

# All Together for Carers

A Carers Strategy for  
Staffordshire : 2019 - 2023



# Contents

01	National Context	4
02	The Local Picture	6
03	Our Vision	8
04	What You Have Told Us	10
05	Our Priorities for Carers	13
	05.1 Improving Information, Advice and Guidance	13
	05.2 Identifying Carers	13
	05.3 Staying Healthy - Maintaining Carer Health and Wellbeing	15
	05.4 A Life Outside of Caring	15
	05.5 Assessment and Support	16
	05.6 Crisis Management	17
	05.7 Recognition and Value	17
06	What Does Good Look Like?	18
07	Monitoring Our Performance and Accountability	20
08	Further Information	22
	Appendix One - References	22



# Foreword

Every day, thousands of people in Staffordshire support an ill, frail or disabled family member, friend or partner. For most carers the experience of looking after someone close is rewarding, and many carers manage with help from their friends and communities.

Some might need some extra help, and turn to Staffordshire County Council or the NHS for advice and support. The aim of this strategy is to allow us to build on our continuing efforts to ensure carers can lead happier, healthier and more independent lives, whilst continuing to care for their loved ones.

We shall seek to further strengthen our relationship with carers, communities and the organisations that support them, working collaboratively to empower communities, prevent, reduce and delay the needs of carers, and create a culture of genuine respect, trust and community collaboration. We recognise that carer support needs to be localised where possible, within strong, inclusive communities, delivered in a way that helps carers to be happy and healthy.

By working together with carers and key organisations, we can ensure we are taking a 'whole systems approach' to supporting carers in Staffordshire. We will achieve this by strengthening the current pathway and reviewing our commissioned arrangements to ensure they are fit and appropriate for the future. We want to further strengthen the support that carers access, making information and advice readily available to them, and responding to their needs earlier and in a more comprehensive way.

We shall seek to work with communities and organisations with which carers come into contact, educating them on the valuable role carers play and encouraging support from carers' own networks. We will promote opportunities for carers to gain assistance in their role without the need to rely on services themselves. We will also increase efforts to identify carers who do not currently know what is available to support them, enabling them to access support and reducing their risk of carer breakdown.

Carers make a tremendous contribution to their families, communities, workplace and society. It is important that we continue to recognise and value this contribution, and that we work "All Together for Carers" in the future.



Alan White  
*Deputy Leader and Cabinet Member  
for Health, Care and Wellbeing*



Dr Alison Bradley  
*Co-Chair of the Staffordshire  
Health and Wellbeing Board*



Mark Sutton  
*Cabinet Member for  
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# 01

## National Context

1.1 | Each year millions of people take on caring responsibilities as the population ages and the number of people with a limiting long-term illness increases, this means that caring will touch the lives of most people, as we either require care or provide care to loved ones, at some point in our lives.

1.2 | There were approximately 6.5 million people providing unpaid care in the UK in 2011, representing a growth of 620,000 unpaid carers since 2001. It is estimated that we will see a 40% rise in the number of carers needed by 2037, meaning that the carer population could reach 9 million.

1.3 | It is thought that one in five people are providing unpaid care, with the peak age for caring between 50-64.

1.4 | Whilst most carers want to provide care for their loved ones when they need it, the responsibility for providing care can have a wide-ranging health, wellbeing and economic impact. National research indicates that carers experience poorer health than the norm.

1.5 | Carers report that it has an impact on their mental wellbeing and physical health, yet many carers put off seeking medical help because of the demands of their caring role. The most common issues are fatigue (including lack of sleep), stress, depression and physical strain. Carers report feeling socially isolated and many lose touch with their families and friends.

1.6 | There are estimated to be at least 376,000 young adults with caring responsibility aged 16-25. Young adults with caring responsibilities appear to be more than four times more likely to drop out of their college or university course than their peers.

1.7 | Children are not exempt from caring. The average age of a young carer in the UK is 12, with some children as young as four undertaking a caring role. The Children's Society report that many young carers remain hidden for a number of reasons, including loyalty to family, stigma, bullying and not knowing where to go for support.

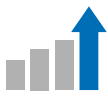
1.8 | In a survey by the Carers Trust, it was reported that only half of young carers have a designated person at school who recognises that they are a carer and provides support. Reportedly young carers on average miss or cut short 48 school days per year because of their caring role.



# 02



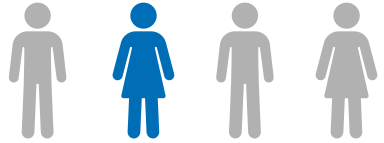
in Staffordshire according to the 2011 census.

The number of people identified as a carer is rising at the rate of 

**6% per annum**

this means that the true number of carers may be nearer

**148,000**



**Almost 1 in 4** spend



**50+ hours** caring every week.



**57%** of these carers are female, which aligns with the national trend of 58%.

# The Local Picture

## ADULT CARERS



**22.01%** of carers support someone with Dementia



**18.5%** care for someone with a physical disability



**17.25%** care for someone with other physical illness



**15.78%** Learning disability



**14.3%** Mental health condition



In terms of needs, **48.44%** of adult carers only require access to information, advice and guidance



**12.87%** need support for their emotional health and wellbeing



If just 20 carer breakdowns resulting in admission to residential care are avoided, the cost avoided to the public purse is

**c.£0.5m per year**

## YOUNG CARERS

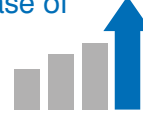


The 2011 census identifies that there are **1,696** Young carers in Staffordshire

but national statistics suggest that this is a significant under-representation this represents an increase of

**15%**

since the 2001 census.



In Staffordshire, the number of young carers we know about is small. Many are not known until they, or their families, identify other issues which require intervention from statutory services.



**28.68%** care for someone with a physical disability



**18.45%** care for someone with other physical illness

**18.29%** Mental health condition

**17.67%** Learning disability



**Less than 1%** of young carers are caring for someone with dementia

**52.87%**

of young carers need to access social/leisure activities and



**10.54%** need support for their emotional health and wellbeing





# 03

This strategy has been developed by Staffordshire County Council and the NHS Clinical Commissioning Groups (CCGs) as a joint approach to supporting carers and commits us to working in partnership with carers, health and social care providers, communities and employers with the aspiration to develop a society that is carer friendly, which values and supports carers to fulfil their caring role and maintain their health and wellbeing.





# Our Vision

3.1 | The value and importance of carers to Health and Social Care and broader society is ever increasing with our ageing population. For most carers the experience of looking after someone close is rewarding and has a positive impact on the people they care for, however, too often carers feel they are on their own, do not feel respected, valued and supported for the huge contribution they make.

3.2 | Many carers find that they cannot access the support they need to make their caring role more manageable, they navigate through complex systems and pathways that are not always equitable, clear, flexible and responsive, nor reflect the fact that carers can be at different stages in the caring journey. This can result in stress and isolation which can affect carers emotional and physical health. If left unchecked, this can be a pre-cursor to carer breakdown, in some circumstances requiring the emergency mobilisation of statutory services.

3.3 | The support which carers give is a vital part of the Health and Social Care system, particularly as local authorities, NHS and the wider public sector face financial challenges of an unprecedented scale. We have to consider sustainability and value for money in all our services, balancing demand and quality with cost. We must support local communities to develop to be strong and inclusive, be sustainable and support carers to help themselves, enabling us to target our resources for those who are most in need of support.

3.4 | This Strategy will support the ongoing development of communities to ensure a credible local offer and further explore the opportunities presented by technology to support carers, enabling them to keep well and manage their caring role safely. This is also addressed in wider strategies and plans such as the Whole Life Disability Strategy, Health and Wellbeing Strategy 'Living Well in Staffordshire' and as part of the Council's Supportive Communities initiative.

3.5 | Our aspiration is to develop a society that is carer friendly, which values and supports carers to fulfil their caring role and maintain their health and wellbeing. Therefore, we have placed emphasis on prevention to avoid, reduce or delay dependency on health and care services by increasing the resilience of individuals and communities.

3.6 | We will help those carers who are eligible and provide support in times of crisis: we will ensure that they receive the right support, at the right time and develop plans to help reduce or delay longer term support needs. We will do this in a way which is safe and financially sustainable.

3.7 | We shall not overlook young carers. Many young carers in Staffordshire are 'hidden' unknown until they, or their families, identify other issues which require intervention from statutory services. We must therefore improve the way we work with schools and other agencies who come into contact with children and young people, to better identify young carers and help them to identify themselves, to enable swift access to support when required.

3.8 | This strategy reaffirms our commitment to working in partnership with carers, health and social care providers, communities and employers to support carers wellbeing and help carers to carry on caring. In Staffordshire, we have a strong voluntary and community sector which works effectively in partnership with statutory organisations. It is our wish to support the development of relationships between organisations, to foster meaningful partnerships underpinned by the priorities set out within this strategy, working towards a common goal, to strengthen the support to and recognition of carers.

3.9 | This Strategy commits us to working proactively together through financial challenges and ensuring the most appropriate use of resources to achieve the best outcomes for carers in Staffordshire. We cannot do this alone and therefore, this strategy includes a call to arms to community groups, businesses, schools and colleges, and the third sector for a shift towards a genuine collaborative approach.

3.10 | We shall with our key partners respond to the immense commitment shown by carers, by committing ourselves to taking forward the priorities and actions in this strategy and come together with support organisations to make a real impact on the lives of local carers. We shall all come together for the benefit of our carers, so that we can honestly say that we are 'All Together for Carers'.



# What You Have Told Us

In a range of engagement across a raft of programmes and during 12 weeks of extensive engagement specifically around the initial draft of this strategy, you have told us:

- › Pathways and processes for Carers are at times inequitable, inconsistent and unclear, with no single point of initial contact to access.
- › Where carers utilise statutory services, they want these to work in a more joined up way, so that they don't have to keep repeating their story.
- › There is variable practice around Carers depending on the assessment and care management function that is working with the Carer and/ or the cared for. The system was described by some as time consuming and challenging, often at a time of great stress.
- › Commissioned services were not widely known or used across the entire assessment and care management function, with inconsistent signposting practice.
- › Carers are not always clear what is on offer. Carers want information that is relevant to them, as and when they need it, in a format to suit them and their lifestyles, e.g. some carers would like to access information in the form of an App, whereas others do not want to access information online or via a smartphone and would prefer to simply talk to someone.
- › Some carers are concerned about their financial situation, so whilst Carers would welcome support, they worry about benefits being stopped.
- › Many carers find fulfilment in their caring role and would like to be able to balance caring with other commitments, such as work, education or training. Carers employers are not always understanding of their caring responsibilities.
- › Carers want a life outside of caring, often a break for a few hours to pursue interests or have social interaction is enough. Carers expressed that access to respite is complicated and inflexible.
- › Young carers report their highest need is for support to help them to manage at home in their caring role. More engagement is required with schools and other agencies who come into contact with children and young people, to better identify young carers and help them to identify themselves, to enable swift access to support when required.
- › Some Carers report that they would value informal support from the community to help with small tasks such as collecting prescriptions, transporting to medical appointments, gardening, and to prevent feelings of isolation and loneliness.
- › Self-directed support arrangements are unclear and some felt they are open to potential misuse. Carers want choice, control, flexibility and consistency with up to date information and advice on their self-directed support options.
- › Some felt that we need to get better at identifying carers so that we help to avoid carer crisis. They also stated that no one person is the same, people are at different points and want to be treated as an individual and respond accordingly. They need to know where and how they can get help in an emergency if they can't continue to care
- › Many commented that there is a degree of "hostility" and "competition" between some providers of carer support, with a general feeling of not working collectively for the "greater good".
- › Many commented that it can be confusing for Carers when more than one organisation is providing the same support in the same area of the County. There was a general view that funding needs to be better spread amongst Carer Support organisations and across localities, with ways of working based on communities, avoiding duplication of support where possible.





# 05

In response to legislative requirements, local knowledge and stakeholder engagement we have developed the following seven priorities:

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**Improving information, advice and guidance**

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**Identifying carers**

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**Staying healthy: maintaining carer health and wellbeing**

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**A life outside of caring**

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**Assessment and support**

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**Crisis management**

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**Recognition and value**

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# Our Priorities for Carers

## 5.1 | Improving Information, Advice and Guidance

Access to clear, concise, accurate and relevant information is a key requirement for carers and will help to avoid, reduce or delay the need for assessment and more intensive support. Carers also want to know when changes are made to services and understand what this means for them and the people they care for.

To achieve this, we will:

- › Use sources of information which are consistent, credible, reliable, accessible and up to date which gives Carers the best chance of knowing what is on offer in their communities to support them at any stage in their caring journey;
- › Provide information in a range of formats, making sources of information, advice and guidance easy to find and navigate;
- › Keep pace with technological change by developing and improving digital resources as a primary source of information, and utilising social networks to empower and enable collaboration within communities;
- › Ensure that carers are able to speak to someone if they need to;
- › Support carers to understand the implications of the cared for person's diagnosis when they are diagnosed and know where to get help and support;
- › Work to a principle of 'no wrong door'. Statutory agencies shall understand their respective roles, the types of support available to carers and will keep carers up to date on changes to their operations;
- › Make information available for professionals and any agencies who come into contact with carers, including young carers easy to access and signpost to;
- › Support young carers to obtain information safely and provide information which is tailored to their needs and level of understanding;
- › Acknowledge and develop the role of the third sector and community assets in providing peer support;

- › Signpost Carers who want more information about benefits, grants and financial management to relevant financial support and advice;
- › Review our personalisation offer for Carers to enable carers to have more influence over their lives and increased flexibility around how they use the resources they are eligible for.

## 5.2 | Identifying Carers

Many carers provide care within a family network and do not want or need additional support. However, some carers need support in order to prevent the escalation of their own needs, and those of the person they look after. Identifying carers early will help to ensure carers know where to go to when they require support, keeping them well for longer and helping to avoid crisis which necessitates involvement from statutory services.

To achieve this, we will:

- › Train professionals in NHS, social care and other agencies to identify, value and work with carers (particularly vulnerable carers who don't self-identify) in the course of their work and ensure "they make every contact count, working with, rather than doing to", underpinned by clear knowledge on where to get information and advice;
- › Focus on improved identification of young carers in schools and services which work directly with families, including our own frontline staff as well as commissioned providers;
- › Help Primary Care Surgeries, often the starting point for a carer's journey, recognise carers and know where to signpost them for support in their communities;
- › Optimise opportunities to raise the profile of caring, to help people to self-identify, such as Carers Week and Carers Rights Day.



### 5.3 | Staying Healthy - Maintaining Carer Health and Wellbeing

Our carers deserve to remain in good health and experience quality of life, including juggling their caring role with other responsibilities, such as working or bringing up a family. For young carers, poor health impacts on their life chances. It is especially important therefore that they should have a fulfilled childhood, including the right to an education and the same life chances as other young people to achieve their aspirations. We intend to work in partnership with carers, health and social care providers, communities and employers to support carers to maintain good physical and mental health, to help carers to carry on caring.

To achieve this, we will:

- › Adopt as a principle that carers can expect to experience good health and a good quality of life;
- › Encourage carers to be known to their Primary Care Surgery in order that appropriate support can be offered when required;
- › Ensure that schools and the Council know who their young carers are and that young carers know who to go to if they need support;
- › Train school staff and other relevant agencies to be alert to issues affecting the wellbeing of young carers and to respond appropriately;
- › Develop a culture where professionals working with the cared for, acknowledge and respond to the needs of carers to maintain their health and wellbeing before reaching the point of crisis;
- › Ensure the assessment process fully considers the impact of caring on the wellbeing of carers, identifies carers' eligible needs and responds to them appropriately;
- › Ensure that, should a crisis occur, carers are supported as promptly as possible;
- › Make reasonable adjustments to NHS and Council services to enable carers to access services at times suited to their own needs and the needs of those they care for;
- › Make safeguarding paramount;
- › Increase the number of employers who are aware of Carers legislation, ensure mechanisms are in place to ensure more employers are made aware of an employee with caring responsibilities and that

employers can take simple, but effective action to enable carers to balance their caring and employment responsibilities;

- › Where possible influence businesses to consider what flexible working practices might help both the employer and employee;

### 5.4 | A Life Outside of Caring

Carers should be able to maintain their social relationships with family, friends and others. Remaining socially connected has an impact on our mental and physical health, therefore, identifying and developing opportunities for carers to meet others, either in the same situation or otherwise, is a key priority.

To achieve this, we will:

- › Support carers to be able to access social and leisure interests away from their caring role as they choose;
- › Identify and put carers in touch with other carers where they wish to do so, in order to establish new connections and a wider support network;
- › Promote digital solutions such as social media, to enable carers to form and sustain new networks of support;
- › Help hard to engage or reach carers, such as those in rural areas, to be better socially connected and experience fewer feelings of isolation;
- › Ensure that young carers have educational opportunities and the opportunity to experience activities outside school hours, that support them to develop and sustain friendships with their peers;
- › Help carers who want to access education, work and training to do so, and ensure that the education and life chances of young carers in particular are not compromised by their caring role;
- › Help working carers to remain in work where reasonable/possible and have a degree of work life balance to enable them to work, care and maintain their wellbeing;
- › Help carers who have eligible needs to have relief from caring to enable them to maintain their social and family networks.

## 5.5 | Assessment and Support

This strategy supports the discharge of the council's legal duties to adult carers, parent carers and young carers under the Care Act 2014 and the Children and Families Act 2014 respectively, and to parent carers where their child is approaching adulthood and young carers who are approaching adulthood.

To achieve this, we will:

- › Review and amend (as necessary) the pathway for carers to ensure a single equitable access to support for Carers regardless of the specific needs of the citizen i.e. Learning Disability, Physical Disability, Mental Health, Young Carer, Older person;
- › Review (and amend as necessary) our current commissioned carers assessment and support arrangements to ensure the most effective and affordable support arrangements are in place to deliver support to Carers equitably across the communities of Staffordshire;
- › Review (and amend as necessary) our current carers self-directed support offer e.g. carers direct payments, with a view to making our offer easier to navigate for both carers and professionals;
- › Encourage Carer Support providers to work together in true collaboration with each other, the Council, the NHS and other key stakeholders for the greater good of Carers;
- › Work collaboratively with Carer Support organisations to avoid duplication of support in the different localities;
- › Explain carers rights to an assessment and routinely offer one on the appearance of need, explaining the benefits of an assessment to the carer;
- › Offer information advice and guidance for all Carers, as well as signposting to support from their community;
- › Where an assessment identifies eligible needs, we will look to meet these with support from their local community in the first instance, avoiding the need for statutory provision wherever possible and financially prudent to do so;
- › Work with other agencies so that they are aware of carers rights to an assessment and know how to refer a carer for an assessment;
- › Whenever possible, recognise carers as experts and essential contributors to the assessment of the person they care for;
- › Improve our identification, referral, assessment pathways for young carers and offer appropriate levels of support, taking into account the age and needs of the young carer, its impact on other areas of their life and the issues affecting those they provide care for;
- › Ensure that support such as social activities and clubs, where possible and reasonable, are available at a time most suited to the carer, taking into consideration work, education and caring commitments;
- › Adopt a whole family approach to assessment across the whole system, with practitioners from all parts of the system working in a spirit of collaboration so that the needs of adult carers, young carers and those they care for are identified and responded to appropriately;
- › Improve our assessment pathways for parent carers whose child is preparing for adulthood and for young carers approaching adulthood;
- › Undertake work to provide an option of a digital self-assessment form which carers can complete at a time to suit their caring commitments;
- › Record assessment information in a timely way, making sure it is comprehensive, accurate, stored safely and shared according to the standards required under data protection legislation so that the need for carers to repeat their story is kept to a minimum.





## 5.6 | Crisis Management

Though many carers manage their caring responsibilities independently of help from statutory agencies and have established family networks whom they can call on in a crisis, some do not have robust contingency arrangements and may need support. We and our partners will endeavor to provide support to help carers to plan effectively should a crisis occur and provide a prompt response and support in the event of such an eventuality.

To achieve this, we will:

- › Have arrangements in place to help carers to plan for a crisis, using their own resources wherever possible;
- › Ensure that carers know where they can get help in the event of a crisis and our respite offer is clear;
- › Ensure that carers who are eligible can access a break from caring and provide this in a cost-effective manner, doing the best we can within the resources available;
- › Ensure that professionals working with families deploy a whole family approach, can recognise a potential crisis and help to put arrangements in place to prevent one occurring;
- › Have robust arrangements so that, in the event of a crisis, responses from Social Care and the NHS are prompt, provide reassurance and respect the feelings of the carer and the person they care for;
- › Make sure that the carer is involved, where practicable, (and the person they care for has capacity and consents) in any forward planning once the crisis situation has subsided;
- › Make safeguarding a priority at all times.



## 5.7 | Recognition and Value

We will actively engage with carers and their representatives throughout the assessment process, both in clinical and social care settings. We will involve and consult with carers when we develop or review our services. We will ensure our carers are recognised and valued for the work they do.

To achieve this, we will:

- › Utilise the experience and knowledge of carers and genuinely treat Carers as expert partners, ensuring that pathways and processes naturally involve seeking the views of carers;
- › Involve a paid advocate where the carer is eligible;
- › Maintain a dialogue with carers to ensure the needs of the cared for person are met;
- › Involve carers in clinical assessments, reviews and discharge planning wherever possible;
- › Ensure that we involve carers in reviews, design and redesign of health and care services so that user experience is taken into account;
- › Establish a newly constituted carer representative body which is supported by partners to obtain carers views and address issues of significance to carers;
- › Fully utilise opportunities to understand the experiences of carers and use these to make improvements;
- › Use opportunities including Carers Week and Carers Rights Day to promote and recognise the work that carers do;
- › Recognise and support Carers in the wider community and society, raising awareness of caring among the wider population in order to build carer friendly communities.



Carers have a life outside of caring, are supported to cope with the stresses of life within supportive communities, are treated as experts, recognised and valued.

Better understanding of caring responsibilities by employers and shifts towards more flexible working.

Genuine collaboration between Carer Support organisations, underpinned by a culture of trust and respect.

Support organisations work in partnership with the Council, NHS and in collaboration with each other to prevent, reduce and delay need with a clear focus on maintaining carer health and wellbeing.

Reduced duplication of support within localities, to ensure that support arrangements make the best use of resources available across the County.

Respite which is flexible and affordable is available and clearly communicated, with the aim of reducing the escalation of needs leading to crisis.

Good quality, accurate information and advice for Carers, available in a variety of formats.

Professionals within Social Care, the NHS and other agencies value carers and have clear knowledge on where to get information, advice and support.

## What Does Good Look Like?

A clear single point of contact and access, underpinned by a clear and equitable pathway, ensuring those with eligible need receive the right support, at the right time with plans to reduce or delay longer term support needs.

A more carer friendly Staffordshire.

Improved identification of Carers, with better understanding and signposting by professionals, including Primary Care Surgeries.

Carers are supported to look after their own health and wellbeing where possible.

A self-directed support offer that is clear, transparent and equitable.

A strong, truly representative Carers Partnership board that leads from a Carers perspective to ensure organisations are held to account on the actions in this strategy.

Young carers access a full education and have the same opportunities as other young people.

Statutory organisations are financially sustainable, enabling us to continue to direct our resources to those most in need of support.

To undertake meaningful and regular engagement with carers to shape the delivery and development of services.







# 07

## Monitoring Our Performance and Accountability

### 7.1 | The deliverables within this strategy will be monitored through the following:

7.1.1 | A revitalised Carers Partnership Board, which will seek to work collectively and collaboratively across organisations and with Carers to oversee the implementation of this strategy across partner organisations. This will be supported by smaller groups responsible for specific work-streams within the action plan.

7.1.2 | The Carers Partnership Board will report to the newly formed Joint Commissioning Board, to ensure accountability and visibility across Staffordshire County Council and the NHS Clinical Commissioning Groups in Staffordshire.

7.1.3 | Monitoring of feedback from the Survey of Adult Carers in England (SACE).

7.1.4 | Contract and performance management of any future commissioning arrangements for carers, to include outcomes monitoring and regular service user consultation to shape the delivery and development of services.

7.1.5 | Progress in respect of the implementation of this strategy will also be monitored, scrutinised and be accountable to the Director of Health and Care and the Cabinet Member for Health, Care and Wellbeing.

7.1.6 | Exploring ways in which we can undertake meaningful and regular engagement with carers and those with lived experience e.g. we have recently launched a Learning Disability and Autism Carers Forum and are seeking to develop a Citizen Forum. Furthermore, we are considering ways in which we can involve those who are unable to attend meeting but wish to stay informed and contribute towards the wider discussion through digital and non digital means.





# 08

## Further Information

### Legislation and National Strategies

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The Care Act (2014)  
The Children and Families Act (2014)  
NHS Commitment to Carers 2014  
NHS Long Term Plan (2019)  
The Department of Health Carers Action Plan 2018 - 2020

### Related Local Strategies &

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Staffordshire Health and Wellbeing Board  
Health and Wellbeing Strategy 2018 - 2023  
Staffordshire County Council Whole Life Disability Strategy 2018 - 2023  
Doing Our Bit  
Sustainability and Transformation Plan, Together We're Better

### APPENDIX ONE: References

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NHSE (2018) *Annual Carers Survey: Guidance for local authorities*  
NHSE (2019) *Personal Social Services Survey of Adult Carers in England 2018-19*  
The Children's Society (2013) *Hidden from View*



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