Your Ref: «Reference»

Insert Council Logo

My Ref: «Number»

Date: Day Month Year

Contact: John Smith

Direct Dial: 01111 111111

Email: John.Smith@anytowncouncil.gov.uk

**Office of Adult Social Services Department**

Council Buildings

100 Town Road

ANYTOWN

A27 6BP

«Title» «Firstname» «LastName»

«Address1»

«Address2»

«Address3»

«Address4»

«Postcode»

Dear «Title» «LastName»

**Your views matter**

I would like to invite you to take part in the national 2025-26 Survey of Adult Carers in England. This survey is being carried out by [your local Social Services Department] on behalf of NHS England.

I am contacting you because I believe you are, or were, a carer during the last 12 months. By carer, I mean an informal carer who looks after a partner, family member or friend in need of support or services because of frailty, physical or learning disability, or illness, including mental illness, and who is aged 18 or over. This is regardless of whether or not you receive a carers allowance.

If you are no longer a carer, for example because the person you care for has moved into residential care, I would still like to hear your views on your caring role over the last 12 months.

**Improving Adult Social Care in your area**

**Please take part in the survey by filling in the enclosed questionnaire**. It asks you about your views on the services you and the person you care for receive and your quality of life.

The more people who take part, the more useful the results will be to help us assess and improve our local services for people like you.

Once you have completed the questionnaire please return it in the pre-paid envelope by **[DATE]**. You do not need to put a stamp on the envelope.

**Your Information will be kept confidential**

There is more information about the survey and why you were chosen over the page. If you have any questions or need help filling in the questionnaire, go to the ‘**contact us**’ section at the bottom of this letter.

Thank you very much for giving some of your time to help Adult Social Care services.

Yours sincerely

ADD DIRECTORS SIGNATURE

«Title» «Firstname» «LastName»

Director, Adult Social Services

**Why have I been selected?**

We have randomly [remove ‘randomly’ if whole sampling frame is being surveyed] chosen carers who have had contact with the [your local Social Services Department] or an organisation working on behalf of [your local Social Services Department] over the last 12 months, such as [organisation names].

**What happens to my answers?**

Your answers are collected by [organisation name] on behalf of [your local Social Services Department].

Your answers are confidential and will not be passed on to anyone directly providing you with services. We will anonymise the results, so no one can directly identify you, by removing all your personal details (name, address, postcode, date of birth, [councils must list all personal data fields they remove]) before sharing the information with NHS England (the national information and technology organisation supporting health and social care services). Answers will be linked to some demographic details held by the [Local authority name] using the unique reference code. These anonymised findings are then published and used by researchers and organisations such as the Department of Health and Social Care to help improve services.

We would only ever contact you regarding your answers if you indicate that there is a risk to your health and safety, or that you are experiencing a serious problem with your care. In this case someone who is not your social worker or care worker will contact you to discuss how you wish to proceed. You can find further information about your rights [in the separate information sheet provided] on our website and/or [on the Information Commissioner’s Office website: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-be-informed/].

**Can someone help me fill in the questionnaire?**

Yes, lots of help is available. You can request a version in a different language or larger print. You may also request to complete the survey by telephone or in person. If you would like to make a request or if you have any questions, then please get in touch using the details in the ‘contact us’ section below.

You can also ask us to arrange for an independent helper to assist you in completing the survey, using the contact details below.

**Do I have to fill in the questionnaire?**

You do not have to take part in this survey. If you choose to take part in the survey, you do not have to answer all the questions. Whether or not you choose to take part will have no effect on the services you or the person you care for receive, or the way you are treated.

**Will I receive a reminder?**

If we do not hear from you, we will send a reminder letter in the coming weeks. However, if you do not wish to participate, and to ensure you do not receive a reminder, then please return the blank questionnaire to us or get in touch on [telephone number]. Further contact details are provided in the ‘contact us’ section below.

**Contact Us**

**For Independent Support and Advice**

[Councils must include details of a telephone help line/advocacy group through which assistance in completing the survey can be arranged]

**For Independent Complaints**

[Councils must include details of an independent complaints procedure including contact details and a brief summary of the process]

For requests and enquiries about this survey

[telephone number] (Monday to Friday between 10.00 am and 12.00 noon, or between 2.00 pm and 4.00 pm) [Councils can vary these hours or expand this e.g. to say leave a message and someone will get back to you]

[email]

[postal address]

For enquiries about your care or support services

[telephone number] (Monday to Friday between 10.00 am and 12.00 noon, or between 2.00 pm and 4.00 pm) [Councils can vary these hours or expand this e.g. to say leave a message and someone will get back to you]

[email]

[postal address]