



Doreen
My son has a learning disability.



Jodie
My friend has severe arthritis.



Roy
My neighbour is blind.



Aida
My mother has cancer.



Kelvin
My dad has a mental health difficulty.



Dixit
My wife has Alzheimers.



Enfield Carers Strategy 2005-2010

Final version
Agreed 24/1/06
Enfield Carers Partnership Board

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Foreword by Ray James
Assistant Director of Adult Social Services
Chair of the Carers Partnership Board

I am very pleased to introduce the Enfield Carers Strategy for 2005-2010. It is the result of consultation and discussion with our partner agencies in the health services and voluntary sector, council staff, and, most importantly, carers themselves.

The purpose of developing a local strategy for carers is to ensure that carers in Enfield are recognised and valued and that their needs are identified and met.

More than 29,000 people in Enfield are providing unpaid care to relatives, friends and/or neighbours at any one time. We recognise and celebrate these carers as valuable providers of community care in the Borough. They enable people to retain sufficient independence to remain living in their own homes, living the lives they want to lead.

Carers are eligible for an assessment of their own needs to enable them to continue caring. We have developed and will continue to provide breaks (respite care) services through the Carers Special Grant. But there is much else that we can do to meet their support needs.

This strategy provides strategic direction for the development of services in Enfield for the next 5 years recognising changes in government legislation. It identifies the many ways in which support services for carers can develop for *all* of the 29,000 carers identified in the 2001 census living in Enfield.

We will continue to work together with our partner agencies and particularly, with carers' own organisations, to identify carers in the Borough, recognise them as key partners in the provision of community care, and provide them with appropriate support and care so that they can maintain their own health and personal well being.

We hope to have created a multi-agency Carers Strategy, with input from the Carers Partnership Board, the Carers Joint Commissioning Group, all relevant partner agencies, and carers themselves that will guide the development of carers' services for the future. I hope our efforts will lead the way to more effective and comprehensive support for all carers across Enfield.

Ray James
Assistant Director of Adult Social Services
Chair of Enfield Carers Partnership Board
January 2006

1. Executive Summary

Introduction to the Strategy and the Consultation

The Strategy builds on the vision, values and aims of a draft Enfield Carers Strategy written in 1998. The Strategy has been updated with recent demographical information and in-line with new legislation specifically for carers and existing legislation, which affects carers. The Strategy reflects the developments in crosscutting work throughout the borough, including the creation of a Carers Partnership Board that reports to the Local Strategic Partnership.

The Strategy covers five years but includes an Action Plan, which will be updated annually. The Action Plan provides detail about what will be done, who by and when, which will enable progress to be monitored.

We consulted on the strategy for the period September 2005 to January 2006. We took the draft strategy to relevant Partnership Boards in Enfield covering adult social services, children's services and health. We notified carers on the Enfield Carers Register, and ensured that all operational staff knew the Strategy was available for comment. The consultation period ended in mid January and the final Strategy will be available from March 2006. This summary provides a condensed version of the Strategy and will be available in other languages/formats. The full Strategy can be emailed or posted to you from Chrysanthi Kouzoupis on 020 8379 1504 or chrysanthi.kouzoupis@enfield.gov.uk

Definition

In Enfield we have agreed to adopt the following definition to ensure that everyone including staff across the Council and partners in health, the private and the voluntary sector share the definition.

A carer is someone who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. A carer is someone of any age, including children and young people, who provides care to someone who:

- Has a disability, or
- Has a sensory impairment, or
- Has a learning difficulty, or
- Has mental health support needs, or
- Has problems with drug or chronic illness, or
- An older person who is physically or mentally frail, or
- Is a child with a disability or long term or chronic illness, or
- Any combination of the above.

It is important that we are consistent in our language to promote the definition in order to support carers in identifying themselves as such. Carers can often be isolated and unaware of the network of support available, recognizing themselves as such is extremely helpful. We continue to work with our partner agencies and carers' organisations to identify and recognise carers as partners in providing community care.

What do carers do?

Providing care can range from helping with the shopping on a regular basis to providing continuous care such as assisting with bathing, dressing, using the toilet, preparing meals or feeding etc.

Local need in Enfield

There are approximately 29,000 people in Enfield providing unpaid care to relatives, friends and/or neighbours at any one time. These carers enable people to live independently. The Census 2001 established that in Enfield roughly one in six people have a long-term illness or a disability and one in eleven have generally poor health. Of the 29,000 carers in Enfield 70% provide up to 19 hours care per week and at the top end 20% are providing over 50 hours care per week.

What we are trying to achieve

- To increase access to and improve the process of and experience of Carers assessments
- Increase the range, quantity and quality of services for carers
- To provide accessible information and support, including access to peer support
- Raise the profile of carers across the borough; both enabling carers to identify themselves and ensuring professionals in health and social care recognise carers
- To ensure better co-ordination between services
- To increase carer involvement in the strategic planning and review of services
- To create a robust and vibrant network of services and support for carers in Enfield.

Key Aims and objectives taken from the Action Plan

Aim One: To identify carers and to encourage carers to identify themselves as such. To develop awareness and understanding of that it means to be a carer across the local authority and across the borough.

- a) To further develop paid worker's understanding of carers (including young carers) and their needs. We are preparing a quarterly newsletter to begin in November. We will run ongoing training and briefing for staff in Health and Social Care around carers needs, rights and our responsibilities. The first one for 180 staff is should occur by spring 2006.
- b) We will continue to develop support and training opportunities for carers and evaluate this regularly. This will be provided from the Carers Special Grant. We will run seven sessions for 20 carers in moving and handling by March 2006. Enfield Disability Action is also running training/support for young carers with deaf parents by March 2006.
- c) To continue to increase awareness of carers across Enfield, by running Carers Week events in June, Carers rights Day event in December in conjunction with many local voluntary groups including Enfield Cypriot Association, Dazu, Enfield Mental Health Carers, Enfield Asian Carers Consortium and Shakti Sewa.
- d) To work with schools to identify and support young carers.

Aim Two: To ensure that carers are provided with the information they need, which is clear, up-to-date and readily available in a variety of formats.

- a) Audit what information is available for carers in written and electronic form and identify gaps. Update information on LB Enfield website, including links to national carers organisation Carers UK. Also to extend the circulation of new and existing leaflets such as a Carers Directory of Services. Ensure information is sent out to a named contact at key locations across the borough. Include GP surgeries and other key locations.
- b) To introduce a carers newsletter for carers on Enfield Carers Register, and to produce this on a quarterly basis.
- c) To promote The Enfield Carers Register and Emergency Card Scheme to carers as standard practice, and to target existing carers known to Social Services that are not currently on the Register or Card Scheme.
- d) To promote education, training, leisure and employment opportunities for carers. To ensure that Carer Assessments cover these aspects of carer's lives.

Aim Three: To ensure that a full range of co-ordinated and flexible services and support are provided for, and planned with, carers in Enfield.

- a) Commissioning new services - through the Carers Special Grant, for example:
 - (i) Be-friending scheme for carers of people with mental health problems,
 - (ii) Holiday schemes for young carers and for disabled children to provide parents with respite, and
 - (iii) Allocate four dedicated Carers Assessment and Support staff to cover all Adult Teams.
- b) Ensure carers continue to be involved in all appropriate planning groups, which consider service planning and other planning. Continue actively recruiting carers to the partnership boards to ensure a diverse group of carers are involved strategically.
- c) To seek to develop a Carers Centre in the borough.
- d) To increase the pool of foster carers in the borough in order to better provide respite for parent carers of disabled children.

Aim Four: To ensure that carers are fully involved as partners in assessment of the person for whom they care, as appropriate, and that carers are always offered their own assessment of their needs as a carer.

- a) To ensure that carers are routinely offered an assessment in their own right, regardless of whether the person cared for wishes to be assessed. In that assessment to consider the carers choice in whether they wish to continue or return to employment, or to access leisure or life-long learning opportunities. Four new dedicated Carers Assessment and Support Staff in the Service Delivery Teams within Adult Social Services to lead on and ensure more holistic carers assessments. Training and information for all staff to ensure carers issues are regularly raised with staff. To Liaise with Children's Services to ensure effective support for young carers.

- b) To ensure that carers are better involved in the assessment of the person that they care for.
- c) Planning for supporting carers through transition from children to adults services will continue to be developed. The process already occurs earlier with a steady lead in to moving into adult services and will need further evaluation to establish we are supporting parent carers of disabled children, and children with chronic illness or a learning disability.
- d) Hospital discharge procedures and policies need reviewing to ensure carers needs are addressed. Training of the social work teams based at the hospitals will be reviewed.
- e) More effective targeting of publicity to “hard to reach” carers and/or carers who are not in receipt of existing services.

Aim Five: To ensure that carers from all sections of the community are able to gain access to appropriate services, information and support.

- a) Identify and prioritise areas of need and requirements for new service provision within the different minority ethnic communities and ensure that this is built into service planning. We will undertake targeted consultations with the different sections of the community.
- b) To organise a specific event to look at the needs of African-Caribbean Carers by March 2006, as this group are currently under represented in terms of take up of services.
- c) To ensure that an appropriate mix of accessible generalist services and specialist Black and Minority Ethnic services are provided.
- d) To ensure that relevant literature is made available in plain English, community languages, and other accessible formats.

Aim six: To try to prevent ill health caused by the adverse effects of caring on the physical and mental health of carers.

- a) Identify key opportunities to identify carers in routine health settings, for example, patient discharge from hospital, and GP registration.
- b) To develop specific moving and handling training for carers.
- c) To better understand and provide the range of therapies that carers find helpful.

Aim Seven: To enable former carers to access support services, as appropriate.

- a) Training of staff will cover the needs of carers to ensure that services provided to those cared for are sensitively withdrawn when the carer has been bereaved.
- b) To consider what specific support services could be provided to former carers in the borough.

Your views are important

If you have anything you wish to add, or any comments on what you have seen or would like to see in future in this document, or more generally how you would like services to carers in the borough to develop, contact:

Commissioning Manager (Carers Services)

☎ 020 8379 8111 / 020 8379 4432

or

Andrea Martin

☎ 020 8379 3715

Email andrea.martin@enfield.gov.uk

If you wish to see a copy of the full draft strategy contact Chrysanthi Kouzoupis on

☎ 020 8379 1504 or email chrysanthi.kouzoupis@enfield.gov.uk.

Enfield Carers Partnership Board

January 2006

2. Finding your way through the Enfield Carers Strategy

2.1 Introduction

The Strategy builds on the vision, values and aims of a draft Enfield Carers Strategy written in 1998. The strategy has been updated with recent demographical information, in line with new legislation, and reflecting the developments in cross-cutting work throughout the borough, including the creation of a Carers Partnership Board that reports to the Local Strategic Partnership.

2.2 The structure

The Enfield Carers Strategy is divided into separate sections:

- Executive Summary
- Overview of the Strategy
- Introduction
- Local Profile of Carers in Enfield - some key facts about carers in Enfield
- Statement of the shared values that underpin the Strategy,
- The National Policy context
- The Key Aims of the Strategy
- Progress on implementation of Strategy and linkages to other local strategies
- An Action Plan covering 2005/2007 which describes how the aims and objectives will become a reality in Enfield
- Appendices.

2.3 Development

Joint working and input from key partners has been key to the development of this strategy. We would like to acknowledge and thank those involved in the development of this Strategy. Thanks to those who have taken a lead, including:

- Enfield Carers Partnership Board
- LB Enfield, Community, Housing and Adult Social Services
- LB Enfield, Education, Childrens Services and Leisure
- North Middlesex Hospital
- Barnet and Chase Farm Hospital
- Enfield Primary Care Trust
- Barnet Enfield and Haringey Mental Health Trust
- Cheviots (LB Enfield)
- Enfield Voluntary Action
- Enfield Carers Joint Consultative and Commissioning Group
- Stoke Action (Enfield Community Empowerment Network - ECEN)
- Shakti Sewa (ECEN)
- Crossroads (ECEN)
- Enfield Carers (ECEN)
- Age Concern Enfield (ECEN)
- 9 individual carers.

Other key agencies and voluntary organisations were consulted in the three month consultation, including:

- Enfield Older People's Partnership Board
- Enfield Learning Difficulties Partnership Board
- Enfield Children and Young People's Partnership Board
- Black and Minority Ethnic Subgroup of Enfield Health and Social Care Network
- Staff in Operational Teams
- Enfield Carers Joint Consultative and Commissioning Group
- 24 voluntary groups that support local carers and funded by Carer's Special Grant
- Carers on Enfield Carer's Register.

We would like to make explicit that we regard this Strategy and Action Plan as a working document. Consequently, we recognise that ongoing consultation with a wide range of stakeholders will be required in order for us to develop efficient and effective support services for carers in the borough.

2.4 Implementation

The action plan shows the agency responsible for each action. The Carers Partnership Board has responsibility for monitoring the implementation of the action plan outlined in the strategy. The monitoring will include:

- Regular reporting from those identified as responsible for actions
- Ensuring actions are achieved within agreed time scales
- Consultation with and feedback from carers
- Involving carers in commissioning and monitoring of services,
- Numbers of carers assessments,
- Numbers of respite breaks,
- Numbers of referrals to Carers Enfield and other carers organisations.

2.5 Partnership working – review of progress

A full review of the progress made towards implementing the 2005-2007 Action Plan will take place at Enfield Carers Partnership Board in spring 2006, and at a public meeting during carers' week (June 2006), and annually thereafter.

All partners will look at how far the actions have been achieved and will each submit a report to the Enfield Carers Partnership Board. The action plan will be reviewed and the developed further annually each year to meet new national policy developments, to take account of achievements, address difficulties and incorporate the recommendations from ongoing consultation with carers.

3. Introduction and commitment to carers

3.1 Introduction

There are 6 million carers throughout the UK, making up 10% of the total population, or approximately 12% of the adult population. In any one year there is a one in fifteen chance of any one of us becoming a carer and the route into and out of caring constantly changes as circumstances for individuals and families change.

We value and recognise the contribution carers make and are keen to ensure that we develop our services for carers in line with national policy and in line with what carers tell us they want.

3.2 Definition

We want to ensure that we are clear about what we mean when we talk about carers. The term is often incorrectly used to describe paid care workers working in residential care or other paid support functions.

It is important that we are consistent in our language to promote the definition in order to support carers in identifying themselves as such. Carers can often be isolated and unaware of the network of support available, recognising themselves as such is extremely helpful.

In Enfield we have agreed to adopt the following definition to ensure that everyone, including staff across the Council and partners in health, the private and the voluntary sector share the definition.

A carer is someone who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. A carer is someone of any age, including children and young people, who provides care to someone who:

- Has a physical disability, or
- Has a sensory impairment, or
- Has a learning difficulty, or
- Has mental health support needs, or
- Has problems with drug or alcohol misuse, or
- Has a long term or chronic illness, or,
- An older person who is physically or mentally frail, or
- Is a child with a disability or long term or chronic illness, or
- Any combination of the above.

Care is defined in a wide-ranging way and includes emotional and administrative support as well as physical care and domestic tasks.

3.3 What do carers do?

Providing care can range from helping with the shopping on a regular basis to providing continuous care. National surveys show that half of carers looking after someone within their own home provide personal care such as bathing, washing, dressing and toileting.

Nearly 60% provide physical help with getting in and out of bed, walking and getting up and down stairs.

22% administer medicines and 71% give other practical help.

3.4 Who are the cared for?

The Census question did not ask who the carer cared for, however the 2000 General Household Survey revealed that over one in three carers (38%) were caring for their parents, while nearly one in five were caring for their spouse. Most carers look after elderly people. The 2000 GHS indicated that 70% of those cared for are 65 years or over. 62% of carers look after someone with a physical disability, 6% with a mental health problem and 18% with both a physical and mental health disability.

3.5 Young carers

Figures from the 2001 Census indicate that in the UK there are nearly 175,000 young people under the age of 18 who provide care, 13,000 of these providing care for 50 hours or more per week. However there are problems with the way that the figures are constructed. The statistics show a large number of young people providing between 1 and 19 hours of care a week to a disabled, frail or chronically ill person. Approximately 85% of all young people providing care fall in this category. It is worth recognising that there is a huge difference between providing a couple of hours support to a disabled brother or sister and a son or daughter providing the sole support for a lone parent with severe mental illness. The impact on the child could be very different.

3.6 The impact of caring

The impact of caring can be detrimental to the health of carers. This difference is especially marked amongst younger people. In the 18-25 age group those providing 50 hours care or more per week are three times as likely to be in 'not good' health as people of that age group not providing care (8% against 2.5%). This backs up earlier research, including a 2002 study, which found that carers were over twice as likely to have mental health problems if they provided substantial care; 27% of those providing over 20 hours a week had mental health problems compared to 13% of those providing under 20 hours of care.

Analysis of the Census also indicates that carers providing high levels of care are twice as likely to be 'permanently sick or disabled' as those not caring. Altogether 316,000 people in the UK who provide care describe themselves as 'Permanently sick or disabled', of these 124,900 care for 50 or more hours per week.

4. Local profile of carers

4.1 National picture

The care provided by the UK's six million carers is worth an estimated £57 billion per year. In 2002 Carers UK identified that carers additionally contribute around £1 billion per year to supporting the community; through setting up and running self-help groups for carers, campaigning for carers' centres, running Crossroads Schemes, setting up parents groups for children with disabilities, raising money for charities and many other essential activities

There are nearly 2 million carers providing 20 or more hours support every week.

The 2001 Census shows that 58% of carers are women and 42% are men. This reality challenges the much-held perception that women fulfill carer roles far more than men.

The peak age for caring is between 50 to 59 years.

Over 3 million people combine work with caring. Of these, over 2 million carers work full time and 1million part-time. Male carers are more likely to be in work than females, six out of ten male carers work, and 90% of these work full-time. Combining paid work and looking after a relative or friend causes stress and can lead to carers giving up work.

4.2 Local need

A thorough analysis of the needs of Enfield's estimated 29,000 carers is some way off. However, we do have access to some information that may guide us in how best to develop local services to meet need.

4.3 Census figures for Enfield

From the 2001 census data we know the following:

- Total population 273,559
- Of these 44,197 (roughly 1 in 6) have limiting long-term illness or disability – and half of these are of working age
- 23,225 in generally poor health (around 1 in 11)
- 24,391 stated that they were a carer – we estimate a truer figure is likely to be 29,000 – due to many carers going unrecognised even to themselves.

Of these:

- 70% are providing up to 19 hrs per week care
- 1 in 10 provide between 20 to 49 hrs per week care
- 20% provide over 50 hrs care per week.

4.4 Local monitoring via carers service providers

From the most recent monitoring of local funded services we know the following:

Number breaks

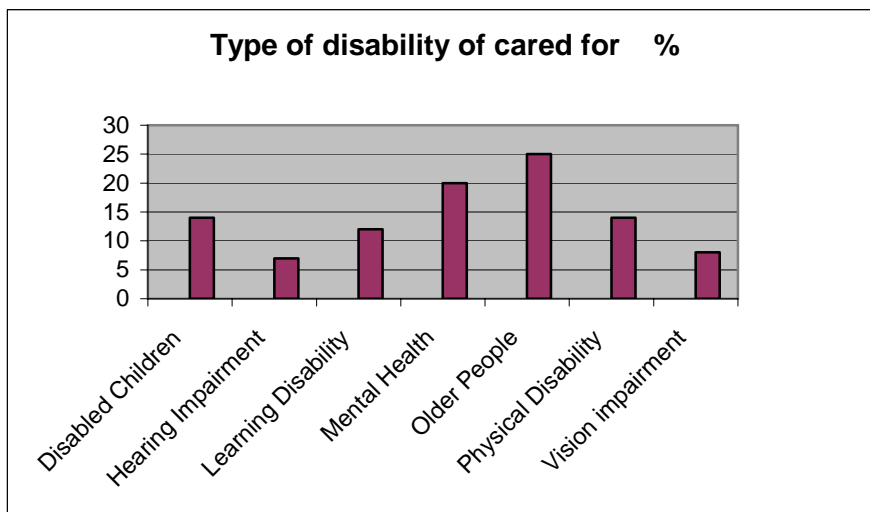
Approaching 6,000 breaks provided in a six-month period via the Carer Special Grant.

Number carers

1,594 carers received some form of break. Additionally, 874 carers received access to training, social activities or complementary therapies.

Type disability of person cared for

Breaks down thus: of carers who receive breaks, this is proportion caring for specific disability:



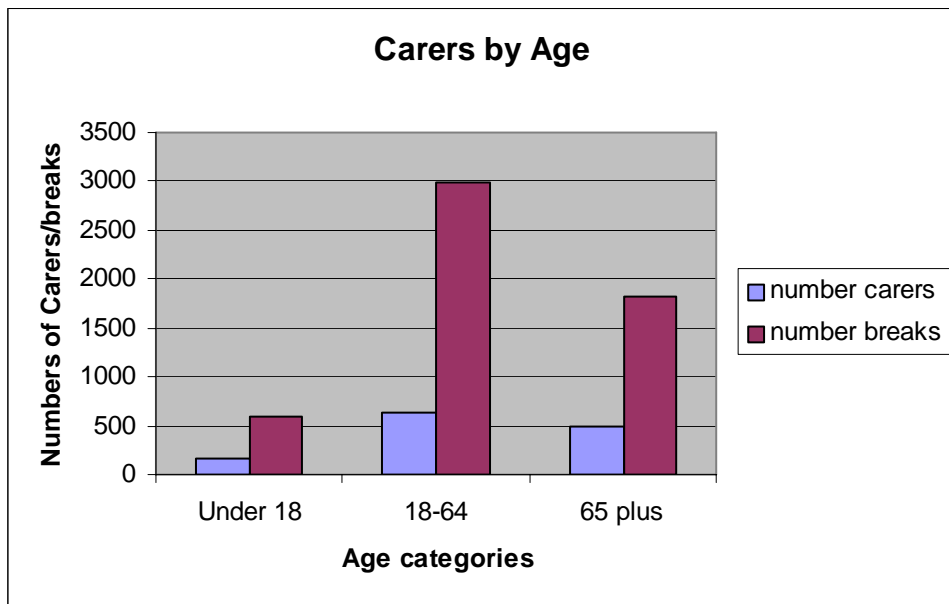
Gender

43% of carers receiving services were male. This roughly equates with the national proportion of carers who are male.

Age

There is roughly an even split between the total numbers of carers of children and young people, carers of disabled adults, and carers of older people receiving services, although carers of older people receive more breaks (almost as many as carers of children and disabled adults combined). 30 young carers also received breaks.

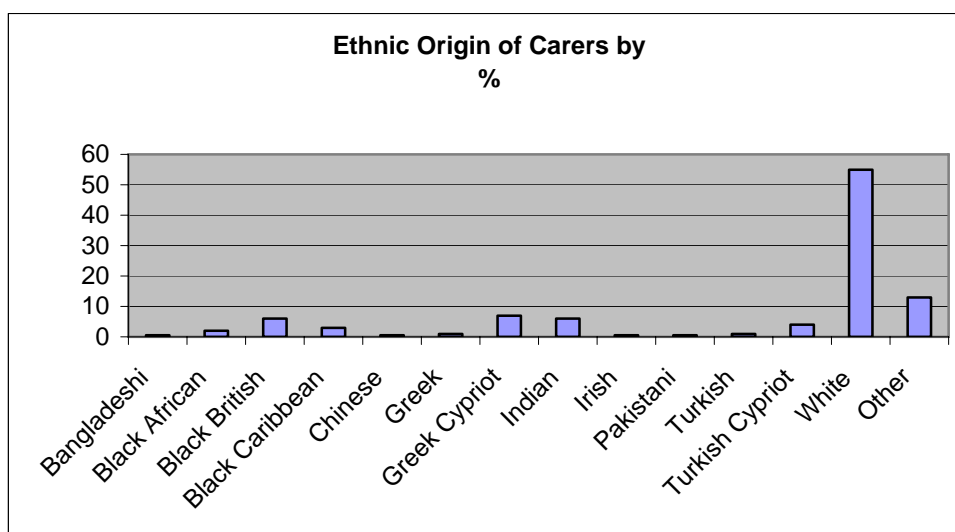
In terms of the age of carers themselves, 13% are children and young people (i.e. under 18), and 38% over 65 years – leaving just under half (49%) being adults of working age.



There are known to be at least 220 young (i.e. under 18 years) carers in the borough.

Ethnic origin

In terms of carers, this is how carers who received a breaks service breakdown in terms of ethnicity:



Proportion of grant spent on BME specific services 26.4% (However, it should be noted that non BME specific service providers, eg Age Concern, do work with BME carers).

The categories for monitoring Carer Grant funded services do not readily compare with census data, as slightly different categories are used. However, the following can be concluded:

- 55.6% borough population White, or White Other. 55% carers receiving services White
- 12.9% Population Black African Caribbean. 11% carers receiving services from these groups
- 15.1% population Greek/Turkish/Cypriot/Kurdish 13% carers receiving services from these groups
- 7.5% population Asian. 9.3% carers receiving services from these groups.

5. Values

The Council, The Health Services, voluntary and independent sector agencies will work in partnership to improve support services for carers as part of mainstream community care and children's services. Positive steps will be taken to identify and support diverse needs.

- 5.1 Carers are recognised and valued for the major role they have in helping vulnerable people to maximise the quality of their lives.
- 5.2 Carers will be encouraged to identify themselves and will be encouraged to ask for the services they require.
- 5.3 Carers will have equal access to services, irrespective of age, gender, disability, ethnic origin, nationality, class and sexual orientation.
- 5.4 Carers will be involved in decision-making about their needs and consulted about services offered to themselves and the person they care for.
- 5.5 Carers will not be compelled to care, or continue in their caring role, if they no longer feel able to do so.
- 5.6 Former carers will be assisted to access support services once their caring role has ended, to enable them to adjust to their new circumstances.
- 5.7 We will provide services to carers of adults and children with all conditions, disabilities and vulnerabilities equally according to our definition.
- 5.8 Carers will be involved in working with other agencies and partners to plan and continue to develop services across the Borough.
- 5.9 Carers will participate in the evaluation of services.

6. National policy context

6.1 National policy for carers

In defining the vision for carer's services in Enfield, there needs to be clarity about what is happening nationally which is bringing about the change. There has been a positive trend in new legislation, which now mostly acknowledges the role of carers e.g. NSF Older People, NSF Mental Health.

There would be too many to add here but the key legislation for carers can be summarised as follows:

Carers (Equal Opportunities) Act 2004 - The Act will give carers more choice and opportunities to lead a more fulfilling life. The principal aims of the Act are to:

- Ensure that work, life-long learning and leisure are considered when a carer is assessed;
- Give local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers; and
- Ensure that carers are informed of their rights.

National Service Framework for Children, Young People and Maternity Services 2004

This sets national standards for children's health and social care which promote high quality, child-centred services and personalised care that meets the needs of parents, children and their families. There are two standards which particularly support the aims of Enfield Carers Strategy:

- a) parents and carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe
- b) children and young people who are disabled or who have complex health needs, receive co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, enable them and their families to live ordinary lives.

Green Paper: Every Child Matters 2003

This sets out policies to:

- ensure that no child falls through the net and help every child to achieve their potential
- shift the balance towards prevention through tackling child poverty, improving early years education and childcare, raising school standards and supporting parents
- intervene earlier before children and their families reach crisis point.

Carers and Disabled Children Act 2000 - The Guidance on the Carers and Disabled Children Act is made up of four publications; policy guidance, practice guidance, practitioner's guide to carers' assessments and policy and practice guidance on direct payments for young disabled people. The Act came in from 1 April 2001 in England and gave a right for a carer to request an assessment of their needs, even when the disabled person refuses an assessment. The carer has to be aged over 16 and has to be providing or intending to provide regular and substantial care for someone aged over 18. It gave a right for parents of children with disabilities to request an assessment. Also gave the power for local authorities to provide carers with services, which help them to care. It also gave the ability for local authorities to provide direct payments i.e. cash instead of care) to parent carers, carers for their own services and young disabled people aged 16 or 17. Additionally it gave local authorities the ability to charge carers for their own services.

The National Strategy for Carers 1999 - This outlines the Government's strategy and gives the main framework for local carers strategies. It looks at the issues of employment, information, support, care and young carers. It offered practical help in ways which were needed, and which worked. It proposed that carers will have better information. They will be better supported and better cared for. The Government's strategy for carers had three key approaches: improving information for carers, improving support for carers by involving carers in the planning and provision of the services that they and the person they are caring for use, and in the development of policies in the workplace which will help them to combine employment with caring. Finally, caring for carers, so that they can make real choices about the way they run their lives, so that they can maintain their health, exercise independence, and so that their role can be recognised by policymakers and the statutory services. The strategy also considered two particular groups: carers in employment and the special needs of young carers.

Carers (Recognition and Services) Act 1995 - Even though the Carers and Disabled Children Act 2000 (C&DC Act) came in, it didn't mean that the Carers (Recognition and Services) Act 1995 (C&RS Act) was no longer relevant. In fact, the situation is quite the reverse. The C(R&S) Act is still extremely important in ensuring that a carer's "ability to care" is assessed and that the people they care for receive additional help on the basis of that assessment.

6.2 Other relevant legislation

Green paper: Independence, Well-Being and Choice March 2005 - a new vision for social care services for adults. This aims to ensure that people receiving social care are able to maintain their independence, experience better quality of life and be involved in their own care. It recognises that carers play a vital role, not only to those they care for, but to society as a whole. The paper re-affirms that carers need support, services and training. The paper stresses that the principle of putting people in control applies equally to carers including Direct Payments.

Opportunity Age: Opportunity and security throughout life (Department of Work and Pensions) 2005 - The DWP's strategy for a society with a growing number of healthy and active older people was launched on 24 March 2005. It focuses on the effects of changes in the population, including having healthier and more active older generations, employment, and services such as health, care and housing.

Choosing Health: making healthier choices easier (Department of Health) 2004 -

This White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. The Government will provide information and practical support to get people motivated and improve emotional well-being and access to services so that healthy choices are easier to make.

Fair Access to Care Services 2002 (Department of Health) - This sets out a framework for local authorities to determine eligibility criteria for adult social care. The implementation in April 2003 aims to achieve fairer and more consistent eligibility decisions across the country.

Valuing People: A New Strategy for Learning Disability for the 21st Century 2001 (Department of Health) - This sets out a programme of action for improving services to people with learning disabilities and their carers.

NHS Plan 2000 (Department of Health) - The NHS Plan sets out how services should be planned, organised and delivered to promote health and well being. It is a ten-year plan for reform bringing social services and the NHS together with new agreements to pool resources. New Care Trusts are planned to commission health and social care.

National Service Framework “Older People” 2000 (Department of Health) - Carers should be identified and seen as partners in care, being involved in the planning and implementation of services.

National Service Framework “Mental Health” 1999 (Department of Health) - The National Service Frameworks aim to improve standards. Standard 6 seeks to improve support to carers by offering a carers assessment of need and information.

NHS and Community Care Act 1990 (Department of Health) - This Act defined community care as providing the services and support which people with illness or disabilities need to live as independently as possible in their own homes. It also gave the Social Services Departments of local authorities the main responsibility in assessing, and meeting social care needs. In addition, the responsibility for funding places for people who cannot meet the cost of living in residential or nursing home transferred from the Department of Social Security to Social Services Departments. Practical support for carers was identified as a high priority.

Framework for the Assessment of Children in Need and their Families 2001 (DoH, DfEE, HO) - The framework seeks to give a systematic way of understanding, analysing and recording what is happening to children and young people within their families and in the wider context of the community in which they live.

The Children Act 1989 - Young Carers with significant caring responsibilities and children with disabilities are identified as ‘children in need’. Services should be offered to enable them to have the same opportunities as other children.

Disabled Persons Act 1986 - This gives the local authority a duty to inform disabled people of services provided in their area. When a disabled person is living at home with a carer, their assessment must “have regard to the ability of that other person to continue to provide such care on a regular basis”.

6.3 Summary of carers' rights

Legislation had already determined that carers who provide regular and substantial care have a right to an assessment. Also carers could receive free intermediate care services, and equipment up to the value of £1,000, for up to 8 weeks following the discharge of a patient. Carers have a right to request Direct Payments, cash payments in lieu of social care, and can receive vouchers in lieu of break services.

The Carers (Equal Opportunities) Act 2004 - placed a duty on local authorities and health bodies in respect of carers to:

- Inform the carer of their right to a carer's assessment when assessing a disabled child or adult – if it appears that they might be entitled;
- Ensure that work, life-long learning (education) and leisure are considered when a carer is assessed;
- Give local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers;
- Ensure that carers are informed of their rights.

7. Strategic aims and objectives

We are committed to our aims and objectives for carers. These have been developed from discussions with carers locally about what they want to see developed across the borough. We believe caring should be a positive choice. No member of staff will make an assumption that a family member will automatically become the principal carer. This should always be the relatives choice, based on full information and consideration of what is involved.

The Strategic Aims are:

- 7.1 To identify carers and to encourage carers to identify themselves as such. To develop awareness and understanding of that it means to be a carer across the local authority and across the borough.
- 7.2 To ensure that carers are provided with the information they need, which is clear, up-to-date and readily available in a variety of formats.
- 7.3 To ensure that a full range of co-ordinated and flexible services and support are provided for, and planned with, carers in Enfield.
- 7.4 To ensure that carers are fully involved as partners in assessment of the person for whom they care, as appropriate, and that carers are always offered their own assessment of their needs as a carer.
- 7.5 To ensure that carers from all sections of the community are able to gain access to appropriate services, information and support.
- 7.6 To recognise, reduce and prevent ill health caused by the adverse effects of caring on the physical and mental health of carers.
- 7.7 To enable former carers to access support services, as appropriate.

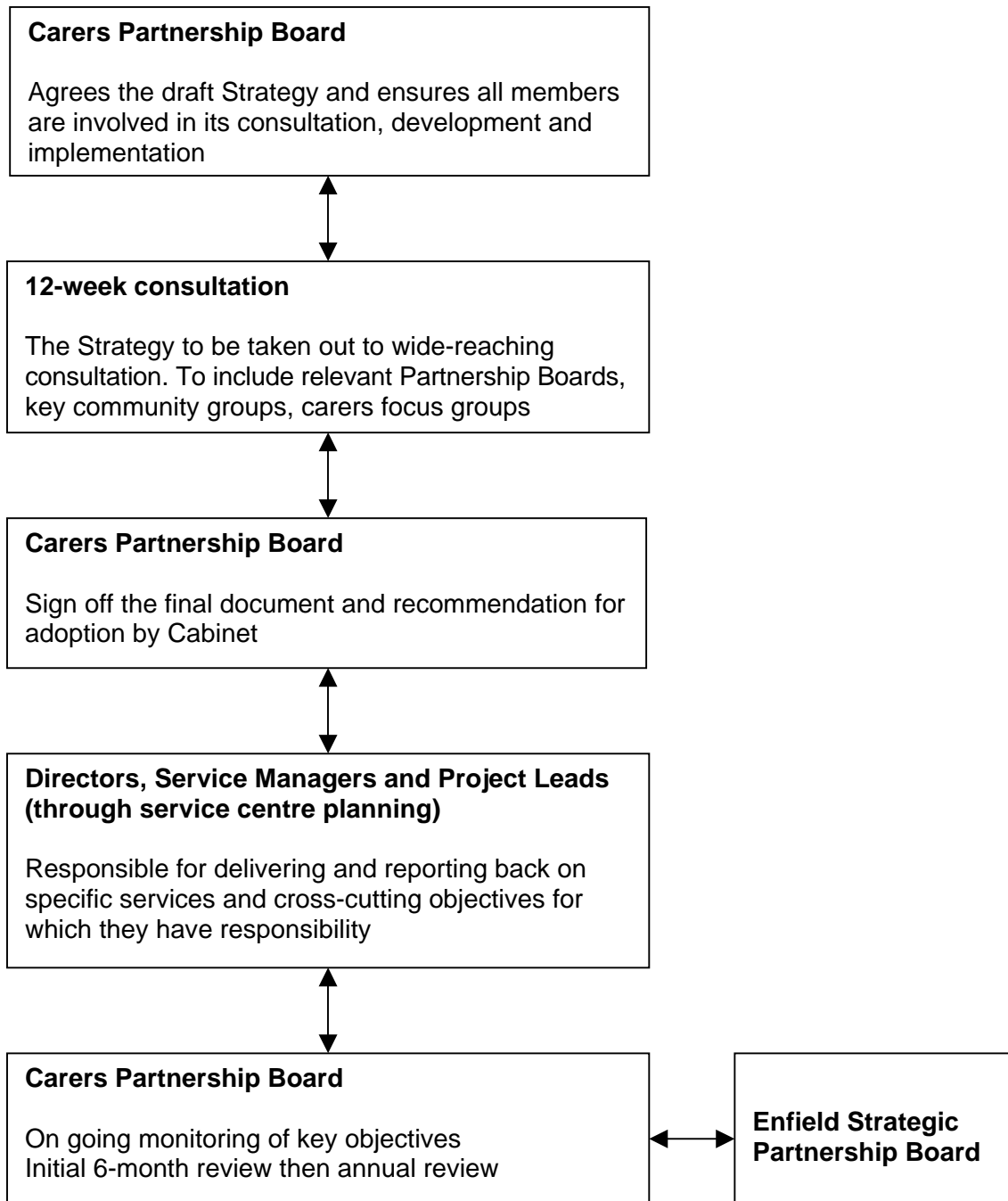
Each aim is then broken down into a number of objectives, which are the basis for an action plan (see pages 27-48) to turn the strategy into reality.

8. Progress on implementation of strategy and links to other local strategies

From priorities to actions

8.1 Adopting the strategy - overview

This plan shows how we will focus on the aims and objectives throughout the adoption of the strategy.



8.2 Timetable for consultation

Action	Deadline	Authorisation
Agreement for creation of proposed Strategy	May 2005	Carers Partnership Board
First draft available	September 2005	Carer Partnership Board 26 September to Agree
12 week consultation period	September 2005 – January 2006	See Page 9 for detail
Launch of the Final Draft Strategy Publish on LBE website	December 2005	Carers Rights Day, 2 December 2005 - public event.
Agree Final version of strategy	January 2006	Carer Partnership Board 24 January to Agree
Take to Cabinet	March 2006	Enfield Council
Launch of the Strategy Publish on LBE website	March 2006	Carer Partnership Board
Take to Enfield Strategic Partnership	Spring 2006	Enfield Strategic Partnership
Review – Action Plan	May 2006 June 2006 Autumn 2006	Carer Partnership Board Carers Week – Public Review ECEN/Enfield Strategic Partnership

8.3 Performance management

Enfield is committed to a performance management framework to support our endeavours, including service planning, appraisal and competencies, financial management and risk management, together with consultation and our organisational culture for ensuring effective delivery of this Strategy.

This commitment to performance management extends from this Strategy into departmental and service planning, best value and the overview and scrutiny function. Through this approach the council's key decision-makers, both political and managerial, are able to take timely action to improve services.

Enfield Carers Partnership Board will take the lead in monitoring the Strategy and Action Plan on a regular and ongoing basis with formal annual updates.

Risk management

Enfield is committed to viewing risk management as an integral part of its business process. The action arising from this Strategy will be integrated into the service planning process.

9. Conclusions

Your views are important

We would like to make explicit that we regard this Strategy and Action Plan as a working document. Consequently, we recognise that ongoing consultation with a wide range of stakeholders will be required in order for us to develop efficient and effective support services for carers in the borough.

If you have anything you wish to add, or any comments on what you have seen or would like to see in future in this document, or more generally how you would like services to carers in the borough to develop, contact:

Commissioning Manager (Carers Services)

☎ 020 8379 8111 / 020 8379 4432

or

Andrea Martin

☎ 020 8379 3715

Email andrea.martin@enfield.gov.uk

10. Action Plan for April 2005 – March 2007

This plan contains actions agreed by Enfield Carers Partnership Board.

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
Aim 1. To identify carers and to encourage carers to identify themselves as such. To develop awareness and understanding of that it means to be a carer across the local authority and across the borough			
1.1 To encourage hidden carers to recognise themselves as such and to know where to seek information and support.	a) To campaign, monitor and promote the appropriate use of the term "carer" across the borough b) Applications for Blue Badges to include a flyer advising of Carers information and support available	a) Consistency in usage – carers can identify themselves and access services b) Flyer detailing Older People Information Guide and Carers information is now included in all Blue Badge scheme applications	a) Ongoing All partnership Board members, all Carer Grant funded providers b) July 2005 Achieved Adult Social Care Communications Officer and Concessionary Travel Team
1.2 To further develop paid workers' understanding and awareness of carers (including young carers) and their needs.	a) Health and Social Care staff to receive regularly updated information about carers b) To run briefings/training for staff about carers' support and need (include legislation, assessment, referral, support services, confidentiality, etc) c) District nurses to receive training on carers issues	a) Carers Newsletter to be circulated internally b) 180 staff from all Adults Social Services and Children's Services, Teams, OT, Health and voluntary sector to be trained in carers needs, rights, assessment and resources c) One off training now – plus carers issues incorporated into district nurses training	a) Ongoing – initial one by November 2005 Achieved – then quarterly thereafter (Feb, May, Aug, Nov 06) Carer Commissioning Officer/Carer Network Support Officer b) Jan-Mar 06 – Carer Working Group/LBE Training c) PCT – Charlie Clerke 2006 and then ongoing

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
1.3 To work towards and to continue to identify the particular needs of carers from black and minority ethnic communities.	a) Targeted consultation with BME groups and carers regarding developing this strategy b) Research locally to determine particular needs	a) BME carers engaged in and support development of strategy b) Specific needs of BME carers identified – informing commissioning and service delivery	Carers Commissioning Officer a) Oct-Dec 05 b) 2006/07
1.4 To work towards and to continue to identify the particular needs of young carers.	a) Work with schools to enable them to identify and support young carers – identify a school nurse to be a “young carer champion” b) Explore potential for Extended Schools Route/Educational Welfare to identify and support young carers c) Adult Mental Health Teams to liaise more effectively with Children’s Services in situations where adult with mental health issues has children	a) Schools have increased capacity to identify and support young carers b) Young carers identified and supported by schools c) Young carers better supported earlier by children’s services. Increased referrals to Children’s Services	a) Julian Edwards (Head of Children In Need Services/Carers Commissioning Officer –2006 b) Eve Stickler (Early Years Co-ordinator)/Julian Edwards/ Carers Commissioning Officer c) Adult Mental Health Team – Frank Harrington CAMHS – Paul Zoya
1.5 To continue to develop support and training opportunities for carers and monitor and evaluate this regularly.	a) Provide Carers Special Grant Funding for training in moving and handling b) Provide Carer Special Grant Funding for supporting young carers with deaf parents c) Review of Enfield Carers Training Consortium – If and how to incorporate new initiatives (above) – agree location of consortium beyond March 2006	a) 20 carers will receive training in moving and handling the person cared for 7 training sessions and 20 carers trained b) 32 deaf parents/carers and their partners to receive training via two courses c) Agreed training programme for 2006-07.	a) March 2006 Adult Social Care lead Des O’Donoghue b) March 2006 Enfield Disability Action c) Carer Commissioning Officer/ Enfield Mental Health Carers

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
1.6 To increase community awareness of carers in order to develop further networks of support within the community for all carers.	<p>a) To run a Carers Rights Day Event in December in the borough to reach out to hidden carers and ensure carers know what support and information is available</p> <p>b) To co-ordinate a diverse programme of events across the borough during Carers Week with partners</p> <p>c) To better publicise that support can be given to carers to enable them to attend the above events – (i.e. sitters, fares, interpreter or signer) CRD publicity now states "if you require any assistance to help you attend please contact..". Need to monitor take up of this and cost.</p>	<p>a) New Carers identified at events and through Register/Emergency Card Scheme.</p> <p>b) 6 events organised – Barbecue, Meet the Partnership Board, Information Day for Asian Carers, Leisure Day, Young Carers Day, and Trip to Longleat. 400 carers attended. Partnership Board publicly launched and 8 carers recruited to it.</p> <p>c) More isolated/excluded carers enabled to attend events</p>	<p>a) 2 Dec 2005. Older Carers and pension Credit is theme. Event organised at Southbury Leisure Centre Achieved</p> <p>b) 2nd week June – Enfield Cypriot Association; Enfield Carers Partnership Board, Dazu; Enfield Mental Health Carers; Enfield Asian Carers Consortium; Shakti Sewa. Achieved</p> <p>c) Carer Commissioning Officer/ Carer Network Support Officer – Dec 2005</p>
1.7 To recognise and acknowledge that many carers will themselves be older people, disabled people, have mental health problems, a learning disability, a sensory impairment or HIV.	This needs to be incorporated into upcoming staff training.	Individual needs met as both service users and carers	All partners – Now and ongoing

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale
			Lead officer/Agency
Aim 2. To ensure that carers are provided with the information they need, which is clear, up-to-date and readily available in a variety of formats			
2.1 To audit what information is currently available for carers in written and electronic form, where it is held and identify any opportunities or gaps.	<p>a) Update information on the Enfield website for carers</p> <p>b) To establish a web-link to national Carers Websites e.g. Carers UK</p>	<p>a) Carers and service providers have electronic access to include basic list of services, draft strategy, Information on Register and Emergency Card, Newsletter</p> <p>b) Easy link to national lobbying/best practice/information and advice source for carers</p>	<p>a) Dec 05 (and then quarterly) Carer Commissioning Officer/Ian Wallace (Info and publications Manager) and Loui Fernandez (Acting Senior Information and Monitoring Officer) Achieved</p> <p>b) April 06 Carer Commissioning Officer Romina Peddis (Admin Officer)</p>
2.2 To develop an information strategy which includes how to address carers needs through mainstream information and specifically targeted to carers information. The strategy should address how to ensure Customer Services, library personnel and other staff that have contact with the public are kept up-to-date with information relevant to carers.	Strategy agreed	More effective communication with carers, including specifically carers not in touch with existing services.	<p>Communications Officer - Social Services (NB: post vacant) – strategy agreed by Carer Partnership Board</p> <p>End 2006</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
<p>2.3 To ensure written information is available in places that carers visit and that this information is regularly replenished and up-to-date.</p>	<p>a) Widen distribution of borough and government leaflets for carers ensuring information is replenished and up-to-date.</p> <p>b) Carers information to be displayed in GPs surgeries, wards, clinics, libraries, information points, voluntary organisations.</p> <p>c) Carers Newsletter inaugurated</p> <p>d) Promote Carers Register and Carer Emergency Card Scheme. Specifically:</p> <p>1) Target people identified on ASSIST as being carers (2,500) and GPs surgeries</p>	<p>a) Better and more consistent distribution systems to carers. More carers not in touch with services accessing information and services</p> <p>b) Named person at each location taking responsibility for displaying information provided Regular dissemination of information</p> <p>c) Carers informed on regular basis in accessible format. Ideas for features: update on partnership board, recruit carers on same to fill gaps, inform re strategy and spending plan, summary of Q&A, AT HOME centre; Independent Living Fund; Council tax rebate; Flu jab for carers; details about Carers Rights Day and theme Older People and Pension Credit; rotating feature on local group (EMHC first).</p> <p>d) Increase numbers of carers on register 1,000 by March 06</p> <p>1) All carers known to Adult's Social Services and Children's Services given information re register and emergency card. GPs surgeries cultivated</p>	<p>a) Social Care and Health Network</p> <p>b) Carers Network Support Officer/ Named person at each location</p> <p>c) Ongoing – initial one by November 2005 Achieved– then quarterly thereafter. Also on website Carer Commissioning Officer/Carer Network Support Officer to lead - Other partners to contribute</p> <p>d) Carer Commissioning Officer/ Carer Network Support Officer Jan-Mar 2006</p> <p>1) Carer Commissioning Officer/ Carer Network Support Officer Jan-Mar 2006</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
	<p>2) Agree benefits of being on register and publicise these</p> <p>3) Leaflet to be given to carers as standard practice by all Adults Social Services staff PD/OP/LD and MH</p> <p>4) Consider rebranding Register as Network</p> <p>e) Recruit permanent Carer Network Support Officer at same time as Carer Assessment and Support Officers</p>	<p>2) Increased take up – clarity re: benefits (e.g. info re new services/ participation/consultation) Target of 1,000 on Carer Register by April 2006</p> <p>3) All “new” carers coming into contact with Adults Social Services receive info as standard practice</p> <p>4) In theory a network more appealing than a Register</p> <p>e) Dedicated Admin support for Network in place</p>	<p>2) Carer Partnership Board/JCG</p> <p>3) Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities)</p> <p>4) Carer Partnership Board/JCG During 2006</p> <p>e) Carer Commissioning Officer March 2006</p>
<p>2.4 To ensure that carers' information needs are addressed when producing all relevant public information either in paper or in electronic format.</p>	<p>Need to raise profile of carers internally so that council officers producing information to the public invite comments from carers team on relevance as a matter of course</p>	<p>Carers issues incorporated into all relevant documents</p>	<p>Communications Officer/Carer Working Group/ Carer Joint Commissioning Group and Enfield Carer Partnership Board Senior Council staff/All council employees Ongoing</p>
<p>2.5 To create a Carers Guide/ Directory of Services and build in regular updating.</p>	<p>To create a Carers Guide/Directory in a similar format as the PD Essential Guide and the OP Essential Guide. Commission the work now. Agree key information and format</p>	<p>Carers informed of rights, including assessments, and a range of local support services</p>	<p>Carers Week June 2006</p> <p>Carer Commissioning Officer. Contractor. Age Concern. Joint Commissioning Group and Enfield Carers Partnership Board to agree.</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
2.6 For senior management to encourage authors of community care information in Health and Social Services to send drafts of appropriate documents to the Carers Partnership Board for comment.	LB Enfield DMT and Health Service equivalent to agree Emerging BEH Mental Health Carer Strategy to be reviewed	Implications for carers made explicit in all strategic documents Mental Health Strategy aligned and consistent with this Carer strategy	Adults Social Services, Children's Services and Health Service Reps on Enfield Carers Partnership Board Ongoing. ECEN Enfield Strategic Partnership to formally request Carer Commissioning Officer/ Bernadette Hennigan, Director of Nursing
2.7 Creating IT database to capture info required for future planning.	a) Develop database/Carer Register b) Developing questionnaire for Carers on register c) Groups/services funded by Carer Special Grant to commit to completing required monitoring on time	a) Capturing accurate information on local carers to inform commissioning and service development. b) Capturing accurate information on local carers to inform commissioning and service development. c) Capturing accurate information on local carers to inform commissioning and service development.	a) Carer Commissioning Officer Carer Network Support Officer Martin Abrey/LD Register Officer 2006 b) Carer Commissioning Officer Carer Network Support Officer Martin Abrey/LD Register Officer c) All Carer grant funded groups AND internal council services
2.8 Carers Information to be available in accessible formats.	Newsletter, Strategy summary, etc to be translated into community languages, available on tape To consider other formats DVD, video, Braille.	Carers with ESOL and visual/aural impairments can access relevant information easily	Carer Commissioning Officer/Carer Network Support Officer From December 2005 Carer Commissioning Officer/Carer Network Support Officer Carer Partnership Board 2006
2.9 Ensure appropriate links with Advocacy Strategy.	Carer Partnership Board to consider this in 06/07 commissioning round in light of experience of Carer Assessment Staff	Carers can access advocacy services as appropriate	Carer Commissioning Officer/Mame Gyang, Special Projects Officer Carer Partnership Board 2006/07

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
2.10 Raising Profile of carers with local employers.	a) LB Enfield, other partners to Review Policy to support own staff who own carers b) Promote carers needs at Enfield Chamber of Commerce, Education, Employment and Enterprise Partnership, and other business for a c) Future press release to highlight issue	a) Partnership Board members – to lead by example b) Other employers offer flexible working to carers where possible. c) Local employers informed of carers needs	a) Carers Commissioning Officer/ Carer Partnership Board and JCG members b) Carers Commissioning Officer/ Chamber of Commerce/ Education, Employment and Enterprise Partnership/ Enfield Strategic Partnership c) Carers Commissioning Officer/ Press Officer (Laura Berryman) 2006/07
Aim 3. To ensure that a full range of co-ordinated and flexible services and support are provided for, and planned with, carers in Enfield			
3.1 To ensure that relevant agencies fully consider carers' needs in the planning and delivery of services. Information sharing protocols are needed from the outset so that it is clear what information can be shared with carers and that safeguarding confidentiality is not used as a barrier.	All plans to identify how services to carers are built into the process and how it is intended to evaluate progress towards their objectives.	Plan of participation/ consultation for each agency fed through the Carers Partnership Board	All agencies working in partnership - ongoing
3.2 To develop quality standards jointly with key partners in health and the voluntary sector to reflect carers' needs.	a) Benchmarking with other authorities b) To consider and agree how we quality control services we publicise (as distinct from those we fund or deliver directly)	a) Quality standards agreed and implemented by service providers b) Agreed quality measures. Quality reassurance for carers using services	a) Carer commissioning Officer and Chris Tueje – Performance Manager 2006 b) Carer Partnership Board 2006

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale
			Lead officer/Agency
<p>3.3 To review the expenditure of the Carers Special Grant (and other funding sources). To ensure that there is a diverse range of funding of carers organisations and services in the borough, which meet, agreed priorities. To further develop innovative and high quality carers services in response to local needs.</p>	<p>a) Agree 2005 -08 spending Plan</p> <p>b) Agree new and/or expanded services for 05-06</p> <p>c) Plan recommissioning process for 2006-07 include agreeing criteria for 06-08 funding and long term SLAs Suggested priorities so far:</p> <ul style="list-style-type: none"> a) Emergency respite for adults and children b) Weekend respite c) Respite for disabled children d) Evening and weekend services to support working carers <p>d) Identify and explore other sources of funding for Carers services in borough</p>	<p>a) Most Effective use of Carer Special Grant over period – allowing for grant not expanding</p> <p>b) Agreed most at July CPB – rest to be agreed at Sept meeting.</p> <p>c) All Carer Special Grant funded provision reviewed through recommissioning exercise.</p> <p>New pattern of services to reflect new legislation requirements and locally defined need.</p> <p>Longer term SLAs with appropriate groups to ensure longer-term viability and increased chance of accessing non-council/carers grant funding.</p> <p>d) Increased capacity of existing groups to provide new, increased and/or enhanced services</p>	<p>a) Carer Partnership Board Carer Commissioning Officer July 2005 Achieved</p> <p>b) Carer Partnership Board Carer Commissioning Officer July/Sept 2005 Achieved.</p> <p>c) Carer Commissioning Officer. Monitoring visits to all existing funded groups period Jan-June 2006</p> <p>Funding priorities agreed with JCG and Partnership Board March 2006</p> <p>d) Regular item at JCG – occasional item at Partnership Board - ongoing Commissioning Officer to identify, collate and co-ordinate work with voluntary sector</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
3.4 Care managers need to purchase flexible respite care to reflect the needs of carers and the people they care for.	<p>a) Agree respite pots allocation for 05/06</p> <p>b) Shared Care respite option developed</p> <p>c) Direct payments – address concern expressed that this is being foisted upon carers inappropriately - Raise issue with Direct Payments Steering Group</p> <p>d) Identify more options for respite that is not home based</p> <p>e) Scrutiny Panel reviewing respite provision in borough</p> <p>f) Voucher Scheme option explored</p>	<p>a) Rational distribution of respite budgets between teams</p> <p>b) More families linked together to support and provide respite care for each other</p> <p>c) Direct Payments promoted to carers (LB Enfield has a duty to do so), but in context of other options</p> <p>d) More non home based respite for those who prefer it</p> <p>e) In depth review of respite provision available to inform future commissioning</p> <p>f) Viability of scheme considered- if implemented is another respite option for carers in the borough</p>	<p>a) Carer Commissioning Officer – Sept 05 Achieved</p> <p>b) Carer Commissioning Officer/ Kerry Stanton (Shared Care Lead in Children’s Services)</p> <p>c) Direct Payments Lead (Kwan Ku)</p> <p>d) Carer Commissioning Officer</p> <p>e) LB Enfield – elected members via scrutiny panel – July 2006</p> <p>f) Carers JCG to consider in January 2006 – Accor (voucher scheme provider) attending Jan meeting</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
3.5 Ensure that carers continue to be involved in all appropriate planning groups, which consider service planning, and development issues.	a) Audit carer involvement in existing for a b) Continue to support carer involvement in Carer Partnership Board (training/respice/fares/etc) c) Identify gaps in representation on Carer Partnership Board and recruit to fill those gaps	a) Active recruitment of carers to Partnership Boards, bodies and meetings where carers have no representation b) Retention rate of carers good c) Gaps identified - Young, BME and male carers better represented	a) ECEN, Other Planning and partnership Boards b) Carer Commissioning Officer/ Network Support Officer/Chair of Partnership Board Training for Board – 2006 c) Carer Partnership Board - - use Carers Rights Day event 2005 to recruit to fill gaps Partly Achieved
3.6 Increase respice provision for parent carers of disabled children.	Recruitment campaign for foster carers	Increase in appropriately trained foster carers for both long and short term placements	Children and Families Services
3.7 Acquiring a Carers Centre in the borough.	Recruiting part time Development Officer to progress this	Dedicated staff member to: consult with carers re finished product, fund raise, identify premises, establish legal entity, recruit management committee, etc. Ultimate outcome a carers centre in borough.	Carer Commissioning Officer – March 2006
3.8 Ensuring effective information exchange in emergency respice situations for people with learning disability.	a) Adults Social Services staff to ensure that person centred plans capture fully the clients needs b) This plan is forwarded as a matter of course in emergency respice situations to the respice provider	People with learning disability have their care needs adequately met in emergency respice situations	Neil Niehorster (Head of LD integrated services) and all LD operational staff

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
3.9 Promoting better clarity regarding charging for services.	To better convey that LB Enfield follows national guidelines re: charging for services – this is not something the council has a great deal of leeway about.	To survey other borough's website's to establish how they convey this information. Ultimately – Carers in borough receive clear information re: Enfield's charging policy.	a) Andrea Martin to provide briefing – Jan 06 achieved b) Carer Partnership Board to review Brent, Havering, Waltham Forest and Westminster sites. March 2006
3.10 Hospitals to review practical support offered to adult carers obliged to stay overnight in hospital.	To reduce perceived discrepancy in support between carers of children in hospital (who have access to cot, laundry, bathing facilities) and carers of adults (access to none of the above practical support)	Parity in support to carers of children and adults Initial step – use February 06 Carer Newsletter to invite carers to offer their experiences of this to give concrete examples to take to	Chase Farm and North Middlesex Hospital Trusts. Enfield PCT and PALS services During 2006 Chrysanthi Kouzoupis/Commissioning Manager (Carers Services) Andrea Martin to draft paper on basis of responses March 2006 Charlie Clerke to raise at PCT
Aim 4. To ensure that carers are fully involved as partners in assessment of the person for whom they care, as appropriate, and that carers are always offered their own assessment of their needs as a carer			
4.1 To ensure service providers involve the carer in the assessment of the person for whom they care for, as appropriate.	Carers involved and their views routinely captured at assessments of cared for Carers expertise acknowledged	Carer support needs integrated into client assessments and reviews = more sustainable care packages agreed.	Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families) Carer Working Group Reps from all teams Ultimately - Carer Support and Assessment Workers, when recruited.

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
4.2 To ensure that carers are offered a separate carers assessment, in their own right, regardless of whether the person cared for wishes to be assessed. In that assessment to consider the carers choice in whether they wish to continue or return to employment, leisure or life-long learning opportunities. That this assessment be automatically linked into the reviews of the care needs of the person cared for.	<p>Carers routinely offered assessments of their own needs in line with requirements of Carers EO Act</p> <p>Frontline staff to effectively identify carers</p> <p>Agree appropriate timescales for responding to requests for carers assessments = 28 days.</p> <p>New Assessment form printed and implemented</p>	<p>Carers Assessments more holistic – now address employment, training, education and leisure issues.</p> <p>LB Enfield meets duties under current legislation</p>	<p>Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families) Carer Working Group Reps from all teams Ultimately - Carer Support and Assessment Workers, when recruited.</p> <p>Carer Commissioning Officer (printing) – Feb 06 Teams – implementation – Jan-Mar 06</p> <p>Form to be reviewed during staff training and at regular intervals by JCG/Operational teams</p>
4.3 To ensure that young carers needs are included in the assessment process and that support and respite are considered focussing on their needs as a child.	Identify Carer Lead in schools. Link with School Nurses	Young carers supported as carers and as children LB Enfield Meet duties under legislation	Children and Families Voluntary Sector groups working with young carers

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale
			Lead officer/Agency
4.4 To allow for regular review of carers needs, as and when requested by the carer or at intervals as decided appropriate in the assessment.	Can LB Enfield's electronic system devise a prompt – that can alert staff to need for review?	Regular reviews of carers needs	<p>Ongoing – Annual or as/when circumstances change Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families) Carer Working Group Reps from all teams Ultimately - Carer Support and Assessment Workers, when recruited.</p> <p>Electronic Social Care Team</p>
4.5 To not assume that partners, family or friends can take on caring roles or are able to continue if circumstances change.	<p>Direct Question “Are you able to continue caring?” now included in Carer Assessments</p> <p>Need for this information to be collated</p>	<p>Carers given option to state they cannot/do not wish to continue caring at all/at current levels – appropriate support offered and or enhanced care package renegotiated for cared for – acknowledge financial implications of this.</p> <p>To inform service planning</p>	<p>Ongoing – Annual or as/when circumstances change Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families) Carer Working Group Reps from all teams Ultimately - Carer Support and Assessment Workers, when recruited.</p> <p>Electronic Social Care Team 2006/07</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale
			Lead officer/Agency
4.6 To ensure that whatever care package is arranged, respite for carers is factored in so that they are able to have some regular free time for themselves.	<p>a) Ensure that there is a diverse range of respite services reaching all carers</p> <p>b) Re Holiday schemes – ensure that costing for schemes where whole family go on holiday include provision for paid carer so that family do not spend holiday meeting basic care needs of cared for</p>	<p>a) Better supported carers = more sustainable care packages for cared for</p> <p>b) Better quality holidays enjoyed by families</p>	<p>a) Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families)</p> <p>Ultimately - Carer Support and Assessment Workers, when recruited.</p> <p>Ongoing</p> <p>b) Carer Commissioning Officer/ Holiday respite scheme providers (Enfield Mental Health Carers, Ebony People's Association) 2006/07</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
<p>4.7 To ensure that carers have clear information about the assessment process and the range of services available. To ensure that carers are aware of the name of their assessor, how to contact them and those they receive a copy of their assessment and care plan.</p>	<p>a) Produce and distribute Local leaflet on Carer Assessments. Staff to routinely distribute and explain these to carers – that this leaflet is regularly reviewed and amended in the light of experience. Leaflet to include prompts to assist carers in preparing for their assessment, and also realistic management of expectations (i.e. to flag up that conclusion of assessment might be that they were not deemed eligible for any services)</p> <p>b) Recruitment and management of Carer Assessment and Support Officers</p> <p>c) Electronic Social Care Records – clarify where and how carer assessment information fits into this initiative</p>	<p>a) Carers informed of their right to assessment and scope of assessment, carers better able to prepare for assessment, carers do not have unrealistic expectations.</p> <p>LB Enfield meets duties under current legislation</p> <p>Initial step – All Service Delivery Teams to offer x 5 examples of a carers assessment where their has been a positive outcome for the carer. This to be collated and tabled at a future Carer Partnership Board</p> <p>b) Each Team has dedicated Carer Lead to act as focal point for work, support and advise team members, promote best practice and ensure consistency across service teams Carers across care groups have dedicated carer contact</p> <p>c) An agreed info sharing protocol in place</p>	<p>a) Carers Commissioning Officer – ultimately Carer Assessment and Support Workers March 2006</p> <p>Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities) Children and Families</p> <p>Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities) Children and Families/Commissioning Manager (Carers Services)/Carer Working Group/ Carer Partnership Board. Feb/March 2006</p> <p>b) Carers Commissioning Officer with Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities)</p> <p>c) Carer Commissioning Officer Electronic SC team Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families) 2006/07</p>

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
	<p>d) Leaflets reviewed and waiting times to be included next print run. Letters sent to service users/carers to confirm assessment and review dates, waiting times and updated information re next stages of process</p> <p>e) Carers to receive copy of care plan</p> <p>f) Case file audits to include carer care plans</p>	<p>d) Carers informed when they can expect next milestone to be reached on pathway from referral through to service delivery</p> <p>e) Carers supported in caring role and appropriateness and effectiveness of services closely monitored</p> <p>f) Case file audit and template notes for staff/managers</p>	<p>d) Service Managers Letters –Sept 2005 Leaflets – from April 2006</p> <p>e) Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families) June 2005</p> <p>f) Service Managers Oct 2005</p>
4.8 Establish monitoring systems to ensure that the duties set out in Carers legislation are being fully implemented.	To develop standard quality standards jointly with key partners in health and the voluntary sector to reflect carers' needs	LB Enfield meets duties under legislation Carers Better supported.	Carer Working Group Carer Commissioning Officer Carer Partnership Board
<p>4.9 Better preparing carers for and supporting carers during transition from children's to adults services for carers of people with LD.</p> <p>Note that this is only one "transition" phase that can be stressful – for example, the retirement of parent carer is another key stage where both carer and cared for require support.</p>	<p>Key Issue – this has come up repeatedly during consultation with carers</p> <p>Other transitions stages acknowledged and support/information targeted appropriately</p>	Transitions experienced more positively by carer and cared for.	Neil Niehorster and new integrated LD Operational Team Carer Partnership Board

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale
			Lead officer/Agency
4.10 Review of Hospital discharge procedures and policies to ensure carers needs are addressed – many carers still experience not being consulted or involved.	Hospitals to review their discharge procedures with a view to a) Engaging consistently with carers around discharging cared for b) More generally recognising that many carers have developed expertise in the area of the cared for's condition	Effective discharge practice that ensures patients (and carers) have appropriate support when leaving hospital Carers are treated as partners in the care of the patient	Chase Farm and North Middlesex Hospital Trusts. Enfield PCT and PALS services 2006
4.11 Effective targeting of “hard to reach carers” – and/or carers not already in receipt of support services.	a) Continue to advertise in local press for special events b) Leafleting at stations to target working carers commuting to central London. To consider adverts on city bound trains and/or The Metro newspaper c) Enfield Carers Partnership Board to consider as a substantive agenda item	a) Carers not in receipt of existing support services are identified and assessed. b) Working carers informed of rights and services c) Further ideas generated and a strategy agreed for how to target this group	a) Carer Commissioning Officer/ Carer Network Support Officer Ongoing b) Carer Commissioning Officer/ Carer Network Support Officer Summer 2006 c) Enfield Carer Partnership Board Spring 2006
4.12 Development of Model for integration.	Stakeholder Event Single Assessment Process	Shared local vision Project Plan and timetable	Integration Director – Robert Lee Stakeholder Event – Oct 2005 Project Plan – Dec 2005
4.13 LB Enfield (and other housing providers) to review development projects and allocations policies in circumstances where person likely to require regular overnight care.	To discuss at DMT	Identified vulnerable people accommodated in two bed units. Regular carers have better quality of caring through having own room.	LB Enfield Housing Ray James/DMT 2006

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale
			Lead officer/Agency
Aim 5. To ensure that carers from all sections of the community are able to gain access to appropriate services, information and support			
5.1 To ensure that the ethnicity of carers take-up of services is monitored to ensure that services delivered are appropriate and sensitive to black and minority ethnic groups as reflected by the borough profile.	a) Revise and re-launch the Carers Assessment form. Promote the form to frontline staff. b) Establish % BME carers receiving services according to ASSIST c) Improved methods of collecting and presenting statistical data and monitor use in commissioning of services	a) To include ethnic Monitoring on form b) Clarity re take up of services along BME lines – to inform future commissioning and planning of services c) Info used to target hard to reach groups	a) Carer Commissioning Officer/Network Support Officer b) Carer Commissioning Officer/Network Support Officer c) Head of Finance and Performance – Helen Knightley

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
5.2 Identify and prioritise areas of needs and requirements for new service provision within the different community groups and ensure that this is built into service planning.	<p>a) Identify and consult with BME communities – Attend BME Health and social Care Subgroup</p> <p>b) Consultation meetings with Main BME communities African- Caribbean = priority (Afro-Care Umbrella/Enfield Caribbean association)</p> <p>c) Consultation meetings with Main BME communities Asian Greek/Turkish/Cypriot/Kurdish Possibly generic BME event</p> <p>d) To acknowledge that BME specific consultation on strategy hitherto (Jan 06) has been limited, and to engage with other BME fora</p>	<p>a) Needs analysis for BME carers</p> <p>b) Needs analysis for BME carers</p> <p>c) Needs analysis for BME carers</p> <p>d) BME communities engaged in strategic development of carers services</p>	<p>a) Carer Commissioning Officer December 2005</p> <p>b) Carer Commissioning Officer Ebony People's Assoc Before March 2006 for A-C event</p> <p>c) Carer Commissioning Officer 3x Asian specific carer groups 3x Greek/Turkish/Cypriot specific carer groups BME Health and social Care Subgroup – During 2006 (one a quarter)</p> <p>d) Refugee Forum Refugee Consortium Faith Groups Forum Commissioning Manager (Carers Services) to visit during 2006/07</p>
5.3 Ensure that there is access to appropriate and professional interpreting services.	Get assessment Leaflet, Guide, strategy summary etc translated and available in top 5 community languages for borough	<p>BME/ESOL carers can access information and support</p> <p>Children and young people, including young carers, are not inappropriately used as interpreters and translators</p>	Carer Commissioning Officer Translation service December 2005 and ongoing
5.4 To ensure that an appropriate mix of accessible generalist and specialist BME services are provided.	Agree what an appropriate mix is	Appropriate mix of specialist BME services and accessible generalist services are provided.	Through recommissioning exercise 2006/07

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
5.5 To note that existing range of culturally appropriate home meals is perceived as being limited.	To agree what other culturally appropriate meals can be offered beyond current range (Gujarati, Turkish, Greek, African- Caribbean, Halal and Kosher)	Wider range of culturally appropriate home meals on offer = less demands on carers to provide them	Bernie Pizarro/ Procurement Team
Aim 6. To recognise, reduce and prevent ill health caused by the adverse effects of caring on the physical and mental health of carers			
6.1 Through the assessment and review process encourage and support carers to look after their own physical and emotional health.	Incorporate Health issues more explicitly into new assessment form and Assessment training for staff	Carers better able to minimise their chances of illness and accident = more sustainable care packages.	Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families)
6.2 Ensure that staff are aware of the health risks for carers, and address the ways of minimising risk through the provision of training, equipment and support.	Incorporate Health issues more explicitly into new assessment form and Assessment training for staff	Carers better able to minimise their chances of illness and accident = more sustainable care packages.	Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families)
6.3 To specifically develop training in moving and handling the person cared for in a safe and assessed way to minimise risk to the carer and the cared for.	Training developed and available – for end 2005	20 carers will receive training in moving and handling the person cared for 7 training sessions and 20 carers trained	Des O'Donoghue By March 2006 (and then ongoing)
6.4 To work with partners to identify how best to support former carers and carers who have been recently bereaved.	What are existing services – Do we need specific Enfield support service?	Clarity re numbers, support available	Carer Partnership Board Summer 2006
6.5 To encourage partners in health to identify carers and to act on their health needs.	Identify key opportunities to identify carers in routine health settings, for example: Patient Discharge from hospital/GP registration/Community Matrons Raise at Health Improvement Partnership (HIP)	Increase in careers identified and supported in health settings	Chase Farm and North Middlesex Carer Partnership Board GP support services Community Matrons Carer Commissioning Officer Throughout 2006 – programme to be agreed.

Strategic Aims and Objectives (include links to performance monitoring)	Action	Outcome	Milestones / Timescale Lead officer/Agency
6.6 To better understand and provide a range of therapies that carers find helpful.	Commissioners and providers to increase understanding of range of complementary therapies available.	Increased access to therapies by carers	Ongoing
Aim 7. To enable former carers to access support services, as appropriate			
7.1 To ensure that services provided in the home to carers and those cared for are sensitively withdrawn when the carer has been bereaved.	Agree protocols What are existing services – Do we need specific Enfield support service?	Clarity regarding numbers, support available	Carer Partnership Board Summer 2006
7.2 To work with partners to ensure that all relevant workers are aware of the practical implications for carers of the death of the person for whom they cared (particularly in terms of benefits and housing policies).	Specific unit in proposed training Agreed protocols Priority areas are Benefits and Housing	Carers better supported and better able to adjust to life after caring with minimal risk to housing, income support, etc.	Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families) Carmel Walker/Maria Jennings to draft one page info sheet on implications on benefits/housing for carer when cared for dies/goes into residential care March 2006
7.3 Managers to ensure that any training on carers issues for staff also covers the issues of life after caring - whether the care has been bereaved or has given up the day to day responsibility for caring.	Specific unit in proposed training	Staff sensitive to issue and can better advise former carers	Service Delivery Teams (Older People, Physical Disabilities, Mental Health, Learning Disabilities, Children and Families)

APPENDIX A

Enfield Carers Partnership Board Terms of Reference

The main purpose of Enfield Carers Partnership Board is to ensure that carers in Enfield are recognised and valued and that their needs are identified and met. The Enfield Carers Partnership Board will report to the Enfield Strategic Partnership.

Enfield Carers Partnership Board will:

- Ensure that a local Carers Strategy is developed, produced and carried out.
- Ensure that local services communicate and collaborate effectively to fulfil their duty to support carers, and increase access to support.
- Raise the profile of carers and ensure that their needs are considered in relation to other strategies and plans (e.g. Supporting People Strategy).
- Develop information resources that can be accessed and used by current and future carers, and to ensure that the information is up-to-date, timely and appropriate. To ensure that information about local services is disseminated to the wider community.
- Make recommendations for the use of The Carers Special Grant.
- Monitor and evaluate local services to ensure that they are delivering best value and meeting agreed local, regional and national targets, and to plan for new developments.
- Agree a work programme for the Partnership Board
- Identify gaps and problems in local services and develop appropriate and co-ordinated responses to these.
- Ensure that there is an agreed process of consultation on key planning documents.
- Ensure that regular and reliable data is produced about the activity of local services, including reporting on key indicators.

APPENDIX B

Members of Enfield Carers Partnership Board

- Ray James, LB Enfield, Community, Housing and Adult Social Services, (Chair)
- Jane Hermans, Carer
- Gloria Carillo, Carer
- Suzy Godfrey, Carer
- Fred Hughes, Carer
- Bernadette Marriott, Carer
- Bernadette Reigar, Carer
- Jenny Collier, Carer
- Jenny Jenkins, Carer
- Gunzel Fevsi, Carer
- Jill Raines, Crossroads Care/Enfield Community Empowerment Network (ECEN)
- Mary Eldridge, Enfield Carers/ECEN
- Chandni Shah, Shakti Sewa/ECEN
- Chris Fagan, Age Concern/ECEN
- Lynda Rogers, Stroke Action/ECEN
- Moira Sugden, Barnet and Chase Farm Hospitals NHS Trust
- Mark Bird, North Middlesex University Hospital Trust
- Charlie Clerke, Enfield Primary Care Trust
- Frank Harrington, Barnet, Enfield and Haringey Mental Health NHS Trust
- Julian Edwards, LB Enfield, Education, Children Services and Leisure
- Tony Theodoulou, LB Enfield, Education, Children Services and Leisure
- Janet Leach, LB Enfield, Education, Children Services and Leisure
- Karen Fletcher- Wright, LB Enfield, Education, Children Services and Leisure
- Andrea Martin, LB Enfield, Community, Housing and Adults Social Services
- Maria Jennings, LB Enfield, Community, Housing and Social Services
- Chrysanthi Kouzoupis, LB Enfield, Community, Housing and Adults Social Services

APPENDIX C

Carers Special Grant – Funding 2005-06

Project	Adults	Children's	Total
Age Concern	73,921	0	73,921
Alzheimer's Society Enfield	59,150	0	59,150
Carers UK Enfield	5,625	0	5,625
Cheviots	0	72,801	72,801
CAPAG	0	18,500	18,500
Crossroads Care	52,451	39,136	91,587
DAZU	0	29,493	29,493
Ebony People's Association	8,132	10,137	18,269
Enfield Asian Carers Consortium	67,521	0	67,521
Enfield Asian Welfare Association	66,960	0	66,960
Enfield Association for the Blind	9,505	0	9,505
Enfield Cypriot Association	5,585	12,337	17,922
Enfield Disability Action	11,089	9,500	20,589
Enfield Carers Training Consortium	10,983	2,746	13,729
Enfield Mencap	48,041	0	48,041
Enfield Mental Health Carers	46,121	0	46,121
Enfield Turkish Cypriot Association	13,729	0	13,729
Greek and Greek Cypriot Association	17,232	0	17,232
Jewish Care	8,448	0	8,448
Nightingale Community Hospice	5,281	0	5,281
One-to-One	23,258	0	23,258
Schools Out Club	0	10,723	10,723
Shakti Sewa	15,841	10,231	26,072
Stroke Action Enfield	10,561	0	10,561
LBE OP Respite	73,769	0	73,769
LBE PD Respite	58,659	0	58,659
LBE LD Respite	30,840	0	30,840
Direct Access Fund	12,336	0	12,336
Culturally Sensitive Fund	15,841	5,281	21,122
Voucher Scheme	30,818	0	30,818
Carer Assessment staff	28,000	0	28,000
Carers Register	12,000	3,000	15,000
Carers Information Guide	12,000	3,000	15,000
Carers Rights Day/Week Events	20,000	1,000	21,000
Manual Handling Training	3,000	0	3,000
Spring Carer Event	9,000	0	9,000
Development Worker Carers Centre	10,048	0	10,048
African Caribbean Carer Event	5,000	0	5,000
Dementia Care Roadshow	2,000	0	2,000
LD Carers - transition support	20,000	0	20,000
TOTALS	902,745	227,885	1,130,630

APPENDIX D

Carers Special Grant – Service provider details

Name of organisation	Contact details	Services provided
Age Concern Enfield	<p>Jim McCowen/Chris Hall/Chris Fagan Community House 311 Fore Street Edmonton London N9 0PZ Tel: 020 8351 1321 Fax: 020 8884 4167 Email: chris.Hall@ageconcernenfield.org.uk</p> <p>Also at The Portacabin, Knights Lane, Edmonton, London, N13, 4RU Tel: 020 8345 5577 Email: chris.Fagan@ageconcernenfield.org.uk</p>	<p>Breaks service to carers of older (50 +) people who are physically and mentally frail. Service provided by experienced staff.</p> <p>Respite Care</p> <p>Overnight breaks – sitting service</p> <p>Day centre with drop-in and support groups</p> <p>Assist with holidays and outings (staff accompany person, cost of holiday borne by service user).</p>
Alzheimer’s Society Enfield	<p>Sam Gajadhar/Jacqui Wood The Lancaster Centre 53 Lancaster Road Enfield EN2 0BU Tel: 020 8367 6716 Fax: 020 8366 6650 Email: jderekwood@tiscali.co.uk or sam@alzheimersenf.f9.co.uk</p>	<p>Purchases flexible respite (regular and occasional) provided by care attendants for carers of people with dementia</p> <p>Day care centre and drop-in for people with dementia</p> <p>Run telephone help line, distribute newsletter, facilitate support groups and assist with transport.</p>
Asian Carer’s Consortium (Enfield)	<p>Arifa Kapasi/ Chaudhury Anwar 83-85 Bowes Road Palmers Green London N13 4RU Tel: 020 8888 0999 Fax: 020 8888 3999 Email: enfacc@hotmail.com</p>	<p>A partnership of 7 Asian organisations that work to provide a culturally sensitive sitting service</p> <p>Work in partnership with statutory services – take referrals for home care services, and provide home care services</p> <p>Part time Co-ordinator organises this.</p>

Name of organisation	Contact details	Services provided
Carer's UK Enfield Branch	Mary Eldridge 36 Queens Road Edmonton London N9 Tel: 020 8803 1000 When phoning or leaving a message please speak clearly and slowly.	This is the local branch of Carers UK, the main campaigning/ lobbying organisation for carers Monthly drop-in sessions which provide breaks for carers (they help with alternative care and transport costs) Complementary therapies (free) Also organise: meetings, social activities, speakers, and outings.
Cheviots (LBE)	Sue Roberts/Janet Leach PO Box 59 Civic Centre Silver Street Enfield EN1 3XL Tel: 020 8363 4047 Fax: 020 8366 2561 Email: sue.roberts@enfield.gov.uk janet.leach@enfield.gov.uk	Home sitting service for children with disabilities Offer a range of other services.
Children and Parents Advisory Group (CAPAG)	Jeanette Stylianou Unit 9, Centre Way Claverings Industrial Estate Montagu Road Edmonton London N9 0AP	Run summer schemes and holiday schemes for disabled children Also offer respite for parent carers, an after school club, and trips and outings for disabled children and sibling carers.

Name of organisation	Contact details	Services provided
Crossroads	Jill Raines Community House 311 Fore Street Edmonton London N9 0PZ Tel: 020 8373 6210 Fax: 020 8373 6334 Email: jill@crossroads-enfield.org.uk	Respite for young carers, parent carers and children with disabilities Free home based respite care, including overnight care (waiting list) Free home based respite for carers of people who are terminally ill – longer breaks and greater flexibility Free home based respite for young carers in partnership with DAZU Free home based respite to carers of a child with disabilities during school holidays Please note – carers are unable to access more than 1 free service unless additional funding is available from other sources.
DAZU	Lisa Poole/Liz Smith Unit 9, Centre Way Claverings Industrial Estate Montagu Road Edmonton London N9 0AP Tel: 020 8373 2718 Fax: 020 8373 2747 Email: dazu22@yahoo.com	Respite breaks for young carers and the parents of disabled children Dedicated Young Carers Support Worker runs young carers project Counselling for young people (age 11-18) Play scheme Holiday scheme.

Name of organisation	Contact details	Services provided
Ebony People's Association	Sharon Durant Ebony People's Association 215 Fore Street Edmonton London N18 2TZ Tel: 020 8803 2200 Fax: 020 8803 2552 Email: epaebony@aol.com	Provide services to African-Caribbean people with mental health issues and their families Respite Care Group Therapy 1:1 support Information and advice Healthy Eating Training Dedicated counsellor for children of people with mental health problems.
Enfield Asian Welfare Association	Chetna Shah 129-139 South Street Ponders End Enfield EN3 4PX Tel: 020 8443 1197 / 07939 566 567 Fax: 020 8443 1197 Email: eawa_01@hotmail.com	Respite for Asian carers Offer day care x 3 days per week for Asian elders Also offer a range of activities, outings and social events (at least one per day).
Enfield Association for the Blind	David Pearce/Linda Greenfield Ground Floor, Raebarn House 100 Northolt Road South Harrow Middlesex HA2 0YJ Tel: 020 8423 51410 or 020 8367 7729 Fax: 020 8423 9503 Email: info@aftb.org.uk Linda@aftb.org.uk	Respite Home Visiting Volunteer sitters and walkers Resource Centre for blind/partially sighted people.

Name of organisation	Contact details	Services provided
Enfield Cypriots Association	Chrysanthi Kouzoupis/Angela Evangelou Edmonton Portacabins Knights Lane Edmonton London N9 0PD Tel/Fax: 020 8803 3287 Mobile: 0790 420 8095 Email: enfieldcypriots@tiscali.co.uk	Flexi breaks for Cypriot carers of children and adults (up to age 50) who are physically and/or mentally frail Run support group for carers of disabled people Drop-in (Tuesdays and Fridays, 10 am-1 pm) Support Group for Cypriot families.
Enfield Disability Action	Marianne Holford or Dennis Spitz Community House 311 Fore Street Edmonton London N9 0PZ Tel: 020 8373 6239 Fax: 020 8373 6255 Email: dennis@e-d-a.org.uk mari@e-d-a.org.uk	Deaf Carers Services. Advocacy for deaf carers to enable them to access carers services. Support groups for: a) Children of deaf parents b) Carers of deaf people with a learning disability. c) Children of deaf parents (in development). EDA offer a range of services to disabled people, including a community forum for people with learning disabilities.
Enfield Mental Health Carers	Hinnah Rizwan Gill/Pamela Burke Mitre House 66 Abbey Road Bush Hill Park Enfield EN1 2QN Tel: 020 8360 8822 Fax: 020 8360 8666 Email: enfmhc@aol.com Website www.enfieldmentalhealthcarers.co.uk	Outings, activities, holidays, alternative and talking therapies. Also offer respite service, training, advocacy and info/advice.

Name of organisation	Contact details	Services provided
Enfield Mencap	Stuart Kelly 1 The Ridgeway Enfield EN2 8NX Tel: 020 8366 9096 Contacts for weekend respite: Jenny or Kevin Tel: 020 8351 7158 Email: enfieldmencap@aol.com	Weekend respite on Saturdays for carers of people with learning disabilities. A varied programme of activities and outings is on offer for people with learning disabilities, to enable their carers to get a regular break.
Enfield Turkish Cypriot Association	Turgay Ertim Community House 311 Fore Street Edmonton London N9 0PZ Tel: 020 8373 6300 (w) Fax: 020 8373 6303 Email: dste@biziz.fsnet.co.uk	Support and respite/sitting service to Turkish speaking carers (around 12 per month) Part-time Carers Outreach Worker Counselling Elders Lunch Club Women's Group After school activities.
Greek and Greek Cypriot Community of Enfield	Litsa Worrall/Evie Nicolaidis Community House 311 Fore Street Edmonton London N9 0PZ Tel: 020 8373 6299 Fax: 020 8373 6294 Email: enquiries@ggce.org.uk	Respite breaks from 1hr to 1 day for Greek/Greek Cypriot carers Counselling Information and advice Training.

Name of organisation	Contact details	Services provided
Jewish Care	Sonia Douek/ Adrian Moses Stuart Young House 221 Golders Green Road London NW11 9DQ Tel: 020 8992 2166 (Sonia) / 020 8922 2126 Fax: 020 8922 2191 Email: sdouek@jcare.org amoses@jcare.org	Flexi break/Respite/Sitting service 1:1 support Outings.
Nightingale Hospice	Penny Forbes The Lancaster Centre 53 Lancaster Road Enfield EN2 0BU Tel: 020 8366 4333 Fax: 020 8366 8111 Email: nightingalehosp@btconnect.com	Flexi breaks for carers of cancer patients. Provide proactive service – especially to carers who do not meet Adults Social Services eligibility criteria but who still have high support needs.
One-to-One	Lesley Walls Community House 311 Fore Street Edmonton London N9 0PZ Tel: 020 8373 6241 Fax: 020 8373 6223 Email: lesley@one-to-one-enfield.co.uk	Family Support Worker for people with learning difficulties. Offers regular breaks/respice service – weekly, fortnightly, monthly or quarterly depending on need.
Schools Out Club (SOCS)	Toni Cooper Langridge Farm Payne's Lane Nazeing Essex EN9 2EY Tel: 01992 442 522	After School club, on Wednesdays, for children with learning disabilities.

Name of organisation	Contact details	Services provided
Shakti Sewa	Meera Shah 1 st Floor, 483 Green Lanes Palmers Green London N13 Tel: 020 8882 4610 Email: shaktisewa50@hotmail.com	Variety of activities for Asian people: Yoga, complementary therapies, newsletter. Provide access, advice and information through advocacy and interpreting Children's activities during half term and the summer. Provide day to day emotional support Regular carer forum Culturally sensitive support for Asian carers Part-time Outreach Worker.
Stroke Action Enfield	Rita Melifonwu/Lynda Rogers Edmonton Portacabins Knights Lane Edmonton London N9 0PD Tel: 020 8807 8023 Mobile: 07946 622 753 Email: stroke.action@virgin.net	Monthly respite (3hrs) for carers of stroke victims "Health and Active Life" sessions for carers.
Training Consortia (via EMHC)	Pamela Burke Mitre House 66 Abbey Road Bush Hill Park Enfield EN1 2QN Tel: 020 8360 8822 Fax: 020 8360 8666 Email: enfmhc@aol.com	EMHC administer the consortium, which delivers regular training for carers on a variety of subjects (e.g. lifting, carers rights, benefit entitlements, support services, first aid, disability awareness, stress management; health and safety.) Train 140 + careers each year.

Name of organisation	Contact details	Services provided
Internal		
Culturally Sensitive Services Fund	Dedicated pot of money to fund culturally sensitive respite.	
Direct Access Fund	Dedicated pot of money to fund contingencies/ unforeseen extra provision in situation where service user already receiving care package.	
LBE Learning Disability Respite provision	Respite for carers of people with learning disabilities who meet the council's criteria.	
LBE Older People's Respite provision	Respite for carers of older people who meet the council's criteria.	
LBE Physical Disability Respite provision	Respite for carers of people with physical disabilities/sensory impairment who meet the council's criteria.	