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Challenges facing unpaid carers

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Introduction

This report provides information regarding the issues and challenges facing unpaid carers and their families, from recent reports and research from Wales and the UK.

The results include research that was indexed in the database Scopus, using the following search strategy.

"unpaid carer" OR "unpaid carers" OR "unpaid caregiver" OR "unpaid caregivers"

Updated 29/5/2025

Disclaimer: This summary includes any relevant literature that was identified from the above search, it is not an exhaustive list, it presents key finding and not recommendations for practice.

Summary

Challenges faced by unpaid carers and their families

Several challenges for unpaid carers were identified in reports from the Health Foundation, Public Health Wales, Carers Trust, Carers UK, Carers Wales, and from a selection of research articles:

- Gender gap (59% of unpaid carers are women) [1]
- Age gap (60% of unpaid carers are over 50) [2]
- Oldest age groups provide the highest hours of unpaid care [1]
- Impact on their career or ability to pursue paid work [1–7]
- Financial impacts / lower incomes / struggling to make ends meet [1–6]
- Financial situation impacting mental health [5]
- Additional costs for equipment and extra heating [2]
- Poorer health with higher rates of multimorbidity and from a younger age, this disparity is higher the younger the carer and in the most deprived areas [5,6,8–10]
- Higher health service use including GP, emergency department, and outpatient visits, and emergency admissions in at least one area in Wales [8]
- Unmet health or care needs [11]
- Problems sleeping [11]
- Experience stress and / or poorer mental health [1,3–6,9,10,12]
- Mental health functioning worsening when becoming a carer especially in younger carers, those caring for 20+ hours, and those living with the person [13]
- Lack of guidance on accessing mental health support [14]
- Reluctant to acknowledge the need for mental health support [14]
- Limited time to access support [14]
- Social isolation / loneliness [3,6]
- Risk of physical harm due to lifting or being assaulted [3]
- Fear / uncertainty over their loved one’s condition [3]
- Not recognised or undervalued [3]
- Ignored by government [4]
- Lack of support [4,6]
- Lack of support from local authority, education, or work [3,7]
- At risk of neglecting themselves [1]
- Give up hobbies or personal interests [4,5,14]
- Significant impact on their relationships [4]

- Feel exhausted / drained [4,6]
- Reduced physical activity levels [5,6]
- May experience feelings of guilt, anger, resentment, sadness and grief [15]

Further points that may be of interest

It is important to note how carers needs vary. Carers who live with the person they are caring for often provide higher intensity care, older carers often care for those with mobility problems or dementia or cope with their own health issues, and young carers are more likely to care for long hours and experience financial difficulties. There is a need for local authorities to understand the profile and needs of their local carer population to provide the right balance of support.[2]

Research which does not account for ethnicity may fail to represent experiences of carers in other ethnic groups. For example one study found associations between caring and physical health were found only among White carers, suggesting the impact of caring can vary for different ethnicities.[16]

Differences in the impact of caring

- Being in paid, secure employment and/or education is associated with higher well-being amongst unpaid carers, offering a break from caring, boosting self-esteem, and providing an opportunity to socialise independently [3,17]
- Carers with a lower income are more likely to have poorer health, increased loneliness, and poorer physical and mental health [12,18]
- Higher intensity caring (50+ hours) resulted in lower mental well-being for women [17]
- Moderate intensity caring (20-49 hours) resulted in lower well-being in those aged 16-44 [17]
- Higher intensity caring (50+ hours) resulted in lower mental well-being in those aged 65+ [17]
- Ethnic minority carers were more likely to be struggling financially, and more likely to have concerns around services not meeting their needs [1]
- Caring prevalence, intensity, and impact vary by ethnicity, with caring relatively high among Bangladeshi, White and Pakistani individuals, coresident caring most prevalent among Bangladeshi and Pakistani carers, caring for 2+ people most prevalent among Pakistani carers and caring 20+ hours/week was most prevalent among Pakistani and Black African carers [16]

- Unpaid caregivers who were younger were at greater risk of depression or anxiety and engaging in mental health help-seeking [12]
- Lived in households with one or two children were at greater risk of depression or anxiety and engaging in mental health help-seeking [12]
- Caring for an individual with a terminal illness, long-term illness, learning disability or difficulty, mental health problems, physical disability, and other were linked to increased risk of depression or anxiety [12]
- Caring for someone with a learning disability increased risk of mental health help-seeking [12]
- Carers' health related quality of life declines as the duration of caring increases (the "caregiving" effect) and declines as care recipient's health related quality of life declines (the "family" effect") [19]
- Carers of people with dementia can experience high levels of carer burden and distress as well poor health and well-being due to their caring roles [15]
- LGB+ carers more likely to be struggling financially and more likely to say caring had impacted their mental health [1]

COVID-19

A systematic review found the mental health of informal carers, which was already poorer pre-COVID compared to non-caregivers, was disproportionally impacted by the pandemic and the subsequent lockdown measures.[20]

Rural areas

Rural caregivers tend to be older, have higher rates of chronic conditions and disability, and often require more support than urban caregivers. Rural areas also tend to have more limited health care, infrastructure, and economic resources, which could put a greater strain on unpaid caregivers in rural locations.[21]

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