

JSNA Deep Dive - Carers' Health Needs Assessment 2025

December 2025

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Barking & Dagenham



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Executive Summary

Summary of Key Findings

This Carers' Health Needs Assessment 2025 has been carried out as part of a series of JSNA Deep Dives. It identifies good practice and areas for improvement in meeting carers' needs in Barking and Dagenham (B&D).

The Census 2021 recorded **14,200 (7%) people** as providing unpaid care in B&D, with the following demographic profile:

- Mostly **female**, but gender balance shifts in older age groups.
- **Younger than England average**, but older than B&D population overall.
- Higher proportion **White British**, but higher BAME in younger age groups
- **46% born outside UK**, reflecting borough diversity.

Carers in B&D are more likely than London and England carers to be providing **20+ hours of care per week**.

Positive findings about the experience of caring in the borough include:

- Almost three quarters of carers report they were included or **consulted** in discussions about the person they care for, which is higher than both London and England averages.
- B&D has the highest proportion of carers in London that report having as much **social contact** as they would like. This is above the England average, but there is still room for improvement.
- Carers in B&D are more **satisfied with Social Services** than carers in London on average, but slightly below the national average.

B&D carers are more likely to report having no health impacts from caring, and to have no health conditions, than nationally (this is likely to be age-related). However, findings from the review of published evidence, carers surveys and Healthwatch research consistently reveal that a substantial number of carers face **emotional, social, and financial challenges** alongside practical demands of the caring role.

The challenge will be to **identify those that will most benefit from additional support**, and build systematic support into Neighbourhood working.

Key areas suggested for quality improvement are outlined below:

- **General Health & Wellbeing:** Neighbourhood Health carers offer should include holistic, household-level approach, and enhanced case-finding for mental and physical health conditions.
- **Recognition of Carer Role:** embed in care planning and staff training.
- **Finances & Employment:** maintain advice on benefits and flexible working.
- **Young Carers:** improved identification, school-based support, and positive carer identity.
- **Access to Support:** expand awareness, address low health/digital literacy; diversify communication channels.
- **Strategic Alignment:** integrate carers' needs into all local strategies.
- **Data-Informed Practice:** link carer and care recipient data across ASC and NHS systems.
- **Specialist Support:** challenging behaviour, LGBTQ+ cultural competence.

In summary, many carers in B&D are carrying a considerable caring burden, which includes caring for physical health, mental health, neurological, social and economic needs. The impact on the health and wellbeing of carers is influenced by the specific situational and sociodemographic characteristics of the whole family/household. However, the various needs of different family members are not always linked in care planning, and the carer/s wellbeing can be seen as secondary.

An **individualised, holistic approach is indicated for each household**, taking account both of the care recipient's specific needs (especially where complex) and the differential impact on each family member. This approach should take personality, cultural, spiritual and personal beliefs into consideration.

Systemic improvements to support this include clinical case-finding, enhancing strategic alignment across the system and enhanced data linkage and sharing to maximise opportunities to support carers.

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Introduction

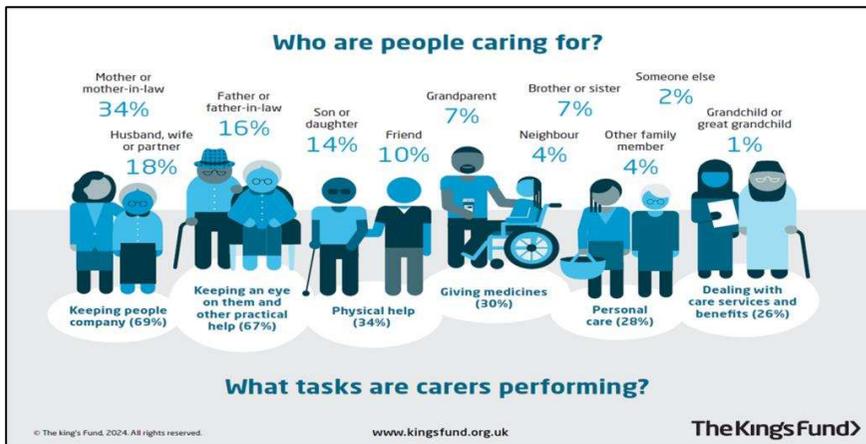
Why Produce a Carers' Health Needs Assessment?

Background

Barking and Dagenham Joint Strategic Needs Assessment 2024-27 ([B&D JSNA 2024-27.pdf](#)) identified increasing levels of needs among informal carers in Barking & Dagenham, and recommended that the commitments of the Barking and Dagenham Carer's Charter should be implemented to support the ongoing needs of local carers.

The JSNA identified that although the overall number of carers had fallen from 8.7% in 2011 to 8.0% in 2021, a higher than average number of informal carers in B&D were providing >20 and >50 hours unpaid care per week. Despite an increasing number of carers being registered with social care, since 2016/17 there has been a reduction in the number of carers feeling supported with just under a third (28.4%) feeling they have no encouragement or support in 2021/22. A majority (77.6%) said it had led to them feeling tired, with 44.9% reporting feeling depressed and 50% having a general feeling of stress.

In June 2025, the Barking and Dagenham Committees in Common¹ agreed to undertake a series of Deep Dives into areas of need highlighted in the JSNA. This included a deeper look into the needs of informal carers who look after family and friends in Barking and Dagenham.



Strategic Alignment

This Health Needs Assessment (HNA) will directly inform the following priorities in the borough's **Corporate Plan**:

- Residents live healthier, happier, independent lives for longer.
- Residents are safe, protected and supported at their most vulnerable.

It will also inform and support delivery of:

- The Carers' Charter 2025
- Residents & Communities Strategy
- Adult Social Care Prevention Strategy
- Adult Social Care and Support Plan
- Best Chance Strategy
- Carers' Services re-procurement in 2025/26
- Additional support as part of the Neighbourhood Health programme

Barking & Dagenham Carers Charter

The Carers Charter is currently being refreshed, and initial feedback indicates that the Carers Charter will continue to focus on the following four areas:

- Working together for carers
- Carers wellbeing and employment
- Supporting young carers
- Carers in the wider community

Carers Strategic Group

The Carers Strategic Group supports the delivery of the Carers Charter through partnership working on the Carers Charter Action Plan. There are wide range of representative from different organisations that help bring carers to the forefront of service delivery. The Carers Strategic Group also has carers who bring lived experience and represent carers voices at the Strategic Group.

SOURCE: The King's Fund, 2024

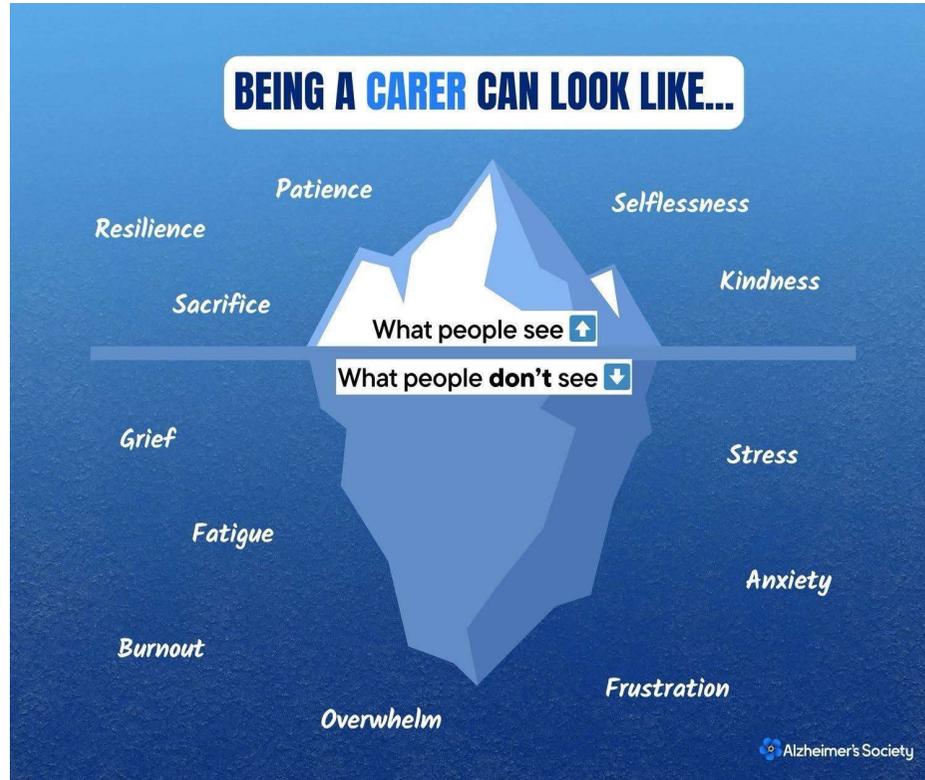
1 – see [Browse meetings - Health & Wellbeing Board and ICB Sub-Committee \(Committees in Common\)](#) | LBBD

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Aims and Objectives

A JSNA deep dive into carers' health needs has been undertaken to understand how to better support carers from different community and demographic groups across Barking and Dagenham.

The Public Health and Insights teams have undertaken quantitative data analysis, alongside engagement with informal carers by Barking & Dagenham Healthwatch, to produce two linked reports giving a richer and more holistic understanding of carers' needs and how mitigate them.



Scope - Whose needs are considered in this Needs Assessment?

- A carer is anyone that provides unpaid care and support to vulnerable people including family, friends and neighbours. This includes practical help with daily task, emotional support and/or personal care.
- The Care Act 2014 defines a carer as an adult who provides or intends to provide care for another adult.
- The Children and Families Act 2014 defines a young carer as a person under 18 who provides or intends to provide care for another person.
- The Children and Families Act 2014 defines a parent carer as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

This health needs assessment utilises data and insight from and about carers held by public services, triangulated by published evidence and resident research insight conducted by Barking and Dagenham Healthwatch. Mapping non-public sector support for carers is out of scope for this work.

What we already know

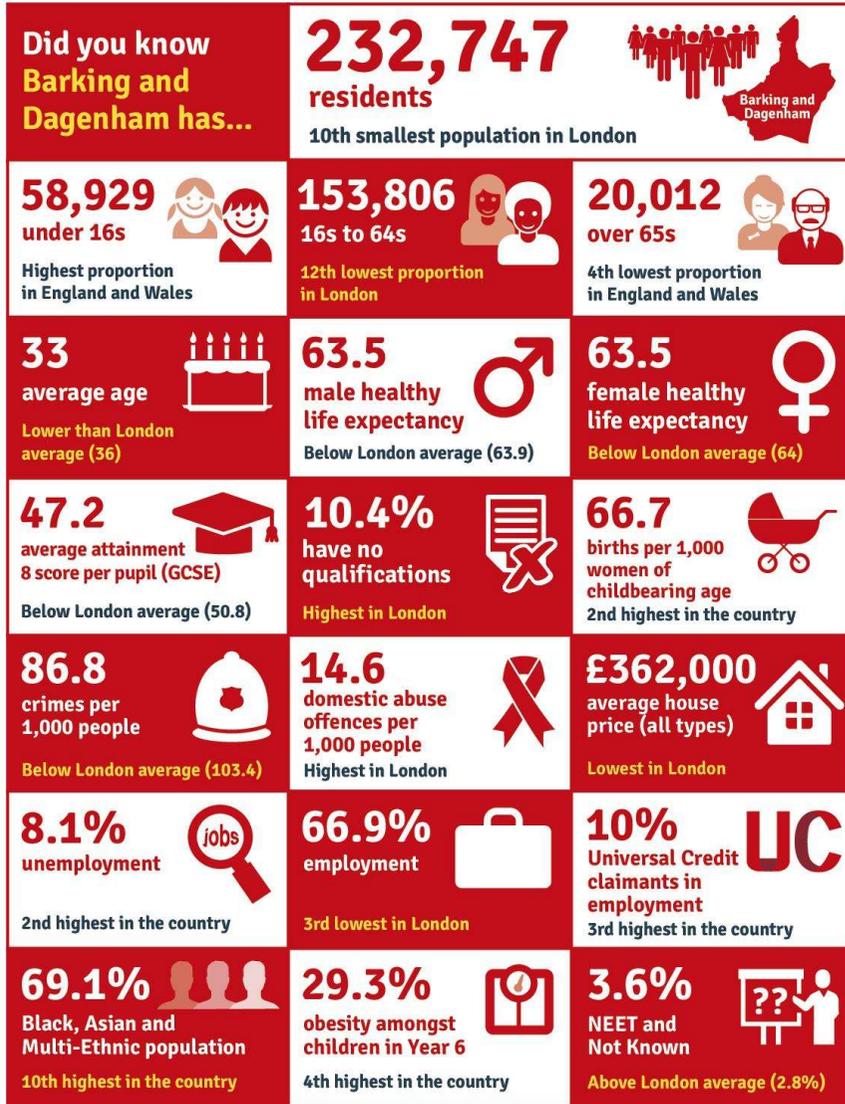
- Approximately 1 in 14 (7%) of people in B&D over the age of 5 provide unpaid care.
- Nationally, 9% of the UK population are unpaid carers.
- Residents providing 50 or more hours of unpaid care a week had the lowest employment rates and the highest rates of economic inactivity.
- The highest proportion of residents who considered themselves to be in bad or very bad health, were those providing 50 hours or more unpaid care a week.
- Language is important; people often do not recognise themselves as carers.

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SOURCE: Alzheimer's Society, 2025

Who Lives in Barking and Dagenham?

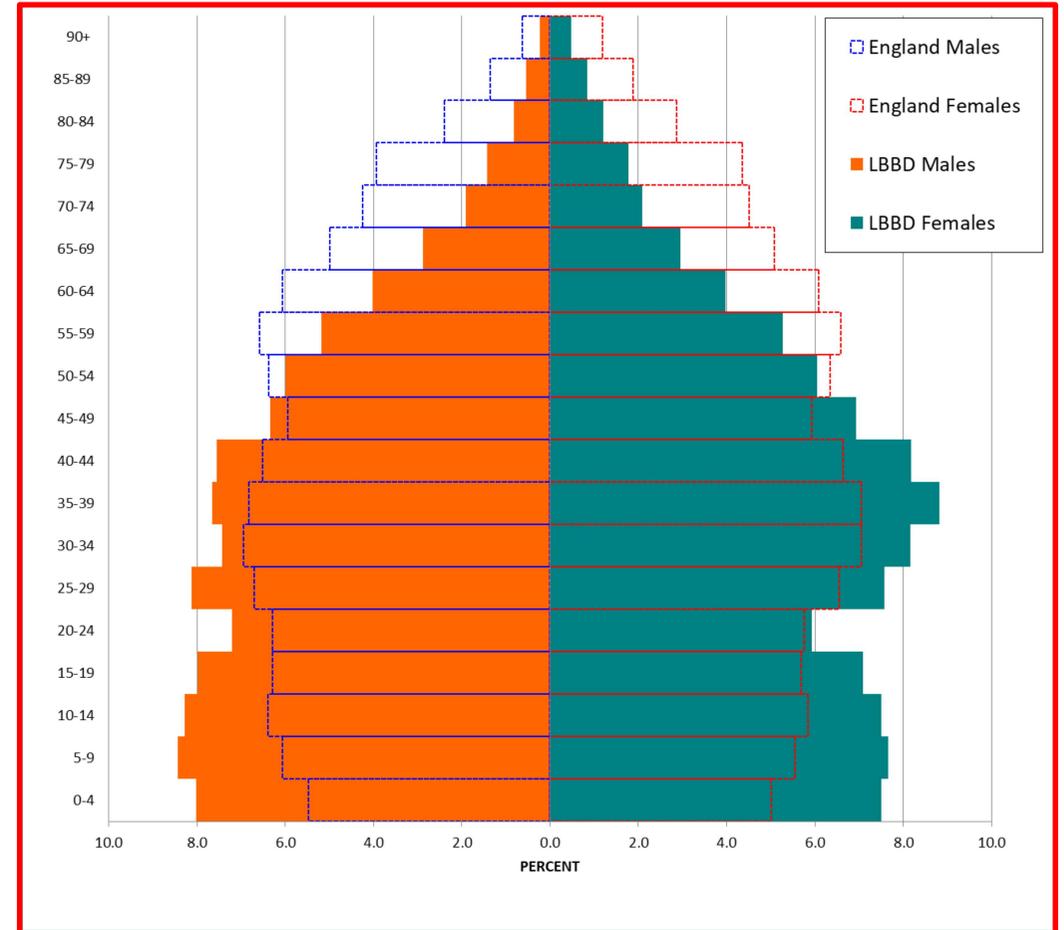
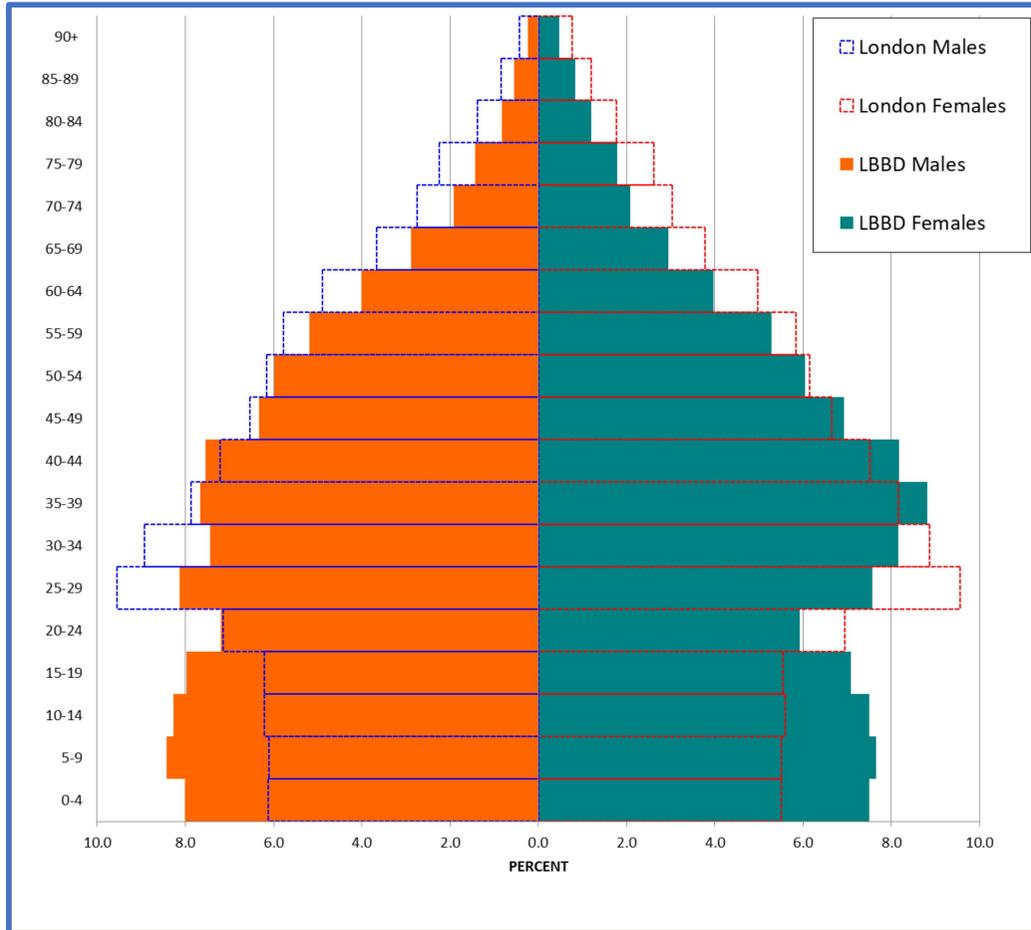
Barking and Dagenham Population Overview



- **232,700 people live in Barking & Dagenham (30th June 2024):**
 - Our population grew by 33,000 residents between the 2011 and 2021 censuses (17.7% - 3rd highest in England & Wales)
 - It has grown by another 14,000 residents since June 2021 (end of last official COVID-19 lockdown in the UK)
 - 69.1% of the population is Black, Asian and Multi-Ethnic (10th highest in England & Wales)
- **We have the youngest population in the country:**
 - 25% of all residents aged under 16
 - 2nd highest birth rate in the country
- **Barking & Dagenham is an attractive place to move to:**
 - House prices are lowest in London
 - One of the cheaper places in London for private renting
 - Building many new homes
 - Lower than average crime rate
- **Our residents face many issues, including:**
 - Unemployment (2nd highest rate in the country)
 - Poverty (4 in every ten children live in poverty (after housing costs); 3rd highest rate in country of Universal Credit claimants in employment – working people on low incomes needing to claim benefits)
 - Skills Shortage (highest proportion of adults in London with no qualifications)
 - Domestic Abuse (highest rate in London)
 - Obesity (4th highest proportion in country of children in Year 6 recorded as obese)

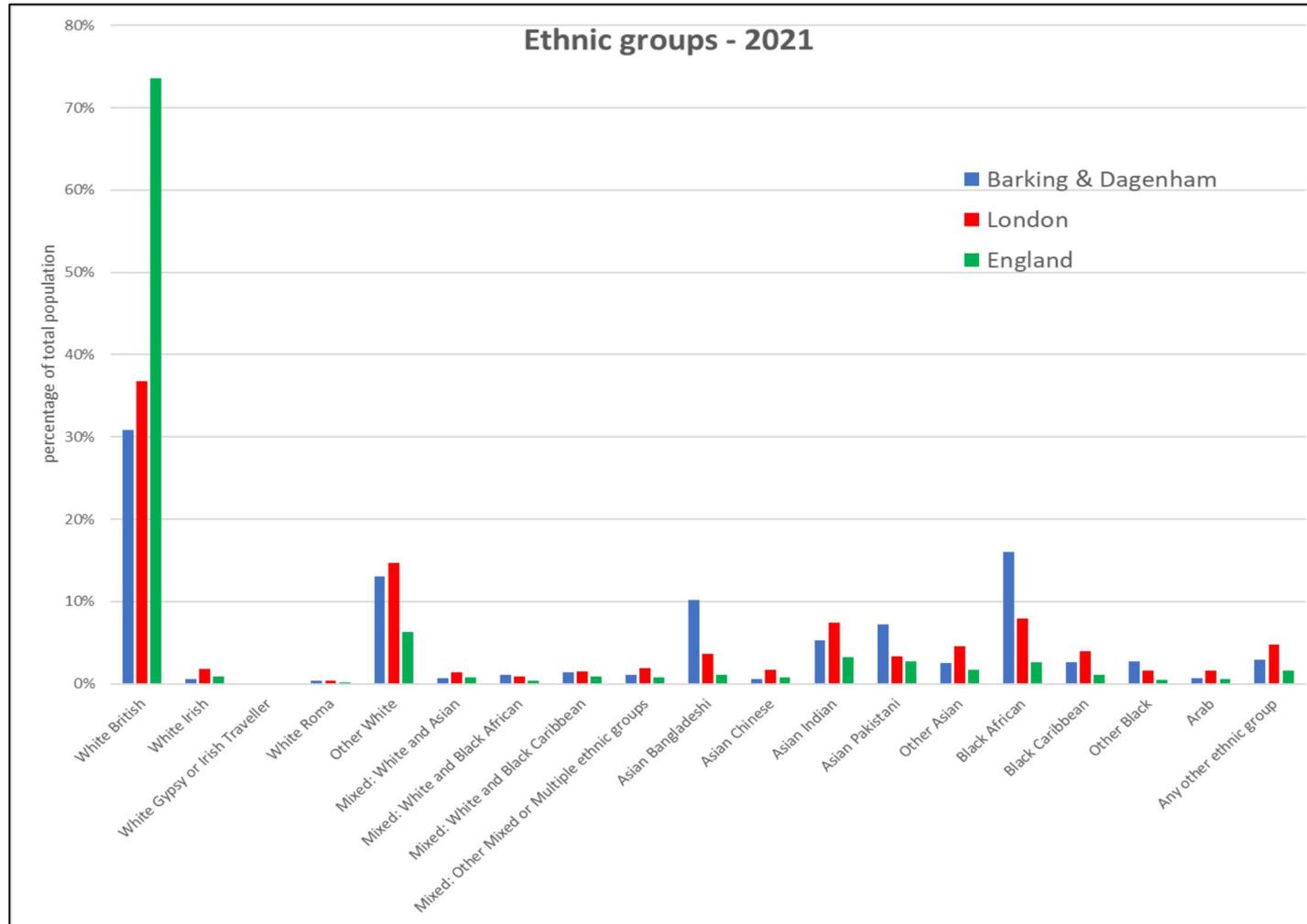
Barking & Dagenham

B&D has a much younger age profile compared to London and England



Source: ONS 2024 mid-year population estimates

B&D also has a more diverse population compared to London and England



On 2021 Census Day, Barking & Dagenham had a lower proportion of White residents and higher proportions of Asian Bangladeshi, Asian Pakistani and Black African residents compared to London.

Of all English and Welsh local authorities, Barking & Dagenham had:

- 4th highest proportion of Asian Bangladeshi residents
- highest proportion of Black African residents
- 6th highest proportion of Other Black residents
- 6th highest proportion of Mixed: White and Black African residents

Source: ONS 2021 Census

**Barking &
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Who Receives Informal Care in Barking & Dagenham?

Demographics

- Local NHS services have identified **3,863 people** in B&D who have had a carer in the past 12 months. Ages range from <9 to 90+, with a fairly even distribution across age groups.
- **Up to the age of 40, more males than females have a Carer.** This reverses at older ages - for those **aged 40+, more females than males have a carer.**
- There is a clear **trend of Minority Ethnic background reducing with age:** 71% of those aged 0-9 (n=203) are from a Minority Ethnic background, but just 21% (n=193) of those aged 90+ are. This mirrors wider ethnicity trends in B&D.



Health Needs

- As may be expected, **physical health conditions and risk factors are higher than in the wider B&D population:**
 - 26% experience chronic pain
 - 26% have diabetes,
 - 42% have hypertension
 - 50% are obese
- Identified **mental health and neurological conditions are also higher than in the wider B&D population:**
 - 11% have dementia
 - 23% having a learning disability
 - 29% experience depression.

Service Spend on Care Recipients

- The average NHS spend per person per year (PPPY) identified as having an unpaid carer is £21,627 (compared to a population average of £1,800).
- The average social care spend PPPY is £14,512 (compared to a population average of £349).

Who Provides Informal Care?

National Carer Demographics

- **The 2021 Census shows that 9% of the England population provides unpaid care, a reduction from the 2011 Census (11%).** For Females, 10% provides unpaid care, whilst it is 7% for Males.
- **Of those providing unpaid care, almost half (49%) provides care for 19 hours or less a week. 21% provide care between 20-49 hours a week and 30% provides care for 50 hour or more week. Proportions are similar for both Males and Females.** In stark contrast, just 14% of respondents to both the State of Caring 2024 Survey and the Personal Social Services of Adult Carers Survey (PSSS) 2023/24 said they were caring for 19 hours or less.
- **Sex: As per the 2021 Census, the National caring population is split 59% Female and 41% Male.** National caring survey respondent percentages in 2023/24 are higher for Females, ranging from 68% - 81%.
- **Age: As per the 2021 Census, just over three quarters (77%) of the caring population are 64 and below, with the largest proportion in the 50-64 age bracket (36%).** However, the age profile of the State of Caring 2024, PSSS 2023/24 and SACE 2023/24 have been less heavily weighted towards the under 64 age group, with greater representation from over 65s. The 50-64 age bracket remains the most highly represented.
- **There were approximately 120,000 young unpaid carers (aged between 5 and 17 years) in England (1.4% of 5- to 17-year-olds) and 8,200 in Wales (1.8% of 5- to 17-year-olds).**
- **Age and Sex: The 2021 Census shows the whilst the 50-64 age group is the most prominent for both Male (35%) and Female (38%) carers, Males have an older age profile, with a larger proportion of carers over 65 (27%) compared to Females (21%).**
- **Ethnicity: Based on the 2021 Census, the caring population is predominantly White British (82%), followed by 7% Asian / Asian British, 3% Black British, 3% White Other and 2% Mixed Ethnicity.** Similar ethnic make ups were present in respondents to National caring surveys in 2023/24.
- **Religion: The 2021 Census showed that just over half (53%) of the caring population were Christian, whilst a third (33%) have No Religion. Muslim (5%) was the next largest reported religion.** The PSSS 2023/24 survey reported similar findings, with slightly higher Christian (56%) and Muslim (8%) proportions with less saying they had No Religion (20%).
- **Main Language: As per the 2021 Census, 95% of the caring population had English (or Welsh) as their main language.** This compared to 91% of the population not providing care.
- **Sexual Orientation: This was a voluntary question in the 2021 Census and cannot be reported specifically for unpaid carers. However, of those who answered this question in the general population, 89% identified as Straight/Heterosexual.** The PSSS 2023/24 survey reported 90% of respondents as Heterosexual / Straight. Only 1.5% identified as Gay / Lesbian / Bisexual / Other, whilst 8% Refused to provide a response.

Key Points -

- Nationally, more females than males provide informal care, but this trend reverses in over 65s.
- Almost a third (30%) provide over 50 hours of care per week.

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London Carer Demographics

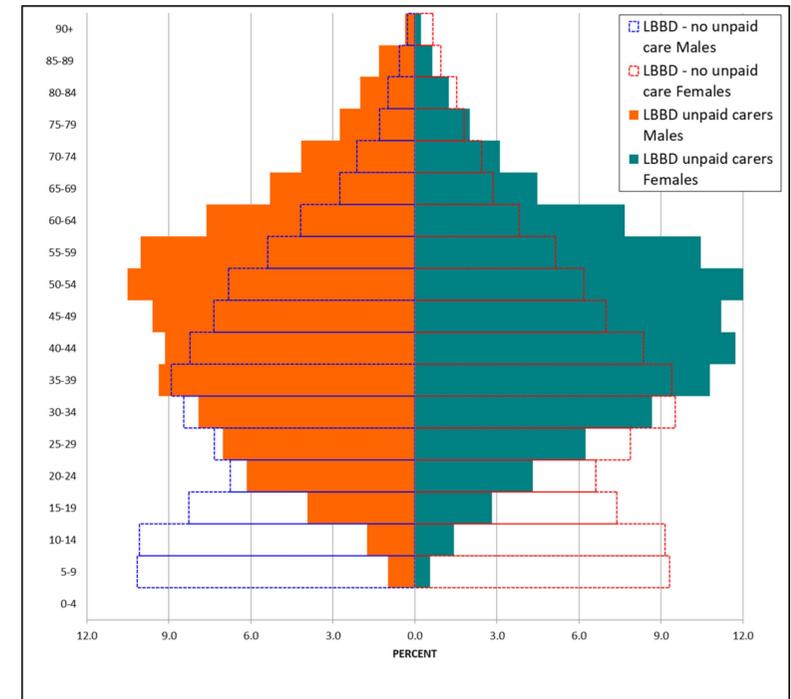
- **The 2021 Census shows that 7% of the London population provides unpaid care and has reduced since the 2011 Census.** For Females, 8% provides unpaid care, whilst it is 6% for Males.
- **Of those providing unpaid care in London, half (50%) provides care for 19 hours or less a week. 23% provide care between 20-49 hours a week and 27% provides care for 50 hour or more week. Males provide slightly more weekly care of 19 hours or less (53%) and less 50 hour or more (24%) than London as a whole. Females do the opposite, with less weekly care of 19 hours or less (47%) and more of 50 hours or more (29%).** In stark contrast, 14% of London respondents to the PSSS 2023/24 said they cared for 19 hours a week or less, whilst 53% of respondents to the London State of Caring 2024 survey said they provided care for 50 hours or more.
- **Sex: As per the 2021 Census, the London caring population is split 60% Female and 40% Male.** London respondent to the Survey of Adult Carers (SACE) 2023/24 are higher for Females, ranging from 73% - 75%.
- **Age: As per the 2021 Census, over three quarters (83%) of the London caring population are 64 and below, with the largest proportion in the 50-64 age bracket (33%).** The age profile of London respondents to SACE 2023/24 are much less heavily weighted towards those under 65 (53%-55%).
- **Age and Sex: The 2021 Census shows the whilst the 50-64 age group is the most prominent for both Male (32%) and Female (35%) carers, Males have an older age profile, with a slightly larger proportion of carers over 65 (18%) compared to Females (16%)**
- **Ethnicity: Based on the 2021 Census, White British (42%) is the largest ethnicity within the London caring population, followed by 21% Asian / Asian British, 14% Black British, 9% White Other and 5% Mixed Ethnicity.**
- **Religion: The 2021 Census showed that Christianity (43%) is the largest religion amongst the London caring population, whilst 23% have No Religion. Muslim (16%) and Hindu (6%) were the next largest reported religions.**
- **Main Language: As per the 2021 Census, 83% of the London caring population had English (or Welsh) as their main language.** This compared to 78% of the London population not providing care.
- **Sexual Orientation: This was a voluntary question in the 2021 Census and cannot be reported on specifically for unpaid carers. However, of those who answered this question, the whole population showed 86% identifying as Straight/Heterosexual.**

Key Points -

- Overall, the proportion of Londoners providing unpaid care is lower than nationally.
- The demography of carers in London broadly reflects national trends, but with greater diversity in terms of ethnicity, language and religion or belief.

Barking and Dagenham Carer Demographics

- The 2021 Census shows that 7% (14,200) of the B&D population provides unpaid care (the same as London but below England) and has reduced since the 2011 Census (9%). For Females, 8% provides unpaid care, whilst it is 6% for Males.
- Of those providing unpaid care in B&D, a lower proportion (39%) provides care for 19 hours or less a week compared to London and England. Higher proportions provide care between 20-49 hours a week (28%) and 50 hour or more week (33%) compared to London. In stark contrast, just 14% of B&D respondents to both the PSSS 2023/24 said they were caring for 19 hours or less.
- Sex: As per the 2021 Census, the B&D caring population is split 60% Female and 40% Male (same or similar to London and England). B&D respondents (ranges from 95 – 170 respondents) to SACE 2023/24 are more likely to be Female, ranging from 76% - 83%. Council data shows roughly three quarters of carers receiving support are Female:
 - Liquid Logic 2024/25 payments data (346 carers) – 71% (244) Female
 - Carers Centre 2025/26 Q1 (384 carers) – 78% Female (301).
- Age: As per the 2021 Census, 87% of the B&D caring population are 64 and below, this is a younger age profile than London and England. The largest proportion is in the 35-49 group (31%), just above 50-64 (30%). The age profile of B&D respondents to SACE 2023/24 are less weighted towards under 65s (61%-68%). Data on carers known to the council also shows a lower age profile (Liquid Logic 2024/25 payments data – 68% 18-64, Carers Centre 2025/26 Q1 – 81% 18-64).
- Young Carers: On 2021 Census day, 1.2% of Females and 1.1% of Males aged between 5 and 17 years of age provided unpaid care in B&D.



Source: 2021 Census

Key Points -

- Compared to London and England averages:
 - Carers in B&D are more likely to provide 20+ hours of care per week
 - Carers in B&D are more likely to be younger, with 35-49 years as the most prevalent group
- The age profile of carers receiving a direct payment largely matches the profile of B&D carers in the 2021 Census.
- Fewer than 3% of self-reported care givers are receiving additional support such as carers' direct payments or information, advice and guidance (IAG).

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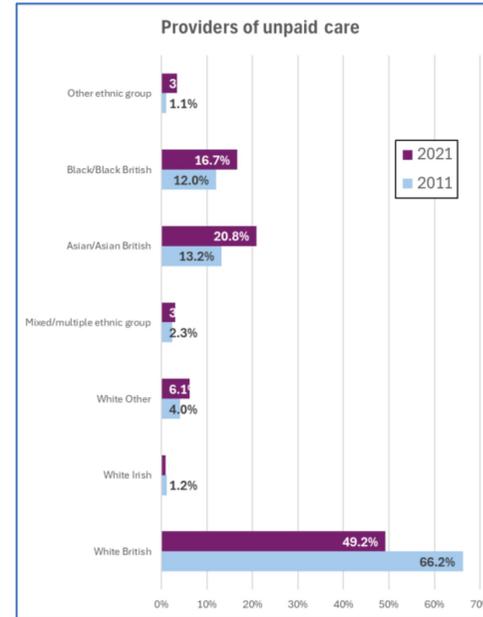
Barking and Dagenham Carer Demographics

➤ **Age and Sex:** Nearly two thirds (61%) of the B&D caring population (2021 Census) is aged 35 – 64. For Females this is 65% whilst it is 56% for Males. Males make up a larger proportion of 65+ and under 24 carers than borough / female proportions. Data on carers known to the council support this (Liquid Logic 2024/25 payments data – Female 65+ 25%, Male 65+ 41%, Carers Centre 2025/26 Q1 – Female 65+ 16%, Male 65+ 34%).

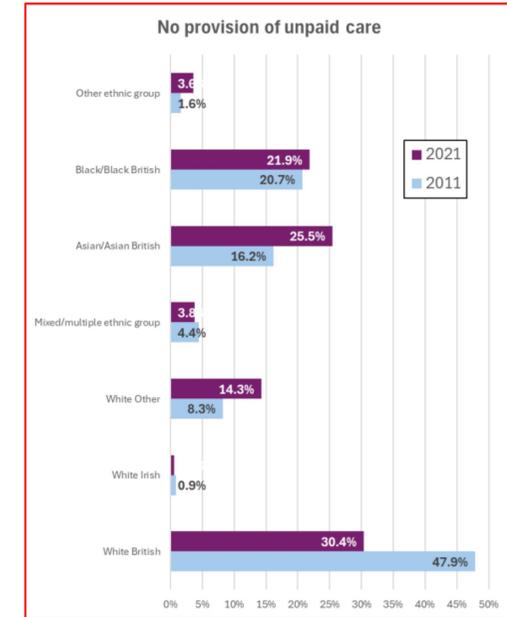
➤ **Ethnicity:** Based on the 2021 Census, half (49%) of B&D carers are White British (well below England but above London), followed by 21% Asian / Asian British, 17% Black British and 6% White Other. The ethnic diversity of B&D unpaid carers has broadly changed in line with that of the overall population ethnicity profile since 2011, with the exceptions of Black/Black British (bigger increase amongst unpaid carers) and White Other (lower increase amongst unpaid carers). Data on carers known to the council shows lower White British representation (Liquid Logic 2024/25 payments data – 39%, Carers Centre 2025/26 Q1 – 38%).

➤ **Religion:** The 2021 Census showed that Christianity (46%) is the largest religion amongst the B&D caring population, whilst 24% have No Religion. Muslim (20%) and Hindu (3%) were the next largest reported religions. Data on carers known to the council (Carers Centre 2025/26 Q1) shows 19% Muslim, 18% Christianity and 37% did not disclose their religion.

➤ **Main Language:** As per the 2021 Census, 84% of the B&D caring population had English (or Welsh) as their main language, compared to 75% of the population not providing care. This is similar to London but below England. The main minority languages were Bengali (with Sylheti and Chatgaya) (3%), Any Other European Language (3%), Urdu (2%), African Languages (2%) and Portuguese (1%).



Source: 2021 Census



Key Points -

- Carers in B&D, London and England are more likely to be female. However, males become increasingly represented in older age groups
- The demography of carers in B&D broadly reflects the local population profile, and so has greater diversity in terms of ethnicity, language and religion or belief than is seen nationally.

Barking and Dagenham Carer Demographics

- **Sexual Orientation:** This was a voluntary question in the 2021 Census and cannot be reported on specifically for unpaid carers. However, of those who answered this question, the whole population showed 89% Straight or Heterosexual. Less than 3% identified as Lesbian, Gay, Bisexual or Other. Although not directly comparable, the Census does however identify that a similar proportion of opposite-sex and same-sex couples who live together provide unpaid care (9.8% vs 11.6%).
- **Wards in B&D:** As per the 2021 Census, Eastbrook & Rush Green (8.4%), Valence (8.1%) and Parsloes (8%) had the highest proportion of the population providing care. Data on carers known to the council (Carers Centre 2025/26 Q1 contacts) came from Valence (8%), Mayesbrook (7.6%) and Goresbrook / Parsloes (7.2%)
- **Country of Birth:** Based on the 2021 Census, 64% of carers were born in England, compared to 54% of the non-caring population
- **Household Composition:** The 2021 Census showed that just under half (46%) of households including an unpaid carer also had dependent children, with almost a third also having a child of primary school age or younger. In the PSSS 2023/24, a majority (79%) of B&D respondents reported having no children 18 or under with parental responsibility. This suggests that there may be a gap in reaching carers with dependent children.
- **Living Arrangement:** As per the 2021 Census, 56% of B&D carers (aged 16 and over) were living in a couple.
- **Tenure of Household:** As per the 2021 Census, 30% of the caring population in B&D were living in accommodation rented from the Council / LA, 27% owned their property with a mortgage / loan / shared ownership, 19% owned their property outright and 13% were renting from a private landlord or letting agency.

	9 hours or less	10 to 19 hours	20 to 34 hours	35 to 49 hours	50 or more hours	No unpaid care
Abbey	1.3%	0.6%	0.6%	0.7%	1.1%	95.6%
Alibon	1.6%	0.9%	1.0%	1.3%	2.4%	92.8%
Barking Riverside	1.3%	0.8%	0.7%	1.0%	2.0%	94.2%
Beam	1.5%	0.8%	0.9%	1.1%	2.4%	93.3%
Becontree	2.1%	1.1%	1.1%	1.1%	2.5%	92.1%
Chadwell Heath	2.0%	1.0%	0.9%	1.1%	2.5%	92.5%
Eastbrook & Rush Green	2.5%	1.5%	0.8%	0.8%	2.8%	91.6%
Eastbury	1.4%	0.8%	1.0%	1.2%	2.5%	93.0%
Gascoigne	1.6%	0.8%	0.8%	1.0%	1.8%	94.0%
Goresbrook	1.8%	1.0%	0.9%	1.1%	3.0%	92.2%
Heath	2.0%	1.1%	1.0%	1.0%	2.2%	92.8%
Longbridge	2.1%	1.1%	0.9%	0.9%	1.9%	93.0%
Mayesbrook	1.8%	0.9%	0.8%	1.1%	2.2%	93.2%
Northbury	1.3%	0.9%	0.8%	1.1%	1.6%	94.3%
Parsloes	1.8%	1.1%	1.0%	1.3%	2.7%	92.0%
Thames View	1.2%	1.1%	0.8%	1.1%	2.8%	93.0%
Valence	2.0%	1.0%	1.0%	1.1%	3.0%	91.9%
Village	1.8%	1.1%	1.1%	1.2%	2.1%	92.7%
Whalebone	1.6%	1.0%	0.8%	0.9%	1.9%	93.8%
Barking & Dagenham	1.8%	1.0%	0.9%	1.1%	2.3%	92.9%

Source: 2021 Census - Wards in B&D. Top 3 wards highlighted per category

Key Points -

- A similar proportion of opposite-sex and same-sex couples who live together provide unpaid care (9.8% vs 11.6%).
- Eastbrook and Rush Green, Valence and Parsloes had the highest proportion of the B&D population reporting providing care.
- A substantial proportion of B&D carers (46%) were born outside the UK.
- Just under half (46%) of carers' households also had dependent children.
- 43% of B&D carers rent (13% private rental, 30% council), with a slightly greater proportion (46%) being home-owners (compared to 43% for all B&D).

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Demographic Overview

Based on the 2021 Census, compared to the population aged 5 and over who provided no unpaid care in B&D:

- A **higher proportion** of unpaid carers (aged 5 and over):
 - ❑ Identified as **White British** (49% vs 30%)
 - ❑ Were **born in England** (64% vs 54%)
 - ❑ Had **no religion** (24% vs 19%)
 - ❑ Had **English** as their main language (84% vs 75%)
 - ❑ Were living in a household that **didn't include any dependent children** (54% vs 38%)
 - ❑ Were **living in a couple** (aged 16 and over) (56% vs 48%)
 - ❑ Were living in **accommodation rented from the Council** (30% vs 21%)
- A **lower proportion** of unpaid carers (aged 5 and over):
 - ❑ Identified as White: **Other White** (6% vs 14%)
 - ❑ Identified as Black, Black British: **African** (12% vs 17%)
 - ❑ Identified as Asian, Asian British: **Bangladeshi** (8% vs 10%)
 - ❑ Were born in **Other Europe** (which includes Eastern European countries) (8% vs 18%)
 - ❑ Identified as **Muslim** (20% vs 24%)
 - ❑ Were living in **accommodation rented from a private landlord** or letting agency (13% vs 26%)
- **Carers have an older age profile**, with 35-49 years comprising the largest age group, however:
 - ❑ Carers in B&D are more likely to be **younger than London and England** averages

Compared to the population aged between 5 and 17 in the 2021 Census who provided no unpaid care in B&D:

- A **higher proportion** of unpaid carers (aged between 5 and 17):
 - ❑ Identified as **White British** (39% vs 23%)
 - ❑ Had **no religion** (32% vs 19%)
 - ❑ Were living in **accommodation rented from the Council** (42% vs 26%)
- A **lower proportion** of unpaid carers (aged between 5 and 17):
 - ❑ Identified as White: **Other White** (6% vs 9%)
 - ❑ Identified as Black, Black British: **African** (15% vs 19%)
 - ❑ Identified as Asian, Asian British: **Bangladeshi** (8% vs 12%)
 - ❑ Identified as Asian, Asian British: **Indian** (2% vs 5%)
 - ❑ Identified as **Muslim** (22% vs 31%)
 - ❑ Were living in **accommodation rented from a private landlord** or letting agency (19% vs 29%)



**Barking &
Dagenham**

Who Provides Informal Care in Barking & Dagenham? – Key Findings

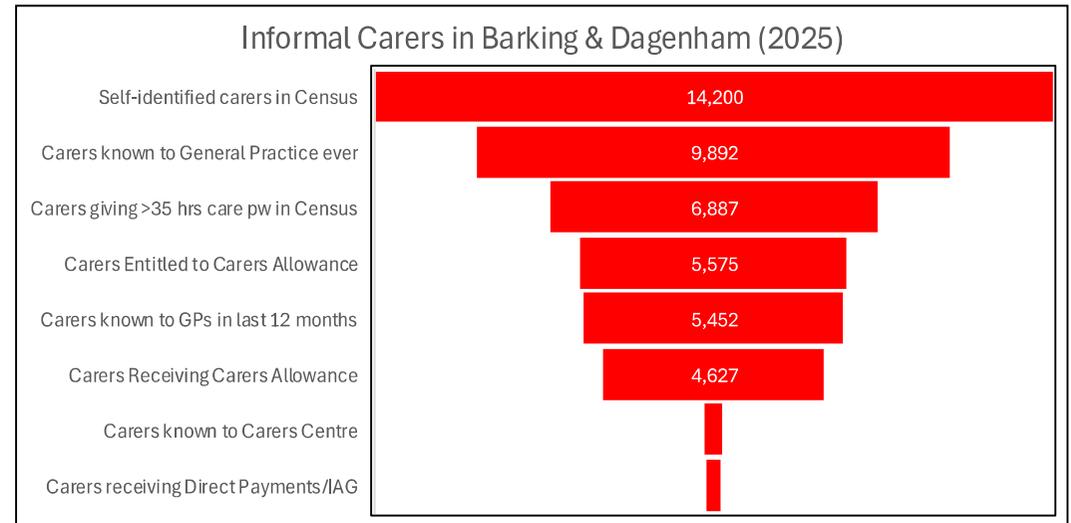
The Estimated No. Carers varies by Definition and Dataset

- The 2021 Census indicates that 14,200 (7%) residents were providing unpaid care on the day the census was taken. This is similar to London but lower than average for England.
- Council and NHS data suggests that there are between 4,627 and 5,452 residents in Barking & Dagenham known to have been actively providing informal care in 2025. This is likely to include a large proportion of the 6,887 individuals who provide >35 hours of care per week. It is possible, based on the Census, that this is an underestimate of up to 8,748 overall.
- Informal carers in Barking & Dagenham are carrying a substantial care burden. Despite being a smaller proportion of the population than average for England, they are **more likely than London and England carers to be providing 20+ hours of care per week.**

Demographic Characteristics of Carers

- Carers in B&D, as across London and England, are more likely to be **female**. However, males become increasingly represented in older age groups.
- Carers in B&D are more likely to be **younger than average for carers** across England. Compared to the overall B&D population however, carers have an older than average age profile, with 35-49 years comprising the largest age group.
- Carers in B&D are more likely to be **White British** (49% vs 30%), have English as a first language (84% vs 75%) and to have been born in England (64% vs 54%). This reflects the older age profile of carers compared to the general population. Beyond that, the demography of carers in B&D broadly reflects the local population profile in terms of diversity of ethnicity, language and religion or belief, and a substantial proportion (46%) were born outside the UK.

- Carers are more likely to be living as a couple than is typical in B&D. A similar proportion of opposite-sex and **same-sex couples** who live together provide unpaid care (9.8% vs 11.6%).
- Just under half (46%) of carers' households also had **dependent children**, but PSSS data suggests that these households may be under-represented among carers known to the council and may not be being reached with support.



SOURCE: Census, 2021; Together First CiC, 2025; DWP, 2025; LBBD Liquid Logic, 2025; Optum Pathfinder, 2025

What are the Health Needs of Informal Carers?

Health Needs of Informal Carers – Published Evidence 1

Published research shows that a caring role can have **both positive and negative impacts** on those providing informal care¹. Caregiving can be a rewarding experience that facilitates personal growth, maturity and resilience, with some (non-causal) evidence that caregiving may be associated with significantly reduced all-cause mortality rates

Positive health and wellbeing effects noted for adults encompass heightened confidence and inner strength, and close and loving relationships with the care recipient (typically a family member). For older people, positive impacts of caring for a spouse is related to positive emotions and feelings, such as the satisfaction of covering the needs of the person cared for, and the love derived from caring for a loved one.

However, there is strong evidence of **negative health effects** such as severe stress, adjustment disorders, depression, and physical health conditions among all informal caregivers compared to non-caregivers. Informal caregiving is associated with a **higher occurrence of depression and of anxiety, pain, hypertension, diabetes and reduced quality of life for all informal carers**

There is substantial evidence of overlapping but **differential impacts on specific carer cohorts** with **female, married caregivers, and those providing intensive care incurring the greatest negative health effects** from caregiving. There is evidence that cultural differences can impact on patterns of help-seeking behaviour, access to sources of formal and informal support, the search for information about the mental illness and the motivation to provide family care, but specific impacts require more research. There are also differential impacts of caring for people with different specific care needs (cognitive, physical or mental health impairments).

Research on the health impact of caring, broken down by life course stage and needs cared for, is summarised on the following slides.

Key Health Need Insights from the Published Evidence Base -

- Poor mental health and social isolation are key health and wellbeing risks for carers of all demographic and all age groups (<18, 18-64, 65+).
- In general, evidence indicates that females across all age groups deliver more informal care, and experience a greater health impact from caring.
- Caregivers for their spouse / partner, and those providing intensive care, also risk incurring a greater negative health effect.
- Challenging behaviour can be especially impactful on the carer's mental health, resulting in anxiety and depression, trauma and anticipatory trauma.
- Negative psychological impacts can often continue post-bereavement ie after the death of a cared-for loved one.
- Adults can also experience physical health impacts such as fatigue and disrupted sleep, especially when physical care is required over a long-term period.
- The effects of family-caregiving on the wellbeing of carer/s, are influenced by the specific situational and sociodemographic characteristics of the family, so an individualised, holistic approach to support is indicated for each family or household, taking account both of the care recipient's specific needs and the differential impact on each family member.

1 – See references in Literature Review in Appendices

Health Needs of Informal Carers – Published Evidence 2

Life Course Approach to Impact of Caring

Poor mental health and social isolation are key risks for carers of all ages, but many other health impacts differ across age groups as outlined below.

Children & Young People (aged 5-17)

- Three interlinking factors appear to affect the impact of caring on individual children and young people <18:
 - their caregiving responsibilities
 - support received from different levels of society
 - the development of a positive carer identity.
- There is evidence¹ of a **small-to-moderate risk of poorer mental health** among young carers, with stronger effects for subgroups such as high intensity care provision, females, core care provision, and long-term carers, but **limited evidence of physical health impacts**.
- External factors such as **bullying** can exacerbate the impact of caring on young people's mental health (c.27% of the total effects).

Working Age Adults (aged 18-64)

- Working age adult carers are likely to be holding multiple roles. Early adulthood is a pivotal life stage in which care provision may impede crucial transitions into adult roles and activities such as employment, partnership, and parenthood. **Young adult carers (aged 18-29)** are more likely to be in **NEET status**, perceive bad health, and report worse mental health, with the severity of impact being related to the intensity of care given. However, a positive impact for this group is being able to **transfer caring skills into career and job choices**.
- There is evidence of a negative association between informal unpaid care and **mental health** in adults of working age. A disproportionate familial caregiving load falls on **working age women**, and caregiving had a consistently negative impact on the mental health of women. Female young adult carers tend to care more intensely and for longer durations compared to their male counterparts.
- **Fatigue and poor sleep** are the most commonly reported physical health impacts.

- When **adult children care for their parents**, they each influence the other's wellbeing while providing and receiving care, both being affected by each other's health state, socio-demographics, care needs and emotional wellbeing. Access to formal support can improve the caregiver's QoL independent of care recipient. Crucially, it appears that **high-quality parent-child relationships** contribute positively to adult child carer wellbeing.
- **Parents caring for children with disabilities** experience significantly poorer mental health. Mothers of children with congenital anomalies or developmental disabilities may have particularly greater risk of **poor mental health and physical health** (such as cardiovascular disease) than parents of unaffected children.

Older Adults (aged 65+)

- Evidence suggests that generally, most older caregivers are **women**, although there is a significant narrowing of the gender gap compared to younger caregivers. Additionally, most older caregivers are **spouses or partners** of the cared for.
- There is evidence that **spousal care in old age** was related to **positive emotions and feelings**.
- However, older caregivers generally present **lower levels of life satisfaction**, more frequent feelings of **unhappiness** and are at greater risk of **depression** (including high consumption of anti-depressants especially for men).
- Most studies highlight the negative impact of caregiving on the **physical health** of older caregivers. These include decreasing strength to conduct care-giving tasks, malnutrition and weight loss, and chronic pain. These impacts are amplified for those who themselves have chronic morbidities.
- Negative psychological impacts can often continue **post-bereavement** ie after the death of a cared-for loved one.

¹ – See references in Literature Review in Appendices

Health Needs of Informal Carers – Published Evidence 3

Health Impact of Caring for Specific Needs

Cognitive, Neurological or Learning Disabilities

- This presents a challenge across the life course¹. Caring for **young children with developmental disabilities** is associated with greater ill health among mothers, specifically **depression and stress**. Higher stress and depressive symptom scores were reported for autism than other specific (but not mixed) disability groups.
- **Mothers of adolescents and autistic adult children** were significantly more likely to both **give and receive emotional support** from/to other families. Parents described themselves as advocates, primary agents of change and supervisors of adult's care, but that providing care for their autistic children helped parents **enhance their feelings of competence**. Parental caregivers of adult autistic children can experience **considerable emotional strain**. The depth of this correlates with greater caregiver burden such as parental health issues, health issues with an autistic adult and/or challenging behaviour, a younger autistic adult, time-related constraints, impact on career and finance, or when the autistic adult child is less efficient in activities of daily life (ADL) and received less informal support.
- Caregivers of adults with **Alzheimer's Disease** experience **poor mental health** in comparison to the general population, with female caregivers being disproportionately affected. Physical aspects of well-being are highlighted in some studies, for example **physical exhaustion and compromises to parents' health** over their entire life span.
- **Challenging behaviour** is particularly correlated with an increase in **anxiety and depression, trauma and anticipatory trauma**. When an individual's behaviour was experienced as challenging, it had a significant impact on several dimensions of everyday life for the parent: living arrangements, parental relationships, employment options, social activities and risk of isolation. Evidence was found for a life course concept of **linked lives**, with all family members' wellbeing and development being affected.

Physical Disability or Chronic Physical Health Conditions

- **Parents caring for children with chronic illnesses** experience significantly **poorer mental health** compared with parents of healthy children. Mothers of children with congenital anomalies may have **greater physical health risk** eg cardiovascular disease and mortality
- Cohabitation, caring for an **older person with limited physical abilities** for instrumental activities of daily living (IADL) or activities of daily living (ADL) also increases the likelihood of a negative impact of caring on both **physical and mental health**, especially over **longer periods of time**.

Mental Health Conditions

- Caregiving for family members with mental health illnesses impacts on both **mental and physical wellbeing**. There is evidence that **increased understanding** by carers of the care recipient's mental health condition, including through electronic apps, this can reduce burden and distress in caregivers.
- **Elderly, female, spousal-carers and primary-carers** are particularly at risk of **worsening mental and physical wellbeing** as a result of caring for someone with mental health conditions. To understand the effects of family-caregiving on the carer's mental and physical wellbeing, it is necessary to take a combination of situational and sociodemographic characteristics into consideration, so an **individualised approach to support** is indicated.

Multiple Needs

- Most research on caregiver outcomes treated care recipients' health conditions separately, rather than exploring their interaction. The intricate challenges of caregiving, especially when dealing with both cognitive impairments and cooccurring chronic conditions, are complex. A deeper understanding of the diverse needs facing caregivers of people with multimorbidity is required.

**Barking &
Dagenham**

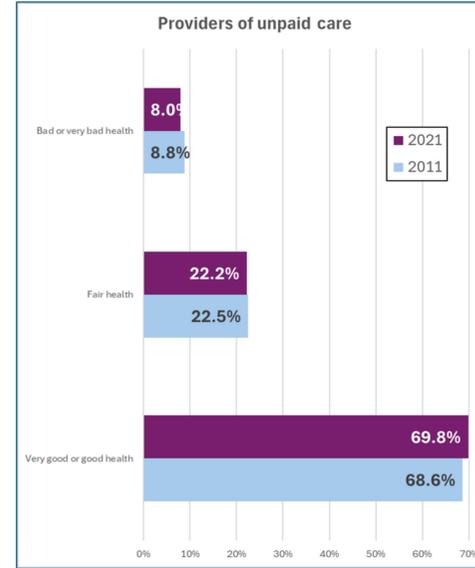
1 – See references in Literature Review in Appendices

Health Needs of Informal Carers - Census

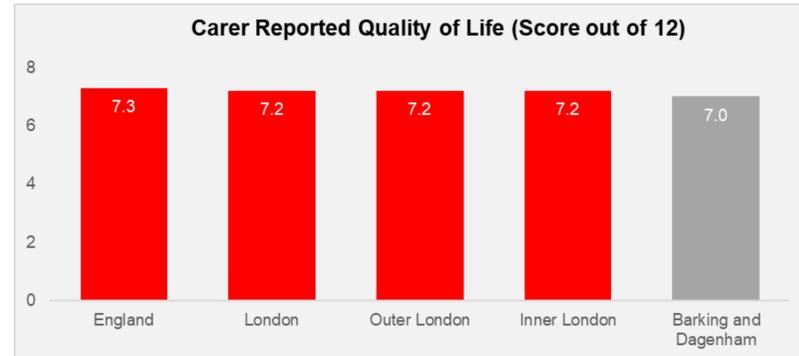
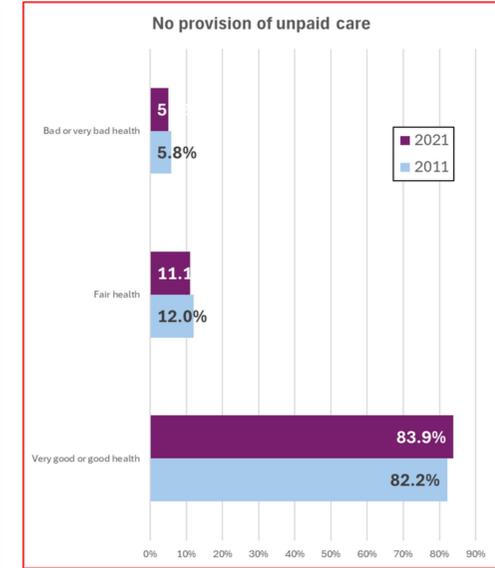
- **General Health:** As per the 2021 Census, only 70% of unpaid carers in B&D considered themselves to be in Good or Very Good Health compared to 84% of non-caring population. 22% of unpaid carers said they were in Fair Health and 8% in Bad or Very Bad Health, compared to 11% and 5% respectively of the non-caring population.
- **Disability:** On 2021 Census Day, 26% of the B&D caring population said they were disabled under the Equality Act, compared to 13% of the non-caring population in the borough.

Health Needs of Informal Carers – Survey Findings

- **ASC Outcomes Framework Carers Survey (SACE) 2023/24**
- ❑ B&D's (7.0) reported Quality of Life Score (out of 12) was lower than England (7.3) and London (7.2). There is no change in score across genders / age ranges (18-64 / 65+) within B&D.
- ❑ B&D (33.5%) reports the highest proportion of carers that have as much social contact as they would like across all London regions, and above the England Average. Barking and Dagenham ranks 6th amongst all London LAs.



Source: 2021 Census



Source: SACE 2023/24

Health Needs of Informal Carers – Survey Findings

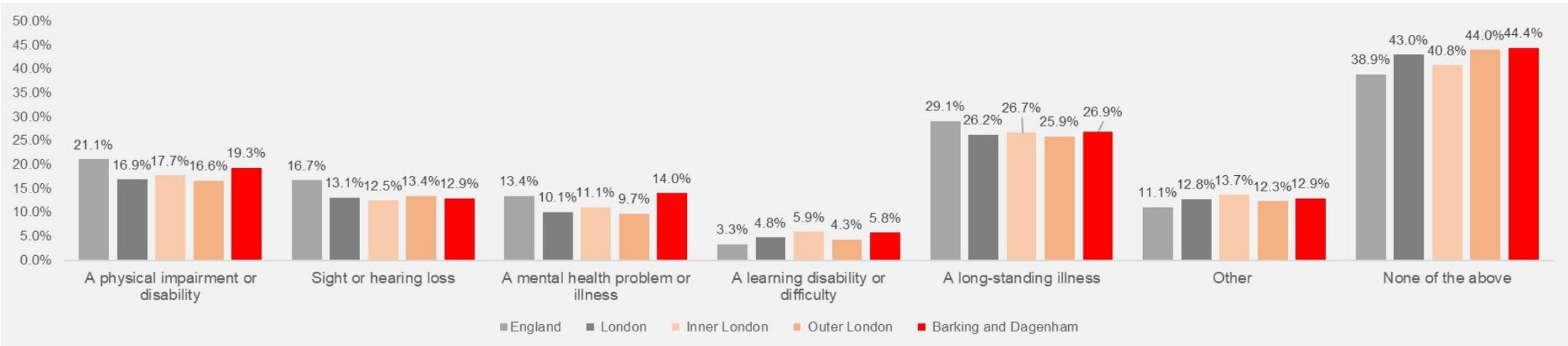
➤ Personal Social Services Survey of Adult Carers 2023/24

Q: Respondents were asked “In the last 12 months, how has your health been affected by your caring role (in any of the ways listed)?”

- ❑ England consistently reported higher negative impacts (tiredness, sleep disturbance, depression, stress, irritation) than London and B&D.
- ❑ Most common issues – Feeling tired is the top issue everywhere, England (79.2%), Barking and Dagenham (71%). Disturbed sleep (66.8%) and stress (63.9%) are very high in England (B&D - 58% and 56.2% respectively).
- ❑ Barking and Dagenham has lowest rates for depression (38.5%) and stress (56.2%). Highest physical strain (40.2%) suggesting more physically demanding caring roles. Highest none of these (14.8%) reported more carers report no health impact. Depression and short tempered/irritable are significantly lower in B&D compared to England.

Q: Respondents were asked “Do you have the following?” (Chart Below)

- ❑ B&D carers show a mixed profile, with higher mental health (14%) and learning disability (5.8%) rates than London and England and slightly lower physical impairment (19.3%) and sensory loss (12.9%) compared to England.
- ❑ B&D also has the highest proportion with no conditions (44.4%) suggesting some carers are healthy whilst others face multiple challenges.
- ❑ England overall has more physical (21.1%), sensory impairments (16.7%) and mental health (13.4%) issues than London, while London has more learning difficulties (4.8%).



Source: Personal Social Services Survey of Adult Carers 2023/24

NOTE: This is a survey of only carers known to Local Authorities (n=840 in B&D) – ages of respondents ranged from 25 – 85+; 65% were of White ethnicity; and 76% were female.

Health Needs of Informal Carers – Survey Findings

➤ State of Caring Survey (Carers UK, 2024)

- ❑ 29% of respondents have a disability.
- ❑ 80% of carers said the impact of caring on their physical and/ or mental health will be a challenge over the next year.
- ❑ 27% of carers (UK and London) said their physical health was bad or very bad.
- ❑ Over a third of carers said their mental health was bad or very bad; England: 35%, London: 36%. Nationally this is up 8% points from 2023.
- ❑ 36% of carers whose mental health was bad or very bad said they had thoughts related to self-harm or suicide.
- ❑ 39% of carers whose mental health was bad or very bad said they were not receiving any support with their mental health.
- ❑ Carers struggling to make ends meet were much more likely to have bad or very bad mental health; England: 56%, London: 54% compared with those not struggling financially (18% in England).
- ❑ 42% of carers in receipt of Carer’s Allowance and 52% on Universal Credit with Carer Element said their mental health was bad / very bad.
- ❑ 41% of people caring for more than one person said their mental health was bad or very bad, compared with 34% caring for one person.
- ❑ 38% of carers caring for over 35 hours per week had bad or very mental health compared to 26% caring for less than 35 hours per week.
- ❑ 69% of carers in London caring for 35+ hours a week needed support with their health and wellbeing, compared to 62% of carers caring for less than 35 hours a week and 67% of all carers.
- ❑ Over half of carers (57%) said they felt overwhelmed ‘often’ or ‘always’ and 3 in 5 carers in London (61%).
- ❑ Not being able to take a break (65%) was the main reason carers felt overwhelmed in England. In London, managing the variety of needs of the person they cared for was slightly higher at 61%.
- ❑ Two thirds of carers (66%) said they needed more support with their health and wellbeing (67% in London).

NOTE: England Data plus London where stated

Figure 1: Carers’ self-reported mental health by survey year.

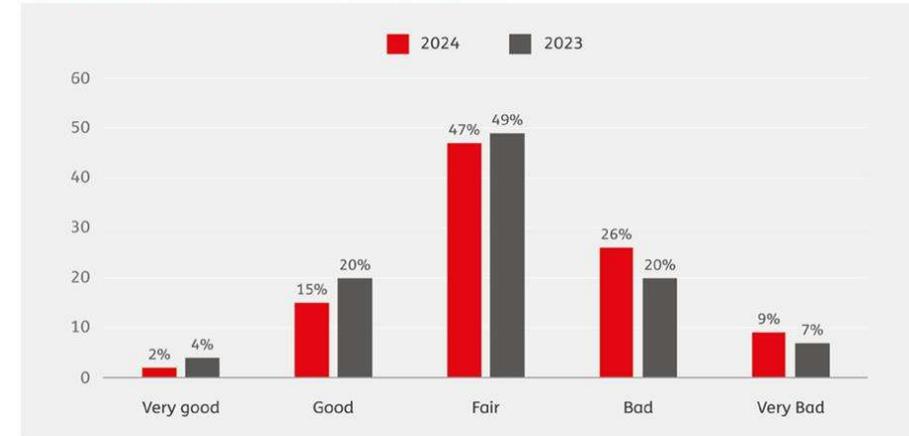
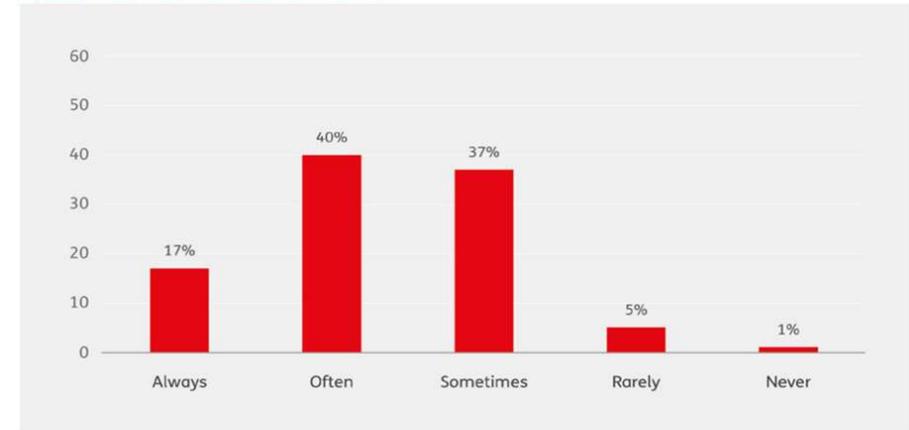


Figure 2: How often carers feel overwhelmed



Source: State of Caring Report 2024

NOTE: This is an online survey for unpaid carers, promoted extensively amongst carers and organisations supporting carers. In London, 516 people responded (8% of total).

**Barking &
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Health Needs of Informal Carers – Survey Findings

➤ State of Caring 2024 (England Data and London where stated)

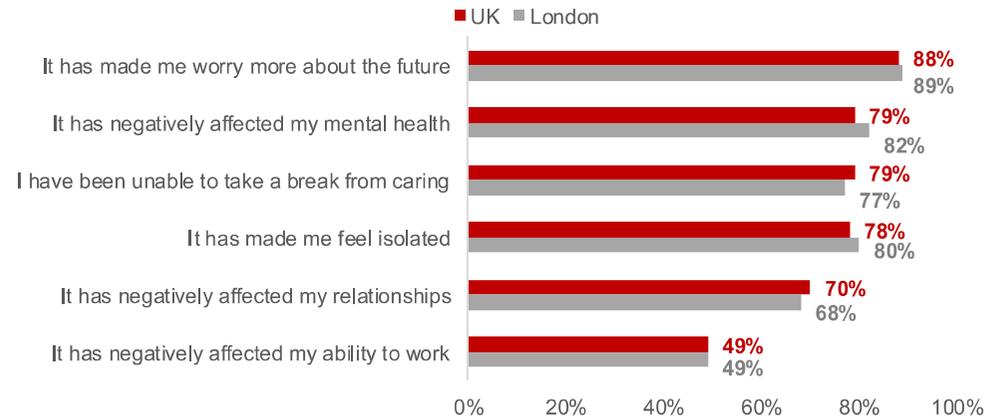
- Carers in London (63%) were more likely to say they needed better recognition of their needs from their Local Council compared to England (55%) and all other regions.
- Challenges with social care services also had a negative impact on carers' health and wellbeing (England: 79%, London: 82%).
- Support that Carers Would Like to see in the Future:
 - More support for carers' own health and wellbeing, with easier access to NHS healthcare, and funding for programmes that improve carers' wellbeing.
 - More recognition within society of unpaid carers' vital contributions in preventing health and social care systems from collapsing.
 - More recognition that caring is an equalities issue. Research has found that caring should be considered a social determinant of health because of the significant impact it can have on both physical and mental health.

Figure 3: Proportion of carers who need better recognition of their needs from their local council, by region



Source: State of Caring Report 2024

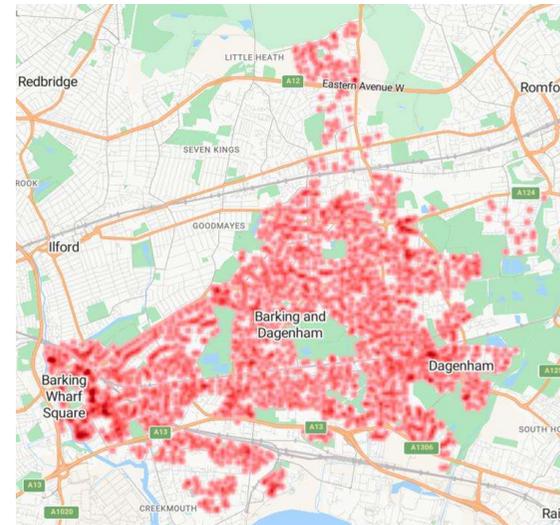
Impact of Challenges with Social Care Services



Source: State of Caring Report 2024

NHS Data on Carers (2025)

- Local NHS services have identified **5,452** people in B&D as being a Carer in the past 12 months. Ages range from <9 to 90+, with **most (78%) aged between 30 and 70**, and lower numbers at younger and older ages. Only 84 <19s are identified, which is an **under-representation of Young carers** compared to Census data.
- Fewer than 40% of identified adult Carers are male, compared to 54% of Carers aged <19 being male.**
- There is a **trend of Minority Ethnic background reducing with age**: 68% of those aged <19 (n=84) are from a Minority Ethnic background, but just 11% (n=44) of those aged 90+ are.
- The most common ethnicities are White British (1,881 / 35%), and Black African (819 / 15%) and Bangladeshi (563 / 10%). This suggests that there may be an **under-representation of White British and Other White carers in NHS data**, compared to Census data, although some of this may be due to demographic change since 2021.
- As published evidence would suggest, **some physical health conditions and risk factors are higher** than in the wider population:
 - 17% have diabetes,
 - 29% have hypertension
 - 57% are obese
- Identified **mental health and neurological conditions are also higher** than in the wider population in certain age groups:
 - 22% of Carers 80+ have dementia,
 - 15% of young carers aged 10-19 have a learning disability, and
- An average of 23% (all ages) have diagnosed depression, although among the Healthwatch cohort, self-reported mental ill health was 59%, suggesting that there may be an **under-recognition of mental ill health among carers.**
- Despite this higher level of health need, Healthwatch report that 45% of carers in their research did not have enough time to look after their own health
- The average NHS spend per person per year (PPPY) identified as being a Carer is £3,378 (compared to a population average of £1,800) and the average social care spend PPPY is £1,031 (compared to a population average of £349). The latter cost rises substantially at ages 90+ to £23,156 PPPY.



Geographical distribution of households with GP-registered carers

SOURCE: Together First; includes GP Carer registrations in B&D as at 30/01/25 (excluding Highgrove Surgery)

Understanding Caring Arrangement Breakdown

When informal carers experience a health or other emergency, this can have profound implications for both themselves and the person/s they care for. Emergency social care provision may be required, and long-term care arrangements may need to be reviewed. The scale and impact of this is poorly understood at a borough level however, as data collection in both ASC and the NHS is not designed to link individual records for carers and those they care for.

Published evidence and London / B&D survey-level data suggests that overwhelm and stress for carers is driven by:

- Not being able to take a break
- Managing the variety of needs of the care recipient*
- Being in receipt of benefits and/or struggling to make ends meet
- Caring for long hours (35+ hours per week)
- Challenging behaviour by the care recipient
- Challenges with social care

* Healthwatch report that 4 out of 5 respondents provided care for five or more needs including: managing finances, advocating and decision-making, household tasks and administering medication, in addition to personal care.



NEL ICB data records the prevalence of health conditions among individuals registered with B&D practices that have a carer flag on their health record. Conditions vary by age, but in the most prevalent carer age group of 30-60 years, the most common health conditions are (in order of prevalence):

- Obesity
- Musculoskeletal conditions
- Back Pain
- Hypertension
- Depression
- Anxiety
- Diabetes

In addition, adult carers of all ages have a wide variety of other challenges that could potentially contribute to breakdown of caring arrangements –

- 11% have recorded substance misuse
- 10% smoke
- 12% have had a Fit Note in the past 12 months (i.e. have taken sick leave from work)
- 18% have an opioid prescription (likely related to MSK and back pain)

Enhanced data collection and data linkage across NHS and Social Care could provide valuable insight into this, for example by understanding patterns of emergency hospital admission and impact on care, and help implement timely preventative action.

SOURCE: Health Data extracted from NEL ICB Integrated Dataset, extracted using Optom Pathfinder, November 2025

Health Needs of Informal Carers – Key Findings

Self-Reported Health of B&D Carers

- **Carers in B&D are less likely to self-report good health** compared to the general population, and more likely to say they have a disability. Carers in contact with B&D services are **less likely to report a good quality of life** compared to England and London benchmarks.
- Both published evidence and the national State of Caring report (Carers UK, 2024) confirms **significant physical and mental health challenges for some carers**, including overwhelm and thoughts related to self-harm and suicide. Self-reported mental ill health has worsened in recent years.
- The PSSS survey (2023/24) of carers known to the council, indicates that some carers are healthy whilst others face multiple health challenges. **Tiredness, sleep disturbance and stress are key self-reported health impacts** for carers, which aligns with published evidence.
- B&D carers in contact with council services are more likely than England and London averages to report physical strain from caring, and more likely to report having mental health issues or a learning disability.
- However, at the same time, B&D carers in contact with services are more likely to report having no health impacts from caring, and to have no health conditions. This means that while **some will require no external health support at all, others will require increasing levels of support with their health**. The challenge will be to identify those that will most benefit from additional support.

Carers' Expressed Health and Support Needs

- Carers have highlighted **recognition of their needs and contributions**, and **easier access to health and wellbeing programmes**, as changes they would like to see. Two thirds of carers (67%) said they needed more support with their health and wellbeing.

- Reported reasons for carer overwhelm and poor mental health include:
 - Not being able to **take a break**
 - **Managing the variety of needs** of the cared-for person
 - Being in receipt of benefits and **struggling to make ends meet**
 - Caring for **long hours** (35+ hours per week)

Research also identifies **challenging behaviour** (behaviour that puts them or those around them (such as their carer) at risk, or leads to a poorer quality of life¹) as a source of stress.

- The impact of **challenges with social care** has also been highlighted as resulting in worry and poor mental health.

Health Services' support for Carers

- Of those identified by NHS services as undertaking informal care in the past 12 months, there may be an **under-representation of White British and Other White carers** in NHS data.
- There is an **under-representation of young carers in NHS data**, but **15% of identified young carers have a learning disability**.
- **Physical health needs are higher** among carers in B&D: for example, 17% have diabetes (compared to 4% in the wider B&D population), and 29% have hypertension (compared to 12% in the wider population)².
- Published evidence and national surveys both identify that a large proportion (c.39%) of carers whose mental health was poor report that they were not receiving any support with their mental health. In B&D, only 23% of carers known to GPs are recorded as having depression. It is likely that there may be an **under-ascertainment by GPs of mental health conditions** among B&D carers.

1 – see [How to deal with challenging behaviour in adults - Social care and support guide – NHS](#)

2 – data from NEL ICB Pathfinder and Together First GP Federation

What are the Socioeconomic Needs of Informal Carers?

Social & Economic Needs of Informal Carers – Published Evidence 1

Published research¹ shows that unpaid caring affects social and financial wellbeing in multiple, overlapping ways. As noted above, a caring role can have **both positive and negative impacts** on those providing informal care. **Positive social and economic effects** encompass heightened confidence and inner strength, and being able to transfer caring skills into career and job choices. However, **negative social and economic consequences** of care giving are widespread and are experienced unequally, with systems, circumstances and contexts often serving to exacerbate these negative effects.

A significant portion of caregivers face **inadequate finances** and lower incomes. Added financial burdens exacerbate the economic challenges of caregiving, contributing to **a cycle of poverty** that further elevates the risk of **poor physical and mental health and wellbeing**. Improving social and economic wellbeing is thus fundamental to improving overall carer health.

As well as the complex interplay between financial security and the emotional distress that caregivers face, psychological wellbeing is directly associated with the time-intensive nature of caregiving and the impact on social contact, the social support received from others and the ability of caregivers to maintain **participation in normative cultural, social, and religious activities**.

Key Socio-Economic Need Insights from the Published Evidence Base -

- Financial impacts of caregiving arise from both direct care-related expenses and indirect costs of caregiving such as income loss / employment changes.
- Financial impacts are difficult to quantify but higher financial impacts correlate with higher care recipient dependence.
- A considerable portion of caregivers leave employment or reduce work hours to provide care, reducing household income and compromising quality of life.
- Workplace arrangements can help mitigate employed caregiver stress through both official workplace arrangements (eg flexible working) and soft management (eg supervisor informal support).
- Young carers (<25 years) can experience disruption to their education, impacting on their educational attainment and subsequent career and economic opportunities. Carers in early adulthood (age 18-29) are at particular risk of life-long employment, career and income impact from caring responsibilities.
- Older people prefer to remain in their current home despite care needs, but in general there is limited awareness of adaptation services (including advice, support, funding) to facilitate this, plus a lack of trust in services among minority ethnic communities in particular.
- LGBTQ+ caregivers experience additional unique social and wellbeing complexities, such as challenges navigating heteronormative health systems and lack of trust in services, and can be at higher risk of social isolation.

1 – See references in Literature Review in Appendices

Social & Economic Needs of Informal Carers – Published Evidence 2

Economic & Financial Impacts of Caregiving

- Financial challenges affect carers of babies through to older people¹. Financial strains of caregiving arise from both direct care-related expenses and indirect costs of caregiving such as income / employment changes, with the latter being more significant in the UK.
- **Financial consequences are experienced unequally**, with inequality varying by diagnosis and access to specialist palliative care (cancer vs non-cancer), socioeconomic status, gender, cultural and ethnic identity, and employment status. **The level of care recipient dependence is positively correlated with higher financial impacts** and indirect costs.
- The economic burden on caregivers is influenced by the family's original economic situation. It is often unclear whether individuals understand the longer-term financial consequences of unpaid caregiving when making care decisions. **Lack of awareness and information about financial support available can exacerbate the psychological impact of caring.**
- The direct costs of caregiving include out-of-pocket expenditure on transportation to medical appointments, respite care, home renovations, and supplemental housekeeping, but there are limited studies that attempt to estimate the magnitude of these expenses.

Impact on Education

- Caring can negatively impact on young carers' education and aspirations. Young carers (<25 yrs) can experience disruption to their education, impacting on their **educational attainment**:
 - Primary: 29% of young carers achieved below expected level on a combined measure tracking attainment, compared to 22% of non-carers
 - Secondary (GCSE): on average, young carers achieved 4.1 GCSEs at grades A* to C, compared with 6.0 for non-carers
 - Overall absence rate for young carers was 12.4%, compared to 7.1% for pupils who are not young carers.
- Young adult carers (age 18-29) in the UK are **less likely to obtain a university degree** than their peers without a caring role and were **less likely to enter employment**. The size of the impact was related to the number of hours spent caring.

Impact on Employment

- Caregivers' employment is significantly impacted by care responsibilities in six key ways: (a) high and/or competing demands; (b) psychosocial/-emotional stressors; (c) distance; (d) carer's health; (e) returning to work; and (f) financial pressures. The latter is particularly key, and linked to wider carer needs.
- Employed caregivers experience **significant financial impacts in terms of lost time and income**. They also experience a variety of **work-related stress** (e.g., reduced productivity, absenteeism) and mental health (e.g., stress, burden) impacts.
- A considerable portion of caregivers leave employment or reduce work hours to provide care, reducing family income and compromising caregivers' quality of life. Caregivers' ability to return to work is crucial for family financial stability. Interference between caregiving responsibilities and employment negatively affects family life and creates financial strain.
- Mitigations often rely on the resilience and individual health of the caregivers. Evidence suggests that higher educational attainment and higher household income were also protective factors against work-related stress.
- However, **workplace arrangements can help mitigate** employed caregiver stress: both official workplace arrangements (i.e. flexible work and organisation support programmes) and soft management in organisations (i.e. managers' roles in creating a caring atmosphere) can improve both health and wellbeing of employed caregivers as well as work-related outcomes.
- **Carers in early adulthood** (age 18-29) are at particular risk of life-long employment impact from caring: this pivotal life stage in which care provision is less normative and may impede crucial transitions into adult roles and activities such as employment, partnership, and parenthood. Young Adults who care for dependent adults are more likely to be in NEET status, with the impact greater as intensiveness of caring increases.

Social & Economic Needs of Informal Carers – Published Evidence 3

Social Wellbeing Considerations of Caregiving

A range of social wellbeing issues affect carers; a non-comprehensive overview of some key issues is given below.

Older People's Housing and Health Needs

- Recent UK research¹ found that **older people prefer to remain in their current home**, due to a mix of material, financial, psychological, social, health and environmental factors, however **inadequate housing can make informal caregiving more challenging**.
- Adequate living space and spare bedrooms are important to older people, allowing them to host visits from family or a carer. But two bed specialist older people's housing was assessed as being unaffordable for the majority of older person households.
- Many older people recognise that they will need support to age in place, reflecting changes in functionality, health and emerging personal care needs, but in general there is **limited awareness of adaptation services (including advice, support, funding)** to facilitate this.
- Older adults from minoritised ethnic backgrounds may also delay necessary changes due to mistrust, financial constraints, poor service design, and the **absence of services that are intentionally inclusive** and respond to the needs of all communities.
- There is a **lack of provision for older 'middle income' households** who do not meet needs criteria to access specialist housing through social provision and cannot afford private sector provision.
- Evidence suggests that a lot of older people moving home into more specialised facilities do so as a result of events or crises – often declining health, or a need for care and support - but health is rarely the main reason cited for moving.

LGBTQ+ Carers

- Evidence¹ shows that LGBTQ+ individuals are “highly active in providing formal care for both their families of origin and families of choice” (Hall et al., 2025). Most positive and negative impacts of caring reported herein apply to LGBTQ+ individuals, including higher burdens on spouses / partners, impacts on family (eg parental) relationships and financial challenges.
- **LGBTQ+ caregivers do however experience unique care complexities**, such as challenges navigating heteronormative health systems. LGBTQ+ carers are more likely to be giving care to someone they are not legally related to, which can create challenges with long-term care planning. This inequity can also continue beyond bereavement for LGBTQ+ carers.
- LGBTQ+ caregivers want to feel recognised and understood by both families and professionals, but can be **at risk of social isolation**, of feeling unsupported and overwhelmed, especially if the caregiver-care recipient pair is not recognised as a partnership.
- In some research, LGBTQ+ individuals reported being reluctant to seek help due to prior experiences of discrimination and a lack of trust in services, so mitigation needs to address this. **Training on LGBTQ+ culturally competent and affirmative care** can help build trust and confidence for both caregivers and care recipients. This is particularly important for LGBTQ+ people living with dementia and/or in care homes for maintenance of self-identity.
- Isolation can be compounded if the care recipient is closeted, and so **social support interventions** tailored to LGBTQ+ caregivers are important to decrease self-reported stress and depression.

Transnational Caregiving

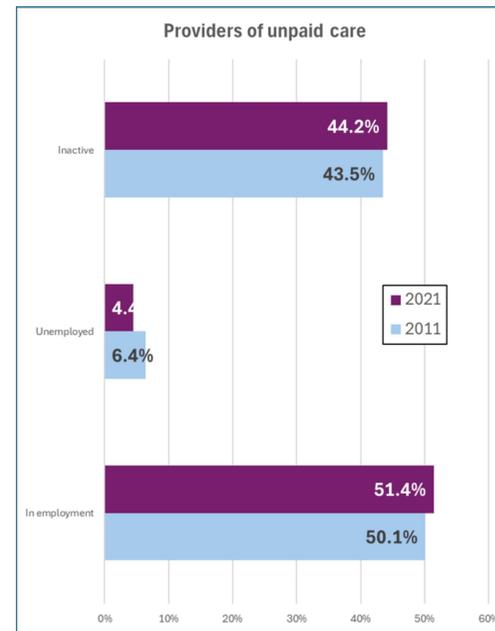
- Given the borough's demographics, transnational caregiving may be an issue that affects a proportion of B&D residents. It involves providing financial and emotional support, arranging care, making care decisions and communicating remotely. Financial strain, guilt, worry, and distress from the unpredictability of the care situation can result.

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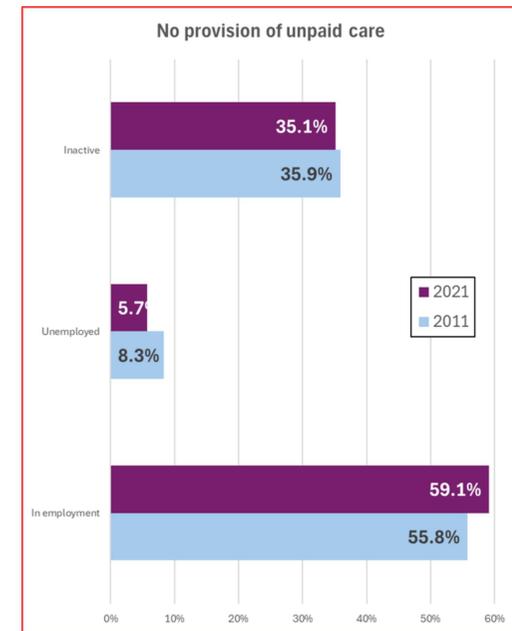
1 – See references in Literature Review in Appendices

Socioeconomic Needs of Informal Carers – Census, 2021

- **Economic Activity:** Based on the 2021 Census, 51% of unpaid carers in B&D are In Employment compared to 59% of those not providing unpaid care. 44% of B&D carers are classified as Inactive, compared to 35% of the non caring population.
- **Qualifications:** On 2021 Census Day, 30% of unpaid carers in B&D have a Level 4 qualification as their highest level of qualification, compared to 34% of non carers. No qualification percentages were similar for Unpaid Carers (22%) and non-carers (23%) in the borough.
- **Hours Worked:** The 2021 Census showed that a smaller proportion of unpaid carers (55%) in B&D were working full time (31-48 hours per week) compared to the non-caring population (59%). Unpaid carers (14%) were more likely to be working part time (15 hour or less a week) compared to non-carers (11%) in the borough.
- **Occupation:** On 2021 Census day, unpaid carers in B&D were shown to be more likely to be working in caring, leisure and other service occupations (19% vs 11%) and administrative and secretarial occupations (11% vs 9%) compared to non carers in the borough. In contrast, unpaid carers were less likely to be working in elementary occupations (12% vs 16%), working as process, plant and machine operatives (8% vs 10%) and skilled trades occupations (8% vs 12%) when compared to non-carers in B&D.
- **Overcrowding:** The 2021 Census showed a lower proportion of unpaid carers in the borough were living in a property without enough rooms (occupancy rating of rooms) or bedrooms (occupancy rating of bedrooms) compared to the population who provided no unpaid care. Overcrowding can be associated with a greater risk of poor mental health and with the spread of infectious disease.



Source: 2021 Census

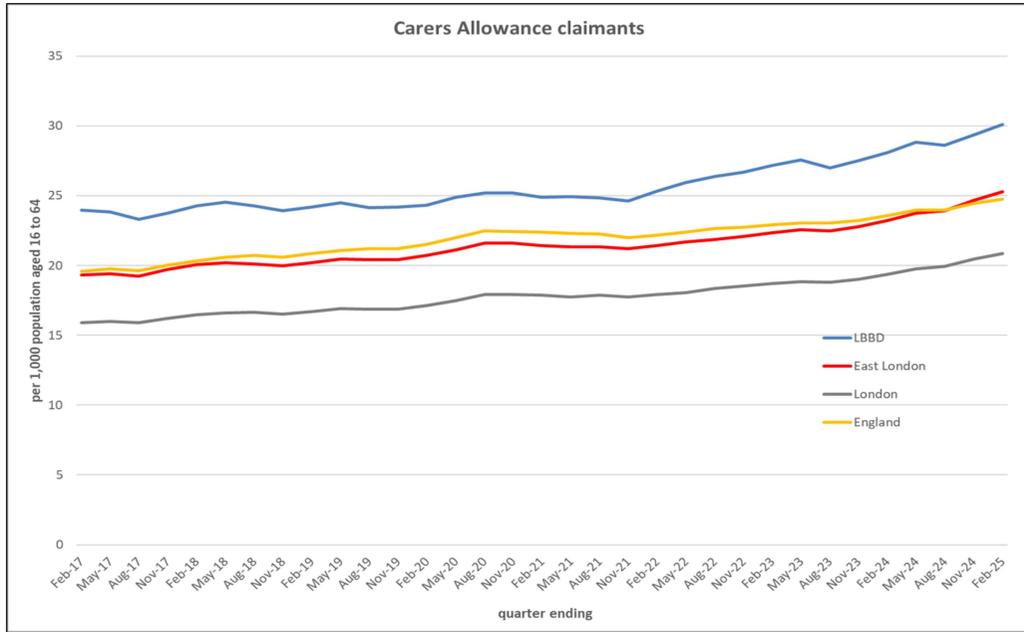


- **Household Deprivation:** Based on the 2021 Census, a greater proportion of unpaid carers (84%) in B&D were living in deprived households compared to non carers (64%). This is based on four household dimensions (Education, Employment, Health, Housing). Unpaid carer households showed higher proportions than unpaid carers in the borough of being deprived in two, three and four dimensions.

Socioeconomic Needs of Informal Carers – Carers Allowance

□ The below chart shows the Carers Allowance Claimant rate per 1,000 population aged 16 to 64 from February 2017 – February 2025 (based on end of quarter). The B&D rate has exclusively been above England, London and East London rates through out this eight-year period. Since late 2021 / Early 2022 there has been an increase across all regions but has been more greatly pronounced for B&D. B&D has the 3rd highest rate in London.

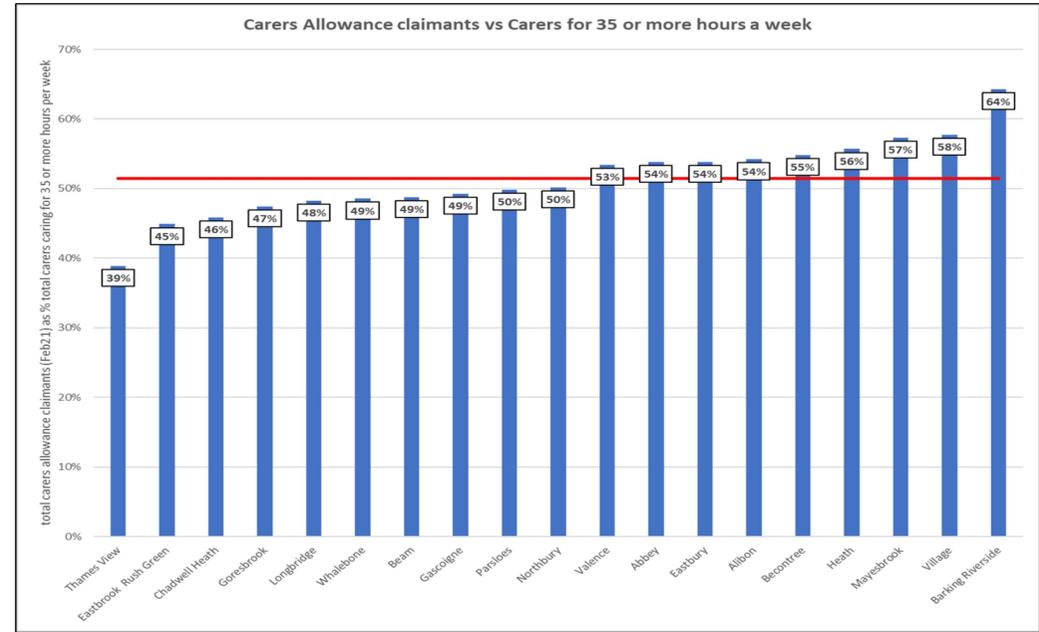
The number of cases in payment was 4,183 in February 2024, increasing to 4,627 as of February 2025.



Source: DWP, 2025

□ The below charts shows the number of people in each ward who were claiming Carers Allowance in February 2021, as a percentage of the number of people in each ward providing 35 hours or more unpaid care a week (as per the 2021 Census).

The number of cases in payment was 4,627 as of February 2025, increased from 3,540 in February 2021 (a 31% increase).



Source: 2021 Census and DWP (2021 CA data)

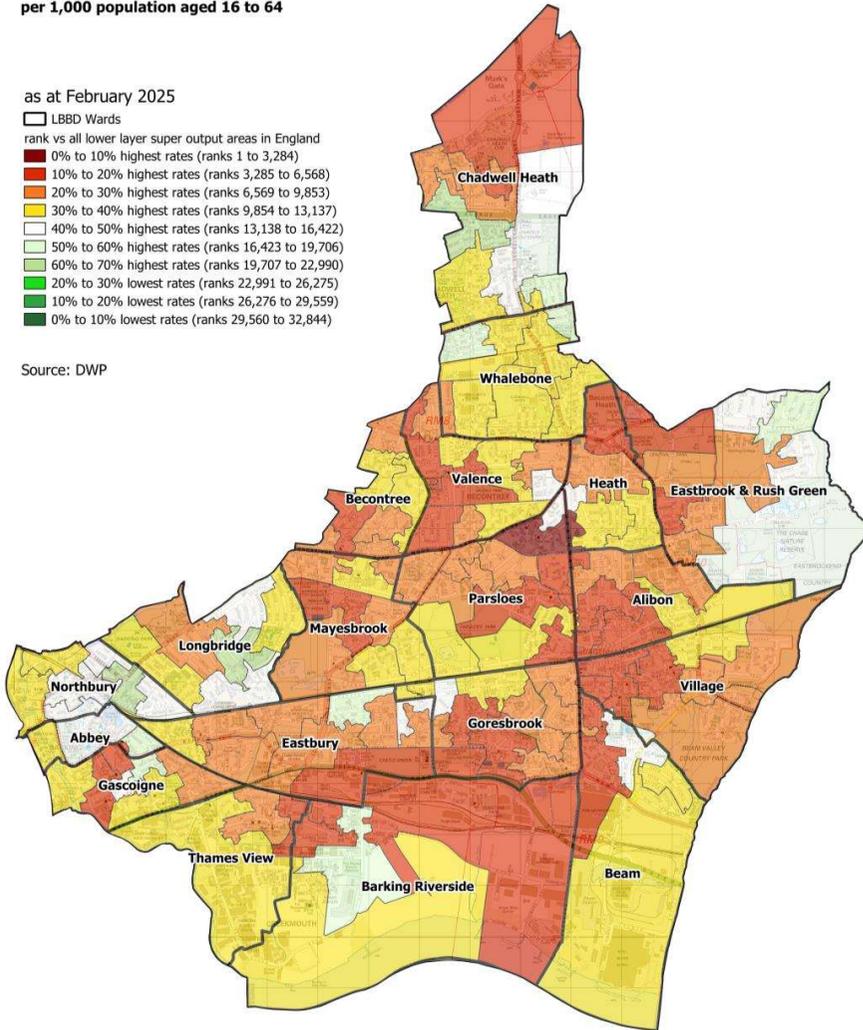
Socioeconomic Needs of Informal Carers – Carers Allowance

per 1,000 population aged 16 to 64

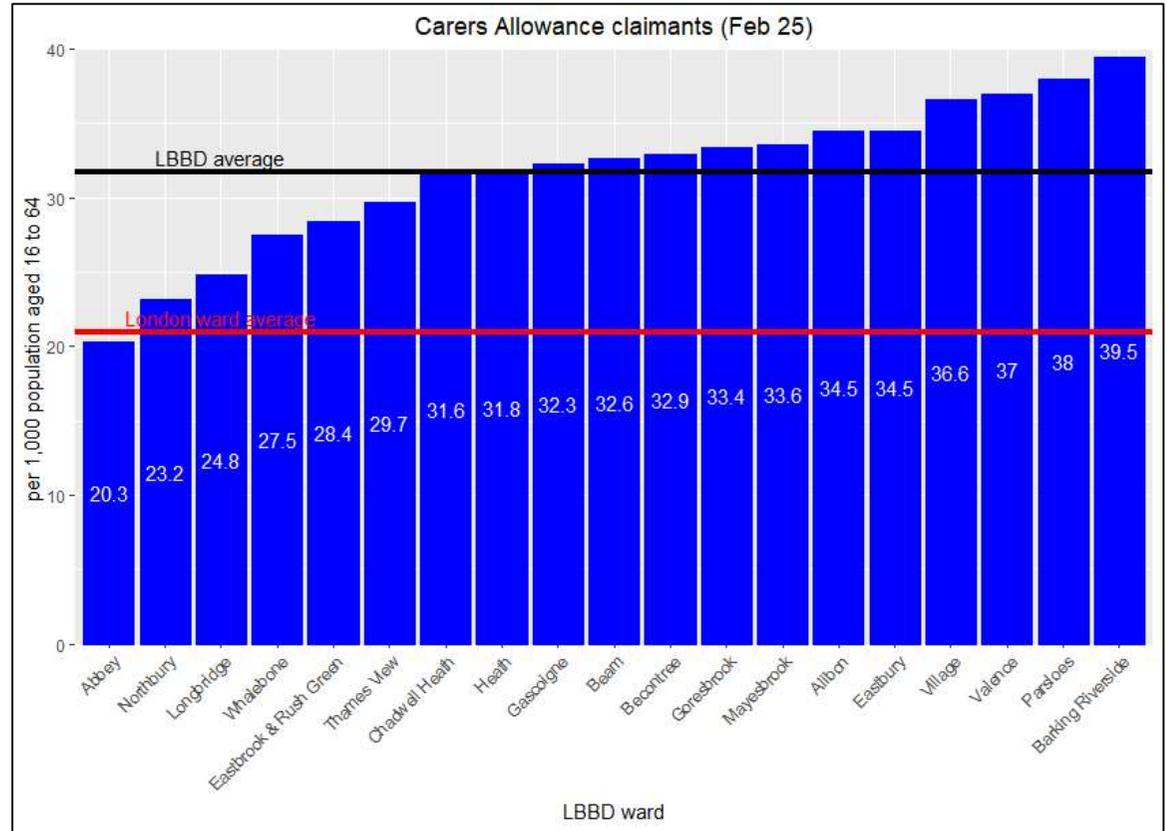
as at February 2025

- LBBB Wards
- rank vs all lower layer super output areas in England
- 0% to 10% highest rates (ranks 1 to 3,284)
- 10% to 20% highest rates (ranks 3,285 to 6,568)
- 20% to 30% highest rates (ranks 6,569 to 9,853)
- 30% to 40% highest rates (ranks 9,854 to 13,137)
- 40% to 50% highest rates (ranks 13,138 to 16,422)
- 50% to 60% highest rates (ranks 16,423 to 19,706)
- 60% to 70% highest rates (ranks 19,707 to 22,990)
- 20% to 30% lowest rates (ranks 22,991 to 26,275)
- 10% to 20% lowest rates (ranks 26,276 to 29,559)
- 0% to 10% lowest rates (ranks 29,560 to 32,844)

Source: DWP



Insight & Innovation



Socioeconomic Needs of Informal Carers – Survey Findings

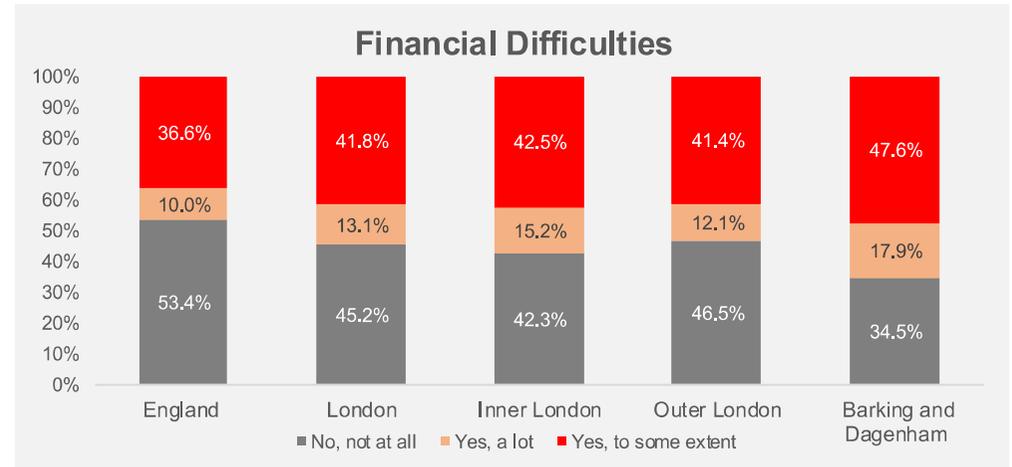
➤ Personal Social Services Survey of Adult Carers 2023/24

Q: In the last 12 months, has caring caused you any financial difficulties?

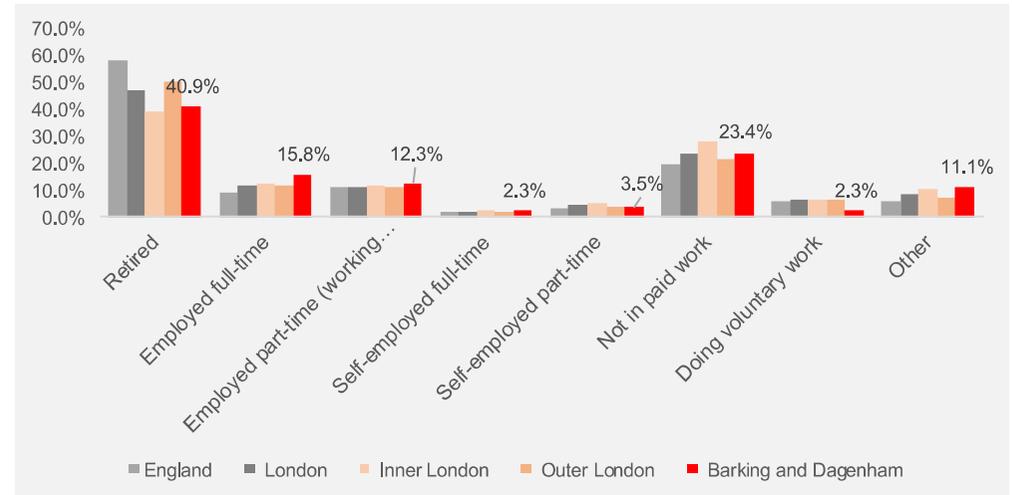
- ❑ England (53.4%) has the highest proportion of carers reporting no financial impact from caring. B&D is lowest (34.5%) cross all comparators indicating major financial strain among carers. The London (45.2%) and Outer London (46.5%) averages are also well below England.
- ❑ B&D carers gave the highest proportion of 'yes to some extent' (47.6%) and 'yes, a lot' (17.9%) responses compared to all comparators. This is inline with the level of deprivation known to exist in B&D, as one of the most deprived and financially challenged boroughs in the country.

Q: In addition to your caring role, please tell us which of the following also applies to you?

- ❑ B&D carers are more likely to be working full-time (15.8%), working part time (12.3%) and less likely to be retired (40.9%) compared to England and London averages, pointing to higher time and financial pressures.
- ❑ Inner London carers show high unemployment (27.8%) and low retirement (39%), suggesting economic vulnerability and younger demographics.
- ❑ England overall has a more retired carer base (58.3%).



Source: Personal Social Services Survey of Adult Carers 2023/24



Source: Personal Social Services Survey of Adult Carers 2023/24

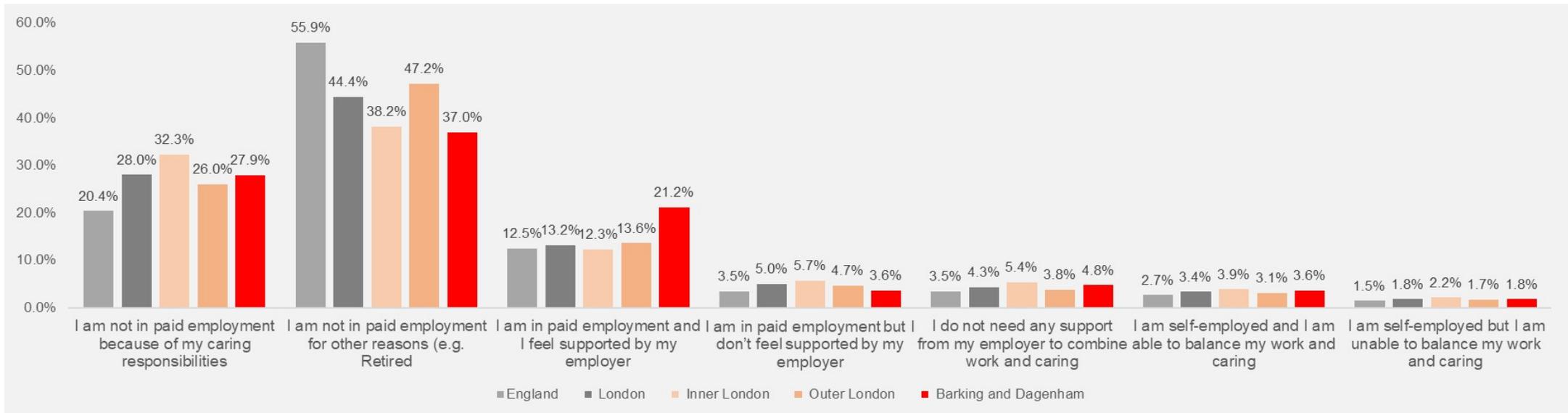
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Socioeconomic Needs of Informal Carers – Survey Findings

➤ Personal Social Services Survey of Adult Carers 2023/24

Q: Thinking about combining paid work and caring, which of the following statements best describes your current situation?

- ❑ B&D shows a mixed picture: more carers report being out of work due to caring responsibilities (27.9%) than England (20.4%), but those who are employed report better employer support (21.2%) than any other region.
- ❑ Inner London has the highest proportion reporting being out of work (32.3%) due to caring and highest reported dissatisfaction among employed carers (5.7%).
- ❑ England overall has fewer work care conflicts because of higher retirement rates (55.9%).



Source: Personal Social Services Survey of Adult Carers 2023/24

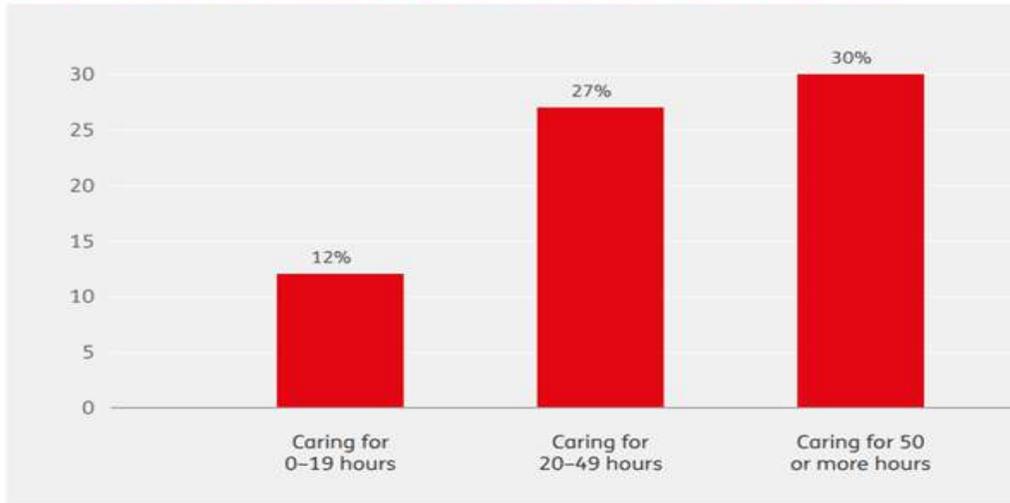
Socioeconomic Needs of Informal Carers – Survey Findings

➤ State of Caring 2024 (England Data and London where stated)

Carers financial Situation

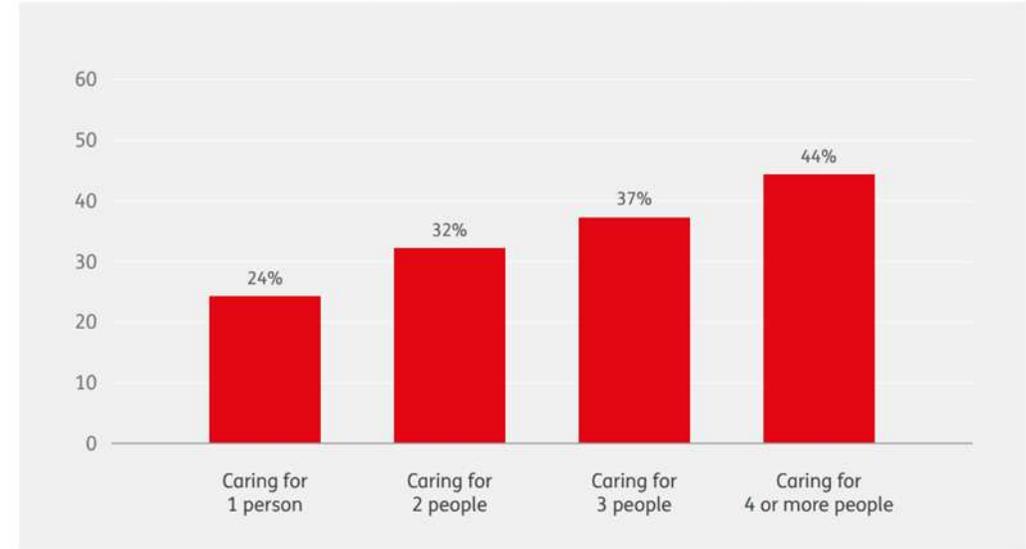
- ❑ Over a third (35%) of carers do not feel confident that they will manage financially over the next 12 months.
- ❑ Carers are worried about living costs and whether they can manage in the future (England - 61%, London – 63%).
- ❑ 27% of carers are struggling to make ends meet (28% in London).
- ❑ 14% of carers are struggling to make ends meet (16% in London).
- ❑ Carers UK research found those who care for between 35 and 99 hours a week are more than twice as likely to be in poverty than a person who does not provide unpaid care (42% vs 18%).
- ❑ 67% of carers caring for 50+ hours are worried about living costs and whether they can manage in the future vs 59% for 20-49 hours and 40% for 19 hours or less.
- ❑ 33% of carers in London caring for 35+ hours per week were struggling to make ends meet vs 17% for 35 hours or less

Table 1: Percentage of carers struggling to make ends meet by hours of care per week.



Source: State of Caring Report 2024

Table 2: Percentage of carers struggling to make ends meet by number of people cared for.



Source: State of Caring Report 2024

Hours of Care

- ❑ The proportion of carers struggling to make ends meet increases by the number of people be cared for.
- ❑ Carers UK research found that caring for more than one person increases the rate of poverty, 26% for one person compared to 35% for two people.
- ❑ 65% of carers caring for 2 or more people are worried about living costs and whether they can manage in the future vs 59% caring for 1 person.
- ❑ 18% of carers caring for 2 or more people are in debt as a result of their caring role vs 12% caring for 1 person

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Socioeconomic Needs of Informal Carers – Survey Findings

➤ State of Caring 2024 (England Data and London where stated)

Social Security Benefits

- ❑ Carers in receipt of social security benefits are more likely than other carers to be struggling financially and worried about the future. Many carers in receipt of Carer's Allowance are finding it difficult to manage financially.
- ❑ Two-thirds (67%) of unpaid carers who receive Universal Credit live in poverty.
- ❑ 62% of unpaid carers who receive Carer's allowance live in poverty.
- ❑ 42% of carers in London getting Carer's Allowance are struggling to make ends meet and 26% are in debt as a result of their caring role.

Employment Status

- ❑ 47% of carers aged 18-64 who are not working are struggling to make ends meet compared to 24% in paid employment.
- ❑ 24% of carers aged 18-64 who are not working are in debt due to caring.
- ❑ 40% of carers had given up work to care and 22% had reduced their working hours.
- ❑ 76% of carers aged 18-64 in paid employment are worried about their ability to save for the future (69% in London).
- ❑ 30% of carers in paid employment said they're saving less for retirement due to reducing working hours to care (State of Caring Survey 2023).

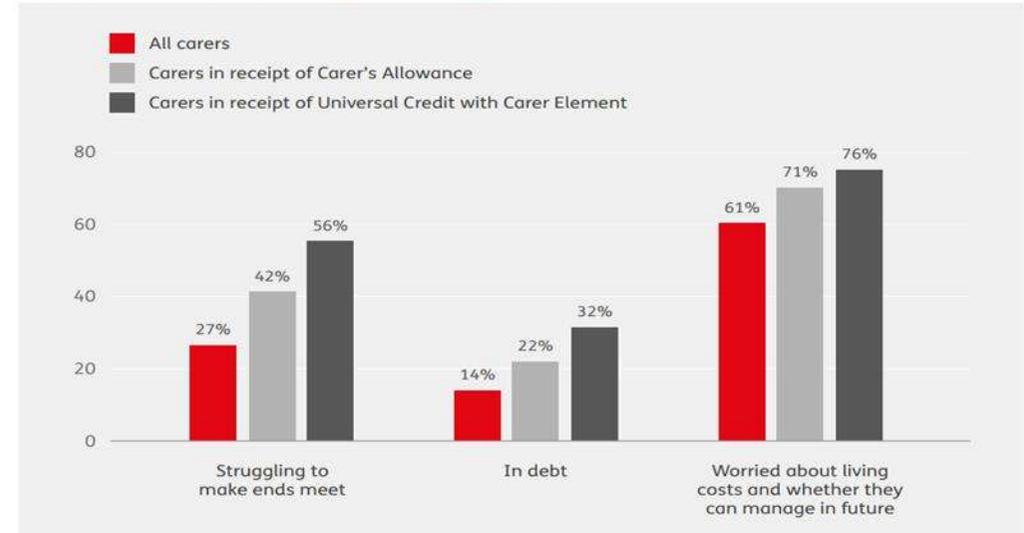
Female Carers

- ❑ Female carers (62%) are more worried about living costs and whether they can manage in the future than male carers (56%).
- ❑ Female carers (36%) do not feel confident they will manage financially over the next 12 months (Male carers: 33%).

Older Carers

- ❑ 51% of carers aged 65 and over are worried about living costs and whether they can manage in future.
- ❑ 40% of former carers who were retired said they had retired earlier than planned (State of Caring Survey 2023)

Table 3: Carers' financial situation by social security benefit status.



Source: State of Caring Report 2024

Housing Status

- ❑ The Family Resources Survey shows that unpaid carers who were renting their home (60%) have a higher rate of poverty than carers who have a mortgage (48%) or own their home (12%).
- ❑ 73% of carers renting were worried about living costs and how they can manage in the future vs 56% that owned their home.
- ❑ 27% of carers renting were in debt vs 9% that owned their home

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Socioeconomic Needs of Informal Carers – Survey Findings

➤ State of Caring 2024 (England Data and London where stated)

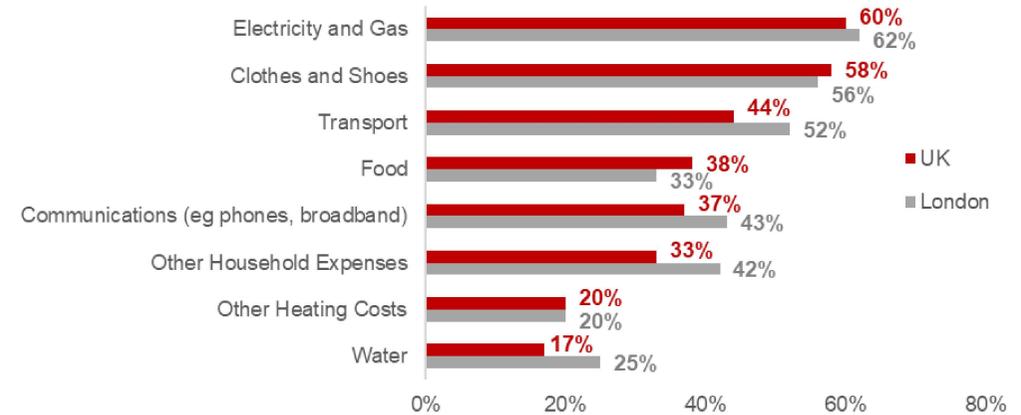
Struggling to Afford Essentials and Food

- ❑ 28% of carers are having to cut back on essentials like food and heating in order to make ends meet (25% in London).
- ❑ 40% of carer on Carer's Allowance are cutting back on essentials like food and heating to make end meet. This increases to 49% for those in receipt of UC with the Carers Element.
- ❑ 58% of carers in London struggling to afford food have skipped a meal and 52% have reduced the size of their meals.
- ❑ 45% of carer on Carer's Allowance are struggling to afford food and were more likely to, skip a meal (67%), reduce the size of their meal (62%) and have been unable to eat a balanced diet (61%).
- ❑ The proportion of carers using food banks in 2024 (7%) have increased over the last two years (2022: 5%).
- ❑ 19% of carers in receipt of Universal Credit with Carer Element and 12% of carers in receipt of Carer's Allowance are using food banks.

Struggling to Afford Housing

- ❑ 21% of carers are struggling to afford their rent or mortgage payments (27% in London).
- ❑ 38% of carers said they were worried about increases to their rent or mortgage (44% in London).
- ❑ 42% of carers (London and England) are struggling to afford the cost of household repairs.
- ❑ 8% of carers who had experienced issues with housing said they had to sell their home, 6% had to move to cheaper rental accommodation, and 3% are currently or have previously been homeless.

What Carers are Struggling to Afford



Source: State of Caring Report 2024

Impact of Finances on Health and Wellbeing

- ❑ 60% of carers are cutting back on seeing friends and family (62% in London). This is up from 34% in 2022 (39% in London).
- ❑ 67% of carers in receipt of Universal Credit with Carer Element and 63% of carers in receipt of Carer's Allowance are cutting back on seeing friends and family.
- ❑ 68% of carers are cutting back on seeing friends and family (66% in London). This is up from 47% in 2022 (52% in London).
- ❑ 79% of carers in receipt of Universal Credit with Carer Element and 74% of carers in receipt of Carer's Allowance are cutting back on hobbies and leisure activities.

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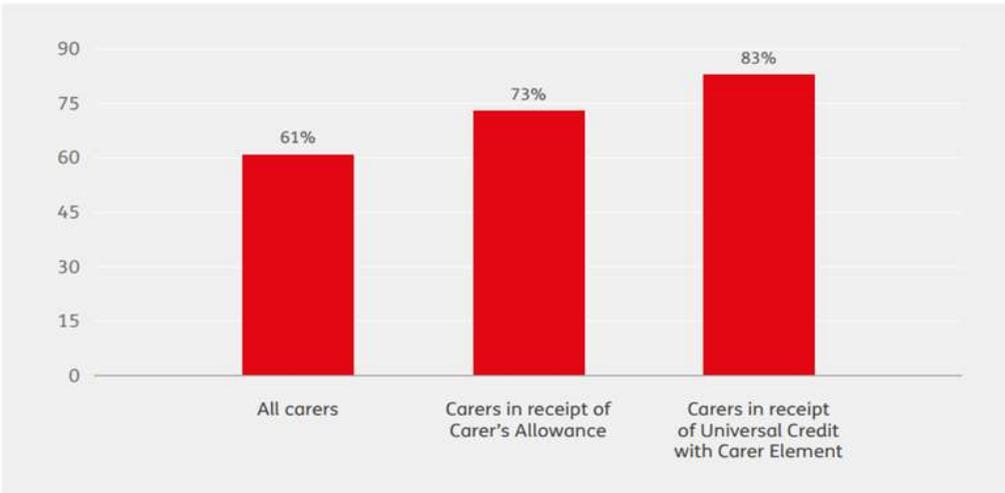
Socioeconomic Needs of Informal Carers – Survey Findings

➤ State of Caring 2024 (England Data and London where stated)

Impact of Finances of Health and Wellbeing

- ❑ 61% of carers feel stressed or anxious when they think about their financial situation (62% in London).
- ❑ 91% of carers struggling to make ends meet feel more stressed or anxious about their financial situation (88 in London).
- ❑ 51% of carers said their financial situation was having a negative impact on their mental health and wellbeing. This increased to 88% for carers struggling to make ends meet (England and London).

Table 7: Percentage of carers who feel stressed or anxious about their finances by social security benefits received



Source: State of Caring Report 2024

Cost of Care

- ❑ 51% of carers said they need more financial support. This rose to 83% of carers struggling to make ends meet.
- ❑ 78% of carers in receipt of Universal Credit with the Carer Element said they need more financial support. 71% for carers aged 18-64 not in paid employment, and 68% for carers in receipt of Carer's Allowance.
- ❑ 28% of carers who were caring for a child said they needed support with specialist childcare for a disabled child.
- ❑ 24% of carers in London said they didn't know what support is available to help with the cost of food.

Costs that carers need more financial support with	% of carers who responded (UK)	% of carers who responded (London)
Support to help me cope with my caring role (eg therapy or counselling)	45%	50%
Transport costs (eg fuel costs or taxis)	30%	38%
A cleaner	27%	34%
Practical support from care workers coming in to help	22%	28%
Technology like alarms, sensors or remote monitoring to help with caring	18%	25%
Incontinence products	18%	23%
Equipment in the home of the person I care for (eg hoists, grab rails)	17%	21%
A Motability vehicle	17%	20%
Use of a day centre or care home	13%	18%
A meal delivery service	11%	12%
Specialist childcare for a disabled child	8%	9%

NB - Because adult social care is means tested, the above issues are difficult to address, however raising awareness of wider initiatives e.g. freedom passes could be beneficial.

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Socioeconomic Needs of Informal Carers – Survey Findings

➤ State of Caring 2024 (England Data and London where stated)

Social Security

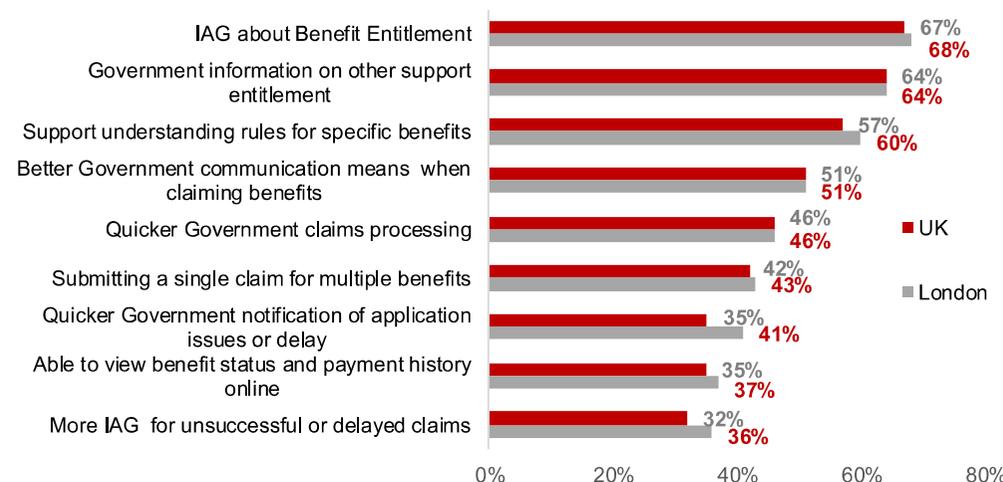
- ❑ 40% of carers completing the survey are in receipt of Carer's Allowance and 14% are in receipt of Universal Credit with Carer Element.
- ❑ Carers want more support to improve the process of claiming benefits. Some carers want a 'one stop shop' for advice with claiming financial benefits; others said that information should be provided when a condition is first diagnosed.

Carer's Allowance and Employment

- ❑ 90% of carers in receipt of Carer's Allowance have said that this benefit was not sufficient (89% in London).
- ❑ 75% of carers in paid employment said a change to the eligibility criteria for Carer's Allowance, allowing them to work more hours or take on higher paid work, would be helpful in allowing them to juggle work and care.

Issues carers had experienced while claiming Carer's Allowance and being in paid employment	% of carers who responded (UK)	% of carers who responded (London)
Being unable to work more hours or take on higher paid work due to the earnings threshold for Carer's Allowance	62%	58%
Finding it difficult to communicate with the DWP about earnings (eg experiencing delays or being unable to get through)	40%	49%
Giving up work due to the earnings threshold for Carer's Allowance	41%	35%
Unintentionally exceeding the earnings threshold for Carer's Allowance and having to repay 'overpayments'	20%	17%
Not knowing how to notify the DWP about a change in circumstances (eg a change in income, or employment situation) which might affect Carer's Allowance	17%	-

Support Carers want to improve the process of Claiming Benefits



Source: State of Caring Report 2024



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Socioeconomic Needs of Informal Carers – Overview

➤ Compared to the B&D population aged 16 and over in the 2021 Census who provided no unpaid care:

A **higher proportion** of unpaid carers (aged 16 and over):

- Were **economically inactive (44% vs 35%)**
- Worked for 15 hours or less** per week (**14% vs 11%**)
- Worked in **caring, leisure and other service occupations (19% vs 11%)**
- Worked in **administrative and secretarial occupations (11% vs 9%)**
- Were **living in a deprived household** (aged 5 and over) (**84% vs 64%**)

A **lower proportion** of unpaid carers (aged 16 and over):

- Were **unemployed (4% vs 6%)**
- Had **Level 4 qualifications (30% vs 34%)**
- Worked between 31 and 48 hours** per week (**55% vs 59%**)
- Worked in **skilled trades occupations (8% vs 12%)**
- Worked as a **process, plant and machine operative (8% vs 10%)**
- Worked in **elementary occupations (12% vs 16%)**
- Were living in a **property without enough rooms** (aged 5 and over) (**24% vs 32%**)
- Were living in a **property without enough bedrooms** (aged 5 and over) (**22% vs 28%**)

➤ Compared to the B&D population aged between 5 and 17 in the 2021 Census who provided no unpaid care in B&D:

A **lower proportion** of unpaid carers (aged between 5 and 17):

- Were living in a **property without enough rooms** (40% vs 43%)
- Were living in a **property without enough bedrooms** (32% vs 36%)

➤ Based on findings from the State of Caring 2024 Report, some carers are even more likely to be struggling than other, including:

- Those caring for more hours
- Those caring for more people
- Those in receipt of social security benefits
- Those of working age who are not in paid employment
- Female carers
- Carers who are renting
- Those living in London

➤ **Young carers** are less likely to reach the same educational attainment as their peers at A level stage (Nuffield Foundation – KS5 Young Carers Education Policy Brief):

- 62% less likely to achieve the equivalent of three A-Levels in all A-Level qualifications
- 64% less like to achieve the equivalent of three A-Levels in academic qualifications
- According to research, young carers are 64% more likely to pick a vocational qualification
- Research by MYTIME found that young carers in their local pilot programme miss an average of 27 school days per academic year

Socioeconomic Needs of Informal Carers – Key Findings

Evidence across England and London highlights significant financial challenges for carers, for example almost two thirds are worried about living costs and whether they can manage in the future. Financial challenges increase for those caring for multiple people and for those caring for more than 35 hours per week (State of Caring, 2024).

Self-Reported Socioeconomic Challenges of B&D Carers

- A greater proportion of unpaid carers (84%) in B&D were living in deprived households compared to non carers (64%) (Census, 2021). Fewer (51% vs 59%) were in employment, and of those that were, a higher proportion (14% vs 11%) were working part time.
- There is an approximate correlation between overall deprivation at Ward level and rates of Carers Allowance Claimants eg Abbey and Northbury have substantial areas of relatively lower deprivation and the lowest proportion of claimants, whereas Parsloes and Barking Riverside have more extensive areas of higher deprivation and a higher proportion of claimants.
- The younger than average age profile of B&D carers means fewer carers are retired than typical for England, and more are either not in paid work or are in full or part-time work.
- Compared to London and England, B&D carers known to services had a higher proportion reporting financial impact from caring (PSSS; 47.6% 'to some extent' and 17.9% a lot'). Females, older carers and those renting are more likely to be worried about living costs.
- Carers receiving benefits, including Carers Allowance, are more likely to report financial problems. Two-thirds (67%) of unpaid carers who receive Universal Credit live in poverty.
- Young carers are more likely to live in lower income households - 85% of Young carers known to the Carers Centre come from families with lower household incomes. They are less likely to reach the same educational attainment as their peers at A level stage, but the Carers Centre report high uptake of tutor groups among Young carers when offered.

Self-Reported Socioeconomic Challenges for Employed Carers

- Unpaid carers were more likely to be working in caring, leisure and other service occupations (19% vs 11%) and administrative and secretarial occupations (11% vs 9%), which is likely to be related to the gender balance among working age carers in B&D.
- Across London, 69% of carers aged 18-64 in paid employment are worried about their ability to save for the future (State of Caring, 2024).

Carers' Expressed Socioeconomic Support Needs

- Whilst carers known to services in B&D are more likely to be out of work due to caring responsibilities, but those in employment are more likely to feel supported (PSSS).
- Carers report cutting back on or struggling to afford essential living costs, including food, heating and rent payments. Financial pressures also results in carers cutting back on hobbies, activities and seeing friends and family.
- Financial difficulties impact carers' mental health and wellbeing, which need to be addressed holistically along side practical support.
- National and regional insights indicate carers would benefit from better information on the support available with costs (e.g. food costs).

Accessing Support for Socioeconomic Needs

- There were 4,627 Carers Allowance Claimants aged 16 to 64 in February 2025. The B&D rate has been above England, London and East London rates since 2017. This has further increased since late 2021 and B&D currently has the 3rd highest rate in London.
- Carers have fed back regionally and nationally that Carer's Allowance levels are insufficient, that benefits rules impact their employment options, and that information, advice and processes in relation to benefits should improve.

**Barking &
Dagenham**

Services and Support for Informal Carers in LBBD

Public Services Overview

Barking and Dagenham Adult Social Care

In Barking and Dagenham Adult Social Care carry out Care Act Assessments for carers to identify needs and put in place support for eligible needs as well as signpost to services for additional support needs.

Carers are assessed to help ascertain their needs to maintain their caring role, and for support to reduce and delay additional support needs for the carer and the cared for individual. This can also include respite provision. Following a Carers Assessment, carers with eligible support needs will receive a Direct Payment or have other support put in place to help them in their caring role.

Commissioned Services

LBBD and the ICB jointly commission the Carers Centre to deliver information, advice and support to carers. The service provides both face to face support, over the phone and online including the [Carers' Hub](#). The service also provides peer support groups, training, and benefits support through income maximisation. The Centre also provides access to other pilot projects to support carers in their caring role and retain their identity and independence.

Income maximisation

Alongside the income maximisation support, carers are supported through Council services to maximise their income and reduce debts through the Neighbourhood Community Hubs.

End of Life

Carers are supported through End of Life support, to support the carer and the cared for individual and the family with specialist support from partner organisations. When the caring role comes to an end, carers continue to be supported by the Carers Centre.



**Care needs assessments
in adult social care**

If you or someone you know needs help with day-to-day tasks and is finding it hard to manage without support, you can ask Barking and Dagenham council for a free care needs assessment.

You may have already been in contact with the council's social care team and be waiting for your care needs assessment to take place. This leaflet will help you understand what an assessment is and what happens next.

**Barking &
Dagenham**



CARERS' HUB

Working in Barking & Dagenham - Thurrock - Havering

**Barking &
Dagenham**

Public Services Overview

**Are your caring responsibilities preventing you from gaining employment?
Do you want to access flexible jobs in social care?**

Barking and Dagenham council has been working with Care Employers in the borough to adopt new approaches to attract and retain staff and will plenty of flexible jobs in the sector, it may be a great time to supplement your income, reduce social isolation and improve your well-being.



WORK **LIFE**

What will I gain?

- You will work for employer who understands work- life balance and promotes great team culture
- Your work schedule will work around your caring responsibilities, so you won't have to compromise
- You will receive support from a dedicated employment coach with CVs, job applications and interview techniques and training opportunities
- You will receive advice about benefits, childcare and other issues affecting your household
- You will receive an incentive of £500 to cover your expenses in the first weeks on the job

Who do I need to do?
Let us know if you are able to work up to 14hrs per week and we will do the rest!

Referrals: 

Self-referrals: 

DELIVERED BY
MAYOR OF LONDON **TRAILBLAZERS** local london **B&D WORKS** Barking & Dagenham

Targeted employment support

Carers are supported by the Employment and Skills team and the Carers Centre to access employment, volunteering and training, utilising their transferable skills as a carer to pursuing other interests. Local employers are supported to understand the needs of carers and how reasonable adjustments can be made to support carers access and maintain employment and training.

Enabled by the UK Shared Prosperity Fund, LBBDD has partnered with Timewise, the UK's leading experts on flexible working and job design to explore how to attract and retain workers within adult social care. Since 2021, 16 local care providers have been supported to assess their current workforce planning and capabilities to improve on recruitment in order to attract the right talent. 'Flexible job design training' has enabled them to think differently about ways to recruit and to consider employing people with disabilities or on a part time, job-share basis.

Around half of self-identified carers provide care for fewer than 35 hours a week, and 39% for fewer than 19 hours. SACE suggests that 28% are not in paid work due to caring responsibilities, but want to supplement their income due to the cost of living, for the purpose of reducing social isolation and improving well-being. This suggests that there is an opportunity for certain carers to enter employment that offers flexibility around their caring responsibilities and builds on their existing skills and experience. Uptake of this programme has been low so far however, and actions to increase awareness among professionals and carers are indicated.

**Barking &
Dagenham**

Public Services Overview

Young Carers Commissioned Services

Barking and Dagenham Council commission Carers Centre to deliver the Young Carers Support Service¹. The service provides the following for children and young people who have a caring role:

- to work in collaboration with various agencies and the Local Authority to identify young carers, including hidden carers;
- Providing training to professionals and increasing awareness about carers and hidden careers;
- being the first port of call for young carers' support;
- to undertake an assessment of the young person's caring needs via an early help assessment; and to ensure that young carers receive a formal statutory assessment where requested/ required;
- provide support and advice to young carers;
- to provide fun activities for young carers to allow them to share their experiences with other young carers and also provide time away from their caring responsibilities;
- to deliver a tailored service to the young carer in accordance with their assessment, and that keeps them engaged in, and attending, education, employment and training;
- to work in partnership with schools to identify young carers, in addition to partner agencies including health, social care, and other voluntary and community sector providers
- to provide outreach within schools that young carers can access, providing 1:1 and group support, providing weekly drop-in sessions;
- to provide activities that are in consultation with the young carers, this could be trips, residential, sports, arts and crafts, safe space to chill;
- to provide a flexible service that can meet the needs of young carers at the weekends, and evenings;
- support with transitions post 16 working with young carers up to the age of 18

¹ – see <https://www.youngcarerscentre.org.uk/node/122>

Young Carers Council

[Young Carers Council | Carers of Barking and Dagenham](#) is hosted by the Carers Centre. The Young Carers Council is a committee of Young carers that meet once a month.

They debate what the Young carers want, put across new ideas for activities, get funding for activities and residential trips, design posters & lots more.

Thurrock, Barking & Dagenham
Young Carers Projects

What is a Young Carer?
A young carer is a child or young person under 18 years old who provides ongoing support and assistance to a family member who has a disability, illness, mental health condition, or a drug or alcohol problem.

The Young Carers Project can support Young Carers aged 8-18 years old in lots of different ways:

- Emotional Support.
- Fun Activities.
- Residential Trips.
- Gain new skills by attending our training sessions.
- Meet other young people who may have experienced similar challenges.
- Access to other support services such as counselling.
- Advocacy Support.
- School Support.
- Access to our Tutor Club.
- Support with transitions to college/university/employment.
- Facilities to chat to us via social media platforms.
- Transitions to adult support services.
- Specialist assessments, advice and information.

**Barking &
Dagenham**

Additional Services Overview

Identifying Hidden Carers Training

The Carers Centre deliver training on behalf of the borough to support partners to identify and actively signpost carers including 'Hidden Carers', those that are not known to services, so that carers can access the support that is available. The training also provides insights into the impact of being a carer, including on a carers physical and emotional wellbeing as well as financial resilience. The training is free and open to partners including the Council, Health, Community and Voluntary Sector and residents.

Hospital Discharge Support

The Council secured ARF funding for a pilot project across the NEL ICB area to have a hospital discharge worker based within King George's and Queens and Barking hospital. The worker supports carers with the discharge process, identifies carers within hospital setting and increases awareness of carers with hospital staff and residents. Having good support for carers at hospital discharge ensures that the cared for receive adequate support and care following an admission. The new service that is currently being tendered will include this function within it.



Prevention Project – Take a Break

Carers face health inequalities because of their caring role and can have or develop health and care needs themselves. Part of the offer for carers in Barking and Dagenham is to access support via the Carers Centre one off support that prevents their health or care needs increasing and maintains their caring role. This can include different things and has eligibility criteria attached to deliver targeted support.

Innovation Project

The Carers Centre run an innovation fund project to develop the Carers Market and pilot ideas for services that carers can then access through their Direct Payments following a Carers Assessment for eligible needs.

Through this funding Coaching for Carers have been commissioned to deliver group coaching and 1:1 support for carers. The success of the project has meant that the Carers Centre have independently further commissioned a bespoke project for Young carers.

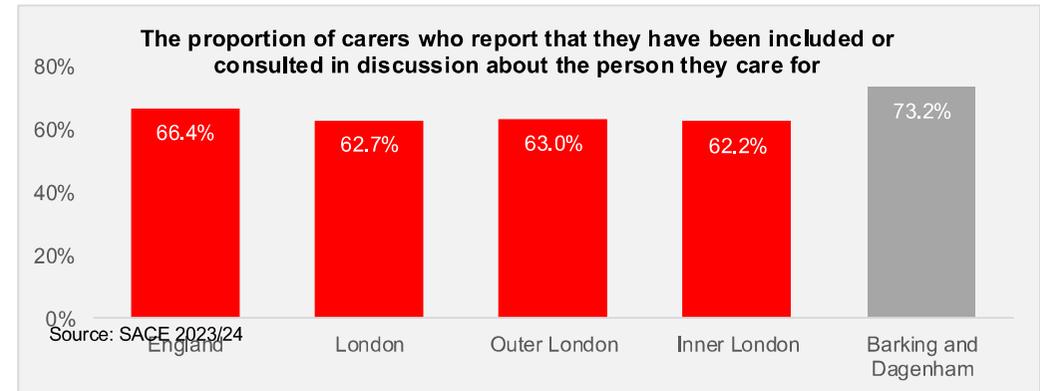
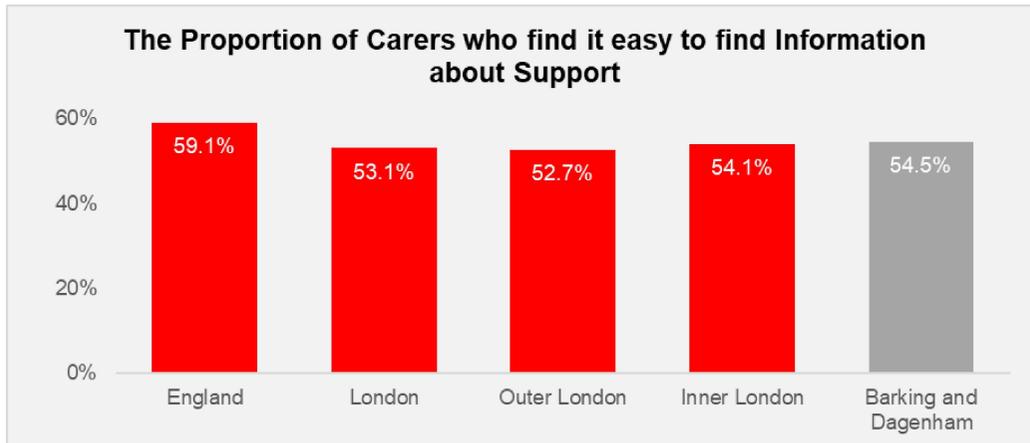
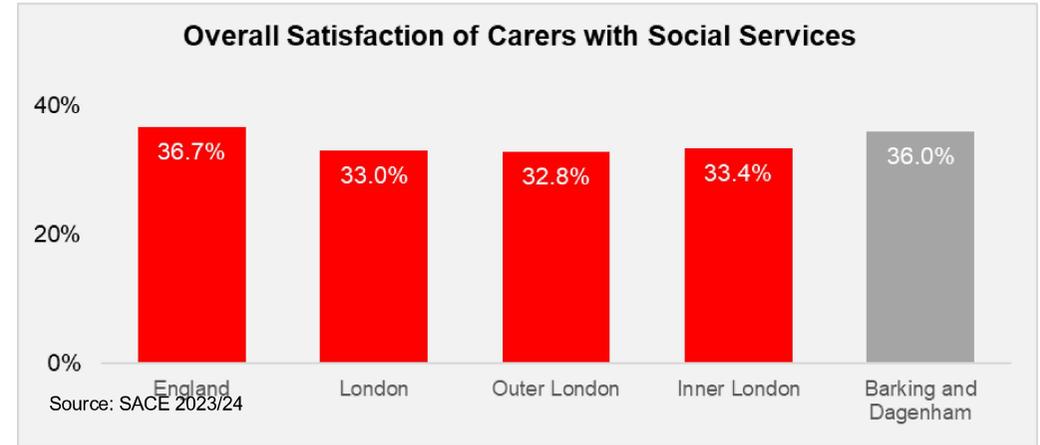


**Barking &
Dagenham**

Services and Support for Informal Carers in LBBD – Survey Findings

➤ ASC Outcomes Framework Carers Survey (SACE) 2023/24

- ❑ Carers in B&D (36%) are more satisfied with Social Services than carers in London (33%) and London Regions, ranked 11th across London LAs, and slightly below the National Average (36.7%).
- ❑ Females (38%) reported greater satisfaction with Social Services than Males (29%), whilst 18–64-year-olds (39%) reported greater satisfaction than 65s and over (32%).
- ❑ B&D leads England (66%) and London (63%) with 73.2% of carers reporting they were included or consulted in discussions about the person they care for. B&D is ranked 2nd across London LAs. There were only minor variations between genders and age groups.
- ❑ The England (59%) average for the proportion of carers who find it easy to access information about support is above London (53%) and B&D (55%) proportions. B&D is ranked 13th across all London LAs.
- ❑ Females (59%) reported greater ease in accessing information about support than Males (41%), whilst 18–64-year-olds (60%) reported greater ease than 65s and over (45%).



Services and Support for Informal Carers in LBBD – Survey Findings

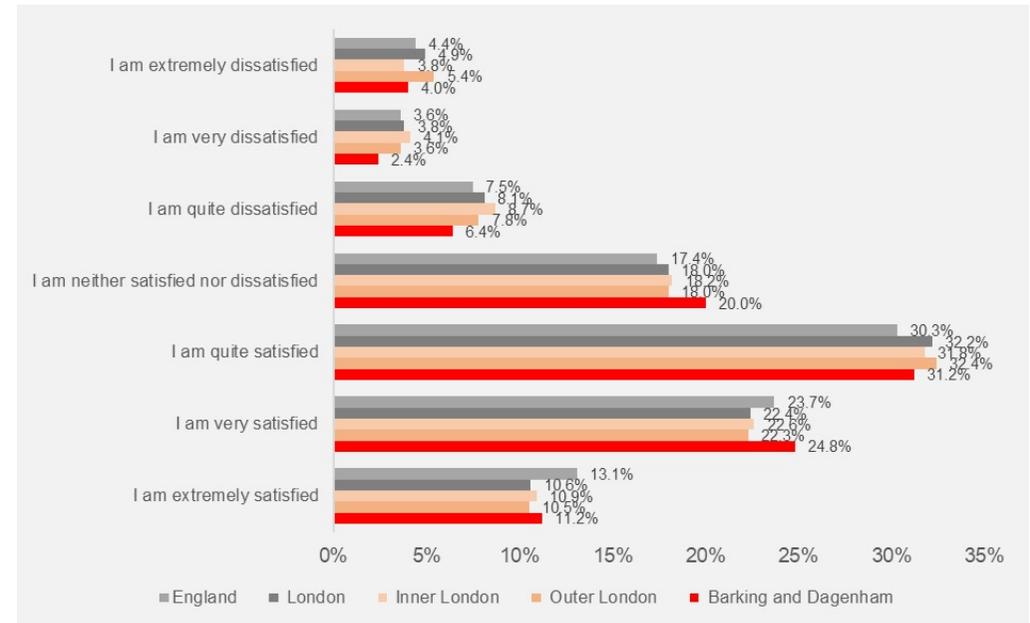
➤ Personal Social Services Survey of Adult Carers 2023/24

Q: Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months? (Excluding those who answered "We haven't received any support or services from Social Services in the last 12 months")

- B&D had the lowest Combined Dissatisfaction (12.8%) across all comparators (England – 15.5%, London – 16.8%).
- B&D had the highest Combined Satisfaction (67.2%) across all comparators (England – 67.1%, London – 65.2%).
- Barking and Dagenham also has the highest proportion of respondents providing a neutral response (20.0%).

Q: Have you (the carer) used any of the support or services listed, to help you as a carer over the last 12 months?

- Information and Advice:** 46% of B&D's respondents said yes, higher than the London (43%) and London regions, though below the England (53%).
- Support from carers groups or someone to talk to in confidence:** B&D respondents (30%) shows a higher engagement than London (28%) and Outer London (27%) but below the England (32%) average.
- Training for carers:** B&D respondents (4.7%) shows lower usage than London (5.6%) and London regions but slightly above England (4.2%).
- Support to keep you in employment:** B&D respondents (6.8%) shows higher engagement compared to London (3.9%) and England (2.7%).



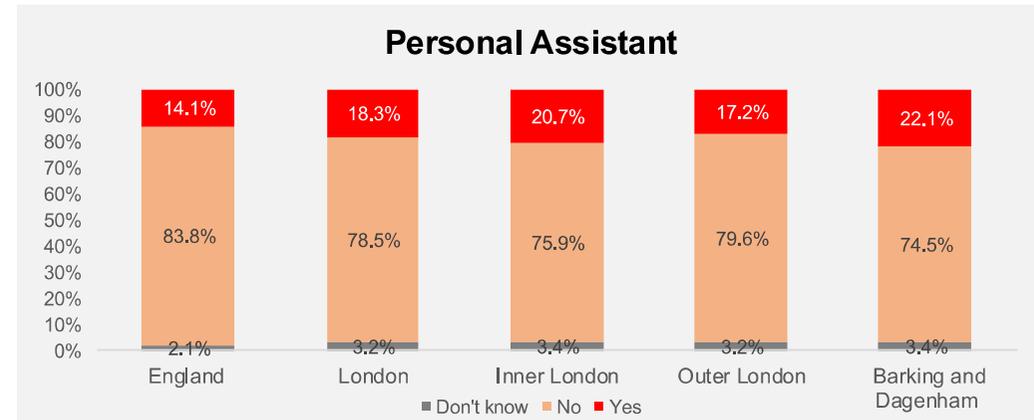
Source: Personal Social Services Survey of Adult Carers 2023/24

Services and Support for Informal Carers in LBBD – Survey Findings

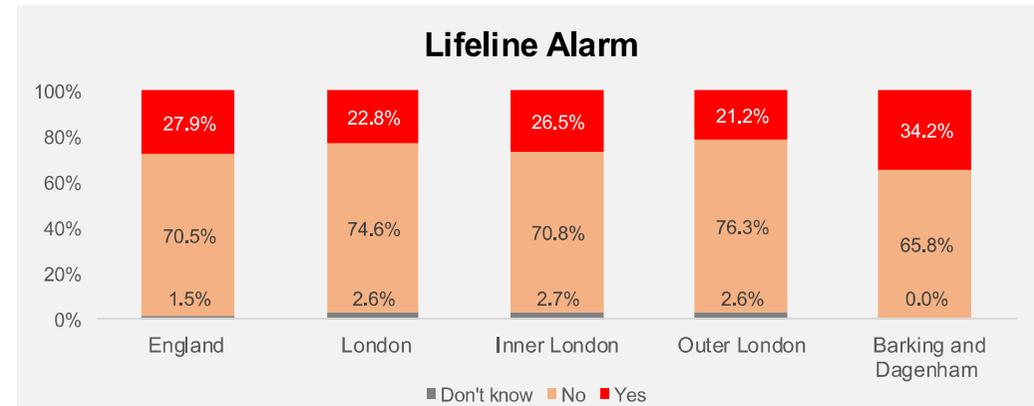
➤ Personal Social Services Survey of Adult Carers 2023/24

Q: Has the person you care for used any of the support or services listed, in the last 12 months?

- Support or services allowing you to take a break from caring at short notice or in an emergency:** B&D respondents (14.3%) shows higher utilisation compared to London (12.6%) and England (11.7%).
- Support or services allowing you to take a break from caring for more than 24 hours:** B&D (14.8%) is below London (15.5%) and England (15.8%) but proportions are similar across all comparators.
- Support or services to allow you to have a rest from caring for between 1 and 24 hours (e.g. sitting service):** B&D (20.3%) is below London (22%) and England (21.2%) but proportions are similar across all comparators.
- Personal assistant:** B&D (22.1%) shows the highest take up of personal assistants compared to London (18.3%) and England (14.1%).
- Home care / help:** B&D's (33.3%) take up of home care / help is below London (35.2%) and London regions but above England (30.9%).
- Day centre or day activities:** B&D's (26.1%) proportion is below London (28%) and Outer London (29.2%) but above England (22.7%).
- Lunch club:** B&D (2%) is below London (2.9%) and England (2.9%) but proportions are small and similar across all comparators.
- Meals Services:** B&D (3.5%) is the same as London (3.5%) and above England (3.2%) but proportions are small and similar across all comparators. Inner London is the highest at 5.1%, whilst Outer London (2.8%) is lower.
- Equipment or adaptation to their home (such as a wheelchair or handrails):** B&D (47%) respondents are about same as the London (46%) and Outer London (45%) averages but below England (51%).
- Lifeline Alarm:** B&D respondents (34%) shows higher utilisation compared to London (23%) and England (28%).
- They are permanently resident in a care home:** Proportions are similar across all comparators; B&D (7.5%), London (6.7%), England (7.5%).



Source: Personal Social Services Survey of Adult Carers 2023/24



Source: Personal Social Services Survey of Adult Carers 2023/24

Services and Support for Informal Carers in LBBD – Survey Findings

➤ Personal Social Services Survey of Adult Carers 2023/24

Q: In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? (Excluding those who answered "I have not tried to find information or advice in the last 12 months")

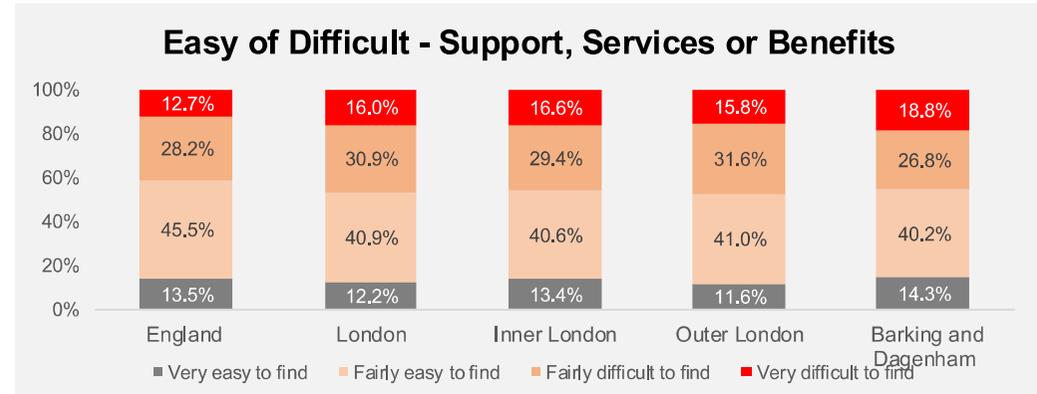
- ❑ England has the highest combined ease (very easy + fairly easy) of access at 59% compared to and B&D (54.5%), however this is above London (53.1%).
- ❑ Combined difficulty (fairly difficult + very difficult) is higher across London (46.9%) and B&D (45.6%) compared to England (40.9%).

Q: In the last 12 months, how helpful has the information and advice you have received been? (Excluding those who answered "I have not received any information or advice in the last 12 months")

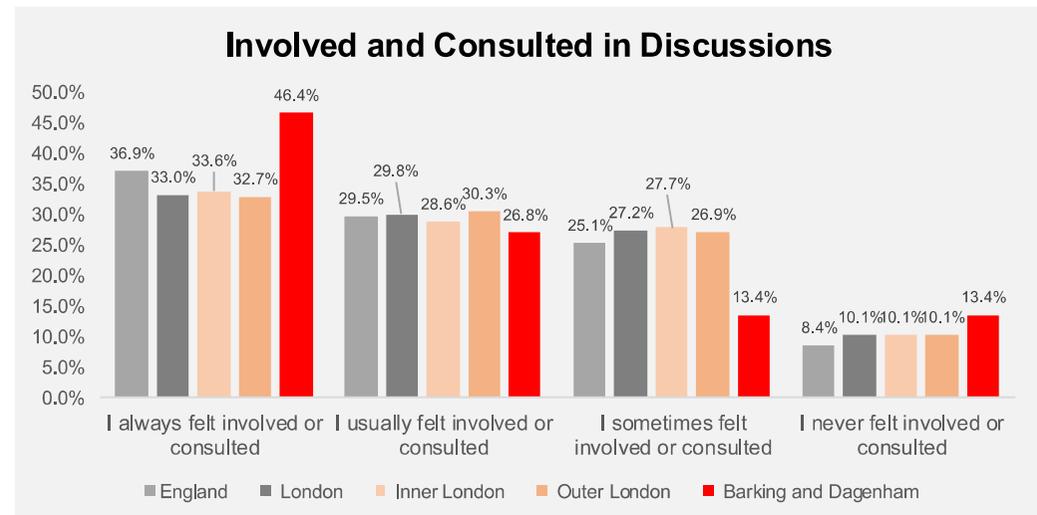
- ❑ B&D (87.2%) performs best in helpfulness (quite + very helpful) among those who received advice, despite the previous question that showed many carers there did not receive any advice at all.
- ❑ England (85.2%) overall provides slightly better helpfulness than London (81.9%) but B&D (87.2%) is higher.

Q: In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for? (Excluding those who answered "there have been no discussions that I am aware of, in the last 12 months")

- ❑ 46.4% of B&D respondents feel fully involved, notably higher than London (33%) and England (36.9%).
- ❑ 13.4% of B&D respondents have not felt involved or consulted. Whilst this is the minority, this is higher than all comparators.



Source: Personal Social Services Survey of Adult Carers 2023/24



Source: Personal Social Services Survey of Adult Carers 2023/24

Services and Support for Informal Carers in LBBD – Survey Findings

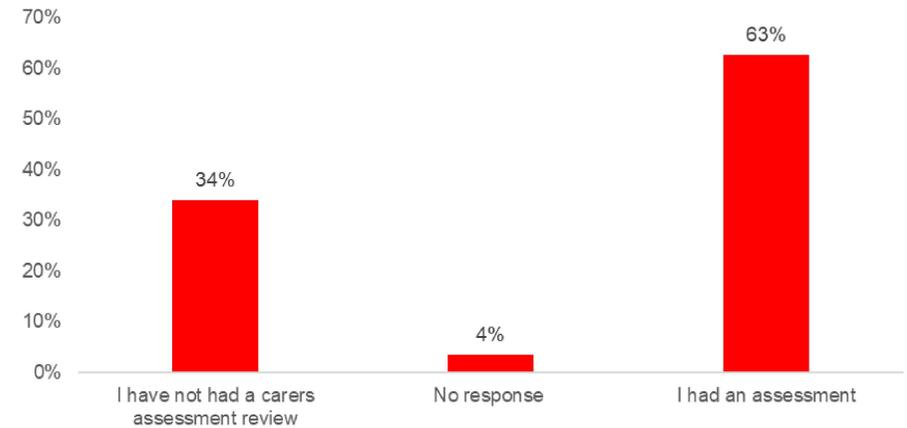
➤ Personal Social Services Survey of Adult Carers 2023/24

Q: Additional question for Barking & Dagenham Carers: How would you rate your last carers assessment review?

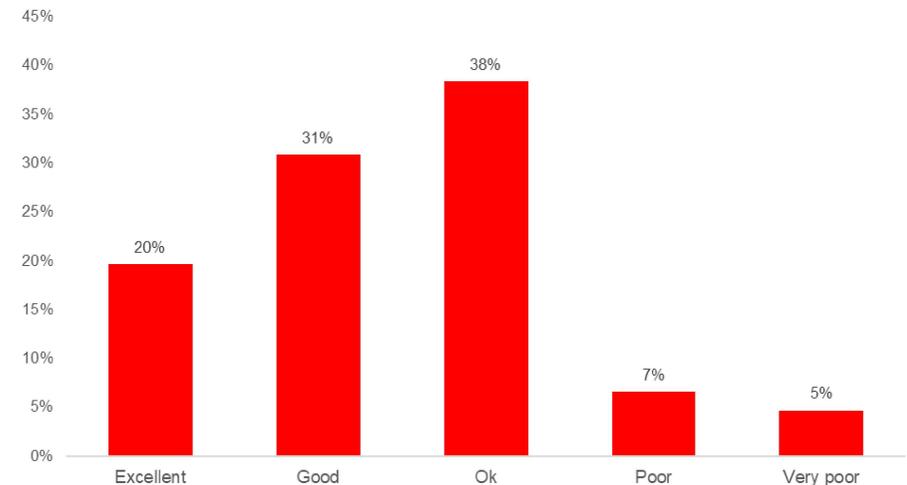
- ❑ 171 Barking and Dagenham carers responded to this question
- ❑ 63% of carers were able to rate their last carers assessment review
- ❑ 34% said they had not had a carers assessment review
- ❑ 4% did not respond

Q: Additional question for Barking & Dagenham Carers: Of those who had an assessment, they rated it:

- ❑ 107 Barking and Dagenham carers had a carers assessment review and were able to answer this question
- ❑ The majority rated the assessment positively but not highly, 38% said OK, suggesting the experience was average rather than outstanding. 31% rated Good and 20% Excellent.
- ❑ Negative ratings are relatively low, only 11% combined rated it Poor or Very Poor.
- ❑ Overall satisfaction is moderate, while 34% of carers never had an assessment review among those who did most found it at least acceptable.



Source: Personal Social Services Survey of Adult Carers 2023/24



Source: Personal Social Services Survey of Adult Carers 2023/24

Services and Support for Informal Carers in LBBD – Key Findings

Although there is room for improvement, the results of carers' surveys (SACE and PSSS 2023/24) show that carers in Barking & Dagenham in general have higher satisfaction scores than in most areas across London, and that satisfaction levels are similar to England averages.

In particular, B&D carers felt more involved / consulted in discussions about the support or services provided to the person they care for, with B&D being ranked second across London LAs.

Areas where B&D scores lower than average for England include financial difficulties, feeling in control of daily life, finding and accessing information and advice, not being in work and feeling safe.

➤ The Personal Social Services Survey of Adult Carers 2023/24 tells us:

- ❑ B&D carers had the lowest Combined Dissatisfaction and highest Combined Satisfaction across all comparator groups.
- ❑ B&D carers had higher utilisation of support services (information and advice, carers group support, employment support) than the London averages.
- ❑ B&D carers cared for person(s) showed higher take up of short term / emergency breaks, personal assistants and lifeline alarms compared to England and London averages.
- ❑ B&D carers reported the highest Combined Helpfulness of information and advice received in the last 12 months compared to England and London average.
- ❑ B&D carers felt more involved / consulted in discussions about the support or services provided to the person they care for over the last 12 months compared to England and London averages.
- ❑ 63% (of a total 171) of B&D carers were able to rate their most recent carer's assessment review, 34% reported having not had a review.
- ❑ Of those that had a review, 89% rated the review as acceptable (OK, Good or Excellent). Only 11% rated it as poor or very poor.

➤ The ASC Outcomes Framework Carers Survey (SACE) 2023/24 tells us:

- ❑ B&D carers are more satisfied with Social Services than London (+3% points) as whole and satisfaction is similar to the England average.
- ❑ B&D carers feel more involved in discussions about the people they care for than England (+7% points) and London (+10.5% points) averages.
- ❑ B&D carers say information and advice is less easy to find compared to the England (-5% points) average and similar but marginally better than the London (+1.4% points) average.

Feedback from B&D Carers' Centre on Key Actions for Professionals:

- Seeing carers as Experts by Experience
- Carers having access to information regarding health conditions from health professionals, that can be shared with the wider family / community
- Access to services that offer support around challenging behaviour and managing the needs of people with cognitive or neurological conditions
- Including pain / distress signals in person centred / health care plans
- Access to professional advice and ideas about triggers, routines and calming strategies that work for individual carers
- Asking carers what concerns them most and seeking support to enable carers to learn and develop strategies to make their caring role easier and support the cared for person

Guidance, Policy and Best Practice

National Policy

National Policy

Care Act 2014

Core legislative framework in adult social care that sets out local authority statutory duties in relation to unpaid carers. Includes a duty to provide information and advice for carers, eligibility for a carer assessment based on the appearance of need and clear eligibility criteria for carers who need social care support.

2014 Children and Families Act

This and the 2014 Care Act set out duties in relation to young carers and parent carers receiving an assessment of their own needs.

2022 Health and Social Care Act

Introduced a duty for ICBs to involve carers in decision-making. NHS hospital trusts must ensure carers involvement in hospital discharge processes.

2024 Carers Leave Act

Employees are entitled to one week's unpaid leave per year if providing or arranging care for someone with a long-term care need.

2025 NHS 10 Year Plan

Includes references to the active involvement of carers in care planning, and access for carers to apps to access health information and organise support.

Carer Benefits

Carer's Allowance:

This is the main state benefit for carers aged 16 or over who provide care for at least 35 hours per week. The allowance is £83.30 per week as of 2025. If a carer gets more than this amount in other benefits, they may not be able to receive Carer's Allowance payments.

There is no upper age limit for Carer's Allowance, but there are interfaces with pensions and pension credit: For example, carers cannot claim the full Carer's Allowance and state pension at the same time. However, carers can still financially benefit from having an 'underlying entitlement' to Carer's Allowance even if not claiming it.

Carer Premium, Carer Addition, Carer Element:

These are extra money or disregards for carers who are eligible for Carer's Allowance. Carer Premium is extra money paid with certain mean-tested benefits. Carer Addition is extra money paid with Pension Credits. Carer Element is paid with Universal Credit.

Regulation

Care Quality Commission assessment frameworks

The Care Quality Commission inspects and rates health and care services, including local authority 2014 Care Act functions, CQC-registered care providers, primary care, NHS trusts, mental health services and community health services. The experience of carers is included in these assessments.

CQC assessments of local authority Care Act functions started in 2024 with an initial round of 'benchmarking' assessments for every local authority in England. An emerging theme identified by CQC at the end of 2024 – based on assessments carried out to date – was that "unpaid carers need better support. This could include improving how to identify carers in a local area, better services and facilities to support them, and more timely assessments".

Care Quality Commission assessment findings

Barking and Dagenham local authority was inspected by CQC over 2025, with findings [published](#) in November 2025. The local authority was rated 'outstanding' overall, making LBBDD the third local authority to receive this rating.

In relation to carers, the CQC assessment found that:

- Carers who had an assessment were generally positive about the experience
- There was a good range of support for carers, including via the Carer Centre and direct payments
- 'Hidden carer' training is a positive approach to increasing the identification of carers
- There is a good offer of support to young carers

Whilst many aspects of carer support were assessed as positive by the CQC, the report also identified areas for improvement. Improving access, information and advice provision was key amongst these, CQC found:

- Some carers are digitally excluded and cannot always contact social care by phone
- Some carers can experience delays in getting essential information
- Carers are not always aware of carer assessment and support, including direct payments
- Access to planned and unplanned replacement care and respite can sometimes be limited.

National and Specialist Guidance

1. National Institute for Health and Care Excellence (NICE) guidelines for supporting adult carers (2020)

NICE guidance to identify people who are caring for someone and give them the right information and support. It covers carers' assessments, practical, emotional and social support and training, and support for carers providing end of life care. Guidance is for local authorities, health organisations and other relevant carer support organisations.

2. Social Care Institute for Excellence (SCIE) guidance for commissioners and providers on carers' breaks for adults (2022-23)

Guidance for commissioners and providers on breaks (e.g. respite) for adult carers. It covers the definition of carer, information and advice, identifying local needs, providing a choice of breaks and co-production. Guidance is for local authorities, health organisations and other relevant carer support organisations.

3. Carers UK resource on identifying and supporting unpaid carers in England to improve integrated system working (2025)

Guidance for health and care systems to improve inclusion, support and involvement of unpaid carers. Includes guidance and further resources on carer identification, hospital discharge, social prescribing, contingency planning, virtual wards, carer breaks and assessments.

4. Carers Partnership carer assessments good practice

Identifies good practice in carrying out carer assessments, aimed at local authorities and organisations who provide delegated statutory carer assessments. Includes considerations around data, diversity, carer perspectives and the role of prevention and digital assessment opportunities.

5. Carers UK virtual ward toolkit for unpaid carers

Guidance to support the delivery of virtual wards to ensure the consideration and engagement of unpaid carers.

6. Carers UK and NHSE London toolkit on carers and hospital discharge (2024)

Toolkit for London hospitals and providers to improve outcomes for carers. Includes guidance on identification, assessments, involvement and transitions.

7. NHSE supporting carers in general practice: a framework of quality markers (2019)

Practical ideas for how general practice can better identify and support carers of all ages. Includes identification, understanding and responding to carer needs, accessible services, communication and promoting a carer-friendly culture.

8. Carers UK Supporting LGBTQ+ carers (2023)

A good practice briefing on supporting LGBTQ+ carers, including in relation to information and advice provision, improving health and wellbeing, improving LGBTQ+ awareness amongst staff and co-production

9. Carers UK Supporting Black, Asian and minority ethnic carers (2023)

A good practice briefing on supporting Black, Asian and minority ethnic carers, including in relation the information and advice provision, providing culturally sensitive services, improving health and wellbeing and improving staff awareness.

**Barking &
Dagenham**

What does Published Evidence say about the Carers' Charter Commitments?

Carers' Charter 2022-25 Commitment	What does the Evidence say about Supporting Carers?	Summary of Evidence-Based Actions to Support Carers
<p>Working together for carers</p>	<p>IMPACT</p> <ul style="list-style-type: none"> • Most caregivers are women, although there is a narrowing of the gender gap as age increases. There is additionally evidence that the impact of caring for a child differs between mothers and fathers. • Family caregiving results in intertwined wellbeing for all members including health, finances, care needs and emotional wellbeing. • Spousal caregivers and those providing intensive care have greater negative health effects from caregiving. Most older caregivers are spouses or partners of the care recipient. • LGBTQ+ caregivers experience unique care complexities, and are at greater risk of social isolation. <p>MITIGATION</p> <ul style="list-style-type: none"> • The effects of family-caregiving on the carer's wellbeing, are unique to the specific situational and sociodemographic characteristics of the family, so addressing these specifically can mitigate impacts. • Increased understanding of the care recipient's mental health, including through electronic apps, can reduce burden and distress in caregivers. • Targeted interventions reduce the negative impact of caregiving among different subgroups eg family support, team effort, and fully accepting their caregiver role can mitigate negative impacts for older people. • Spousal relationships can have a positive effect on parental caregiver burden. Coping mechanisms for parents include employment, choice-making with the young person, and attributing challenging behaviour and social impairment to the condition not the individual. • By recognising and addressing caregiver burden comprehensively within therapeutic settings, healthcare professionals can contribute significantly to the well-being of both caregivers and care recipients. • Training on LGBTQ+ culturally competent and affirmative care builds trust in services for caregivers and care recipients. This is important for maintenance of self-identity for LGBTQ+ carers and recipients. 	<ul style="list-style-type: none"> • Care assessments and protocols should systematically recognise and address caregiver burden in care planning and delivery. • Access to formal and/or peer support can improve the caregiver's quality of life independently of the care recipient. • An individualised, holistic approach to support is indicated for each family or household, taking account both of the care recipient's individual needs and the differential impact on each family member. • Interventions should be targeted to the specific needs of different carer subgroups, in order to reduce the negative impact of caregiving and to help foster a positive view of their role. • Carers' services should develop plans to enhance LGBTQ+ culturally competent and affirmative care, and facilitate social / peer support interventions tailored to LGBTQ+ caregivers

What does Published Evidence say about the Carers' Charter Commitments?

Carers' Charter 2022-25 Commitment	What does the Evidence say about Supporting Carers?	Summary of Evidence-Based Actions to Support Carers
<p>Carers wellbeing and employment</p>	<p>IMPACT</p> <ul style="list-style-type: none"> Caregivers' employment is significantly impacted by care responsibilities. A considerable portion of caregivers leave employment or reduce work hours to provide care and/or experience a range of work-related stresses. Positive effects for adult carers include heightened confidence and inner strength, a mature and responsible attitude towards others in society, and being able to transfer caring skills into career and job choices. Young adult carers (18-29) caring for dependent adults are more likely to be in NEET status, perceive bad health, and report worse mental health, with the severity of impact being related to the intensity of care given. Female young adult carers tend to care more intensely and for longer than males, and experience greater socioeconomic impact. <p>MITIGATION</p> <ul style="list-style-type: none"> Working age adults are likely to be holding multiple roles. They may require support with managing other specific roles (e.g. time-off from employment, parenting, counselling with partner) rather than assistance specifically with caring. Caregivers' ability to return to work is crucial for family financial stability. Removing barriers to combining caregiving responsibilities and employment positively affects family life and alleviates financial strain. Workplace arrangements can help mitigate employed caregiver stress: both official workplace arrangements (i.e. flexible work and organisation support programmes) and soft management in organisations (i.e. managers' roles in creating a caring atmosphere) can improve both health and wellbeing as well as work-related outcomes. 	<ul style="list-style-type: none"> Support offers for carers should include support to enter education and support to secure and maintain employment, and, where appropriate, foster a career in health and care building on caring skills. Wide-ranging support with managing family relationships, wider social demands and financial pressures is helpful for working age family carers to promote family stability. Public sector employers should lead by example in having carer-friendly employment policies such as employment breaks and flexible working, and removing barriers to combining caregiving and employment, which include leaving open the possibility of supported return to work after a caring break.

What does Published Evidence say about the Carers' Charter Commitments?

Carers' Charter 2022-25 Commitment	What does the Evidence say about Supporting Carers?	Summary of Evidence-Based Actions to Support Carers
<p>Supporting young carers</p>	<p>IMPACT</p> <ul style="list-style-type: none"> • Three related factors affect the differential impact of caring on individual children and young people <18: their caregiving responsibilities, support received from society and the development of a positive carer identity. • There is a small-to-moderate risk of poorer mental health among young carers, with stronger effects for subgroups such as high intensity, female, core, and long-term carers. • External factors such as bullying can exacerbate the impact of caring on young people's mental health. • Caring can negatively impact on young carers' education and future aspirations, but there are also positives gained from caring at a young age. <p>MITIGATION</p> <ul style="list-style-type: none"> • A positive carer identity mitigates the negative impacts of caring on children and young people and enables benefits. Positive support mitigates the impacts of caring responsibilities and aids development of a positive carer identity. • Social connections and the quality of parental relationships appear to play a key part in young carers' mental health. • Greater support in secondary school, along with multiagency collaboration, are highlighted as key influences on the likelihood of young carers maximising their career opportunities. 	<ul style="list-style-type: none"> • Intervention to support young carers <18 should seek to identify and mitigate the factors that most negatively affect the individual, and especially seek to foster a positive carer identity. • Interventions should seek to foster positive social connections for young carers. • Interventions should seek to foster positive child-parent relationships eg supporting parents in expressing appreciation. • Processes for ensuring school awareness of young carers should be in place. School-based support for young caregivers could include multi-agency, peer-to-peer, school policies, and cultural support.

What does Published Evidence say about the Carers' Charter Commitments?

Carers' Charter 2022-25 Commitment	What does the Evidence say about Supporting Carers?	Summary of Evidence-Based Actions to Support Carers
<p>Carers in the wider community</p>	<p>IMPACT</p> <ul style="list-style-type: none"> • Caregivers of all ages present low levels of life satisfaction and are at greater risk of poor mental health. This effect is exacerbated in females and those giving more intense care or care over extended periods of time. • Challenging or violent behaviour from the care recipient is correlated with an increase in anxiety, depression and trauma for family members. • Caring for a person with limited abilities for instrumental /activities of daily living (I/ADL) increases the likelihood of a negative impact on both physical and mental health. Fatigue and poor sleep are the most commonly reported physical health impacts. • A perceived lack of knowledge about health conditions within families, social care and service providers, and society can result in perceived stigma and social isolation. • Transnational caregiving involves providing support, and arranging care and making care decisions remotely. Financial strain comes from expenses in the host and support countries, including travel. Such caregivers experience guilt, worry, and distress related to the unpredictability of the situation and their inability to be present. <p>MITIGATION</p> <ul style="list-style-type: none"> • External support can mitigate the mental health impact of challenging behaviour on families. This includes informal support from family, friends and others, and formal support, including respite from the care-giving role and community involvement, such as visiting friends. • Evidence shows that for some carers, negative effects of caregiving can be balanced by social connectedness and religious or spiritual beliefs. 	<ul style="list-style-type: none"> • External informal support and opportunities for social interaction should be considered as part of carer support, respite and care planning. • Consider how enhanced understanding of health needs, especially cognitive or neurological, can be supported among extended families and the wider community around a child or adult. • Interventions to promote family caregivers' wellbeing should take an individualised approach taking personality, particular circumstances as well as cultural, spiritual and personal beliefs into consideration. • Care planning should consider actions to be taken when the caregiver may be at risk of aggression or violence.

A full list of references is included in the accompanying Published Evidence Review

Findings and Recommendations

Summary of Healthwatch Lived Experience Research (Interim Findings - October 2025)

Healthwatch have kindly summarised the main highlights based on interim findings. Family carers in Barking and Dagenham play a critical role in supporting people with complex needs, and they often provide multiple types of support simultaneously.

This intensive responsibility has a clear impact on carers:

- 59% of carers (n=40) reported stress or anxiety, and many are experiencing depression, social isolation, and difficulty finding time for their own health. Young carers and those balancing work or education face particularly high emotional strain.
- Financial pressures are also significant. Many carers are unable to work due to their responsibilities, with 66% of respondents not in paid employment, and nearly half reporting financial difficulties related to caring. Accessing financial support or benefits often requires persistent advocacy, and some carers experience societal judgment or assumptions about their entitlement.
- Support services are inconsistently accessed. Carer support groups and training are most frequently used, while mental health support, respite care, and social care services are underutilised, despite strong indications that carers need them.
- Awareness and uptake of Carer's Assessments remain limited, and 73% of carers reported that staff never ask how they are coping. Many carers feel undervalued or only recognised in crises, though positive experiences occur when professionals actively involve them and respect their expertise.

Overall, the findings reveal that carers face emotional, social, and financial challenges alongside the practical demands of their role. Systemic improvements are needed to ensure carers' wellbeing is supported, their contributions are recognised, and they have equitable access to information, resources, and personalised support.



Areas Highlighted by Healthwatch for Future Focus

- Carers benefit from recognition and involvement in care decisions throughout their caring journey, not just during times of crisis.
- Communication with professionals should be consistent and respectful, with carers' expertise and knowledge valued.
- Support services, including respite, mental health, and financial advice, should be more accessible, with efforts to reach young carers and diverse communities.
- Carers' own health and wellbeing must be prioritised, helping them manage stress, maintain balance, and access support without unnecessary barriers.
- Tailored, flexible approaches are essential to ensure carers feel supported, informed, and recognised for their vital role.

A comprehensive analysis will be conducted after all engagement sessions are completed, with a final report to be shared with the public health team, social care services, relevant organisations, and commissioners by the end of 2025.

**Barking &
Dagenham**

Key Findings & Recommendations

Survey feedback from Barking & Dagenham carers identifies several **positives about the experience of caring** in the borough:

- B&D (33.5%) has the highest proportion of carers in London that report having as much social contact as they would like, and is above the England Average
- Carers in B&D (36%) are more satisfied with Social Services than carers in London (33%) on average, just slightly below the National Average (36.7%)
- B&D leads England (66%) and London (63%) with 73.2% of carers reporting they were included or consulted in discussions about the person they care for. There were only minor variations between genders and age groups. Healthwatch research also found that 79% of respondents felt very or so mewhat involved in decision-making.

B&D carers are more likely to report having no health impacts from caring, and to have no health conditions, than nationally (this is likely to be age-related). However, findings from the review of published evidence, carers surveys and Healthwatch research consistently reveal that carers face emotional, social, and financial challenges alongside practical demands of the caring role. This means that while some carers will require no external health support at all, others will require increasing levels of support with health and wellbeing. The challenge will be to identify those that will most benefit from additional support.

Key findings and recommendations on specific areas of improvement are outlined below.

General Health and Wellbeing

Evidence suggests that some carers are carrying a high burden of ill health, but may not be receiving the diagnoses and support they would benefit from.

In the 2021 Census, a lower proportion (70%) of unpaid carers in B&D considered themselves to be in Good or Very Good Health compared to 84% of non-caring population. A higher proportion (30%) of unpaid carers said they were in Fair, Bad or Very Bad Health, compared to 16%.

In general, the most commonly reported negative wellbeing impacts of caring are tiredness, sleep disturbance, depression, stress, and irritation.

NHS data shows that some carers are carrying a high burden of ill health. Common physical health conditions and risk factors such as obesity, diabetes and hypertension are higher than in the wider population.

Certain mental health and neurological conditions are also higher than in the wider population: for example, 15% of young carers aged 10-19 have a learning disability, and carers of all age groups (<18, 18-64, 65+) experience a higher risk of poor mental health.

The Census 2021 showed that twice as many carers were disabled under the Equality Act compared to the wider population (26% vs 13%). SACE identified that 13% of respondents experienced sensory loss.

Healthwatch report that 45% of carers in their B&D research did not have enough time to look after their own health, and two thirds of carers in London (67%) reported they needed more support with their health and wellbeing.

There is likely to be an under-diagnosis of mental health conditions among carers in B&D. National evidence identifies that a large proportion (c.39%) whose mental health was poor were not receiving support for this.

Recommendations:

- The future Neighbourhood Health model should consider a specific co-produced health and wellbeing offer for carers. The model should include preventative services, and could potentially coordinate health assessments with Carers' Assessments and to VCFSE support to minimise individuals falling through organisational / service gaps.
- Consideration should specifically be given to case finding for common physical and mental health disorders among known carers to close diagnosis gaps and ensure that appropriate clinical support is offered.
- *Occupational Therapy services should review prioritising cared for individuals for OT assessments for care technology/equipment to support physically demanding care roles and reduce carer breakdown.*

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Key Findings & Recommendations

Finances and Employment

All sources of insight from local carers indicate that financial pressures are significant, for example almost two thirds are worried about living costs and whether they can manage in the future. Financial challenges increase for those caring for multiple people and for those caring for more than 35 hours per week. A considerable portion of caregivers leave employment or reduce work hours to provide care, further reducing household income and quality of life.

The Census 2021 showed that greater proportion of unpaid carers in B&D were living in deprived households compared to non carers (84% vs 64%) .

Employment

The lower average age of carers in B&D compared to England means that a higher proportion are of working age. However, fewer carers in B&D were in employment than in the wider population (51% vs 59%), with a higher proportion (14% vs 11%) working part time.

The higher proportion of female carers is likely to explain the higher proportion of carers in traditionally “female” occupations such as caring and administration.

Benefits

Carers receiving benefits, including Carers Allowance, are more likely to report financial problems. Two-thirds (67%) of unpaid carers who receive Universal Credit live in poverty. Uptake of IAG through the Carers Centre also appears to be low, and one third of PSSS respondents had not had a Carer’s Assessment

Carers have highlighted that working often affects their benefits such that they may not be better off, and a need for more advice on this. This is available through the Trailblazer programme from the LBB Employment and Skills team, which also works with local employers on creating carer-friendly roles. However, awareness of this scheme among professionals and carers appears to be low.

The Census revealed that just under half (46%) of carers' households also had dependent children, however this group is under-represented in households receiving additional help such as direct payments.

Recommendations:

- It would be beneficial to keep the carers debt/money advice offer previously provided through Homes and Money (HAM) Hub in the new Neighbourhood model i.e. carers do not need to be in existing debt to access advice, and to consider how to make this as widely accessible as possible to carers.
- IAG services for carers should include advice on flexible employment opportunities that do not impact benefits e.g. LBB Trailblazer programme.
- The Carers Strategic Group should explore additional routes to reach carers who may be interested in flexible working options, benefits advice or could benefit from direct payments e.g. through Community Navigators, schools, Neighbourhood Working, etc

Recognition of the Carer Role

Both published evidence and Healthwatch research highlight that many carers feel undervalued (“I feel invisible”) or only recognised in crises (“[recognition] is not until the role has impacted or you meet the criteria for help and then the family unit is in crisis”). However, positive experiences occur when professionals actively involve them and respect their expertise.

Recommendations:

- The Carers Strategic Group should explore experience-led training for front line professionals on caring roles and the advantages to consistent care planning of recognising carers as the “expert” when it comes to their loved one’s needs, including Young carers.
- The forthcoming revision to the B&D Carer’s Charter should reinforce recognition of carers’ roles at a strategic level.

**Barking &
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Key Findings & Recommendations

Strategic Alignment

Given the breadth of challenges experienced by carers, a system-wide focus on carers as a high need group is indicated; this could be through designating being a Carer as a local “Protected Characteristic”¹. NEL ICB and LBBB should include carers needs in scoping all new strategic documents to ensure that opportunities to improve carer health and wellbeing are not missed.

Recommendations:

- Carers’ health and socioeconomic needs should inform the developing Neighbourhood Working model and the Inclusive Growth Strategy e.g. targeting supported employment for carers, working with support care agencies to offer flexible working options.
- Findings regarding LGBTQ+ carers should be built into the Social Care Action Plan, including reviewing staff training and considering more targeted actions.
- Links should be made with the Learning Disability & Autism Strategy, including the impact of increasing SEND diagnoses on future care requirements and on carers’ support needs.

Enhancing Awareness of and Access to Support Available

In national surveys, not being able to take a break and managing the variety of needs of the person they cared for were the main reasons carers felt overwhelmed in England, with around two thirds of carers expressing this.

Despite this, Healthwatch found that support services are inconsistently accessed by carers but 60% access informal Support Groups. The focus for delivery of carers’ services is often through the Carers’ Centre, but this appears to have limited reach in relation to the total number of carers in the borough.

55% of Healthwatch respondents disagreed or strongly disagreed that it was easy to access information about services and support. Further research might be indicated to understand why this is, but this may be related to low levels of Health Literacy in B&D (78% struggle to understand health information that

1 – As proposed by Carers UK in 2024 – see [Making caring the 10th protected characteristic report | Carers UK](#)
2 - see <http://healthliteracy.geodata.uk>

includes numbers²) and with low levels of Digital Literacy as identified by CQC. This points to a need to make carers Information, Advice & Guidance (IAG) and support more accessible across the whole B&D population.

Recommendations:

- Generally raising awareness of wider initiatives for carers e.g. Freedom Passes, Respite, IAG from the Carers’ Centre, could be beneficial and aligns with Care Quality Commission 2025 LBBB assessment findings.
- The Carers Strategic Group should explore additional routes to making IAG accessible to carers when they need it, taking account of low levels of Health and Digital Literacy, and a diversity of communication needs.

Young Carers

Analysis suggests that Young carers are under-represented in service data and in survey data, compared to the numbers identified in the Census. Healthwatch found that Young carers, especially those balancing education, face particularly high emotional strain, making timely identification of Young carers extremely important. Joint working with VCFSE organisations may help address this gap.

Research by MYTIME found that Young carers in their local pilot programme miss an average of 27 school days per academic year. In general, Young carers are 62% less likely to achieve the equivalent of three A-Levels.

Recommendations:

- Consideration should be given to better identifying and understanding the experiences of Young carers, working with the Young Carers Forum.
- Intervention to support Young carers <18 should seek to identify and mitigate the factors that most negatively affect the individual, and especially seek to foster a *positive carer identity*. Interventions should seek to foster positive social connections for Young carers, working with the Young Carers’ Forum and drawing on VCFSE support. Interventions should also foster positive child-parent relationships e.g. supporting parents in expressing appreciation.
- Processes for ensuring schools are aware of Young carers should be in place. School-based support for Young caregivers should include multi-agency, peer-to-peer, school policies, and cultural support.

Key Findings & Recommendations

Potential Gaps in Support Provision

Challenging Behaviour¹ Support

Published evidence shows that challenging behaviour from the cared-for individual can be especially impactful on the carer's mental health, resulting in anxiety and depression, trauma and anticipatory trauma. This can be evident in care recipients of all ages: it has been raised previously in engagement work with parents of adolescents with learning disability, and in relation to dementia.

Recommendations:

- Consider how enhanced understanding of health needs, especially cognitive or neurological, can be supported among extended families and the wider community around a child or adult.
- Consider options for providing Personal Behaviour Support for carers
- Care planning should consider actions to be taken when the caregiver may be at risk of aggression or violence, and specific support at age transitions.

LGBTQ+ Support

Both LGBTQ+ caregivers and carer recipients experience additional unique social and wellbeing complexities, such as challenges navigating heteronormative health systems and lack of trust in services, and can be at higher risk of social isolation.

Recommendations:

- Training on LGBTQ+ culturally competent and affirmative care should be in place for front line staff, to help build trust and confidence in services for both caregivers and care recipients. This is particularly important for LGBTQ+ people living with dementia and/or in care homes.
- Carers' services should develop plans to enhance LGBTQ+ culturally competent and affirmative care, and facilitate social / peer support interventions tailored to LGBTQ+ caregivers.

Whole Family / Household Approach

The effects of family-caregiving on the wellbeing of carer/s, are influenced by the specific situational and sociodemographic characteristics of the whole family. However, the various needs of different family members are not always linked in care planning, and the carer/s wellbeing can be seen as secondary.

Recommendations:

- An individualised, holistic approach to support is indicated for *each family or household*, taking account both of the care recipient's specific needs (especially where complex) and the differential impact on each family member. This approach should take personality, cultural, spiritual and personal beliefs into consideration, and could involve relationship counselling.

Use of Data to Identify and Support Carers

Of carers identified by NHS services in the past 12 months, there appears to be an under-representation of White British, Other White, and Young carers.

It is difficult in most cases to link the information held about a carer to that about a person they care for. This results in unexpected emergencies that might have been preventable if a more holistic view was taken of the household as a unit.

Recommendations:

- In order to facilitate carer identification, as well as more responsive and preventative care at a household level, the potential for linking carer and care recipient data i) within each of ASC and NHS records, and ii) interlinking records across the two organisations should be explored, potentially as part of Neighbourhood Working.
- Commissioned Providers should work with the Council and NHS partners to share data to improve identification, access and support for carers.

¹ – See Appendix for definition

Appendices

Acknowledgements

Thank you to:

- Members of the LBBB Public Health, Insights, Adults' Care and Support, Commissioning, Inclusive Growth and Communications teams for their time and input.
- GP Federation CiC and NEL ICB PHM teams for access to aggregate NHS health data on health status of carers and individuals cared for.
- Resident carers who contributed to the Healthwatch research.
- Barking & Dagenham Healthwatch for access to their early research findings.
- Barking & Dagenham Carers' Centre for feedback on the draft HNA
- NELFT Library who provided the evidence searches used in this work:
 - [PH Bulletin] Health and wellbeing impacts on informal carers SN60393. Stephen Reid. 18th August, 2025. London, UK: NELFT Library and Knowledge Service.
 - [PH Bulletin] Socioeconomic impacts of informal caring roles SN61468. Stephen Reid. 3rd October, 2025. London, UK: NELFT Library and Knowledge Service.

Note on Data Sources –

- Where data show s differences between cohorts based on data from the Census 2021, these are all significant differences due to the overall size of the dataset i.e. differences are real and not due to chance.
- Data differences from surveys (SACE and PSSS) cannot be assumed to be significant due to the smaller cohort sizes i.e. differences observed could be due to sampling or to chance.

Note on Image Sources –

- Images were sourced from LBBB Image Library, [Welcome to Carers Centre SA Ltd | Carers of Barking and Dagenham](#); [Image library | Age without limits](#)

Glossary

- **Challenging Behaviour** – The NHS defines this as behaviour that “puts them or those around them (such as their carer) at risk, or leads to a poorer quality of life.” See [How to deal with challenging behaviour in adults - Social care and support guide - NHS](#)
- **Direct Payments** – see <https://www.carersuk.org/help-and-advice/practical-support/arranging-care-and-support-for-someone/direct-payments/>
- **LGA** – Local Government Association
- **Liquid Logic** – A financial management system designed for local authorities to streamline social care finance operations, see <https://www.systemc.com/local-government/#:~:text=Liquidlogic%20Social%20Care%20Finance%20is,order%20creation%20and%20payment%20processing>
- **MDT** – Multi-Disciplinary Team
- **NEL ICB** – North East London Integrated Care Board
- **PHM** – Population Health Management
- **PSSS** - Personal Social Services Survey of Adult Carers in England, 2023/24
- **SACE** - Survey of Adult Carers, 2023/24
- **Trailblazer pilot** – LBBB pilot to support carers into flexible, paid adult social care roles

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Data Sources

- **LBBB Demographic Data (Population Overview):**

- Office for National Statistics 2024 mid-year population estimates (Number of residents; Age range of residents; Average age of residents)
- Office for National Statistics 2021 Census (Ethnicity)
- Office for National Statistics 2021 to 2023 (Healthy life expectancy) – official statistics in development
- Department for Education Summer 2024 (GCSE)
- Office for National Statistics Annual Population Survey - January 2024 to December 2024 (Have no qualifications)
- Office for National Statistics 2023 (Births)
- Metropolitan Police Service - 2024/25 (Crimes; Domestic abuse)
- Office for National Statistics - September 2024 (Average house price)
- Office for National Statistics Annual Population Survey - January 2024 to December 2024 (Unemployment, Employment)
- Department for Work and Pensions - December 2024 (Universal Credit claimants in employment)
- National Child Measurement Programme 2023/24 (Obesity amongst children in Year 6)
- 15billionebp management information service - December 2024 (NEET and Not Known)

- **Carer Deep Dive Analysis Document List**

- ASC Finance – Support Provided to Carers 2023-24
- ASC Outcome Framework Carers Survey Data (SACE) 2023-24
- Carers Centre 2025/26 Q1
- Unpaid Care - 2021 Census - Deep Dive Analysis
- Carers Allowance - Cases in Payment or Entitlement (Feb 2025)
- Liquid Logic Data - Carers Direct Payments 2024-25
- Personal Social Services Survey of Adult Carers in England 2023-24
- State of Caring 2024

- **Non-Public (LBBB Internal) Carers Data:**

- LBBB Adult Social Care Administrative Data (Liquid Logic)
- Personal Social Services Survey of Adult Carers in England 2023/24 – LBBB Specific Question
- Carer UK State of Caring Survey: Report for the London Region (via LGA)
- Demographic data and engagement with Carers via Carer Forums run by the Carer Centre, Just Say Parent Carer Forum, BME Carer forum.

- **Publicly Available Carers Data:**

- [Census 2011 / 2021 \(ONS\)](#)
- [Adult Social Care Outcomes Framework – Survey of Adult Carers](#)
- [Personal Social Services Survey of Adult Carers in England, 2023-24 - NHS England Digital](#)
- [Adult Social Care Activity and Finance Report, England, 2023-24 - NHS England Digital](#)
- [State of Caring Survey | Carers UK](#)
- [DWP Carers Allowance](#)
- <https://www.nuffieldfoundation.org/wp-content/uploads/2023/06/KS5-Young-Carers-Education-Policy-Brief.pdf>