Carers Health Needs Assessment Executive Summary

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"A carer is someone who provides unpaid care and support to a family member or friend who has a disability, illness, mental health condition, addiction, or they need extra help as they grow older. It isn't someone who volunteers or is employed to provide support" – Building Carer Friendly Communities (2026b, pp.4)

Carers are a vital part of Kent's health and care system. They provide indispensable practical, emotional and personal support to family members, partners, friends and neighbours, often helping people to remain safe, well and independent at home. This Health Needs Assessment (HNA) was commissioned to strengthen the evidence base for the next phase of the Kent Adult Carers Strategy 2022–2027, with a particular focus on prevention, early intervention and reducing the risk of carer burnout and breakdown. It has been developed through a combination of literature review, local data analysis and coproduced engagement with carers and partners across Kent.

The assessment shows that caring is both common and dynamic. In Kent, 135,895 people were identified as unpaid carers in the 2021 Census, representing 9.1% of the population aged 5 and over - a higher proportion than both the South East and England overall. Caring is not evenly distributed across the county: prevalence and intensity are higher in some districts and wards, and nearly a third of carers in Kent provide 50 hours or more of care each week, indicating substantial levels of high-intensity caring. At the same time, caring is often hidden, under-recognised and under-recorded, with significantly fewer carers visible in health records than would be expected from population estimates.

The HNA demonstrates that carers should be understood as a high-need population in their own right. Many experience poorer physical and mental health, social isolation, financial strain, sleep disruption and reduced opportunities to work, study or maintain relationships. Local survey findings show that the vast majority of carers report a negative impact on their health and wellbeing, with many describing moderate to high levels of strain. Despite this, only a minority report receiving support, and even fewer say they receive the right amount of support. This suggests a significant mismatch between the scale of carers' contribution and the level of practical, emotional and preventative help available to them.

Analysis of local engagement data identified four distinct carer profiles, ranging from carers with relatively low levels of strain and limited support needs to carers experiencing high levels of strain, poor health, financial hardship and significant barriers to accessing support. These findings reinforce that carers are not a single homogeneous population and that a proportion of carers are at particularly high risk of burnout, breakdown and crisis without earlier and more targeted intervention.

The evidence also shows that different carer groups experience caring in different ways and face distinct barriers to recognition and support. This includes young carers and young adult carers; parent carers; carers in employment; carers from diverse communities; dementia carers; distance carers; sandwich carers; carers with their own long-term conditions; and former carers after the caring role ends. The profile analysis highlights that while some carers require primarily information, recognition and preventative support, others experience intersecting challenges including intensive caring responsibilities, co-resident caring, financial hardship, poor health and social isolation, demonstrating the need for proportionate and tailored approaches across the caring population.

The HNA also identifies a growing and increasingly visible population of young carers. Local data shows that the number of pupils identified as young carers in Kent has increased substantially in recent years, rising from 2,141 in 2022/23 to 6,474 in 2025/26. Young carer rates in Kent are consistently above the national average and vary significantly across the county. The evidence highlights the importance of early identification and support for children and young people whose caring responsibilities may affect education, wellbeing, relationships and future opportunities.

Across these groups, the HNA identifies the importance of intersectionality: caring responsibilities can compound existing inequalities linked to poverty, disability, gender, ethnicity, age, sexuality and geography. Those least likely to self-identify or access early support may also be among those at greatest risk of poor outcomes.

The assessment highlights a number of system pressures that are likely to increase the demand for unpaid care in the future. An ageing population, rising numbers of people

living with multiple long-term conditions, increasing prevalence of dementia and neurodevelopmental conditions, and ongoing pressure on formal health and social care services mean that unpaid carers are likely to become even more critical to the sustainability of the system. However, the HNA is clear that unpaid care should not be viewed as a substitute for formal care. Instead, carers must be recognised as partners in care whose own health, wellbeing and resilience are essential to achieving better outcomes for the people they support and for the wider system.

Findings across health and care settings show that carers often encounter fragmented, reactive and inconsistent support. In primary and community care, there are opportunities for earlier identification and more carer-friendly access arrangements, but carers continue to report difficulties with appointment systems, inconsistent recognition and services that do not adequately reflect the realities of caring. In hospital and secondary care, many carers describe poor communication, limited involvement in discharge planning and insufficient information at the point of transition, leaving them unprepared to manage care at home. In adult social care, although the Care Act 2014 provides important rights to assessment and support, carers still report long waiting times, difficulty navigating services and unmet need. In palliative and end of life care, carers often take on complex and emotionally demanding responsibilities with variable respite and bereavement support.

The engagement findings reinforce the need for a stronger preventative offer. Carers commonly seek help at points of crisis, when they are exhausted, overwhelmed, unwell or unable to continue without support. Survey and focus group findings show clear demand for more practical help, better access to respite and breaks, emotional support, improved information and navigation, faster responses from services, greater flexibility, and better recognition from professionals and the public. The profile analysis suggests that many carers do not seek support until caring has begun to negatively affect their health, wellbeing or financial circumstances, reinforcing the importance of proactive identification and anticipatory support before carers reach crisis point. Former carers also described a “cliff edge” when caring ends, particularly after bereavement, with ongoing emotional, health and financial impacts but little structured follow-up or transition support.

The concept of Carer Friendly Communities provides a useful framework for translating the findings of this HNA into whole-system action. A carer friendly community is one in which carers are visible, recognised, listened to and supported across the places they live, work, study and access services. This aligns closely with the HNA’s prevention focus and reinforces that improving outcomes for carers is not the responsibility of one organisation alone, but requires coordinated action across health, social care, employers, education, businesses, voluntary and community organisations, and local communities.

Overall, this HNA concludes that carers in Kent make an enormous contribution but remain too often under-identified, under-supported and overlooked. Improving carer outcomes will require a more coordinated, inclusive and proactive approach across the whole system. This includes better identification and recording of carers; more timely and preventative assessments; carer-friendly pathways in health and social care; improved support at key transition points such as hospital discharge and the end of caring; greater attention to health inequalities; and targeted support for groups at higher risk of hidden need or poor outcomes.

The HNA therefore recommends a programme of system-wide action focused on nine broad themes:

(1) improving identification, awareness and recognition of carers;

(2) making services easier to access, navigate and use;

(3) strengthening assessment, prevention and anticipatory support;

(4) improving practice in hospitals, discharge pathways and wider health settings;

(5) expanding practical support, breaks and flexible respite;

(6) addressing inequalities and improving support for specific carer groups;

(7) supporting carers' employment, financial wellbeing and wider socioeconomic resilience;

(8) strengthening safeguarding and supporting complex caring relationships; and,

(9) strengthening strategy, commissioning, accountability and promoting systems leadership.

Taken together, these recommendations provide a framework for Kent to move from fragmented and reactive support towards a more preventative, person-centred and carer-inclusive system. Ultimately, maximising the health, wellbeing and independence of carers is critical to maintaining a resilient and financially sustainable health and care system: "If unpaid carers stopped providing care overnight, the health and social care systems in the UK would collapse" (Petrillo, Zhang & Bennett, 2024; Carers UK, 2025). Supporting carers helps to sustain this vital contribution, reduce avoidable demand on services, and deliver better value across the system. For Kent, improving population health and strengthening prevention depends on recognising carers as a key population group whose wellbeing and support needs should be addressed throughout, and beyond, the caring journey.