

Without Us...?

Calculating the value of carers' support



Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Three in five people will become a carer during their lifetime.

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Foreword

Most of us would find it difficult to put a value on our love for our child, husband, wife, partner, father, mother or friend. Human relationships are above economics. But there is a clear moral issue here. Society - the health service, community care or social care...call it what you will - depends on six million carers who look after family members or friends in need of help because they are chronically sick, mentally ill, frail or disabled. Community care happens in our homes and in our families.

Caring is about relationships, but there is also a harsh economic truth to caring. Many carers give up work to care. Many are poor. Many receive inadequate support and help. Many carers are isolated and lonely, experiencing mental and physical ill health. Every year 301,000 people become carers. They generally don't recognise themselves as carers; they are husbands and wives, friends and relatives who care because of a relationship. Without recognition they won't get the support they need and are often entitled to.

This report doesn't document carers' struggle. Without embarrassment, it puts an economic value on the contribution carers make to all our lives. £57.4 billion¹ is equivalent to the cost of the NHS every year. A figure we can't afford to ignore, but a price that carers pay every day.

Diana Whitworth
Chief Executive
Carers UK

1 - Based on care costs in 2000

“Society would collapse without carers, don’t ignore us - our voice gets stronger all the time. All we are asking for is a fair deal.”

Over the years, carers have been described as the “cornerstone” of community and health care. Since the late 1980s, the view has often been expressed that community care would collapse without the support of carers. The evidence is indisputable. There are currently six million carers throughout the UK.¹ In any one year over 301,000 adults become carers² and the numbers have remained more or less the same since 1985.³

Out of these six million carers, nearly one million provide over 50 hours of care per week. By comparison, the NHS employs close to 1 million people and is the biggest organisation of its kind in the world. A further 1.8 million carers provide over 20 hours of care per week in the UK, easily out-numbering all those employed in health and social care.

But how much is this unpaid support worth? Attempts have been made over the years to quantify the value of carers’ support and the results have been staggering. The most often quoted figure was calculated at an estimated £34 billion per year.⁴ This work was published in 1993 and, although still relevant, it is time to update the work based on current data.

Why is the value of care important?

Apart from the obvious use of quantifying the total value of care provision, the estimate has a number of other uses. It demonstrates the size of carers’ support relative to that provided by the NHS. It also shows how public expenditure on care would increase dramatically if only a small percentage of carers stopped providing support.

For carers too, the figure has particular significance. They see the figure as placing a value on what they do. Carers have been poorly recognised for their contribution, although this is beginning to change. Knowing how much carers’ support is worth helps to secure better recognition for the care they provide. Caring can be very isolating and carers have said that they like to know that they are part of a bigger picture; that there are

“more people like me out there”. Finally, carers have used the economic value of their support in their campaigning work. It gives them a tool with which to fight for their rights and to ensure that they are not ignored.

“Support for carers will never be realised whilst services remain inadequately funded. Let’s have true support and recognition of the billions and billions that we save the country.”

Christine from Warrington

Previous calculations of carers’ support

The £34 billion figure is the one which is most often used and quoted. Nuttall *et al* based this on the 1985 General Household Survey and 1991 Census data. This produced a total of 6.1 million carers, of which at least 1.6 million provided at least 20 hours of care per week. It was assumed that the 1.6 million carers providing more than 20 hours of care provided 30 hours, whilst the other 4.5 million provided an average of ten hours of care. To find a cost for this care, they used average home care costs of £7 per hour. The total number of hours support provided by carers was then multiplied by this figure. The final total estimated was £33.9 billion per year.

The other main calculation used over the years is from William Laing, published in 1993.⁵ Laing used data from 1992 and updated an earlier model used by the Family Policy Studies Centre in 1989.⁶ Laing’s calculation valued carers’ support at £39.1 billion per year using similar wage costs to Nuttall’s model of £7 per hour.

Finding new estimates of replacement care

The replacement value of carers’ support could be calculated in a number of ways. Carers provide a range of care from help with shopping, cleaning and finances, to washing, bathing and toileting, to expert high level medical care.⁷ Carers also perform medical tasks such as administering medication, treating pressure sores, tube feeding, physiotherapy and occupational therapy. Appendix 1 includes two case studies from carers providing over 50 hours of care a week which highlight the amount of care provided by carers, the range of tasks, the

complexity and unpredictability of care. Over a ten year period from 1985 to 1995, the proportion of carers providing more intensive care such as personal care and administering medication has increased.⁸

The replacement costs of shopping and cleaning services would be lower and the value of replacement health care, higher. The cost of a district nurse's time for a home visit has been estimated at £53 per hour.⁹ Physiotherapists' and occupational therapists' time for home visits has been calculated at £43 per hour. The average hourly charge for home care in the independent sector ranges from £7.40 per hour to £7.70 per hour.¹⁰ The median cost of local authority home care per hour is £12.50 per hour. Costs of local authority home care range from a basic £10.10 per hour to £20.10 per hour on Sundays.¹¹

To arrive at a cost of replacement care, we have taken an average between home care in the independent sector and the median cost of local authority home care. This gives an hourly rate of £9.95 per hour. It strikes a balance between more costly care, such as nursing tasks and the costs of care purchased in different markets. However, this is still a conservative estimate. The Performance Assessment Framework anticipates a gross hourly unit cost for home care in 2000/1 of £11.46 per hour.¹²

Re-estimating the value of carers' support - how it was calculated

The 1995 General Household Survey has more precise information about the proportions of carers providing different hours of care per week. This enables the basic model to build on work carried out by Laing and Nuttall *et al*. For example, the breakdown used by Nuttall *et al* only estimated two levels of care; an average of 30 hours and 10 hours per week. The 1995 General Household Survey provides information on the proportion of carers providing 0-4, 5-9, 10-19, 20-49 and 50+ hours of care per week.

We used the same methodology as the Institute of Actuaries paper.¹³ We multiplied the number of carers in each group by the average hours of care provided per week to arrive at the total number of hours care provided per

week. We then multiplied this figure by the cost of care per hour, set at £9.95 per hour. This gave a weekly total of the value of care. This was finally multiplied by the number of weeks in the year to give an annual estimate of the replacement cost of care for a particular group of carers.

Re-estimating the value of care - how much do carers save the state?

The General Household Survey estimates that 855,000 people over the age of 16 provide 50 hours of care per week in Great Britain.¹⁴ An estimated 34,825 carers provide the same level of care in Northern Ireland.¹⁵ This comes to a total of 889,825 carers providing over 50 hours of care per week in the UK. At an hourly rate of £9.95 per week, their support is worth £23.02 billion per year.

An estimated 969,000 carers provide between 20 and 49 hours of care per week in Great Britain and 48,754 people do so in Northern Ireland. If this group of carers were assumed to be carrying out an average of 35 hours of care per week, their total value would be £18.43 billion per year.

The figures for Northern Ireland suggest that 148,585 carers provide less than 20 hours per week. The number of hours is not subdivided further, unlike the General Household Survey for Great Britain. Taking an average of ten hours per week, the value of these carers' support would be £770.93 million per year.

Average hours of care provided by carers per week	Value of replacement care (£ billion)
50+ hours (inc. NI)	23.02
35 hours (inc. NI)	18.43
10 hours (NI only)	0.77
15 hours (GB)	9.29
7 hours (GB)	4.34
2 hours (GB)	1.53
Total UK	57.37

Table 1: Breakdown of replacement costs of carers support by average hours of care provided, including total value of care.

	1993 Estimate of the value of care per year based on £34 billion (£ billions)	Re-estimate of the value of care per year based on £57 billion (£ billions)	Increase in value of care - (£ billions)
England	27.66	46.68	19.02
Northern Ireland	1.29	2.17	0.89
Scotland	2.96	5.00	2.04
Wales	2.09	3.52	1.44
UK total	34	57.37	23.38

Table 2: Estimate of the value of carers' support. The values are a proportion of the total based on 2001/2 population estimates.

Around 1.197 million people provide between ten and 19 hours of care per week in Great Britain. Taking an average of 15 hours per week, this would be worth an estimated £9.29 billion per year. A similar number of carers provide between five and nine hours care per week. At an average of seven hours per week, the value of their support would be £4.34 billion per year. The final group of 1.482 million carers provides four hours or less per week. At two hours per week, this would be worth £1.53 billion per year.

This comes to a total of £57.37 billion per year. This is based on population data which are already six years old. During these six years, an increasing number of people have been living in the community with more complex disabilities.

Why have the costs of carers' support increased?

The costs of carers' support have increased by over £23 billion or 68% in only eight years. A rise in the costs of replacement care accounts for part, but not all, of this dramatic rise in the value of carers' support. The Institute of Actuaries model costs replacement care at £7 per hour and this model uses £9.95 per hour, which represents a 42% rise in home care costs over eight years.

The remainder of the increase can be explained in a number of ways. First, the model is more sensitive to the new data from the General Household Survey. Second, the demographics of the population have changed, and third, the balance of care provided in the community has increased. Finally, the costs of care have risen in the past few years. Since 1985, the number of older people has increased and health interventions have

improved to such an extent that people with severe disabilities and chronic illness now live longer and in the community.

When the original figure was calculated in 1993, the NHS and Community Care Act was being implemented and the trend to move disabled and elderly people from long stay institutions and hospitals into the community gathered pace. More people with disabilities and chronic illness now live in their own homes. Recent statistics show that, although more hours of domiciliary care are being provided in the community, this is to fewer people. Community Care Statistics for England show that while the number of homecare hours has increased by 71% from 1992 to 2001, the number of households receiving services has decreased by 28%.¹⁶ In Scotland, the number of older people receiving home care fell by almost 13% between 1998 and 2000.¹⁷ This suggests that carers are providing a greater amount of care.

Statistics from the 1995 General Household Survey indicate a trend towards the provision of more intensive care by carers. There were roughly the same numbers of carers in 1995 as there were in 1985. However, the proportion of carers providing more substantial amounts of care has risen over this ten year period. Those providing 0 - 4 hours of care a week has fallen from 37% of all carers to only 26%. However, the proportion of carers providing 20 to 49 hours of care per week has risen from 10% in 1985 to 17% in 1995.¹⁸ This trend is not surprising given the shift from residential to community care in 1993.

Comparing the value of carers' support

Even the most conservative estimate of carers' support matches government spending on

health and social care. In 2001/2, Department of Health expenditure for England was nearly £46 billion.¹⁹ Local authority social services departments set an annual budget of £9.97 billion for 2001/2.²⁰ The Northern Ireland health and social services budget for 2001/2 is £2.3 billion. In 2001/2, Scottish Executive spending on health was £6.13 billion and social work services accounted for £5 billion of total local authority revenue.²¹ Assembly spending on health in Wales was £3 billion for 2001/2.

UK spending on health for 2001/2 comes to £57 billion per year which is equal to the value of carers' support. If the calculation was to take account of the increased costs of care for 2001 and costs of providing out of hours services, for example, on a Sunday or evening work, carers' support would outstrip spending on health and social care.

"We save the country a fortune by a life of long hours, hard work, physical and mental pressure. Our value to the state - the lowest benefit available."

Roger, 48, from Liverpool.

The demographics of care

With the rise in the older population, the numbers of people reporting long standing limiting illness could rise from 6.42 million in 1991 to 10.2 million in 2037, if illness rates remain the same.²² The same research report by Carers UK estimated that correspondingly, the number of carers could rise from around six million to 9.1 million in 2037. However, if the rates of caring remain the same, there could be a shortfall of 2.1 million people available to provide unpaid care to relatives or friends by the same year. Looking forward over the next twenty years, the replacement value of care provided by carers is set to rise along with the increase in the number of people over the age of 60 who will have a disability.

How predictions might vary

All predictions about the change in the number of carers or people with a disability are based on a set of assumptions and these variables may change over time. For example, the supply side of care e.g. domiciliary support may

increase which may decrease the amount of input required by carers. Current trends, however, show the opposite with the increasing problem of recruitment and retention of domiciliary care staff in Wales and other parts of the UK. The general health of the population could improve or a low cost health intervention could be discovered which would significantly reduce the costs of disability, such as a widely applicable treatment for Alzheimer's Disease. Nevertheless, these figures serve as a warning to policy makers and practitioners about the need to plan for the future as well as the present.

Implications for policy makers and practitioners

Since 1989, the value of carers' support has been used to quantify the amount of care provided by carers relative to other forms of care. This began, primarily, as a reaction to the NHS and Community Care Act which was to reform community care. Despite intense campaigning by carers' organisations, the Act failed to recognise the part that carers play in supporting chronically ill, frail and disabled people in the community by giving carers a right to an assessment of their needs.

Over time, the recognition of the value of care has improved and, along with it, measures to support carers. The rise in recognition of carers has been UK-wide. On 8 February 1999, the Westminster Government published the National Strategy for Carers which recognised carers as partners in care. This was followed by the Carers Strategy in Wales. Since then, a number of initiatives have been introduced including ring-fenced funding for carers' breaks and the Carers and Disabled Children Act 2000 which increased carers' rights. In Northern Ireland, 2002 will see the introduction of both the Assembly's first piece of legislation intended to support carers and also a tailor-made carers' strategy for Northern Ireland. Scotland has also seen developments in the recognition of carers. A strategy for carers in Scotland was published in November 1999, and the Community Care and Health (Scotland) Act 2002 extends carers' rights to assessments and to information about assessments.

The rise in the value of carers' support has significant implications for policy makers. In providing the bulk of care in the community, carers must be respected and treated as partners in care. Health and social services are now more aware that they cannot operate without carers' support. Yet, carers still say that they feel invisible, their needs and views are ignored and they are not given the support that they need.

Being a partner in care and relying on the carers' support should never mean that carers are not given a choice about the level of care they provide. Disabled people must be able to make a choice about where they live and how their support is provided.

Much more needs to be done to ensure that, if carers wish to provide support, the family or disabled person receives services in order to help the carer continue caring safely. If the carer becomes ill, the costs of replacement care are significant. Yet research also indicates that over half of carers providing substantial amounts of care have been treated for a stress related disorder and half of the same group have sustained a physical injury since they first started caring.²³ Other research shows that providing substantial amounts of care has a clear negative impact on health.²⁴

These findings also have to be placed within the context of our changing demography. The younger working population, from where the largest numbers of carers are to be found, will shrink relative to the older population. Work-life balance policies and tax systems which allow carers to work limited hours and still provide care will become vital to ensure that people can continue to care for their family, partners and friends. One of the conclusions from the Carers UK report, *It Could be You*, was that if measures to support carers were not implemented now, the next generation of carers could be less likely to continue to provide support. The report suggested, that there could be a 60% increase in demand for support from carers in 35 to 40 years time. Unless services are expanded or the population's health improves, 3.4 million more people could be under pressure to become

carers.²⁵

These conclusions go hand in hand with the fact that the population of carers is in a constant state of flux. An estimated 301,000 carers move into and out of caring every year. A woman has a fifty-fifty chance of providing significant amounts of care by her 59th birthday. A man has the same odds by the time he is 74.²⁶ In other words, policies and practices to support carers need to recognise that messages need to be repeated for those people new to caring.

Strategies to improve carers' health and well-being also need to focus on mitigating the negative aspects of caring. Research into the financial implications of caring found that 78% of carers aged 56 to 60 had given up work to care and nearly eight out of ten carers who responded to the same study said they were financially worse off since becoming a carer.²⁷ After five years of providing substantial amounts of care, carers' financial situation seemed to get significantly worse.²⁸ The same research found one third of respondents in receipt of Income Support, one fifth of respondents who were cutting back on food to make ends meet and one in three carers struggling to pay utility bills. Carers need to have sufficient money to live on and need to have their pensions protected so that if they care during their working lives, they do not end up in poverty in retirement.

Conclusion

The dramatic rise in the value of carers' support serves as an important warning to policy makers and practitioners about the extent to which our economy relies on the care provided by carers. It shows that if only a small percentage were to give up caring, for example through ill health or lack of support, the impact could be significant in economic terms. Placed within the context of our future demographics and ageing population, it becomes all the more important that carers are recognised and supported.

Key statistics

- * Carers' support is worth an estimated £57.4 billion per year.
- * UK Government and Executive spending on health totalled £57 billion in 2001/2
- * The value of carers' support has risen by nearly 70% over eight years.
- * There are approximately six million carers throughout the UK.
- * Every year, an estimated 301,000 people become carers.
- * If the rates of caring remain the same, there could be a shortfall of 2.1 million carers by 2037.
- * At present, a person has a three in five chance of becoming a carer.

Recommendations

All

- * carers should have a new status which recognises that, neither employed nor unemployed, they make a unique contribution to society.

Government, Executives and public services

- * longer term planning must ensure that there is sufficient investment in flexible support services for people with disabilities and carers.
- * all health and social care strategies need to ensure that carers' needs for support are identified and appropriate services are provided to mitigate the negative impact of being a carer.
- * independent living and public health strategies should continue to be a priority in order to reduce the incidence of illness and to maximise disabled people's independence in the community.

- * central funding for health and social care should be reviewed, for example the Standard Spending Assessment, to take account of carers' need for support.

Westminster Government

- * The tax and benefits system must ensure that people who have a series of caring responsibilities do not face poverty as a result.
- * the tax and benefits systems must ensure that carers are able to maximise opportunities to remain in, or return to, paid work if they wish.
- * the benefits system must recognise the contribution that carers make and must not force them to live in poverty.

Health and social care services

- * public services, particularly health and social care, need to recognise the value and support of carers, whilst also ensuring that they have the choice about whether or not to provide care
- * statutory agencies must ensure that carers are given the support that they need to remain healthy and care safely.
- * costs associated with caring, such as charging for non-residential community care services, must be abolished or significantly reduced in order to lower the long term financial impact of caring

Employers

- * employers should ensure that their work-life balance policies include explicit statements about supporting carers, particularly women, to ensure that they have more choice about combining paid work with care.

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Appendix 1: Carers' daily diaries

An illustration of caring throughout the day

Case Study One

Dave and Mary live in Dyfed. Mary has Multiple Sclerosis. The following is 24 hours of Dave's life.

Today was a bad day.

7.30 Got up, let the dog out and tidied the house.
8.15 Got Mary out of bed and showered her.
8.45 Dressed Mary and made a cup of tea.
9.10 Changed bedding.
9.25 Put washing on.
9.30 Another cup of coffee for Mary and because it was a bad day, had to light her cigarette. Make breakfast.
9.45 Read post.
10.00 Starting watching Olympics on video.
10.04 Take Mary to the toilet.
10.11 Take Mary to the toilet.
10.15 Watch Olympics again.
10.35 Put washing on the line.
10.50 Didn't hear Mary calling saying she needed the toilet, changed her clothing.
11.00 Put soiled clothes in the washing machine.
11.10 Make Mary and myself another coffee. Decided not to go shopping because her bladder is playing up. Leave shopping until another day.
11.30 I need to type Mary's assignment as her fingers are really uncoordinated today.
11.40 Take Mary to the toilet.
12.05 Take Mary to the toilet.
12.55 Finish typing assignment.
13.00 Start lunch - baked potato.
13.09 Take Mary to the toilet.
13.30 Help Mary eat lunch.
13.50 Take Mary to the toilet.
14.00 We start studying again. I read the text to Mary.

14.15 Take Mary to the toilet again. Had a cigarette.
15.00 Take Mary to the toilet, finish studying, make a coffee.
15.10 Mary falls asleep so I close my eyes.
15.35 Toilet again.
16.00 Cup of coffee and scone.
16.10 Wash dishes, hang out washing, bring in previous washing
16.35 Toilet again.
17.00 Make coffee.
17.02 Toilet again. I watch television and describe the action to Mary
18.00 Mary falls asleep, I cover her up with a blanket.
18.30 Prepare evening meal.
19.00 Mary wakes, need to change clothing.
19.30 Serve meal, cut Mary's food, half way through take her to the toilet.
20.45 Clean dishes, tidy dining room and kitchen.
21.30 Shower Mary.
22.20 Help Mary into bed.
22.30 Make Mary a coffee.
23.00 Take Mary to the toilet.
23.40 Toilet again.
00.15 Take Mary to the toilet.
00.50 Take Mary to the toilet.
1.25 Take Mary to the toilet.
2.00 Take Mary to the toilet.
2.40 Take Mary to the toilet.
3.30 Mary's legs start to twitch and jump - I massage them for her.
4.45 Take Mary to the toilet.
6.00 Take Mary to the toilet.
7.45 Take Mary to the toilet. Then I got up.

Case Study Two

Jenny's family all live in and around Newcastle. She cares for her daughter J who is 36 years old is mentally ill and has epilepsy. She also provides support to her 11 year old grandson T who has autism and her husband E who has heart trouble and cognitive degeneration. Her caring role, she said, is

"to try to stimulate the failing memory in one and reassure and protect the bizarre or distraught minds in the others, while looking after their normal day to day needs which they would neglect. I have to be patient along with it, something which I sometimes find hard."

7.00 Woken up by demanding Siamese cat who spots the first signs of dawn. Pick up E's support socks and stagger downstairs to let the cats out, wash their plates and make some coffee. Hand wash E's support socks and put them for drying. See to medication, shower and dress.
8.00 Take E's support socks up to bedroom and

- wake J to give her her first medication of the day (6 tablets). She asks if she can stay in bed (the same question she has asked every morning for years)
- 8.15 Lay breakfast. Empty dishwasher, do a batch of ironing, feed cats and have some toast. Bring in milk and post.
- 9.00 Down to supermarket to pick up papers for E. Go to surgery to pick up repeat prescriptions ordered two days ago and on to chemists. Leave the scripts to pick up later and go home.
- 9.45 E comes down for breakfast and I give him the papers and talk to him about news. Put TV on Ceefax and tell him anything I think might stimulate him.
- 10.30 J gets up. Discuss what she will have for breakfast, discuss what she will wear today and next week when we plan to visit her brother. Changes her mind several times before asking me to toast a currant bun for her. Talk about plans for the day.
- 11.00 Vacuum kitchen and living room. C rings to ask me to look after T and M (9 year old grandchild) in evening as she and N have meetings. Say "yes".
- 11.15 School rings to say T is upset after being pushed and will I please collect him. I am the contact when C and N are in work. Take J in car and fetch T. Play Radio 2 in car as both J and T like music. Gives me a bit of peace too. T doesn't say anything until we get home.
- 12.00 Ring N to stop him going to pick up T from school. Discuss what everyone wants for lunch. Reassure J that milk is OK and that her hair brush and comb are OK. Give E a sandwich, J toast and pate and T tomato soup and eight slices of bread.
- 1.00 Load dishwasher, collect crockery and clothes from all over the house, load and start washing machine. Turn playstation on for T. J walking up and down shaking hands and arms. Try to distract her and encourage her to occupy herself with something. Discuss what she will eat for lunch, when I go to a meeting next week. Discuss when she ought to have a shower and wash her hair next. Turn TV on for T. Hang up washing. Check mail. Listen to J telling me about Prague which she is to visit in July with her sister. E listening to music and doing crossword.
- 2.30 N arrives to collect T. Take J to library to get books and video tape on Prague and find a video tape for E. Buy some microwave ready meals and collect medication from chemist. Take J to tea.
- 4.00 Home in time for J and E to watch Countdown. Sit to watch it with them but go to sleep.
- 5.00 Woken up by J saying she is too hot and should she take her cardigan off or change her clothes. Discuss what she would like for dinner and whether she should have a coke or a cup of tea. Feed cats. Help E to find a book and a shampoo he likes as he wants a shower. Find J on floor in kitchen having a fit. Sit with her until she recovers and give her some diazepam and get her to lie down on her sofa and she goes to sleep. Ring C to tell her to bring T and M to me instead of going to their place.
- 6.30 Microwave ready meal for E and me. Give J her medication when she wakes.
- 7.00 Listen to the Archers with E and give J a small meal.
- 7.30 C drops off T and M who plays on Playstation while I talk to T. J sleeps again and E sleeps in chair in front of TV. Give the children a snack.
- 9.30 N arrives to picks up children and looks at cracks in hall ceiling which he intends to decorate next week.
- 10.00 Put dishwasher on and check email. Play game on computer. Everyone wakes up and has a drink of coffee. Cats come in soaking wet so dry them. J telling me about the history of some of her icons and reads me an extract from her library book.
- 11.00 Check cats still in. Check doors and put out milk bottles. Turn off computer and Playstation. Everyone getting ready for bed.
- 12.00 Read in bed. Get up as J asks me to check that there are no insects in her room. E informs me cat has been sick. Get up to clear up after cat. Go to sleep. E wakes me to remind me not to forget his support socks in the morning and can I bring him a coffee in bed as he wants to get up at 8.00am. Swear heartily and go back to sleep.

Appendix 2

Table 1

% of the adult population (ie over 16) who are carers¹

	% of the population who are carers
England	12.5
Northern Ireland	18
Scotland	13
Wales	16
England Regions	
North	11
North West	17
Yorkshire and the Humber	11
East Midlands	13
West Midlands	14
East	11
South East ²	11
South West	12

¹ Source: England, Scotland, Wales and the regions from further analysis of the 1995 General Household Survey published in the National Strategy for Carers, 1999.

Northern Ireland from DHPSS, Health and Social Well-being Survey, Informal Carers Report, November 2001

² Includes London

Table 2

	No. of carers	Value of carers' support based on £34 billion (£ billion)	Value of carers' support based on £57 billion (£ billion)	Increase in value of carers' support - (£ billion)
England	4990313	27.66	46.68	19.02
Northern Ireland	232164	1.29	2.17	0.89
Scotland	534826.8	2.96	5.00	2.04
Wales	376432	2.09	3.52	1.44
UK	6133735	34.00	57.37	23.38

Table 3: England - Local Authorities

	No. of carers ¹	Value of carers' support based on £34 billion (£ millions)	Value of carers' support based on £57 billion (£ millions)	Increase in value of carers' support (£ millions)
North East				
Darlington UA	8822	48.9	82.5	33.6
Hartlepool UA	7975	44.2	74.6	30.4
Middlesborough UA	12309	68.2	115.1	46.9
Redcar and Cleveland UA	11913	66.0	111.4	45.4
Stockton on Tees	15939	88.3	149.1	60.7
Durham County	44869	248.7	419.7	171.0
Northumberland County	27720	153.6	259.3	105.7
Tyne and Wear	97614	541.0	913.1	372.0
Sub-total	227161	1259.1	2124.9	865.8
North West				
Blackburn and Darwen UA	17646	97.8	165.1	67.3
Blackpool UA	20893	115.8	195.4	79.6
Halton UA	15980	88.6	149.5	60.9
Warrington UA	25738	142.7	240.8	98.1
Cheshire	91885	509.3	859.5	350.2
Cumbria ²	43780	242.7	409.5	166.9
Greater Manchester	346426	1920.1	3240.5	1320.4
Lancashire	154632	857.1	1446.4	589.4
Merseyside	189652	1051.2	1774.0	722.8
Sub-total	906632	5025.2	8480.7	3455.5
Yorkshire and the Humber				
E Riding of Yorkshire UA	28446	157.7	266.1	108.4
Kingston upon Hull, City of UA	21857	121.1	204.5	83.3
North East Lincolnshire UA	13376	74.1	125.1	51.0
North Lincolnshire	13431	74.4	125.6	51.2
York UA	16104	89.3	150.6	61.4
North Yorkshire	51139	283.5	478.4	194.9
South Yorkshire	114510	634.7	1071.1	436.4
West Yorkshire	184239	1021.2	1723.4	702.2
Sub-total	443102	2456.0	4144.8	1688.8
East Midlands				
Derby UA	24336	134.9	227.6	92.8
Derby UA	29094	161.3	272.1	110.9
Leicester UA	29003	160.8	271.3	110.5
Nottingham UA	3939	21.8	36.8	15.0
Rutland UA	77753	431.0	727.3	296.3
Derbyshire	63947	354.4	598.2	243.7
Leicestershire	66924	370.9	626.0	255.1
Lincolnshire	64051	355.0	599.1	244.1
Northamptonshire	78442	434.8	733.8	299.0
Nottinghamshire	437489	2424.9	4092.3	1667.4
Sub-total				

Table 3: England - local authorities: continued

	No. of carers	Value of carers' support based on £34 billion (£ millions)	Value of carers' support based on £57 billion (£ millions)	Increase in value of carers' support (£ millions)
West Midlands				
Herefordshire	19068	105.7	178.4	72.7
Stoke on Trent	27832	154.3	260.3	106.1
Telford and Wrekin	16436	91.1	153.7	62.6
Shropshire County	32242	178.7	301.6	122.9
Staffordshire	91392	506.6	854.9	348.3
Warwickshire	57568	319.1	538.5	219.4
West Midlands	286650	1588.8	2681.4	1092.5
Worcestershire	60872	337.4	569.4	232.0
Sub-total	592060	3281.6	5538.2	2256.6
East				
Luton	15257	84.6	142.7	58.2
Peterborough ²	17094	94.7	159.9	65.2
Southend-on-sea	20006	110.9	187.1	76.3
Thurrock	11649	64.6	109.0	44.4
Bedfordshire	33407	185.2	312.5	127.3
Cambridgeshire ²	64638	358.3	604.6	246.4
Essex	116226	644.2	1087.2	443.0
Hertfordshire	91641	507.9	857.2	349.3
Norfolk ²	91714	508.3	857.9	349.6
Suffolk ²	75586	419.0	707.0	288.1
Sub-total	537218	2977.7	5025.2	2047.5
London				
Inner London:				
Camden	18590	103.0	173.9	70.9
City of London	605	3.4	5.7	2.3
Hackney	17160	95.1	160.5	65.4
Hammersmith and Fulham	15180	84.1	142.0	57.9
Haringey	19690	109.1	184.2	75.0
Islington	15818	87.7	148.0	60.3
Kensington and Chelsea	17776	98.5	166.3	67.8
Lambeth	24079	133.5	225.2	91.8
Lewisham	21230	117.7	198.6	80.9
Newham	19184	106.3	179.4	73.1
Southwark	20438	113.3	191.2	77.9
Tower Hamlets	15499	85.9	145.0	59.1
Wandsworth	24882	137.9	232.7	94.8
Westminster	23100	128.0	216.1	88.0
Sub-total	253231	1403.6	2368.8	965.2

Table 3: England - local authorities: continued

	No. of carers	Value of carers' support based on £34 billion (£ millions)	Value of carers' support based on £57 billion (£ millions)	Increase in value of carers' support (£ millions)
Outer London:				
Barking and Dagenham	13101	72.6	122.5	49.9
Barnet	30558	169.4	285.8	116.5
Bexley	19217	106.5	179.8	73.2
Brent	22176	122.9	207.4	84.5
Bromley	26906	149.1	251.7	102.5
Croydon	29590	164.0	276.8	112.8
Ealing	27423	152.0	256.5	104.5
Enfield	23232	128.8	217.3	88.5
Greenwich	18645	103.3	174.4	71.1
Harrow	18821	104.3	176.1	71.7
Havering	20504	113.6	191.8	78.1
Hillingdon	22429	124.3	209.8	85.5
Hounslow	18590	103.0	173.9	70.9
Kingston upon Thames	13629	75.5	127.5	51.9
Merton	16852	93.4	157.6	64.2
Redbridge	20273	112.4	189.6	77.3
Richmond upon Thames	17666	97.9	165.2	67.3
Sutton	15642	86.7	146.3	59.6
Waltham Forest	18689	103.6	174.8	71.2
Sub-total	393943	2183.5	3685.0	1501.5
Total London	647174	3587.1	6053.8	2466.7
South East				
Bracknell Forest	9515	52.7	89.0	36.3
Brighton and Hove	23804	131.9	222.7	90.7
Isle of Wight	11671	64.7	109.2	44.5
Medway	21010	116.5	196.5	80.1
Milton Keynes	17886	99.1	167.3	68.2
Portsmouth	16808	93.2	157.2	64.1
Reading	13035	72.2	121.9	49.7
Slough	9471	52.5	88.6	36.1
Southampton	19096	105.8	178.6	72.8
West Berkshire	12562	69.6	117.5	47.9
Windsor and Maidenhead	12584	69.7	117.7	48.0
Wokingham	12628	70.0	118.1	48.1
Buckinghamshire	42086	233.3	393.7	160.4
East Sussex	44418	246.2	415.5	169.3
Hampshire	110088	610.2	1029.8	419.6
Kent	118646	657.6	1109.8	452.2
Oxfordshire	55385	307.0	518.1	211.1
Surrey	95392	528.7	892.3	363.6
West Sussex	67991	376.9	636.0	259.1
Sub-total	714076	3957.9	6679.6	2721.6

Table 3: England - local authorities: continued

	No. of carers	Value of carers' support based on £34 billion (£ millions)	Value of carers' support based on £57 billion (£ millions)	Increase in value of carers' support (£ millions)
South West				
Bath and N E Somerset	16740	92.8	156.6	63.8
Bournemouth	16332	90.5	152.8	62.2
Bristol	39408	218.4	368.6	150.2
North Somerset	18648	103.4	174.4	71.1
Plymouth	24588	136.3	230.0	93.7
Poole	13728	76.1	128.4	52.3
South Gloucestershire	23604	130.8	220.8	90.0
Swindon	17196	95.3	160.9	65.5
Torbay	12420	68.8	116.2	47.3
Cornwall and Isles of Scilly	48828	270.6	456.7	186.1
Devon	69204	383.6	647.3	263.8
Dorset	38892	215.6	363.8	148.2
Gloucestershire	54312	301.0	508.0	207.0
Somerset	47700	264.4	446.2	181.8
Wiltshire	41220	228.5	385.6	157.1
Sub-total	482820	2676.1	4516.4	1840.2
Total England	4987732	27645.7	46655.9	19010.2

Figures may not add due to rounding

1 Source: Mid-2000 Population Estimates, Series PE No. 3, Office of National Statistics, HMSO, 2001. Number of carers is calculated by regional percentages derived by the 1995 General Household Survey. Data found in the National Strategy for Carers, 1999.

2 Due to changes in boundaries of statistical regions the following local authority areas have been multiplied by different percentages to find the number of carers in the local area.

Areas	Regional percentage of the population who are carers
Peterborough	14
Cambridgeshire	14
Norfolk	14
Suffolk	14
Cumbria	11

Table 4: Wales - Unitary Authorities

	No. of carers ¹	Value of carers' support based on £34 billion (£ millions)	Value of carers' support based on £57 billion (£ millions)	Increase in value of carers' support (£ millions)
Unitary authorities				
Blaenau Gwent	8992	49.9	84.1	34.2
Bridgend	16736	92.9	156.5	63.6
Caerphilly	21344	118.5	199.6	81.1
Cardiff	41552	230.7	388.6	157.8
Carmarthenshire	22000	122.1	205.7	83.6
Ceredigion	9536	52.9	89.2	36.2
Conwy	14720	81.7	137.6	55.9
Denbighshire	11728	65.1	109.7	44.6
Flintshire	18912	105.0	176.8	71.8
Gwynedd	15104	83.9	141.2	57.4
Isle of Anglesey	8272	45.9	77.4	31.4
Merthyr Tydfil	6944	38.6	64.9	26.4
Monmouthshire	11248	62.5	105.2	42.7
Neath Port Talbot	17680	98.2	165.3	67.2
Newport	17296	96.0	161.7	65.7
Pembrokeshire	14688	81.5	137.3	55.8
Powys	16464	91.4	154.0	62.5
Rhondda, Cynon, Taff	30464	169.1	284.9	115.7
Swansea	29808	165.5	278.7	113.2
Torfaen	11264	62.5	105.3	42.8
Vale of Glamorgan	15504	86.1	145.0	58.9
Wrexham	16096	89.4	150.5	61.1
Total	376352	2089.6	3519.3	1429.7

Table 5: Northern Ireland - Health and Social Services Boards

	No. of carers ²	Value of carers' support based on £34 billion (£ millions)	Value of carers' support based on £57 billion (£ millions)	Increase in value of carers' support (£ millions)
Eastern	95256	529.3	890.3	361.1
Northern	60660	337.1	567.0	229.9
Southern	42768	237.6	399.7	162.1
Western	38232	212.4	357.3	144.9
Total	236916	1316.4	2214.4	898.0

1 Based on the 1995 General Household Survey estimate that 16% of the adult population are carers - source, National Strategy for Carers, The Stationery Office, February 1999. Population data, mid-2000 population estimates, series PE no. 3, Office for National Statistics, 2001.

2 Source: Northern Ireland Statistics and Research Agency (NISRA), Mid-year population estimates, July 2000. These figures will vary the other total amounts from Northern Ireland because these figures are based on 15 years upwards. The other figures are based on adults aged 16 plus.

Table 6: Scotland - Local Authorities

	No. of carers ¹	Value of carers' support based on £34 billion (£ millions)	Value of carers' support based on £57 billion (£ millions)	Increase in value of carers' support (£ millions)
Aberdeen City	22452	124.3	209.9	85.6
Aberdeenshire	23370	129.3	218.5	89.1
Angus	11409	63.1	106.7	43.5
Argyll & Bute	9501	52.6	88.8	36.2
Clackmannanshire	4987	27.6	46.6	19.0
Dumfries & Galloway	15323	84.8	143.3	58.4
Dundee City	15013	83.1	140.4	57.3
East Ayrshire	12519	69.3	117.0	47.8
East Dunbartonshire	11734	64.9	109.7	44.8
East Lothian	9507	52.6	88.9	36.3
East Renfrewshire	9341	51.7	87.3	35.6
Edinburgh, City of	48797	270.1	456.2	186.1
Eilean Siar	2839	15.7	26.5	10.8
Falkirk	15072	83.4	140.9	57.5
Fife	36524	202.1	341.5	139.3
Glasgow City	63967	354.0	598.0	244.0
Highland	21613	119.6	202.1	82.4
Inverclyde	8761	48.5	81.9	33.4
Midlothian	8564	47.4	80.1	32.7
Moray	8737	48.4	81.7	33.3
North Ayrshire	14388	79.6	134.5	54.9
North Lanarkshire	33829	187.2	316.3	129.0
Orkney Islands	2019	11.2	18.9	7.7
Perth & Kinloss	14076	77.9	131.6	53.7
Renfrewshire	18309	101.3	171.2	69.8
Scottish Borders	11275	62.4	105.4	43.0
Shetland Islands	2262	12.5	21.1	8.6
South Ayrshire	12054	66.7	112.7	46.0
South Lanarkshire	31896	176.5	298.2	121.7
Stirling	8961	49.6	83.8	34.2
West Dunbartonshire	9697	53.7	90.7	37.0
West Lothian	16027	88.7	149.8	61.1
Total	534827	2960.0	5000.0	2040.0

Data sourced from General Register Office for Scotland, Mid-2000 Population Estimates (2002). Number of carers based on 1995 General Household Survey estimate of 13% of the population who are carers.

Carers UK offices

Carers Northern Ireland

First Floor, 11 Lower Crescent
Belfast
BT7 1NR
Telephone: 028 9043 9843
Email: info@carersni.demon.co.uk

Carers Scotland

91 Mitchell Street
Glasgow
G1 3LN
Telephone: 0141 221 9141
Email: info@carerscotland.org

Carers Wales

River House
Ynys Bridge Court
Gwaelod-y-Garth
Cardiff
CF15 9SS
Telephone: 029 2081 1370
Email: info@carerswales.demon.co.uk

Carers UK - registered and head office

20/25 Glasshouse Yard
London
EC1A 4JT
telephone: 020 7490 8818
Email: info@ukcarers.org

CarersLine 0808 808 7777
(open Monday-Friday 10-Midday, 2-4pm)

Mincom 020 7251 8969

Website www.carersonline.org.uk

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Written by: Emily Holzhausen

Designed by: Rhiannon Price (g:\r\reports\34billion.qxd)

Registered and Head Office: 20/25 Glasshouse Yard, London EC1A 4JT

Telephone: 020 7490 8818 Fax: 020 7490 8824

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