A Carers Strategy for Hertfordshire 2022 – 2025

Hertfordshire

Contents

Foreword

What do we mean by a Carer?
A carer is someone who provides help and support, unpaid, to a family member, friend, or neighbour. Carers can include adults, parents, or a young person.

Hertfordshire County Council, Herts Valleys Clinical Commissioning Group (HVCCG) and East & North Herts Clinical Commissioning Group (ENHCCG) have worked with carers to develop this Carers Strategy for Hertfordshire to reaffirm their commitment to partnership working between carers, health and social care providers and other agencies. This Strategy aims to support carers' wellbeing and where possible to help them to balance caring with their own needs. Each organisation will develop their own action plans to meet the objectives of this Strategy, but many actions will be shared across organisations where joint effort is required.

We are fortunate to have a strong voluntary and community sector in Hertfordshire which works effectively in partnership with statutory organisations. By identifying carers earlier and ensuring they are referred to voluntary sector and community sources of support, we can reduce the need for higher level statutory sector resources to carers in crisis. Different caring experiences have been considered when developing this Strategy to ensure that it is inclusive of the evolving needs of all carers who live in or provide care in Hertfordshire.

For the first time we have developed a single Strategy for Adult Carers and Young Carers. There are parallel aspirations of carers in both groups, and support needs to continue smoothly as young people reach adulthood.

The four objectives embedded in this Strategy result from feedback from members of the Herts Carers Organisations Network, Young Carers Council, Carers in Hertfordshire staff, trustees and volunteers, Hertfordshire Parent Carer Involvement (HCPI) forums with carers and an online survey of over 300 carers. The Strategy has been approved through the Carer Reference Group, Young Carers Council and Carer Co-production Board.

Our vision is that together we will deliver the objectives that carers have identified as most important to them.

Objective 1: Be Informed

Carers Said:

Having access to information is vital in supporting us in our caring roles, this is true for both day-to-day aspects of caring and when making longer-term decisions and planning for emergencies. Staff in all organisations need to be trained to help us to recognise ourselves as carers, and to help us to find sources of support. We need information to be readily available when we need it.

Action plans will need to achieve the following:

Information will be available in a wide range of media that considers digital exclusion, language barriers, cultural sensitivities and the demands of caring roles on everyday life. It is also important that professionals are aware of where to find this information so that carers can be signposted to it. This includes being able to use HertsHelp, Carers in Herts, Young Carers in Herts, The Hertfordshire Local Offer, Families First Portal[i] and the Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS)[16] as tools to find community resources that will aid carers to access the information they need to make informed decisions. Information about benefits, financial planning, deputyships and lasting power of attorney is essential.

The ability to access information easily and quickly will help reduce the impact that carers often face, such as increased risk of poverty, fatigue, anxiety and declining mental health. Preventative services reduce or delay the need for specialist services; therefore, professionals need training and knowledge to be confident in signposting carers to organisations that can support with emerging needs.

> You can feel isolated as a carer and it’s great to have an organisation like Carers in Hertfordshire to turn to for information or advice.

Objective 2: Life Beyond Caring

Carers Said:

Our identity is important. We would like to feel empowered to make decisions that suit our personal circumstances rather than having notional support that does not meet our needs or adds to our burden. This includes more choice and control around the frequency and length of carer breaks. We all have our own individual circumstances and barriers and challenges we may face such as accessing employment, digital exclusion, balancing a life with caring, carer breaks and supporting our wellbeing (both in our caring role and when bereavement or other transitions occur).

Action plans will need to achieve the following:

Viewing a carer holistically and adopting a 'Whole Family' approach will ensure that assessments identify appropriate support mechanisms that will compliment a carer's aspirations and wellbeing needs. Alongside the Carer's Assessment, the aims and principles of the Connected Lives and Families First assessment frameworks place a focus on personalised support that is strength-based and outcome driven. In the case of young carers, they must be viewed as 'child first, carer second' and caring responsibilities must be age appropriate.

It needs to be acknowledged that life changes (i.e. change in residential or education setting, or bereavement) are inevitable through each individual caring experience. The impact of these transitions will vary depending on individual circumstances and may be felt across different parts of life such as housing changes or benefit reductions, therefore practitioners should be mindful of impacts outside of their own working practice.

Health and social care organisations will set an example to others by having carer friendly policies and monitoring their impact.

> Mentoring has been a great experience and I would recommend Safe Space mentoring to any young carer who thinks they would benefit from having someone to talk to.

Objective 3: Maintain Health & Wellbeing

Carers said:

Maintaining our wellbeing is important if we are to continue in our caring roles and at times, we will need support with this. Support choices should ensure that any disability we may have, our cultural needs, access to annual health checks and our need to be able to have access to work are considered. Emotionally, we would like more targeted support around managing guilt, prioritising our own needs, planning for life changes, experiencing bereavement, understanding cultural impacts and feeling safe in our caring role.

Action Plans will need to achieve the following:

Professionals will make carers aware of the available support options from early on in their caring journeys. This will help carers to feel valued and empower carers to look after their own wellbeing. Professionals can help by having a good knowledge of local statutory, voluntary and peer support that will support good physical and mental health for carers.

Risks to carers will be recognised and alleviated.

Carer wellbeing will be promoted. Professionals need to understand the potential impacts on wellbeing, and give consideration as to how best to monitor this.

> My mental health feels better, people have listened, I didn't have any hope before, now people understand

Objective 4: Receive Consistent, Joined Up Services

Carers said:

Receiving consistent and joined up services mean that our caring roles are made easier. The involvement of lots of agencies is critical to help us in our caring roles, especially when managing changes between services. However, we would like more joined up working between agencies, so we do not need to repeat our stories to many different professionals. It would be useful to have a simple pathway with co-ordination between organisations that relate to our needs throughout our caring journey. Having to prove things like expenditure is an additional burden which could be avoided with a little more trust. Some of us look after two or more people and have to deal with different organisations.

Action plans will need to achieve the following:

Professionals will help carers feel respected by listening and offering a dignified response. Adopting a collaborative and whole family approach will aid coordination and lead to better outcomes for carers and those that they care for.

Development of pathways and procedures will involve carers, especially when different agencies are involved in support. Systems will facilitate the sharing of information with permission, to avoid carers telling their story repeatedly.

Carers who support more than one person should not need to have their own needs assessed by different organisations and departments.

Carers' roles will be recorded on systems so they can be flagged, this will include whether they have other caring roles.

Social Prescribing resources will be more visible so that carers can access preventative support services independently and be helped to navigate systems.

The triangle of care model will support equal partnership with carers[1]

> Doing the carers assessment helped him reconnect with something he values which is not part of his caring role but gives him joy. I also involved him in ways to support his wife, therapy input and how we could adapt their home to make things easier for both of them.

Ways of Caring

A carer is someone who provides help and support, unpaid, to a family member, friend or neighbour. Carers can include adults, parents or a young person.

It is important to distinguish carers from paid care workers. The Care Act broadened the definition of an unpaid carer, removing the need for carers to be providing regular and substantial care to someone before they qualify for a carers' assessment.

A young carer is a child or young person under the age of 18 who provides or intends to provide care for another person e.g., a parent, sibling or grandparent.

A Parent Carer is a parent or guardian who provides more care than other parents because their child has additional needs. Parent Carers will often view themselves as parents rather than Carers.

Carers may care for one or more people with a variety of conditions, including physical disabilities, dementia, a learning disability, mental health issues, or drugs and alcohol issues. The carer may themselves have care needs and two people may be dependent on each other for support.

There are numerous relationship dynamics between carers and the person they care for, these include spousal, sibling, friendship and parental (including young carers supporting a parent), several people caring for one, each presents a different set of challenges.

Whilst the living arrangements of the carer and person being cared for can vary, it is acknowledged that proximity is not the measure of a caring role and regardless of where the person being cared for may live, even in a care home or another county- a carer is entitled to support. No matter what the type of caring changes will occur; including ageing, progression of illness, moving home and sadly bereavement.

We want to achieve the outcomes in this Strategy for all carers, and services need to recognise and support the nuances of these caring relationships.

Recent Developments

Much work has been done through the 2018 - 2021 Carers Strategy and the 2016 - 2019 Multi-Agency Young Carers Strategy with valued input from carers and representative organisations.

Developments impacting Adults caring for Adults include:

- Appointment of a Senior Practitioner for carers; guiding practice and training;
- Support to Carers Champions at GP surgeries across the county;
- Implementation of actions for carers in the Hertfordshire County Council Adult Care Services 15-year plan and 3-year plan;
- Connected Lives assessment framework & Adult Care Services Practice Principles;
- Innovation through technologies offering new ways for carers to be assured about the safety and activities of people they care for, either from another room or even another location;
- Launch of an on-line portal for Carer 'In Case of Emergency Plans'; [2]
- Purchase of the Carers UK digital platform and Jointly app for all Hertfordshire carers;
- Improved leaflets and webpages for carers;
- New leaflets Keeping Carers Safe and Planning for the Future;
- Free breaks of up to 18 hours prior to Carer Assessments of longer-term support needs;
- Keeping in Touch calls;
- Carer awareness training to organisations.

Developments impacting Young Carers and Parent Carers include:

- Commissioning an integrated young carers support service with a dedicated team, co-produced with young carers;

- Introduction of a Whole Family assessment framework, including young carer registrations to increase early identification of young carers and transition assessments by Children's Services;

- Introduced and embedded young carers registration for all identified young carers with regular review to monitor changes in their caring role and needs to ensure continued support;

- Embedded young carers support pathway within Early Help Strategy and delivery framework;

- Launched Families First Portal [1] – an online repository of local early help offers for families, including support for young carers and their families;

- Improved data collation through development of young carers workflow enabling accurate data on young carers being supported in the county;

- Development of a young carers Local Offer information leaflet and webpages;

- Access to personalised commissioning through Families First Assessment;

- Successful pilot work with schools to promote a whole school approach to identifying and supporting young carers;

- Rolled out young carers awareness training to increase awareness and identification of young carers by professionals in the county;

- Rolled out a young carers mentoring project;

- Development of practice guidance for professionals to increase early identification and support of young carers;

- A new special educational needs and disabilities information, advice and support service (SENDAISS) website.[16]

Profile of Hertfordshire’s Carers

The 2011 Census reported that there were 108,615 carers living in Hertfordshire, equivalent to 9.7% of the total population.

The largest age group was 50-64, but there were significant numbers of carers across all ages. However, we need to be aware that many more people may not recognise themselves as carers.

6.8% of Hertfordshire residents in 2011 provided 1 to 19 hours of unpaid care a week. **1.1%** of Hertfordshire residents in 2011 provided 20 to 49 hours of unpaid care a week. **1.9%** of Hertfordshire residents in 2011 provided 50 or more hours of unpaid care a week.

The 2011 Census data shows that there were 3,900 young carers aged 0-18 years old in Hertfordshire. Of these, 3,236 (just over 80%) young carers provided between 1 and 19 hours of care per week, with smaller proportions 388 (10%) providing 20-49 hours per week and 276 (7%) providing 50+ hours per week.

Details from the 2011 Census of unpaid care in Hertfordshire by area and number of hours provided can be viewed at Herts Insight

Census information will be updated in 2023.

Integrating Carer Support across Organisations

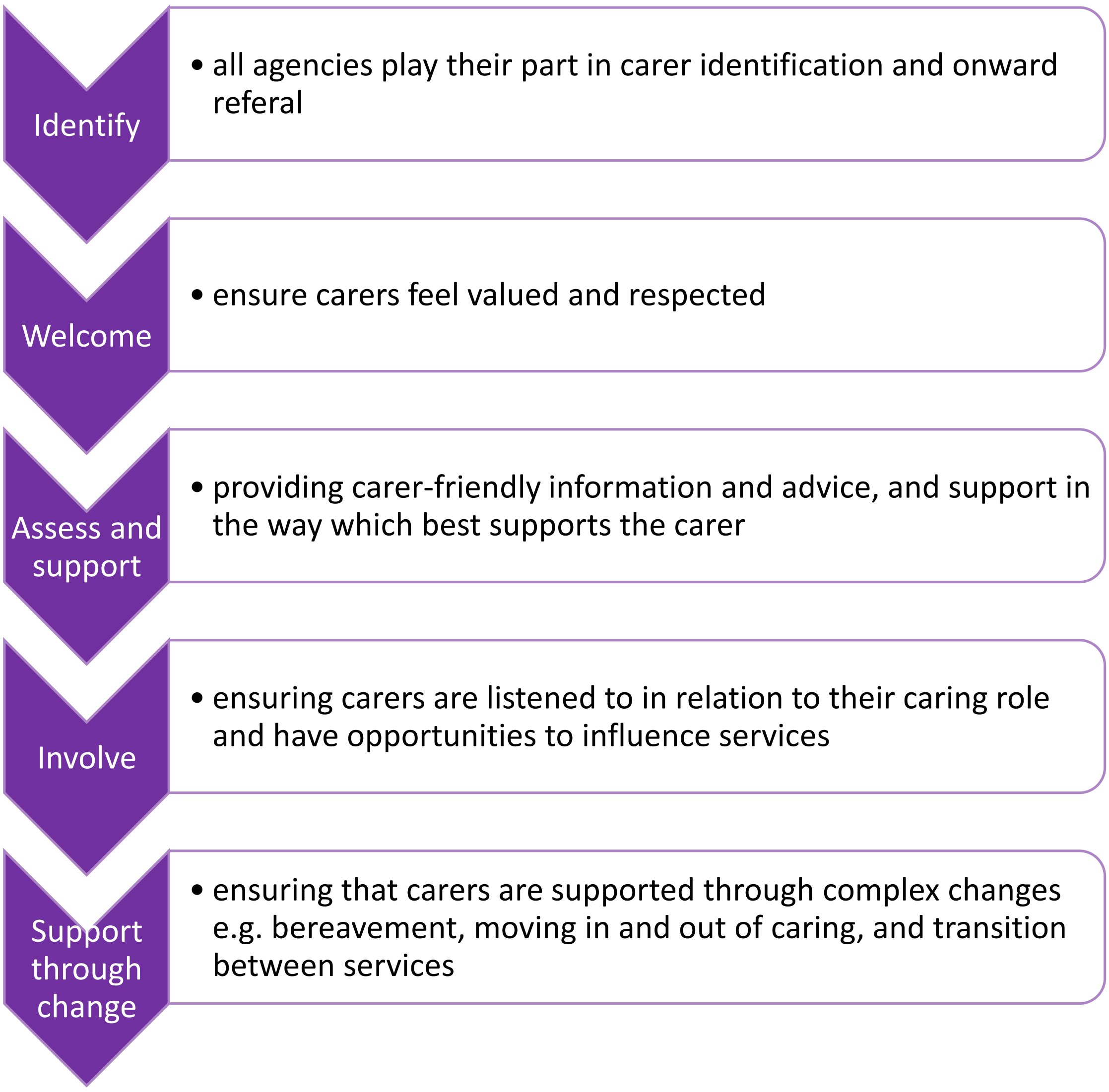
Carers of all ages come into contact with many different types of services (e.g. Health, Social Care, Voluntary and Education settings), therefore, it is vital that all professionals have a good understanding of the impact of a caring role. All services should be united in identifying carers earlier on in their caring journey and promote and have a good awareness of carer support that is available.

Herts Valleys Clinical Commissioning Group and East and North Hertfordshire Clinical Commissioning Groups (CCGs) along with West Essex CCG are working together as the Herts & West Essex Integrated Care System (ICS) and the responsibilities of the CCGs will move into the Integrated Care Board.

Hertfordshire County Council is closely involved in supporting their plans to work in partnership to promote carer health and wellbeing, with system-wide awareness of their needs and how they can best be supported to carry on caring safely. The ICS has agreed 4 priorities for the promotion of wellbeing. These align well with the objectives in this Strategy and they are:

- Integrated access to community support and social prescribing
- Support for unpaid/family carers
- Volunteering
- The robustness of joint strategic commissioning

NHS organisations and Hertfordshire County Council each have their own separate strategic action plans to improve support to carers, but all have agreed a shared five-point pathway:



Identify	• all agencies play their part in carer identification and onward referal
Welcome	• ensure carers feel valued and respected
Assess and support	• providing carer-friendly information and advice, and support in the way which best supports the carer
Involve	• ensuring carers are listened to in relation to their caring role and have opportunities to influence services
Support through change	• ensuring that carers are supported through complex changes e.g. bereavement, moving in and out of caring, and transition between services

The Clinical Commissioning Groups and Hertfordshire County Council commission nearly all the health and social care in Hertfordshire, giving the opportunity to embed this Strategy and the pathway in all health and social care contracts.

Hertfordshire County Council Children's Services' vision is to support Hertfordshire's children and young people to be happy, loved and thrive in their families and communities. This vision is aligned to Children's Services Outcome Bees Framework. We are committed to continuing to work in partnership to ensure children and young people with caring responsibilities will be protected from inappropriate caring, and have access to support they need to learn, develop, be happy, be safe, be healthy, be resilient, be ambitious, be independent and be inclusive.

Across Hertfordshire, there are currently approximately 48 schools that offer either a young carer support group or individual support offered through a named link worker or teacher in schools (June 2015). This includes 16 schools who offer a drop in or one to one support through a link worker or a named teacher. The groups are set up and facilitated by primary and secondary schools, and one by a community organisation. These groups offer young carers the opportunity to meet others in a similar situation, make friends, plan and join school activities, as well as getting support from a named teacher or worker. A number of schools also indicated in their response they were looking into setting up young carer groups, and some use their assemblies to identify young carers.

Voluntary and community sector organisations meet together with health and social care representatives in the Herts Carer Organisations Network to ensure support is joined up.

The Impact of Covid -19

Since March 2020 we have found ourselves in unprecedented times as Covid-19 infections spread rapidly around the world. The transmissible nature of the virus meant that some organisations delivering public services had to pause provision and understand how to mitigate the risk of infections to staff, users of services and their carers. **Each carer has been impacted differently by the pandemic but nationally, 81% of carers said they was providing more care since the pandemic with 38% of those carers reporting that it was due to local services reducing or closing** [4]. It has not been a linear journey to resuming services, but we are a long way on from the initial closures that happened at the beginning of the pandemic.

In Hertfordshire, carers have been supported during the pandemic by a range of both statutory and voluntary sector partners. Carers were also acknowledged by businesses and given preferential treatment by supermarkets in an attempt to make shopping easier during the tightest restrictions. Support offers such as forums, befriending and learning and development opportunities moved online or to the telephone. In a recent survey in Hertfordshire, **41% of the carers that responded stated that the online support reduced feelings of isolation; other responses included 'feeling more confident in my caring role and feeling less stressed'.**

Where there were barriers to digital connectivity, the voluntary sector of Hertfordshire rallied to upskill or provide resource to ensure that carers and the people that they care for were not digitally excluded.

During the initial lockdown period, Carers in Hertfordshire transferred most of their commissioned services to be online or over the telephone. This was to ensure that carers felt supported throughout the pandemic. As we are emerging out of the height of the pandemic, they will continue to offer a blended service of face to face and online support and activities. The opportunity to attend online events proved very popular as a source of information and support.

Carers also said how much they appreciated the 'Keeping in Touch' calls made by staff and volunteers, the chance to chat and talk through problems was very reassuring. An example of services being more accessible due to the online/phone offer is the 'Carers Bereavement Service', which supported 299 carers in 2020/21, an increase of 20% compared to the same period in the previous year.

Action plans developed by organisations to meet this Strategy will need to reflect the impact of Covid. Actions may include increasing access to digital skills and equipment, flexibility in offering breaks and other ways to support carers who have concerns about contact between the person they care for and care staff. Other actions will be needed to support carers whose mental or physical wellbeing has been affected by periods of lockdown. The benefits of keeping in touch systems are clear and should be adopted by more organisations.

As the restrictions are eased across the UK, Hertfordshire County Council, statutory and voluntary sector partners will endeavour to learn from things that worked well throughout the pandemic and continue to review and evaluate how to overcome the challenges.

The Case for Supporting Carers

Carers are the largest source of care and support in the UK. It is in everyone's interests that they are supported to help manage their individual and changing needs. The value of the 'work' family carers do across the UK has been valued at £132bn [4], equivalent to £2.4bn in Hertfordshire, if it were to be provided as paid care.

There is a significant opportunity to offer support early on in someone's caring role to help them stay healthy and avoid crisis. The majority of carers in the county are caring for between 0-19 hours[5], presenting an opportunity to provide this early support. We have found however that low-level one-off interventions (to the value of £300-400) accessed via Carers in Hertfordshire can reduce risk of depression among carers by 24%.[6]

However, without support, the impact of caring can be negative and in 2020 Public Health England [7] determined that caring should be considered as a social determinant of health. This is one of the conditions in the environment in which an individual lives that can affect a wide range of health, functioning, and quality-of-life outcomes and risks. One example they reported was the Patient Survey which revealed that carers are less likely than non-carers to report using 5 or more medicines (polypharmacy), despite being more likely to live with multiple health conditions. This may suggest that carers struggle to access adequate services and support.

The following are just examples of evidence emerging about the impact of caring on employment, education, finances and wellbeing, and the importance of supporting carers.

- 600 carers leave employment every day; [8]
- 6 out of 10 people (61%) said their physical health has worsened as a result of caring while 7 out of 10 (72%) said they have experienced mental ill health; [9]
- 7 out of 10 (72%) said they have experienced mental ill health;[9]

- 8.2% of Herts school children stated that they had caring responsibilities; [10]
- Young carers are more likely to grow up in poverty, have poorer school attendance and attainment, to be not in education, employment or training (NEET) and to be bullied;[11]
- **Young carers experience poorer mental wellbeing than the general** population, with 4 in 10 young carers reported feeling sad, 1 in 4 reported feeling lonely, and 1 in 2 reported feeling angry in the preceding week. They are more likely to be bullied in school, to have missed days of school and have fallen asleep in school in the preceding week;[1ii]
- **One in five young carers aged 16-17 reported a long-term mental health condition** compared to one in 15 non-carers of the same age (20% and 7% respectively), based on data from the GP Patient Survey 2018;[1iii]
- Half (50%) of carers said they are worried about the impact their caring responsibilities are having on their finances.[14]

Government has recognised the importance and vulnerability of families and legislation places the following duties with Local Authorities:

The Care Act 2014 requires local authorities to:

- Support any carer caring for someone who is resident in that local authority’s area.
- Assess a carer’s own need for support, regardless of how much care they provide.
- Consider the impact of the caring on the carer.
- Decide whether the carer’s needs are ‘eligible’ for local authority support.
- Provide carers with a personal budget - a statement showing the cost of meeting their needs their needs.

The Children and Families Act 2014 places responsibilities on local authorities:

- Parent carers are defined as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.
- The local authority is required to support parent carers' wellbeing, in the same way as other carers covered by the Care Act 2014. The Children and Families Act 2014 places a duty on local authorities to assess a parent carer or a young carer if it appears, they may have needs for support, or if they request an assessment, where the local authority is satisfied that they may provide or arrange for the provision of services under section 17 of the Children Act 1989.
- The parent carers' needs assessment must have regard to the wellbeing of the parent carer (as included in the Care Act 2014) and the need to safeguard and promote the welfare of the disabled child who is cared for, and any other child for whom the parent carer has parental responsibility.

For Young Carers, under 18, who are caring for adults or children (sibling)

The Children and Families 2014, Care Act 2014 and The Young Carers (Needs Assessments) Regulations 2015 requires local authorities to:

- Ensure the right to an assessment of needs for support is extended to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.
- To undertake an assessment of a young carer's needs for support on request or appearance of need. This must be carried out in a manner which is appropriate and proportionate to the needs and circumstances of the young carer.
- Adopt a whole system, whole council, whole-family approach, making links between children's and adult's legislation to enable local authorities to align assessment of a young carer with an assessment of an adult they care for (preventing inappropriate care).
- Assess whether young carers in their area have support needs and, if so, what those needs are.
- Be proactive about identifying young carers in their area and acting to help reduce their need for support through the provision of information and preventative measures (for example in schools).
- Consider when carrying out an adult's or carer's assessment, if it appears that a child is involved in providing care, the local authority must consider the impact of the person's needs on the young carer's

wellbeing, welfare, education and development and whether any of the caring responsibilities the young carer is undertaking are inappropriate.

- Ensure young carers are not left with inappropriate levels of caring – described as ‘anything which is likely to have an impact on the child’s health, wellbeing or education, or which can be considered unsuitable in light of the child’s circumstances’.
- Assess a young carer if it is considered that she/ he is likely to have needs for support after becoming 18 and that the assessment would be of significant benefit to him / her. If a local authority decides not to undertake such an assessment it must give reasons for its refusal.

An Inclusive Carer Strategy

Whilst this Strategy has been written to encompass all carers, it is recognised that there are differences that may need to be considered in organisation’s action plans. For example, it is reported that -

- Black, Asian and Minority Ethnic carers are less likely to be receiving practical and financial support with caring and more likely to miss out on accessing support for longer – often as a result of a lack of advice and information and struggling to access culturally appropriate services.[15]
- A survey in Hertfordshire suggested that younger carers felt that carer support was often directed at older carers who no longer had employment responsibilities.
- A large proportion of the support and communication to carers and those that they care for has been provided over the internet and this has proved to be a problem for some, particularly for older people who feel that the internet is not something they want to engage in.

Services need to monitor uptake from different communities and work to proactively engage with groups that are less represented.

The needs of a carer can be dependent on many things and a Carer’s Assessment or Family Assessment will help individuals identify what matters most to them and what support is required.

Although being a carer is not a protected characteristic within equalities legislation the people they support generally do have protected characteristics, so equalities impact assessments should always take carers into account.

Co-production of this Strategy has ensured that many different carer experiences have been captured to ensure that the objectives identified reflect a range of backgrounds and scenarios e.g. Parent Carers, Young Carers and Working-Age Carers and Disabled Carers. Where there are nuances in practice, there is a common thread that runs through many lived experiences and these will help shape the support options available to the carers of Hertfordshire.

Next Steps & Monitoring Impact

Each organisation will develop their own Action Plan for 2022-25; individual plans will reflect the recovery work that is being delivered. Focus of plans may include clear routes to access carer support, flexibility with carer breaks and access to digital skills. The Action Plans will detail how the joint objectives set out in this Strategy will be addressed by each individual organisation and how they will work together by sharing actions. Each Action Plan will be a living document that will be reviewed and updated regularly focusing on the progress against the key actions.

For Adult Carers

Progress will be monitored by the multiagency Carers Co-production Board which will establish subgroups for specific areas of work. The board regularly discusses live issues that have been raised by through the Carers Reference Group. Measures of progress must be meaningful to carers and reflect the difference they have actually experienced. These might include:

- Surveys by ACS and carer organisations giving qualitative feedback.
- GP survey results
- Outcome measures of changes reported by carers after receiving services
- Numbers and demography of carers helped by specific services

The Carers Co-production Board will work with the other condition specific Co-production Boards and the Strategic Board to ensure carers needs are considered by all.

This Carer Strategy will form the 'People Caring for People' strand of the new Adult Care Services 3-year plan.

For Young Carers

Progress and delivery of the Young Carers element of the Strategy through organisations' Action Plans will be monitored by a multi-agency Young Carers Steering Group led by Children's Services which meets termly to monitor and review progress. This group works alongside the Young Carers Council who meet termly and also seek feedback from young carers, including through the annual young carers conference, workshops and surveys of young carers and their families. Progress will be measured through:

- Young Carers surveys
- Feedback from young carers receiving support reporting improved outcomes and reduction in inappropriate care
- Young Carers annual conference
- Children's Services Outcomes Framework – Outcomes Bees
- Numbers and demography of young carers identified, registered and accessing support from organisations and commissioned services
- Numbers and demography of schools supported to adopt a whole schools approach to identifying and supporting young carers
- Numbers and demography of young carers supported through transition
- Numbers of professionals accessing training to enable the early identification and support for young carers.

Young Carers' elements of this Strategy form part of Children's Services Forward Plan (2021-26) and Forward Plan Strategic Priorities (2021-22) which promotes working in partnership to deliver early help and support children, young people and families to build life chances.

References

1. https://www.england.nhs.uk/wp-content/uploads/2017/11/case-study-supporting-well-carers-included.pdf
2. https://hcsportal.hertfordshire.gov.uk/web/portal/pages/carer#hPreChecks
3. https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2021-report?mc_cid=f49fc27242&mc_eid=63f2182b0b
4. Caring behind closed doors https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf
5. Census 2011
6. Carers in Hertfordshire - Making a Difference for Carers Project, using Quality Metric SF12
7. https://www.gov.uk/government/publications/caring-as-a-social-determinant-of-health-review-of-evidence
8. https://www.carersuk.org/images/Research/CUK_C-19_Employer_Survey_Report_WEB.pdf
9. carers uk survey
10. 2020 Young Person Health and Wellbeing Survey (conducted annually via secondary schools in Hertfordshire,
11. http://jsna.hertslis.org/top/lifstaggroup/carers/
12. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/498115/DFE-RR499_The_lives_of_young_carers_in_England.pdf
13. https://www.gov.uk/government/statistics/gp-patient-survey-2018
14. https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2021-report
15. https://www.carersuk.org/images/Facts_about_Carers_2019.pdf
16. Home (hertssendiass.org.uk)
