

# We Care ... Because you Care

Refreshed, February 2025

## Young Carer, Parent and Adult Carer Strategy (2024-2030)

### Update 2025

This Strategy was reviewed in 2024. Carers told us that the principles and commitments made to them were still relevant and purposeful. Carers advised us that they wanted to see more action on making the commitments happen, and for Sheffield to be a welcoming supportive place for carers to live and thrive.

Rather than rewrite the Strategy, together we agreed that all organisations involved would create a Delivery Plan as a mechanism for driving improvements and the formulation of a Strategy Implementation Group would hold us all to account for delivering it.

This Strategy and associated Delivery Plan are aligned with the Adult Care and Wellbeing Strategy 'Living the life I want to live' and will be reviewed in line with that in 2030.

The Unpaid Carers Delivery Plan can be visited on Sheffield City Council's website, [here](#).

**YOU are likely to be a carer at some point in your life. This could be at any age whether as a child, teenager or in your 20s and 30s or later in life.**

The word **carer** throughout this Strategy means someone who looks after a person; a family member or friend because that person would not be able to be safe and well without that help. It might mean young carer, sibling carer, parent carer or adult carer.

This strategy is for Young and Adult carers including parent carers and will outline the vision and commitment for ALL unpaid carers in the city.

### Who is a carer?

*A carer is someone of any age who provides unpaid support to family or friends to enable them to cope and carry on with their day-to-day life as they could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or suffers with mental ill-health or substance misuse.*

*This is not the same as someone who provides care professionally, or through a voluntary organisation.*

*Anyone can become a carer; carers come **from all walks of life, all cultures and can be of any age**. Many feel they are doing what anyone else would in the same situation; looking after their mother, son, or best friend and just getting on with it.*

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*Carers don't choose to become carers: **it just happens** and they have to get on with it; if they did not do it, who would and what would happen to the person they care for?*

The mental and physical demands of caring can take their toll and have significant impact.

Carers are more likely to...

- struggle to continue to study or work,
- be twice as likely to be unwell as the rest of the population
- suffer financial hardship
- be lonely and unable to have a social life

## Introduction

One in 10 people in Sheffield are carers; they are a hidden army that is a huge strength for the city. You could be caring for your parents, children, husband, wife, partner, wider family members or friends. The person you care for may not have a visible illness or disability but the support the carer gives is vital.

Providing care for someone in your family or a friend at some point in our lives is becoming increasingly common.

Crucial for the successful delivery of this strategy, is a mind-set change by everyone so that there is a better understanding of what caring means and the impact that it has on the carer's life.

Also that:

- All services, whether they are for carers or the person they care for, are designed with and by **carers**
- Carers are **respected** as partners in the delivery of support, care and recovery
- Carers' **needs** are as important as the people they care for

Many carers do not see themselves as a carer; they see it as a normal part of life or their duty.

This is a city-wide joint multi-agency Strategy that has been developed by carers, carer advocacy groups, providers and community organisations, Sheffield City Council and NHS partners. The crucial social and economic role of carers demands that they are strategically supported across the city by all organisations.

This Strategy sets out six Carer Principles which will define the key actions and services that are required to improve carers' lives.

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All partners will sign up to the six Carer Principles and the resulting action plans to improve the lives of carers.

### Our vision and SIX PRINCIPLES

Carers are really important to families and friends. Providing care is an integral part of life and many people have told us through consultation they want to care but it is not always easy.

In this Strategy we are setting out an ambitious plan for every carer to have

- a life of their own
- the choice to care and stop caring without recrimination
- equality of opportunity to life chances including education, training, work and leisure activities

Our Carers Strategy will enable families to stay well and tackle financial hardship.

And by 2030 every carer should have appropriate opportunities to:

1. Access at the right time, the right type of information and advice for them, their family and the person they care for
2. Understand their rights and have access to an assessment
3. Have a voice for themselves and the person they care for
4. Have regular and sufficient breaks
5. Continue to learn and develop, train or work (if they wish to)
6. Look after their own health

#### **Our vision for Sheffield is:**

*A City where Carers are **valued** and have the **right support** to continue to care for as long as they want to*

### What would a better world look like for carers?

Carers have repeatedly told us throughout consultations:

*'If you got the services and support right for my family member, I wouldn't have any needs'*

Whilst this may be true for some, all carers' needs won't entirely disappear if support and services are right for the person they care for. So, it's important that we build on carers' strengths (or assets) to reduce and address any ongoing needs.

For Young Carers, we need to ensure that professionals recognise their caring contributions and include them in discussions and decisions about the people they care for.

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We should not discourage caring, but it should not be a barrier. Support to care and where appropriate, alternative services should be put in place to help young carers.

Young Carers should be supported to continue care for as long as they wish to, and it not be a detriment or reduce their life chances.

We have consulted with carers, staff and providers to understand what 'good' could look like. Please see [appendix 2](#)

*"All I want is the best possible care for the person I care for."*  
Many carers don't recognise their own needs.

### Caring Costs

Caring can have a significant impact on economic wellbeing and can cause financial hardship due to:

- Difficulty attending school, completing homework or being tired and not being able to concentrate
- Leaving school / education early and not progressing to further and / or higher education
- Reduced working hours or taking periods of unpaid leave
- Having to leave work or retire early

Caring can also incur greater costs. For example,

- Travelling regularly to care for someone where they don't live in the same house
- Having the heating on all day due to someone being elderly or unwell or disabled
- Aids and adaptations and their maintenance and repair
- Specialist childcare for a disabled child

This strategy acknowledges the financial hardship of caring and will look for solutions to reduce and mitigate the impact.

*Caring costs and can have financial implications for families*

### The value of caring to Sheffield

There are approximately 60,000 carers in Sheffield (1 in 10 of us) with around 7,000 being young carers. The caring population is not static; in Sheffield about 20,000 people start or stop caring each year.

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NHS England says it takes on average two years for someone to realise they are a carer. Academics have calculated that carers save the economy £184 billion per year, the equivalent to spend on the NHS.

*Valuing Carers 2015 – the rising value of carers' support*

<http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

The value of Sheffield's unpaid caring is £1,186 million

### Why a Strategy?

We know that in a world where there will be fewer services and more of us living longer but not necessarily in good health, the role of carers will become more vital.

This Strategy recognises that:

- The number of carers is increasing
- Carers are getting older (21% increase of carers aged 65+ from the 2001 to 2011 census)
- Carers are providing more hours of care (18% increase at 20+ hours and 13% increase at 50+ hours)
- For some people caring is lifelong
- For other people they may care for a few years and then stop, and this could happen several times
- Every day there are people starting to care for the first time (approx. 55 people in Sheffield every day)
- There are several factors that when added together cause health inequalities for carers e.g. emotional stress, poor health, financial hardship

We know that if we do not continue to champion carers and enable them to continue to care it can have far reaching consequences for the carer and for the person being cared for. For example, poor mental and physical health, financially and / or socially excluded, being subject to or perpetrating abuse.

Through this strategy we will continue to build the strength and resilience of carers to continue to care for as long as they wish to.

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Achievements since the last Strategy:

- The Carers and Young Carers Board
- Introduction of the multi-agency approach to supporting young carers
- One stop Carer Support Helpline
- Carer contingency plans
- Employment support for working carers
- Setting up of Special Educational Needs Local Offer
- Improved post-diagnosis support through specialist nurses
- Health Care planning documentation requires identification of caring responsibilities and contingency planning

## Local requirements

Our Adult Social Care Strategy, **'Living the Life you Want to Live'** was approved at the Co-Operative Executive on 16<sup>th</sup> March 2022.

Our vision is:

*"Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are – and when they need it, they receive care and support that prioritises independence, choice, and recovery."*

## Council Plan

'Together we get things done' (the corporate plan for the Council) sets out the strategic outcomes that Sheffield City Council wants to achieve.

Outcome 1 says that Sheffield is [A place where all children belong and all young people can build a successful future](#)'.

The plan states:

*'children and young people and the city's prosperity are linked. Their aspirations are what will drive our city forward; their education, skills and talents are what will drive innovation and create the jobs of the future.'*

Outcome 3 says that *'People live in caring, engaged communities that value diversity and support wellbeing...*

*'Sheffield's communities and the people within them are the city's greatest asset. Caring, engaged communities provide the foundations for more people to live healthy, fulfilling lives and to share in our success'.*

Unpaid carers are a fundamental part of caring communities; they provide care and support to some of the most vulnerable people in our society. Carers focus on the

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health and wellbeing of others, but what we must not forget, is that we need to focus on carers' health and wellbeing too. Through supporting carers, we help to nurture the city's 'greatest assets' and sustain caring communities.

### **People – Prosperity – Planet**

Our Carers Strategy and Delivery Plan is embedded within the policy vision of 'People' as described in the Council Plan. Sheffield is known for its 'determined spirit' which '...gives communities, neighbourhoods and networks their own unique feel, as well as significant strength. Unpaid carers play a vital part in community cohesion and strength.

### **City Goals**

Supporting our carers helps with the following goals:

Goal 2 which says, 'We have the education, training, skills and resources we need to pursue our curiosity and develop new ideas for the benefit of ourselves, others and Sheffield's reputation regionally, nationally and globally.' The Carers Delivery Plan supports carers with their education, employment and training.

Goal 8 which says, 'We all have a say over what happens in our neighbourhoods, and shape our city around fairness, equity, wellbeing and combating poverty.' We know that caring is a social determinant of health and can negatively impact health and wellbeing. The Carers Delivery Plan is helping Sheffield to identify more carers and prevent, reduce and delay their needs from developing.

Goal 9 which says, 'We're able to embed strong and caring relationships that bring people together and bridge divides across generations, neighbourhoods and communities.' Helping carers to continue to care for as long as they want to helps us achieve this goal.

### **National drivers**

Since 2008 there have been seven national strategy documents published by Department of Health, NHS England and Think Local Act Personal. These documents are also supported by the State of Caring published annually by Carers UK.

See [appendix 5](#) for the list of documents and priorities

### **Care Act – adult carers**

The Care Act came into force in April 2015 and has introduced new responsibilities for Councils to support adults with social care needs and carers.

This replaces the previous law, which said that the carer must be providing "a substantial amount of care on a regular basis" to qualify for an assessment.



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This new law applies to all adult carers who care for adults irrespective of whether the cared for person receives direct support from Social Services

The new assessment will consider the impact of caring on the carer where there is an apparent need for support either now or in the future. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

**Transition:** The local authority must carry out an adult care transition assessment where there is significant benefit to a young person or their carer in doing so and they are likely to have needs for care or support after turning 18.

Young carers have a right to a transition assessment also.

### **Children and Families Act – parent and young carers**

If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

**Young carers:** for the first time, young carers now have rights as part of this new Act. Councils must take reasonable steps to identify young carers in their area who have support needs.

Young carers have the right to an assessment regardless of who they care for, what type of care they provide or how often. The assessment must be carried out in a way that is appropriate for the young carer's age, level of understanding and their family circumstances.

**Parent carers:** parents of a disabled child aged under 18, will be assessed as part of the assessment of their child. Alternatively, parent carers have the right to a stand alone assessment which is not dependent on the child receiving services. This will be a look at the whole needs of the family. The assessment will take into account detailed information about the family, including:

- the family's background and culture
- the family's views and preferences
- the needs of any other children in the family
- the wellbeing of the parent carer
- whether it is appropriate for the parent to provide, or continue to provide, care for the disabled child, considering the parent's needs for support, other needs and wishes

A care plan will be drawn up that would include services to benefit both the parents and the disabled child.

### **No Wrong Doors – A memorandum of understanding**



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This multi-agency agreement covers a range of areas such as approaches to identification, whole-family support, and transitions from children to adult services. It is a national template which is designed to be adapted and adopted at a local level to ensure it meets the specific needs of local young carers and young adult carers.

The Council now has a responsibility to assess a family and young carer's needs for support.

A Young Carers Assessment process has been implemented city wide which can be completed by the Council, schools, health or care providers

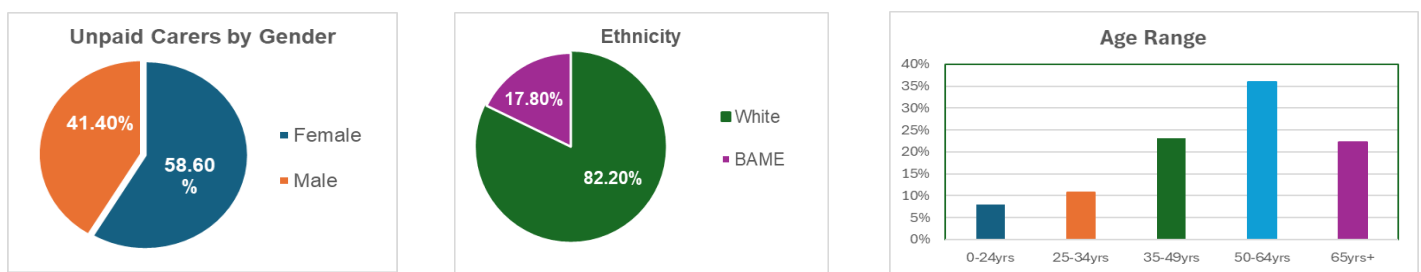
### What is the picture in Sheffield?

The city is not unique in that our carer statistics reflect the national picture.

There are estimated to be around 60,000 carers in Sheffield, that's 1 in 10 of us with around 7,000 being young carers. To date Sheffield has identified around 11,000 unpaid carers and around 800 young carers (on the Young Carers Register)

#### Census Data 2021

49,010 Carers in Sheffield, 3,899 are young carers of a population of 556,500.



These figures are the best estimates for carers, in Sheffield. The term 'Carer' is not a readily used word by many families, friends or professionals, especially for those who provide unpaid care.

Many people do not see the benefit of saying they are a carer or even identify themselves with the word, the figure in the 2021 census is probably lower than the true number of carers in Sheffield.

1 in 10 people in Sheffield are providing unpaid care at any one time

The Joint Strategic Needs Assessment (JSNA) data provided by the Office of National Improvement and Disparities, tells us the national and local picture on carers. Follow the link to review Sheffield's current picture: [JSNA Sheffield Overview](#). For more details on the carers footprint, see here: [LTS003 - NHS England Digital](#).

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Further additional information relating to Sheffield's Health and Wellbeing can be found here: [Picture of health in Sheffield | Health and Wellbeing Board](#)

### How has the Strategy been developed?

This strategy has been developed as a result of many different conversations, questionnaires, discussions and consultations with carers. It was informed by existing local reports including:

- The State of Sheffield: Parent Carer Forum Report 2014
- Young Carers Manifesto and further young carer workshops (2014 and 2015)
- Adult carers: Previous strategy, consultation via support groups, questionnaires, personal conversations and the previous consultation

Carers have set out a list of priorities which they feel are important to them. These have been used to develop the PRINCIPLES and will be central to the action plans to deliver this strategy.

The Young Carer and Carer priorities are listed in [appendix 4](#)

We have on-going dialogue with carers so that we can hear what they tell us and act on what they say

### HOW WILL THE STRATEGY BE DELIVERED?

The Strategy will become a reality through the continued completion of actions from the Delivery Plan.

Delivery Plan was refreshed in 2024 to build on activities within the carers strategy, deliver upon '[living the life you want to live](#)' which is Sheffield's vision for adult social care 2024-2030, our [youth service strategy](#) and an [inclusion strategy](#) that are important for young carers and parent carers. It also enabled a response to the learning on the impact of the pandemic on unpaid carers

Our Delivery Plan is shaped by these strategies to drive positive change for carers. Carers want actions, not just words and the Delivery Plan provides a roadmap for that change over the next five years.

The Delivery Plan can be found here. [Carers' Strategy | Sheffield City Council](#)

### Monitoring and Evaluation

This Strategy, through the actions within the Delivery Plan, is reviewed each quarter by the Strategy Implementation Group.

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An annual update on the achievements, progress and next steps by each multi-agency partner responsible for the Delivery Plan is submitted for approval by the Adult Health & Social Care Committee.

The delivery and achievement of the action plans will be accountable to:

1. All Carers
2. Adult Health & Social Care Committee
3. Strategy Implementation Group
4. Carers and Young Carers Board
5. Young Carers Strategic Board and subgroups
6. Carers Service Improvement Forum
7. Carers Hub

The delivery plan is not static and will be reviewed yearly to monitor progress and achievements. As it is reviewed, further priorities may be identified and these will be included.

Key measures of success will be

- Carers telling us
- Adult Social Care Outcomes Framework
- Strategy Implementation group

## Commissioning Plans and Support Services

Young and adult / parent support services for carers are not jointly commissioned and therefore a commissioning plan is not included in this strategy.

Commissioning for Young Carers Support Services was completed and will define future intentions.

The Commissioning Strategy includes how support services for carers will align with other health and social care commissioning priorities.

## Appendices

### Appendix 1: Definitions

<b>Adult Carers</b>	Are adults caring for adults over the age of 18. This includes adults caring for their adult children.
<b>Young Carers</b>	Are children and young people under the age of 18 who provide regular and on- going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. The term does not apply to the

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	everyday and occasional help around the home that may often be expected of or given by children in families.
<b>Sibling carers</b>	Are either children or adults who care for a brother or sister
<b>Young Adult Carers</b>	are young people aged between 16 and 25 who are caring either for another child or young person, or an adult.
<b>Parent Carers</b>	are parents caring for a disabled child or young person under the age of 18. Parents will often see themselves primarily as parents however their child will have additional care needs and may be entitled to additional services.
<b>Transitions</b>	A key change in either the carer's or the cared for's life e.g. <ul style="list-style-type: none"><li>• Starting school, moving to new schools</li><li>• Moving from Childrens to Adult Services</li><li>• No longer able to care</li></ul>
<b>Strategy</b>	A plan to achieve a long term goal
<b>Commissioning strategy</b>	Planning to develop and deliver Carer Support Services
<b>Health Needs Assessment</b>	Review of the health needs of carers
<b>Advocacy</b>	Supporting, speaking and acting on behalf of the carer
<b>Contingency plan</b>	A plan for unexpected or emergency situations
<b>SEN</b>	Special Educational Needs

### Appendix 2: What 'GOOD' could look like for Carers

The following list what carers and organisations have suggested 'GOOD' would look like for them:

1. Good shouldn't have to be anything specific as everything should be working
  - People know they have a real choice in how / when / where they care
2. Everything is working as it should
  - Equilibrium – life is on a level / even keel – everything is ticking along
  - Be able to trust the care Mum receives
  - Carer can relax and take a break
  - Not feeling guilty
3. Carers identify themselves as a carer
4. Carers continue to care for as long as they want to with the support they need
5. The cared for person's needs are met

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- Knowing the person you care for is safe and well
  - Reliable services that can respond to someone when they need help
  - Trusted workers that are familiar and understand the family
6. Information and advice in a timely way throughout the carer lifecycle
    - Understanding and knowledge of how to navigate the system – changes that are communicated
  7. Carers are listened to by professionals
    - Don't have to repeat your story
  8. Carers that have a backup plan
  9. Professionals have a dual approach:
    - For the person who is the patient / service user
    - For the carer
  10. Carers to continue at school / college / work for as long as they want to
  11. For carers to manage their own health needs
  12. Having a break
    - A 'normal' life – the cared for needs are met whilst the carer can have a break / socialise / work

### **Appendix 3: Carers contribution to the economy**

#### **Royal College of GPs**

<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/carers-support.aspx>

"1.2 million carers spend over 50 hours caring for others, this equates to a full time workforce larger than the entire NHS. Carers are estimated to save the UK economy £119 billion a year in care costs, more than the entire NHS budget and equivalent to £18,473 per year for every carer in the UK."

#### **NHS England**

<http://www.england.nhs.uk/commissioning/comm-carers/>

Commissioning for carers: Principles and resources to support effective commissioning for adult and young carers. The study indicates that this could equate to a saving of almost £4 for every £1 invested.

#### **Department of Health – Impact Assessment (Carers)**

<http://www.legislation.gov.uk/ukpga/2014/23/impacts>

The Impact Assessment published by the Department of Health (October 2014) makes an estimate of the "monetised health benefits" of additional support for carers. This estimates that an anticipated extra spend on carers for England of £292.8 million would save councils £429.3 million in replacement care costs and result in "monetised health benefits" of £2,308.8 million. This suggests (as a ratio) that each

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pound spent on supporting carers would save councils £1.47 on replacement care costs and benefit the wider health system by £7.88.

### Valuing Carers 2015 - The rising value of carers' support

<http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

**The economic value of the contribution made by carers in the UK is now £132 billion per year** almost double its value in 2001 (£68 billion).

**£132 billion is close to the total annual cost of health spending in the UK**, which was £134.1 billion<sup>1</sup> in the year 2014-2015.

**Carers' contribution is growing** – the 2015 figure is **7% higher** than the figure for 2011. This is mostly because carers are providing more hours of care (82%), and partly due to the increased hourly cost of paid home care (18%).

The figures mean that, in 2015, the value of the contribution made by the UK's carers saves the public purse enormous sums every week, day and hour of the year:

- £2.5 billion per week
- £362 million per day
- £15.1 million per hour

The figures below are the estimated figures for Sheffield

	Carers 2015	Change in no. of carers 2001-15	Change in no. of carers 2011-15	Value in 2001	Value in 2011	Value in 2015	Change 2001-15		Change 2011-15	
	(Number)	(%)	(%)	(£m)	(£m)	(£m)	(£m)	(%)	(£m)	(%)
Sheffield	59,870	7	4.4	679	1,116	1,186	507	74.6	70	6.2

## Appendix 4: Sheffield Adult Carers Priorities

1. 1. Information and advice: I want the information I need, when I need it

For example,

- a. Information that is timely, easily available and relevant to my situation
- b. Information that is easy to understand e.g. Plain English
- c. Emotional support from other carers so I can talk to people who understand what it's like e.g. carers support groups
- d. Someone to give advice who knows the health/social care system
- e. A knowledgeable person who can help with form filling, paperwork and other practical support if I need it
- f. Confidentiality is not used as a barrier to communication with me as a carer

*When we got the diagnosis, we got given lots of leaflets which had lots of information that wasn't relevant to my husband and I didn't have the time to sort through it myself*

2. I want good advice to help me through the maze

For example,

- a. Support through the 'maze' of health/social care and good information about processes and timescales
- b. Good communication so that information is shared and I don't have to tell my story over and over again
- c. Good and timely information about transition periods e.g. moving from Children's to Adult services, moving to a care home
- d. One point of contact for me so it's easier to access information, advice and guidance

All professionals talk to me about the needs of the person/people I care for and respect my expertise and knowledge as the carer

*I called social services, they passed me on to one person and they weren't the department. This happened three or four times, they were all pleasant but it didn't sort my problem.*



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3. If services are right for the cared for person then it will make it easier for me

For example,

- a. People delivering care and support who are reliable, knowledgeable and trustworthy
- b. Continuity of care so professionals get to know the person/people I care for
- c. The care worker gives care and support whilst with the person/people I care for, for the full allocated time
- d. Training for staff who work with the person/people I care for so they understand their specific conditions/disabilities
- e. Regular evaluation and monitoring of services to ensure good quality

*When we got allocated a care worker, they didn't know anything about my Mum even though we had told our story a number of times. She is alright but doesn't always turn up on time or do quite the right things.*

4. Time for me so I can have a life outside of caring

For example,

- a. Time for me so I can have a life outside of caring
- b. Flexible respite that gives me a break from being a carer
- c. Time to myself so I can go to work, have interests or hobbies without worrying about the person/people I care for
- d. Time and support to manage my own health needs – with carer friendly GPs and health services
- e. Local activities for me as a carer and inclusive activities I can do with the person/people I care for e.g. peer support groups, Cafes, gym

*I had to come home early from holiday because my husband was so unhappy in respite.*

*I never get to go to the cinema anymore because I can't get respite in the evenings.*

*I don't want a break from my wife; I would like a support worker to help us go to a concert like we used to do.*

*I have had to give up work, it was too stressful, they didn't understand why I was late all the time*

5. I want to feel in control and safe and have a plan for emergencies

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For example,

- a. I want to feel in control and safe and have a plan for emergencies
- b. A plan so I know who to contact in an emergency.
- c. A card scheme or way of letting people know I care if anything happens to me.
- d. Having access to training such as first aid, hygiene, moving and handling, etc
- e. Staff with good listening skills who sort out issues promptly so there is no breakdown in care

*I still wake up in the night and worry what will happen to my son when I am no longer here*

6. I don't want to be in financial hardship

For example,

- a. I don't want to be in financial hardship
- b. Easily accessible information/services so I know what benefits or support I'm entitled to e.g. Carers Allowance/personal budgets/direct payments.
- c. Support to help me through the process of appeals or tribunals in relation to benefit claims
- d. A wide range of affordable local activities for me and the person/people I care for
- e. Knowing where I can get discount due to me being a carer

*We have the heating on all day and the gas bill is so high*

Sheffield Young Carers Priorities		
Priority	Young Carers Manifesto	Outcomes
a. Education, training and employment.	2. We care for free why not help us?	Young carers are supported in school, college and other educational settings, and are supported in training and employment.
b. Health & Wellbeing of young carers.	3. You built us, don't then break us. 6. Don't let us go unnoticed. 10. Mind over Matter.	Suitable information, guidance and support in place to help young carers stay physically and emotionally well.
c. A voice in care decisions.	1. Stigma Sling ya Hook	Enable young carers to be more involved in the care plans of those they care for.

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	7. We all deserve a say in the services we use day to day. 9. You have a VOYCE, use it, don't lose it.	
d. A strategic voice.	7. We all deserve a say in the services we use day to day. 9. You have a VOYCE, use it, don't lose it.	Ensure carers have a voice in strategy, policy and commissioning.
e. Rights and Legislation	8. If rights could talk ours would be silent	Young carers have an understanding of their rights, legislation and services available to them including financial support available to their family.
f. Transition	3. You built us, don't then break us.	Young carers are supported through the multiple periods of transition they may face.
g. Respite	4. Fancy a break? Well we do too. 2. We care for free, why not help us?	Ensure young carers have respite from their caring role.

## Appendix 5: National and Local Policy documents

### National:

- a) Carers at the heart of 21st-century families and communities (DH 2008)
- b) Recognised, valued and supported: Next steps for the Carers Strategy (DH 2010)
- c) Carers Strategy: Second National Action Plan 2014 -2016 (DH)
- d) NHS England's Commitment to Carers (NHS April 2014)
- e) Commissioning for Carers: Principles and resources to support effective commissioning for adult and young carer (NHS Dec 2014)
- f) RCGP Supporting Carers in General Practice
- g) Making it Real for Carers (TLAP May 2013)
- h) Hidden from view: The experiences of young carers in England (The Children's Society 2013)

### Local:

- a) Living the Life you want to Live- Sheffield Adult Social Care Strategy (March 2022)
- b) Together we get Things Done- Sheffield City Council Plan 2024-2028

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- c) State of Sheffield: The views of parents of children and young people (aged 0-25) with disabilities and/or additional needs (November 2014)
- d) Young Carers Manifesto, We Care. Do You? (October 2014)
- e) Views of young carers explained (VOYCE) project presents: Consultation report 2012
- f) Sheffield: a city where every Carer matters; A joint strategy for transforming the lives of carers in Sheffield 2010 – 2013