

<b>Cabinet</b>  7 March 2017	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Denise Radley – Director of Adult Services Debbie Jones – Director of Children’s Services	<b>Classification:</b> Unrestricted
<b>Tower Hamlets Carers’ Strategy 2016-2019</b>	

<b>Lead Member</b>	<b>Councillor Amy Whitelock Gibbs, Cabinet Member for Adult Services</b>  <b>Councillor Rachael Saunders, Cabinet Member for Children Services</b>
<b>Originating Officer(s)</b>	Barbara Disney, Service Manager, Strategic Commissioning
<b>Wards affected</b>	All wards
<b>Key Decision</b>	Yes
<b>Community Plan Theme</b>	<b>A Healthy and Supportive Community</b>

### **Executive Summary**

The purpose of this report is to seek Cabinet approval for Tower Hamlets Carers’ Strategy, 2016-2019, which has been developed jointly by Tower Hamlets Council and carers in Tower Hamlets. This strategy replaces the previous Tower Hamlets Carers’ Strategy, 2012-2015.

Many carers take on the role of caring without thinking twice or noticing the effect it has on their own lives because of the close relationship they have with the person they care for. The impact on the carer’s own quality of life cannot be underestimated. Adult carers often experience loneliness and isolation, poor health and financial hardship. Younger carers may find it more difficult to participate in education, training and recreation activities than their peers. We want to work in partnership with carers to support them in their role. This strategy updates our approach to supporting carers and sets out a strategic framework for the next three years. It has been developed with the full involvement of carers in Tower Hamlets. It covers all ages and applies equally to older carers, parents of disabled children and young carers.

### **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Note the contents of this report and approve the Carers’ Strategy, 2016-19 attached as Appendix 1
2. Note the contents of the Carers’ Dignity Charter which has been co-designed with carers, with a recommendation that it is endorsed by the council and health partners

## **1. REASONS FOR THE DECISIONS**

- 1.1 Tower Hamlets Carers' Strategy, 2012-2015 has come to an end and needs to be refreshed. Within this time there have been a number of major legislative and policy changes within health and social care that impact on carers. This includes the refreshed 2014/16 National Carers' Strategy, 'Recognised, Valued and Supported, the next steps for the Carers' Strategy', the Children and Families Act 2014, and the Care Act 2014.
- 1.2 The Care Act 2014 and Children and Families Act 2014 require local authorities to be proactive in identifying carers, to assess the needs of carers in their own right and to provide support which meets their needs. These legislative changes put further emphasis on the need for support to carers, both locally and nationally and the present strategy seeks to capitalise on that opportunity. The refreshed Tower Hamlets Carers' Strategy will ensure that the existing systems and processes meet the needs of unpaid carers of all ages and that the Council complies with its legal obligations in a clear and transparent way.
- 1.3 This strategy has also been produced as a direct response to a health scrutiny challenge session, held on 13th May 2015 at Tower Hamlets Carers' Centre. The challenge session focused on how the Care Act 2014 had been implemented locally, specifically in relation to the council's duty to support unpaid carers. A key recommendation made at this challenge session was "that the Carers' Strategy be developed in partnership with local service providers, the Carers' Forum and in consultation with local carers". Key recommendations from the health scrutiny challenge session have been embedded into the new Tower Hamlets Carers' Strategy. The strategy responds to the invaluable feedback we received from individual carers, the Carers' forums, and professionals.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The alternative option is to do nothing, which means the council is at reputational risk of not meeting its obligations to carers. Additionally, the strategy is designed to support the delivery of excellent services for carers in the borough. If the Council took no action to support carers, there is a high risk of the caring relationship breaking down and individuals losing their independence and control. It might also place added pressure on budgets for directly-provided care and increase the numbers of people entering residential care provision.

## **3. DETAILS OF REPORT**

### Background

- 3.1 This strategy sets out the approach to supporting carers in Tower Hamlets. With growing recognition of the value that carers bring to our health and care systems, and an increased focus on the wellbeing and life chances of carers of all ages, the strategy provides the framework for an outcomes-based

approach to recognising, respecting, working with and supporting carers. It includes an outline of national and local priorities for carers, addresses the council's statutory responsibilities, considers how it is currently meeting the needs of carers, and describes a set of principles which will shape how it will work together in partnership to achieve improved outcomes for carers in the borough. It is a key document and it is proposed that it will be used by Tower Hamlets Council and Tower Hamlets Clinical Commissioning Group (CCG) to understand how best to work with and support local carers. It will also support us to define priorities and responsibilities for the future, identify potential gaps in services and illustrate how we will work towards improving them. The strategy will enable the effective coordination of inputs from a range of partner organisations (for example the GP Care Group, pharmacies, Tower Hamlets Together, Barts Health,).

- 3.2 Carers can be of any age, including children, adults of working age and older people. The strategy covers carers of all ages. Within the strategy the term 'Carer' is taken from the Government's National Carers' Strategy:

*"A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems."*

- 3.3 In 2011, 19,356 residents in Tower Hamlets identified themselves as unpaid carers. This represents 7.6% of the population. This is slightly lower than the London and England average which are both 8.4%. We know, however, that carers in Tower Hamlets provide more hours of care than other areas. As demonstrated by the table below, 43.5% of carers provide more than 20 hours of care per week, compared to 36.9% in London and 36.4% across England.

	<b>Tower Hamlets (No.)</b>	<b>Tower Hamlets (%)</b>	<b>London</b>	<b>England</b>
<b>Residents providing unpaid care</b>	19,356	100	689,973	5,430,016
% of carers providing 1 to 19 hours a week	10,931	56.5	63.1	63.6
% of carers providing 20 to 49 hours a week	3,510	18.1	15.3	13.3
% of carers providing 50 or more hours a week	4,915	25.4	21.6	23.1

**Table 1 Provision of hours of care Source: 2011 Census (KS301EW)**

- 3.4 Tower Hamlets has a larger proportion of carers in the younger age groups compared to the national and London average. 567 (2.9%) of the carers in the borough are under 15 and a further 2,795 (14.4%) are between the ages of 16 and 24. If it is assumed that the proportion of carers is evenly distributed across the age band, then it could be suggested that there are at least 1,265 young carers in the borough.
- 3.5 In 2015/16 the Council spent c£2 million on Adult carer services and spend of c £2.3 million is projected in 2016/17 as listed in the finance comments below.

- 3.6 In total, £82,100 was spent on young carers in 2016/17. This includes £18,500 from mainstream grants and £63,600 for the Young Carers' Project.
- 3.7 One of the main areas of support for carers, including young carers of children with disabilities, is in the area of short breaks. Council expenditure on short breaks is currently £1.8 million. These are services either commissioned or delivered in-house for children with complex needs, which provide essential support for the service user, but also an opportunity for their carers to have a break from their caring responsibilities

### Strategy

- 3.8 Our vision for this strategy is based on the National Carers' Strategy:

*“Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside of caring, while enabling the person they support to be a full and equal citizen”*

This vision has been developed with, and agreed by, a group of local carers, through Tower Hamlets Carers' Strategy Group. It illustrates our commitment to carers going forward

- 3.9 The strategy is broadly aligned to the National Carers' Strategy, which has four key priorities. An extra priority has been added to Tower Hamlets Carers' Strategy to cover the transition of carers into Adults' Services. Transition is a complex area, covering many areas within both Children's and Adults' Services. The council is currently carrying out a wider review into the transition arrangements between Children's and Adults' Services. It is clear that this is an issue that causes anxiety to carers and as such it is an issue that Tower Hamlets Carers' Strategy will address to ensure carers experience a seamless transition into Adults' Services.

- 3.10 The five key priority areas of the Strategy are as followed:

**Priority 1 'Identification and recognition':**

*This means we will aim to support those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.*

- 3.11 The Care Act places a duty on the local authority to identify carers with unmet needs within the local population and to make provision. This may involve undertaking a formal Carers' Assessment. A significant number of people with caring responsibilities do not readily identify themselves as carers. They understandably see themselves primarily as a parent, spouse, son, daughter, partner, friend or neighbour. This means that many carers currently do not access information, advice and support at an early stage and miss out on the support, including emotional support and financial assistance, to which they may be entitled. They may also find it hard to know how to access information

and advice on how to balance a caring role with other responsibilities and opportunities in their lives. Decisions about education and employment support from the welfare and benefits system, and their own health and well-being may be overlooked. Many older carers in particular can feel socially isolated, especially if they are looking after someone with dementia, have health problems themselves or find it difficult to access public transport. Access to relevant and timely information and advice is also vital throughout the caring role, particularly at times of significant change - for example, to help parent carers negotiate the transition from Children's Services to adult health and social care services, and at the end of life, when the caring role is over. We will work to support people with caring responsibilities to identify themselves as carers, so they can access the information, advice and support that are available. This will include a 'single point of access for carers in to health and social care services and linking in to existing integration work currently being developed as part of Tower Hamlets Together, such as Wellbeing Hubs that will be set up at Idea Stores in Tower Hamlets to signpost people to services that support issues such as education, training and employment and loneliness. This could be extended to include carers support. Emphasis will also be placed on the practice framework for social workers to ensure that the mechanisms in place to identify carers are being used effectively and that any identified support needs for carers are being responded to at an early stage.

- 3.12 One of the strongest messages that came through in the involvement and engagement work with carers in the borough is the frustration that many feel about their experience of working with health and social care professionals. Carers often do not feel valued or recognised as an expert and equal partner in care. Carers reported that they have developed an expert knowledge of the condition of the person they are supporting and have a close understanding of that person's own aspirations and needs. We will ensure carers feel their knowledge and experience are valued by health and social care professionals. Additionally, a whole-family approach to assessment, enabling both the individuals who need support and those who will support them to identify their own needs and desired outcomes, is much more likely to result in individual care packages that can be sustained effectively. A whole-family approach will also minimise the risk of young carers feeling forced into undertaking inappropriate caring roles and being at risk of harm. We will make sure carers are involved in planning individual care packages for the people they care for.
- 3.13 Councils and their strategic partners should routinely involve carers in the development of all policies and practice to ensure that the needs of carers of all ages within the local population, including carers from ethnic minority communities and LGBT are reflected. It was clear from involvement and engagement work with carers in Tower Hamlets that former carers or those currently caring with the capacity to do so would like the opportunity to put their expertise to good use, particularly if it can help current carers.
- 3.14 The Children and Families Act 2014 places a duty on the local authority proactively to identify young carers and provide an assessment. There needs to be further emphasis on the proactive element of this duty. When young carers are referred, there is an assessment; however referrals are not

received very often. This strategy and particularly the action plan will address how we can better identify young carers and as such meet their needs in a more effective way. Children's and Adult Services have a key role to play in ensuring that the lines of communication are open and referral pathways are used when carers are identified. The Young Carers' Steering Group has launched a small scale pilot of a specialist assessment tool for young carers which, if successful, could develop into a bespoke young carers' assessment similar to those used in other local authorities.

### 3.15 **Priority 2 'Realising and releasing potential':**

*This means we will aim to support people with caring responsibilities to fulfil their education and employment potential.*

3.16 It is crucial that we place a much higher priority on supporting people of working age with caring responsibilities to remain in work, if they wish to do so. We need to empower carers to fulfil their work potential, to protect their own and their family's current and future financial position and to enjoy the health benefits and self-esteem that paid employment or self-employment can bring. However the feedback received suggests many carers currently feel forced to give up work because they feel they have no other options available to them. Carers have cited flexible working as one of the most important factors in allowing them to juggle paid work, their caring responsibilities and family life. Carers have also fed back that they feel the skills they learn from caring should be recognised once their caring role is over and they should be supported to turn these skills into recognised qualifications that will enable them to be employed in the health and social care field. We will develop a co-produced Carers' Dignity Charter, which might include increased flexibility for working carers, an acknowledgement of the pressures they will be under.

3.17 Like many vulnerable groups, there is evidence to suggest that the outcomes for young carers are not as favourable as those of their peers. Many will struggle to reach their academic potential and not be able to access higher education. There is a small project in a number of schools which is seeking to improve the understanding of what it means for a young person to be undertaking a caring role. Young carers are often reluctant to speak up about how their caring responsibilities impact on their school attainment for fear of local authority intervention. Schools are best placed to support their students to best meet their potential, in line with the support that is already successfully offered to other vulnerable students. Young carers are more likely to be not in education, employment or training (NEET), and this will impact on their future life chances.

### 3.18 **Priority 3 'A life outside Caring':**

*This means we will aim to provide personalised support to both carers and those they care for, enabling them to have a family and community life.*

3.19 Families and individuals are investing more of their own time and financial resources in caring, and are often providing complex and intensive levels of care. It is of crucial importance that consistently to keep in mind the potential impact of caring on the lives of carers, in particular the impact on their health

and well-being; education and employment opportunities; social life and social inclusion; and both individual and family finances. We know that the circumstances of individual carers vary enormously, and this means that a one-size-fits-all approach to support will not deliver the outcomes that matter most to carers and their families. We will personalise support so that it fits around the life, goals and needs of the carer and supports their own health and well-being

- 3.20 Information and advice is needed to address the various aspects of caring at different times during a caring pathway, and will be tailored to individuals' needs. Carers may want help to develop skills and knowledge to care effectively and they may need advice and support to look after their own health and well-being and that of their family while caring for someone else. The Care Act 2014 places a new duty on local authorities to provide information and advice to help people, in this case carers, understand how care services work, what services are available locally and how they can be accessed. We will improve the availability of good quality information, advice and support for carers. The provision of good information and advice at an early stage will help carers to access support before they reach crisis point.
- 3.21 Young carers will struggle to access some of the activities that are available to their peers. The reasons for this are both practical and due to the emotional difficulties associated with their caring responsibilities. There are currently limited specific activities for young carers and the Young Carers' Steering Group is actively considering how best to address this issue.

3.22 **Priority 4 'Support Carers to stay healthy':**

*This means we will aim to support people with caring responsibilities to remain mentally and physically well.*

- 3.23 Carers in Tower Hamlets have told us that while caring can be very rewarding and fulfilling it can also be emotionally and physically draining. We know that many carers, in addition to anxieties about the health of the people they care for, can experience significant stress caused by the extent and nature of their caring responsibilities, balancing caring with education or paid employment, the state of their family finances and concerns about the quality, quantity or reliability of care and support provided by others. Carers highlighted the importance of regular breaks from caring responsibilities to help them look after their own health and well-being and sustain them in their caring role. There is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. The 2011 Census demonstrates that the general health of carers in Tower Hamlets deteriorates incrementally with increased hours of care provided. The data highlights that 5% of carers reported that their health was 'not good' which increased to 16% amongst those delivering over 50 hours of care per week. The 2011 Census highlighted those young men up to the age of 24 years old caring for over 50 hours a week reported four and a half times more poor health than their peers. Carers have told us that that timely, flexible and quality support can help those with caring responsibilities to look after their own physical and mental health at the same time as supporting others. We will reduce the

impact of caring on health and well-being, with an emphasis on providing regular breaks from caring responsibilities subject to an assessment.

- 3.24 Carers often feel that they do not have time to look after their own physical and mental health. As well as being supported to take breaks from caring responsibilities, it is important that carers are supported to have their own health checks and to attend appointments for maintaining good health, including dental and optician appointments, as well as being supported to attend to their own health problems and long-term conditions in a timely and convenient way. We will support carers to look after their own health and well-being. Poor mental and physical health are often associated with caring for someone at the end of their life and during a period of bereavement, so it is also important that they receive support to cope with the end of a period of caring. Many carers fed back that bereavement services play a key role in helping them transition from the caring role once it has ended.
- 3.25 Access to relevant information, at the right time, is crucially important for all carers. Information and focused support at key stages along the care pathway, for example when a diagnosis is made, at the time of hospital discharge or at the end of the life of the person they have cared for, can improve health outcomes and experience for carers. We will focus on Prevention and early intervention for carers within local communities. Carers should be supported to pursue leisure and sport activities and to access local NHS and local authority services such as weight management and smoking cessation sessions in order to maintain their physical health. It is also important for carers to be supported to look after their own mental well-being and maintain and develop social contacts
- 3.26 A young carer's health needs are an important aspect of any assessment. Young carers are more likely to be NEET and there is a link between this and poor health outcomes. It is also important to consider the mental health and emotional wellbeing of young carers and how they can be supported to ensure that they remain healthy.

3.27 **Priority 5 'Transitions':**

*The Strategy identifies key issues for young people transitioning between Children's and Adult Services.*

- 3.28 The Care Act 2014 places a duty on local authorities to assess adult carers before the child they care for turns 18, so that they have the information they need to plan for their future. This is referred to as a transition assessment. The Care Act places a duty on local authorities to conduct a transition assessment for an adult carer where it appears that the carer is likely to have needs for support after the young person they care for turns 18, and where they think that there would be 'significant benefit' to the carer in doing so.
- 3.29 The planning for transition should start at the earliest possible stage, ideally by the age of 14. Carers have told us that while they understand that the age of the cared-for person is very important within the council context, it is much less so to them. The transition between Children's and Adults' Services

should therefore be as seamless as possible, and where practicable, the package of support should remain in place, with any changes made in a plain and gradual way. Young carers under the age of 18 who care for an adult will continue to be supported by Children's Services rather than Adult Social Care. At the age of 18, Adult Social Care will take over the responsibility, though it can be brought into the transition planning before the young carers 18th birthday, but only at the young carer's request. There is a new duty to continue to provide any services a young carer is receiving past the age of 18 if appropriate adult care and support is not in place.

- 3.30 Transition is a complex matter, covering many areas within both Children's and Adult Services including, but not limited to carers. It is clear that this is an issue that causes anxiety to carers and service users and it is a priority for the senior management of both directorates to ensure there will be a seamless transition as young carers progress on to be adult carers.

### 3.31 **Interdependent strategies and plans**

The Carers' Strategy will have a number of interdependent strategies and plans. Key strategies and plans include:

- The 2013 Mental Health Strategy
- The 2016 Health and Wellbeing Strategy\*
- The 2016 Market Position Statement\*
- The 2016 Safeguarding Adults Strategy
- The 2016 Learning Disability Strategy\*
- -The 2017 Autism Strategy\*
- The 2017 Aging Well Strategy\*
- The 2016-19 Children and Families Plan

\*currently under development

- 3.32 We have co-designed the Carers' Dignity Charter (Appendix 3) with carers over a series of workshops. The Charter demonstrates a commitment from health and social care partners to carers and will influence service delivery and practices across the whole system which should improve the carers' journey, with a focus around the identification and recognition of carers. This is draft, as the next step will be to professionally design this for publication.

### Next Steps

- 3.33 The Strategy provides a framework from which an overarching action plan will be developed. The next steps are to develop this in conjunction with carers. We are exploring the potential for a Carers' Academy which would give access to a range of training and learning opportunities to support and ensure the health and wellbeing of carers. The action plan will be monitored regularly through the Joint Commissioning Executive (Health and Wellbeing Sub-board)

to ensure progress and a full report will be provided at the end of the term of this strategy.

- 3.34 The action plan will be co-designed with carers and partners including; Barts Health, Tower Hamlets CCG, Job Centre Plus, front door council services to ensure there is an integrated approach to supporting carers so they can continue in their caring role.
- 3.35 In addition to the Dignity Charter, the council has started the process of refreshing its own carers' policy for staff which will ensure council employees who are carers are supported and their health and wellbeing is managed better so they can avoid reaching a crisis point.
- 3.36 Further engagement and involvement work is planned with young carers and the Young Mayor as this is an area that is currently underdeveloped. This work will inform the action planning for young carers, including those in transition, in Tower Hamlets.
- 3.37 The council has drafted the Single Equality Framework which includes a desired equality outcome for carers: "*Reduce the gaps in health outcomes for carers who are more likely to be women*" which was determined through the analysis behind the development of the Borough Equality Assessment. This will be picked up as part of the action plan to ensure whilst caring, carers are not disadvantaged.
- 3.38 A draft summary version of the strategy has been produced. This document is a shorter, public facing version of the detailed strategy which will highlight the key messages and actions. The full version of the strategy is attached as Appendix 1. The summary version is presented as Appendix 2. This is not the final version, as the intention is for it to be professionally designed for publication.

#### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 The Census of 2011 identified 19,356 unpaid carers in Tower Hamlets. Without their services the local authority would have to provide additional resources to meet their clients' needs. Therefore this Carer's Action Strategy is important to ensure their services are maintained and supported.

There has been an expectation that the implementation of the Care Act 2014 would cause an increase in carers being assessed and supported with the bulk of increase materialising towards the end of 2015-16 and start of 2016-17. The current demand figures do not indicate a significant increase, with a yearly assessment figure of c302.

As mentioned above there has not been a significant increase in the number of carers or their costs since the implementation of the Care Act 2014 and this is expected to remain the same going forward.

Any increase in carers' support will have a financial implication. The Current cost on carer's services is shown below:

<b>Services</b>	<b>Expenditure (£)</b>
Care Act Services	330,700
Commissioned Carer services	664,413
Direct Payments	10,602
Respite in Care packages	187,000
Carers Assessments Costs	636,930
Carers Package Costs	434,449
Other Carers Provision Costs	21,600
<b>Total spent on Carers</b>	<b>2,285,694</b>

The Council might also consider whether any capital investment is appropriate to support carers such as through a multi-generational carers hub; any proposals should be considered as part of the Council's Capital Strategy and can, subject to prioritisation and affordability, be incorporated into future years' capital programme.

- 4.2 Tower Hamlets has a larger proportion of carers in the younger age groups compared to the national and London average. 567 (2.9%) of the carers in the borough are under 16 and a further 2,795 (14.4%) are between the ages of 16 and 24. To support the key aims for young carers, highlighted in this report, a budget of £82,100 has been allocated for the 2016/17 financial year for young carers' services. The young carers' projects form an aspect of a range of services provided by the council. As an example, the leaving care service spent circa £100k in 2015/16, assisting young people (including young carers) classified as NEET (Not in Education, Employment or Training).

## **5. LEGAL COMMENTS**

- 5.1 The Care Act 2014 (the 2014 Act) aims to bring about a greater emphasis on individuals, their families and networks to be in control over their situations and the legislation attempts to rebalance the role of the state in the process. One important change the 2014 Act brings about is placing the right to an assessment for carers, and consideration of their wellbeing, on an equal statutory footing as those being cared for.
- 5.2 S.10(3) of the 2014 Act defines a carer as 'an adult who provides or intends to provide care for another adult'. S 10 (11) clarifies that providing care includes 'providing practical or emotional support'. S.63(6) of the 2014 Act defines a young carer as 'a person who is under 18 who provides or intends to provide care for an adult'. Both definitions exclude situations where the carer is providing care under or by virtue of a contract or as voluntary work.
- 5.3 The duty to assess applies irrespective of the level of expected need. The duty to provide support for an identified need is determined by the eligibility criteria in Regulation 3 of the Care and Support (Eligibility Criteria) Regulations 2014. This criterion reflects the approach applied to the eligibility of individuals with care and support needs. The focus of the eligibility is on the impact of a carers need for support on their wellbeing.

- 5.4 Section 17ZA-ZC of the Children Act 1989 (as amended by the Children and Families Act 2014) imposes a duty on the Council to assess any young person under the age of 18 if it appears that they are providing support, or if they request an assessment. This is known as a ‘young carers’ needs assessment’. The assessment must consider whether the young person wishes to take on a carers’ role, whether this is appropriate, what impact it has on the young person’s ability to participate in education, training, recreation or employment. The assessment must also consider whether the young person requires support, and if so, whether that support can be met through the Council’s powers to provide services to a child in need under section 17 of the 1989 Act.
- 5.5 In respect of adult carers it is important to note that the duty of the council to carers is determined by the ordinary residence of the person cared for rather than that of the carer. For example, if a carer lives in Norwich but the cared-for person lives within the borough, the legal duty to assess and determine eligible needs will rest upon the council. Equally, it is important to direct those who live within the borough but are caring for others who are not ordinarily resident within Tower Hamlets to the appropriate authority.
- 5.6 When undertaking young carers or parent carers needs assessments, the responsibility to assess will be with the local authority in which the young carer or parent carer is ‘within their area’ (s 17ZA and s 17ZD). In a number of s17 Children Act 1989 cases<sup>1</sup>, the court has found that ‘within their area’ refers to whether a child is physically present in the authority’s area.
- 5.7 Where a duty to meet eligible needs does not arise, the Council retains the power to meet a need where it judges there is a reason to do so.
- 5.8 In relation to charging carers to provide support to them, s.14(1) of the Act provides a power for the Council to charge. The Care and Support Statutory Guidance (2014) recognises that ‘*Local Authorities are not required to charge a Carer for support and indeed in many cases it would be a false economy to do so*’, para 8.50. In the event that the Council does take a decision to charge a carer it must do so in accordance with the non-residential charging rules set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014.
- 5.9 In developing its approach to the assessment and eligibility of carers the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010 (e.g. discrimination), the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don’t (the public sector equality duty). The level of equality analysis required is that which is proportionate to the function in question and its potential impacts.

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<sup>1</sup> R (Stewart) v Wandsworth LBC, Hammersmith and Fulham LBC and Lambeth LBC [2001] EWHC 709 (Admin),  
R (M) v Barking and Dagenham LBC and Westminster LBC [2002] EWHC 2663 (Admin).

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 The Carers' Strategy supports One Tower Hamlets, as carers play a crucial part in ensuring a healthy, safe and supportive community. A key focus is the engagement and involvement of carers in the design and delivery of services. The report also makes a recommendation to enable hard to reach carers to identify themselves and access support services.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 Any future redesign and implementation of new services as a result of the Strategy will be met through existing funding streams.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 Not Applicable

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 The refreshed Carers' Strategy is designed to support the delivery of excellent services for carers in the Borough. If the Council took no action to support carers, there is a high risk of the caring relationship breaking down and individuals losing their independence and control. This would place added pressure on budgets for directly provided care and increase the numbers of people entering residential care provision.
- 9.2 The strategy has identified some areas where there is more work to be done to be fully compliant with legislation, particularly in the area of identification and recognition of carers. This potentially creates a reputational and financial risk to the council and the CCG.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 Not Applicable

## **11. SAFEGUARDING IMPLICATIONS**

- 11.1 The report sets out a number of actions which are designed to support the delivery of excellent services for carers in the Borough. If the Council took no action to support carers, there is a high risk of the caring relationship breaking down and individuals losing their independence and control.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- None.

### **Appendices**

- Appendix 1 – Tower Hamlets Carers' Strategy, 2016-2019
- Appendix 2 – Draft summary version of strategy
- Appendix 3 – Carers' Dignity Charter

### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- None.

### **Officer contact details for documents:**

N/A