

# LONDON ASSEMBLY

January 2026

## Economy, Culture and Skills Committee

This document contains the written evidence received by the Committee in response to its Call for Evidence, which formed part of its investigation into unpaid carers.

Calls for Evidence are open to anyone to respond to. In November 2025, the Committee published a number of questions related to its investigation, which can be found on page 2. The Call for Evidence was open from November 2025 to 2 January 2026.

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## Questions asked by the Committee

1. What are some of the characteristics of people who provide unpaid care in London? Do they differ from those of unpaid carers in other parts of the country?
2. What specific challenges do unpaid carers in London face, compared to those in the rest of the country?
3. How effective is the current support available to unpaid carers in London?
4. What other types of support should be introduced? Are there any examples of good or innovative practice?
5. What more can the Mayor do to support unpaid carers?

# Carers Trust written submission

## Summary

### What More Can the Mayor do to support unpaid carers?

#### **Support the sustainability of carers' services**

- **Advocate for ring-fenced, multi-year funding for carer services** within BCF or any successor model, ensuring stability for providers and continuity for carers.
- **Press for transparency in Better Care Fund (BCF) allocations across London boroughs**, so carers and service providers know what is funded and can plan effectively.
- **Champion integration of carer support into London's health and social care strategies**, recognising unpaid carers and the services that support them as essential to the wider system. Champion a system that works for carers.
- **Call for a London-wide review of carer service funding**, to identify gaps and ensure equitable provision across boroughs.
- **Encourage all LAs to develop a Carers Strategy** that is co-produced with carers and the services that support them and are funded to achieve its aims. These strategies must ensure carers have access to respite breaks.

#### **Support carer finances**

- Encourage all Local Authorities to **make sure carers can get the support they need from the Crisis and Resilience Fund (CRF)**, and for them to work with local carer services to make this happen.
- Encourage Local Authorities to **fund Income Maximisation services from local carer services**.
- Ensure **London employment programmes meet the needs of carers**.

#### **Support Young Carers**

- **Sign the Young Carers Covenant**
- Encourage schools and Multi Academy Trusts in London to join the Young Carers in Schools programme.

## What more can the Central government do to support unpaid carers?

- **Develop a UK Government Carers Strategy:** Introduce an all-ages strategy that supports carers and invests in local carer services. The Strategy should also deliver respite breaks for unpaid carers.
- **Reform Carer's Allowance:** Comprehensive reform is needed; current eligibility and payment levels are inadequate and outdated.
- **Crisis and Resilience Fund (CRF):** Local authorities should work with carer services to ensure carers can access support from the CRF, which replaces the Household Support Fund in April 2026.
- **Specialist Employment Support:** Invest in tailored employment support to help carers enter, return to, or remain in paid work.
- **Education Support for Young Carers:** Require every school and college to have a young carers lead/champion and provide dedicated funding to support young carers' educational outcomes.
- **Young Carers Covenant:** Encourage Government departments to sign up to the Young Carers Covenant, embedding it in policy and practice.

# Carers Trust written submission

*This written briefing responds to the questions surfaced by the Committee in Panel 1 – which took place on 10<sup>th</sup> December 2025. It supplements Carers Trust’s oral evidence. The final question in this written submission relates to Young Carers, which was not a Panel 1 question, but an area which we think requires London Assembly visibility and scrutiny.*

## Q: The characteristics of London’s caring population and how they differ compared to the rest of the country

**Carers in London:** London has around **600,000 unpaid carers** (9% of the population), including **53,000 young carers** under 18—an underestimate.

- There are 137,000 (23%) unpaid carers delivering over 20 hours of care a week, and 160,000 (27%) carers caring for over 50 hours every single week.
- In London, 38,000 carers are in ‘bad or very bad’ health (6%). A further 113,000 (19%) have “fair health” so 25% are not in good health.
  - Reflective of carers in a wider population.
  - Rate of those not in good health for non-carers is 20%
- 227,000 (28%) have a disability themselves

### **Carers Trust has 26 local carer services in London covering 30 Boroughs.**

They all offer a range of services tailored to the needs of their local communities. Our network data shows that carer population supported by London network are overrepresented in three categories, compared to national prevalence

- 56% of carers supported by our London partners are minoritized ethnic carers (an increase from 45% in 2020/21) (18.1% national prevalence)
- 19% young carers, under 18 (2.5% national prevalence)
- 32.5% carers with a disability (27.9% national prevalence)

### **London’s carer population are younger and more ethnically diverse:**

London’s carer services must be culturally competent and tailored to diverse needs, with a focus on early identification and support for young and minoritised carers.

- 21% of carers in London are Asian or Asian British (compared to 6% of the Rest of England carer population)
- 14% are Black, Black British, Caribbean, or African (versus 2% of England carer population)
- 42% are white British (versus 87% of England population)

- Carers in London are slightly less likely to be caring for more than 50 hours a week – 27% versus 30%
- There is a 60 – 40 gender split both in London and England
- Disability rates also the same – 28% of carers are disabled in London and across England.

### **Carers in London versus non-carers in London**

- Carer population reflective of the London population as a whole
- 14% Asian, British Asian – in line with population, similarly Black and Black British carer population, and non-carer population in line

## **Q: An official register for unpaid carers. A good or a bad idea?**

Establishing an official register for unpaid carers presents both advantages and challenges. Identification of carers is a crucial step, as it helps ensure that carers are recognized and can access necessary resources. However, simply identifying carers without providing meaningful support will not lead to substantial improvements in their circumstances.

Investing in support services and increasing public awareness of the role and importance of carers are strategies that can lead to greater identification. By raising the profile of carers and the act of caring itself, more individuals may come forward to be recognized, helping to ensure they receive the assistance they need.

It is important to recognize that caring responsibilities can be transient; individuals may move in and out of caring roles as circumstances change. This transient nature raises questions about how an official register could remain accurate and up to date over time.

One approach would be to base the register on Carer's Allowance (CA) claims. However, this method has significant limitations: only a maximum of one in five carers claim CA, and eligibility requires caring for more than 35 hours per week. Ideally, a register would identify carers much earlier in their journey, so that timely and appropriate support can be provided, rather than waiting until their responsibilities have become particularly intense.

**A register is only valuable if linked to increased, properly funded local support and greater recognition of caring as a universal experience. Otherwise, it risks being an administratively burdensome, resource intensive, exercise with little impact.**

## **Q: Financial hardship among London's unpaid carers. To what extent is this a problem, and how effective is the welfare system/Carer's Allowance in tackling it?**

We know that there is a strong relationship between caring and financial hardship. People who live in the poorest parts of the country are both more likely to be carers and have more intensive caring roles. To reduce the number of carers living in poverty will take a multi-pronged approach, which cuts across policy lines. Social security, work, health, social care, education, skills, and employment all play a role in ensuring carers do not face financial hardship because of their caring role.

### **Summary asks**

- Carer's Allowance is outdated and insufficient. Reform is urgent.
- Employment support for carers is a major economic opportunity.
- Carers need access to crisis funds if they face a financial crisis.

### **What the Mayor could do:**

- Support calls to reform Carer's Allowance.
- Ensure employment programmes in London work for carers by recognising their unique challenges and ensure there is specialist support
- Encourage all Local Authorities to make sure carers can get the support they need from the Crisis and Resilience Fund, and for them to work with local carer services to make this happen
- Take steps to ensure the Mayor's and GLA's work on Financial Hardship fully considers the needs of carers and targets them for support

### **Poverty and Unpaid Carers: national picture and what can be done**

Nationally, approximately one in three unpaid carers live below the poverty line, with 11% experiencing deep poverty. A significant proportion of carers are unable to participate in the workforce: 18% of carers are economically inactive across the UK, and this figure is even higher in London, where 23% of carers are economically inactive. Notably, London contains some of the most deprived local authority areas in the country, further exacerbating the financial challenges faced by local carers.

### **Limitations of Carer's Allowance**

Carer's Allowance is currently set at £83.30 per week, making it the lowest benefit of its kind. The eligibility criteria are strict: claimants must care for one person receiving specific disability benefits for at least 35 hours a week. Earning over £196 per week, studying more than 21 hours weekly, or claiming a state pension results in the loss of Carer's Allowance eligibility. In London, 134,000 carers claim Carer's Allowance, yet most recipients continue to live in poverty due to the low level of support provided.

## **Calls for Comprehensive Reform**

Carers Trust highlights the urgent need for comprehensive reform of Carer's Allowance. This call for change is especially pertinent as the Timms Review considers adjustments to Personal Independence Payments—a benefit closely linked to half of all Carer's Allowance claims. Carers Trust urges a thorough review of Carer's Allowance, which has remained largely unchanged since 1976 and continues to offer only £83 per week. Incremental updates have failed to resolve the fundamental issues with the benefit, leaving the majority of claimants in poverty.

### **What can be done locally**

Whilst a national issue, a lot can be done at a local level to relieve some financial pressure from carers. One of Carers Trust's main calls is for Local Authorities to work with local carer services to ensure that carers who need it get the support they need from the Crisis and Resilience Fund.

**Financial Hardship support** - Crisis and Resilience Fund (CRF) The CRF will replace the Household Support Fund in April 2026 to help those facing financial crisis. Local authorities will distribute funds, with guidance coming next year. The Mayor should address carers' needs and coordinate with carer services, which have delivered effective wraparound support through the previous fund. [The national guidance recently released](#) highlights carers as a financially vulnerable group and encourages local authorities to work with local voluntary sector organisations. We would welcome any intervention from the Mayor or Greater London Authorities that encourages London Boroughs to work with local carer services and ensures carers in London receive the support they need.

**Case Study - Carer Support West Sussex (CSWS)** distributes Household Support Fund (HSF) grants to carers for emergency aid and wellbeing planning, as appointed by West Sussex County Council. From 2021 to March 2024, over £2 million was provided to 7,000+ carers for essentials like food and energy. CSWS streamlined fund distribution, expanded its team, and awarded grants based on need (up to £2,000 or £2,800 in special cases), each paired with a wellbeing consultation connecting carers to further support.

**Impact: 95% carers experienced less stress, and 94% saw better wellbeing. CSWS serves 30,000 carers, adding over 300 new registrations each month to respond quickly to changing needs.**

Likewise, we know that many of the local carer services in our Network provide impactful Income Maximisation services. We would like to see more London Boroughs commission local carer services to provide this provision so carers and their households are able to maximise their incomes.

**Income Maximisation:** About half of Carers Trust network members offer Income Maximisation services, which help unpaid carers boost household income and financial stability, recognising that many face hardship due to reduced or lost employment. Each local organisation offers a different mix of support, but common services include:

- Benefits advice
- Grants and financial assistance
- Debt and budget advice
- Help with energy and utility costs
- Local discounts and entitlements

[Our recent report illustrates good practice](#) from across our Network of local carer organisations and how they provide financial support to carers whilst also providing the wider support they need.

**Case Study - Tower Hamlets Carers Centre** delivers statutory services under the Care Act, funded by the Council. The Centre carries out carers assessments to identify needs and can refer carers for a benefits check through the Income Maximisation service team. Referrals come from statutory bodies, charities, and self-referrals. Outreach aims to find hidden carers via partnerships with GP practices, Adult Social Services, and a support worker stationed in local hospitals to help carers when those they care for are admitted.

**Impact: In the past year alone, Tower Hamlets Carers Centre supported over 800 carers, helping carers secure over £308,000 in financial gains.**

**There are more examples of good practice from across England, Scotland, and Wales in Carers Trust [Crisis Support, Resilience Building and Maximising Income report](#)**

Carers Trust welcome many of the projects and programmes supported by the Mayor and the [GLA to alleviate financial hardship in London](#). Carers Trust would like to see these initiatives benefits unpaid carers, through targeted support and ensuring carers can access this support. Local carer services would be well placed to support the GLA to reach more carers through its financial hardship programmes.

### **Carers Trust's Carer Fund programme**

Carer Funds is Carers Trust's small grants programme. Carers supported by one of the carers services in our Network can apply for up to £300 to support them in their caring role. The stats below show what carers are applying for and illustrate both carer priorities – such as breaks – as well as their dire financial straits, being unable to afford to replace household essentials such as fridges, washing machines and dishwashers.

### **Carers Funds (London stats).**

London consistently in top 2 highest regions for Carers Funds (19-25% of overall allocation). FY25/26 £175k in individual grants to 557 unpaid carers (out of £900k allocation to 2932 carers). **90% London carers care 35+ hours per week; 25% care for more than one person.** Main caring relationships are for children (either adults or u18) and parents. MH, physical disability and autism spectrum. 45% accessing CA; 75% accessing UC

- c. 35% respite (same as national)
- 51.5% on household goods (higher than national)
- 3.9% on courses and skills (lower than national)
- 3.8% on transport (lower than national)
- 5.2% on digital (same as national)

### **Q: Juggling work and care, and the impact thus far of the Employment Relations (Flexible Working) Act.**

Balancing work and care are challenging for carers, especially as care hours increase. National data indicates most carers can combine paid work with less than 20 hours of care weekly, but this becomes harder above 20 hours, and particularly difficult over 35 hours. Only 17% of Carer's Allowance recipients are employed, as the benefit limits them to 16 hours of minimum wage work.

Employment rights, including unpaid carers leave, currently benefit only those who can manage both work and care. These rights should be strengthened, such as through paid carers leave and targeted employment support to help more carers access and sustain paid work.

**Employment:** Only 53% of London carers are employed; and latest stats show that [23% are economically inactive](#) which is higher than the rest of the country. The employment rate is broadly similar to that of carers outside London, but lower than that of non-carers. The economic inactivity rate is higher than the economic inactivity rate for carers in the rest of the UK – 19%.

- **Specialist employment support is needed to address barriers for carers beyond flexible working rights** and boroughs with dedicated employment projects (e.g., Camden, Tower Hamlets) show positive outcomes.
- **Evidence for specialist employment support:** The "Working for Carers" (2016–2023) programme assisted 1,266 carers, 82% of whom were economically inactive at enrolment. By the end, half began job searching, 59% completed training, 13% entered education, and nearly a quarter found paid work, with 72% sustaining employment for at least six months.
- **Economic Case:** [Hidden Cost of Caring](#) (Oct 2025) – Supporting carers into work is a major economic opportunity. The study has been carried out by an

independent economics consultancy, Cambridge Econometrics, and key findings include:

- Around 2.7 million of the UK's six million unpaid carers are not employed, including 524,000 who could work with proper support.
- Enabling these carers to work full-time could increase household income by £10.1bn, lower welfare payments by £2.8bn, and raise tax revenue by £4bn, adding £17bn to the economy.
- Improved support would help carers regain skills and career opportunities. Carers Trust calls for employment programs tailored to carers, with about 30 network services currently providing or ready to provide such support if adequately funded.

**What the Mayor could do: ensure London employment programmes meet the needs of carers. Local carer services are well placed to provide that specialist support.**

### **Carer Finances**

Nationally, 28% of carers live in poverty – higher than poverty rates in the general population. We know that London has some of the most deprived Local Authority areas in the country

**134,000 carers in London claim Carer's Allowance** – Carer's Allowance (CA) is £83.30 per week for caring 35 hours for one person on specified disability benefits. You cannot earn over £196 weekly, study more than 21 hours, or claim CA if you receive a state pension.

**Carers Trust argues for urgent reform of Carer's Allowance**, especially as the Timms Review of Personal Independence Payments will affect many carers. The “21-hour rule” excludes young adult carers in full-time education from claiming Carer's Allowance, which is increasingly hard to justify.

- **Carer's Allowance has seen little significant change since its introduction in 1976**, currently provides just £83 per week. This amount is widely regarded as inadequate to meet the financial needs of carers. Carers Trust argues that, rather than continuing with incremental and minor adjustments, the Department for Work and Pensions (DWP) must tackle the underlying, systemic issues associated with Carer's Allowance. A complete rethink is essential to ensure that carers receive fair and sufficient financial support that reflects the realities and challenges of caring in today's society.

### **Crisis and Resilience Fund**

- The Crisis and Resilience Fund will replace the Household Support Fund in April 2026. Like the HSF, the CRF will support people facing a financial crisis. And like the HSF, it will be up to Local Authorities to determine how to distribute the money.
- [The national guidance recently released](#) highlights carers as a financially vulnerable group and encourages local authorities to work with local voluntary sector organisations. We would welcome any intervention from the

Mayor or Greater London Authorities that encourages London Boroughs to work with local carer services and ensures carers in London receive the support they need.

- The CRF will also expect services to provide the wraparound support that individuals need. Local carer services are ideally placed to do that.
- We know it works, as many of the local carer services in our Network have done just that with the Household Support Fund.

### **Income Maximisation**

- About half of the Carers Trust network offers Income Maximisation services, which help unpaid carers boost their household income and financial stability—especially important for those who reduce work hours or leave jobs to provide care.
- Each local carer organisation will have its own unique mix of support provided through Income Maximisation; however, many will feature support with:
  - Benefits Advice
  - Grants and Financial Assistance
  - Debt and Budget Advice
  - Energy and Utility Support
  - Local Discounts and Entitlements

### **What the Mayor could do:**

- Encourage all Local Authorities to fund Income Maximisation services from local carer services
- Ensure GLA Income Maximisation programmes fully consider the needs of carers and are reaching carers

## **Q: Effectiveness of statutory support in London.**

Carers Trust has not submitted specific evidence to this Committee, as Commissioners were also invited to provide their perspectives. However, the following case study serves as a strong illustration of the positive impact that effective collaboration between carer services and statutory sector partners can have on supporting unpaid carers. This example highlights the benefits of partnership working, demonstrating how carer services can work alongside statutory agencies to deliver comprehensive and coordinated support for carers in the community.

### **Bromley Wells Case study: working with statutory services**

Bromley Well is a consortium of four leading charities—Age UK Bromley and Greenwich, South-East London Mind, Bromley Mencap, and Citizens Advice Bromley—working together to support the health and wellbeing of residents in the Bromley borough, particularly unpaid carers. The organisation delivers comprehensive support for a wide range of carer groups, including adult, mental health, mutual, and young carers, through collaborative projects with statutory partners.

- **Carers strategy development:** Bromley Council reviewed its Carers Plan with Bromley Well, using surveys, workshops, and co-production events to get carers' input for a stronger strategy.
- **One Bromley Carers Charter:** After a strategy review, Bromley Well and partners introduced the Carers Charter to improve carer identification, information sharing, support, and advocacy. Launched in Carers Week 2024, it was distributed widely across GP surgeries and community health settings for maximum visibility.
- **Streamlined referrals:** Bromley Well introduced a single access point for referrals, making the process simpler for partners and carers. Efficient cross-referrals within the consortium ensure tailored support. Increased engagement with GPs and social prescribers led to direct referrals rising by 300%.
- **Information and awareness campaign:** Bromley Well distributed a leaflet to carers, informing them about vaccination eligibility and support services. The collaboration with the local authority made the campaign effective.

**Impact:** Bromley Well's partnership with statutory services resulted in:

- Greater carer awareness and identification in the community.
- Higher referrals from statutory partners, especially social prescribers.
- Easier access for carers via a streamlined referral process.

## Q: To what extent does support provision differ between boroughs?

**Capacity and context:** In 2024–25, London carer services supported 41,575 carers (down from 42,000), even as registered carers rose from 108,000 to 125,000—reflecting increased demand but reduced capacity due to funding and workforce issues. Support levels vary by borough; while 27 have Carer Strategies, implementation and funding remain inconsistent.

**Carers Strategies in London raise Carers' profiles in commissioning, but only boroughs that support strategies with action, funding, and innovation show real improvements.** Effective commissioning is person-centred, collaborative, and outcome-driven, as demonstrated across England; commitment is essential. Poor practices remain where carers are excluded or short-term savings undermine long-term results, as shown by national provider feedback.

**Carers Trust's network of local carer services plays a crucial role in supporting unpaid carers throughout London.** These organisations are essential in helping carers manage the demands and pressures that come with providing care, often stepping in where other systems cannot. However, local carer services consistently face significant obstacles, including limited funding, capacity constraints, and workforce shortages. These challenges threaten their ability to maintain and expand the support they offer.

**It is imperative that local carer services are recognised as integral components of the broader health and care systems.** The contribution of

unpaid carers is fundamental; without their ongoing care and dedication, both the health and social care systems would struggle to function effectively. To ensure carers can continue delivering this vital support, it is essential that they, in turn, receive adequate assistance and resources.

Despite the adversity they encounter, local carer services have demonstrated their commitment by providing outstanding support to carers across the city. **With increased resources and the recognition they merit, these services have the potential to extend their reach further**, identifying carers earlier and ensuring that more individuals receive the help and guidance they need in a timely manner.

**Excellence for Carers is a Carers Trust quality mark** available at no extra cost to local carer services that are Network Partners. It covers **eight** standards to help Network Partners assess service quality, impact, and plan improvements. The mark offers external validation to stakeholders and provides a framework for carers' services self-evaluation and ongoing improvement.

[Richmond Carers Centre is awarded the Excellence for Carers Award - Richmond Carers Centre](#)

["Excellence For Carers" quality standard - Enfield Carers Centre](#)

[Carers Hub Excellence for Carers Award](#)

**Carers Trust Excellence for Carers** assessments reveal that boroughs with strong, well-resourced carer organisations (e.g., Camden, Richmond, Enfield) deliver more consistent, person-centred support. However, all services face rising demand and funding pressures, with capacity stretched and staff going "above and beyond".

- **Carers shape services:** Carer input drives person-centred, culturally competent care.
- **Staff culture is key:** High morale, supportive environments, and wellbeing investment ensure quality.
- **Partnerships matter:** Carer organisations support and influence local authority policy and commissioning.
- **Focus on outcomes:** Services are improving outcome frameworks but need help to demonstrate impact at scale.

Excellence for Carers evidences a need for a London-wide carer outcomes framework and ring-fenced funding to reduce postcode lotteries.

Challenge	London	England
Cost, funding, and capacity	43%	49%
<b>Pressure on carers</b>	<b>20%</b>	<b>16%</b>
Changing commissioning environment	11%	14%
<b>Staffing</b>	<b>17%</b>	<b>9%</b>
Delivering Quality Services	5%	6%

**London's experience shows that effective leadership and investment promote best practices, while funding challenges can harm outcomes anywhere.** Maintaining strong accountability (CQC, Ombudsman) and sharing best practices helps raise standards. A city-wide carers outcomes framework is being considered to ensure consistency. Evidence indicates that partnering with carers and aligning commissioning improves service quality and wellbeing. Strategies require genuine implementation to be effective.

**Position:** A London-wide carer outcomes framework and ring-fenced funding are needed to reduce postcode lotteries and ensure consistent, high-quality support.

## **Q: How the VCSE sector supports London's unpaid carers.**

London's carer organisations are '**community connectors**' providing lifeline for London's diverse carers. Inclusive, person-centred support while promoting carers' voices and integrating digital tools with personal connection. Despite funding challenges and increased demand, they focus on sustainability and staff wellbeing. Their impact is evident in better mental health, less isolation, and financial improvements, though a unified outcomes framework for London is needed to measure results consistently.

Key features from Camden, Tower Hamlets, Richmond, Lambeth, and Enfield E4C reviews

- **Person-Centred, Culturally Competent Support:** E4C reviews highlight that carer services are deeply embedded in their local communities. These organisations provide tailored emotional, financial, and practical support that reflects both the demographic and cultural composition of the areas they serve. There is a strong commitment to equality, diversity, and inclusion, with targeted outreach to groups that are often underrepresented, including Black, Asian, LGBTQ+, and young carers.
- **Carer Identification and Early Intervention:** Proactive identification of carers is achieved through close partnerships with GPs, hospitals, schools, and community groups. Services employ creative outreach strategies such as providing language support, engaging community ambassadors, and organising targeted events to connect with carers who might otherwise remain hidden.
- **Holistic and Flexible Support:** Carer support is holistic and adaptable, covering emotional support, counselling, peer groups, financial and welfare advice, emergency planning, and activities tailored to both young and adult carers. Services are responsive to changing needs and crises, often adopting a "whole family" approach where appropriate.

- **Co-production is at heart:** Carers are actively engaged in shaping the services they use. Their involvement spans service design, providing feedback, and governance roles such as participation in steering groups, trustee boards, and co-production of new initiatives. Organisations ensure feedback loops are transparent and responsive, exemplified by “you said, we did” approaches.
- **Partnerships and Influence:** Carer organisations maintain strong operational and strategic partnerships with both statutory and voluntary sector agencies. These organisations are regarded as “critical friends” by local authorities, playing an influential role in commissioning decisions, policy development, and driving system change.
- **Staff Wellbeing and Sustainability:** There is a clear emphasis on staff wellbeing, with high morale supported by positive organisational cultures and dedicated wellbeing measures such as wellbeing hours, clinical supervision, and peer support. Services are transparent about their capacity limitations and have strategies in place to manage demand and prevent staff burnout.
- **Outcomes and Impact:** All services are working to strengthen their outcomes frameworks, utilising a combination of qualitative and quantitative data to evidence their impact. This includes demonstrating financial gains for carers, reducing isolation, and improving wellbeing. There is a recognised need for a London-wide outcomes framework to support benchmarking and evidence-based commissioning.
- **Income Maximisation:** Some carer services, such as Tower Hamlets Carers Centre, have secured significant financial gains for carers (for example, £308,000 for 800 carers in a single year) and facilitate access to wider support networks.
- **Hybrid Delivery:** Digital innovation is vital and the adoption of hybrid models—blending digital and in-person support—has broadened access to services. However, ongoing attention is needed to address issues of AI adoption and digital exclusion.

**Position:** Local carers services are an integral part of wider health and care system and deserve recognition and stable funding; support carer services with digital enablement including AI adoption

**Position:** Local Authorities should work with local carer services to ensure carers can get the support they need from the Crisis and Resilience Fund

#### **Key Quotes from Excellence 4 Carers**

- “We want to make sure carers never feel like a number, people deserve the time that they need.” (Lambeth staff)
- “Without them I’d be lost.” (Tower Hamlets carer)

- “We listen and we adapt, we listen and we care.” (Enfield staff)
- “It doesn’t matter how busy the Chief Exec is, I always feel like she has time for me.” (Richmond staff)
- “The staff are wonderful. Many are carers too and this really broke down walls, there is a silent understanding. You can relax, there is no need to explain yourself, it feels like a family.” (Camden carer)

### **Camden Carers Case Study: Partnership working**

Camden Carers collaborated with community organisations, including Henna and the British Somali Community, under the Making Carers Count (MCC) programme, to support carers from the Global Ethnic Majority. Camden Carers provided remuneration to the organisations involved, which ensured engagement was meaningful, effective, and recognised the partners as experts in their communities. A common barrier to accessing support identified by both organisations was lack of accessible and translated resources. When engaging with the organisations, Camden Carers paid for an interpreter to be present, to alleviate this barrier. Working with the community organisations to promote Camden Carers services and share information about caring responsibilities was valuable, as it allowed trust to be built with the communities. Furthermore, there was reciprocal training between the community groups and Camden Carers. Camden Carers provided carer awareness training to the community groups, and the community groups provided training to Camden Carers about their communities. Through these efforts, Camden Carers and partners identified numerous unpaid carers that otherwise would not have been identified.

## **Q: Challenges for the VCSE sector associated with supporting London’s unpaid carers**

Carers Trust operates 26 local carer services across 30 London Boroughs, providing various community-focused support. In 2024-25, they supported 41,575 people, slightly less than the previous year's total of just over 42,000. Meanwhile, registered carers increased from 108,000 in 2023-24 to 125,000 in 2024-25.

This shows a decrease in the ability of carer services to provide support to carers. Almost all of London Boroughs have Carer Strategies, but this does not mean they are all sufficiently funded to meet the outcomes they aspire to meet. Their main challenges:

- **Funding & Capacity:** London services have lower average income (£745k vs. £1.44m in England), less local authority and health funding, and rely more on grants/trusts. Workforce size has dropped by over 10% since 2021. Demand

for carer support is increasing, yet statutory funding per carer has fallen to £86 per year—the lowest recorded.

- **Pressure on Carers & Staff:** Higher pressure on carers (20% in London vs. 16% in England) and staffing challenges (17% vs. 9%).
- **Sustainability:** Funding insecurity and rising demand threaten service continuity and staff wellbeing. **The Better Care Fund** is a key mechanism for integrating health and social care in England. Carer services funded through BCF provide vital support for unpaid carers, including: Hospital discharge assistance; Respite care; Mental health and advocacy services; Young carer programmes
- **Heavy Reliance on BCF:** Many local carer organisations depend on BCF for survival; some receive over 50% of their income from BCF. Funding allocations vary year-on-year, with limited visibility for providers on planned spend.
- **Integration and Accountability Gaps:** No clear framework for how councils and NHS use BCF money, risking unintended consequences if funding is withdrawn.
- **Impact on Carers:** Loss of BCF funding would undermine services that prevent hospital admissions, support mental health, and reduce health inequalities. Unpaid carers already face financial hardship and poor wellbeing; service cuts would exacerbate these issues.

**Position:** Carer services require secure, multi-year funding within the BCF or its successor. Without this, London risks destabilising essential services that support hospital flow, mental health, and carer wellbeing, increasing strain on the NHS and local authorities.

**What the Mayor could do:**

Strategic planning and budget setting: Encourage all LAs to ensure that their Carers Strategy is funded

## **Q: Effectiveness of current support provision in meeting the needs of unpaid carers from minority ethnic backgrounds**

56% of carers supported by Carers Trust partners are from minoritised ethnic backgrounds (vs. 18% nationally). Local carer services in London are effective at meeting the needs of carers from minority ethnic backgrounds as they are embedded in the communities they serve. We know that many local carer services have specialist support for carers from minority ethnic backgrounds, as well as resourcing outreach programmes that target the group.

## Employment support

We know that only 53% of carers in London are employed, and 23% are economically inactive. The employment rate is broadly similar to that of carers outside London, but lower than that of non-carers. Economic inactivity rate is much higher than carers in the rest of the country – the rate is 18%. Our 2025 research, [‘The hidden cost of unpaid care: The economic price of locking carers out of work’](#) highlights the significant economic and social benefits of supporting unpaid carers into, and helping them remain in, employment.

The study has been carried out by an independent economics consultancy, Cambridge Econometrics, and key findings include:

- Of the UK’s nearly six million unpaid carers, **almost half (2.7 million) are not in paid employment**, including **524,000** who are currently unemployed but could work with the proper support.
- If those **524,000** carers moved into full-time work, their household income could rise by **up to £10.1bn**, with additional benefits of up to **£2.8bn in reduced welfare payments** and **£4bn in increased tax contributions**. Totally a £17 billion boost to the economy.
- Beyond the financial impact, improved support would also help carers regain skills, confidence, and long-term career opportunities.
- Carers Trust would like to see employment programmes that consider the needs of unpaid carers. We believe that local carer services are well placed to deliver that support. Nationally, around 30 of the services in our Network provide employment support, with another 30 expressing interest if funding and partnerships were available.

### **Evidence from Carers Trust’s [‘Working for Carers’ programme in London](#) shows the importance of specialist support:**

Running from 2016 to 2023, this program supported **1,266** carers. It was funded by the European Social Fund and the National Lottery Community Fund, and delivered via local carer organisations.

- 82% of participants were economically inactive when enrolled, with most out of work for many years.
- By the project end, half had moved into active job search, 59% had undertaken training, 13% had moved into education and approaching a quarter were in paid work, with 72% of these sustaining employment for at least six months.

**What the Mayor could do:** ensure London employment programmes meet the needs of carers

## **Q: How are Young Carers in London supported in schools?**

**London schools have identified 4,633 young carers out of 1.3 million students, about 0.32% of the population—though this is considered an underestimate.** Carers Trust estimates two young carers per classroom, highlighting difficulties in identification and support. To address this, Carers

Trust and the Children’s Society run the [Young Carers in Schools \(YCiS\) programme](#), helping schools better identify and assist these students.

**The 2025 school census reveals considerable differences among London councils in recording young carers;** Sutton noted 406, while Havering—with a similar pupil count—only recorded 43. Overall, half of local authorities reported fewer than 100 young carers, highlighting significant inconsistencies in identification and support nationwide.

**When comparing London to the rest of the country, there is a clear disparity in the identification of young carers.** Nationally, the average number of young carers recorded per local authority is 426. In contrast, London councils report an average of only 145 young carers each. This significant gap points to a much lower rate of identification in London compared to other regions, raising concerns about under-recording and potentially unmet needs among young carers in the capital.

Local Authority	2025 Number of Young Carers	2025 Proportion of pupils recorded as Young Carers	2025 Total headcount
Barking and Dagenham	178	0.4	46,118
Barnet	150	0.2	61,436
Bexley	175	0.4	42,960
Brent	64	0.1	48,451
Bromley	399	0.8	53,086
Camden	21	0.1	20,387
Croydon	146	0.3	57,028
Ealing	99	0.2	54,221
Enfield	51	0.1	54,846
Greenwich	141	0.3	43,748
Hackney	53	0.2	32,317
Hammersmith and Fulham	21	0.1	19,529
Haringey	64	0.2	36,966
Harrow	299	0.8	38,773
Havering	43	0.1	43,293
Hillingdon	376	0.7	52,632
Hounslow	195	0.4	45,552
Islington	15	0.1	22,852
Kensington and Chelsea	10	0.1	12,840
Kingston Upon Thames	354	1.3	26,783
Lambeth	94	0.3	34,608
Lewisham	198	0.5	37,536
Merton	138	0.5	27,620

Newham	64	0.1	61,992
Redbridge	43	0.1	57,629
Richmond upon Thames	303	1.1	28,862
Southwark	111	0.3	40,979
Sutton	406	1	41,027
Tower Hamlets	253	0.6	44,416
Waltham Forest	99	0.2	41,552
Wandsworth	34	0.1	31,781
Westminster	36	0.2	20,598
<b>Average</b>	<b>145</b>	<b>0.4</b>	
<b>Total</b>	<b>4,633</b>		<b>1.28 million</b>

#### **Asks of the UK Government Education:**

- Providers should be provided with dedicated funding to support the educational outcomes of young carers.
- All schools, colleges, and universities to be required to have a young carer/student carer lead and policy so that no young carer is forced to balance caring and learning on their own.
- UK Government should formally support the Young Carers Covenant, placing it at the centre of any future UK Government Carers Strategy.
- The UK Government should commit to scaling up initiatives to improve identification for young carers and young adult carers in education

#### **A programme to support Young Carers: YCiS**

The [Young Carers in Schools \(YCiS\) programme](#), run jointly by Carers Trust and The Children's Society, supports schools across England to identify better and support pupils who are young carers. The award programme helps school staff better identify young carers, promoting improved wellbeing and attendance – key factors in academic success. It provides resources like tools, training, templates, and case studies, and acknowledges effective practices. Schools submit evidence for five core standards; panellists review submissions and schools either earn the award or receive feedback to resubmit.

#### **Independent evaluation:**

There is clear evidence of the impact of the award on identification and awareness of young carers across schools:

- Schools achieving the award between 2023 and 2025 identified more than three times the proportion of young carers as those without the award
- 87% of school staff we surveyed – including pastoral, safeguarding and young carers' leads – agreed or strongly agreed that the award improved all staff's knowledge of the challenges facing young carers and confidence to identify them
- 77% of staff in surveyed schools agreed or strongly agreed that pupils across the school were more aware of what it means to be a young carer as a result of achieving the award.

There is evidence of a positive impact of the award on young carer attendance and wellbeing:

- Of the school staff surveyed, 62% agreed or strongly agreed that the emotional well-being of young carers had improved as a result of achieving the award

### **Young carers covenant**

- The [Young Carers Covenant](#) is a UK-wide agreement to support young and young adult carers, identifying ten key outcomes for improving their lives.
- Organisations and individuals—including governments, local authorities, schools, and parliamentarians—are encouraged to endorse and sign the Covenant.
- Developed by Carers Trust with the Young Carers Alliance, the Covenant reflects priorities set by young people across the UK.
- Signatories pledge practical actions to ensure young carers have equal opportunities, with both organisations and individuals welcome.
- Young carers actively invite potential signatories such as schools, hospitals, businesses, and charities.
- There are currently 698 signatories: 269 organisations and 56 politicians, including representatives from Wales and Scotland.
- Notable signatories include the Scottish and Welsh Governments, DWP, DHSC, Sir Ed Davey, the London Borough of Sutton, and Royal Borough of Kingston upon Thames Council.

**What the Mayor could do:** Sign the Young Carers Covenant, ask GLA to sign the Covenant, and encourage schools in London to join Young Carers in Schools

# Annex A:

## Carer Narratives work

Text from [blog post](#) written by Rohati Chapman, 18 Nov 2025.

### Changing the way we talk about unpaid care

Across the UK, more than five million people are providing unpaid care: it could be a parent caring for a disabled child, a daughter helping her mum live at home independently for longer, or the husband navigating life with his wife's dementia.

Caring is the societal glue that helps us live meaningful lives, in the place we call home, with the people and things we love. Caring is the bread and butter of daily life in Britain. So why is it that only just over half of those providing care say they get the support they need to live well themselves?

Put simply, carers are everywhere, but they remain hidden in plain sight. At best they are acknowledged, but not prioritised.

Our Care Narratives research shows that while eight in ten people amongst the general public agree that unpaid care is as valuable as paid work, it barely registers among the top concerns facing UK families. In other words: people care, but they don't see care as their issue. Until it lands on their doorstep, that is. By the time it does, carers are often already struggling with their wellbeing and finances. This is something we see every day at Carers Trust.

### Why the Old Stories No Longer Work

For too long, the way we've talked about unpaid care has unintentionally kept caring out of public and policy agendas. Our research explains why. When carers are cast as extraordinary "heroes" endlessly self-sacrificing or on the brink of burnout, these stories win sympathy, but not action. This narrative makes unpaid care sound exceptional, when in truth it's something almost all of us will experience in our lives either as a carer, or as someone being cared for.

Our research confirms this. Just 10% of people recognise themselves as unpaid carers, despite 30% actually providing care at any one time. Seeing care as "what you do for family" is a profoundly human instinct, but it also lets systems and governments off the hook.

## **A New Evidence-Based Way to Talk About Unpaid Care**

The research was led by Carers Trust and supported by [the Health Foundation](#) and [Oxfam GB](#). We commissioned [Claremont](#), behavioural change and communications specialists, to conduct an in-depth study to test what really shifts public attitudes. We combined national polling, focus groups, and discourse analysis to find out how people think, feel, and talk about unpaid care, and what makes them tune out. We worked alongside an Advisory Steering Group of wider social justice advocates representing small and large charities, carer-led movements and academics.

The result is a set of evidence-based reframes. These reframes are designed to talk about unpaid care in ways that move beyond our echo chamber, and to spark hope, action, and investment.

### **Re-frame 1: Care is a Universal Experience**

At some point, every one of us will care for someone, or be cared for. Yet most people still think caring is something that happens to “others.” When we show that caring is part of the shared human story, not a marginal one, people start to see both its relevance and their role in shaping how society supports it.

Our research found that those already caring, or expecting to soon, are twice as likely to prioritise unpaid care. Building this connection early fosters empathy and prompts action before a crisis arises.

### **Re-frame 2: No Care Without Support**

When we talk about unpaid care as something isolating and unsupported it creates an ostrich effect among the wider public. Our new frame seeks to transform understanding of unpaid care and show a vision for change that generates public support. Right now, seven in ten carers say they don’t have enough time for themselves; and around three-quarters feel torn between caring and other responsibilities.

By showing people concrete examples of good support close to home or through their employer – such as flexible jobs, respite breaks, peer networks – their belief that change is possible rises. Hope and public support for reform grows, too.

### **Re-frame 3: Prevention and Partnerships**

We all want to live in a country where caring for loved ones is made easier, not harder. Caring is deeply personal, but our research shows that people think it shouldn't be left solely to families until they reach crisis point. Personal relationships must be valued, but government also has a duty to provide the infrastructure and support needed so people can both care and live well.

By reframing support as a partnership between individuals, families, and the systems around them, we start talking about a system that works for unpaid carers, not the other way around.

### **From Words to Action: Building a Caring Society**

At Carers Trust, our hope is that this reframing will mobilise our mission of building a caring society. Because the way we talk about care shapes the way we build policy, fund services, and design systems.

A caring society isn't one that outsources compassion to a few extraordinary people. It is one that understands care as ordinary, universal, and vital. And invests accordingly.

That means:

- Employers offering real flexibility so people can care and work.
- Public services that recognise unpaid carers as partners, not afterthoughts.
- Financial support that prevents poverty, rather than patches it up.
- Communities where caring doesn't mean isolation, but connection.

### **A Call to Join the Conversation**

Our message is simple: this is everyone's story. So whether you're a policymaker, journalist, employer or neighbour, start talking about unpaid care differently and demand a system that supports care as the norm. Unpaid care is the social glue that holds this country together. If we get it right, we won't just better support carers. We'll also build a fairer, more caring society for us all.

# **Evidence submission to the London Assembly's Economy, Culture and Skills Committee investigation into the experiences of unpaid carers in London**

## **Overview:**

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- Carers UK has produced this evidence submission for the London Assembly's Economy, Culture and Skills Committee investigation into the experiences of unpaid carers in London.
- It draws extensively on London specific data from our State of Caring 2024 and State of Caring 2025 surveys.<sup>1</sup> We also provide quotes from carers that were taken from both surveys.

## **Data from Carers UK's State of Caring surveys (2024 and 2025) – London statistics:**

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### **The impact of caring on finances in London:**

- **53%** of respondents in London said they are worried about living costs and whether they can manage in the future.
- **Almost half (48%)** of respondents in London have cut back on essentials such as food, heating, clothing and transport costs. This was double the number of respondents (**24%**) than in 2022.
- **Half of respondents (51%)** in London said they need more financial support (e.g. a rise in Carer's Allowance or other carers benefits).
- **Nearly half (48%)** of respondents in London have cut back on essentials such as food, heating, clothing and transport costs.
- **69%** of respondents in London have cut back spending on hobbies, treats, and social activities that improve wellbeing.
- **16%** of respondents in London have increased working hours or returned to paid employment to help cover household costs.
- **Almost half (47%)** of respondents in London reduced working hours or given up paid employment to provide care, making it harder to pay for household costs.
- **19%** of respondents in London have been unable to afford to go to University or college or attend education or training courses.

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<sup>1</sup> Our State of Caring survey 2025 was run from 16 June until 10 August 2025. We received 10,539 responses in total to the survey and the data included here is based on the 499 respondents in London. The most prevalent age group of respondents was 55 – 64 (32%) and the majority of respondents were female (82%). 40% of respondents were from an ethnic minority background (including white Irish and white Gypsy or Irish Traveller). Almost a third of respondents (31%) have a disability. Our State of Caring survey 2024 was run from 18 June until 11 August. We received 12,501 responses in total to the survey and the data included here is based on the 516 respondents in London. The most prevalent age group of respondents was 55 – 64 (32%) and the majority of respondents were female (81%). 42% of respondents were from an ethnic minority background (including white Irish and white Gypsy or Irish Traveller). 27% have a disability.

- **29%** of respondents in London have cut back on, paused, or stopped paying into a pension.
- **Almost a third (31%)** of respondents in London have taken out a loan from the bank, used credit cards, or used a bank account overdraft.
- **Over a quarter (27%)** of respondents in London agree or strongly agree that they are struggling to afford their rent or mortgage payments, while **44%** of respondents in London agree or strongly agree that they are worried about increases in their rent or mortgage.

*"Daily costs are going up all the time, bills and basics like food."*

*"I've noticed with cost-of-living rising month to month I'm watching every penny."*

*"My health and relationship with husband and wider family has deteriorated."*

*"Unpredictability of caring costs leaves me in a perpetually precarious position."*

*"I'm living off my savings and carers allowance so have to live very frugally and I worry what will happen when they run out."*

*"I work part time so can't claim benefits but work is currently making life more stressful and difficult so I don't know how much longer I can continue."*

*"As I work full time I am not eligible for any benefits, which is unfair as I work 2 full time jobs if I include my caring role. With the cost of living increasing, but salaries not following suite, I struggle to pay my own bills, never mind to have to put towards care costs, needs and supporting my elderly parents with their bills."*

### **The impact of caring on health and wellbeing in London:**

- **Almost a third (33%)** of respondents in London said they have bad or very bad mental health.
- **65%** of respondents in London said they needed more health and wellbeing support to look after their own.
- **59%** of respondents in London agree or strongly agree their caring role has meant they have lost touch with family and friends.
- **81%** of respondents in London agree or strongly agree that they find it hard to find the time to spend time with family and friends because of caring.
- **Almost a third (30%)** of respondents in London had a carer's assessment in the last 12 months.

### **Carer's assessments in London:**

- **14%** of respondents in London had a carer's assessment in the last 12 months but were given information and advice rather than any care and support.
- **6%** of respondents in London had a carer's assessment in the last 12 months and are still waiting to hear the outcome of this.
- **42%** of respondents in London who had a carer's assessment feel their local authority has not supported them with their caring role.
- **28%** of respondents in London who had a carer's assessment feel their local authority has supported them with their caring role.
- **60%** of respondents in London feel overwhelmed because they haven't been able to take a break from caring.

*"There is a discrepancy and nuance between what is on offer (money, attendance) and what I actually need (emotional support, personal assistance)."*

*"My needs in the assessment are ignored. There is no follow up until the next Care Assessment."*

*"If it gives me some more help and time off that would be wonderful, but assessments in the past tend to be just words and taking up my time with no real outcome."*

*"It feels like a tick box exercise and yet another demand."*

*"I am happy I am able to provide care for my mum, but it's increasingly having a negative effect on my own health and wellbeing."*

### **The impact of caring on employment in London:**

- **35%** of respondents in London in employment have had to reduce their working hours
- **28%** of respondents in London in employment have had to take on a lower paid or more junior role to fit around their caring responsibilities.
- **35%** of respondents in London had to give up work to care.
- **63%** of respondents in London are worried about living costs and whether they can manage in the future.
- **67%** of respondents in London who have given up work to care are worried about living costs and whether they can manage in the future.
- **25%** of respondents in London have difficulties meeting their employer's requirements because of their caring responsibilities.

*"I have lost my career, savings and any hope of a future to look forward to. All my plans and a lifetime of hard work have been for nothing. I lost hope, which is devastating."*

*"I worry about my lack of ability to earn and build up a pension that allows me to live a dignified life in retirement."*

*"My only respite is when my child is at school. I'm too exhausted to work and care."*

*"I was made redundant from a previous employer after 19 years due to my caring role and the impact it had on me."*

### **Impact of new employment legislation on carers in London:**

- Only **13%** of respondents in London in employment and of working age (18-64) have taken unpaid carer's leave since 6 April 2024, **87%** have not.
- **22%** of respondents in London said that following the new legislation on unpaid carer's leave and flexible working, their employer has updated the organisation's policy on flexible working.
- **22%** of respondents in London said that following the new legislation on unpaid carer's leave and flexible working, their employer has updated the organisation's policy on unpaid carer's leave.
- **A fifth (20%)** of respondents in London said that following the new legislation on unpaid carer's leave and flexible working, their employer has not made any changes.
- **14%** of respondents in London said that following the new legislation on unpaid carer's leave and flexible working, their employer has chosen to introduce paid carer's leave.

### **Differential impact on different communities:**

- Caring affects communities differently. In previous work, Carers UK found that Black, Asian and minority ethnic carers have been disproportionately affected by the pandemic, compared to white carers. Our research found that carers from Black, Asian and minority ethnic backgrounds were more anxious about their current financial situation, more likely to be impacted by the closure of local

services and more likely to state that the services in their area did not meet their needs.<sup>2</sup> Further information on supporting Black, Asian and minority ethnic carers, can be found in our [best practice briefing](#).<sup>3</sup>

- 2025 State of Caring data shows that 27% of respondents in London from a white background (English/Welsh/Scottish/Northern Irish/ British) said they had bad or very bad mental health. This is significantly higher at 41% for respondents in London from an ethnic minority background (including white Irish and white Gypsy or Irish Traveller).
- 19% of respondents in London from a white background are struggling to make ends meet. This rises to 30% for respondents in London from an ethnic minority background.

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## **The Committee's investigation questions:**

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*The following section provides detailed written answers to the questions posed by the Committee ahead of the evidence session that was held in City Hall on 10 December 2025.*

### **1. Who in London is likely to provide care and what are their characteristics?**

#### **Summary:**

London has a lower caring rate than the UK overall, but its unpaid carers are more likely to be working age, ethnically and culturally diverse, and balancing employment with caring responsibilities. Borough differences are substantial, with higher caring rates concentrated in more deprived or outer areas of the city.

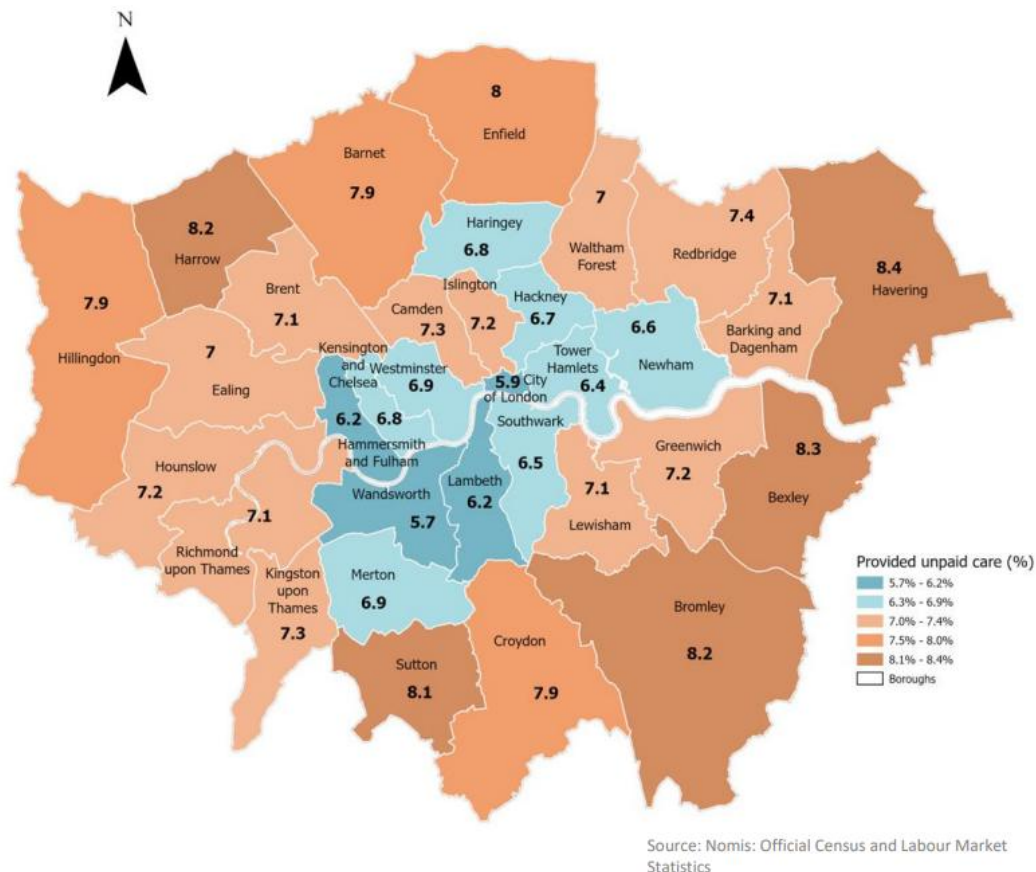
#### **Overall size and geography:**

- London has a lower proportion of carers than any other English region: 7.8% of residents aged 5+ provide unpaid care (around 600,000 people), compared with 9.0% UK-wide.
- There are significant borough differences: for example, Havering (~8.7%) is close to the national rate, while boroughs such as Wandsworth (~6.8%) are notably lower.
- This means London has fewer carers as a share of population, but caring is unevenly distributed across boroughs.

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<sup>2</sup> Carers UK, [The experiences of Black, Asian and minority ethnic carers during and beyond the COVID-19 pandemic](#), (2022).

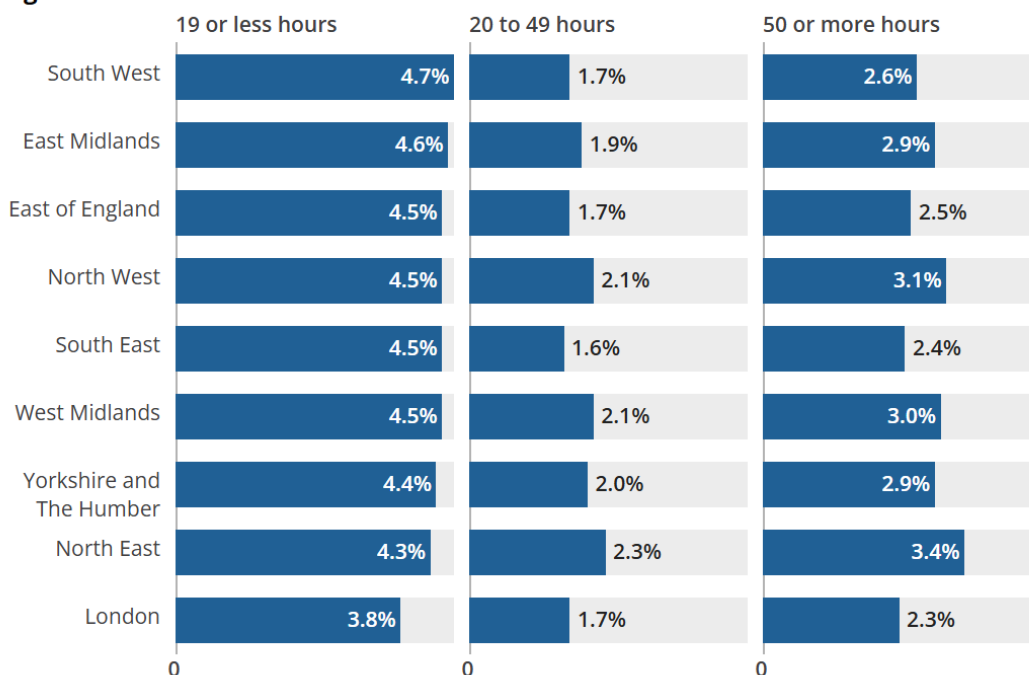
<sup>3</sup> Carers UK, [Supporting Black, Asian and minority ethnic carers: A good practice briefing](#), (2023)



### Hours and intensity of care

- Census 2021 found that London has a slightly lower share of very high-intensity carers (providing 50+ hours/week) than England (2.3% vs 2.7%).

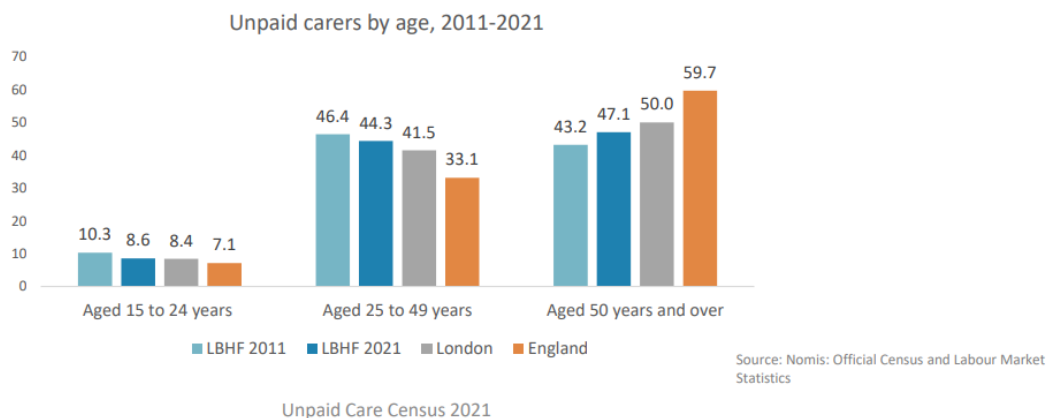
#### Region



Source: Office for National Statistics – Census 2021

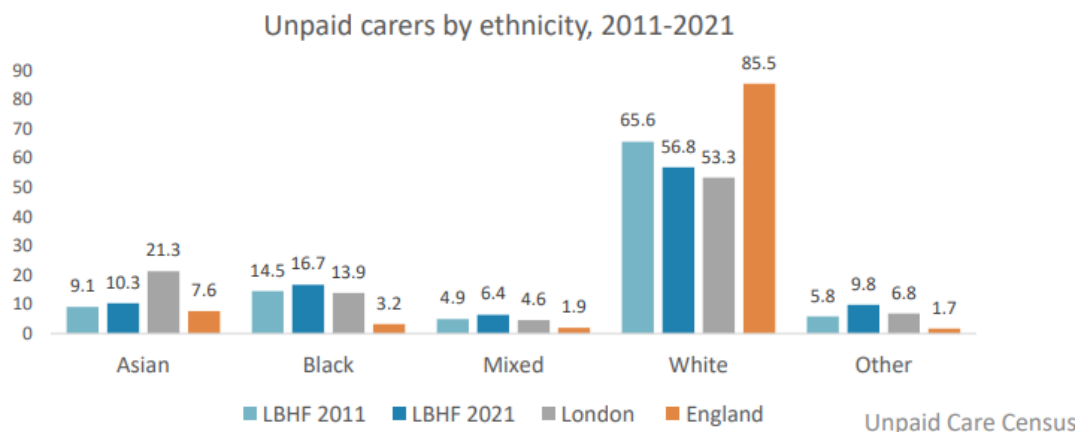
### Age profile:

- Across England & Wales, caring peaks around ages 55–59, and older carers are more likely to provide 50+ hours/week.
- London's carers are more concentrated in working-age adults (25–64) and less concentrated in older age groups, because London has fewer older residents overall (only 15.5% aged 65+, compared with 23.6% in England).
- London carers are more likely to be of working age, and less likely to be 75+, than carers nationally.



### Ethnicity and cultural diversity:

- London's unpaid carers are far more ethnically diverse than carers across England.
- London carers are around 53% White, compared with ~85% White among England carers.
- Minority ethnic groups (especially Asian and Black communities) make up a much larger share of London's carers than they do nationally.
- This reflects London's overall diversity and means caring in London is more likely to take place in multicultural and multilingual contexts.



### Disability and health:

- Nationally, unpaid carers are much more likely to be disabled than non-carers (e.g. in England 27.5% vs 17.8%).

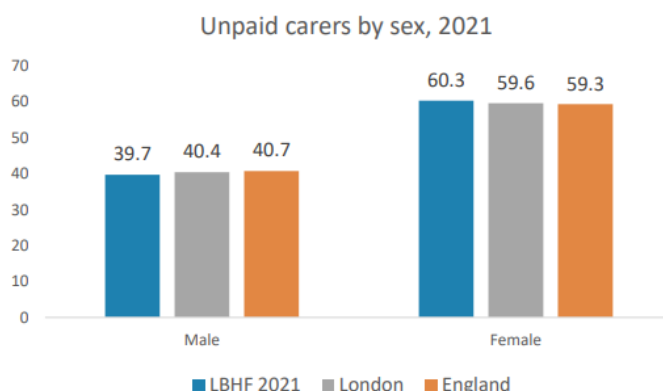
- In London, carers are still more likely to be disabled than non-carers, but the overall disability share among carers is likely slightly lower than the national average, because London is younger and has lower overall disability prevalence.
- Disability rates rise sharply for high-intensity carers, though London has a slightly smaller share of this group.

***Employment and financial pressure:***

- London carers are very likely to be combining work and care, because carers are more working age in London, and employment rates are higher in the capital.
- Evidence suggests carers may begin to exit the labour market once caring exceeds ~10 hours/week, but many continue working due to high living and housing costs. London carers in paid work are therefore often at heightened risk of financial strain, even while employed.
- Carers UK research, undertaken by WPI Economics in 2024, found that **29%** of unpaid carers in London are living in poverty, compared to 21% of non-carers.<sup>4</sup>

***Other demographic differences:***

- **Gender:** caring remains gendered, with women more likely to be carers, particularly in mid- and later-life. In London this likely translates into more mid-career women juggling work and care, and fewer very old female carers than in some regions.



- **Religion:** London's carers are likely more religiously diverse, with stronger representation from faith communities (e.g. Sikh, Hindu, Muslim groups) that, nationally, show slightly higher rates of caring.
- **Sexual orientation:** because London has a relatively high LGB+ population, it is likely to have a higher-than-average share of LGB+ carers.

***Deprivation patterns:***

- As in the rest of England, caring is more common in deprived areas. In London this appears as a contrast between:
  - outer/more deprived boroughs with caring rates close to or above the national average, and
  - wealthier/central boroughs with some of the lowest rates.

<sup>4</sup> WPI, [Poverty and financial hardship of unpaid carers in the UK](#), (2024).

## 2. How effective is the welfare system and Carer's Allowance for London carers?

### **Summary:**

Carer's Allowance and the wider welfare system are not fit for purpose in London's context. They leave a large proportion of carers in poverty, push carers out of the labour market and penalise even small amounts of paid work. London data on high poverty rates and widespread cutting back on essentials illustrate how serious this is.

### **Evidence of carers' financial hardship:**

From our London State of Caring 2024/25 data (see more detail in the section above) we know that:

- Over half (53–63%) of London carers say they are worried about living costs and whether they can manage in the future.
- 48% have cut back on essentials such as food, heating, clothing and transport – double the proportion in 2022.
- 29% are living in poverty (vs 21% of all Londoners).
- 31% have had to rely on credit cards, overdrafts or loans.
- Around 29% have cut back or stopped pension contributions, storing up poverty in later life.

Nationally, Carers UK and WPI Economics estimate 1.2 million unpaid carers in the UK are in poverty, with 400,000 in deep poverty. The poverty rate for unpaid carers is about 50% higher than for non-carers (27% vs 18%).<sup>5</sup> The same report also finds that inability to work, caring for long hours and reliance on social security are key drivers of poverty.<sup>6</sup>

### **Carer's Allowance claimants in London:**

The table below shows how many Carer's Allowance claimants live in London compared to other regions of Great Britain. London has 133,260 claimants in receipt of payment for Carer's Allowance, the second highest region after the North West.

*Table: Carer's Allowance claimants per region of Great Britain*

<b>North West</b>	144,044
<b>London</b>	<b>133,260</b>
<b>West Midlands</b>	117,117
<b>South East</b>	114,983
<b>Yorkshire and The Humber</b>	110,974
<b>East of England</b>	87,844
<b>East Midlands</b>	81,833
<b>South West</b>	70,174
<b>North East</b>	63,626
<b>Wales</b>	60,974
<b>Unknown</b>	779

<sup>5</sup> WPI, [Poverty and financial hardship of unpaid carers in the UK](#), (2024).

<sup>6</sup> WPI, [Poverty and financial hardship of unpaid carers in the UK](#), (2024).

<b>Abroad</b>	483
<b>Scotland</b>	275

### How London compares with other UK regions re. Carer's Allowance:

The table below shows how many Carer's Allowance claimants there are as a percentage of the population in London, compared to other regions of Great Britain. Taking account of population, London falls to the 7<sup>th</sup> region with 14.7 claimants per 1,000 people.

Rank (by % of pop.)	Region	CA claimants	% of population (approx.)	Claimants per 1,000 people
1	North East	63,626	2.30%	23.0
2	Yorkshire & The Humber	110,974	1.96%	19.6
3	Wales	60,974	1.91%	19.1
4	West Midlands	117,117	1.89%	18.9
5	North West	144,044	1.86%	18.6
6	East Midlands	81,833	1.62%	16.2
7	London	133,260	1.47%	14.7
8	East of England	87,844	1.34%	13.4
9	South East	114,983	1.19%	11.9
10	South West	70,174	1.19%	11.9

London has a **lower CA claimant rate than most regions**, especially compared with the North East, Yorkshire & The Humber, Wales and the Midlands. It sits roughly in the **lower middle of the pack** despite having one of the highest absolute numbers of claimant.

### Carer's Allowance – design problems:

- Carer's Allowance is one of the lowest-value benefits –£83.30 per week – and not available to many carers because of overlapping benefit rules and the requirement to care for 35+ hours per week.
- The earnings limit (£196 per week, 2025/6 rates, and still relatively low compared to London living costs) creates a sharp “cliff edge” if a carer works slightly over the threshold.
- Carers UK evidence to Parliament and media investigations show tens of thousands of carers repaying large CA overpayment debts for going marginally over the earnings limit.
- Carers UK's State of Caring 2024 and 2025 surveys show significant numbers of carers leaving work or reducing hours specifically because of the interaction between CA and earnings.
- For London, where the cost of living and housing costs are highest, a flat national CA rate and low earnings limit are particularly problematic: our London data from State of Caring 2024 and 2025 surveys shows carers both leaving work and still struggling to cover basic costs, suggesting CA and other benefits do not compensate for lost earnings.

**Does Carer's Allowance disadvantage work?**

- Large proportions of carers have reduced hours or left paid work because of caring and the constraints of the welfare system.<sup>7</sup>
  - A recent Resolution Foundation report on carers (2025) concludes that carers face an income penalty of up to £7,000 a year compared to non-carers and calls for CA to be raised and the earnings cap removed or significantly reformed.
  - Our London data from State of Caring 2024 and 2025 shows:
    - 35% of carers in employment reduced their hours.
    - 35% gave up work altogether.
    - 25% have difficulty meeting employer requirements due to caring.
  - Pension research by now:pensions and the Pensions Policy Institute shows carers retire with much lower pension incomes (average private pension around £6,750, significantly below the general population), largely due to time out of work and part-time work.<sup>8</sup>
- 

### **3. Statutory support by local authorities in London – adequate, or a postcode lottery?**

**Summary:**

Our London figures and national evidence point clearly to insufficient and inconsistent statutory support. There is a clear postcode lottery between boroughs in access to assessments, breaks and practical help. Although some boroughs commission strong local carers centres and offer replacement care, many London carers receive very little beyond information and advice.

**Carer's assessments and social care support:**

London data from State of Caring 2024 and 2025 surveys show that:

- Only around 30% had a carer's assessment in the last 12 months.
- Of those:
  - 14% received only "information and advice", not tangible support.
  - 6% were still waiting for an outcome.
  - 42% felt their local authority had not supported them with their caring role; only 28% felt supported.
- 60% feel overwhelmed because they haven't been able to take a break from caring.

These figures match the national picture:

- Carers UK's State of Caring reports consistently find a large proportion of carers saying they do not receive enough support from social care, and that assessments often feel like a "tick-box exercise" with little practical outcome.
- Carers Trust's 2024 *No choice but to care* report and recent written evidence to Parliament highlight how social care cuts have reduced access to respite care and support, and how this disproportionately impacts carers' health and ability to work.

**Is there a postcode lottery?**

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<sup>7</sup> [Carers UK \(2024\) State of Caring 2024: The impact of caring on finances](#)

<sup>8</sup> <https://moneyweek.com/personal-finance/pensions/carers-retire-underpensioned-average-pension>

- Yes – there is strong evidence of variation between local authorities, including London boroughs:
  - Carers UK/WPI analysis links local social care spending and quality directly to carer poverty: carers in areas with less generous social care support are more likely to be in poverty.<sup>9</sup>
  - Across England, access to carers' breaks, replacement care and direct payments varies significantly by authority; London borough benchmarking data on adult social care shows different levels of respite provision and carers' support services.
  - London borough-level Census analysis (e.g. Havering and Barnet briefings<sup>10</sup>) shows big differences in the proportion of residents providing unpaid care and in local health/disability profiles; yet carers' services are not consistently aligned to need.

The table below contains the latest SALT<sup>11</sup> data from 2023/2024 which shows various support for carers by region in England:

	Direct Payment	Part Direct Payment	CASSR Managed Personal Budget	CASSR Commissioned Support Only	Information, Advice and Signposting	No Direct Support to Carer			Respite or Other Forms of Carer Support delivered to the cared-for person
<b>England</b>	<b>77,420</b>	<b>5,430</b>	<b>13,130</b>	<b>11,955</b>	<b>199,750</b>	<b>53,125</b>	<b>360,815</b>	<b>and also</b>	<b>35,590</b>
<b>North East</b>	3,645	325	3,455	2,040	8,835	1,055	19,355	and also	1,900
<b>North West</b>	22,855	1,745	2,355	4,445	19,780	13,775	64,955	and also	5,335
<b>Yorkshire and The Humber</b>	5,840	135	640	760	36,835	5,385	49,595	and also	4,545
<b>East Midlands</b>	9,090	110	425	[c]	20,740	3,585	33,950	and also	2,545
<b>West Midlands</b>	4,830	410	525	600	20,155	4,745	31,265	and also	3,445
<b>East of England</b>	5,565	235	1,640	1,035	14,700	8,055	31,225	and also	5,015
<b>London</b>	<b>9,840</b>	<b>815</b>	<b>780</b>	<b>1,535</b>	<b>16,960</b>	<b>9,160</b>	<b>39,090</b>	<b>and also</b>	<b>4,280</b>

<sup>9</sup> WPI, [Poverty and financial hardship of unpaid carers in the UK](#), (2024).

<sup>10</sup> [https://www.haveringdata.net/wp-content/uploads/2023/02/Census-2021-Topic-Summary-Health-Disability-and-Unpaid-Care.pdf?utm\\_source=chatgpt.com](https://www.haveringdata.net/wp-content/uploads/2023/02/Census-2021-Topic-Summary-Health-Disability-and-Unpaid-Care.pdf?utm_source=chatgpt.com)

<sup>11</sup> The SALT data collection is a set of measures co-produced with stakeholders. It has two main sections, relating to requests for social care support and provision of short term support (described in the guidance as STS measures) and service users and carers receiving eligible support (described as LTS measures). <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-collection-materials-2024/salt-data-return-2023-2024-guidance>

<b>South East</b>	9,555	1,500	690	20	36,620	3,755	52,140	and also	6,155
<b>South West</b>	6,205	155	2,615	1,520	25,130	3,610	39,235	and also	2,375

#### 4. How does the Third Sector support London's unpaid carers? What interventions are in place?

Types of interventions provided by the Third Sector in London in support of carers includes the following:

- Advice and casework
  - Welfare rights advice (benefits, disability benefits, CA).
  - Debt and money advice, energy advice, housing support.
  - Support to navigate social care assessments and NHS continuing healthcare.
- Emotional and peer support
  - Peer support groups (in-person and online), befriending schemes.
  - Carer counselling and mental health support.
- Practical and respite services
  - Sitting services / replacement care, short breaks.
  - Help with transport, equipment, home adaptations (often via signposting and advocacy).
- Specialist support
  - Young carers' projects in many London boroughs.
  - Targeted support for carers of people with dementia, mental health needs, substance misuse, learning disabilities, etc.
  - Culturally specific services for ethnic minority carers (e.g. language-specific groups, faith-based organisations).
- Work and education support
  - Helping carers stay in or return to work: advice on flexible working, training, employability programmes.
- Awareness-raising and identification
  - Carers Week, Carers Rights Day events.
  - Outreach in GP surgeries, hospitals, schools and community settings.

Carers Trust's 2023/24 Impact Report shows its network of around 130 local carers centres reached 1.1 million carers across the UK last year; many of those centres are commissioned by London boroughs or ICSs and are a key part of the support landscape locally.<sup>12</sup>

Third Sector organisations also partner with the GLA and boroughs on time-limited programmes (e.g. young carers support, dementia-friendly communities, cost-of-living support).

<sup>12</sup> <https://carers.org/about-us/carers-trust-impact-report-2024>

## **5. What challenges does the Third Sector face in supporting London's unpaid carers?**

For many carers the Third Sector is the only place they feel listened to and supported, but local carers support organisations are running on very tight margins, particularly following the NICs rise last year. Evidence from Carers UK and parliamentary inquiries highlights a consistent set of challenges, including:

1. Precarious, short-term funding
  - Heavy reliance on short-term contracts and grants, often one-year or even in-year.
  - Significant time diverted to fundraising and reporting, rather than direct support.
  - Rising demand (more complex cases, more crisis presentations) without matching funding.
2. Commissioning and contract pressures
  - Competitive tendering can fragment provision and discourage collaboration.
  - Contracts may focus on narrow outputs (numbers of assessments, sessions) rather than meaningful outcomes for carers.
3. Rising complexity of need
  - More carers with severe financial hardship, mental health issues and multiple caring roles (e.g. caring for children and older relatives).
  - Increased demand for support with housing, homelessness risk and legal problems – all more acute in London.
4. Difficulty reaching “hidden” carers
  - Under-identification in particular of:
    - Ethnic minority carers.
    - Migrant carers, carers with insecure immigration status.
    - LGBTQ+ carers and older carers without internet access.
  - Carers UK’s research on Black, Asian and minority ethnic carers notes they are more likely to say services don’t meet their needs, and less likely to recognise themselves as carers.<sup>13</sup>
5. Workforce pressures
  - Recruitment and retention difficulties, especially in London where wages must compete with other sectors.
  - Vicarious trauma and burnout among staff hearing high-distress stories daily.
6. Fragmented systems and data-sharing
  - Limited ability to share data between NHS, local authorities and Third Sector, making proactive identification and support harder.

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<sup>13</sup> Carers UK, [Supporting Black, Asian and minority ethnic carers: A good practice briefing](#), (2023)

## **6. Juggling work and care – impact of new legislation and how accommodating are London employers?**

### **Summary:**

The new rights to carer's leave and flexible working are welcome, but early evidence from London suggests they are not yet making a transformative difference. Take-up is low, many employers have not updated their policies, and crucially the leave is unpaid – which is simply not feasible for many carers in a high-cost city. There are some absolutely excellent best-practice employers who operate in London – including members of Employers for Carers. Transport for London is a good example.

### **New legislative context:**

From 6 April 2024, carers gained strengthened rights, including:

- Carer's Leave Act 2023 – gives employees a statutory right to one week of unpaid carer's leave per year to care for a dependent with a long-term care need.
- Employment Relations (Flexible Working) Act 2023 – makes flexible working a “day-one right”; employers must consider requests more promptly and can no longer insist on long qualifying service.

Both changes were strongly supported by Carers UK and employer bodies as important first steps – but they are limited.

### **Impact of juggling work and care on working-age London carers from our 2025 State of Caring survey:**

- 35% of those in work have had to reduce hours; 35% have left work to care.
- 25% say they have difficulty meeting employer requirements because of caring.
- Since April 2024:
  - Only 13% have actually taken unpaid carer's leave.
  - 22% report their employer has updated flexible working policies.
  - 22% say their employer has updated policy on unpaid carer's leave.
  - 20% say their employer has made no changes.
  - 14% say their employer has voluntarily introduced paid carer's leave.

This suggests:

- Awareness and implementation are patchy.
- Many employers have not yet embedded the new rights in practice.
- For low-income carers in London, unpaid leave is often unaffordable.

### **National evidence on juggling work and care:**

Carers UK's State of Caring 2024/25 reports and House of Commons research briefing on informal carers' employment rights point to:

- Around 40% of carers have left work to care; around a fifth have reduced hours.
- Carers face a pay penalty of around £5,000 a year, rising to £8,000 after six years of caring.
- Many carers report negative attitudes from managers or colleagues and feel they are penalised for taking time off.

In London, higher commuting times and costs, longer working hours and a service-sector heavy economy make flexible working and predictable hours especially important.

## **7. What are the key difficulties for unpaid carers in juggling work and care?**

Our evidence shows that people who are juggling unpaid care with paid employment often face the following challenges:

1. Time and unpredictability
    - Caring often involves unpredictable crises – missed care workers, hospital admissions, equipment failures.
    - London carers may spend long hours travelling between home, work and the person they care for, extending the working day.
  2. Inflexible work patterns
    - Shift work, rigid start/finish times, or lack of remote working options make it almost impossible to manage:
      - Medical appointments.
      - School meetings (for parent carers).
      - Personal care routines.
    - Only a minority of London carers report that their employer has updated flexible working policies after the new legislation.
  3. Financial penalties for reducing hours to care, or having to give up work entirely:
    - As above, many carers have to reduce their hours or take on lower-paid or more junior roles; this:
      - Cuts income immediately.
      - Reduces pension contributions (our London data shows 29% are cutting back pensions).
      - Interacts poorly with Carer's Allowance (earnings limit) and Universal Credit.
  4. Lack of replacement care:
    - insufficient access to replacement care and respite support is a key barrier to staying in work.
    - Our London data from State of Caring samples shows 60% of respondents feeling overwhelmed due to lack of a break.
  5. Health impact
    - In London, around a third of carers report bad or very bad mental health; this makes sustaining employment much harder.
  6. Workplace culture
    - Carers report stigma in the workplace, lack of understanding and fear of being seen as "less committed".
    - Many don't disclose their caring role; this particularly affects ethnic minority carers and those in insecure employment.
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## **8. Ethnic minority carers – different needs and cultural expectations**

Our London 2025 data from State of Caring survey shows clear inequalities for ethnically minoritised carers, including:

- Bad/very bad mental health:
  - 27% of white British carers, compared to 41% of ethnic minority carers (including White Irish and White Gypsy/Irish Traveller).
- Struggling to make ends meet:
  - 19% of white British carers, compared to 30% of ethnic minority carers.

Carers UK's dedicated research on Black, Asian and minority ethnic carers<sup>14</sup> found that compared with white carers, they are:

- More anxious about their current financial situation.
- More likely to say they were affected by the closure of local services during the COVID-19 pandemic.
- More likely to say that services in their area did not meet their needs.

### **Key issues and cultural factors re. unpaid carers:**

- Higher intensity and duration of care – some communities expect care to be provided within the family, often by women; this can lead to longer hours and more complex care.
- Language and communication barriers – information is often not available in appropriate languages; mistrust of statutory services; some languages lack a direct term for “carer”.
- Stigma around disability, mental health and dementia in some communities, making it harder to seek help.
- Economic disadvantage:
  - Female carers from Pakistani and Bangladeshi backgrounds have particularly high rates of economic inactivity linked to unpaid care. This is highlighted in several equality impact assessments and carers research used by national strategies.<sup>15</sup>

Carers UK's 2023 good practice briefing on supporting Black, Asian and minority ethnic carers<sup>16</sup> emphasises:

- The need to record carers' ethnicity, co-design services with ethnic minority carers and fund culturally specific organisations.
- Working with faith organisations, community groups and grassroots leaders.
- Adapting employment and carers' policies to be truly inclusive, including training staff on discrimination and cultural competence.

For London, where 40–42% of carers in our State of Caring survey (London sample) are from ethnic minority backgrounds, this is a central equality issue, not a niche one.

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<sup>14</sup> <https://www.carersuk.org/media/c5ifvji0/carersukbamecovidreport2022.pdf>

<sup>15</sup> <https://www.kcl.ac.uk/exploring-the-experiences-of-carers-from-black-communities-1>

<sup>16</sup> Carers UK, [Supporting Black, Asian and minority ethnic carers: A good practice briefing](#), (2023)

## 9. What more can the Mayor do to support unpaid carers?

Within the GLA's existing powers, there is substantial scope to do more, particularly around demonstrating leadership, convening employers and exemplifying good practice. Our suggestions build on the 2018 *Who Cares?* recommendations and current initiatives like the Good Work Standard.

**Carers UK's recommendations for the Mayor include:**

### A. Strategic leadership and recognition

- Develop a London Carers Strategy or refreshed city-wide carers action plan, co-designed with carers, that:
  - Sets clear goals on identification, financial wellbeing, health and employment.
  - Embeds carers in the Mayor's Health Inequalities Strategy, transport plans, skills and employment strategies and housing strategies.
- Champion a London Carers Charter, adopted by GLA Group bodies and boroughs.
- Support initiatives like Carers Week, Carers Rights Day – 'Building Carer Friendly Communities' in June 2026, the Mayor to lead on this across London and galvanise others
- Use the Mayor's convening power with ICSs and borough leaders to push for consistent minimum standards for carers' breaks and support across London.
- Ensure carers are explicitly considered in all relevant Mayoral strategies (health inequalities, housing, skills, transport, recovery and anti-poverty work).
- Recognise 'caring' as a protected characteristic and encourage and promote its adoption by statutory bodies and employers in London.

#### ***Examples of strategies from London Boroughs***

- **Camden:** *Launched a co-produced action plan in 2024 to integrate services and support carers from diverse backgrounds.*
- **Tower Hamlets:** *Has a "Commitment to Carers 2024-27" focusing on learning, Carers Week events, and workplace support.*
- **Waltham Forest:** *Has an "All-Age Carers Strategy & Action Plan (2023-2026)" covering young, adult, and parent carers.*
- **City of London:** *Their 2023-2027 strategy focuses on identification, information, wellbeing, and engagement.*

### B. GLA should take further steps as an exemplar employer for its employees with unpaid caring responsibilities:

- The GLA already offers up to 10 days of paid carers' leave which is a sign of excellent practice, but is not yet Carer Confident accredited and does not track staff who are carers – this presents an opportunity to go further.
  - Commit to achieving Carer Confident accreditation, and move through 'Active' and 'Accomplished' levels to eventually reach the highest level (Ambassador).
  - Also become a member of Employers for Carers (EfC)
  - Systematically record and report the proportion of GLA Group staff who are carers.

- Extend best practice across Transport for London (TfL) – who are already an EfC member; the Mayor’s Office for Policing and Crime (MOPAC); the London Fire Commissioner (LFC)\*; London Legacy Development Corporation (LLDC); Old Oak and Park Royal Development Corporation (OPDC).
  - \*Note: London Fire Brigade (LBF) are already EfC members, as are London Borough of Islington, London Borough of Tower Hamlets, Royal Borough of Kingston upon Thames, and the Metropolitan Police.

### **C. Good Work Standard and employer engagement**

- Strengthen the Good Work Standard to:
  - Include a clear carers standard – e.g. minimum of 5/10 days paid carers’ leave, flexible working as default, carers networks.
  - Encourage employers to adopt Carer’s Leave Act and flexible working rights as a baseline, and go beyond them (paid leave, longer leave, predictable rotas).
- Partner with Carers UK’s employer programmes and Carer Confident to help London employers implement these standards.

### **D. Transport and concessions**

- Revisit the 2018 *Who Cares?* recommendation to explore a carers’ pass on TfL services or extended concessions for carers accompanying disabled or older Londoners.

### **E. London-wide carers’ identification**

- Encourage greater identification of carers through GP Patient records to help reduce health inequalities
- Advocate nationally for a function on the NHS App for carers to self-identify.
- Better information on financial entitlements and local carers’ services.
- Advocate for carers’ discounts or concessions, where possible – e.g. leisure facilities, museums, etc – to support social inclusion and reduce health inequalities.

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## **10. What more can central government do?**

*For more detail on these recommendations, please see our latest 2025 report: [State of Caring 2025: The cost of caring - the impact of caring across carers' lives](#). We also provide a table of recommendations below, which is taken from the above report.*

### **A. Deliver a National Carers strategy**

- Deliver a fully funded, cross-government National Carers Strategy, with clear outcome measures (poverty, health, employment, equality). This should be led by the Prime Minister and include DWP, DHSC, DfE, DLUHC, DfT and Treasury.
- Fund national programmes to identify and support hidden carers, including young carers and ethnic minority carers, building on the “Making Carers Count” project.

**B. Reform Carer's Allowance and related benefits**

- Increase the rate of Carer's Allowance so it reflects the real cost of caring and time given.
- Remove or significantly relax the earnings limit, or taper it gradually, to avoid work disincentives and overpayment debts.
- Simplify rules, fix DWP administration and implement fully the recommendations of the recent independent review of Carer's Allowance overpayments.
- Increase the carer element in Universal Credit and other means-tested benefits.

**C. Social care and respite**

- Provide a long-term, sustainable social care funding settlement that:
  - Earmarks funding for regular, high-quality carers' breaks.
  - Ensures carers are routinely offered assessments and support, not just information.
- Require Integrated Care Systems and local authorities to publish carers' strategies and report annually on outcomes for carers.

**D. Employment rights**

- Make the one week of statutory carer's leave paid, not unpaid, and consider extending the length of leave over time.
- Strengthen guidance and enforcement on flexible working to ensure carers can actually benefit from the "day-one right".
- Incorporate carers explicitly into equality and human rights guidance, reflecting their heightened risk of poverty and poor health.

**Table of recommendations for UK Government from Carers UK (2025) State of Caring 2025: The cost of caring.**

Theme:	Recommendation:
<b>Vision/strategy</b>	<ul style="list-style-type: none"> <li>• Develop a new social contract for carers, one fit for the 21st Century which recognises the enormous contribution millions of people make each day by providing the unpaid care that their families and friends need.</li> </ul>
	<ul style="list-style-type: none"> <li>• Harness the power of cross-government working to improve outcomes for carers by developing a new, ambitious and fully funded National Carers Strategy which clearly sets out the Government's future commitments to supporting carers and families, building on the work undertaken by the All-Party Parliamentary Group on Carers in 2024.<sup>17</sup></li> </ul>
	<ul style="list-style-type: none"> <li>• Take a life course approach to understand the impact and costs that providing unpaid care has on and tailor appropriate responses to help mitigate the negative costs of caring.</li> </ul>

<sup>17</sup> [All-Party Parliamentary Group on Carers \(2024\) The need for a new National Carers Strategy](#)

<b>Social care</b>	<ul style="list-style-type: none"> <li>• Ensure that local authorities have sufficient and sustainable funding to enable them to fulfil their duties to carers under the Care Act 2014.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure that any future reforms made to the Better Care Fund account for the importance of this funding for local authorities in providing support for unpaid carers.</li> </ul>
	<ul style="list-style-type: none"> <li>• Quickly develop a social care workforce strategy to run alongside the NHS workforce strategy to ensure that there are enough skilled staff to provide social care, ensuring that the quality of life, health and work benefits are realised for unpaid carers and their families.</li> </ul>
	<ul style="list-style-type: none"> <li>• Urgently invest an additional £1.5 billion in breaks and respite services in England (with consequential funding for Devolved Nations) and legislate so that carers have a statutory right to regular and meaningful breaks.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure that any recommendations relating to unpaid carers that are put forward by Baroness Casey following her ongoing Commission into adult social care reform are implemented swiftly and in full.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure there is a clear understanding of the impact that rising costs of purchasing formal care services has on unpaid carers and their families and take steps to mitigate negative outcomes.</li> </ul>
<b>Financial support</b>	<ul style="list-style-type: none"> <li>• Review the current support provided to unpaid carers through the social security system, including setting objectives for carers' social security benefits as well as timescales and options for change. The review should particularly investigate interactions between benefits in the current system to understand how they affect individual entitlements.</li> </ul>
	<ul style="list-style-type: none"> <li>• Increase the level of Carer's Allowance by at least £11.29 a week in England, Wales and Northern Ireland (at 2024/25 rates) to match the effective rate in Scotland.<sup>18</sup></li> </ul>
	<ul style="list-style-type: none"> <li>• Set an ambition to lift carers out of poverty by increasing the value of Carer Element, Carer Premium and Carer Addition by £11.29 per week. Doing so would provide the best value for money in alleviating carer poverty and would lift at least 30,000 people out of poverty and 40,000 out of deep poverty.<sup>19</sup></li> </ul>

<sup>18</sup> Estimations on the number of people who would be lifted out of poverty are based on [2024/25 carer premia values, and Family Resource Survey data from 2021/22](#)

<sup>19</sup> *ibid*

	<ul style="list-style-type: none"> <li>• Improve the process for claiming Carer's Allowance to make it less complicated for claimants by modernising delivery, increasing staffing and improving staff training, and improving information sharing between DWP departments.</li> </ul>
	<ul style="list-style-type: none"> <li>• The recommendations in the final report of the Independent Review into Carer's Allowance overpayments, led by Liz Sayce OBE, should be implemented swiftly, and in full. We have recommended that:               <ul style="list-style-type: none"> <li>○ There needs to be clear, transparent and accurate information about earnings rules that are easily understandable to ensure that carers can make important decisions about their earnings.</li> <li>○ Internal DWP processes and staff knowledge need to be improved to ensure that overpayments are not generated.</li> <li>○ Overpayments debts in relation to earnings should be written off.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Government should seek to maximise the impact of the Carer's Allowance earnings limit rise that was announced at the 2024 Autumn Budget, to support those who are undertaking part-time work alongside their caring responsibilities while claiming Carer's Allowance.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure that unpaid carers are fully consulted as part of the Timms Review into Personal Independence Payments (PIP).</li> </ul>
<b>Pensions</b>	<ul style="list-style-type: none"> <li>• Provide additional financial support to carers of State Pension age, including a new non-means-tested payment. There should also be a review of pension rules for carers, with implementation of initiatives to get carers up to similar pension levels as non-carers.</li> </ul>
	<ul style="list-style-type: none"> <li>• In the context of the State Pension Age review, recognise that carers are a group particularly at risk of being under-pensioned as a result of their pre-retirement caring responsibilities and take steps to close the gap between carers and non-carers.</li> </ul>
	<ul style="list-style-type: none"> <li>• Utilise the Pensions Commission and the review of the State Pension age by including clear lines of inquiry which help to understand and build mechanisms to support carers' financial futures in retirement, including planning.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure that the Pensions Commission review of the pensions system, and the review of the State Pension age, both have clear lines of inquiry into the experiences of unpaid carers, so that carers receive the support they need in planning for their future.</li> </ul>

<b>Supporting carers to stay in or return to paid employment</b>	<ul style="list-style-type: none"> <li>Government should legislate to introduce a new statutory right to five days of paid Carer's Leave per year by the end of this Parliament, to support more people to balance employment and unpaid care and remain in work. This would build on the current right to unpaid leave secured through the Carer's Leave Act 2023.</li> </ul>
	<ul style="list-style-type: none"> <li>The Keep Britain Working Review being led by Sir Charlie Mayfield should recognise the significant impact that providing unpaid care has on employees' health and wellbeing and their ability to remain in the workplace and set out practical recommendations that will improve carers' ability to remain in and thrive at work.</li> </ul>
	<ul style="list-style-type: none"> <li>Government should work with employers to maximise carers' take up of the existing right to unpaid Carer's Leave and continue to promote good practice with regards to supporting carers in employment.</li> </ul>
	<ul style="list-style-type: none"> <li>Ensure that the new Make Work Pay initiatives to support return to work identify unpaid carers, build in tailored support and advice for them and measure outcomes on carers' journeys to allow services to continue to learn, build and improve support for unpaid carers.</li> </ul>
	<ul style="list-style-type: none"> <li>Develop a National Care Service and deliver much-needed funding to help stabilise social care, to enable carers who wish to continue with or return to paid work to do so.</li> </ul>
<b>Protecting carers' health and wellbeing</b>	<ul style="list-style-type: none"> <li>Deliver a fresh approach to supporting unpaid carers through delivery of the NHS 10 Year Plan, transforming the way the NHS interacts with unpaid carers to make it the most carer friendly health service in the world by the end of the next decade. Detailed recommendations on this can be found in the Carers UK report on the NHS, published in September 2025.<sup>20</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Invest in a programme of activities to improve carers' mental health and addresses other factors which affect carers' mental health such as poverty, discrimination, housing and other related issues.</li> </ul>
	<ul style="list-style-type: none"> <li>Introduce legislation which drives a culture change throughout the NHS. Doing so would increase carer recognition, identification and support, and foster greater integration with social care and other services.</li> </ul>

<sup>20</sup> Carers UK (2025) [A fresh new approach to supporting unpaid carers](#)

<b>Improving identification of carers</b>	<ul style="list-style-type: none"> <li>Use relevant awareness campaigns to help unpaid carers understand their rights and entitlements, and know what support is available.</li> </ul>
<b>Tackling equalities issues</b>	<ul style="list-style-type: none"> <li>Amend the Equality Act 2010 to include caring as the 10th protected characteristic to improve equity between non-carers and people who have unpaid caring responsibilities for a disabled, chronically or older relative or friend.</li> </ul>

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## About Carers UK:

Carers UK is a charity set up to help the millions of people who care for family or friends. We are a membership organisation of carers, run by carers, for carers. We provide information and advice about caring alongside practical and emotional support for carers. We also campaign to make life better for carers and work to influence policy makers, employers, and service providers, to help them improve carers' lives.

## Contact us:

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For further information, please contact John Perryman, Head of Policy and Public Affairs

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**ENDS**

## Centre for Care Response to London Assembly Call for Evidence:

### Unpaid carers in London

**Introduction:** [The Centre for Care Unpaid Care Dashboard](#) is an interactive tool co-designed with partners from across the care sector to present Census 2011 and 2021 data on unpaid care across England and Wales by local authority. It enables users to build a robust “carer profile” for each local authority, to compare with other areas, and to track how patterns have changed over time—supporting more targeted, evidence-informed planning and commissioning of support for unpaid carers.

It can be utilised to answer two of the questions from the call for evidence:

1. ***What are some of the characteristics of people who provide unpaid care in London?***

The Dashboard:

- Provides data on the number of carers, the level/intensity of care provided, the economic value of care provided, employment rates, hours of care provided, carers’ health status, age-standardised proportions of carers with a registered disability, and the share of carers from ethnic minority groups for London as a whole and for each London Borough;
- Enables comparison between the population of carers and non-carers across these geographies;
- Enables comparison of these populations across time (2011 and 2021).

2. ***Do they differ from those of unpaid carers in other parts of the country?*** The Dashboard allows users to compare data on caring populations across England and Wales.

#### **The Centre for Care:**

- encourages the London Assembly Economy, Culture and Skills Committee to use the Unpaid Care Dashboard to understand the localised unpaid care data for each London borough.
- recommends every borough to create a standardised carer profile, developed by using the dashboard, to identify priority groups and needs locally, to inform a renewed carers strategy, as well as any specific strategies on health and employment.
- is willing to demonstrate how to use the Dashboard effectively and to support any further research or investigation into the experiences of unpaid care in London.

This report provides a snapshot into some of the ways the Dashboard can be used to: a) understand the unpaid caring population across London; b) within different London boroughs; c) make comparisons between carers and non-carers; d) make comparisons between the population of carers in London and its borough and elsewhere across England and Wales

In parallel, Centre for Care researchers are developing a National Survey of Carers to build a nationally representative picture of unpaid carers. This will enable a better understanding of where further research is needed for unpaid carers and potentially where to focus support.

## 1. What are some of the characteristics of people who provide unpaid care in London?

The Unpaid Care Dashboard offers an in-depth profile of the carer population, providing a comprehensive overview of the demographic, socioeconomic, and health characteristics of those providing unpaid care across England and Wales.

### Unpaid carers in London

#### Unpaid carers, caregiving intensity and economic value of the care provided

In London, unpaid care is a critical but often invisible pillar of the city's infrastructure. In 2021, unpaid care represented a substantial contribution to the economy and social welfare system across London local authorities:

- 596,431 people— equivalent to 6.8%<sup>1</sup> of the population — were unpaid carers in London.
- Unpaid carers in London provided care to the value of £18.97 billion in nominal terms (£16.99 billion when adjusted for inflation) — a real increase of 29.1% since 2011
- More than a quarter of carers provide over 50 hours of care per week.

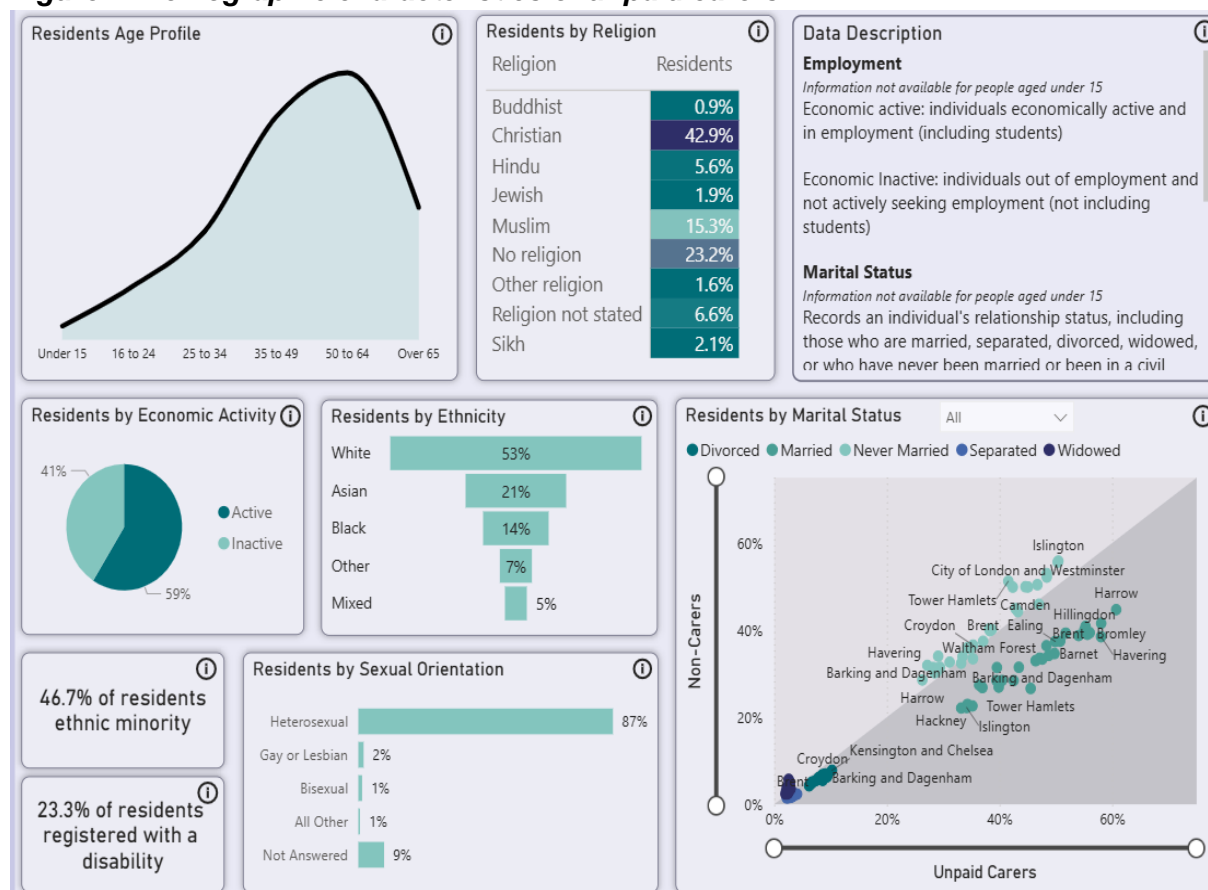
As shown in Figure 1, according to the Census of 2021, unpaid carers in London:

- Were disproportionately **female** (60%).
- Were predominantly of **working age**, with the largest concentration aged between **50 and 64 years**, highlighting the intersection of caring responsibilities with late-career employment and pre-retirement life stages.
- Identified as heterosexual, with a small but visible LGBTQIA+ minority.
- Were **ethnically diverse**, with White carers comprising just over half of the total (53%), while Asian and Black carers together accounted for more than a third.

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<sup>1</sup> The percentage shown in this dashboard (6.8%) differs from the ONS estimate (7.8%) because the ONS figure is age-standardised, while the dashboard values are presented using user-selected age groups. This approach supports flexible exploration of the data, but means that differences between figures may reflect variation in age composition as well as underlying prevalence.

**Figure 1. Demographic characteristics of unpaid carers**



**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

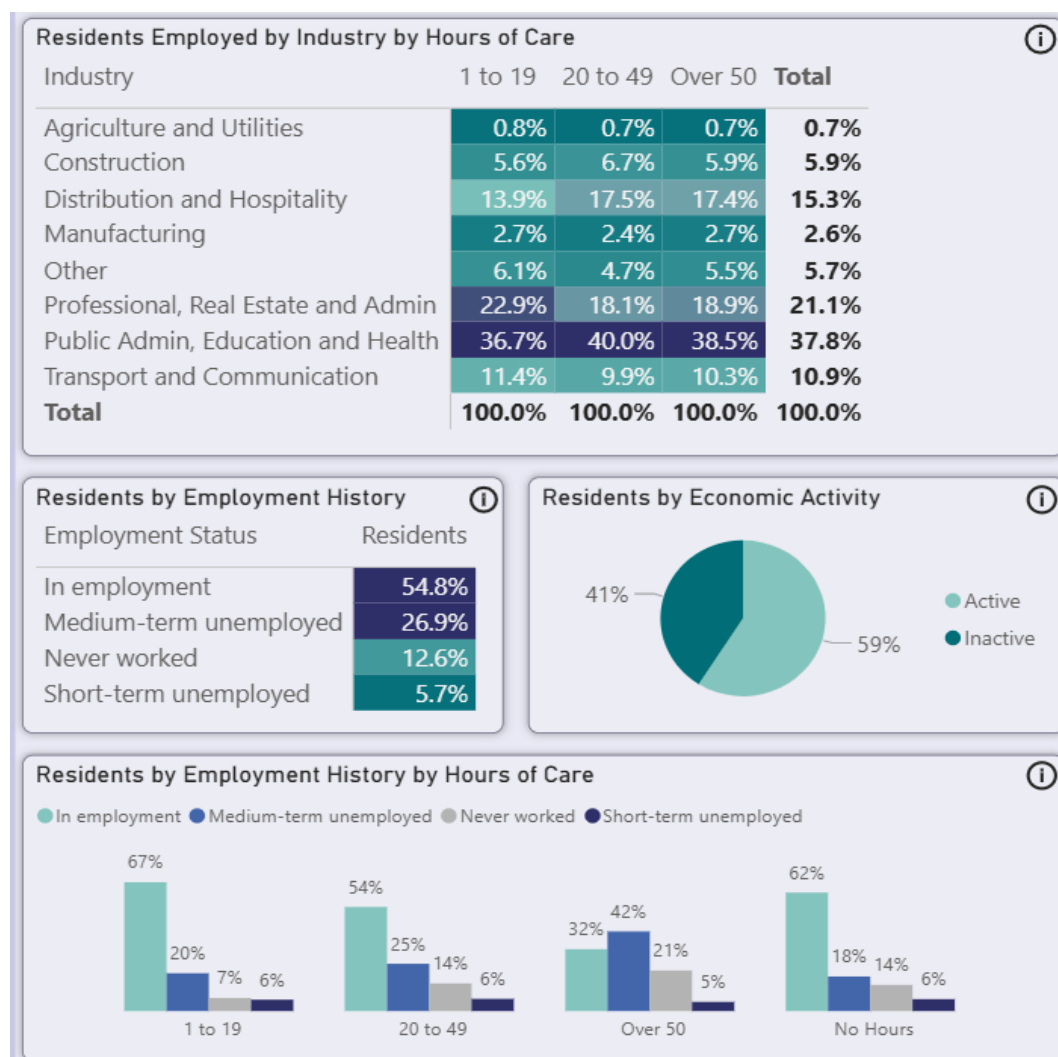
### Carers' education and employment

In London, unpaid carers had relatively high educational attainment— 43% holding Level 4 qualifications but 45.2% were not in work and over 40% were economically inactive, suggesting that **caring responsibilities continue to act as a structural barrier to sustained employment**.

Unpaid carers' employment (Figure 2):

- was concentrated in **public administration, education, and health** (37.8%): these sectors are traditionally associated with lower pay progression and higher emotional labour, but also greater flexibility and family-friendliness.
- **strongly depends on the intensity of care provided**: when care provision is "low" (1–19 hours), 67% of individuals are employed, whereas among those providing more than 50 hours of care per week, this share falls to 32%, indicating a steep negative gradient whereby increasing caregiving demands progressively limit labour market participation.

**Figure 2. Socioeconomic characteristics of unpaid carers. Employment.**



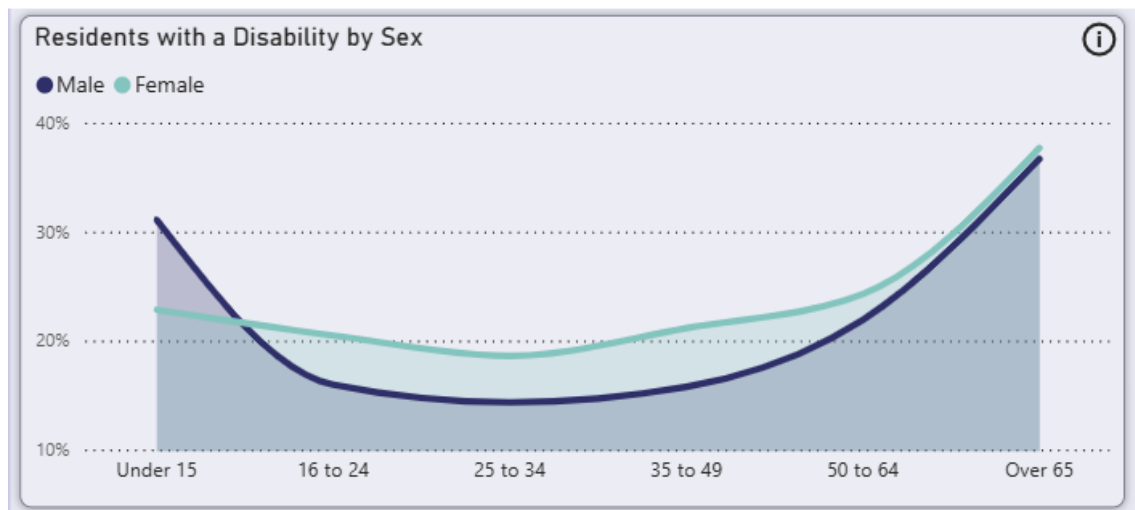
**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

**Note:** Economically active includes both employed and those actively looking for a job (including students).

### Health and Disability

- 6.4% of unpaid carers in London reported **poor health**.
- Nearly a quarter were themselves registered as **disabled**, illustrating the reciprocal and often precarious nature of care relationships.
- A **higher proportion of female carers are disabled** when compared to male carers (Figure 3).

**Figure 3. Percentage of unpaid carers with a registered disability by sex and age groups.**



**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

## Comparing Unpaid Carers with Non-Carers in London

The Unpaid Care Dashboard also offers an in-depth profile of the significant demographic and socioeconomic differences between unpaid carers and the general resident population across various London districts. Through its dedicated "Compare" page, the tool enables users to analyse unpaid care characteristics—including demographics, health, education, and employment—to identify how these traits differ between carers and the broader population (non-carers).

### Education

Figure 4 shows that:

- unpaid carers are **slightly less likely to hold high-level qualifications**, with 43% achieving Level 4 or above compared to 47% of non-carers.
- **differences in education are more pronounced for different age categories**: 54% of carers aged 25 to 34 hold a Level 4 qualification compared to 65% for residents with no caring responsibilities.
- **carers are more likely to have no formal qualifications at all**, particularly in older age brackets, with 32% of carers over 65 having no qualifications compared to 38% of non-carers in the same age group.

However, **things are improving**: there has been a 8.1 percentage point increase in Level 4 qualifications among carers since 2011, alongside a 3.7 percentage point decrease in those with no qualifications.

**Figure 4. Comparing unpaid carers with non-carers in London. Education.**



**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

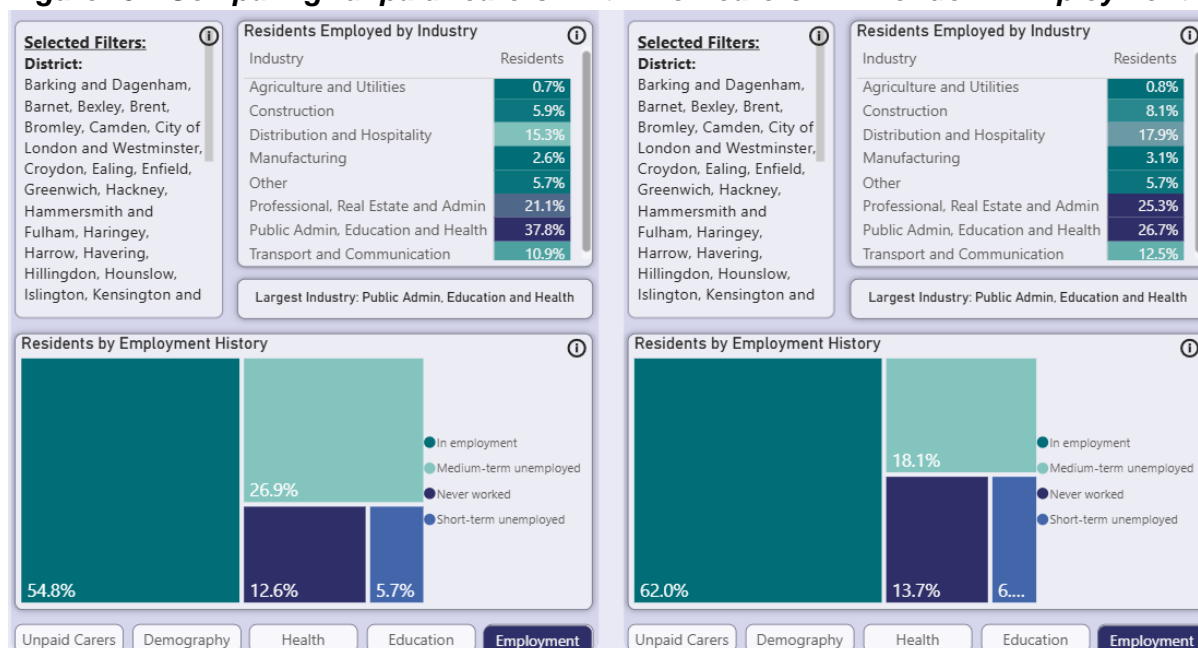
**Note:** The left panel of Figure 4 reports information on educational attainment for unpaid carers in London, while the right panel presents statistics on the educational attainment for the general population in London.

## Employment

Figure 5 shows that:

- **unpaid carers are more likely to be economically inactive**, with a rate of 40.3% compared to 28.1% for those with no caring responsibilities.
- **unpaid carers are less likely to be currently in employment**, with a rate of 54.8% compared to 62% for non-carers, and they experience a higher rate of long-term economic inactivity, with 12.6% having never worked versus 13.7% for the non-carer group.
- **unpaid carers are more heavily concentrated in Public Administration, Education, and Health**, which accounts for 37.8% of their workforce—a notably higher proportion than the 26.7% seen among residents without care responsibilities.
- **carers are underrepresented in professional and administrative services**, as well as in the hospitality sectors, reflecting the potential constraints that intensive caregiving places on career choice and flexibility.

**Figure 5. Comparing unpaid carers with non-carers in London. Employment.**



**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

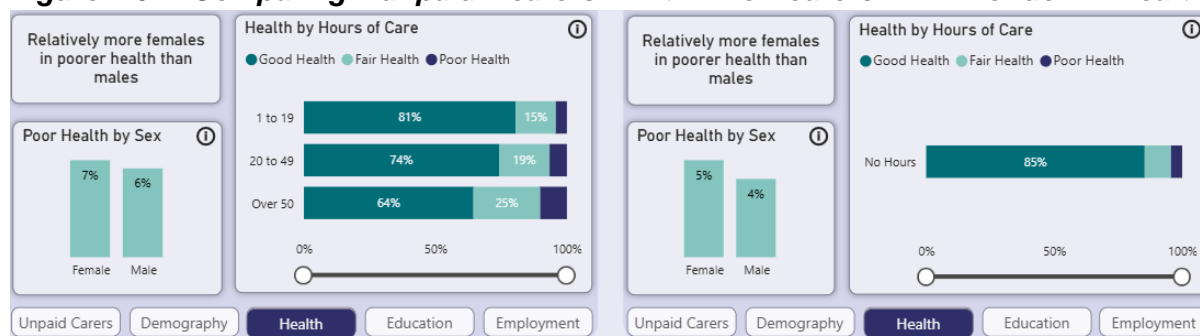
**Note:** The left panel of Figure 5 shows employment outcomes for unpaid carers in London, while the right panel presents employment outcomes for the general population in London.

### Health and Disability

Unlike the general population, unpaid carers in London are increasingly characterised by their own health struggles (Figure 6):

- Approximately **28% of carers report living with a disability**, a rate nearly ten percentage points higher than that of non-carers.
- There is a **possible correlation between the intensity of care provided and declining wellbeing**, showing that only 64% of those providing over 50 hours of care per week report “good health” compared to 85% (up from the 81% reported by “low-intensity” caregivers) of those with no caregiving responsibilities.
- **Females consistently report higher rates of poor health** than males across both the carer and non-carer cohorts.

**Figure 6. Comparing unpaid carers with non-carers in London. Health.**



**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

Note: The left panel of Figure 5 shows statistics on health and disability for unpaid carers in London, while the right panel presents statistics for the general population in London.

### Comparing carers across London Boroughs

While it offers an extensive picture of London as a whole, more importantly, our Dashboard allows for analysis at the local authority level - providing a detailed account of the profile of carers in each London Borough and allowing for comparisons across London Boroughs, as well as over time. As the following example shows, a borough-level analysis of the caring population allows for an appreciation of local variation, and therefore more effective responses to their needs. A city-wide analysis wrongly assumes geographical heterogeneity.

#### An example: Comparing Tower Hamlets and Richmond Upon Thames

To illustrate this, this section provides a detailed description of the care profile within two specific local authorities: **Tower Hamlets** and **Richmond upon Thames**. These two areas were chosen as key study sites because they represent opposite ends of the socioeconomic and demographic spectrum within London, offering a powerful lens to examine how local context shapes unpaid caregiving within London's heterogeneous environment. According to the latest Index of Multiple Deprivation (2025)<sup>2</sup>, Tower Hamlets ranks as one of the most deprived local authorities in England (ranked 20th), while Richmond upon Thames ranks among the least deprived (ranked 282nd). The comparison is reported in Table 1. Key differences of note include the proportions of:

- Carers over the age of 50 (31% in Tower Hamlets; 61.1% Richmond upon Thames);
- Carers from an ethnic minority background (19.5% in Tower Hamlets; 68.7% in Richmond upon Thames);
- Carers who have never been in employment (12.3% in Tower Hamlets; 5.7% in Richmond upon Thames) or have no qualifications (22.4% in Tower Hamlets; 8.4% in Richmond upon Thames).

This indicates significantly different profiles of carers, and therefore of support needs and necessary service responses.

<sup>2</sup> Ministry of Housing, Communities and Local Government. (2025, October 30). *English indices of deprivation 2025* (Accredited Official Statistics). GOV.UK. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025>

**Table 1. Comparison of unpaid carers' characteristics across geographies.**

	London	Tower Hamlets	Richmond upon Thames
<b>Unpaid carers in the population</b>	6.8%	6.0%	6.7%
<b>Economic value (nominal) of unpaid care provided</b>	£18,968 million (↑ 29.1% since 2011)	£638 million (↑37.2% since 2011)	£348 million (↑33.2% since 2011)
<b>Hours of care provided per week</b>	1 to 19 - 50% 20 to 49 - 23% Over 50 - 27%	1 to 19 - 44% 20 to 49 - 28% Over 50 - 29%	1 to 19 - 61% 20 to 49 - 16% Over 50 - 23%
<b>Demographics</b>			
<b>Age profile of carers</b>	Under 15 - 1.7% 16 to 24 - 6.7% 25 to 34 - 13.6% 35 to 49 - 27.9% 50 to 64 - 33.5% Over 65 - 16.6%	Under 15 -1.6% 16 to 24 - 9.9% 25 to 34 - 22.2% 35 to 49 - 35.3% 50 to 64 - 23.2% Over 65 - 7.8%	Under 15 -1.6% 16 to 24 - 4.3% 25 to 34 - 8.2% 35 to 49 - 24.8% 50 to 64 - 39.4% Over 65 - 21.7%
<b>Female carers</b>	60%	57.0%	60.0%
<b>Carers from an ethnic minority background</b>	46.7%	68.7%	19.5%
<b>Carers of Christian faith</b>	42.9%	22.6%	48.6%
<b>Carers with no religion</b>	23.2%	16.0%	33.6%
<b>Married carers</b>	48%	46.0%	56.0%
<b>Education and Employment</b>			
<b>Carers with a Level 4 degree*</b>	43%	36.0%	58.9%
<b>Carers with no qualifications</b>	16%	22.4%	8.4%
<b>Economically inactive* carers</b>	40.3%	23.9%	38.6%

<b><i>Carers never in employment</i></b>	12.6%	23.9%	5.7%
<b><i>Health and Disability</i></b>			
<b><i>Carers with a registered disability</i></b>	23.3%	24.1%	20.9%
<b><i>Carers in poor health</i></b>	6.4%	8.6%	4.4%

**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

**Note:** The table includes age-standardised proportions accounting for the age profile and size of each geography. Economic inactivity excludes people actively looking for work. Level 4 degree includes Bachelor Degree, higher Degree (MA, PhD, PGCE), NVQ level 4-5, HNC, HND, BTEC higher level, professional qualifications (i.e. accountancy, teaching, nursing). The percentages shown in the table are not age-standardised, as the dashboard values are presented using user-selected age groups. This design enables flexible exploration of the data, and differences between figures may therefore reflect variation in age composition in addition to underlying prevalence.

### Characteristics of unpaid carers and changes over time

In this section, we utilise the Unpaid Care Dashboard to analyse how specific local authorities have evolved over the last decade. While comparing two different locations provides a snapshot of geographical inequalities, the “Compare” feature of the dashboard is equally powerful for tracking the internal trajectory of a single area. By comparing 2011 with 2021 data, we can visualise the speed and direction of social change and analyse changes in caregivers' characteristics, and therefore of the services and supports the caring population may require. Changes in this population may require changes in local carers' strategies and services.

We have chosen the London Borough of Barking and Dagenham as our primary case study because it represents one of the most significant socio-economic transformations. Those changes are reported in Table 2. The data presented could be used to, for example:

- Increase levels of support tailored to carers providing more than 20 hours a week, as this group has increased since 2011.
- Develop culturally appropriate support for carers from an ethnic minority background, another group of carers which has increased since 2011.
- Engage with schools/colleges and key employers to support young carers into their first jobs, as the percentage of carers who have never been employed has risen.

**Table 2. Comparison of unpaid carers' characteristics across time - Case study: Barking and Dagenham**

	Barking and Dagenham (2011)	Barking and Dagenham (2021)
Unpaid carers in the population	11.4%	6.5%
Economic value (nominal) of unpaid care provided	£348m	£527m
Hours of care provided per week	1 to 19 - 53% 20 to 49 - 18% Over 50 - 29%	1 to 19 - 39% 20 to 49 - 28% Over 50 - 33%
<b>Demographics</b>		
Female	58%	60%
Age profile of carers	Under 15 - N/A* 16 to 24 - 9.6% 25 to 34 - 15.3% 35 to 49 - 32.8% 50 to 64 - 26.8% Over 65 - 15.6%	Under 15 - 2.7% 16 to 24 - 7.9% 25 to 34 - 14.9% 35 to 49 - 31.5% 50 to 64 - 29.6% Over 65 - 13.4%
Carers from an ethnic minority background	28.4%	43.8%
Carers of Christian Faith	61.6%	46.2%
Carers with no religion	16.3%	23.94%
Married carers	54.0%	49%
<b>Education and employment</b>		
Carers with a Level 4 degree*	19%	30%
Carers with no qualifications	30%	22%
Economically inactive* carers	43.4%	43%
Carers never in employment	10.6%	15.5%
<b>Health and Disability</b>		
Carers with a <i>registered</i> disability	28.8%	25.9%
Carers in poor health	9%	8%

**Sources:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

**Note:** The table includes age-standardised proportions accounting for the age profile and size of each geography. Economic inactivity excludes people actively looking for work. Level 4 degree includes Bachelor Degree, higher Degree (MA, PhD, PGCE), NVQ level 4-5, HNC, HND, BTEC higher level, professional qualifications (i.e. accountancy, teaching, nursing). Data for individuals under 15 are not available in 2011. The percentages shown in the table are not age-standardised, as the dashboard values are presented using user-selected age groups. This design enables flexible exploration of the data, and differences between figures may therefore reflect variation in age composition in addition to underlying prevalence.

## **2. Do the characteristics of people who provide unpaid care in London differ from those of unpaid carers in other parts of the country?**

This section shifts the focus from *internal change* within London to *national divergence* between London and the rest of England and Wales. Using the dashboard, we first situate London within the national landscape by comparing the total number of unpaid carers and the economic value of care across regions (Table 3). We then move beyond aggregate figures to examine whether unpaid carers in London differ systematically from those elsewhere, comparing their caregiving intensity, demographic profile, socioeconomic characteristics, and health outcomes with those of unpaid carers in Local Authority Districts in England outside London (Table 4).

In particular, Table 4 highlights that:

- Unpaid caring is less prevalent in London than elsewhere, but the **economic value of care has grown at a similar pace**, highlighting rising pressure on carers across all areas.
- London's carers are **younger, more ethnically diverse, and less likely to be married**, suggesting different support needs compared with carers outside London.
- Despite higher educational attainment in London, carers are **less economically active**, indicating potential tensions between caring, employment, and skills utilisation.
- Carers outside London report **worse health and higher disability prevalence**, pointing to greater health-related support needs beyond the capital.

**Table 3: Number of unpaid carers and the economic value of the care provided across England and Wales**

District	Unpaid Carers 2021 (number)	Nominal Value 2021 (£m)
South East	733,340	22,535
North West	668,275	22,671
<b>London</b>	<b>596,520</b>	<b>18,970</b>
West Midlands	521,100	17,381
East of England	513,915	16,110
South West	490,920	15,341
Yorkshire and Humber	472,010	15,804
East Midlands	428,330	13,987
Wales	310,755	10,766
North East	253,665	9,012

**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care.  
Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

**Table 4. Comparison of unpaid carers' characteristics in London with all other Local Authority Districts in England outside London**

	London	Local Authority Districts in England outside London
Unpaid carers in the population	6.8%	8.6%
Economic value (nominal) of unpaid care provided	£18,968m (↑ 29.1% since 2011)	£132,844m (↑ 30.5% since 2011)
Hours of care provided per week	1 to 19 - 50% 20 to 49 - 23% Over 50 - 27%	1 to 19 - 49% 20 to 49 - 20% Over 50 - 30%
<b>Demographics</b>		
Age profile of carers	Under 15 - 1.7% 16 to 24 - 6.7% 25 to 34 - 13.6% 35 to 49 - 27.9% 50 to 64 - 33.5% Over 65 - 16.6%	Under 15 - 1.7% 16 to 24 - 5.3% 25 to 34 - 9.4% 35 to 49 - 22.5% 50 to 64 - 36.9% Over 65 - 24.2%
Female	60%	59%
Carers from an ethnic minority background	46.7%	9.8%
Carers of Christian Faith	42.9%	54%
Carers with no religion	23.2%	32.6%
Married carers	48%	58%
<b>Education and employment</b>		
Carers with a Level 4 degree*	43%	31%
Carers with no qualifications	16%	17%
Economically inactive* carers	40.3%	45.6%
Carers never in employment	12.6%	8.6%
<b>Health and Disability</b>		
Carers with a <i>registered</i> disability	23.3%	28.3%
Carers in poor health	6.4%	7.2%

**Source:** Petrillo, M., Siddall, T., and Bennett, M. (2025). Unpaid Care Dashboard. Centre for Care. Available at: <https://centreforcure.ac.uk/uuc-dashboard/>

**Note:** The table includes age-standardised proportions accounting for the age profile and size of each geography. Economic inactivity excludes people actively looking for work. Level 4 degree includes Bachelor Degree, higher Degree (MA, PhD, PGCE), NVQ level 4-5, HNC, HND, BTEC higher level, professional qualifications (i.e. accountancy, teaching, nursing). Data for individuals under 15 are not available in 2011.

## Conclusion

The Unpaid Carer Dashboard has been developed to support evidence-based policy and practice. This report has highlighted how the Dashboard can be used to build a robust, standardised picture of unpaid care across London and within each borough—profiling who provides care, the intensity and economic value of that care, how caring intersects with employment, health and disability, and how patterns have changed over time and compare with other areas.

Building on the evidence presented, the Centre for Care encourages the Committee to use the Dashboard to explore local unpaid care dynamics within each borough, compare patterns across geographies, identify where caring is most concentrated and intensive, and surface groups whose circumstances may warrant targeted support.

We recommend that each borough uses the Dashboard to produce a standardised “carer profile” to identify local priorities and unmet needs, benchmarked consistently across London, to inform a renewed carers strategy, and to guide commissioning and planning across carers’ services, health and wellbeing support, and employment and education.

The Centre for Care is willing to help make this practical, including by briefing and supporting those undertaking such analyses, demonstrating local use of the Dashboard, advising on data interpretation, and supporting any follow-up research or investigation into the experiences of unpaid care in London where the Dashboard highlights inequalities, emerging pressures or gap in provision.

**The Dashboard is available here:** <https://centreforcure.ac.uk/uuc-dashboard/>

**For further information or enquiries, please email** [centreforcure@sheffield.ac.uk](mailto:centreforcure@sheffield.ac.uk)

## Call for Evidence - London Assembly

### The experiences of unpaid carers in London

#### Summary of Evidence from Unpaid Carers in Ealing based on the following questions

(9 responses)

- How does providing unpaid care affect people living in London?
- Who in London is likely to provide care and what are their characteristics?
- What additional challenges do unpaid carers in London face, as opposed to those in the rest of the country?
- How effective is the current support available to unpaid carers in London and how does it differ depending on where in London they reside?
- Which interventions in London or outside of London have proven effective?
- Has the Mayor used all his available powers and influence to improve support for unpaid carers?
- What more can the Mayor do to support unpaid carers in London?

#### 1. Practical & Systemic Challenges

- **Fragmented Systems:** Carers sometimes face difficulty navigating a health and social care system that comes across fragmented, with limited coordination between NHS, Adult Social Care, mental health services, and community providers.
- **Delays & Shortages:** There are delays in health and or social care assessments, reviews. This may cause delays in access to support services which can be compounded by shortages in home-care staff and inconsistent quality of support.
- **Respite Gaps:** Limited respite and short-break services are a recurring issue, especially for those caring for people with complex needs.
- **Administrative Burden:** Carers often act as informal 'care coordinators,' managing appointments, liaising with professionals, and handling paperwork.
- **Visa & Recruitment Issues:** Updated visa rules restrict hours for student and temporary workers, making it harder to recruit carers and leaving care calls uncovered.

#### 2. Health & Well-being Challenges (Carer's Own Needs)

- **Stress & Burnout:** High levels of stress, emotional strain, anxiety, and risk of burnout are common, especially due to the intensity and unpredictability of care needs.
- **Neglect of Own Health:** Carers often neglect their own health appointments and wellbeing, with physical strain from manual care tasks and lack of sleep.

- **Mental Health Support:** There is a lack of mental-health support tailored to carers, and staff shortages add to emotional burden and sleep disruption.

### 3. Social & Relational Challenges

- **Isolation:** Carers experience social isolation and reduced ability to maintain friendships or a social life.
- **Family Strain:** Caring responsibilities impact family relationships, causing strain on partners and children, and leading to loss of personal identity outside the caring role.
- **Limited Personal Time:** Opportunities for rest, hobbies, or personal time are scarce.

### 4. Financial & Economic Challenges

- **Employment Impact:** Carers have reduced ability to remain in full-time employment, with loss of income, long-term impact on pension contributions, and career progression.
- **Insufficient Support:** Financial support is often insufficient compared to the intensity of the caring role, with additional out-of-pocket costs and rising household expenses.
- **Limited Leave:** Carers often rely on unpaid leave, further reducing income. There is a policy gap for borough-registered carers needing financial support or subsidies.

### 5. Challenges Specific to Caring for People With Complex Needs

- **Unpredictable & Intensive Care:** Carers must constantly adapt to unpredictable, high-intensity care demands, including 24/7 supervision and multiple conditions.
- **Frequent Crises:** Frequent hospital appointments, crises, and care transitions add to the emotional toll.
- **Access to Specialised Services:** Difficulty accessing specialised services (mental health, behavioural support, multidisciplinary care) and limited skilled respite services for complex needs.

### 6. Types of Support Used & Their Effectiveness

- **Formal/Statutory Support:** Adult Social Care (Ealing Council), NHS services, and carer assessments provide essential relief but are limited by staff shortages, delays, and inconsistent scheduling. Respite services may not meet complex needs.
- **Voluntary/Charitable Support:** Local carer organisations (e.g., Carers UK), community groups, and faith groups offer peer support and advice, but may not meet high-intensity or medical care requirements.
- **Informal/Personal Support:** Family and friends are critical for practical and emotional relief, but support can be limited if others are unavailable or overburdened.

- **Employment-Related Support:** Flexible work arrangements and carer-friendly employer policies provide some relief, but financial impact can be significant and policies are not universal.
- **Financial Support:** Carer's Allowance, Disability Living Allowance, and Freedom Pass offer some relief, but are often insufficient to offset rising costs and lost income.

## 7. Proposed Support & International Good Practice

- **Financial Relief:** Carer allowances, tax relief, council tax reductions, and subsidies for household bills (Canada, Australia, Germany).
- **Paid Leave & Employment Protections:** Paid leave for carers (Sweden), flexible working rights (Australia), job protection (EU directives).
- **Transport & Mobility:** Freedom Pass-style schemes (Singapore, Hong Kong) for free or discounted travel.
- **Respite & Emergency Care:** Guaranteed respite access (Nordic countries), 24/7 emergency care support (Japan).
- **Mental Health & Peer Support:** Counselling and wellbeing services (Canada), carer networks and peer mentoring (Australia).
- **Skills, Training & Recognition:** Training allowances (Germany, Australia), formal recognition schemes (Japan, Canada).
- **Integrated Care Coordination:** Single points of contact for carers (Scotland, Denmark) to reduce administrative burden.

## 8. Recommendations for the Mayor & Committee

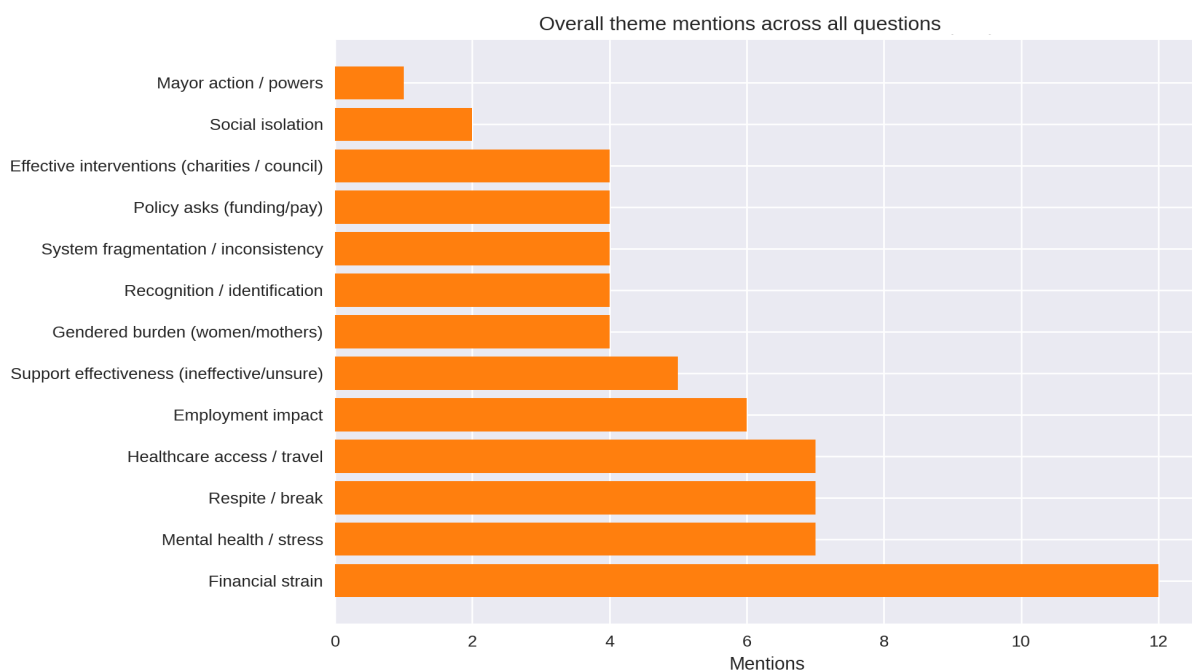
- **Financial Support:** Advocate for council tax reductions, subsidies for living costs, and enhanced carer allowances for high-intensity care.
- **Employment Support:** Implement paid leave, promote flexible working, and campaign for statutory protections against workplace discrimination.
- **Transport & Mobility:** Expand Freedom Pass-style schemes for registered unpaid carers.
- **Respite & Care Services:** Fund guaranteed respite and emergency care services, and improve integration between NHS, social care, and voluntary sector.
- **Mental Health & Wellbeing:** Provide free or subsidised counselling and support, and develop borough-level peer networks.
- **Training, Recognition & Inclusion:** Offer free training, introduce recognition schemes, and include carers in policy planning.
- **Advocacy & Policy Leadership:** Make unpaid carers a strategic priority, collaborate for a consistent London-wide support framework.

## 9. Additional Insights & Committee Focus

- **Essential Role:** Unpaid carers support multiple individuals with complex needs, reducing pressure on NHS and local authority budgets, but are often unrecognised and unsupported.
- **Personal Experience:** Carers manage multiple appointments, coordinate care, and face staff shortages, visa restrictions, and lack of paid leave, increasing their burden.
- **Financial & Practical Pressures:** Rising costs are not matched by income; current support does not fully cover the intensity of care provided.
- **Benefits of Proper Support:** Protects carers' health, maintains continuity of care, saves money for councils/NHS, and strengthens social inclusion and wellbeing.
- **Committee Priorities:** Focus on financial relief, paid leave, travel support, guaranteed respite, mental health support, peer networks, recognition, and inclusion in policy planning.

### Key findings

- Financial strain and respite/breaks are among the most recurring needs mentioned, reflecting direct costs (e.g., paying for time off, transport) and lack of relief for carers. Employment impact is frequently raised (e.g., giving up work or needing flexibility), along with mental health/stress and social isolation.
- System fragmentation/inconsistency (borough variation, waiting lists) and healthcare access/travel logistics appear repeatedly.
- Mentions of effective interventions often point to charities/council-led support being helpful when identified early.
- Requests for policy action (e.g., funding, paying unpaid carers, public awareness) and references to the Mayor's role show up across several answers



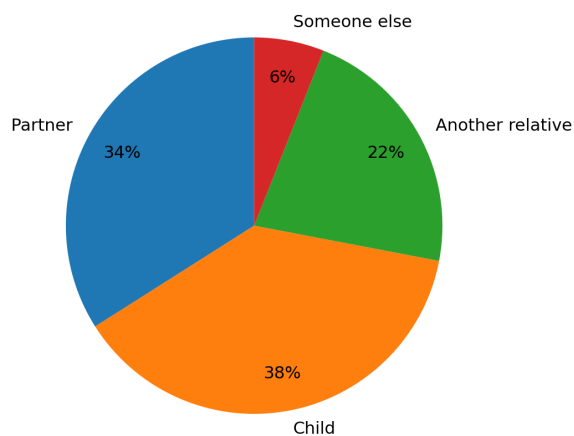
The chart above aggregates theme mentions across all questions

In addition to the information supplied as a direct response to the call for evidence, a survey was carried out amongst unpaid carers in Ealing in 2024. 198 responses were received (97 online, 101 by post). A summary of the findings is below.

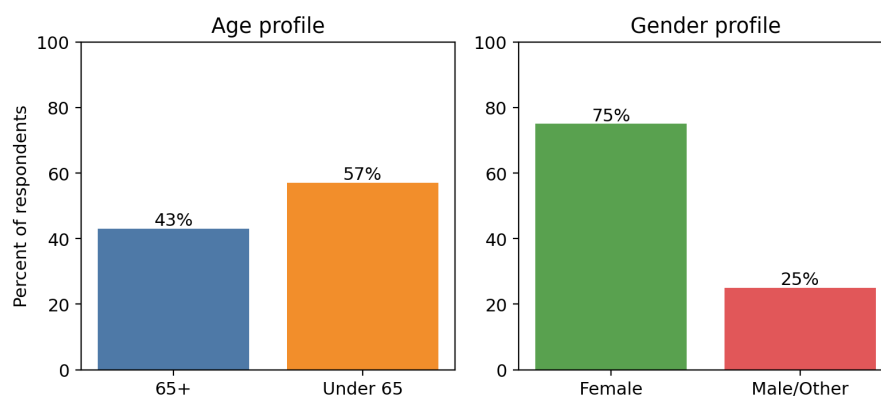
## 1. Profile of Carers Surveyed

- 34% care for a partner, 38% for a child, 22% for another relative, 6% for someone else.
- 76% live with the person they care for.
- 43% are aged 65+, 57% are female.
- Many care for people with mental health needs or long-term conditions.

Who do carers look after? (Ealing 2024)



Respondent demographics



## 2. Ealing Carers' Strategy Priorities

- Identifying carers early: 88% said YES this is a priority.
- Supporting family/community life: 92% said YES this is a priority.
- Supporting carers' health: 94% said YES this is a priority.

- Maximising income and potential: 86% said YES this is priority.

### 3. Carers' Experiences & Challenges

- 58% disagree they have support tailored to their needs.
- 42% disagree they know how to be involved in service design.
- 54% agree they know their rights to assessment/support.
- 72% disagree or are unsure about opportunities for respite.
- 70% agree they are involved in care planning.
- 38% unsure about support for education/employment/leisure.
- 45% disagree they have support for their own health/well-being.

### 4. What Works Well / What Needs Improvement

- **Works Well:** Respite care, direct payments, support from organisations (Ealing Carers Team, Dementia UK, Contact Ealing), positive experiences with professionals, day centres, care coordinators, homecare, support from non-statutory organisations.
- **Needs Improvement:** Communication, financial challenges, healthcare delays, lack of mental health support, limited respite/care services, access to information, emotional/mental health support.

### 5. Carers' Priorities for Improvement

- Easier access to information/support, clear communication, timely diagnosis.
- More opportunities for breaks/respite.
- Support for carers' own health and mental health services.
- Higher allowances, easier access to benefits, simplified processes.
- Better involvement, understanding, and recognition.
- Flexible arrangements, carer-friendly policies.
- Improved assessments, reduced waiting times, specialist advice.
- Community support, networking, accessible activities.

### 6. Recommendations & Next Steps

- More respite, counselling, information, funding, training, workshops, specialist support.
- Closer collaboration, regular forums, advocacy, networking.
- Social opportunities, health/well-being support, contingency planning, regular health checks, support during hospital admissions/discharges.

- Next steps: Review results, share feedback, organise follow-up events, update information, offer grants, launch new short breaks service, establish Carers Partnership Board.

## **Key Recommendations for Supporting Unpaid Carers in Ealing**

### **1. Improve Access to Information & Support**

- Make information about carers' rights, available services, and support easy to find and understand.
- Provide clear communication channels and timely responses from agencies.
- Offer regular updates and accessible resources for carers.

### **2. Expand Respite Care & Breaks**

- Increase opportunities for short breaks and respite services, tailored to carers' needs.
- Launch new short breaks programmes and ensure grants are available for carers.

### **3. Enhance Health & Well-being Support**

- Provide regular health checks and mental health services for carers.
- Offer more counselling, emotional support, and wellbeing workshops.

### **4. Strengthen Financial Support**

- Raise carer allowances and simplify access to benefits.
- Introduce council tax reductions, utility subsidies, and direct payments for flexibility.

### **5. Foster Better Communication & Recognition**

- Involve carers in service design, care planning, and policy decisions.
- Recognise carers' contributions through awards, certificates, and public acknowledgement.

### **6. Promote Flexible Education, Employment & Training**

- Encourage carer-friendly employer policies and flexible work arrangements.
- Provide training, workshops, and specialist advice for carers.

### **7. Build Community & Partnership Working**

- Support social opportunities, networking, and peer support groups.
- Strengthen collaboration between the Council, NHS, voluntary organisations, and carers.
- Establish regular forums and a Carers Partnership Board for ongoing advocacy.

### **8. Ensure Inclusion & Social Contact**

- Make community activities and support accessible to all carers.
- Promote inclusion and reduce isolation through local events and networks.

London Assembly Economy, Culture and Skills  
Committee  
Kamal Chunchie Way  
London  
E16 1ZE

Strategic Commissioning and Communities  
Health and Social Care  
Islington Council  
222 Upper Street  
N1 1XR

Wednesday 24 December 2025

**Re: Economy, Culture and Skills Committee call for evidence: London's unpaid carers**

Please see below the responses to this call for evidence from Islington Council.

**1. What are some of the characteristics of people who provide unpaid care in London?  
Do they differ from those of unpaid carers in other parts of the country?**

This section provides an overview of the characteristics, challenges, and support needs of unpaid carers in Islington, highlighting demographic trends, health and employment impacts, and the borough's strategic priorities for improving carers' wellbeing.

Islington has a large and varied unpaid carer population. According to the 2021 Census, 14,840 adults (8.1%) provide unpaid care, though the actual figure is likely higher. Most carers are aged 50–69, with a majority being women (78%), but the number of male carers is rising. Despite evident diversity amongst Islington carers, those from minority backgrounds are often less visible and less engaged with available support services. Many carers have significant responsibilities: 49% provide over 20 hours of care weekly, and 26% exceed 50 hours.

Carers in London face distinct challenges, including difficulties related to housing, high living costs, language barriers and supporting individuals with complex needs in a densely populated urban environment. A significant number are balancing employment with caring duties.

In London, many carers remain “hidden” and do not access available resources. In 2023/24 just 5.2% of the estimated number of Islington carers were known to the Council and 22.7% were registered with the Islington Carers Hub. Further insights can be found in the Islington [Carers Needs Assessment 2025](#).

Carers in London face greater health and wellbeing challenges compared to non-carers. In Islington, 19% of carers report issues like arthritis or persistent pain, versus 14% among non-carers. Mental health concerns such as depression and anxiety are also common among those using support services, likely intensified by the pressures of caring in an urban setting.

Caring responsibilities also have a significant impact on employment. Just 42% of carers in Islington work full-time, compared with 53% of their non-caring peers. Balancing work and care is particularly demanding in London's fast-paced job market. Only 14% of Islington carers in paid employment report feeling supported by their employer, highlighting the ongoing need for more flexible and carer-friendly workplace policies in the borough. Islington ranks 31st out of 32 London boroughs for the proportion of

carers not in paid employment for reasons such as retirement, indicating that a significant number of local carers remain active in the workforce despite the challenges they face.

Nevertheless, Islington carers generally report a high quality of life and satisfaction with social services. Their average quality of life score is 7.8, higher than the averages for both London and England and satisfaction with social services also exceeds the norm.

The Council is committed to creating a more equal future for Islington, where everyone who lives here can thrive. Islington recognises that carers often face a range of inequalities, in terms of employment, financial pressures, housing challenges, long term conditions and impact on emotional as well as physical wellbeing. Islington as a partnership has made a commitment to making Islington a carer friendly borough through publication of Islington Adult Carers Strategy 2024-2030, recognising the demographics and particular challenges of carers living in London and Islington specifically. Six priorities from this strategy are physical and emotional wellbeing, feeling supported, employment, being respected as experts, transition to adulthood, and communications and access to information.

## **2. What specific challenges do unpaid carers in London face, compared to those in the rest of the country?**

This section outlines the unique challenges faced by unpaid carers in London, particularly in Islington, including social isolation, cultural barriers, financial pressures, housing constraints, and lack of involvement in care decisions, all shaped by the city's urban environment and diverse population.

**Social Isolation** - Unpaid carers in London, and particularly in Islington, encounter distinct challenges shaped by the urban environment and the density and diversity of the population. Identifying and supporting carers who do not engage with mainstream services remains a significant issue. Social isolation and the complexities of city life can hinder access to help. Despite living in densely populated areas, many experience loneliness and struggle to find meaningful peer support.

**Cultural Barriers** – Islington has a very diverse population. Communities that traditionally support extended families, believe that it is their duty to support their loved one and it would not be right to ask for or draw on help in their caring role. **Economic and employment pressures** also weigh heavily on unpaid carers in London. The city's high cost of living reduced household incomes, and persistent difficulties in accessing benefits create considerable financial strain.

**Space limitations** - Urban carers often face housing and space constraints, making it difficult to adapt homes for care needs or to access respite options.

**Involvement in decisions about care** - Carers also often report not being respected as experts by professionals, not included in discussions and decisions with and on behalf of the person they care for. This is perhaps more pronounced in London and other large cities, in comparison to small rural areas where people may have more personalised relationships with 'family doctors' or smaller health services.

## **3. How effective is the current support available to unpaid carers in London?**

This section outlines the range of support and recent improvements for unpaid carers in Islington, detailing initiatives, strategies, and collaborative efforts aimed at enhancing carers' wellbeing, access to services, employment prospects, and inclusion in care decisions.

There is a range of support in place and in development to address the challenges faced by Islington carers. The [Islington Adult Carers Strategy 2024-2030](#), endorsed by the Islington Borough Partnership demonstrates significant commitment across all key partners to improving outcomes for carers.

The support available to Islington unpaid carers, has shown marked improvements in recent years. Carers in Islington have reported a higher level of satisfaction with social services compared to both the London and national averages, with 46% expressing satisfaction in 2023–24. This was second highest in London and a significant rise from 31% in 2021–22. This reflects the positive impact of initiatives such as our work to place a greater focus on carer assessments, targeted awareness campaigns, and the expansion of peer support and bespoke counselling service. Furthermore, 59% of carers in Islington (according to the 23/24 Survey of Adult Carers in England) found it easy to access support, aligning with national figures and highlighting enhanced accessibility to information and help.

Experiences relating to respect and inclusion in care-related discussions are broadly similar to other regions, while 59% of Islington carers find it easy to access help, reflecting the national average.

### **Carer identification and stigma to accessing support**

Islington Council is working with partners in the Voluntary and Community Sector, and health partners, to overcome the many barriers including identification and accessing support, by collaborating with community groups, faith organisations, and launching targeted campaigns to reduce stigma and help more carers recognise themselves as carers and know where to access information and support. The Council is reviewing the language it uses in written and spoken communications to reduce the stigma around carers assessments.

Some GP practices in Islington are working together and with the Islington Carers Hub to raise awareness among general practice and some have identified carers as an equalities group in their Long-Term Conditions work.

### **Emotional wellbeing**

High demand for support has led to permanent funding for a bespoke counselling service, funded by the Council and tailored specifically to carers' needs

Carers told us about the difficulties in getting a break from their caring role at times and in ways that best meet their needs. Carers breaks is a challenge that extends beyond the responsibility of adult social care, to provide a range of ways carers can take breaks from their caring role, including the many carers not known to statutory services. Islington supports carer breaks with the following services.

- A flexible breaks fund.
- Peer support initiatives support the diverse needs of carers, including those caring for individuals with dementia or mental health conditions.
- Flexible support options, such as online and face-to-face activities, are being offered to accommodate carers' unpredictable schedules.

### **Employment support**

Feeling unsupported by employers is common. The Council has a flexible working policy and carers leave policy, to help carers stay in or return to employment. The council also promotes adult learning and offers flexible job opportunities to further support carers. The Islington Carer's Hub provides information and advice around employment skills, volunteering and employment rights.

### **Hybrid offers of support**

Islington carers hub provides a range of information, advice and support both online and face to face to ensure carers have choice over how they access and engage. Some carers, particularly younger carers, wish to access more information using technology. Islington is exploring a range of developments including a digital interactive tool on the Carers Hub website and also an AI carers assessment tool to enable carers, should they wish, to access an assessment and information through digital means. This would complement rather than replace direct support for carers.

### **Timely support**

The number of carers' assessments completed has increased significantly, from 99 in first 2 quarters of 2024/25 to 139 in the same period in 25/26, a 40% increase.

### **Financial support**

The Household Support Fund provided £291,200 to 1,456 carer households to ease cost of living pressures. The Islington Carer's Hub provides financial advice to carers. Carers can also access support around benefits and debt advice from Islington's Income Maximisation team.

### **Respected as experts**

A hospital discharge project across North Central London aims to ensure carers are identified during hospital discharge process, are included in discussions and decisions about the person they care for (with their consent) and are supported to understand and access the support they themselves may need as carers.

Carers coproduce face to face training for social care professionals and a recent Making Every Contact training event focused on carers, raising awareness across the whole council.

### **Progression to adulthood**

Islington and Camden have a joint Young Carers Strategy and commission a dedicated service for young carers. The Council has established a Young Carers Working group to specifically focus on better identification of young carers and ensure timely support and a smooth transition as they move into adulthood.

Progression to Adulthood is also a key focus as family carers report needing support to navigate the system as their children with physical and learning disabilities become young adults and move from child to adult services.

### **Partnership working and Coproduction**

It is not all about the 'what' but a lot to do with the 'how'. The effectiveness of support for unpaid carers relies on organisations, teams, services working together rather than in siloes. Carers do not always

need support or services but do need the health and social care system to work together effectively and respect them as experts in the lives of the person they care for.

Coproduction with carers themselves is essential, listening to carers about what matters to them. Our Carers Steering Group holds local partners to account, and two carers sit directly on the Carers Partnership Board to ensure we stay focused on what's most important to carers and we demonstrate progress and impact.

Whilst we recognise there is a lot of support for carers and the above impact shows a positive picture locally, we recognise there is more we need to do locally, as well as across London as a region and nationally.

#### **4. What other types of support should be introduced? Are there any examples of good or innovative practice?**

This section highlights Islington's innovative approaches and ongoing challenges in supporting unpaid carers, outlining best practices, digital advancements, and key areas for future improvement to enhance carers' wellbeing and inclusion.

Islington showcases several examples of innovative practice that could be replicated elsewhere. The borough's bespoke counselling pilot, now permanently part of the Carers Hub contract, has demonstrated clear impact and sustained demand. Flexible peer support, such as "Let's Talk Carers" sessions and combined activities for carers and those they support, have proven successful. Islington's use of digital transformation, including exploration of AI-driven tools to enhance carers' assessments, represents a forward-thinking approach. Furthermore, integrating young carers' assessments into early help and family assessments, alongside developing guidance and workshops for young people and families during transitions to adulthood, demonstrates Islington's commitment to co-production, flexibility, and innovation in carer support.

Despite the many developments we have made in Islington), several challenges persist. The Council is working with carers and partners across health, social care, council departments and voluntary and community sector organisations to make further improvements, with a focus on 8 key areas over the next two years.

Reaching carers who do not engage with traditional services, so-called "seldom heard" carers, remains difficult. A major focus is on better identifying carers who are not currently accessing traditional services and making support more accessible for these seldom-heard groups. A national campaign or resources developed nationally that could be utilised by local areas would be beneficial and resources that use carer stories to raise the profile of carers.

A focus on making the language we use more accessible and less stigmatising is a challenge not just for Islington but regionally and nationally.

Local partners are developing comprehensive carer awareness training for professionals to improve awareness of what it means to be a carer. This will be interactive online resource to be rolled out across many partners in the borough.

Investment in digital solutions is a key area of focus to make access to information, advice, and peer support easier to those who use technology to access information and advice.

Financial support for unpaid carers is a significant challenge so further national support to ensure carers receive the right financial support to enable them to continue in their caring role is important. Unpaid carers make a significant contribution to the health and social care system, preventing significant costs to the state. In light of this and the financial impact that caring responsibilities have on unpaid carers, a review of carers allowance is needed to ensure that carers are not drawn into poverty and face additional unnecessary financial burdens which not only impact their own wellbeing but also may lead to carer breakdown.

It is vital that the Better Care Fund reforms mitigate any risks to health and social care partners taking joint responsibility for their role in supporting carers and ensure continued funding through a pooled budget mechanism.

## **5. What more can the Mayor do to support unpaid carers?**

This section outlines recommendations for how the Mayor can better support unpaid carers in London, including raising awareness, improving impact measurement, advocating for carers' priorities, and promoting initiatives to reduce isolation and enhance carers' quality of life.

Improving the identification of carers will help to remove barriers to accessing traditional services. This could be achieved through awareness campaigns and targeted outreach with the help of community and faith groups.

The Mayor's leadership is also vital in ensuring that organisations throughout London systematically measure the impact of their support for carers, fostering a city-wide understanding of carers' needs and the effectiveness of services and partnership approaches.

Measuring impact of local efforts is limited by a lack of consistency in impact measures across different partner organisations. It would be beneficial if the Mayor could champion a change to the annual GP carers survey to include five key questions, impact measures from the Survey of Adult Carers in England (SACE) survey. Should the government wish to pursue this, we have identified the questions we think are most relevant to all system partners (**See appendix**).

Further, the Mayor is encouraged to provide ongoing leadership and advocacy for priorities identified by carers themselves. These priorities include developing emotional wellbeing support, expanding employment opportunities and resources for carers, and investing in digital solutions to make information and peer support more accessible. The Mayor's involvement in promoting innovation and holding organisations accountable is seen as crucial for meaningful progress.

Islington has recently opened 7 new public toilets including a Changing Places facility, making Islington more accessible to all. This will make a difference to the lives of carers and the people they care for, reducing social isolation and enabling people to spend more time in their local community. Campaigning for greater access to public toilets and Changing Places would address current challenges for people, particular those with limited mobility or incontinence, to traverse their local communities and London.

The Mayor could play a pivotal role by championing carers London wide, by providing direct funding for innovation including digital solutions such as an AI carers assessment, and funding training for professionals throughout the city. The Mayor is also urged to promote carer-friendly workplaces, secure transport concessions, and facilitate access to affordable cultural opportunities, all aimed at reducing isolation and enhancing the overall quality of life for unpaid carers in London.

## **Appendix**

An aligned approach amongst key organisations will enable effective impact measurement across the system to inform development and improvement of carer services locally and regionally. We recommend five impact measures from the Survey of Adult Carers in England, detailed below, should be included in key surveys, for example the national GP survey, and the carers' surveys conducted in hospitals and carers services.

We believe the following are the key questions:

### **1C Quality of life for carers**

Encouragement and support - Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?

- I feel I have encouragement and support.
- I feel I have some encouragement and support but not enough.
- I feel I have no encouragement and support.

Each of the questions has 3 possible answers, which are equated with having:

- no unmet needs in a specific life area or domain (the ideal state)
- some needs met
- no needs met

### **1E Overall satisfaction of carers with (social) services (for them and for the person they care for)**

'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?', to which the following answers are possible:

- we haven't received any support or services from social services in the last 12 months
- I am extremely satisfied
- I am very satisfied
- I am quite satisfied
- I am neither satisfied nor dissatisfied
- I am quite dissatisfied
- I am very dissatisfied

- I am extremely dissatisfied

The measure is defined by determining the percentage of all those responding who identify strong satisfaction, by choosing the answer 'I am extremely satisfied' or the answer 'I am very satisfied'.

### **3B The proportion of carers who report that they have been involved in discussions about the person they care for**

'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?', to which the following answers are possible:

- there have been no discussions that I am aware of, in the last 12 months
- I always felt involved or consulted
- I usually felt involved or consulted
- I sometimes felt involved or consulted
- I never felt involved or consulted

The measure is defined by determining the percentage of all those responding who choose the answer 'I always felt involved or consulted' and 'I usually felt involved or consulted'.

### **3C The proportion of people and carers who use services who have found it easy to find information about services and/or support**

'In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as social services'. The following answers are possible:

- I have not tried to find information or advice in the last 12 months
- very easy to find
- fairly easy to find
- fairly difficult to find
- very difficult to find

This portion of the measure is defined by determining the percentage of all those responding who select the response 'very easy to find' and 'fairly easy to find'.

**5A The proportion of people who use services, who reported that they had as much social contact as they would like**

'Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?'

- I have as much social contact as I want
- I have some social contact but not enough
- I have little social contact and I feel isolated

The measure is defined by determining the percentage of carers choosing 'I have as much contact as I want'.



## **Kingston and Richmond** NHS Foundation Trust

### **Economy, Culture and Skills Committee call for evidence'**

#### **1. How does providing unpaid care affect people living in London?**

As a [Carers' Clinical Liaison Service](#) at Kingston Hospital in SW London, the effects of providing unpaid care is when caring for someone who is a patient in either acute or community healthcare is multifaceted.

The top 3 concerns that the carers our service supports tell us they are experiencing that are exacerbated by an unplanned or planned hospital admission are:

- i) Financial worries – the cost of caring at home
- ii) Carer burn-out – feeling unable to cope with the care requirements of someone they care for after hospital discharge
- iii) Internal communication – a feeling that care lacks co-ordination and requires strong communication and advocacy skills to ensure that carers rights, and the statutory health and care needs of the person they care for, are being met.

When asked about the skills and knowledge required to care for someone who has long-term or acute health and care needs, a recent mapping exercise has revealed the following priorities:

- i) Manual Handling & safe use of health and care equipment
- ii) Unpaid Carers and the Law (including Lasting Power of Attorney)
- iii) Mental Health for Carers (managing and supporting someone with complex mental health)
- iv) Systems navigation – Health, Social Care, Department of Work & Pensions e.t.c
- v) Safe Transitions (seamless coordination across multiple services / care-coordination) & Hospital Discharge
- vi) Thinking & Planning Ahead – Contingency Planning and Universal / Advanced Care Planning for Unpaid Carers and the people they care for.

#### **2. Who in London is likely to provide care and what are their characteristics?**

The demographic of unpaid carers supported through the Kingston Hospital Carers' Clinical Liaison Service is categorised as carers with an average age of 70 years.

The majority are high intensity carers, giving either moderate unpaid care (35+ hours) or high intensity (50+ hours) of unpaid care each week.



## Kingston and Richmond NHS Foundation Trust

73% of the carers supported by the Carers' Clinical Liaison Service had not previously been formally identified as an unpaid carer, e.g. via their GP or Adult Social Care and are not in receipt of any carers benefits, a Carers' Assessment or any other form of voluntary and community-based support.

The majority of the carers supported by the Carers' Clinical Liaison Service at Kingston Hospital have health concerns and conditions of their own; 43% report they have experienced a new or existing health condition worsen since the onset of their caring role.

In 12% of the cases supported by the Kingston Hospital Carers' Clinical Liaison Service, the patient is also the carer – i.e. the patient admitted to Kingston Hospital is also an unpaid carer and there is someone back home or in the community who will struggle to cope without their help and support.

### **3. What additional challenges do unpaid carers in London face, as opposed to those in the rest of the country?**

The density of services designed to support unpaid carers both within and supportive to statutory provision can be challenging for unpaid carers to navigate. Digital services such as the London Borough of Kingston Upon Thames' "[Connected Kingston](#)" service and the [Richmond & Wandsworth AI Bot for Unpaid Carers](#) are both exemplars of ways that AI can support carers to navigate local support and increase its reach and take-up.

### **4. How effective is the current support available to unpaid carers in London and how does it differ depending on where in London they reside?**

The Carers' Clinical Liaison Service at Kingston Hospital, part of Kingston & Richmond NHS Foundation Trust, has proven an effective service model for supporting unpaid carers in the NHS acute setting.

**KPI 1:** The pathway evidencing the greatest gains in Length of Stay (reduced) and Readmission-Avoidance (reduced) was Pathway 2 – Intermediate Care with the following variation of benefits:

- i. Length of Stay – **reduction by 2.5 days** compared to control
- ii. Readmission avoidance – **reduction by 3%** compared to control.

**KPI 2:** 73% overall increased confidence to care during and beyond this hospital admission.

**KPI 3:** 76% feel better prepared in the event of a carer emergency



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**KPI 4:** 73% carers supported (1095) are high intensity carers unknown to other system services (GP, ASC, VCSE e.t.c.)

In a feedback survey, one carer commented

*“I wish everyone knew how hard it is to be a carer. It’s all consuming and you just wanted someone to stop, ask and listen to how it’s going....we’re going home with a plan and a lot of excellent information. I’ll know who to turn to when I need it.”*

The Carers Clinical Liaison Service has demonstrated definitively that NHS hospitals are a key touch-point where unpaid carers come to the notice of healthcare and other professionals. Hospitals therefore play a key role in supporting unpaid carers to navigate healthcare and other statutory services that support them, including Adult Social Care and the Department for Work & Pensions amongst others. Increased support to involve carers throughout hospital discharge improve discharge decisions and increase carer resilience and confidence to cope with their caring responsibilities.

To carers, this support is priceless; to the system, services that support carers provide complex system navigation and as such, achieve better engagement and outcomes for the system, services, carer and person they care for.

Productivity and impact are defined in wider terms than simple financial productivity; however even in financial terms, there are targeted gains to be realised through focusing on carers supporting patients discharged on pathways 1, 2 and 3. The evaluation of the CCLS advocates for widespread adoption of hospital-based services for unpaid carers.

This submission recommends to the Mayor of London that the Carers’ Clinical Liaison Service model and its impact metrics are rolled out, adopted and adapted to different NHS acute settings across London.

5. **Which interventions in London or outside of London have proven effective?** Please see response to question 4.
6. **Has the Mayor used all his available powers and influence to improve support for unpaid carers?** As a Trust, we are not aware of the Mayor’s actions or agenda in support of unpaid carers in London. This would therefore suggest that there is more that can be done. We warmly invite the Mayor to get in touch with our Carers’ Clinical Liaison Service via [laura.greene2@nhs.net](mailto:laura.greene2@nhs.net) / [krft.carerliaison@nhs.net](mailto:krft.carerliaison@nhs.net) for a site visit and strategic conversation with SRO’s Jo Farrar, CEO and Graeme Wright, Chief Nursing Officer to explore how the Mayor’s available powers could transform carers’ rights and their realisation across health and social care.



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### 7. What more can the Mayor do to support unpaid carers in London?

#### Recommendations:

##### i) **Resource and Advocate for CCLS Roll-Out**

The Mayor to recommend the data driven insights and impact of the Kingston Hospital Carers' Clinical Liaison Service and task all NHS acute settings in London to adopt, adapt and roll-out a Carers' Clinical Liaison Service model responsive to local needs. The CCLS team at Kingston Hospital and Carers' Lead, Laura Greene, will be delighted to deliver a task-force to lead and deliver this to its fullest potential.

##### ii) **Embed Carers Support in Neighbourhood Health Hubs**

Aligned with the NHS 10 Year Plan, it is imperative that the design and implementation of new Neighbourhood Health Strategy, Hubs and operational delivery are delivering the identification, recognition, assessment and community-based support needs of unpaid carers. Please see Appendix 1 for the Kingston & Richmond NHS Foundation Trust strategy and blue-print for pan-London adoption.

##### iii) **Lobby for greater access for unpaid carers to health and social care**

- Caring is a social determinant of health and should be recognised as a vulnerability that co-exists with Frailty and our system-wide response.
- There is **no single authoritative national statistic** that gives the precise count of *unpaid carers who are caring specifically for someone with clinically defined frailty*.

Most estimates require linking frailty prevalence (from health datasets) to carer surveys/cohorts.

Therefore, registration of Frailty data together with increased Carer identification in both Primary and Acute Care can only help to better understand and provide/commission services for people who are looking after someone with Frailty, or themselves an unpaid carer with Frailty.

London could trailblaze to triangulate this data and evidence the need for targeted interventions re Frailty & Unpaid Care.

Models such as the **New Malden & Worcester Park One Stop Shop** service for Unpaid Carers, and drive of the **Richmond & Kingston Frailty Collaborative** to



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embed the Universal Care Plan for unpaid carers are to be celebrated, showcased on pan-London platforms and translated into 'business as usual' across London.

- **GP responsiveness to unpaid carers identification, registration and proactive and anticipatory healthcare** is key, prioritising unpaid carers as a targeted for both proactive and anticipatory care. Inviting unpaid carers to register with GPs via SNOMED codes<sup>1</sup> and responding with a proactive, universal offer:
  - i) GP appointment to discuss the health and wellbeing implications of unpaid caring
  - ii) Priority NHS Vaccinations – flu / covid
  - iii) Social Prescribing appointments
  - iv) Care-Co-ordination for unpaid carers who are supporting people with Frailty and/or complex needs.

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### <sup>1</sup> **SNOMED CT codes for unpaid carers**

SNOMED CT code	Term description	Definition for NHS LTP delivery and associated metric
224484003 <sup>1</sup>	Patient themselves providing care	Person who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
302767002	Cares for a relative	Person who looks after a family member who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
1366321000000106	Has Carer Contingency Plan/ Has Carer Emergency Plan	Carer has contingency plan in place for a situation when they cannot provide care and relevant information is accessible to professionals.
199361000000101	Is no longer a carer	When a person is no longer providing care unpaid.

Further information can be found on <https://www.england.nhs.uk/long-read/coding-unpaid-carers-snomed-ct/>



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### Appendix 1: Recognising and Supporting Unpaid Carers through Neighbourhood Health Care

**Opportunity Headline:** Unpaid carers are a vital but undervalued part of our health and care system. Neighbourhood Health offers the platform to recognise, support, and sustain them — improving outcomes for carers, patients, and the system alike.

**Solution Proposal:** A neighbourhood where every unpaid carer is recognised, supported, and connected — improving their wellbeing, sustaining their caring role, and strengthening the health of the whole community.

#### 1. Context

Unpaid carers are an invisible backbone of local health and social care systems. Evidenced by the 2021 Census, 1 in 7 UK residents provide unpaid care to a friend or family member with illness, disability, or frailty — often at the expense of their own health, income, and wellbeing.

- **43% of unpaid carers report a decline in mental or physical health** since taking on a caring role (Age UK 2021)
- High-intensity caring is associated with **increased mortality risk** (English Longitudinal Study on Aging)
- Many carers remain **hidden from statutory services** until crisis point, contributing to avoidable hospital admissions and delayed discharges. (Carers' Clinical Liaison Service, KRFT)

Neighbourhood Health Care offers a timely opportunity to reimagine how local systems **identify, value, and support unpaid carers** as part of our community health infrastructure.

#### 2. Why Carers Matter to Neighbourhood Health

- **Social Determinant of Health:** Caring responsibilities shape carers' physical, emotional, and financial wellbeing — directly influencing local population health outcomes.
- **Prevention and Early Intervention:** Supporting carers earlier reduces crisis-driven demand and reverts to the gold-standard proactive/preventative health and social care.
- **System Sustainability:** Effective carer support underpins hospital flow (up to 4.8% reduced likelihood of hospital re-admission), reduced LOS (up to 1.3 bed days), preventing burnout and breakdown in home care arrangements.
- **Equity and Inclusion:** Many carers experience isolation, poverty, or digital exclusion; proactive engagement through Neighbourhood Health helps close these gaps.

#### 3. Opportunities for Innovation and Partnership

Neighbourhood Health Care providers — including NHS teams, Primary Care Networks (PCNs), local authorities, voluntary sector partners, and anchor institutions — can flex their remit to:



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1. **Identify carers early** through trusted community touchpoints (GPs, clinically-led referrals, schools, libraries, voluntary groups).
2. **Offer preventative health checks and wellbeing interventions** for carers (e.g. mental health support, physical activity, peer networks).
3. **Harness volunteering and social prescribing** to create community-led respite and support opportunities.
4. **Build shared data and referral pathways** between NHS and Carer Support organisations to reduce duplication and fragmentation.

## 4. Integrated Delivery Model (See Solution Proposal pg 3)

- **Embed carer support navigation** into Neighbourhood Health Hubs, linking carers to Adult Social Care, respite, and financial advice.
- **Co-locate carer support workers or Carer Champions** within Integrated Neighbourhood Teams, strengthening their function as a Single Point of Access

## 5. Strategic Imperative for the Trust

- **Aligns with Integrated Care System priorities** on prevention, community engagement, and reducing health inequalities.
- **Strengthens KRFT's anchor role** — as a large local employer and community leader — in improving population wellbeing beyond hospital walls.
- **Demonstrates innovation in Neighbourhood Health design** — positioning the Trust as a leader in system integration and community partnerships.

## 6. Proposed Next Steps

1. London Assembly / Kingston & Richmond NHS Foundation Trust to convene a short-life working group with local carer organisations, PCNs, and the voluntary sector to **map current support and system-navigation gaps**.
2. Pilot a **Neighbourhood Carer Support Model** within one locality to test early identification, referral, and wellbeing interventions.
3. Embed carer recognition in the Trust's **Neighbourhood Health Strategy** and communications plan.

**London Assembly’s Call for Evidence: Experiences of unpaid carers in London: NHS England London Region response**

**1. Introduction**

Unpaid carers are a crucial part of the health and care system in London. They provide essential care for family members and loved ones, enabling people to remain at home and reduce pressure on NHS services.

Despite their significant contribution, both in terms of care and economic value, unpaid carers often face financial hardship and health challenges. The evidence presented in this document outlines the scale of the impact of caring and the risks of insufficient support, for both the unpaid carer and the person they care for.

**2. Carers contribution to the NHS**

There are an estimated 700,000 unpaid carers in London, supporting individuals with long-term conditions, disabilities, and frailty. Unpaid carers often manage medication, assist with personal care, provide emotional support, and coordinate health appointments, tasks that would otherwise require paid professional intervention.

The annual NHS budget in 2024-25 was £204.7 billion Of this amount, £187 billion was allocated to NHS England for spending on health services. Research from the [Centre for Care](#) (in partnership with Carers UK) calculates that the economic value of contributions made by unpaid carers in the UK is approximately £184 billion a year.

The research also showed a 29% increase in the value of unpaid care in the UK census 2021 compared with 2011 census data. In financial terms this makes unpaid carers the largest group of provision of care in the UK.

**3. Groups of people are most likely to provide unpaid care in London**



- 596,470 Londoners (7.8%) identified as carers in the 2021 Census. The General Practice Patient Survey ([GPSS](#)) would suggest the true figure is closer to 16% of Londoners.
- In London the largest proportion of carers are working age (50–64), meaning they are often balancing work and caring responsibilities.
- There is a growing number of young carers (under 18) across London, estimated at over 40,000, who support parents and/or siblings. Young carers are under-recorded in official data.
- As with the England profile, most carers in London are women (around 60%), though men also play a significant role, especially in older age groups.
- The previous decade has seen a sharp increase in the number of unpaid carers providing 50+ hours/week of unpaid care. Carers living in boroughs that experience higher levels of deprivation, provide more hours of unpaid care.
- London has much greater ethnic diversity among carers compared to the national average, which reflects the city's diversity.
- Asian and Black carers are overrepresented in London relative to nationally.
- There is [evidence](#) that carers from minority ethnic backgrounds experience higher financial strain and lower access to respite services.
- While forty six percent of Londoners identify as from an ethnic minority background; many do not relate to the term “carer,” seeing caring as family duty, which creates access barriers to support.

Unpaid carers ethnicity breakdown <sup>1</sup>	% London	% National
White	60%	78%
Asian/Asian British	20%	9%
Black/Black British	10%	4%
Mixed/Multiple ethnic groups	5%	3%
Mixed/Multiple ethnic groups	5%	6%

## 4. Challenges faced by carers in NHS services

### 4.1. Poor Identification & Recognition

- [NHS staff identify only 10% of carers](#), even though 70% of unpaid carers have frequent contact with health professionals.
- The annual [Carers UK's State of Caring survey](#) (2025) completed by 10,500 current and former carers found half said they need more recognition from the NHS. This was an increase from 42% in 2023.
- [Inconsistent recording systems and codes across GP practices](#) limit visibility and access to carer specific support such as longer appointments, carer health checks and vaccination offers.

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<sup>1</sup> [Unpaid care and protected characteristics, England and Wales - Office for National Statistics](#)

## 4.2. Lack of Involvement in Care Decisions

- Only 14% of carers reported being asked about their capacity to provide care during hospital discharge planning<sup>2</sup>.
- Many unpaid carers feel [excluded from consultations and key decisions](#) regarding the person they care for.

Carers report a [lack of follow-up and poor coordination after hospital discharge](#). This is also evidenced in the [National Inpatient Survey](#). The survey asks people about their experiences across a range of domains, including their experience of leaving hospital.

The 2024 inpatient survey showed 19.9% of respondents said that hospital staff did not discuss whether they would need any additional equipment or changes to their home after leaving the hospital but would have liked them to. Less than a half (47.5%) of respondents felt they 'definitely' got enough support from health or social care services to help them manage their condition after leaving hospital, 23.1% said they did not receive enough support.

Patients experience of discharge from hospital has become increasingly negative year on year and remains a very challenging part of people's experiences of care.

## 5. The impact of caring on carer's health and wellbeing

The annual [GP Patient Survey](#) (GPPS) is an England-wide survey, providing data about patients' experiences of Primary Care services.

Below is a summary of some of the key results from the 2025 survey.<sup>3</sup> A total of 117,281 responses were recorded in London. 17,840 of those respondents classified themselves as a carer.

Carers report a substantially higher prevalence of a long-term conditions than non-carers across all five London ICSs.

Mental health conditions are more common among carers than non-carers across London ICSs. However, London's rates sit 2 points below national for both carers (15% vs 17%) and non-carers (11% vs 13%).

### **Q38 — % 'Yes' to having a long-term physical or mental health condition (≥12 months)**

**National: Carers 72%, Non-carers 61%.**

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<sup>2</sup> State of Caring Report, Carers UK, 2025

<sup>3</sup> Full slides pack have been produced by ICB which can be made available on request.

**London regional:** Carers **66%**, Non-carers **53%**.

### **Q39 — % with a long-term mental health condition**

**National:** Carers **17%**, Non-carers **13%**.

**London regional:** Carers **15%**, Non-carers **11%**.

Other points to note from the GP Patient survey data are that it consistently demonstrates that unpaid Carers in London have worse experiences and outcomes than non-carers, are more likely to contact an out of hours NHS service when their GP practice was closed and more likely use Emergency Departments when their GP practice was closed.

## **6. What would help identify and better support carers in healthcare settings**

The ability to register a patient as a carer, through a flag or SNOMED<sup>4</sup> code, which is embedded in a patient's Electronic Patient Record (EPR) has been available for a number of years<sup>5</sup>. The benefits of registering as a carer, for both unpaid carers and Practice staff include:

- Carers are eligible for regular health reviews, flu jabs, and COVID vaccines, which acknowledges higher vulnerability due to caring duties.
- GPs can monitor the impact of caring on an individual's health and consider referrals to Improving Access to Psychological Therapies (IAPT), for example.
- Carers can book joint and longer appointments with the person they care for.
- Some practices may offer a home visit if attending the surgery is difficult due to the caring role.
- Some Practices have a designated Carers Champion/Care Coordinator to support unpaid carers within the Practice and refer them to support services.
- Being flagged as a carer can support better information flow across NHS teams, reducing fragmentation.

## **7. Number of carers registered at their GP Practice in London**

The Core GP Contract data includes GP carer registration. This enables NHS England to track carer registration using the relevant SNOMED codes.

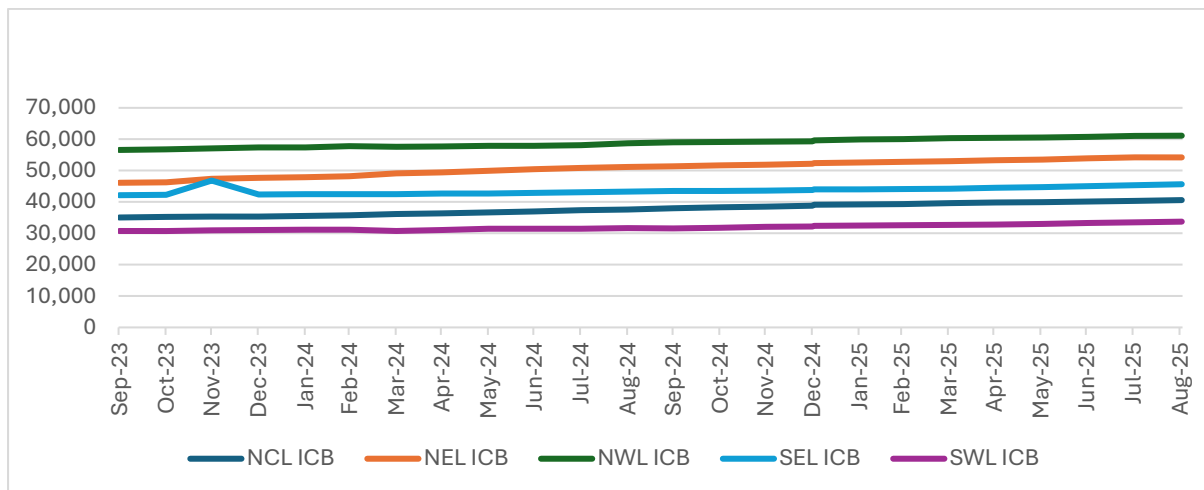
It is encouraging to note that there has been a steady increase in the number of carers registered with their GP across London between September 2023 and August 2025, from a total of 210,628 to 235,295 - an increase of 12%, (25,000). However, this represents only around a third of the estimated carers in the region and more work is needed to increase the registration of carers within General Practice.

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<sup>4</sup> Systematized Nomenclature of Medicine – Clinical Terms

<sup>5</sup> [How good are general practices in England at recording who is an unpaid carer? | Nuffield Trust](#)

**The number of registered patients recorded as being unpaid carers by ICB - Sept-23 - Aug 25**



A key enabler to increase carer registration is the London [Universal Care Plan](#) (UCP) which includes a Carer Contingency Plan (CCP) template that alerts emergency responders that a person is an unpaid carer, which then enables the plan to be activated. If a CCP is added to an individual's UCP it will automatically link to the persons GP to record them as a carer (via SNOMED coding).

## 8. How effective is the current support available to unpaid carers in London

Support for unpaid carers in London is fragmented and variable, with the majority of carers work delivered through multi-agency place-based work chiefly through the delivery of Carer Strategies and joint action plans. Some of this work is supported through the Better Care Fund.

### 8.1. The Better Care Fund

The Better Care Fund (BCF) has been in place since **2015** to integrate health and social care at a local level. The BCF provides a mechanism to enable NHS bodies and local authorities to pool budgets and develop joint care plans aligned with each Health & Wellbeing Board.

The aims of the BCF reflect two of the three shifts outlined in Fit for the Future: The NHS 10-year health plan (2025)

Hospital to Community Care: Delivering healthcare services closer to patients' homes.

Treating Sickness to Prevention: Focus on preventive care, including promoting healthier lifestyles, early intervention and community-based health initiatives to improve population health.

The total funding available from the BCF in 2025-26 in London is £1,691,651,398, of which £31,973,778 was spent on services where carers were the primary objective.

Nationally the figure allocated where carers were the primary objective is around 2.5% of the total BCF spend. In London the figure allocated where carers were the primary objective was 1.9% in 2025-26.

While there is not a specific percentage of the BCF ring-fenced for carers nationally, there is an expectation that BCF plans must include schemes that support carers, but the proportion varies by area.

However, additional funding from the BCF will indirectly benefit carers through better integration of services. For example, the BCF has introduced a requirement for LA's and ICBs to track a new metric to improve discharge waits for patients using the Discharge Ready Date data, which will enable systems to have better joint ownership and understanding around discharge performance.

There are some areas of very good practice across London which is supported through the BCF including:

- Carers assessments and identification initiatives
- Hospital discharge coordination involving carers
- Digital tools and assistive technology to support carers remotely
- Respite services and dementia-specific support integrated into discharge planning (Brent)
- Carers embedded in neighbourhood health teams for proactive care planning (Harrow)
- Mental health and wellbeing officer pilot to support carers of people with complex needs and Primary care initiatives to identify and refer carers earlier (Redbridge)
- Carers included in hospital discharge planning via the Transfer of Care Hub and Mental health reablement services help carers maintain care at home (Lewisham)

While there are other examples of positive practice driven by more integrated working across health and social care there is no overarching regional plan to ensure consistency for all London carers. This means the type and quality of support carers receive often depends on where they live, creating a postcode lottery. The lack of a unified approach also limits opportunities for sharing best practice and coordinating resources across boroughs, which can leave many carers feeling isolated and unsupported.

## **9. NHS England Region initiatives to better support unpaid carers**

NHS England London Region have taken a "Once for London" approach to supporting carers, working with our Integrated Care Systems carers leads and community and voluntary sector partners building on the excellent work taking place at ICB and place level to develop pan-London initiatives. Two examples of this are:

- The London [Carers and Hospital Discharge Toolkit](#)

- The [Universal Care Plan Carer Contingency](#) Plan

These, and other initiatives, have been developed through joint working with local government, public health services and voluntary sector partners to increase the number of carers identified within health and care records in order that carers can be better supported and improve outcomes for all carers through their health and care journey.

#### 9.1. London Carers Hospital Discharge Toolkit

In 2023 NHS England London developed the London [Carers and Hospital Discharge Toolkit](#) to improve the experiences of carers and the people they care for during the hospital discharge journey.

Designed in partnership with Carers UK, Mobilise, Carers First, Carers Trust and the London Association of Directors of Adult Social Services (ADASS), the co-produced resource provides action-orientated top tips to better support Londoners when someone they care for is being discharged from hospital.

The development of the toolkit started with seed funding from NHS England Commitment to Carers Team for nine London hospital trusts to pilot carer friendly hospital discharge practice.

Since the launch of the Toolkit several trusts have worked to adopt the toolkit and embed the 5-step carer pathway detailed in the Toolkit into their practice. Early adopter sites included North Middlesex University Hospital, Chelsea and Westminster NHS Foundation Trust, Kingston and Richmond NHS Foundation Trust and St Georges University Hospital Trust.

Kingston and Richmond Foundation Trust were early and enthusiastic adopters of the Toolkit and set up the [Carers' Clinical Liaison Service for unpaid carers: Kingston and Richmond NHS Foundation Trust](#) (CCLS).

The service has been noted as excellent practice by The Joseph Rowntree Trust in their publication, [Moving in circles: supporting carers navigating the care system](#), “The DHSC should embed ‘carer navigators’ into medical and community care institutions. Carers need better access to support and to understand their entitlements, alongside better channels for liaison with medical and other professionals. To achieve this, medical and community care institutions should introduce ‘carer navigators’: professionals who can identify and support carers in those settings. In particular, these should be embedded into the Government’s planned ‘neighbourhood health centres’. To design and implement this service, the Government should learn from the pioneering Carers’ Clinical Liaison Service introduced at Kingston Hospital in 2023”. (JRT, 2025)

Alongside the clear benefits to patient and carer outcomes and experience the Carers Clinical Liaison Service has led to tangible efficiency benefits. The rate of re-admission of the CCLS intervention patient cohort is 10% within 6 weeks of

discharge. This is 13.3% lower than the control group (no CCLS intervention), of whom 23.3% were re-admitted within 6 weeks of hospital discharge.

Forty seven % of carers supported through the Carers' Clinical Liaison Service are previously unknown to other health, voluntary or social care interventions for carers. This demonstrates the integral role of acute hospitals as a 'come to notice' opportunity for the early identification of unpaid carers.

## **10. Universal Care Plan: Carer Contingency Plan**

In Spring 2023 the One London Universal Care Plan programme opened an opportunity to add additional templates to the existing Universal Care Plan (UCP) portal. The UCP is a digital care planning tool accessible across the London health and care system, including NHS providers, London Ambulance Service, and Urgent/Emergency Care.

NHS England London Region scoped existing provision for Carer Contingency Planning across London. Arrangements exist within both social care and VCSE sector provision, however there was no digital integration with health records and as such urgent care practitioners were unable to activate Carer Contingency Plans where they already exist.

For Carer Contingency Planning to deliver real benefits to carers and the people they care for, relevant information must be accessible to health and care professionals when they need it. Digitally capturing this information means that all services working with carers, and carers themselves, can have sight of and input into and update the Carer Contingency Plan.

The Region worked with Carers Trust and ADASS to develop a proposal for the addition of a personalised Carer Contingency Planning (CCP) template onto the UCP, which was successfully adopted and went live in January 2025<sup>6</sup>.

The UCP CCP allows carers to create a Carer Contingency Plan within the UCP without completing all fields. In an emergency, a flag alerts healthcare providers that the person is a carer and activates the CCP. The CCP automatically links to GP records via SNOMED coding, ensuring continuity of care.

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- <sup>6</sup> Information for Londoners: <https://ucp.onelondon.online/patients/>
  - How to access the UCP: <https://ucp.onelondon.online/access/>
  - 'How to' Guide for Carer Contingency planning on the UCP (head to the **Onboarding Guidance** section): <https://ucp.onelondon.online/training/#protected-learning>
  - Information about DSPT Standards and how to achieve them: [Data Security and Protection Toolkit | Digital Care Hub](#)

## 10.1 Future enhancements of the UCP/CCP

Future enhancements of the UCP CCP are planned in 2026 with carers soon being able to initiate their own CCP via the NHS App. Work is underway to integrate existing analogue plans into UCP in some boroughs.

The Region is working closely with several London boroughs to support the implementation of UCP CCP at Place with Integrated Care Partnerships engaged in identifying and supporting carers who would benefit from a CCP and identifying staff across statutory and VCSE organisations who can be trained to create CCPs within a UCP.

## **11. What more can be done to support unpaid carers in London?**

- Develop a London-wide Carers Plan.
- Improve data linkage (e.g., GP SNOMED coding, SACE integration).
- Address health inequalities and intersectionality through the inclusion of carers in [Core 20 plus 5](#) strategies and plans at Place and System level.
- Improve workforce support for health and care staff who are carers.
- Build a Community of Practice for professionals working with carers.
- Create a universal Carers Passport for London.
- Promote digital and analogue contingency planning tools.
- Strengthen support for young carers through toolkits and school nursing offers.