



Carers JSNA 2020

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Executive Summary

1. Prevalence of carers in CWaC from 2011 Census

- There were 37,121 self-reported carers in Cheshire West and Chester (CWaC) in 2011; 11.3% of the 2011 CWaC population. This was slightly higher than the England average (10.2%) but similar to North West areas (11.1%)
- Just over a third of carers (35.5%), provided 20 hours or more care a week; 13,180 carers. Of these carers providing 20 hours or more care, the majority were providing 50 or more hours of care a week (64.1%).
- The greatest proportion of carers were aged 50 to 64 (21.5% of the 50 to 64 year old population; 14,236 carers) followed by those aged 65 plus (14.6% of the 65 plus population; 8,917 carers). There were 612 young carers (1.1% of the 0 to 15 population). Of all age groups, a greater proportion of those aged 65 plus provided 20 hours or more care a week (51.3%), followed by those aged 25 to 34 (36.3%). 38.4% of those aged 65 plus provided 50 hours or more care.
- There were more female carers in CWaC than male carers. 12.8% of the female population were self-identified carers (37,064 female carers) compared to 9.8% of the male population (15,685 male carers). Of carers, 42.3% were male and 57.7% were female.
- At Care Community level, Neston and Willaston Care Community had the highest proportion of self-reported carers (13.4%). Care communities also above the CWaC average were Frodsham and Helsby; Rural; and Ellesmere Port care communities.
- At ward level, Little Neston has the highest proportion of self-reported carers (16.9%) followed by Parkgate (16.8%). Central and Grange has the largest proportions of carers providing 20 hours or more of unpaid care (54%) followed by Wolverham (51%). Central and Grange also has the largest proportion of carers providing 50 plus hours of unpaid care at 35%, with Winsford Wharton (34%) and Winsford Gravel (33%) following.
- The level of general health reported by carers decreased with the increasing amount of care provided, with 81.2% of carers who provided 1 to 19 hours of care reporting “very good or good health” compared to 55.7% of carers who provided 50 hours or more care.
- CWaC saw a smaller percentage change in the number of carers between 2001 and 2011 compared to England; 6% and 11% respectively. Between the 2001 and 2011 Census, CWaC saw the largest increase in carers aged 65 plus. There was an increase in all age groups except for those aged 23 to 34 where there was a 25% decrease, and those aged 35 to 49, where there was a 9% decrease. England saw a 19% increase in young carers but CWaC did not follow this trend seeing a smaller increase of 2%.

2. 2018 Estimates

- We can estimate the number of current carers by applying the Census 2011 rate of carers to the Mid-year 2018 population estimates from the Office for National Statistics. Estimates indicate that in CWaC, there are approximately thirty eight thousand and three hundred carers.



3. Carers Survey

- We had a 37% response rate with three hundred and sixty-eight total respondents. Our response rate has increased slightly from what was 35% in 2016/17 and is in line with the national response rate. (England overall response rate 37%)
- Quality of life has decreased from 2016/17. It has also decreased nationally and regionally from 7.7, and our result is not significantly different from this.
- Social contact has significantly dropped since 2016/17, however it's very similar to England and North West results
- In relation to satisfaction our results are in line with national and regional results and are not significantly different from 2016/17
- Included and consulted has increased slightly up from 2016/17 (not significant) and our results are in line nationally and regionally
- Easy to find information slightly lower than last time (not significant) and lower than national and regional results (not significant)
- In England and the North West there is a decline in Adult Social Care Outcomes Framework (ASCOF) measures across all areas in relation to carers.
- There was seemed to be no significant difference between CWaC and North West and England results, however there is a significant difference between 2018/19 and 2016/17 in social isolation where it shows a decline from 45% to 32%
- The percentage who have as much control as they want dropped from last year but only slightly less than England and North West
- Percentage of carers who look after themselves as they want dropped a lot from last year and is also less than England and North West
- Percentage of carers who have no worries about safety dropped slightly from last year but is in line with England and North West.
- For Carers those that said they feel they have encouragement and support, has dropped significantly between 2016 and 2019, and this is slightly less than England and North West results.
- For Carers those that said they are able to spend their time as they want, this has dropped significantly between 2016 and 2019, but it is still in line with England and North West results however those carers who don't do anything they value or enjoy, our result higher than last time and England and North West.
- The percentage of people that say they were quite satisfied with services has decreased and more people have moved into the middle category of neither satisfied nor dissatisfied).
- The percentage of carers who feel involved increased across all options from last year and are all higher than England and North West.
- The Percentage of carers who find it very easy to find information about advice and support has declined from last year (significant) but those who find it fairly easy has increased (top 2 options not significant). Very easy is less than England and North West.
- Percentage of carers who find information and advice very helpful has declined from last year but those who find it quite helpful has increased a lot, meaning the overall helpfulness has increased (not significant for either test). Overall helpfulness is in line with England and North West, although our very helpful figure is lower, this is compensated for by our higher quite helpful figure
- The number of people who care for one hundred hours or more has increased significantly and is higher than England and the North West. There is a significant relationship between the number of hours caring and social isolation.



4. Carers UK state of caring survey

- As many as 8.8 million adult carers in the UK (Carers UK 2019)
- A significant increase from the 6.3 million adult carers recorded in the 2011 Census. There are also projections that point to an increase in the number of carers over 65 from 1.4 million to potentially over 2 million which would be an increase of 43% between 2011 and 2019.
- Value of the current carers support is in the region of £132 Billion annually, but this comes at the personal cost of increased loneliness, social isolation and increases financial pressure
- 39% stating they are struggling to make ends meet; in 2018 this was 37%.
- Those carers who are struggling are resorting to using savings (44%), overdrafts (33%), credit cards (36%) and a number are falling into arrears with utility bills (15%) and rent/mortgage (9%).
- Carers who are struggling financially are making cuts in leisure activities and hobbies (77%) and a large number of carers (64%) are also cutting back on seeing friends and relatives.
- 21% of carers fed back that they were currently going without any support at all.
- 68% of carers said they regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for. For carers over sixty-five years of age and people who care for more than fifty hours a week this was higher at 70% and 73% respectively.
- 78% of carers who are already struggling to make ends meet reported regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for.
- Of those carers who reported using technology the internet was by far the most popular with 88% using it for information and advice and 44% using it for communication and support.
- In England 27% of carers reported that they had an assessment, or a review of their assessment, in the last twelve months. This is a decrease from 31% in 2016
- It was slightly better for Carers who are providing palliative care and those looking after someone with a mental health condition at 31% for both groups 31% and older carers (aged sixty five or over) at 30%.
- Only 17% of Parent carers reported receiving an assessment or review in the last twelve months.
- 80% of carers waited less than six months for their assessment but 20% waited longer than six months.
- 40% of carers said that the suitability of their home for continuing their caring role was taken into consideration in their carer's assessment.
- 26% said their need to have regular breaks from caring was sufficiently considered in their carer's assessment.
- 30% of carers felt that their need for support to look after their own physical and mental health alongside caring had been thoroughly considered.
- 18% of parent carers who are looking after a disabled child under the age of eighteen years felt that their need to take a break was properly considered.
- 12% of parent carers felt their need to juggle work and care or return to work was properly considered.
- 1 in 8 carers 12% reported that they or those they support received less care or support services during the previous year due to a reduction in the amount of support from social services.



- Only one in six carers 17% have had a conversation with an NHS professional (e.g. a GP or a nurse) about what to do if the condition of the person they care for deteriorates or they are no longer able or willing to provide care for them.
- 29% of carers felt that an emergency hospital admission could have been prevented if they'd had more care and support for the person, they care for.
- 1 in 5 of all carers 19% had an emergency hospital admission in the last year which they thought could have been prevented.
- 1 in 5 carers 22% don't know how they are going to pay for retirement.
- 53% of carers said that they are not able to save for their retirement.
- Almost two thirds of carers 64% say that they have focussed on the care needs of the person they care for, and not on their own needs.
- 81% of carers responding to the survey said that they are not able to do as much physical exercise as they'd like to do.
- 81% of all carers reported having ever felt lonely or isolated as a result of their caring role.
- 2 in 5 carers (39%) responding to the survey reported being in paid work.

5. Personal Social Services Survey of Adult Carers in England SACE

- 38.6% of people who had received services said that they were very or extremely satisfied with the support and services received. 7.2% said that that were extremely or very dissatisfied.
- The majority of carers (65.4%) have been carers for over five years. Almost a quarter (23.5%) have been caring for twenty years or more.
- 60.6% of carers reported that caring had caused them feelings of stress, compared with 58.7% in 2016-17, this was a significant increase.

6. Department of works and pensions

- There were 2.1 million people on Employment Support Allowance (ESA), Incapacity Benefit or Severe Disability Allowance in February 2019: a decrease of 210,000 people over the last year.
- The number of people claiming income-related ESA is decreasing as Universal Credit (UC) replaces it. Contribution-based ESA schemes still receive new claims.
- There were 2.1 million people claiming Personal Independence Payments (PIP) at February 2019, and 1.7 million people claiming Disability Living Allowances (DLA). The number of people claiming PIP rose by 350,000 during the past year, and over the same period, DLA claims fell by 290,000. There were 3.8 million combined claimants at February 2019, an increase of 65,000.
- The total number of people claiming Carers Allowance (CA) at February 2019 was 1.3 million; a rise of 36,000 over the last year. Increases in State Pension age and in the number of people claiming disability benefits may have contributed to this rise. Of the total number claiming CA, 33% (440,000) were entitled to the benefit but did not receive payments
- At February 2019, there were 1.6 million Attendance Allowance (AA) claimants; a reduction of 7,000 from February 2018, due to State Pension age changes. 1.4 million claimants were receiving a payment and 140,000 (9%) were entitled to the benefit but not receiving payment.

7. Carers known to the local authority

- During 2019, there were 1,415 carers receiving support from the Local Authority (LA). This is approximately 3.7% of the estimated number of carers expected to be



residing in CWaC suggesting that few carers seek support and are known to the LA.

- The number of carers receiving support increased slightly between 2018 and 2019 by approximately sixty carers, though as a proportion of the population it has remained fairly static at around 0.4%.
- Of those whose gender was known in 2019, 69% were female and 31% were male. Where age has been captured, half of carers were older people aged 65 plus.
- In CWaC, 5% of the population are Black, Asian and Minority Ethnic (BAME) identities. The ethnicity of the carer has only been captured for two thirds of carers. Of these carers, the majority identified as White British (97%). 3% identified as BAME (twenty-seven individuals) with the majority identifying as White Irish or White other.
- There is a higher proportion of carers known to the LA who live in Ellesmere Port and Northwich (22% and 20% respectively), and fewer in Frodsham and Helsby and Neston and Willaston (6% and 5% respectively).
- One hundred and sixteen carers had a health condition or illness captured. The most common condition was 'other', followed by a physical disability and mental health problem
- 41% of carers said they had significant or severe difficulty developing and maintaining contact with people they care about
- One thousand two hundred and sixty-two people known to the LA who were being cared for by an unpaid carer. For those where primary reason for care had been recorded, 99.9% were receiving long term care, and 12.2% had also received short term during the year for a short-term need.
- The most common reason for care was the need for personal care support
- The disabilities and conditions of the individual cared for was captured for one thousand one hundred and ninety-nine people. Almost a third (32.1%) had a learning disability, a quarter had dementia, and just under a quarter had a physical disability.
- Carers were most likely to be looking after a partner/ spouse (31%) or a parent (29%), followed by a child (24%).
- Carers are most often supported through a Carers Assessment, and/or information, guidance and advice.
- During 2019, one hundred and eighty-five carers were in receipt of a carer's payment by direct payment, 13% of the carer cohort. Carers may also be in receipt of a CASSR payment (Council with Adult Social Services Responsibility) which means they do not receive the payment as a direct payment, but the payment will go directly to an agreed provision. Approximately seventy-nine carers were recorded as being in receipt of this payment, increasing the proportion of the carer cohort being supported financially by the local authority to around 18%.
- Three hundred and forty-four Carer or Joint Assessments were held. 60% of these were for older people aged sixty-five years and over. Of assessments, twenty nine were deemed not eligible for services; 8% of those assessments.
- The number of assessments being undertaken decreased between 2017 and 2018 as did the proportion that are not eligible for services

1. Young carers

- In 2016, there were two hundred and fifty-one pupils attending CWaC schools identified as a young carer



- Young carers are more likely to have a Special Educational Needs and Disability (SEND) than their peers, 29% compared to 14%. The majority of those with a SEND do not have an Education, Health and Care Plan (EHCP) but do require help with their learning in the form of Special Educational Needs (SEN) support.
- Young carers may have difficulty learning or fall behind in their learning
- Absence rates are higher for the young carer population compared to the non-young carer population; 6.8% compared to 3.9% respectively
- If we look at persistent absence which is absence for 10% of possible sessions, the difference between young carers and non-young carers is significant; 23.1% compared to 8.3%.
- Looking at the GCSE results for Key Stage 4 pupils over the last four years (eighty-five pupils). The average attainment 8 score of pupils who are young carers is thirty-seven, which is lower than the average 8 attainment score for all pupils which is 46.8. The progress 8 score for young carers was minus 0.6 which is lower than the CWaC average progress 8 score of minus 0.1.
- Of the carers identified in the School Census 2016, 56% were eligible for free school meals compared to 11.1% of non-young carers.

2. Experiences of unpaid carers registering with their G.P (Healthwatch)

- In both Cheshire East and Cheshire West and Chester, around two out of every three people we spoke to had registered with their GP Practice as a carer. This appears to be positively influenced by the work of Cheshire and Warrington Carers Trust, and more recently the Cheshire East Carers Hub, who are commissioned to deliver carers services and projects across both Cheshire West and Chester and Cheshire East.
- A sizeable number of people were not aware they could register as a carer with their GP Practice 22% of respondents in Cheshire East and 29% in Cheshire West and Chester.
- Of those who were aware they could register as a carer, but had not, our findings suggest that they are not aware of the benefits on offer to them by registering.
- Of those registered as a carer with their GP, a minority felt they had benefited and received a good service. Most people did not appear to receive the full range of possible expected benefits highlighted by the Care Act 2014 and Carers Federation as good practice.
- The majority of respondents did not feel they had benefited a great deal from registering with their GP Practice as a carer. Although there appeared to be some benefits that more people felt they recognised, for examples receiving flu jabs, but that was qualified by an uncertainty it was connected to being a carer or possibly the easiest of the benefits to fulfil.
- Many carers believed that there was a lack of awareness and understanding of carers' rights and the challenges of their role from staff at GP Practices. This could also sometimes be noticed in a lack of support when booking an appointment and a lack of knowledge about signposting to carer support services by GP Practice staff.
- There were particular benefits that some respondents felt more passionate about and would like to see some change regarding. For example, GP Practice staff having more awareness of the role of a carer, more conveniently timed appointments, and being involved in the care planning of the person for whom they were caring.



3. Carers and physical activity

- Over half of carers reported that they had reduced the amount of exercise they take due to their caring role
- 81% of carers responding to the survey said that they are not able to do as much physical activity that they would like to do
- Carers aged fifty-five and above are motivated to take activity. The top three reasons carers would take part in physical activity is 1) to have better physical health, 2) to relax/unwind, 3) to have better mental health
- The biggest barriers carers aged fifty-five and over face are having the time to take part in physical activity and being able to afford the costs of take part. Not being motivated and not having anyone to go with were also big barriers.

1. Introduction

1.1 What is a JSNA

A Joint Strategic Needs Assessment (JSNA) looks at all the information available around the current and future health and social care needs of populations in the local area. It will then use the data to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.

1.2 Aims

This Joint Strategic Needs Assessment will look at the current level of need of Carers within the Cheshire West area and help the local authority to understand the size and need of our carer population. The JSNA will also look at the current levels of response and ways to improve the identification of carers as well as the current support available. A key outcome of this report will be to highlight gaps and inequalities within the current provisioned services and will be used to inform and shape the future services through the development of a Carers Strategy.

1.3 Carers and the caring role

There are many definitions to describe carers and the caring role. Carers Trust defines a Carer as “anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.”¹ Carers Trust.

However the recent National Carers Action plan takes a broader view point on the definition and states “a carer is considered to be anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a carer”.²)

¹ Carers Trust Website their definition of a carer March 2020

² Carers Action Plan 2018-2020 - Supporting Carers Today:
<https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020>



The definition of Young carers is “Young carers are children under 18 with caring responsibilities”³.

2. Policy

2.1 National Policy

The Carers Action Plan 2018-2020⁴ is the latest Government policy in place for Carers and follows on from the previous national strategy “Carers at the heart of 21st-century families and communities” published in 2008⁵ which set out the government’s 10-year strategy for giving support to carers. This was strengthened by a policy paper released in 2010 “Recognised, Valued and Supported: next steps for the carers strategy”⁶ where 4 years of actions to support the carers strategy were laid out.

With the introduction of The Care Act 2014 carers are now recognised under law in the same way as those they provided care for. This now entitles Carers who are over the age of 18 the right to have their own support needs assessed.

Young carers are children under the age of 18 with caring responsibilities, and their rights to be assessed predominantly come from the Children Act 1989 and the Children and Families Act 2014.

Where it is evident that an adult has eligible needs the council have a duty to consider whether a child is involved in providing care, and if so, what the potential impact may be on that child.

2.2 Local policy

It is a requirement that Local Authorities have carer strategies, plans and budgets to help support carers within their communities and this JSNA will aim to inform those strategies and plans moving forward.

Cheshire West and Chester Borough Council (CWaC) recognise the importance of Carers and are dedicated to the supporting of all carers. CWaC also has a statutory duty to offer an assessment to everyone who self-defines as a Carer.

³ Carers UK: <https://www.carersuk.org/help-and-advice/practical-support/getting-care-and-support/young-carers-and-carers-of-children-under-18>

⁴ Carers Action plan 2018 to 2020 <https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020>

⁵ The national carers strategy: <https://www.gov.uk/government/publications/the-national-carers-strategy>

⁶ Recognised, Valued and Supported next steps for the carers strategy: <https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy>



3. Rationale

This is Cheshire West and Chester’s first JSNA focusing on Carers. A Carer JSNA is needed to:

- Inform data background for Carers strategy
- Inform future strategic commissioning activity and planning
- Understand emerging patterns, themes and trends in order to ensure operational and financial resources are correctly aligned based on the needs of the population
- Ensure effective support services for carers
- Identify gaps and inequalities within current service provision.

4. Prevalence of carers in Cheshire West and Chester

Taken from the Census 2011

4.1 Carers in Cheshire West and Chester

The Census 2011 remains the most comprehensive reporting of caring roles. It is likely to be an underestimation and numbers to have increased since that time.

There were 37,121 self-reported carers in CWaC in 2011; 11.3% of the 2011 CWaC population. This was slightly higher than the England average (10.2%) but similar to North West areas (11.1%).

Table 1: Number and proportion of carers, 2011

Population	CWaC	North West	England
Total number of residents	329,608	7,052,177	53,012,456
Number of self-reported Carers	37,121	781,972	5,430,016
Proportion (%) of self-reported Carers in the population	11.3%	11.1%	10.2%

4.2 Hours of care provided

Just over a third of carers (35.5%), provided 20 hours or more care a week; thirteen thousand one hundred and eighty carers. This is the point at which caring starts to significantly impact on the health and wellbeing of the carer and their ability to hold down paid employment alongside their caring responsibilities. Of these carers providing twenty hours or more care, the majority were providing fifty or more hours of care a week (64.1%).



Table 2: Number and proportion of carers by hours of care provided

Hours of care per week	Number of carers	Percentage of all carers
1 to 19 hours	23,941	64.5%
20 to 49 hours	4,723	12.7%
50 or more hours	8,457	22.8%

4.3 Age of carers

The age breakdown of carers can be seen in table 3 below. The greatest proportion of carers were aged 50 to 64 (21.5% of the 50 to 64 year old population; 14,236 carers) followed by those aged 65 plus (14.6% of the 65 plus population; 8,917 carers). There were 612 young carers (1.1% of the 0 to 15 population).

Table 3. Number and proportion of carers by age group

Age of carer	Number of carers	Percentage of population	Percentage of carers
0 to 15	612	1.1%	1.6%
16 to 24	1,671	4.7%	4.5%
25 to 34	2,362	6.4%	6.4%
35 to 49	9,323	13.0%	25.1%
50 to 64	14,236	21.5%	38.4%
65 plus	8,917	14.6%	24.0%

Of all age groups, a greater proportion of those aged 65 plus provided 20 hours or more care a week (51.3%), followed by those aged 25 to 34 (36.3%). 38.4% of those aged 65 plus provided 50 hours or more care.



Table 4: Age group by amount of care provided

Age of carer	Number of hours of care provided per week					
	1 to 19 hours		20 to 49 hours		50 hours or more	
	Number	%	Number	%	Number	%
0 to 15	523	85.5%	54	8.8%	35	5.7%
16 to 24	1,204	72.1%	294	17.6%	173	10.4%
25 to 34	1,504	63.7%	341	14.4%	517	21.9%
35 to 49	6,313	67.7%	1,158	12.4%	1,852	19.9%
50 to 64	10,055	70.6%	1,721	12.1%	2,460	17.3%
65 plus	4,342	48.7%	1,155	13.0%	3,420	38.4%

4.4 Carers by gender

There were more female carers in CWaC than male carers. 12.8% of the female population were self-identified carers (thirty-seven thousand and sixty-four female carers) compared to 9.8% of the male population (fifteen thousand six hundred and eighty-five male carers). Of carers, 42.3% were male and 57.7% were female. Gender does not impact on the amount of care being provided, with similar proportions of males and females providing under, and over, twenty hours of care a week.

Table 5. Number of Carers by Gender

Gender	Number of carers	% of population	Provides 1 to 19 hours		Provides 20 to 49 hours		Provides 50 plus hours	
			Number	%	Number	%	Number	%
Male	15,685	9.8%	10,228	65.2%	1,987	12.7%	3,470	22.1%
Female	21,379	12.8%	13,677	64.0%	2,720	12.7%	4,982	23.3%
All	37,064	11.4%	23,905	64.5%	4,707	12.7%	8,452	22.8%

4.5 Carers by Care Community

At Care Community level, Neston and Willaston Care Community had the highest proportion of self-reported carers (13.4%). Care communities also above the CWaC average were Frodsham and Helsby; Rural; and Ellesmere Port care communities.



Table 6: Proportion of residents who are carers by Care Community

Care community	Number of carers	Proportion of carers
Chester Central	890	6.26%
Chester East	5,004	10.71%
Chester South	3,742	11.31%
Ellesmere Port	7,196	11.75%
Frodsham and Helsby	2,814	12.21%
Neston and Willaston	2,718	13.44%
Northwich	7,838	11.29%
Rural Alliance	3,436	12.00%
Winsford	3,483	10.56%

4.6 Carers by Ward

At ward level, Little Neston has the highest proportion of self-reported carers (16.9%) followed by Parkgate (16.8%). Central and Grange has the largest proportions of carers providing twenty hours or more of unpaid care (54%) followed by Wolverham (51%). Central and Grange also has the largest proportion of carers providing fifty plus hours of unpaid care at 35%, with Winsford Wharton (34%) and Winsford Gravel (33%) following.

Table 7: Proportion of residents who are carers by Ward in Cheshire West and Chester

Ward (2019 Wards)	Number of carers	Proportion of carers
Blacon	1,507	12.4%
Central and Grange	1,023	11.3%
Chester City and Garden Quarter	1,043	6.8%
Christleton and Huntington	1,009	12.6%
Davenham, Moulton and Kingsmead	999	10.8%
Fardon	439	12.3%
Frodsham	1,108	13.6%
Gowy Rural	1,135	13.9%
Great Boughton	1,206	12.5%
Handbridge Park	1,031	13.2%
Hartford and Greenbank	954	14.0%
Helsby	567	12.9%
Lache	574	11.1%
Ledsham and Manor	1,105	13.6%
Little Neston	702	16.9%
Malpas	478	13.7%
Marbury	1,612	14.0%
Neston	629	12.9%
Netherpool	694	15.6%
Newton and Hoole	1,475	11.1%
Northwich Leftwich	444	11.3%
Northwich Winnington and Castle	676	11.4%
Northwich Witton	431	9.6%



Parkgate	697	16.8%
Rudheath	619	12.3%
Sandstone	659	15.8%
Saughall and Mollington	639	14.8%
Shakerley	506	13.6%
Strawberry	670	13.5%
Sutton Villages	1,303	13.0%
Tarporley	520	13.4%
Tarvin and Kelsall	1,062	14.8%
Tattenhall	532	13.8%
Upton	1,024	12.5%
Weaver and Cuddington	1,757	14.4%
Westminster	384	11.2%

Ward (2019 Wards) continued	Number of carers	Proportion of carers
Whitby Groves	578	14.9%
Whitby Park	717	15.6%
Willaston and Thornton	675	16.0%
Winsford Dene	463	11.5%
Winsford Gravel	488	12.6%
Winsford Over and Verdin	1,432	12.0%
Winsford Swanlow	539	13.5%
Winsford Wharton	469	9.5%
Wolverham	547	12.4%

4.7 Health of carers

The level of general health reported by carers decreased with the increasing amount of care provided, with 81.2% of carers who provided one to nineteen hours of care reporting “very good or good health” compared to 55.7% of carers who provided fifty hours or more care.

Table 8: Hours of care provided by general health

Hours of care	Good or very good health	Fair health	Bad or very bad health
Provides no unpaid care	82.5%	12.1%	5.4%
Provides 1 to 19 hours of care	81.2%	15.1%	3.7%
Provides 20 to 49 hours of care	68.4%	23.3%	8.3%
Provides 50 or more hours of care	55.7%	30.7%	13.5%



4.8 Comparison of 2011 Census findings to the 2001 Census

Between 2001 and 2011, CWaC saw a slight increase in the number of residents from 318,260 to 326,236. In terms of the proportion of the population, the increase was 11% to 11.4%.

There was an increase in the proportion of carers providing twenty hours or more care, from 30.9% in 2001 to 35.5% in 2011. The increase for those providing fifty hours or more care was from 20.3% of carers to 22.8% of carers.

Table 9: Demographics for 2001 and 2011 Census

Census year	Gender		Age group						Hours of care provided		
	Male	Female	0-15	16-24	25-34	35-49	50-64	65+	1-19 hours	20-49 hours	50+ hours
2001	42.9%	57.1%	1.7%	4.0%	8.5%	29.1%	38.8%	17.8%	69.1%	10.6%	20.3%
2011	42.3%	57.7%	1.6%	4.5%	6.4%	25.1%	38.4%	24.0%	64.5%	12.7%	22.8%

CWaC saw a smaller percentage change in the number of carers between 2001 and 2011 compared to England; 6% and 11% respectively. Between the 2001 and 2011 Census, CWaC saw the largest increase in carers aged sixty-five plus. There was an increase in all age groups except for those aged twenty-three to thirty-four where there was a 25% decrease, and those aged thirty-five to forty-nine, where there was a 9% decrease. England saw a 19% increase in young carers but CWaC did not follow this trend seeing a smaller increase of 2%.

Table 10: Percentage change in the number of carers by age group

Age of carers	2011 carers	2001 carers	CW&C difference	England difference
0 to 15 (young carer)	612	602	2%	19%
16 to 24	1671	1,393	17%	23%
25 to 34	2362	2,962	-25%	-3%
35 to 49	9323	10,148	-9%	0%
50 to 64	14236	13,547	5%	10%
65 plus	8917	6,224	30%	26%
All carers	37121	34,876	6%	11%

5. Population estimates

2018 Estimates

We can estimate the number of current carers by applying the Census 2011 rate of carers to the mid-year 2018 population estimates from the Office for National Statistics.



Estimates indicate that in CWaC, there are approximately thirty-eight thousand and three hundred carers. This is broken down by age group in the table below.

Table 11: 2018 carer estimates by age⁷

Age group	Rate of carers calculated from Census 2011	Estimated number of carers (rounded to nearest 100)
0 to 15	10.5	600
16 to 24	46.8	1,600
25 to 34	64.0	2,500
35 to 49	130.1	8,300
50 to 64	215.3	15,200
65 plus	145.9	10,600
All age	112.6	38,300

6. Carers Survey Results

The Carers survey is a statutory obligation which means it is compulsory for all Local Authorities (LA's) with social care responsibilities to carry out. The questions and the methodology are dictated by NHS Digital which we are not permitted to change. The idea behind this is that all LA's undertake the same survey, at the same time, in the same way and can therefore benchmark their results. This survey was carried out by all local authorities with Adult Social Care services in October/November 2018 and was completed by a postal survey sent to a random sample of our carers

However, CWaC did amend the questionnaire this year in that we altered or removed some questions that had been previously added to make the survey not quite as long. These questions were advised and approved by the Senior Management Team (SMT).

This is the fourth time we have undertaken this survey, and you will see we now have four years' worth of comparative data.

We had a 37% response rate with three hundred and sixty-eight respondents. Our response rate has increased slightly from what was 35% in 2016/17 and is in line with the national response rate. (England overall response rate 37%)

As a result of these surveys a number of safeguarding concerns were raised and resulted in over one hundred referrals to our Gateway service Access West, a lot of these were due to respondents answering that they had some worries or were extremely worried about their

⁷ Office for National Statistics: Carer prevalence calculated from Census 2011 applied to Mid-year 2018 population estimates



personal safety, that they were feeling socially isolated, or that they raised concerns in the comment boxes.

6.1 Adult Social Care Outcomes Framework (ASCOF)

Measure	Definition	Result 2012/13 CWAC	Result 2014/15 CWAC	Result 2016/17 CWAC	Result 2018/19 CWAC	Result 2018/19 England	Result 2018/19 North West
*1D ⁸	Carer reported quality of life	8.4	8.2	8.0	7.2	7.5	7.5
1/2	Proportion of carers who reported that they had as much social contact as they would like	New indicator in 2014/15 no comparison	45%	48%	31%	33%	32%
3B	Overall satisfaction of carers with social services	46%	52%	36%	34%	39%	38%
3C	The proportion of carers who report they have been included or consulted in discussions about the person they care for	81%	82%	68%	69%	70%	69%
3D2	The proportion of carers who find it easy to find information about services	67%	73%	59%	58%	62%	62%

Even though numbers for a carers quality of life has decreased from 2016/17; it also decreased nationally and regionally from 7.7 to 7.5. Therefore our result is not significantly different from national and regional figures.

- Social contact - even though this measure has significantly dropped since 2016/17, it's very similar to England and North West results
- Satisfaction- our results are in line with national and regional results and are not significantly different from 2016/17
- Included and consulted has increased slightly up from 2016/17 (not significant) and our results are in line nationally and regionally

⁸ *Measure 1D – This is a composite measure based on responses from a number of questions in the survey, including those relating to control over daily life, personal care, personal safety, social contact, how carers spend their time, and the level of encouragement and support they receive



- Easy to find information slightly lower than last time (not significant) and lower than national and regional results (not significant)

When comparing the England and North West results from last time's ASCOF measures these are also on the decline please see the table below with the 2016/17 results:

6.2 Carers' Control over Daily Life (ASCOF Measure 1D (Quality of Life))

Measure	England 2016/17	North West 2016/17
*1D	7.7%	7.7%
1/2	36%	36%
3B	39%	40%
3C	71%	71%
3D2	64%	64%

Significance testing for ASCOF measures:

There was seemed to be no significant difference between CWaC and North West and England results. However, there is a significant difference between 2018/19 and 2016/17 in social isolation (112) where it shows a decline from 45% to 32%

(For all of the outcomes except 112 (social contact), the score is calculated using the 2 most positive responses to the question. Upon further investigation, we have found that in most cases the number of people who have answered the questions in the most positive way has declined but the middle option has increased therefore compensating for this decline when the overall score is calculated. Measure 112 only uses the most positive response therefore it's not compensated for by the middle option).

The ASCOF measure takes into account the percentage of respondents who have said that they have as much control as they want and some control but not enough. This measure hasn't changed significantly from last year and is in line with England and North West results.

However, it is important to note that when you just look at those that said they have as much as they want, this has dropped significantly between 2016 and 2019, but it is still in line with England and North West results.

The percentage who have as much control as they want dropped from last year (significant for option 1, not significant when using top 2 options) but only slightly less than England and NW

- England – Positive 23%, Middle 62%, Negative 15%
- North West – Positive 23%, Middle 62%, Negative 15%



6.3 How Carers Look After Themselves (ASCOF Measure 1D (Quality of Life))

Year	I have as much control over my daily life as I want	I have some control over my daily life but not enough	I have no control over my daily life
2018/19	21%	60%	19%
2016/17	32%	54%	15%
2014/15	29%	58%	13%
2012/13	29%	61%	10%

The ASCOF measure considers the percentage of respondents who have said ‘I look after myself’ and ‘sometimes I can’t look after myself well enough’. This measure hasn’t changed significantly from last year and is in line with England and North West results.

However, it is important to note that when you just look at those that said ‘I look after myself’, this has dropped significantly between 2016 and 2019.

Percentage who look after themselves as they want dropped a lot from last year (significant for option 1, not significant when using top 2 options) and also less than England and North West

- England – Positive 52%, Middle 30%, Negative 18%
- North West – Positive 51%, Middle 30%, Negative 19%

6.4 How Safe Carers Feel (ASCOF Measure 1D (Quality of Life))

Year	No worries about personal safety	Some worries about personal safety	Extremely worried about my personal safety
2018/19	81%	17%	2%
2016/17	84%	15%	2%
2014/15	90%	9%	1%
2012/13	90%	8%	1%

In this instance the ASCOF measure takes into account respondents that said they have no worries about their personal safety and those that said they have some worries about their personal safety, there has been no significant change between 2016 and England and North West.

Percentage who have no worries about safety dropped slightly from last year (not significant using top option or top 2 options) but in line with England and North West.

- England – Positive 81%, Middle 17%, Negative 2%
- North West – Positive 83%, Middle 16%, Negative 2%



6.5 Level of Encouragement and Support (ASCOF Measure 1D (Quality of Life))

Year	I feel I have encouragement and support	I feel I have some encouragement and support but not enough	I feel I have no encouragement and support
2018/19	28%	50%	22%
2016/17	38%	39%	23%
2014/15	48%	36%	17%
2012/13	49%	36%	15%

The ASCOF measure takes into account the percentage of respondents who have said that they feel they have encouragement and support and feel that they have some encouragement and support but not enough. This measure hasn't changed significantly from 2016/17 and is in line with England and North West results.

However it is important to note that when you just look at those that said they feel they have encouragement and support, this has dropped significantly between 2016 and 2019, and this is slightly less than England and North West results.

Percentage who feel they have encouragement and support dropped a lot from last time but looks like they have moved into the middle option rather than having none at all (significant for option 1, not significant when using top 2 options) When looking at England and North West results we have less who feel they have encouragement and support but more in the middle option and similar in feeling no encouragement and support.

- England – Positive 35%, Middle 45%, Negative 21%
- North West – Positive 35%, Middle 44%, Negative 22%

6.6 How Carers Spend Their Time (ASCOF Measure 1D (Quality of Life))

Year	I'm able to spend my time as I want, doing things I value or enjoy	I do some of the things I value or enjoy with my time but not enough	I don't do anything I value or enjoy with my time
2018/19	17%	62%	22%
2016/17	26%	60%	14%
2014/15	23%	67%	10%
2012/13	22%	67%	11%

The ASCOF measure takes into account the percentage of respondents who have said they are able to spend their time as they want they do some of the things they value or enjoy but not enough. This measure hasn't changed significantly from last year and is in line with England and North West results.



However it is important to note that when you just look at those that said they are able to spend their time as they want, this has dropped significantly between 2016 and 2019, but it is still in line with England and North West results.

Percentage who feel they spend their time how they want dropped a lot from last time (significant when comparing top option and also the top 2 options), but still in line with England and North West. Those who don't do anything they value or enjoy, our result higher than last time and England and North West.

- England – Positive 17%, Middle 66%, Negative 16%
- North West – Positive 16%, Middle 66%, Negative 17%

6.7 Social Contact (ASCOF Measure 1D (Quality of Life) & ASCOF Measure 1I2 (Social Contact))

Year	I have as much social contact as I want with people I like	I have some social contact but not enough	I have little social contact with people and feel socially isolated
2018/19	31%	50%	19%
2016/17	48%	39%	14%
2014/15	45%	44%	12%
2012/13	47%	45%	8%

This question is included in the calculation of both the QoL ASCOF measure and the Social Contact ASCOF measure.

The Quality of Life ASCOF measure takes into account the percentage of respondents who have said that they have as much social contact as they want and those that said they have some social contact but not enough. This measure is significantly lower than 2016/17 but is in line with England and North West results.

The Social Contact ASCOF measure takes into account only the percentage of respondents who have said that they have as much social contact as they want (green bar). This measure is significantly lower than 2016/17 but is still in line with England and North West results.

- England – Positive 33%, Middle 50%, Negative 17%
- North West – Positive 32%, Middle 51%, Negative 17%



We did some further investigation into why there has been a significant decrease in the amount of respondents who said they have as much social contact as they want and we found the amount of people who care for over one hundred hours has increased from 31% to 55% between 2016 and 2018 waves of data. Nationally just over one third of carers spend over one hundred hours caring, our sample has more than half people caring for over one hundred hours.

Significant relationship between number of hours caring (Question 22) and social isolation.
 $\chi^2(18) = 37.624, P = 0.004$

23% of carers that care for one hundred hours or more feel socially isolated, and 33% of carers that care for thirty-five to forty-nine hours (full time work? Q26) feel socially isolated compared to 0% that care for zero to nine hours per week and 5% that care for ten to nineteen hours.

6.8 Quality of Life Summary

- Many respondents said that their caring role effected their social life
- A lot of respondents said that they had their own health conditions, and some respondents said that this was made worse by their caring role
- Many respondents said that they felt stressed due to caring
- Some respondents said that they didn't get a lot of time for themselves
- Some respondents said that they have to plan their life around caring, with some saying they cannot do anything spontaneously
- Some respondents felt that they needed some more support and that they were struggling
- A number of respondents said that they were very tired from their caring role
- A number of respondents said that caring was life changing- this was said from a negative perspective.

6.9 Satisfaction with services (ASCOF Measure 3B)

Year	Extremely Satisfied	Very Satisfied	Quite Satisfied	Neither Satisfied nor Dissatisfied	Quite Dissatisfied	Very Dissatisfied	Extremely Dissatisfied
2018/19	12%	22%	31%	20%	8%	4%	3%
2016/17	14%	22%	36%	13%	8%	1%	6%
2014/15	16%	36%	27%	10%	6%	1%	4%
2012/13	15%	31%	30%	12%	8%	2%	3%

This ASCOF measure is calculated based on percentage of respondents that say they are extremely satisfied and Very satisfied. These results are very similar to the 16/17 results and are also similar to the England and North West results.



However as you can see that the percentage of people that say they were quite satisfied has decreased and more people have moved into the middle category .

Factors that contribute to Satisfaction: (in line with NHS digital's results)

- There is a notable relationship between level of satisfaction and ease of finding information
- There is a notable relationship between level of satisfaction and feeling involved in discussions

NHS digital looked at some of the other questions to see what was driving satisfaction rates, so we have looked at the same relationships in our local data, we can see that in line with national trends there is a significant relationship between ease of finding information and feeling involved in discussions and how satisfied people are with services.

6.10 Reasons for Dissatisfaction

- Many respondents said that the process to get more support, e.g. Carers' Assessment, or just to get in contact with Adult Social Care (ASC) is quite slow and can sometimes take months
- A lot of respondents felt that there was a lack of support for them, this included: Care support, support from Social Workers (SW), support to find suitable care homes etc
- Many respondents said that their SW had not been in contact for a while or not at all
- Some respondents gave accounts of their experiences
- Some respondents said that the carer visiting times are not convenient, or that carers aren't on time or don't stay for their allotted time.
- One person mentioned that their case was closed very abruptly as soon as their problem was solved
- One person mentioned that the transition from Child to Adult Services is not smooth

6.11 Feeling Involved/Consulted in Discussions about Support for the Person you Care for (ASCOF Measure 3C)

Year	I always felt involved or consulted (AI)	I usually felt involved or consulted (UI)	I sometimes felt involved or consulted (SI)	I never felt involved or consulted (NI)	There have been no discussion that I am aware of, in the last 12 months (ND)
2018/19	29%	21%	18%	5%	28%
2016/17	25%	20%	15%	7%	34%
2014/15	40%	22%	10%	4%	25%
2012/13	34%	24%	9%	5%	27%

This ASCOF measure takes into account always feeling involved/consulted and usually feeling involved/consulted both of which have increased, all be it not significantly, along with



the proportion of respondents that sometimes feel involved or consulted, in all of these options our results are higher than England and North West results. Additionally, less people feel there have been no discussions.

The percentage of carers who feel involved increased across all options from last year (not significant when comparing the top option and the top 2 options) and are all higher than England and North West. A lot less carers feel that there have been no discussions, which could be as a result of activities from members of the commissioning team.

- England – AI 27%, UI 21%, SI 15%, NI 5%, ND 31%
- North West – AI 27%, UI 19%, SI 15%, NI 6%, ND 34%

6.12 Ease of Finding Information about Advice and Support

ASCOF Measure 3D2

Year	Very easy (VE)	Fairly easy (FE)	Fairly difficult (FD)	Very difficult (VD)
2018/19	11%	46%	28%	14%
2016/17	17%	42%	27%	15%
2014/15	23%	50%	18%	9%
2012/13	17%	50%	23%	10%

This ASCOF measure takes into account respondents that said it was very easy and fairly easy to find information about advice and support. These results are similar to the 2016/17 results and the results for England and the North West.

However we have also looked at the people who find it very easy in isolation and this has decreased significantly from 2016/17 and is less than England and the North West.

Percentage who find it very easy has declined from last year (significant) but those who find it fairly easy has increased (top 2 options not significant). Very easy is less than England and North West.

- England – VE 16%, FE 46%, FD 25%, VD 13%
- North West – VE 18%, FE 44%, FD 26%, VD 13%

6.13 Reasons why Carers find Accessing Information and Advice Difficult

- Many people said they struggled to find help easily, they didn't know who to contact or how to contact them
- Some people said they were unaware of the help available to them
- Some people said that the online information is hard to find, or there isn't information online. A few people said that they didn't know how to use a computer or didn't have access to online resources
- Some people said that there is a lack of help in general



- Some people said that they weren't provided information and they had to go and try to find it themselves, they also said that sometimes their enquiries weren't replied to
- Some said that voluntary organisations such as Age Concern, Age UK and Parkinson's UK were helpful

There were a number of 'Other' comments, these included: Support appears to be aimed at the older population, there is a lack of support for people caring for younger people and people who work full time. They struggled to find information as they are visually impaired and needed large print documents. One person also mentioned that it would have been useful to be taught how to care properly.

The following information was collated as part of the carer's survey but is not currently included on the ASCOF measures.

6.14 Helpfulness of advice and information

Year	Very helpful (VH)	Quite helpful (QH)	Quite unhelpful (QU)	Very unhelpful (VU)
2018/19	26%	61%	11%	3%
2016/17	31%	51%	11%	6%
2014/15	44%	50%	5%	2%
2012/13	38%	52%	7%	3%

The percentage of people who found advice and information very or quite helpful has increased from 2016/17.

Percentage who find it very helpful has declined from last year but those who find it quite helpful has increased a lot, meaning the overall helpfulness has increased (not significant for either test). Overall helpfulness is in line with England and NW, although our very helpful figure is lower, this is compensated for by our higher quite helpful figure.

- England – VH 32%, QH 55%, QU 10%, VU 4%
- North West – VH 32%, QH 55%, QU 9%, VU 4%

6.15 Accessed Information and Advice about Support

Services accessed	2018/19
Cheshire West and Chester Council (CWaC)	53%
NHS	45%
Cheshire West Carer support service	44%
Community and voluntary organisations	42%
Other	9%
Local offer	6%



When accessing information and advice about support, the most used access point was Cheshire West and Chester Council (CWaC), followed closely by the NHS, Cheshire West Carers' Support Service and Community and Voluntary organisations.

This was an amended question by SMT and varies slightly from the equivalent question in 2016/17 as we added the option Cheshire West Carers Support Service and asked specifically where respondents had got their information and advice from in the last twelve months rather than 'currently'. (CwaC includes social services and libraries).

Services accessed	2016/17
Cheshire West and Chester Council	62%
NHS	44%
Cheshire West Carer support service	N/A
Community and voluntary organisations	35%
Other	7%
Local offer	5%

Similar numbers are going to the NHS and Local Offer, and more people are going to Community and Voluntary organisations and less going to CWaC

6.16 Amount of Hours Caring per Week

As we have discussed early on, the number of people who care for one hundred hours or more has increased significantly and is higher than England and the North West.

Figures for both England and North West for over one hundred hours was 39% compared to our 55% (significant). In 2016/17 this figure was 31%. (Significant)

Year	0-9	10-19	20-34	35-49	50-74	75-99	100 or more	Varies under 20	Varies 20 and over	Other
2018/19	2%	6%	4%	6%	8%	7%	55%	2%	7%	4%
2016/17	7%	12%	7%	6%	8%	6%	31%	4%	9%	10%
2014/15	9%	9%	9%	8%	5%	7%	43%	2%	6%	3%
2012/13	8%	10%	9%	7%	7%	9%	34%	4%	7%	5%

There is a significant relationship between the amount of hours caring and social isolation.



6.17 Where does the Person you Care for Usually Live?

Year	With me	Somewhere else
2018/19	89%	11%
2016/17	66%	34%
2014/15	68%	32%
2012/13	68%	32%

There has been a significant increase in the amount of people who live with the person they care for since the last survey. Our results are also significantly higher than England and North West results.

6.18 Having Enough Time to Care for Others

Year	Always have enough time	Sometimes have enough time	Never have enough time
2018/19	35%	44%	21%
2016/17	46%	44%	10%

Of those that cared for more than 1 person, significantly less people said they had enough time or sometimes enough time to care for others compared to 2016/17, however the results are similar to England and the North West .

Our results are in line with England and North West . Results are not including the ‘I don’t have caring responsibilities for anyone else’

There is a significant difference when using the top option and the top 2 options between 18/19 and 16/17. Similar results to England and North West.

- England: Positive – 35%, Middle – 45% Negative – 21%
- North West : Positive – 35% Middle 44% Negative – 22%

6.19 Caring Causing Financial Difficulties

Year	No, not at all	Yes, to some extent	Yes, a lot
2018/19	56%	35%	9%
2016/17	62%	32%	6%

Percentage of respondents who said they have no financial difficulties is lower than 2016/17 (not significant for either test) but we are performing slightly better in this area than both England and North West results. NHS digital looked at some of the other questions to see what was causing financial difficulties. NHS digital found a relationship between the age of the carer and financial difficulty. The age band with the most financial difficulties was



fifty-five to sixty-four years followed by forty-five to fifty-four; however, we did not find this relationship in our local data.

- England – Positive 53%, Middle 36%, Negative 11%
- North West – Positive 53%, Middle 37%, Negative 10%

6.20 Further Comments Recorded Through the Survey

- Many respondents provided accounts of their own personal experiences
- Many respondents said that they found it difficult to find the help they needed, and said they struggled to find the right people to contact or help took a long time to arrive, a few said there needs to be one point of contact
- Some respondents said that they felt well-supported; praise for Men in Sheds, the Mental Health Team and VIVA was mentioned
- Some respondents said they had money problems
- Some respondents said they hadn't received enough support; a few respondents said they would have liked to have received training on how to care
- Some respondents mentioned their own health issues; a few respondents were worried about the future for the cared for person if they were to get ill.
- Some respondents had respite complaints; one person said that respite doesn't solve anything; other respondents said they had struggled to get respite or it wasn't long enough.
- Some respondents said they felt isolated or couldn't get out of the house enough.

6.21 Age of Carer

Year	18-34	35-54	55-74	75+
2018/19	2%	10%	50%	38%
2016/17	1%	16%	48%	35%
2014/15	1%	18%	52%	29%
2012/13	0%	17%	48%	34%

6.22 Gender of Carer

Year	Female	Male
2018/19	68%	32%
2016/17	70%	30%
2014/15	67%	34%
2012/13	64%	36%

6.23 Ethnicity of Carer

99% identified as being either 'English/Welsh/Scottish/Northern Irish/British'

These figures are almost identical to previous years



6.24 Carers' Health Conditions

Year	A long-standing illness	Physical impairment or disability	Sight of hearing loss	Other	A mental health problem or illness	A learning disability or difficulty
2018/19	29%	29%	20%	15%	10%	4%
2016/17	49%	31%	24%	21%	11%	4%
2014/15	43%	33%	34%	19%	8%	2%
2012/13	47%	47%	31%	17%	12%	2%

6.25 Impact of Caring on Health

Impact of Caring	2018/19	2016/17
Feeling Tired	76%	71%
Disturbed Sleep	68%	55%
General feeling of stress	62%	49%
Short tempered/irritable	45%	37%
Feeling depressed	45%	34%
Physical strain	37%	31%
Had to see GP	31%	26%
Developed own health conditions	27%	23%
Made existing condition worse	21%	16%
Loss of appetite	14%	10%
None	7%	10%
Other	3%	16%

6.26 Carer Employment Status

Employment Status	2018/19	2016/17	2014/15	2012/13
Retired	73%	70%	61%	67%
Not in paid work	16%	17%	16%	9%
Employed part time (working 30 hours or less)	8%	8%	13%	10%
Employed full-time	5%	8%	12%	10%
Doing voluntary work	6%	4%	5%	4%
Self-employed part-time	3%	0%	3%	4%
Other	3%	3%	1%	3%
Self-employed full-time	1%	1%	2%	3%



6.27 Combining Paid Work and Care

Combining paid work and care	2018/19	2016/17
I am not in paid employment for other reasons e.g. Retired	66%	65%
I am not in paid employment because of my caring responsibilities	19%	16%
I am in paid employment and I feel supported by my employer	10%	8%
I do not need any support from my employer to combine my work and caring responsibilities	2%	6%
I am in paid employment but I don't feel supported by my employer	2%	2%
I am self-employed and I am able to balance my work and caring responsibilities	2%	1%
I am self-employed but I am unable to balance my work and caring responsibilities	1%	1%

6.28 Length of Time Caring

Length of time caring	2018/19	2016/17	2014/15	2012/13
Less than 6 months	1%	0%	1%	2%
Over 6 months but less than a year	3%	2%	6%	5%
Over 1 year but less than 3 years	15%	12%	20%	23%
Over 3 years but less than 5 years	18%	22%	21%	13%
Over 10 years but less than 15 years	24%	23%	21%	25%
Over 15 years but less than 20 years	10%	11%	12%	10%
20 years or more	22%	24%	16%	17%

6.29 Services used by Carer

Services used by Carer	2018/19	2016/17	2014/15	2012/13
Information and advice	56%	36%	59%	52%
Carers group support	34%	24%	33%	26%
The Emergency Card	27%	17%	12%	6%
Telecare	22%	6%	1%	1%
Training for carers	8%	4%	4%	4%
Support to keep in a job	2%	3%	6%	3%
Other carer groups	0%	12%	10%	6%



6.30 Type of Support Provided by Carers

Type of support provided by carers	2018/19	2016/17	2014/15	2012/13
Other practical help	92%	86%	94%	93%
Keeping an eye on him/her to see if he/she is alright	92%	83%	91%	86%
Helping with paperwork or financial matters	89%	81%	87%	86%
Helping with dealing with care services and benefits	86%	75%	86%	86%
Keeping him/her company	85%	81%	85%	83%
Giving emotional support	84%	77%	85%	82%
Giving medicine	79%	64%	79%	72%
Taking him/her out	78%	72%	78%	74%
Personal care	75%	65%	69%	63%
Physical help	65%	51%	61%	59%
Other	16%	12%	29%	21%

6.31 How many people aged eighteen or over do you care for?

How many people aged 18 or over do you care for?	2018/19	2016/17
1	88%	85%
2	9%	12%
3	3%	2%
4 or more	1%	2%

6.32 How many children aged 18 or under, do you have parental responsibility for?

How many children aged 18 or under do you have parental responsibility for?	2018/19	2016/17
0	93%	81%
1	5%	9%
2	2%	10%
3	1%	0%



6.33 Age Breakdown of Those being Cared for

Age breakdown of those being cared for	2018/19	2016/17	2014/15	2012/13
18-34	11%	13%	9%	9%
35-54	9%	11%	8%	7%
55-74	24%	19%	18%	18%
75+	56%	57%	65%	66%

6.34 Conditions of those Cared for

Conditions of those Cared for	2018/19	2016/17	2014/15	2012/13
A physical disability	48%	50%	48%	58%
Dementia	38%	34%	37%	28%
A long standing illness	37%	36%	34%	41%
Problems connected to ageing	30%	32%	43%	51%
Sight or hearing loss	29%	29%	35%	41%
A learning disability or difficulty	19%	24%	14%	15%
A mental health problem	17%	12%	13%	16%
A terminal illness	5%	5%	7%	6%
Alcohol or drug dependency	1%	1%	1%	2%

6.35 Services used by Cared for Person

Services used by Cared for Person	2018/19	2016/17	2014/15	2012/13
Equipment/home adaption	60%	57%	59%	63%
Home care/help	39%	42%	53%	51%
Lifeline alarm / Telecare	37%	37%	34%	40%
Day Centre/ activities	27%	37%	34%	31%
Rest from caring 1-24 hours	27%	16%	23%	19%
Respite for more than 24 hours	21%	24%	22%	30%
Short notice/ emergency respite	15%	14%	19%	21%
Personal assistant	13%	17%	13%	13%
Permanent resident care home	9%	21%	15%	14%
Lunch club	4%	2%	5%	4%
Meal services	2%	6%	6%	8%

7. Carers UK: State of Caring in the UK 2019

A snap shot of unpaid care in the UK



7.1 About the research

Between March and May 2019 Carers UK carried out an online survey to which Eight thousand and sixty-nine carers responded. It was noted that a high proportion of respondents were female and were delivering a high number of support hours on a weekly basis:

- 73% live in England, 10% live in Scotland, 9% live in Northern Ireland, and 8% live in Wales.
- 81% identify as female and 18% identify as male.
- 24% consider themselves to have a disability.
- 1% are aged 0–24, 4% are aged 25–34, 13% are aged 35–44, 30% are aged 45–54, 32% are aged 55–64, 14% are aged 65–74, and 5% are aged 75 and over.
- 3% identified as lesbian, gay or bisexual.
- 5% described their ethnicity as black or minority ethnic.
- 20% also have childcare responsibilities for a non-disabled child under 18.
- 39% are in paid work of those, 47% work full-time and 53% part-time.
- 31% have been caring for 15 years or more, 15% for between 10–14 years, 24% for 5–9 years, 26% for 1–4 years, and just 4% have been caring for less than one year.
- 46% care for 90 or more hours every week, while 17% care for 50–89 hours, 23% care for 20–49 hours, and 13% care for 1–19 hours a week.
- Most (74%) care for one person, 20% care for two people, 5% for three people, and 2% care for four or more people.⁹

7.2 Context: State of Caring 2019

Carers UK have recently released figures that identify there could be as many as 8.8 million adult carers in the UK (Carers UK (2019) juggling work and unpaid care¹⁰).

This would indicate a significant increase from the 6.3 million adult carers recorded in the 2011 Census. There are also projections that point to an increase in the number of carers over sixty five from 1.4 million to potentially over 2 million which would be an increase of 43% between 2011 and 2019.

Carers UK estimate that the financial value of the current carers support is in the region of 132 Billion annually but this comes at the personal cost of increased loneliness, social isolation and increases financial pressure¹¹.

⁹ Carers UK The State of Caring 2019 (<https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2020>)

¹⁰ Carers UK 2019: www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_0119_WEB.pdf

¹¹ Carers UK (2015) Valuing carers [Valuing Carers 2015 - Carers UK](#)



7.3 Financial pressure

A lot of carers have expressed that due to their caring responsibilities they have experienced very difficult financial situations with almost 2 in 5 or 39% stating they are struggling to make ends meet. In 2018 this was 37% and indicates a small increase. In carers who are in receipt of carers allowance this was significantly higher at 53% who are struggling to make ends meet. The statistics were also higher in those respondents who were caring for more than thirty five hours per week (43%) and those who have been in their caring role for more than fifteen years (41%).

Those carers who are struggling are resorting to using savings (44%) overdrafts (33%), credit cards (36%) and a number are falling into arrears with utility bill (15%) and rent/mortgage (9%).

Household spends are down with carers cutting down on not only luxuries (81%) but essential household items such as food and heating (47%).

Just as worryingly, carers who are struggling financially are making cuts in leisure activities and hobbies (77%) and a large number of carers (64%) are also cutting back on seeing friends and relatives.

7.4 Practical support with caring

48% of Carers stated they had bought equipment (Grab rails hoists etc.) in the home when asked about the practical support they receive or purchase.

Carers also reported receiving or buying the following types of support:

- Help from family or friends 31%
- Technology (e.g. alarms, sensors or remote monitoring to help with caring) 26%
- Practical support from care workers coming in to help 26%
- A Motability vehicle 21%
- A break from caring 15%
- Use of a day centre for older/disabled people 11%
- Help with other household chores (eg shopping or cleaning) 11%
- Help managing or co-ordinating care 4%

21% of carers fed back that they were currently going without any support at all.

68% of carers said they regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for. For carers over sixty-five years of age and people who care for more than fifty hours a week this was higher at 70% and 73% respectively.



78% of carers who are already struggling to make ends meet reported regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for.

90% of carers don't know what might happen to the practical support they receive in the future or worry that it might be reduced.

7.5 Technology

- Carers UK adopted a more inclusive definition of technology on this year's survey which may explain the significant increase of reported usage from 51% in 2018 to 79%.
- Of those carers who reported using technology the internet was by far the most popular with 88% using it for information and advice and 44% using it for communication and support.
- 27% used the internet for health care reasons (Prescriptions, mental health services, video consultations etc.)
- 19% used remote monitoring and alerts such as motion sensors, fall detectors, personal alarm, or Global Positioning Satellite (GPS) trackers
- 13% use technology to monitor vital signs such as blood pressure monitor, blood glucose monitor, and heart rate monitors.
- 12% use medication management tools such as medication dispensers or medication reminders.
- 8% are using technology to control heating and lighting, door video systems, or smart appliances.
- 4% are using apps, including those which help with pain management, mood management and care co-ordination.

7.6 Carer's assessments in England and assessment experience

- In England 27% of carers reported that they had an assessment, or a review of their assessment, in the last twelve months. This is a decrease from 31% in 2016 when this question was last posed. It was slightly better for Carers who are providing palliative care and those looking after someone with a mental health condition at 31% for both groups 31% and older carers (aged sixty-five years or over) at 30%.
- Only 17% of Parent carers reported receiving an assessment or review in the last twelve months.
- 80% of carers waited less than six months for their assessment but 20% waited longer than six months.
- 40% of carers said that the suitability of their home for continuing their caring role was taken into consideration in their carer's assessment.
- 26% said their need to have regular breaks from caring was sufficiently considered in their carer's assessment.
- 30% of carers felt that their need for support to look after their own physical and mental health alongside caring had been thoroughly considered.



- 18% of parent carers who are looking after a disabled child under the age of eighteen felt that their need to take a break was properly considered
- 12% of parent carers felt their need to juggle work and care or return to work was properly considered.

7.7 Costs, cuts, and closures

- 12% of Carers reported that they or those they support received less care or support services during the previous year due to a reduction in the amount of support from social services
- 53% of those experiencing a reduction in support are caring for over ninety hours a week and 42% have been caring for fifteen years or more
 - Support for emergencies and planning
- Only 17% of carers reported that they have had a conversation with an NHS professional (eg a GP or a nurse) about what to do if the condition of the person they care for deteriorates or they are no longer able or willing to provide care for them.
- 29% of carers felt that an emergency hospital admission could have been prevented if they'd had more care and support for the person they care for.
- 19% of carers stated that they had an emergency hospital admission in the last year which they thought could have been prevented

7.8 Planning for the future

- 22% of carers state that they don't know how they are going to pay for retirement
- 53% of carers said that they are not able to save for their retirement
- Only 17% of carers responding to the survey said that their ability to plan or save for retirement had not been affected by caring. This is even lower for carers who have been caring for over fifteen years or more and carers who care for over fifty hours a week.
- 64% of carers say that they have focussed on the care needs of the person they care for, and not on their own needs

7.9 Health and wellbeing

81% of carers responding to the survey said that they are not able to do as much physical exercise as they'd like to do

81% of all carers reported having ever felt lonely or isolated as a result of their caring role

Carers who care for more than fifty hours a week reported poorer health with 25% reporting bad or very bad physical health and 29% reporting bad or very bad mental health.

Carers who have been caring for over fifteen years were more likely to report poorer health with 28% describing their physical health as bad or very bad and 27% describing their mental health as bad or very bad.



7.10 Juggling work and care

More working carers responded to the survey than in previous years. In 2019 39% of respondents were juggling paid work with caring compared to 31% in 2015.

Carers often find that it can be a struggle to balance their responsibilities in work with their caring responsibilities. 38% of all carers reported that they had given up work to care and 18% had reduced their working hours. 17% said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress. 12% of carers said that they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. Just over 1 in 10 carers (11%) said that they had retired early to care. Only 4% of respondents of all ages said that caring has had no impact on their capacity to work.

8. Personal Social Services Survey of Adult Carers in England (SACE) 2018-2019

8.1 Introduction

The SACE report is a national survey conducted by Councils with Adult Social Services Responsibilities (CASSRs) that takes place every other year¹². The survey is aimed at carers aged eighteen or over with caring responsibilities for another person aged eighteen or over. The survey seeks ascertain if carers lead balanced lives alongside their caring role using the following Adult Social Care Outcomes framework (ASCOF) measures:

- 1D: Carer-reported quality of life.
- 1I2: The proportion of carers who reported that they had as much social contact as they would like.
- 3B: Overall satisfaction of carers with social services.
- 3C: The proportion of carers who report they have been included or consulted in discussions about the person they care for.
- 3D2: The proportion of carers who find it easy to find information about support.

8.2 Key Findings

38.6% of people who had received services said that they were very or extremely satisfied with the support and services received. 7.2% said that that were extremely or very dissatisfied.

¹² SACE Report 2018-19: <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/england-2018-19>



The majority of carers (65.4%) have been carers for over five years. Almost a quarter (23.5%) have been caring for twenty years or more.

60.6% of carers reported that caring had caused them feelings of stress, compared with 58.7% in 2016-17. This was a significant increase.

8.3 Eligible population and respondents

The eligible population includes all carers aged eighteen years or over who are known to the council and who are also caring for somebody over the age of eighteen. The total eligible population for the 2018-19 survey was two hundred and ninety two thousand, three hundred and sixty people from which a sample of which one hundred and thirty six thousand and ninety five people was drawn. A total of fifty thousand and eight hundred responses were received.

8.4 Age of carers

Within the age breakdown of the eligible population, where the age of the carer is known (approximately 261,005 people) the largest age band was fifty-five to sixty-four years, which accounted for 23.8% of the eligible population (approximately sixty-two thousand, two hundred and ten people).

The smallest group, eighteen to twenty-four years, accounted for only 1.6% of the eligible population (approximately four thousand and eighty people).

89.3% of carers aged eighty-five years and over were caring for somebody aged seventy-five years or over. For all carers aged forty-five or over, the largest group of people they care for is aged seventy-five or over.

8.5 Gender of carers

For the first time, the 2018-19 survey allowed councils to report on carers with a gender of 'Other'. Previously, only 'Female' and 'Male' options were available.

In total twenty people were recorded as having a gender of 'other', which is less than 0.1% of the eligible population. The majority of carers whose gender was known (67.8%) were female

8.6 Support needs of the cared-for person

Most carers who responded to the survey were caring for a person with a physical disability (51.4%), with the next-largest group (39.7%) caring for someone with a long-standing illness. Please note that some carers reported caring for someone with multiple health conditions, so the total adds up to more than 100%.

8.7 Employment

The breakdown of the employment status of carers who responded to the survey indicated that most carers were either retired (57%) or not in paid work (21.5%). Carers who worked either full- or part-time made up 23.6% of all respondents.



The number of carers who were not in paid work because of their caring responsibilities increased significantly from 21% in 2016-17 to 22.6% in 2018-19.

It should be noted that some people may fall into more than one category, so the total may add up to more than 100%.

8.8 Time spent caring

Carers were asked how long they have been looking after the person they care for. The majority (65.4%) have been carers for over five years. Almost a quarter of respondents (23.5%) have been caring for twenty years or more.

The number of respondents who had been caring for between 5 and 10 years – the largest group in the 2016-17 survey³ – decreased significantly from 23.6% in 2016-17 to 22.0% in 2018-19.

The largest group of carers, those who had been caring for more than twenty years, showed a significant increase from 21.4% of respondents in 2018-19.

Carers were also asked roughly how long they spend on their caring duties each week. More than three quarters (76.0%) reported spending over twenty hours per week looking after the cared-for person, with 38.7% spending over one hundred hours per week on their caring duties

8.9 Effects on carers' health

Caring responsibilities can also impact on the physical and mental health of carers. The majority of carers reported that they had been affected by “feeling tired” (77.8%), “disturbed sleep” (66.0%) and a “general feeling of stress” (60.6%). Please note that some carers reported multiple effects on their health, so the total adds up to more than 100%.

There was an increase in the proportion of carers reporting a number of effects on their health from 2016-17 to 2018-19. Effects including feeling tired, feeling depressed and physical strain all showed a significant increase.

8.10 Overall satisfaction with services

38.6% of carers who had received services over the last year reported that they were extremely or very satisfied with the services and support received, compared with 39% in 2016-17.

7.2% of respondents said that they were extremely or very dissatisfied with the services they received, compared with 6.3% in 2016-17. Neither of these changes was statistically significant.

Overall there was little change between the levels of satisfaction reported in 2016-17 and 2018-19

The factors contributing to carers' satisfaction ratings were analysed. Among people who were aware of discussions that had taken place relating to support for the cared-for person,



feeling involved in these discussions was the greatest factor influencing their overall satisfaction. People who felt more involved in discussions reported a greater level of general satisfaction than those who did not feel involved.

Access to information about available support and services was also a major factor influencing carers' satisfaction. For people who had tried to find information and advice, there was a strong link between satisfaction and ease of finding information. Carers who found it easy to access information reported a greater level of satisfaction than those who found it difficult.

8.11 Financial difficulties

In response to the question "In the last twelve months, has caring caused you any financial difficulties?", 53.4% of carers responded "No, none at all".

10.6% of respondents reported that caring had caused them a lot of financial difficulties in the past twelve months. This is a significant increase from the 2016-17 figure of 9.6%.

Age band of the carer was the biggest factor influencing whether they had experienced financial difficulties. In all age bands under sixty-five years old, carers were more likely to report that they had faced a lot of financial difficulties than none. However, in all age bands aged sixty-five and over, carers were more likely to report that they had experienced no financial difficulties.

8.12 Social contact, social isolation, support and control

A number of questions in the survey relate to social contact, how carers spend their time, whether they feel supported and how much control they feel they have over their lives.

Analysis of these questions found a significant link between the responses. For example, of the factors analysed, the biggest influence on whether or not a carer felt encouraged and supported was the level of social contact they felt they had. Carers who felt socially isolated were more likely to report that they felt they had no support or encouragement

Significant links were found between the level of control carers had over their lives and a number of other factors. Of the factors analysed, the biggest influences on whether or not carers felt they had control over their lives were being able to spend time doing what they wanted and the level of social contact they had.

Carers were also asked how well they feel they are looking after themselves. There was a significant link between this question and those relating to social contact and control. Carers who feel they have enough control over their lives and who have as much social contact as they want were more likely to report that they look after themselves.

When compared with the 2016-17 survey, there were significant decreases in the number of carers reporting that they have as much control as they want, that they feel encouraged and supported, that they look after themselves and other related factors.



8.13 Quality of life

ASCOF measure 1D uses the responses to six questions within the SACE to calculate a quality of life score for each carer⁵. The score ranges from 0-12, with 0 as the lowest and 12 the highest. The England level quality of life score in 2018-19 was 7.5.

Analysis was carried out on the factors that influence the quality of life scores. A range of questions, excluding those used to calculate the score, were analysed to see which had the greatest influence on quality of life score. This analysis found that the amount of time spent caring and whether or not caring caused financial difficulties had the greatest impact.

When comparing the quality of life score by amount of time spent caring. Those with the lowest quality of life score (0), 84.9% of respondents spent 50 hours or more on their caring responsibilities. For those with the highest score (12), the figure is 46.4%.

Looking at financial difficulties, it is clear that people whose caring responsibilities cause them financial difficulties tend to have a lower quality of life score.

Of the carers with a quality of life score of 0, 56.5% said that their caring had caused a lot of financial difficulties and 34.0% said that it had caused some. For those with a score of 12, 84.0% of respondents said that their caring caused them no financial difficulties. Only 1.8% of respondents whose caring caused them a lot of financial difficulties had a quality of life score of 12.

Both time spent caring and the level of financial difficulties caused by caring were also found to have a significant impact on quality of life in the 2016-17 survey, with the overall pattern being very similar in each year. However as noted above, the 2018-19 survey found a significant increase in the number of carers reporting that their caring caused them a lot of financial difficulties.

9. Department of works and pensions (DWP) statistical information

9.1 DWP benefits by number of claimants at February 2019

- Jobseeker's Allowance (251,000)
- Income Support (448,000)
- Carer's Allowance (1,303,000)
- Attendance Allowance (1,571,000)
- Pension Credit (1,613,000)
- Disability Living Allowance (1,679,000)
- Employment and Support Allowance (2,073,000)
- Personal Independence Payment (2,114,000)
- Housing Benefit (3,758,000)
- State Pension (12,633,000)



9.2 Health, disability, and care

Employment and Support Allowance (ESA), Incapacity Benefit (IA), and Severe Disablement Allowance (SDA). There were 2.1 million people on ESA, IB or SDA at February 2019; a decrease of 210,000 over the last year.

The number of people claiming income-related ESA is decreasing as UC replaces it. Contribution-based ESA schemes still receive new claims.

Of the 2.1 million people on ESA, one hundred and twenty thousand were National Insurance Credit Only cases who receive no weekly payments. At February 2019 there were 20,000 people in receipt of an SDA payment, ninety people in receipt of an IB payment and thirty thousand people receiving National Insurance Credits Only through IB.

9.3 Personal Independence Payment (PIP) and Disability Living Allowance (DLA)

There were 2.1 million people claiming PIP at February 2019, and 1.7 million people claiming DLA. The number of people claiming PIP rose by three hundred and fifty thousand during the past year, and over the same period, DLA claims fell by two hundred and ninety thousand. There were 3.8 million combined claimants at February 2019, an increase of sixty-five thousand claims.

9.4 Carer's Allowance (CA)

The total number of people claiming CA at February 2019 was 1.3 million; a rise of thirty-six thousand over the last year. Increases in State Pension age and in the number of people claiming disability benefits may have contributed to this rise. Of the total number claiming CA, 33% (440,000) were entitled to the benefit but did not receive payments.

From September 2018, recipients of CA in Scotland are eligible for Carer's Allowance Supplement (CAS), which is payable once every 6 months and broadly raises their Carer's Allowance to the equivalent of the main rate of Jobseeker's Allowance. CAS statistics are released by the Scottish Government as part of the Social Security for Scotland publication.

9.5 Attendance Allowance

At February 2019, there were 1.6 million AA claimants; a reduction of seven thousand from February 2018, due to State Pension age changes. 1.4 million claimants were receiving a payment and one hundred and forty thousand (9%) were entitled to the benefit but not receiving payment.



Note: Some claimants are eligible for AA or CA but do not receive a payment. These individuals are still counted as claimants. For example, payments can be temporarily suspended if the claimant is in hospital¹³.

10. Carers known to the Local Authority

10.1 Overview

Carers can receive support from the local authority but must partake in a Carers Assessment. The assessment explores the impact of caring on the carer and if they have eligible needs.

During 2019, there were one thousand four hundred and fifteen carers receiving support from the (Local Authority (LA)). This is approximately 3.7% of the estimated number of carers expected to be residing in CWaC suggesting that few carers seek support and are known to the LA.

10.2 Demographics

The number of carers receiving support increased slightly between 2018 and 2019 by approximately sixty carers, though as a proportion of the population it has remained fairly static at around 0.4%.

Of those whose gender was known in 2019, 69% were female and 31% were male. Where age has been captured, half of carers were older people aged sixty-five plus.

Table 1: Carers receiving support from the local authority by age group¹⁴

Age group	Number of carers	% of carers
0-17	11	0.9%
18-24	5	0.4%
25-34	38	3.2%
35-44	56	4.7%
45-54	199	16.8%
55-64	291	24.5%
65-74	257	21.6%
75+	331	27.9%

In Cheshire West and Chester, 5% of the population are Black, Asian and Minority Ethnic (BAME) identities. The ethnicity of the carer has only been captured for two thirds of carers.

¹³ DWP benefits statistical summary, August 2019 (GOV.UK website)
<https://www.gov.uk/government/statistics/dwp-benefits-statistics-august-2019/dwp-benefits-statistical-summary-august-2019>

¹⁴ CWaC Liquidlogic Adults Social Care Database 2019 – people identifying as a carer



Of these carers, the majority identified as White British (97%). 3% identified as BAME (twenty-seven individuals) with the majority identifying as White Irish or White other.

There is a higher proportion of carers known to the LA who live in Ellesmere Port and Northwich (22% and 20% respectively), and fewer in Frodsham and Helsby and Neston and Willaston (6% and 5% respectively).

Table 2: Carers receiving support from the local authority by care community¹⁵

Care community	Number of carers	% of carers
Chester East	144	11.5%
Chester South	132	10.5%
Ellesmere Port	279	22.2%
Chester Central	21	1.7%
Frodsham ,Helsby and Elton	74	5.9%
Neston and Willaston	66	5.3%
Northwich	251	20.0%
Out of Area	53	4.2%
Rural Alliance	99	7.9%
Winsford	135	10.8%

10.3 Health of carers

One hundred and sixteen carers had a health condition or illness captured. The most common condition was 'other', followed by a physical disability and mental health problem. We are unable to understand further what illnesses and conditions 'other' might include.

Table 3: Carers health condition or illness¹⁶

Health condition or illness of carer	Number of carers	% of carers affected
Other	62	53.4%
Physical Disability	28	24.1%
Mental Health	19	16.4%
Personal Care Support	18	15.5%
Neurological	10	8.6%
Dementia	9	7.8%
Support for Social Isolation	7	6.0%
Learning Disability	5	4.3%
Hearing Impaired	<5	3.4%
Stroke	<5	3.4%
Parkinsons Disease	<5	2.6%
Visually Impaired	<5	2.6%
Cancer	<5	1.7%

¹⁵ CWaC Liquidlogic Adults Social Care Database 2019– people identifying as a carer and their area of residence

¹⁶ CWaC Liquidlogic Adults Social Care Database 2019 – people identifying as a carer with a health condition or illness



Source: Health condition or illness of carers, base 116 carers, Carer Cohort 2019, Liquid Logic. Note: Will not sum to 100% as some carers have multiple conditions.

Assessments ask if the carer has difficulty developing new relationships and maintaining contact with people they care about as a measure for social isolation. During 2019, one hundred and ninety nine carers who were assessed and had this question recorded, 41% said they had significant or severe difficulty developing and maintaining contact with people they care about.

Table 4: Developing new relationships and maintaining contact with people you care about¹⁷

Do you have difficulty developing new relationships and maintaining contact with people you care about?	Number of carers	% of carers
Little	44	22.1%
Moderate	73	36.7%
Significant	62	31.2%
Severe	20	10.1%

10.4 Care required

During 2019, there were one thousand two hundred and sixty-two people known to the LA who were being cared for by an unpaid carer. For those where primary reason for care had been recorded, 99.9% were receiving long term care, and 12.2% had also received short term during the year for a short-term need.

The most common reason for care was the need for personal care support (42% receiving this). This was the primary reason for both those receiving long term and short-term care. This was followed by support for a learning disability (37% receiving this and again for both long term and short-term support).

Table 5: Primary reason for care of cared for cohort¹⁸

Primary support reason	Number of people cared for	% of people cared for
Personal care support (physical support)	441	41.8%
Learning disability	392	37.2%
Memory and cognition	195	18.5%
Access and mobility support only (physical support)	60	5.7%
Support for social isolation	59	5.6%
Mental health support	57	5.4%
Support for visual impairment	<5	0.4%
Support for dual sensory impairment	<5	0.1%
Asylum support	<5	0.1%

¹⁷ CWaC Liquidlogic Adults Social Care Database 2019 – Carers Assessment

¹⁸ CWaC Liquidlogic Adults Social Care Database 2019 – Primary support reason



The disabilities and conditions of the individual cared for was captured for one thousand one hundred and ninety-nine people. Almost a third (32.1%) had a learning disability, a quarter had dementia, and just under a quarter had a physical disability. Note that 38% had a condition classed as ‘other’.

Table 6: Disability or health condition of the cared for cohort¹⁹

Disability or health condition	Number of people cared for*	% of people cared for
Other	450	37.5%
Learning Disability	385	32.1%
Dementia	295	24.6%
Physical Disability	267	22.3%
Neurological	176	14.7%
Mental Health	127	10.6%
Stroke	80	6.7%
Autism	68	5.7%
Support for Social Isolation / Other	66	5.5%
Visually Impaired	42	3.5%
Parkinsons Disease	35	2.9%
Cancer	28	2.3%
Hearing Impaired	28	2.3%
Aspergers	20	1.7%
Orthopaedic	<5	0.3%
Substance Misuse	<5	0.3%
Dual Sensory Loss	<5	0.2%

* Individuals may be counted in more than one category due to multiple needs

10.5 Caring role

Carers were most likely to be looking after a partner/ spouse (31%) or a parent (29%), followed by a child (24%).

¹⁹ CWaC Liquidlogic Adults Social Care Database 2019 – disability or health condition of cared for person



Table 7: Relationship to person cared for²⁰

Relationship to person cared for	Number of carers	% of carers
Partner (civil partner, partner, spouse)	436	30.8%
Parent	415	29.3%
Child	334	23.6%
Sibling	77	5.4%
Wider family (aunt/ uncle/ grandchild/ grandparent/ in law/ niece/ nephew/ step family etc)	63	4.5%
Other relationship	22	1.6%
Friend (family friend, friend)	9	0.6%
Foster carer	1	0.1%
Neighbour	1	0.1%

Of the carer cohort, twenty-eight were multiple carers. The majority were caring for two people but there were six individuals caring for three people.

We do not have information about length of time in caring role for the 2019 carer cohort. However, a postal survey sent out to a random sample of CWaC carers found that 38% had been in their caring role for ten years or more.

Table 8: Length of time in caring role²¹

Length of time in caring role	% of carers
0-6 months	1%
6-12 months	3%
1-3 years	15%
3-5 years	18%
5-10 years	24%
10-15 years	10%
15-20 years	7%
20 years or more	22%

10.6 Carer support

Carers are most often supported through a Carers Assessment, and/or information, guidance and advice. They may also be eligible for a carers payment. The carers payment is a direct payment, to those spending at least 35 hours a week looking after the person in need of care, who is also receiving a relevant benefit, earnings are less than £123 a week and the carer is not in full-time education or studying for 21 hours a week or more²².

²⁰ CWaC Liquidlogic Adults Social Care Database 2019 – Relationships to carer for person

²¹ CWaC Adult Social Care survey to carers 2018-19 – baseline figure 368 carers/responders

²² Carers Allowance Gov.uk [Carer's Allowance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/carer-allowance) (March 2020)



During 2019, one hundred and eighty-five carers were in receipt of a carer's payment by direct payment, 13% of the carer cohort. Carers may also be in receipt of a Council with Adult Social Services Responsibility (CASSR) payment which means they do not receive the payment as a direct payment, but the payment will go directly to an agreed provision. Approximately seventy-nine carers were recorded as being in receipt of this payment, increasing the proportion of the carer cohort being supported financially by the local authority to around 18%.

The cared for person may also be receiving social care services that would benefit the carer such as respite and day care.

During 2019, three hundred and forty-four Carer or Joint Assessments were held. 60% of these were for older people aged sixty-five plus. Of assessments, twenty-nine were deemed not eligible for services; 8% of those assessments.

The number of assessments being undertaken decreased between 2017 and 2018 as did the proportion that are not eligible for services. 2019 data for the full year is not yet available (data in table 9 for 2019 is nine months of data).

Table 9: Number of Carer and Joint Assessments²³

Year	Number of assessments	Number of assessments not eligible for services	% of assessments not eligible for services
2019	344	29	8.4%
2018	609	65	10.7%
2017	635	79	12.4%

10.7 Employment

The employment status of the known carer cohort was only recorded for 108 carers. 37% were in paid employment and a quarter were unemployed. 41% were retired.

Table 10: Employment status of carer²⁴

Employment status	Number of carers	% of carers
Retired	44	41%
Employed	40	37%
Unemployed	26	24%
Voluntary (unpaid)	<5	3%
Other unpaid	<5	1%

²³ CWaC Liquidlogic Adults Social Care Database 2019 – Carers Assessment and Joint Assessment including a carer

²⁴ CWaC Liquidlogic Adults Social Care Database 2019 – Employment status of carer baseline 108 carers some options duplicated



11. Young Carers

A one off piece of exploratory work was completed in 2016 which identified young carers as part of the School Census.

11.1 Number of young carers in CWaC schools²⁵

In 2016, there were two hundred and fifty-one pupils attending CWaC schools identified as a young carer. This is around 0.5% of the pupil population and a rate of 4.8 per one thousand pupils. Of those pupils who are young carers, half are in primary school years one to six. We cannot tell from the data if they are the main carer or if they have an older sibling who are the primary carer.

School year	Number	% of young carers
Year 1	5	2.0%
Year 2	11	4.4%
Year 3	21	8.4%
Year 4	27	10.8%
Year 5	32	12.7%
Year 6	31	12.4%
Year 7	32	12.7%
Year 8	26	10.4%
Year 9	27	10.8%
Year 10	17	6.8%
Year 11	20	8.0%
Year 12	<5	0.8%

11.2 Special educational needs (SEN)²⁶

Young carers are more likely to have a special educational need than their peers, 29% compared to 14%. The majority of those with a SEND (Special Educational Needs and Disability) do not have an Education, Health and Care Plan (EHCP) but do require help with their learning in the form of SEN support.

Special educational need	Young carer	Non-young carer
EHCP or SEN statement	2.0%	3.4%
SEN support	27.1%	10.7%
No SEND	70.9%	85.9%

Young carers may have difficulty learning or fall behind in their learning due to:

- disrupted schooling including problems with attendance and punctuality
- behaviour and concentration in class

²⁵ CWaC School Census, 2016 source Insight and Intelligence team

²⁶ CWaC School Census, 2016 source Insight and Intelligence team



- experiences of bullying and social isolation
- low prioritisation of schooling/ not being engaged in education
- difficulty completing homework and coursework
- the young person not receiving the right support.²⁷

11.3 Absence

Absence rates are higher for the young carer population compared to the non-young carer population; 6.8% compared to 3.9% respectively.

If we look at persistent absence which is absence for 10% of possible sessions, the difference between young carers and non-young carers is significant; 23.1% compared to 8.3%.²⁸

Young carer absence	Non-young carer absence	Young carer persistent absence	Non-young carer persistent absence
6.8%	3.9%	23.1%	8.3%

Research into the impact of caring roles on young people highlighted caring as a risk to the social mobility and future prospects of young carers with many failing to attain qualifications. Absence causes disrupted schooling which can affect attainment. GCSE results will be explored in the next section.

11.4 GCSE

We have looked at the GCSE results for Key Stage 4 pupils over the last four years (eighty-five pupils).

The average attainment 8 score of pupils who are young carers is thirty-seven, which is lower than the average 8 attainment score for all pupils which is 46.8.

The progress 8 score for young carers was -0.6 which is lower than the CW&C average progress 8 score of minus 0.1.

Measure at Key Stage 4	Young carers average	All pupils average
Attainment 8	37.0	46.8
Progress 8	-0.6	-0.1

However if we break this down, we can see that there are young carers who have performed well and have made considerable progress since primary school. 41% achieved an attainment 8 score of forty plus, and 36% achieved a progress 8 score above 0.

²⁷ Be bothered! Making education count for young carers, Sept 2012, Family Action

²⁸ CWaC School Census, 2016 source Insight and Intelligence team



Attainment 8 score range	Number of young carers
0-10	6
10-20	9
20-30	14
30-40	21
40-50	11
50-60	15
60-70	6
70 plus	3
Progress 8 score range	Number of young carers
-4 to -3	3
-3 to -2	10
-2 to -1	20
-1 to 0	21
0 to 1	24
1 to 2	6
>2	1

11.5 Free school meals

Children eligible for free school meals are more likely to be those children who are vulnerable in some way. The young carers family member that requires care, are likely to be receiving benefits, meaning the child would be eligible for free school meals.

Of the carers identified in the School Census 2016, 56% were eligible for free school meals compared to 11.1% of non-young carers.

Caring status	Percentage eligible for free school meals
Young carer	56.6%
Non young carer	11.1%

11.6 Mental health foundation fundamental facts about mental health (Young Carers)

The term 'carer' can be problematic when applied to children and young people, and is not really appropriate for a five-year-old living with a parent who has mental or physical health problems or addictions. It is used here to reflect the studies drawn upon.

The 2011 census data shows that there are one hundred and seventy-seven thousand, nine hundred and eighteen young unpaid carers (between the ages of 5 and 17) in England and Wales; an increase of almost 19% from 2001. Of these 54% were female and 46% were male.

According to a report published in 2014 by NHS England, of the two hundred and twenty-five thousand young carers in England, 68% have had experiences of bullying at school.

One in twenty young carers misses school as a result of their caring responsibilities and is 1.5 times more likely to have a special educational need or a disability. Young carers are 1.5 times more likely to be from a BAME background and to speak English as a second language.



Caring responsibilities have been found to have a significant impact on a young carer's life, with an increased likelihood of disadvantage and health difficulties, as well as a lower likelihood of educational attainment.

Research conducted in England between 2009 and 2010 shows that young carers (aged sixteen to eighteen) are at an increased risk of not being in education, employment or training which has been associated with mental health problems and social isolation in young people.

38% of young carers report having a mental health problem, yet only half report receiving additional support from a member of staff at school²⁹.

11.7 Charity Works report 2020: Caring Alone: shedding light on the experiences of Black, Asian and Minority Ethnic (BAME) Young Carers

According to research conducted by the Children's Society, young carers are 1.5 times as likely to be from BAME communities, and twice as likely to not speak English as a first language. However, just under 20% of the total number of young carers Barnardo's supports across the country have been identified as being from non-white communities. In February 2019, Barnardo's published a briefing, which looked into the experiences of Black, Asian and Minority Ethnic (BAME) young carers.

While previous reports had found that many young carers struggled to get the support they needed to live a normal childhood, Black, Asian and Minority Ethnic (BAME) young carers are even less likely to receive support, both financially and practically, often as a result of the difficulty in accessing culturally appropriate information, and a lack of engagement with these communities. BAME young carers therefore continue to be even more isolated and hidden from services.

In the report³⁰, young carer practitioners cited language barriers and stigma as the two key reasons why Black, Asian and Minority Ethnic young carers and their families were less likely to access support than other young carers. Other issues such as a fear of social services and agency involvement in the family, as well as an acceptance that a child should care for older relatives within the family, were also seen as significant.

²⁹ Mental Health Foundation 'Fundamental Facts about Mental Health 2016' [Mental Health Foundation](#) (March 2020)

³⁰ Caring Alone: the experience of BAME Young Carers 30/01/2020 [Caring Alone: The Experience of BAME Young Carers - Charityworks \(charity-works.co.uk\)](#)



11.8 Children's Society, Shaping our Future: Improving assessment and support for Young Carers transition to adult hood

Although there is no legal definition for Young Adult Carers, they are often referred to as being young people between the ages of 16 and 25 years old (Carers Trust "About young adult carers" 2015)

The Care Act 2014 and the Children and Families Act 2014 outlined duties for young carers including support in transition to their adult life.

The issues young carers face are multiple and complex and can include:

- Juggling caring responsibilities alongside their own health and well-being.
- Being isolated and feeling lonely.
- Housing decisions and household management.
- Education.
- Employment.
- Living in poverty.
- Budgeting and financial management.
- Relationships with friends, family and partners.
- Planning for their future.

According to the 2011 census figures, there are approximately 293,000 Young Adult Carers aged 16 to 25 years old in England. The Children's Society believes the actual figure is much higher, with many more young people in this age group having caring responsibilities either as a continuation of their caring roles from childhood or as new circumstances arise within the family.

Young Adult Carers often fall through the gaps in support, and are hidden from services designed to support them. The report found that they often have to choose between their own future aspirations or caring for their family, with significant impacts as they transition into adulthood.

These impacts leave them vulnerable to risks related to their safety, health and future opportunities and well-being later in life.

These impacts include:

- Feeling anger, stress, guilt, and resentment.
- Becoming even more isolated as a young adult and experiencing loneliness.
- Not pursuing their future goals.
- Not achieving or reaching their potential in education.
- Feeling guilty if they do leave home for university or employment.
- Struggling with higher education, as they may miss days at their place of study or experience disruption due to their caring role.
- Feeling pressure to remain in the family home or at least close by.
- Experience negative impact on their well-being.
- Experience financial issues, living with low income or in poverty.
- Losing all support if it is dropped when they reach 18 years old.



In 2014 Carers Trust¹⁰ highlighted there was a need for more specialist support services for Young Adult Carers. Our research has indicated there has been positive, growing recognition of the needs of young adult carers since this research but that there is still a significant need for better, more joined-up support to be implemented. We learned that thousands of young carers fall through the gaps in services as they approach adulthood, and that nationally, current support is a postcode lottery and dependent upon individual workers recognising needs rather than systematic approaches being in place.

The Care Act 2014 and The Children and Families Act 2014 place duties upon the local authority to carry out both young carers needs assessments and young carers transition assessments before the young carer turns 18 years old and when it would be of 'significant benefit' to the individual young people.

In this report one hundred and fifty three young adult carers were consulted and of those:

- 13% reported that they had received a transition assessment
- 51% reported that they had not received a transition assessment
- 36% reported they they did not know if they had received a transition assessment

Recommendations from young adult carers:

- The Young Adult Carers recommended the Young Carers Transition Assessment should be completed between the ages of fourteen and sixteen.
- The assessment should take account of choices related to their post-16 future and help them to plan for this future. Leaving this until just before they turned eighteen was too late for them to receive appropriate support.
- The assessment should not just focus on the current needs of the young carer and their family, but also on the likely ways in which these needs will change over the coming years as the young person transitions to adulthood.
- The transition assessment should be the start of the bigger transitional support process and be ongoing, taking account of changes in need, young carers isolation in the community and their aspirations.
- Having a specific guideline for professionals completing the assessment process with young people would reduce ambiguity.³¹

³¹ Young Carers: Shaping our Future – The Children's Society <https://www.childrenssociety.org.uk> (March 2020)



12. Carers by G.P practice

Practice	Population	Carers	% of pop
Boughton	12,967	322	2.5%
Bunbury	5,212	108	2.1%
City Walls	15,894	527	3.3%
Garden Lane	11,060	198	1.8%
Heath Lane	7,457	211	2.8%
Helsby	9,431	233	2.5%
Fountains Medical	2,695	83	3.1%
Hope Farm	12,453	292	2.3%
Kelsall	5,185	245	4.7%
Lache	6,960	213	3.1%
Malpas	7,255	202	2.8%
Neston Medical	7,272	206	2.8%
Neston Surgery	9,176	243	2.6%

13. Experiences of unpaid carers registering with their G.P

13.1 Introduction

Healthwatch Cheshire are an independent consumer champion for health and care and are composed of Healthwatch Cheshire East and Healthwatch Cheshire West. In 2018 following response to feedback from carers Healthwatch Cheshire conducted a survey to assess the experiences of people registering as a carer with their G.P across the Cheshire East, Cheshire West and Chester area. The findings were collated, and a report completed in October 2019.

The Carers Foundation outlined in their website (Register as a Carer with your G.P) what the Care Act 2014 stipulates in relation to what Carers should expect when registering as a Carer with their G.P and covers such benefits as:

- Providing appointments at convenient times to fit in with their caring role.
- A designated 'Carers Champion' at a GP Practice which carers can access.
- Practice staff will be understanding of the impact on them and the person they care for if they are ill.
- Signposting to useful information and support.
- Providing free annual health checks and flu vaccinations for unpaid carers.
- Asking the person being looked after permission to share appropriate information with their carer.
- Involving the carer in the care planning of this person.
- Invitation to join the practice patient participation group (PPG).
- Being kept up to date about relevant events via SMS messaging.



13.2 Summary of Findings

In both Cheshire East and Cheshire West and Chester, around two out of every three people we spoke to had registered with their GP Practice as a carer. This appears to be positively influenced by the work of Cheshire and Warrington Carers Trust, and more recently the Cheshire East Carers Hub, who are commissioned to deliver carers services and projects across both Cheshire West and Chester and Cheshire East.

A sizeable number of people were not aware they could register as a carer with their GP Practice 22% of respondents in Cheshire East and 29% in Cheshire West and Chester. Of those who were aware they could register as a carer, but had not, our findings suggest that they are not aware of the benefits on offer to them by registering.

Of those registered as a carer with their GP, a minority felt they had benefited and received a good service. Most people did not appear to receive the full range of possible expected benefits highlighted by the Care Act 2014 and Carers Federation as good practice.

The majority of respondents did not feel they had benefited a great deal from registering with their GP Practice as a carer. Although there appeared to be some benefits that more people felt they recognised, for examples receiving flu jabs, but that was qualified by an uncertainty it was connected to being a carer or possibly the easiest of the benefits to fulfil.

Many carers believed that there was a lack of awareness and understanding of carers' rights and the challenges of their role from staff at GP Practices. This could also sometimes be noticed in a lack of support when booking an appointment and a lack of knowledge about signposting to carer support services by GP Practice staff.

There were particular benefits that some respondents felt more passionate about and would like to see some change regarding. For example, GP Practice staff having more awareness of the role of a carer, more conveniently timed appointments, and being involved in the care planning of the person for whom they were caring.

13.3 Survey Results – Cheshire West

There were seventy-two 72 responses to Healthwatch's survey in Cheshire West and Chester. The findings from it are detailed below.

13.3.1 Are you registered as an unpaid carer with your G.P practice?

This question was used to determine how many people out of those we spoke to had actually registered as a carer with their GP Practice. Seventy people provided a response to this question in Cheshire West and Chester.

Are you registered as an unpaid carer with your GP practice?	
Yes	65.7%
No	34.3%



This demonstrates that the majority of people we spoke to in Cheshire West and Chester were registered as an unpaid carer with their GP Practice. However, a sizeable number, just over one in every three, were not.

13.3.2 If not, were you aware that you could register as an unpaid care with your G.P practice?

If respondents answered no to the above question, they were then asked whether they were aware that they could. Twenty-four people responded to this question.

Were you aware you could register as an unpaid carer with your GP practice?	
Yes	12.5%
No	87.5%

This suggests that the predominant reason that people were not registered as a carer with their GP was that they were not aware they could do so. This means that 29.1% of all respondents in Cheshire West and Chester were unaware that they could register as a carer and of the people who were aware but have not registered, a common view that people told us was that they did not feel it was worth registering.

13.3.3 If you are registered as a Carer with your G.P Practice have you experienced any of these benefits?

This question uses the benefits to registering as a carer with GP Practices listed by the Carers Federation in the introduction, asking people to select which benefits they believe they have experienced. This question was answered by thirty-seven people.

Benefit	Number of respondents	Percentage of respondents
Providing appointments at convenient times	17	45.9%
Many GP practices now have a designated 'Carers Champion' which you can access	1	2.7%
Practice staff will be aware of your caring role	18	48.6%
Signposting to useful information and support	8	21.6%
Providing free annual health checks and flu vaccinations for you	27	73.0%
Asking the person you look after permission to share appropriate information with you	10	27.0%
Involving you in the care planning of this person	12	32.4%
You may be invited to join the practice patient participation group (PPG) so you can have your say about services	7	18.9%
Being kept up to date about relevant events via SMS messaging	4	10.8%



Providing free annual health checks and flu vaccinations was the only benefit that more than half of unpaid carers registered with their GP as a carer had experienced. From comments it appears that a flu vaccination is commonly given but the annual health check is rarely offered.

The next highest were asking the person being cared for whether appropriate information can be shared with the carer and providing appointments at convenient times.

Benefits such as the existence of 'Carers Champions', signposting to relevant support, being invited to join the PPG, and being kept up to date by SMS scored very low on our survey.

13.3.4 If you are not registered as a carer with your G.P Practice but were aware that you could, did you know that you could gain any of these benefits by registering.

This question was aimed at people who were aware that they could register as a carer with their GP Practice but had not done so. It seeks to establish whether these unpaid carers knew what the benefits are of registering. Two people answered this question.

Benefit	Number of respondents	Percentage of respondents
Providing appointments at convenient times	0	0.0%
Many GP practices now have a designated 'Carers Champion' which you can access	1	0.0%
Practice staff will be aware of your caring role	0	0.0%
Signposting to useful information and support	0	0.0%
Providing free annual health checks and flu vaccinations for you	2	100.0
Asking the person you look after permission to share appropriate information with you	0	0.0%
Involving you in the care planning of this person	0	0.0%
You may be invited to join the practice patient participation group (PPG) so you can have your say about services	0	0.0%
Being kept up to date about relevant events via SMS messaging	0	0.0%

Two people answered this question, suggesting that the other person who were not registered with their GP Practice as a carer but were aware they could, did not know about any of the benefits. The two people were both aware that they could receive free annual health checks and flu vaccinations, whilst one knew about 'Carers Champions'. The two respondents were not aware of any of the other benefits on offer.

13.3.5 In Cheshire West and Chester, around two out of every three people we spoke to had registered with their GP Practice as a carer.

However a sizeable number of people who were not aware they could register as a carer with their GP Practice 29% in Cheshire West and Chester. Of those who were aware they



could but had not registered, Healthwatch's findings suggest that they are not aware of the benefits on offer to them by registering.

Of those registered as a carer with their GP, a minority felt they had benefited and received a good service. The majority of respondents did not feel they had benefited a great deal from registering with their GP Practice as a carer. However, even amongst those that did feel they had benefited, most people did not appear to receive the full range of possible expected benefits highlighted as good practice. There appeared to be some benefits that more people felt they recognised, for examples receiving flu vaccinations, but that was qualified by an uncertainty it was connected to being a carer or possibly the easiest of the benefits to fulfil.

Qualitative feedback from respondents appear to highlight some common issues and concerns. Many carers believed that there was a lack of awareness and understanding of carers' rights and the challenges of their role from staff at GP Practices. This could also sometimes be noticed in a lack of understanding and support when booking an appointment and a lack of knowledge about signposting to carer support services by GP Practice staff. Some also felt that carers are not offered enough involvement in the planning and management of the health issues of those being cared for.

Many respondents recognised the challenges faced by GP Practices and were quite realistic in their expectations. However, they felt that by simply showing more empathy and understanding towards what it is like to be an unpaid carer for somebody, along with introducing some focused changes, the experiences for carers would improve significantly³².

14. Mental Health Foundation: Fundamental Facts about Mental Health 2016

Carers provide invaluable support and help to their family, friends and loved ones, whether this is for physical or mental health problems. The mental health of carers is often neglected despite many carers having poor mental health. This is also true for young carers, whose long-term outcomes in education, employment and training can be significantly impacted by the caring role that they take on.

A 2010 literature review found that looking after a family member with a mental health problem can have a significant impact on carers' own mental health. The review found that the mental health problems of carers included emotional stress, depressive symptoms and, in some cases, clinical depression³³.

³² Healthwatch Experiences of unpaid carers registering with GP practices in Cheshire [Experiences of unpaid carers registering with GP practices in Cheshire | Healthwatch](#) (March 2020)

³³ Shah, A.J., Wadoo, O., & Latoo, J. (2010). Review Article: Psychological Distress in Carers of People with Mental Disorders. *British Journal of Medical Practitioners*, 3(3), 327



In the 2011 census, there was a total of 6.5 million people in the UK who were carers – a rise of 11.5% from 2001 statistics. Just over half of carers in the UK are female (58%) and 42% are male.

	Number of carers 2001	Number of carers 2011
England	4,877,060	5,430,016
Northern Ireland	185,086	213,980
Scotland	481,579	492,031
Wales	340,745	370,230
UK Total	5,884,470	6,506,257

The National Carers Strategy in 2008 found that 71% of carers have poor physical or mental health.

Carers UK’s annual survey (2015) with over five thousand carers across the UK revealed that 84% of carers feel more stressed, 78% feel more anxious and 55% reported that they suffered from depression as a result of their caring role, which was higher than findings in 2014. In 2014, 82% had increased stress, 73% reported anxiety and 50% were affected by depression as a result of their caring role.

The diagnosis of the patient was a factor associated with the development of depression among carers. Older carers supporting those with physical health conditions are at the highest risk of developing depression. However, it is important for clinicians to assess the mental health of all carers, regardless of the patient diagnosis³⁴.

15. Carers UK: Carers and Physical Activity Policy Brief 2020

In a project funded by Sport England Carers UK looked at ways to support carers in England over the age of 55 to take part in more physical activity as a way to reduce loneliness and improve their well-being.

The NHS GP Patient Survey 2019 showed that carers’ health and wellbeing is worse than the general population i.e. non-carers

The Census 2011 identified that in England and Wales alone, almost 390,000 carers report being in bad health, whilst carers providing 50 hours of care and more were twice as likely to be in bad health as non-carers.

Research by Carers UK into carers’ health and wellbeing found that most of those providing substantial care had faced mental ill-health and physical ill-health as a result of caring. Specifically, 6 out of 10 people (61%) say their physical health has worsened as a result of caring, while 7 out of 10 (72%) said they have experienced mental ill health.

The most recent UK Chief Medical Officers Recommendations, published in September 2019 state that adults and older adults should be active for at least 150 minutes of

³⁴ Mental Health Foundation ‘Fundamental Facts about Mental Health 2016’ [Mental Health Foundation](#) (March 2020)



moderate intensity a week or at least 75 minutes of vigorous intensity each week. Build strength on at least two days a week older adults should improve balance twice a week. Adults should also minimise sedentary time.

The UK Chief Medical Officers Recommendations state that 'regular physical activity is associated with decreased mortality and lower morbidity from several non-communicable diseases' and 'adults who are physically active report more positive mental and physical health'.

This document further states that taking part in physical activity:

- Benefits health
- Improves sleep
- Maintains healthy weight
- Manages stress
- Improves quality of life

The State of Caring 2017 survey found that 54% of carers have reduced the amount of exercise they do because of caring and the 2019 State of Caring survey found that 81% of carers of all ages are not able to do as much physical activity as they would like.

New research from Carers UK4 into the 55+ age group has found that three quarters (76%) of carers are not able to do as much physical exercise as they'd like to do. Carers aged 55+ are also less active than other adults aged 55+.

Despite these Carers aged 55+ are motivated to take part in activity and the top 3 reasons carers would take part in physical activity are:

- to have better physical health
- to relax/unwind
- to have better mental health.

The biggest barriers carers aged 55+ face are having the time to take part in physical activity and being able to afford the costs of take part. Not being motivated and not having anyone to go with were also big barriers³⁵.

³⁵ Carers UK: Carers and Physical Activity – Briefing for Professionals

<https://www.carersuk.org/for-professionals/policy/policy-library/carers-and-physical-activity-policy-briefing-jan2020#:~:text=Carers%20and%20Physical%20Activity%20Policy%20Briefing%20%20January,be%20released%20in%20a%20report%20later%20in%202020.>



16. Key areas for improvement (what we don't know that we would like to know)

In Cheshire West and Chester of the carers who are known to the local authority, 5% of the population are Black, Asian and Minority Ethnic (BAME) identities. The ethnicity of the carer has only been captured for two thirds of carers. Of these carers, the majority identified as White British (97%). 3% identified as BAME (twenty-seven individuals) with the majority identifying as White Irish or White other.

Out of the four thousand five hundred and thirty five carers we know of through Cheshire and Warrington Carers Trust and their subcontracted services captured through upshot only fifty-eight identified as being from a Black, Asian or Minority Ethnic (BAME) background. Yet At the time of the last Census in 2011, 5% of the population (seventeen thousand and six hundred) were Black and Minority Ethnic residents.

With a large number of carer's ethnicity not being recorded it is hard to gather clear evidence as to the scope of how many carers from a Black, Asian or Minority Ethnic Background require support.

From research carried out by the children's society we know that a language barrier and stigma are the two main reasons behind the lack of engagement of young BAME carers and further research is need locally to see if that is a factor for all age BAME carers in the Cheshire west area.

Cheshire west has a relatively small community of Gypsy/Travellers. From the census data they are less than 1% of the total population. There are many Travellers living in bricks and mortar, with caravans in the curtilage of the property, particularly in the Elton area. Currently there are 2 council sites accommodating thirty families and a further eleven privately owned sites with a further eighty-four families living on them. However little or no information is held on the number of carers within those communities.

In the UK parliament in 2019 a report into the inequalities experienced faced by Gypsy, Roma and traveller communities highlighted examples submitted by the University of Bedfordshire. The examples of research dated back as far as 2004 and showed that the health status of Gypsies and Travellers is much poorer than that of the general population, even when controlling for other factors such as variable socio-economic status and/or ethnicity.

- Life expectancy is ten to twelve years less than that of the non-Traveller population
- 42% cent of English Gypsies are affected by a long-term condition, as opposed to 18% of the general population.
- This in turn would have an impact on the caring role and further research is needed as to how best support these communities.
- One of the areas we would also like to gain more information is in relation to young adult carers. We would like to find out more about the key challenges faced by young



adult carers locally and the impacts their caring role has on their transition to adulthood.

17. Key issues

It is clear from the Governments Carers Action Plan 2018-2020 that young carers are a focus as supporting young carers one of the key themes of the briefing. Locally we know that in 2016, there were two hundred and fifty one pupils attending CWaC schools identified as a young carer and they are more likely to have a special educational need than their peers. We also know that young carers may have difficulty learning or fall behind in their learning this is evidenced by the lower attainment 8 scores achieved (37) compared to the average (46.8). This may be in part to the higher absence rates which are higher for the young carer population.

The Mental health foundation report highlights that research conducted in England between 2009 and 2010 shows that young carers (aged 16–18) are at an increased risk of not being in education, employment or training which has been associated with mental health problems and social isolation in young people.

38% of young carers report having a mental health problem, yet only half report receiving additional support from a member of staff at school.

One of the themes coming through the data currently is that the highest proportion of carers is aged fifty to sixty-four. In our Census data out of the carer population of thirty seven thousand one hundred and twenty one carers, the percentage of carers aged fifty to sixty-four is 38.4%. This is the highest percentage in the carer groups and is corroborated by data from Carers known to social services (24.5%)

This is supported further by evidence from the Carers UK: State of Caring 2019 report which states that 32% of their respondents were aged fifty to sixty-four and this was the highest percentage group. The Personal Social Services Survey of Adult Carers in England (SACE) 2018-2019 also reported this age group as the highest proportion of carers at 23.8%.

NHS Digital also states that this age banding as the one that is most often facing financial difficulty. We did not see this echoed within our local data with the ASCOF scoring being above the national average. We did see an increase in the number of carers experiencing financial difficulty when compared with 2016-2017.

Our ASCOF data however pointed out that there is an increase in the levels of stress felt by our carer population and a decrease in the quality of life as a whole. This is supported by data from the SACE with 60.6% of carers reporting feeling stressed

Research from the Mental Health Foundation, which draws on data from the Carers UK 2014 survey, saw an increase in the amount of cares feeling stressed by their caring role. Up from 82% the previous year to 84.%. They also saw 55% of carers reporting feeling



depressed. SACE also saw an increase in carers feeling the effects of their caring role reporting two of those effects being an increase in tiredness and depression.

While possible correlation can be made between increases in financial hardship, decreases in quality of life and increases in carers feeling stressed and depressed. It is clear that the most at risk group would be carers aged fifty to sixty-four as the largest carer demographic locally and nationally.

Also a factor is the impact that the carer's quality of life is the individual carer's ability to engage in recreational activity and physical exercise, which may also contribute to social isolation.

In the results from the ASCOF survey the numbers of carers reporting that they feel they are able to spend enough time doing things they value and enjoy has dropped significantly from 26% to 17%. The number of carers reporting they don't do anything they value or enjoy is up from 14% to 22%. We already know from the Carers UK carers and physical activity briefing that not engaging in physical activity impacts physical health, mental health and the overall quality of life. If carers do not have the time to engage in recreational or physical activity this will impact their quality of life.

The lack of time to engage on recreational activities also limits carer's ability to socialise with friends and family which will contribute to feelings of social isolation.

Through our 2011 Census data we know that locally we have a population of thirty-seven thousand one hundred and twenty one carers which is estimated to be approximately thirty eight thousand and three hundred carers as of mid-2018.

We are aware of four thousand five hundred and thirty five carers through our commissioned services and a further one thousand four hundred and fifteen carers through social services however there may be some duplication between these two sources. Taking that into account there is a possibility of over thirty two thousand carers within Cheshire West and Chester that we hold no information about.

A key challenge is how to engage those carers and get clearer data on the number of carers with Cheshire West and Chester.

Supporting Carers in employment is a key issue. We know from the 2011 census that just over a third of carers (35.5%), provided twenty hours or more care a week which equates to thirteen thousand one hundred and eighty carers. This is the point at which caring starts to significantly impact on the health and wellbeing of the carer and their ability to hold down paid employment alongside their caring responsibilities. We know from the ASCOF survey that locally the numbers of carers in full time work has declined over the last 3 years and the number of carers reporting that they are not in employment due to their caring role has increased. This is supported by the data from the SACE where it is reported that Carers who worked either full- or part-time made up 23.6% of all respondents. The number of carers who were not in paid work because of their caring responsibilities increased significantly from 21.0% in 2016-17 to 22.6% in 2018-19. According to data on carers



known to the local authority Cheshire West and Chester has a higher proportion of carers in employment at 37%

Lack of data on our BAME carer communities including the Gypsy and traveller carer communities makes it difficult to shape services to best suit these demographics. Time and effort is needed to better engage these communities and build a comprehensive understanding of the needs of the carers.

18. National recommendations

The department of Health and Social Care Carers action plan 2018-2020 sets out a clear process on how the Government is going to tackle five key areas that require improvement. The five areas were highlighted by the carers call for evidence consultation that took place in 2016. This paper is designed to build on the current national Carers strategy 2008 and retains focus on recognising, valuing and supporting carers. The call for evidence was launched in preparation for a Carers strategy however this will now form part of the green paper on adult social care when it is published and aim to take a more fundamental approach to tackling the challenges carers face.

The call for evidence 2016 saw a response from six thousand eight hundred and two carers and five primary themes emerged from the analysis of the responses.

Services and systems that work for carers - Carers often have extensive contact with the health and social care system, so it is important that services value and involve carers. Services and systems need to be aware of the diversity of carers and their circumstances, from an elderly neighbour, to a young adult carer even to someone serving in the armed forces. There is no such thing as a "typical carer". They also need to be responsive and flexible, recognising and supporting carers at different stages in the caring journey.

Employment and financial wellbeing - Many carers reported the difficulties they face balancing work and performing a caring role, and at the same time how they are struggling to make ends meet leading to financial hardship putting further pressure on them. Where an employer is made aware of an employee with caring responsibilities, employers can take simple, but effective action to enable carers to balance their caring and employment responsibilities. It makes good business sense to consider what flexible working practices might help both the employer and employee.

Supporting young carers - Young carers can suffer with poorer health and wellbeing, often missing out on education and training opportunities. Improved identification of young carers, to enable assessments that identify support needs alongside flexible educational opportunities are vital to providing support so that young carers are able to access opportunities and have the same life chances as other young people without caring responsibilities.

Recognising and supporting carers in the wider community and society - Many carers will have little contact with services for carers, and will not be receiving formal support in their



caring role. It is therefore vital that we work with partners beyond government to raise awareness of caring among the wider population to build carer friendly communities³⁶.

19. Carers UK recommendations

Carers UK feel that concrete action needs to be taken across all levels of Government in order to put in place the support that carers need both urgently in the shorter term and over the longer term, to ensure the sustainability of the health and social care system and make the following national recommendations.

Ensure that carers and their families do not suffer financial hardship as a result of caring

Carer's Allowance, just £66.15 on 2019/20 rates, must be raised across the rest of the UK to the same level as Scotland, with equivalent increases to carer premia to ensure that those on the lowest incomes benefit. In the longer term, financial support for carers must be increased significantly.

The earnings threshold for Carer's Allowance needs to rise year on year in line with the National Living Wage, pegged at least to the equivalent of 16 hours a week so carers don't have to choose between Carer's Allowance and staying in work.

To auto-enrol carers in a second pension – a Carer's Pension that recognises the value of unpaid work and ensures that they do not suffer financial hardship later in life.

Deliver a National Health Service that recognises, values and supports carers

A new duty is needed on the NHS in England, Wales and Northern Ireland to put in place policies to identify carers and promote their health and wellbeing, including their own employees who are juggling work and care. Ensure that all staff are trained to know about carers and how to support carers.

Increase identification and support through primary care.

Ensure carers are better prepared for caring and can get support early to look after their own health and wellbeing with easily available advice and information as well as learning and training for carers to help them plan, prepare and provide care.

The roll out of the NHS England Long Term Plan should ensure integrated services and support for carers.

Put in place enough funding so that older people and people with disabilities are able to access the quality and affordable care they need and that they are able to have a good quality of life alongside their caring roles

³⁶ Carers action plan 2018 to 2020 [Carers action plan 2018 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/Carers_action_plan_2018_to_2020.pdf) (March 2020)



An urgent and significant increase in funding for care services is needed now or the role of families and friends caring will become increasingly unsustainable as carers are pushed to breaking point by a lack of support.

Consideration of new funding models for social care and the priorities for future NHS spending must have carers' contribution, both financial and practical, at their heart and deliver a sustainably funded health and care system that is fairer for families.

Give carers a break: Provide funding and choice of quality services to enable carers to take the breaks they need

Increase and ring-fence funding for carers' breaks. Funding should also be transparent so carers know what they are entitled to, and ensure greater consistency in what is available. A choice of appropriate and good quality care must be available or carers cannot get the breaks they need for their own health and wellbeing.

Ensure carers are able to juggle work and care, if they wish to, with support to return to work alongside or after caring

Create a new right to paid time off work to care of at least 5–10 days.

Put in place tailored support for carers looking to return to work, including recognising the skills carers have developed through their caring role.

Work with employers to include carers in health and wellbeing support at work.

Recognise that good quality and affordable care services are an essential part of enabling carers to remain in or return to work alongside caring.

20. Local Recommendations

One of the recommendations following the conclusion of the JSNA is a focus on identifying carers is needed. We know from the JSNA data that there are possibly thirty eight thousand and three hundred unidentified carers in Cheshire west and Chester and it is important that we start to increase the number of services being accessed, improve the identification of carers and make sure they receive the right support.

Priority (1) Early Identification of Carers

- Increased carer assessments
- Increased numbers of services being accessed by carer
- Identify hidden carers
- Create an identity for carers
- Improve pathways for support

We also want to focus on carers being supported to achieve their personal potential and a key priority in this is to support carers in employment. We know from the JSNA data that



Cheshire West and Chester has approximately a third of carers in employment and we have seen an increase in carers not being in employment due to their caring responsibilities. We also want to see more of a focus on young carers achieving their potential as we know from the JSNA that on average young carers have higher absence rates and lower attainment scores.

Priority (2) Support Carers to achieve personal potential

- Promote range of support available for carers to remain in employment , education or training
- Work with local employers to support carers in the workplace
- Improve closer links with schools, children and young people to identify young carers
- Improve support to young carers at risk of becoming Not in Education employment or Training (NEET)

We want Carers to be able to access the right support at the right time and we want the services to offer a range of diverse support to ensure all carers have the opportunity for carer breaks and respite. We know from the JSNA the significant physical impacts and mental impacts a carer can face during their caring role.

It is important that carers feel well informed in a way that best suits them as individuals

Priority (3) Access the right support at the right time

- Review the range of support on offer to carers to ensure opportunity for carer breaks and respite
- Ensure carers receive adequate information using platforms that can be accessed
- Explore the use of social media to promote services and support
- Assessments are robust and reviewed

From the JSNA data we know that carers are at a higher risk of health issues due their caring role and we know that a high proportion of carers report that their caring role has had a negative impact on their mental health. It is therefore important to work with the local CCG's and prioritise the support for carers.

We also know from the data that Carers are reporting that they are facing increased financial difficulties and it is clear that we need to provide support and advice to help carers avoid financial hardship

Priority (4) Improve the Health and wellbeing of Carers

- Every carer is registered at a GP practice
- Increase GP referrals
- Unpaid carers are identified in the MH strategy
- Access to wellbeing groups



- All carers can access support to avoid financial hardship
- Carers are listened too and feel valued contribute to good practice
- Health check
- Promote positive activities and social contact

We know from the JSNA data that young carers are at higher risk of bullying and are at an increased risk of not being in education, employment or training which has been associated with mental health problems and social isolation in young people. In line with the Government priorities we want to make sure that every young carer has an opportunity to access the right support at the right time.

We also want to see the right support in place for young carers transitioning to adulthood. This transition is a statutory obligation and a key focus of the government carer action plan and we know from data contained in the JSNA that nationally that this requires improvement.

Priority (5) Supporting young carers and young adult carers

- Transition to adult carers
- Young Carers have access to carer breaks away from their caring role.
- Young carers and young adult carers have a robust care plan
- Young carers and young adult carers have identified pathways of support
- Young carers can access activity and funding
- Young carers and young adult carers are known to their GP
- Young carers and young adult carers can access 1-1 and wellbeing support

These suggested recommendations will now form part of the framework for the carers strategy which was launched April 2021³⁷.

³⁷ CWaC All Age Carers Strategy 2021-2026 [All Age Carers Strategy 2021 - 2026](https://cheshirewestandchester.gov.uk/all-age-carers-strategy-2021-2026)
(cheshirewestandchester.gov.uk)