

Life After Caring

Findings from the Carers Survey (March 2026)

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1 Forward

This report brings together the experiences of people who were previously in a caring role and who generously shared their reflections on caring, the transition out of caring, and the impact this has had on their wellbeing and support needs. We recognise that revisiting this period of life can be difficult, and we are deeply appreciative of those who chose to contribute their views and personal stories. Their insight provides an important understanding of the challenges they faced, the support that made a difference, and the areas where further help is needed.

I would like to thank everyone who took part. 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, former carers, and those navigating the transition out of caring.

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 140 people who previously provided care in Kent who responded to a survey between 26 January and 22 February 2026. The findings provide insight into the impact of caring, the transition out of caring, and their wellbeing and support needs.

Caring responsibilities

Most former carers had been supporting someone for a long time, with over half (55%) caring for five years or more. Only a small proportion (6%) cared for less than a year, underlining that caring roles are typically sustained over long periods. The majority cared for parents (62%) or spouses/partners (31%), and almost all (97%) supported a family member. Living arrangements varied, with a near even split between those living with the person they cared for (54%) and those who did not (45%).

The person cared for almost universally had a disability or long-term health condition (95%), most commonly neurodegenerative (46%), cardiometabolic (45%), or musculoskeletal/pain-related conditions (32%). Hours of care also varied: over a third (38%) provided 50+ hours per week, with the remainder split with the rest delivering lower levels of weekly care (1-49 hours).

Most former carers undertook instrumental day-to-day tasks (94%), while personal care was less common but still a significant responsibility.

Impact of caring on daily life

Caring had wide-ranging emotional, physical, social, and financial impacts. The most common effects were declines in mental health (28%) and the sense that caring affected all areas of life (28%). Many described their lives as being put on hold, with pressures from increased responsibility (24%), reduced social opportunities (23%), and exhaustion (18%). Employment changes (15%) and financial pressures (14%) were also notable.

Despite these challenges, carers developed a range of skills, most prominently patience, understanding and empathy (52%), alongside practical abilities such as navigating care pathways (24%) and providing personal care (16%).

Support and access during caring

Most former carers (61%) accessed some form of support, most frequently housing and adaptation advice (42%), benefits and entitlements guidance (36%), and information or signposting (36%). However, a substantial proportion (39%) received no support. The biggest barrier was lack of awareness (61%), followed by insufficient time to seek help (39%), long waits (30%), eligibility criteria (24%), inconvenient timing (23%), and cost (21%).

Transition out of caring

Caring most commonly ended because the cared-for person died (75%) or moved into residential or nursing care (29%). This transition was emotionally complex: relief (45%) and sadness (43%) were the most frequently reported feelings, often coexisting alongside guilt (23%), loss of identity (15%), and comfort in knowing the person was no longer suffering.

Support at this point was limited. Most former carers (85%) received no transitional support, though half felt they did not need it. For those who would have benefited, counselling or emotional support (19%), peer support (9%), and better information (9%) were most valued.

Post-caring experiences and ongoing needs

After caring ended, many former carers reported improvements in overall wellbeing (43%), but others experienced ongoing challenges including declines in mental health (22%) and physical health impacts (15%). Most returned to previous activities to some degree (84%), and common post-caring emotions included ongoing sadness (59%) alongside pride (36%) and relief (38%).

Looking forward, many former carers felt they no longer needed support (31%), but others highlighted the importance of social connection (14%), support from family or friends (11%), mental health support (7%), and better communication or recognition. A significant proportion emphasised that support had been lacking throughout their caring journey (28%).

Identifying former carer needs

Former carers identified important unmet needs at three stages of the caring journey. During their caring role, many lacked awareness of available support, faced long waits or eligibility barriers, and struggled to access help due to time pressures. Emotional support, respite and clearer guidance were commonly missing. Most received no support during the transition out of caring, despite experiencing complex emotions, particularly after bereavement; many said counselling, timely contact, or peer support would have helped. Now as former carers, some report improved wellbeing, while others continue to need social connection, emotional support, recognition of their caring experience, and clearer information about what support remains available.

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Life After Caring

Carers play an essential role in supporting people to live safely and independently, often providing care for many years before their caring role comes to an end. The impact of caring can continue long after caring stops, with emotional, practical and financial pressures affecting former carers' health, wellbeing and everyday life. Listening to former carers' experiences is therefore crucial to understanding what support is needed both during caring and in the transition afterwards.

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 who previously provided unpaid care. By gathering insight directly from former carers, the findings aim to inform how support can be strengthened, improve understanding of the transition out of caring, and highlight the longer-term effects that caring can have.

This report draws on survey responses collected between 26th January and 22th February 2026 from 140 people who previously provided care. The survey asked about their experiences of caring, the transition out of caring, 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.

Former carers who responded came from across Kent, with the highest participation from Tonbridge and Malling, followed by Folkestone and Hythe, Canterbury and Dover. Dartford had the smallest proportion of respondents. The majority of respondents were female and aged between 61 and 75, with very few aged 26-40. Just under half reported having a disability or long-term health condition, most commonly musculoskeletal or pain-related conditions, followed by cardiometabolic conditions. Most respondents identified as Christian and White, were married or widowed, and lived either with a partner or alone. Over half were retired, and while most said they were managing financially, a small proportion reported struggling with household costs.

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

3 Caring Responsibilities

Section Highlights

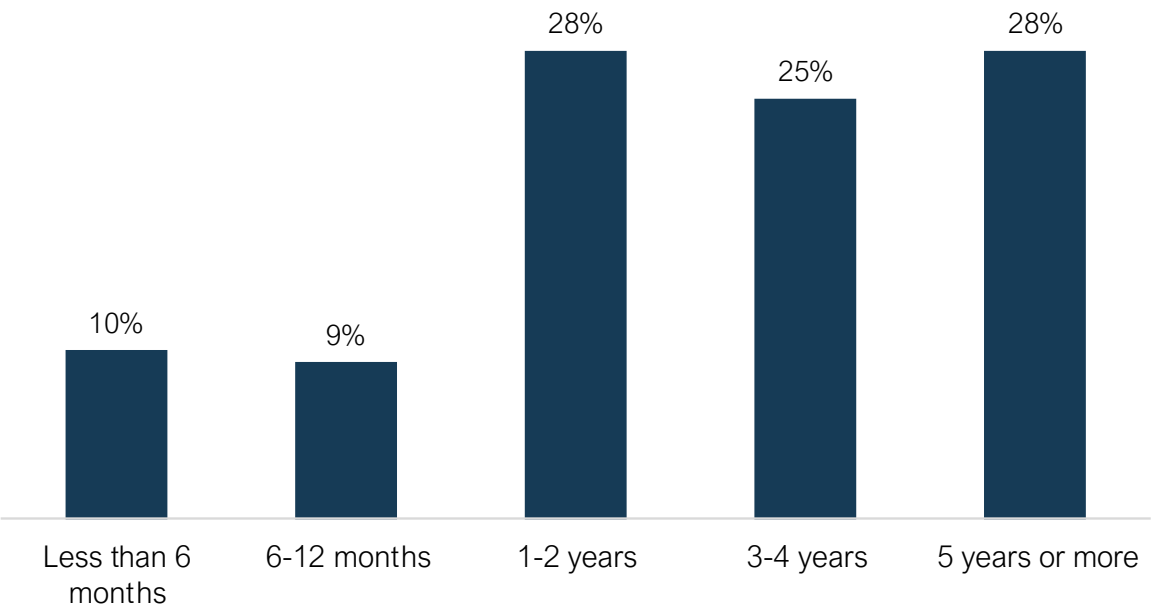
This section focuses on how many hours of care former carers provided and what types of tasks they were responsible for.

- Most former carers had ended their role over a year ago (81%), and caring was typically long term, with 55% caring for five years or more.
- The majority cared for family members (97%), most commonly a parent (62%) or spouse/partner (31%), with an even split between living with the cared-for person or not.
- Nearly all cared for someone with a disability or long-term condition (95%), most often neurodegenerative (46%), cardiometabolic (45%), or musculoskeletal/pain-related (32%).
- Hours of care varied widely: 38% provided 50+ hours per week, while others provided 1-19 hours (34%) or 19-49 hours (29%).
- Instrumental day-to-day tasks were almost universal (94%), with personal care also a significant responsibility for many (61%).

3.1 Time Since Caring Role Ended

Former carers were asked how long it had been since they stopped providing care.

Time since caring role ended

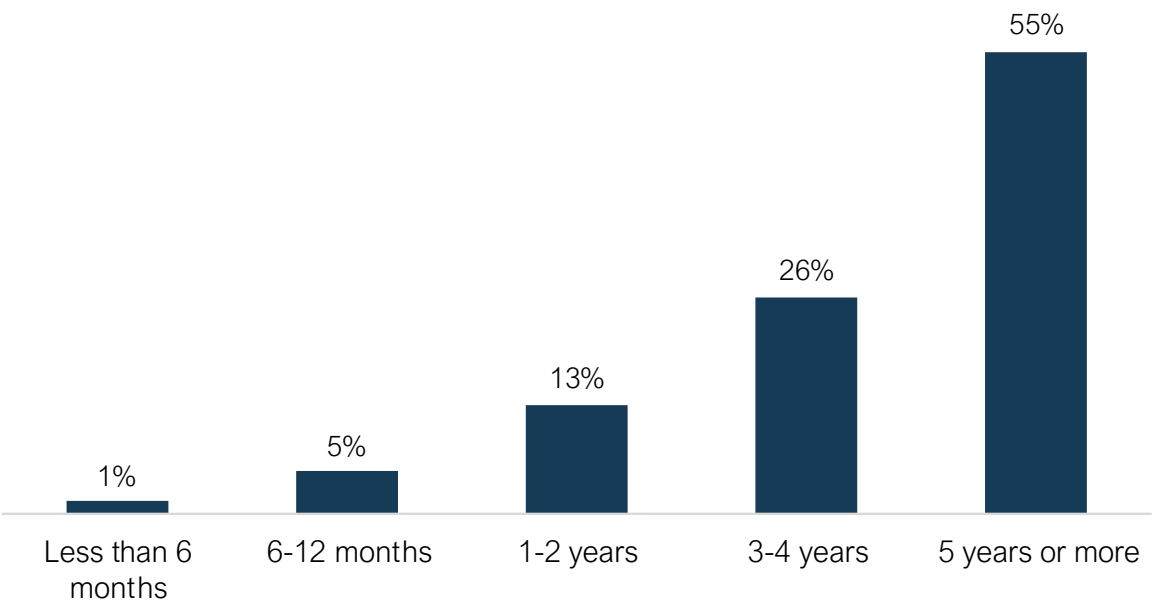


Most respondents had ended their caring role more than a year ago (81%). Over a quarter (28%) said they stopped caring five or more years ago.

3.2 Time Spent in a Caring Role

Former carers were asked how long they had been in a caring role.

Duration of caring role

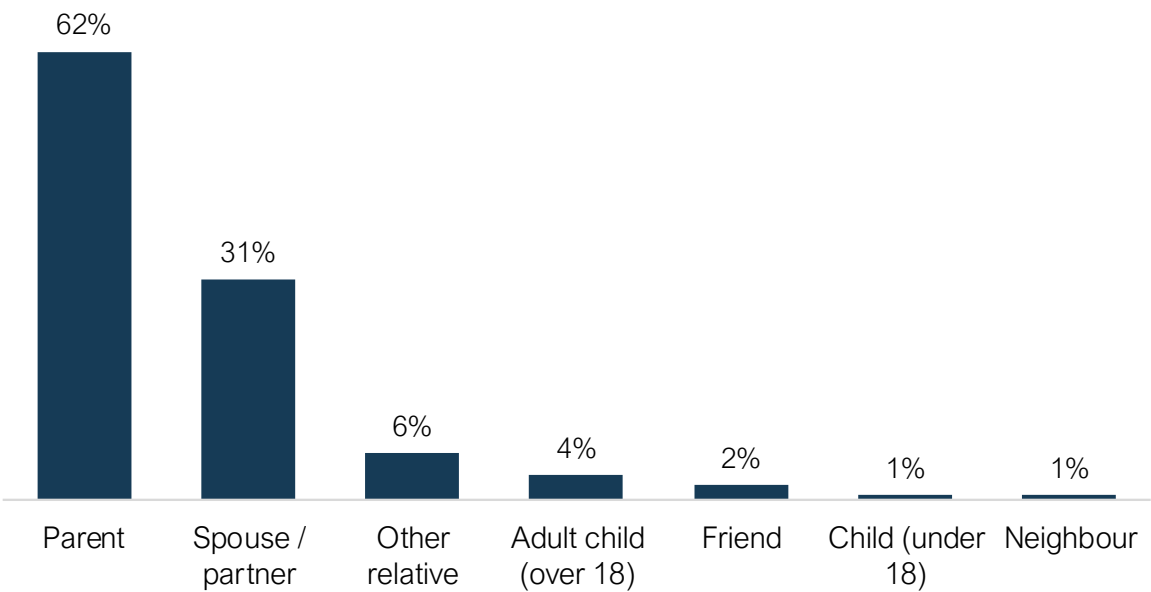


The majority of respondents (55%) spent five years or more in a caring role, indicating that caring responsibilities are typically long term. Only a small proportion (6%) cared for less than a year, while around two in five (39%) cared between one and four years.

3.3 Relationship To The Person Cared For

Former carers were asked about their relationship to the person they cared for.

Relationship to the cared-for person

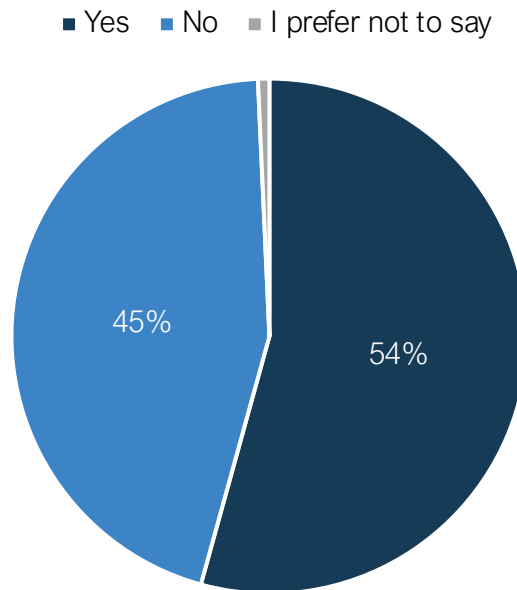


Most often, respondents cared for a parent (62%), while 31% provided care to a spouse/partner. The overwhelming majority cared for a family member (97%), making it the most common relationship.

3.4 Living Arrangements

Former carers were asked whether they lived with the person they cared for.

Living arrangements during the caring role

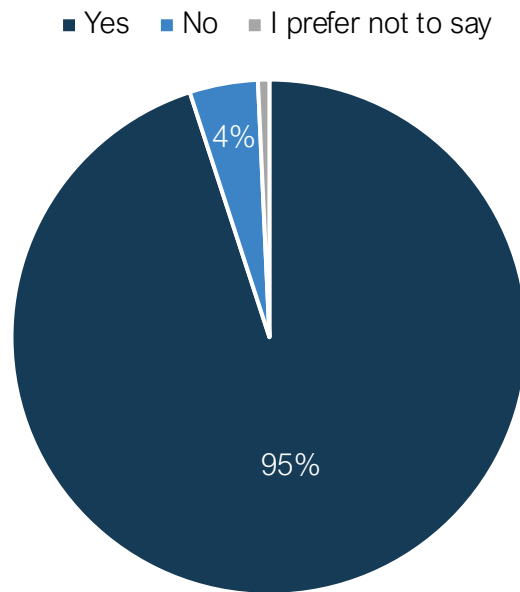


The responses show a fairly even split between those who lived with the person they cared for and those who did not. Just over half of respondents (54%) reported living with the person they cared for, while 45% did not.

3.5 Disability Or Health Condition Of The Person Cared For

Former carers were asked whether the person they cared for had a disability, long-term condition, or impairment.

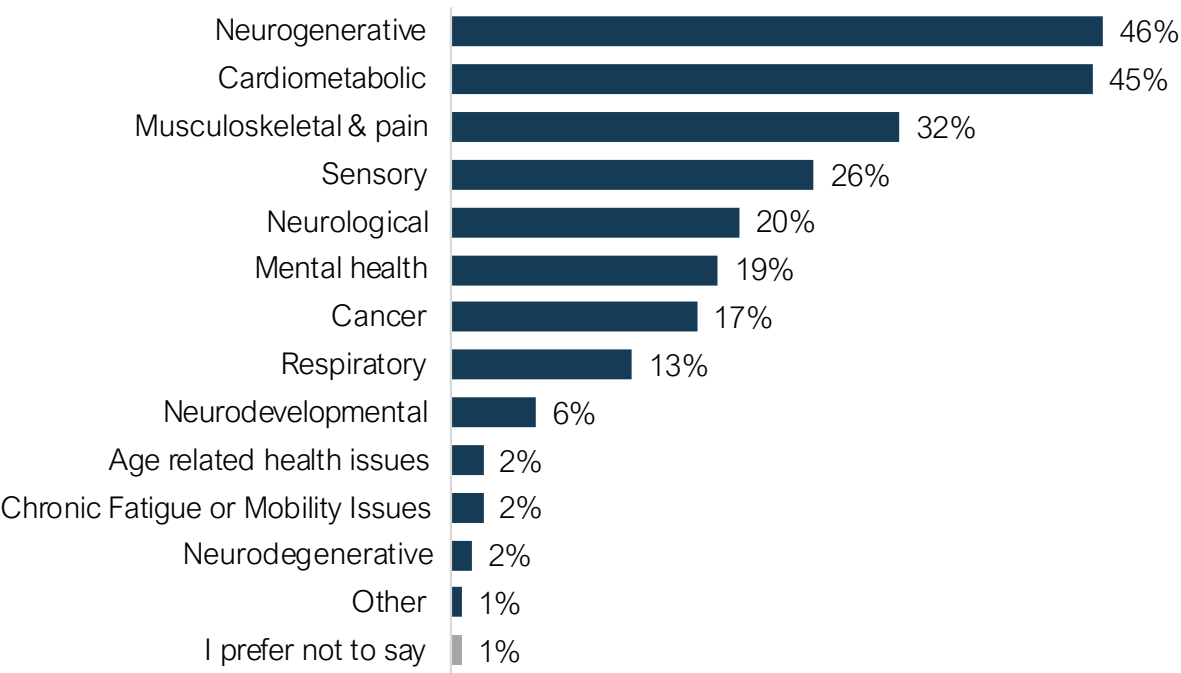
Whether the cared-for person had a disability or condition



Nearly all respondents (95%) 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.

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

Disabilities and health conditions of cared-for people

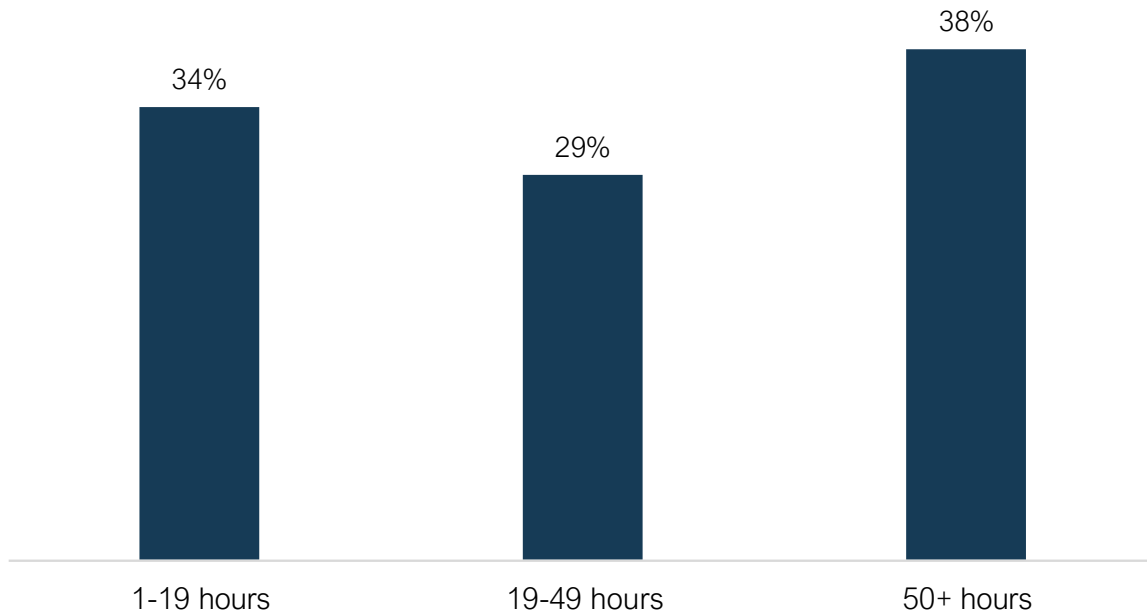


The most commonly reported conditions were neurogenerative (46%), cardiometabolic (45%), and musculoskeletal or pain-related conditions (32%).

3.6 Hours Of Care Provided

Former carers were asked how many hours of care they typically provided each week.

Weekly hours of care provided

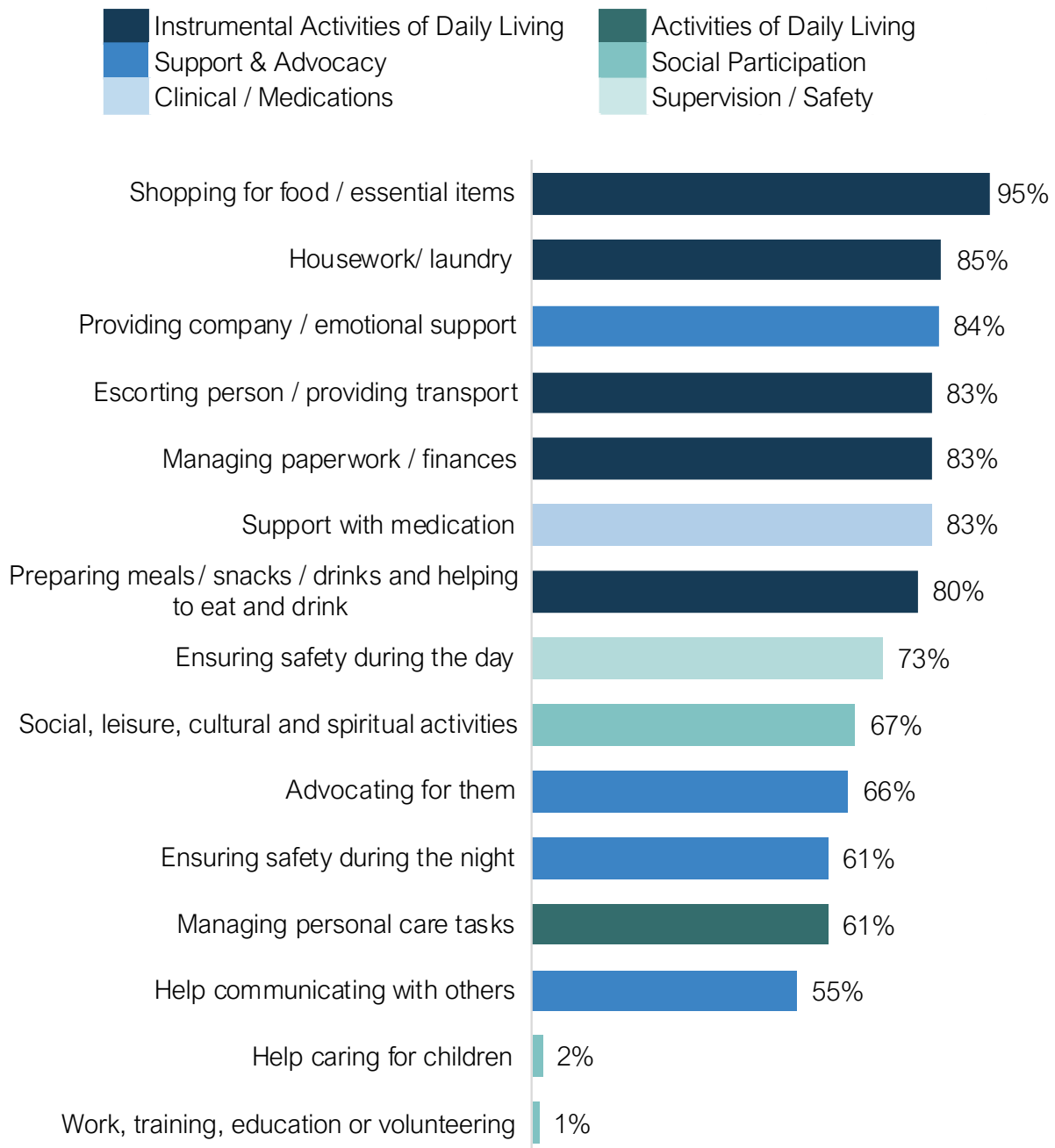


The number of hours of care previously provided is spread relatively evenly across the three categories. Just over a third of respondents (38%) reported that they had provided 50 or more hours of care each week. A similar proportion (34%) said they had provided between 1-19 hours per week, while 29% had provided 19-49 hours.

3.7 Type Of Support Carers Provided

Former carers were asked what types of support they typically provided.

Types of support provided by carers



This chart shows the wide range of tasks former carers commonly undertook as part of their caring role. Practical day-to-day tasks were the most frequently reported: shopping for essential items (95%), housework or laundry (85%), providing transport (83%), managing paperwork or finances (83%), support with medication (83%), and preparing meals or helping with food and drink (80%) were all very common. When grouped, 95% of carers provided at least one type of instrumental support, highlighting how central these practical, day-to-day tasks are to the caring role.

Former carers also provided extensive emotional, communication and advocacy related support, including company or emotional support (84%), advocacy (66%), and help with communication (55%). Many supported safety and supervision, such as ensuring safety during the day (73%) or night (61%), and helped the person maintain social, leisure, cultural or spiritual activities (67%).

Although less common than instrumental tasks, personal care (Activities of Daily Living) was still a significant responsibility for 61% of former carers. A smaller proportion supported childcare (2%) or work, training or volunteering activities (1%).

When these activities are grouped into broader categories, almost all former carers had provided instrumental support (99%) as well as support and advocacy (96%), highlighting the central role of both practical and emotional assistance in the caring experience. High proportions also provided clinical/medication support, supervision and safety, and social participation, demonstrating the breadth and multidimensional nature of caring roles.

4 Support Received and Access Barriers

Section Highlights

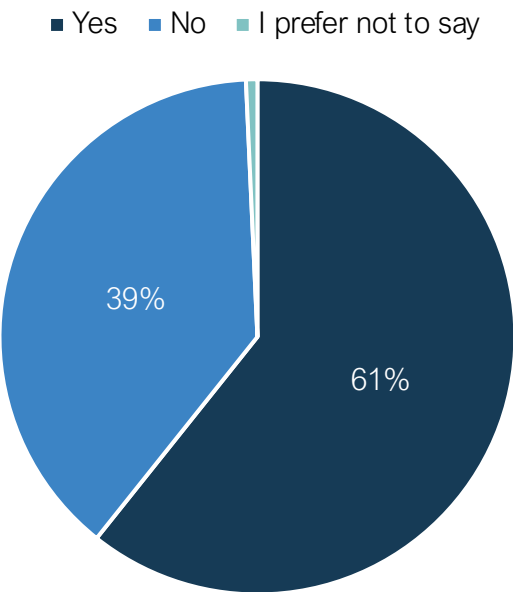
This section summarises how many former carers accessed support services, what types of support they received, and highlight key barriers that stopped others getting support.

- Most former carers accessed some support (61%), but a substantial 39% received none, with housing/adaptation advice (42%) and benefits/signposting (36%) the most commonly used services.
- Support use varied: around a third joined local groups (33%), while fewer accessed transport help (11%), and 28% received other types of support not captured in predefined categories.
- The main barriers were lack of awareness (61%) and no time due to caring demands (39%), alongside issues such as long waits, eligibility rules, inconvenient timing, and cost.

4.1 Access To Local Support Or Services

Former carers were asked whether they accessed any local support or services while caring.

Whether carers accessed local support

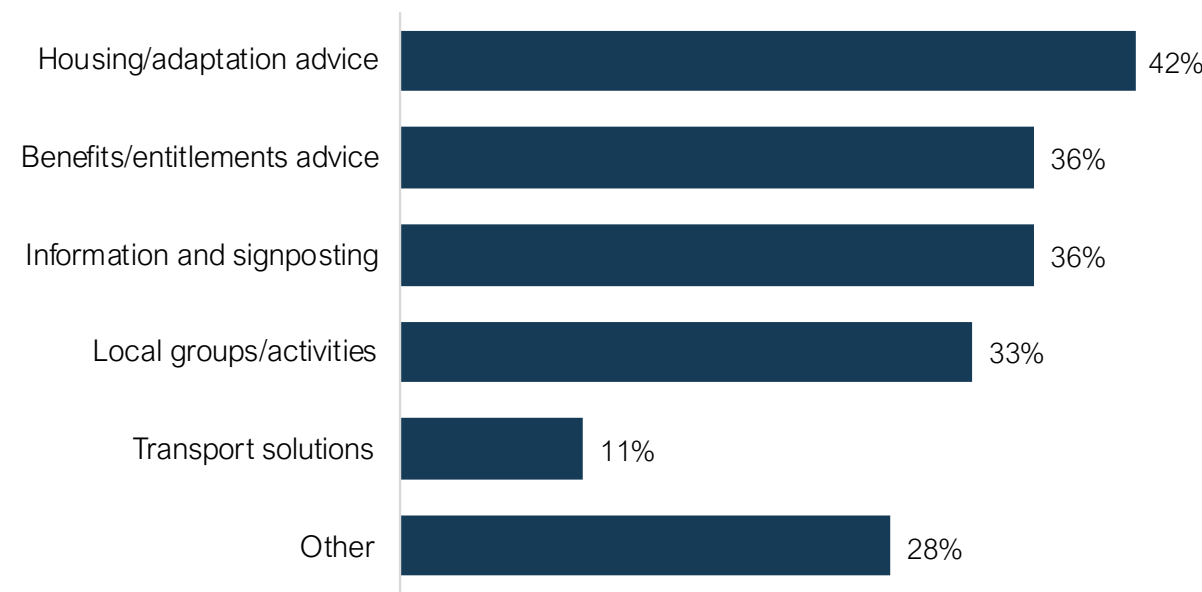


Most respondents reported that they accessed some form of local support or services during their time as a carer (61%). However, a substantial minority (39%) said they did not access any support.

4.2 Type Of Support Carers Received

Former carers were asked what types of practical support they received during their caring role.

Types of support received during caring

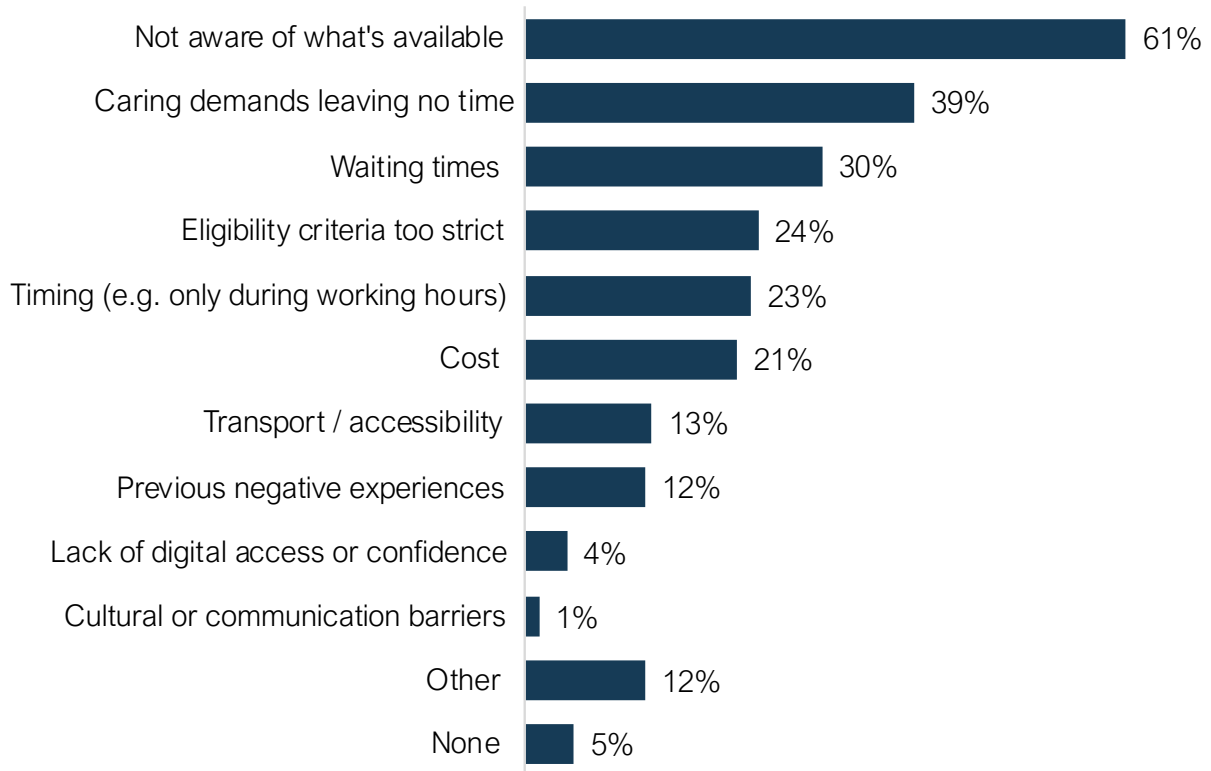


Housing and adaptation advice was the most frequently accessed type of support among former carers, with 42% reporting that they had received this help. Advice on benefits and entitlements and information/signposting were the next most common types of support, each mentioned by 36% of respondents. Around a third (33%) had accessed local groups or activities, while fewer (11%) received support with transport solutions. A further 28% selected “other”, indicating additional types of support not captured in the predefined categories.

4.3 Barriers To Accessing Support

Former carers were asked about the main barriers they encountered when trying to access support.

Barriers to accessing support



Lack of awareness was the most common barrier to accessing support. A majority of former carers (61%) reported that they were not aware of what support was available to them. The second most frequently cited barrier was having no time to seek help due to the demands of caring (39%).

Other notable barriers included long waiting times (30%), strict eligibility criteria (24%), and support being offered only at inconvenient times (23%). Cost (21%) and transport or accessibility issues (13%) were also highlighted by some respondents. A smaller number of respondents had previous negative experiences (12%), lack of digital access or confidence (4%), or cultural or communication barriers (1%).

5 Impact of Caring and Coping Strategies

Section Highlights

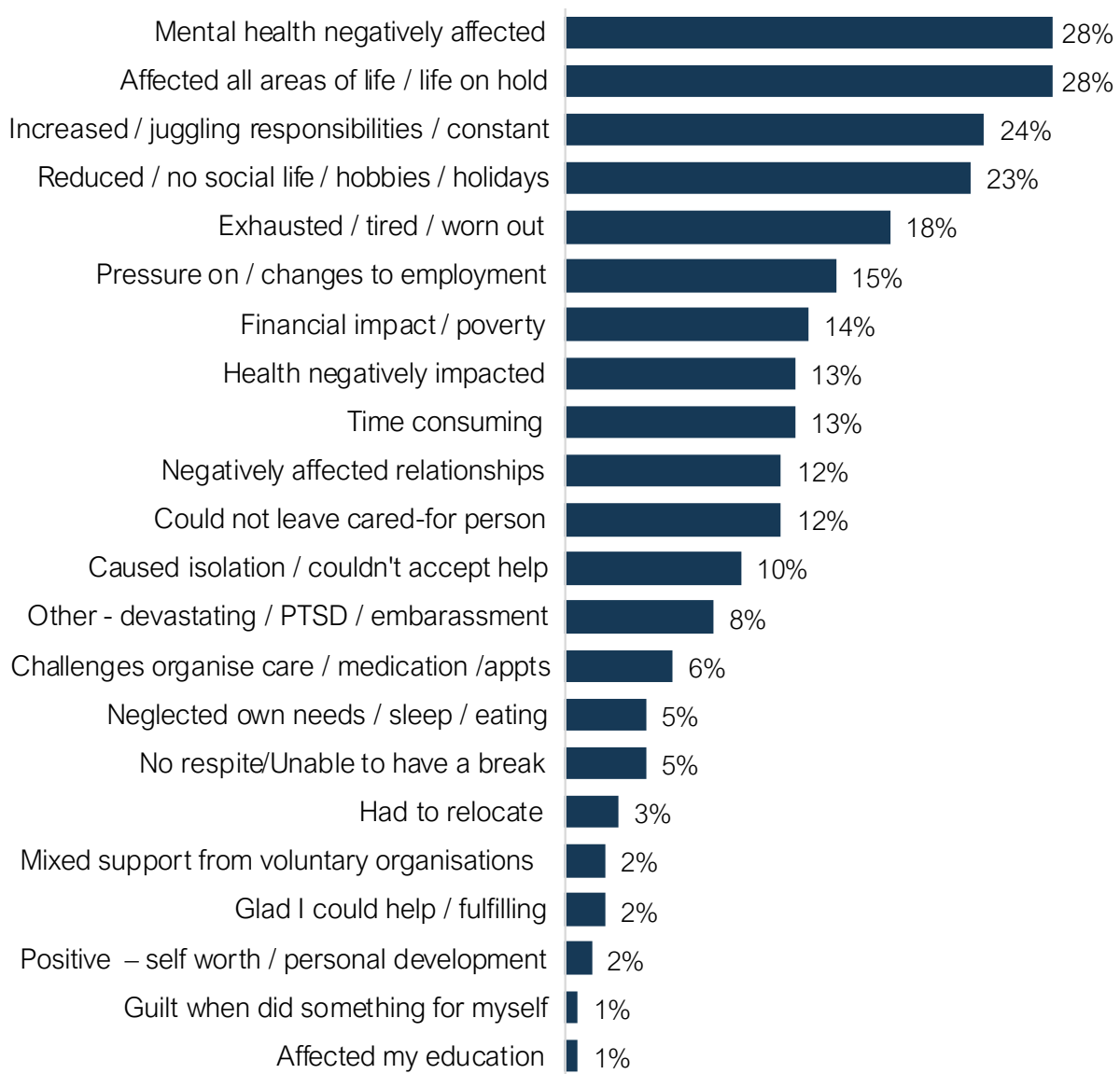
This section describes the emotional, physical, financial, and social impacts of caring. It summarises the skills carers developed and the coping strategies they used to manage stress or maintain wellbeing.

- Former carers reported wide-ranging negative impacts, especially on mental health (28%), with many saying caring affected all areas of life (28%), restricted social opportunities, and created pressure, exhaustion, and financial or employment-related strain.
- Most relied on informal coping strategies, particularly emotional support from friends/family (58%) and physical activity (41%), while relatively few sought professional help (12%); 17% said they had no coping strategies at all.
- Carers developed a range of skills, most commonly patience, empathy and understanding (52%), alongside practical skills in navigating care systems (24%), providing personal care (16%), and advocating for someone (10%).

5.1 Impact Of Caring On Life And Wellbeing

Former carers were asked what impact being a carer had on them and their lives. This question generated a very high level of engagement, with 93% of respondents providing a comment. The chart below summarises how often each theme was mentioned, based on coded responses.

Impact of caring on former carers' lives



The most frequently raised impacts were the negative effect on mental health (28%) and caring affecting all areas of life (28%). Many former carers described their lives as being put on hold or

entirely shaped by their caring role. Increased responsibility and the pressure of juggling multiple demands were also very common (24%), as were reduced or no social life, hobbies or opportunities for breaks (23%).

Other effects included exhaustion (18%), changes to employment (15%), financial pressures (14%), and broader impacts on physical health (13%). Former carers also highlighted relationship strain (12%), being unable to leave the cared-for person (12%), and feelings of isolation or difficulty accepting outside help (10%). Smaller proportions mentioned distressing or traumatic experiences, challenges organising care, neglecting their own needs, and rare positive reflections such as fulfilment or personal development.

The sections below summarise the three themes most commonly raised which were the impact on mental health, caring affecting all areas of life, and the increased responsibility carried alongside other commitments, with quotes illustrating carers' experiences in their own words.

Mental health negatively affected

Many former carers spoke about the substantial toll caring took on their mental wellbeing. Comments described constant worry, feeling permanently "on call", high levels of stress and anxiety, and the strain this placed on daily life and family relationships.

"Was full on , always on call and a constant worry about my parents"

"Stress and anxiety levels increased tenfold. Unable to live life because of always having to be alert and needing to be always ready to help care for loved one."

"Destroyed relationships within family Stress caused me to have 2 TIAs"

Caring affected all areas of life

Former carers also highlighted that the impact of caring extended across every part of their lives. Responses spoke about emotional and physical strain, financial pressures, reduced time for work or family, loss of balance, and the way caring responsibilities can become all-consuming.

"The emotional and physical strain will stay with me forever. My work suffered, my health declined and my relationships became strained."

No balance in life. Stress- emotionally and time wise. My own family suffered from my lack of focus and attention. Strain on the marriage. Financial strain. Mental health suffered from emotional investment. No time/energy to focus on my needs or wellbeing. All-consuming. Constant worry and stress from the responsibility. Resentment towards person needing care. Loss of family bond- more a carers role."

"It restricted my life completely. Had to give up everything."

Increased responsibility

A number of former carers described the challenge of managing caring responsibilities alongside work, family life and other commitments. They shared experiences of juggling competing demands, disrupted sleep, financial strain and the pressure of having to be available for the person they cared for at all times.

"I was a carer whilst also working and cut down my working hours which affected my pension. It also limited my social life as the majority of my spare time was spent 'caring'."

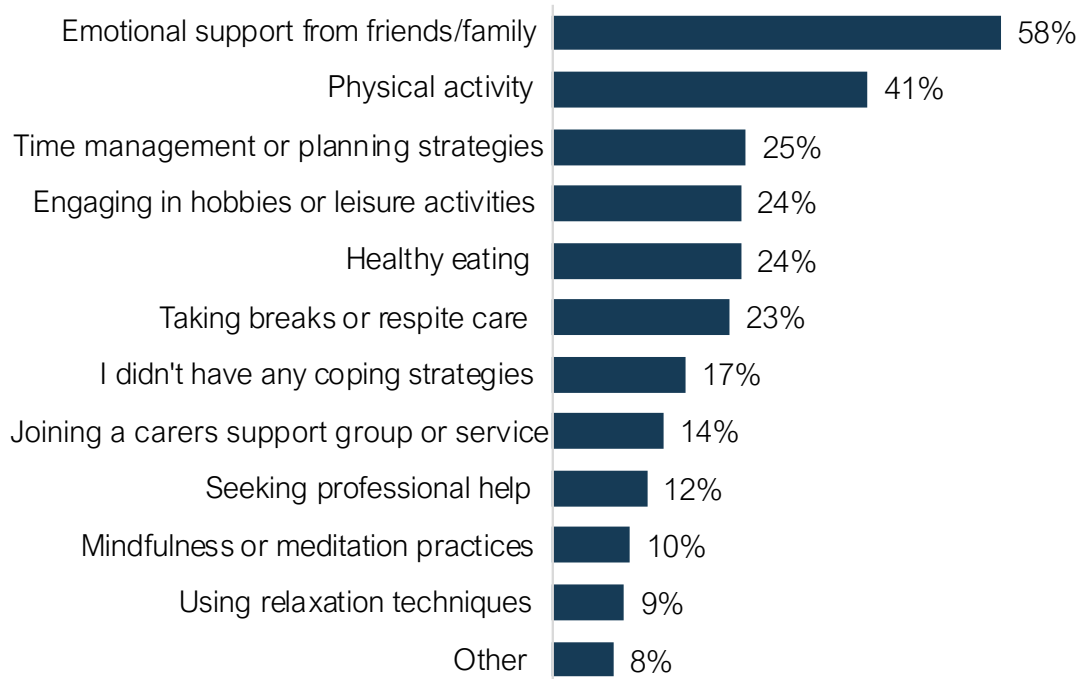
"pressure on our marriage, work and family. Sleep interruption, especially when also working full time. Financial, travelling miles for care support and hospital appointments"

"Torn in many directions at the same time"

5.2 Coping Strategies

Former carers were asked whether they had used any coping strategies to help manage stress and maintain their health and wellbeing while caring.

Coping strategies used during the caring role



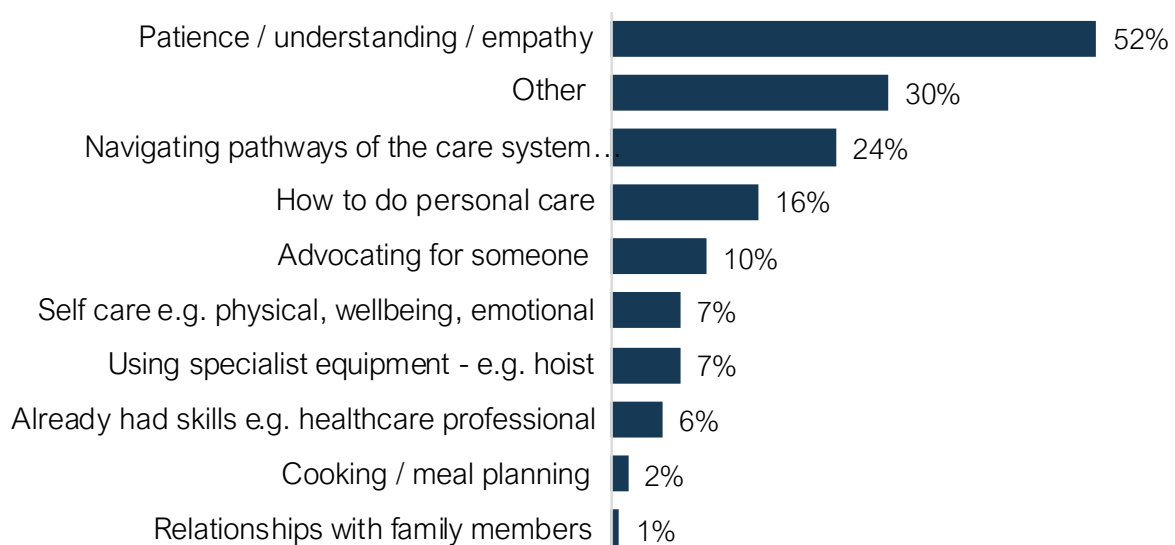
The most common coping strategy used by former carers to manage their wellbeing was talking to friends or family for emotional support, reported by 58% of respondents. Physical activity was also widely used as a way to manage stress and maintain health (41%).

Only a smaller proportion (12%) sought professional help, with most relying on informal or self-directed approaches instead. Notably, 17% said they did not have any coping strategies when they were a carer.

5.3 Skills Developed Through Caring

Former carers were asked what skills, if any, they felt they had developed as a result of their caring role. The chart below shows how often each theme was mentioned, based on coded responses to this question. Just under a quarter of respondents (23%) did not answer this question.

Skills developed while caring



Among those who did respond, patience, understanding and empathy were by far the most commonly mentioned skills (52%). Former carers described becoming more tolerant, emotionally aware and patient.

A further 24% said they had gained practical skills in navigating care pathways, systems and financial processes. Others highlighted learning how to provide personal care (16%), advocating for someone (10%) or developing greater awareness of their own physical and emotional wellbeing (7%). Smaller proportions mentioned learning to use specialist equipment, relying on skills from previous professional experience, or gaining confidence in meal planning and household management.

Their responses highlighted two main areas: developing personal qualities such as patience, understanding and empathy, and gaining practical skills in navigating care systems, processes and financial arrangements. The sections below summarise these themes, with quotes illustrating carers' experiences in their own words.

Patience, understanding and empathy

Many carers said they had developed greater patience, tolerance and emotional insight. They described becoming more understanding of others' needs, adapting to changing circumstances, and building resilience through the experience of caring.

"No practical skills but did develop patience and acceptance of life as it is"

"Patience and kindness. Tackling complex online systems and finance"

"Empathy, patience, selflessness"

Navigating care pathways, systems and finances

Carers also described learning to navigate complex care systems, manage financial arrangements and handle bureaucratic or legal processes. This included developing organisational skills, advocating for support, managing funding or benefits, and understanding areas such as Power of Attorney.

"Finance skills dealing with aspects of support funding."

"To shout out louder than in my professional capacity and prepare to fight and challenge everything and everyone. To juggle all the balls in the air at once; care, being a mum and wife, work .. be very organised."

"Understanding legal side of Power of Attorney..."

6 Transition Out of Caring

Section Highlights

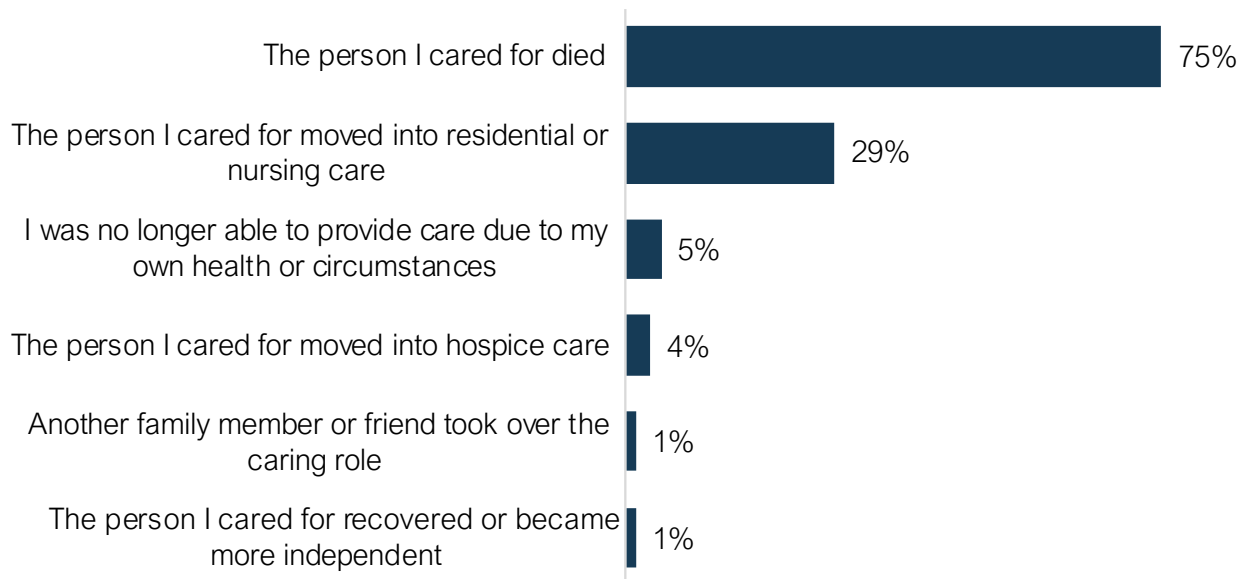
This section looks to explain why caring ended and how former carers felt during the transition period. It focuses on describing the support they received at this point (if any) and what they say would have helped them more.

- Caring most often ended because the cared-for person died (75%) or moved into residential/nursing care (29%), with only small proportions citing changes in their own health or the person becoming more independent.
- Former carers reported mixed and often conflicting emotions, most commonly relief (45%) and sadness (43%), alongside guilt (23%), loss of identity (15%), and feelings of peace or comfort.
- The transition out of caring was largely unsupported, with 85% receiving no help, though over half (53%) felt they did not need support at the time.
- Among those who would have valued support, suggestions included counselling or emotional support (19%), better advice or information (9%), and peer support (9%), though 38% felt nothing would have helped.

6.1 Why The Caring Role Ended

Former carers were asked why their caring role had changed or come to an end.

Reasons the caring role ended

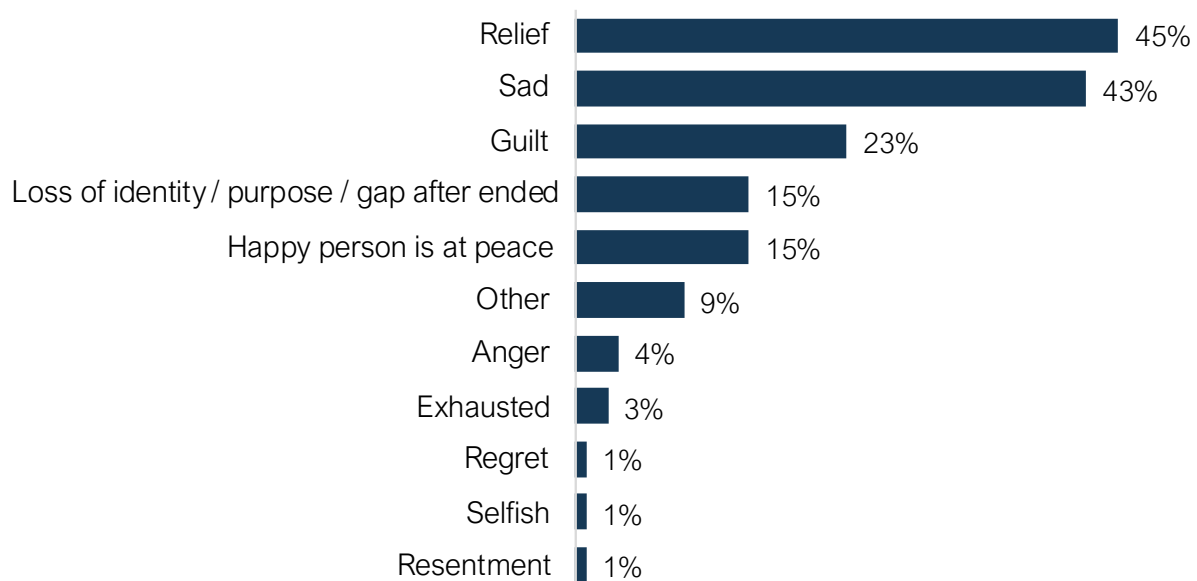


The majority of respondents (75%) said that their caring role ended because the person they cared for died. A further 29% reported that the person they cared for moved into residential or nursing care. Smaller proportions said their caring role ended due to changes in their own health or circumstances (5%), the person moving into hospice care (4%), another family member or friend taking over (1%), or the person recovering or becoming more independent (1%).

6.2 Feelings When Caring Came To An End

Former carers were asked how they felt when their caring role ended, recognising that this transition can bring up a wide mix of emotions. Around one in five respondents (21%) did not provide an answer to this question. The chart below summarises the responses from those who did choose to comment.

How former carers felt when caring ended



Of those that did choose to comment, relief was the most frequently mentioned feeling (45%), often linked to the intensity and exhaustion of caring and the challenges faced towards the end of the caring role. Sadness was also very common (43%), particularly where caring ended due to bereavement.

Other emotions included guilt (23%), a sense of loss of identity or purpose after caring ended (15%), and comfort or peace knowing the cared-for person was no longer suffering (15%). Smaller proportions described feelings such as anger, exhaustion, regret or resentment, highlighting the wide range of emotional responses associated with the end of caring.

These findings underline the complexity of the transition out of caring, with many former carers experiencing several conflicting feelings at the same time.

The responses reflected two themes most commonly mentioned: feelings of relief, and feelings of sadness following the end of the caring role. The sections below summarise these themes, with quotes illustrating carers' experiences in their own words.

Relief

Many people described a strong sense of relief when caring came to an end. Responses highlighted the physical and emotional exhaustion built up over time, the demands of constant vigilance, and the difficulty of managing increasingly challenging caring responsibilities. For some, relief was mixed with guilt or adjustment while finding a new routine after caring ended.

"Quite honestly relief. Felt I did my best and towards the end it became very difficult as she was extremely demanding and not at all appreciative especially as she refused outside help."

"Grief, relief for her, relief for me and feeling guilty about it."

"Relief, slept for three days due to complete exhaustion."

"I definitely felt relief, like a huge weight had been lifted, but it took me a while to adjust and leave a lifestyle I'd had behind, as it also meant I no longer participated in the many groups associated with the role of carer. I was at a point that I welcomed it, as I don't think I could have continued the role much longer, for my own health and wellbeing."

Sadness, loss and grief

Carers also spoke about deep feelings of sadness when their caring role ended, particularly where this followed the loss of the person they cared for. Comments described grief, a loss of identity or purpose, and the emotional complexity of feeling both sadness and relief at the same time.

"Sadness at their death but also relief and thankfulness for the relief for them as they no longer had quality of life."

"My heart literally broke. The guilt and shame of not being able to continue to care will haunt me forever."

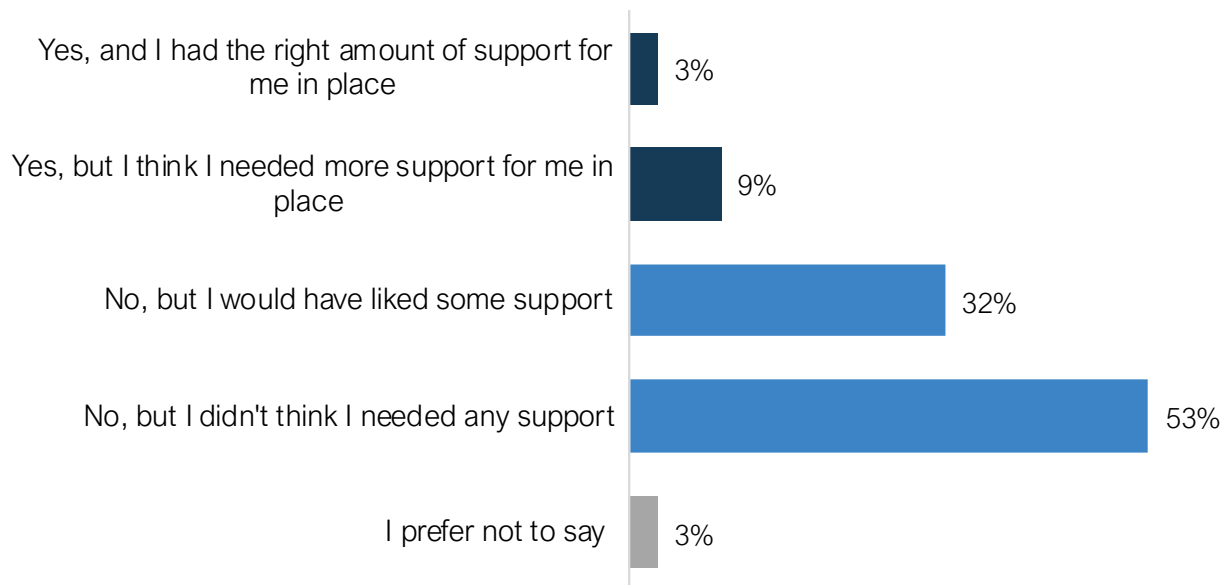
"It was a great loss and suddenly you have no reason to exist"

"Sadness, relief, pride, lost, exhausted."

6.3 Support Received During The Transition Out of Caring

Former carers were asked whether they received any support from local services during the transition from caring to no longer caring.

Support received and whether it met needs during the transition



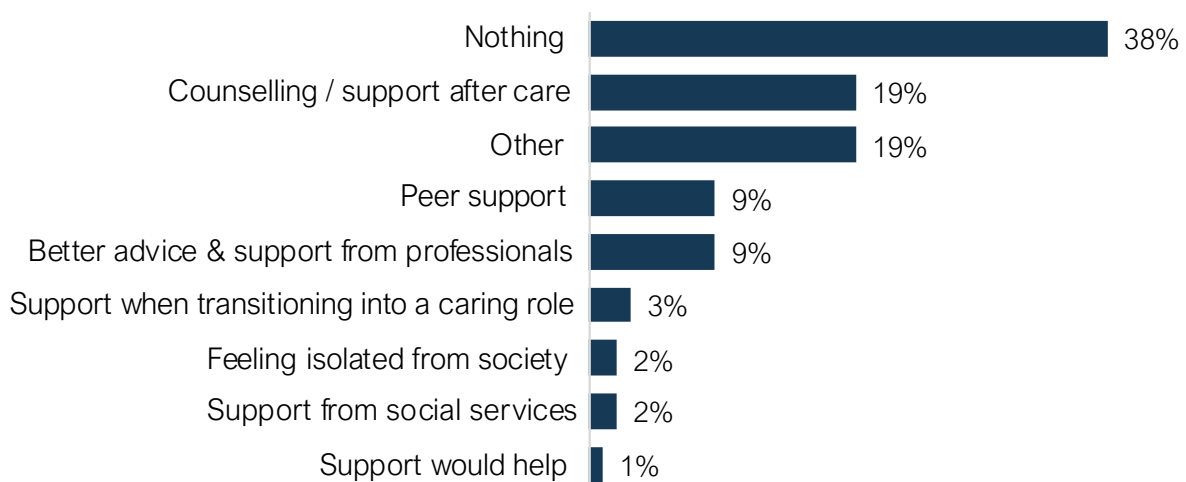
The majority of former carers (85%) reported that they did not receive any support during the transition out of their caring role. However, over half of respondents (53%) said they did not feel they needed support at the time.

Only a small proportion received transitional support: 3% felt they had the right amount in place, while 9% said they received some support but would have needed more. A further 32% said they did not receive support but would have liked to.

6.4 Support That Would Have Helped During The Transition From Caring

Former carers were asked what support helped, or would have helped, during the transition out of caring. Around 30% of respondents did not provide an answer to this question. The chart below summarises how often each theme was mentioned among those who did choose to respond.

Support former carers needed during transition



The most common response was that nothing would have helped (38%). Just under a fifth mentioned counselling or emotional support following the end of caring (19%), and a similar proportion raised points that did not fit the main themes (19%).

Other commonly mentioned areas included peer support (9%) and better advice or information from professionals about available support or entitlements (9%). Smaller proportions highlighted help when transitioning into the caring role (3%), feelings of isolation from society (2%), or support from social services (2%). A small number of former carers said that any support would have been welcome (1%).

The responses highlighted two main themes: the value of social connection and meaningful activities, and the need for emotional support through counselling or someone to talk to. The sections below summarise these themes, with quotes illustrating former carers' experiences in their own words.

Social connection and meaningful activities

"I have lots of support from my children, and my hobbies provide me with social contact and purposes. Without both of these, I think I would have been consumed by grief and I would have declined quite quickly"

"support with healthy activities and more social groups"

"Some sort of community activity/ groups for social interaction"

Emotional support and counselling

"Someone to talk to and guide me going forward"

"I now think that I could have actually benefited from talking to a counsellor, someone to unload to and help me find closure, to find a way forward."

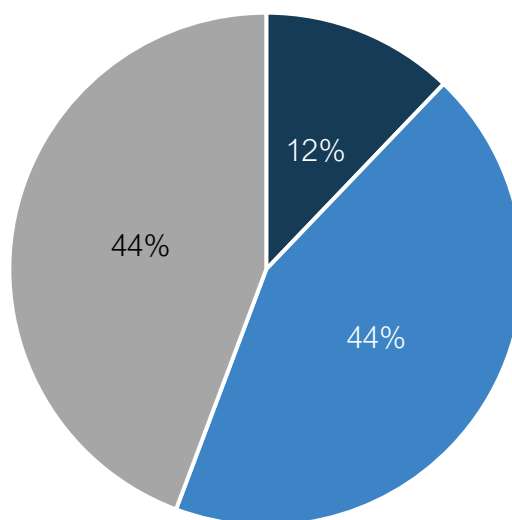
"Maybe some counselling in the early days. Having your feelings validated and training yourself to look forward rather than dwell on the past"

6.5 Continued Connection To Support Services

Former carers were asked whether they still felt connected to carer support networks or communities after accessing services during their caring role.

Whether former carers feel connected to support networks

■ Yes ■ No ■ I didn't access services or support whilst being a carer



In total, 56% of former carers responded that they accessed services or support whilst in the caring role. Only 12% of them reported that they still feel connected to support networks or communities.

7 Current Wellbeing and Support Needs

Section Highlights

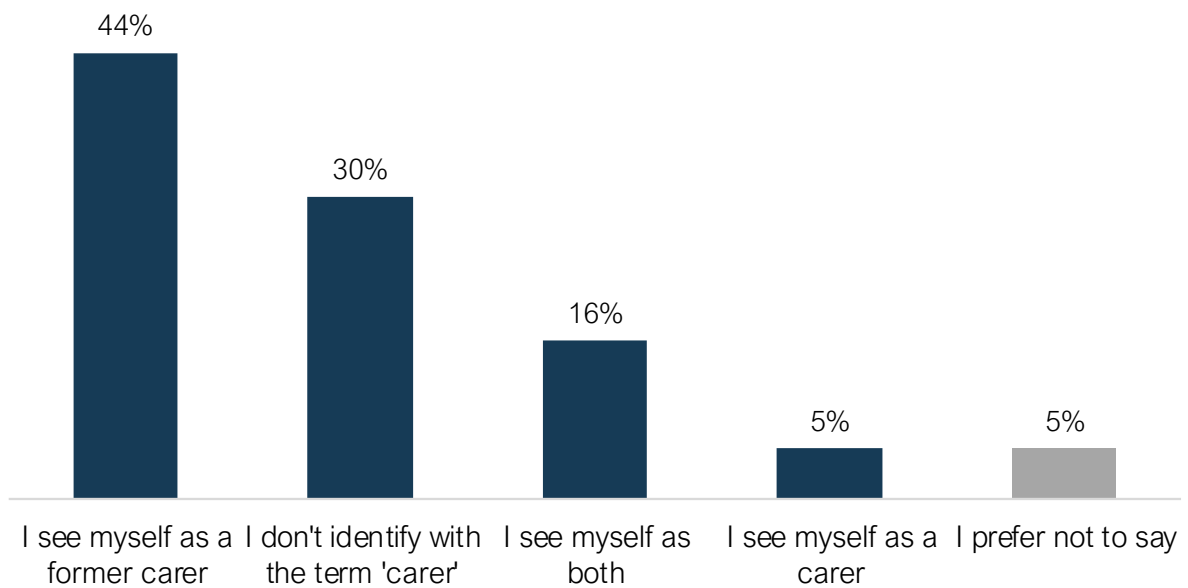
This section looks to explain why caring ended and how former carers felt during the transition period. It focuses on describing the support they received at this point (if any) and what they say would have helped them more.

- Identification varied: 44% see themselves as former carers, while 30% do not, and others still identify partly (16%) or fully (5%) as carers.
- The transition out of caring had mixed wellbeing impacts. Many saw overall improvements (43%), but a significant number reported declines in mental health (22%), physical health strain (15%), or complex emotions such as guilt or loss of purpose.
- Grief and sadness were common (59%), alongside feelings of relief and pride; most former carers did not frequently experience loneliness (52%) or loss of purpose (61%).
- A large majority returned to previous activities (84%), with 38% fully returning to pre-caring levels.
- Support needs varied: while 31% felt they needed no additional support, others highlighted the value of social connection (14%), support from family/friends (11%), mental health help (7%), or better communication, recognition, or practical support—and 28% emphasised a lack of support overall.

7.1 Whether Former Carers Still See Themselves As Carers

Former carers were asked how they currently identify in relation to their past caring role.

Current identification with the carer role



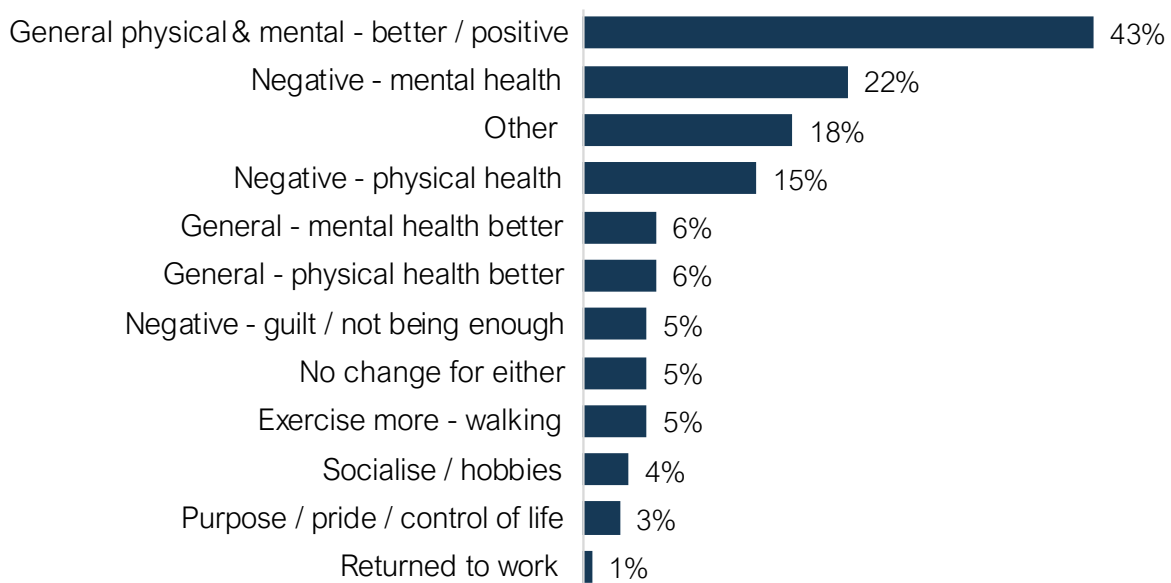
Most of the respondents do see themselves as a former carer (44%), but 30% do not identify with the term 'carer'.

Some respondents identify with both 'former carer' and 'carer' (16%), with a small percentage still seeing themselves as a carer (5%).

7.2 Health And Wellbeing After Caring Ended

Former carers were asked how their physical and mental health had been since their caring role ended. Most respondents answered this question, with only 9% choosing not to comment. The chart below summarises how often each theme was mentioned, based on coded responses.

How former carers' health and wellbeing has changed since caring ended



The most common response was an improvement in physical and mental health overall (43%). However, a significant proportion reported a decline in mental health (22%), highlighting feelings of low mood, anxiety and difficulty adjusting after their caring role ended.

Other responses were varied. Around 18% provided comments that did not fit the main categories, while 15% reported a negative impact on their physical health specifically. Smaller groups noted improvements in mental health (6%) or physical health (6%), feelings of guilt or not having done enough (5%), experiencing no change (5%), taking more exercise (5%), or reconnecting with hobbies and social activities (4%). A few respondents mentioned regaining purpose or control in their lives (3%) or returning to work (1%).

These findings underline the mixed and often complex nature of the transition out of caring, with some former carers experiencing recovery and better wellbeing, while others continue to feel the emotional and physical effects of their caring role.

The responses highlighted two common themes: improvements in health and wellbeing for some, and continuing or emerging mental health challenges for others. The sections below summarise these themes, with quotes illustrating former carers' experiences in their own words.

Improved physical and mental health

Former carers said their health had improved since their caring role ended. They described feeling less physically and emotionally drained, having more time for rest or exercise, and being better able to focus on their own wellbeing.

"Both have improved, largely because I have time to exercise and to find new hobbies to stretch my self."

"It's a bit wobbly, good days and bad days. I need to consciously stop myself from dwelling on what happened"

"It has improved. I am no longer as emotionally and physically drained."

"Much better which I find a sad and embarrassing admission."

Ongoing or worsening mental health

Many people also described continuing difficulties with mental health after caring ended. Responses highlighted feelings of loss, low mood, anxiety and a loss of a sense of purpose once the intensity of caring had ended.

"It has been quite low. I feel lost and feel that I have no purpose but I am trying to keep strong and focused as best as I can"

"Physical health improved lost a lot of weight, mental health declined."

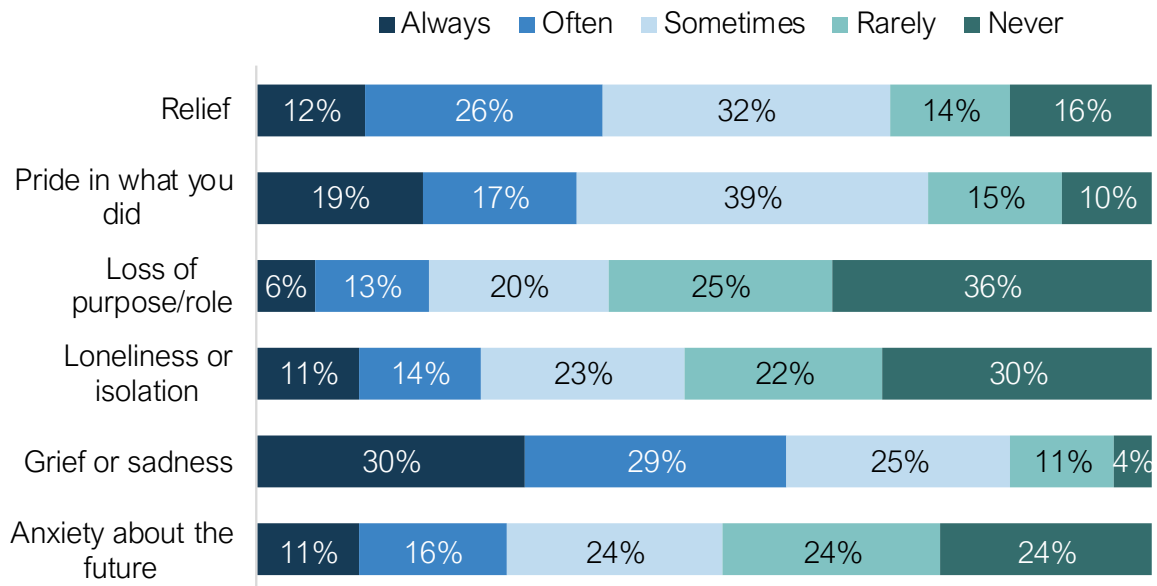
"Not good- now on antidepressants/anxiety medication now adrenaline of caring role has subsided."

"I still struggle with my mental health since my mum passed. I always will."

7.3 Post-Caring Feelings and Experiences

Former carers were asked how often they had experienced a range of feelings and emotions since their caring role ended.

Post-caring feelings and emotional experiences



Grief or sadness are the emotions most commonly felt by former carers, with 59% reporting experiencing them *always* or *often*. Given that many respondents stopped caring because the person they cared for died, this is to be expected.

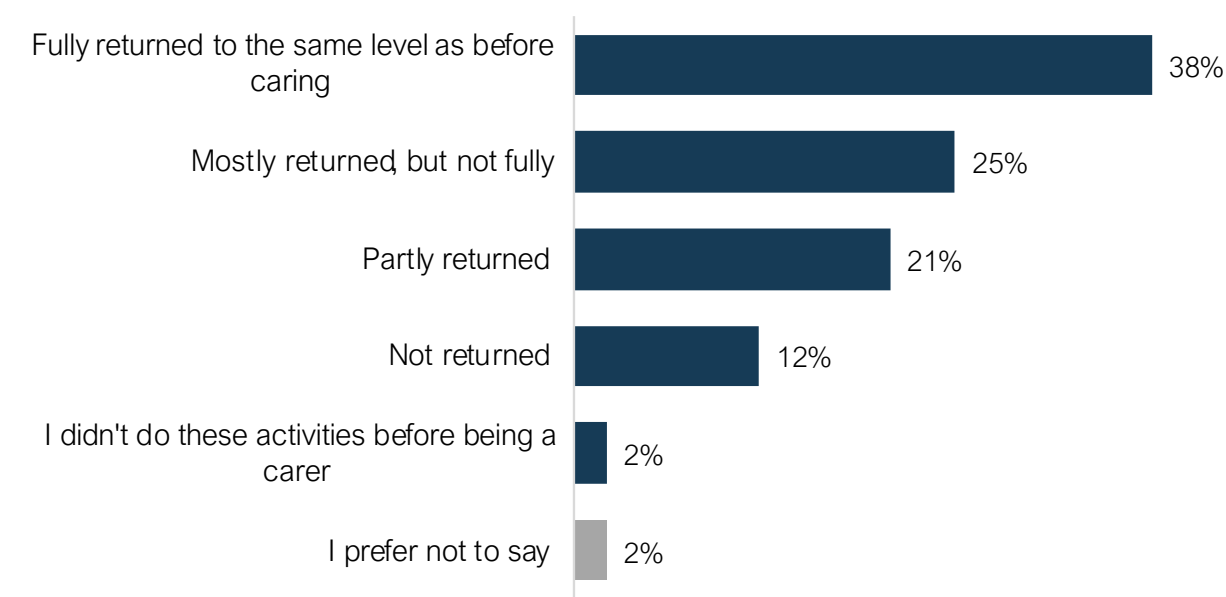
Feelings of pride in what they did, and relief were also relatively common, with 36% often or always feeling proud, and 38% reporting relief at least often once their caring role had ended.

Conversely, some emotions were experienced less frequently. Over half of respondents said they *rarely* or *never* felt lonely or isolated (52%), and an even greater proportion reported *rarely* or *never* experiencing a loss of purpose or role (61%). Experiences of anxiety about the future were more mixed, with respondents split fairly evenly between those who felt it regularly and those who felt it rarely or not at all.

7.4 Returning to Life Before Caring

Former carers were asked whether they had been able to return to activities they did before becoming a carer.

Returning to pre-caring activities

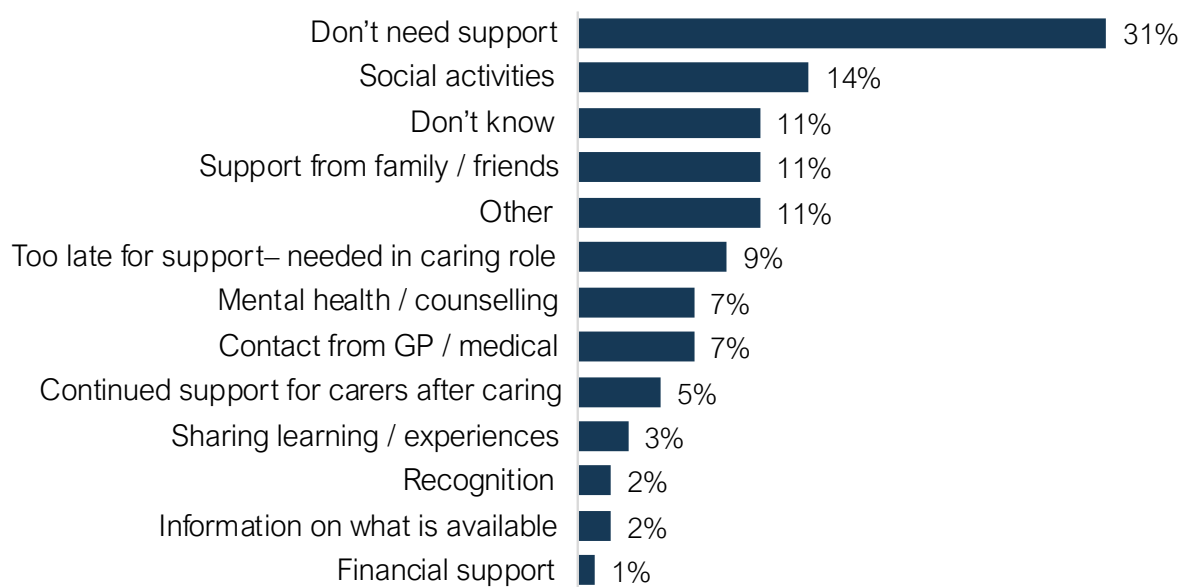


Most respondents reported that they had been able to return to the activities they did before becoming a carer, with 38% saying they had fully returned to the same level as before. In total, 84% had returned in some capacity, either fully, mostly, or partly, while 12% said they had not returned at all.

7.5 Support That Would Help Improve Wellbeing Now

Former carers were asked what support, if any, would help them maintain or improve their wellbeing now. Just over a quarter of respondents (26%) did not provide an answer to this question. The chart below summarises the responses from those who did choose to comment.

What would help former carers' wellbeing now



The most common response was that former carers did not feel they needed any additional support (31%), often reflecting improved wellbeing after caring ended. However, a significant proportion said that social activities and opportunities for connection (14%) would help maintain or improve their wellbeing now.

Other former carers said they were unsure what support they needed (11%) or would value support from family or friends (11%). A further 11% mentioned forms of help that did not fit the main themes. Some respondents noted that support would have been more useful during their caring role rather than afterwards (9%).

Smaller proportions mentioned mental health support or counselling (7%), contact from medical professionals (7%), continued support for carers after caring ends (5%), or opportunities to share their experiences with others (3%). A small number highlighted wanting recognition, clearer information about what is available, or financial support.

Their responses highlighted two key themes: some felt they did not need any further support, while others said that social activities and opportunities for connection would make a positive difference.

Do not need further support

"None, I am in a much better place now, and I have the time and resources to live my life as I wish"

Social activities and connection

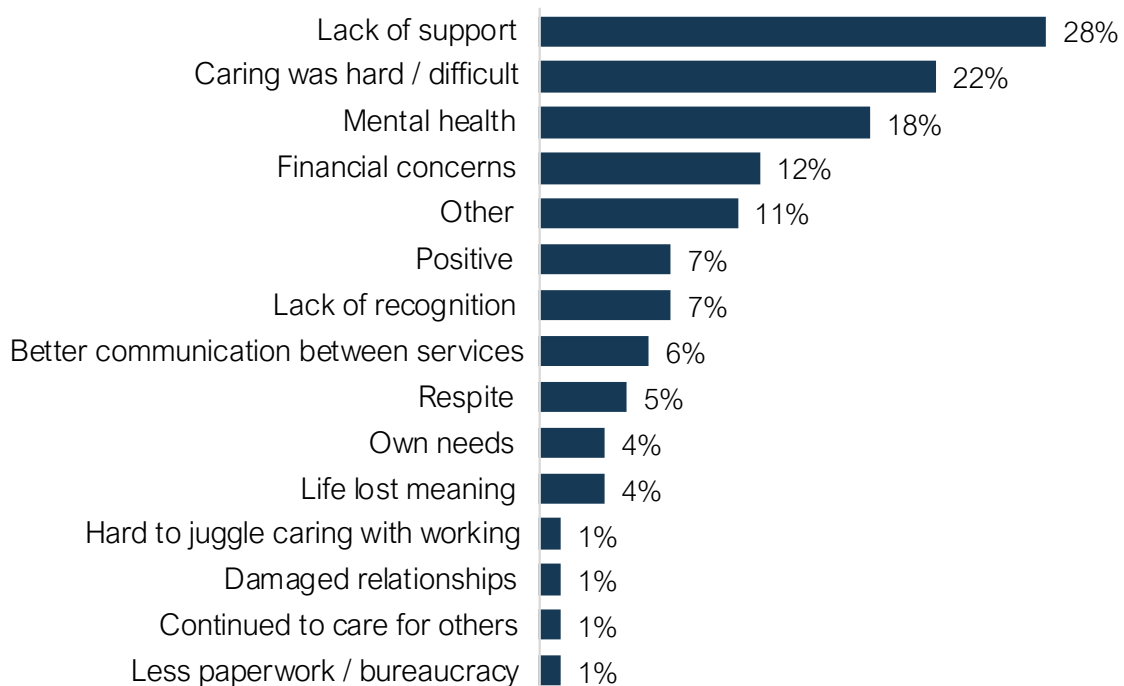
"Support with healthy activities and more social groups"

"I belong to the local wellbeing walks group and so get out and about a lot. Social interaction"

7.6 Additional Reflections On Caring

At the end of the survey, former carers had the opportunity to share anything else about their experiences that they felt we should know. Around 40% of respondents chose not to provide a comment, and the chart below summarises how often each theme was mentioned among those who responded.

Additional reflections from former carers



The most commonly reported theme was a lack of support (28%). A further 22% spoke about how hard or challenging caring had been, and 18% reflected on the impact caring had on their mental health.

Other frequently mentioned themes included financial concerns (12%) and a range of other experiences that did not fit neatly into the main categories (11%). Smaller proportions highlighted positive reflections (7%), a lack of recognition for their role (7%), the need for better communication between services (6%), or the importance of respite and having their own needs considered (5% and 4% respectively). A few respondents mentioned more specific issues such as difficulties balancing caring with work, relationship strain, continuing to care for others, or wanting less bureaucracy when accessing support, resources, prescriptions, or medical help.

8 Positive Aspects of Caring

Section Highlights

- Although few former carers shared positive reflections, some described aspects of caring that felt meaningful or rewarding.

These comments highlighted the personal fulfilment gained from supporting someone they loved.

"I was in my eighties and I feel proud that I was fit enough to look after my husband for the last eight years of his life in the way I did."

"Time, and was difficult emotionally when Nan reached end of life but am pleased I supported her wish to stay in her own flat"

"It did me good, always putting someone else first."

9 Identifying Former Carer Needs

9.1 Unmet Needs During The Caring Role

Many former carers described significant needs that were not met while they were actively caring. The most common gap was lack of awareness of available support, with a majority reporting that they simply did not know what services existed or how to access them. Even among those who sought help, many experienced long waiting times, strict eligibility criteria, or support offered only at inconvenient times. Others found it difficult to pursue support due to the demands of caring itself, leaving little time or energy to seek help.

Practical support needs were frequently unmet. Although carers routinely provided extensive instrumental tasks, such as shopping, housework, managing medication and finances, many felt they lacked sufficient respite, emotional support, or guidance navigating services. Some also identified unmet needs around maintaining their own wellbeing, including respite, social connection, and time for rest. Together, these findings suggest that periods of intense caring, especially towards the end of caring roles, left many without the support required to cope effectively.

9.2 Unmet Needs During The Transition Out Of Caring

The point at which caring ends marks a major life change, yet most former carers received no formal support during this transition. While some felt they did not require help, others reported that the transition, which often followed a bereavement, was marked by complex and conflicting emotions, including relief, sadness, guilt, and a sense of lost identity. For these carers, emotional support, bereavement counselling, or even simple acknowledgement from services would have been valuable but were rarely available.

A significant proportion said they would have benefited from clearer signposting, timely contact from professionals, or peer support from others who had experienced the end of a caring role. Some reflected that support would have been most helpful before caring ended, particularly in cases where caring became more intensive or emotionally challenging in the final stages. Overall, the findings show that the transition out of caring represents a critical but underserved moment in carers' lives.

9.3 Needs Now As Former Carers

Needs do not end when caring stops. Many former carers continued to experience the emotional, physical and social effects of caring long after the role had ended. While some reported improvements in wellbeing, others noted lasting impacts on mental health, physical health, and financial stability. Feelings of sadness remain common, particularly among those whose caring role ended due to bereavement, although some also report pride and relief.

Current support needs varied: while many said they no longer need help, others highlighted the importance of opportunities for social connection, ongoing emotional support, or better information about what is available. A recurring theme was the desire for recognition of the caring experience, especially among those who still feel the effects of their role but no longer qualify for carer specific services. Some expressed that continued access to support networks, groups or peer support would help maintain wellbeing and reduce isolation.

10 Appendices

10.1 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 140 respondents who said they have previous experience of being an carer but are not currently caring for anyone.

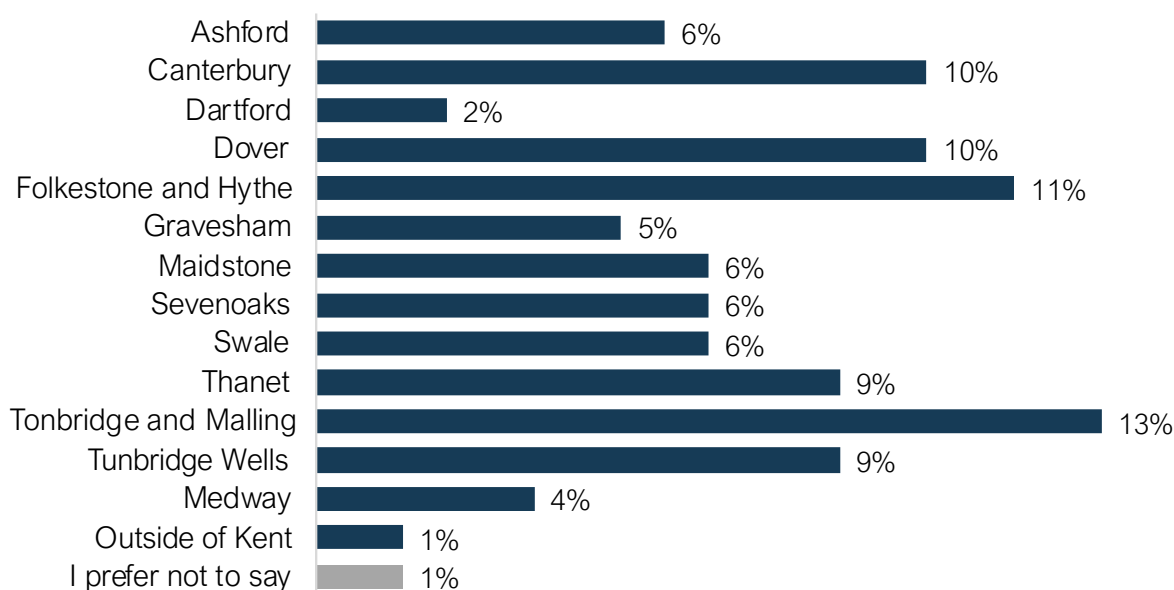
10.2 Respondents' Profile

This section provides an overview of the people who completed the survey. Responses were collected between 26 January and 22 February 2026 from 140 people who previously provided 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

Which district do you live in?

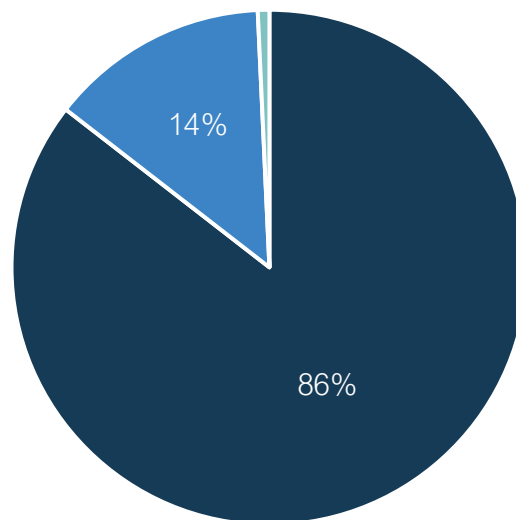


Tonbridge and Malling had the highest proportion of respondents (13%), followed by Folkestone and Hythe (11%), Canterbury and Dover (both 10%). Dartford had the smallest proportion of respondents at 2%.

Gender

How would you describe your gender?

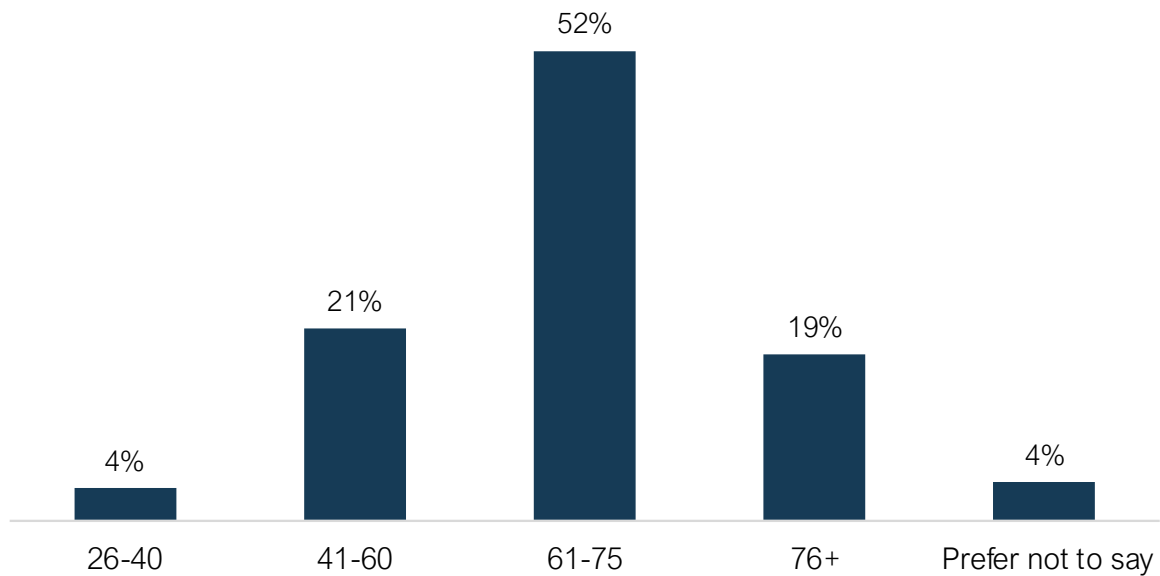
■ Female ■ Male ■ I prefer not to say



The majority of former carers who responded were female (86%), and 14% were male.

Age

Which of these age groups applies to you?

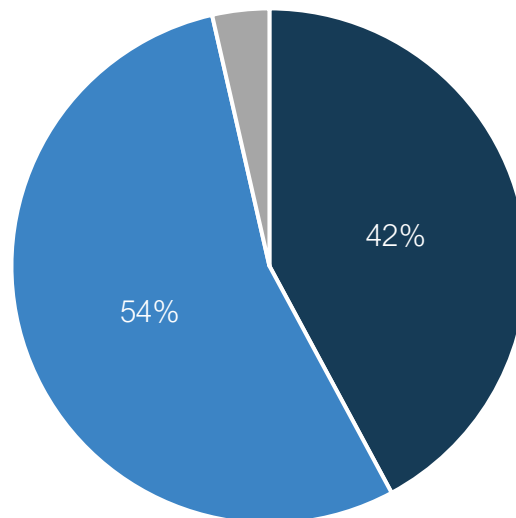


The majority of former carers who responded were aged 61-75 (52%), followed by those aged 41-60. Very few respondents were aged 26-40 (4%).

Health status

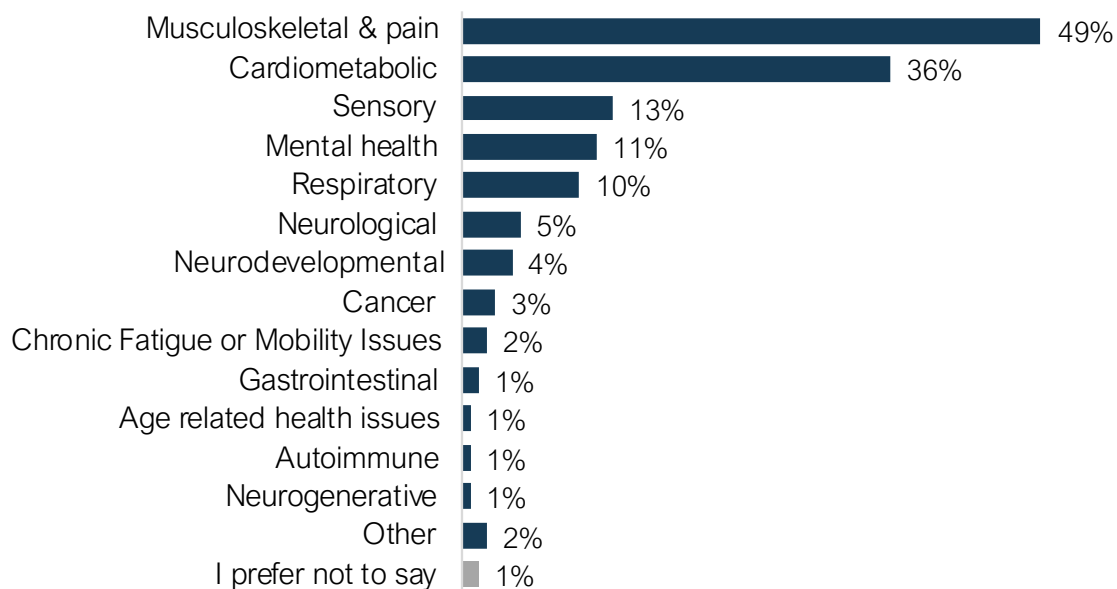
Do you have a disability, long term health condition, or physical or mental impairment?

■ Yes ■ No ■ I prefer not to say



Just under half of former carers (42%) reported having a disability or long-term health condition, whereas just over half (54%) said they did not.

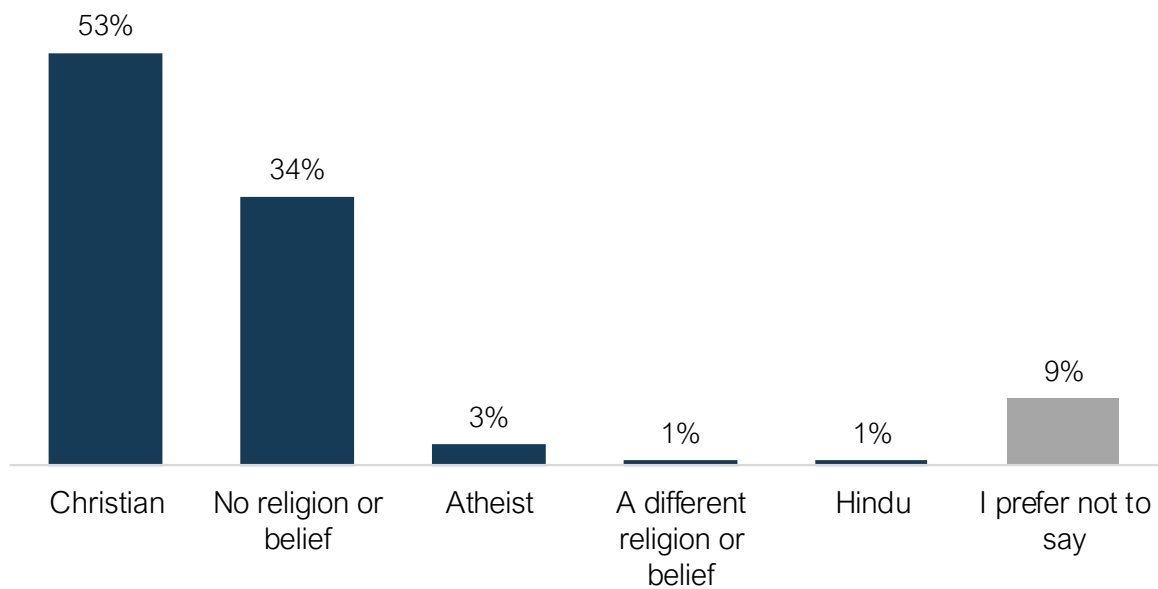
Which of the following disabilities or health conditions apply to you?



The most prominent type of health condition was musculoskeletal & pain related (49%), followed by cardiometabolic conditions (36%).

Religion or belief

What is your religion or belief?

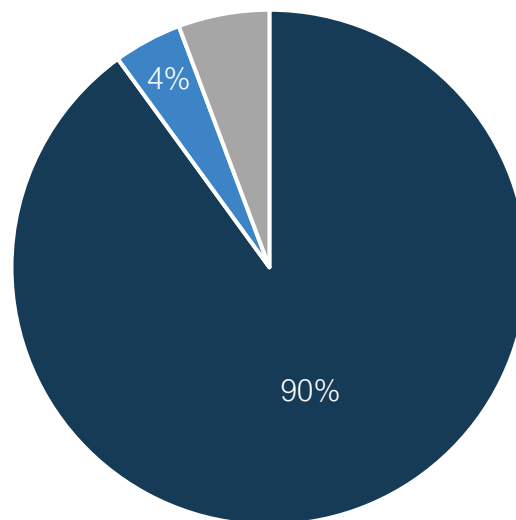


The majority of carers identified as Christian (53%), while 34% reported having no religion or belief. Each remaining category was selected by less than 5% of respondents.

Ethnicity

What is your ethnic group?

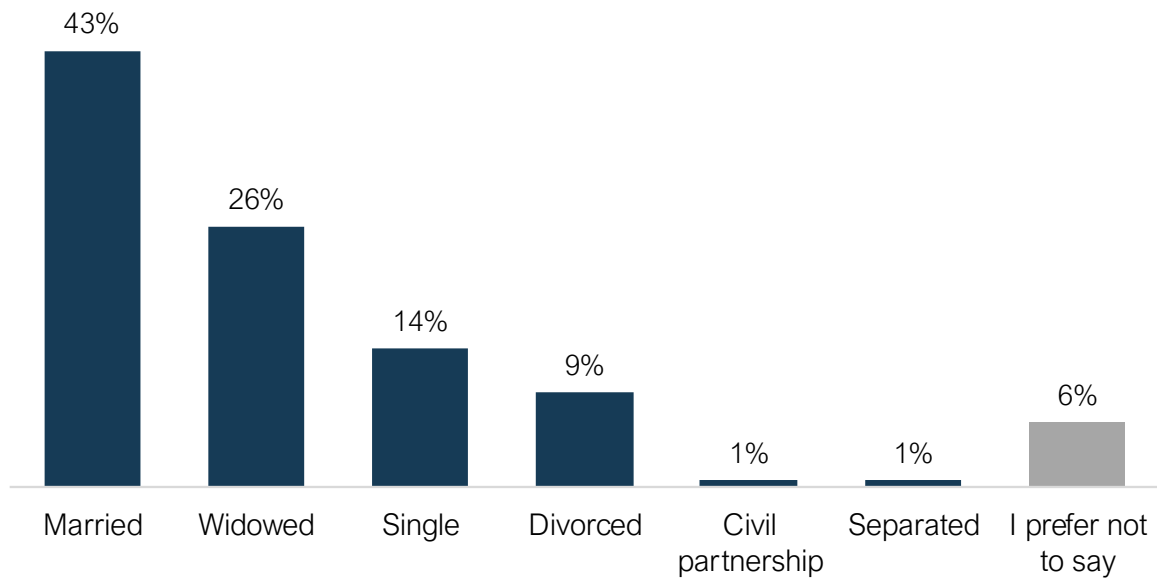
■ White ■ Any other ethnic group ■ Prefer not to say



The vast majority of respondents (90%) 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' (4%).

Marital status

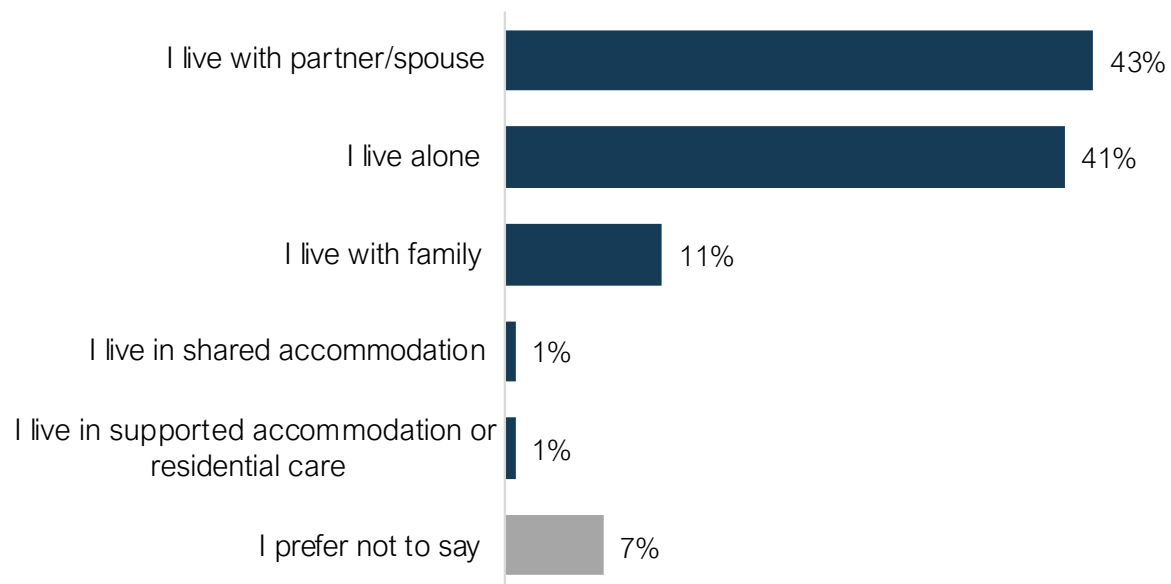
What is your marital status?



Most former carers who responded were married (43%) or widowed (26%). A further 14% were single, while all other marital status categories represented less than 10% of respondents each.

Living arrangements

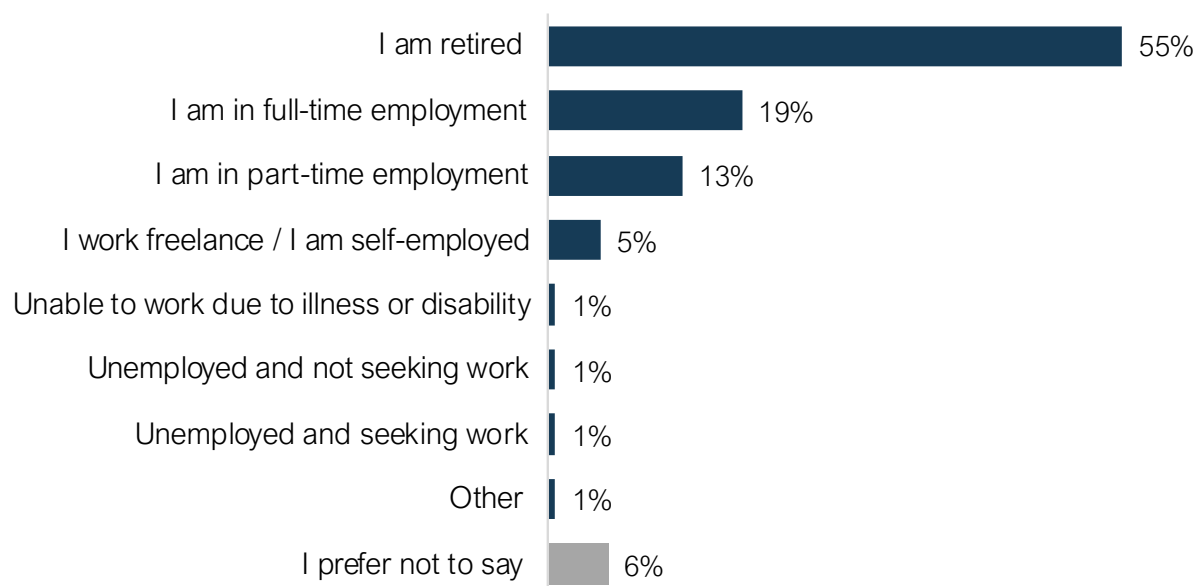
What is your personal living circumstance?



Most carers reported living with a partner or spouse (43%) or alone (41%). A smaller proportion lived with family (11%). All other living arrangements accounted for fewer than 10% of respondents.

Economic status

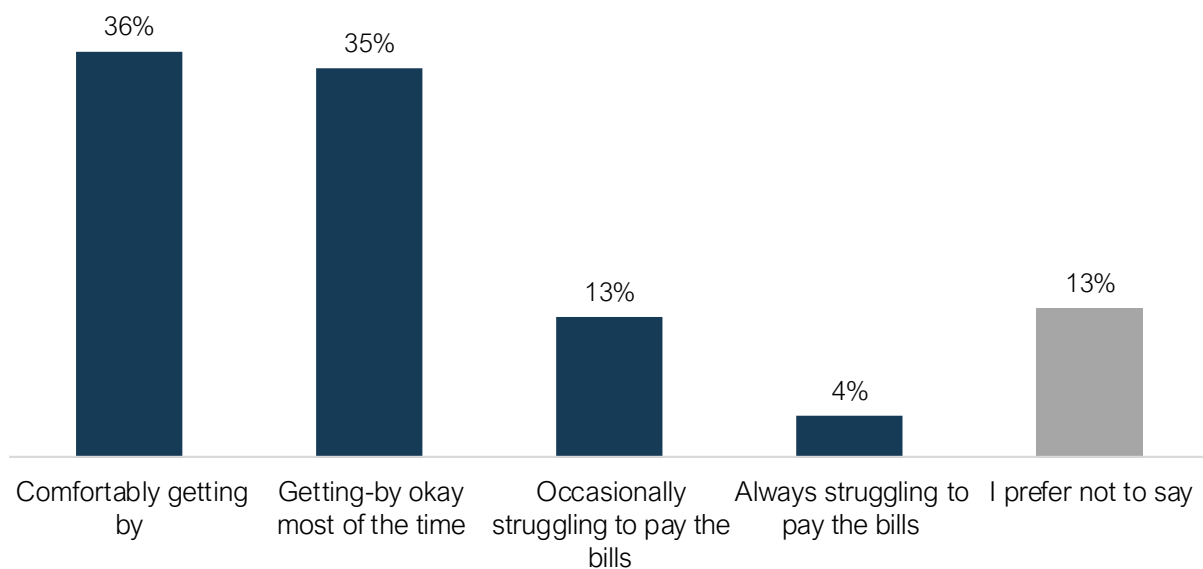
What is your economic status?



Most carers reported that they are retired (55%), followed by those in full-time (19%) and part-time (13%) 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?



Most people reported comfortably getting by financially (36%), with a further 35% saying they were getting-by okay most of the time. Taken together, around 71% of respondents said they were managing their finances. Thirteen percent were occasionally struggling to pay the bills, and 4% said they were always struggling.

10.3 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 = 'I have experience of being a carer previously, but I am not currently caring for anyone')

22. How long is it since you stopped being a carer?
- ☐ Less than 6 months
 - ☐ 6-12 months
 - ☐ 1-2 years
 - ☐ 3-4 years
 - ☐ 5 years or more
23. How long were you a carer for?
- ☐ Less than 6 months
 - ☐ 6-12 months
 - ☐ 1-2 years
 - ☐ 3-4 years
 - ☐ 5 years or more
24. Who did you care for?
- ☐ Parent
 - ☐ Spouse / partner
 - ☐ Child (under 18)
 - ☐ Adult child (over 18)
 - ☐ Other relative
 - ☐ Neighbour
 - ☐ Friend
 - ☐ Other, please specify:
25. Did you live with the person you cared for?
- ☐ Yes
 - ☐ No
 - ☐ I prefer not to say
26. Did the person you cared for have a disability, long term health condition, physical or mental impairment?
- ☐ Yes
 - ☐ No
 - ☐ I prefer not to say
27. Which of the following disabilities or health conditions did the person(s) you cared 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 |

28. How many hours of care per week did you typically provide?

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

29. What type of support did you provide as a carer?

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

30. When you were a carer, did you access any local support or services?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

31. What type of practical support did you receive?

- ☐ Information and signposting
- ☐ Transport solutions
- ☐ Digital support (devices, skills, connectivity)
- ☐ Housing/adaptation advice
- ☐ Benefits/entitlements advice
- ☐ Local groups/activities
- ☐ Other{Q31a}

32. What were the main barriers or limitations to accessing support whilst being a carer?

- ☐ 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

33. What impact did being a carer have on you and your life?

34. What skills, if any, did you develop from being a carer?

35. Did you find 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 didn't have any coping strategies

36. Why did your caring role change or end?

- ☐ The person I cared for moved into residential or nursing care
- ☐ The person I cared for moved into hospice care
- ☐ The person I cared for died
- ☐ The person I cared for recovered or became more independent
- ☐ I was no longer able to provide care due to my own health or circumstances
- ☐ Another family member or friend took over the caring role
- ☐ Other, please specify:
- ☐ I prefer not to say

37. Many people experience mixed feelings when caring ends (for example relief, sadness, or loss of purpose). If you would like to, please tell us how you felt in your own words:

38. Did you receive any support from local services during the transition from caring to no longer caring?

- ☐ Yes, and I had the right amount of support for me in place
- ☐ Yes, but I think I needed more support for me in place
- ☐ No, but I didn't think I needed any support
- ☐ No, but I would have liked some support
- ☐ I prefer not to say

39. If you accessed services and support whilst being a carer, do you still feel connected to carer support networks or communities?

- ☐ Yes
- ☐ No
- ☐ I didn't access services or support whilst being a carer

40. Since your caring role ended, how often have you experienced the following?

	Never	Rarely	Sometimes	Often	Always
Relief	☐	☐	☐	☐	☐
Grief or sadness	☐	☐	☐	☐	☐
Loss of purpose/role	☐	☐	☐	☐	☐
Pride in what you did	☐	☐	☐	☐	☐
Anxiety about the future	☐	☐	☐	☐	☐
Loneliness or isolation	☐	☐	☐	☐	☐

41. How has your physical and mental health been since your caring role ended?

42. What support, if any, would help you maintain or improve your wellbeing now?

43. Have you been able to return to the things you did before you were a carer (e.g. work, hobbies, social activities)?

- ☐ Fully returned to the same level as before caring
- ☐ Mostly returned, but not fully
- ☐ Partly returned
- ☐ Not returned
- ☐ I didn't do these activities before being a carer
- ☐ I prefer not to say

44. Which description best fits you now?

- ☐ I see myself as a carer
- ☐ I see myself as a former carer
- ☐ I see myself as both
- ☐ I don't identify with the term 'carer'
- ☐ I prefer not to say

45. Was there anything that would have helped you during the transition from caring?

46. Is there anything else you would like to tell us about your experiences of being a carer, or life after caring?

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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