



The unspoken challenges of being a carer for parents, partners and children

September 2024

Key Findings

- Nearly half of carers of children are cutting back on essentials like food and utilities
- Carers of partners and parents are twice as unlikely to get statutory respite than carers of children
- Carers of parents are significantly more likely to be getting support in their caring role from friends and family than carers of partners or children
- Carers of parents are less likely to be lonely than carers of partners or children
- Carers of parents are more likely to be employment than other categories of carers
- Women in their late 30s to early 40s and in their early 50s are most likely to become carers for multiple people
- Nearly half of carers of children (49%) are cutting down on essentials like food and utilities
- People under 40 are most likely to care for a child with autism or a learning disability. Someone between 40 and 55 is most likely to be caring for a parent who has multiple health conditions and anyone older than 55 is most likely to be caring for a partner with multiple health conditions.

Recommendations

Examining the different relationships that unpaid carers have with the people they care for has the potential to open up new opportunities to better identify, support and empower them. There are also clearly identifiable trends within each category where targeted measures can be put in place to action immediate support.

Identification

- Unpaid carers with a range of caring roles and responsibilities should co-produce population needs assessments at all levels, ensuring that services designed to support regional and local needs are effectively targeting different groups and types of unpaid carers.
- Local Authorities, Health Boards and Regional Partnership Boards must use the analysis from population needs assessments to design and deliver effective carer awareness interventions, aimed at supporting people to recognise unpaid caring roles in themselves or other people.
- Carer Awareness training and resources should be prioritised and rolled out to professionals working in the NHS, social care sector and local authorities to better identify and support unpaid carers.
- Local authorities should evaluate current community-based support to ensure that carers with different caring responsibilities can discover and access ongoing support programmes.

Finances

- The UK Government must radically reform Carer's Allowance, as per the recent report by Carers UK. Reform should address eligibility criteria, increase join up between DWP & HMRC and improve the information available to unpaid carers regarding the Allowance.
- The Welsh Government must commit to sustain and, where possible, expand the Carer Support Fund, to ensure that unpaid carers suffering financial hardship are not pushed further into poverty.
- The UK and Welsh Governments should work closely with employers to support unpaid carers who are able to stay in or return to paid work, do so. Introducing paid carer's leave and driving culture change in organisations is key to achieving this.
- Consideration must also be given to ensuring that carers for children are able to access appropriate and affordable care options for their children.
- Our data shows that carers of children are most impacted by financial constraints. The Welsh Government and local authorities should consider how they can deliver additional financial support to carers of children. Uptake of existing and future support should be reviewed to inform this work and be done in partnership with unpaid carers.

Health and Wellbeing

- All unpaid carers should have the opportunity to receive training to support their caring role including, but not limited to, emotional support, manual handling and medication management.
- The Welsh Government and Regional/Local authorities must do their utmost to provide additional capacity for dedicated counselling and professional mental health support for unpaid carers.
- Respite and short breaks for unpaid carers must continue to be a priority and the Welsh Government's Short Breaks Fund must be continued and expanded to support more unpaid carers to access breaks from their caring role.

Purpose of the research

In Wales, over 310,000 individuals serve as unpaid caregivers, assisting people with disabilities, health issues, mental health challenges, or age-related needs. These carers often include friends and family, with the majority being those who care for a parent, partner, child, or sibling, as well as children under 18 who take on caregiving responsibilities.

In this report, we explore where individuals provide care: for a parent, a partner, or a child.

Carers have long expressed their concerns that they are often combined into one, homogenous group which leads to a situation where individual needs go unaddressed. When describing their journey into caring, they reveal significant variations when talking about the age they began their caring roles, the impact on their lives and what issues they prioritise.

Many carers convey their concern that they are forgotten about as they care for someone who people think they should just care for because of their familiar relationship. Most are surprised to discover people caring for another category feel similarly.

Other carers emphasize that the resources available to them are not suitable, as they are scheduled during working hours, at meal times or during evenings.

The type of activity of support is not right for them as it doesn't address their need. However, many others value these same activities at their particular time as it works for their caring role. It is important to recognize the inherent differences and adapt support accordingly.

This research encapsulates the experiences of nearly 1,000 unpaid carers in Wales, solidifying this narrative into provable evidence that shows that all levels of carer support should be considering a more tailored approach to the needs of these distinctive carer groups.

This research only covers adult carers, those over 18.

Data collection

The majority of these statistics have been produced from the 2023 State of Caring survey undertaken by Carers UK (Carers Wales in Wales) between June and August 2023. There were 1,182 unpaid carers who completed the survey in Wales with 97% being eligible for this research.

Additional supporting research was undertaken in the form of four focus groups with unpaid carers in May 2024.

Carers of a parent or parents

According to our research, 87% of people caring for a parent or parents in Wales are between the ages of 45 and 69. Of this primary group, 30% are in the youngest category of 45 to 54, 53% between 55 and 64 and 17% between 65 and 69. The majority of carers of parents are female (87%).

The majority of carers of parents have been providing care for less than 10 years (58%), 26% have provided care for more than 5 years but less than 10 years and 16% have provided care for more than 10 years.

This means that someone is most likely to start caring for a parent between the ages of 42 and 52.

The intensity of care rises in line with the amount of time someone needs to provide care for someone with 68% of those caring for a parent for more than 5 years giving more than 35 hours of care per week compared to 41% who have provided care for less than 5 years.

Notably, 49% of those providing care for between 2 and 4 years are providing more than 35 hours per week further reaffirming the connection between time caring and intensity.

The average age of the parent receiving care is over 75 with more than a fifth of carers of parents caring for someone over 90 (24%). Although dementia is the most prevalent single cause for the need for care (37%), the vast majority (92%) were provided care for a range of conditions including arthritis, heart or kidney disease or the needs arising from being older.

Only 51% of those caring for a parent live with the person they care for.



Type of support

Carers of parents are most likely to support the mental health and well-being of the person they care for (63%). A third (33%) actively monitor blood pressure or blood sugar, and more than a quarter commonly dress a wound (27%) or make decisions about whether to give emergency or specialist medication (26%).

The majority of these carers are in control of their parent's medication with 77% collecting prescriptions, 73% collecting the medication, 71% ordering the medication and 70% ensuring the medication has been taken. This illustrates just how key carers of parents are in the continued good health of the people they care for. Therefore, it is somewhat alarming that only 15% have a plan in an emergency.

Nearly half (44%) also have medical power of attorney so are expected to be key decision-makers in emergency situations for the people they care for. Half of the carers of parents (50%) have financial power of attorney and nearly half either is the appointee for the person they care for's financial benefits (44%) or have a third-party agreement with the bank or building society (45%).

People caring for parents are most likely to get additional support for themselves through friends and family with 64% indicating they get this type of support.

This is followed by a third (37%) getting support from social services and 16% getting support from health services. Only 15% get support from local organisations in their communities.

However, only 9% have received support from health or social care to provide respite services with friends and family being far more likely to provide support with a third (34%) getting respite this way. Unfortunately, another third of carers of parents (34%) have not accessed replacement care due to the difficulties of accessing it.

Health and Wellbeing

92% of carers who care for parents have had their health and wellbeing negatively impacted by being an unpaid carer. 4 in 5 (82%) are stressed or anxious, 70% find getting a good night's sleep difficult and more than half (55%) are depressed.

Half of the carers asked (50%) have also experienced a reduction in their physical health while half (50%) have also put off treatment for their own health issues due to their need to provide care.

Nearly a third of carers of parents are lonely often or always while nearly half are sometimes lonely (47%). Only 1 in 5 (21%) are hardly or never lonely.



This is reflected in the mental health of carers of parents as nearly a third (31%) describe their mental health as poor or very poor. Of those who do have poor or very poor mental health, 85% have feelings of hopelessness, 82% are regularly tearful and 4 in 5 (82%) are irritable or have mood swings. Most concerning of all two-fifths (40%) have thoughts relating to self-harm or suicide.

Support for these concerning mental health situations is lacking with only 1 in 5 (21%) getting support from counselling or therapy with the vast majority either relying on family (24%) or not feeling they are receiving any support at all (61%). This is reinforced by two-thirds of carers of parents (67%) continuing to provide care beyond what they felt was their breaking point.

Financial Situation

Concerns about the affordability of providing unpaid care in the future are on the minds of most carers of parents with more than half (57%) highlighting this as a major concern. More than a third (36%) are already struggling to make ends meet and a fifth (20%) are struggling with food bills or utility bills (17%).

This has resulted in more than half of carers of parents cutting back on hobbies or leisure activities (63%), luxuries (58%) or seeing friends and family (53%). More concerningly, more than a third (36%) have cut back on essentials like food and heating. To fund other activities, many are using savings (56%) or funding their activities with debt as 30% are using credit cards and 28% using their bank overdrafts. Less than 1 in 10 carers of parents (9%) did not feel that they needed to cut back at all.

Carers of parents are most likely to contribute to the direct cost of care by providing transport with more than half (56%) doing so. However, the people they care for are more likely to pay for equipment around the home (40% compared to 15% of carers of parents), technology (38% compared to 16%) or practical support in the home (23% compared to 5%).

However, this doesn't stop more than a third (34%) spend between £50 and £250 per month on their caring role and a further 10% pay more than £250 per month.

Employment

More than half of carers of parents are in employment or self employed (51%). Of those in employment, nearly two-thirds (63%) are working full-time. Another third of carers of parents (33%) have had to give up employment to provide care.

Caring has a significant impact on a carer of a parent's monthly pay as nearly a

The majority of carers of parents do not receive state benefits to support their role. Only a third (41%) receive carers allowance or universal credit with the carers element while only another 7% receive universal credit without the carers element.

Carers of parents may be missing out on financial support as more than a quarter (26%) did not know where to get support while nearly three-quarters (73%) did not know about discounts they may be entitled to as a carer.

quarter (23%) have reduced hours and a further 1 in 10 have taken a less qualified job due to care. This means that over a quarter (27%) believe that providing care lost them between £500 to £999 per month in lost earnings and a further 24% think they have lost between £200 and £499 per month. Nearly a third (31%) think they have lost between £1000 and £2000 a month.

For many carers of parents, this doesn't just affect the present but also the future with one in five (20%) delaying retirement plans to continue to afford to care.



Carers of a partner

The age of someone caring for a partner is evenly distributed across the expected data provided by the 2021 census. 8% are aged below 35, 13% between 45 and 54, 27% between 55 and 64 and 31% between 65 and 74. This also means that one-fifth of partner carers (20%) are above the age of 75. Three-quarters of carers of partners are female.

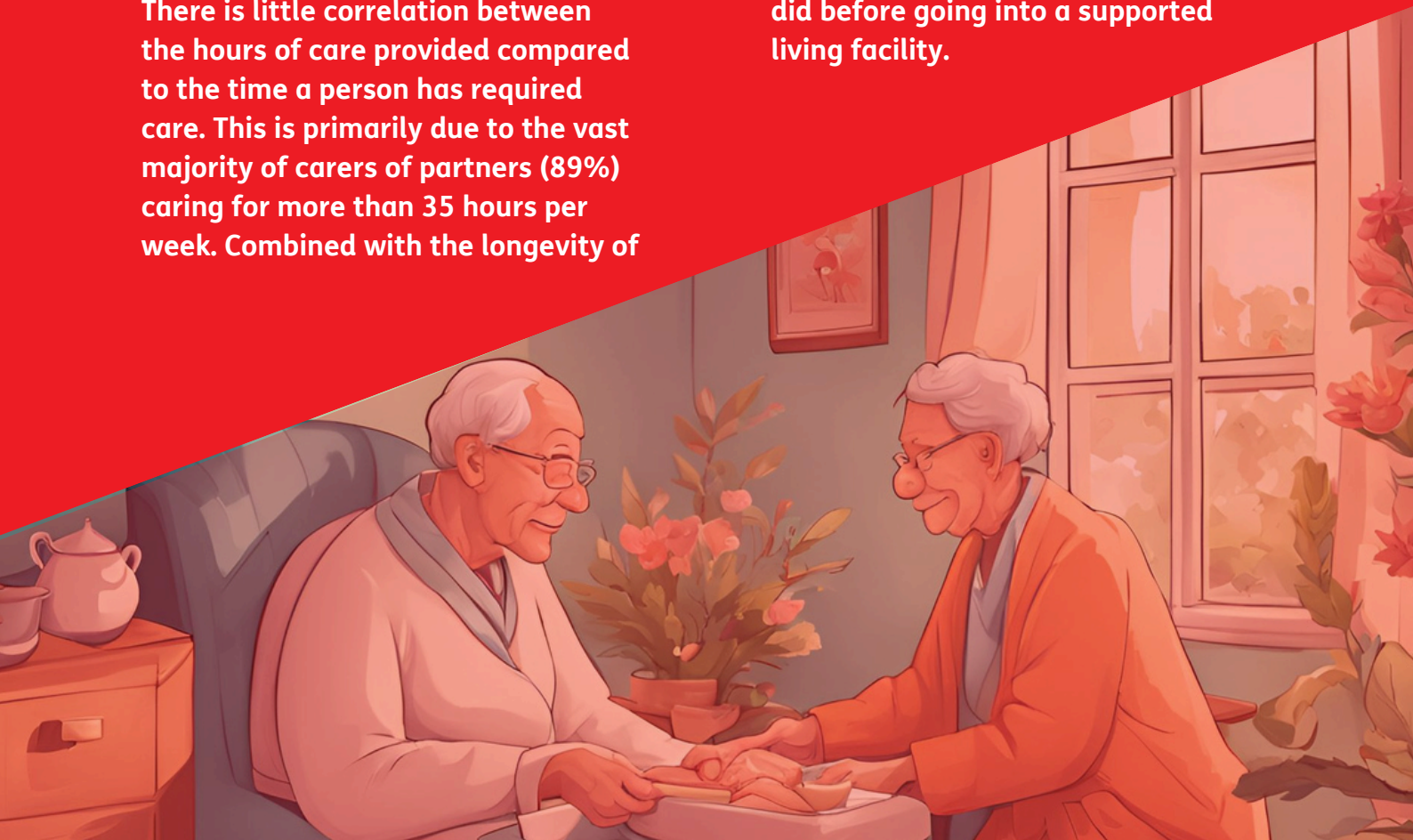
Nearly half of carers of partners have been providing care for more than 10 years (48%), and a further 24% have provided care for more than 5 years but less than 10 years. This means that someone is most likely to start caring for a partner between the ages of 51 and 61.

There is little correlation between the hours of care provided compared to the time a person has required care. This is primarily due to the vast majority of carers of partners (89%) caring for more than 35 hours per week. Combined with the longevity of

care, this strongly indicates that a person has to have significant support needs before couples recognise there is an unpaid care role within their relationship.

The average age of the partner corresponds with the age of the carer with less than 1 in 9 (8%) providing care for a partner 10 or more years older or younger than themselves. There is not a significant primary cause for a partner to provide care. In our survey, 34% were caring due to a neurological condition, 33% due to a physical condition and 30% from a mental health condition. Another 23% were caring to dementia.

All carers of partners (100%) are living with the person they care for or did before going into a supported living facility.



Type of support

Carers of partners are most likely to support the mental health and well-being of the person they care for (62%). A third (31%) actively monitor blood pressure or blood sugar, and a quarter commonly dress a wound (25%). Over a fifth make decisions about whether to give emergency or specialist medication (22%).

The majority of these carers are in control of their partner's medication with 80% collecting prescriptions, 79% ensuring the medication has been taken, 77% ordering the medication and 75% collecting the medication. This illustrates just how key carers of partners are in the continued good health of the people they care for. Therefore, it is somewhat alarming that only 14% have a plan in an emergency.

Only a third of carers of partners (34%) have medical power of attorney and 40% have financial power of attorney.

People caring for parents are most likely to get additional support from themselves through friends and family but less than half (47%) do. This is followed by a third (37%) getting support from social services and 15% getting support from health services. Interestingly, nearly a quarter (24%) source support from local support organisations.

However, only 7% have received support from health or social care to provide respite services with nearly half of carers of partners (44%) not accessing replacement care due to the difficulties of accessing it. Even informal replacement care is quite rare for carers of partners with less than a fifth (19%) saying that a friend or family member has stepped in to provide support.



Health and Wellbeing

95% of carers who care for partners have had their health and well-being negatively impacted by being an unpaid carer. 4 in 5 (79%) are stressed or anxious, three-quarters (75%) find getting a good night's sleep difficult and just less than half (47%) are depressed.

More than half of the carers asked (55%) have also experienced a reduction in their physical health while half (51%) have also put off treatment for their own health issues due to their need to provide care.

Nearly a third of carers of partners (31%) are lonely often or always while more than half are sometimes lonely (51%). Only 1 in 7 are hardly or never lonely. This is reflected in the mental health of carers of partners where a quarter (25%) describe their mental health as poor or very poor. Of those who do have poor or very poor mental health, 85% have a continued low mood, 4 in 5 (78%) are irritable or have mood swings and 70% have a regular sense of fear or dread. Most concerning of all a quarter (26%) have thoughts relating to self-harm or suicide.

Support for these concerning mental health situations is lacking with less than 1 in 5 (18%) getting support from counselling or therapy with the vast majority relying on family (25%).

This may be more problematic for a carer of a partner due to the nature of their caring role. However, the majority (76%) feel they are not receiving any support for their mental health at all. This is reinforced by four-fifths of carers of partners (80%) continuing to provide care beyond what they felt was their breaking point.

Employment

Just one-fifth (21%) of carers of partners are in employment or self employed. Of those in employment, nearly two-thirds (62%) are working full-time. The majority of carers of partners (46%) have retired to provide unpaid care with 51% retiring early to do so.

Those who are remaining in work believe their caring role will see them working longer with nearly half (47%) planning on retiring later to afford care.

Caring has a significant impact on a carer of a partner's monthly pay as 15% have reduced hours and a further 6% have taken a less qualified job due to care. This means that nearly a quarter (22%) believe that providing care has lost them between £500 to £999 per month in lost earnings and a further 16% think they have lost between £200 and £499 per month. Nearly a half (46%) think they have lost between £1000 and £2000 a month.

Financial Situation

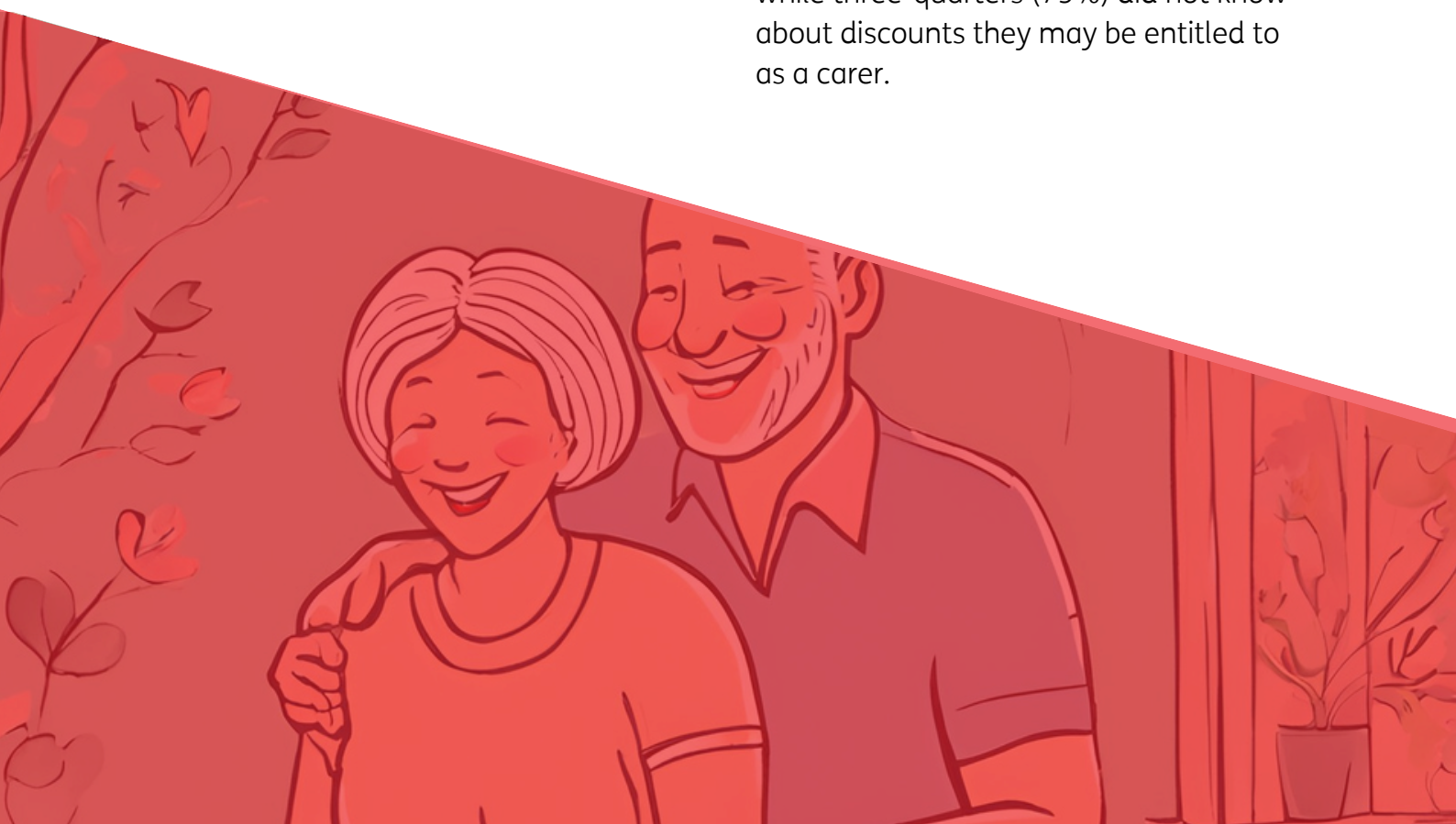
Concerns about the affordability of providing unpaid care in the future are on the minds of most carers of partners with nearly two-thirds (64%) highlighting this as a major concern. A third (33%) are already struggling to make ends meet and a fifth (21%) are struggling with food bills or utility bills (13%).

This has resulted in more than half of carers of partners cutting back luxuries (65%), on hobbies or leisure activities (61%), or seeing friends and family (51%). More concerningly, more than a third (38%) have cut back on essentials like food and heating. To fund other activities, many are using savings (56%) or funding their activities with debt as 30% are using credit cards and 22% using their bank overdrafts. Only 1 in 10 carers of partners (11%) did not feel that they needed to cut back at all.

Carers of partners are far more likely to cover the cost of support themselves than the person they care for. Nearly a quarter have paid for equipment around the home (23%), technology to support their caring role (22%) or for more support like cleaning (20%). More than half (54%) also cover transport costs. This means more than a third (35%) spend between £50 and £250 per month on their caring role and a further 16% pay more than £250 per month.

Just over half of carers of partners (59%) receive state benefits to support their role. 52% receive carers allowance or universal credit with the carers element while another 7% receive universal credit without the carers element.

Carers of partners may be missing out on financial support as more than a quarter (26%) did not know where to get support while three-quarters (75%) did not know about discounts they may be entitled to as a carer.



Carers of a child or children

85% of people caring for a child or children in Wales are between the ages of 35 and 64. Of this primary group, 23% are in the youngest category of 35 to 44, 37% between 45 and 54 and 40% between 55 and 64. 91% of carers of children are female.

How long a carer of a child has provided unpaid care predominantly correlates with the age of the child outside the exception of a child with mental health conditions or cancer.

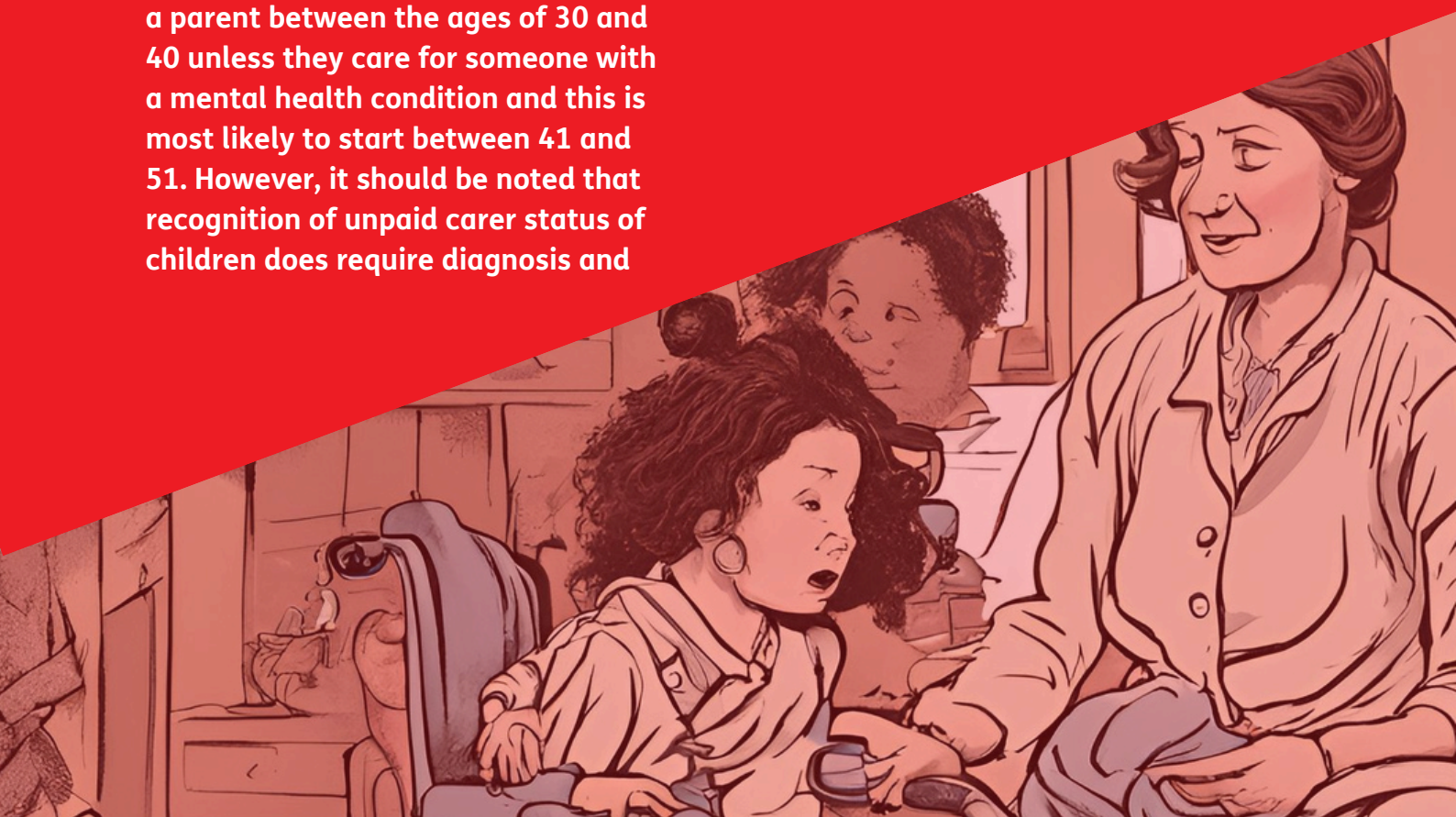
Those who have had a mental health condition tend to correlate their caring journey within the years of their child or children hitting puberty and there is no correlation with those who have had cancer.

This means that someone caring for a child is most likely to start caring for a parent between the ages of 30 and 40 unless they care for someone with a mental health condition and this is most likely to start between 41 and 51. However, it should be noted that recognition of unpaid carer status of children does require diagnosis and

this is often unavailable until the child is older therefore there is a discrepancy between perception of when unpaid care began and when it is more widely recognised societally.

There is little correlation between the hours of care provided compared to the time a person has required care. This is primarily due to the vast majority of carers of children (88%) caring for more than 35 hours per week.

Although people primarily identify caring for a child or children as someone under 18, it is not uncommon for carers of children to continue providing care for their children into the child's 50s. 7% of the contributors were caring for a child between 45 and 54, 16% between 35



and 44, 26% between 25 and 34, 27% between 18 and 24 and 39% under 18. The most common conditions or disabilities for children needing support were autism or other neurodiversity (66%) and learning disability (52%).

More than a third (35%) are providing support for a mental health condition and a quarter for a physical health condition (25%). Sadly, 74% are caring for someone who has at least two of the named conditions or disabilities. 94% of those caring for a child live with the person they care for.

Type of support

Carers of children are most likely to support the mental health and well-being of the person they care for (67%). More than a quarter (27%) are regularly making decisions about emergency or specialist medication, and 23% have dressed wounds. Interestingly, many of the carers defined their caring role as having a defining role in communications whether that be between schools, medical and social services or even amongst the child or children's peers.

The majority of these carers are in control of their children's medication with 81% ordering medication, 78% collecting the medication, 77% collecting prescriptions, and 64% ensuring the medication has been taken. This illustrates just how key carers of children are in the continued good health of the people they care for. Therefore, it is somewhat alarming that only 17% have a plan in an emergency.

Only one-fifth of carers of children have medical (20%) or financial (20%) power of attorney.

However, 52% have become an appointee to manage their child or children's financial benefits and a further 28% have a third-party agreement with a bank or building society. This strongly suggests that the current system of power of attorney is not designed for children born with a medical condition as 68% of those who had medical and/or financial power of attorney were carers for children who had developed their disability or condition rather than be born with it.

Nearly half of carers of children (44%) get support from social services. 48% get support from friends and family and nearly a quarter (24%) get support from local organisations. Only 1 in 9 (13%) get direct support from health services.

However, only 16% have received support from health or social care to provide respite services with friends and family being far more likely to provide support with nearly a third (30%) getting respite this way. Unfortunately, more than a third of carers of children (39%) have not accessed replacement care due to the difficulties of accessing it.



Health and Wellbeing

93% of carers who care for children have had their health and wellbeing negatively impacted by being an unpaid carer. 4 in 5 (82%) are stressed or anxious, 75% find getting a good night's sleep difficult and more than half (61%) say their physical health has suffered.

More than half of the carers asked (56%) are dealing with depression and 57% have put off treatment for their own health issues due to their need to provide care.

Over four-fifths (81%) of carers of children feel lonely. 41% feel lonely sometimes and 40% often or always feel lonely. This is reflected in the mental health of carers of children as over a third (34%) describe their mental health as poor or very poor. Of those who do have poor or very poor mental health, 85% have low self-esteem, 83% have feelings of hopelessness and 4 in 5 (81%) are irritable or have mood swings. Most concerning of all, 35% have thoughts relating to self-harm or suicide.

Support for these concerning mental health situations is lacking with only 1 in 5 (18%) getting support from counselling or therapy with the vast majority either relying on family (27%) or feeling like they are not receiving any support at all (61%). This is reinforced by four-fifths of carers of children (80%) continuing to provide care beyond what they felt was their breaking point.

Financial Situation

Nearly three-quarters (73%) of carers of children are worried about whether they will manage costs in the future as 41% are already struggling to make ends meet and a quarter are in debt due to caring. More than a third (35%) are struggling to afford food, a fifth (21%) are struggling to pay utilities and 6% can't afford their mortgage or rent.

This has resulted in more than half of carers of parents cutting back on luxuries (70%, hobbies or leisure activities (67%), and seeing friends and family (52%). More concerning, nearly half (49%) have cut back on essentials like food and heating. To fund other activities, many are using savings (62%) or funding their activities with debt as 37% are using credit cards and 35% using their bank overdrafts. Only 1 in 20 carers of children (5%) did not feel that they needed to cut back at all.

Carers of children are far more likely to cover the cost of support themselves than the person they care for. Over a fifth have paid for equipment around the home (21%), technology to support their caring role (22%) or for more support like cleaning (12%). Nearly two-thirds (63%) also cover transport costs. This means more than a third (41%) spend between £50 and £250 per month on their caring role and a further 24% pay more than £250 per month.

The majority of carers of children receive state benefits to support their role. Three quarters (77%) receive carers allowance or universal credit with the carers element while another 10% receive universal credit without the carers element.

Nearly half of carers of children know about the benefits they are entitled to as a carer but a third (33%) do not know where to get help for financial support or support with their energy bills.

Employment

A third of carers of children are in employment or self-employed (33%). Of those in employment, nearly 58% are working part-time. The biggest group (41%) are not working to provide care for their child or children.

Caring has a significant impact on a carer of a child's monthly pay as nearly a quarter (22%) have reduced hours and a further 1 in 10 (11%) have taken a less qualified job due to care. This means that over a quarter (26%) believe that providing care believe they have lost between £500 to £999 per month in lost earnings and a further 17% think they have lost between £200 and £499 per month. More than half (51%) think they have lost over £1000 a month.

Key similarities and differences

Although the beginning of each caring experience is inherently different, this research clearly identifies the typical chance of becoming a carer for different members of a family.

Within this timeline, someone under 40 is most likely to become a carer for a child. This is likely to be connected to a neurological condition or learning disability. As someone passes 40, caring for a parent becomes the more likely caring role. Then becoming a carer for a partner becomes the more likely option once someone passes their mid-50s. It is also interesting to note that whether for a parent or a partner, the probability is that someone caring for one of these categories is more likely to be supporting across multiple conditions than a single one.

This also explains the prevalence of people caring for multiple people as the timelines for the most common age to become each type of carer merges into each other.

This is particularly true for women who are significantly more likely to be the primary carer for whoever is in need.

This timeline holds an exciting prospect for better recognition and identification of unpaid carers earlier in their caring role. Especially for women who are more likely to become carers.

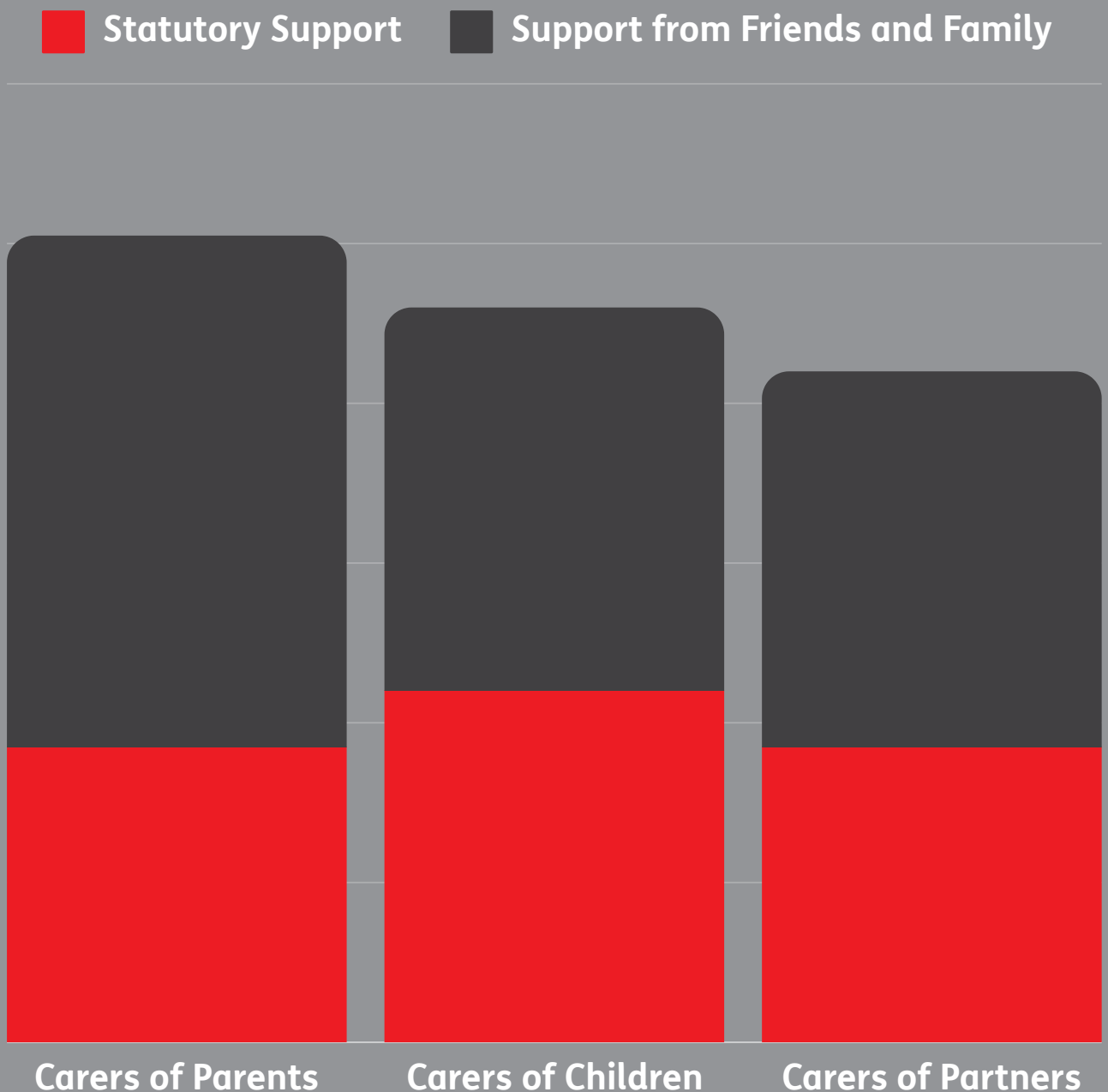
There are also identifiable trends that could lead to different types of support being concentrated in certain areas. For instance, someone caring for a parent is twice as likely to be caring outside of the home with only 51% living with the person they care for compared to 94% of carers of children and 100% of carers of partners.



This means carers of parents are more likely to have to travel more, have more wear and tear on their vehicles and may need more consideration over medical appointment timings to factor in that additional travel.

Carers of parents also have a far higher likelihood of a more scripted caring experience, with fewer hours of care being required at the beginning of the caring journey which intensifies to a peak after 7 years.

This is significantly different to caring for a child where a high level of need often happens immediately even if this is not always identified by medical professionals until later in the process due to the complexity of diagnosing a child. The immediate level of need that a carer of a partner also does not correlate with how long they have been caring for due to the wide variety of conditions alongside identification tending to be delayed.



Type of Support

All unpaid carers primarily provide mental and emotional support as a core aspect of their caring role. This is often an overlooked aspect of an unpaid carers role yet the universality highlights how intrinsic this element of support is.

Equally, the key role unpaid carers have in collecting, providing and ensuring medication is taken is another universal element. This is particularly interesting when combined with the significant number of carers who are responsible for deciding what specialist medication should be taken. This means that many carers are choosing which medication, where to get it and how it should be taken.

This strongly suggests that, as a standard, all unpaid carers should be given more opportunities to receive training in emotional support or basic counselling, how to care for themselves, and medication management.

The lack of emergency planning is also consistent across all groups of carers. Considering the universal mental health and medication management being provided by unpaid carers in Wales, making sure there is a backup to stop this situation from becoming dangerous for the person being cared for needs more investment.

Where the different groups diversify significantly is in how useful legal support is and where they get support for themselves.

The notable outliers are those who are carers of children. Many of the legal support structures for managing finances and health needs, such as power of attorney, are predicated on the person or persons having the ability to sign over this right when they are considered capable of doing so. For many carers of children, there is never a time they have the capability, so they have to go through significantly more processes to get this legal support.



Health and Wellbeing

The mental and physical health of unpaid carers across Wales is generally poor with each category identifying caring as a key contributor in creating their health concerns.

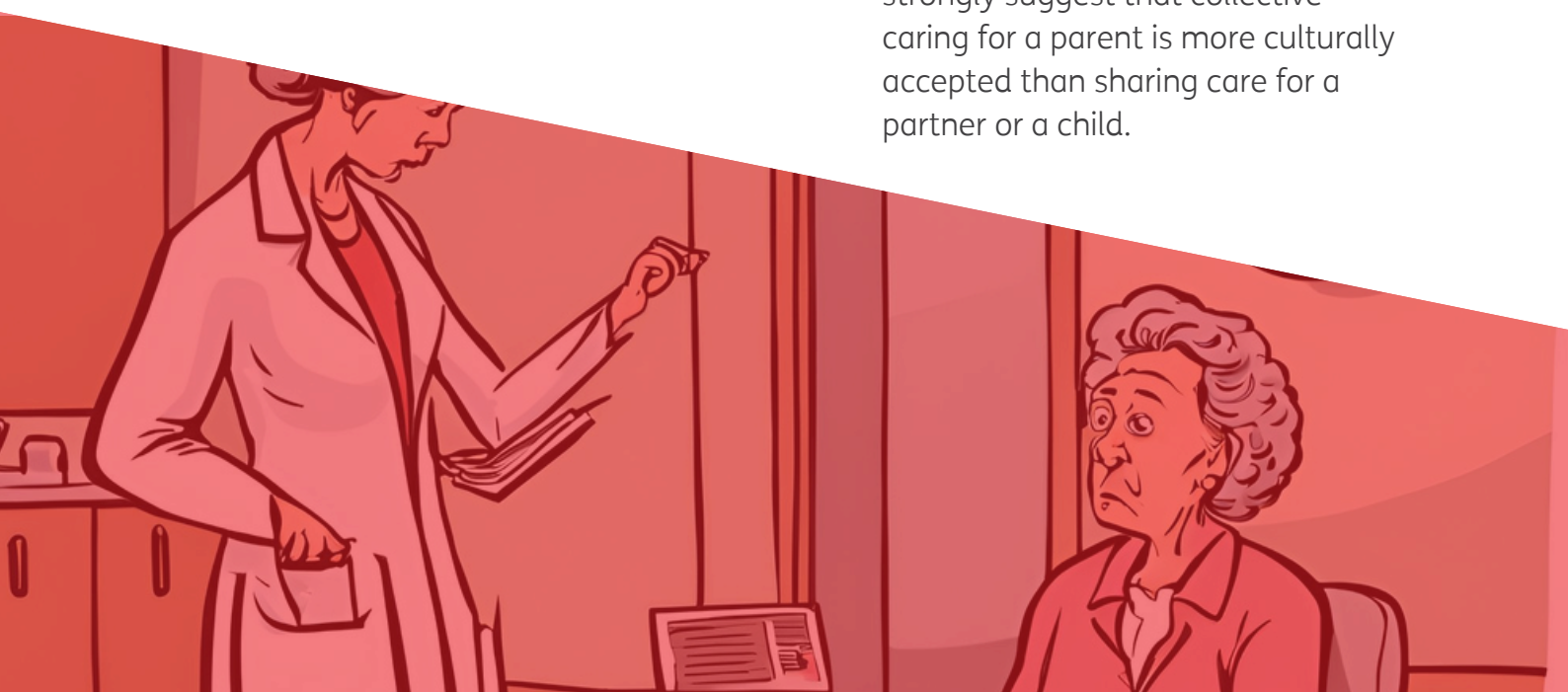
However, how this materialises is quite different for each category. Carers of parents are less likely to have physical health concerns but are more likely than the other groups to have significant thoughts of self-harm or suicide. Carers of partners predominantly have low moods while carers of children suffer more from low self-esteem and self-doubt.

Sadly, this still results in all categories universally citing stress and anxiety, lack of sleep and depression as the physiological responses.

Considering the majority of carers are providing mental and emotional support to the person they care for, this is creating a scenario of psychological distress permeating between the unpaid carer and the person being cared for. This is a particular concern for people caring for a partner as the most common person a carer will speak to about their caring stress is their partner. This means a carer for a partner is passing their emotion on to the person with need or it means they do not have an outlet to talk.

More targeted mental health support must be found for unpaid carers. Across all categories only 1 in 5 had received any type of professional mental health support.

Although the majority of unpaid carers are sometimes or often lonely, those caring for a parent are more than 10% less likely to be lonely than a carer of a partner or child. Taking into account that carers of parents are also more likely to get general and respite support from friends and family when providing care, it would strongly suggest that collective caring for a parent is more culturally accepted than sharing care for a partner or a child.



Financial Situation

There are sizeable differences in the financial strain facing different types of carers.

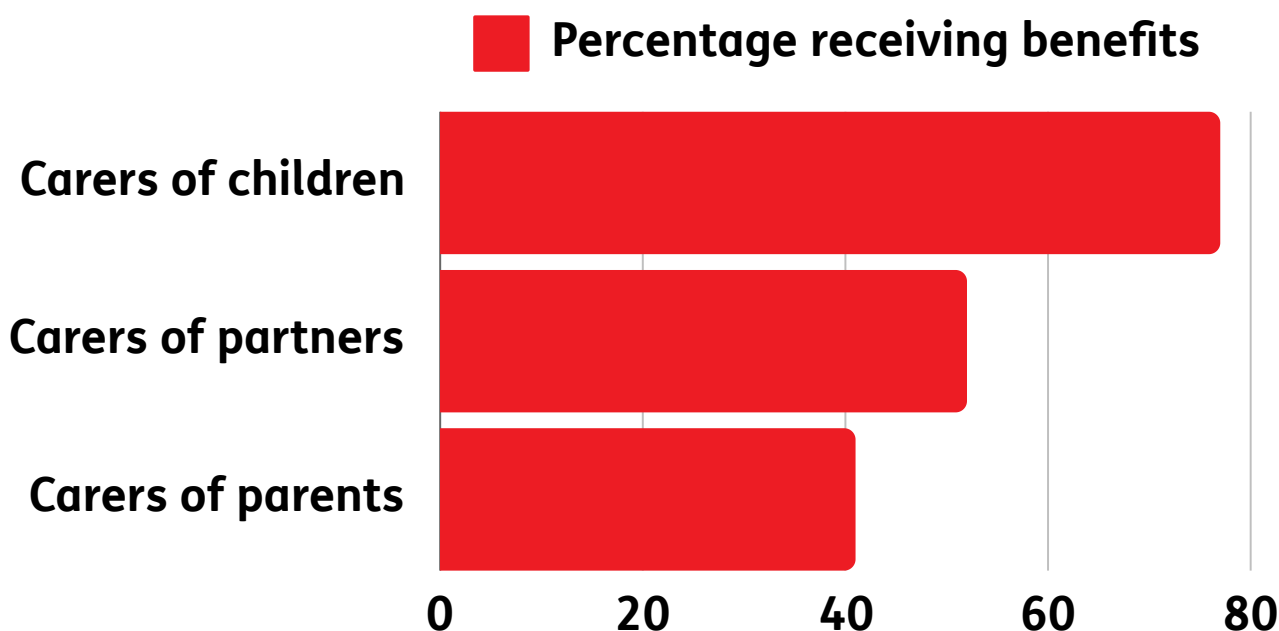
Nearly half of carers of children (49%) are cutting down on essentials like food and utilities compared to just over a third of carers of partners (38%) and carers of parents (37%). The use of debt is also higher in carers of children with two-thirds using credit or overdrafts to provide for their families compared to 52% of carers of partners and 48% of carers of parents.

All categories have a significant number of unpaid carers struggling to make ends meet but the disparity of carers of children is particularly concerning. This is likely to be partly due to the long-term nature of caring for a child and the caring role beginning earlier in life so fewer reserves and opportunities can be built up.

Another contributing factor is the large number of carers of children being on statutory benefits. More than three-quarters (77%) receive benefits directly connected to their caring role compared to only half (52%) of carers of partners and 41% of carers of parents.

This strongly indicates that those who provide long term care and are unable to return to employment are in a far more vulnerable situation than those who have a shorter caring role.

Carers of parents also have a significant financial advantage when it comes to the provision of equipment, technology and other caring support due to the person they care for tending to provide the money for these items or services. The opposite is true for carers of partners or children where the financial burden for these provisions is nearly always a cost for the carer directly.



Employment

Carers of parents are significantly more likely to be employed (51%) than carers of partners (21%) or children (33%). If all these carers were to remain in the employment pool, this would be between an additional 32,500 and 38,000 people and could be worth £850,000,000 and £1 billion in GDP per year.

However, the choice of why someone is not working is significantly different between carers of partners and carers of children.

Nearly half of carers of partners (46%) have chosen to retire to provide care while the majority of those caring for children (41%) said they had no choice but not to work to provide care.

This is also highlighted in the type of work those who are employed are undertaking with carers of children being the only ones in more part-time roles than full time roles. This also means that carers of children feel they are losing more per month from caring than the other types of carers within the study.

Recognising the different challenges faced by unpaid carers depending on who they care for will create a significant opportunity to support unpaid carers before they reach crisis point.

This will positively effect unpaid carers physical, mental and financial wellbeing while keeping them economically and productively active within society

Carers Wales is part of Carers UK

Across Wales more than 310,000 people are carers – supporting a loved one who is older, disabled or seriously ill.

Carers UK is here to listen, to give carers expert information and tailored advice. We champion the rights of carers and support them in finding new ways to manage at home, at work, or in their community.

We're here to make life better for carers.

Carers Wales
5 Ynysbridge Court Cardiff
CF15 9SS
T 029 2081 1370
E info@carerswales.org W: carerswales.org
@carerswales

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