either call the police or to take the person straight to St Ann's. This may prevent the carer from getting help as would not necessarily want to take either of these options for their loved one.</p>
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<p>Economic Regeneration</p>	<p>Paul Clarke – Employment and Skills Officer</p> <p>Aims to support people back into work.</p> <p>The Haringey Guarantee project engages with residents through public and front line services. The project then identifies what barriers they are facing in returning/finding work. The officers then undertake job brokerage by identifying jobs throughout the borough, guaranteeing an interview and offering support for 26 weeks to ensure that people maintain employment.</p> <p>Engagement takes place through:</p> <ul style="list-style-type: none"> • Libraries • Children Centres • Youth Offending Service • Drug and Alcohol Action Team • Customer Services • Job Centre Plus • GP surgeries • Probation services, etc <p>People are also offered benefits advice e.g. by using the Department for Welfare and Pensions software “Better off Calculator”. This includes considering the carers allowance.</p> <p>Access to unpaid work placements is also provided where lunch and travel expenses up to £35 per week are paid. This allowance does not affect people’s benefit claims.</p> <p>Measurements:</p> <ul style="list-style-type: none"> • Currently 1073 residents on the programme • 227 job starts
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	<p>There are no specific targets or measurements around carers.</p> <p>Economic Regeneration has also not specifically been engaged with carers or carers organisations to date.</p> <p>The Carers Partnership Board is due to set up an Employment work stream. Economic regeneration will be contacted to attend these meetings.</p>
<p>Haringey Adult Learning Service</p>	<p>Pat Duffy - Head of Haringey Adult Learning Service</p> <p>The Adult Learning Service is currently looking at what they can do to support carers in Haringey. For example the options around distance learning opportunities and breaking up courses into smaller more accessible modules.</p> <p>The service offers a 50% discount to people who are on benefits and a further 10% for registered carers.</p> <p>There are some free services available e.g. ESOL. Currently looking at whether there are options for providing more free services, for example with the personalisation agenda.</p> <p>Learn Direct courses are available which focus on skills for life. These provide opportunities for distance learning where the person comes into the centre for the exam.</p> <p>Identified issues around data capture as there is the feeling that they currently aren't capturing them.</p> <p>Discussion around whether there is a different question which could be asked on forms in order to identify carers for example, a questions which allows people that don't identify themselves as carers to take advantage of opportunities. This would also need to be clear that they are talking about unpaid carers.</p> <p>Examples of successful events for carers e.g. pamper days.</p>

	<p>Discussion around the possibility of giving carers free access to the internet with the option of limiting the sites they are able to access e.g. just to carers support sites.</p> <p>Discussion around whether there is scope for any further training to be rolled out e.g. manual handling. Noted that there would first need to be a scoping exercise to find out what training is already available to carers across the borough.</p> <p>Discussion around the need to commit to classes and courses which can be very difficult for carers as they do not necessarily know whether or not they will be able to attend. Noted that the London Skills Council papers notes the need for flexibility.</p> <p>Noted that there are not many platforms available for working with partners as it is a competitive market.</p> <p>Noted that there is an Education and Learning sub-group of the Carers Partnership Board planned which Pat Duffy will attend.</p>
<p>Haringey Leisure Service</p>	<p>Simon Farrow Business - Development & Engagement Manager</p> <p>When a registered carer attends leisure centres with the cared for person they can use the facilities for free.</p> <p>When a registered carer attends on their own they can receive approximately a 25% discount depending on the activity.</p> <p>There are currently 47 registered carer card holders.</p> <p>Noted that respite is an issue in enabling the carer to attend leisure centres.</p>

	<p>Noted that those over the age of 65 years receive an Active Leisure card anyway – this would include carers which are not identified as such.</p> <p>Query as to what publicity has been done to inform carers of the benefits. Noted that more could be done in this area.</p> <p>Questions as to whether a person is a carer are not explicit on the membership forms. To enable more people to take advantage of the benefits this should be looked at.</p> <p>There is a need to look at a variety of ways to capture carers and allow them to take up discounts available.</p> <p>What is the start point for people identifying themselves as carers? Is it at hospitals? GP surgeries? Job Centres?</p> <p>Until a person identifies them-self as a carer they won't 'see' adverts, information etc aimed at carers. There is a need to get people to identify themselves as carers as a starting point.</p> <p>Information for carers should be in places that the carer goes e.g. in waiting areas at centre where they could be waiting for the cared for person.</p>
<p>Haringey Council – Human Resources</p>	<p>Steve Davies – Head of Human Resources</p> <p>Haringey Council does not specifically target carers as part of the workforce.</p> <p>42% of the workforce works less than full-time hours.</p> <p>Carers are mentioned in the flexible working policy.</p> <p>Discussion around the need for better signposting for employees who are carers for example information on carers centres should be available on HARINET so that they can get advice</p>

	<p>and support.</p> <p>Steve Davies to look into the implications of the Equalities Act 2009 for carers in relation to employment and identification.</p> <p>Noted that there was a survey conducted on pay slips approximately 2 years ago which aimed to identify carers in Haringey. Barbara Nicholls will look into finding the data from this survey.</p> <p>It is left to the Managers discretion as to whether to allow someone to work flexibly e.g. to work from home. Managers have to take into account the needs of the service when receiving these requests. Query as to how this is managed centrally in order to ensure that there is consistency and fairness in the application of the policies. Query as to how managers are made aware of the needs of carers and how awareness is kept up. Are there spot checks?</p> <p>Noted that the BME carers centre has received a referral from a Manager within the Council for a member of staff.</p>
<p>New Items of Urgent Business</p>	<p>Carers are entitled to specific leave in relation to their caring duties e.g.</p> <p>None</p>

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Introduction to Mental Health Carers Support Association (MHCSA)

1. MHCSA was founded by a group of Haringey carers during the 1980's and registered with the Charity Commission in 1996. The Association's founders were a multi racial group of people.
2. The formation of MHCSA coincides with closures of long stay psychiatric institutions and the introduction of Care in the Community policies. It is linked to carers preparing to take up more active roles in the maintenance of health and wellbeing in relatives previously confined to residential psychiatric institutions.
3. Carers who contact MHCSA usually are relatives of people who have a diagnosis of serious or enduring and disabling mental illness (e.g. Schizophrenia, Bi Polar disorder, OCD Obsessive Compulsive Disorder) linked to statutory or voluntary admission to acute psychiatric unit.
4. The Association's founders aimed to bring people (carers) together to act collectively and locally; over concerns about the effectiveness of medical interventions and the fitness of community services; particularly to people from black and minority ethnic communities.
5. MHCSA aims to ensure carers have a voice and influence decisions affecting their own and their relatives' health status and social circumstances.
6. The Association's purpose is to work with carers to secure best health and social care for mental health service users; to support recovery from illness, to tackle stigma and social isolation experienced by carers and mental health service users.
7. MHCSA offers carers the following services; **Respite** breaks - usually group outings for 20-30 people -, **Counselling** - typically six free sessions-, **Advocacy casework** - addressing hospital admission and discharge, Care Programme Approach (CPA) care planning and Mental Health Act proceedings, state Benefit and Housing entitlements, **Monthly Support Group** meetings, **Information** - about local services, medication, NICE Guidance, statutory mental health proceedings; **Monthly Newsletter**; **Telephone Advice and Information**.
8. MHCSA works in partnership with mental health service users on issues of mutual interest; MHCSA currently is working with service users groups to deliver a Befriending service for service users across the borough.
9. MHCSA has worked with service user groups on issues including outcomes of reorganisations of community mental health services; and bed reductions and wards closures in St Ann's hospital.

10. MHCSA is a member of Partnership Boards for Mental Health and Carers, convened by Haringey Council and NHS Haringey. MHCSA contributes to two Clinical Governance groups; convened by the Mental Health NHS Trust that review NHS Inpatient and Community mental health services.
11. Recently, MHCSA joined the Supporting People (SP) Providers group that is monitoring the provision to mental health service users of SP services commissioned by the Council.
12. The multi agency and multi disciplinary environment of mental health care provision that carers must address is reflected in the range of commitments that MHCSA has.
13. Currently MHCSA has 2 full time staff and a sessional counsellor and volunteers. Due to contractual and funding pressures one year ago, MHCSA lost a third member of staff. MHCSA has a Management Committee of twelve people annually elected during its AGM; the majority of whom are carers supporting relatives with a diagnosed mental illness.
14. Each month MHCSA advocacy service has a caseload of between 10 and 13 active cases in which carers are seeking to resolve problems affecting themselves or their relatives who may be inpatients in St Ann's or who may be using or needing access to resources in the community provided by the NHS or Council or specialist housing agencies and Benefits agencies.
15. The MHCSA advocacy service is accredited by the Legal Services Commission and is a member of Advice UK and Action for Advocacy. The service will correspond and negotiate with clinicians and agencies on behalf of carers and speak for carers during (CPA)care planning and similar meetings. The service will assist carers with Benefits claims and appeals.
16. MHCSA Advocacy helps ensure carers' voices are heard and acted upon by professionals; who exercise authority in decisions over medical treatments, personal liberty where the Mental Health Act is invoked, and who also influence access to important social support systems including specialist housing, income, and rehabilitation, education and employment activities. Offering practical support through advocacy means carers and service users are better able to explain and to negotiate the types of support they want for themselves.
17. MHCSA Support Group meets each month on Tuesday evenings between 6.30 and 8.00pm in Tynemouth Road Health Centre. Attendance ranges between 14 and 20 carers and includes guest speakers (NHS clinicians, service managers and commissioners) who are responsible for local mental health services. Previously, MHCSA delivered a monthly support group for relatives of patients in Haringey Ward (Psychiatric Intensive Care Unit) and

currently MHCSA supports a recently established Support group for carers of people who are inpatients or who are being treated by the borough's Home Treatment Teams.

18. MHCSA produces a monthly Newsletter mailed to 300 mental health carers living in the Borough. The Newsletter presents information about local services and policies that affect carers and service users. It uses poetry and humour to entertain readers.
19. The majority of mental health carers find out about MHCSA through word of mouth; carers recommend MHCSA to one another during visits to relatives in St Ann's hospital or during visits to Community services located in Canning Crescent and Tynemouth Road. A minority of carers are referred by community mental health services and primary care. Mind in Haringey and the Carers Centre refer carers to MHCSA.
20. Recently, BEH Mental Health Trust invited MHCSA to contribute to staff Induction sessions in St Ann's. We hope our contribution to staff induction will encourage mental health staff employed by the Trust to refer carers to the Association.
21. The majority of carers in contact with MHCSA are women. Due to the persistent nature of some mental illness, MHCSA works with some individuals and families continually over a period of years. Where mental health services, staff and policies seem to change constantly, carers value continuity and the long-term perspective that MHCSA brings to their efforts to support relatives.
22. Carers usually have made a long-term commitment to support a service user. Services may be reorganised and professionals may come and go but carers will usually remain involved. Carers' long-term commitment needs to be valued as a vital resource; carers offer practical and emotional support to a service user often for decades and possess information that can illuminate the assessments and decisions made by clinicians, managers and service designers.
23. All too often carers are prevented from receiving and sharing information by clinicians applying rules of confidentiality arbitrarily; paying no attention to the interdependencies that exist between service users and carers.
24. NHS commissioners and providers in Haringey plan to comprehensively shift the balance of care out of relatively expensive treatment and care sites and into community settings. Today, we are offered a mental health commissioning plan for Haringey that contains a perfunctory reference to its implications for mental health carers; this is outmoded policy at odds with the 'New Horizons' ethos for mental health which aspires to social inclusion and modernisation through service development .

25. The marginal treatment of carers in the current strategies for the future of Haringey's mental health service continues to underestimate carers' contributions to the welfare of mental health service users.
26. Carers need training and information that responds to the role they play and to the efforts they make; carers need to develop expertise. Carers need service commissioners and providers to work better together to develop coherent responses to their role; through strategic commissioning, regular carers assessments and support plans and through services in the community that are adequately resourced and form part of a considered long-term investment in carers' welfare.

Nick Bishop

Manager MHCSA

16.11.2009

**Haringey Carers Centre
Colleen Fiffie
Centre Director**

- Haringey Carers Centre is a voluntary organization with charity status.
- The organization supports all Carers who are over the age of 18 and live in Haringey or look after someone who lives in Haringey.
- Carers provide care for their relative or friend who would be unable to manage without their help.

- Haringey Carers Centre's Mission Statement is :

“Seek to improve the quality of life of the adult Carers in Haringey Carers through support, information, advice consultation and working in partnership with Carers and providers.”

- Haringey Carers Centre objectives are to
 1. Provide practical help, support services, advocacy information and training.
 2. Involve Carers in the planning, management and evaluation of the service.
 3. Assist Carers to have a voice in Haringey.
 4. Provide or arrange for the provision of facilities for recreation and other leisure time occupation to improve the quality of life of the carer.
 5. Work in partnership with the carers and other service providers in order to achieve these aims

- Haringey Carers Centre is a membership organization of carers. It is a registered company and registered charity and works independently to support carers.

- We support carers regardless of race, gender, ethnicity, religious belief, age and sexual orientation, class, disability.

- Haringey Carers Centre is a member of the Princess Royal Trust for Carers which is national network of carers organizations.

- Service Provisions
 - Support groups
 - IT classes
 - Exercise
 - Events
 - Respite breaks
 - Advocacy
 - Information
 - Welfare benefits
 - Carers Assessments
 - Sign posting
 - Case work
 - News letter

- Suggested Improvements for Carers Services:
 - A one stop shop organization
 - A directory of all carer services that are commissioned by the local authority.
 - Clearer guidelines surrounding respite.
 - Carers need to have peace of mind about where their loved ones are going to be carers for and they need to know that the placement that they are going to is convenient for relatives or friends to visit while the carer is away.
 - Clearer guidance for emergency respite.
 - Who is entitled to a carers assessment?
 - In relation to personalisation carers needs should include training.

- Objectives of the review:

The objectives of the review are clear and it is hoped that the review will have all of its questions answered.

HCC.

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 E-mail: dekhbhaal@yahoo.co.uk
 Office opening times: Monday and Thursday 10.30 am – 3.30 pm



SCRUTINY REVIEW – SUPPORT TO CARERS

- The services that we provide are:
 - information and advice,
 - interpretation,
 - intervention,
 - emotional support,
 - outings, and
 - beauty & alternative therapies.
- 1) Linguistically appropriate care workers and culturally appropriate catering in residential homes and hospitals so that carers and their families do not have to worry about the cared for person all the time.
 - 2) There should also be free transport and/or free parking for carers to/from hospital.
 - 3) There should be flexibility as to how many hours are allocated in care packages depending on individual circumstances. As people get older or the level of dementia increases, they get much slower so a 15 minute break is completely inadequate for their needs.

As for input with reference to the objectives: there are two points we would like to make.

- 1) Emergency cover: The rule at the moment is that social services need two weeks' notice before they can help. This is not possible if there is an emergency and nobody is available to look after the cared for. 1-2 days' notice should be all that is required.
- 2) Access to health and well-being services: The Active Card (Leisure Card) should be usable without the cared for person being present as it is more of a break than if the carer had to worry about the cared for as well.

We are always happy to listen to your comments, complaints or compliments – so please **do** let us know.

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