

Life As A Carer

Findings from the Carers Survey (March 2026)

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1 Forward

This report brings together the experiences of carers who generously shared their views and personal stories about the realities of caring. Their insight highlights both the challenges they face and the support that makes a difference to their daily lives. Understanding these experiences is essential if we are to continue improving the way we work with and for carers.

I would like to thank every carer who contributed. Your honesty and time are greatly appreciated. My thanks also go to the colleagues who gathered and analysed this feedback. I hope this report will help guide our ongoing work to improve support for carers and recognise the vital role they play.

Dr Victoria Brunsdon, Research and Analytics Manager, KCC

2 Executive Summary

Carers make an essential contribution to supporting people to live safely and independently, often while balancing work, family life and their own health needs. This report summarises the experiences of 688 carers in Kent who responded to a survey between 26 January and 22 February 2026. The findings provide insight into the impact of caring, the support carers receive, and what would help them most.

Caring responsibilities

Most carers provided long-term, intensive support to their spouse or partner, parent, child, or another relative. Around two thirds had been caring for five years or more, and over half provided more than 50 hours of care each week. Nearly all cared for someone with a long-term health condition or disability, and three quarters lived with the person they cared for. Carers supported a wide range of needs, most commonly instrumental daily living tasks and advocacy.

Impact of caring on daily life

Caring affected almost every aspect of life for most carers. The ability to look after their own health and wellbeing was the most negatively affected area (87%), followed closely by social life, hobbies and interests (82%). Relationships were also impacted: while 46% reported strain in their relationship with the person they care for, 25% experienced positive changes.

The majority of carers (93%) experience high levels of impact, with disrupted routines, emotional strain, limited time for themselves and social isolation. Very few reported moderate (5%) or minimal (2%) impact.

Carer concerns and strain

Worry about the future needs of the person they care for was widespread, with 71% feeling this often or always. Many also struggle with lack of time for themselves, stress from juggling responsibilities and difficulty maintaining their own health. Overall, 72% of carers experience moderate or high carer strain, indicating that many are close to their coping limit.

Support and access

Most carers were not connected to formal support. Only 27% reported receiving any support, and just 9% said they receive the right amount. Carers were most likely to receive information or signposting rather than practical help.

Carers face significant barriers. Practical constraints such as time, transport and caring demands were reported by 87%, and system barriers, including waiting times and unclear pathways, by 73%. Around 63% of carers appear to have limited access to support. Many have not informed their GP about their caring role, are not receiving support, and experience several barriers when trying to access help.

What would help

The strongest and most consistent support need was respite. One in four carers (25%) said regular breaks or additional caring support would make the greatest difference. A further 17% wanted more hands-on caring support, and 14% needed more time for themselves, which respite would enable. Carers also highlighted needs relating to financial support (12%), emotional support from someone who understands (12%), better or quicker support from services (11%) and having their own needs recognised (8%).

Positive aspects of caring

Although less common, some carers did report positive aspects of caring. Around 18% said they did not experience anything positive; however, others described feeling proud of the care they provided, valuing being there for the person they care for, seeing progress or maintaining quality of life, and finding meaning in helping keep their loved one safe or at home.

Carer profiles

Four distinct groups of carers were identified, each with different levels of need, access to support and risk of strain. The first group are the highest-risk group. These carers face the greatest caring intensity, the highest levels of strain and financial pressure, and the most significant barriers to accessing support. Many are providing 50+ hours of care each week, often while managing their own health conditions.

The second group represents high-need carers who are providing intensive, often long-term care and experiencing substantial strain, but who have some connection to support services. Although they receive help, most feel this is not enough, highlighting the importance of strengthening existing support, particularly respite and emotional support.

The third group comprises moderate-need carers who typically provide fewer hours of care, experience low strain, and report limited need for formal support. Their needs centre on preventative information and maintaining wellbeing.

The final group reflects a resilient group of carers providing the lowest levels of care, often caring for a parent. They benefit from strong coping strategies, lower financial pressure and non-co-residential arrangements. Support should focus on preserving resilience and enabling flexibility.

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Life As A Carer

Carers play an essential role in supporting people to live safely and independently and make a substantial contribution to the health and care system. However, caring can bring significant emotional, practical and financial pressures, often affecting carers' own health and wellbeing. Listening to carers' experiences is therefore crucial to understanding what support would make the greatest difference.

Despite their critical role, we know little about carers locally in Kent. The purpose of this report is to better understand the experiences and needs of people currently providing unpaid care. By gathering insight directly from carers, the findings aim to inform how support can be improved and to highlight the pressures, challenges and positive aspects of caring that shape carers' day-to-day lives.

This report draws on survey responses collected between 26th January and 22th February 2026 from 688 people currently providing unpaid care. The survey asked about carers' experiences of caring, the impact this has on different aspects of their lives, and their wellbeing and support needs.

As this was a self-selecting sample, the results reflect the experiences of those who chose to respond and are not representative of all carers in Kent.

Carers came from across Kent, with the highest participation from Canterbury and Tonbridge and Malling. Most respondents were female and aged between 41 and 75. Just over half reported having a disability or long-term health condition, most commonly musculoskeletal or cardiometabolic conditions. The majority identified as Christian and White, were married, and lived with a partner or family members. Around four in ten were retired, and while many said they were managing financially, almost a third reported struggling with household costs.

A summary of the methodology and the full respondent profile can be found in the [appendix](#).

3 Caring Responsibilities

Section Highlights

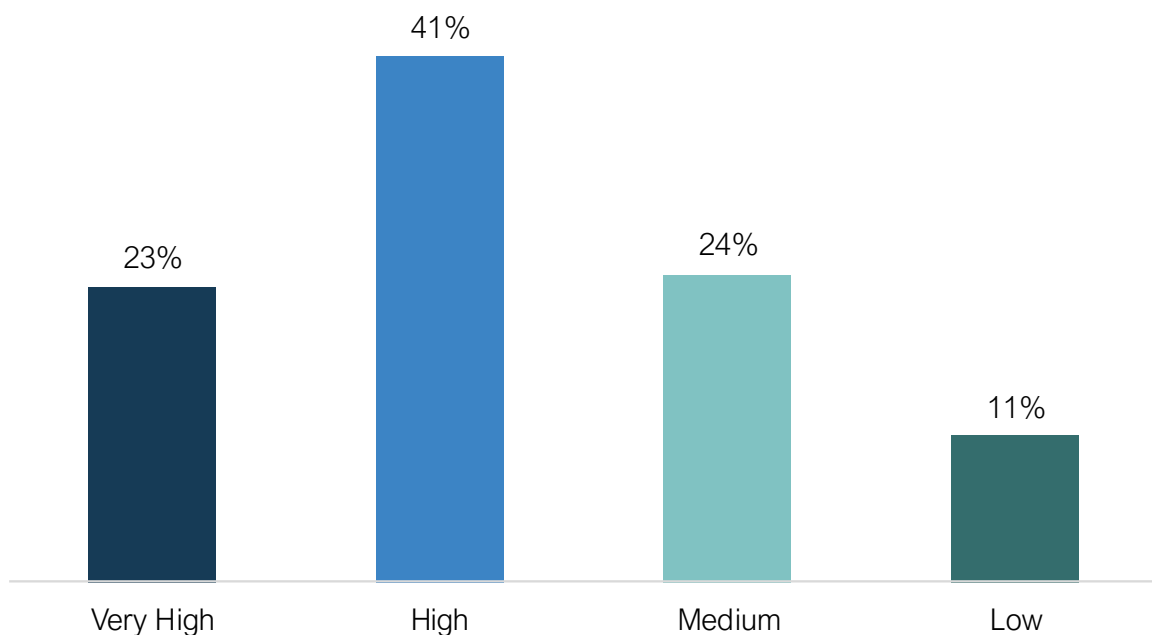
This section looks at the responses from carers regarding the individual(s) they care for.

- Most carers provide intensive, long-term support to close family members, often within the same household.
- Caring typically involves supporting someone with significant health needs and providing many hours of care each week.
- Carers commonly take on a wide range of responsibilities, from day-to-day living tasks to advocacy and coordination.

3.1 Intensity of Caring

We created a caring intensity index which reflects the overall level of demand placed on a carer based on how much time they spend caring, complexity of the care provided, the conditions involved, whether they live with the person, and how many people they support.

Level of caring intensity

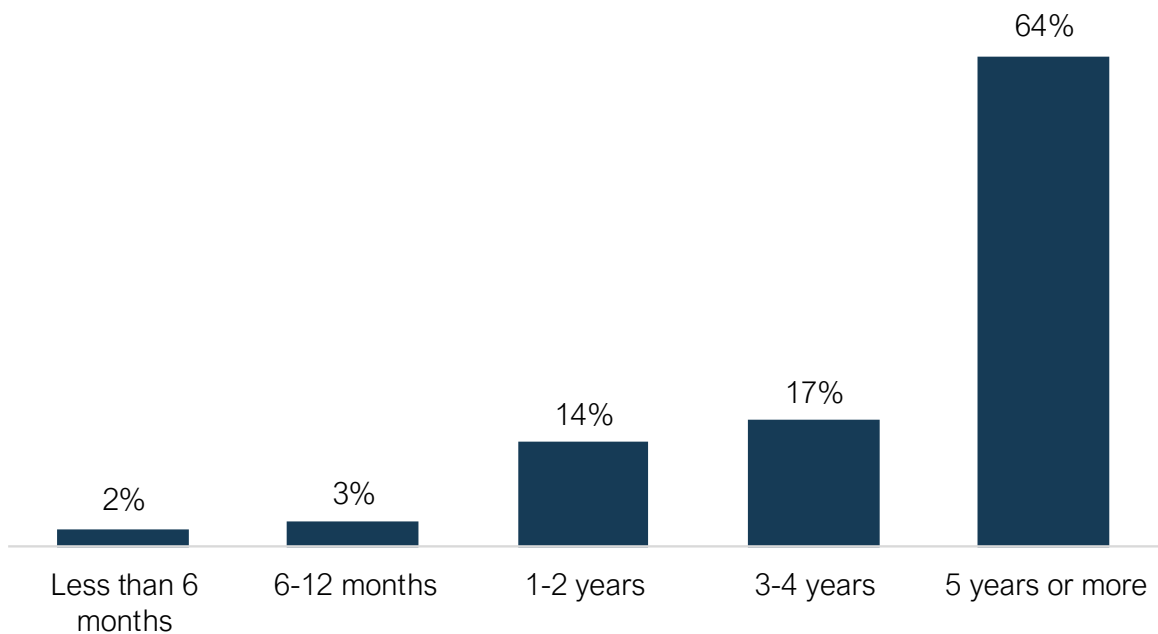


Most carers fell into the high intensity band (41%), and almost two-thirds were in the high or very high bands combined. This reflects the significant and sustained responsibilities many carers take on, including supporting people with multiple long-term health conditions and providing care across many areas of daily life. A further 24% were in the medium intensity band, while only 11% were categorised as low intensity.

3.2 Duration of Caring Responsibilities

Carers were asked about the duration of their caring responsibilities.

Duration of caring roles



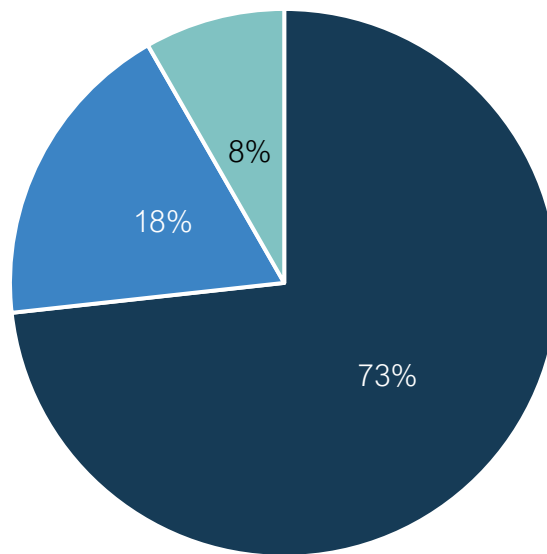
A large proportion of carers reported being in their role for a significant period of time. Almost two-thirds (64%) had been caring for five years or more, highlighting the long-term nature of most caring arrangements. Only 5% had been caring for 12 months or less.

3.3 Number of People Cared For

Carers were asked how many people they currently provide care for.

Number of people cared for

■ 1 person ■ 2 people ■ More than 2 people

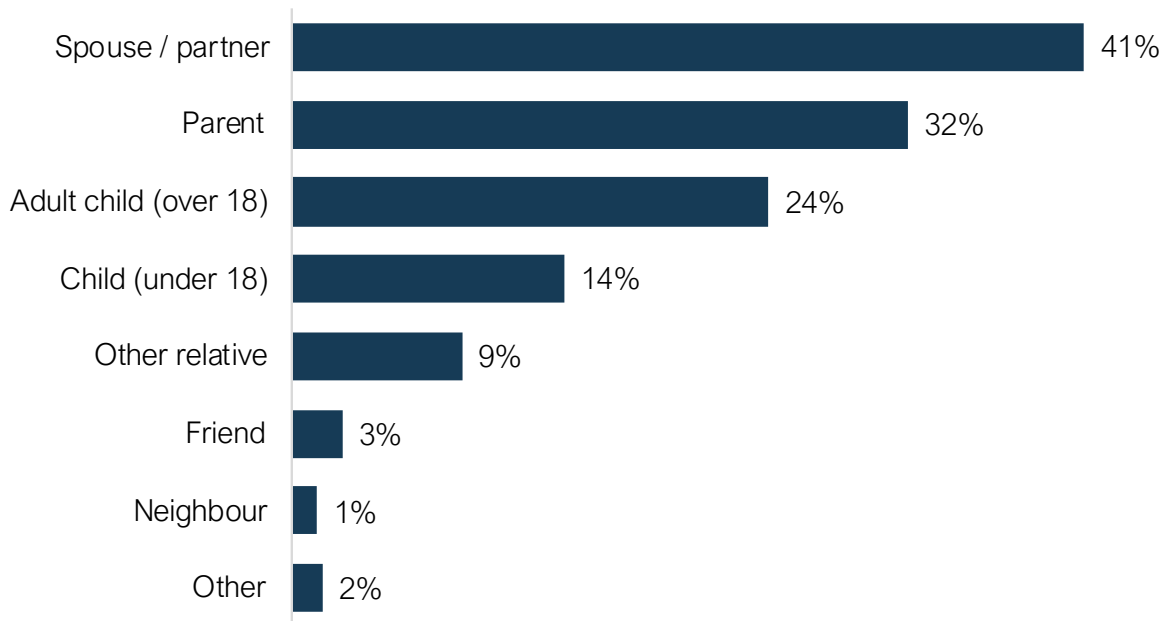


By far the largest proportion of respondents cared for a single person (73%). A smaller proportion (19%) cared for two people, while only 8% cared for three or more individuals.

3.4 Relationship To The Person Cared For

Carers were asked about their relationship to the person they care for.

Relationship to the cared-for person

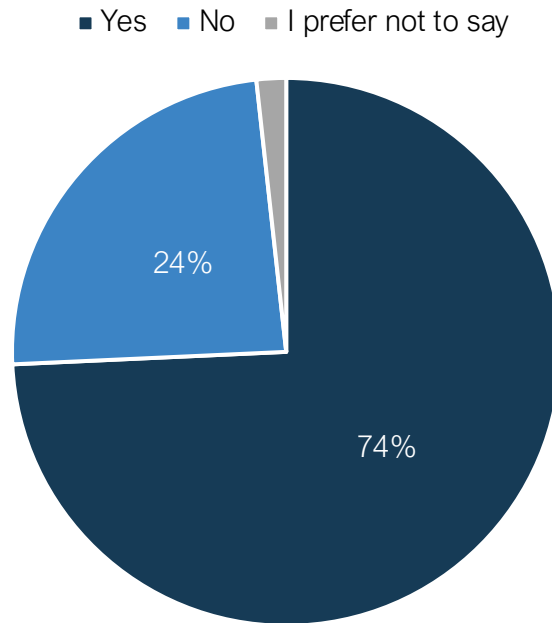


Respondents most commonly cared for a spouse or partner (41%) or a parent (32%). As carers often support more than one individual, respondents could select multiple options. Overall, 98% of carers provided support to at least one family member or relative.

3.5 Living Arrangements

Carers were asked whether they live with the person they care for.

Living arrangements during the caring role

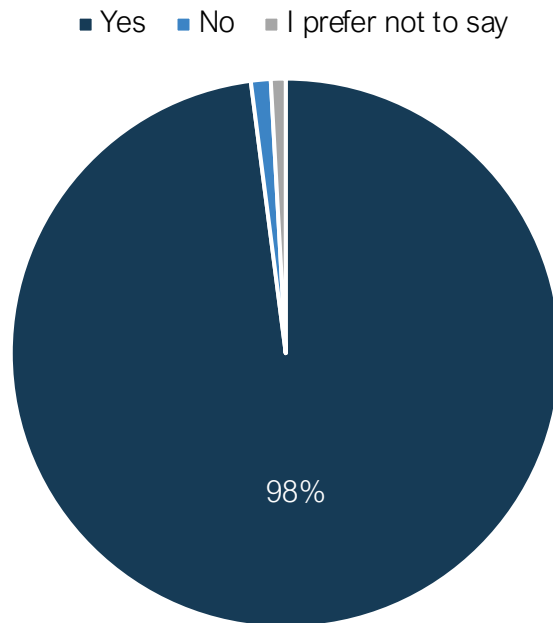


Most carers (74%) reported living with the person they care for, which aligns with the high proportion supporting partners, spouses, or other close family members. Just under a quarter (24%) lived separately from the person they support.

3.6 Disability or Health Condition of the Person Cared For

Carers were asked whether the person (or people) they care for have a disability, long-term health condition, or physical or mental impairment.

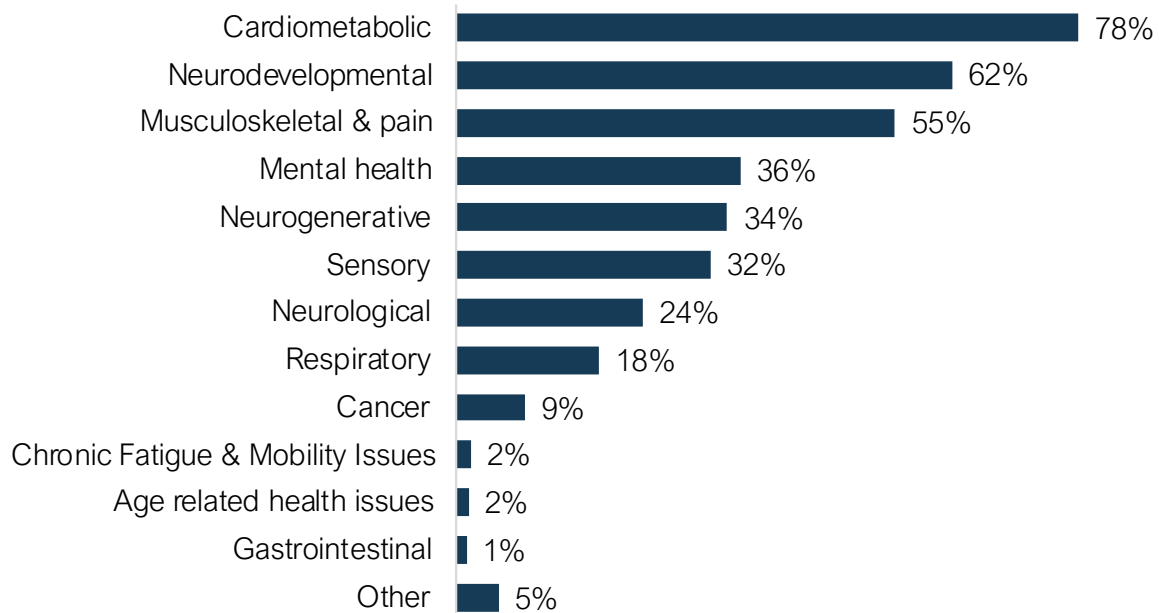
Whether the cared-for person has a disability or condition



Nearly all respondents (98%) reported that the person they care for has a disability, long-term health condition, or physical or mental impairment, which is expected given their need for care.

Carers were asked which disabilities or health conditions the person (or people) they cared for had.

Disabilities and health conditions of cared-for people

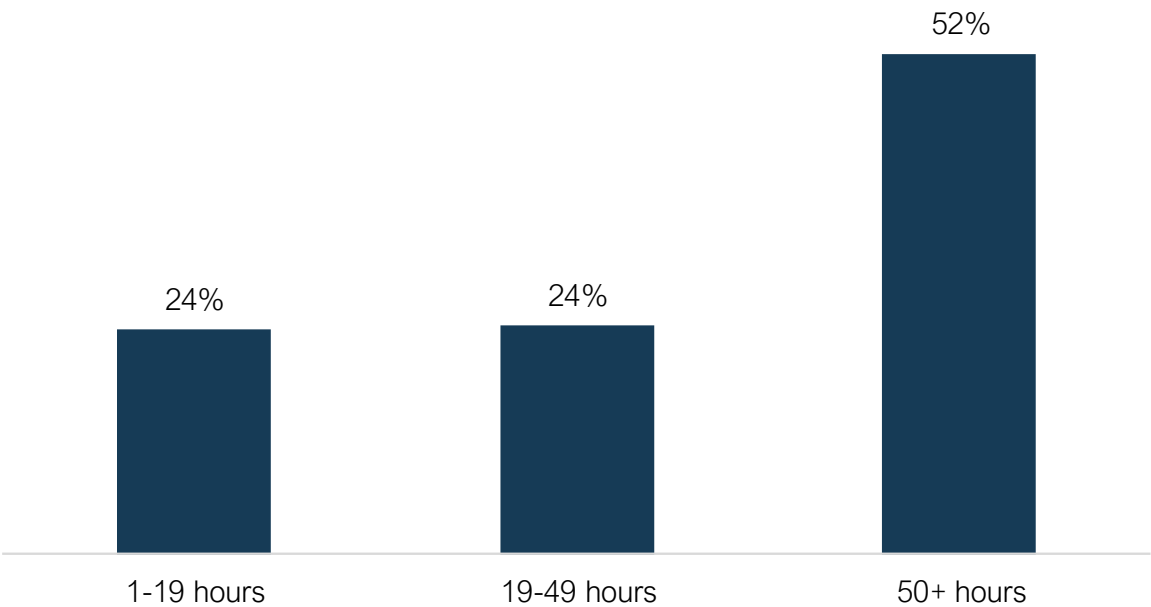


The most commonly reported conditions were cardiometabolic (78%), neurodevelopmental (62%), and musculoskeletal or pain-related conditions (55%).

3.7 Hours Of Care Provided

Carers were asked how many hours of care they typically provide each week.

Weekly hours of care provided

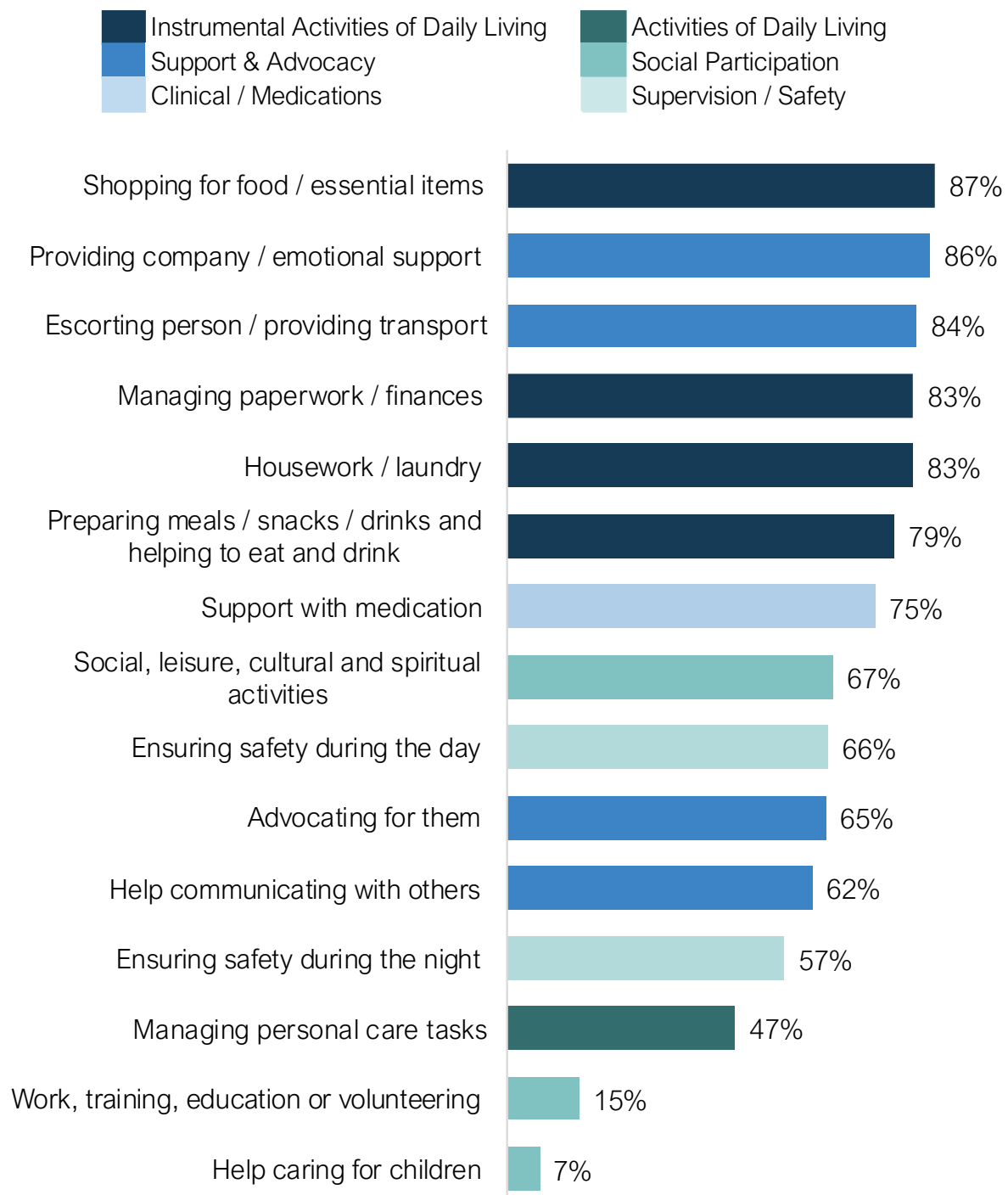


Just over half of carers (52%) provided more than 50 hours of care per week. The remaining carers were evenly split between those providing 1–19 hours (24%) and those providing 20–49 hours per week (24%).

3.8 Type of Support Carers Provide

Carers were asked what types of support they typically provide.

Types of support provided by carers



This chart illustrates the types of support carers most commonly provide, both at the individual activity level and when grouped into broader categories. Instrumental Activities of Daily Living (IADLs) are by far the most frequently undertaken forms of support. Activities such as shopping for essential items (87%), providing transport (84%), managing paperwork or finances (83%), housework (83%) and preparing meals (79%) are very common. When grouped, 99% of carers provided at least one type of instrumental support, highlighting how central these practical, day-to-day tasks are to the caring role.

Carers also provide substantial emotional and advocacy-related support, including companionship (86%), advocacy (65%) and help with communication (62%), with 94% providing at least one form of support and advocacy overall.

Many carers support social participation (67%) and provide safety-related support, such as ensuring safety during the day (66%) or at night (57%).

Personal care tasks (Activities of Daily Living; ADLs) are less common than instrumental tasks but still significant for many carers, with 47% helping with washing, dressing or continence support. Smaller proportions support work, training or volunteering (15%) or help care for children (7%).

Taken together, the findings show that carers carry out a wide range of responsibilities, with almost all providing practical daily living support alongside emotional, advocacy and safety-related tasks.

4 Support Received and Access Barriers

Section Highlights

This section explores whether carers are recognised and supported by services, including whether they have informed their GP about their caring role and what formal or informal support they currently receive. It also examines the barriers that make it difficult for carers to access help.

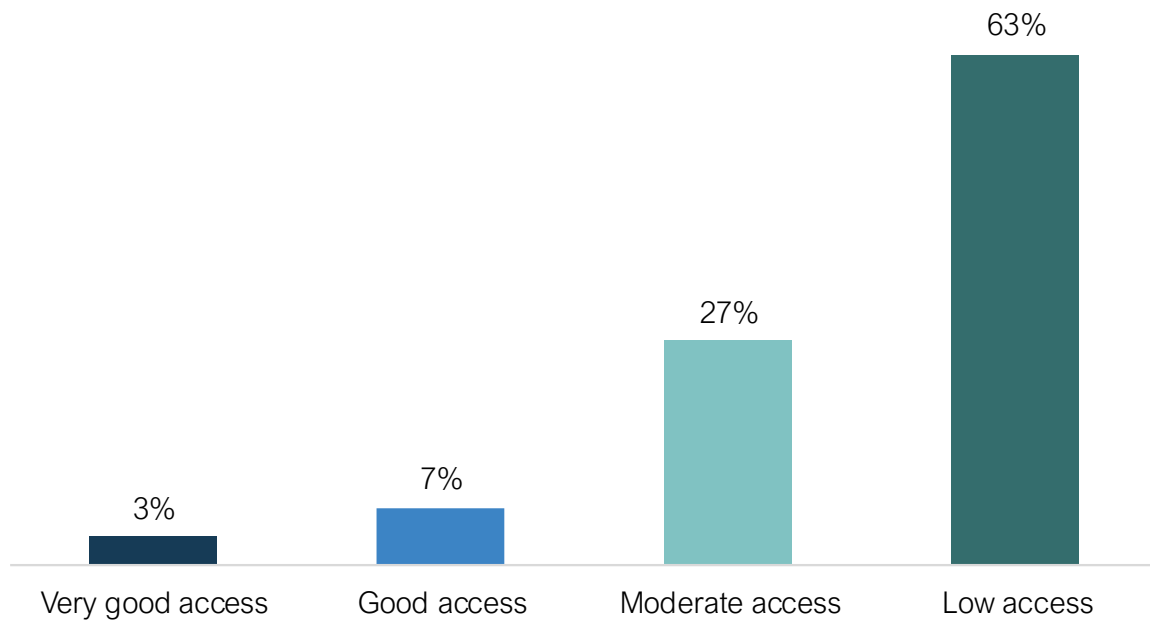
- Carers are not well connected to the support available to them.
- While some carers have informed their GP and receive light-touch support such as information or signposting, only a small proportion receive meaningful or sustained help.
- Practical pressures, system-navigation issues and a lack of recognition create significant barriers, leaving many carers managing demanding responsibilities with little formal assistance.

4.1 Access To Support

The support access index reflects how well a carer is connected to support, information, and services. It focuses on three dimensions of support: recognition, access, and barriers.

- Recognition – Whether they have told their GP they are a carer
- Access – Whether they are receiving support
- Barriers – How many barriers they face when accessing support

Carers access to support



Only 10% of carers fall into the two highest access bands, indicating that only a small proportion have told their GP, are receiving some form of support, and face few barriers when trying to access help.

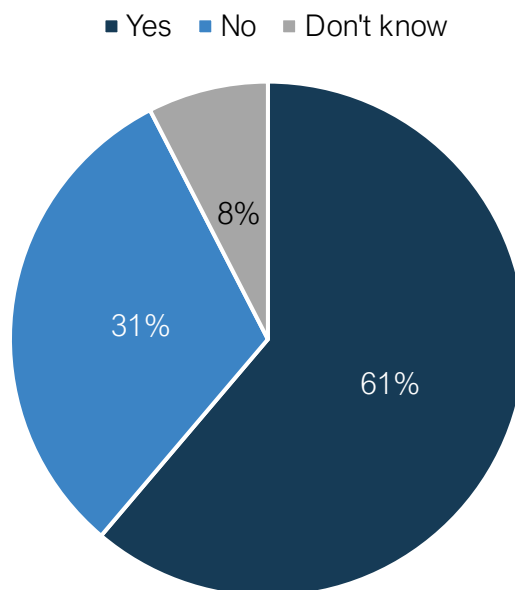
By far the largest proportion of carers fall into the low access band (63%), indicating that they are caring without their GP knowing, are not receiving support, and may be unaware of what is available or overwhelmed by the processes needed to access help.

Overall, the distribution suggests that carers are unsupported, unrecognised, and are experiencing multiple barriers when trying to access support.

4.2 GP Awareness

Carers were asked whether they are currently receiving support for their caring role.

Whether the GP practice is aware of the caring role

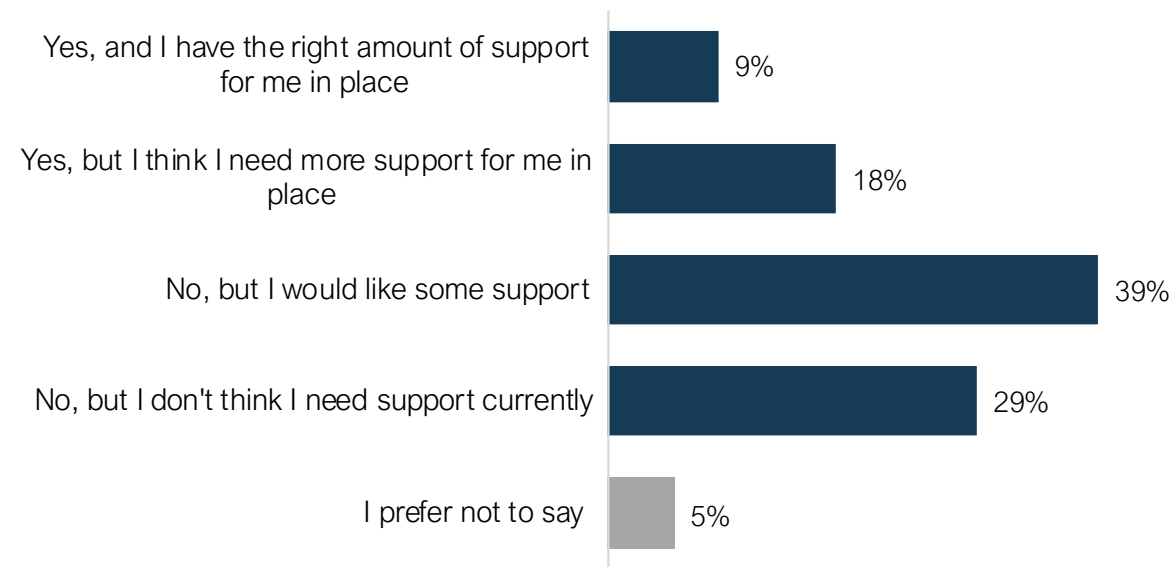


Most carers reported that they told their GP that they are a carer (61%). However, almost a third (31%) had not informed their GP, which may mean they are missing out on support, advice or adjustments that could help them in their caring role.

4.3 Current Support Carers Received

Carers were asked whether they are currently receiving support for their caring role.

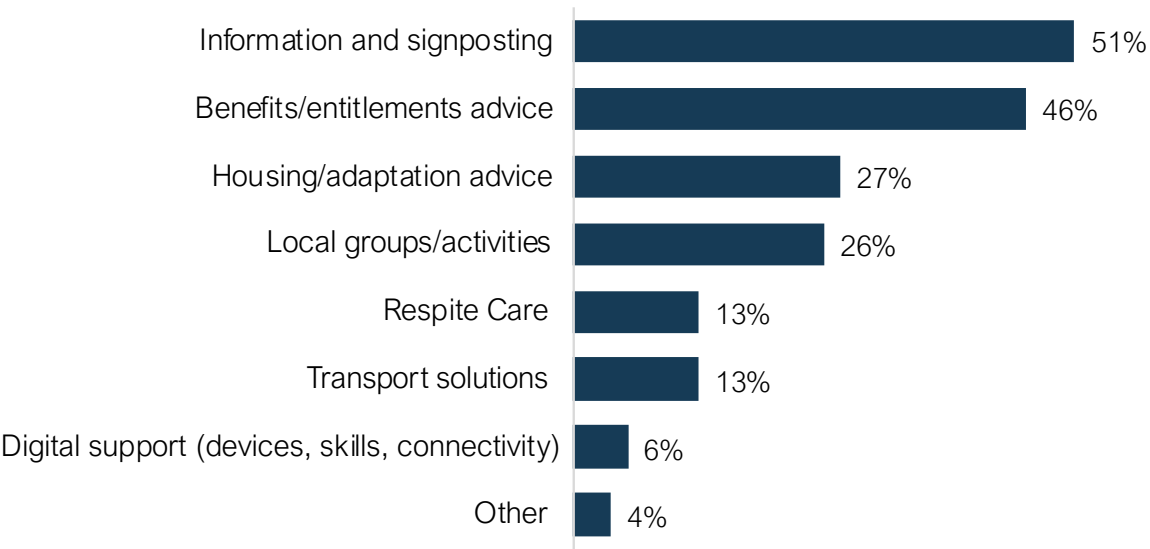
Whether current support is received and meets needs



Just over a quarter of carers (27%) reported receiving any support at all, regardless of whether it met their needs. Just 9% said they receive support *and* feel it is the right amount. Most carers (68%) said they are not receiving support, although 29% of this group feel they do not need help at the moment.

Carers were asked what types of practical support they have received or are currently receiving for their caring role.

Types of practical support accessed by carers

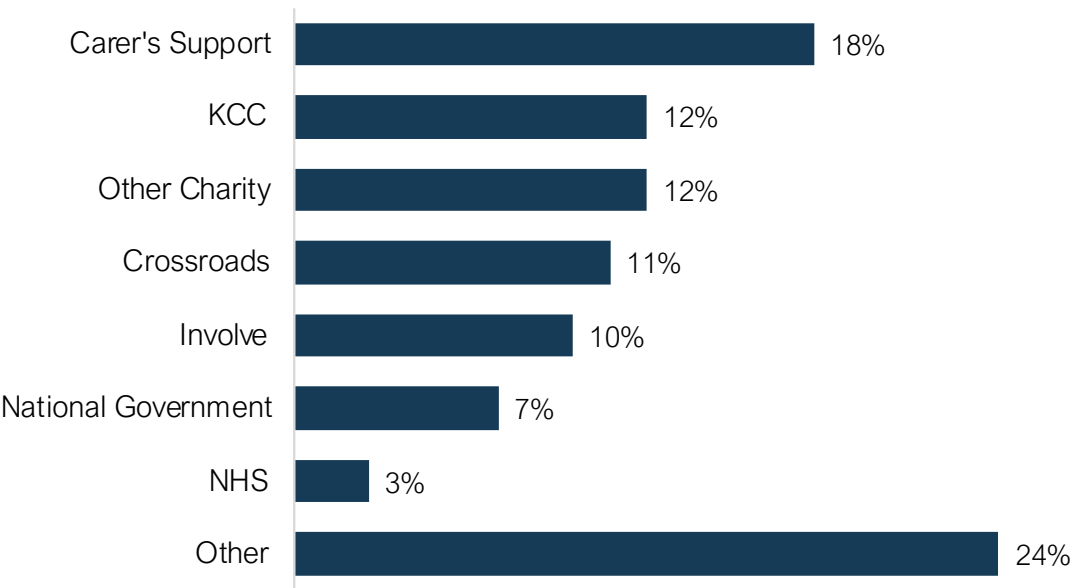


Among those who do receive support, the most common types were information and signposting (51%), followed by advice on benefits and entitlements (46%). Just over a quarter (27%) received advice on housing or adaptations. This suggests that support is often light touch rather than practical or intensive.

4.4 Services That Provide Support

Carers were asked to list the services they currently receive support from.

Services currently providing support

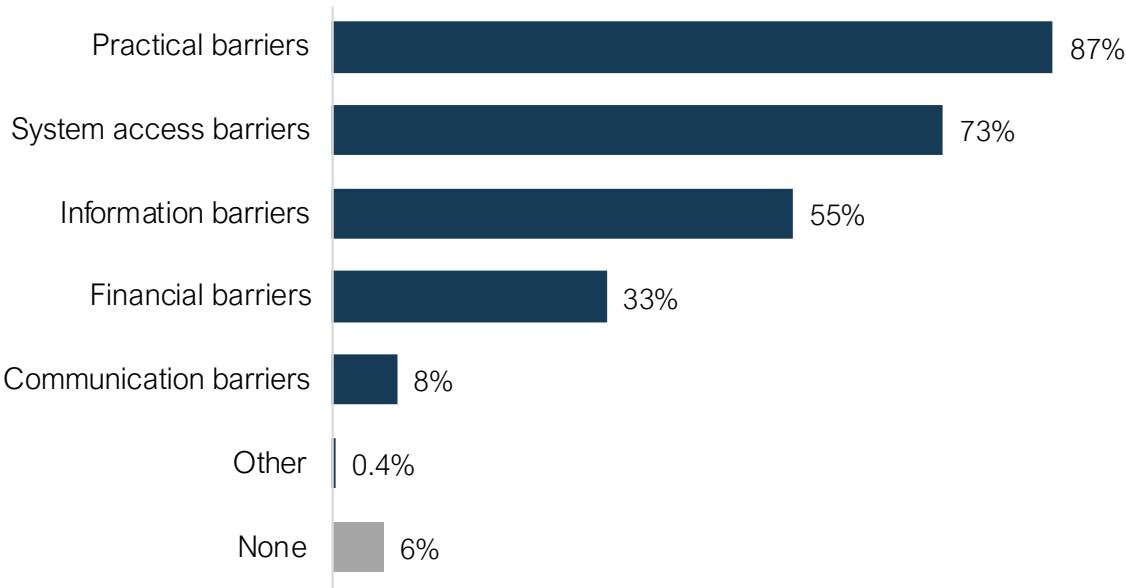


Of the 156 carers (23%) who provided a response, Carers' Support was the most commonly cited service (18%). Other frequently mentioned sources of support included Kent County Council (KCC) and a mix of local and national charities.

4.5 Barriers to Support

Carers were asked about any barriers or challenges they face in accessing services or support.

Barriers to accessing support



Practical barriers were the most commonly reported challenge when trying to access support (87%). These included difficulties with transport, accessibility, scheduling, managing full-time work and balancing caring responsibilities that leave no time to access support.

System access barriers were also widespread (73%), with many citing waiting times as the key issue.

5 Impact of Caring and Coping Strategies

Section Highlights

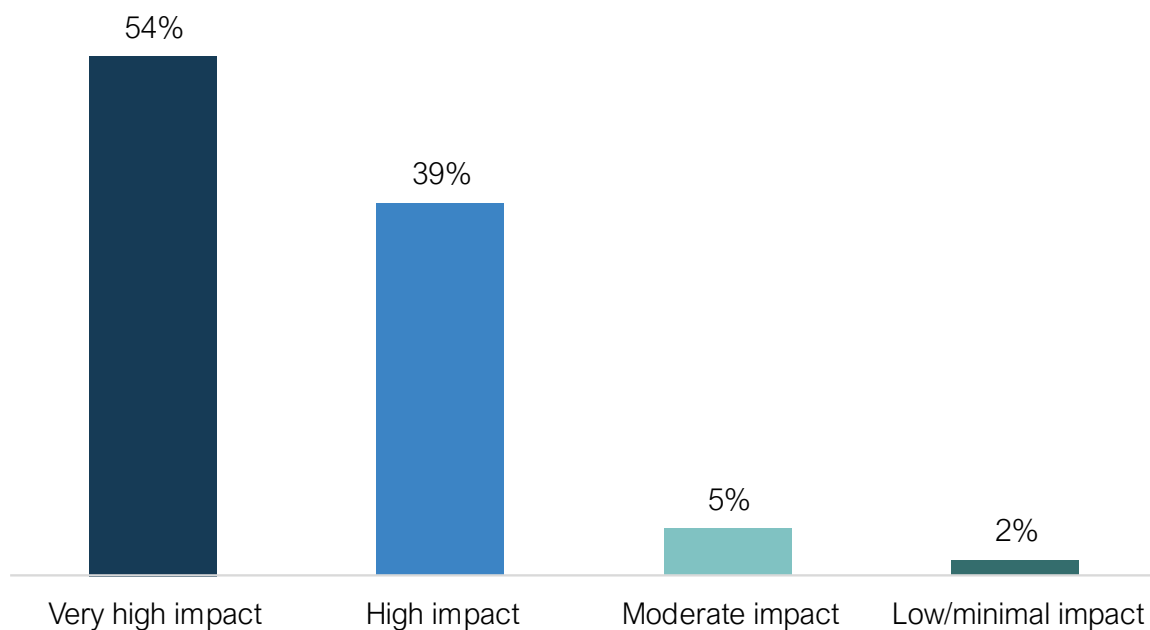
This section looks at how caring affects carers' daily lives, including their health and wellbeing, employment or study, social life, hobbies, and relationships. It also explores the coping strategies carers use to manage stress, maintain balance, and support their own wellbeing.

- Caring has a profound and wide-ranging impact on carers' lives. Most experience significant strain across multiple areas, from personal health to employment, relationships and social connection.
- Coping strategies are often self-managed, and formal support is limited.
- Carers consistently highlight respite, emotional support and recognition of their needs as the areas that would make the greatest difference.

5.1 Impact of Caring

The caring impact index summarises how much caring affects different aspects of a carer's life. It considers the impact of caring on someone's ability to look after their own health and wellbeing, work or study, their social life, and their relationship with the person they care for.

Level of impact



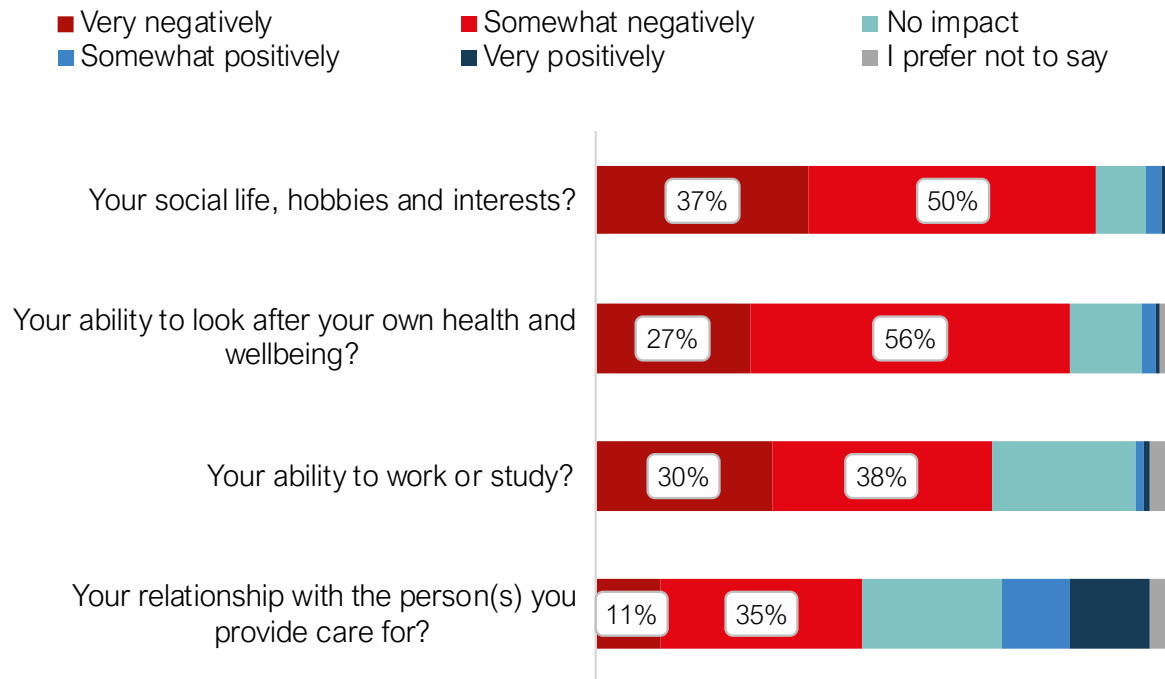
The majority of carers (93%) fall into the very high or high impact categories. This high level of impact suggests carers experience disrupted routines, emotional strain, limited time for self-care, and some level of social isolation as a result of their role.

Only a very small proportion experience either moderate (5%) or minimal (2%) levels of impact (2%). Neutral or positive experiences of caring are rare, with most carers feeling a significant negative impact. The impact is not isolated to a few individuals or specific groups of carers, this trend is more widespread across carers as a whole.

5.2 Impact On Different Areas Of Life

Carers were asked how being a carer has impacted different areas of their life.

Impact of caring on different areas of life (How has caring impacted...)

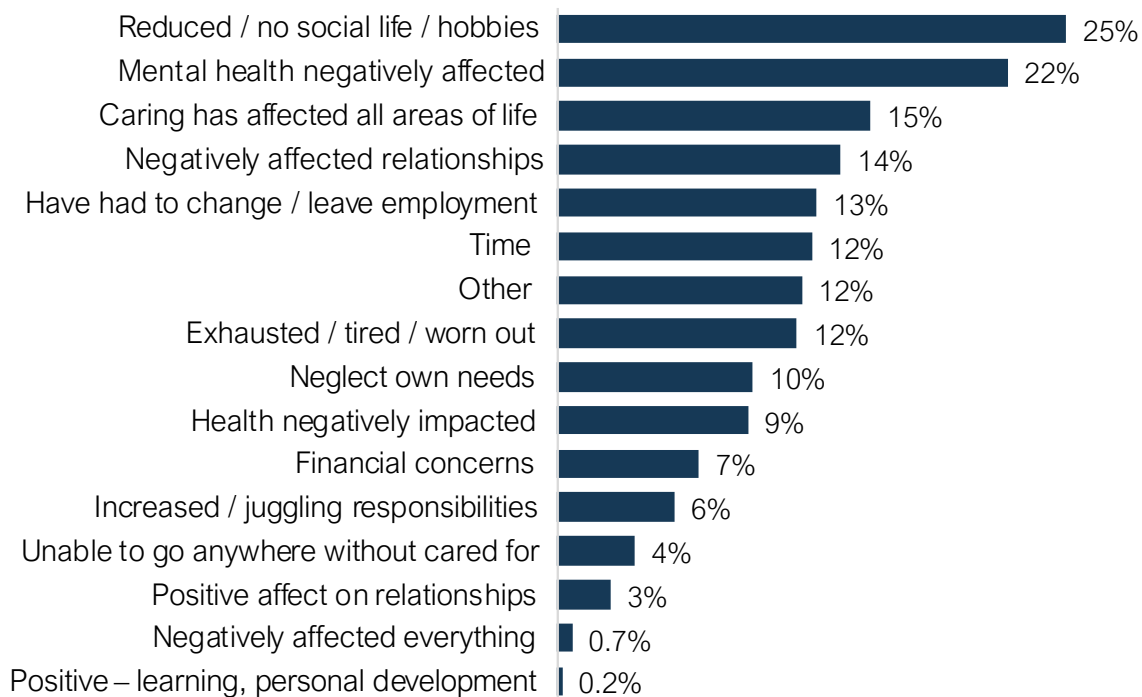


Most carers reported a negative impact in all areas asked about. The ability to look after their own health and wellbeing was the most impacted, with 87% of carers responding negatively. This was followed by the carer's social life, hobbies, and interests (82%).

Relationships were affected in more varied ways. While 46% said their relationship with the person they care for had been negatively impacted, 25% reported a positive impact, indicating that caring can strengthen relationships for some but strain them for others.

Carers were asked whether they wanted to share anything more about how caring has affected different aspects of their lives. The chart below shows how often each theme was mentioned, based on coded responses. A large proportion of respondents (39%) did not answer this question, and the chart reflects only those who provided a response.

Impact of caring on different aspects of carers' lives



Among those who did respond, reduced or no social life and hobbies was the most frequently reported impact, mentioned by one in four carers (25%). Mental health was also heavily affected, with 22% saying caring had negatively impacted their mental wellbeing.

Other commonly mentioned impacts included caring affecting all areas of life (15%), strain on relationships (14%), and having to change or leave employment (13%). Many carers also highlighted pressures on their time, exhaustion, neglecting their own needs, and wider effects on their physical health and financial situation. Smaller proportions noted impacts such as being unable to go anywhere without the person they care for, or positive effects such as strengthened relationships or personal development.

The sections that follow explore the most frequently mentioned themes in more depth, with quotes illustrating carers' experiences in their own words.

Reduced or no social life and hobbies

Many carers described how caring responsibilities leave little time or energy for social activities or hobbies, resulting in reduced opportunities for connection, enjoyment and personal time.

"I have barely any time between caring for my sons and working full time. I used to see friends regularly and attend classes but now it is much less frequent. My anxiety and mental health is the worst it has ever been"

"Loss of interest in hobbies, not feeling that it is ok to have time for myself"

"Do feel like life is passing by just doing care and work with no time for fun activities"

Mental health negatively impacted

Carers spoke about the significant impact caring has on their mental health, describing persistent stress, emotional strain and feeling unsupported in looking after their own needs. Many highlighted the difficulty of balancing love for the person they care for with feelings of exhaustion, resentment or guilt, as well as challenges accessing help for their own wellbeing.

"I suffer with mental health problems and without social services supporting me with the boys I would not be able to do what I do for them"

"It has impacted my mental and physical health. I have had to reduce my paid working hours to help me to cope. Feel stressed all the time."

"although both the people I'm caring for are much loved I sometimes feel resentful (and then guilty) that I find myself in this role"

"There is no care for the carer, we are just left to get on with it and when we ask for care for ourselves, sadly it is lacking. It took nearly a year to get a doctors appointment for myself and then I didn't feel listened to."

Caring has affected all areas of life

Carers explained that the impact of caring is wide-ranging and influences every part of their lives, from daily routines and personal plans to relationships, work- and health.

"It's overwhelming and has taken over my entire life, I would never not do it for my children but sometimes it would be nice just to have a couple of hours to breathe"

"Taken away everything, My job, my career, my relationships, my hobbies, my personality. There is nothing left of me. I comfort eat when stressed, bored or sad, which is most of the time. I am piling on the weight and feel rubbish about that, but don't feel able to do anything about it. Food is literally the only pleasure in life I have"

"My life is not my own"

"It's all consuming. A 24/7 job with no appreciation."

Relationships negatively impacted

Carers described the strain caring can place on relationships, including friends, family and close personal relationships, often due to limited time, energy or available support.

"This has impacted greatly on my own relationships it is very difficult and impacts on social life, work life and personal relationships"

"Deteriorating relationships with siblings due to lack of support. Less time to spend with friends, socialising. A lot of time spent travelling to and from elderly parent."

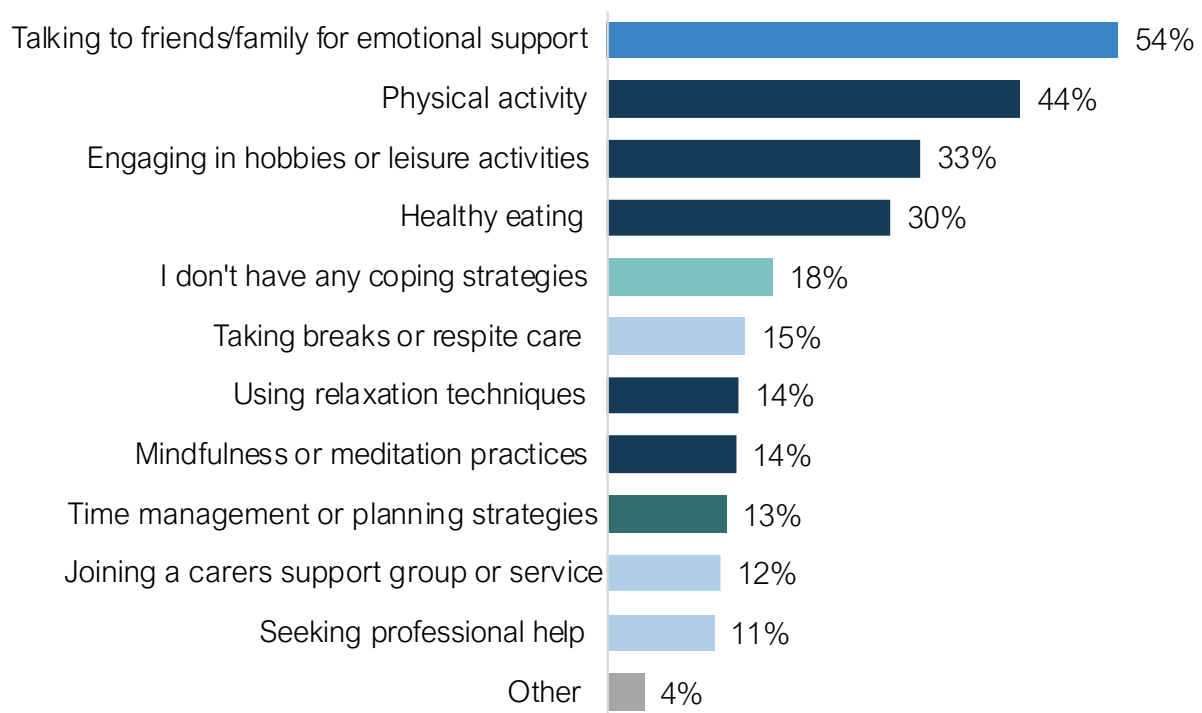
"Strain on marriage as support my parents so much"

"Changed from husband to carer."

5.3 Coping Strategies

Carers were asked whether they use any strategies to help manage stress and maintain their health and wellbeing.

Coping strategies used by carers



The chart shows the range of coping strategies used by carers, grouped by five categories represented by distinct colours. The most commonly used approaches are self-care and wellbeing strategies (shown in navy), with 65% of carers using at least one of these. Within this category, the most frequently reported activities include physical activity (44%), engaging in hobbies or leisure activities (33%), and healthy eating (30%).

Social and informal support, shown in blue, is also widely used, with 54% of carers talking to friends or family for emotional support (54%).

Use of formal services and structured support (in light blue) is lower, with 30% using at least one of these coping strategies. This includes taking breaks or respite care (15%), joining a carers support group or service (12%), and seeking professional help (11%).

Notably, 18% of carers reported having limited or no coping strategies, indicating a group who may be at higher risk of strain without additional support.

5.4 What Would Help Carers Look After Their Own Health And Wellbeing?

Carers were asked what would make it easier for them to look after their own health and wellbeing. The chart below shows how often each theme was mentioned, based on coded responses to this question. A quarter of respondents (25%) did not provide an answer.

What would make caring easier for carers?



Respite was the most frequently identified need, with one in four carers (25%) saying that having regular breaks or additional carers would make the greatest difference. A further 17% wanted more hands-on caring support, and 14% said they needed more time for themselves which respite would allow.

Other commonly mentioned types of support included additional financial help (12%), having someone who understands and provides emotional support (12%), and better or quicker support from services (11%). Some carers highlighted the importance of having their own needs recognised (8%), while smaller proportions mentioned practical help, access to activities, or support when they

need to attend appointments. The sections that follow explore the top themes in more depth, with quotes illustrating carers' experiences in their own words.

Respite and caring support

Many carers said that having access to respite or additional caring support would give them the time and space to look after their own health and wellbeing.

"More respite, support to find reputable and trustworthy carers to help me; I do not have time to make lots of enquiries and interviews etc to find the right person/agency, although we desperately need it"

"I need time off to recharge my batteries. I am a strong person mentally but everyone needs a rest from duties. My husband needs toileting three times every night. Last night he was expressing thoughts of suicide though assured me he wouldn't do it because of concern for me so had to stay awake and make tea and talk things over. Unable to sleep afterwards. Exhausted today."

"need more time to arrange my own medical appointments. I cannot leave my husband on his own because he has 8 falls in the last 2 months"

Better or quicker support from services

Carers also spoke about the importance of timely, responsive support from services to help them manage both their caring responsibilities and their own wellbeing.

"More support with more frequent/better quality social care and with fewer people so good relationships can be formed which will reduce the stress of not knowing who to expect and if I need to supervise or show the care worker where everything is and what they need to do. Night care, even if only one or two nights a week. Proper respite care either at home or away."

"It would really help if accessing health support for my parent wasn't so stressful, the constant battles and trying to fight and navigate the system is so stressful and time consuming."

"For GPs and other organisations to take unpaid carer's seriously, if our health suffers so do the people we care for which becomes a burden upon the state, all authorities are quite happy for unpaid carers to exhaust themselves whilst lalalaing!"

"Better services that acknowledge information needs to be passed to the carer, not the patient"

Being paid or having additional financial support

Financial support was another significant theme, with carers noting that increased financial security would reduce stress and support their wellbeing.

"We don't qualify for anymore help but it drastically impacts my life I have to work from home to be able to care for my wife and there is not any time left for me"

"The finances are so restricting. It leaves no room for self care, ie hairdressers, clothes, holidays, breaks, joining in social activities. We eat the cheapest food. Have broken fridge freezer, rusty microwave, damaged walls, broken or missing internal doors and no safe place from his violence. Life is not what I hoped it would be. I gave up a professional career to look after our son as it became clear soon after adoption that he needed full time support."

"Known periods of available support at a tolerable cost. We spend well beyond the lower lever Attendance Allowance and fortunately can manage that. However, I am greatly restricted in my 'normal' activity. In the long run this cannot be good for my health."

"I'm in fairly good health apart from an autoimmune condition but I'm finding the financial situation is getting worse."

6 Carer Strain and Concerns

Section Highlights

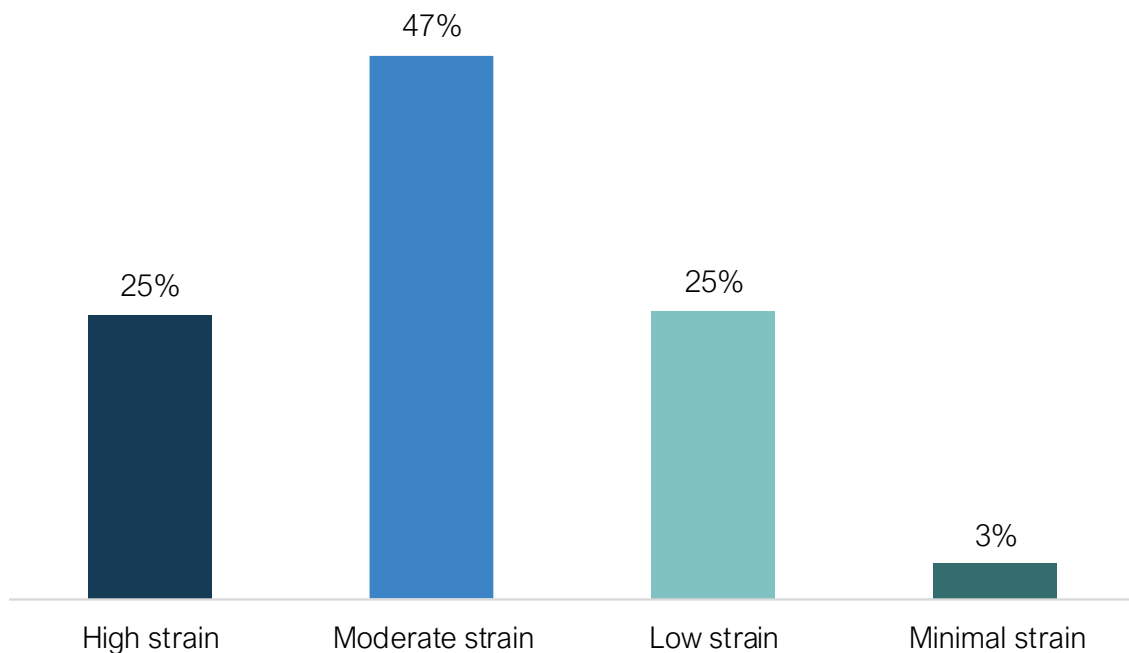
This section focuses on carers' emotional and psychological load. It explores carers' feelings of stress, uncertainty, lack of time, burnout and difficulty coping, as well as their concerns about the future and their ability to continue in their caring role.

- Caring places substantial and wide-ranging pressure on carers' day-to-day lives. Many frequently worry about the future needs of the person they support and struggle to maintain time for themselves.
- A large proportion experience emotional and practical strain, including stress from juggling multiple responsibilities and difficulties looking after their own health and wellbeing.
- Nearly three quarters of carers are experiencing high or moderate strain due to caring.
- Carers most often reported challenges such as difficulty prioritising their own needs (17%) and a lack of support when trying to access help (14%).
- Additional concerns included the emotional and mental health impact of caring (13%), financial pressures (9%), and feeling that their role is not recognised (9%).
- Some carers also described exhaustion, ongoing worry about the person they care for, challenges when the cared-for person does not accept external help, and feelings that caring was not a choice.
- Overall, the findings show that many carers are navigating significant emotional, practical, and systemic pressures, with a number approaching or already at their limit, underscoring the importance of accessible, effective support.

6.1 Carer Strain

The carer strain index shows how often a carer feels overwhelmed, stressed, or unable to cope with their responsibilities using the statements used for carer concerns. It identifies carers who may be at risk of burnout or who could benefit from additional support.

Level of strain

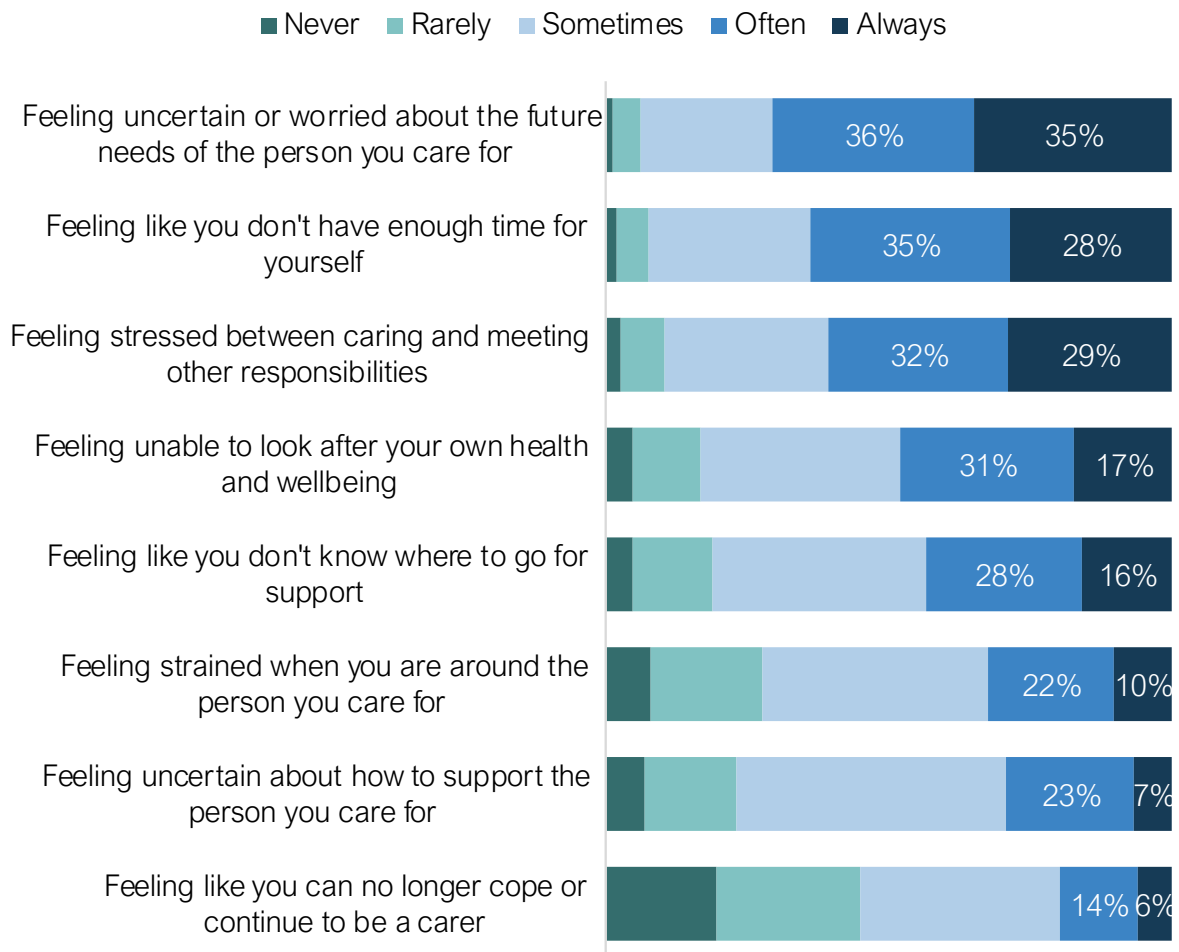


Most carers (72%) fell into the high or moderate strain bands, suggesting widespread pressure across the caring population. These carers commonly experience concerns about the future, limited time for themselves, and ongoing challenges balancing caring with other aspects of life. Only 3% experienced minimal strain, indicating that caring is rarely a low-stress role. This suggests a lot of carers are close their coping limit and are, therefore, at risk of burnout. This level of strain is likely unsustainable over the long term and therefore a large number of carers may need additional support to reduce this.

6.2 Carer Concerns

Carers were asked how frequently they experience a range of concerns related to their caring role.

Frequency of carer concerns



The most frequent concern was feeling uncertain or worried about the future needs of the person they care for, with 71% reporting this 'often' or 'always'. Many carers also said they do not have enough time for themselves (63%) and regularly feel stressed when balancing caring with other responsibilities (61%). Almost half (48%) reported often struggling to look after their own health and wellbeing.

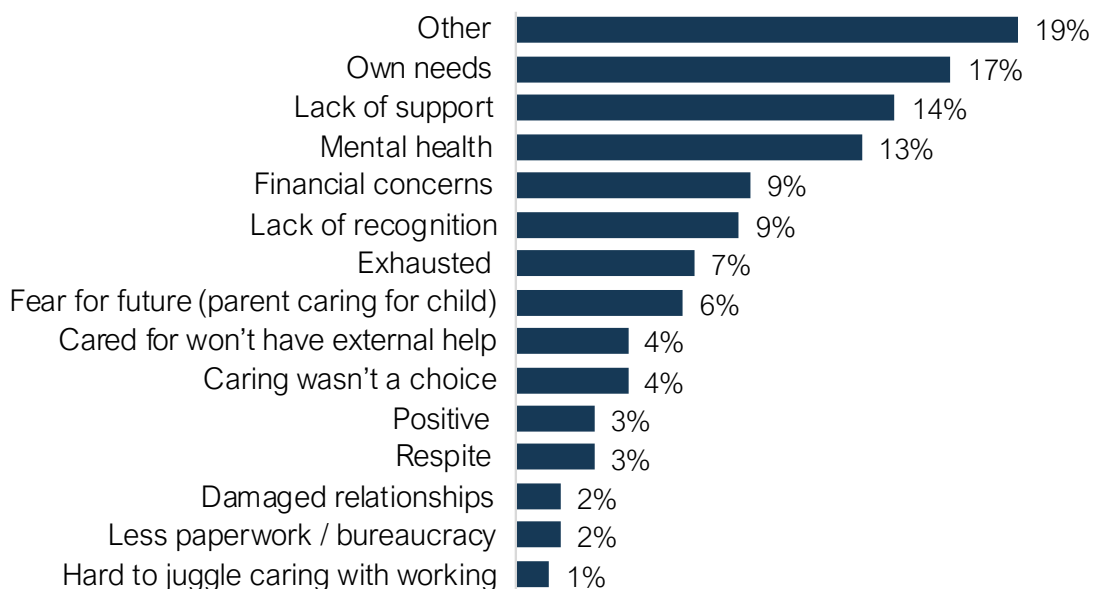
Concerns linked to navigating the system were also common: 44% said they often or always feel unsure about where to go for support, and 30% reported feeling uncertain about how to support the person they care for. Feelings that they could no longer cope as a carer were the least frequent,

with 45% saying they 'never' or 'rarely' experience this. Even so, 20% reported this 'often' or 'always', indicating pressure close to breaking point for a significant minority.

6.3 Additional Reflections On Caring

At the end of the survey, carers had the opportunity to share anything else about their experiences that they felt we should know. As this was the final open question, the response rate was lower, with one-third of carers choosing to provide a comment. The chart below summarises how often each theme was mentioned among those who responded.

Additional reflections from carers



The most frequently raised points related to carers' difficulty in prioritising their own needs (17%) and the lack of support available when they tried to seek help (14%). Carers also highlighted the emotional and mental health impact of caring (13%), financial pressures (9%), and a lack of recognition for the role they played (9%). Smaller proportions mentioned feeling exhausted, worried about the future of the person they care for, challenges with the cared-for person accepting external help, or that caring had not been a choice. A small number of respondents reflected positively on aspects of caring or mentioned specific types of support that would have helped (i.e., respite).

The sections below summarise the two themes most commonly raised, with quotes illustrating carers' experiences in their own words.

Own needs

Carers described how caring responsibilities often make it difficult to prioritise their own needs. Many spoke about having little time or energy for themselves, feeling constantly “switched on”, and struggling to maintain balance alongside the demands of caring.

“You don't worry about yourself as the person you are caring for is your only priority”

“Being a carer limits your life in a number of ways. It can leave you little time for yourself make it difficult to retain other relationships , and saps your energy.”

“There is no off button to being a carer, i cant get sick or take a holiday without putting alternative plans in place so i am always switched on”

Lack of support

Carers also highlighted challenges in accessing support, even when they follow the right routes. Comments frequently mentioned difficulties getting meaningful help, limited respite options, and feeling that available support does not always meet their needs.

“Carers Support are no help when I need a break, none what so ever. I need to know my dad is going to be looked after as well as I do when I am not around. SO in answer to your question ‘feeling like you don't know where to go for support’ I know who they are but the help is like telling grandma how to suck eggs. Tick box exercise basically sign posting on but the real problems do not get resolved”

“I think GP practices could play a much bigger role in signposting for both carer and cared for”

“There is no support available even when contacting/self referrals via all the 'right' routes support is not available. I work in the public sector and I am shocked at how inaccessible support is eg respite care I might as well ask for a gold unicorn...stop advertising what you do not provide KCC!”

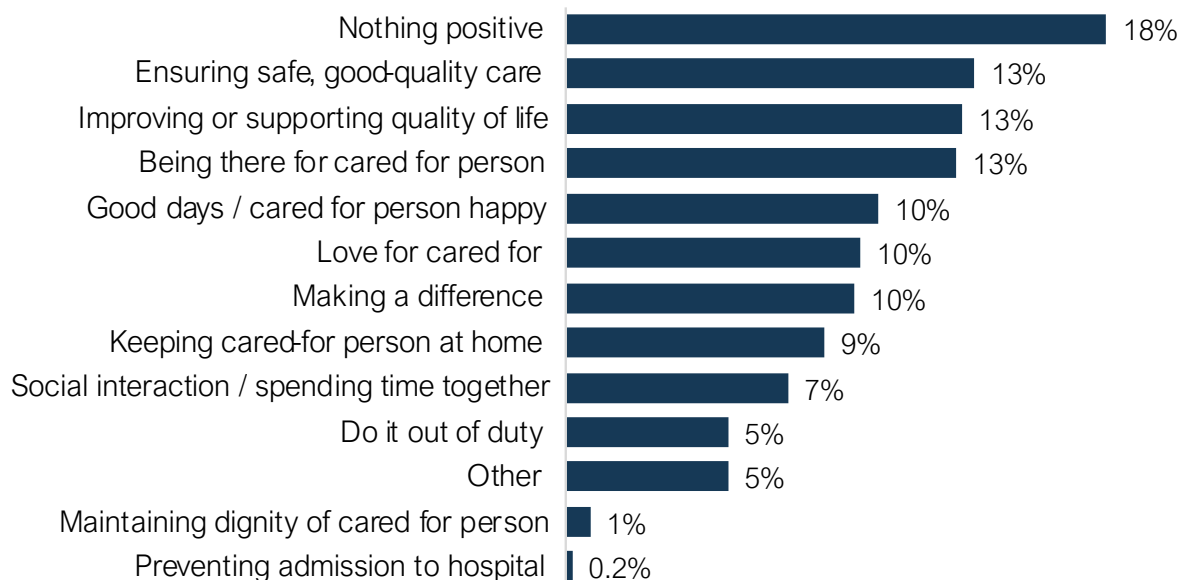
7 Positive Aspects of Caring

Section Highlights

- Carers described a wide range of experiences when asked what they find most rewarding about their role.
- Some reported that they do not find caring rewarding, while others highlighted the positive aspects of supporting someone they care about.

Carers were asked what they found most rewarding about their caring role. The chart below shows how often each theme was mentioned, based on coded responses to this question. Just under a fifth of respondents (18%) did not provide an answer.

What carers find most rewarding about being a carer



Among those who did respond, the most frequently mentioned theme was that carers did not experience anything positive (18%). Other commonly reported aspects included ensuring the person they care for is safe and well supported (13%), seeing improvements or maintaining their quality of life (13%), and being there for the person they care for (13%). Smaller proportions

referred to moments of happiness, love, making a difference, and keeping the person at home and keeping their family together.

The sections that follow provide further detail on these top themes, with quotes illustrating carers' experiences in their own words.

Nothing positive

Some carers told us that they do not find caring rewarding. They described caring as demanding, stressful and emotionally draining, and shared feelings of giving far more than they receive in return.

"I find it demanding and stressful"

"Currently I'm not sure it is rewarding it feels like a one way street"

Ensuring the cared-for person is safe and well supported

Many carers said their main source of reward comes from knowing the person they care for is safe, well looked after and receiving compassionate support. They emphasised the reassurance that comes from being able to advocate for their loved one and meet their needs.

"I know I am providing the best possible care for my Mum and my son. I am the best advocate and know them better than anybody else."

"Knowing that the person you are caring for has their needs met in a caring and compassionate manner"

"It helps me to relax to know their needs are met."

Seeing the cared-for person improve or maintain a good quality of life

Carers also described feeling rewarded when they see progress, independence or small moments of success in the person they care for, or when they can help maintain a good quality of life, especially as circumstances change.

“Being able to continue to support independence and life skills”

“Seeing the person I care for make progress and celebrating their success (even if, to others, their achievement seems tiny)”

“Knowing that I'm doing as much as I can to make my mother's final years good.”

Being there for the person they care for

Carers said they find meaning in offering support, helping with daily life and being a reliable presence for the person they care for.

“The pleasure of cooking. My wife is my lifetime partner, it's my pleasure to help her”

“Being able to help and be supportive. Making a difference to the lives of my parents without too much disruption for them.”

“It is one of my core values/beliefs. I have been very fortunate to have a wonderful mother who I want to look after in her old age. I want to make sure she is well cared for, happy and can live in her own home with my support.”

8 Carer Profiles

This section presents findings from a cluster analysis based on the four indices: caring intensity, support access, caring impact and carer strain. These indices were used to create four groups that identify distinct carer profiles across the local population. The purpose is to understand the diversity of caring experiences, highlight groups with high unmet need, and to inform support.

Four distinct carer profiles

1. High-need carers facing barriers to accessing support

- the most vulnerable group, combining high intensity, high strain, and barriers to accessing support. Many carers have their own disabilities.
- This group requires proactive, prioritised intervention. Without targeted support, they face high risk of burnout and crisis.
- 31% of respondents were assigned to this group

2. High-need carers with relatively good access to support

- provide high levels of care, experience substantial strain, and are often long-term carers. They access some support but feel it is insufficient.
- This group is at risk of escalation; support should focus on strengthening existing support, improving respite, and maintaining continuity in caring.
- 23% of respondents were assigned to this group.

3. Low-need, low strain carers

- have minimal caring intensity, good access, low strain, and generally stable circumstances.
- Low-need now but could escalate. Focus on prevention, information, and maintaining wellbeing.
- 23% of respondents were assigned to this group.

4. Moderate-need carers with low strain

- have moderate caring intensity but low strain, supported by strong coping strategies, stable finances, and low co-residence.
- This is a resilient group. Focus on work-care balance support and quick access routes to support when needed.
- 22% of respondents were assigned to this group.

8.1 High-Need Carers Facing Barriers To Accessing Support

Profile: intensity ↑, access ↓↓↓, impact ↑, strain ↑

Overview

This group of carers experience the greatest pressure, with high caring intensity, high emotional strain, and financial hardship, yet minimal access to support. They also face the highest barriers across every access to support dimension, from cost and eligibility to awareness and time constraints. **This group represents the most vulnerable carers.**

Caring Context

- Highest concentration of parent carers, including carers of children and adult children.
- Most likely to be providing 50+ hours per week.
- High proportion of carers with their own disabilities or long-term conditions.
- Almost all (92%+) are co-resident carers.
- Provide extensive care, including personal care, clinical tasks, supervision, and advocacy.

Support & Access

- 70% say: “No, but I would like some support.”
- 0% say they receive the right amount of support.
- Highest levels of difficulty accessing support, reporting challenges across every aspect of the system, from understanding what is available and meeting eligibility requirements, to cost, timing and transport issues, long waits, negative past experiences, and simply being too overwhelmed by caring duties to engage with services.

Wellbeing & Coping

- Highest levels of financial strain, with nearly half struggling to pay bills.
- Many are unable to work due to illness/disability or caring demands.
- Highest proportion reporting no coping strategies.

What They Say Would Help

- More caring support (additional carers, more help in the home).
- System changes: faster, clearer, more reliable services.
- Better support for the cared-for person.
- Strong desire for respite and financial support.

8.2 High-Need Carers With Relatively Good Access To Support

Profile: intensity ↑, access ↑, impact ↑, strain ↑

Overview

This group of carers provide high levels of care and experience substantial emotional and physical strain. Despite these demands, they report reasonably good access to support services compared with other high-need groups. However, many still feel that the support they receive is insufficient, and they express strong desire for additional help, particularly respite.

Caring Context

- Often caring for a spouse or partner.
- Long-duration carers, with three-quarters caring for 5+ years.
- Over 94% live with the cared-for person, which is strongly associated with higher caring intensity.
- Caring roles include significant clinical tasks, supervision, and personal care.

Support & Access

- This group receives support, but 70% say they need more, suggesting partial engagement with services that does not fully meet need.
- They face moderate barriers, particularly awareness and waiting times.
- Compared with the other high-needs group, they experience far fewer structural barriers.

Wellbeing & Coping

- High strain and caring impact.
- Coping strategies are mixed - self-care is common, but reliance on formal support is also high.
- Moderate levels of financial strain.

What They Say Would Help

- Respite and more time for themselves feature prominently.
- Requests for understanding, emotional support, and practical help.
- Some desire for financial support, although less than the other high-needs group.

8.3 Moderate Need Carers With Low Strain

Profile: intensity slightly ↑, access ≈ average, impact ↓↓↓, strain ↓↓↓

Overview

This group of carers provide a moderate degree of care but maintain low levels of strain and emotional impact. Despite reasonable caring commitments, they appear to be coping well, suggesting strong protective factors.

Caring Context

- Largest share of older, retired carers with many caring for a spouse/partner.
- Higher proportion of male carers.
- Wide variation in caring duration, but often lower-intensity roles than high-need groups.

Support & Access

- Many state: “I don’t think I need support currently.”, with many stating they have the right support in place
- Barriers to support are typically low. Those who need help often access it.
- Low unmet need relative to other groups.

Wellbeing & Coping

- Lowest levels of caring strain and emotional impact.
- Good use of self-care and social coping strategies.
- Financially more secure compared with high-needs groups.

What They Say Would Help

- Highest proportion of no response, reflecting low need.
- Support requests are infrequent and focus on:
 - time for themselves
 - occasional practical support
 - clear information

8.4 Low-Need, Low Strain Carers

Profile: intensity ↓↓↓, access ↓, impact ↓, strain ↓

Overview

This group represents carers with lower caring intensity, low strain and generally stable circumstances. They report some moderate concerns about access to support, mostly due to their GP being unaware of their caring role. Many carers in this group do not feel the need for formal support and describe manageable caring roles.

Caring Context

- More likely to care for a parent, rather than a spouse or child.
- Lowest co-residence rates (23%), a major protective factor.
- Mix of caring durations, but fewer very long-term commitments than the most vulnerable group.
- Caring tasks are moderate rather than intensive.
- Many provide 1–19 hours of caring per week.

Support & Access

- A balanced pattern of support use:
 - some support received (although GP not likely to be aware of carer status)
 - limited unmet need
 - low barriers
- They rely less on formal services, likely due to manageable caring roles.

Wellbeing & Coping

- High use of self-care and informal coping.
- Highest employment rates and lowest financial strain.
- Lower presence of disability among carers.

What They Say Would Help

- Fewer acute needs; support requests are moderate, such as:
 - better or quicker access when needed
 - clearer information
 - occasional emotional support
- Less emphasis on “system problems” and more on practical convenience

9 Appendices

9.1 Methodology

Carers provide essential support to family members, friends, or neighbours who are disabled, have long-term conditions, or need extra help as they age. This care can range from a few hours a week to round-the-clock support.

Despite their critical role, we know little about carers locally in Kent. National evidence shows carers often experience poorer health, financial strain, and social isolation. To address this gap, a survey was conducted with current and past carers to collect local data to help us understand who the carers are in Kent, what types of care they provide and for how many hours, and how caring affects their health, wellbeing and daily life. The survey also aimed to gather information on what support carers currently receive, and what additional support do they need.

The results of the survey will be used to inform the Health Needs Assessment (HNA) and shape prevention strategies and service design that support carers' wellbeing. In the long term, the aim is to improve the wellbeing and resilience of carers, and reduce demand on acute health and social care services through early intervention.

The survey featured a combination of pre-coded and free-text questions and consisted of three parts. The first part was asked to respondents who currently are carers, the second part was asked to respondents who had been an carer in the past, and the third part was asked to both current and past carers and collected demographic information about the respondents, such as their age and gender. To view the full survey questionnaire, please see [Questionnaire](#).

The survey was conducted online using Snap Survey Software and was a self-selection survey where respondents voluntarily participated. The survey was hosted on Kent County Council's online engagement platform ([Let's Talk Kent](#)). Links to the survey were also shared by carer organisations and through various newsletters. The survey was completely confidential and respondents were not required to give their name so their identity will not be known. Responses were collected between Monday 16 January and Sunday 22 February 2026. The survey generated 836 responses, of which 688 (82%) were current carers and 140 (17%) had been carers in the past. A further 8 respondents said that they were not currently an carer, nor did they have past experience of being a carer, and were not asked any further questions.

This report analyses the responses from the 688 respondents who said they currently are an carer.

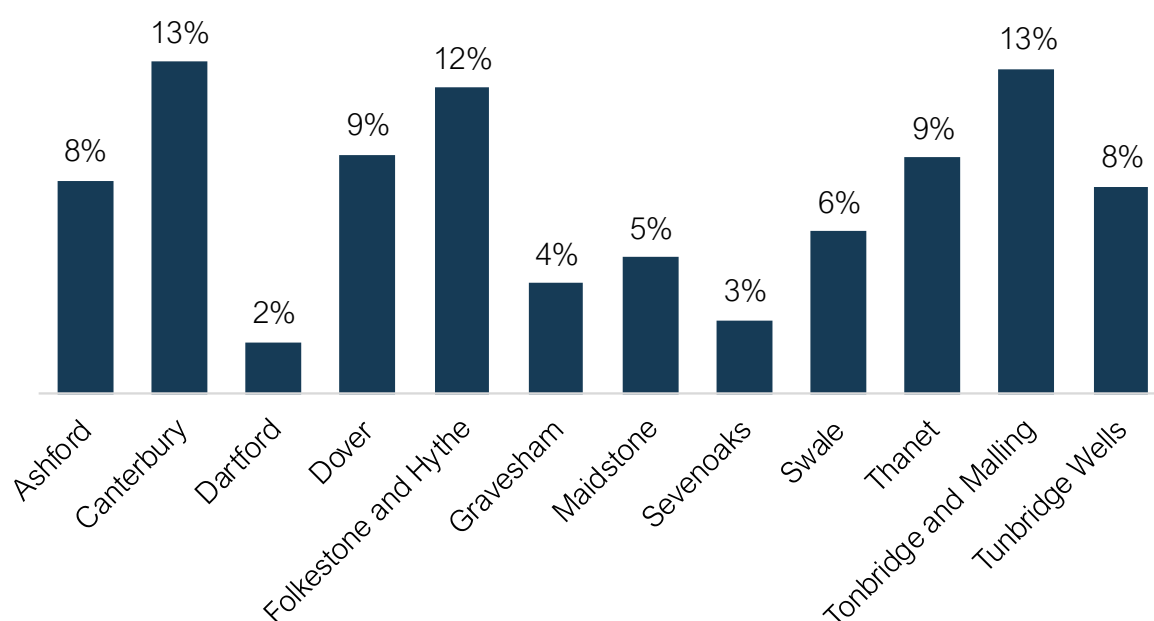
9.2 Respondents' Profile

This section provides an overview of the people who completed the survey. Responses were collected between 26 January and 22 February 2026 from 688 people currently providing unpaid care.

This section summarises the characteristics of respondents, including the district they live in, gender, age, health status, religion or belief, ethnicity and marital status. It also describes their living arrangements, economic status (such as whether they are employed, self-employed or retired), and how well their household is coping financially.

District

What district do you live in?



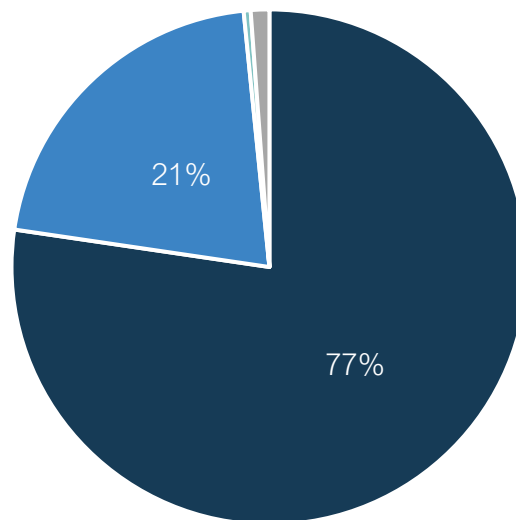
The largest proportion of carers who responded were from Canterbury (13%) and Tonbridge and Malling (13%). Gravesham also had a relatively high share of respondents (12%), followed by Folkestone and Hythe and Thanet (both 9%).

Districts with fewer respondents included Sevenoaks (3%) and Dartford (2%), which had the lowest participation of all Kent districts.

Gender

How would you describe your gender?

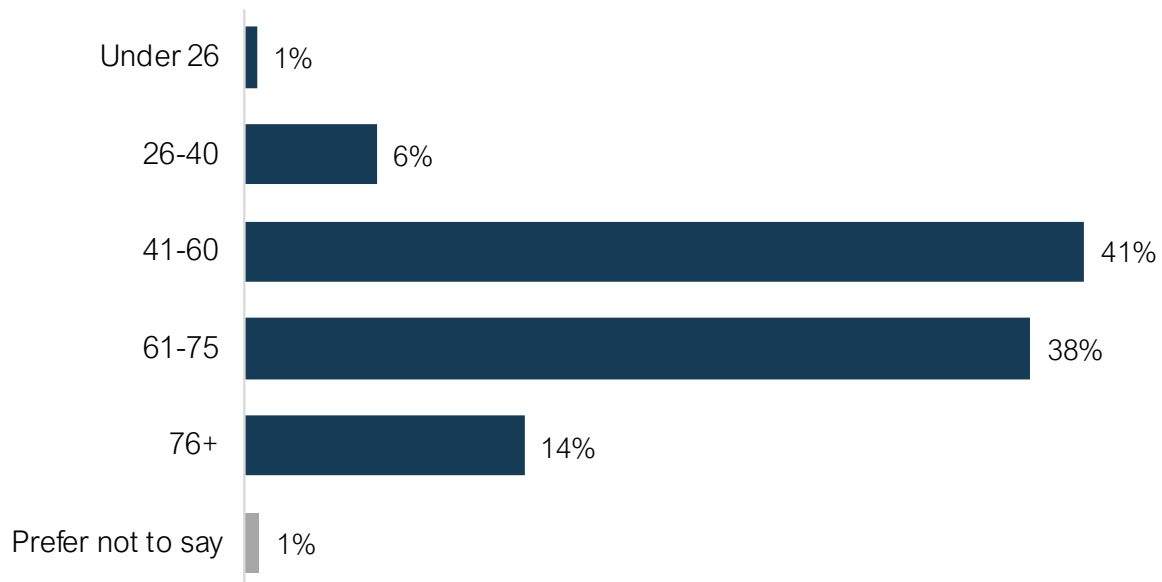
■ Female ■ Male ■ I prefer to use my own term ■ I prefer not to say



The majority of carers who responded were female (77%), and 21% were male.

Age

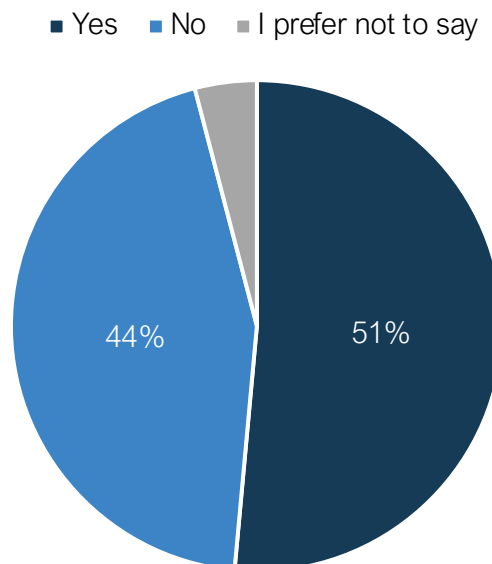
Which of these age groups applies to you?



The majority of carers who responded were between the ages of 41-60 (41%), followed by age 61-75 (38%). 1% of carers who responded were aged under 26 and just 0.4% were under the age of 16.

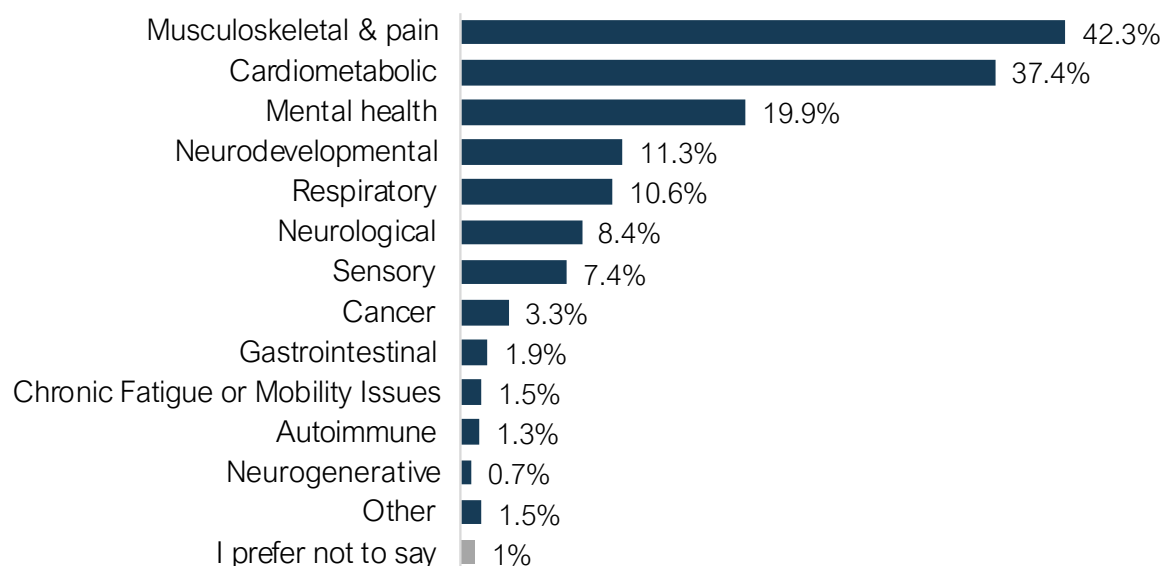
Health status

Do you have a disability, long term health condition, physical, or mental impairment?



There was a relatively even split between carers, with 51% reporting that they had a disability or long-term health condition and 44% saying they did not.

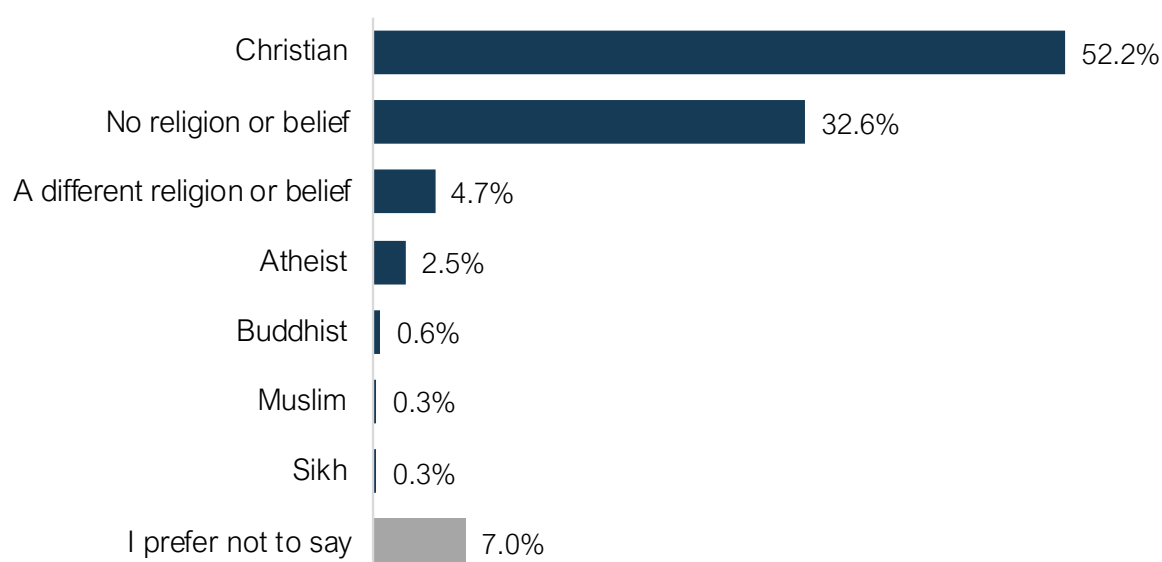
Which of the following disabilities or health conditions apply to you?



The most prominent type of health condition among carers was Musculoskeletal & pain related (42%), followed by Cardiometabolic conditions (37%).

Religion or belief

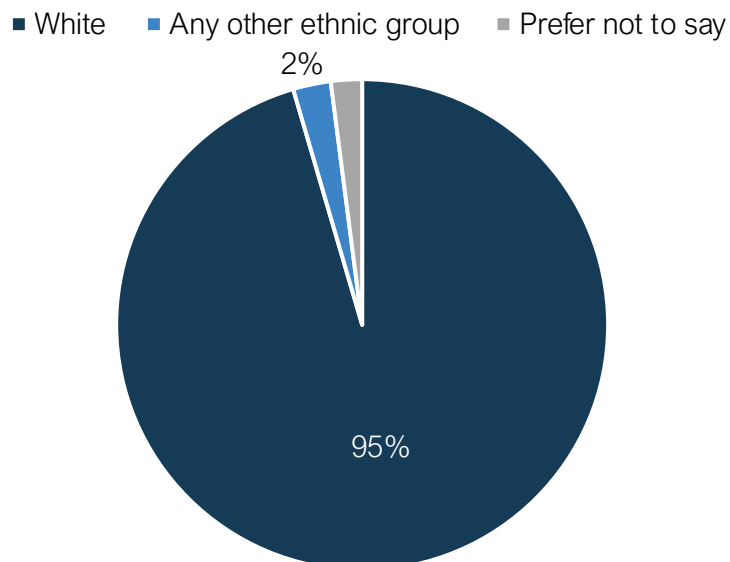
What is your religion or belief?



The majority of carers identified as Christian (52%), while 33% reported having no religion or belief. Each remaining category was selected by less than 5% of respondents.

Ethnicity

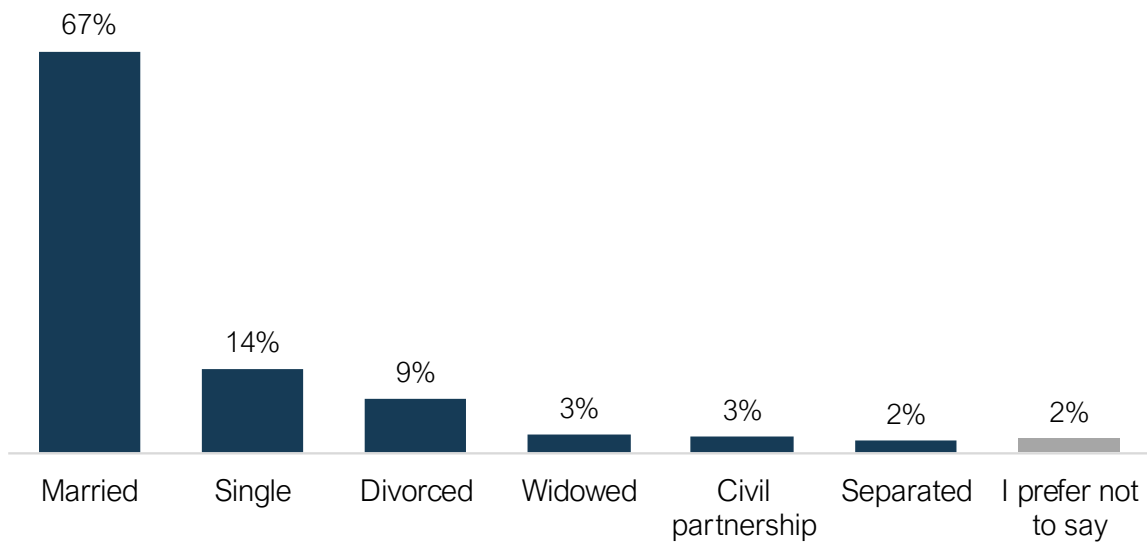
What is your ethnic group?



The vast majority of respondents (95%) identified as White. All other ethnic groups were represented in very small numbers and have therefore been combined into a single category, 'Any other ethnic group' (2%).

Marital status

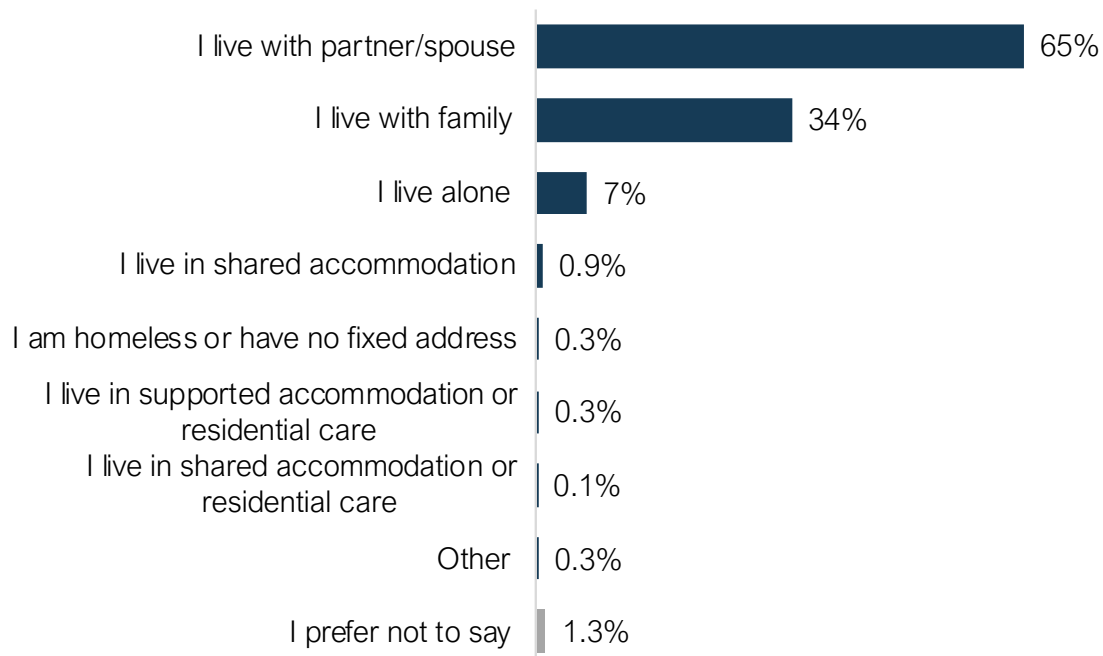
What is your marital status?



Most carers who responded were married (67%). A further 14% were single, while all other marital status categories represented less than 10% of respondents each.

Living arrangements

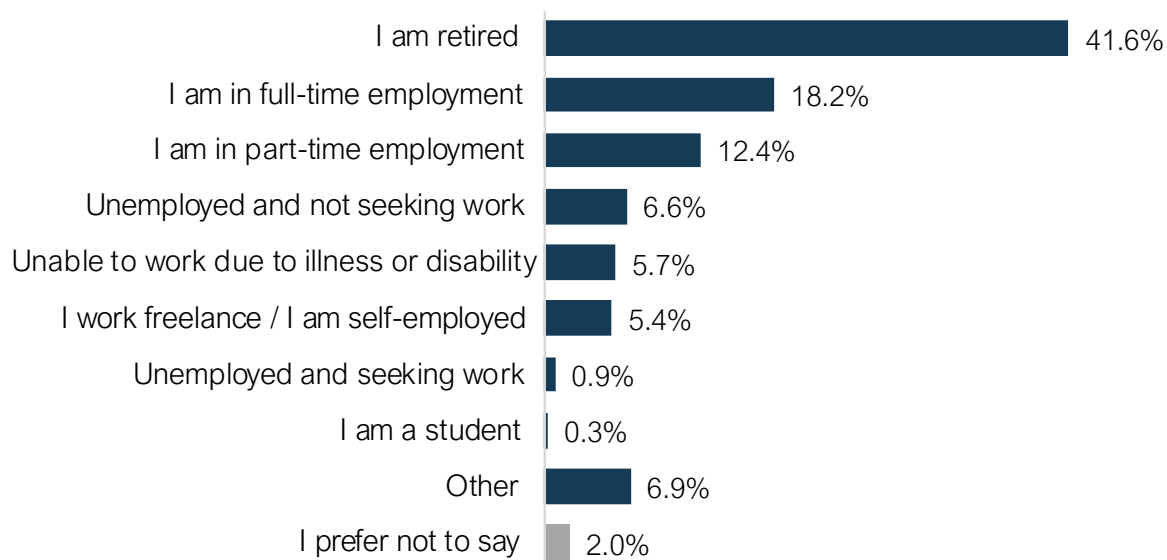
What are your personal living circumstances?



Most carers reported living with a partner or spouse (65%) or with family members (34%), while a smaller proportion lived alone (7%). All other living arrangements accounted for fewer than 10% of respondents.

Economic status

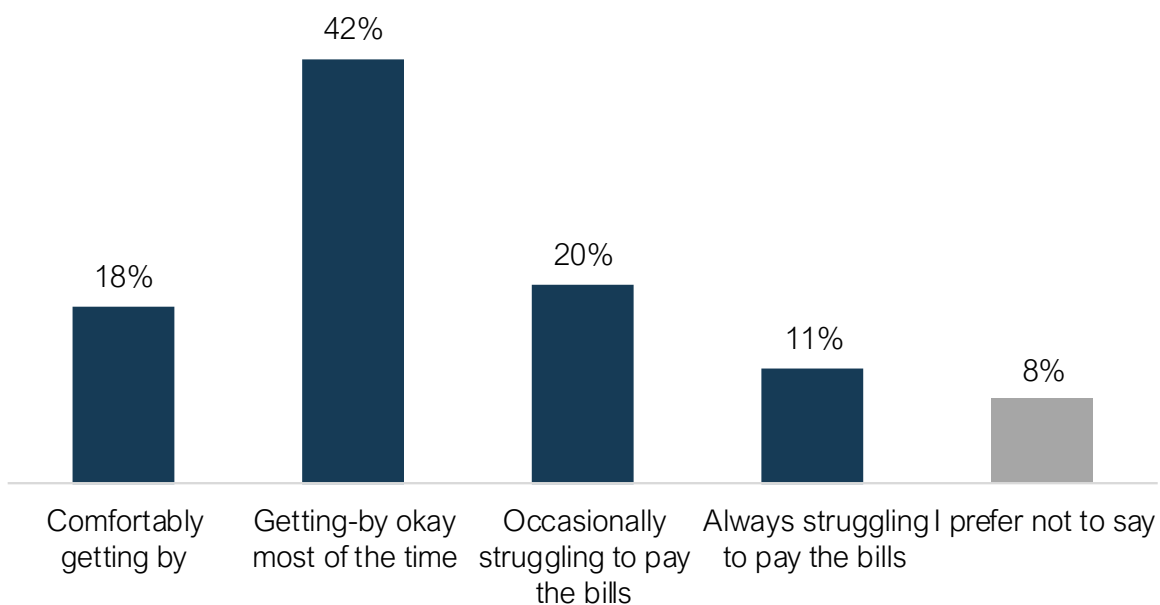
What is your economic status?



Most carers reported that they are retired (42%), followed by those in full-time (18%) and part-time (12%) employment. Other than the 5% who reported being freelance/self-employed, the remaining carers who responded reported being out of work for various reasons.

Household financial situation

How is your household coping financially?



The majority of carers reported that they're 'getting-by okay most of the time' (42%). 31% of carers reported struggling to pay their bills either occasionally or always, with just 18% comfortably getting by.

9.3 Questionnaire

Kent Unpaid Carers Survey

Kent County Council is working in partnership with voluntary community and social enterprise organisations to review the health needs of unpaid carers in Kent. The purpose is to provide evidence to inform ongoing action to support unpaid carers in Kent.

If you are currently a carer for a family member, partner, friend or neighbour, or have done so previously, we want to hear from you. Your responses will help us to understand the health and wellbeing needs of unpaid carers in Kent and make recommendations for further actions. The survey is anonymous and should take around 10 minutes to complete. It will be open from Monday 26th January 2026 - Sunday 22nd February 2026.

Thank you for participating.

Handling your data

We use Snap Surveys to collect the responses to our surveys and act as our Data Processor. They do not make any use of the survey data themselves. Snap Surveys use a limited number of cookies. Further information can be found on the Snap Surveys website and the Kent County Council website.

A carer is someone who is providing unpaid care and support to a family member, partner, friend or neighbour who is disabled, has an illness or long-term condition, or who needs extra help as they get older. This support could be a few hours a week, or it could be round the clock care. Both children and adults can be carers. It excludes any care provided as part of a paid employment.

1. Are you a carer?
- ☐ Yes
 - ☐ I have experience of being a carer previously, but I am not currently caring for anyone
 - ☐ No
-

Questions asked to current carers (Q1 = 'Yes')

2. How long have you been a carer?
- ☐ Less than 6 months
 - ☐ 6-12 months
 - ☐ 1-2 years
 - ☐ 3-4 years
 - ☐ 5 years or more
3. How many people do you provide care for?
- ☐ 1 person
 - ☐ 2 people
 - ☐ More than 2 people
4. Who do you care for?
- ☐ Parent
 - ☐ Spouse / partner
 - ☐ Child (under 18)
 - ☐ Adult child (over 18)
 - ☐ Other relative
 - ☐ Neighbour
 - ☐ Friend
 - ☐ Other, please specify:
5. Do you live with the person you care for?
- ☐ Yes
 - ☐ No
 - ☐ I prefer not to say
6. Does the person(s) you care for have a disability, long term health condition, physical or mental impairment?
- ☐ Yes
 - ☐ No
 - ☐ I prefer not to say
7. Which of the following disabilities or health conditions do the person(s) you care for have?
- | | |
|---------------------------------------|---|
| ☐ Hypertension | ☐ Blindness or low vision |
| ☐ Obesity | ☐ Stroke of transient ischaemic attack (TIA) |
-

- | | |
|--|--|
| ☐ Autism spectrum disorder (ASD) | ☐ Anxiety or depression |
| ☐ Coronary heart disease | ☐ Hearing loss |
| ☐ Epilepsy | ☐ Asthma |
| ☐ Arthritis | ☐ Learning disability |
| ☐ Cardiovascular disease | ☐ Chronic kidney disease |
| ☐ Dementia | ☐ Chronic obstructive pulmonary disease (COPD) |
| ☐ Musculoskeletal condition (MSK) | ☐ Asperger's syndrome |
| ☐ Heart failure | ☐ Cancer |
| ☐ Parkinson's disease | ☐ Diabetes |
| ☐ Chronic pain | ☐ Attention deficit hyperactivity disorder (ADHD) |
| ☐ Atrial fibrillation | ☐ Other, please specify: |
| ☐ Migraine | ☐ I prefer not to say |

8. How many hours of care do you typically provide per week?

- ☐ 1-19 hours
☐ 19-49 hours
☐ 50+ hours

9. What type of support do you typically provide?

- | | |
|--|---|
| ☐ Housework/ laundry | ☐ Ensuring safety during the day |
| ☐ Managing paperwork / finances | ☐ Ensuring safety during the night |
| ☐ Shopping for food / essential items | ☐ Escorting person / providing transport |
| ☐ Preparing meals / snacks / drinks and helping to eat and drink | ☐ Providing company / emotional support |
| ☐ Managing personal care tasks (using toilet, managing continence, washing, dressing, undressing) | ☐ Help communicating with others |
| ☐ Support with medication | ☐ Help caring for children |
| ☐ Social, leisure, cultural and spiritual activities | ☐ Advocating for them |
| ☐ Work, training, education or volunteering | ☐ Other, please specify: |

10. Have you ever mentioned to your GP practice that you are a carer?

- ☐ Yes
☐ No
☐ Don't know

11. Are you currently receiving support for your caring role?

- ☐ Yes, and I have the right amount of support for me in place
☐ Yes, but I think I need more support for me in place
☐ No, but I don't think I need support currently

- ☐ No, but I would like some support
☐ I prefer not to say
12. What type of practical support have you received / are currently receiving?
- ☐ Information and signposting
☐ Transport solutions
☐ Digital support (devices, skills, connectivity)
☐ Housing/adaptation advice
☐ Benefits/entitlements advice
☐ Local groups/activities
☐ Other, please specify:
13. What is the name(s) of the services you currently receive support from?
- _____
- _____
- _____
14. What barriers or challenges are there for you to access services or support?
- ☐ Not aware of what's available
☐ Eligibility criteria too strict
☐ Waiting times
☐ Cost
☐ Transport / accessibility
☐ Timing (e.g. only during working hours)
☐ Cultural or communication barriers
☐ Lack of digital access or confidence
☐ Caring demands leaving no time
☐ Previous negative experiences
☐ Other, please specify:
☐ None
15. What do you find most rewarding about being a carer?
- _____
- _____
- _____
- _____
16. Do you have any coping strategies to help manage stress and maintain your health and wellbeing whilst being a carer?
- ☐ Physical activity (e.g. walking, exercise classes)
☐ Healthy eating
☐ Mindfulness or meditation practices
☐ Talking to friends or family for emotional support

- ☐ Joining a carers support group or service
- ☐ Taking breaks or respite care
- ☐ Engaging in hobbies or leisure activities
- ☐ Seeking professional help (e.g. counselling, therapy)
- ☐ Using relaxation techniques (e.g. breathing exercises)
- ☐ Time management or planning strategies
- ☐ Other, please specify:
- ☐ I don't have any coping strategies

17. What would make it easier for you to look after your own health and wellbeing, whilst being a carer?

18. How has your experience of being a carer impacted on your...

	Very negatively	Somewhat negatively	No impact	Somewhat positively	Very positively	I prefer not to say
...ability to look after your own health and wellbeing?	☐	☐	☐	☐	☐	☐
...ability to work or study?	☐	☐	☐	☐	☐	☐
...your social life, hobbies and interests?	☐	☐	☐	☐	☐	☐
...your relationship with the person(s) you provide care for?	☐	☐	☐	☐	☐	☐

19. Would you like to tell us anything more about how being a carer has impacted on these aspects of your life?

20. How frequently do you experience the following?

	Never	Rarely	Sometimes	Often	Always
Feeling uncertain about how to support the person you care for	☐	☐	☐	☐	☐
Feeling like you don't have enough time for yourself	☐	☐	☐	☐	☐
Feeling unable to look after your own health and wellbeing	☐	☐	☐	☐	☐
Feeling stressed between caring and meeting other responsibilities	☐	☐	☐	☐	☐

Feeling strained when you are around the person you care for	☐	☐	☐	☐	☐
Feeling uncertain or worried about the future needs of the person you care for	☐	☐	☐	☐	☐
Feeling like you don't know where to go for support	☐	☐	☐	☐	☐
Feeling like you can no longer cope or continue to be a carer	☐	☐	☐	☐	☐

21. Is there anything else you'd like to tell us about your experiences of being a carer?

About you

We collect demographic information to help us understand who we are reaching and to ensure our services and insights are equitable, inclusive, and responsive to the needs of different communities.

Your answers will not be used to identify who you are. If you do not wish to answer any question, you can select the 'prefer not to say' option or move on to the next question.

47. Which district do you live in?

- | | |
|---|--|
| ☐ Ashford | ☐ Tonbridge and Malling |
| ☐ Dartford | ☐ Tunbridge Wells |
| ☐ Dover | ☐ Sevenoaks |
| ☐ Canterbury | ☐ Swale |
| ☐ Folkestone and Hythe | ☐ Thanet |
| ☐ Gravesham | ☐ Outside of Kent |
| ☐ Maidstone | ☐ I prefer not to say |
| ☐ Medway | |

48. How would you describe your gender?

- ☐ Female
☐ Male
☐ I prefer to use my own term, write in (optional):
☐ I prefer not to say

49. Which of these age groups applies to you?

- ☐ Under 16 ☐ 41-45 ☐ 76-80

- | | | |
|--------------------------------|--------------------------------|--|
| ☐ 16-17 | ☐ 46-50 | ☐ 81-85 |
| ☐ 18-20 | ☐ 51-55 | ☐ 86-90 |
| ☐ 21-25 | ☐ 56-60 | ☐ 91-95 |
| ☐ 26-30 | ☐ 61-65 | ☐ Over 95 |
| ☐ 31-35 | ☐ 66-70 | ☐ I prefer not to say |
| ☐ 36-40 | ☐ 71-75 | |

50. Do you have a disability, long term health condition, physical or mental impairment?

- ☐ Yes
☐ No
☐ I prefer not to say

51. Which of the following disabilities or health conditions apply to you?

- | | |
|--|--|
| ☐ Hypertension | ☐ Blindness or low vision |
| ☐ Obesity | ☐ Stroke of transient ischaemic attack (TIA) |
| ☐ Autism spectrum disorder (ASD) | ☐ Anxiety or depression |
| ☐ Coronary heart disease | ☐ Hearing loss |
| ☐ Epilepsy | ☐ Asthma |
| ☐ Arthritis | ☐ Learning disability |
| ☐ Cardiovascular disease | ☐ Chronic kidney disease |
| ☐ Dementia | ☐ Chronic obstructive pulmonary disease (COPD) |
| ☐ Musculoskeletal condition (MSK) | ☐ Asperger's syndrome |
| ☐ Heart failure | ☐ Cancer |
| ☐ Parkinson's disease | ☐ Diabetes |
| ☐ Chronic pain | ☐ Attention deficit hyperactivity disorder (ADHD) |
| ☐ Atrial fibrillation | ☐ Other, please specify: |
| ☐ Migraine | ☐ I prefer not to say |

52. What is your religion or belief?

- ☐ No religion or belief
☐ Atheist
☐ Christian
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ A different religion or belief
☐ I prefer not to say

53. What is your ethnic group?

- | | |
|---|---|
| ☐ White - English, Scottish, Welsh, Northern Irish, or British | ☐ Asian or Asian British - Nepalese |
| ☐ White Irish | ☐ Asian or Asian British - Pakistani |
| ☐ White Gypsy or Irish Traveller | ☐ Any other Asian or Asian British background |
| ☐ Any other White background | ☐ Black or Black British - African |
| ☐ Mixed or Multiple - White and Asian | ☐ Black or Black British - Caribbean |
| ☐ Mixed or Multiple - White and Black African | ☐ Any other black or black British background |
| ☐ Mixed or Multiple - White and Black Caribbean | ☐ Arab |
| ☐ Any other mixed or multiple background | ☐ Roma |
| ☐ Asian or Asian British - Bangladeshi | ☐ Any other ethnic group, write in (optional): |
| ☐ Asian or Asian British - Chinese | ☐ I prefer not to say |
| ☐ Asian or Asian British - Indian | |

54. What is your marital status?

- ☐ Single
- ☐ Civil partnership
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ I prefer not to say

55. What is your personal living circumstance? Please select all that apply.

- ☐ I live alone
- ☐ I live with partner/spouse
- ☐ I live with family (parents, children, relatives)
- ☐ I live in shared accommodation (e.g. with friends or housemates)
- ☐ I live in supported accommodation or residential care
- ☐ I live in temporary accommodation (e.g. hostel or shelter)
- ☐ I am homeless or have no fixed address
- ☐ Other, write in (optional):
- ☐ I prefer not to say

56. What is your economic status?

- ☐ I am in full-time employment
- ☐ I am in part-time employment

- ☐ I work freelance / I am self-employed
- ☐ I am a student
- ☐ I am retired
- ☐ Unemployed and seeking work
- ☐ Unemployed and not seeking work
- ☐ Unable to work due to illness or disability
- ☐ Other, write in (optional):
- ☐ I prefer not to say

57. Financially, is your household:
- ☐ Always struggling to pay the bills
 - ☐ Occasionally struggling to pay the bills
 - ☐ Getting-by okay most of the time
 - ☐ Comfortably getting by
 - ☐ I prefer not to say

Thank you for completing this survey. Please click on 'Submit' to send us your answers

Further Information

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