

Carers

Headlines

- Full-time caring can lead to breakdown of social networks and isolation.
- 3 in 5 people will be a carer at some point in their life¹.
- 1 in 5 (19%) of the adult population in Kirklees are carers³. By 2037, the number of carers is set to rise by 40%¹, to over 80,000 locally.
- 1 in 7 (14%) 14-year olds are carers. Young carers are less likely to be happy at school and more likely to be bullied than young people with no caring responsibilities.
- In Kirklees, in 2012, carers were more likely to have poorer health, especially pain and depression, than non-carers. They were as likely to have a job but many were restricted to part-time work³, which restricts income and pension rights, and benefit take up is low⁵.
- 1 in 5 (18%) carers in Kirklees stated that their present home is not suitable. A significant proportion stated that this is because of physical or mental health conditions or illnesses, or mobility needs.

Why is this issue important?

A carer of any age spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled, or has mental health or substance misuse problems.

Carers span geographic localities, ages, gender, ethnicities, and social and economic groups. They can be: adult carers (adults who care for other adults); parental carers (parents who care for their sick or disabled children); young carers (children and young people who care for adults, often parents); working carers (adults who combine working with their caring responsibilities); mutual (co-dependent) carers (adults who both need care and provide it for each other); and can care for people at a distance (people who care for someone that lives some distance away). Many carers do not think of themselves as carers and so do not look for support until they find themselves in a crisis.

Carers UK estimate that 3 in 5 people will be a carer at some point in their life¹. Nationally the number of carers is expected to rise dramatically and at a greater rate than the rise in the overall population, with an estimated 40% rise in the number of carers needed by 2037¹. This is due to:

- Advances in healthcare and technology enabling older people and those with disabilities, illnesses and long-term conditions to live longer and maintain independence in their own homes.
- An increasingly higher proportion of social care delivered only to those with the highest care needs, increasing the need for unpaid carers to deliver care in the community.
- An increasing number of carers identifying themselves.

Locally, in 2012, 1 in 5 (19%) of the adult population were carers³. The estimated rise of 40% will mean an additional 23,000 carers in Kirklees, bringing the projected total number to over 80,000 by 2037. 3 in 4 (74%) carers provided between 1 and 19 hours of care per week, 1 in 9 (11%) provided between 20 and 49 hours per week and 1 in 6 (16%) provided 50 hours or more³.

What significant factors are affecting this issue?

Carers have widely differing experiences of caring, including:

- Those who care for someone with [dementia](#) are often 24/7 carers while those who care for people with mental health problems may provide periods of intensive emotional support on a more irregular basis. Carers of people with dementia may be more tired and become depressed due to night waking and isolation.
- Carers of people with [mental health](#) or substance misuse problems can be affected by shame and social stigma.
- Carers of sons and daughters with learning disability or complex physical disability are more likely to be lifelong carers and therefore employment opportunities and financial stability are more likely to be affected.
- Working carers may experience higher levels of stress as they try to balance caring and working responsibilities.
- Carers of people with physical disabilities or older people may experience injury or pain due to moving and handling.

The impacts of caring responsibilities are common to many adult carers. Nationally, carers providing high levels of care were twice as likely to report poor health compared with those who did not have any caring responsibilities².

Locally, compared to non-carers, in 2012³:

- Carers had poorer emotional and physical wellbeing, with 6 in 10 (62%) carers rating their overall health as excellent or good compared to 7 in 10 (66%) non-carers.

- Carers were a little more likely to report suffering from a health condition in the last 12 months, experiencing depression or other mental health problems and experiencing pain.
- Carers were more likely to be obese, more likely to drink excessively, and less likely to smoke.
- Carers were as likely to be in employment but more carers were restricted to part-time work only and consequently their pension rights were affected. As the number of hours of care provided increased the less likely the carer was to be in full-time employment with only 1 in 6 (16%) carers providing 50 or more hours of care per week in full-time employment.
- 1 in 6 (16%) carers were caring for 50 hours or more each week which, combined with a lack of opportunity for breaks and loss of employment, leads to breakdown of social networks. Only 6% felt isolated most of the time, similar to overall.
- 1 in 5 (18%) carers stated that their present home is not suitable. A third more carers than non-carers stated that their home is not suitable because of their physical or mental health conditions or illnesses, and twice as many carers as non-carers stated their home is unsuitable due to their mobility needs.
- There was no significant difference between the number of carers who were disabled and the population of Kirklees.

The self-directed support and individual budgets may enable cared for people who are within the critical or substantial categories of Kirklees Council's eligibility criteria and their carers to exercise more choice about the way in which they organise their support. This should lead to increased opportunities for carers to work, take breaks, and prioritise their own health and wellbeing.

At £58.45 the Carer's Allowance is considered low by Carers UK. It can be claimed by only 6,800 carers in Kirklees⁴, however, only 2 in 3 (64%) people entitled to Carer's Allowance claim it⁵.

Young carers

Young carers are children and young people under 18 years who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult. A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive

or inappropriate for that child. This risks his or her physical and mental wellbeing or educational achievement and life chances.

Locally, in 2009⁴:

- 1 in 7 (14%) 14-year olds reported that they cared for a parent, brother or sister, or other relative with an illness or disability.
- Half of such carers said they are sometimes or never happy at school compared with 1 in 3 (33%) non-carers.
- Half of such carers reported being bullied compared to 1 in 3 (33%) non-carers.
- 1 in 5 such carers said they experience sleep problems weekly or more due to being anxious or worried compared to 1 in 6 (17%) non-carers.

The following are examples of the effects on children and young people of providing care^{5,6}:

- Problems at school, with completing homework and in gaining qualifications.
- Isolation from other children of the same age and from other family members.
- Lack of time for play, sport or leisure activities.
- Conflict between the needs of the person they are helping and their own needs leading to feelings of guilt and resentment.
- Feeling that there is nobody there for them and that professionals do not listen to them and are working only with the adult.
- Lack of recognition, praise or respect for their contribution.
- Feeling that no one else understands their experience.
- Problems moving into adulthood, especially with finding work, their own home, and establishing relationships.
- Some young carers experience being stigmatised or bullied.
- Some may have behavioural difficulties.

Which groups are most affected by this issue?

Locally³:

- 1 in 4 (45%) of those aged 45-64 were carers, compared with 1 in 5 (19%) of those aged over 65 years and 1 in 7 (34%) of those aged 18-44. This reflects data from the 2011 Census that shows the peak age for caring is between 50 and 59.

- Women carers are more likely to be younger i.e. 50% of female carers were aged 18-44. Male carers were more likely to be older with 48% of male carers being aged 65 or over.
- Carers reflected the ethnic diversity of Kirklees.
- 1 in 4 14-year old carers were of south Asian origin compared to 1 in 7 of the overall population.
- 2 in 3 people being cared for were aged over 65 years, 6% aged under 16 years (and tended to be learning disabled). The mean age of carers was 67.

Where is this causing greatest concern?

Adult carers are very evenly spread throughout Kirklees, with localities ranging from 17% to 23% of all adults, compared to the Kirklees average of 19%.

1 in 5 (22%) 14-year olds in Dewsbury care for a sibling, parent or another relative who has an illness or disability compared to 1 in 14 (8%) in Denby Dale & Kirkburton and 1 in 7 (14%) in Kirklees overall.

Views of local people

Both locally and nationally, carers experience disadvantage and lack of equality. Some of the challenges they face can be addressed at a local level, while some are national issues. For example, carers locally cite inflexible and unresponsive support and services for the cared for person, which leads to a lack of opportunity for employment, poverty, stress and isolation⁶.

Locally, carers have expressed the view that they need better recognition by GPs and GPs need to offer more information on services to support carers including non-NHS support. Carers also stated that staff involved in hospital discharge need to consult carers more and make sure that carers know what is happening at discharge and are a central part of the discharge process.

Locally carers also stated that they would like better information sharing between health and social care statutory organisations.

What could commissioners and service planners consider?

Increase the uptake of self-directed support and individual budgets. But also be aware of the possible negative effects this could have on carers. Self-directed support could

increase the need for carers to provide unpaid care in the community. This could increase the number of people who identify as carers, increase the amount of support carers give, and mean carers are caring for people with increasingly complex needs.

Provide lower-level support for carers who do not meet the critical or substantial eligibility criteria which can help them to continue and get the most out of their caring role. This includes information about issues affecting carers, support groups including groups where carers can meet other people in similar situations to themselves, and making sure that carers can have a break.

Raise awareness and information about carers' issues and the support available to them to encourage carers to seek support.

Identify carers early in their caring life as early identification can prevent greater health and wellbeing problems and greater support needs in the future. Professionals working within health and social care, especially GPs, have a crucial role in identifying carers and so these staff must be aware of carers, understand the impacts caring can have, and know where the carer can turn to get more information and help.

Develop a local comprehensive needs assessment in relation to young carers to fully understand the needs, incidence and long-term effects of being a young carer.

References

1. Carers UK: Facts About Carers; 2012. Available from:
<http://www.carersuk.org/newsroom/stats-and-facts>
2. Department of Health. Our Health and Wellbeing Today p31; 2010. Available from:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122238.pdf
3. NHS Kirklees and Kirklees Council. Current Living in Kirklees (CLIK) Survey; 2012.
4. Carer's Allowance - All Entitled Cases Caseload (Thousands): Local Authority of Claimant by Region; February 2012. Available from:
http://83.244.183.180/100pc/ca_ent/ccla/ccgor/a_carate_r_ccla_c_ccgor_feb12.html
5. DWP Tabulation Tool. Carer's Allowance - Cases in Payment Caseload (Thousands): Local Authority of Claimant by Region; February 2012. Available from:
http://83.244.183.180/100pc/ca/ccla/ccgor/a_carate_r_ccla_c_ccgor_feb12.html

6. Kirklees Carers Strategy 2010 to 2015 *"A Vision for Our lives"*
7. NHS Information Centre for Health and Social Care. Survey of Carers in Households 2009/10; 2010.
8. University of Leeds and Carers UK Report Valuing Carers 2011; May 2011.

Date this section was last reviewed

23/07/2013 (PL)