

Carers' Discussion Paper

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Karen Ritchie, Chief Executive

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Carers Discussion Paper

1.0 Definition of a Carer

A carer is 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.

Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. Many feel they are doing what anyone else would in the same situation; looking after their mother, son, or best friend and just getting on with it. Many carers don't see themselves as carers. It takes carers an average of two years to acknowledge their role as a carer, as they find it difficult to see their caring role as separate from the relationship they have with the person for whom they care, whether that be parent, son or daughter, or friend. (NHS Commitment to Carers May 2014).

Carers don't choose to become carers: it just happens and they have to get on with it; if they did not do it, who would and what would happen to the person they care for? It's likely that every one of us will have caring responsibilities at some time in our lives, which may involve juggling caring responsibilities with work, study and other family commitments.

Some carers, in particular Younger Carers are not known to be carers. They don't tell relatives, friends or health and care professionals about their responsibilities because of fear of separation, guilt, pride or other reasons. This can make carers 'invisible'.

The roles and responsibilities of carers can vary hugely, from help with everyday tasks such as getting out of bed, personal care such as bathing and administering medication to emotional support such as helping someone cope with the symptoms of mental illness.

Young Carers are children and young people who often take on practical and/or emotional caring responsibilities that would normally be expected of an adult. Some Young Carers may undertake high levels of care, whereas for others it may be frequent low levels of care. Either can impact heavily on a child or young person.

2.0 Context and Rationale

Carers are a hugely important asset to society, however too often carers do not receive the recognition and support that they need and deserve. We need to do more to help identify, support and recognise their vital roles. Helping carers to provide better care and to stay well themselves will contribute to better lives for those needing care.

NHS England produced their commitment to carers in May this year, which sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagements.

These were the emerging themes that came out of the NHS England engagement exercise with carers and influenced their commitment to carers:

- Recognise me as a carer (this may not always be as 'carers' but simply as parents, children, partners, friends and members of our local communities).
- Information is shared with me and other professionals.
- Signpost information for me and help link professionals together.
- Care is flexible and is available when it suits me and the person for whom I care.
- Recognise that I may need help both in my caring role and in maintaining my own health and wellbeing.

- Respect, involve and treat me as an expert in care.
- Treat me with dignity and compassion.

Some of these emerging themes are mirrored in our own engagement activity.

This along with the Care Act 2014, which for the first time ensures carers will be recognised in the law in the same way as those they care for, (i.e. carers will have legal rights to assessment and support), has prompted Healthwatch Derbyshire to produce this discussion paper. It looks at the experiences of carers in Derbyshire, with the hope that this will help to influence the design and delivery of services locally, at a time where there is commitment to change.

“The Care Bill in many respects marks a quiet revolution in our attitudes towards, and expectations of, carers. At last, carers will be given the same recognition, respect and parity of esteem with those they support. Historically, many carers have felt that their roles and their own well-being have been undervalued and under-supported. Now we have a once in a lifetime opportunity to be truly acknowledged and valued as expert partners in care.” Dame Philippa Russell, Chair of Standing Commission on Carers.

3.0 Methodology

This report is based on the following evidence:

- 64 comments directly from carers on our database with a date range of 28th August 2013 - 5th August 2014.
- It is also based on discussions that took place during the ‘Celebration of Young Carers Event’ on the 11th July 2014, including a focus group with Young Carers.
- A focus group and one-to-one interviews with service users and carers with an acquired brain injury.
- Themes evidenced during a Carers Conference hosted by Healthwatch Nottinghamshire that backed up themes we had gathered.

4.0 Findings

4.1 Awareness of carers and understanding of their needs amongst GPs

- The Carers Voice Network expressed frustration that there was no access to last minute GP appointments to take into account their caring responsibilities and the inability to know when they will be free to go to the Doctors.
- Another carer said their GP was not supportive.
- One carer who said that their GP doesn’t even know they are a carer, and has not asked.
- Littlewick GP Practice have a carer’s champion, and one carer feels there should be one at their practice.
- In conversations, carers said that they did not know that they should be registered as carers with their GP practice.
- From our information it would appear information about support groups/services doesn’t seem to happen through GPs.

4.2 Knowledge and information

- A group of carers supporting people with Alzheimer’s said that they were not aware of carer’s breaks or organisations that could support them, such as Crossroads, and there was a general consensus that carers have to go out and find information for themselves instead of being signposted, but say they lack time to do this.
- One Young Carer said they didn’t understand about personal budgets.
- Information can be a source of comfort for carers, e.g. one Young Carer expressed gratitude for information about his father’s condition.

- Five carers with a learning disability were concerned with the lack of accessible information about medication to inform them of how and when it should be taken, and what the side effects are.
- A number of learning disability carers were also concerned about the lack of contact and communication from social care, and were quite distressed about the looming cuts to adult care, and the additional pressure this will put on parents and siblings to provide more personal care.
- Some carers we spoke to did not know Derbyshire Carers Association existed.
- Some carers said that they were not told what to expect when someone they cared for returned home from hospital.

4.3 Peer Support

Opportunities for carers to meet up whilst supporting their loved ones are welcomed, e.g. the Movers and Shakers exercise class for those with Parkinson's disease. "Not only do those with the disease benefit from the sessions, it gives the carers an opportunity to attend and forge friendships with other carers."

4.4 Respite and Support

- One carer expressed a need to be able to take their cared for to a group and be able to leave to catch up on chores etc, but weren't able to do this, e.g. art group at Moira Replan, but she did state "he loves it." She also expressed a concern that these were only for 6 weeks.
- There is relief expressed about getting away from caring responsibilities and being able to forget about them for a little while. "... it helps me cope, allows me to get away from the home environment and to help me forget about my caring responsibilities." This was a Young Carer.
- Carer expressed frustration that she can't go out as no care service can sort dialysis out, i.e. no one is trained to do it and they don't have the resources to train staff. She feels this puts a lot of strain on her as a carer not being able to get out.
- 'Carers Break Grant Scheme' is a welcome relief from caring responsibilities and we received a number of comments from learning disability carers who valued this and want it to continue. However, there are reports of delays in getting the money, one carer was waiting 4 months; another was declined. The Carers Break Grant Scheme is also set to reduce from £250 to £200 at a time when carer's responsibilities will increase due to budget cuts.
- A positive comment was made about a care manager from Derbyshire County Council (DCC) and the additional support they have offered, but no support on a Sunday and carer says he can't manage.
- Positive comment received about Derbyshire Carers Association, "They have been great, they really have supported me through my concerns and the worker (named) has given me lots of information." This was welcomed as the carer had received no support from anywhere else or a carers assessment.
- Positives comments have been received from carers of people with long term conditions, e.g. cancer. Carers reported being very happy with the support from Macmillan and Ashgate Hospice most of whom stated that all workers had compassion and not only cared for the patient but the whole family. (See also Healthwatch Derbyshire's Service Evaluation of Ashgate Hospice).
- There were two comments regarding Derbyshire Carers Association not being very accessible. It was stated that people who are profoundly deaf cannot access any support because

- Derbyshire Carers Association won't provide interpreters. It was also stated that they do not provide groups or support for working carers other than an out of hours advice line that is manned one evening a week.
- Some carers reported being happy with the support and treatment on the Renal Ward at Chesterfield Royal Hospital. Carers stated that the Ward Clerk rings them if NSL are going to be late with transport so that they can prepare meals at certain times.

4.5 Support for Young Carers

- Support for Young Carers was valued, i.e. counselling, activities and opportunities for peer support provided by Action for Children in particular, but it's now short-term (6 months). One carer said, "... it's 6 months counselling, when will care continue indefinitely?"

Another person said, "My son had 6 months of support but this stopped in March, this was such a disappointment for him as it gave him an opportunity to have his independence. His caring hasn't stopped or changed in anyway, I don't understand why he couldn't have more support."

There were a number of comments calling for longer-term support and real concern amongst a number of carers about cuts in services provided by Action for Children, which is causing anxiety and distress. No real knowledge of what will happen then, what other services are available for Young Carers?

- In the comments from Young Carers it is thought there is a lack of understanding of Young Carers needs amongst other professionals, e.g. GPs. GPs didn't talk to them about their cared for and many Young Carers said they are not registered as a carer at their surgery. It was suggested that more Carers Champions at GP surgeries could help support carers.
- It came across in discussions that many Young Carers were depressed and many were self-harming. In the focus group it was stated that when they see their GP they are looked at as having a mental health condition and referred to CAMHS, but they do not go further than that and look at the root cause which is their caring responsibilities. They stated that they are not signposted anywhere even though they expressed distress at how many hours of personal care they do each week. One Young Carer said he sleeps at the foot of his Dad's bed, because he worries about him and he needs to help him go to the toilet. The Young Carer gets up at 5am to prepare his Dad's medication, breakfast for the whole family and gets everyone washed and dressed. This Young Carer is only 10.
- In our discussion with Young Carers it was stated that they would like 'Young Carers Leads' in schools. Young Carers expressed concerns over difficulty doing homework, getting to school on time and generally achieving what they should, but there isn't much awareness of this within a school setting. It was noted that one carer said their teacher publicly told a large classroom of children that he was self-harming. Carers reported trying to do their homework in lunch breaks, but this meant that they sometimes didn't eat. They also said that they are given after school detentions for not handing in their homework on time. Some Young Carers said they also struggled sleeping because of depression from their caring responsibilities and the personal care tasks they undertake at night, but this was not acknowledged by teaching staff. Young Carers also said that teachers won't allow them time off to see their parents in hospital.
- Two Young Carers said that their medication for depression wasn't explained to them by the GP, they weren't aware of the side effects and struggled to read the leaflets.
- Young Carers talked about being depressed due to their caring roles, and that all they see is barriers to a good future. One said that they could see themselves being on benefits for the rest of their life or having a mental health condition. Another carer said that they have heard people talking about early intervention but they think it's just a 'buzz word' as it doesn't actually happen.

- Isolation is an issue with not enough opportunity to be with others, friends etc.
- Support with practical tasks, such as one Young Carer wanting help to bathe his Mum, was a common issue for Young Carers.
- Lack of awareness/recognition about being a carer was a theme until they received support, which was then welcomed, i.e. didn't recognise the situation they were in. "The support has made me realise that I am a Young Carer, I didn't realise how many Young Carers there are, it gave me a sense of awareness and means I can talk to others."
- One Young Carer stated that he was assessed as a Young Carer by a Social Worker when he was 16, but 2 years later, he is now 18, and he has still not received any support. He says he would like support and feels it would give him a confidence boost.
- Another carer said that they have only just been allocated a Social Worker after 7 years. His brother also loves sensory equipment but they can't afford it.
- Two Young Carers expressed concern that they were unable to get support while the Social Worker was on holiday, being told that they had to wait till they returned.
- Some Young Carers also expressed concern that they were unable to get in touch with their Social Worker despite repeated attempts which led to anxiety. Sometime other professionals were having to get involved e.g. teachers to get the Social Worker to respond to the Young Carer. Social Workers were described as being evasive and not very supportive.
- Not being involved in decisions about their care and treatment was an issue, "I am a Young Carer and I have been feeling down for a while. I was referred to CAMHS but I don't know who by. I would like to be involved in decisions more and helped with support and not to be just looked at like I have a mental health condition."
- It was stated that there appears to be some confusion in Adult Care when a family is referred for an Adult Care Assessment, with the family getting moved around services, sometimes the referral is made to children's services, when what is needed is an Adult Care package for the cared for.
- Young Carers valued the support of Rethink, but others in the group didn't know how to access it.
- Young Carers we spoke to would like to be able to access the Short Breaks Grant that adults can apply for. They don't feel able to access recreational activities due to their caring roles and as the Action for Children budget has been cut, they do not have the opportunity to go on days out with them anymore.
- A Young Carer also requested an Emergency Card scheme, and would like a single point of access to contact when they are at crisis point.

When asked what they would like, Young Carers replied by saying:

- Professionals to talk to them more about the cared for, they would like to be included in meetings and be told when someone is going to their home to see the cared for.
- They would like help to stop self-harming, they do not want medication they want their caring responsibilities to reduce and to be able to access more help such as personal budgets for the cared for and small break grants for themselves.
- They would like more help and support for their parents from the Mental Health Trust and from Adult Care.
- They would like GPs not to look at them as having a mental health condition but to actually be compassionate and help them to get out of the situation.
- All of them said they would do less caring if they had someone else to help.

- They would like CAMHS professionals to understand their situation, they would like the room to be less clinical and they would like to meet them in a different environment such as Action for Children or in a Children's Centre.

4.6 Lack of Continuity of Support

- Lack of continuity of support comes out in a number of comments, having to explain everything again and build up a new relationship for a new worker. This can happen within a service, and because of transition to a new service, e.g. Action for Children to DCC. "I was very angry when the service changed as I was getting people coming to my house that I didn't know, I am happy with the Action for Children staff as they are aware of my child's needs and my needs. They have a family approach which is brilliant." Another Young Carer was referred to CAMHS. She said this had been ongoing for 2 years but was not helping her. She would prefer to have the support from Action for Children's Support Worker.
- One carer said, "... you can build up a relationship and you can trust your Social Worker when you have the continuity of the same worker ... you don't know when you are going to lose that worker and when someone does go there is a large gap before someone new comes to see you."
- Support received from Think Carer was praised by one carer, "The support I get from Think Carer is very good, the worker (named) is brilliant and very helpful." However, it was criticised by 3 others for being only time limited, "Mental Health Carers need long term support not just for 6 weeks, the early intervention is important but we need someone close by when we reach crisis point. I don't feel comfortable being passed over to another organisation (named) to be assessed again." The length of wait was also an issue for one carer.
- There are a number of very positive comments about the services provided by Action for Children, but dismay and concern over the short-term nature of that support, currently 6 months, as caring responsibilities don't change. (See 'Young Carer' section above).
- One of the main themes identified in the conversations we have had seems to be the disparity between three main services for carers, which are Derbyshire Carers Association, Think Carer and Action for Children. Although Derbyshire Carers Association provide ongoing support to the carer, even when the cared for has passed away, and has the budget to put on many different day trips and groups for carers; Think Carer, the mental health support for carers, can only provide a time limited support package. This can sometimes only be accessed when the carer reaches crisis point, then carers are given 6 months of intensive support. However, following on from this carers have reported being left feeling they need more support but don't know where to turn. Action for Children can also only provide support in most cases for a limited period of 6 months, carers can re-refer back but some are not aware of this process. Action for Children have stated that they would like to support Young Carers throughout their caring roles but their service specification has changed and they have had a budget cut.

4.7 Recognition of Carers Needs

- The Carer Voice Network felt quite strongly that there was an issue with non-emergency patient transport companies (Arriva and NSL Derby) not allowing carers the opportunity to travel with their cared for to and from appointments. On a number of occasions carers have been told they are not allowed. This is particularly problematic if the cared for person lacks capacity or suffers with dementia as the journey with a stranger can be very daunting and sometimes frightening. Carers are being told they must follow on using their own means of transport. For those that don't have transport, they are advised to follow the driver in a taxi. The carers state that this seems an unnecessary exercise, not to mention a costly one. There are also issues regarding carers arriving later than the patient transport and the drivers leaving the patient to their own devices to wait for their appointment.

- There was an issue with Adult Care whereby a relative didn't feel Adult Care had any sense of urgency about arranging a care package for his brother ready for him coming out of hospital. The relative felt that it was just being left up to him to sort out care. When the Social Worker did come out no Carers Assessment was carried out. The carer was signposted on to a number of other agencies, but given no real information about them or the support they could offer.
- Another carer said, "My husband has just been re-assessed for a Personal Budget as he struggles to go out. My needs and expertise as his carer were ignored. I get quite stressed having to deal with everything. I haven't had a Carer's Assessment nor have I been signposted anywhere for support." In a similar circumstance, the carer of a child with learning disabilities said that when her son was re-assessed some support hours were taken away. She said that she didn't receive a Carer's Assessment and will be providing more support now that her son's package has been reduced.
- One carer, caring for her husband who has had a stroke, said that she had no help at all, and there had been no Carers' Assessment done.
- Carers seem to feel generally that Adult Care's Carer's Assessments are just a tick box exercise, and that social care staff just rush through them and put down the information they want to. It was reported by one carer that when the report came back to the carer the information was very different from what was discussed.
- Another carer tried to ring up and get a visit from a Social Worker, but was referred to the Duty Social Worker each time, she does not feel comfortable talking to the Duty Social Worker about her personal problems on the telephone saying, "I have a right to dignity."
- Ten Mental Health Carers felt they can only access support when they reach crisis point. This was backed up by other comments we have received, "The only way that carers or service users can access support or help is when they reach crisis point."
- Carers reported that trying to get hold of Social Workers seems to be a problem, or that sometimes they don't visit when they say they will. Other professionals have had to chase up Social Workers to get them to get in touch with carers, this seems to be an issue for Young Carers in particular.
- One Young Carer said that her Mum was given an appointment at Ripley, but her Mum can't drive and couldn't get to the appointment due to poor mobility. The carer tried to contact the Social Worker for support and advice but couldn't get in touch. The carer has been left feeling that the Social Worker isn't interested in supporting her Mum with her depression.
- A carer for her Mum who is refusing to receive support from Homecare services says that she thinks her Mum needs mental health support and is left to provide the care when her Mum refuses the support. She says that this is affecting her own health.
- On the flip-side one comment taken said, "My wife's Social Worker quickly resolved a last minute re-admission to the Hartington Unit, she got her a bed and liaised with the Community Psychiatric Nurse (CPN). She has been great by advising me on my rights as a carer and she seems concerned about my own health." Another was equally complementary saying that her Social Worker rushed through an assessment for them, the support has been great and appointments came through quickly. They were also signposted well to one-to-one support.

4.8 Carers not being involved in Care and Treatment

- A Young Carer who cares for his Dad who drinks a lot, said he came away from Accident and Emergency (A&E) with his Dad, not knowing how to treat his wound and what medication he should take. Despite attending A&E frequently he has still not been referred to a support service. He says he isn't recognised as a Young Carer.

- A son said he wasn't kept informed of what care and treatment his Mum was having on the ward. The hospital did not discuss the discharge plans with him either. When he went to visit his Mum, she would tell him what had happened that day e.g. she had an x-ray one particular day, but none of the staff told him what was going on. The hospital then went on to discharge his Mum without putting a care package in place, and he was not asked to be involved in the process. He was very distressed by this. He also went on to say his Mum had several admissions into different hospitals over the past year and a care package was never put into place for when she was discharged at any time. He did not know who and where to turn to for help and assistance.
- Five learning disability carers expressed concern that they can't stay with their cared for when they are in an acute setting, or can't arrange for the support worker to be there. These carers have said that people with learning disabilities are not cared for very well in an acute setting because staff haven't got the time to spend with them. It was stated that there should be learning disability liaison nurses that specifically deal with individuals in an acute setting, and admission should trigger their support but in their experience this rarely happens. These same carers also stated that hospitals don't communicate with them very well about treatments and discharges.
- A carer of someone with a head injury said that their cared for had been set an objective during physiotherapy but they had not been involved or told about this. As the one person who cares for them most of the time, they said it felt wrong not to be involved in the setting of the objective.

4.9 Other Issues

- Issue with use of Carers Emergency Card, as carer was rushed into hospital, and too ill to say he had one. Wife subsequently didn't get the care she needed in his absence. Should there be a procedure in place to prevent this from happening?
- Learning Disability Carers are concerned that information provided in Health Checks is not being recorded on the Personal Health Files. This means that the person with Learning Disabilities struggles to retain the information.

5.0 Summary of Findings

- There appears to be a lack of awareness amongst GPs of carers in their practice and a lack of understanding of their needs.
- Carers report a lack of information and signposting. Where they have received information they have found this useful.
- Carers welcome the opportunity to meet other carers and have reported feeling isolated.
- Respite and support is valued, but in some cases it's not meeting needs, there is a gap, or it just isn't being provided.
- There is a lot of concern about cuts in services for Young Carers, and what is available following the 6 months of support offered by Action for Children.
- The lack of continuity of support is causing anxiety and distress amongst carers.
- There are carers that are not being identified, assessed and supported, even with identification, support doesn't necessarily follow.
- Carers' needs aren't taken into account by patient transport companies, or the needs of the cared for to be accompanied by their carer.
- Carers are expressing concern about not being involved in discussion about treatment and care.
- Carers Emergency Card scheme - how does someone know that there is one in place, should someone be too incapacitated to say?

- There appears to be disparity in the level of service that the 3 main carers support services. With Think Carer for mental health carers and Action for Children for Young Carers only being able to provide time limited support, while Derbyshire Carers can provide on-going support.

6.0 Recommendations

- That service providers and commissioners take into account this intelligence alongside their own, discuss their commitment to change and provide a response for Healthwatch Derbyshire to feedback to patients and the public.
- Establish consistency in the support available to carers, from all providers. Short-term support was extensively criticised.
- Address the need for more information and signposting. Consider the need for a one stop shop for information for carers, i.e. one phone number or pack of information covering all services.
- Address the lack of earlier intervention, as many carers feel they have to reach crisis point before support is offered or available.
- Raise awareness of carers needs amongst all professionals, e.g. GPs, teachers, hospital staff.
- Respect and recognise carers so they are involved in the treatment and care decisions made about the people they care for.
- Ensure carers assessments are completed in line with current legislation.

7.0 Responses from Carer Organisation:

We asked a number of carer organisations to read and respond to the report, before we published and circulated it. We wanted to ensure that it accurately reflected the wider views of carers and those that represent them in Derbyshire. These were the responses we received:

thinkcarer

"thinkcarer recognises that Carers are a "critical and crucial asset" who should be supported in ways that best serves their needs.

Once thinkcarer has received a referral from either a professional or a self-referral from the carer or family, the carer is contacted within 5 working days with an appointment. The data that we have in relation to carers accessing the service indicates that we are responding to carers within the specified time frame.

It has been reported to thinkcarer, however, that carers are not always made aware of our service in a timely manner. Professionals who become involved with a carer, need to consider the needs of the carer immediately and refer without delay.

The thinkcarer contract is to deliver a time limited service and operates on a brief intervention model. This links to a clear model of delivery that focuses around recovery and community integration for the carer. We recognise that all carers have different needs and, as such, this is reflected in their individual care plan so, for some carers, 6 sessions as identified within the contract may vary in carers receiving less or more sessions. Where it is identified that a carer needs formal counselling then our role is to ensure that the carer goes onto access this service. We make it clear that carers can also re-refer if their circumstances change."

Carmel Swan, thinkcarer.

Action for Children

"I feel the comments made do reflect what information we get from some of our service users. What isn't mentioned is that we are a 'time limited service' rather than a 6 month service and each young person will be provided with support based on their own and families individual needs.

Unfortunately that will mean for some a 6 month support package with the option of keeping in touch with us through network events and website. They can also be re-referred to the service should their circumstances change. For others this may mean that they continue to receive support for a longer period of around 18 months to 2 years. Each young person will receive support with coping strategies to enable them to cope alone without services in place and workers do try to make sure they are not left totally isolated.

Of course this is different from pre 2012 when often young people received support either until they stopped caring or when they reached 18 years, but this is no longer possible due to the change in service spec.

There is a gap in suitable services to pass on young people to once they reach 18 years.

I do feel there is still some way to go in recognising Young Carers especially where GPs are concerned and some Adult Services, it is also very difficult to get Adult Services to recognise the effect having caring responsibilities at such a young age has on children and young people. Therefore they do not often take this into consideration when assessing an adult for care services."

Karen Martin, Practice Team Leader, Derbyshire Young Carers Service, Action for Children.

Karen Ritchie
Chief Executive.
5th September 2014

Appendix one: Key facts about carers

Carers across the UK

- There are almost seven million carers in the UK – that is one in ten people. This is rising.
- Every year in the UK, over 2.3 million adults become carers and over 2.3 million adults stop being carers. Three in five people will be carers at some point in their lives in the UK.
- Out of the UK's carers, 42% of carers are men and 58% are women.
- The economic value of the contribution made by carers in the UK is £119bn per year.
- Over the next 30 years, the number of carers will increase by 3.4 million (around 60%).
- The number of people over 85 in the UK, the age group most likely to need care, is expected to increase by over 50% to 1.9 million over the next decade.

Young Carers and young adult carers

- 13,000 of the UK's Young Carers care for over 50 hours a week.
- Following a survey in 2010, the BBC estimated that there are 700,000 Young Carers in the UK.
- Young adult carers aged between 16 and 18 years are twice as likely to be not in education, employment, or training (NEET).
- In total there are 290,369 carers in the UK who are aged 16-24.

Older carers

- In England and Wales, just under one million (950,000) people over 65 are carers.
- 65% of older carers (aged 60-94) have long-term health problems or a disability themselves.

Mental health

- Up to 1.5 million people in the UK care for someone with a mental health problem.

Learning disabilities

- 14% of carers (approx. 840,000) care for people with learning disabilities including autistic-spectrum conditions.

Substance misuse

- At the very least, nearly 1.5 million adults in the UK are affected by a relative's drug use.

Employment

- There are 4.27 million carers of working age living in the UK; 2.44 million (57%) of these are women and 1.83 million (43%) are men.
- The employment rate for carers is at 67% (72% of men and 62% of women); over half of those who are not working say that they want to do so.
- £5.3bn has been wiped from the economy in lost earnings due to people who've dropped out of the workforce to take on caring responsibilities.
- One in five carers gives up employment to care.

Finance

- In an online survey of 800 carers conducted by The Princess Royal Trust for Carers in July 2010 53% have borrowed money as a result of their caring role – 61% have borrowed from a friend or relative and 41% have used overdrafts.

Benefits

- Out of carers surveyed, 35% of carers had missed out on state benefits because they didn't realise they could claim them.

Health and wellbeing

- A four year study of 392 carers and 427 non-carers aged 66-92 found that carers who were reporting feelings of strain had a 63% higher likelihood of death in that period than non-carers or carers not reporting strain.

Dementia

- There are currently 700,000 people living in the UK with dementia.
- Two thirds of people with dementia live at home and most are supported by unpaid carers.

These facts can be found at <http://www.carers.org/key-facts-about-carers>