The Hidden Workforce: The Experience of Carers in Medway

A Healthwatch Medway report

February 2026

healthwatch Medway

INSIGHTS AT EK360 ENGAGE·REFLECT·IMPROVE

Contents

About us

Healthwatch Medway is your local independent champion for health and social care. Our aim is to improve services by ensuring local voices are heard – we want to hear about health and social care experiences to influence positive change for communities across the Medway area. We have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We use your feedback to better understand the challenges facing the NHS and other care providers, to make sure your experiences improve health and care services for everyone. It is important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining and that "nothing ever changes". Or, if you've had a great experience, that you "wish you could say thank you". Your feedback is helping to improve people's lives, so if you need advice or are ready to tell your story, we're here to listen.

A notice on Healthwatch England:

As part of the Dash Review published in July 2025, Healthwatch England and the Local Healthwatch network was recognised for its work in listening to and raising the voice of the people who use Health and Social Care services across the country. The review highlighted the government's desire to streamline bodies contributing to patient safety and consequently Local Healthwatch responsibilities will be transferred to ICBs and Local Authorities.

This transformation will take time and therefore, here in Kent and Medway, we will continue to work with the public and stakeholders to achieve change for local people. We also recognise that since the announcement, while the current body of Healthwatch will cease to exist, there has been an acknowledgement of the need for high quality, independent voice to remain.

Summary

This project aims to:

- Enhance system-wide understanding of the experience of carers and the impact of caring responsibilities on individuals
- Identify carers' needs and challenges, what support is needed and opportunities for improvement.

We reviewed **45** pieces of feedback from carers across Medway. Feedback was obtained through a survey that was completed face-to-face or over the phone.

Our research found evidence that being a carer can widen health inequalities, particularly for women. There is insufficient data to explore by ethnicity or area of residence. Carers in Medway face barriers to accessing support and struggle to maintain employment, which are leading to poorer health and wellbeing outcomes.

Key insights and reflections:

Carer poverty

16% (7) of all carers we spoke to mentioned financial support as something that would make a positive difference to them and their loved one. Of those respondents, **43%** (3) also told us that they ‘always’ or ‘often’ struggle to pay for basic necessities. This indicates that **unpaid care has a negative impact on economic status and financial stability.**

Employment

75% (24) of carers providing over 50 hours of care per week were not employed, and less than half of those who were employed were working part-time. This indicates that caring responsibilities are time consuming and often a full-time commitment. All carers who mentioned making changes to their employment were female, indicating that **female carers are disproportionately affected by the dual responsibilities of paid and unpaid roles**.

Physical and mental health

Of the carers reporting a negative impact on their physical health as a result of caring responsibilities, **94%** (15) were providing over 50 hours of care per week, and **81%** (13) were unable to take a break from caring in the last six months.

All carers reporting a decline in their mental health were providing over 50 hours of care per week and living with the person they were caring for. 4 of the 6 (**67%**) carers reporting a decline in mental health were unable to take a break from caring in the last six months.

Carers providing intensive care were more likely to report negative impacts on their mental and physical health than those providing fewer hours of care and those able to take a break from caring responsibilities.

Duty of care

16% (7) of all carers we spoke to referenced a sense of duty as a carer and 'just getting on with it'. This mindset was evident in multiple responses, which may **reinforce carer inequalities by preventing carers from recognising their role or actively seek support**.

Aggression and emotional distress

13% (6) of carers reported experiencing aggression from the person they care for, leading to feelings of distress and fear. All carers reporting experiences of aggression were providing care for a partner, and the majority (**83%**) were female. Although we spoke to more female carers than male carers, proportionally, **female carers were more likely (15%) than male carers (9%) to report experiencing aggression and associated emotional distress.**

Recommendations

We encourage key stakeholders (Medway Council, Kent and Medway ICB, and local service providers) to:

- Review and acknowledge this report and its findings in full.

- Use key insights from this report to guide decision-making, commissioning and support strategies to reduce inequalities for carers in Medway.

- Commit to regularly seek lived experience to better understand the needs of carers living in Medway and to shape future improvements.

Introduction

An unpaid carer is defined as someone who provides care to a family member, partner or friend who needs support due to illness, frailty, disability, mental health issues or addiction, who could not cope without their assistance (NHS, no date).

According to the 2021 Census (Office for National Statistics, 2023), there were **4.7 million** unpaid carers in England, around **8.9%** of the population. In Medway, **22,618** people identified as providing unpaid care, which is approximately **8.6%** of the population. More recent research has found that an estimated **11.9 million** people are currently providing unpaid care in the UK. This research also found that just under a third of current and former carers said that they have struggled to look after their own health and wellbeing (Carers UK, 2025).

As the population ages, carers may have their own health issues that are exacerbated by caring responsibilities. According to Spiers et al (2021), carers are more likely than those not providing care to have two or more long-term health conditions.

Carers UK data (2025) found that:

- 25% of current or former carers in the UK have developed a new mental or physical health condition since becoming a carer.
- 29% have had an existing mental or physical health condition worsen since being a carer.

2024 data (Wyjadlowska et al) shows that 1.2 million unpaid carers live in poverty in the UK, and the poverty rate for unpaid carers is higher than for those not providing care. According to Carers UK, being out of work is also the single strongest predictor of poverty for unpaid carers. Additional research (Carers UK, 2024) also found that 61% of carers feel stressed or anxious when thinking about their financial situation, leading them to cut back on things that improve wellbeing such as hobbies, social activities and seeing loved ones. 51% of carers also said that their financial situation has had a negative impact on their mental health and wellbeing, highlighting significant inequalities and risks for carers developing mental health issues and poor health and wellbeing. Additionally, it can be difficult for carers to understand and identify what support is available to them (Koufacos, 2025), which may lead to carers not accessing support.

According to a review by Public Health England (Spiers et al, 2021, p.5), **“Unpaid caring should be considered a social determinant of health. Carers experience poor physical and mental health, struggle to access services and are at risk of financial hardship.”**

Our project aimed to find out more about the impact of caring responsibilities on the health and wellbeing of carers living in **Medway**.

Methods

Engagement

Healthwatch Medway engaged with **45** carers in the community at the following locations:

- Community groups
- Medway Maritime Hospital
- High streets across Medway
- Carers specific events in Medway

The engagement was centred around a survey with 11 questions. Of the 11 questions, 9 were quantitative and 2 were qualitative. We also collected demographic data. The surveys were completed in person or over the phone as part of a one-on-one conversation with a staff member. See Appendix **1** for the full survey.

Engagement was completed between June 2025 and October 2025.

Analysis

All feedback was analysed thematically, identifying key themes and subthemes. In addition, we explored intersectionality to understand how different overlapping factors shape the experience of carers in Medway.

Measures

Consent

Healthwatch Medway took steps to ensure a robust consent process was in place, and all participants were aware of the purpose for engagement, how data will be processed and used and their rights to withdraw their consent.

Assessment of risk of bias

Engagement at Medway Maritime Hospital, community groups, high streets and community events was based on convenience sampling, as the carers we spoke to were those who were available and willing to speak to us at the time and location of each engagement event. Therefore, the sample is not representative of the population of carers in Medway, and this limitation should be considered when interpreting our findings.

Who we heard from

45 carers across Medway participated in this project. *See Appendix **2** for full demographic breakdown of our participant sample.*

- **Gender:** Most carers we spoke to were female (**73%**, 33 participants).
- **Age:** The largest response was from carers aged 45-54 (**27%**, 12). But there was representation across several age groups.
- **Carer status: 92%** (41) were unpaid/informal/hidden carers, **4%** (2) paid carers, and **4%** (2) 'other' carer status. The paid carers we spoke to also had experience caring for a loved one and shared those experiences as unpaid carers.
- **Employment: 42%** (19) were retired and **7%** (3) identified their employment status as 'carer'.
- **Health: 38%** (17) reported having a long-term health condition, **20%** (9) reported having a mental health issue and **13%** (6) identified as neurodiverse.
- **Financial status: 16%** (7) of carers reported sometimes, often or always struggling to pay for basic necessities.
- **Disability**: **18%** (8) reported having a disability.
- **Location**: Participants were from several areas in Medway, with the largest response from people living in Chatham (**18%**, 8). There were two responses from participants in Sheppey, Sheerness and Higham, but they use Medway health and social care services, so the decision was made to include these responses. The full range of locations is shown in *Figure **1***.

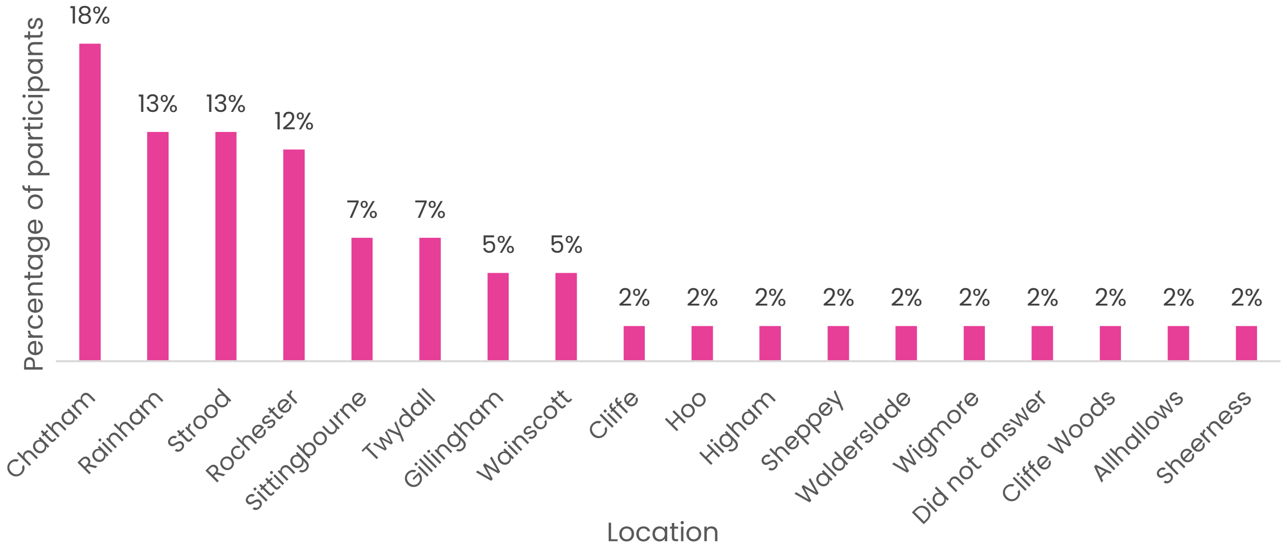

***Figure 1**: The percentage of participants by location*

What we heard

We asked participants several questions to understand more about their role as a carer, such as who they care for, if they've been able to take a break from caring in the last six months, how many hours of care they provide per week, and if the person they care for lives with them. We also asked, "How has caring for somebody impacted your daily life and those you live with?".

Figure ***2*** shows the relationship between number of care hours provided per week and whether the person cared for lives with the carer.

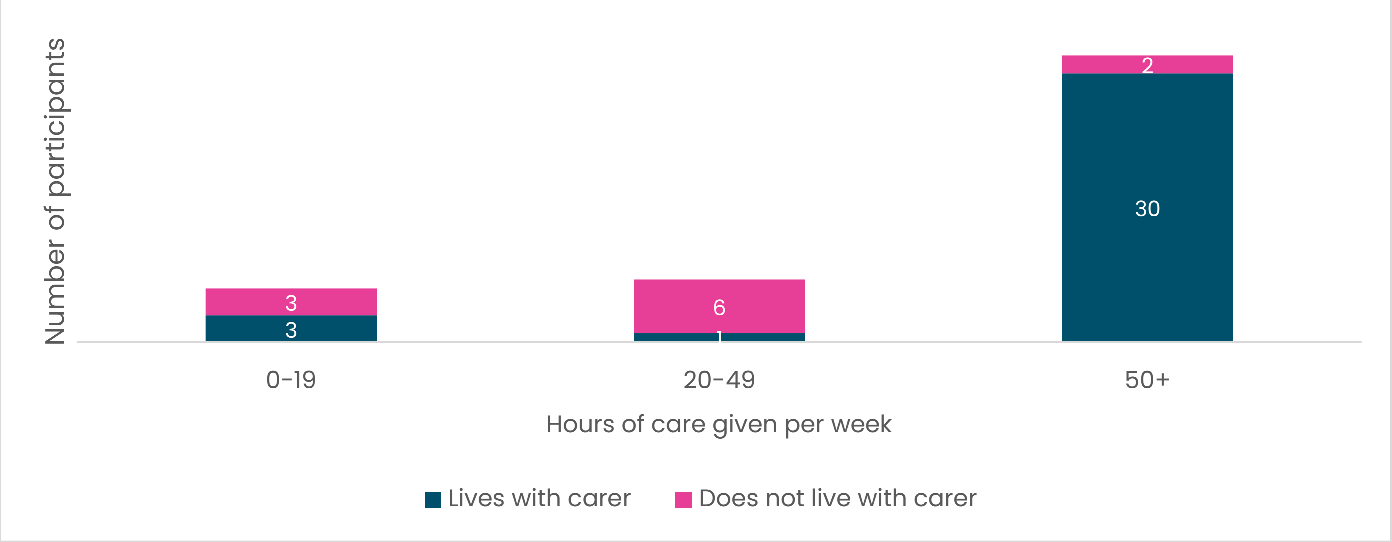

Figure 2: *The relationship between number of care hours provided per week and whether the person cared for lives with the carer.*

The majority of all carers we spoke to were providing care for over 50 hours per week and living with the person they care for. Carers providing fewer hours of care were more evenly split between cohabiting and not cohabiting with the person they care for.

Guilt and living separately

24% (11) of carers were providing care for someone who did not live with them, resulting in having caring responsibilities, as well as a responsibility to maintain a separate household.

Of all the carers we spoke to, those providing care for someone who did not live with them were more likely to report feelings of guilt associated with their caring role (**36%,** 4 of 11 participants) compared with those living together (**6%,** 2 of 34 participants).

> ***I feel guilty not doing more, even though I know I am doing all that I can.***

Impact of intensive care

76% (34) of participants were providing care for someone that lived with them, with **67%** (30) providing over 50 hours of care per week. Participants providing this intensive care were more likely to experience a negative impact on their physical health and mental health. **Additionally, female carers were more likely to experience a negative impact on employment, and to experience aggressive behaviour leading to feelings of distress and fear.**

Physical health

36% (16) of all participants mentioned a negative impact on their physical health as a result of their caring responsibilities. **31%** (14) told us they regularly experience tiredness or exhaustion as a result of managing multiple tasks or disturbed sleep due to worry or stress.

> ***"I don't sleep well because there's so much going on in my head.*** *Organising all of his appointments is tiring."*

> "**I'm exhausted and I'm not sleeping much because I'm worried he might try to escape or hurt himself**...when I hear him walking about, I get up. He is generally a good sleeper, but I find it hard to sleep because I am worrying. I find it hard to drop off and I am awake at 4am most mornings."

Previous research by Healthwatch Medway (**2025**) also found that the most common trigger for poor sleep was by stress/anxiety/trauma and family responsibilities. **This further finding suggests that sleep inequalities exist for those providing care for another person, and additional support may be needed for carers.**

11% (5) of carers spoke about neglecting their own physical health as a result of being a carer. Of these, 2 carers told us that caring responsibilities have impacted pre-existing health conditions.

"[I have] **Tourette's Syndrome which causes exhaustion, and pain is made worse by caring due to stress.**"

"**I have 36+ medical issues myself**, therefore it is difficult managing my appointments as well as my [loved one's]. **I have had to cancel my hospital appointments in order to get him to various GP and the hospital for his appointments**."

3 carers who mentioned physical health told us that caring responsibilities have negatively impacted their previously good health. One participant explained they were unable to access healthcare because they had no support to leave their loved one alone.

"**I feel less healthy because I used to work in [an active job] so I don't move as much since giving up work.** I'm not worried about anything in particular, I just think I'm less healthy, not that you can see a doctor anyway."

"**It has made me ill.** I had a headache that lasted for 3 months and I had a stomach ache that needed investigating since I started caring for my husband. I need to go to the dentist, **I've had a toothache for 4 months, but I can't go because I can't leave him alone and I have no support**."

"Emotionally it's very hard. **I am an emotional eater and because of that I am now pre-diabetic.** You neglect yourself."

94% (15) of carers reporting a negative impact on their physical health were providing over 50 hours of care per week, and **81%** (13) were unable to take a break from caring in the last six months. **This suggests a health inequality for carers providing intensive levels of care, as they experience poorer physical health and reduced ability to maintain their own health.** This is supported by previous research that found that negative effects on health were more likely for those providing intensive levels of care (Kolodziej, Coe and Houtven, 2022).

Employment

75% (24) of participants providing over 50 hours of care per week were not employed. For those that were employed (8), only **6%** (3) were employed full-time. This suggests that caring responsibilities are time consuming and often a full-time responsibility, resulting in an impact on employment status.

16% (7) of all participants said that their caring responsibilities have an impact on their employment. **14%** (6) mentioned having to reduce hours to work part-time, or give up work entirely, to make time for their caring responsibilities. **2%** (1) told us they were unable to reduce their working hours due to financial pressures faced following the loss of their loved one's income, which led to increased tiredness that negatively impacts their working life.

> *"I have got a PHD, but post-doc would need full time work. I can't do that.* ***I can't embark on my academic career because of my carer responsibilities.****"*

> *"My life has changed completely;* ***I had to give up work to become a full-time carer*** *for my [loved one]."*

> *"Workwise,* ***I have gone part-time, so it has affected my career choice*** *as I need a job that's flexible and doesn't involve travelling to London."*

All participants who mentioned the impact of caring responsibilities on their employment were female. While this may reflect the gender distribution in our sample (73% female participants), it suggests **women are disproportionately affected by the dual responsibilities of paid and unpaid roles**. This aligns with previous research which found that women are more likely than men to reduce their working hours due to the time spent on unpaid care (Addati et al, 2018).

Mental health

13% (6) of all participants referenced the impact of caring responsibilities on their mental health. **9%** (4) mentioned a general worsening of mental health as a result of being a carer.

> *“**I don’t get a break at all and I spend a lot of time in my bedroom, which compounds my mental health I have no motivation to do anything.**”*

> *“My [loved one] has hallucinations about the house being broken into, and men with guns in the street.* ***It affects me. It’s hard to concentrate on other things and it’s upsetting. It messes your head up****.”*

4% (2) reported worsening of pre-existing mental health conditions as a result of being a carer.

> ***“[I] have always been vulnerable with autism and depression and pre-existing conditions (PTSD, general anxiety disorder). Having the caring role impacts on my vulnerability****.”*

> ***“[My anxiety has] got a bit worse since becoming a carer.”***

All carers reporting a decline in mental health were providing over 50 hours of care per week and living with the person they were caring for. 4 of the 6 (**67%**) carers reporting a decline in mental health were unable to take a break from caring in the last six months. **This suggests that carers providing intensive care are more at risk of negative impacts on their mental health than those providing fewer hours of care or living separately.** Our results align with previous evidence from a UK based study which found that mental health decline is more prominent for carers providing intensive levels of care than for those providing less intense levels of care (Bom and Stöckel, 2021). Improving access to respite could reduce this disparity.

Aggression

13% (6) of carers reported experiencing aggression from the person they care for, leading to feelings of distress and fear.

"**She is abusive, physically and emotionally, she is aggressive**. Before she was diagnosed, she had a proper go at me, and **I had to leave the house as I was physically shaking; I was gone for 3 days**."

"He is aggressive, he can't communicate, so he gets angry, and he won't let me help him. He pushes and shoves and gets angry if I help. When he is on one, I rock to sooth myself. **When he got aggressive, I was too scared to be indoors, so I slept in my car**."

"His mood varies and although he's usually happy, it's unpredictable and can change in a moment. **He gets frustrated and often angry, which can feel threatening**. I know it's not him, he hasn't been violent, but **I do worry that he might wake me up with a knife to my throat at some point**."

4 of the 6 carers experiencing aggression from their loved one, specified that they were providing care for someone with dementia. All were providing care for a partner, with **67%** (4) living with their partner, and **83%** (5) providing over 50 hours of care per week. Our findings are consistent with previous evidence that carers, particularly those caring for people with dementia, regularly experience aggression (Donnelly and O'Brien, 2023).

5 of 6 carers (**83%**) experiencing aggression were female. Although we spoke to more female carers than male carers, proportionally, **female carers were more likely (15%) than male carers (9%) to report experiencing aggression and associated emotional distress.**

The strain of caring responsibilities

While some experiences are more common for carers providing intensive levels of care, many impacts and experiences were shared across all carers we spoke to. These impacts include strained relationships, inability to attend social events/holidays, lack of personal identity and lack of time for personal tasks. This highlights that caring responsibilities affect all aspects of life and wellbeing.

Lack of time for personal tasks

29% (13) of carers we spoke to mentioned having a lack of time for personal tasks, and **24%** (11) referenced the need for them to balance multiple demands in their daily life.

7 of the 24 carers (**16%** of all carers) that mentioned having limited time for their own needs or balancing multiple demands also referenced a sense of duty as a carer and 'just getting on with it'. This mindset was evident in multiple responses, which may highlight the need for support to help carers to recognise their role and understand what support is available.

"There's no time for you as she can't be left, but ***there's no point in respite as I made a promise in my wedding vows and I am keeping them****."*

"We're all one big circle - until I worked for Carers First, **I didn't know I was a carer**. I just thought it was normal as we do everything, **it's what families do to support each other. You look after them like they did you**. I wouldn't change it as they are my family."

"**I have never thought of myself as a carer. I see that I am actually caring for my dad and do it because that's what daughters do – and there is no-one else to do it. I think it is my responsibility**. I guess I might be a hidden carer."

Those who mentioned a lack of time for personal tasks mentioned ‘never getting a break’, ‘no time for me’, limited time for hobbies or exercise and falling behind on household chores like cleaning.

> ***Sometimes, I look at the calendar and it is full up. I would like to turn the page and see a free month and think about what I would like to do with all this free time, but it doesn't work out like that – there are always appointments, cleaning, shopping, other little jobs. There is always something to do.***

Strained relationships

27% (12) of all participants told us that caring responsibilities have a negative impact on their relationships with their friends and family.

"We see less of people – we haven't got time to go and see them and vice versa, ***so friends dwindle and you become more isolated****."*

"I don't have friends come round. My [family member] sometimes comes round and I'll get an hour to myself. ***It can be lonely****."*

*"****As soon as I left work to care for my [loved one] I lost all my friends,*** *and he doesn't want to go out. It drives me mad. All of my family work and don't live near me."*

"I don't see friends and family as much now. ***I want respite so I can see my friends and know that he is safe****."*

Inability to attend social events/holidays

22% (10) of all participants mentioned that caring responsibilities have an impact on their ability to attend social events and holidays.

"I can't go out, to be honest I don't even want to go out; I sit indoors. I don't even talk to anyone, ***I am missing out on social interactions****."*

"I don't have a life."

"It has impacted my personal wellbeing – ***I should be enjoying life, be out and about, holidaying, doing the things I like****."*

"If there is someone with my [loved one] I would be able to go out for the day, but I couldn't go on holiday either with or without him as he can no longer do the journeys. ***We couldn't go to [their family member's] funeral because of this****."*

9% (4) of carers made reference to their lives revolving around the person they care for and having a lack of personal identity.

> ***I do not have a life anymore. I am just a carer now.***

> ***You feel invisible, you don't exist.***

Improving the lives of carers

We asked participants, "If you had a magic wand, what (support or resources) would make the most difference to you and your loved one?". This was a qualitative, open-ended question, which allowed participants to respond in their own words, which meant that some participants mentioned multiple things. Their responses were analysed and categorised into themes. The most common answers were practical support and emotional/social support (each at **27%**, 12 participants). **9%** (4) did not answer, and **7%** (3) said 'nothing'. The full range of themes are presented in *Figure **3**.*

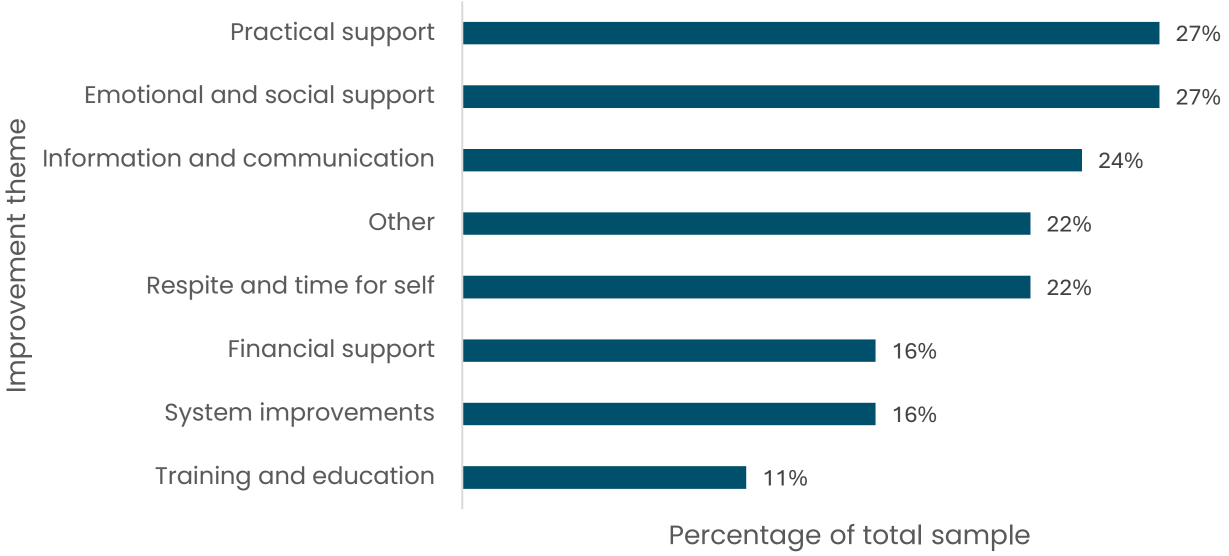

***Figure 3**: The percentage of participants by themed responses to "If you had a magic wand, what (support or resources) would make the most difference to you and your loved one?"*

Practical support

The respondents who told us practical support would make the most difference to them and their loved one most frequently mentioned more/better quality support from paid carers (**18%**, 8 participants). While some respondents told us it would be helpful to have carers' support for them, others said that better quality of care, that is delivered on time, would make a difference to them.

"**There are not enough decent carers to go round, who know what they are doing and how to make a difference and turn up when they are supposed to**."

"**There used to be set times, but now the carers come at any time**…they have been known to come when my loved one is still in bed."

"**I also feel rushed. 15 years ago, the care I received was fantastic – now it has been stripped back to a bare minimum, they only do the practical and have lost the personal side**. You feel they are on the clock the whole time they are there, which means it is rushed and things get left. They can only do what they can do within that set time and they already have one eye on the clock the minute they arrive."

"When social care is made available, it needs to be tailored towards the needs of the person needing the care or the carer. **Care packages aren't tailored towards our needs**, for example 3/4 hours in the morning would be more helpful, so that I could catch up on sleep etc, rather than rigid care packages that might not meet our needs."

"The carers we have had haven't always done what they are supposed to. They are supposed to wash him, but I ended up having to cream his legs. **The carers are very business-like, no time to chat – just do what they have to and get out**."

7% (3) of all carers told us support with making their homes more accessible would have a positive impact, and **2%** (1) said support with completing paperwork would help.

Emotional and social support

27% (12) of carers told us that emotional and social support would be beneficial for them, with the majority **16%** (7) mentioning how community groups would be beneficial for themselves and for those that they care for. 2 carers (**4%**) mentioned that there has been a decline in community groups since Covid. And 2 (**4%**) mentioned the positive impact of these groups on their loved one.

> "Finding shared interests works for him, having someone who shares his interests…if they can tap into those interests, **he lightens up and brightens up. The spark is back**."

> "Somebody who would energise him again, put that spark back. **When he comes to these [support groups], he loves it and joins in. It energises him. We need groups that will energise**."

7% (3) told us that befriending, for both the carer and the person being cared for, would make the most difference to them and their loved one. **4%** (2) of respondents mentioned other support for carers, such as carers' hubs in the community and drop-in centres.

Information and communication

The carers who mentioned information and communication frequently mentioned the need for better communication from Medway Council (**9%**, 4 participants).

"**I had a carer's assessment, but then I heard nothing**, which was disappointing, especially when you are struggling."

"**[Medway Council has] been ignoring me and not completing [the] carer's assessment**."

"The current care company **have said to contact the council which I have tried doing, but I'm not getting anywhere – it is so difficult, trying to sort this out on top of being a carer and I feel I am repeating myself all the time.**"

"Months ago, Adult Social Care spoke to us about our needs and said we could get four or five hours, but nothing has happened. **My [family member] has pushed them and chased them up, but still no reply**."

Respondents also told us they are not always sure how to access support (**9%**, 4 participants) and mentioned difficulty in knowing what is available to them (**7%,** 3 participants).

> ***Let people know exactly what help is available as no-one tells you what is available out there.***

Respite and time for self

22% (10) of carers that we spoke to told us that respite and time for themselves would make the most difference to them and their loved one. Those who mentioned respite said 'quality' and 'trusted' respite would make a positive difference.

Financial support

16% (7) of all carers mentioned financial support as something that would make a positive difference. Of those who told us financial support would make a difference to them and their loved one, **43%** (3) also told us that they 'always' or 'often' struggle to pay for basic necessities. **This indicates that unpaid care has a negative impact on economic status and financial stability.** Previous research has highlighted that stress and anxiety associated with financial burden have a negative impact on mental health and wellbeing, which also increases the risk for these carers experiencing poorer health and wellbeing (Carers UK, 2024).

System improvements

16% (7) of carers that we spoke to told us that improvements within the system, such as simplification of processes (**11%**, 5 participants) and improved continuity of care (**4%**, 2 participants), would make a difference to them.

"The process applying for benefits is hard, I didn't realise how awful it is. **The tribunal is belittling, you feel like a criminal. It shouldn't be that hard**."

"**The government or social services also need to make it easier to stop and start carers; we have been in a situation where my loved was in hospital and didn't need the care for a while, but we had to go back to the start to get it re-instated.**"

Carers who mentioned continuity of care mentioned that in care settings, 'you rarely get to see the same faces', and there are issues with communication between care teams, which can make care feel 'fractured' and things can get missed.

Training and education

All respondents who mentioned training and education (**11%**, 5 participants) as something that would make a positive difference were carers of loved ones with dementia. **7%** (3) suggested more training for healthcare staff (particularly GPs) is needed, and the remaining **4%** (2) said that more education for carers around dementia and its various stages would be helpful.

> ***It's not knowing [the] different stages they go through. I would like more information on the stages of dementia and how to deal with those stages. More education for carers.***

Other

22% (10) of people we spoke to mentioned other things that would make a positive difference for them. Suggestions included counselling for loved ones’ mental health and more frequent reviews for those with a dementia diagnosis. **7%** (3) expressed emotional wishes to go back to a time when their loved one did not have a need for care/was not in pain.

Responses

In January 2026, we presented a draft version of this report to Medway Council to inform them of the issues identified, and to ensure that ongoing transformation work is aligned with the needs and experiences of cares in Medway.

Medway Council welcomed the report and acknowledged the value of the insights gathered from carers in Medway. They provided a response including details of improvements that are already underway, which include:

- Redesigning all carers' webpages to ensure they are clear, accessible and comprehensive.
- Establishing a Medway Carers Panel, with representation from Carers First and internal teams, to embed carers' voices and lived experience into service design and decision making.
- Updating key guidance and processes to improve consistency and communication across teams.
- Using feedback from carers surveys, complaints, operational data and engagement activities to shape priorities and guide the development of a stronger carers offer.
- Enhancing partnership working with Carers First.

Further improvements are planned throughout 2026, including:

- Developing a new, easy-to-understand carers leaflet explaining the purpose of assessments, how to request one, the support available and clear contact details.
- Ongoing engagement through Community Involvement Groups which are open to adults receiving care, their families, and paid and unpaid carers.
- Continued commitment to improving communication.

The full response from Medway Council is included in Appendix **3**.

Appendices

Appendix 1: Carers survey and demographic questions

Carers Questions 2025

This survey aims to gather your experiences of providing care as a Medway resident, whether to a family member friend or loved one. Your responses will help us to better understand their needs, challenges and everyday occurrences that take place when providing care and to identify what matters most to you when support is offered.

We form part of a family of projects which work together to drive positive change for everyone. To do that we need your permission to share your information within Engaging Kent CIC, trading as EK360.

Are you happy for us to:

- Record your story and share anonymously with health and social care organisations that provide services and decision makers so they can hear your voice.
- Share your information within EK360

[ ] I Agree

Before we continue, please can you confirm that you are
[ ] A Medway resident
[ ] You provide care for another person

1. Does your caring role fit one of these descriptions?

   The term "unpaid Carer" can be individuals of any age who provide unpaid support to a relative, partner, a child, neighbour or friend who could not manage without this help or support. This could include the provision of support to someone who is ill, frail, disabled or has mental health or substance misuse problems.

[ ] paid Carer
[ ] young Carer
[ ] unpaid/informal/hidden Carer
[ ] other: ___________________

2. Who do you care for?

[ ] Partner
[ ] Child
[ ] Parent
[ ] Family relative
[ ] Sibling
[ ] Neighbour
[ ] Friend
[ ] Other (please specify)

3. Does the person that you care for live with you?

[ ] yes
[ ] no

3. How long have you been providing this care for?

[ ] less than 6 months
[ ] 6 months – 1 year
[ ] 1-2 years
[ ] 3-4 years
[ ] 5+ years

4. What type/types of care/support do you provide?

[ ] Emotional (this can include just being there)
[ ] Practical – help around the home, shopping, travel
[ ] Practical help with personal care
[ ] Financial support and assistance in completing forms
[ ] Social – befriending, social outings
[ ] Other – please specify

5. How many hours per week do you provide care?

[ ] 0-19
[ ] 20-49
[ ] 50+

6. How has caring for somebody impacted your daily life and those you live with? (This could include physical and mental health, work, personal well-being or family/friendships.)

7. Have you been able to take a break from caring in the last six months?

[ ] yes
[ ] no

8. Has the person you are caring for been admitted to hospital in the last 6 months?

[ ] yes
[ ] no

9. Has any support been offered to you following hospital admission via:

[ ] GP
[ ] Hospital
[ ] Social Care
[ ] Voluntary Services
[ ] Other _____________

10. If you had a magic wand, what (support or resources) would make the most difference to you and your loved one?

Which district do you live in?

[ ] Allhallows
[ ] Isle of Grain
[ ] Stoke
[ ] High Halstow
[ ] Cliffe
[ ] Cliffe woods
[ ] Cooling
[ ] Chattenden
[ ] Hoo
[ ] Upnor
[ ] Wainscott
[ ] Halling
[ ] Cuxton
[ ]Walderslade
[ ] Lordswood
[ ] Hempstead
[ ] Wigmore
[ ] Parkwood
[ ] Rochester
[ ] Chatham
[ ] Gillingham
[ ] Rainham
[ ] Strood
[ ] Twydall

Specified:_______________

[ ]Prefer not to say

What is your postcode?

____

[ ] Prefer not to say

What age group are you in?

[ ] 0-9
[ ] 10-17
[ ] 18-24
[ ] 25-34
[ ] are you 25?
[ ] 35-44
[ ] 45-54
[ ] 55-64
[ ] 65-74
[ ] 75-84
[ ] 85-94
[ ] 95+
[ ] prefer not to say

How would you describe your gender?

[ ] Female
[ ] Male
[ ] Non-binary
[ ] Prefer to self-describe:
[ ] Prefer not to say

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

[ ] Yes
[ ] No
[ ] Prefer not to say

What is your sexual orientation?

[ ] Heterosexual or straight
[ ] Gay or lesbian
[ ] Bisexual
[ ] Pansexual
[ ] Asexual
[ ] Queer
[ ] Prefer to self-describe:

____

[ ] Prefer not to say

What is your highest level of education?

____

[ ] Prefer not to say

Do any of these apply to you? [ ] Prefer not to say

healthwatch Medway

Disability

[ ] Yes [ ] No Specified:_______________

Mental health issue

[ ] Yes [ ] No Specified:_______________

Long-term health condition

[ ] Yes [ ] No Specified:_______________

Neurodiversity

[ ] Yes [ ] No Specified:_______________

Ethnicity

Asian/Asian British

[ ] Asian British
[ ] Bangladeshi
[ ] Indian
[ ] Nepalese
[ ] Pakistani
[ ] Any other Asian/Asian British background:

____

Black/African/Caribbean/Black British

[ ] Black British
[ ] African
[ ] Caribbean
[ ] Any other Black/Black British background:

____

Mixed/multiple ethnic group

[ ] White & Asian
[ ] White & Black African
[ ] White & Black Caribbean
[ ] Any other mixed/multiple ethnic background:

____

Other ethnic group

[ ] Arab
[ ] Any other ethnic group:

____

White

[ ] White British
[ ] Gypsy or Irish Traveller
[ ] Irish
[ ] Roma
[ ] Any other White/White British background:

____

[ ] Prefer not to say

Do you consider any of these to be a disability?

[ ] Mental Health
[ ] Long Term condition
[ ] Neurodiversity

Are you a carer for another person?

[ ] Yes
[ ] No
[ ] Not sure
[ ] Prefer not to say

Is English your first language?

[ ]Yes
[ ] British Sign Language (BSL)
[ ] No
Please specify:

____

[ ]Prefer not to say

What is your present religion, if any?

____

____

[ ] Prefer not to say

Have you or are you currently serving in the UK armed forces?

[ ] Yes, *have served*
[ ] Yes, *currently serving as a Regular*
[ ] Yes, *currently serving as a Reservist*
[ ] No
[ ] Prefer not to say

In the past six months, have you struggled to pay for basic necessities?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Prefer not to say
[ ] Often [ ] Always [ ] Don't know

What is your employment status?

____

[ ] Prefer not to say

Are you currently homeless or at risk of becoming homeless in the near future?

[ ] Currently homeless
[ ] At risk of becoming homeless in the near future
[ ] No
[ ] Not sure
[ ] Prefer not to say

Would you be happy for EK360 to contact you:

To ask you more about this experience if needed? [ ]
To take part in future work we are doing and share other health and social care experiences? [ ]
To receive our newsletters? [ ]

Name:_______________
Email:_______________
Phone:_______________

Appendix 2: Participant Demographics

- **Gender: 73%** (33) of participants identified as female, **25%** (11) identified as male, and **2%** (1) did not answer. **98%** (44) of participants' gender identity was the same as their sex recorded at birth and **2%** (1) did not answer.
- **Age**: The largest response was from people aged 45-54 (**27%**, 12 participants). The smallest response was from people aged 25-34 (**2%**, 1 participant). The full range of ages is shown in *Figure **A***.

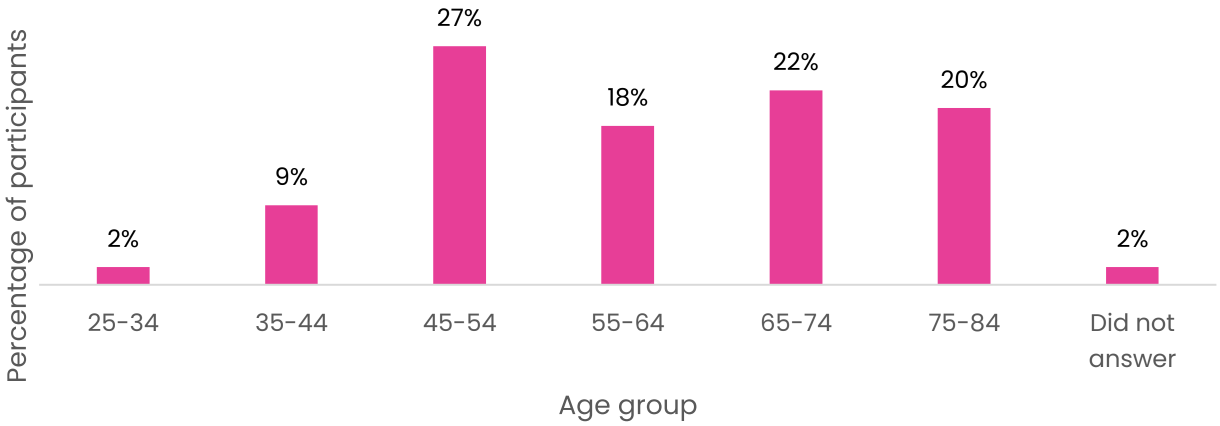

Figure A: The percentage of participants by age group

- **Sexual orientation**: **82%** (37) of participants identified as heterosexual/straight, **5%** (2) identified as bisexual, **2%** (1) preferred to self-describe, **9%** opted to prefer not to say (4) and **2%** (1) did not answer.
- **Ethnicity**: **88%** (39) were White British, **2%** (1) were Black British, **2%** (1) were Indian, **2%** (1) were any other ethnic group (Dutch), **2%** (1) were any other mixed/multiple ethnic background (Portuguese, Indian and British), **2%** (1) were any other White/White British background and **2%** (1) did not answer.
- **English as a first language: 94%** (42) of participants told us that English was their first language, **4%** (2) told us that a different language was their first language (Hindi and not specified) and **2%** (1) did not answer.

- **Religion:** The largest response was from people who identified as Christian (**40%**, 18 participants). The smallest response was from people who identified as Catholic (**9%**, 4 participants). The full range of religions is provided in *Figure **B***.

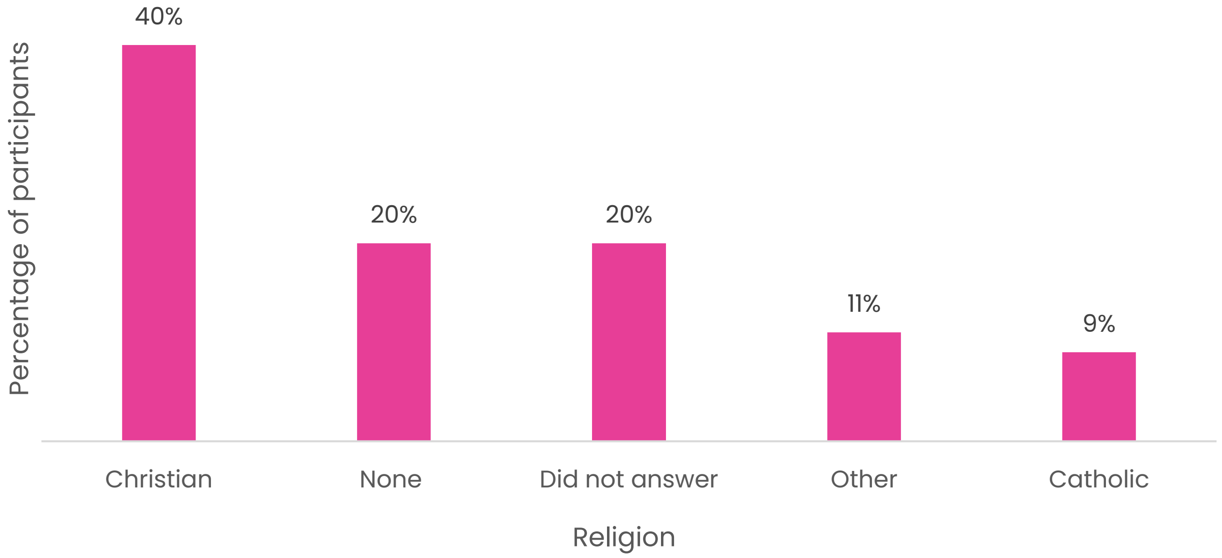

Figure B: The percentage of participants by religion

- **Location**: Our largest response was from people living in Chatham (**18%**, 8 participants). The full range of locations is shown in *Figure* ***C***. There were two responses from participants in Sheppey, Sheerness and Higham, but they use Medway health and social care services, so the decision was made to include these responses.

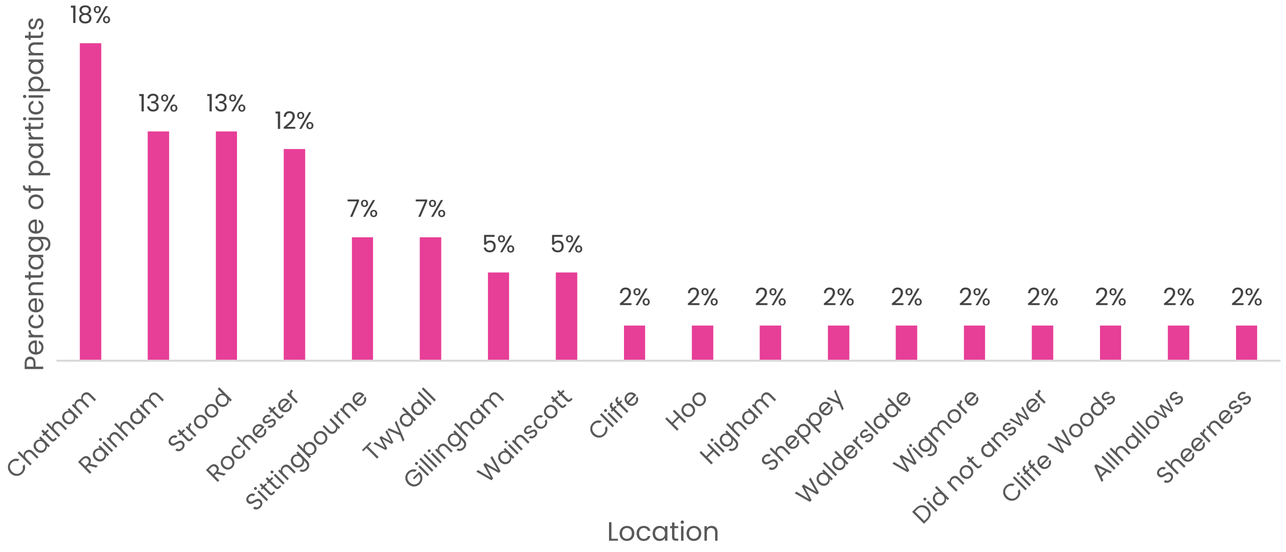

Figure C: The percentage of participants by location

- **Disability**: **18%** (8) reported having a disability.
- **Long-term health conditions**: **38%** (17) of participants reported having a long-term health condition.
- **Mental Health: 20%** (9) reported experiencing a mental health issue.
- **Neurodiversity**: **13%** (6) identified as neurodiverse, **85%** (38) identified as neurotypical and **2%** (1) did not answer.
- **Employment status**: Our largest response was from people who are retired (**42%**, 19 participants). When asked about their employment status, **7%** (3) identified their employment status as 'carer'. The full range of employment status is shown in *Figure **D.***

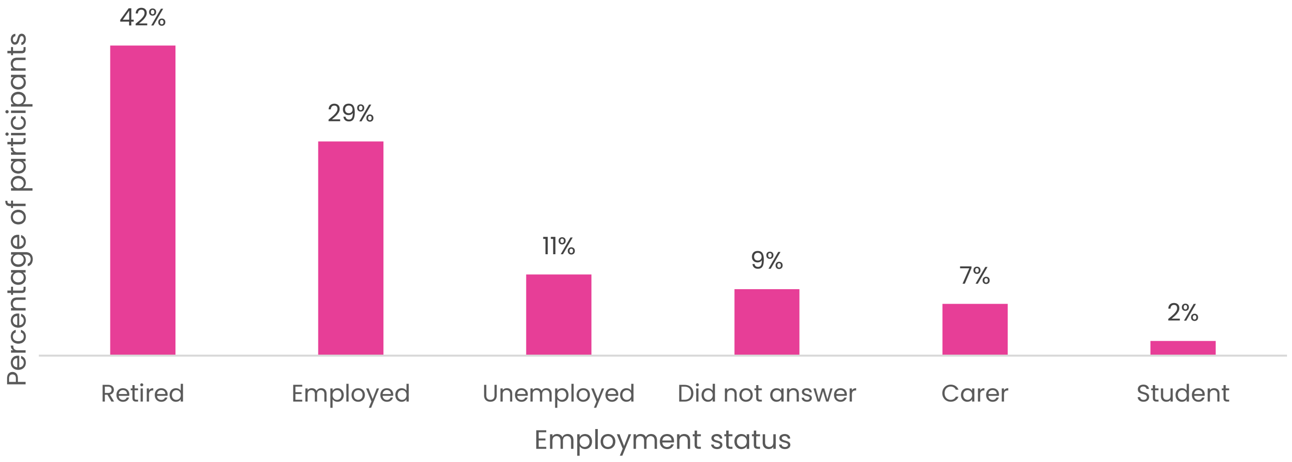

Figure D: The percentage of participants by employment status

- **Financial status:** The largest response was from people who told us that they never struggle to pay for basic necessities (**64%**, 29 participants). The full range of financial status responses is provided in *Figure **E***.

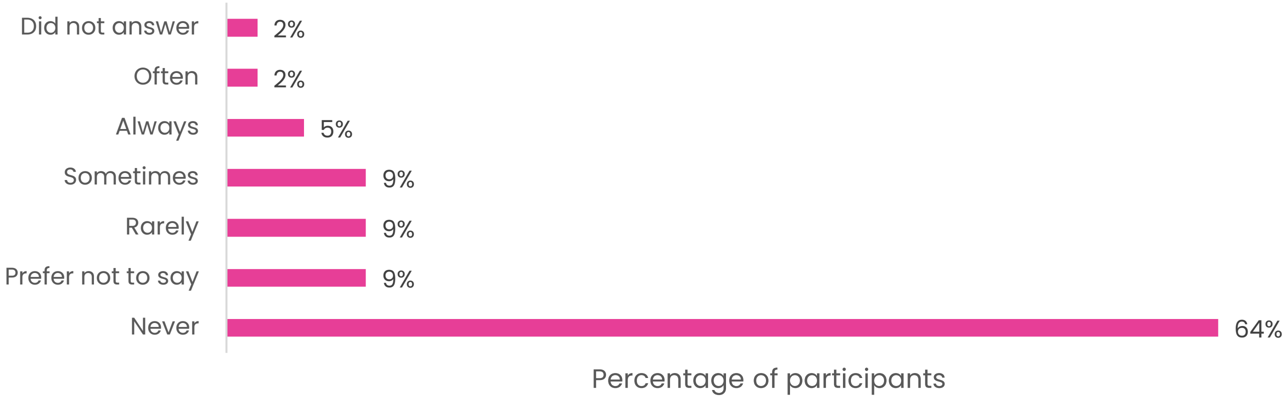

Figure E: The percentage of participants by responses to "In the past six months have you struggled to pay for basic necessities?"

- **Homelessness status**: **2%** (1) were at risk of becoming homeless, **96%** (43) were not homeless and **2%** (1) did not answer.

Appendix 3: Response from Medway Council.

Thank you for sharing the draft report and for the opportunity to contribute a response. We appreciate the work Healthwatch has undertaken to gather carers' experiences across Medway, and we welcome the insight this provides as we continue to strengthen our local offer for carers.

Medway Council recognises the importance of clear, accessible, and timely communication with carers. Over the past year, we have been progressing a number of improvements to ensure carers are informed, connected, and able to access the right support at the right time.

As part of our wider transformation programme, we remain committed to delivering a stronger and more consistent carers offer for Medway residents. We are making active use of data collected over several years – including previous carers surveys, focus groups, service usage trends, and feedback from our partners – to identify where improvements are most needed. This evidence base has highlighted the need for clearer information pathways, greater consistency, and better visibility of support. These insights directly guide our current programme of work.

Current improvements underway include:

- **Revamp of Carers Webpages**: We have redesigned all carers webpages to ensure they are clear, accessible, and provide comprehensive information about support available in Medway.
- **Carers Panel Launch:** A new Medway Carers Panel is being established, with representation from Carers First and internal teams, to embed carers' voices and lived experience into service design and decision making.
- **Improved Pathways and Guidance:** We are updating key guidance and processes, including the Early Help & Prevention pathways and the role of Carers Support Advisors, to improve consistency and communication across teams.
- **Using Past Data to Strengthen Services:** Feedback from carers surveys, complaints, operational data, and engagement activities continues to shape our priorities and guide the development of a stronger carers offer.
- **Enhanced Partnership with Carers First**: We are continuing to work closely with Carers First to strengthen coordination and ensure carers receive a more seamless and consistent experience.

Looking ahead, further enhancements are planned throughout 2026, including clearer assessment pathways, a more integrated digital offer, and strengthened support for carers at key transition points.

We recognise that there is more to do to continue to improve communication and engagement with carers, and we are taking active steps to address this.

In November, we launched new carers webpages on the Medway Council website to make it easier for carers to find clear, accessible information about support, carers assessments, respite options, wellbeing and financial help, local services, emergency planning and opportunities to share feedback.

On the same day as the launch of the improved webpages, we also held our first dedicated carers event to improve visibility and two-way communication, enabling carers to meet support services face to face, share their experiences directly with the council and build stronger relationships with local organisations. We plan to hold more of these events in the future to continue to grow these relationships.

Alongside this, we are engaging regularly with carers' support groups across Medway and routinely gathering feedback from unpaid carers to better understand what is working, identify gaps, and shape ongoing improvements through our Transformation Programme.

In response to feedback that the carers assessment process can be unclear, we are developing a new, easy-to-understand carers leaflet to explain the purpose of assessments, how to request one, the support available and clear contact details.

In addition, through the Change Together Medway initiative, we have established Community Involvement Groups which are open to adults receiving care, their families, and paid or unpaid carers. These groups provide structured and inclusive opportunities to influence how Adult Social Care services are developed and improved.

Two Community Involvement Groups are currently in place, meeting monthly in Chatham and Gillingham, and there are plans to expand these to other areas of Medway by April 2026. These groups create a safe space for carers to share lived experience, provide feedback, strengthen relationships with Adult Social Care and local partners, and contribute, where possible, to service design, commissioning, and policy development. We are committed to keeping participants informed about how their input is used and what changes result, ensuring carers' voices are heard, valued and embedded in ongoing improvement work.

We recognise that improving communication with both carers and care providers is essential to delivering high-quality and responsive adult social care. Feedback has highlighted the need for clearer, more consistent engagement, and we are committed to strengthening this area of our practice. To support this, we have invested in additional staffing across our teams, ensuring we have greater capacity to provide timely updates, respond to queries, and work more collaboratively with those who rely on our services and those who deliver them.

We are committed to transparency and will continue to monitor our progress, gather insight, and report back to carers and partners as this work develops.

We appreciate Healthwatch highlighting carers' experiences and look forward to continuing to work together to support and value Medway's caring community.

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If you would like to chat with us about the report you can reach us through the following routes:

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Medway

Online:
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By Telephone:
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By Email:
enquiries@healthwatchmedway.com

By Text:
Text us on 07525 861 639. By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face-to-face

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