

# JSNA Deep Dive - Carers' Health Needs Assessment 2025 Summary

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Jo Broadbent  
Scott Prestedge  
Tony Doherty  
Arabjan Iqbal  
Jolene Davis  
Joanne Starkie  
Amisha Maisuria

## Barking & Dagenham



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# Summary of Key Findings

This Carers' Health Needs Assessment 2025 has been carried out as part of a series of JSNA Deep Dives. It identifies good practice and areas for improvement in meeting carers' needs in Barking and Dagenham (B&D).

The Census 2021 recorded **14,200 (7%) people** as providing unpaid care in B&D, with the following demographic profile:

- Mostly **female**, but gender balance shifts in older age groups.
- **Younger than England average**, but older than B&D population overall.
- Higher proportion **White British**, but higher BAME in younger age groups
- **46% born outside UK**, reflecting borough diversity.

Carers in B&D are more likely than London and England carers to be providing **20+ hours of care per week**.

**Positive findings** about the experience of caring in the borough include:

- Almost three quarters of carers report they were included or **consulted** in discussions about the person they care for, which is higher than both London and England averages.
- B&D has the highest proportion of carers in London that report having as much **social contact** as they would like. This is above the England average, but there is still room for improvement.
- Carers in B&D are more **satisfied with Social Services** than carers in London on average, but slightly below the national average.

B&D carers are more likely to report having no health impacts from caring, and to have no health conditions, than nationally (this is likely to be age-related). However, findings from the review of published evidence, carers surveys and Healthwatch research consistently reveal that a substantial number of carers face **emotional, social, and financial challenges** alongside practical demands of the caring role.

The challenge will be to **identify those that will most benefit from additional support**, and build systematic support into Neighbourhood working.

**Key areas suggested for quality improvement** are outlined below:

- **General Health & Wellbeing:** Neighbourhood Health carers offer should include holistic, household-level approach, and enhanced case-finding for mental and physical health conditions.
- **Recognition of Carer Role:** embed in care planning and staff training.
- **Finances & Employment:** maintain advice on benefits and flexible working.
- **Young Carers:** improved identification, school-based support, and positive carer identity.
- **Access to Support:** expand awareness, address low health/digital literacy; diversify communication channels.
- **Strategic Alignment:** integrate carers' needs into all local strategies.
- **Data-Informed Practice:** link carer and care recipient data across ASC and NHS systems.
- **Specialist Support:** challenging behaviour, LGBTQ+ cultural competence.

In summary, many carers in B&D are carrying a considerable caring burden, which includes caring for physical health, mental health, neurological, social and economic needs. The impact on the health and wellbeing of carers is influenced by the specific situational and sociodemographic characteristics of the whole family/household. However, the various needs of different family members are not always linked in care planning, and the carer/s wellbeing can be seen as secondary.

An **individualised, holistic approach is indicated for each household**, taking account both of the care recipient's specific needs (especially where complex) and the differential impact on each family member. This approach should take personality, cultural, spiritual and personal beliefs into consideration.

**Systemic improvements** to support this include clinical case-finding, enhancing strategic alignment across the system and enhanced data linkage and sharing to maximise opportunities to support carers.

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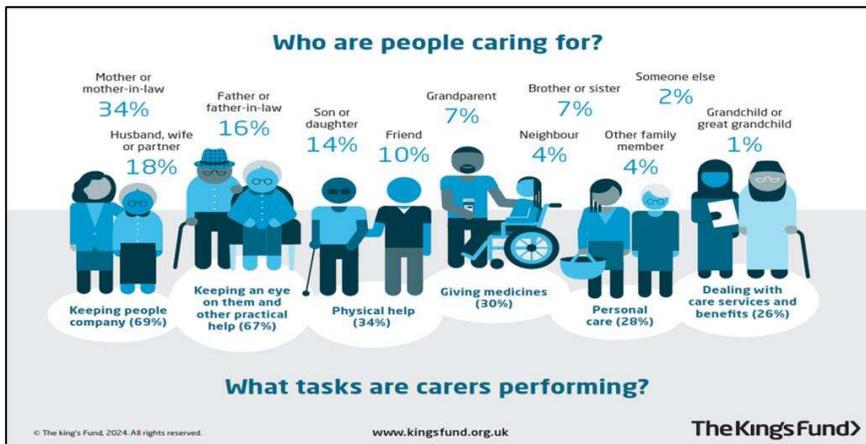
# Why Produce a Carers' Health Needs Assessment?

## Background

Barking and Dagenham Joint Strategic Needs Assessment 2024-27 ([B&D JSNA 2024-27.pdf](#)) identified increasing levels of needs among informal carers in Barking & Dagenham, and recommended that the commitments of the Barking and Dagenham Carer's Charter should be implemented to support the ongoing needs of local carers.

The JSNA identified that although the overall number of carers had fallen from 8.7% in 2011 to 8.0% in 2021, a higher than average number of informal carers in B&D were providing >20 and >50 hours unpaid care per week. Despite an increasing number of carers being registered with social care, since 2016/17 there has been a reduction in the number of carers feeling supported with just under a third (28.4%) feeling they have no encouragement or support in 2021/22. A majority (77.6%) said it had led to them feeling tired, with 44.9% reporting feeling depressed and 50% having a general feeling of stress.

In June 2025, the Barking and Dagenham Committees in Common<sup>1</sup> agreed to undertake a series of Deep Dives into areas of need highlighted in the JSNA. This included a deeper look into the needs of informal carers who look after family and friends in Barking and Dagenham.



## Strategic Alignment

This Health Needs Assessment (HNA) will directly inform the following priorities in the borough's **Corporate Plan**:

- Residents live healthier, happier, independent lives for longer.
- Residents are safe, protected and supported at their most vulnerable.

It will also inform and support delivery of:

- The Carers' Charter 2025
- Residents & Communities Strategy
- Adult Social Care Prevention Strategy
- Adult Social Care and Support Plan
- Best Chance Strategy
- Carers' Services re-procurement in 2025/26
- Additional support as part of the Neighbourhood programme

## Barking & Dagenham Carers Charter

The Carers Charter is currently being refreshed, and initial feedback indicates that the Carers Charter will continue to focus on the following four areas:

- Working together for carers
- Carers wellbeing and employment
- Supporting young carers
- Carers in the wider community

## Carers Strategic Group

The Carers Strategic Group supports the delivery of the Carers Charter through partnership working on the Carers Charter Action Plan. There are wide range of representative from different organisations that help bring carers to the forefront of service delivery. The Carers Strategic Group also has carers who bring lived experience and represent carers voices at the Strategic Group.

SOURCE: The King's Fund, 2024

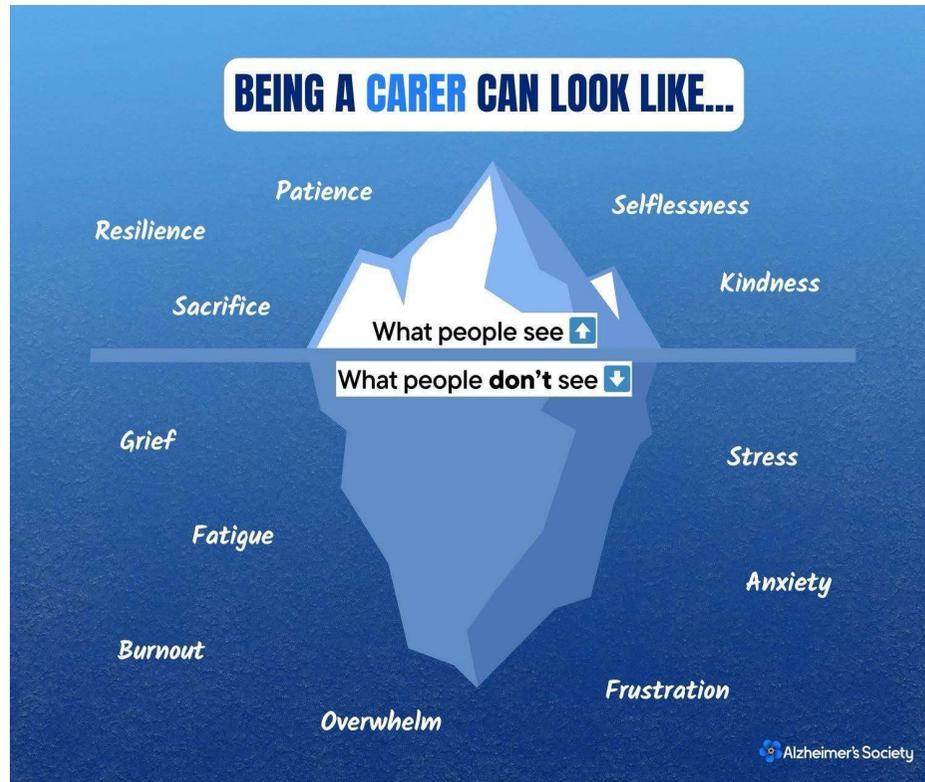
1 – see [Browse meetings - Health & Wellbeing Board and ICB Sub-Committee \(Committees in Common\)](#) | LBBD

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# Aims and Objectives

A JSNA deep dive into carers' health needs has been undertaken to understand how public services can better support carers from different community and demographic groups across Barking and Dagenham.

The Public Health and Insights teams have undertaken quantitative data analysis, alongside engagement with informal carers by Barking & Dagenham Healthwatch, to produce two linked reports giving a richer and more holistic understanding of carers' needs and how mitigate them.



## Scope - Whose needs are considered in this Needs Assessment?

- A carer is anyone that provides unpaid care and support to vulnerable people including family, friends and neighbours. This includes practical help with daily task, emotional support and/or personal care.
- The Care Act 2014 defines a carer as an adult who provides or intends to provide care for another adult.
- The Children and Families Act 2014 defines a young carer as a person under 18 who provides or intends to provide care for another person.
- The Children and Families Act 2014 defines a parent carer 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.

This health needs assessment utilises data and insight from and about carers held by public services, triangulated by published evidence and resident research insight conducted by Barking and Dagenham Healthwatch. Mapping non-public sector support for carers is out of scope for this work.

## What we already know

- Approximately 1 in 14 (7%) of people over the age of 5 provide unpaid care.
- Nationally 9% of the UK population are unpaid carers
- Residents providing 50 or more hours of unpaid care a week had the lowest employment rates and the highest rates of economic inactivity.
- The highest proportion of residents who considered themselves to be in bad or very bad health, were those providing 50 hours or more unpaid care a week.
- Language is important; people often do not recognise themselves as carers.

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SOURCE: Alzheimer's Society, 2025

# Who Receives Informal Care in Barking & Dagenham?

## Demographics

- Local NHS services have identified **3,863 people** in B&D who have had a carer in the past 12 months. Ages range from <9 to 90+, with a fairly even distribution across age groups.
- **Up to the age of 40, more males than females have a carer.** This reverses at older ages - for those **aged 40+, more females than males have a carer.**
- There is a clear **trend of Minority Ethnic background reducing with age:** 71% of those aged 0-9 (n=203) are from a Minority Ethnic background, but just 21% (n=193) of those aged 90+ are.



## Health Needs

- As may be expected, **physical health conditions and risk factors are higher than in the wider population:**
  - 26% experience chronic pain
  - 26% have diabetes,
  - 42% have hypertension
  - 50% are obese
- Identified **mental health and neurological conditions are also higher than in the wider population:**
  - 11% have dementia
  - 23% having a learning disability
  - 29% experience depression

## Service Spend on Care Recipients

- The average NHS spend per person per year (PPPY) identified as having a carer is £21,627 (compared to a population average of £1,800).
- The average social care spend PPPY is £14,512 (compared to a population average of £349).

# Who Provides Informal Care in Barking & Dagenham? – Key Findings

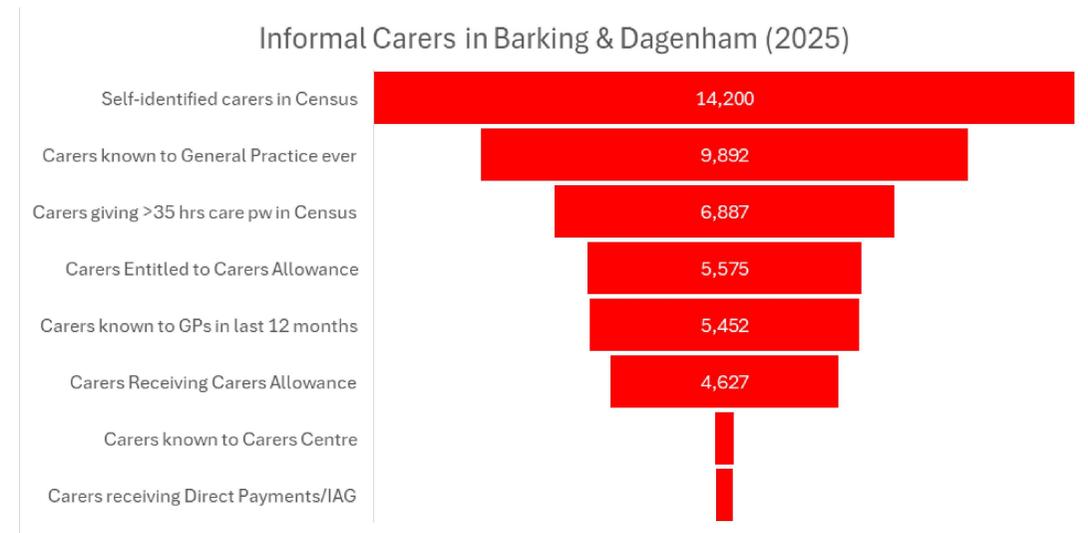
## The Estimated No. Carers varies by Definition and Dataset

- The 2021 Census indicates that 14,200 (7%) residents were providing unpaid care on the day the census was taken. This percentage is similar to London but lower than average for England.
- Council and NHS data suggests that there are between 4,627 and 5,452 residents in Barking & Dagenham known to have been actively providing informal care in 2025. This is likely to include a large proportion of the 6,887 individuals who provide >35 hours of care per week. It is possible, based on the Census, that this is an underestimate of up to 8,748 overall.
- Informal carers in Barking & Dagenham are carrying a substantial care burden. Despite being a smaller proportion of the population than average for England, they are **more likely than London and England carers to be providing 20+ hours of care per week.**

## Demographic Characteristics of Carers

- Carers in B&D, as across London and England, are more likely to be **female**. However, males become increasingly represented in older age groups.
- Carers in B&D are more likely to be **younger than average** for carers across England. Compared to the overall B&D population however, carers have an older than average age profile, with 35-49 years comprising the largest age group.
- Carers in B&D are more likely to be **White British** (49% vs 30%), have English as a first language (84% vs 75%) and to have been born in England (64% vs 54%). This reflects the older age profile of carers compared to the general population. Beyond that, the demography of carers in B&D broadly reflects the local population profile in terms of diversity of ethnicity, language and religion or belief, and a substantial proportion (46%) were born outside the UK.

- Carers are more likely to be living as a couple than is typical in B&D. A similar proportion of opposite-sex and **same-sex couples** who live together provide unpaid care (9.8% vs 11.6%).
- Just under half (46%) of carers' households also had **dependent children**, but PSSS data suggests that these households may be under-represented among carers known to the council and may not be being reached with support.



SOURCE: Census, 2021; Together First CiC, 2025; DWP, 2025; LBBD Liquid Logic, 2025, Optom Pathfinder, 2025

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# Health Needs of Informal Carers – Published Evidence

Published research shows that a caring role can have **both positive and negative impacts** on those providing informal care<sup>1</sup>. Caregiving can be rewarding and facilitate personal growth, maturity and resilience, with some (non-causal) evidence that caregiving may be associated with significantly reduced all-cause mortality rates

**Positive health and wellbeing effects** noted for adults encompass heightened confidence and inner strength, and close and loving relationships with the care recipient (typically a family member). For older people, positive impacts of caring for a spouse is related to positive emotions and feelings, such as the satisfaction of covering the needs of the person cared for, and the love derived from caring for a loved one.

However, there is strong evidence of **negative health effects** such as severe stress, adjustment disorders, depression, and physical health conditions among all informal caregivers compared to non-caregivers. Informal caregiving is associated with a **higher occurrence of depression and of anxiety, pain, hypertension, diabetes and reduced quality of life for all informal carers**

There is substantial evidence of overlapping but **differential impacts on specific carer cohorts** with **female, married caregivers, and those providing intensive care incurring the greatest negative health effects** from caregiving. There is evidence that cultural differences can impact on patterns of help-seeking behaviour, access to sources of formal and informal support, the search for information about the mental illness and the motivation to provide family care, but specific impacts require more research. There are also differential impacts of caring for people with different specific care needs (cognitive, physical or mental health impairments).

## Key Health Need Insights from the Published Evidence Base -

- Poor mental health and social isolation are key health and wellbeing risks for carers of all demographics, with carers of all ages (<18, 18-64, 65+) experiencing a higher risk of poor mental health.
- In general, evidence indicates that females across all age groups deliver more informal care, and experience a greater health impact from caring.
- Caregivers for their spouse / partner, and those providing intensive care, also risk incurring a greater negative health effect.
- Challenging behaviour<sup>2</sup> can be especially impactful on the carer's mental health, resulting in anxiety and depression, trauma and anticipatory trauma.
- Negative psychological impacts can often continue post-bereavement ie after the death of a cared-for loved one.
- Adults can also experience physical health impacts such as fatigue and disrupted sleep, especially when physical care is required over a long-term period.
- The effects of family-caregiving on the carer's wellbeing, are influenced by the specific situational and sociodemographic characteristics of the family, so an individualised, holistic approach to support is indicated for each family or household, taking account both of the care recipient's specific needs and the differential impact on each family member.

1 – See full references in accompanying Literature Review

2 – The NHS defines this as behaviour that “puts them or those around them (such as their carer) at risk, or leads to a poorer quality of life.” Such behaviour is likely to encompass all age groups and a range of needs among care recipients, [How to deal with challenging behaviour in adults - Social care and support guide - NHS](#)

# Health Needs of Informal Carers – Key Findings

## Self-Reported Health of B&D Carers

- Carers in B&D are **less likely to self-report good health** compared to the general population, and more likely to say they have a disability. Carers in contact with B&D services are **less likely to report a good quality of life** compared to England and London benchmarks.
- Both published evidence and the national State of Caring report (Carers UK, 2024) confirms **significant physical and mental health challenges for some carers**, including overwhelm and thoughts related to self-harm and suicide. Self-reported mental ill health has worsened in recent years.
- The PSSS survey (2023/24) of carers known to the council, indicates that some carers are healthy whilst others face multiple health challenges. **Tiredness, sleep disturbance and stress are key self-reported health impacts** for carers, which aligns with published evidence.
- B&D carers in contact with council services are more likely than England and London averages to report physical strain from caring, and more likely to report having mental health issues or a learning disability.
- However, at the same time, B&D carers in contact with services are more likely to report having no health impacts from caring, and to have no health conditions. This means that while **some will require no external health support at all, others will require increasing levels of support with their health**. The challenge will be to identify those that will most benefit from additional support.

## Carers' Expressed Health and Support Needs

- Carers have highlighted **recognition of their needs and contributions, and easier access to health and wellbeing programmes**, as changes they would like to see. Two thirds of carers (67%) said they needed more support with their health and wellbeing.
- Reported reasons for carer overwhelm and poor mental health include:
  - Not being able to **take a break** and/or manage own health needs
  - **Managing the variety of needs** of the cared-for person
  - Being in receipt of benefits and **struggling to make ends meet**
  - Caring for **long hours** (35+ hours per week)

Research also identifies **challenging behaviour** (behaviour that puts them or those around them (such as their carer) at risk, or leads to a poorer quality of life<sup>1</sup>) as a source of stress.

- The impact of **challenges with social care** has also been highlighted as resulting in worry and poor mental health.

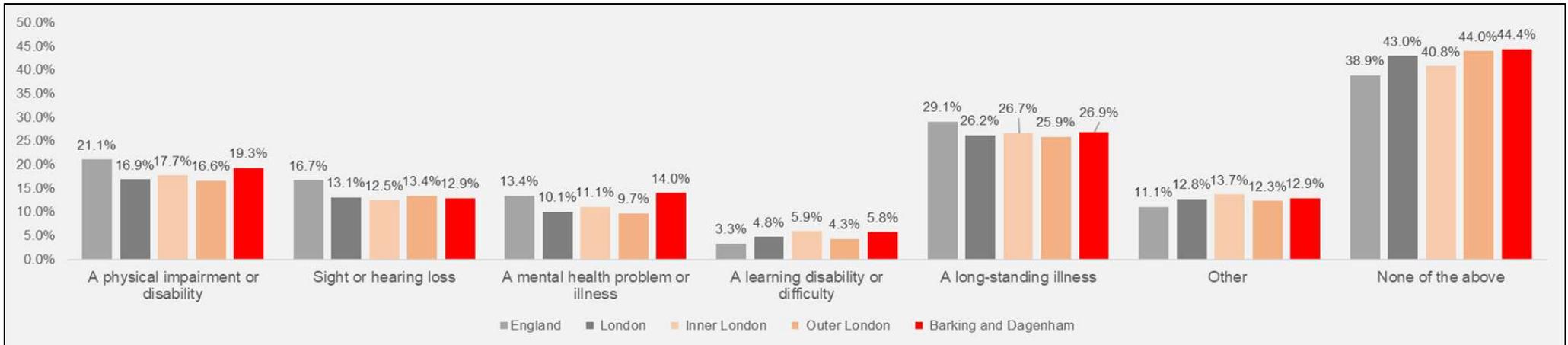
1 – see [How to deal with challenging behaviour in adults - Social care and support guide – NHS](#)

# Health and Wellbeing Needs of Informal Carers – Key Findings

## Health Needs and Health Services' support for Carers

- Of those identified by NHS services as undertaking informal care in the past 12 months, there may be an **under-representation of White British, Other White and Young carers in NHS data**.
- **Physical health needs are higher** among carers in B&D: for example, 17% have diabetes (compared to 4% in the wider B&D population), and 29% have hypertension (compared to 12% in the wider population)<sup>1</sup>.
- Identified **mental health and neurological conditions are also higher** than in the wider population in certain age groups, with an average of 23% across all ages having diagnosed depression. 15% of identified Young carers have a **learning disability**.
- Published evidence and national surveys both identify that a large proportion (c.39%) of carers whose mental health was poor report that they were **not receiving any support with their mental health**. In B&D, only 23% of carers known to GPs are recorded as having depression. It is likely that there may be an **under-ascertainment by GPs of mental health conditions** among B&D carers.

## Physical Health, Mental Health and Learning Disability Needs are High among Carers in B&D



SOURCE: Personal Social Services Survey of Adult Carers 2023/24  
 NOTE: This is a survey of only carers known to Local Authorities (n=840 in B&D) – ages of respondents ranged from 25 – 85+; 65% were of White ethnicity; and 76% were female.

1 - data from NEL ICB Pathfinder and Together First GP Federation

# Social & Economic Needs of Informal Carers – Published Evidence

Published research<sup>1</sup> shows that unpaid caring affects social and financial wellbeing in multiple, overlapping ways. As noted above, a caring role can have **both positive and negative impacts** on those providing informal care. **Positive social and economic effects** encompass heightened confidence and inner strength, and being able to transfer caring skills into career and job choices. However, **negative social and economic consequences** of care giving are widespread and are experienced unequally, with systems, circumstances and contexts often serving to exacerbate these negative effects.

A significant portion of caregivers face **inadequate finances** and lower incomes. Added financial burdens exacerbate the economic challenges of caregiving, contributing to **a cycle of poverty** that further elevates the risk of **poor physical and mental health and wellbeing**. Improving social and economic wellbeing is thus fundamental to improving overall carer health.

As well as the complex interplay between financial security and the emotional distress that caregivers face, psychological wellbeing is directly associated with the time-intensive nature of caregiving and the impact on social contact, the social support received from others and the ability of caregivers to maintain **participation in normative cultural, social, and religious activities**.

## Key Socio-Economic Need Insights from the Published Evidence Base -

- Financial impacts of caregiving arise from both direct care-related expenses and indirect costs of caregiving such as income loss / employment changes.
- Financial impacts are difficult to quantify but higher financial impacts correlate with higher care recipient dependence.
- A considerable portion of caregivers leave employment or reduce work hours to provide care, reducing household income and compromising quality of life.
- Workplace arrangements can help mitigate employed caregiver stress through both official workplace arrangements (eg flexible working) and soft management (eg supervisor informal support).
- Young carers (<25 years) can experience disruption to their education, impacting on their educational attainment and subsequent economic opportunities. Carers in early adulthood (age 18-29) are at particular risk of life-long employment and income impact from caring responsibilities.
- Older people prefer to remain in their current home despite care needs, but in general there is limited awareness of adaptation services (including advice, support, funding) to facilitate this, plus a lack of trust in services among minority ethnic communities in particular.
- LGBTQ+ caregivers experience additional unique social and wellbeing complexities, such as challenges navigating heteronormative health systems and lack of trust in services, and can be at higher risk of social isolation.

1 – See full references in accompanying Literature Review

# Socioeconomic Needs of Informal Carers – Key Findings

Evidence across England and London highlights **significant financial challenges** for carers, for example almost two thirds are worried about living costs and whether they can manage in the future.

Financial challenges increase for those caring for multiple people and for those caring for more than 35 hours per week (State of Caring, 2024).

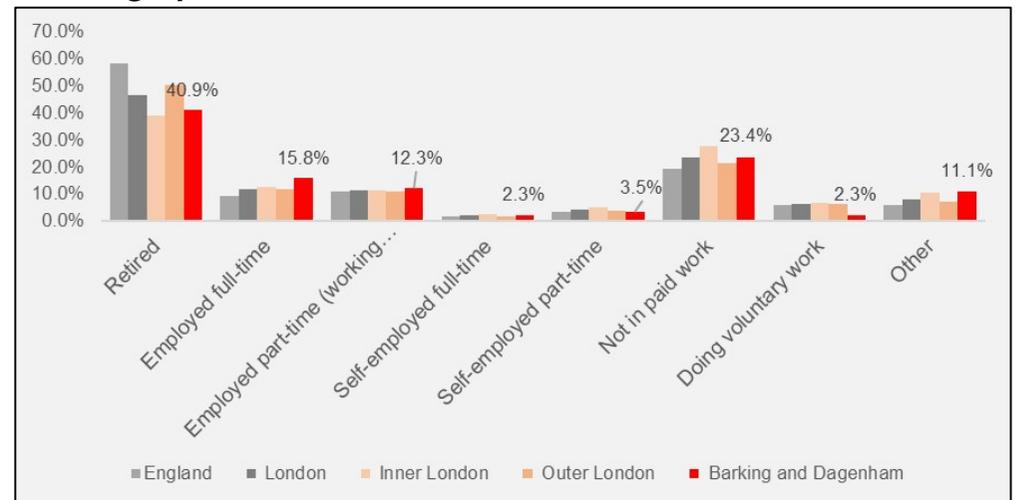
## Self-Reported Socioeconomic Challenges of B&D Carers

- A greater proportion of unpaid carers (84%) in B&D were living in **deprived households** compared to non carers (64%) (Census, 2021). Fewer (51% vs 59%) were in employment, and of those that were, a higher proportion (14% vs 11%) were working part time.
- There is an approximate **correlation between overall deprivation at Ward level and rates of Carers Allowance Claimants** eg Abbey and Northbury have substantial areas of relatively lower deprivation and the lowest proportion of claimants, whereas Parsloes and Barking Riverside have more extensive areas of higher deprivation and a higher proportion of claimants.
- The **younger than average age profile of B&D carers** means fewer carers are retired than typical for England, and **more are working age but not in paid work or are in full or part-time work**.
- Compared to London and England, B&D carers known to services had a higher proportion reporting financial impact from caring (PSSS; 47.6% 'to some extent' and 17.9% a lot'). **Females, older carers and those renting** are more likely to be worried about **living costs**.
- Carers receiving benefits, including Carers Allowance, are more likely to report financial problems. Two-thirds (67%) of unpaid carers who receive Universal Credit live in poverty.
- **Young carers are less likely to reach the same educational attainment** as their peers at A level stage.

## Feedback from B&D Carers' Centre on Key Actions for Professionals:

- Seeing carers as Experts by Experience
- Carers having access to information regarding health conditions from health professionals, that can be shared with the wider family / community
- Access to services that offer support around challenging behaviour and managing the needs of people with cognitive or neurological conditions
- Including pain / distress signals in person centred / health care plans
- Access to professional advice and ideas about triggers, routines and calming strategies that work for individual carers
- Asking carers what concerns them most and seeking support to enable carers to learn and develop strategies to make their caring role easier and support the cared for person

## Economic Activity among Informal Carers Reflects wider Demographic and Socioeconomic Trends in B&D

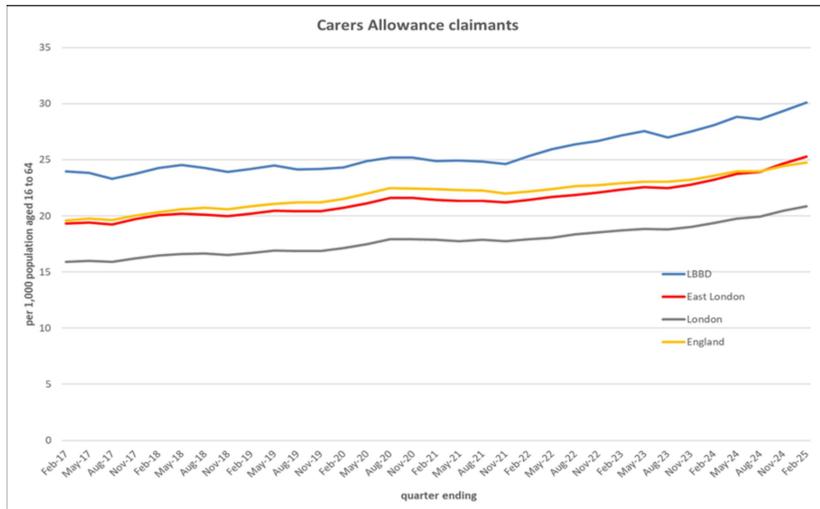


Source: Personal Social Services Survey of Adult Carers 2023/24

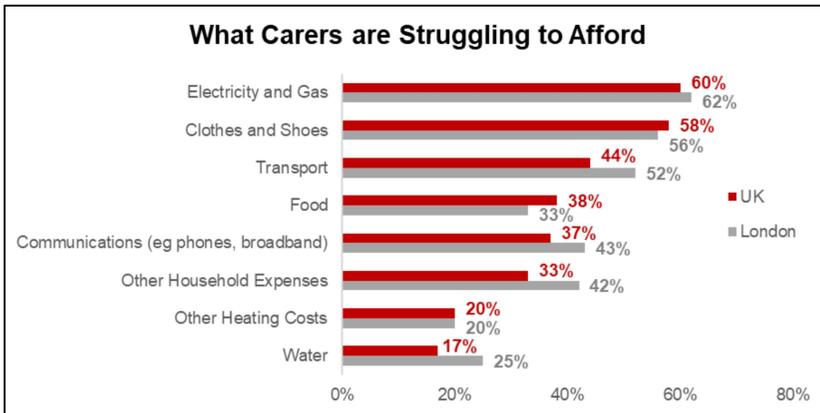
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# Socioeconomic Needs of Informal Carers – Key Findings

Carers Allowance Claimant rate in B&D has been above England, London and East London rates since 2017



Source: DWP, 2025



Source: State of Caring Report 2024

## Accessing Support for Socioeconomic Needs

- There were 4,627 **Carers Allowance Claimants** aged 16 to 64 in February 2025. The B&D rate has been above England, London and East London rates since 2017. This has increased since late 2021 and **B&D currently has the 3rd highest rate in London.**
- Carers have fed back regionally and nationally that Carer's Allowance levels are insufficient, that **benefits rules impact their employment options**, and that **information, advice and processes in relation to benefits should improve.**

## Socioeconomic Challenges for Employed Carers

- Unpaid carers were more likely to be working in caring, leisure and other service occupations (19% vs 11%) and administrative and secretarial occupations (11% vs 9%), which is likely to be related to the gender balance among working age carers in B&D.
- Across London, 69% of carers aged 18-64 in employment are **worried about their ability to save for the future** (State of Caring, 2024).

## Carers' Expressed Socioeconomic Support Needs

- Whilst carers known to services in B&D are more likely to be out of work due to caring responsibilities, but **those in employment are more likely to feel supported** (PSSS).
- Carers report cutting back on or struggling to afford essential living costs, including **food, heating and rent payments**. Financial pressures also results in cutting back on hobbies, activities and seeing friends and family.
- **Financial difficulties impact carers' mental health and wellbeing**, which need to be addressed holistically along side practical support.
- National and regional insights indicate carers would benefit from better information on the support available with costs (e.g. food costs).

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# LBBB Services for Informal Carers

## Barking and Dagenham Adult Social Care

In Barking and Dagenham Adult Social Care carry out Care Act Assessments for carers to identify needs and put in place support for eligible needs and signpost to services for additional support needs. This includes respite provision. Following a Carers Assessment, carers with eligible support needs will receive a Direct Payment or have other support put in place to help them in their caring role.

## Commissioned Services

LBBB and the ICB jointly commission the Carers Centre to deliver information, advice and support to carers. The service provides both face to face and remote support, including the Carers' Hub . The service also provides peer support groups, training, and benefits support through income maximisation.

## Income maximisation

Alongside the income maximisation support, carers are supported through Council services to maximise their income and reduce debts through the Neighbourhood Community Hubs.

## Young Carers Commissioned Services

LBBB commission the Carers Centre to deliver the Young Carers Support Service. The service undertakes an assessment of the young person's caring needs via an early help assessment. A tailored service is developed with the young carer, including keeping them engaged in, and attending, education, employment and training.

[Young Carers Council | Carers of Barking and Dagenham](#) is hosted by the Carers Centre. The Young Carers Council is a committee of Young carers that meet once a month and advise on what the Young carers want.

1 – see <https://www.youngcarerscentre.org.uk/node/122>

## Targeted employment support

Carers are supported by the Employment and Skills team and the Carers Centre to access employment, volunteering and training, utilising their transferable skills as a carer to pursuing other interests. There is a current focus on carers undertaking <35 hours a week to enter flexible employment and builds on their existing skills and experience.



**Care needs assessments in adult social care**

If you or someone you know needs help with day-to-day tasks and is finding it hard to manage without support, you can ask Barking and Dagenham council for a free care needs assessment.

You may have already been in contact with the council's social care team and be waiting for your care needs assessment to take place. This leaflet will help you understand what an assessment is and what happens next.

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**Are your caring responsibilities preventing you from gaining employment?**  
**Do you want to access flexible jobs in social care?**

Barking and Dagenham council has been working with Care Employers in the borough to adopt new approaches to attract and retain staff and will plenty of flexible jobs in the sector, it may be a great time to supplement your income, reduce social isolation and improve your well-being.



**WORK** **LIFE**

**What will I gain?**

- You will work for employer who understands work-life balance and promotes great team culture
- Your work schedule will work around your caring responsibilities, so you won't have to compromise
- You will receive support from a dedicated employment coach with CVs, job applications and interview techniques and training opportunities
- You will receive advice about benefits, childcare and other issues affecting your household
- You will receive an incentive of £500 to cover your expenses in the first weeks on the job

**Who do I need to do?**  
Let us know if you are able to work up to 14hrs per week and we will do the rest!

Referrals:  Self-referrals: 

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# Additional Services for Informal Carers

## Identifying Hidden Carers Training

The Carers Centre deliver training on behalf of the borough to support partners to identify and actively signpost carers including 'Hidden Carers', those that are not known to services, so that carers can access the support that is available. The training also provides insights into the impact of being a carer, including on a carers physical and emotional wellbeing as well as financial resilience. The training is free and open to partners including the Council, Health, Community and Voluntary Sector and residents.

## Hospital Discharge Support

The Council secured ARF funding for a pilot project across the NEL ICB area to have a hospital discharge worker based within King George's and Queens and Barking hospital. The worker supports carers with the discharge process, identifies carers within hospital setting and increases awareness of carers with hospital staff and residents. Having good support for carers at hospital discharge ensures that the cared for receive adequate support and care following an admission. The new service that is currently being tendered will include this function within it.

## Prevention Project – Take a Break

Carers face health inequalities because of their caring role and can have or develop health and care needs themselves. Part of the offer for carers in Barking and Dagenham is to access support via the Carers Centre one off support that prevents their health or care needs increasing and maintains their caring role. This can include different things and has eligibility criteria attached to deliver targeted support.

## Innovation Project

The Carers Centre run an innovation fund project to develop the Carers Market and pilot ideas for services that carers can then access through their Direct Payments following a Carers Assessment for eligible needs.

Through this funding Coaching for Carers have been commissioned to deliver group coaching and 1:1 support for carers. The success of the project has meant that the Carers Centre have independently further commissioned a bespoke project for Young carers.

## End of Life

Carers are supported through End of Life support, and when the caring role comes to an end, carers continue to be supported by the Carers Centre.



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# Informal Carers' Feedback Services and Support in LBBD – Key Findings

Although there is room for improvement, the results of carers' surveys (SACE and PSSS 2023/24) show that carers in Barking & Dagenham in general have higher satisfaction scores than in most areas across London, and that satisfaction levels are mostly similar to England averages.

In particular, B&D carers felt more involved / consulted in discussions about the support or services provided to the person they care for, with B&D being ranked second across London LAs.

Areas where B&D scores lower than average for England include financial difficulties, feeling in control of daily life, finding information and advice, not being in work and feeling safe.

## The Personal Social Services Survey of Adult Carers 2023/24 tells us:

- B&D carers had the lowest Combined Dissatisfaction and highest Combined Satisfaction across all comparator groups.
- B&D carers had higher utilisation of support services (information and advice, carers group support, employment support) than the London averages.
- B&D carers cared for person(s) showed higher take up of short term / emergency breaks, personal assistants and lifeline alarms compared to England and London averages.
- B&D carers reported the highest Combined Helpfulness of information and advice received in the last 12 months compared to England and London average.
- B&D carers felt more involved / consulted in discussions about the support or services provided to the person they care for over the last 12 months compared to England and London averages.
- 63% (of a total 171) of B&D carers were able to rate their most recent carer's assessment review, 34% reported having not had a review.
- Of those that had a review, 89% rated the review as acceptable (OK, Good or Excellent). Only 11% rated it as poor or very poor.

## The ASC Outcomes Framework Carers Survey (SACE) 2023/24 tells us:

- B&D carers are more satisfied with Social Services than London (+3% points) as whole and satisfaction is similar to the England average.
- B&D carers feel more involved in discussions about the people they care for than England (+7% points) and London (+10.5% points) averages.
- B&D carers say information and advice is less easy to find compared to the England (-5% points) average and similar but marginally better than the London (+1.4% points) average.

## Feedback from B&D Carers' Centre on Key Actions for Professionals:

- Seeing carers as Experts by Experience
- Carers having access to information regarding health conditions from health professionals, that can be shared with the wider family / community
- Access to services that offer support around challenging behaviour and managing the needs of people with cognitive or neurological conditions
- Including pain / distress signals in person centred / health care plans
- Access to professional advice and ideas about triggers, routines and calming strategies that work for individual carers
- Asking carers what concerns them most and seeking support to enable carers to learn and develop strategies to make their caring role easier and support the cared for person

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# What does Published Evidence say about the Carers' Charter Commitments?

Carers' Charter 2022-25 Commitment	Summary of Evidence-Based Actions to Support Carers
<b>Working together for carers</b>	<ul style="list-style-type: none"> <li>• Care assessments and protocols should systematically recognise and address caregiver burden in care planning and delivery.</li> <li>• Access to formal and/or peer support can improve the caregiver's quality of life independently of the care recipient.</li> <li>• An individualised, holistic approach to support is indicated for each family or household, taking account both of the care recipient's individual needs and the differential impact on each family member.</li> <li>• Interventions should be targeted to the specific needs of different carer subgroups, in order to reduce the negative impact of caregiving and to help foster a positive view of their role.</li> <li>• Carers' services should develop plans to enhance LGBTQ+ culturally competent and affirmative care, and facilitate social / peer support interventions tailored to LGBTQ+ caregivers</li> </ul>
<b>Carers wellbeing and employment</b>	<ul style="list-style-type: none"> <li>• Support offers for carers should include support to enter education and support to secure and maintain employment, and, where appropriate, foster a career in health and care building on caring skills.</li> <li>• Wide-ranging support with managing family relationships, wider social demands and financial pressures is helpful for working age family carers to promote family stability.</li> <li>• Public sector employers should lead by example in having carer-friendly employment policies such as employment breaks and flexible working, and removing barriers to combining caregiving and employment, which include leaving open the possibility of supported return to work after a caring break.</li> </ul>
<b>Supporting young carers</b>	<ul style="list-style-type: none"> <li>• Intervention to support young carers &lt;18 should seek to identify and mitigate the factors that most negatively affect the individual, and especially seek to foster a positive carer identity.</li> <li>• Interventions should seek to foster positive social connections for young carers.</li> <li>• Interventions should seek to foster positive child-parent relationships eg supporting parents in expressing appreciation.</li> <li>• Processes for ensuring school awareness of young carers should be in place. School-based support for young caregivers could include multi-agency, peer-to-peer, school policies, and cultural support.</li> </ul>
<b>Carers in the wider community</b>	<ul style="list-style-type: none"> <li>• External informal support and opportunities for social interaction should be considered as part of carer support, respite and care planning.</li> <li>• Consider how enhanced understanding of health needs, especially cognitive or neurological, can be supported among extended families and the wider community around a child or adult.</li> <li>• Interventions to promote family caregivers' wellbeing should take an individualised approach taking personality, particular circumstances as well as cultural, spiritual and personal beliefs into consideration.</li> <li>• Care planning should consider actions to be taken when the caregiver may be at risk of aggression or violence.</li> </ul>

# Summary of Healthwatch Lived Experience Research (Interim Findings - October 2025)

Healthwatch have kindly summarised the main highlights based on interim findings. Family carers in Barking and Dagenham play a critical role in supporting people with complex needs, and they often provide multiple types of support simultaneously.

This intensive responsibility has a clear impact on carers:

- 59% of carers (n=40) reported **stress or anxiety, and many are experiencing depression, social isolation**, and difficulty finding time for their own health. Young carers and those balancing work or education face particularly high emotional strain.
- **Financial pressures are also significant.** Many carers are unable to work due to their responsibilities, with 66% of respondents not in paid employment, and nearly half reporting financial difficulties related to caring. Accessing financial support or benefits often requires persistent advocacy, and some carers experience societal judgment or assumptions about their entitlement.
- **Support services are inconsistently accessed.** Carer support groups and training are most frequently used, while mental health support, respite care, and social care services are underutilised, despite strong indications that carers need them.
- **Awareness and uptake of Carer's Assessments remain limited**, and 73% of carers reported that staff never ask how they are coping. Many carers feel undervalued or only recognised in crises, though positive experiences occur when professionals actively involve them and respect their expertise.

Overall, the findings reveal that carers face emotional, social, and financial challenges alongside the practical demands of their role. Systemic improvements are needed to ensure carers' wellbeing is supported, their contributions are recognised, and they have equitable access to information, resources, and personalised support.



## Highlighted areas for future focus

- Carers benefit from recognition and involvement in care decisions throughout their caring journey, not just during times of crisis.
- Communication with professionals should be consistent and respectful, with carers' expertise and knowledge valued.
- Support services, including respite, mental health, and financial advice, should be more accessible, with efforts to reach young carers and diverse communities.
- Carers' own health and wellbeing must be prioritised, helping them manage stress, maintain balance, and access support without unnecessary barriers.
- Tailored, flexible approaches are essential to ensure carers feel supported, informed, and recognised for their vital role.

A comprehensive analysis will be conducted after all engagement sessions are completed, with a final report to be shared with the public health team, social care services, relevant organisations, and commissioners by the end of 2025.

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# Key Findings & Recommendations

Survey feedback from Barking & Dagenham carers identifies several **positives about the experience of caring** in the borough:

- B&D (33.5%) has the highest proportion of carers in London that report having as much social contact as they would like, and is above the England Average
- Carers in B&D (36%) are more satisfied with Social Services than carers in London (33%) on average, just slightly below the National Average (36.7%)
- B&D leads England (66%) and London (63%) with 73.2% of carers reporting they were included or consulted in discussions about the person they care for. There were only minor variations between genders and age groups. Healthwatch research also found that 79% of respondents felt very or so mewhat involved in decision-making.

B&D carers include three main groups: carers receiving helpful and adequate support; carers who do not want/need additional support; and carers who are receiving no or insufficient support. Findings from the review of published evidence, carers surveys and Healthwatch research consistently reveal that **most carers face emotional, social, and financial challenges alongside practical demands of the caring role**. This means that while some carers will require no external support at all, others will require increasing levels of support with health and wellbeing. The challenge will be to identify those that will most benefit from additional support.

Key findings and recommendations on specific areas of improvement are outlined below.

## General Health and Wellbeing

Evidence suggests that some carers are carrying a high burden of ill health, but may not be receiving the diagnoses and support they would benefit from.

In the 2021 Census, a lower proportion (70%) of unpaid carers in B&D considered themselves to be in Good or Very Good Health compared to 84% of non-caring population. A higher proportion (30%) of unpaid carers said they were in Fair, Bad or Very Bad Health, compared to 16%.

In general, the most commonly reported negative wellbeing impacts of caring are tiredness, sleep disturbance, depression, stress, and irritation.

NHS data shows that some carers are carrying a high burden of ill health. Common physical health conditions and risk factors such as obesity, diabetes and hypertension are higher than in the wider population.

Certain mental health and neurological conditions are also higher than in the wider population: for example, 15% of young carers aged 10-19 have a learning disability, and carers of all age groups (<18, 18-64, 65+) experience a higher risk of poor mental health.

The Census 2021 showed that twice as many carers were disabled under the Equality Act compared to the wider population (26% vs 13%). SACE identified that 13% of respondents also experienced sensory loss.

Healthwatch report that 45% of carers in their B&D research did not have enough time to look after their own health, and two thirds of carers in London (67%) reported they needed more support with their health and wellbeing.

There is likely to be an under-diagnosis of mental health conditions among carers in B&D. National evidence identifies that a large proportion (c.39%) whose mental health was poor were not receiving support for this.

### Recommendations:

- The future Neighbourhood Health model should consider a specific health and wellbeing offer for carers. The model should prioritise carers' ability to attend their own health appointments, and could potentially coordinate health assessments with Carers' Assessments and with VCFSE support to minimise individuals falling through organisational / service gaps.
- Consideration should specifically be given to case finding for common physical and mental health disorders among known carers to close diagnosis gaps and ensure that appropriate clinical support is offered.
- Occupational Therapy services should review prioritising cared for individuals for OT assessments for care technology/equipment to support physically demanding care roles and reduce carer breakdown.

# Key Findings & Recommendations

## Finances and Employment

All sources of insight from local carers indicate that financial pressures are significant, for example almost two thirds are worried about living costs and whether they can manage in the future. Financial challenges increase for those caring for multiple people and for those caring for more than 35 hours per week. A considerable portion of caregivers leave employment or reduce work hours to provide care, further reducing household income and quality of life.

The Census 2021 showed that greater proportion of unpaid carers in B&D were living in deprived households compared to non carers (84% vs 64%) .

## Employment

The lower average age of carers in B&D compared to England means that a higher proportion are of working age. However, fewer carers in B&D were in employment than in the wider population (51% vs 59%), with a higher proportion (14% vs 11%) working part time.

The higher proportion of female carers is likely to explain the higher proportion of carers in traditionally “female” occupations such as caring and administration.

## Benefits

Carers receiving benefits, including Carers Allowance, are more likely to report financial problems. Two-thirds (67%) of unpaid carers who receive Universal Credit live in poverty. Uptake of IAG through the Carers Centre also appears to be low, and one third of PSSS respondents had not had a Carer’s Assessment

Carers have expressed the challenge that working often affects their benefits such that they may not be better off, and a desire for more advice on this. This is available through the Trailblazer programme from the LBBB Employment and Skills team, but awareness of this scheme among professionals and carers appears to be low.

The Census revealed that just under half (46%) of carers' households also had dependent children, however this group is under-represented in households receiving additional help such as direct payments.

## Recommendations:

- It would be beneficial to keep the carers debt/money advice offer previously provided through Homes and Money (HAM) Hub in the new Neighbourhood model i.e. carers do not need to be in existing debt to access advice, and to consider how to make this as widely accessible as possible to carers.
- IAG services for carers should include advice on flexible employment opportunities that do not impact benefits e.g. LBBB Trailblazer programme.
- The Carers Strategic Group should explore additional routes to reach carers who may be interested in flexible working options, benefits advice or could benefit from direct payments e.g. through Community Navigators, schools, Neighbourhood Working, etc

## Recognition of the Carer Role

Both published evidence and Healthwatch research highlight that many carers feel undervalued (“I feel invisible”) or only recognised in crises (“[recognition] is not until the role has impacted or you meet the criteria for help and then the family unit is in crisis”). However, positive experiences occur when professionals actively involve them as “experts by experience” and respect their expertise.

## Recommendations:

- The Carers Strategic Group should explore experience-led training for front line professionals on caring roles and the advantages to consistent care planning of recognising carers as the “expert” when it comes to their loved one’s needs.
- The forthcoming revision to the B&D Carer’s Charter should reinforce recognition of carers’ roles at a strategic level.

# Key Findings & Recommendations

## Strategic Alignment

Given the breadth of challenges experienced by carers, a system-wide focus on carers as a high need group is indicated; this could be through designating being a Carer as a local “Protected Characteristic”<sup>1</sup>. NEL ICB and LBBB should include carers needs in scoping all new strategic documents to ensure that opportunities to improve carer health and wellbeing are not missed.

### Recommendations:

- Carers’ health and socioeconomic needs should inform the developing Neighbourhood Working model and the Inclusive Growth Strategy e.g. targeting supported employment for carers, working with support care agencies to offer flexible working options.
- Findings regarding LGBTQ+ carers should be built into the Social Care Action Plan, including reviewing staff training and considering more targeted actions.
- Links should be made with the Learning Disability & Autism Strategy, including the impact of increasing SEND diagnoses on future care requirements and on carers’ support needs.

## Enhancing Awareness of and Access to Support Available

In national surveys, not being able to take a break and managing the variety of needs of the person they cared for were the main reasons carers felt overwhelmed in England, with around two thirds of carers expressing this.

Despite this, Healthwatch found that support services are inconsistently accessed by carers but 60% access informal Support Groups. The focus for delivery of carers’ services is often through the Carers’ Centre, but this appears to have limited reach in relation to the total number of carers in the borough.

55% of Healthwatch respondents disagreed or strongly disagreed that it was easy to access information about services and support. Further research might be indicated to understand why this is, but this may be related to low levels of Health Literacy in B&D (78% struggle to understand health information that

1 – As proposed by Carers UK in 2024 – see [Making caring the 10th protected characteristic report | Carers UK](#)  
2 - see <http://healthliteracy.geodata.uk>

includes numbers<sup>2</sup>) and with low levels of Digital Literacy as identified by CQC. This points to a need to make carers Information, Advice & Guidance (IAG) and support more accessible across the whole B&D population.

### Recommendations:

- Generally raising awareness of wider initiatives for carers e.g. Freedom Passes, Respite, IAG from the Carers’ Centre, could be beneficial and aligns with Care Quality Commission 2025 LBBB assessment findings.
- The Carers Strategic Group should explore additional routes to making IAG accessible to carers when they need it, taking account of low levels of Health and Digital Literacy, and a diversity of communication needs.

## Young Carers

Analysis suggests that Young carers are under-represented in service data and in survey data, compared to the numbers identified in the Census. Healthwatch found that Young carers, especially those balancing education, face particularly high emotional strain, making timely identification of Young carers extremely important. Joint working with VCFSE organisations may help address this gap.

Research by MYTIME found that Young carers in their local pilot programme miss an average of 27 school days per academic year. In general, Young carers are 62% less likely to achieve the equivalent of three A-Levels.

### Recommendations:

- Consideration should be given to better identifying and understanding the experiences of Young carers, working with the Young Carers Forum.
- Intervention to support Young carers <18 should seek to identify and mitigate the factors that most negatively affect the individual, and especially seek to foster a *positive carer identity*. Interventions should seek to foster positive social connections for Young carers, working with the Young Carers’ Forum and drawing on VCFSE support. Interventions should also foster positive child-parent relationships e.g. supporting parents in expressing appreciation.
- Processes for ensuring schools are aware of Young carers should be in place. School-based support for Young caregivers should include multi-agency, peer-to-peer, school policies, and cultural support.

# Key Findings & Recommendations

## Potential Gaps in Support Provision

### Challenging Behaviour<sup>1</sup> Support

Published evidence shows that challenging behaviour from the cared-for individual can be especially impactful on the carer's mental health, resulting in anxiety and depression, trauma and anticipatory trauma. This can be evident in care recipients of all ages: it has been raised previously in engagement work with parents of adolescents with learning disability, and in relation to dementia.

#### Recommendations:

- Consider how enhanced understanding of health needs, especially cognitive or neurological, can be supported among extended families and the wider community around a child or adult.
- Consider options for providing Personal Behaviour Support for carers
- Care planning should consider actions to be taken when the caregiver may be at risk of aggression or violence.

### LGBTQ+ Support

Both LGBTQ+ caregivers and carer recipients experience additional unique social and wellbeing complexities, such as challenges navigating heteronormative health systems and lack of trust in services, and can be at higher risk of social isolation.

#### Recommendations:

- Training on LGBTQ+ culturally competent and affirmative care should be in place for front line staff, to help build trust and confidence in services for both caregivers and care recipients. This is particularly important for LGBTQ+ people living with dementia and/or in care homes.
- Carers' services should develop plans to enhance LGBTQ+ culturally competent and affirmative care, and facilitate social / peer support interventions tailored to LGBTQ+ caregivers.

### Whole Family / Household Approach

The effects of family-caregiving on the wellbeing of carer/s, are influenced by the specific situational and sociodemographic characteristics of the whole family. However, the various needs of different family members are not always linked in care planning, and the carer/s wellbeing can be seen as secondary.

#### Recommendations:

- An individualised, holistic approach to support is indicated for *each family or household*, taking account both of the care recipient's specific needs (especially where complex) and the differential impact on each family member. This approach should take personality, cultural, spiritual and personal beliefs into consideration, and could involve relationship counselling.

### Use of Data to Identify and Support Carers

Of carers identified by NHS services in the past 12 months, there appears to be an under-representation of White British, Other White, and Young carers.

It is difficult in most cases to link the information held about a carer to that about a person they care for. This results in unexpected emergencies that might have been preventable if a more holistic view was taken of the household as a unit.

#### Recommendations:

- In order to facilitate carer identification, as well as more responsive and preventative care at a household level, the potential for linking carer and care recipient data i) within each of ASC and NHS records, and ii) interlinking records across the two organisations should be explored, potentially as part of Neighbourhood Working.
- Commissioned Providers should work with the Council and NHS partners to share data to improve identification, access and support for carers.

1 – See Appendix for definition

# Appendices

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# Acknowledgements

Thank you to:

- Members of the LBBB Public Health, Insights, Adults' Care and Support, Commissioning, Inclusive Growth and Communications teams for their time and input.
- GP Federation CiC and NEL ICB PHM teams for access to aggregate NHS health data on health status of carers and individuals cared for.
- Resident carers who contributed to the Healthwatch research.
- Barking & Dagenham Healthwatch for access to their early research findings.
- Barking & Dagenham Carers' Centre for feedback on the draft HNA
- NELFT Library who provided the evidence searches used in this work:
  - [PH Bulletin] Health and wellbeing impacts on informal carers SN60393. Stephen Reid. 18th August, 2025. London, UK: NELFT Library and Knowledge Service.
  - [PH Bulletin] Socioeconomic impacts of informal caring roles SN61468. Stephen Reid. 3rd October, 2025. London, UK: NELFT Library and Knowledge Service.

Note on Data Sources –

- Where data show s differences between cohorts based on data from the Census 2021, these are all significant differences due to the overall size of the dataset i.e. differences can be assumed to be real and not due to chance.
- Data differences from surveys (SACE and PSSS) cannot be assumed to be significant due to the smaller cohort sizes i.e. differences observed could be due to sampling or to chance.

Note on Image Sources –

- Images were sourced from LBBB Image Library, [Welcome to Carers Centre SA Ltd | Carers of Barking and Dagenham](#); [Image library | Age without limits](#)

# Glossary

- **Challenging Behaviour** – The NHS defines this as behaviour that “puts them or those around them (such as their carer) at risk, or leads to a poorer quality of life.” See [How to deal with challenging behaviour in adults - Social care and support guide - NHS](#)
- **Direct Payments** – see <https://www.carersuk.org/help-and-advice/practical-support/arranging-care-and-support-for-someone/direct-payments/>
- **LGA** – Local Government Association
- **Liquid Logic** – A financial management system designed for local authorities to streamline social care finance operations, see <https://www.systemc.com/local-government/#:~:text=Liquidlogic%20Social%20Care%20Finance%20is,order%20creation%20and%20payment%20processing>
- **MDT** – Multi-Disciplinary Team
- **NEL ICB** – North East London Integrated Care Board
- **PHM** – Population Health Management
- **PSSS** - Personal Social Services Survey of Adult Carers in England, 2023/24
- **SACE** - Survey of Adult Carers, 2023/24
- **Trailblazer pilot** – LBBB pilot to support carers into flexible, paid adult social care roles

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# Data Sources

- **LBBB Demographic Data (Population Overview):**

- Office for National Statistics 2024 mid-year population estimates (Number of residents; Age range of residents; Average age of residents)
- Office for National Statistics 2021 Census (Ethnicity)
- Office for National Statistics 2021 to 2023 (Healthy life expectancy) – official statistics in development
- Department for Education Summer 2024 (GCSE)
- Office for National Statistics Annual Population Survey - January 2024 to December 2024 (Have no qualifications)
- Office for National Statistics 2023 (Births)
- Metropolitan Police Service - 2024/25 (Crimes; Domestic abuse)
- Office for National Statistics - September 2024 (Average house price)
- Office for National Statistics Annual Population Survey - January 2024 to December 2024 (Unemployment, Employment)
- Department for Work and Pensions - December 2024 (Universal Credit claimants in employment)
- National Child Measurement Programme 2023/24 (Obesity amongst children in Year 6)
- 15billionebp management information service - December 2024 (NEET and Not Known)

- **Carer Deep Dive Analysis Document List**

- ASC Finance – Support Provided to Carers 2023-24
- ASC Outcome Framework Carers Survey Data (SACE) 2023-24
- Carers Centre 2025/26 Q1
- Unpaid Care - 2021 Census - Deep Dive Analysis
- Carers Allowance - Cases in Payment or Entitlement (Feb 2025)
- Liquid Logic Data - Carers Direct Payments 2024-25
- Personal Social Services Survey of Adult Carers in England 2023-24
- State of Caring 2024

- **Non-Public (LBBB Internal) Carers Data:**

- LBBB Adult Social Care Administrative Data (Liquid Logic)
- Personal Social Services Survey of Adult Carers in England 2023/24 – LBBB Specific Question
- Carer UK State of Caring Survey: Report for the London Region (via LGA)
- Demographic data and engagement with Carers via Carer Forums run by the Carer Centre, Just Say Parent Carer Forum, BME Carer forum.

- **Publicly Available Carers Data:**

- [Census 2011 / 2021 \(ONS\)](#)
- [Adult Social Care Outcomes Framework – Survey of Adult Carers](#)
- [Personal Social Services Survey of Adult Carers in England, 2023-24 - NHS England Digital](#)
- [Adult Social Care Activity and Finance Report, England, 2023-24 - NHS England Digital](#)
- [State of Caring Survey | Carers UK](#)
- [DWP Carers Allowance](#)
- <https://www.nuffieldfoundation.org/wp-content/uploads/2023/06/KS5-Young-Carers-Education-Policy-Brief.pdf>