



Survey of Carers in Households 2009/10

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Version: 1.1

Status of Publication: This publication is an official statistic not designated as National Statistics. The UK Statistics Authority is currently assessing this output against the Code of Practice for Official Statistics with a view to the statistics being designated as National Statistics.

Date of Publication: 14th December 2010

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Acknowledgements

The NHS IC wishes to thank all of the carers who gave up their time to take part in this research. We would also like to acknowledge the debt the survey's success owes to the commitment and professionalism of the staff at GfK NOP including the interviewers who worked on the survey.

We are grateful for the invaluable assistance provided by members of project Steering group and thank them for their contributions throughout the course of this research.

Executive Summary

This report contains the results of a detailed survey of carers in households in 2009/10, commissioned by the Department of Health as part of the Government's Carers' Strategy programme¹. The NHS Information Centre for health and social care (NHS IC) undertook responsibility for this survey which was funded by the Department of Health and the Department for Work and Pensions. GfK NOP was commissioned to carry out face-to-face interviews over 11 months of fieldwork in a representative sample of homes in England.

The report contains details on the prevalence of caring in England, the demographic profile of carers, the impact of caring duties upon the carer, details of the services carers receive and a profile of the cared for people. Carers who were under 16 years of age were excluded from the Survey of Carers in Households 2009/10, as were people in communal establishments.

This will be of interest to all who share the vision and responsibility for implementing the Carers' Strategy, including Central and Local Government, the public sector, third sector organisations, families and communities. These groups will be able to align the results of this survey with the Strategy.

Carers were identified via a short screening questionnaire at addresses which were randomly selected from the Postcode Address File (PAF). Carers were defined as those people who identified themselves as having extra responsibilities of looking after someone who has a long-term physical or mental ill health or disability, or problem related to old age. People providing care in a professional capacity were excluded. The main questionnaire, covered in Chapters 3 to 7 of this report, asked a series of detailed questions about the caring role and was concerned only with Carers who also fitted the General Household Survey (GHS)² definition of Carers (which excludes those caring as volunteers for a charity or organisation, those caring for someone in an

¹ Carers' Strategy

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

² GHS http://www.statistics.gov.uk/ssd/surveys/general_household_survey.asp

Carers 2000 module Report:

http://www.statistics.gov.uk/downloads/theme_health/carers2000.pdf

Note that the GHS survey is now known as the General LiFestyle Survey (GLF).

institution, those providing financial support only and those caring for someone with a temporary illness or disability).

Prevalence of caring (see chapter 2)

- Overall, 12 per cent of people aged 16 or over in England in 2009/10 were looking after or giving special help to a sick, disabled or elderly person. This represents around 5 million adults in England. Six per cent of adults in England were caring for someone who was living with them, and 6 per cent were caring for someone living elsewhere only.
- 15 per cent of households in England contained a carer. This represents around 3 million households in England.

Profile of carers (see chapter 3)

- Carers were more likely to be women than men; 60 per cent of carers in England were women.
- Carers were most likely to be aged 45-64 (42%); a quarter (25%) were aged 65 or over.
- Around half (46%) of carers were in paid employment, 27 per cent were retired from paid work and 13 per cent were looking after their home or family
- 92 per cent of carers were white, while 8 per cent were from black and minority ethnic (BME) backgrounds.
- Around two in five carers (37%) were the only support for their main cared for person, while the remainder reported shared caring responsibilities. This means that around 1.7 million adults in England were the sole carer for their main cared for person.
- 48 per cent provided care for 20 or more hours per week. Carers with such heavy commitments had a different profile to those who were caring for fewer hours per week; they were more likely to be aged 65 or over (30% compared with 20%) and less likely to be in full-time employment (17% compared with 35%).
- Overall, 62 per cent of carers felt their own general health was good, while fewer than one in ten (8%) felt their health was bad. In comparison with the Health Survey for England (2008)³ carers were considerably less likely to describe their general health as good (62% compared to 76%), though this reflects, in part, the older age profile of carers.
- 83 per cent of carers were looking after one person only, 14 per cent were looking after two people and 3 per cent looked after three or more people.

³ Source: Health Survey for England Adult Trend tables 2008.

http://www.ic.nhs.uk/webfiles/publications/HSE/HSE08trends/ADULT_TREND_TABLES_2008_to_IC5.xls

- 27 per cent of carers had been looking after their (main) cared for person for at least ten years, including 8 per cent who had been providing support for 20 years or more.
- Carers performed a wide variety of tasks for the person they mainly cared for - they were most likely to provide practical help (such as preparing meals, shopping and doing the laundry) (82%), keep an eye on the person they cared for (76%), keep them company (68%) or take them out (62%).
- 11 per cent of all carers reported receiving Carer's Allowance and 27% received Disability Living Allowance/Attendance Allowance. This rose to 23% of carers who cared for 35 hours or more per week receiving Carer's Allowance and 50% receiving Disability Living Allowance/Attendance Allowance.

The impact of caring upon carers (see chapter 4)

- Overall, 80 per cent of carers defined their quality of life as 'good'. Those who were providing more than 20 hours of support per week or were looking after someone in the same household were less likely to say this was the case (72% and 75% respectively).
- Around half (52%) of carers said their health had been affected because of the care they provide. A wide range of effects were mentioned; a third of carers reported feeling tired (34%), 29 per cent felt stressed, 25 per cent had disturbed sleep and 22 per cent reported being short tempered or irritable.
- Around two in five carers (42%) said their personal relationships, social life or leisure time had been affected because of the assistance they provided. Those who had been affected in this way were asked an unprompted question to establish the effects of caring. The most common effects were having less time for leisure activities (69%), being too tired to go out (32%), being unable to go on holiday (23%) and the effect upon their own health (20%).
- When asked about spending time doing social or leisure activities specifically, 25 per cent of carers said they had less time with friends and 20 per cent had less time for pastimes or hobbies because of their caring responsibilities.
- Six in ten carers (61%) anticipated that the amount of time they spend caring will increase in the next five years, while just 8 per cent felt it would decrease.
- Amongst carers who were of working age, 26 per cent felt their caring responsibilities had affected their ability to take up or stay in employment, although nearly three quarters (74%) did not feel this was the case. Carers

aged 35-54 were most likely to say that caring had affected them in this way (32%).

- Amongst carers who were of working age but not in employment, 27 per cent indicated that they were interested in taking up paid employment; 16 per cent were interested in doing so in the near future and 10 per cent would think about doing so when their caring responsibilities were reduced.
- Flexibility in working hours was the most important thing that would help carers who wanted to work to take up paid employment (68%); in addition 34 per cent said the ability to work from home would help them.
- Awareness of the right to request flexible working from an employer was very low amongst all carers (19%), but higher amongst carers who were in work (27% of carers in full-time employment and 24% of those in part-time employment).

Support and Services for Carers (see chapter 5)

- Only a small number (6%) of carers said they had been offered a carer's assessment and 4 per cent had actually been assessed. Two per cent said they had been offered a review of their own needs and 1 per cent said they had actually had such a review.
- 67 per cent of carers who had been assessed said they had received a service of some kind as a result of the assessment. The most common services were equipment such as mobility aids (26%), services for the person they care for (22%), an assessment of the person they care for (21%) and information about benefits (20%).
- Almost two thirds (66%) of carers reported that they would need someone else to care for their main cared for person if they wanted to take a break for a couple of days. For shorter breaks from caring of a couple of hours, 27 per cent of carers said that someone else would be needed if they wanted to take a break.
- 84% of carers who said that someone else would be needed if they wanted to take a break for a couple of days did have someone they could rely on to look after the person they cared for. However, 16 per cent (or, 11% of all carers) said there was no one they could rely on if they wanted to take a break.
- Those carers who had someone else they could rely upon were most likely to say that another relative would be on hand to look after their main cared for person if they wanted to have a break for a couple of days (91%).
- 58 per cent of carers who would need someone else to look after the person they cared for said they had had a break of 2 days or more,

meaning that a large minority (42%) had not taken such a break since they started looking after their main cared for person.

- Two per cent of all carers reported that their main cared for person had made use of a sitting service in the last year. The same percentage said they had used a befriending service in the same period. Overall, 3 per cent reported using one or both of these services.

Profile of the people being cared for (see chapter 6)

- Overall, 61 per cent of carers were looking after women, while 39 per cent were looking after men. Half (50%) were looking after someone aged 75 or older, while 8 per cent were caring for someone under 16.
- Carers were most likely to be looking after a close family member, such as a parent (33%), a spouse or partner (26%) or a child (13%). Just 9 per cent said their main cared for person was a friend or neighbour.
- The most common reasons why care was required included a physical disability (58%), a long-standing illness (37%) or a sight or hearing loss (20%). In addition, 17 per cent mentioned that their main cared for person had problems connected to ageing.
- The majority (62%) of carers were looking after someone whose condition affected them only physically, 11 per cent said he/she was affected only mentally and 22 per cent said their main cared for person was affected both physically and mentally.
- Overall, around two thirds (66%) of carers said their main cared for person had some kind of regular contact with a health or social care professional; 43 per cent saw a doctor at least once a month, 13 per cent saw a community/district nurse or community matron at least once a month and 13 per cent saw a home help or care worker at least once a month.
- Sixty three per cent of carers said their main cared for person did not go to any of a number of outside places or activities they were prompted with. Around one in five carers (19%) said the person they looked after went to a social club, support group or other club, 10 per cent said they went to school or college, 8 per cent mentioned a day centre and 5 per cent said their main cared for person went to work.
- Only 13 per cent of carers said that their main cared for person regularly made use of a community or voluntary transport scheme.

1. Introduction

Background to the research

A module of questions about unpaid carers was included as part of the General Household Survey (GHS)⁴ at five-yearly intervals between 1985 and 2000. The research focused upon carers themselves and the tasks they performed for the people they provided care for, and it was used to provide national estimates about the extent and nature of caring and the number of carers in Great Britain.

The GHS collected information about:

- The number of carers in Great Britain;
- The prevalence of caring amongst different groups;
- Characteristics of carers and people being cared for;
- The intensity of care provision;
- Carers' use of services;
- The impact of caring upon carers' health.

On 10 June 2008, the then Government launched a new Carers Strategy entitled "Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own".⁵ The strategy set out an aim that by 2018:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;

⁴ GHS http://www.statistics.gov.uk/ssd/surveys/general_household_survey.asp

Carers 2000 module Report:

http://www.statistics.gov.uk/downloads/theme_health/carers2000.pdf

Note that the GHS survey is now known as the General LiFestyle Survey (GLF).

⁵Carers' Strategy

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

- Carers will be able to have a life of their own alongside their caring role;
- Carers will be supported so that they are not forced into financial hardship by their caring role;
- Carers will be supported to stay mentally and physically well and treated with dignity;
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters⁶ outcomes.

The strategy also gave a commitment to carry out a survey of carers which would “contain a number of questions about carers and will be tailored around the strategy – going beyond the usual questions about carers and the health and social services they receive, it will ask questions about employment, income and housing.”

This survey addresses the above commitment and provides a way in which progress towards turning the Carers’ Strategy from vision to reality (both short and long term goals) can be measured. This will be of interest to all who share the vision and responsibility for it (Central and Local Government, the public sector, third sector organisations, families and communities). These groups will be able to align the results of this survey with the Strategy.

We would be interested to hear some feedback from users on how they’ve used the results from the survey and what they thought of the report. So we would be grateful if you could email us at socialcarequeries@ic.nhs.uk.

The NHS Information Centre for health and social care took responsibility for this new survey of carers, funded by the Department of Health and the Department for Work and Pensions. In 2009, GfK NOP Social Research was commissioned to conduct a face-to-face survey of carers in England. Where to find information about carers in Scotland, Wales and Northern Ireland can be found in the section on related publications in **Appendix E**.

Research objectives

The aims of the 2009/10 survey were to update the existing information that is held about care provision. In terms of the specific focus of the research, the survey was required to provide information about:

- The prevalence of caring amongst different groups in England, as measured by a new methodology;
- The profile of carers and people being cared for;

⁶ <http://www.dcsf.gov.uk/everychildmatters/about/aims/aims/>

- Intensity of care provision;
- Carers' use of services;
- The impact of caring upon carers' health, well-being and quality of life.

Summary of Methodology and sampling

The address selection process for the 2009/10 survey was designed to be as similar as possible to the approach used on the General Household Survey. The sampling method for the new survey screened households across England via a stratified clustered two-stage probability design.⁷

The first stage of the sampling design involved selecting 528 postcode sectors as primary sampling units (PSUs) and the second stage involved randomly selecting addresses within the PSUs from the Postcode Address File (PAF). This method was used to ensure that a representative sample of addresses was drawn, using a comparable approach to address selection to that used on the GHS. Separate samples of 48 PSUs were drawn for each of the 11 months of fieldwork, giving 528 Postcode Sectors in total. Fieldwork took place in every month between May 2009 and April 2010, except December 2009.

Interviewing for the survey was conducted by GfK NOP's national field-force working to the requirements of the Interviewer Quality Control Scheme (IQCS); everyone working on the survey received a personal briefing prior to starting work on the project.

Where there were multiple dwellings or multiple households at a sampled address, one was selected at random for inclusion in the survey. At each sampled household where contact was made, interviewers used a short paper screening questionnaire (which can be seen in **Appendix F**) to collect data on all adults aged 16 and over in the household. The questionnaire was used to establish whether anyone in the household looked after or provided special help for anyone (either living with them or living elsewhere) and also to collect a number of demographics for all adults in the household. The demographic questions were asked regardless of caring responsibility in order to enable prevalence estimates for different groups to be calculated.

Where a householder identified another adult member of the household as being a carer or where he/she was not sure about someone else's status, the interviewer was required to confirm eligibility with the individual concerned before conducting the full interview with that person. Those who were eligible and willing to participate in the research were then asked to complete a half-hour questionnaire which was administered using Computer Assisted Personal Interviewing (CAPI). Those who had not been identified by the householder as

⁷ The sample was stratified according to the same indicators that ONS used in 2000 (although for this survey they were based upon the 2001 Census, rather than the 1991 Census). The stratifiers used were Region, the proportion of households with no car, the proportion of households with a household reference person in the highest National Statistics Socio-economic Classification (NS SEC) groups (not Socio-Economic Group as in the GHS) and the proportion of people who were pensioners.

having caring responsibilities were not re-contacted on an individual basis to confirm this was the case, as to do so would have had marked cost implications.

The main carers' questionnaire was based largely upon the GHS modules which were used between 1985 and 2000, although some new material was introduced to reflect current policy context. Prior to the main-stage of fieldwork, GfK NOP tested the questionnaire via a cognitive exercise and a more formal piloting stage. Amendments to the questionnaire were agreed following these exercises.

The main-stage of the research was conducted between May 2009 and April 2010, with separate samples issued for each month of fieldwork, other than in December. In total, 2,401 carers, as identified by the householder, were interviewed for this survey. The CAPI questionnaire included subsequent questions to identify a group of carers which was consistent with the definition used in the GHS (see section below on "Definition of Carers"). In total 2,199 carers were included in this group.

A full description of the methodology can be seen in **Appendix A**.

Response Rates

The unadjusted response rate for the household screening was 72 per cent. After removing ineligible addresses (i.e. derelict, empty, non-residential), the adjusted response rate for screening was 77 per cent. The response rate amongst eligible respondents was 76 per cent. A full breakdown of issued addresses can be found in **Appendix A**.

Differences between the two surveys

Although it was important to replicate the sample selection design of the GHS survey, there were some key differences between the GHS and 2009/10 survey that should be borne in mind. As part of the GHS, all adults aged 16 and over were interviewed in each responding household so in the 2000 GHS survey, all adult members of the household would have been asked whether they themselves looked after or provided special help for anyone either living with them or living elsewhere. For cost reasons this was not possible for the 2009/10 survey, so the decision was made to use the household screening questionnaire to identify eligible respondents.

The effect of this change means that the caring prevalence figures derived from the household screening questionnaire are not strictly comparable with data for previous years. The household screening method employed in this survey produced a more modest prevalence of lower-intensity caring, especially away from the home and this appeared to be the case even when an individual householder was asked directly about his or her own caring responsibilities. This might be a function of screening on the doorstep rather than via a module of questions as part of a wider survey that someone is already taking part in,

although this may not be the sole reason for the notable difference in prevalence rate. To summarise therefore, the prevalence estimates and the number of carers indentified in this survey may be an underestimate. There are other sources of prevalence estimates and these are discussed in appendix C.

In line with standard practice, the methodology of the survey will be reviewed if the survey is repeated in the future.

It should also be remembered that the prevalence figures published herein are for England only, rather than Great Britain.

More details on the differences between the two surveys can be seen in **Appendix B**.

Definition of carers

This report uses two definitions of carers. The first definition is based upon responses to the following questions from the screening questionnaire:

- Q1. Some people have extra responsibilities because they look after someone who has long-term physical or mental ill health or disability, or problems related to old age.

May I check, is there anyone living with you who is sick, disabled or elderly whom you look after or give special help to, other than in a professional capacity (for example, a sick or disabled (or elderly) relative/husband/wife/child/friend/parent, etc)?

- Q2. Is there anyone not living with you who is sick, disabled or elderly whom you look after or give special help to, other than in a professional capacity, (for example, a sick or disabled (or elderly) relative/husband/wife/child/friend/parent, etc)?

As in previous surveys, the questions do not ask if a respondent considers themselves to be a 'carer', but rather asks whether they 'look after or give special help' to someone. This definition deliberately includes a very wide range of carers, from those caring for a few hours a week to those who provide care for 20 or more hours per week. Interviewers were briefed not to define 'caring' for respondents.

These questions produced a group of householder identified carers which was used to measure caring prevalence in England and amongst different groups which is reported in Chapter 2.

The second definition of caring excludes certain types of caring and is taken from responses to the main carers' survey. This 'GHS definition' of caring excludes those caring for someone in their capacity as a volunteer for a charity or organisation, those caring for someone receiving care in an institution, those providing financial support only and those caring for someone with a temporary illness or disability. It is this definition of caring which is used

when analysing responses to the main carers' survey in Chapters 3 to 7. The main reason for respondents not being classed as a GHS definition carer was because the main person they cared for lived in a hospital, residential or nursing home (131 out of 202 cases). In addition, 65 people were excluded because the person they cared for only had a temporary illness and 6 were excluded because they were only caring for 'Clients of voluntary organisations'.

Carers aged under 16 were excluded from the Survey of Carers in Households 2009/10, as were people in communal establishments.

Other definitions used

This report uses the following other definitions.

Working Status:

Full Time Employed: Those carers who were in paid employment and reported working for 35 or more hours per week.

Part Time Employed: Those carers who were in paid employment and reported working for less than 35 hours per week.

Income: Where income is mentioned this refers to gross household income, respondents were asked for their total income from all sources before deductions for income tax or National Insurance. The salary bands used in the report were chosen in order to produce sub-groups large enough for analysis.

Qualification Level: The highest qualification levels shown in Chapter 3 are based upon the National Qualifications Framework (NQF) level of a carer's highest qualification. **Table D1** in **Appendix D** shows which qualifications are included at each level.

Hours Spent Caring: Where the report discusses the hours that carers devote to caring, this refers to the number of hours per week when they carry out tasks for the people they care for and also includes the time when they just need to be with that person.

Main Cared For Person: The CAPI questionnaire collected information about all of the people that carers look after or provide help for. Some of the questionnaire focused solely on the carer's 'main cared for person'. The main cared for person was selected according to the following criteria:

- a. If the carer assisted more than one person, the main cared for person was the person that the respondent spent most time helping.
- b. If the same amount of time was spent assisting two people, the one that lived in the respondent's household was selected.

- c. If the same amount of time was spent assisting two people, both of whom lived in the respondent's household, carers were asked whether they spent more time looking after one of them. The person on whom more time was spent was selected. If the carer was unable to say for which person she/he spent most time caring, the first one listed was selected.
- d. If there was more than one person cared for and they all lived outside the household, the one with the highest number of hours helped was selected.
- e. If the same amount of assistance was given to more than one person, all of whom lived outside the household, the first one listed was selected.

Unprompted Questions: Where the report mentions an 'unprompted question' this refers to a question where respondents were not prompted with a show card. On these questions interviewers coded responses to a pre-coded list of responses on the CAPI script.

Reporting conventions

Throughout this report the following reporting conventions have been used:

- All reported differences are statistically significant at the 95% level except when comparing different surveys (Appendices B and C);
- All findings in the report are based upon weighted data;
- Figures in charts and tables may not sum to 100% due to rounding;
- Where base sizes are shown for charts and tables, these are the unweighted figures (unless otherwise stated) and have been rounded to the nearest 100;
- Comparisons which have been made using base sizes of less than 100 (but more than 50) have been clearly marked and should be interpreted with caution;
- Findings of less than 0.5% but more than zero are shown as a dash (-) in tables.

Status of publication

This publication was published on 14 December 2010 as an official statistic not designated as National Statistics. The UK Statistics Authority⁸ is currently assessing this output against the Code of Practice for Official Statistics with a view to the statistics being designated as National Statistics.

Availability of unpublished data

A copy of Carers Survey 2010 data will be deposited with the Data Archive at the University of Essex⁹. Copies of anonymised data files can be made available for specific research projects through the archive (see footnote).

⁸ <http://www.statisticsauthority.gov.uk/>

⁹ <http://www.data-archive.ac.uk/home>

2. Prevalence of caring

This section of the report looks at the prevalence of caring in England and the demographic characteristics of carers. The findings in this section of the report are based upon data collected via a short householder interview. The key questions in this questionnaire were used to establish whether anyone in the sampled household looked after or gave special help to anyone either living with them or living elsewhere.

These questions provide a group of carers aged 16 or over as identified by the householder (individuals who then declared themselves not to have caring responsibilities were omitted from the set of carers). In the main interview with carers, subsequent questions were asked to refine this set of carers to be consistent with the definition used in the General Household Survey¹⁰. These questions were not included in the short household questionnaire, so the findings in this chapter are based upon the householder-defined group of carers and are therefore not strictly comparable with GHS data used in previous surveys of carers.

Overall prevalence of caring in England

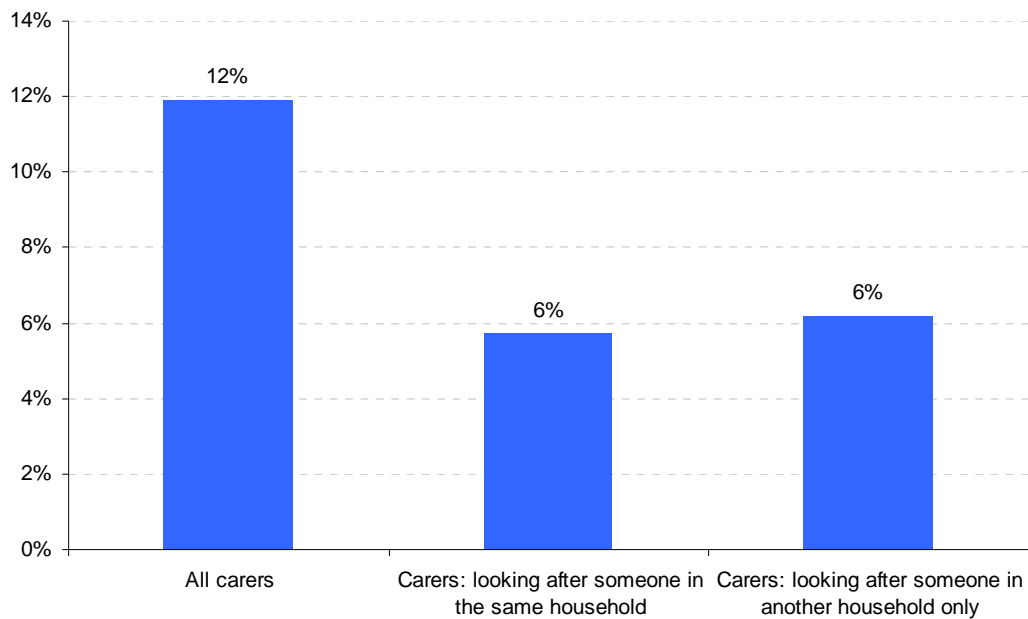
Overall, 12 per cent of people aged 16 or over in England were looking after or giving special help to a sick, disabled or elderly person. This represents around 5 million adults in England¹¹. Carers might provide care for someone living in their own home and/or living elsewhere; it was found that 6 per cent of adults were caring for someone who was living with them, while 6 per cent were caring for someone living elsewhere only. See **Figure 2.1**.

¹⁰ In the GHS 2000 survey, certain types of caring were excluded: those caring for a client of a voluntary organisation; those caring for someone who usually lived in a hospital, residential or nursing home; those providing financial support only; and those who were only caring for someone with a temporary illness.

¹¹ Based on ONS 2009 Mid-Year Population Estimates 2009: England; Estimated resident population by single year of age and sex.

<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106>

Figure 2.1: Percentage of carers in England¹



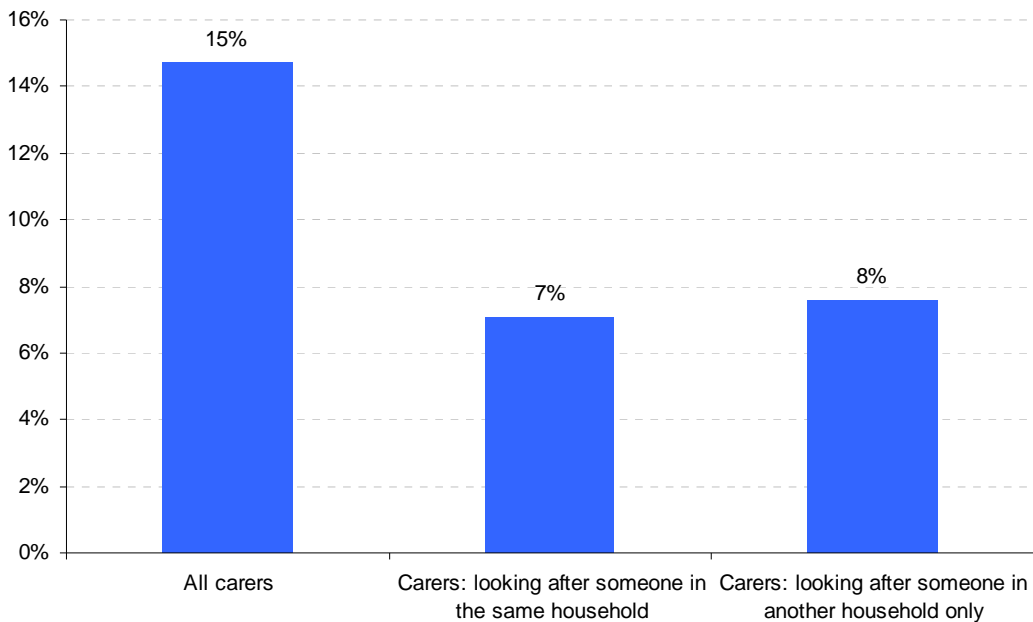
Base: All individual adults in screened households (25,000)

1. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

Figure 2.2 shows the percentage of households in England containing a carer. One in seven households in England (15%) contained a carer. This represents around 3 million households in England¹². Seven per cent of households contained someone who cared for someone else in the same household, while 8 per cent contained a carer who was looking after or giving special help to someone in another household only.

¹² The number of households in England was derived by dividing the latest ONS mid year population estimates for England by average household size according to the 2008 Labour Force Survey.

Figure 2.2: Percentage of households containing carers in England¹



Base: All households where a screening questionnaire was completed (14,100)

1. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

Overall prevalence of caring amongst demographic groups

The short householder questionnaire contained a small number of demographic questions in order to provide prevalence figures for different groups. Findings from this questionnaire suggest that certain groups are more likely than others to provide care. These differences are discussed below.

Women were significantly more likely than men to be carers overall (14% compared with 10%). Six per cent of women and five per cent of men provided care for someone living in the same household. Women were also more likely than men to provide care for someone living elsewhere (8% compared with 5%).

As might be expected, caring was least common amongst younger age groups and most common amongst those aged 45-74. Only 6 per cent of 16-24 year olds and 7 per cent of 25-34 year olds provided care for someone; in comparison 18 per cent of 55-64 year olds and 16 per cent of 45-54 and 65-74 year olds provided care. People aged 65-74 and 75 or over were most likely to provide care for someone in the same household (9% and 10% respectively, compared with 3% for groups under 35). Adults aged between 45-54 and adults aged between 55-64 were most likely to care for someone in another household only (9% and 12% respectively). See **Table 2.1**.

Table 2.1: Percentage of adults in England who were carers, by gender and age

Percentages¹ and rounded numbers

	Gender		Age ²							All carers
	Male	Female	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Caring for someone in the same household ³	5	6	3	3	5	6	6	9	10	6
Caring for someone in another household only	5	8	3	4	5	9	12	7	4	6
Any care provided	10	14	6	7	10	16	18	16	13	12
Base: All	12,000	13,000	3,100	3,900	4,700	4,200	3,600	2,600	2,400	25,000

1. The combined total for 'Caring for someone in the same household' and 'Caring for someone in another household only' may not sum to the 'Any care provided' total due to rounding.

2. Around 500 people were coded as 'Don't know' for the age question and were therefore omitted from this breakdown.

3. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

Analysis of the data by marital status suggests that people who were either married or divorced were most likely to be carers (15% and 14% respectively). Those who were either single or widowed were less likely to be providing care (8% and 7% respectively). This corresponds to the age profile of single people; seven in ten (71%) of this group were aged 16-34 which is the age group least likely to provide care. See **Tables 2.1 and 2.2**.

Table 2.2: Percentage of adults in England who were carers, by marital status

Percentages¹ and rounded numbers

	Marital status						All carers
	Married	Cohabiting	Single	Divorced	Widowed	Separated	
Caring for someone in the same household ²	7	5	4	5	2	5	6
Caring for someone in another household only	7	5	4	9	6	8	6
Any care provided	15	11	8	14	7	12	12
Base: All	12,800	2,900	5,400	1,200	1,800	500	25,000

1. The combined total for 'Caring for someone in the same household' and 'Caring for someone in another household only' may not sum to the 'Any care provided' total due to rounding.

2. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

As might be expected, there were clear differences in terms of working status and caring prevalence. Around one in five (22%) of those who were looking after home or family reported they were carers compared with only one in ten people (10%) who were working. Provision of care was also higher than average amongst retired people (16%). See **Table 2.3**.

Table 2.3: Percentage of adults in England who were carers, by working status

Percentages¹ and rounded numbers

	Working status					All carers
	Working	In education	Looking for work	Retired	Looking after home or family	
Caring for someone in the same household ²	4	4	5	9	14	6
Caring for someone in another household only	6	2	6	6	8	6
Any care provided	10	6	11	16	22	12
Base: All	13,400	1,600	800	6,100	1,600	25,000

1. The combined total for 'Caring for someone in the same household' and 'Caring for someone in another household only' may not sum to the 'Any care provided' total due to rounding.

2. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

In terms of ethnicity, White respondents were more likely than those from Black and Minority Ethnic (BME) groups to look after or give special help to someone (12% compared with 10%). Although there was no notable difference between the percentages in each group providing care for someone in the same household, White respondents were significantly more likely than BME respondents to provide care for someone living in another household (7% compared with 4%).

Due to the large sample size for the household questionnaire, it is possible to break the BME group down and this shows that Asian respondents (14%) were broadly in line with White respondents (12%) in terms of caring prevalence. However, both groups were considerably more likely than Black respondents to care for someone (7%). **Table 2.4** shows the percentage of adults in England who were carers by ethnicity. Some of the differences observed can be accounted for by the difference in age profiles between ethnic groups.

Table 2.4: Percentage of adults in England who were carers, by ethnicity

Percentages¹ and rounded numbers

	Ethnicity						All carers
	White	All BME categories ²	Black and Minority Ethnic Groups All Asian ethnic categories	All Black ethnic categories	Other	Don't know/not stated	
Caring for someone in the same household ³	6	6	9	4	3	3	6
Caring for someone in another household only	7	4	5	3	2	5	6
Any care provided	12	10	14	7	5	7	12
Base: All	22,600	2,100	1,300	500	400	300	25,000

1. The combined total for 'Caring for someone in the same household' and 'Caring for someone in another household only' may not sum to the 'Any care provided' total due to rounding.

2. The 'BME' group includes respondents who are in the 'All Asian', 'All Black' and 'Other' categories.

3. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

Around one in five adults with a long-term limiting condition were carers (18%). This was higher than amongst respondents with no such condition (11%). Those adults with a long-term limiting condition were more likely than their counterparts to provide care in the same household (11% compared with 5% of those with no such condition) and, to a lesser extent, for someone in another household only (8% compared with 6%). **Table 2.5** shows the percentage of adults in England who were carers by long-term limiting condition. Some of these differences may be explained by the likelihood of those with a long term limiting condition to be older and therefore more likely to be looking after a spouse or partner in their own home.

Table 2.5: Percentage of adults in England who were carers, by long-term limiting condition

	<i>Percentages¹ and rounded numbers</i>		All carers
	Long-term limiting condition Yes	No	
Caring for someone in the same household ²	11	5	6
Caring for someone in another household only	8	6	6
Any care provided	18	11	12
Base: All carers	3,400	21,400	25,000

1. The combined total for 'Caring for someone in the same household' and 'Caring for someone in another household only' may not sum to the 'Any care provided' total due to rounding.

2. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

Adults who were living in the East Midlands were more likely than those living in other regions to be carers (16% compared with 12% on average). The percentage of carers living in the West Midlands (14%), North West (13%) and Yorkshire and the Humber (13%) were also above average. In comparison, the North East (8%), London (10%) and the South West (10%) contained the lowest percentage of people caring for someone else. See **Table 2.6**.

Adults in the East Midlands and West Midlands were most likely to provide care for someone in the same household (both 7%), in comparison 4 per cent of adults in the North East provided care for someone in the same household. Adults in the East Midlands and the North West were most likely to provide care for someone living in another household (9% and 8% respectively), while those in London and the North East were least likely (both 4%).

Table 2.6: Percentage of adults in England who were carers, by Government Office Region

Percentages¹ and rounded numbers

	Government Office Region									All carers
	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire and the Humber	
Caring for someone in the same household ²	7	6	6	4	6	5	5	7	6	6
Caring for someone in another household only	9	6	4	4	8	6	5	7	7	6
Any care provided	16	12	10	8	13	11	10	14	13	12
Base: All	2,200	2,800	3,300	1,200	3,200	4,100	2,700	2,700	2,700	25,000

1. The combined total for 'Caring for someone in the same household' and 'Caring for someone in another household only' may not sum to the 'Any care provided' total due to rounding.

2. The 'looking after someone in the same household' group includes people who were caring for someone in the same household and someone in another household.

Comparisons with Carers 2000

Prevalence data from the 2009/10 survey are not strictly comparable with Carers data that were collected in 2000 as part of the General Household Survey (GHS) as the household screening method produces a more modest prevalence of lower-intensity caring, especially away from the home, and a lower overall number of carers than in 2000 (see **Appendices B** and **C** for more detail). However, many of the differences highlighted in this chapter were also apparent in that survey. For example, in the 2000 survey, women were more likely than men to be carers; White respondents were more likely than BME respondents to be carers; and people aged 45-64 were most likely to provide care.

3. Profile of carers

This chapter looks at the key demographic profile of carers in England and at the intensity of the care provided including:

- The number of people cared for.
- How long is spent providing care per week.
- How long people have provided care for.
- Why carers started caring
- The tasks carers carry out.

As explained in the Introduction (chapter 1), the analysis from chapter 3 onwards is based on carers who fit the definition of Carers used in the GHS, and is therefore based on a smaller sample size than in the preceding chapter on the Prevalence of Caring.

In summary, the profile of carers indicates that:

- 60 per cent of carers were women.
- 25 per cent were aged 65 or over, 21 per cent of carers were aged 55-64 and a further 21 per cent were aged 45-54.
- 71 per cent were married or cohabiting.
- 26 per cent were in full-time employment, 20 per cent were in part-time employment.
- 92 per cent described their ethnicity as White.
- 48 per cent provided care for 20 or more hours per week.

These and other characteristics are examined in more detail below, but first it is worth noting that this profile is broadly in line with that of English carers as recorded in 2000¹³, although the data are not strictly comparable due to methodological differences. In that survey, 58 per cent of carers were women, 16% of carers were aged 65 or over and 46 per cent were aged 45-64, 74 per cent were married or cohabiting, 53 per cent were employed and 96 per cent were White. The change in terms of ethnicity reflects the greater diversity of the English population over the last decade.

The most notable difference between the two surveys is that the 2009/10 survey methodology is less likely to pick up lower intensity caring (i.e. those who provide care for less than 20 hours per week). Around a quarter (26%) of carers in the 2000 survey provided care for 20 hours or more per week, only just over half of the figure in 2010. As noted earlier, this methodological difference means that the two surveys are not strictly comparable.

¹³ GHS http://www.statistics.gov.uk/ssd/surveys/general_household_survey.asp

Carers 2000 module Report: http://www.statistics.gov.uk/downloads/theme_health/carers2000.pdf

Note that the GHS survey is now known as the General LiFestyle Survey (GLF).

Further comparisons are shown in **Appendix B** but they should be treated with caution due to the methodological differences (which are also described in more detail).

Table 3.1 shows profiles for:

- All carers;
- Those who supported someone in the same household;
- Those who cared for a person living elsewhere only;
- People who provided care for 20 hours or more per week;
- People who provided care for less than 20 hours per week.

The table shows that within the group of Carers who were supporting someone in the same household:

- 56 per cent were women;
- A third (32%) were aged 65 and over, while 17 per cent were aged 45-54 and 15 per cent were aged 55-64;
- 73 per cent were married or cohabiting;
- 34 per cent were retired;
- Just under nine in ten were White (89%);
- 63 per cent of those who provided an annual income said it was below £20,800.

For carers looking after someone living elsewhere the table shows that:

- Women were far more likely than men to provide care in this way (65% compared with 35%);
- 26 per cent were aged 45-54 and 27 per cent were aged 55-64, while just 16 per cent were aged 65 or over;
- 68 per cent were married or cohabiting;
- 32 per cent were working full-time;
- 95 per cent were white;
- A smaller percentage (40%) lived in households with an income below £20,800; 60 per cent of those who provided an annual income said it was at least £20,800.

For carers who were providing less than 20 hours of support per week:

- 58 per cent were women, 42 per cent were men;
- 24 per cent were aged 45-54 and 23 per cent were aged 55-64 and 20 per cent were 65 or over;
- 71 per cent were married or cohabiting;
- 35 per cent were in full-time employment;

- 93 per cent described their ethnicity as White;
- 61 per cent of those who provided an annual income said it was at least £20,800.

The table also shows that within the high intensity group of carers (those who care for 20 or more hours per week):

- Women were more likely than men to provide this intensity of care (62% compared with 38%);
- 19 per cent were aged 45-54 and 18 per cent were aged 55-64 and 30 per cent were aged 65 or over;
- 71 per cent were married or cohabiting;
- A third (32%) were retired, while only 17 per cent were in full-time employment
- 90 per cent were White;
- 64 per cent of those who provided an annual income said it was below £20,800.

Table 3.1: Carers profile by key demographics

Percentages¹ and rounded numbers

	Where care provided		Amount of time spent caring per week		All carers
	In same household	In another household only	Under 20 hours	20 hours or more	
<i>Gender</i>					
Male	44	35	42	38	40
Female	56	65	58	62	60
<i>Age</i>					
16-34	20	16	18	18	18
35-44	16	15	15	15	15
45-54	17	26	24	19	21
55-64	15	27	23	18	21
65+	32	16	20	30	25
<i>Marital status</i>					
Married/cohabiting	73	68	71	71	71
Single	19	16	16	18	17
Widowed/divorced/separated	8	16	13	11	12
<i>Working status</i>					
Working full-time	21	32	35	17	26
Working part-time	15	26	22	18	20
Retired	34	21	23	32	27
Looking after home or family	18	9	8	19	13
<i>Ethnicity</i>					
White	89	95	93	90	92
BME ²	11	5	7	10	8
Base: All	1,100	1,100	1,100	1,100	2,200
<i>Household income³</i>					
Less than £10,400	20	18	16	22	19
£10,400-£15,600	25	12	13	24	18
£15,600-£20,800	18	10	10	18	14
£20,800-£33,800	19	23	23	19	21
£33,800-£60,000	13	26	25	13	19
£60,000+	5	11	12	4	8
Base: All heads of household (either Carers or their spouse/partner) who received some form of household income	700	700	700	700	1,500

1. Percentages may not add to 100 due to rounding

2. BME refers to carers who were from a black or minority ethnic background and includes those who reported their ethnicity as Mixed, Asian, Black or other.

3. The base size for Household income does not include those who did not know their household income or preferred not to provide it. These breakdowns were chosen in order to have a reasonable number of people in each group for further analysis.

Table 3.2 shows the profile of carers by region. The only notable difference is that 15 per cent of carers who care for someone in the same household live in London, while amongst those who provide care for someone in another household just 10 per cent live in the capital. The regional distribution of high intensity carers was similar to that for all carers. There were no discernible differences by amount of time spent caring per week.

Table 3.2: Percentage of carers by Government Office Region, by where care provided and amount of time spent caring per week

Percentages¹ and rounded numbers

	Where care provided		Amount of time spent caring per week		All carers
	In same household	In another household only	Under 20 hours	20 hours or more	
<i>Region</i>					
East Midlands	11	13	11	12	12
East of England	11	11	11	11	11
London	15	10	12	12	12
North East	4	3	3	4	3
North West	14	16	15	14	15
South East	15	15	16	14	15
South West	9	9	9	8	9
West Midlands	11	13	12	12	12
Yorkshire & the Humber	11	11	10	12	11
Base: All carers	1,100	1,100	1,100	1,100	2,200

1. Percentages may not add to 100 due to rounding.

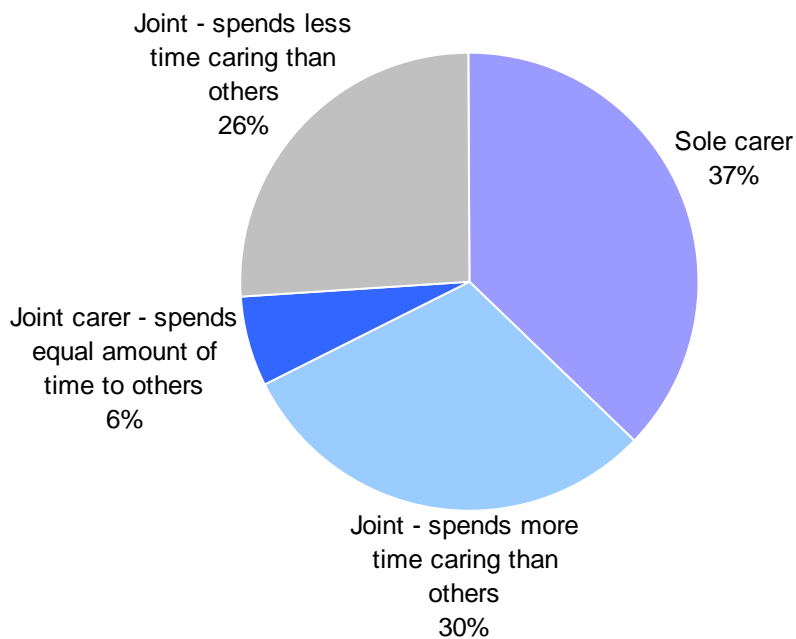
Carers were asked whether anyone else (apart from professionals such as nurses or care workers) looked after the cared for person. If someone else did look after the cared for person they were asked whether the other people spend more time providing help than they do themselves.

As **Figure 3.1** shows, 37 per cent of carers were the only support for their main cared for person, while 63 per cent of carers reported shared caring responsibilities. This means that around 1.7 million adults in England were the sole carer for their main cared for person.

Of those joint carers, 48 per cent (or 30% of all carers) said they personally spent the most time caring for their main cared for person, 42 per cent (or 26% of all carers) said that others did so and 9 per cent (or 6% of all carers) said they spent an equal amount of time caring.

Figure 3.1 shows the findings from these questions based on all carers in the main survey.

Figure 3.1: Percentage of sole and joint carers for main cared for person in England



Base: All carers (2,200)

Carers aged 65 or older were most likely to be the sole carer for their main cared for person (54% compared with 37% on average). Carers in the 16 to 34 age group were the group most likely to say they spend less time than others providing help and support (39% compared with 26% on average). See **Table 3.3**.

Table 3.3: Percentage of sole and joint carers for main cared for person, by age

	Percentages ¹ and rounded numbers					All Carers
	Age					
	16-34	35-44	45-54	55-64	65+	
Sole carer	28	36	29	33	54	37
Joint carer who spends more time caring than others	27	28	33	36	26	30
Joint carer who spends an equal amount of time caring	5	9	6	8	5	6
Joint carer who spends less time caring than others	39	27	31	22	15	26
Base: All carers	300	300	500	500	600	2,200

1. Columns may not add to 100% due to rounding.

Table 3.4 shows these questions broken down by whether the carer provided care for someone in the same household and by the amount of time they spent caring per week. Carers who provided care for someone in the same household were much more likely than those who looked after someone in another household only to say they were the sole carer for their main cared for person (52% compared with 21%). Conversely, those who provided care for a main cared for person living at another address were more likely to say that they were a joint carer who spent less time undertaking caring activities than the other person/people providing care (41% compared with 12% of carers who looked after someone in the same household).

Nearly a half (49%) of carers who provided support for 20 hours or more per week said they were the sole carer for their main cared for person, while just over a quarter (26%) of those who were caring for fewer hours said this was the case. Those who were caring for less than 20 hours per week were more likely than those providing greater intensity of care to say that they spent less time caring for their main cared for person than other people did (40% compared with 12%).

Table 3.4: Percentage of sole and joint carers for main cared for person, by where care provided and amount of time spent caring per week

Percentages¹ and rounded numbers

	Where care provided		Amount of time caring per week		All carers
	In same household	In another household only	Under 20 hours	20 hours or more	
Sole carer	52	21	26	49	37
Joint carer who spends more time caring than others	31	29	26	35	30
Joint carer who spends an equal amount of time caring	4	9	8	3	6
Joint carer who spends less time caring than others	12	41	40	12	26
Base: All carers	1,100	1,100	1,100	1,100	2,200

1. Columns may not add to 100% due to rounding.

Table 3.5 shows the profile of carers by self-defined health. The table shows that 62 per cent of all carers felt that their general health was good, while fewer than one in ten (8%) felt their health was bad. The remaining 30 per cent described their health as fair. These self-reported results are considerably lower than the average for all adults as recorded on the Health Survey for England (2008)¹⁴ where 76 per cent described their health as good; this difference reflects the older age profile of carers.

¹⁴ Source: Health Survey for England Adult Trend tables 2008.

http://www.ic.nhs.uk/webfiles/publications/HSE/HSE08trends/ADULT_TREND_TABLES_2008_to_IC5.xls

The table shows that amongst carers who were caring for someone in the same household, the percentage describing their general health as good was considerably lower (54%). Similarly, only half (52%) of carers who provided 20 hours or more care per week felt their general health was good. Conversely, those who were caring for someone in another household or for less than 20 hours per week were more likely than average to report their general health as good (69% and 71% respectively). As noted earlier, the latter group were, on average, younger than those providing care in the same household.

Table 3.5: Health of carers by where care provided and amount of time spent caring per week

Percentages¹ and rounded numbers

	Where care provided		Amount of time spent caring per week		All carers
	In same household	In another household only	Under 20 hours	20 hours or more	
<i>Health</i>					
Very good	19	29	30	17	24
Fairly good	35	41	41	35	38
Fair	35	25	25	36	30
Fairly bad	8	5	4	10	7
Very bad	2	1	-	2	1
All good	54	69	71	52	62
All bad	10	6	4	12	8
Base: All carers	1,100	1,100	1,100	1,100	2,200

1. Percentages may not add to 100 due to rounding.

Table 3.6 shows the profile of carers by highest level of educational qualification. The table shows that carers had a wide variety of qualifications, from the 26 per cent who had a qualification at Level 4 or above, to the 29 per cent who had no formal qualifications at all.

The table shows that carers who were looking after someone in another household only were more likely than those caring for someone in the same household to have a qualification at Level 4 or above (32% compared with 20%). Those who were caring for someone in the same household were far more likely to say they had no qualifications (36% compared with 22% of those providing support for someone in another household).

The table also shows that 32 per cent of carers providing less than 20 hours of care per week had a qualification at Level 4 or above, while 18 per cent of high intensity carers said this was the case. Thirty six per cent of those caring for 20 hours or more per week had no qualifications compared with 23 per cent of those who were providing fewer hours of support.

Table 3.6: Highest level of qualification of carers by where care provided and amount of time spent caring per week

	Where care provided		Amount of time spent caring per week		All carers
	In same household	In another household only	Percentages ¹ and rounded numbers		
			Under 20 hours	20 hours or more	
<i>Qualification²</i>					
Level 4 and above	20	32	32	18	26
Level 3	15	16	16	14	15
Level 2	22	26	23	24	24
Level 1	7	4	4	7	6
No qualifications	36	22	23	36	29
Base: All	1,100	1,100	1,100	1,100	2,200

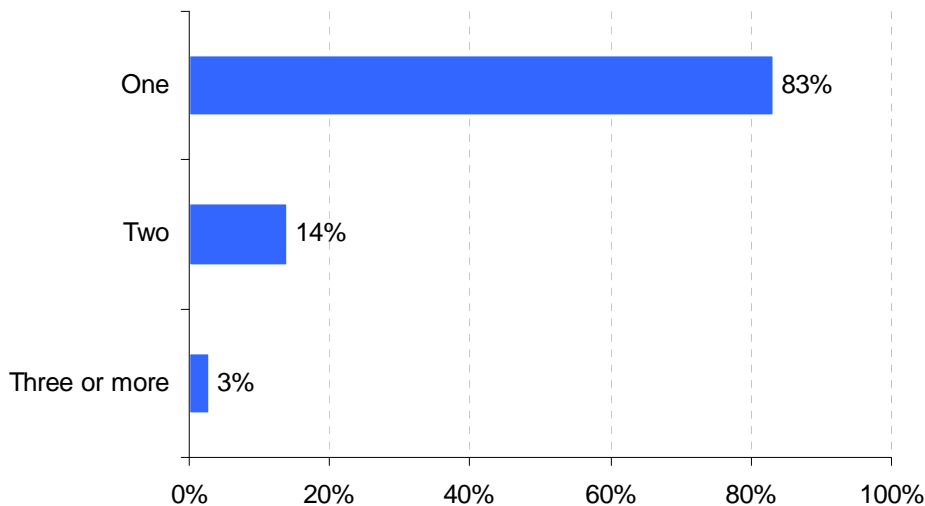
1. Percentages may not add to 100 due to rounding.

2. Level 4 and above includes qualifications such as NVQ Levels 5 and 4 and degree level qualifications. Level 3 includes qualifications such as NVQ Level 3 and A Levels. Level 2 includes qualifications such as NVQ Level 2 and GCSEs at grades A-C. Level 1 includes qualifications such as NVQ Level 1 and GCSEs at grades D-G. A table showing detailed qualification levels can be found in **Appendix D**.

The nature of the care provided by carers

Carers were asked how many sick, disabled or elderly people they looked after. The majority (83%) looked after one person only, while 14 per cent looked after two people and 3 per cent looked after three or more people. See **Figure 3.2**.

Figure 3.2: Total number of people helped



Base: All carers (2,200)

Table 3.7 suggests that women were more likely than men to care for more than one person (19% compared with 15%). Twenty one per cent of carers aged 45-64 cared for more than one person; higher than amongst 16-34 year olds (15%) and those aged 65 or over (12%).

Table 3.7: Total number of people helped, by gender and age of carer

	Gender of carer		Age of carer					All carers
	Male	Female	Percentages ¹ and rounded numbers					
			16-34	35-44	45-54	55-64	65+	
<i>Number cared for</i>								
One	85	82	85	83	79	80	88	83
Two	12	16	12	14	18	17	9	14
Three or more	3	3	2	3	3	3	3	3
Base: All	800	1,400	300	300	500	500	600	2,200

1. Percentages may not add to 100 due to rounding.

Table 3.8 shows that approximately one in five carers who were looking after home or family (21%) or working full-time (19%) were also looking after more than one person, compared to 13 per cent of retired carers. Those who provided 20 or more hours care per week were more likely than those providing less intensive care to support more than one person (19% compared with 15%).

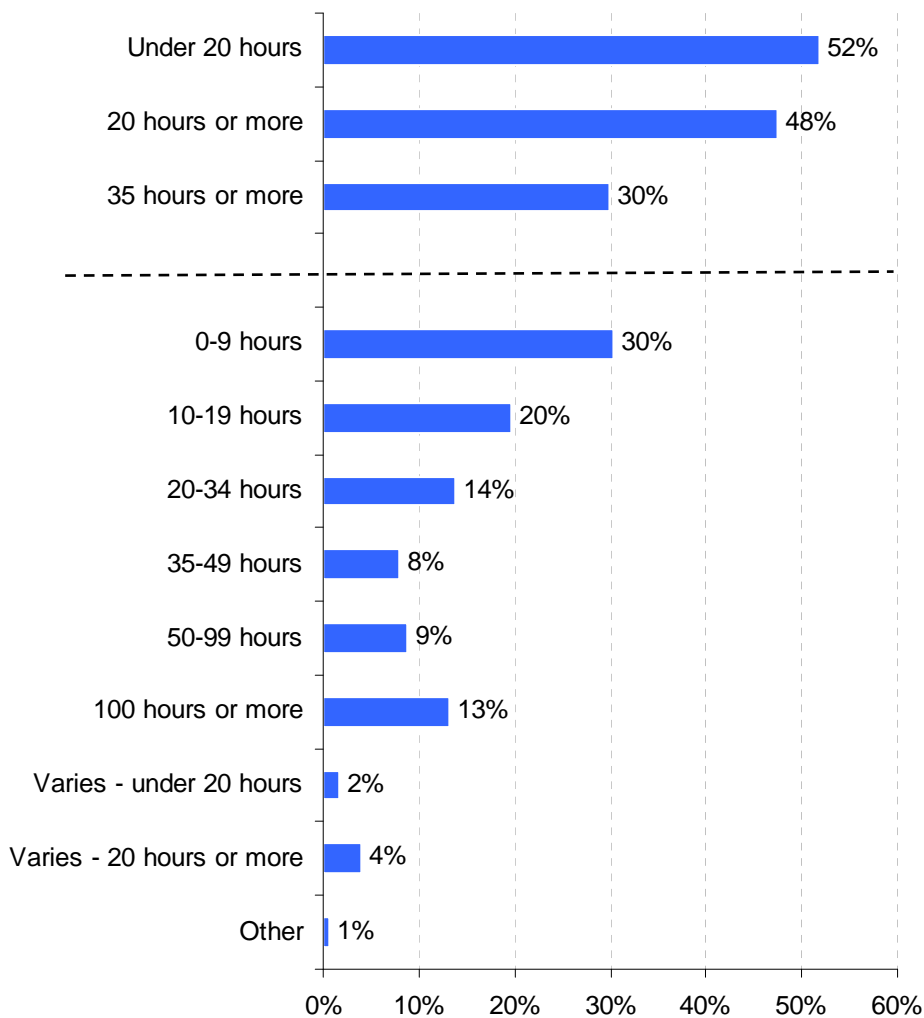
Table 3.8: Total number of people helped, by working status and amount of time spent caring per week

	Working status				Percentages ¹ and rounded numbers		All carers
	Working full-time	Working part-time	Retired	Looking after family	Amount of time caring per week		
					Under 20 hours	20 hours or more	
<i>Number cared for</i>							
One	81	84	87	79	85	81	83
Two	16	14	10	17	12	17	14
Three or more	3	2	3	4	3	3	3
Base: All	500	400	700	300	1,100	1,100	2,200

1. Percentages may not add to 100 due to rounding.

Carers were asked to say how long they spend assisting the people they look after or help. As **Figure 3.3** shows, the sample was split fairly evenly between those who provided less than 20 hours care per week (52%) and those who provided at least 20 hours (48%). However, aggregating these two groups obscures the full range of carers' experiences from those who cared for 0-9 hours per week (30%) to those who cared for 100 hours or more (13%).

Figure 3.3: Total hours spent looking after or helping all cared for people¹



Base: All carers (2,200)

¹ Figures in the chart do not sum to 100% due to rounding.

There were differences in the amount of time spent caring; these were particularly noticeable when carers were grouped by working status, by where care was provided and by self-defined health. These differences are shown in **tables 3.9**.

Unsurprisingly, those who were working full-time were most likely to provide care for less than 20 hours per week (69% compared with 56% of part-time workers, 43% of retirees and 32% of those looking after home or family). Seventy per cent of those who provided care for someone in the same household did so for at least 20 hours per week, in comparison with 23 per cent of those who were looking after someone elsewhere. Carers who described their own health as “bad” were far more likely than those who described their health as either fair or good to provide 20 hours or more help per week (71% compared with 57% and 40%).

Table 3.9: Total hours spent looking after or helping all cared for people, by working status, where care provided and carers’ health

Percentages¹ and rounded numbers

Base: All	Under 20 hours per week	20 hours or more per week	35 hours or more per week ²	Base
<i>Working status</i>				
Working full-time	69	31	14	500
Working part-time	56	43	25	400
Retired	43	56	39	700
Looking after home or family	32	67	50	300
<i>Where care provided</i>				
In same household	29	70	51	1,100
In another household only	76	23	7	1,100
<i>Health</i>				
Good	60	40	24	1,300
Fair	42	57	37	700
Bad	28	71	47	200
All carers	52	48	30	2,200

1. Table uses row, not column, percentages. ‘Under 20 hours’ and ‘20 hours or more per week’ may not sum to 100% due to rounding.

2. The ‘35 hours or more per week’ group is included in the ‘20 hours or more per week’ group.

Table 3.10 shows the findings for this question broken down by other key variables. The table shows that carers aged 65 and over were much more likely to provide care for over 20 hours or more each week (57%) compared with less than half for all other age groups. Carers from BME backgrounds were also more likely than White carers to provide support for at least 20 hours a week (56% compared with 47%). Those caring for more than one person were, unsurprisingly, more likely to be doing so for at least 20 hours in a week (55% compared with 46% for carers of one person).

These groups were, as the table shows, also more likely than their counterparts to provide care for 35 hours or more per week.

Table 3.10: Total hours spent looking after or helping all cared for people by gender, age, marital status, ethnicity, and number of people cared for
Percentages¹ and rounded numbers

Base: All	Under 20 hours per week	20 hours or more per week	35 hours or more per week ²	Base
<i>Gender</i>				
Male	55	45	29	800
Female	50	49	30	1,400
<i>Age</i>				
16-34	52	48	27	300
35-44	52	48	34	300
45-54	58	42	22	500
55-64	57	42	25	500
65+	42	57	40	600
<i>Marital status</i>				
Married/cohabiting	52	48	31	1,600
Single	49	50	31	300
Widowed/divorced/ separated	56	44	22	300
<i>Ethnicity³</i>				
White	53	47	29	2,000
BME	43	56	34	200
<i>Number cared for</i>				
One	53	46	29	1,800
Two or more	45	55	34	400
All Carers	52	48	30	2,200

1. Table uses row, not column, percentages. 'Under 20 hours' and '20 hours or more per week' may not sum to 100% due to rounding.

2. The '35 hours or more per week' group is included in the '20 hours or more per week' group.

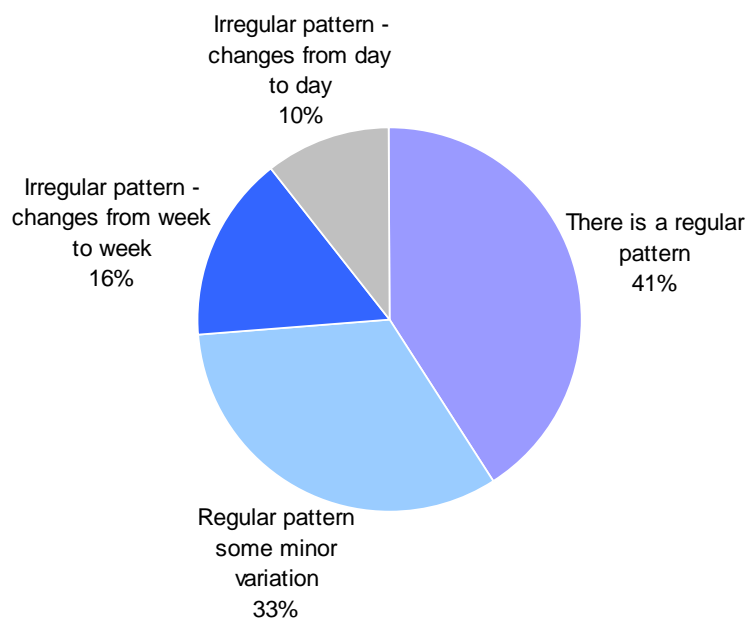
3. BME refers to carers who were from a black or minority ethnic background and includes those who reported their ethnicity as mixed, Asian, Black or other.

The nature of care provision

In addition to asking about the intensity of care provision and the sorts of tasks that were performed, carers were also asked about the nature of the care they provided in terms of whether it was via a regular or irregular pattern. As **Figure 3.4** shows, around three quarters defined the type of care they provided as 'regular' with 41 per cent saying there was such a pattern and 33 per cent saying there was a regular process with some minor variation.

Approximately a quarter of carers said that the care they provided was irregular, with 16 per cent reporting a pattern that changed from week to week and 10 per cent reporting an irregular pattern that changed from day to day.

Figure 3.4: Describing the nature of care provided for the main cared for person



Base: All carers (2,200)

The groups most likely to have said there was a regular pattern to the care they provided include carers aged 65 or over (52 per cent), those caring for someone in the same household (48 per cent) and those who provided more than 20 hours of care each week (49 per cent). See **Table 3.11 and 3.12**. Male and female carers were equally likely to provide regular care.

Table 3.11: Describing the nature of care provided for the main cared for person, by age

	Percentages ¹ and rounded numbers					All carers
	Age					
	16-34	35-44	45-54	55-64	65+	
There is a regular pattern	36	38	33	41	52	41
Regular pattern with minor variations	31	33	37	35	29	33
Irregular pattern – changes from week to week	20	18	18	16	10	16
Irregular pattern – changes from day to day	13	11	12	7	10	10
Base: All	300	300	500	500	600	2,200

1. Columns may not sum to 100% due to rounding.

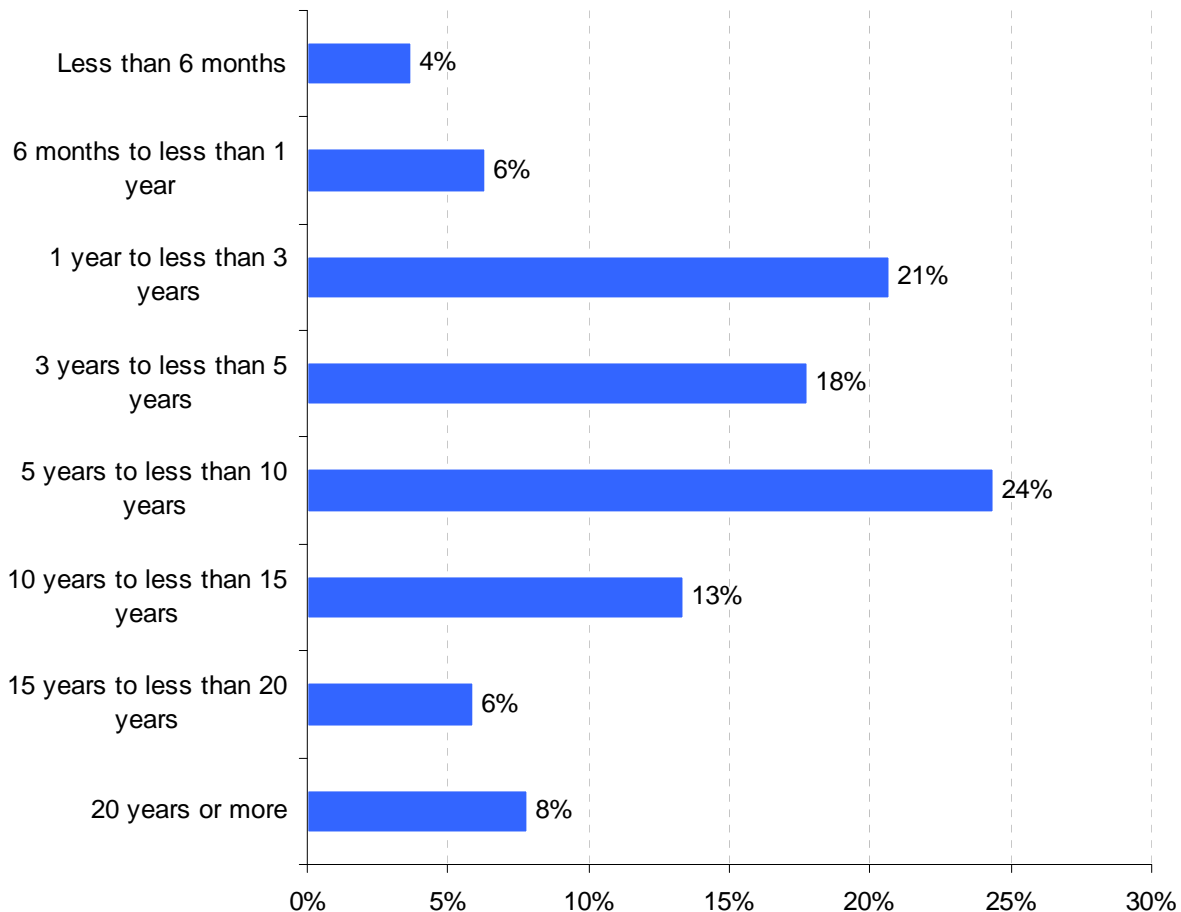
Table 3.12: Describing the nature of care provided for the main cared for person, by amount of time spent caring per week and where care provided

	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
There is a regular pattern	34	49	48	33	41
Regular pattern with minor variations	35	31	29	37	33
Irregular pattern – changes from week to week	22	9	10	22	16
Irregular pattern – changes from day to day	9	12	13	8	10
Base: All	1,100	1,100	1,100	1,100	2,200

1. Columns may not sum to 100% due to rounding.

In addition to the amount of time spent caring each week, carers were also asked how long they had been looking after the person they cared for. As **Figure 3.5** shows, over a quarter (27%) had been looking after their (main) cared for person for at least ten years, including 8 per cent who had been providing support for 20 years or more. At the other end of the scale, 10 per cent had been looking after their main cared for person for less than a year, 39 per cent had been doing so for between one and five years and 24 per cent had been caring for their main cared for person for between five and ten years.

Figure 3.5: Number of years spent caring for main cared for person¹



Base: All carers (2,200)

¹ Figures in the chart do not sum to 100% due to rounding.

There were considerable differences in terms of where carers provided care and the amount of time they spend caring each week.

Table 3.13 shows that a third (32%) of those who provided care for more than 20 hours per week had been a carer for more than ten years, compared with 22 per cent of those who cared for less than 20 hours per week. Those who provided care for less than 20 hours per week were more likely than those who did so for longer hours to say they had been caring for up to three years (37% compared with 24%).

Those who were caring for someone in the same household were far more likely than those who provided care elsewhere to have supported their (main) cared for person for more than 10 years (35% compared with 18%). Conversely, carers who provided care elsewhere were more likely than those who did so in the same household to say they had been caring for up to three years (37% compared with 24%).

Table 3.13: Number of years spent caring for main cared for person, by amount of time spent caring per week and where care provided

Percentages¹ and rounded numbers

	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
<i>Number of years</i>					
Less than 6 months	4	3	3	4	4
6 months to less than 1 year	8	5	4	9	6
1 year to less than 3 years	25	17	17	25	21
3 years to less than 5 years	18	18	17	19	18
5 years to less than 10 years	23	26	24	25	24
10 years to less than 15 years	12	15	16	11	13
15 years to less than 20 years	4	8	9	3	6
20 years or more	6	9	10	5	8
Base: All	1,100	1,100	1,100	1,100	2,200

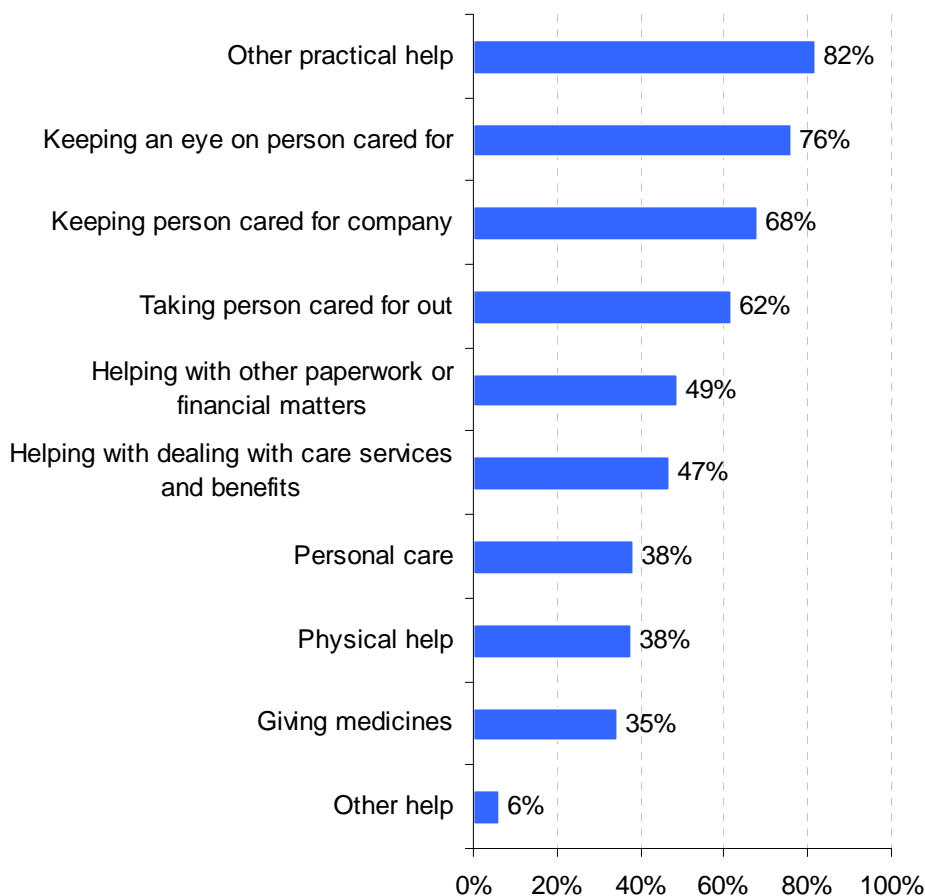
1. Columns may not sum to 100% due to rounding.

What tasks do carers carry out for the people they provide care for?

All carers were asked about the kinds of things they usually do for the people they provide care for. The range of tasks they were prompted with ran from very intense involvement such as personal care (e.g. dressing, bathing, washing, shaving, cutting nails, feeding, using the toilet) to lighter-touch tasks, such as keeping an eye on someone to make sure they were all right.

As **Figure 3.6** shows, 82 per cent of carers provided practical help such as preparing meals, shopping and doing the laundry. Three quarters (76%) kept an eye on the person they cared for, 68 per cent kept him/her company and 62 per cent took them out. More personal or sensitive tasks such as personal care, physical help and giving medicines were performed by fewer carers (38%, 38% and 35% respectively).

Figure 3.6: Types of help given for all cared for people¹



Base: All carers (2,200)

1. Figures do not sum to 100% as respondents could select more than one option.

The nature of the tasks performed differed considerably depending on the number of hours per week someone spent caring and whether the person they cared for lived with them or elsewhere.

Carers who provided care for 20 or more hours per week were more likely than those providing care for fewer hours to perform every single task. As **Table 3.14** illustrates, some differences were particularly noticeable:

- While 57 per cent of those caring for 20 or more hours a week helped with personal care, only 21 per cent of those caring for less time did the same.

- Fifty four per cent of carers who cared for 20 hours or more per week provided physical help; in comparison 23 per cent of carers who cared for less than 20 hours provided this type of help
- More than half (54%) of carers who provided care for at least 20 hours per week helped their cared for person by giving medicines, while this was the case for only 17 per cent of those providing fewer hours of support

We have already noted that carers who look after someone in the same household do longer hours of caring so it is not surprising to see that this group were more likely to be involved in performing most of the specific tasks. Carers who were looking after someone in the same household were more likely than those who were caring for someone living elsewhere to perform the more personal tasks such as personal care (54% compared with 22%), physical help (49% compared with 25%) and giving medicines (50% compared with 18%).

Table 3.14: Types of help given for all cared for people, by amount of time spent caring per week and where care provided

Percentages¹ and rounded numbers

	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
Base: All	1,100	1,100	1,100	1,100	2,200
	%	%	%	%	%
<i>Help given</i>					
Other practical help	78	87	81	83	82
Keeping an eye on person cared for	69	83	77	75	76
Keeping company	63	73	64	72	68
Taking out	55	69	61	62	62
Helping with other paperwork	41	57	51	46	49
Helping with dealing with care services and benefits	37	58	50	40	47
Personal care	21	57	54	22	38
Physical help	23	54	49	25	38
Giving medicines	17	54	50	18	35

1. Columns do not sum to 100% as respondents could select more than one option.

In addition to asking about the types of help provided, carers were also asked how often they supported the people they cared for with each of the tasks they carried out.

Table 3.15 illustrates the intensity of the help that is given. The most frequently provided types of help included giving medicines, keeping an eye on the cared for person, personal care and physical help.

The table shows that 70 per cent of those who give their cared for person medicines needed to do this at least once a day. Similarly, 65 per cent of those who keep an eye on the person they care for did so on a daily basis as did 61 per cent of those who provide personal care and 57 per cent of those who provide physical help. In comparison, 22 per cent of those who help with dealing with care services and benefits, 29 per cent of those who help with paperwork or financial matters and 25 per cent of those who took the cared for person out did so once a week.

Table 3.15: Frequency of giving each type of help to all people who are cared for
Percentages¹ and rounded numbers

	More than once a day	Once a day	Most days	2-3 times a week	Once a week	At least once a month	Less often	Base: All giving help
<i>Help given</i>								
Other practical help	33	11	10	20	16	12	4	1,800
Keeping an eye on person cared for	48	16	13	14	8	4	1	1,700
Keeping company	39	13	12	20	12	8	2	1,500
Taking out	10	8	9	29	25	17	6	1,400
Helping with other paperwork	6	5	9	14	29	33	9	1,100
Helping with dealing with care services and benefits	8	5	10	13	22	35	11	1,100
Personal care	44	16	10	11	8	8	4	900
Physical help	44	12	13	14	8	7	5	800
Giving medicines	48	22	7	8	8	6	6	800

1. Rows may not add to 100% due to rounding.

How many carers are in receipt of Carer's Allowance and Disability Living Allowance/Attendance Allowance?

In a general question about household income, carers who were either the head of household or the spouse/partner of that person were asked which kinds of income their household received. Carers were prompted with a show card, which showed various sources of income and benefits and included both Carer's Allowance and Disability Living Allowance or Attendance Allowance.

As **Table 3.16** below shows, 11 per cent of all carers were in receipt of Carers' Allowance, and 27 per cent in receipt of Disability Living Allowance or Attendance Allowance. For Carers providing care for 35 hours or more per week, these figures increased to 23 per cent for Carers' Allowance and 50 per cent for Disability Living Allowance or Attendance Allowance.

Table 3.16: Percentage of carers receiving Carers' Allowance and Disability Living Allowance/Attendance Allowance, by number of hours spent caring per week

Percentages and rounded numbers

Base: All	Receiving Carers' Allowance	Receiving DLA/AA	Base
<i>Number of hours caring per week</i>			
Under 20	4	15	1,100
20 or more	19	41	1,100
35 or more ¹	23	50	700

All carers	11	27	2,200

1. The '35 hours or more per week' group is included in the '20 hours or more per week' group.

19 per cent of carers who were looking after someone in the same household reported receiving Carer's Allowance and 49 per cent reported that their household receives Disability Living Allowance or Attendance Allowance. As **Table 3.17** shows, the groups most likely to report receipt of these benefits included:

- Carers who were looking after home or family; 33 per cent of this group received Carer's Allowance and 59 per cent received Disability Living Allowance or Attendance Allowance.
- Carers who provided 20 or more hours care per week; 22 per cent received Carer's Allowance and 52 per cent received Disability Living Allowance or Attendance Allowance.
- Carers aged 35-44; 32 per cent received Carer's Allowance and 63 per cent received Disability Living Allowance or Attendance Allowance.

Table 3.17: Percentage of carers looking after someone in the same household who received Carers' Allowance or Disability Living Allowance/Attendance Allowance, by working status, number of hours spent caring per week and age

Percentages and rounded numbers

Base: All carers looking after someone in the same household	Receiving Carers' Allowance	Receiving DLA/AA	Base:
<i>Working status</i>			
Working full-time	10	50	200
Working part-time	15	48	100
Retired	17	42	500
Looking after home or family	33	59	200
<i>Number of hours caring per week</i>			
Under 20	11	43	300
20 or more	22	52	800
35 or more ¹	25	56	600
<i>Age</i>			
16-34	14	43	200
35-44	32	63	200
45-54	18	55	200
55-64	18	56	200
65+	17	41	400
All carers looking after someone in the same household	19	49	1,100

1. The '35 hours or more per week' group is included in the '20 hours or more per week' group.

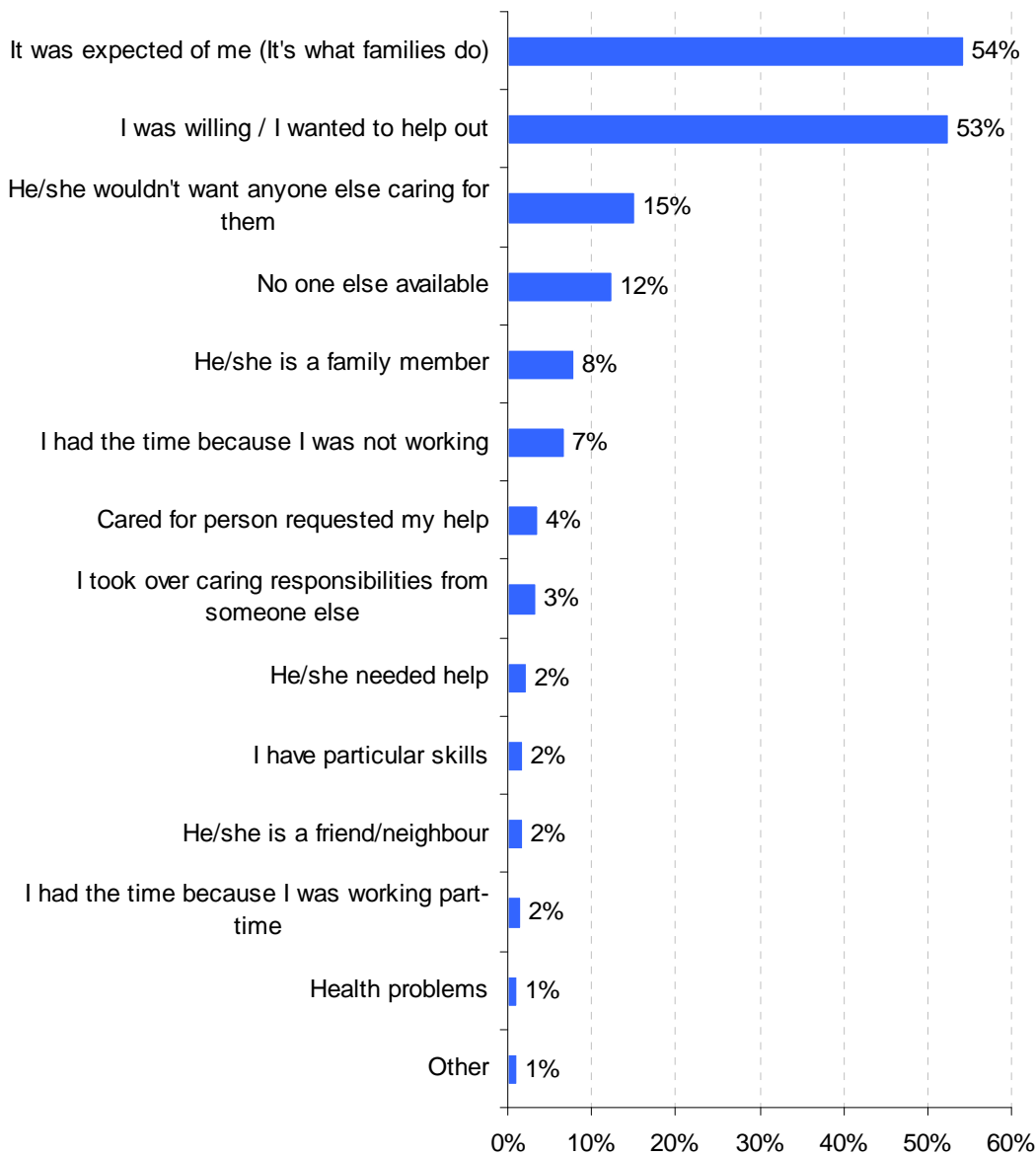
Reasons for undertaking caring responsibilities

Carers were asked an unprompted question to establish why they started looking after or giving special help to their main cared for person. Some of the (multiple) reasons mentioned indicated that, for some, there was little or no choice in becoming a carer:

- It was expected of me (54%);
- He/she wouldn't want anyone else caring for them (15%);
- No one else (was) available (12%).

However, one of the key reasons for becoming a carer suggested that around half of carers did make the decision to undertake these responsibilities as 53 per cent said they were willing or wanted to help out. **Figure 3.7** shows all the reasons for starting to look after or give special help to the main cared for person.

Figure 3.7: Reasons for starting to care for main cared for person¹



Base: All carers (2,200)

1. Figures do not sum to 100 as respondents could select more than one option

Carers who were looking after someone in the same household were more likely than those caring for someone in another household to indicate they started caring out of duty/expectation rather than choice.

Of those who were caring for someone in the same household, 59 per cent said they started because it was expected of them (compared with 49% amongst those caring for someone in another household). In addition, 20 per cent said their cared for person would not want anyone else looking after them (compared with 10%) and 16 per cent said no one else was

available (compared with 9%). Carers who were looking after someone in another household were more likely than those caring for someone in the same household to say they were willing or wanted to help out (58% compared with 48%).

Carers who provided 20 or more hours care per week were more likely than those who were caring for fewer hours to say that their cared for person would not want anyone else caring for them (22% compared with 9%) and that no one else was available (17% compared with 8%). See **Table 3.18**.

Table 3.18: Reasons for starting to care for main cared for person, by amount of time spent caring per week and where care provided

Percentages¹ and rounded numbers

	Where care provided		Amount of time spent caring per week		All carers
	In same household	In another household only	Under 20 hours	20 hours or more	
It was expected of me (it's what families do)	59	49	52	56	54
I was willing / I wanted to help out	48	58	56	48	53
He/she would not want anyone else caring for them	20	10	9	22	15
No one else available	16	9	8	17	12
He/she is a family member	11	5	5	11	8
I had the time because I was not working	6	8	7	7	7
Cared for person requested my help / care	4	4	3	4	4
Base: All	1,100	1,100	1,100	1,100	2,200

1. Figures do not sum to 100 as respondents could select more than one option

4. The impact of caring upon carers

Previous chapters have looked at the profile of carers and the intensity of the care they provide. This chapter looks in more detail at the impact of caring on carers in terms of the effect it has on their health, quality of life, leisure time and employment and educational opportunities.

The focus upon employment is relevant to the carers' strategy and particularly the commitments which said:

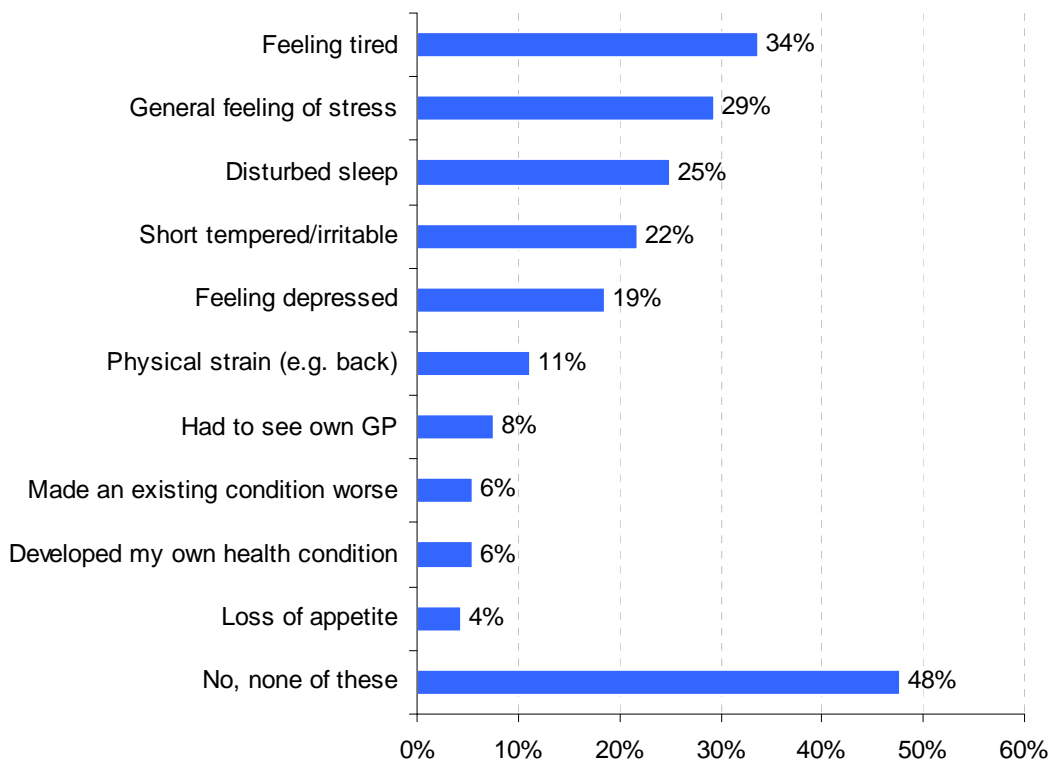
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.

The impact of caring upon carers' health and quality of life

Carers were asked whether their own health had been affected in a number of ways because of the care they provided. For this question carers were prompted with a show card, which featured a number of health effects.

Overall, just over a half (52%) said that their health had been affected in some way. The most common effects upon carers' health were feeling tired (34%), feeling stressed (29%), having disturbed sleep (25%) and being short tempered or irritable (22%). **Figure 4.1** shows the full break down of the effect that caring has had upon carers' health.

Figure 4.1: The effect of caring upon carers' health¹



Base: All carers (2,200)

1. Figures do not sum to 100 as respondents could select more than one option.

Sub-group analysis indicates clear differences by gender and working status to this question, with 57 per cent of female carers saying that caring had affected their health in some way (compared with 46% of male carers), and 63 per cent of those looking after home or family saying their health had been affected (compared with 47% who were in full-time work, 54% of those in part-time work and 52% of retirees).

Table 4.1 shows that each negative effect of caring upon health was reportedly more prevalent in women than men and in those looking after home or family than those in full time work.

Table 4.1: How carers' own health has been affected by the care they provide, by gender and working status

Percentages¹ and rounded numbers

	Gender		Working status				All carers
	Male	Female	Working full-time	Working part-time	Retired	Looking after family	
Feeling tired	26	39	32	38	32	42	34
General feeling of stress	22	34	29	36	21	38	29
Disturbed sleep	21	28	23	27	23	33	25
Short tempered / irritable	19	24	22	23	19	28	22
Feeling depressed	15	21	15	16	16	28	19
Physical strain	9	12	7	13	11	17	11
Had to see own GP	5	9	6	9	6	15	8
Developed own health condition	4	7	4	5	5	12	6
Made an existing condition worse	5	6	3	4	6	7	6
Loss of appetite	3	5	3	4	3	8	4
Any effect on health	46	57	47	54	52	63	52
No effect on health	54	43	53	46	48	37	48
Base: All carers	800	1400	500	400	700	300	2,200

1. Columns do not sum to 100 as respondents could select more than one option.

As might be expected there were even greater differences depending on the amount of time spent caring each week and where care was provided. See **Table 4.2**.

Just under two thirds (66%) of carers who spent 20 hours or more caring per week reported adverse effects upon their health as a result of this provision, compared to 39 per cent of those who were caring for fewer hours who felt this was the case. All negative effects of caring upon health were more prevalent in those providing care for 20 or more hours per week than those providing fewer hours of caring, and these providers of more intensive care were at least twice as likely to report feeling tired (47% compared with 21%), disturbed sleep (35% compared with 16%) and feeling depressed (25% compared with 12%).

Carers who were looking after someone in the same household were far more likely than those supporting a person living elsewhere to report adverse effects upon their health as a result of caring (62% compared with 42%).

Table 4.2: How carers' health has been affected by the care they provide, by amount of time spent caring per week and where care provided

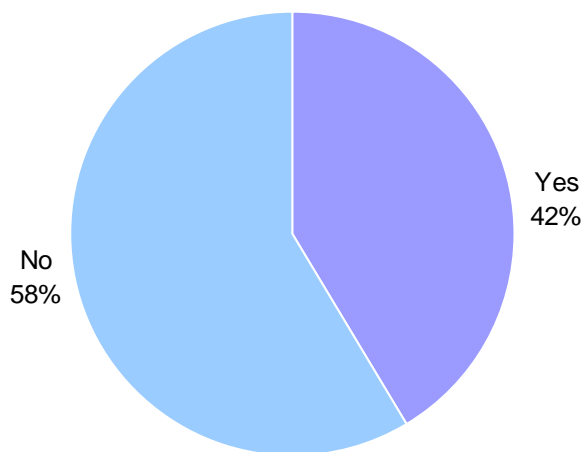
Percentages¹ and rounded numbers

	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
Feeling tired	21	47	42	25	34
General feeling of stress	22	38	32	26	29
Disturbed sleep	16	35	32	18	25
Short tempered / irritable	16	28	25	18	22
Feeling depressed	12	25	23	14	19
Physical strain	6	17	15	7	11
Had to see own GP	3	12	10	5	8
Developed own health condition	2	9	8	3	6
Made an existing condition worse	3	8	6	5	6
Loss of appetite	2	7	6	3	4
Any effect on health	39	66	62	42	52
No effect on health	61	34	38	58	48
Base: All carers	1,100	1,100	1,100	1,100	2,200

1. Columns do not sum to 100 as respondents could select more than one option.

Carers were also asked whether their personal relationships, social life or leisure time had been affected because of the assistance they provided. Overall, 42 per cent felt they had been affected in this way (see **Figure 4.2**). This means that carers were more likely to say that caring had affected their health, than their personal relationships, social life or leisure (52% compared with 42%).

Figure 4.2: Has caring affected personal relationships, social life and leisure?



Base: All carers (2,200)

As **Table 4.3** shows, the groups most likely to feel that their personal relationships, social life and leisure had been affected because of the care they provided included women, people aged 45-54, people looking after home or family, those who were caring for someone in the same household, those who were caring for 20 hours or more per week and those who described their own general health as 'bad'.

Table 4.3: Whether caring has affected personal relationships, social life and leisure, by gender, age, working status, where care provided, amount of time spent caring per week and health status

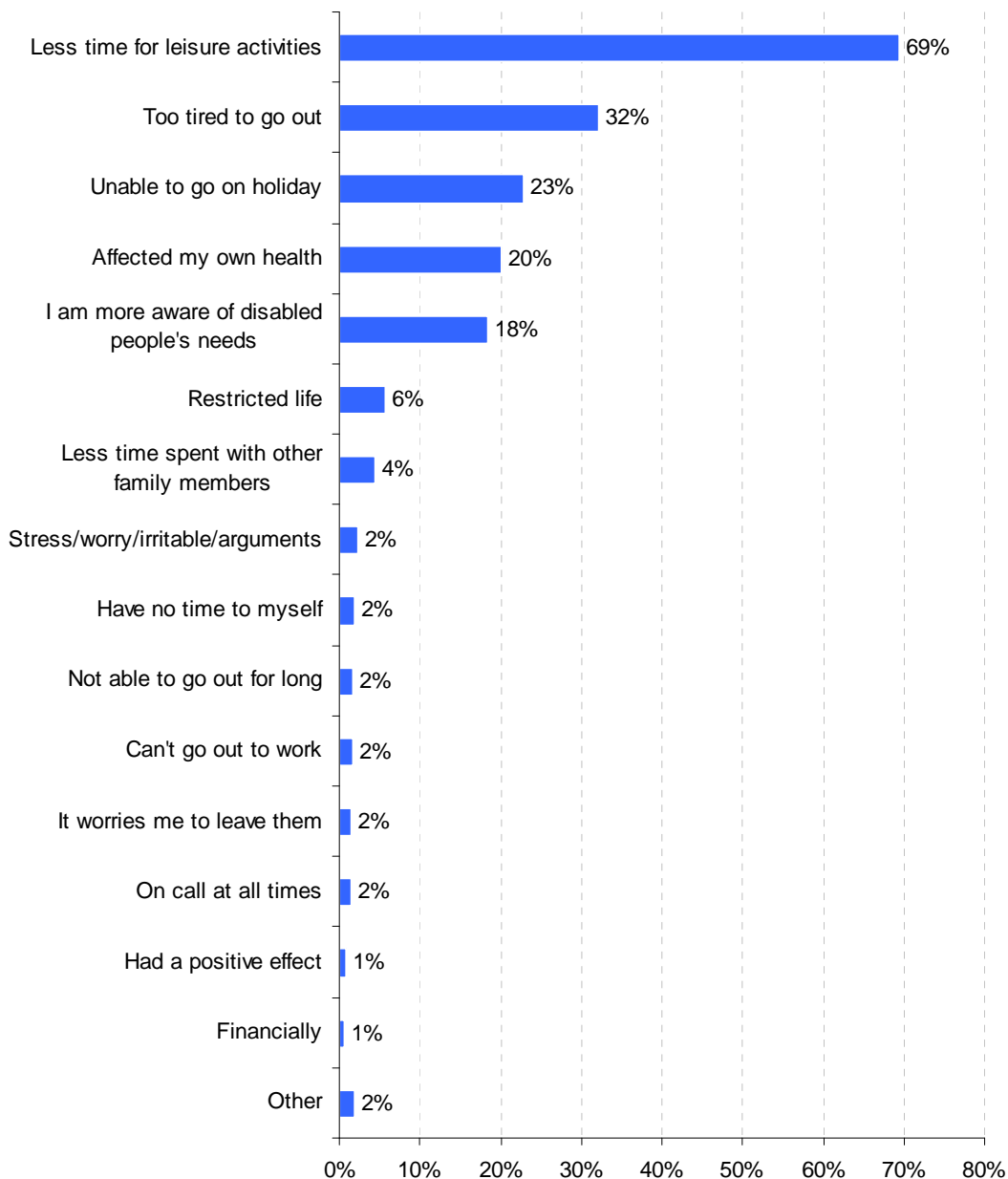
	<i>Percentages¹ and rounded numbers</i>		
	Yes	No	Base
<i>Gender</i>			
Male	38	62	800
Female	44	56	1400
<i>Age</i>			
16-34	36	64	300
35-44	45	55	300
45-54	47	53	500
55-64	43	57	500
65+	38	62	600
<i>Working status</i>			
Working full-time	43	57	500
Working part-time	44	56	400
Retired	37	63	700
Looking after home or family	52	48	300
<i>Where care provided</i>			
In same household	50	50	1,100
In another household only	32	68	1,100
<i>Amount of time spent caring per week</i>			
Under 20 hours	30	70	1,100
20 hours or more	54	46	1,100
<i>Health</i>			
Good	37	63	1,300
Fair	47	53	700
Bad	59	41	200
All carers	42	58	2,200

1. Rows may not add to 100% due to rounding.

A follow up question was asked in order to establish how exactly these carers had been affected in terms of their relationships, social life or leisure. By far the most frequently cited response was that providing care meant that carers had less time for leisure activities (69%).

The next most common answers were being too tired to go out (32%), being unable to go on holiday (23%) and the effect upon their own health (20%). Nearly a fifth (18%) of carers said they were now more aware of the needs of a disabled person. **Figure 4.3** shows all responses mentioned by those who said their personal relationships, social life and leisure had been affected because of the assistance they gave.

Figure 4.3: The effect of caring upon personal relationships, social life and leisure for carers who have been affected¹



Base: All carers whose personal relationships, social life or leisure have been affected by caring (900)

1. Figures do not sum to 100% as respondents could select more than one option.

The findings by gender and age are shown in **Table 4.4**, notable differences included:

- Women were more likely than men to say they were too tired to go out (36% compared with 25%) and that providing care had affected their own health (22% compared with 16%);
- Carers aged 65 or over were most likely to say they were unable to go on holiday (31% compared to 23% on average).

Table 4.4: The effect of caring upon personal relationships, social life and leisure, by gender and by age for carers who have been affected

Percentages¹ and rounded numbers

	Gender		Age					All carers
	Male	Female	16-34 ²	35-44	45-54	55-64	65+	
Less time for leisure activities	70	69	72	68	72	68	67	69
Too tired to go out	25	36	45	30	34	26	29	32
Unable to go on holiday	22	23	24	15	20	23	31	23
Affected my own health	16	22	14	19	21	24	21	20
I am more aware of disabled people's needs	18	19	16	18	20	20	18	18
Restricted life	4	6	5	7	4	6	7	6
Less time with other family members	5	4	5	7	6	3	2	4
Stress/worry/irritable/arguments	1	3	1	5	2	1	3	2
Have no time to myself	2	2	2	1	2	4	1	2
Not able to go out for long	2	2	1	1	3	1	3	2
Can't go out to work	2	1	2	2	1	1	2	2
It worries me to leave them	1	2	2	1	2	1	2	2
On call at all times	2	1	-	1	4	1	1	2
Has a positive effect	1	-	1	1	1	1	1	1
Financially	1	1	-	1	1	1	-	1
Other	3	1	1	3	3	1	2	2
Base: All carers whose personal relationships, social life or leisure have been affected by caring	300	600	100	200	200	200	200	900

1. Columns do not sum to 100 as respondents could select more than one option.

2. The results for the '16-34' group should be treated with caution due to the small base size.

Table 4.5 shows the findings broken down by working status and the number of hours spent caring per week. Notable differences included:

- Carers who were working full-time were most likely to say they had less time for leisure activities (77%);
- Carers who provided support for 20 hours or more were more likely than those providing fewer hours of support to say they had less time for leisure activities (73% compared with 64%), were too tired to go out (38% compared with 22%) and were unable to go on holiday (27% compared with 15%).

Table 4.5: The effect of caring upon personal relationships, social life and leisure, by working status and amount of time spent caring per week for carers who have been affected

Percentages¹ and rounded numbers

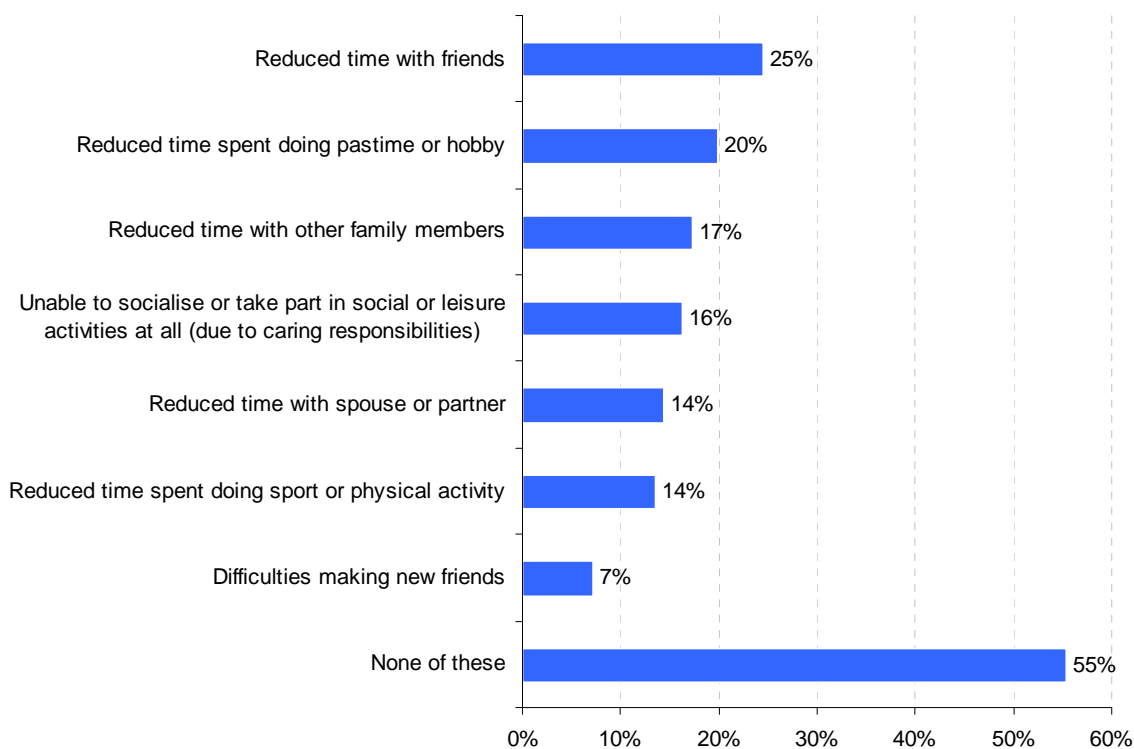
	Working status				Amount of time spent caring per week		All carers
	Work full time	Work part time	Retired	Look after family	Under 20 hours	20 hours or more	
Less time for leisure activities	77	66	67	68	64	73	69
Too tired to go out	33	34	29	36	22	38	32
Unable to go on holiday	19	17	30	26	15	27	23
Affected my own health	16	22	21	24	17	22	20
I am more aware of disabled people's needs	19	19	15	23	18	19	18
Restricted life	5	3	9	7	4	7	6
Less time with other family members	5	5	2	6	6	3	4
Stress/worry/irritable/arguments	2	4	2	2	5	1	2
Have no time to myself	3	2	1	2	2	2	2
Not able to go out for long	1	1	2	2	2	2	2
Can't go out to work	1	2	1	1	1	2	2
It worries me to leave them	1	1	2	2	2	1	2
On call at all times	1	1	1	1	2	1	2
Has a positive effect	1	-	-	1	1	-	1
Financially	1	-	1	1	1	1	1
Other	1	4	1	1	4	1	2
Base: All carers whose personal relationships, social life or leisure have been affected by caring	200	200	300	200	300	600	900

1. Columns do not sum to 100 as respondents could select more than one option.

All carers in the survey were asked a separate question to determine whether their ability to spend time doing leisure or social activities had been affected by their caring responsibilities. Overall, 45 per cent of carers indicated that caring had affected them in this way.

The most common effects were reduced time with friends (25%), less time spent doing pastimes or hobbies (20%), reduced time with other family members (17%) and being unable to socialise or take part in social or leisure activities (16%). **Figure 4.4** shows the full break down of the effect that caring had upon carers' abilities to spend time doing these activities.

Figure 4.4: The effects of caring upon leisure or social activities ⁽¹⁾



Base: All carers (2,200)

1. Figures do not sum to 100% as respondents could select more than one option.

Sub-group analysis indicates clear differences by age, by where care was provided and by the amount of time spent caring per week. Around half of 35-44 and 45-54 year olds said that caring had affected their leisure or social activities in some way (47% and 50% respectively), while in comparison 39 per cent of carers aged 65 or over reported this effect of caring. **Table 4.6** shows that carers aged 45-54 were the group most likely to report all of the adverse effects, apart from being unable to socialise or take part in social or leisure activities where their responses were in line with the other age groups.

Table 4.6: The effects of caring upon leisure or social activities, by age

	Percentages ¹ and rounded numbers					All carers
	Age					
	16-34	35-44	45-54	55-64	65+	
Reduced time with friends	28	26	30	20	20	25
Reduced time spent doing pastime or hobby	19	17	26	22	16	20
Reduced time with other family members	11	21	24	18	13	17
Unable to socialise/take part in social or leisure activities at all	15	18	16	15	18	16
Reduced time with spouse or partner	12	20	22	15	6	14
Reduced time spent doing sport or physical activity	14	16	19	12	8	14
Difficulties making new friends	7	9	11	6	5	7
Any effect upon leisure or social activities	43	47	50	45	39	45
No effect	57	53	50	55	61	55
Base: All carers	300	300	500	500	600	2,200

1. Columns do not sum to 100 as respondents could select more than one option.

Table 4.7 shows that carers who were looking after someone in the same household were more likely than those supporting a person living elsewhere to say that caring had had an impact upon their social or leisure activities (52% compared with 37%). The only impact that those caring for someone at another address were more likely to mention was that they had less time with their spouse or partner (19% compared with 10% of those looking after someone in the same household).

Unsurprisingly, a higher percentage of carers who provided 20 hours or more care per week reported that their social or leisure activities had been affected by caring; this figure was 56 per cent compared to 34 per cent for those providing support for fewer hours. The high intensity care group were at least twice as likely to report reduced time with friends (34% compared with 16%), being unable to socialise (27% compared with 7%), reduced time

spent doing sport (18% compared with 9%) and difficulties making new friends (12% compared with 3%).

Table 4.7: The effects of caring upon leisure or social activities, by amount of time spent caring per week and where care provided

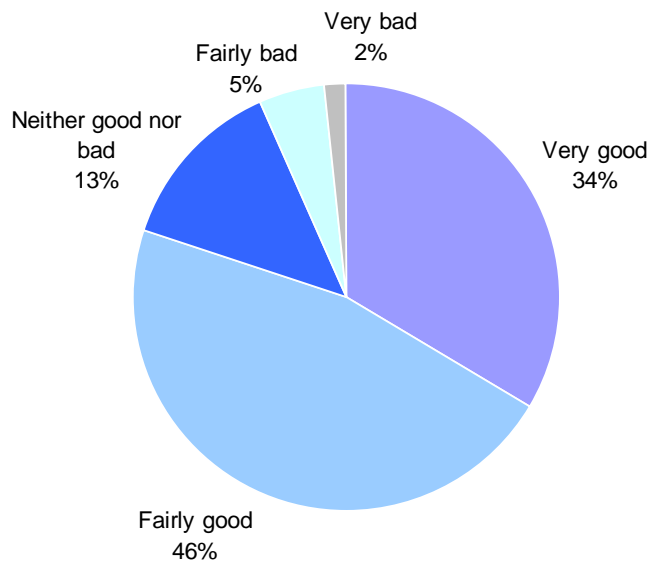
	<i>Percentages¹ and rounded numbers</i>				
	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
Reduced time with friends	16	34	30	19	25
Reduced time spent doing pastime or hobby	14	26	23	17	20
Reduced time with other family members	13	22	20	15	17
Unable to socialise	7	27	24	8	16
Reduced time with spouse or partner	14	15	10	19	14
Reduced time spent doing sport	9	18	17	10	14
Difficulties making new friends	3	12	11	4	7
Any effect upon leisure or social activities	34	56	52	37	45
No effect	66	44	48	63	55
Base: All	1,100	1,100	1,100	1,100	2,200

1. Columns do not sum to 100 as respondents could select more than one option.

As well as asking about the specific impact that caring has had upon their health, personal relationships and leisure activities, carers were also asked about how they would rate their own 'quality of life'. For the purposes of the survey, this was defined as "How you feel overall about your life, including your standard of living, your surroundings, friendships and how you feel day-to-day" and therefore was not just restricted to the impact of caring.

The majority of carers (80%) defined their quality of life as 'good', with 34 per cent saying it was very good and 46 per cent saying fairly good. Only 7 per cent of carers defined their quality of life as bad (with 2 per cent reporting a very bad quality of life). The remaining 13 per cent said their quality of life was neither good nor bad. See **Figure 4.5**.

Figure 4.5: Self-defined quality of life



Base: All carers (2,200)

As this chapter has already shown, certain groups were more likely to report that caring had affected them in some way and it is some of the same groups who also tended to be less likely to report a good quality of life.

Table 4.8 shows that 71 per cent of carers who were looking after the home or family defined their quality of life as good overall. In comparison, 87 per cent of carers working full-time, 85 per cent of carers working part-time and 81 per cent of carers who were retired reported a good quality of life.

Table 4.8: Self defined quality of life, by working status

Percentages¹ and rounded numbers

	Working status				All carers
	Working full-time	Working part-time	Retired	Looking after home or family	
Very good	40	37	33	29	34
Fairly good	46	48	49	42	46
Neither good nor bad	10	11	12	19	13
Fairly bad	2	3	4	8	5
Very bad	1	1	2	2	2
All good	87	85	81	71	80
All bad	4	4	6	10	7
Base: All carers	500	400	700	300	2,200

1. Columns may not sum to 100% due to rounding.

Three quarters (75%) of carers who were looking after someone in the same household defined their quality of life as good or very good compared to 85 per cent of those looking after someone elsewhere.

Almost nine in ten (87%) of those who provided care for less than 20 hours per week defined their own quality of life as good or very good compared to 72 per cent of those providing more hours of care. These findings are shown in **Table 4.9**.

Table 4.9: Self defined quality of life, by amount of time spent caring per week and where care provided

Percentages¹ and rounded numbers

	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
Very good	43	24	25	43	34
Fairly good	44	48	50	42	46
Neither good nor bad	10	17	17	10	13
Fairly bad	2	8	7	3	5
Very bad	1	3	2	2	2
All good	87	72	75	85	80
All bad	3	11	9	5	7
Base: All carers	1,100	1,100	1,100	1,100	2,200

1. Columns may not sum to 100% due to rounding.

Carers living in the South East were most likely to report their quality of life as 'good' or 'very good' (86%) compared with those living in the West Midlands (75%), the East of England (76%), London (78%), the North West (78%) and Yorkshire and the Humber (79%).

The percentage of carers in the South East describing their quality of life as 'very good' was particularly high, 43 per cent compared with just 26 per cent of carers in London.

Carers in London and Yorkshire and the Humber were most likely to describe their quality of life as 'bad' (9% in both regions). In comparison, just 4 per cent of carers in the South East and East Midlands reported their quality of life as 'bad' or 'very bad'.

See **Table 4.10** for the full breakdown of findings by region.

Table 4.10: Self defined quality of life, by region

Percentages¹ and rounded numbers

	Region									All carers
	East Midlands	East of England	London	North West	North East ²	South East	South West	West Midlands	Yorkshire and the Humber	
Very good	33	28	26	37	26	43	37	30	36	34
Fairly good	50	48	52	41	51	43	48	45	43	46
Neither good nor bad	13	17	13	14	18	10	10	18	11	13
Fairly bad	2	5	6	7	5	3	4	5	6	5
Very bad	2	2	3	1	-	1	1	2	3	2
All good	83	76	78	78	78	86	85	75	79	80
All bad	4	7	9	7	5	4	5	7	9	7
Base: All carers	300	200	200	300	100	300	200	300	300	2,200

1. Columns may not sum to 100% due to rounding.

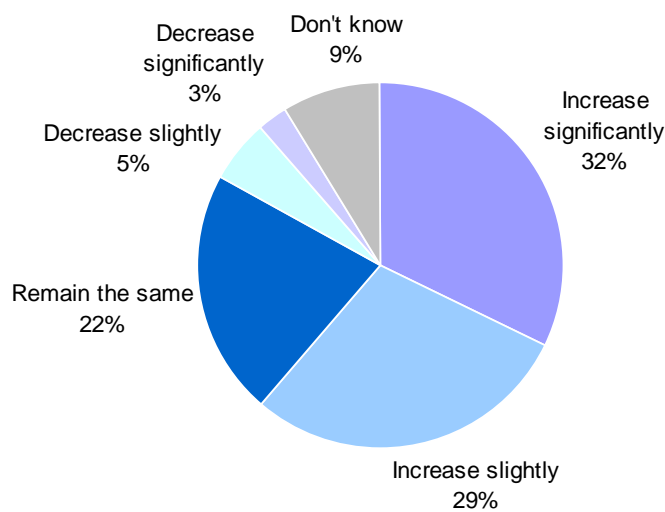
2. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (unweighted base = 77).

Do carers expect their caring responsibilities to increase or decrease?

Carers were asked whether they felt the amount of time they spend looking after or helping their main cared for person would increase or decrease over the next five years or stay about the same.

Overall, the majority (61%) of carers expected the amount of time they spend caring to increase, while just 8 per cent felt it would decrease over the next five years. A third of the sample (32%) anticipated a significant increase. See **Figure 4.6**.

Figure 4.6: Will the amount of time spent caring increase or decrease over the next 5 years?



Base: All carers (2,200)

As **Table 4.11** shows, the groups most likely to anticipate an increase in caring were:

- Carers aged 45-54 (68%) and 55-64 (71%);
- Carers who were in employment; 68 per cent of those working full-time and 65 per cent of those working part-time;
- Carers who were married or cohabiting (64%);
- People caring for someone in another household only (69%);
- Carers living in the East Midlands, East of England, South West and West Midlands (65% in each region).

Although the percentage of those who expected their caring responsibilities to increase was similar for those providing 20 hours or more care per week and those providing fewer hours, it is still important to note that 60 per cent of those caring for 20 hours or more expected the demands on their time to increase yet further over the next 5 years.

Table 4.11: Will the amount of time spent caring increase or decrease over the next 5 years? Carers' responses by age, working status, marital status, where care provided, amount of time spent caring per week and region

Percentages¹ and rounded numbers

Base: All	Increase	Decrease	Base
<i>Age</i>			
16-34	49	17	300
35-44	57	11	300
45-54	68	6	500
55-64	71	6	500
65+	58	4	600
<i>Working status</i>			
Working full-time	68	9	500
Working part-time	65	8	400
Retired	61	4	700
Looking after home or family	53	14	300
<i>Marital status</i>			
Married/cohabiting	64	7	1,600
Single	55	13	300
Widowed/divorced/separate	51	6	300
<i>Where care provided</i>			
In same household	54	11	1,100
In another household only	69	5	1,100
<i>Amount of time spent caring per week</i>			
Under 20 hours	62	7	1,100
20 hours or more	60	10	1,100
<i>Region</i>			
East Midlands	65	5	300
East of England	65	7	200
London	53	14	200
North East ²	58	12	100
North West	61	7	300
South East	61	9	300
South West	65	8	200
West Midlands	65	7	300
Yorkshire and the Humber	58	8	300
All carers	61	8	2,200

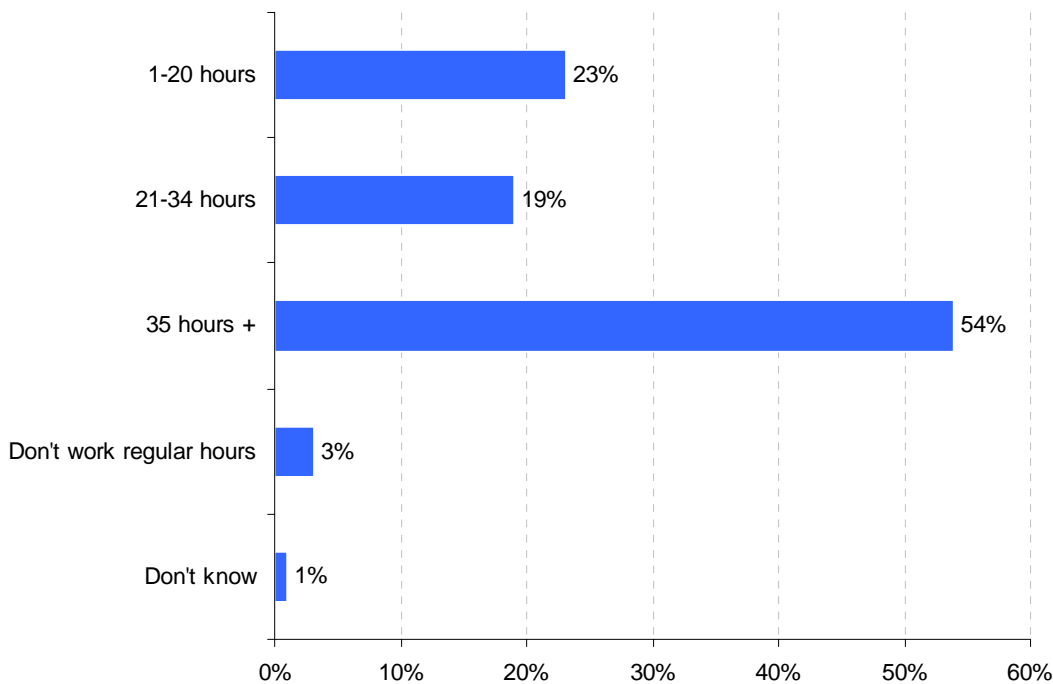
1. Rows may not sum to 100% due to rounding.

2. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (unweighted base = 83).

The impact of caring upon carers' employment

This report has already shown the profile of carers by working status (see chapter 3) **Figure 4.7** shows the hours of employment for carers who were working. Over half (54%) of carers who were in employment or self-employed worked for 35 or more hours per week. Just under a quarter (23%) worked for up to 20 hours per week and just under one in five (19%) worked between 21 and 34 hours. In addition, a further 3 per cent did not work regular hours.

Figure 4.7: Hours of employment

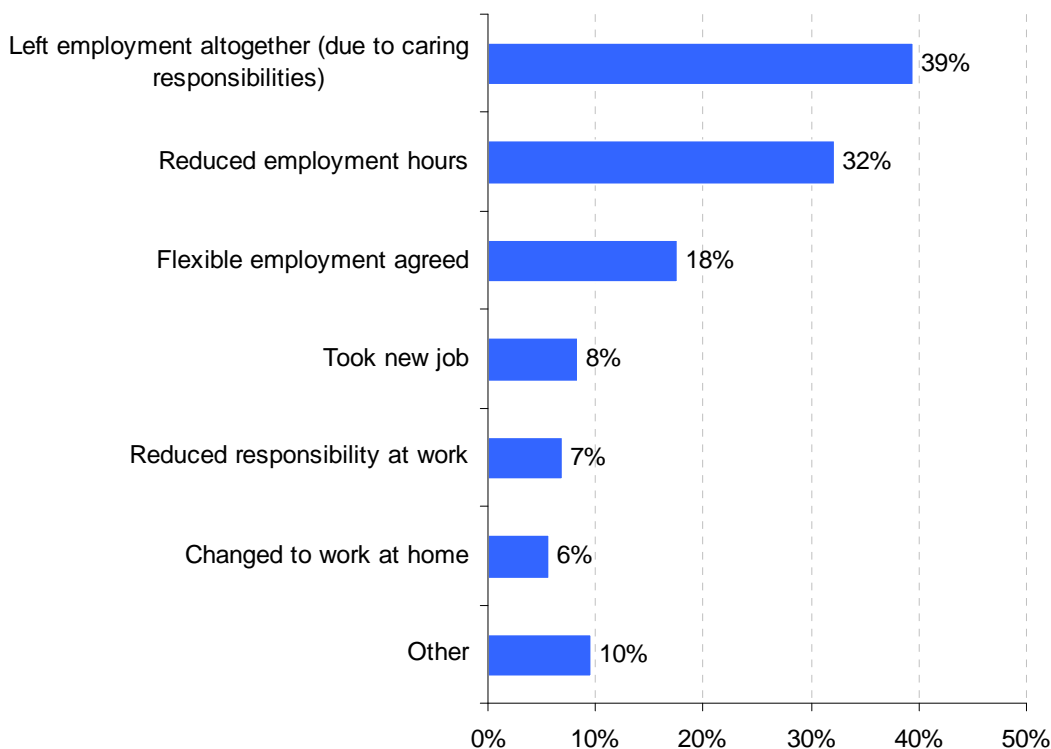


Base: All carers in paid employment or self-employed (900)

All carers who were under 70 years of age, regardless of their personal status, were asked whether their ability to take up or stay in employment had been affected because of the assistance they give to their main cared for person. Although just over a quarter (26%) of this group felt that their caring responsibilities had affected them in this way, nearly three quarters (74%) did not feel that this was the case.

Amongst those whose employment had been affected the most frequently mentioned impacts were that they had left work altogether (39%), reduced their employment hours (32%) or agreed flexible employment arrangements (18%). See **Figure 4.8**.

Figure 4.8: The impact of caring upon carers' ability to take up, or stay in, employment for those carers whose employment prospects had been affected¹



Base: All carers under 70 years old whose ability to take up, or stay in, employment had been affected (500)

1. The figures do not sum to 100% as respondents could select more than one option

The groups of Carers who were most likely to say their employment prospects had been affected because of the care they provide were:

- Aged 35-44 (34%) or 45-54 (30%);
- Those looking after the home or family (46%) or those working part-time (35%);
- Caring for someone in the same household (38%);
- Providing care for 20 hours or more per week (40%);
- In bad or fair health (34% and 32% respectively);
- Living in London, the South East or South West (34%, 30% and 30% respectively).

In terms of specific impacts, 35 per cent of working-age carers who were looking after the home or family had to leave employment altogether (compared with 10% on average), while 23 per cent of carers who were working part-time had reduced their employment hours (compared with 8% on average). **Table 4.12** shows the breakdown of findings for the effects upon employment that were mentioned by at least 5 per cent of working age carers.

Table 4.12: The impact of caring upon carers' ability to take up, or stay in, employment, by age, working status, where care provided, amount of time spent caring per week, self-defined health and region

Percentages¹ and rounded numbers

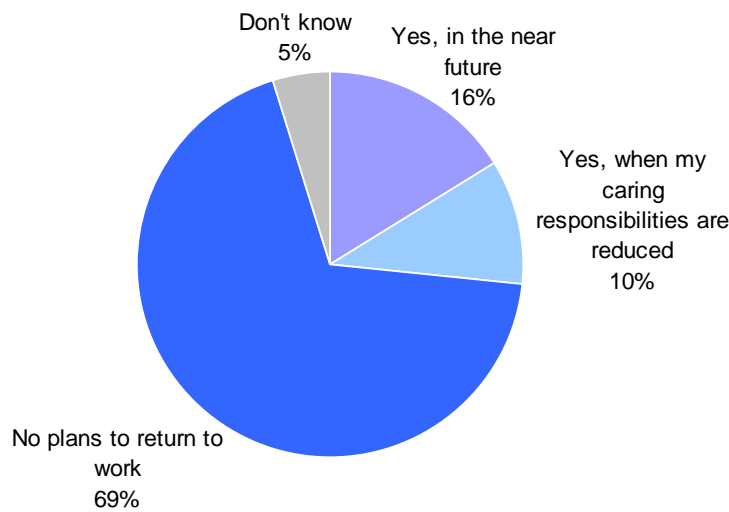
Base: All carers who are under 70 years old	Specific Impacts			Whether affected		Base
	Left employment	Reduced hours	Flexible employment	Affected	Not affected	
<i>Age</i>						
16-34	8	7	4	21	79	300
35-44	13	10	6	34	66	300
45-54	10	11	6	30	70	500
55-64	10	7	4	23	77	500
65+	12	3	1	19	81	200
<i>Working status</i>						
Working full-time	2	6	7	19	82	500
Working part-time	2	23	8	35	65	400
Retired	15	2	-	18	82	300
Looking after home or family	35	4	2	46	54	300
<i>Where care provided</i>						
In same household	18	12	6	38	62	800
In another household only	4	5	4	15	85	1,000
<i>Amount of time spent caring per week</i>						
Under 20 hours	3	6	4	15	85	1,000
20 hours or more	19	12	6	40	60	800
<i>Health</i>						
Good	7	8	5	22	78	1,100
Fair	13	10	6	32	68	500
Bad	25	6	1	34	66	100
<i>Region</i>						
East Midlands	8	5	4	20	80	200
East of England	10	8	5	24	76	200
London	17	10	6	34	66	200
North East ²	10	7	5	26	74	100
North West	9	7	3	21	79	300
South East	12	11	5	30	70	300
South West	6	11	6	30	71	200
West Midlands	8	10	6	25	75	200
Yorkshire and the Humber	11	6	3	26	74	200
Carers aged under 70	10	8	5	26	74	1,800

1. Rows may not sum to 100% due to rounding.

2. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (unweighted base = 71).

Carers who were not in employment and aged less than 70 years were asked whether they were interested in taking up paid employment. Of those answering, almost a quarter (27%) indicated they were interested in taking up paid employment with 16 per cent saying they were interested in doing so in the near future and 10 per cent saying they were interested in doing so when their caring responsibilities were reduced. The vast majority (69%) had no plans to return to work.

Figure 4.9: Interest in taking up paid employment



Base: All carers aged under 70 years and not in paid work (600)

Clearly, the intensity of care provision has an impact upon interest in taking up paid employment. Of those who were caring for less than 20 hours per week, 24 per cent were interested in taking up paid employment in the near future compared to 11 per cent of the high intensity group of carers. The carers who were providing 20 hours or more care per week were more likely to express an interest in working when their caring responsibilities were reduced (15% compared with 3%). See **Table 4.13**.

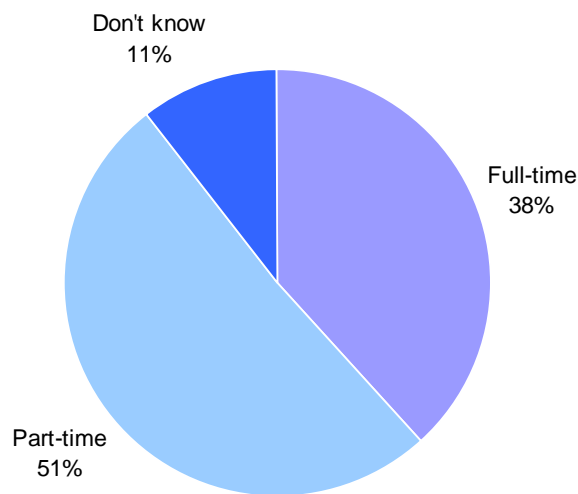
Table 4.13: Interest in taking up paid employment, by where care provided and amount of time spent caring per week

	<i>Percentages¹ and rounded numbers</i>		
	Amount of time spent caring per week		All carers
	Under 20 hours	20 hours or more	
Yes, in the near future	24	11	16
Yes, when my caring responsibilities are reduced	3	15	10
No plans to return to work	68	69	69
Don't know	5	5	5
All interested	28	26	27
Base: All carers under 70 years of age and not in paid work	200	400	600

1. Columns may not sum to 100% due to rounding.

Those who were interested in taking up paid employment (which includes those who were already on a government scheme for employment training, waiting to take up paid work, looking for paid work or intending to look for paid work) were asked whether they would like to go into full or part-time employment. Of those answering, half (51%) indicated that they would like to go part-time, 38 per cent said full-time and 11 per cent did not know (see **Figure 4.10**).

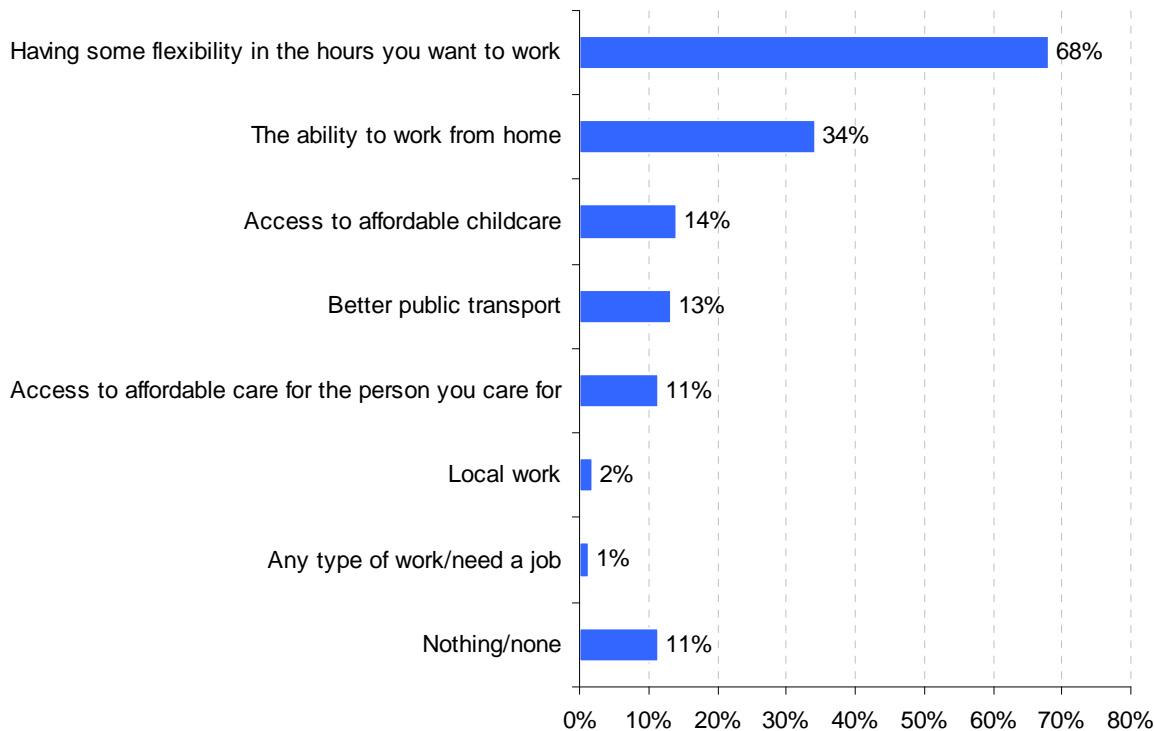
Figure 4.10: Whether carers would be interested in taking up full or part-time paid employment



Base: All carers aged under 70 years who were not in paid work but were interested in taking it up (200)

The same group were asked about the type of things that would help them to take up paid employment. As **Figure 4.11** shows, flexibility is key. Having flexibility in the hours that are worked was considered to be the most important thing that would help them take up paid employment (68%), while 34 per cent said the ability to work from home would help them. Other factors which were cited less frequently by this group of carers included access to affordable childcare (14%), better public transport (13%) or access to affordable care for the person they care for (11%).

Figure 4.11: Factors that would help carers to take up paid employment¹



Base: All Carers not in paid work but interested in taking it up (aged under 70) (200)

1. Figures do not sum to 100% as respondents could select more than one option

The same group were then asked to what extent they either agreed or disagreed with a series of statements relating to potential barriers they might face in taking up employment.

As **Table 4.14** shows, the most common potential barrier for those carers interested in taking up paid work was that there were not enough suitable job opportunities locally (63%). This appears to contradict the 2 per cent who cited 'Local Work' in **Figure 4.11** but this figure shows responses to an unprompted question whereas **Table 4.14** shows responses to a question where "There aren't enough suitable job opportunities locally" was one of the options on a show card.

In addition, around two in five agreed with both "I am not sure I would be able to work regularly" (40%) and "I cannot work because of my caring responsibilities" (37%).

Clearly, caring does represent a barrier for some people who want to work but it is important to note that few carers (9%) who were interested in taking up paid employment agreed that their family or cared for person did not want them to work.

Table 4.14: Potential barriers to employment

Percentages¹ and rounded numbers

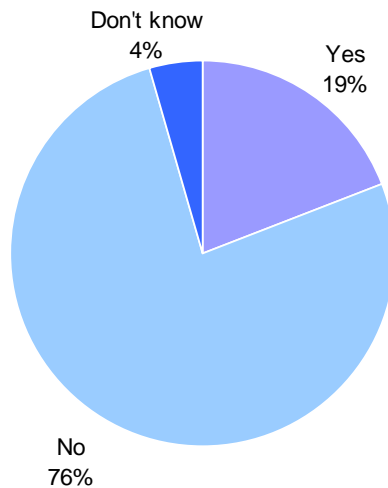
Base: All answering					Base: All Carers not in paid work but interested in taking it up (aged under 70)
	Agree	Neither agree nor disagree	Disagree	Don't know/not applicable	
Statements					
<i>"There aren't enough suitable job opportunities locally"</i>	63	13	17	6	200
<i>"I am not sure I would be able to work regularly"</i>	40	6	47	6	200
<i>"I cannot work because of my caring responsibilities"</i>	37	10	44	10	200
<i>"I haven't got enough qualifications and experience to find the right work"</i>	35	14	47	4	200
<i>"At my age it is unlikely that I would find a suitable job"</i>	26	6	62	5	200
<i>"I'm not sure I'd be better off in work than on benefits"</i>	26	13	50	11	200
<i>"I cannot work because of my childcare responsibilities"</i>	25	4	46	26	200
<i>"I don't feel confident about working"</i>	24	8	64	5	200
<i>"I cannot work because of my disability or health condition"</i>	15	9	47	29	200
<i>"My family/cared for person don't want me to work"</i>	9	7	72	12	200

1. Rows may not sum to 100% due to rounding.

All carers were asked whether they were aware of the right (introduced in April 2007) to legally request flexible working if someone looks after or gives special help and they have worked for their employer for at least 26 weeks.

As **Figure 4.12** shows, awareness of this right was low with just 19 per cent saying they were aware that people can request flexible working. Just over three quarters (76%) were not aware of the right.

Figure 4.12: Awareness of the right to request flexible working



Base: All carers (2,200)

Unsurprisingly, those who were in employment were more likely than those outside the active workforce to be aware of this right but even so the percentage of carers in work who were aware was still low. Around a quarter of carers in full-time and part-time employment (27% and 24% respectively) were aware of the right to request flexible working, while 17 per cent of those who were looking after home or family and 15 per cent of carers who were retired were aware of this right.

Table 4.15: Awareness of the right to request flexible working, by working status

Percentages¹ and rounded numbers

	Working status				All carers
	Working full-time	Working part-time	Retired	Looking after home or family	
Yes	27	24	15	17	19
No	69	73	79	77	76
Don't know	3	3	6	7	4
Base: All	500	400	700	300	2,200

1. Columns may not sum to 100% due to rounding.

There were also some particularly marked differences in awareness by region. Just over a quarter (27%) of carers in the South East were aware of this right, in comparison to just 13 per cent of carers in the North West.

Table 4.16: Awareness of the right to request flexible working, by region

Percentages¹ and rounded numbers

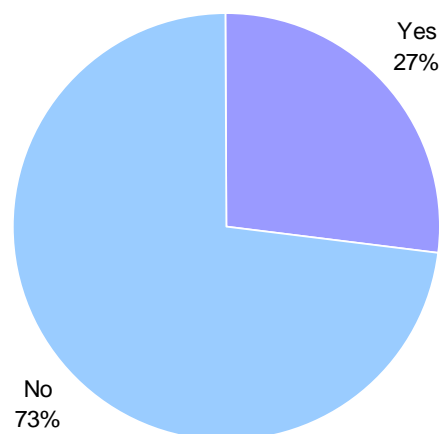
	Government Office Region									All Carers
	East Midlands	East of England	London	North East ²	North West	South East	South West	West Midlands	Yorkshire and the Humber	
Yes	18	20	18	18	13	27	22	18	18	19
No	77	76	73	82	81	68	75	80	81	76
Don't know	5	4	10	-	6	4	3	2	2	4
Base: All	300	200	200	100	300	300	200	300	300	2,200

1. Columns may not sum to 100% due to rounding.

2. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (unweighted base = 83).

Carers who were in paid employment and aware of their right to request flexible working were asked whether they had made a request to work flexibly. Of those answering, around a quarter (27%) had made a request to work flexibly, while 73 per cent had not made such a request.

Figure 4.13: Percentage of carers who had requested to work flexibly



Base: All carers in employment and aware of the right to request flexible working (200)

The impact of caring upon carers' education

All carers, regardless of age or working status, were asked whether their ability to take up or stay in education had been affected because of the assistance they give to their main cared for person. Only 6 per cent of carers said their caring responsibilities had affected their educational prospects, while 94 per cent said they had not been affected.

In terms of the specific impact of caring on educational prospects, 4 per cent of those who were affected said they were unable to study (due to caring responsibilities), 1 per cent had reduced study hours and 1 per cent had agreed flexible study time.

Unsurprisingly, differences were apparent by age and the number of hours spent caring per week for this question. Carers aged 16-34 were most likely to say their educational prospects had been affected by the care they provide (12% compared with 3% of those aged 65 or over, who were the least affected age group). Ten per cent of carers who spent 20 hours or more per week caring said they had been affected in this way, while just 3 per cent of those providing fewer hours of support said this. In addition, 14 per cent of those who were looking after home or family said that their ability to take up or stay in education had been affected (compared with 4% of those in full-time work, 7% who were in part-time work and 2% of carers who were retired). See **Table 4.17**.

Table 4.17: The impact of caring upon carers' education

Percentages¹ and rounded numbers

Base: All carers	Unable to study	Reduced study hours	Flexible study agreed	Any effect on education	No effect on education	Base
<i>Age</i>						
16-34	6	3	2	12	88	300
35-44	6	-	1	7	92	300
45-54	4	1	1	6	94	500
55-64	4	1	-	5	95	500
65+	2	1	-	3	97	600
<i>Working status</i>						
Working full-time	3	1	-	4	96	500
Working part-time	5	-	2	7	93	400
Retired	1	1	-	2	98	700
Looking after home or family	11	1	1	14	86	300
<i>Amount of time spent caring per week</i>						
Under 20 hours	1	1	1	3	97	1,100
20 hours or more	7	1	1	10	90	1,100
All carers	4	1	1	6	94	2,200

1. Rows do not sum to 100 as respondents could select more than one option.

5. Support and services for carers

This chapter looks at the support and services that are available for carers and whether carers have used them. The chapter begins by looking at the uptake of and outcomes from carer's assessments before looking at any breaks from caring responsibilities that people have taken.

This chapter is particularly relevant to the pledge in the Carers' Strategy¹⁵ which says:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

Carer's assessments

All carers were asked whether they had been offered a carer's assessment; and whether they had actually had an assessment if they had been offered one. Those who had been assessed were asked whether they had been offered a review of their needs and if they had taken up any such offer. No time frame was given so some carers may have answered this question in respect to a short time period, e.g. the last few months, while others may have thought back to when their caring responsibilities began.

Figure 5.1 shows the findings from these questions expressed as a percentage of all carers. It shows that only a small number (6%) said they had been offered a carer's assessment (just 4% said they had been assessed) and 2 per cent said they had been offered a review (1% said they had had a review). These results can be compared with administrative data collected and published¹⁶ by the NHS IC which showed that 441,000 carers were offered an assessment or review in 2008/09 and that 398,000 of these carers took up the offer. This represents a much higher uptake of assessments and reviews than shown in **figure 5.1**. This is not a like for like comparison due to the timing issues mentioned above, but it does give some context to the survey results.

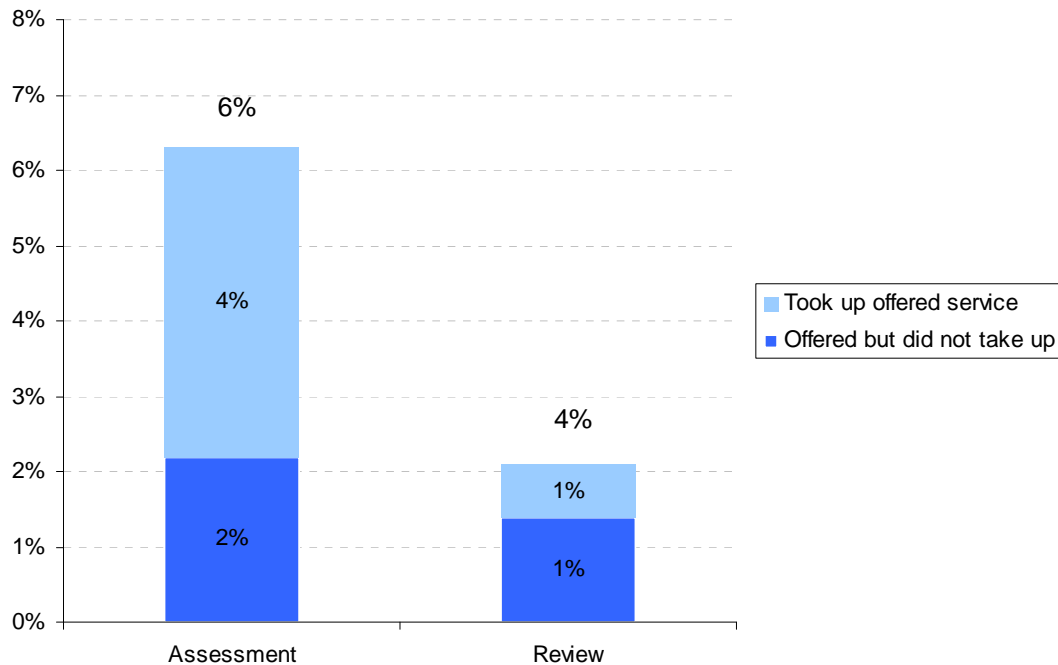
¹⁵ Carers' Strategy

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

¹⁶ "Community Care Statistics 2008-09: Social Services Activity Report, England" available from

<http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/community-care-statistics-2008-09-social-services-activity-report-england>

Figure 5.1: The percentage of carers who have been offered carer’s assessments or reviews of needs



Base: All carers (2,200)

Carers have a right to an assessment if they care for someone for ‘a substantial amount of time on a regular basis’. So, as would be expected, those who provided 20 hours or more care per week were more likely than those providing fewer hours of support to say they have been offered an assessment or review.

Amongst carers spending 20 hours or more per week on caring responsibilities:

- 10 per cent said they had been offered a carer’s assessment, compared with 3 per cent of carers who provided fewer hours of support;
- 7 per cent said they had had an assessment, compared with just 1 per cent of carers who were caring for fewer hours per week;
- 4 per cent said they had been offered a review of their own needs, compared with 1 per cent of carers providing less intense support.

There was little reported difference between these two groups with regard to receiving a review of their needs (2% of those providing 20 hours or more care per week and 1% of those involved for fewer hours per week). See **Table 5.1**.

Table 5.1: The percentage of carers who have been offered and received a carer’s assessment or a review of their needs, by amount of time spent caring per week

	<i>Percentages¹ and rounded numbers</i>		
	Amount of time spent caring per week		All carers
	Under 20 hours	20 hours or more	
Offered a carer's assessment	3	10	6
Had a carer's assessment	1	7	4
Offered a review of their needs	1	4	2
Had a review of their needs	1	2	1
Not offered a carer's assessment	96	88	92
Don't know	1	2	1
Base: All	1,100	1,100	2,200

1. Columns may not add to 100% as this table combines findings from four separate questions.

Other groups who were most likely to be offered a carer’s assessment included carers who were:

- Aged 65 or over (9%);
- Retired or looking after home or family (10% and 8% respectively);
- Caring for someone in the same household (9%);
- In either bad or fair health (both 10%).

Table 5.2: The percentage of carers who have been offered a carer’s assessment (or review of needs), by age, working status, where care provided and self-defined health

	<i>Percentages¹ and rounded numbers</i>			
	Yes	No	Don't know	Base
<i>Age</i>				
16-34	2	97	1	300
35-44	6	93	1	300
45-54	5	93	1	500
55-64	8	91	2	500
65+	9	89	2	600
<i>Working status</i>				
Working full-time	4	96	-	500
Working part-time	6	93	1	400
Retired	10	89	2	700
Looking after home or family	8	89	2	300
<i>Where care provided</i>				
In same household	9	89	2	1,100
In another household only	3	96	1	1,100
<i>Health</i>				
Good	4	95	1	1,300
Fair	10	88	2	700
Bad	10	86	5	200
All carers	6	92	1	2,200

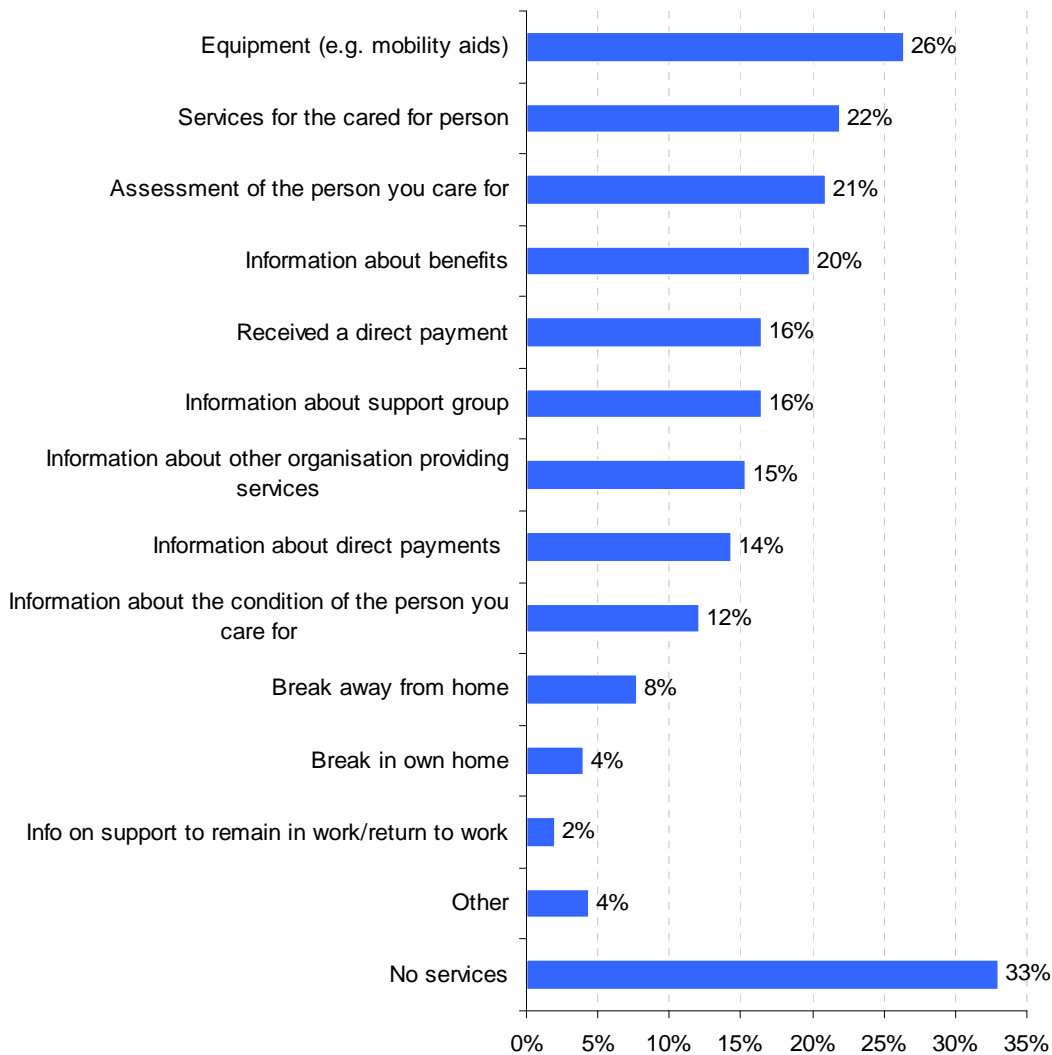
1. Rows may not sum to 100% due to rounding.

Carers who had had an assessment were asked whether they had received any services or help as a result of the process and **figure 5.2** shows all the services received by carers who were assessed. These statistics should be treated with caution as they are based upon a small group of respondents.

In all, almost two thirds (67%) of this group had received a service of some kind, while 33 per cent had not. The most frequently mentioned services included equipment (e.g. mobility aids) (26%), services for the person they care for (22%), an assessment of the person they care for (21%) and information about benefits (20%).

Provisional figures for 2009/10¹⁷ collected by the NHS IC showed that 179,000 carers received information only and 208,000 carers received carer specific services from their council. This means that 54 per cent of carers who received information or services from their council received carer specific services, and 46 per cent received information only.

Figure 5.2: Services received as a result of assessment or review¹



Base: All carers who have had a carer's assessment or review (100)

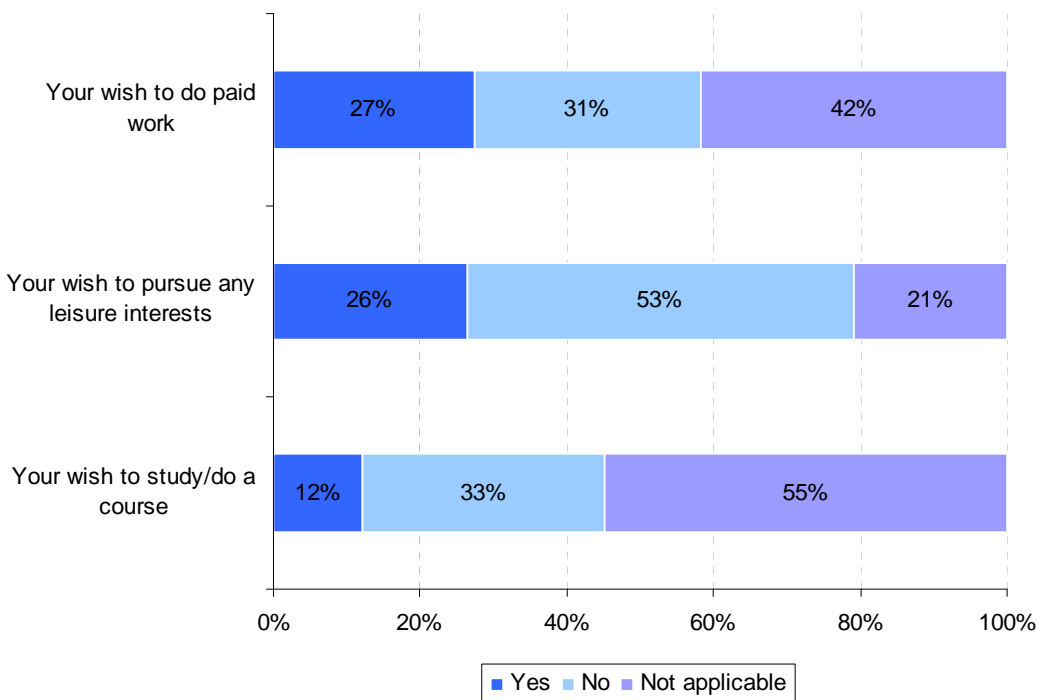
1. Figures do not add to 100% due to respondents could select more than one option.

¹⁷ "Community Care Statistics: Social Services Activity, England 2009-10 – Provisional Council Data" available from <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/community-care-statistics-social-services-activity-england-2009-10-provisional-council-data>

Those who had received a service were asked how useful it was, however due to the very low base sizes for each of these services it was not possible to provide any analysis of this question¹⁸.

If someone had received a carer's assessment, they were asked a number of questions to establish whether social services had taken into account their wish to do paid work, to study or to pursue any leisure interests as well as care for someone. As **Figure 5.3** shows, around a quarter of carers who received a carer's assessment said that social services had taken their wish to do paid work or to pursue leisure interests as well as care for someone into account (27% and 26% respectively). Fewer reported this to be the case in relation to their wish to study or do a course (12%), but more than half (55%) felt this did not apply to them.

Figure 5.3: Did social services take other factors into account when carers had their assessments?



Base: All carers who have had a carer's assessment (100)

The high percentages of carers saying that their wish to either work or study was not applicable are related to the age of the carer in question. The majority of those who said their wish to do paid work was not applicable were aged 65 or over and the majority of those who said that their wish to study or do a course was not applicable were aged 35 or over.

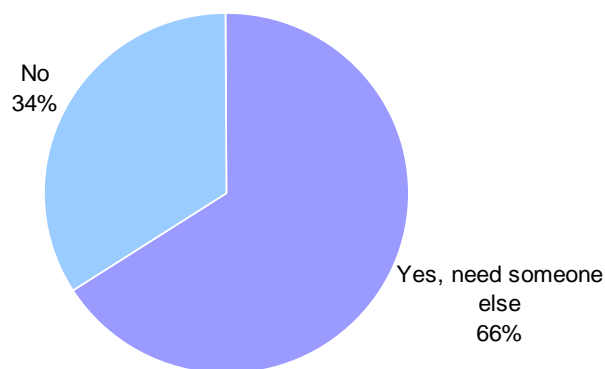
¹⁸ Actual (unrounded) base sizes ranged between just 2 and 26 carers who had received particular services.

Breaks from caring

In addition to looking at the intensity of care provision and the types of tasks that carers carried out, the research also sought to understand whether people were able to take breaks from their caring role.

The importance of the caring role is demonstrated by the finding that almost two thirds (66%) of carers reported they would need someone else to care for their main cared for person if they wanted to take a break for a couple of days. See **Figure 5.4**.

Figure 5.4: Would someone else have to look after the main cared for person if a carer wanted to take a break for a couple of days?



Base: All carers (2,200)

Carers who were looking after someone in the same household or who were providing 20 or more hours of care per week were particularly likely to say that someone else would be needed if they wanted to take a break for a couple of days (73% and 77% respectively – see **table 5.3**).

Table 5.3: Would someone else have to look after the main cared for person if a carer wanted to take a break for a couple of days? - Responses by amount of time spent caring per week and where care provided

Percentages¹ and rounded numbers

	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
Yes, need someone else	55	77	73	58	66
No	45	23	27	42	34
Base: All	1,100	1,100	1,100	1,100	2,200

1. Columns may not add to 100% due to rounding.

The majority (84%) of carers who said that someone else would be needed if they wanted to take a break did actually have someone they could rely on to look after the person they cared for. Conversely, 16 per cent said there was no one who they could rely on if they wanted to take a break. This represents 11 per cent of all carers.

As **Table 5.4** shows, carers who did not have someone else they could rely on were most likely to be:

- Aged 65 or over (27%);
- Caring for someone in the same home (22%);
- Caring for 20 or more hours per week (23%);
- In bad health (28%).

Table 5.4: Do carers have someone else they can rely on to look after their main cared for person? - Responses by age, where care provided, amount of time spent caring per week and self-defined health

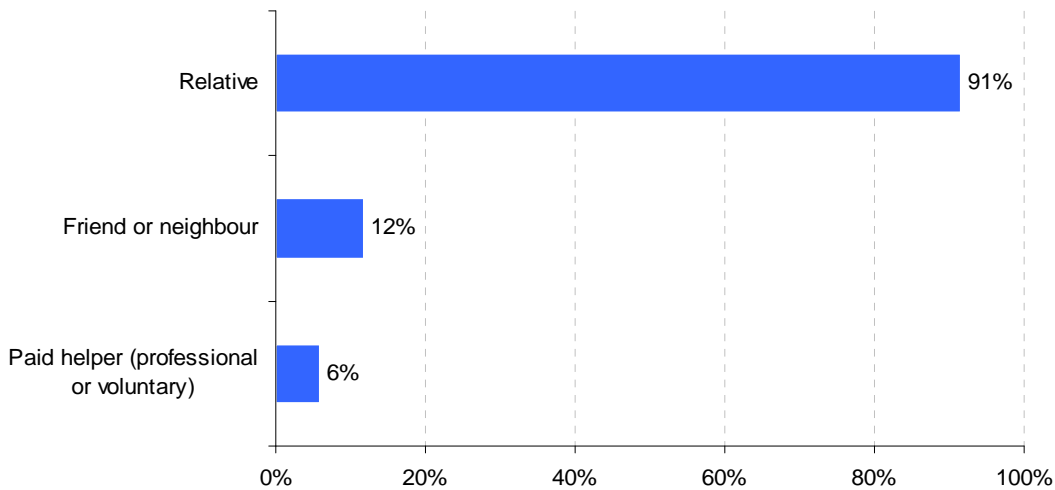
Percentages¹ and rounded numbers

Base: All who would need someone else to look after the cared for person if they wanted a break for a couple of days	Yes	No	Base
<i>Age</i>			
16-34	91	9	200
35-44	85	15	200
45-54	87	13	300
55-64	85	15	300
65+	73	27	400
<i>Where care provided</i>			
In same household	78	22	800
In another household only	92	8	600
<i>Amount of time spent caring per week</i>			
Under 20 hours	93	7	600
20 hours or more	77	23	800
<i>Health</i>			
Good	88	12	800
Fair	79	21	500
Bad	72	28	100
All Carers	84	16	1,400

1. Rows may not add to 100% due to rounding.

When carers were asked who they could rely on to look after their cared for person, 91 per cent mentioned a relative, 12 per cent said a friend or neighbour and 6 per cent said they would turn to a paid helper (professional or voluntary). See **Figure 5.5**.

Figure 5.5: Who carers could rely upon to look after their cared for person if they wanted to take a break for a couple of days? ¹

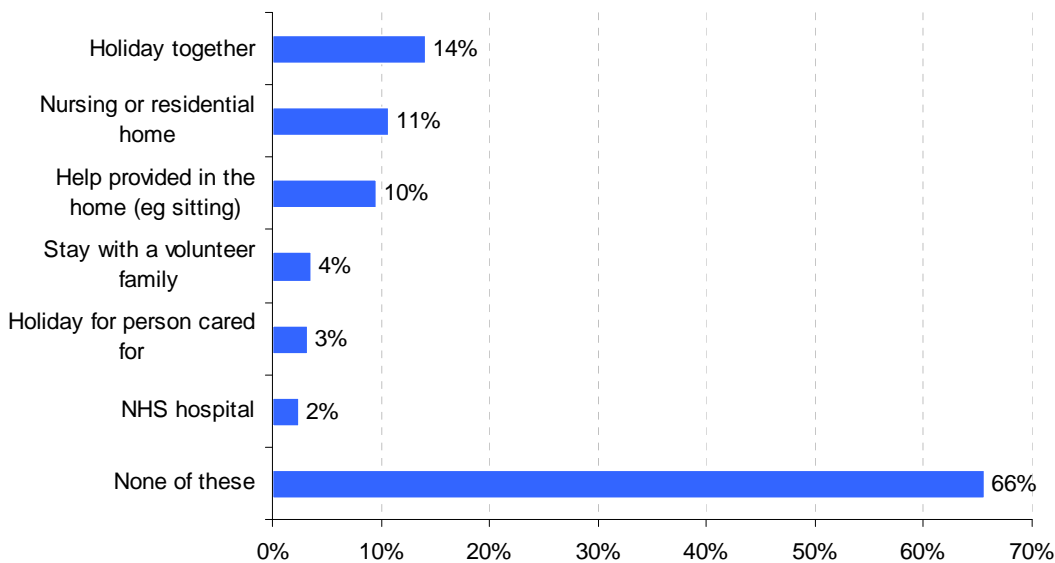


Base: All carers who could rely on someone else to look after their main cared for person (1,200)

1. Percentages do not sum to 100 as carers could choose more than one option

Carers who said they would need someone else to look after their main cared for person if they wanted to take a break for a couple of days were asked whether a number of different services were available. The most commonly available services were holidays together (14%), placing the cared for person in a nursing or residential home (11%) and help provided in the home such as a sitting service (10%). **Figure 5.6** shows the full range of responses to this question and it can be seen that approximately two thirds (66%) reported that none of the services were available to them.

Figure 5.6: Availability of temporary care or holidays for carers¹



Base: All who would need someone else to look after the cared for person if they wanted a break for a couple of days (1,400)

1. Percentages do not sum to 100 as carers could choose more than one option

Carers living in the North West were most likely to say that some of these services were available in their part of the country (45% compared with 34% on average). It is unclear whether this means that there is greater provision in the North West, or whether carers in that region happen to be more aware of these services than their counterparts elsewhere. In contrast, only 28 per cent of carers in London and 27 per cent of carers in West Midlands said that services were available. See **Table 5.5**.



Some marked differences across the regions showed that:

- 18 per cent of carers in the North West said that nursing or residential homes were available. In comparison, availability in the West Midlands (7%), Yorkshire and the Humber (8%), the East Midlands (9%), the South East (9%), the East of England (10%) and London (10%) appears to be lower.
- 17 per cent in the North West said that help provided in the home was available, compared with 6 per cent in London, 7 per cent in both the West Midlands and Yorkshire and the Humber, and 8 per cent in both the East of England and the East Midlands.

Table 5.5: Availability of temporary care or holidays for carers (who would need someone to look after the cared for person if they wanted to take a break for a couple of days) by region


Percentages¹ and rounded numbers

	Government Office Region									All carers
	East Midlands	East of England	London	North East ²	North West	South East	South West	West Midlands	Yorkshire and the Humber	
Holiday together	18	13	7	20	16	17	13	14	12	14
Nursing or residential home	9	10	10	16	18	9	15	7	8	11
Help in the home	8	8	6	5	17	12	10	7	7	10
Volunteer family	1	1	5	1	5	5	3	2	6	4
Holiday for cared for person	2	3	3	2	6	5	3	2	2	3
NHS Hospital	1	1	4	-	7	3	2	-	1	2
Any services	36	30	28	37	45	38	35	27	31	34
No services	64	70	72	63	54	62	65	74	69	66
Base ³ :	200	100	100	100	200	200	100	200	200	1,400

1. Columns may not sum to 100% as respondents could select more than one option.

2. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (unweighted base = 56).

3. Base: All who would need someone else to look after the cared for person if they wanted a break for a couple of days (1,400).



Carers who had said someone else would be needed if they wanted to take a break for a couple of days were asked whether they had actually taken such time off since they started looking after their main cared for person.

Although around three in five (58%) had had a break of 2 days or more from their caring responsibilities, 42 per cent had not taken such a break.

As **Table 5.6** shows, the groups most likely to say they had not had a break from caring of 2 days or more included those who were:

- Aged 65 or over (60%);
- Retired (57%) or looking after home or family (54%);
- Looking after someone in the same household (59%);
- Providing 20 hours or more support per week (56%);
- In bad or only fair health (56% and 50% respectively);
- In households with annual incomes below £15,600 (57%).

Table 5.6: Have carers taken a break for 2 days or more since they started caring? – Responses by age, working status, where care provided, amount of time spent caring per week, self-defined health and household income

Percentages¹ and rounded numbers

Base: All who would need someone else to look after the cared for person if they wanted a break for a couple of days	Yes	No	Base
<i>Age</i>			
16-34	58	42	200
35-44	58	42	200
45-54	70	30	300
55-64	68	32	300
65+	40	60	400
<i>Working status</i>			
Working full-time	69	31	300
Working part-time	73	27	300
Retired	43	57	400
Looking after family	46	54	300
<i>Where care provided</i>			
In same household	41	59	800
In another household only	82	18	600
<i>Amount of time spent caring per week</i>			
Under 20 hours	77	23	600
20 hours or more	44	56	800
<i>Health</i>			
Good	65	35	800
Fair	50	50	500
Bad	44	56	100
<i>Household income</i>			
Less than £10,400	43	57	200
£10,400-£15,600	43	57	200
£15,600-£20,800	52	48	100
£20,800-£33,800	61	39	200
£33,800+ ²	75	24	200
All carers	58	42	1,400

1. Rows may not sum to 100% due to rounding.

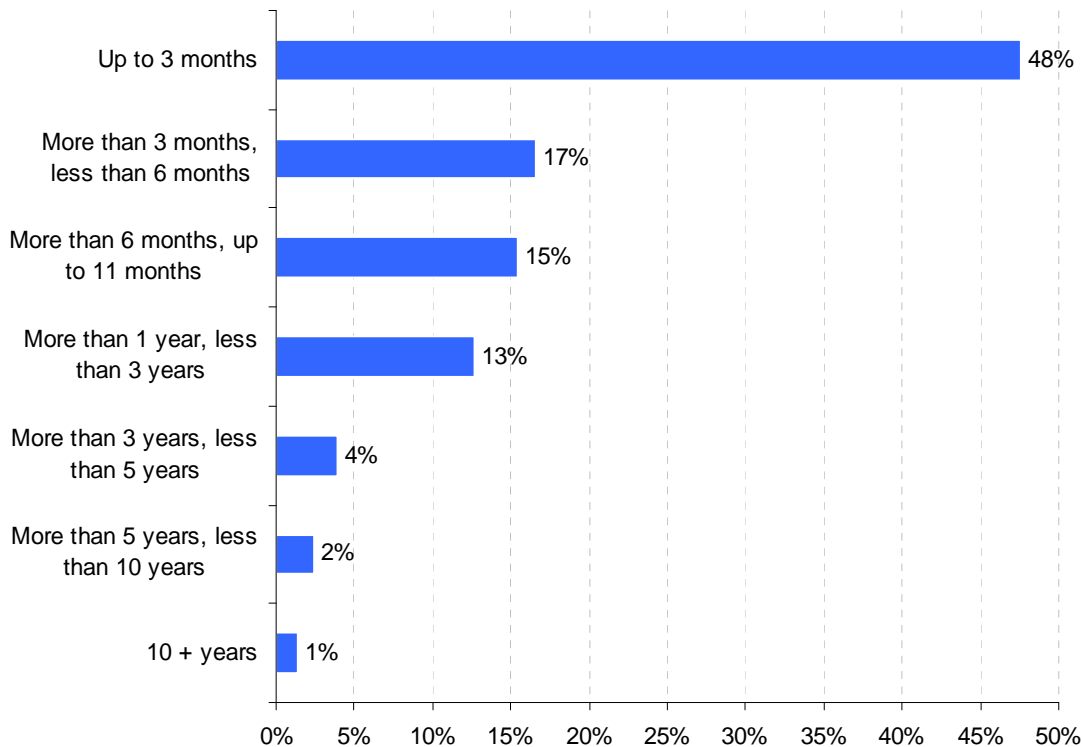
2. Due to a small base size the group of carers with household incomes of £60,000 or more have been combined with those earning between £33,800 and £60,000.

Carers who said they had taken a break for 2 days or more (during which someone else was needed to look after their main cared for person) were asked how long it had been since they

last had such time off from caring. **Figure 5.7** shows that 48 per cent had taken a break less than 3 months previously, while at the other end of the scale 8 per cent had last taken a break 3 or more years prior to being interviewed.

Out of all those who had taken a break of 2 days or more, the majority (80%) had taken a break in the last year, but for 20 per cent their last break had been a year or more prior to the interview.

Figure 5.7: Length of time since last break of 2 days or more ¹



Base: All carers where someone else was needed to look after the cared for person who have had a break for 2 days or more (800)

1. Carers who have never had a break from caring are excluded (42% of all carers).

Groups who were most likely to say their last break of 2 days or more had been a year or more ago included those who were looking after home or family (30%), carers looking after someone in the same household (34%) and those caring for 20 hours or more per week (29%). See **Table 5.7**.

Table 5.7: Length of time since last break of 2 days or more by working status, where care provided and amount of time spent caring per week¹

	<i>Percentages² and rounded numbers</i>		
Base: All carers who have had a break for 2 days or more	Less than 1 year ago	1 year or more ago	Base
<i>Working status</i>			
Working full-time	83	17	200
Working part-time	78	22	200
Retired	79	21	200
Looking after family	70	30	100
<i>Where care provided</i>			
In same household	66	34	300
In another household only	89	11	500
<i>Amount of time spent caring per week</i>			
Under 20 hours	86	14	500
20 hours or more	71	29	400
All carers who have had a break from caring	80	20	800

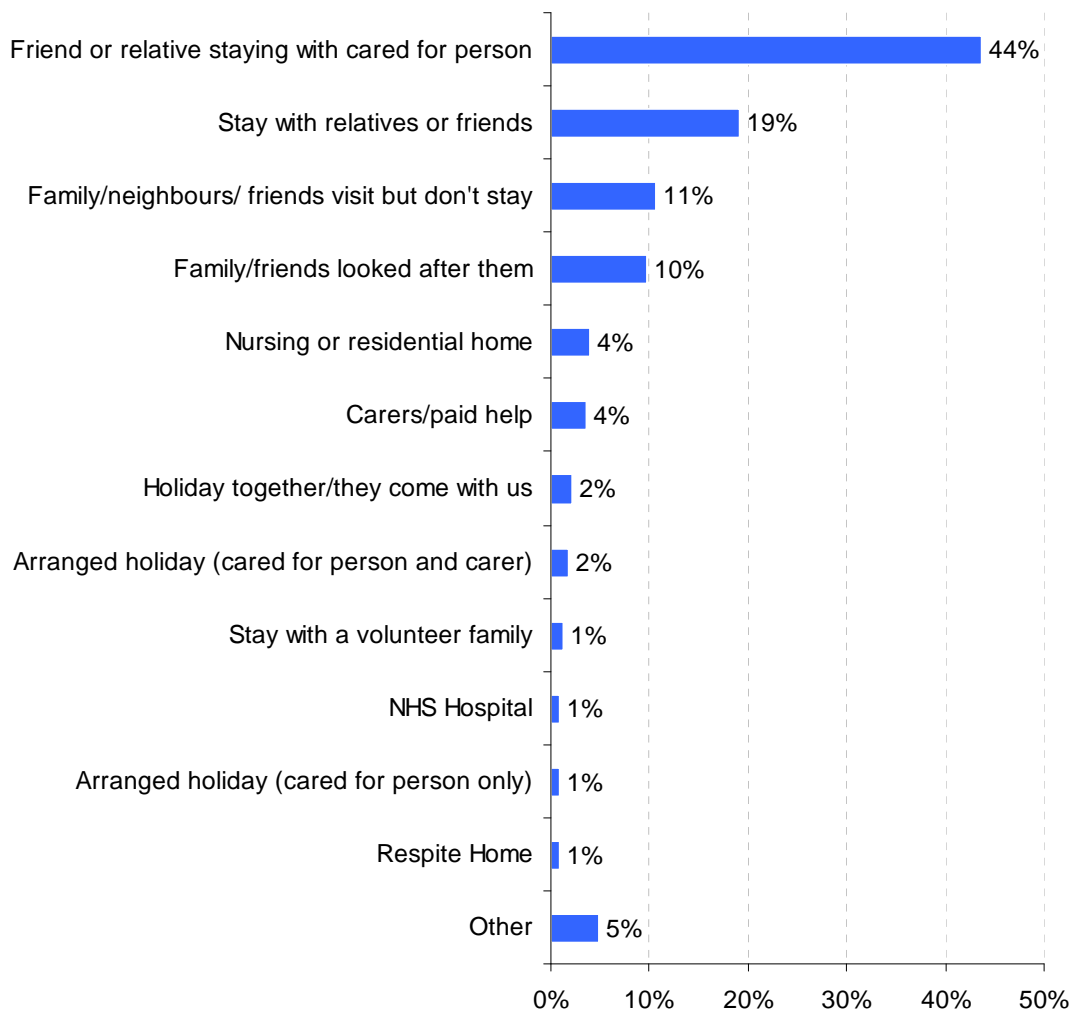
1. Carers who have never had a break from caring are excluded.

2. Rows may not add to 100% due to rounding.

Regardless of when the last break had been taken, those carers who had taken a break for 2 days or more were asked an unprompted question about the arrangements they had used for their main cared for person.

Figure 5.8 shows all the arrangements that were mentioned. It shows that carers were far more likely to rely upon informal arrangements (i.e. relatives, friends and neighbours) rather than more formal arrangements such as nursing/residential home or use of a paid carer (both mentioned by just 4% of carers).

Figure 5.8: Arrangements used the last time the carer took a break of two days or more¹



Base: All carers where someone else was needed to look after the cared for person who have had a break for 2 days or more (800)

1. Percentages do not sum to 100 as carers could choose more than one option.

The arrangements that were put in place differed depending on where care was provided; those who were caring for someone in the same household were more likely than those caring elsewhere to have used the following arrangements:

- Stay with relatives or friends (32% compared with 11%)
- Nursing or residential home (6% compared with 3%)
- Holiday together (4% compared with 1%)

Those who were providing support for someone away from their own home were more likely than those who were caring for someone in the same household to have made the following arrangements:

- Family/neighbours/friends call or visit but do not stay (16% compared with 2%);
- Family/friends looked after them (13% compared with 5%).

Table 5.8: Arrangements used the last time the carer took a break of 2 days or more, by where care provided

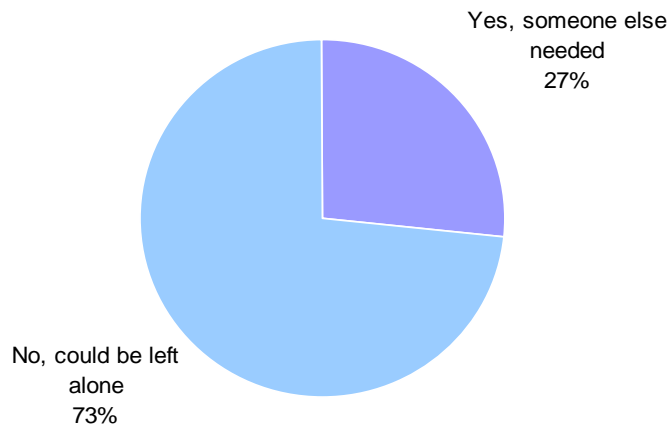
	<i>Percentages¹ and rounded numbers</i>		
	Where care provided		Total
	In same household	In another household only	
Base: All carers where someone else was needed to look after the cared for person who have had a break for 2 days or more			
Friend or relative staying with cared for person	39	46	44
Stay with relatives or friends	32	11	19
Family/neighbours/friends call or visit but do not stay	2	16	11
Family/friends looked after them	5	13	10
Nursing or residential home	6	3	4
Carers/paid help	3	4	4
Holiday together/they come with us	4	1	2
Arranged holiday (cared for person and carer)	3	1	2
Stay with a volunteer family	2	1	1
NHS Hospital	1	1	1
Arranged holiday (cared for person only)	2	-	1
Respite home	2	-	1
Other	4	5	5
Base:	300	500	800

1. Rows may not add to 100% as carers were able to select more than one option.

As well as asking about carers' ability to take breaks for 2 or more days, the survey also asked whether they would need someone else to look after their main cared for person if they wanted to go out for a couple of hours during the time that they usually provide care.

The percentage reporting that someone else would be needed for a couple of hours was lower in comparison with the number responding that someone else would be needed if they were to take a break for a couple of days (66% - see **Figure 5.4**). However, with over a quarter (27%) of all carers reporting that someone else would be needed, the importance and impact of the caring role is further underlined. See **Figure 5.9**.

Figure 5.9: Would someone else have to look after the main cared for person if a carer wanted to take a break for a couple of hours?



Base: All carers (2,200)

As before, carers who were looking after someone in the same household (34%) or who were providing 20 or more hours of care per week (35%) were particularly likely to say that someone else would be needed if they wanted to take a break for a couple of hours (**table 5.9**).

Table 5.9: Would someone else have to look after the main cared for person if a carer wanted to take a break for a couple of hours? - Responses by amount of time spent caring per week and where care provided

	<i>Percentages¹ and rounded numbers</i>				
	Amount of time spent caring per week		Where care provided		All carers
	Under 20 hours	20 hours or more	In same household	In another household only	
Yes, need someone else	19	35	34	19	27
No	81	65	66	81	73
Base: All carers	1,100	1,100	1,100	1,100	2,200

1. Rows may not add to 100% due to rounding.

Those carers who reported they would need someone else to look after their main cared for person if they wanted to go out for a couple of hours were asked whether they had made use of a sitting service in the last year. As **Table 5.10** shows, just 2 per cent of all carers (or 6% of those who would need someone else to look after the cared for person) reported using this service for their main cared for person if they wanted to take a break for a couple of hours.

In addition, all carers were asked whether or not they had made use of a befriending service in the last year. Again, just 2 per cent of carers had made use of this particular service.

Table 5.10: Use of sitting and befriending services in the last year

Base: All carers	<i>Percentages¹ and rounded numbers</i>	
	Yes	Base: All carers
Sitting service ²	2	2,200
Befriending service	2	2,200
Made use of either service	3	2,200

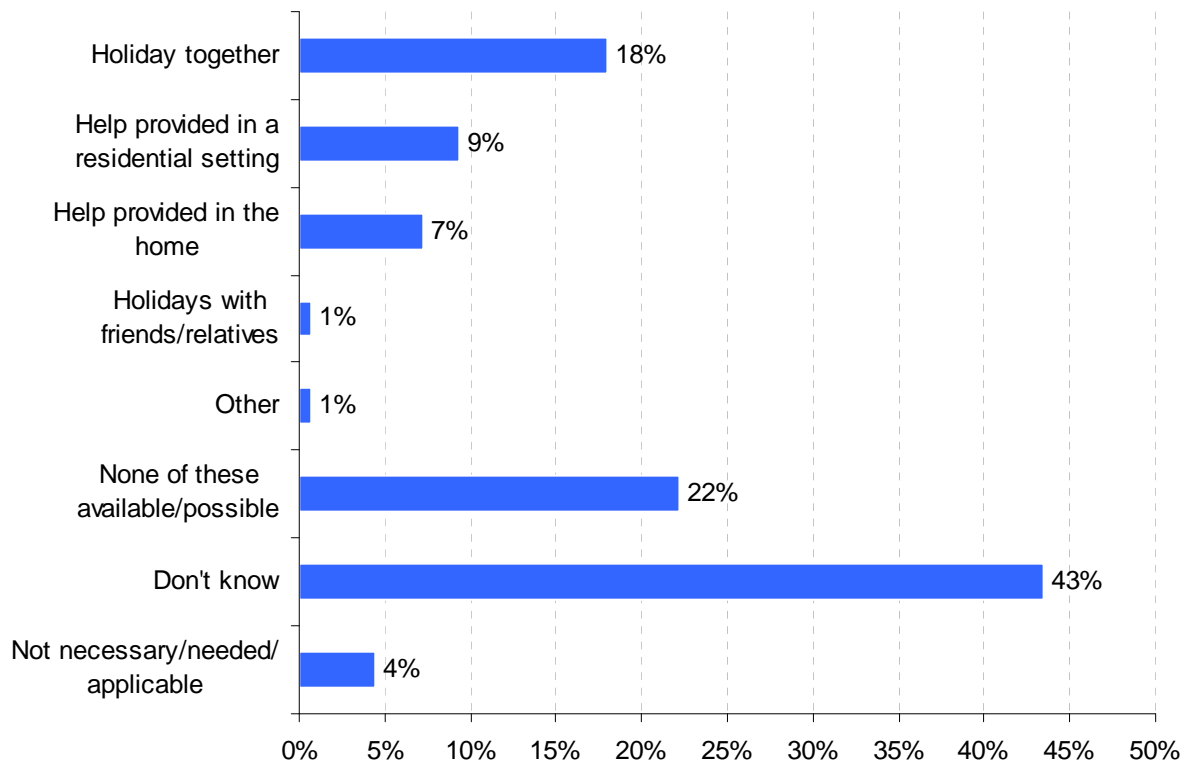
1. Rows may not add to 100% due to rounding.

2. Although the survey only asked carers who said that someone else would be needed if they wanted to take a couple of hours off from caring about the sitting service, the data have been rebased on all carers in Table 5.10.

The final question in the section about breaks from caring prompted all carers to say which types of temporary care or holidays were available to them. A similar question was asked of those carers who said that someone else would be needed if they wanted to take a break for a couple of days (see **Figure 5.6** above).

As in the earlier question, the most commonly available type of break was holidays together (18%). Smaller numbers said that help provided in a residential setting (9%) and help provided in the home (7%) were available. Around one in five (22%) said that none of these types of temporary care or holidays were available or possible and 43 per cent said they did not know, which indicates a lack of awareness amongst a sizeable percentage of carers. See **Figure 5.10**.

Figure 5.10: Availability of various types of temporary care or holidays ¹



Base: All carers (2,200)

1. Percentages will not sum to 100 as carers could choose more than one option.

Across the key sub-groups the following notable differences were observed as shown in **table 5.11**:

- Carers who were working part-time were more likely than those who were retired to say that help provided in a residential setting (13% compared with 7%) and help provided in the home (11% compared with 5%) were available;
- While 20 per cent of carers who were married or cohabiting and 16 per cent of carers who were single said a holiday together was available, only 9 per cent of those who were widowed, divorced or separated said this was the case;
- Those who were looking after someone in the same household were far more likely than those caring for someone living elsewhere to say that holidays together were available (26% compared with 10%);

- While 23 per cent of those providing 20 or more hours of support a week said that help in a residential setting was available, only 14 per cent of those providing fewer hours of caring said this was the case;
- At least one in five carers in the East Midlands (24%), South East (23%) and North West (20%) said that holidays together were available, but just 10 per cent of carers in the West Midlands said this was the case. Help provided in a residential setting was most commonly available for carers in the North West (16% compared with 9% on average).

There were no consistent differences by household income.

Table 5.11: Availability of various types of temporary care or holidays by working status, marital status, where care provided, amount of time spent caring per week and region

	<i>Percentages¹ and rounded numbers</i>						
Base: All carers	Holiday together	Help in residential setting	Help in the home	Holiday with relatives	None available / possible	Don't know	Base
<i>Working status</i>							
Working full-time	16	11	8	1	20	46	500
Working part-time	19	13	11	1	17	45	400
Retired	19	7	5	1	22	42	700
Looking after family	22	9	8	-	26	40	300
<i>Marital status</i>							
Married/cohabiting	20	9	7	1	21	43	1,600
Single	16	8	6	1	23	47	300
Widowed / divorced / separated	9	11	9	1	28	42	300
<i>Where care provided</i>							
In same household	26	8	5	-	21	42	1,100
In another household only	10	11	9	1	24	45	1,100
<i>Amount of time spent caring per week</i>							
Under 20 hours	23	14	8	1	23	45	1,100
20 hours or more	21	23	7	1	21	41	1,100
<i>Region</i>							
East Midlands	24	7	6	-	22	42	300
East of England	17	7	7	-	28	45	200
London	12	10	7	-	20	45	200
North West	20	16	10	2	16	40	300
South East	23	8	9	1	23	36	300
South West	16	12	7	1	21	46	200
West Midlands	10	5	5	1	18	62	300
Yorkshire and the Humber	18	6	5	1	25	38	300
All Carers	18	9	7	1	22	43	2,200

1. Columns may not sum to 100% as carers were able to select more than one option. Due to a small base size the North East is not shown on this table.

6. Profile of the people being cared for

Previous chapters have focused upon carers and the various effects care provision has upon them. This chapter looks at the people they were providing care for, the relationship between carer and cared for person, why this support is required and use made of services.

The figures in this chapter relate to the 'main cared for person' throughout and it should be borne in mind that this main cared for person may in effect be counted twice where joint care is being provided e.g. a couple caring for their disabled child or parent (in-law).

In summary, the overall findings indicate that:

- 61 per cent of carers were looking after women.
- 50 per cent were looking after someone aged 75 or older, while 8 per cent were caring for children (aged under 16)¹⁹.

Table 6.1 shows the overall profile of the main cared for people and provides a breakdown in terms of where care is provided and the amount of time spent caring.

The table shows there were differences depending on where the cared for person lived:

- 51 per cent of carers who were caring for someone in the same household were caring for a woman compared with 72 per cent of those caring for someone elsewhere.
- Only 31 per cent of those caring for someone at home were providing support for someone aged 75 or over compared with 69 per cent when the cared for person lived elsewhere.

There were also differences by intensity of caring:

- 67 per cent of those who spent less than 20 hours a week caring were caring for a woman compared with 54 per cent of those who cared for 20 or more hours per week.
- 60 per cent of low intensity carers were caring for someone aged 75 or over compared with 39 per cent of high intensity carers.
- However, while only 4 per cent of those caring for less than 20 hours per week were looking after a child, this figure increased to 12 per cent for high intensity carers.

¹⁹ This refers to special help given to sick or disabled children in addition to normal child caring responsibilities. Someone caring for a fit and healthy child would not be included as a carer in this survey.

Table 6.1: Profile of main person cared for, by where care provided and amount of time spent caring per week

Percentages¹ and rounded numbers

	Where care provided		Amount of time spent caring per week		All carers
	In the same household	In another household only	Under 20 hours	20 hours or more	
<i>Gender of person cared for</i>					
Male	49	28	33	46	39
Female	51	72	67	54	61
<i>Age of person cared for</i>					
Under 16	14	2	4	12	8
16-34	10	3	5	9	7
35-44	7	3	4	6	5
45-54	9	4	6	8	7
55-64	15	6	10	11	11
65-74	14	12	12	14	13
75+	31	69	60	39	50
Base: All carers	1,100	1,100	1,100	1,100	2,200

1. Columns may not add to 100% due to rounding.

If the carer's main cared for person lived in the same household as them, data on marital status and ethnicity were also collected. **Table 6.2** shows that:

- 73 per cent of main cared for people aged 16 or over were married or cohabiting (64% married, 9% cohabiting), 18 per cent were single and 8 per cent were either widowed, divorced or separated from their spouse
- 89 per cent were from a White background, while 11 per cent were from BME backgrounds

Table 6.2: Profile of main person cared for, by marital status and ethnicity

Percentages¹ and rounded numbers

Main cared for person

<i>Marital status</i>	
Married/cohabiting	73
Single	18
Widowed/divorced/separated	8
Base: All main cared for people aged 16+ living in the same household as the carer	1,000
<hr style="border-top: 1px dashed black;"/>	
<i>Ethnicity²</i>	
White	89
BME	11
Base: All main cared for people living in the same household as the carer	1,100

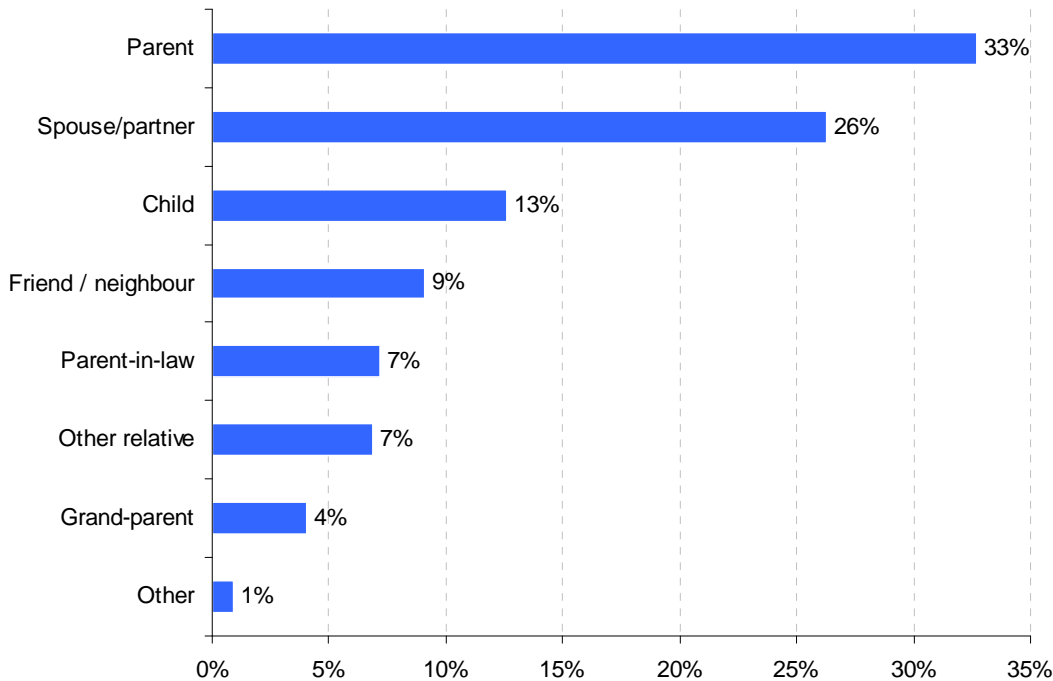
1. Columns may not add to 100% due to rounding.

2. BME refers to carers who were from a black or minority ethnic background and includes those who reported their ethnicity as mixed, Asian, Black or other.

The relationship between carers and their main cared for person

Carers were most likely to be looking after a close family member, such as a parent (33%), a spouse or partner (26%) or a child (13%). Just 9 per cent said their main cared for person was a friend or neighbour. See **Figure 6.1**.

Figure 6.1: Relationship of carer to main cared for person



Base: All carers (2,200)

As would be expected, there were some considerable differences depending on where care was provided and also in terms of the intensity of the caring role. See **Table 6.3**.

Carers who were looking after someone living in the same household were most likely to be looking after their spouse or partner (51%) or a child (22%). Those who were caring for someone living elsewhere were most likely to be caring for a parent (48%) or a friend or neighbour (18%).

Those who were caring for less than 20 hours per week were far more likely than those providing more hours of support to be looking after a parent (39% compared with 26%) or a neighbour (14% compared with 3%). Conversely, the high intensity group of carers were more likely than those providing less than 20 hours of caring per week to be looking after a spouse or partner (41% compared with 13%) or a child (19% compared with 7%).

Table 6.3: Relationship of carer to main cared for person, by where care provided and amount of time spent caring per week

Percentages¹ and rounded numbers

	Where care provided		Amount of time spent caring per week		All carers
	In the same household	In another household only	Under 20 hours	20 hours or more	
Parent	19	48	39	26	33
Spouse/partner	51	1	13	41	26
Child	22	3	7	19	13
Friend or neighbour	1	18	14	3	9
Parent in law	3	12	10	4	7
Other relative	3	11	10	4	7
Grand-parent	1	7	6	2	4
Other	1	1	1	1	1
Base: All	1,100	1,100	1,100	1,100	2,200

1. Columns may not add to 100% due to rounding.

There were also notable differences by age of carer, as **Table 6.4** shows. Carers aged 65 or over were by far the group most likely to say their main cared for person was their spouse or partner (58% compared with 26% on average). Those aged 45 to 54 were most likely to say a parent was their main cared for person (50% compared with 33% on average). Carers aged 35 to 44 were the group most likely to say a child was their main cared for person (26% compared with 13% on average). Younger carers (those aged 16 to 34) were the group most likely to care for a grand-parent (18% compared with just 4% on average).

Table 6.4: Relationship of carer to main cared for person, by age

Percentages¹ and rounded numbers

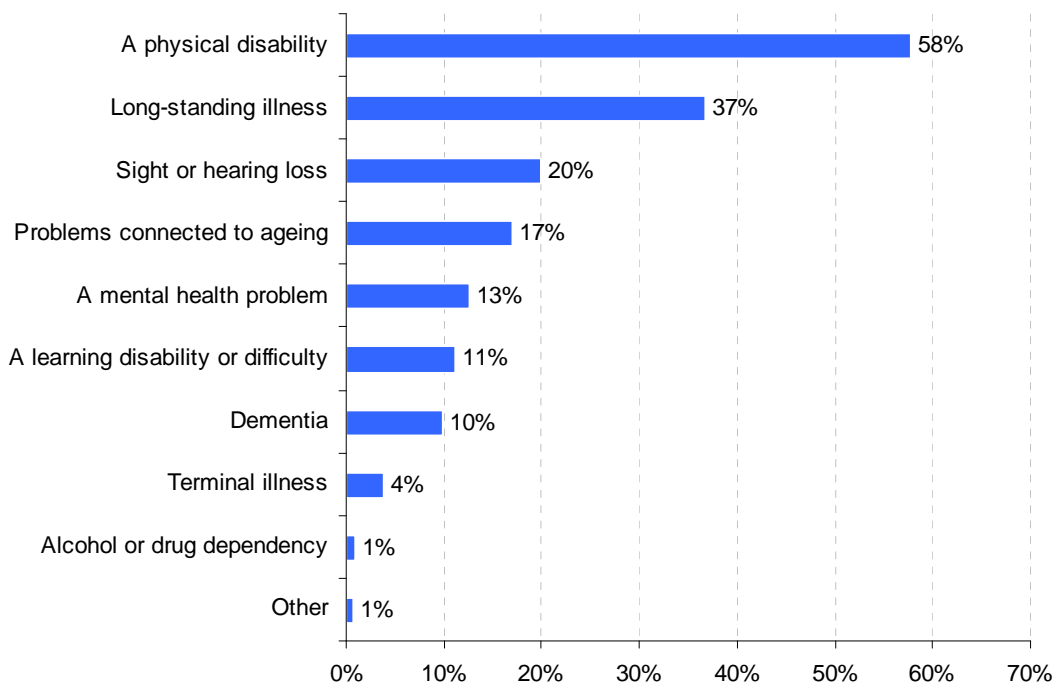
	Age of carer					All carers
	16-34	35-44	45-54	55-64	65+	
Parent	35	35	50	41	7	33
Spouse/partner	12	14	14	23	58	26
Child	15	26	12	6	9	13
Friend or neighbour	6	9	6	10	13	9
Parent in law	3	6	11	12	3	7
Other relative	8	5	5	7	9	7
Grand-parent	18	5	-	-	-	4
Other	2	1	1	1	1	1
Base: All	300	300	500	500	600	2,200

1. Columns may not add to 100% due to rounding.

Health of the main cared for person

All carers were asked a prompted question to establish why the people they cared for needed their help. The most frequently cited reasons were that the main cared for person had a physical disability (58%), a long-standing illness (37%) or sight or hearing loss (20%). As with the 2000 GHS, the show card for this question deliberately did not include a code for problems connected to ageing but interviewers were able to code this if it was mentioned spontaneously. In total, 17 per cent of carers mentioned this as the reason why their main cared for person required their help. **Figure 6.2** shows the full range of responses to this question.

Figure 6.2: Reasons why main cared for person requires help¹



Base: All carers (2,200)

1. Percentages will not add to 100 as carers could select more than one option

As would be expected, different conditions require different levels of care; hence there were some marked differences between those who were caring for fewer than 20 hours per week and those who were providing help for 20 hours or more. See **Table 6.5**.

The high intensity group of carers were more likely than the lower intensity group to be caring for someone with a long-standing illness (42% compared with 32%), a learning disability or difficulty (17% compared with 6%), a mental health problem (15% compared with 11%) or a terminal illness (5% compared with 3%).

Carers who were providing less than 20 hours of support a week were more likely than those involved in more intense roles to be caring for someone with problems connected to ageing (25% compared with 9%) or dementia (11% compared with 8%).

Table 6.5: Reasons why main cared for person requires help, by amount of time spent caring per week

	<i>Percentages¹ and rounded numbers</i>		
	Amount of time spent caring per week		All carers
	Under 20 hours	20 hours or more	
A physical disability	56	60	58
Long-standing illness	32	42	37
Sight or hearing loss	21	18	20
Problems connected to ageing	25	9	17
A mental health problem	11	15	13
A learning disability or difficulty	6	17	11
Dementia	11	8	10
Terminal illness	3	5	4
Alcohol or drug dependency	1	1	1
Other	1	1	1
Base: All	1,100	1,100	2,200

1. Columns do not add to 100% as carers were asked to specify all of the reasons why their main cared for person requires help.

A follow-up question asked carers whether the person they cared for was affected physically or mentally. As with the 2000 GHS, there was also a code to say that the person they cared for was affected by problems due to old age; this category was not read out but could be coded if it was mentioned spontaneously. The majority (62%) of carers were looking after someone whose condition affected them only physically. Around one in ten (11%) said their main cared for person was affected only mentally and 22 per cent said they were affected both physically and mentally. Just 3 per cent said their main cared for person was affected because of old age.

Table 6.6 shows that those who were caring for less than 20 hours per week were more likely than those providing more hours of support to say that their main cared for person was affected only physically (64% compared with 59%). Those who were caring for 20 hours or more per week were more likely than the lower intensity group of carers to say that their main cared for person was affected either mentally only (13% compared with 9%) or both physically and mentally (25% compared with 20%).

This means that overall, 38 per cent of carers providing support for 20 hours or more per week and 29 per cent of carers providing less intensive support were caring for someone who was affected mentally.

Table 6.6: Condition of the main cared for person, by amount of time spent caring per week

Percentages¹ and rounded numbers

	Amount of time spent caring per week		All carers
	Under 20 hours	20 hours or more	
<i>How main cared for person is affected</i>			
Physically only	64	59	62
Mentally only	9	13	11
Both physically and mentally	20	25	22
Old age	5	1	3
Other	1	1	1
Base: All	1,100	1,100	2,200

1. Columns may not sum to 100% due to rounding.

Contact with health and social care professionals

Carers who were looking after a relative or someone living in the same household as themselves were asked whether their main cared for person received regular visits, or visited, different health and social care professionals at least once a month.

As **Table 6.7** shows, 31 per cent of carers said their main cared for person received visits from at least one of the listed professionals and 52 per cent said their main cared for person visited at least one of the professionals. Allowing for overlaps, this means that overall two thirds (66%) said that their main cared for person had some kind of contact with a health or social care professional at least once a month.

Overall, 43 per cent of carers said their main cared for person saw a doctor at least once a month, 13 per cent said they saw a community/district nurse or community matron, 13 per cent said they saw a home help or care worker and 10 per cent said their main cared for person saw another health professional.

Table 6.7: Contact with health and social care professionals (at least once per month)

Percentages¹ and rounded numbers

	Visits from health or social care professional	Visits to health or social care professional	All contact with health and social care professionals
Doctors	8	39	43
Community/district nurse/community matron	9	7	13
Home help/care worker	11	3	13
Other professional visitor	5	6	10
Specialist/nursing care/palliative care	3	7	9
Social worker/care manager	5	3	7
Occupational therapist	3	4	6
Educational professional	2	4	5
Community mental health services	3	3	5
Health visitor	2	1	3
Meals on wheels	2	1	3
Voluntary worker	2	1	2
<hr/>			
Any health or social care professional	31	52	66
No, none	67	46	33
Don't know	1	2	1
<hr/>			
Base: All carers whose main cared for person is a relative or living in the household	2,000	2,000	2,000

1. Columns do not add to 100% as carers were asked to mention all health and social care professionals that their main cared for person has contact with.

Table 6.8 shows the main cared for person's contact with health and social care professionals by region. It shows that cared for people were most likely to have some contact with a professional in the East Midlands (76% compared with 66% on average) and least likely to have some contact in the West Midlands (56%).

Table 6.8: Contact with health and social care professionals (at least once per month) by region

<i>Region</i>	<i>Percentages¹ and rounded numbers</i>		<i>Base</i>
	Any contact with health and social care professional	No contact with health and social care professional	
East Midlands	76	24	200
East of England	64	35	200
London	69	30	200
North East ⁽²⁾	65	32	100
North West	63	37	300
South East	70	30	300
South West	64	35	200
West Midlands	56	43	200
Yorkshire and the Humber	66	33	300

All carers	66	33	2,000

1. Rows do not add to 100% due to rounding, in addition the small number of 'Don't know' responses are not shown.

2. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (unweighted base = 75).

As the pattern of responses in **Table 6.9** shows, the reasons for the main cared for person not having contact with professionals were very similar across all the different categories. It is clear that in most cases the services offered by the professionals were not needed. This was mentioned by approximately three quarters or above of these carers in relation to each of the health and social care professionals they were asked about.

Other reasons which were mentioned fairly regularly were that the service was either not available or not offered and that the service was not wanted by the carer's main cared for person. It is also clear from the table that services being too expensive or not being offered at a convenient time was very rarely a reason why the cared for person did not see a particular health or social care professional.

Table 6.9: Reasons for no contact (at least once per month) with health and social care professionals

Percentages¹ and rounded numbers

	Doctor	CN/ DN/ CM	Health visitor	SW/ CM	Home help / care worker	Meals on wheels	Voluntary worker	OT	EP	SNC/PC	CMHS	OPV
Not available/ offered	12	12	13	11	11	5	12	11	6	8	7	10
Not needed	75	75	74	75	75	81	75	75	86	83	84	81
Tried, but not helpful	2	1	1	2	1	1	-	1	1	-	1	-
Not wanted by you	2	2	2	2	3	5	2	2	2	2	2	2
Not wanted by person cared for	9	9	8	9	10	11	10	7	6	6	6	6
Not at a convenient time	-	-	-	-	-	-	-	-	-	-	-	-
Too expensive	-	-	-	-	1	-	-	-	-	-	-	-
Not eligible	1	2	2	1	2	2	1	2	2	1	1	1
Don't know who to ask	2	4	4	3	3	2	4	3	2	2	2	3
Arrange when necessary	1	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	1	-	-	-	-	-	2	2	2
Don't know	1	1	1	1	1	1	1	1	-	1	1	1
Base: All who have no contact with this health professional	1,200	1,700	1,900	1,900	1,700	1,900	2,000	1,900	1,900	1,800	1,900	1,800

1. Columns do not add to 100% as carers were asked for all the reasons why their main cared for person did not have contact with health professionals.

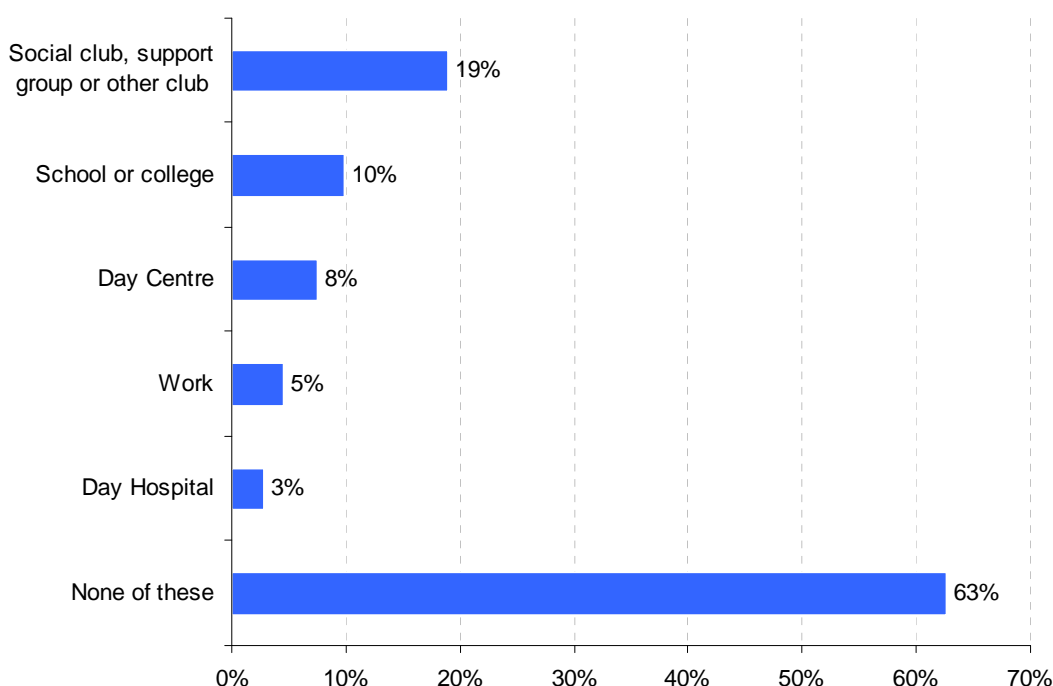
Key to abbreviated job titles: 'Community Nurse, District Nurse or Community Matron'; SW/CM 'Social Worker or Care Manager; OT 'Occupational Therapist'; EP 'Educational Professional'; SNC/PC 'Specialist Nursing Care or Palliative Care'; CMHS 'Community Mental Health Services'; OPV 'Other Professional Visitor'

Services for the main cared for person

Carers who were looking after a relative or someone living in the same household as them were asked whether their main cared for person regularly went to a number of different places or activities.

As **Figure 6.3** shows, 63 per cent of carers said their main cared for person did not go to any of the places listed on the show card. Those who said the person they looked after went somewhere were most likely to mention a social club, support group or other club (19%) or school or college (10%). In addition, 8 per cent mentioned a day centre, 5 per cent mentioned work and 3 per cent mentioned a day hospital.

Figure 6.3: Whether the main cared for person went to any places or activities¹



Base: All carers whose main cared for person is a relative or living in the household (2,000)

1. Figures do not sum to 100% as respondents could select more than one option.

For this question there were also notable differences in response by age of the main cared for person, with younger people aged under 16 the most likely to go to any of the specified places (91%) and older people aged 55-64 or 65 or over least likely to go to any of the listed places (26% and 29% respectively). The youngest and oldest groups were most likely to go to a social club, support club or other club (24% of those aged under 16 and 21% of those aged 65 or over).

Unsurprisingly however, those aged under 16 were most likely to go to a school or a college (86%) followed by those aged 16 to 34 year (25%). See **Table 6.10**.

Table 6.10: Whether the main cared for person went to any places or activities, by age of main cared for person ¹

Percentages² and rounded numbers

	Age of main cared for person						All main cared for persons
	Under 16	16-34	35-44	45-54	55-64	65+	
Social club, support group or other club	24	14	13	11	15	21	19
School or college	86	25	11	3	1	-	10
Day centre	2	11	13	11	6	7	8
Work	-	19	12	17	8	1	5
Day Hospital	2	5	6	3	2	3	3
Any of these	91	58	40	38	26	29	37
None of these	9	42	60	61	74	71	63
Base: All carers whose main cared for person is a relative or living in the household	200	100	100	100	200	1,300	2,000

1. The small number of 'Don't know' responses are not shown.

2. Columns may not add to 100% as carers were able to select more than one option.

Table 6.11 shows the findings by region. It shows that cared for people in the East Midlands (70%), North West (69%) and Yorkshire and the Humber (67%) were least likely to go to any of the places or activities on the show card. A quarter of cared for people in both the South East and South West went to a social club or other type of club (both 25%), while just 14 per cent in the East Midlands and 16 per cent in the North West and Yorkshire and the Humber went to a club. People in London were more likely than their counterparts in any other region to go to a day centre (17% compared with 8% on average).

Table 6.11: Whether the main cared for person went to any places or activities, by region¹

	<i>Percentages² and rounded numbers</i>							
	Social club, support group or other club	School or college	Day centre	Work	Day hospital	Any of these	None of these	Base ³
<i>Region</i>								
East Midlands	14	6	7	4	4	31	70	200
East of England	20	11	7	5	2	37	64	200
London	18	15	17	4	4	50	51	200
North East ⁴	12	9	7	5	5	29	70	100
North West	16	7	6	6	1	31	69	300
South East	25	16	7	3	3	45	55	300
South West	25	7	4	7	3	39	61	200
West Midlands	21	10	5	3	3	36	63	200
Yorkshire and the Humber	16	8	7	5	3	33	67	300
All carers	19	10	8	5	3	37	63	2,000

1. The small number of 'Don't know' responses are not shown.

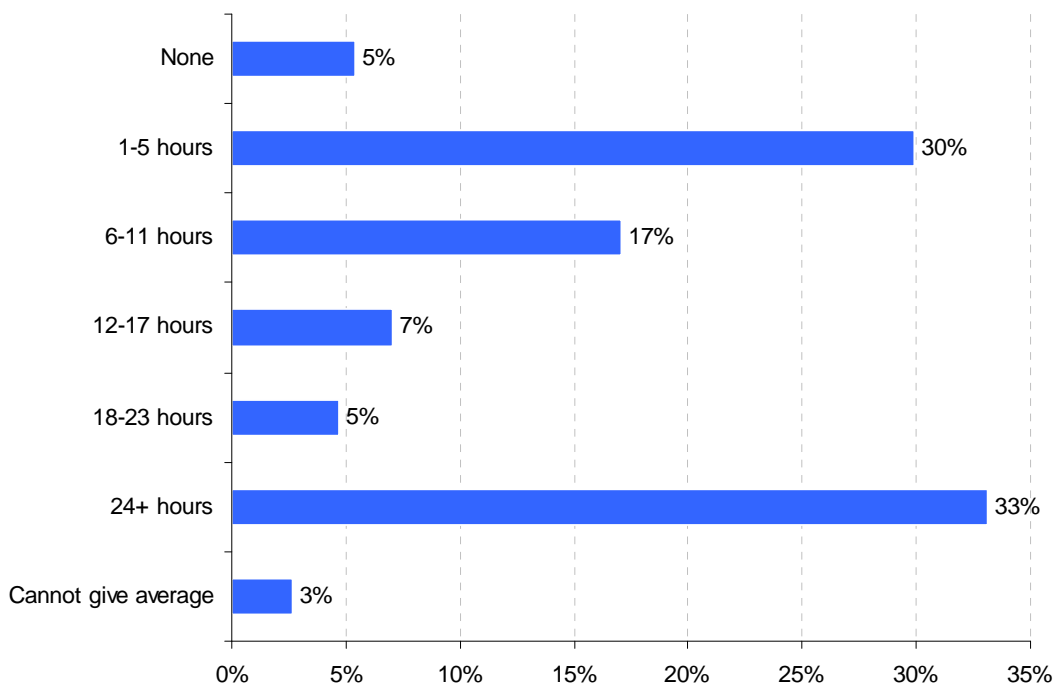
2. Columns may not sum to 100% as respondents could select more than one option.

3. Base: All carers whose main cared for person is a relative or living in the household

4. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (unweighted base = 81).

Carers who said their main cared for person went to a place or activity were asked how many hours they usually spent without their carer and outside of the home per week. As **Figure 6.4** shows, 5 per cent of carers whose main cared for person went to at least one place or activity said they were never apart and a further 30 per cent said they were only apart for up to 5 hours. At the other end of the scale, almost a third (33%) said they were apart from their main cared for person for 24 hours or more per week.

Figure 6.4: Number of hours that the main cared for person spends at places or activities without the carer and outside the home per week where the cared for person goes to at least one activity



Base: All carers whose main cared for person goes to at least one place/activity (700)

On this question there were notable differences by age of carer, with younger carers more likely than older carers to say their main cared for person spent more time without them and outside the home. As **Table 6.12** shows, 47 per cent of carers aged 35 to 44 and 42 per cent of carers aged 16 to 34 said their main cared for person spent 24 hours or more away from them each week. In comparison, just 12 per cent of carers aged 65 or over said this was the case with their main cared for person.

Table 6.12: Number of hours per week that the main cared for person spends at places or activities without the carer and outside the home where the cared for person goes to at least one activity, by age of carer

Percentages¹ and rounded numbers

	Age					All carers
	16-34	35-44	45-54	55-64	65+	
None	4	2	2	5	17	5
1-5 hours	24	27	28	33	40	30
6-11 hours	10	12	20	24	21	17
12-17 hours	10	8	6	7	4	7
18-23 hours	5	4	3	7	5	5
24+ hours	42	47	37	20	12	33
Cannot give average	3	1	5	4	-	3
Base: All carers whose main cared for person goes to at least one place/activity	100	100	200	200	100	700

1. Columns may not add to 100% due to rounding.

There were also notable differences by where care was provided. As **table 6.13** shows, 46 per cent of carers who were looking after someone in their own household said their main cared for person spent 24 hours or more at places or activities without the carer and away from home, while just 14 per cent of those who were providing support for someone in another household said this was the case.

Table 6.13: Number of hours per week that the main cared for person spends at places or activities without the carer and outside the home, by where care provided

	Where care provided		Percentages ¹ and rounding
	In the same household	In another household only	All carers
None	6	4	5
1-5 hours	21	44	30
6-11 hours	14	22	17
12-17 hours	6	8	7
18-23 hours	6	3	5
24+ hours	46	14	33
Cannot give average	1	6	3
Base: All carers whose main cared for person goes to at least one place/activity	400	300	700

1. Columns may not add to 100% due to rounding.

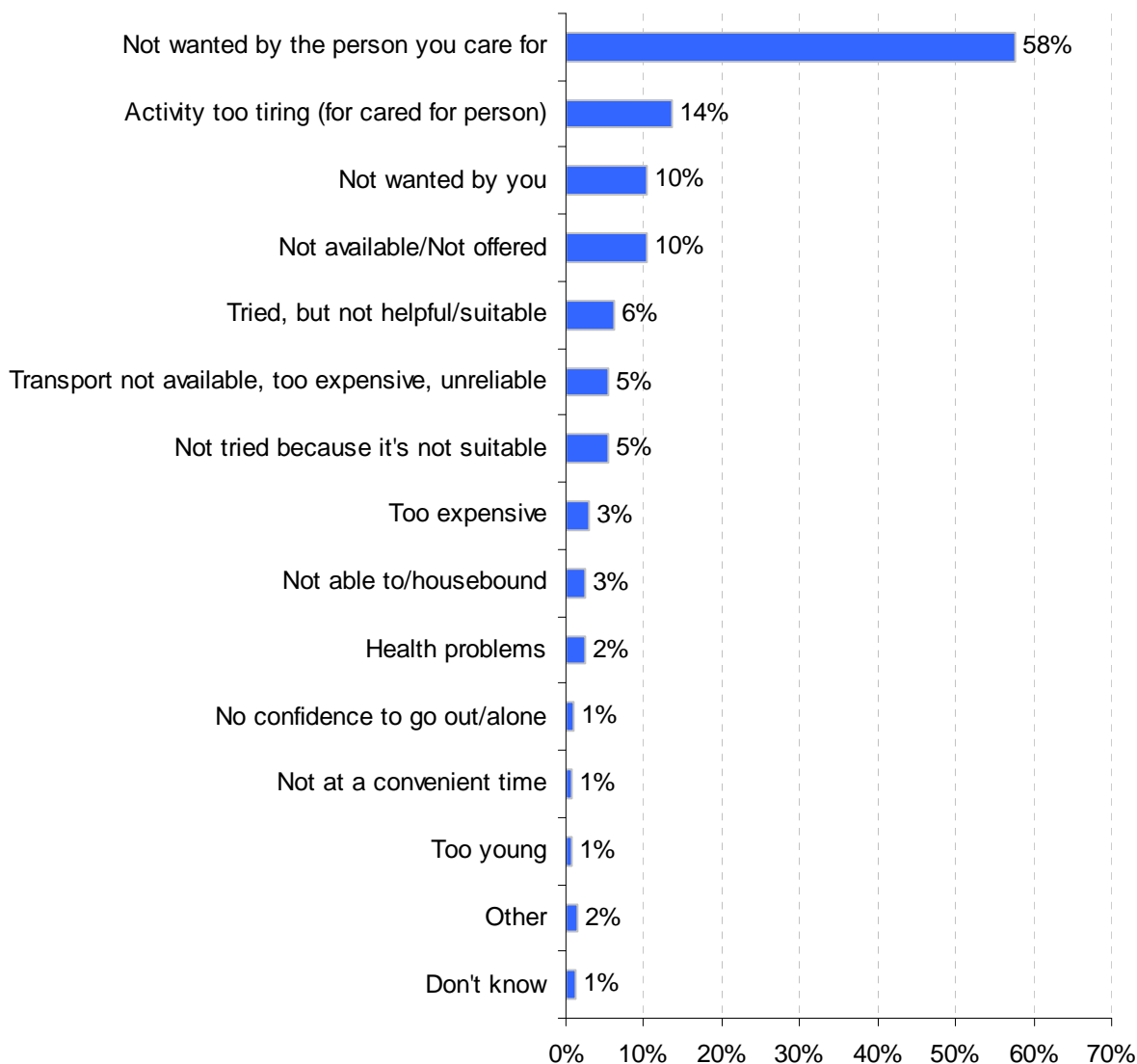
The small number of carers who said their main cared for person regularly went to work were asked how many hours they spent at work, but as the base size for this question was low (less than 100 carers) it was not possible to provide a robust analysis.

Carers who said their main cared for person did not regularly go to any outside places or activities (e.g. a social club, work etc.) were asked why this was. The most common response was that it was not wanted by the person they cared for (58%). The only other reasons mentioned by at least one in ten carers were that the activity was too tiring for the cared for person (14%), the activity was not wanted by the carer (10%) and the activity was not available or not offered (10%).

Some carers also mentioned that the activity was not helpful or suitable (6%), transport was not available or was too expensive or unreliable (5%), the activity was too expensive (3%) or it was not at a convenient time (1%).

As with the question about contact with health and social care professionals, it is clear that cost was not a major factor. Just 3 per cent of carers felt these activities were too expensive. **Figure 6.5** shows all of the reasons mentioned by carers.

Figure 6.5: Reasons why the main cared for person does not go to any outside places or activities ¹



Base: All carers whose main cared for person does not regularly go to any outside places or activities (1,300)

1. Columns may not add to 100% as carers were asked for all the reasons why their main cared for person did not go to any outside places or activities.

Responses to this question did not appear to be affected by the carers' working status. The only clear difference between the groups was that carers who were retired were most likely to say they did not want their cared for person to go to any outside places or activities (16% compared with 10% on average).

Differences were apparent by age of the main cared for person, as **Table 6.14** shows. Two thirds (65%) of those whose main cared for person was aged 65 or over reported that outside places or activities were not wanted by that person; in comparison less than half (42%) of those whose main cared for person was in a younger age group. Carers whose main cared for person was under 45 years of age were more likely than those whose main cared for person was aged 65 or over to say that outside places or activities had not been

tried because they are not suitable (9% compared with 5%) and because transport was not available, or was too expensive or the journey was too tiring (9% compared with 4%).

Table 6.14: Reasons why the main cared for person does not go to any outside places or activities, by age of main cared for person

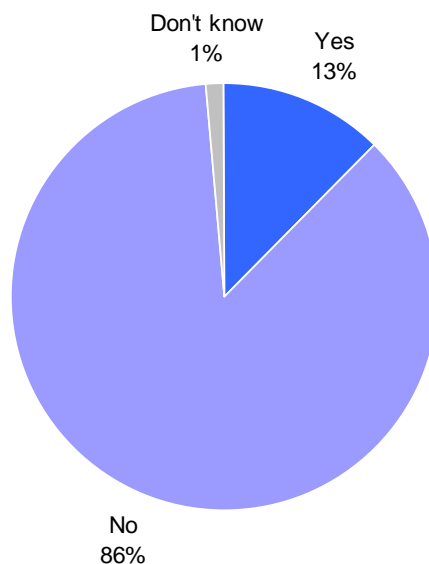
Percentages¹ and rounded numbers

	Age of main cared for person			All carers
	Under 45	45-64	65+	
Not wanted by the person you care for	42	42	65	58
Activity too tiring	15	16	12	14
Not available/not offered	14	17	8	10
Not wanted by you	11	15	9	10
Tried, but not helpful/suitable	7	8	5	6
Not tried because it's not suitable	9	6	5	5
Transport not available or too expensive or journey too tiring	9	7	4	5
Base: All carers whose main cared for person does not regularly go to any outside places or activities	100	200	900	1,300

1. Columns may not add to 100% as carers were asked for all the reasons why their main cared for person did not go to any outside places or activities.

Carers were also asked whether their main cared for person regularly made use of a community or voluntary transport scheme. As **Figure 6.6** shows, only 13 per cent said they did use such a scheme, while the vast majority (86%) said their main cared for person did not.

Figure 6.6: Regular use of community or voluntary transport scheme for main cared for person



Base: All carers whose main cared for person is a relative or living in the household (2,000)

For this question there were very few marked differences across the key sub-groups. However, it is worth noting that cared for people aged either 35-44 or under 16, those living in London and those with annual household incomes of £33,800 or more were more likely to say their main cared for person did make use of a transport scheme. See **Table 6.15**.

Table 6.15: Use of community or voluntary transport schemes for main cared for person, by age of main cared for person, region and household income

Percentages¹ and rounded numbers

Base: All carers whose main cared for person is a relative or living in the household	Yes	No	Don't know	Base
<i>Age of main cared for person</i>				
Under 16	18	80	3	200
16-34	9	91	-	100
35-44	21	79	-	100
45-54	8	90	2	100
55-64	5	93	2	200
65+	13	86	1	1,300
<i>Region</i>				
East Midlands	13	87	1	200
East of England	10	88	2	200
London	20	79	-	200
North East ²	9	91	-	100
North West	9	91	-	300
South East	15	83	1	300
South West	13	86	1	200
West Midlands	11	87	2	200
Yorkshire and the Humber	10	88	1	300
<i>Household income</i>				
Less than £10,400	9	90	1	300
£10,400-£15,600	12	87	-	300
£15,600-£20,800	13	86	1	200
£20,800-£33,800	12	87	2	300
£33,800-£60,000	16	83	1	300
£60,000+	18	81	1	100

1. Rows may not add to 100% due to rounding.

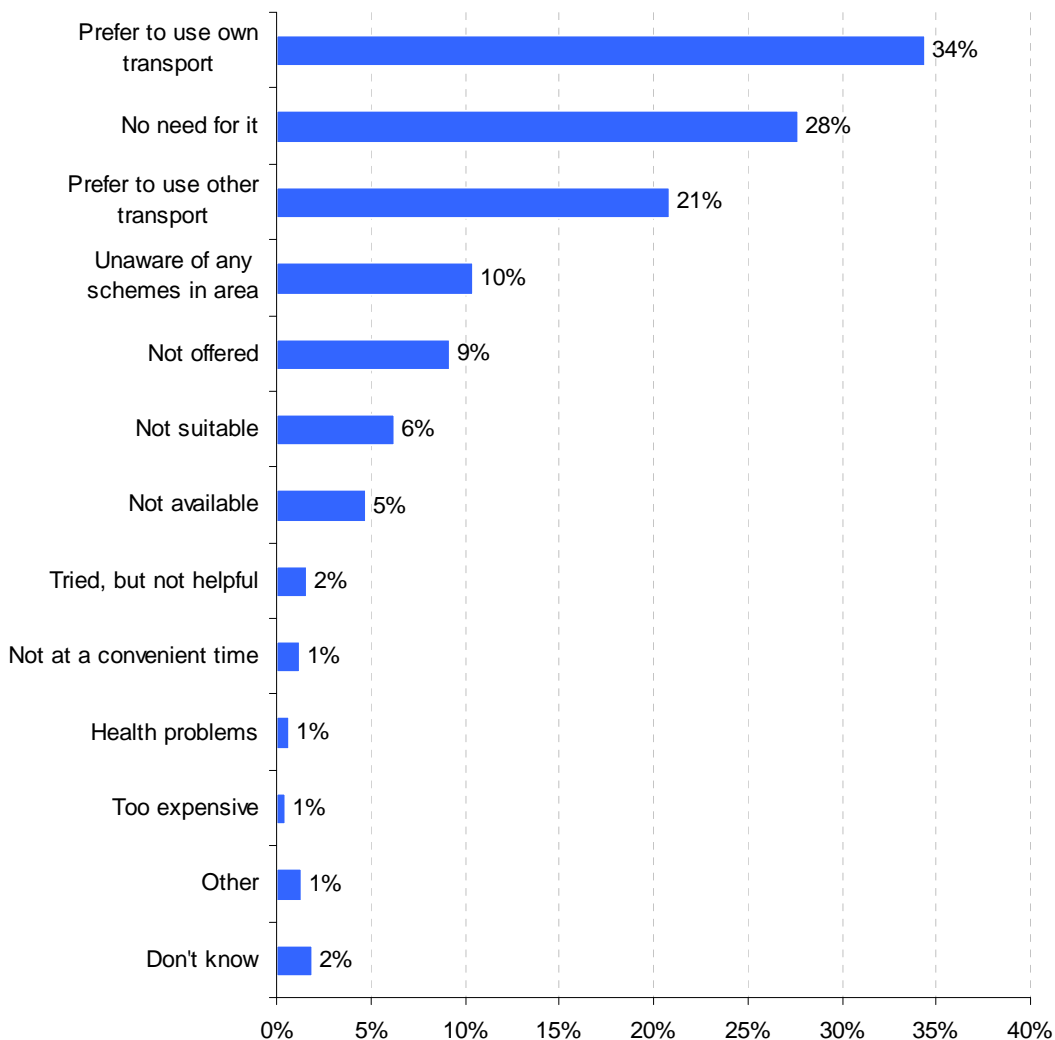
2. It is essential to exercise caution when interpreting results for the North East Government Office Region due to low base size (81).

If a carer said their main cared for person did not use a community or voluntary transport scheme and the person they were caring for was aged 5 or over, they were asked why the transport scheme was not used.

A wide variety of reasons for not using a transport scheme were mentioned; the most frequently cited were that carers preferred to use their own transport (34%), there was no need for it (28%) or they preferred to use other transport (21%).

However, the findings also suggest that community or voluntary transport was not available for some; 10 per cent were unaware of any schemes in their area, 9 per cent said such a scheme was not offered and 5 per cent said a scheme was not available. **Figure 6.7** shows all reasons mentioned by carers.

Figure 6.7: Reasons why community or voluntary transport schemes are not used¹



Base: All carers whose main cared for person does not use a community/voluntary transport scheme and is aged 5 or over (1,700)

1. Figures do not sum to 100% as respondents could select more than one option.

Table 6.16 shows the findings for this question by age of the main cared for person. It shows that 42 per cent of carers looking after someone under 16 said there was no need for a community or voluntary transport scheme, compared to 28 per cent on average.

A quarter (25%) of carers who were looking after someone aged 65 or over preferred to use other forms of transport compared to 21 per cent on average.

Table 6.16: Reasons why community or voluntary transport schemes are not used, by age of main cared for person

	Age of cared for person					All carers
	Under 16	16-34	35-54 ²	55-64	65+	
Prefer to use own transport	33	31	39	43	32	34
No need for it	42	27	25	31	26	28
Prefer to use other transport	13	16	11	14	25	21
Unaware of any schemes in this area	14	13	15	8	9	10
Not offered	18	15	14	6	7	9
Not suitable	8	5	3	8	7	6
Not available	11	11	5	4	3	5
Tried, but not helpful	1	-	2	1	2	2
Not at a convenient time	2	2	1	1	1	1
Health problems	-	-	-	-	1	1
Too expensive	-	-	2	-	-	1
Other	-	1	1	-	2	1
Don't know	4	1	2	1	2	2
Base: All carers whose main cared for person does not use a community/voluntary transport scheme and is aged 5 or over	100	100	200	200	1,100	1,700

- Columns may not add to 100% as carers were asked for all the reasons why their main cared for person did not make use of a transport scheme.
- The '35-44' group has been combined with the 45-54 group due to a small base size for main cared for people aged 35-44.

Appendix A: Methodology and sampling

A1. Introduction

The survey was developed by a steering group consisting of the main stakeholders:

- NHS Information Centre for health and social care, who provided the chair and secretariat
- GfK NOP
- Department of Health
- Department for Work and Pensions
- Carers UK
- Personal Social Services Research Unit
- A Local Authority member

A2. Sampling

Overview of the sample design

The sampling strategy for the 2009/10 survey needed to replicate the broad design used by the Office for National Statistics (ONS) on the General Household Survey (GHS)²⁰ in 2000. In short, this involved a stratified clustered two-stage probability design with postcode sectors used as the Primary Sampling Units (or, PSUs). The sample of addresses was drawn from the Postcode Address File (PAF); the very small number (<1%) of households at addresses not covered by the PAF were not included.

Stratification involves the division of the population into sub-groups, or strata, from which independent samples are taken. This ensures that a representative sample will be drawn, i.e. the percentage of units sampled from any particular stratum will equal the percentage in the population with that characteristic. Stratification of the sample means that we are able to achieve substantial improvements in the precision of survey estimates.

Selection of Primary Sampling Units

The sampling design involved the selection of regional stratifiers based on the 23 ONS English strata used in the 2000 survey. The 2000 survey also included another 7 strata based in Scotland and Wales but the present survey was restricted to England.

²⁰ GHS http://www.statistics.gov.uk/ssd/surveys/general_household_survey.asp

Carers 2000 module Report: http://www.statistics.gov.uk/downloads/theme_health/carers2000.pdf

Note that the GHS survey is now known as the General LiFestyle Survey (GLF).

The regional stratifiers were derived by dividing eight of the Government Office Regions between the former Metropolitan and non-Metropolitan counties, while London was divided into quadrants (North East, South East, North West, South West), each of which were then divided into inner and outer areas.

Within each of the 23 major strata, postcode sectors were stratified according to the same indicators that ONS used in 2000: the percentage of households with no car, the percentage of households with a household reference person in the highest National Statistics Socio-economic Classification (NS-SEC)²¹ groups and the percentage of people who were pensioners.

Major strata were then divided into minor strata with equal numbers of addresses; the number of minor strata per major strata was set to ensure it was proportionate to the size of the major stratum. In total, 528 PSUs were systematically selected. A sampling interval was calculated by dividing the total number of residential addresses by the number of PSUs required. The calculated starting point was a random number selected between 1 and the sampling interval. The PSUs were selected with their chance of selection proportional to their size, for example a postcode sector which had double the amount of residential addresses would be twice as likely to be selected as a neighbouring sector half the size and so on.

Sampling addresses, dwelling units and households

Residential addresses were allocated over an 11 month period. Fieldwork was conducted in every month except December 2009, because it was felt that response rates would be negatively affected in that month.

A proportion of the selected addresses were found to be ineligible as they did not contain private households. Examples include businesses and institutions, vacant properties, demolished properties and those still being built. These addresses were classed as invalid, or 'out of scope', and because no interviews were possible they were omitted from the response rate calculations.

Whilst most addresses selected contained a single dwelling unit (i.e. those with a separate entrance) and/or household, a small number (13) of addresses were multi-occupied. In these cases interviewers used a Kish grid²² to sample a dwelling or household at random.

²¹ Since 2001 the NS-SEC has been used for all official statistics and surveys. It replaced the Social Class based on Occupation (SC, formerly Registrar General's Social Class) and Socio-economic Groups (SEG), which was used in the GHS.

²² Kish grids are widely used in survey research. They allow interviewers to select one dwelling if there are more than one at an address.

A3. Survey Design

Questionnaire design and testing

The questionnaire for the 2009/10 survey was largely based upon the module of questions used on the 2000 GHS survey²³, with some questions taken from the 1995 survey²⁴. New content was developed in consultation with the project Steering Group to reflect current policy context.

In order to test the new material, GfK NOP conducted 20 developmental 'cognitive' interviews with people who looked after or gave special help to someone who was sick, disabled or elderly in March 2009. Cognitive testing is a valuable tool in fine-tuning the wording of questions to ensure they were understood in the intended manner. Response items and feedback from both respondents and interviewers were used to make changes to the main questionnaire for a formal piloting stage.

Following the initial cognitive testing a two-stage pilot was conducted using computer assisted personal interviewing (CAPI) technology. Eight interviewers worked on the pilot stage, including five who had worked on the cognitive pilot. The aim for this pilot was to achieve 40 interviews in total (20 interviews at each stage), in which the CAPI questionnaire could be tested and questionnaire length assessed prior to the main-stage.

For the first stage of the pilot, interviewers were briefed in order to familiarise them with the CAPI script. In addition, interviewers were asked to think about whether they or respondents had any difficulty with the questions, whether there were any problems with the CAPI script and whether there were any other improvements they could suggest.

In total, 22 interviews were completed in the first stage of interviewing, and following a debrief with researchers from GfK NOP, various suggestions for reducing the questionnaire length and for amending a small number of questions in line with the interviewer feedback were made. After amendments had been agreed with the NHS IC, the CAPI script was amended for the second phase of the pilot.

Following a telephone briefing with the GfK NOP researchers, a further 23 interviews were conducted as part of the second stage of the pilot. After completing the second stage of the pilot it was felt there was no need to make any further changes to the questionnaire prior to starting the main-stage of fieldwork.

²³ GHS Carers 2000 module Report: http://www.statistics.gov.uk/downloads/theme_health/carers2000.pdf

²⁴ The Carers 1995 questionnaire is available at:
http://www.statistics.gov.uk/downloads/theme_compendia/GHS_1995_v1.pdf

Final questionnaire format

The main interview was programmed for use as a CAPI questionnaire by GfK NOP. The questionnaire took an average of 30 minutes to administer, but there was considerable variation in length, depending on the circumstances of the respondent.

Copies of the screening and survey questionnaires can be found in **Appendix F**.

A4. Data collection

Fieldwork

Interviewers who were working on the first two months of fieldwork were briefed in April 2009 and further briefings were spread over the fieldwork period. Main fieldwork took place between May 2009 and April 2010.

Personnel and training

All fieldwork was carried out face-to-face by fully trained members of GfK NOP's own field force, working to the criteria of the Interviewer Quality Control Scheme (IQCS). All of GfK NOP's interviewers and supervisors are fully trained to the guidelines in the ISO 20252:2006 market, opinion and social research standard. These guidelines mirror the market research industry's IQCS (Interviewer Quality Control Scheme) standards which we also adhere to. All interviewers attend 3 day training workshops prior to conducting live interviews.

All interviewers who worked on the 2009/10 Survey were personally briefed by the GfK NOP research team. Full day briefings were designed to inform the interviewers about the study (i.e. background, why it was being conducted, who it was being conducted on behalf of) and to introduce them to the subject and the CAPI questionnaire. The briefings were also designed to help maximise screening participation and the overall response rate, motivate interviewers and to provide training tailored to the study (i.e. doorstep interaction and avoiding refusals).

Contact procedures

Sample addresses were allocated evenly over an 11 month fieldwork period. At each sampled address, interviewers checked for multiple dwellings and, where necessary, one was sampled at random using a Kish grid. The same process was used to select a household where more than one was found at the dwelling.

A contact sheet was issued for each sampled address. Interviewers were required to make a minimum of 6 calls at each address, before returning the contact sheet with a final outcome. A call pattern was established in order to give interviewers the greatest chance of making contact at selected addresses, consisting of a minimum of two daytime calls during the week, two weekday evening calls and two calls at the weekend.

Interviewers were provided with a supporting letter on NHS IC headed paper to show to eligible respondents if they required further information or reassurances about the study. This can be seen in **Appendix F**.

Although it is standard practice on most social surveys to send out advance letters, this was not done due to the risk of too many people getting in touch to withdraw because the subject did not apply to them.

Collecting data on individuals within households – screening stage - household questionnaire

At each sampled household where contact was made, interviewers used a short paper screening questionnaire to collect data on all adults in the household from a householder. This marked a considerable difference to the 2000 survey, in which all members of the household were screened on an individual basis as they were already taking part in a wider interview. In the 2009/10 survey, the screening questionnaire was used to establish whether anyone in the household looked after or provided special help for anyone (either living with them or living elsewhere) and also to collect a number of demographics for up to six adults in the household. The demographic questions were asked regardless of caring responsibility in order to enable prevalence estimates for different groups to be calculated

Where a householder identified another adult member of the household as being a carer or where he/she was not sure about someone else's caring status, the interviewer was required to confirm eligibility with the individual concerned before conducting the full interview with that person if they confirmed they had caring responsibilities.

Those who had not been identified by the householder as having caring responsibilities were not re-contacted on an individual basis to confirm this was the case, as to do so would have had marked cost implications. It is more likely the householder would have been unaware of someone in the household having low intensity caring duties and more aware of those who had higher intensity duties. This methodological change helps to explain the undercount of lower intensity carers (i.e. those providing fewer than 20 hours support per week) compared with the 2000 GHS.

Collecting data on individuals within households – surveying stage (individual questionnaire).

Individuals who were eligible and willing to participate in the research were then asked to take part in a half-hour interview which was administered using Computer Assisted Personal Interviewing (CAPI).

Where possible, and convenient for respondents, interviewers were able to complete the CAPI questionnaire straight after identifying an eligible respondent. If this was not convenient interviewers arranged a suitable date and time to complete the main interview.

Quality control

All face-to-face surveys in this study were conducted according to GfK NOP's standard quality control procedures, which exceed those stipulated by the Interviewer Quality Control Scheme IQCS and the British Standard Specification for Organisations conducting Market Research (BS7911). These can be summarised as follows:

- Interviewers are appraised once a year. However, new interviewers are accompanied three times in their first year and receive additional support where appropriate
- In addition, 10 per cent of respondents are re-contacted by phone or letter on all surveys to check classification and key questions

A5. Response rate

The tables below show the break down of all issued addresses. The unadjusted response rate for the household screening was 72 per cent. After removing ineligible addresses (i.e. derelict, empty, non-residential), the adjusted response rate for screening was 77 per cent. The response rate amongst eligible respondents was 76 per cent.

Table A5.1: Breakdown of issued addresses

	N	% of valid addresses
Addresses issued	19,559	
Insufficient address/address not traced	129	
Not yet built/not ready for occupation	35	
Derelict/demolished	60	
Empty/not occupied	732	
Non-residential property	279	
Institution only – no private household	48	
Total invalid addresses	1,283	
Valid addresses	18,276	100%
Office refusal ²⁵	10	0.1%
Contact made with household but information refused ²⁶	1,908	10.4%
Entry to block/scheme refused by warden	118	0.6%
Occupied, no contact with adult 16+ at address after 6+ calls	835	4.6%
Unsure if occupied, no contact with adult 16+ at address after 6+ calls	632	3.5%
Some contact but screening questionnaire not completed after 6+ calls	208	1.5%
All household members too ill to participate during fieldwork period	61	0.4%
All household members away during fieldwork period	111	0.6%
Mother-tongue interview required	61	0.6%
Initial screening done, but insufficient information provided	302	1.7%
Screening done – any eligible in the household	2,117	11.6%
Screening done – none eligible in the household	12,032	65.8%

²⁵ Office Refusal: Where the respondent contacted the survey administrator to say they did not wish to participate in the survey.

²⁶ The refusal to take part was made during initial contact at the household address.

Table A5.2: Breakdown of eligible respondents

	N	%
Eligible respondents	3,169	100%
Successful CAPI interview	2,401	75.8%
Refusals	499	15.7%
Non-contact	269	8.5%

A6. Data processing

Coding

Open-ended questions were coded by GfK NOP's Coding department. This process comprised:

- Coding of social and economic grade, using National Statistics Socio-economic grade (NS-SEC).
- Coding of responses to open-ended questions, using code-frames drafted by GfK NOP and agreed with the NHS IC.

Data input

CAPI data was converted into SPSS format, while data from the contact sheets were scanned using Eyes and Hands software which creates an ASCII file.

Data validation

GfK NOP has established procedures for developing and testing the CAPI script (which uses In2itive software). Questionnaires are scripted from the word document with all filters or routing taken care of by the CAPI program thereby minimising the possibility of having incorrect data.

The CAPI script included a number of range checks to enable interviewers to double check certain answers with respondents (i.e. if the total number of hours spent caring per week did not tally with the total individual hours coded).

Once written, the CAPI script was tested by both the CAPI scriptwriter and researchers.

Data Weighting

The contact sheet data needed to be weighted in a number of ways in order to reflect:

- The probability of dwelling and household selection;
- Demographic imbalances.

The first of these weights dealt with differing probabilities of selection. As the most up to date version of the Postal Address File (PAF) was used to draw the sample, very few addresses in this survey needed sampling by interviewers for either dwelling or household selection.

Demographic weights were applied to the data in order to produce a representative sample of the adult population of England in terms of gender and age, ethnicity, working status and region. The tables below show a comparison between the un-weighted and weighted samples.

Table A6.1: Corrective demographic weights for gender and age (contact sheet data)

	<i>Percentages</i>	
	Unweighted sample	Weighted sample
<i>Gender</i>		
Male	48	49
Female	52	51
<hr style="border-top: 1px dashed black;"/>		
<i>Age</i>		
16-24	12	15
25-34	15	16
35-44	19	18
45-54	17	16
55-64	15	14
65-74	12	10
75+	10	10
Don't know/refused	1	1

Table A6.2: Corrective demographic weights for working status (contact sheet data)

	<i>Percentages</i>	
	Un-weighted sample	Weighted sample
Going to school or college full-time	6%	4%
In paid employment or self employed	54%	58%
Waiting to take up paid work already obtained	-	-
Looking for paid work or a government scheme	3%	5%
Intending to look for paid work but prevented by temporary sickness or injury	-	1%
Permanently unable to work because of long-term sickness or disability	3%	4%
Retired from paid work	24%	20%
Looking after home or family	6%	5%
Other	1%	1%
Don't know	1%	1%
Not stated/refused	1%	1%

Table A6.3: Corrective demographic weights for ethnicity (contact sheet data)

	<i>Percentages</i>	
	Un-weighted sample	Weighted sample
White: English/Welsh/ Scottish/Northern Irish/British	87	84
White: Irish	-	1
White: Other White	3	4
Asian or Asian British: Indian	2	3
Asian or Asian British: Pakistani	1	1
Asian or Asian British: Bangladeshi	1	1
Asian or Asian British: Chinese	-	1
Asian or Asian British: Other Asian	1	1
Black or Black British: Black African	1	1
Black or Black British: Black Caribbean	1	1
Other Ethnic Group: Arab	-	-
Other Ethnic Group: Other	-	1
Not stated	1	1

Table A6.4: Corrective demographic weights for region (contact sheet data)

	<i>Percentages</i>	
	Un-weighted sample	Weighted sample
East Midlands	9	9
East of England	11	11
London	13	15
North East	5	5
North West	13	13
South East	16	16
South West	11	10
West Midlands	11	10
Yorkshire and the Humber	11	10

Table A6.5: Corrective demographic weights for gender and age (CAPI carer data)

	<i>Percentages</i>	
	Un-weighted sample	Weighted sample
<i>Gender</i>		
Male	39	40
Female	61	60
<hr/>		
<i>Age</i>		
16-24	5	8
25-34	8	9
35-44	14	15
45-54	22	21
55-64	24	22
65-74	17	14
75+	11	11

Table A6.6: Corrective demographic weights for working status (CAPI carer data)

	<i>Percentages</i>	
	Un-weighted sample	Weighted sample
Going to school or college full-time	2	2
In paid employment or self employed	43	49
Doing unpaid work for a business that you own, or a relative owns	1	-
Looking for paid work or a government scheme	3	5
Intending to look for paid work but prevented by temporary sickness or injury	-	1
Permanently unable to work because of long-term sickness or disability	4	6
Retired from paid work	33	27
Looking after home or family	15	13
Voluntary work	2	2
Other	1	1

Table A6.7: Corrective demographic weights for ethnicity (CAPI carer data)

	<i>Percentages</i>	
	Un-weighted sample	Weighted sample
White: English/Welsh/ Scottish/Northern Irish/British	89	88
White: Irish	1	2
White: Other White	2	2
Asian or Asian British: Indian	2	4
Asian or Asian British: Pakistani	2	1
Asian or Asian British: Bangladeshi	1	-
Black or Black British: Black African	-	1
Black or Black British: Black Caribbean	1	1

Table A6.8: Corrective demographic weights for region (CAPI carer data)

	<i>Percentages</i>	
	Un-weighted sample	Weighted sample
East Midlands	11	12
East of England	11	11
London	9	12
North East	4	4
North West	15	15
South East	15	15
South West	10	9
West Midlands	12	12
Yorkshire and the Humber	12	11

A7. Data analysis

Data were analysed using Quancept, a data processing software package.

All differences mentioned in the report are significant at the 95 per cent confidence level. This means that we can be 95% certain of detecting a difference where one exists in the population. Note that term 'significant' refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.

Appendix B: Comparability with the General Household Survey

In order to establish eligibility for the main interview the 2009/10 survey used a “signposting” method for identifying carers whereby the householder²⁷ identified other members of the household as having caring responsibilities, as well as declaring any caring responsibilities they themselves may have had.

Interviewers were required to screen any other household members who the householder identified as having caring responsibilities to ensure they were in fact eligible for the main survey. This validation process was not carried out for members of the household who were not initially identified by the householder as having caring responsibilities.

By comparison, the GHS survey did not need to have this additional stage as all individuals were recruited directly into the general GHS survey. The module of questions on caring then flowed seamlessly from the main GHS questionnaire.

During survey development, it was recognised that this additional signposting stage was likely to lead to the prevalence figures (proportion of the population caring) from the new survey being underestimates. This is because only the caring responsibilities of those initially identified as being carers were checked so people could only be removed during the validation stage and not added. For example, a householder may not have identified another household member as a carer if their caring role was minimal, whereas they would have been more likely to identify someone who spent 20 or more hours per week looking after someone as a carer.

This may help to explain why the overall prevalence of caring is lower in the 2009/10 Survey of Carers in Households (12%)²⁸ than in the 2000 GHS (16%). It also partially helps to explain the higher proportion of carers providing 20 hours or more of care per week in the current survey; in 2000, this figure was 26 per cent whereas the current results suggest that 48 per cent of carers provided care at this intensity. These results are compared to age-standardised prevalence rates from other surveys on caring in **Appendix C**.

The following tables show a more detailed comparison of figures from these two surveys for carers aged 16 or over in England. They are restricted to carers providing 20 hours or more of care per week, as the high-intensity group of carers is more comparable.

²⁷ Note this is usually but not always the householder as the main screening interview may be undertaken by another member of the household if the householder was unable to complete the screening questionnaire.

²⁸ Note that this prevalence rate is not based on the same definition as the 2000 GHS survey (see definition of carers in chapter 1 for more details). When carers who do not match the GHS definition are removed then this figure falls to 11%.

Table B1 below shows that overall there was a high level of consistency between the 2009/10 and the 2000 surveys in terms of gender, marital status, ethnicity and working status of high intensity carers. There were some differences in the age profile; the percentage of carers who were aged 16-24 (8% compared to 4% in 2000) and 75 or above (15% compared to 9% in 2000) was higher in the 2009/10 survey but lower for those who were aged 65-69 (8% compared to 12% in 2000). Other differences are a higher proportion of carers of White ethnicity in the earlier survey (95% compared to 90%) and small differences in the working status pattern of carers (in the GHS 14% were working part time compared to 18% in the current survey).

Table B1: Prevalence of caring for 20 hours per week or more by gender, age, marital status, ethnicity and working status¹

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
<i>Sex</i>		
Male	39	38
Female	61	62
<i>Age</i>		
16-24	4	8
25-34	10	10
35-44	17	15
45-54	22	19
55-64	20	18
65-69	12	8
70-74	7	7
75+	9	15
<i>Marital status</i>		
Single	16	18
Married and living with husband/wife	72	71
Separated	2	2
Divorced	5	6
Widowed	5	3
<i>Ethnicity</i>		
White	95	90
BME	4	10
<i>Working status</i>		
Working full-time	18	17
Working part-time	14	18
Not in paid employment	67	64
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

As outlined in **tables B2** and **B3**, the GHS 2000 and Carers 2009/10 surveys show similar patterns (no significant variation) in the number of people cared for, and the relationship to the carer of the main cared for person. The majority of carers provided care for one main cared for person (81%), with a smaller percentage caring for two people (15% - 17%). The main cared for person was most likely to be a spouse or partner (44% in 2000; 41% in 2009/10), a parent (26%) or a child (16% in 2000; 19% in 2009/10).

Table B2: Total number of people cared for

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
1	81	81
2	15	17
3	2	2
4	1	-
5	-	-
6	-	-
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

Table B3: Relationship of carer to main cared for person

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Spouse/partner	44	41
Own/adopted/step child	15	18
Foster child	1	1
Parent	26	26
Parent-in-law	5	4
Other relative ²	7	6
Friend or neighbour	2	3
Other	1	1
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

2. In the 2009/10 survey, a separate code for Grand-parent was included; these have been added into the 'Other relative' category.

Table B4 illustrates that the two surveys found a similar gender and age profile of the main people being cared for. In the most recent survey, there was a higher percentage of people under 16 (12% compared to 8% in 2000) but a lower percentage of people aged 55-64 (11% compared to 16% in 2000) and aged 65-69 (6% compared to 10% in 2000).

Table B4: Profile of main person cared for, by gender and age

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
<i>Sex</i>		
Male	47	46
Female	53	54
<i>Age</i>		
Under 16	8	12
16 to 24	3	5
25-34	4	4
35-44	8	6
45-54	9	8
55-64	16	11
65-69	10	7
70-74	9	7
75+	34	39
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

Table B5 shows that a higher percentage of main cared for people were affected only physically in the GHS 2000 survey than in the Carers in Households 2009/10 survey (63% compared to 59%). Differences in the number of main cared for people being affected only mentally (6% compared to 13% in 2009/10) were not found to be significant. Around a quarter of main cared for people were found to be affected physically and mentally (26% in 2000 and 25% in 2009/10).

Table B5: Condition of the main cared for person

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
<i>How main cared for person is affected:</i>		
Physically only	63	59
Mentally only	6	13
Both physically and mentally	26	25
Old age	3	1
Other	1	1
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

In both surveys there was a trend for slightly higher percentages of people providing care for 20 hours or more per week on a joint rather than sole basis (54% in 2000 and 51% in 2009/10). See **Table B6**.

Table B6: Percentage of sole and joint carers for main cared for person

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Joint carer	54	51
Sole carer	46	49
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

In terms of the types of help provided by carers, the two surveys show some differences such as a higher percentage of carers providing physical help in the earlier survey (60% compared to 52% in 2009/10) but a lower percentage of carers saying they provided practical help (78% in 2000 compared to 85% in 2009/10), kept him or her company (64% in 2000 and 71% in 2009/10) or kept an eye on the cared for person (73% in 2000 and 82% in 2009/10). However, the general pattern of responses was very similar so the most frequently cited responses of practical help, keeping an eye on the cared for person, keeping him or her company or taking them out (63% in 2000 and 67% in 2009/10) were the most frequently cited in both surveys.

Table B7: Types of help given for all cared for people

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Personal care	57	56
Physical help	60	52
Paperwork or financial matter	52	55
Other practical help	78	85
Keeping him/her company	64	71
Taking him/her out	63	67
Giving medicines	50	52
Keeping an eye on him/her	73	82
Other help	6	6
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

The percentage of cared for people who attended work or day centres was similar in the GHS survey and the Carers 2009/10 survey, as **table B8** shows. A higher percentage of cared for people attended school or college in the current survey (14% compared to 6% in 2000). This is likely to be due to the higher proportion of younger people in the main cared for group; 17% were aged 24 or younger in 2009/10 compared to 11% in 2000). In the earlier survey, 7 per cent attended a day hospital but 3 per cent attended in 2009/10.

Table B8: Whether the main cared for person went to any places or activities

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Work	2	3
Day Centre	7	8
School or college	6	14
Day Hospital	7	3
Social club	14	17
Any of these	32	37
None of these	68	63
Base: Carers providing 20 hours or more of care per week	500	1,000

1. Columns may not add to 100% due to rounding.

As **table B9** below shows, there were some differences in the reasons the main cared for people did not attend any of the activities discussed above. The most commonly cited response in both surveys was that it was not wanted by the cared for person (45% in 2000 and 50% in 2009/10). Some differences were notable; the percentage of carers saying they

did not want the activity was 23 per cent in 2000 but only 12 per cent in 2009/10. The percentage of carers saying transport was an issue was higher in the earlier survey (9% in 2000 compared to 5% in 2009/10).

Table B9: Reasons the main cared for person did not go to any outside places or activities

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Not available/not offered	10	12
Tried, but not helpful	6	6
Not wanted by you	23	12
Not wanted by person cared for	45	50
Not at a convenient time	1	1
Too expensive	4	3
Activity too tiring	22	17
Transport not available, too expensive	9	5
Base: Carers providing 20 hours or more of care per week	300	700

1. Columns may not add to 100% due to rounding.

Table B10 shows that the percentages of main cared for people using community or voluntary transport schemes were very similar in the two surveys.

Table B10: Use of community or voluntary transport schemes for main cared for person

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Yes	12	12
No	87	87
Don't know	1	1
Base: Carers providing 20 hours or more of care per week	400	900

1. Columns may not add to 100% due to rounding.

In the current survey, 54 per cent of carers providing 20 hours or more per week said that caring affected their personal relationships, social life or leisure time. This is higher than in 2000, when 47 per cent of this group of carers reported this to be the case. See **table B11**.

Table B11: The effect of caring upon personal relationships, social life and leisure

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Yes	47	54
No	53	46
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

In both surveys, carers were asked to select from a show card which health effects they felt caring had on their health. The most common effects cited in both surveys were feeling tired (42% in 2000 and 47% in 2009/10), a general feeling of stress (39% in 2000 and 38% in 2009/10), disturbed sleep (34% in 2000 and 35% in 2009/10) and being short tempered (32% in 2000 and 28% in 2009/10). The biggest difference was that in 2000, 20 per cent of these carers reported having to go to see their GP whilst in 2009/10 this was 12 per cent. The only other difference was in the number of carers reporting feelings of depression; this was 30 per cent in 2000 and 25 per cent in 2009/10. However it should be noted that two of the response categories ('developed my own condition' and 'made an existing condition worse') were not included on the show card in the earlier survey so care should be taken when drawing comparisons. See **table B12** below.

Table B12: How carers' own health has been affected by the care they provide

	<i>Percentages¹ and rounded numbers</i>	
	GHS 2000	Carers survey 2009/10
Feeling tired	42	47
Feeling depressed	30	25
Loss of appetite	7	7
Disturbed sleep	34	35
General feeling of stress	39	38
Physical strain (e.g. back)	16	17
Short tempered	32	28
Had to see own GP	20	12
Developed my own condition ²	N/A	9
Made an existing condition worse ²	N/A	8
Other	3	0
None of these	34	34
Base: Carers providing 20 hours or more of care per week	500	1,100

1. Columns may not add to 100% due to rounding.

2. Not included on show card in 2000.

Appendix C: Comparison with other surveys

As described in Chapter 2 above, the estimate of prevalence of caring from the Survey of Carers in Households 2009/10 was 12 per cent overall. However, this is a 'looser' definition of carers than used in following chapters of this report, where records pertaining to carers not fitting the GHS definition of carers have been omitted. The main reason for not being a GHS Definition carer was because the person they cared for usually lived in a hospital, residential or nursing home (131 out of 202 cases). 65 weren't included because the person they cared for only had a temporary illness and 6 were only caring for 'Clients of voluntary organisations'.

Table C1 compares weighted prevalence estimates from the Survey of Carers in Households 2009-10 with age standardised prevalence of care estimates from a variety of recent surveys. It was taken from the 'Review of Questions on Provision of Informal Care'²⁹ by L Pickard *et al.*, undertaken as part of the Care Questions Study³⁰. The table shows both overall prevalence rate and prevalence rate for higher intensity carers, i.e. those who provide 20 hours or more per week of care. It also denotes whether the methodology involved asking questions of every adult member of the household or asking questions of one adult member on behalf of the whole household. All the figures in the table are based on the tighter GHS definition of Carers.

The prevalence rate for caring in England was 16 per cent or higher for the surveys where questions were addressed to all adult household members (16% in the 2000/01 General Household Survey; 17% in the 2007 British Panel Survey). These results are noticeably higher than for surveys where the carers are identified by one respondent on behalf of the household. Estimates using the second methodology varied between 11 and 12 per cent (10.9% in the Survey of Carers in Households 2009-10, 11.1% in the 2004-05 Family Resources Survey (FRS); 11.8% in the 2005-06 FRS and 12.3% in the 2001 Census).

The prevalence of high intensity caring in England appears to be similar regardless of the methodology employed. Age-standardised estimates range from 3.6 per cent in the FRS (2004-05 and 2005-06) to 5.2 per cent in the current survey. These comparisons support the theory that one person is more likely to correctly recall the caring responsibilities of others in the household if they care for more than 20 hours.

²⁹ Pickard L, Morciano M, Snell T, King D, Hancock R, Wittenberg R (2010) Review of Questions on Provision of Informal Care. In King D *et al.*: "Developing Improved Survey Questions on Older People's Receipt of, and Payment for, Formal and Informal Care".

Accessed at: <http://www.natcen.ac.uk/media/566043/stage-1-report.pdf>

³⁰ Care Questions Study:

<http://www.lse.ac.uk/collections/PSSRU/researchAndProjects/CQS//Carequestionstudy.htm>

Table C1: Age-standardised prevalence of provision of informal care, England: percentage of respondents providing informal care

Source	Methodology ¹	<i>percentages</i>	
		People aged 16 and over providing informal care	People aged 16 and over providing informal care for 20 hours a week or more
Survey of Carers in Households 2009/10 (This survey) ²	B	10.9	5.2
General Household Survey 2000 Carers Module Report	A	16.1	4.1
Census 2001 ³¹	B	12.3	3.9
Family Resources Survey (2004/05) ³²	B	11.1	3.6
Family Resources Survey (2005/06) ³³	B	11.8	3.6
British Household Panel Survey (2007)	A	17.0	3.5

1. Methodology

A = Questions on informal care provision are asked of all adults in the household

B = Questions on informal care provision are asked of one respondent on behalf of the household

2. The prevalence rates for the Survey of Carers in Households 2009/10 have been fully weighted as described in appendix A rather than just being age standardised.

³¹ Census 2001

<http://www.statistics.gov.uk/census2001/census2001.asp>

³² Family Resources Survey 2004/05

http://research.dwp.gov.uk/asd/frs/2004_05/index.php?page=intro

³³ Family Resources Survey 2005/06

http://research.dwp.gov.uk/asd/frs/2005_06/index.php?page=intro

Appendix D: Qualification levels

Table D1: NQF Level equivalences (2008)

	Level 4+	Level 3	Level 2	Below level 2
NVQ level 5	Yes			
Degree/degree level qualification (including higher degree)	Yes			
NVQ level 4	Yes			
City and Guilds Full Technological Certificate	Yes			
HNC, HND, BEC/TEC Higher, BTEC higher/SCOTTECH Higher	Yes			
Teaching qualification	Yes			
Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife	Yes			
NVQ level 3/ Advanced level GNVQ		Yes		
A level/Higher School Certificate		Yes		
ONC/OND/BEC/TEC/BTEC not higher		Yes		
City & Guilds Advanced/final level		Yes		
SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies		Yes	-	
AS level		Yes	-	-
Recognised Trade apprenticeship		50%	50%	
NVQ level 2/Intermediate level GNVQ			Yes	
City & Guilds craft/Ordinary level			Yes	
O-level passes taken in 1975 or earlier			Yes	
O-level passes taken after 1975, grades A-C			Yes	-
GCSE grades A-C	-	-	Yes	-
CSE grade 1/SCE Bands A-C/Standard grade level 1-3	-	-	Yes	-
NVQ level 1/Foundation level GNVQ				Yes
GCSE grades D-G				Yes
O-level passes taken after 1975 grades D-E				Yes
CSE grades 2-5/SCE Ordinary Bands D-E				Yes
CSE ungraded				Yes
Other Qualifications (inc. School certificate or Matric and Clerical or commercial qualifications)		10%	35%	55%

Appendix E: Related Publications

E1. England

Local Authority Survey

The Personal Social Services Survey of Adult Carers in England 2009-10 was also published by The NHS Information Centre for health and social care (NHS IC) and provides data on the attitudes of carers. It is a survey of carers known to Local Authorities so is in effect a subset of the sampling frame for this household survey. Local Authorities were asked to identify a sample of carers from their records who had been either assessed or reviewed in a 12 month and send them a questionnaire. The written report on the survey contains results at a national level with Local Authority level results available via the Excel annexes.

<http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-survey-of-adult-carers-in-england--2009-10>

E2. United Kingdom

Carers UK

Carers UK publishes research reports on a range of topics around caring in the U.K.

<http://www.carersuk.org/Professionals/ResearchLibrary>

Wales, Scotland and Northern Ireland

Information within this report relates to England only; publications for Wales, Scotland and Northern Ireland can be found via the following links:

The Welsh Assembly Government

“Welsh Health Survey 2008: Health of carers” is available at

<http://wales.gov.uk/topics/statistics/headlines/health2010/100224/?lang=en>

The Scottish Government

“A review and analysis of the statistical sources of carers in Scotland” is available at

<http://www.scotland.gov.uk/Publications/2010/07/23163626/0>

“The Future of Unpaid Care in Scotland” is available at

<http://www.scotland.gov.uk/Topics/Health/care/Strategy/Carer01>

Department of Health, Social Services and Public Safety – Northern Ireland

“Northern Ireland Life and Times Survey 2006” is available at

http://www.ark.ac.uk/nilt/2006/Informal_Carers/index.html

“Survey of carers for older people in Northern Ireland” is available at

<http://www.dhsspsni.gov.uk/nicareerreport.pdf>

E3. Forthcoming publications on Caring

Census 2011

The 2011 Census will be the second Census to include a question on carers and will therefore allow data on changes in the caring population over a 10 year period to be produced for the first time. It will be possible to undertake comparatively time based analysis on statistics on carers in terms of health status, age, ethnicity, working status (including effectiveness of right to request flexible working), income,

Health and Social Care Survey for England

The NHS Information Centre intends to fund a social care module of around 5 minutes in the core modules of the Health and Social Care Survey for England for 2011-2014, which will include questions to identify carers, including those who don't give help in a professional capacity, and the number of people they care for, and ask about help people need because of long-term physical or mental ill-health, disability or problems relating to old age.

Appendix F: Questionnaires and Letters

There were two questionnaires used in the survey and they can each be seen at:

<http://www.ic.nhs.uk/pubs/carersurvey0910>

The questionnaires are:

- 1) The contact sheet which was used to capture details about the household composition and the caring responsibilities of each household member.
- 2) The detailed questionnaire which was used for each confirmed carer.

There is also a copy of a letter which interviewers used to show respondents which can also be found at:

<http://www.ic.nhs.uk/pubs/carersurvey0910>

Published by The NHS Information Centre for health and social care

Part of the Government Statistical Service

ISBN 978-1-84636-497-6

This publication may be requested in large print or other formats.

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