

What would make a difference?

Experiences of Young and Adult Unpaid Carers in the London Borough of Richmond upon Thames

July 2025

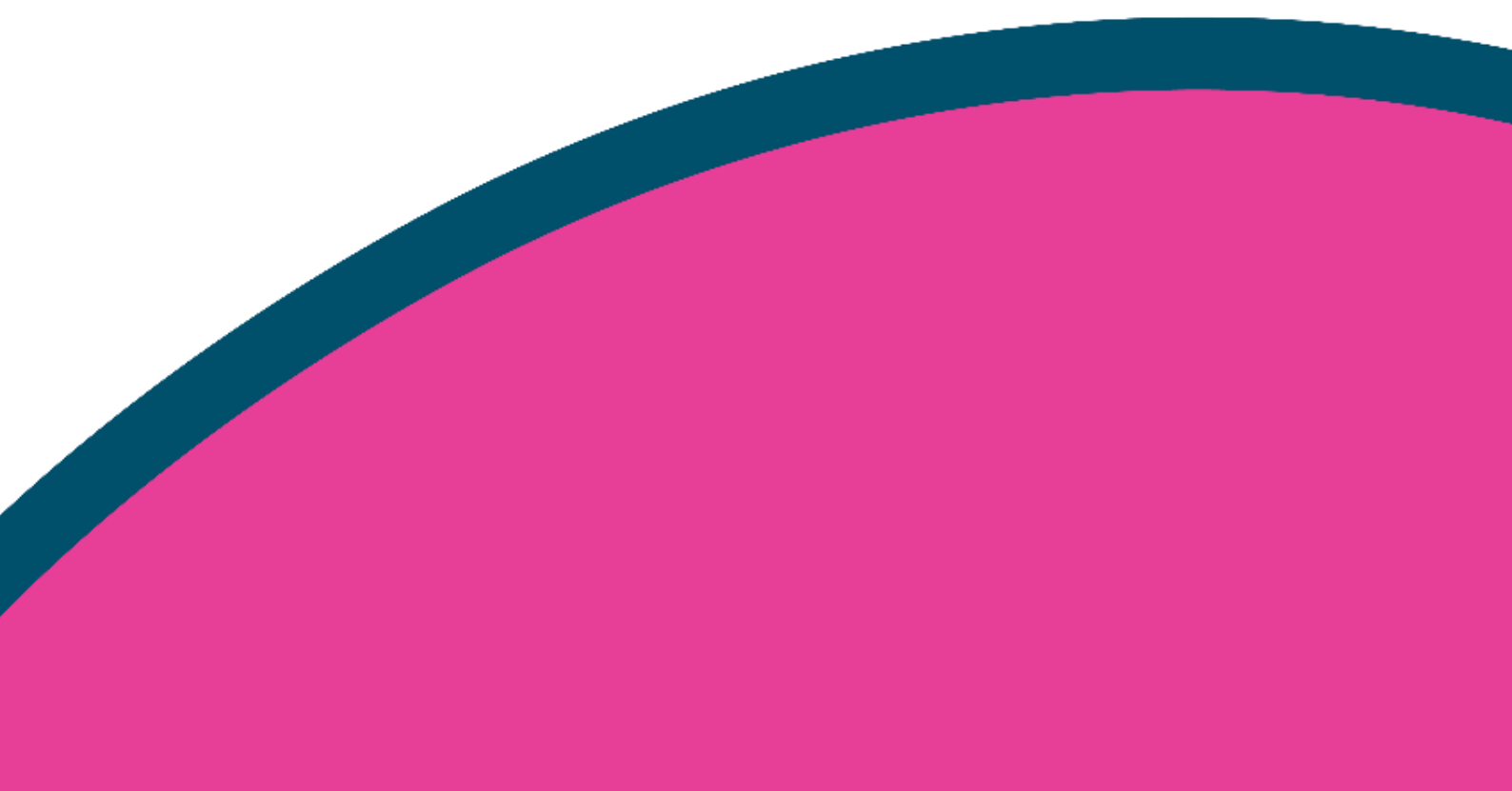


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Working in Partnership – Authorship

This report was produced by the Carers and Young Carers Charter Working Group, a partnership comprising Healthwatch Richmond, Richmond Carers Centre, the London Borough of Richmond upon Thames, Richmond CVS and South West London Integrated Care Board. The Group was convened by the Richmond Carers Strategy Reference Group, a cross sector working group that oversees the Carers Strategy for Richmond.

Healthwatch Richmond produced the data collection tool in partnership with the group and undertook the analysis. Partners promoted the survey and have used the findings of this report to inform the Carers & Young Carers Charter.

Introduction

“At the moment the carer community feels like an invisible club you didn’t ask to be part of.”

“People seeing carers... At the moment we are invisible”

“Let carers’ voices shape policies and public understanding, so caring feels less like an invisible role.”

Unpaid carers have a challenging role in our society. Young carers face all the challenges of being young with all the responsibilities of being an adult. Parent-carers face all the joys of being a parent with all the worries of looking after a disabled or ill child. Older carers face all the anxieties of ageing with all the physical demands of caring. In every stage of life, unpaid carers carry double burdens: balancing their needs and the needs of their loved one.

Yet, as the quote above shows, unpaid carers often feel invisible. They can feel like their efforts and needs are not acknowledged by those around them, by the services that should support them and by wider society. The lack of recognition of unpaid carers can leave them feeling isolated and alone.

Over 250 unpaid carers responded to our survey asking what would make a difference in their caring role. This report attempts to analyse the stories told in this survey and to present the experiences of unpaid carers living in Richmond upon Thames in their own words. It seeks to understand and describe the challenges they face, the support they need and the ways in which services can respond to better support them.

Their feedback was gathered with the purpose of informing the new Richmond Carers and Young Carers Charter. This co-produced charter will set out the priorities that statutory authorities and voluntary organisations pledge to work towards to make sure that local unpaid carers are supported in a way that they need. It will hopefully mark a moment when unpaid carers feel heard and understood.

However, we also want this report to go further. We hope that the stories told here influence other organisations to think about unpaid carers. We hope that the solutions expressed in this report are acted on by statutory bodies. We hope that unpaid carers read this report and feel visible.

Background

In its 'Carers Strategy 2020–2025', the London Borough of Richmond upon Thames (LBRuT) defined an unpaid carer as: "anyone providing unpaid care to family members and friends who due to illness, disability, a mental health problem or an addiction, cannot cope without their support." The borough's 2021 Joint Strategic Needs Assessment (JSNA) identified that there were more than 18,000 unpaid carers in Richmond – 8.5 percent of the borough's population.

The Carers Strategy 2020–2025 set out to: "help local residents caring for their loved ones feel that they live in a local borough that is recognising their role and supporting them to access the support they need" (2020, 3) They set out to achieve this through four priorities:

1. Improving the recognition of carers and our understanding of their needs
2. Mitigating the economic and academic impact of caring
3. Creating carer friendly services and communities
4. Improving carers health and wellbeing

This strategy is monitored by the '[Richmond Carers Strategy Reference Group](#)' (RCSRG) which sits under the Richmond Health and Wellbeing Board. The RCSRG is made up of representation from a range of statutory and voluntary sector partners including SWL ICB, Richmond Carers Centre, Adult Social Services and unpaid carer representatives.

The Carers Strategy is expiring at the end of 2025. To replace and revitalise the strategy, the RCSRG took inspiration from the [Wandsworth Carers and Young Carers Charter](#) and decided to create a **Carers Charter**. This will be a short, one page document co-produced with unpaid young carers and adult carers. The charter aims to capture and express issues that unpaid carers feel are important in their own words. Statutory bodies and relevant voluntary sector organisations will then pledge to work towards the priorities outlined in the charter to help improve the lives of unpaid carers.

Methodology

In order to gather the views of unpaid carers, the RCSRG decided to create and distribute a survey which gathered the experiences and views of unpaid carers. Respondents were asked to write up to three 25 word responses about what each of the following four phrases mean to them:

1. "Making sure people understand how important my caring role is and helping people know what I need as a carer."
2. "Making it easier to manage school, work and money while I am caring."
3. "Making life better for carers where I live and at the places I go."
4. "Helping me to be healthier and happier."

There was also a free text box in which respondents could write anything related to how they would feel better supported as an unpaid carer.

The survey was tested by two unpaid adult carers and two unpaid young carers. After their feedback was incorporated, the survey was open from 7th March 2025 – 31st March 2025.

The survey was publicised by the following local organisations: LBRuT, Healthwatch Richmond, Integrated Neurological Services, RUILS, Richmond Carers Centre, SWL ICB, Richmond CVS and more. We thank all partners for their help in promoting the survey. In order to make the survey as accessible as possible, we also distributed paper copies of surveys to local unpaid carer groups and South West London Integrated Care Board offered a phone line so that those with additional needs could complete the survey over the phone.

Once data collection was complete, we conducted thematic analysis on the survey responses. In practice, this meant that we looked for common phrases or sentiments within the qualitative responses and grouped similar responses into ‘themes.’ This approach is useful for analysing large amounts of qualitative data and finding views that are held by a majority of the surveyed group. The quotes in this document are representative of these wider themes and views.

One of the limitations of this approach is that it risks missing nuances or views held by a small group of the cohort. In addition, thematic analysis can be very subjective: it relies on the researcher’s own judgement and understanding when coding and deciding on themes. This was mitigated by frequently involving collaborators. The themes were checked with colleagues from relevant organisations after a first pass through the data and after writing up the first draft of this report.

Limitations

One potential limitation of the distribution method was that it reached unpaid carers who are already engaged in services. It is well known that unpaid carers often do not identify as such. This prevents unpaid carers from recognising their roles and accessing support and services available to them (LBRuT, 2021). Our survey distribution channels meant that unpaid carers who are not in contact with relevant services may have been less likely to receive invitations to participate in the creation of the Carers Charter.

We mitigated this through the LBRuT and SWL ICB communications channels which are very broad and reach a large number of borough residents. This included social media and distribution through GPs and pharmacies as well as the Council’s community conversations.

Another limitation arose during the data collection phase. Within a week of launching the survey, we noticed that there was a very high level of partial responses. In other words, individuals were clicking the survey link, answering the first question and then not completing the rest of the survey. A week after the survey launched, we had 18 completed responses but 111 partial responses.

There were two potential reasons for this high partial rate: 1) ‘Internet bots’ filling out the survey or 2) the structure of our survey was not optimised for engaging our target audience.¹

¹ An internet bot is a software application that runs automated tasks on the Internet, usually with the intent to imitate human activity. There have been increasingly frequent discussions within the Healthwatch network about bots completing surveys.

To address this issue, we created a list of possible causes and mitigations. We assessed the respective positive and negative impacts of each mitigation against the desire to have standardised and consistent data collection.

After working through the options, we decided to move the final question – “Please tell us anything about how you would feel better supported as an unpaid carer in Richmond upon Thames” – to the start. This action immediately increased the number of completed responses and was the least disruptive option in terms of ensuring consistency of data collection.

A third limitation is that we received a very small number of responses from young carers (13) and young adult carers (5). The very small numbers of responses from these age cohorts means that we cannot draw conclusions about particular challenges that these groups face. In the final Carers and Young Carers Charter this is mitigated by using other data sources.

Results

About the Respondents

We received 257 usable responses to the survey. A response was usable if it answered the first question regarding whether the respondent was a young carer or an adult carer and gave one piece of qualitative feedback. Demographics can be found in Appendix 1; however the following is noteworthy:

- 10 percent of respondents were under the age of 24, in other words young or young adult carers.
- 72 percent identified as a woman and 23 per cent identified as a man.
- 45 percent reported having a disability or long term health condition.
- 43 percent reported that they ‘just getting by’ or ‘really struggling’ financially.
- 17 percent were from a Black, Asian or minority ethnic background.

Where necessary, quotes have been anonymised to ensure that no respondent is identifiable from this report.

Themes

Overall, respondents highlighted the same issues across all five qualitative questions (see table 1). It is especially notable that the same themes were raised in Question 2 (free text box) as raised in the four prompted questions. This suggests a relatively high level of consistency.

In what follows, we highlight the five most common themes: recognition; financial struggles; wellbeing; statutory services; and accessibility.

	Recognition	Financial	Wellbeing	Statutory Services	Accessibility
Q2: Tell us anything about how you would feel better supported as an unpaid carer in Richmond upon Thames.	19	45	108	83	14
Q3: Making sure people understand how important my caring role is and helping people know what I need as a carer.	103	26	105	80	6
Q4: Making it easier to manage school, work and money while I am caring.	13	71	68	39	14
Q5: Making life better for carers where I live and at the places I go.	31	14	102	26	65
Q6: Helping me to be healthier and happier.	7	20	145	2	3
Total	173	176	528	230	102

Table 1: Count of themes by question.

Recognition

Respondents overwhelmingly reported that they did not feel their role was appreciated, understood or recognised by professionals and wider society:

“Understanding I may need to leave a class to take a call”

“People understanding that caring for a disabled young person goes way beyond the typical duties of a parent”

“Just because I am old doesn't mean I am not a carer”

These individuals do not feel that their responsibilities, challenges and needs are understood by individuals around them. In the above quotes, unpaid carers particularly highlight how their daily life differs from those around them: we see a young carer needing to prioritise caring over education and a parent-carer needing to go above and beyond ‘typical’ parenting responsibilities. In the final quote, we see an older individual caring for a loved one rather than being cared for. These quotes speak to how the lived experiences of unpaid carers are different to those around them.

Building on this, respondents called for more appreciation of the challenges that unpaid carers face:

“Realising I can't ring in sick. I can't go on holiday, it's a constant, unpaid job with no perks”

“Understanding that one doesn't have a choice”

“Recognition of the sacrifices made by those who put family first to allow them to stay at home”

Respondents highlighted that they have an obligation or duty to care for their loved one. The focus on ‘sacrifices’ points to a life that unpaid carers have given up due to their responsibilities. This language doesn't necessarily mean that unpaid carers are unhappy or resent their role but it does point to a feeling that unpaid carers do not have choice or control over their life.

Other respondents also compared their role as an unpaid carer to full time work:

“I am treated with the same respect I had before I gave up work to become a full time unpaid carer”

“Caring is the same as working in fact a lot more ... it's a full time job and needs to be recognised as this.”

Carers UK and other organisations have costed the contributions that unpaid carers make to the NHS and local authorities. For example, in the Richmond JSNA, it is estimated that unpaid carers in the borough “provide approximately £360 million worth of care a year”

(2021). Despite this significant contribution to NHS and local council savings, unpaid carers have not been made to feel that their role is recognised or respected as equal to paid work.

Similarly, respondents wrote about lack of recognition at a societal level:

“People seeing carers are more visible in society – at the moment we are invisible”

“At the moment the carer community feels like an invisible club you didn't ask to be part of. I am very proud to be a carer to my child who has disabilities but being a carer does feel like you are 'less than' and 'inferior'. I wish there was a way to make carers feel like superhumans – because that is exactly what we are, juggling life, raising children and taking on caring responsibilities too.”

“Better public awareness of carers' roles—highlighting our value so we're respected and included in decision-making.”

The 2025 Carers UK State of Caring Report similarly found that over 50 percent of unpaid carers they surveyed said they needed better understanding and recognition from the general public. This report directly linked the need for better recognition to mental health challenges as “feeling undervalued can have a negative impact on health and wellbeing”.

As will be shown in the sections below, the impact of a lack of recognition and understanding means that unpaid carers do not get the support they need. For example, professionals within the NHS do not value or listen to unpaid carers, despite the fact they may be delivering the brunt of care; or employers do not understand the responsibilities of unpaid carers and the concomitant need for flexibility. A lack of recognition means that unpaid carers do not get the help they need and therefore can be left feeling isolated and alone.

As a solution to this situation, unpaid carers called for education and awareness raising:

“Educating people of what life is like for unpaid carers”

“Carers giving talks to eg NHS workers explaining what goes wrong in accessing their services”

Finance

Money was a significant issue that respondents raised both in their qualitative responses and in the demographic section. 43 per cent of respondents said they were 'just getting by' or 'really struggling' financially. This statistic shows the financial challenges that many unpaid carers are facing. In what follows, we break down qualitative feedback about finance and money into three sub-themes: benefits; work; and cost of living.

Benefits and Assessments

One of the main issues that respondents raised was the complexity of the benefits system:

"Make the financial assessment process easier to understand"

"One-stop access to accurate, up to date information on benefits and entitlements, so I don't have to waste precious time navigating red tape."

"Capacity of organisations who can help complete government benefit forms – I waited weeks before being told they couldn't help"

These three quotes highlight the complex system that unpaid carers face when trying to access benefits. Respondents stressed the need for clarity and simplification, not only when it comes to assessments but also information. Similarly, in response to a Carers UK survey, 57 percent of unpaid carers also called for more information and advice about benefits (2024). Furthermore, as the last quote shows, there needs to be easy access to organisations that can help with benefits and other financial matters.

There were also calls for changes to Carers Allowance:

"Carer allowance to be protected from Government welfare cuts and to be recognised as a contribution to major savings to the NHS."

"Carers would like to be recognised financially for the work they do and for the amount we save the government every year. £81 a week is not enough!"

Respondents spoke about their precarious financial situation due to uncertainty about national government decisions. They want clear communication about any upcoming changes as well as increased financial remuneration. This sentiment goes hand-in-hand with the previous section on recognition: fair and protected financial compensation would enable unpaid carers to feel adequately compensated and appreciated for their work.

Employment

Individuals highlighted a direct link between their caring responsibilities and their ability to work:

"I have recently quit my job, in order to make more time for caring responsibilities."

"I'm always worried about money, as I'm not able to work enough whilst caring."

"I can't work due to caring full time. The low rate of carers allowance means we now live in poverty, having to use foodbanks."

These stories reflect a national issue: a Carers UK report found that 40 percent of unpaid carers had given up work in order to care and 22 percent had reduced their working hours (2023). The quotes above describe an impossible choice between prioritising the needs of their loved ones and financial security. This choice – or rather lack thereof – places additional challenges on unpaid carers often resulting in financial hardship.

As a solution to this problem, respondents highlighted the need for more flexibility from employers:

"Employers understanding that no two days are the same, and my work pattern may need to be flexible."

"Understanding my financial situation and my need for flexibility in the workplace – my loved one's needs have to come first"

"Employers being urged to treat carers as they might treat sick or disabled employees, with flexibility and compassion"

Respondents linked the need for flexibility from employers very strongly with the need for empathy. These findings are supported by wider national polling which said that the top two interventions workers thought would be most helpful if they were caring alongside work were a supportive line manager and flexible working (Carers UK, 2019). Unpaid carers wanted employers to know how their personal situation and responsibilities affect their working life and express understanding. These quotes call for a more compassionate and inclusive workplace culture, which would enable unpaid carers to continue working alongside their caring commitments.

Cost of Living

Building on the themes raised above, unpaid carers also spoke about the cost of living challenges they face:

"The biggest help would be less expensive energy bills – I struggle with being able to afford heating and cooking"

"I'm exhausted at the end of each day, there is no time to change financial contracts. i.e.broadband, utilities, mortgage etc, so I pay higher for longer."

These quotes reveal the compounded pressures of increased expenses and caring responsibilities. In the second quote, we see an unpaid carer who knows they are paying too much for their bills but does not have capacity to swap providers or renegotiate. This is a national problem with 28 percent of unpaid carers cutting back on essentials like food and heating but also reducing time spent seeing friends and family due to associated

costs. This leads to increased social isolation and profound negative impacts on mental health and wellbeing (Carers UK, 2024).

As a solution to this, respondents highlighted the need for discounts:

“Clearer discounts and special opening times for people with disabilities at things like swimming pools etc”

“I think a Carer Discount Card would be very useful and helpful that Carers could get discounts in shops, theatres, cinema, restaurants.”

“Free access to local gyms and classes. The toll on emotional and physical health is immense – this would help us to protect our own health.”

The need for reduced tickets and discounts is not only needed to address the cost of living crisis but also to enable unpaid carers to live their lives. In the survey, unpaid carers spoke about the need to have quality time with their cared for person as well as looking after themselves. These unpaid carers saw the financial costs as barriers to accessing respite and leisure.

Wellbeing

In the 2014 Care Act, wellbeing is defined as a broad concept relating to: physical health; mental health; control over day-to-day life; social wellbeing; and more (DHSC, 2022). In what follows, we break down qualitative feedback about wellbeing into three sub-themes: emotional support; respite; and healthy living.

Emotional Support

Support with the emotional toll of caring was the biggest sub-theme across the entire survey. Indeed, respondents wrote about emotional support 209 times across all questions.

“Being able to feel angry about it, ie not withstanding that you love someone, caring can really get you down”

“Not feeling alone in the struggles”

The loneliness, anger and sadness expressed in the quotes above demonstrate the need for understanding and support. In response to these difficult situations, respondents spoke about the importance of support groups:

“If there was support groups that you could go to with people who are going through the same thing”

“The support of fellow carers via our support group is not only crucial, but the most readily available means of support.”

“Being connected to other carers, and the vast army of love and support that is within our communities.”

“I would like to be able to access emotional support when I am feeling depressed. From someone of my own age who has been a carer and understands my situation.”

“Having the local Carers Group to go to and share the ups and downs.”

From the personal experiences unpaid carers shared within the survey, we can see that support groups are essential and valued. They enable unpaid carers to find a community that can understand the challenges and struggles of caring as well as offering practical and emotional support. The importance of connection with others who are going through similar journeys is particularly important, with carers highlighting the need for shared lived experience and understanding. It is very positive and heartwarming to see that many carers have found an “army of support” in these groups.

Respite

Respite care refers to taking a break from caring, while the cared-for person is looked after by someone else. It enables unpaid carers to have a break, look after themselves and can help to prevent exhaustion and burn-out (NHS, 2022). Crucially, respite enables unpaid

carers to prioritise their own needs. Respondents to our survey spoke about their unmet need for respite care:

“To have someone take our [child] for a day trip who is fully qualified would be an enormous help as we have to manage [them] 24 hours a day. At the moment, the only reliable babysitting service we can rely upon is our [child’s] school. Outside of term time, our lives are very challenging to manage.”

“Time to rest and completely switch off alone. Something I do not get currently as a lone parent with no family support nearby.”

“My [spouse] has dementia and sometimes I have a hospital appointment to attend for myself. The availability of a voluntary person to come to my home to sit with my [spouse] while I am out would be very welcome.”

These unpaid carers have limited support to manage their needs and the needs of their loved ones. In all three of the stories above, we can see the need for trustworthy and reliable services to ensure that unpaid carers are able to meet their own needs, whether rest or medical appointments. Indeed, the third story highlights how unpaid carers’ health is often neglected in favour of that of their loved one. These quotes highlight the isolation that can come with being an unpaid carer.

Healthy Living

An individual’s ability to adopt healthy behaviours to prevent ill health is strongly shaped by the circumstances in which they live (Healthwatch Richmond, 2023). Caring responsibilities can be a barrier to healthy living due to increased financial stress, concomitant mental health challenges and limited time for exercise and self-care.

In this survey, respondents particularly spoke about the barriers they face when trying to exercise. These included struggling to ‘find the time’ around caring commitments:

“It would be great to get access to fitness and exercise classes around my caring responsibilities”

“How to find time for exercise to maintain their own health and fitness”

In previous research, Healthwatch Richmond found that having too little time was a key barrier to preventing people in Richmond from exercising. Time restrictions included long working hours and commutes as well as the time taken to reach their chosen place of physical activity (Healthwatch Richmond, 2023). The time barrier is particularly difficult for unpaid carers as they have not only their own lives to juggle but also the needs of their cared for person. A solution to this that unpaid carers suggested was inclusive activities that both the unpaid carer and their cared for person could participate in:

“More family friendly events for careers so we might go together and do something healthy”

“Activities that I can do with the person that I care for and with transport provided to make that easier”

“Couples workouts that could both give my wife the gentle exercise she needs but more intense for myself”

In line with Richmond Council Prevention Strategy, there is a focus on “increasing support to inactive populations to become more active” through “council funded community-led group physical activities” (2022). Inclusive activities could provide opportunities for exercise, respite and socialisation for unpaid carers.

Another barrier that unpaid carers faced when trying to exercise is cost:

“Trying to find ways to afford gym and swim memberships”

“Affordable (or free) wellbeing activities—like fitness classes, mindfulness, or relaxation sessions—that fit a carer's schedule and budget.”

Cost was a barrier that Healthwatch Richmond found in previous work: Richmond residents reporting finding the cost of gym memberships and exercise classes unaffordable. More affordable council facilities are often far away or difficult to book due to limited space or challenges with booking systems (2023). As a group often facing financial difficulties and transport limitations, unpaid carers struggle to access places to exercise.

Social Care, NHS and other Services

There are several statutory duties to support unpaid carers that are placed on local authorities and NHS organisations through legislation like the Health and Care Act 2022, Care Act 2024 and the Children and Families Act 2014. However, unpaid carers often struggle to get the support they need. For example, the Carers Partnership reported that 23 percent of unpaid carers feel care services are not currently meeting their needs and 42 percent felt that they need more support from NHS or healthcare professionals (2025).

Health Services

Unpaid carers are arguably among the groups that have the most contact with health services. Not only are they in contact with health services on behalf of the person they care for but they are also looking after their own health. In this survey, 45 percent of unpaid carers said that they have a long term condition or disability. This double responsibility of looking after their own often complex health needs and those of their loved one creates extra stress and worry for unpaid carers.

One of the key messages that unpaid carers had for health services was the need to be listened to:

“People believing what I say is happening at medical appointments”

“Understanding from hospital staff and adjustments for the family member with dementia”

“Community spaces—like GP surgeries, pharmacies, and libraries—providing “carer-friendly” policies and staff who understand our specific needs.”

In the survey, unpaid carers explicitly said that they do not feel like health professionals understand their circumstances and specific needs. Across primary, community and secondary care, respondents spoke of not being listened to or believed. This is especially difficult for unpaid carers as often they are providing the brunt of daily care and, through this lived experience, unpaid carers become experts in the medical needs of their loved one. By ignoring the expertise and needs of unpaid carers, health professionals are not acknowledging the essential role that unpaid carers play in managing the medical condition of the patient.

Another key theme was the accessibility of primary care:

“Faster, easier access to GP appointments and support”

“Easier ability to pre book doctors appointments (not book on the day only) to be able to make them at a time when you have cover to be able to attend them.”

The need for easily accessible primary care – the front door of the NHS – is essential for everyone but particularly unpaid carers and their loved ones. From previous Healthwatch Richmond work, we know that over 10 per cent of Richmond residents struggle to get a timely

GP appointment over the phone (2024). In this previous survey, unpaid carers raised particular themes around receptionists not understanding their challenging circumstances and difficulties in seeing the same GP.

While there have been many challenges within primary care in the last two years – including industrial action – it is hoped that access will improve in the coming twelve months. From October 2025, GP practices will be required to keep their online consultation tool open during working hours to enable non-urgent appointment requests, medication queries and admin requests (NHS England, 2025). Hopefully this should free up phone systems to support those that need it most; however, this does not mean that other issues around understanding and support will be solved.

Social Care

Similar to above, respondents called for improved relationship with social care services:

“A better relationship with the Local Authority. Everything is a ‘fight’”

“The Borough should break the usual local government mold and become proactive in creating a proper helping attitude which could lead the Country to a new and better way of supporting unpaid carers which all governments ignore.”

“There is such poor communication from adult social services. The stress it causes waiting for paperwork, emails, panels, decisions is huge. Just be more mindful that while staff are taking weeks to reply the unpaid carers are at home holding the fort, caring for the disabled person”

“Invest in training in front line staff who conduct assessments of unpaid carers”

Survey respondents both thanked the social services teams for the support that they had received and felt that engaging with social services was an uphill battle. From benefits, to Education, Health and Care Plans and home adaptations, unpaid carers struggled to get the help they needed from the council. There was a strong call for a shift in the culture towards an attitude of recognition and wanting to help. In particular, there was a desire for greater transparency when possible: respondents felt that decisions were being made behind closed doors and without consulting with carers. Unpaid carers want services that value empathy, respect and transparency.

Information

One cross-cutting theme was a need for clearer communication and information from all services:

“As a career I was too tired/busy to plough through the mountains of paperwork brochures and flyers I was given – streamlined signposting would help”

“Being able to turn to a single point of contact for information, rather than having to spend a lot of time “digging” for help”

“Maybe a handbook giving details about support as not everyone is skilled with IT.”

“There needs to be some sort of comprehensive guide lines of a step by step action to take.”

These unpaid carers speak of the overwhelming amount of information they received when first contacting services. This is often too much at a time of great stress, worry and transition. The respondents above expressed a need for a ‘single point of contact’, ‘a handbook’ or one ‘comprehensive guide’ to help them find and access the support they needed.

Previously in the survey, we also saw a respondent who tried to access help on benefits and financial issues but couldn’t find the right organisation to help. Similarly, there was a call for a greater availability of advocacy services and legal advice. Unpaid carers were extremely grateful for all the support available to them but also wanted more practical, specialised support on benefits, legal matters and medical technologies. Clear, accessible information from trusted sources needs to be provided by organisations who have capacity to give tailored, specialist advice.

Accessibility

A less frequently mentioned topic but one that is vital is accessibility. Here, we use accessibility to mean that individuals can do what they need to do in a similar capacity as someone that does not have a disability. It means that individuals with disabilities or special needs are empowered and can be independent (Duggin, 2016).

Respondents brought up two issues when discussing a lack of accessibility. Firstly, many mentioned the issue of accessible bathrooms:

“Accessible toilets – seriously missing from local cafes and restaurants”

“Better disabled toilets”

“Ensure there are adequate toilets for disabled residents.”

As shown in the quotes above, respondents felt that accessible public bathrooms were essential to creating inclusive communities. The dearth of accessible public bathrooms leaves individuals with physical needs with limited options and undue stress when planning outings. Their call for ‘better disabled toilets’ highlights the need for widely available bathrooms that are also well-maintained and functional.

The second issue that respondents raised was the importance of home adaptations:

“Help to make leaving my home physically possible eg by providing ramps”

“Support for the person I care for to enable him to leave the house”

“Help in providing internal alterations to my home to manage physical disabilities eg provision of accessible shower”

Home adaptations is one of the services provided through adult social care. Healthwatch Richmond know from anecdotal evidence that there can often be extensive wait times for occupational therapy assessments and equipment deliveries. Furthermore, often support between organisations – such as hospitals, GPs and social services – are not joined up. As a result, individuals often end up paying for home adaptations and other services. These are essential not only for an individual’s safety but also independence.

Transport

Another issue raised under the theme of accessibility is transport. Respondents highlighted three key issues under transport: wheelchair accessibility and pavements; parking; and cost.

“Making it easier to use wheelchairs – overhanging bushes restrict pavement width and uneven pavements make getting around hard”

“My [cared for person] is in a wheelchair and finds the pavement very uneven and crossover could be improved”

These individuals and other wheelchair users face significant issues when travelling around the borough. They highlight the need for ongoing maintenance but also larger structural changes of roads and pavements.

Another key issues was parking:

“Easier parking, not entitled to blue badge and parking in the borough is a nightmare.”

“More designated disabled parking spaces in the town centre of Richmond”

While there has been a city-wide push for reducing car use due to the health impacts of air pollution as well as separate long-term goals relating to climate change, car use is still essential for those with accessibility needs. Disabled parking spaces are particularly important for enabling those with mobility issues to access essential services.

The final issues related to transport that respondents raised was the cost:

“Parking concessions and reduced transport fares for carers”

“Cost of travelling is expensive, maybe have a discounted travel card”

The cost of transport has risen as a result of the cost of living crisis and this has proved challenging for many. This prevents many individuals – those with accessibility needs and without – from accessing social opportunities and essential services. Affordable transport options are not just about financial difficulty but also about ensuring that everyone has access to the services they need.

Conclusions

This report has aimed to synthesise and summarise the feedback from unpaid carers while at the same time preserving the diverse range of opinions and experiences captured through the survey. This delicate balance has been challenging to achieve; however, we hope that all unpaid carers in Richmond upon Thames will feel at least one part of their experience represented within this report.

The following five conclusions are a very high level summary of the changes needed to ensure that unpaid carers of all ages get the support they need:

- 1. All unpaid carers need to feel recognised and appreciated.**
 - a. This can be done through increased awareness raising of the role, responsibilities and challenges that unpaid carers face.
 - b. Recognition and understanding is particularly important within the NHS and social care. There needs to be greater recognition and focus from healthcare professionals on unpaid carers.
- 2. Unpaid carers need access to clear and accurate information and support about finances.**
 - a. This includes information about government benefits, locally available financial support and what discounts might be available.
- 3. Unpaid carers need more respite and wellbeing options.**
 - a. Respite is essential to ensure that unpaid carers can look after themselves and meet their own needs, including medical treatment.
 - b. Support groups offer an essential means for unpaid carers to build relationships and community. These need to be preserved and expanded across the borough.
 - c. There needs to be inclusive and financially accessible options for unpaid carers to access healthy living services, including exercise classes.
- 4. Unpaid carers need streamlined and tailored signposting.**
 - a. This includes information about NHS services, local authority services and voluntary sector services. Unpaid carers called for a 'one-stop shop' where they can get the information that is right for them.
 - b. There also needs to be a balance between digital and non-digital information.
- 5. Unpaid carers need accessible places and services.**
 - a. There needs to be an increased focus on creating accessible spaces and services, including public bathrooms, transport and pavements.
 - b. There also needs to be clear signposting about the support available for home adaptations, both through the council and through voluntary sector organisations.

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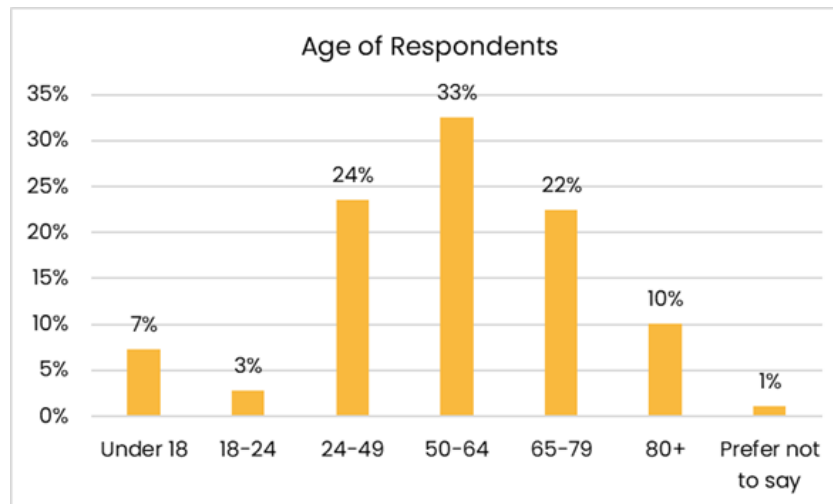
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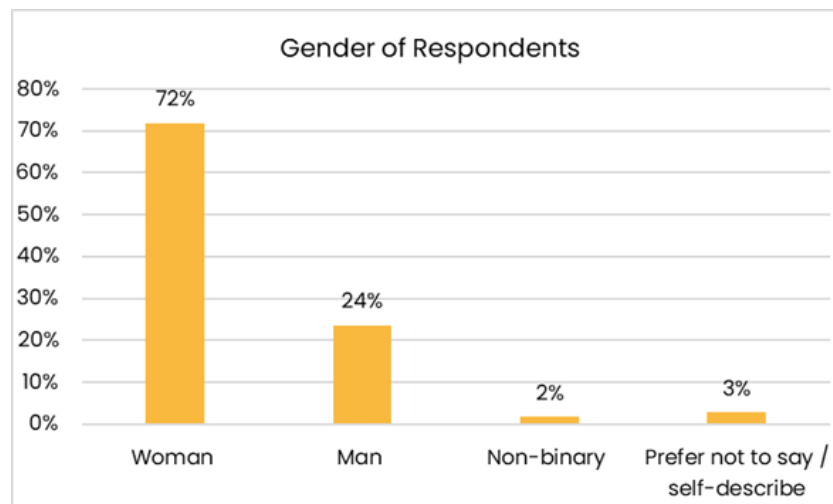
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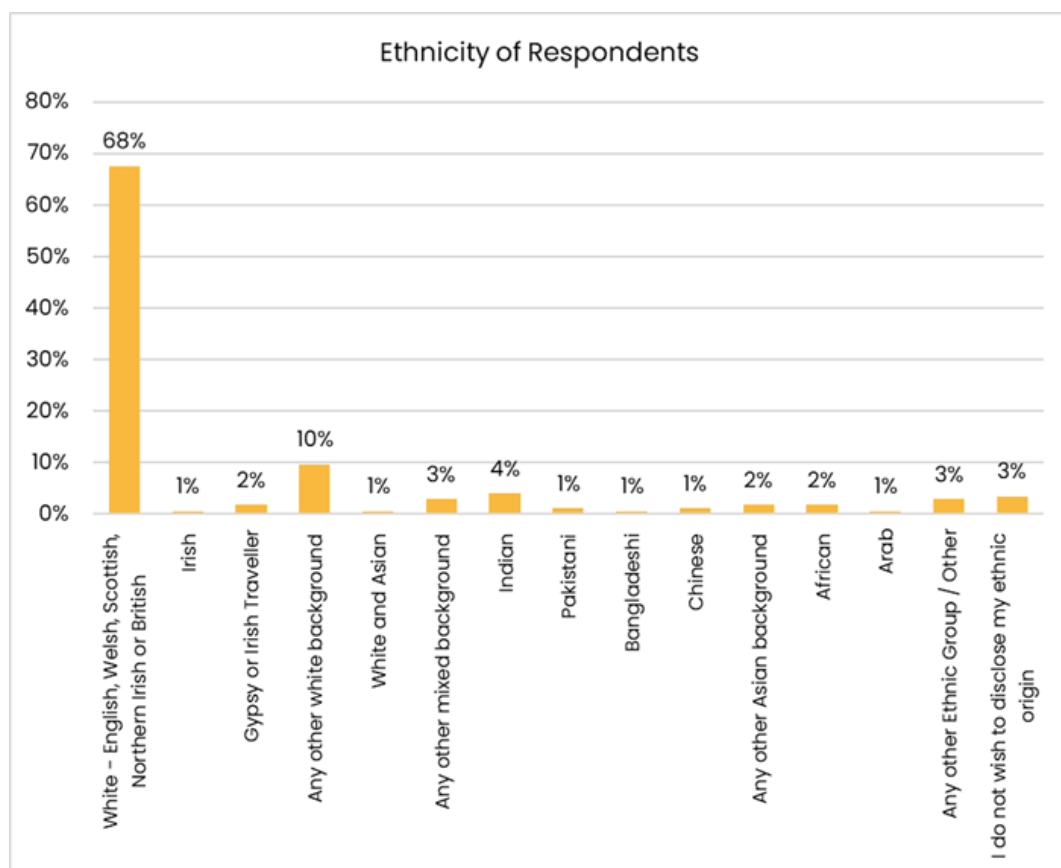
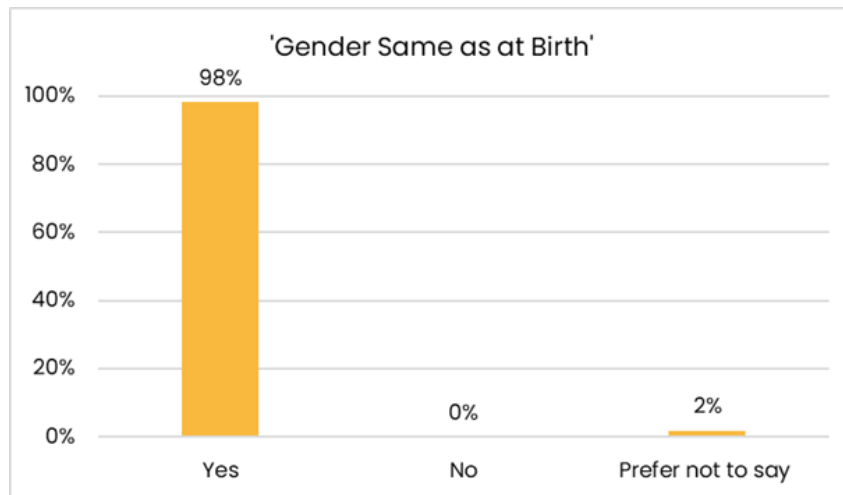
Appendix 1: Demographics



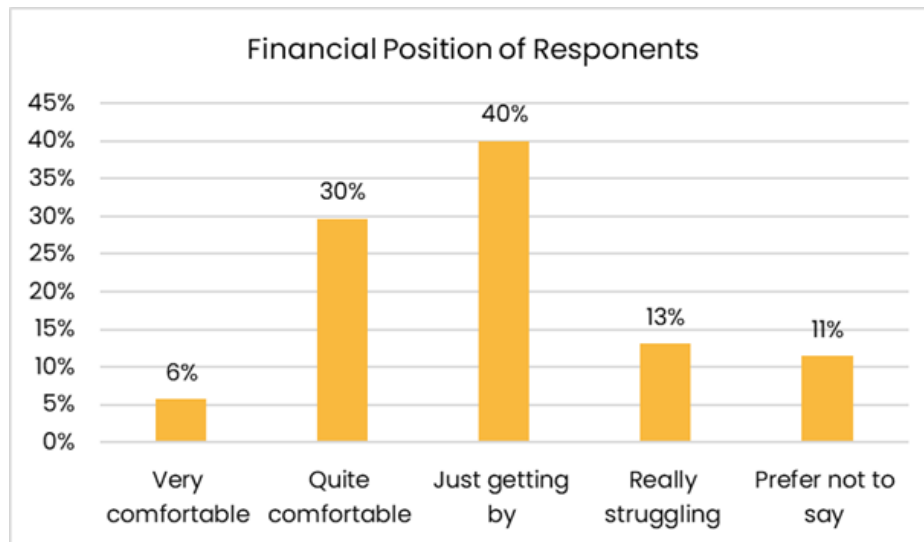
While working age and older people are well represented within this survey, there is limited feedback from young and young adult carers. This is a difficult group to engage and other data sources and engagement methods will be used to ensure that this group is represented within the final Carers and Young Carers Charter.



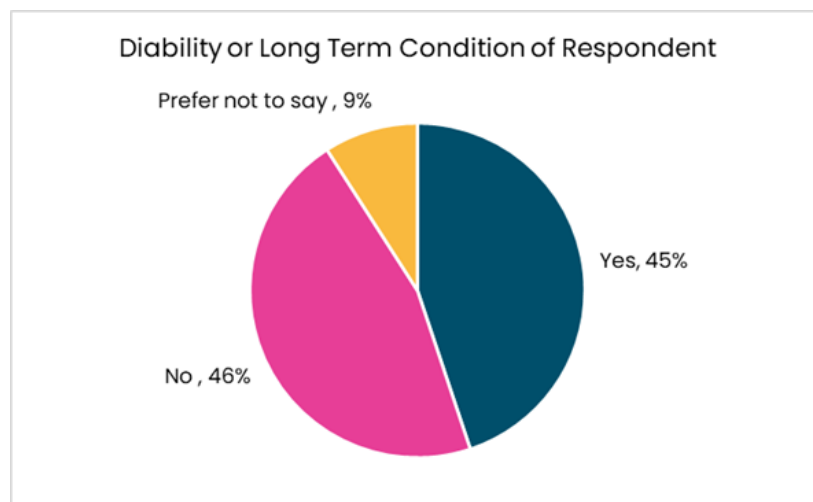
It is well known that women tend to complete surveys more than men. It is also possible in this case that women tend to take on the role of unpaid carer more than men. Overall, we are satisfied with the proportion of responses by gender. By comparison in the latest Carers UK State of Caring survey, 81 percent of respondents were female and 18 were male (2025).



The survey responses by ethnicity are broadly aligned with the Richmond population as shown in the 2021 census. This is very positive as it means we have broadly representative survey responses and responses from a broad range of ethnic groups.



The proportion of respondents who reported 'just getting by' or 'really struggling' financially is much higher than we would expect for the broader Richmond population and from other Richmond based surveys. As described above, this demonstrates the challenging financial positions of unpaid carers as a demographic group.



Similar to above, the proportion of respondents who said they have a disability or long-term condition is much higher than we would expect for the general population and from other Richmond based surveys. Again, this demonstrates the challenging health situations that unpaid carers face as they have to manage their own medical needs as well as their loved one's. This also raises concerns regarding what could happen if unpaid carers are no longer able to care for their loved ones due to worsening ill health.

Appendix 2: Survey

Page 1

Across the London Borough of Richmond upon Thames, we estimate there are more than 14,000 unpaid adult carers, including over 1,000 young carers. An unpaid carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.[1](#)

Your vital role, often unseen, is worth an estimated £350 million annually in Richmond. Without your contribution, our health and social care systems would be overwhelmed.

We are creating a Carers and Young Carers Charter to provide better recognition and support for all unpaid carers. This Charter will outline priorities that statutory authorities and voluntary organisations will pledge to work towards to improve the lives of carers.

We believe that the most powerful way to shape this Charter is by directly involving the people it will affect – capturing the voices of carers and young carers.

That's where we need your help. We would like you to tell us what would make a difference to you in your caring role. Your input will directly help us create a more supportive community for all unpaid carers living and caring in our borough.

If you are unable to complete the survey online and do not have anyone to assist you, please contact us at 0204526 2675. We will be happy to help you share your answers with us over the phone.

If you have any questions about this, please contact
Paul.Banks@richmondandwandsworth.gov.uk.

Q1: So that we can understand the specific needs of young carers, can you please tell us if you are over or under the age of 18? *

- Under 18 years old
- 18 years old and over

Q2: Please tell us anything about how you would feel better supported as an unpaid carer in Richmond upon Thames.

[Open Text Box]

Page 2

In this survey, we are asking you to tell us what is important to you. We ask that you make suggestions under 4 themes. All questions on this page are options.

These insights will help create a Charter that truly reflect the needs and desires of our local carer community.

Q3: Theme 1: Making sure people understand how important my caring role is and helping people know what I need as a carer. For me this means...

- [Free text box]
- [Free text box]
- [Free text box]

Q4: Theme 2: Making it easier to manage school, work and money while I am caring. For me this means...

- [Free text box]
- [Free text box]
- [Free text box]

Q5: Theme 3: Making life better for carers where I live and at the places I go. For me this means...

- [Free text box]
- [Free text box]
- [Free text box]

Q6: Theme 4: Helping me to be healthier and happier. For me this means...

- [Free text box]
- [Free text box]
- [Free text box]

Q7: Please leave your **email address** if you would like to stay involved in development of the Richmond Carers' Charter or be informed about its progress. If you are under 18 years old, please provide the email address of your parent or guardian. For your information here is our [privacy statement](#).

- [Free text box]

Page 3

We want to meet the needs of all unpaid carers. The following questions will help us understand whether we have responses from carers with a wide range of experience. All questions on this page are optional.

We will keep your answers completely confidential and any information used in publications will be anonymised.

Q8: Which of the following best describes your current situation?

- I am currently an unpaid carer.
- I was an unpaid carer but no longer have caring responsibilities.

Q9: How old are you?

- Under 18
- 18 - 24
- 25 - 49
- 50 - 64

- 65 – 79
- 80+
- Prefer not to say

Q10: Which of the following best describes you?

- Woman
- Man
- Non-binary
- Prefer not to say
- Prefer to self describe: [Free Text Box]

Q11: Is your gender identity the same as your sex recorded at birth?

- Yes
- No
- Prefer not to say

Q12: Please select your ethnicity

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White Background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African
- Any other Black, Black British, Caribbean or African background

Other Ethnic Group

- Arab
- Any other Ethnic Group
- I do not wish to disclose my ethnic origin
- Other (please specify): [Free Text Box]

Q13: Which of the following best describes your current financial situation?

- **Very comfortable** - I have more than enough money for living expenses and a lot spare to save or spend on extras or leisure.
- **Quite comfortable** - I have enough money for living expenses and a little spare to save or spend on extras or leisure.
- **Just getting by** - I have just enough money for living expenses and little else.
- **Really struggling** - I don't have enough money for living expenses and sometimes run out of money.
- **Prefer not to say**

Q14: Do you have a disability or long term health condition?

- Yes
- No
- Prefer not to say
- If yes, please give details.