

Husband, Partner, Dad, Son, Carer?

A survey of the experiences and
needs of male carers



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Acknowledgements

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Executive summary

Carers Trust and the Men's Health Forum carried out a survey of male carers at the start of 2014. 609 male carers from across the UK took part. The survey's findings were also supported by semi structured interviews with Carers Trust Network Partners (independent local services for carers of all ages, supporting people with any condition) which currently offer groups and activities specifically for male carers.

Key findings:

- **Over a quarter of male carers in employment said they do not describe or acknowledge themselves as a carer to others.**

Employers and health and social care professionals need to be aware that male carers in employment are less likely to identify or describe themselves as a carer to others. Their need for support may not therefore be immediately obvious and might result in them missing out on vital help.

Awareness raising is needed of the caring role many employed men undertake and the support available to them. Employers need to have, and make sure all staff are aware of, policies to support carers at work.

- **53% of male carers felt the needs of male carers are different to the needs of female carers.**

Challenges for male carers which emerged included a lack of recognition by society, professionals and services; and men being less likely to seek support for their caring role. Male carers also reported that providing intimate care to women that they care for presents a challenge and that taking on domestic tasks previously undertaken by the person they care for can be difficult. Balancing work and care was also a cause of difficulty.

Support needs to be developed in a practical, supportive and non-stigmatising way for men taking on caring roles, particularly later in life, who may find aspects of domestic work difficult if they have previously been done by the person they now care for and for men providing intimate or personal care for women.

- **Over 100 male carers aged 18–64 told us they were not working due to their caring role. However, many other men balance work with caring responsibilities with over a quarter of those caring for over 60 hours a week also working.**

Employers should introduce carers leave to enable their employees to balance work and care. Local authorities should provide support that enables carers to work if they wish to. Employers should address male carers' worries and concerns about the effect caring has on their work and employment opportunities. It is important that male carers are signposted to local carers organisations which can provide them with information on their employment

rights. Carers support services and other organisations should ensure male carers are aware of rights to request flexible working.

- **56% of male carers aged 18–64 said being a carer had a negative impact on their mental health.**

Health and social care professionals need to identify male carers and address their health needs. Caring has a considerable impact on the mental health of male carers, particularly those aged 18–64 and this group is in need of specific support from a range of NHS and other support services. Commissioners should look to develop services to support this group.

- **Eight out of ten male carers who are unemployed or not currently working due to their caring role feel they miss out on spending time socially with other friends and family members.**

Male carers are a socially isolated group and miss out on spending time with friends and family members. Men who give up work to care or are unemployed are particularly isolated and support for male carers should have particular focus on addressing social isolation in this group.

- **Four out of ten male carers never get a break from their caring role and nearly half have not had a carer's assessment. Male carers aged 18–64 are even less likely to have had a carer's assessment than those over 65.**

Large numbers of male carers are not being referred for assessment and support. However, we know from this research that these men are in regular contact with health professionals. GPs in particular need to identify male carers and ensure they are referred for assessment and support.

Local authorities should also ensure that male carers are proactively identified and encouraged to self-identify through awareness raising and making clear the benefits of a carer's assessment and how to access one.

- **Over half of male carers said they did not currently receive help and support from a local carers organisation. Over a quarter of these male carers said this was because they were not aware of the support that may be available to them in their local area.**

Commissioners should consider developing services to specifically meet the needs of male carers of all age groups. Health, care and carers organisations should ensure male carers are made aware of existing support available in their local area.

Male carers want to be able to access:

1. Breaks to take time away from caring. This is unsurprising given that four out of ten male carers state they do not ever get a break.
2. Financial and benefits advice, especially for those who give up work to care.
3. For some male carers, discreet and interpersonal support in managing personal or unfamiliar tasks, especially early in the caring role.

These three areas should be addressed by commissioners and services as part of local carers strategies and plans.

About Carers Trust

Carers Trust is a major new charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with Network Partners – a unique network of 116 independent carers centres, 59 Crossroads Care schemes and 105 young carers services.

Together we are united by a shared vision for carers – to make sure that information, advice and practical support are available to all carers across the UK.

About the Men's Health Forum

The Men's Health Forum is a charity that works to improve men's health services and the health of men in England and Wales. Too many men die too young, in the UK, one in five men die under the age of 65, and far too many men and boys suffer from health problems that could be prevented.

www.menshealthforum.org.uk

Introduction

Caring is often regarded as a female issue but the statistics tell us differently.

The 2011 Census found that in England and Wales,¹ 42.3% of carers are male – a total of 2.44m men. The predicted figures for the whole UK suggest similar proportions with the 2001 Census figures showing that of the UK's carers, 42% were men.

The gender balance varies among age groups. In the under 75 group, between 55% and 62% of carers are women. However, with rising age, the proportions change. For 75–84 year olds the ratio of male to female carers is virtually equal with 50.4% of carers being male. The gender balance reverses for carers over the age of 85, with 59% of carers being male.

However, little research has been undertaken to understand the experiences of this vast and hidden group within the population, despite knowledge that men in general have poorer health than women, and their caring roles are likely to be complex, juggling work and care as well as coping with society's stereotypes of caring. Feedback from Carers Trust Network Partners across the UK suggest that although membership lists reveal a high proportion of men, they often find comparatively few men actively using support services.

One of the few studies looking at this population Milligan and Morbey (2013) analysed the written narratives of 15 male carers over the age of 50 and a series of interviews with nine care providers from the statutory and voluntary sector and found: "Older male carers experience impacts from their caring role, manifest in the physical, mental health, fitness, financial and social areas of their lives."

The research also found that older male carers are less forthcoming in asking for help and support than older female carers; meaning they tend to reach crisis point before asking for support from care services. Older male carers are primarily interested in practical support and are less likely to get involved with carers support groups and other group activity that is female dominated which deepens their social isolation.

This study therefore sought to find out more about men's experiences of caring, the impact this has on their lives and the support services they feel would be beneficial and accessible to them.

1 2011 Census figures for the whole of the UK are not available at time of print. 2011 Census figures for England and Wales have therefore been used primarily in this report.

Methodology

A reference group of six male carers was established for the project. The reference group commented by email on draft questions for the survey and shared their thoughts on topics and issues for inclusion.

An online survey was launched in January 2014 which ran for six weeks. A PDF version of the survey was also available to download from Carers Trust's website.

The survey was open to men across the UK with caring responsibilities or who had had caring responsibilities within the last three years. 609 male carers from across the UK took part in the survey. All questions apart from those indicating gender and carer status were optional. Not all participants therefore answered every question.

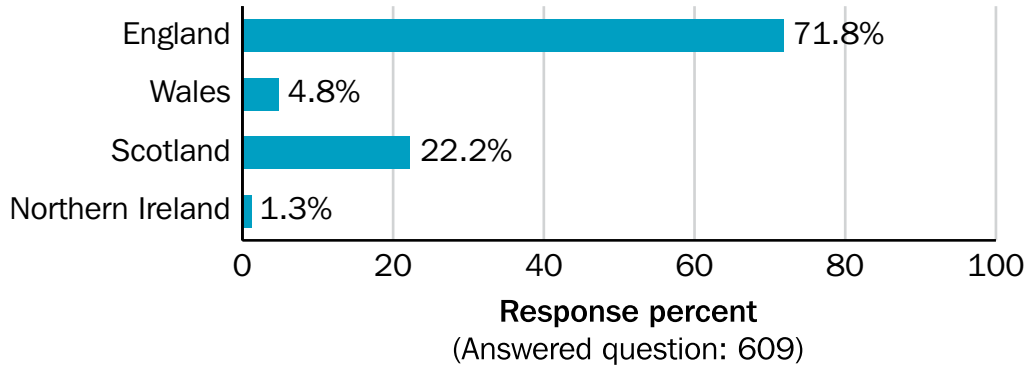
Semi structured interviews were also carried out with staff from five Carers Trust Network Partners across the UK about their male carers groups to inform the research and provide good practice examples.

The research project was also supported by a limited literature review which looked at recent research into male carers' experiences.

Who took part?

Location in UK of participants

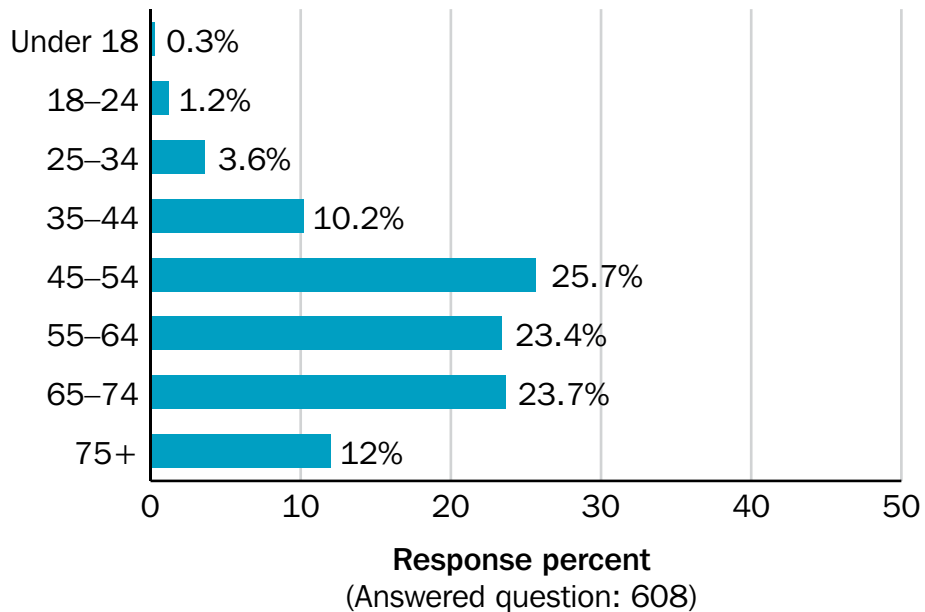
Where do you live in the UK?



The survey was open to male carers across the UK. A total of 609 took part with the majority of those who stated where they lived (72%) living in England.

Age of participants

Which of the following age groups do you belong to?

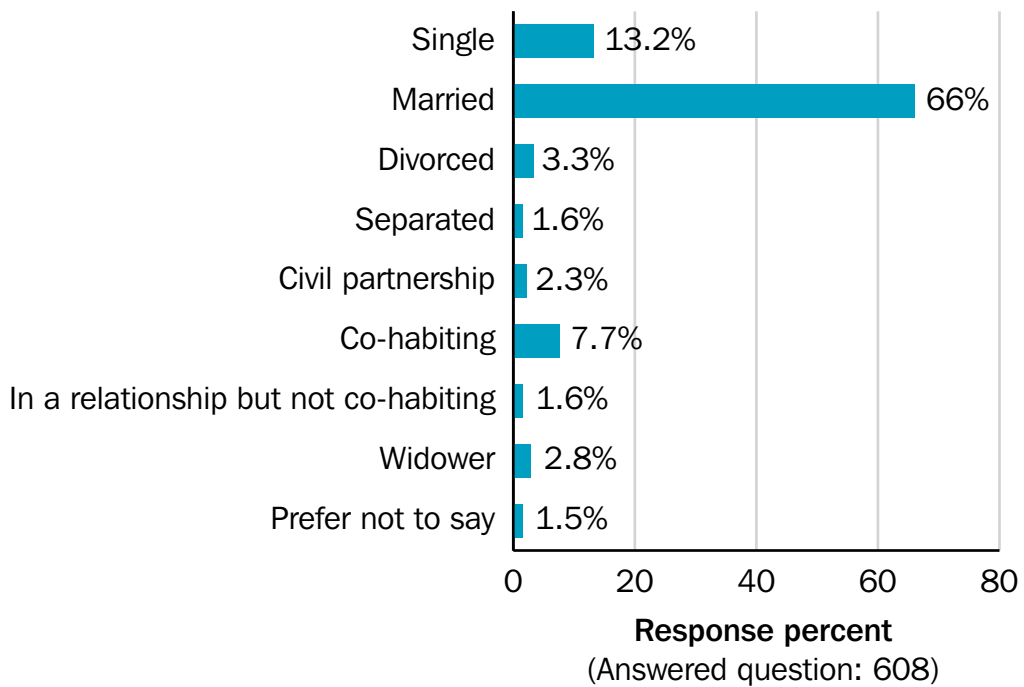


The survey was open to male carers of any age. The largest age group were aged 45-54. A quarter of those who answered this question (25.7%) were in this age group.

Due to the small number of male carers taking part under the age of 35, the three lowest age groups (Under 18, 18-24 and 25-34) were combined in further analysis.

Relationship status

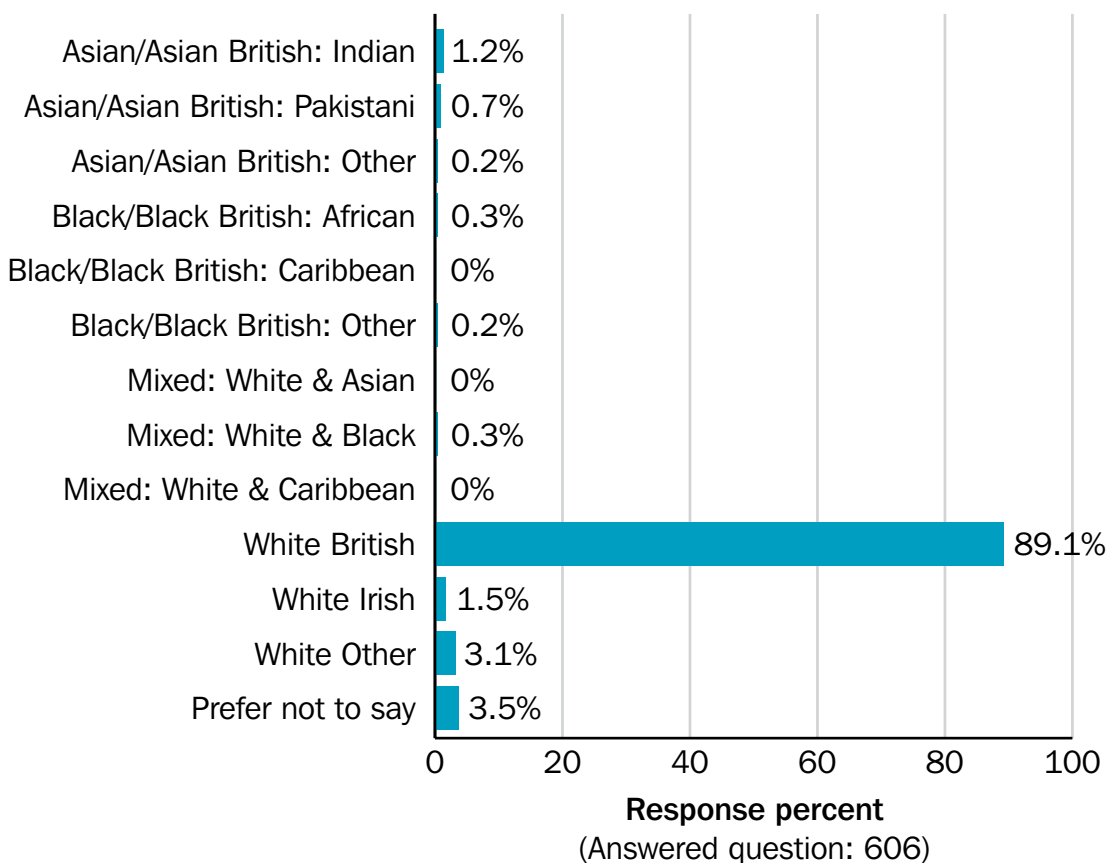
What is your relationship status?



Two thirds of the male carers who indicated their relationship status said that they were married. 21% of the male carers said that they were single, divorced, separated or widowed.

Ethnic background

Which of the following best describes your ethnic background?

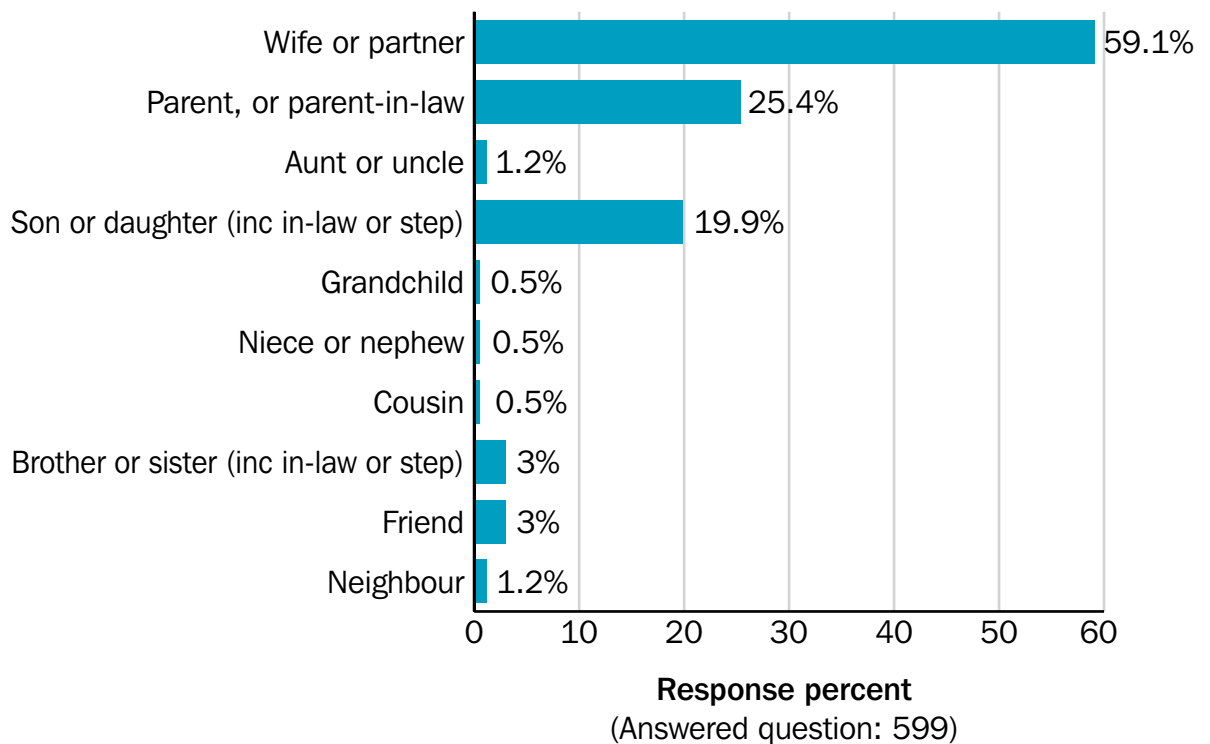


89% of male carers described their ethnic background as White British. A further 3.5% preferred not say. Only 7% of respondents said they were from a black, Asian and minority ethnic (BAME) background. The small numbers of respondents from BAME groups mean further targeted research is needed to provide greater understanding of the needs and experiences of BAME male carers.

Who are they caring for and what caring roles do they undertake?

81% of men in the survey cared for one person, with the remaining 19% caring for two or more. Respondents were asked to indicate who they cared for (the total therefore exceeds 100% as some were caring for more than one person) and how long they had been a carer for.

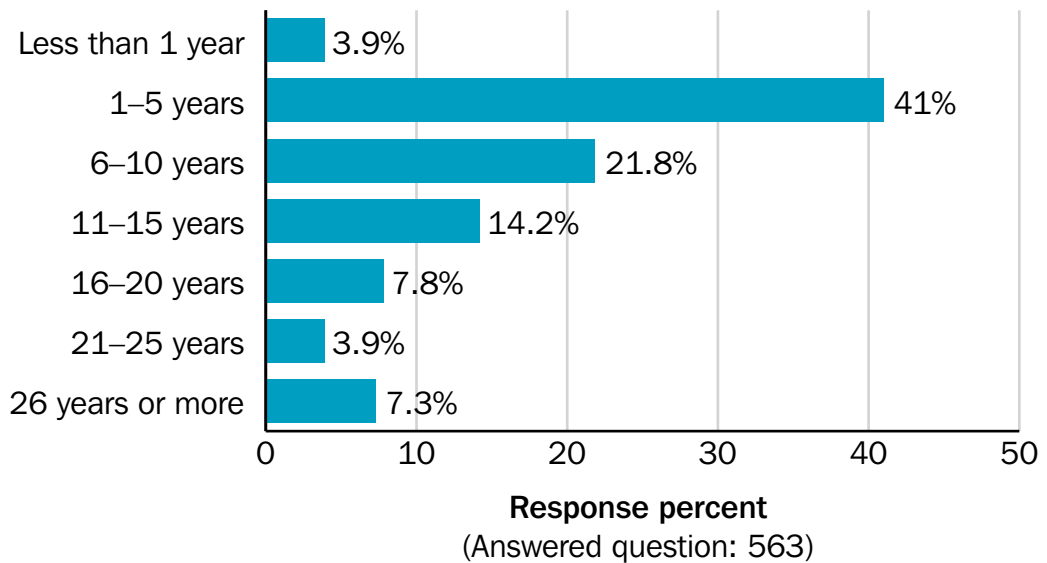
Who do you care for? Please tick all that apply.



Overwhelmingly, the most common person being cared for was a wife or partner – which was the case for six out of ten participants. A quarter cared for a parent or parent-in-law and one in five cared for a son or daughter (including in-law or step).

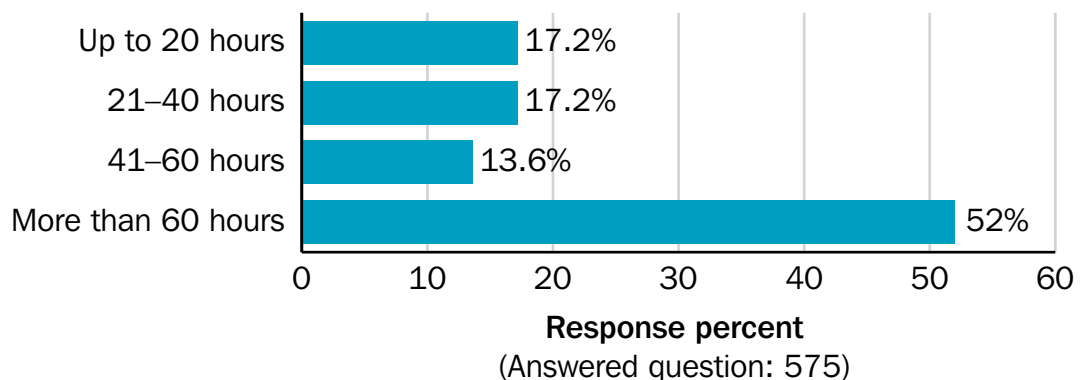
How long have they been a carer and how much time do they spend caring?

How long have you been a carer?



The most common length of time for men in the survey to have been caring for the person they provide most care for was between one and five years – 41% of the total. However, a third (33%) had been caring for ten years or more, showing that for many men, caring is a role which they undertake for a significant proportion of their lives. The survey also asked male carers how many hours a week they spent in a caring role.

How many hours a week do you spend in a caring role?



Six out of ten male carers in the survey over the age of 65 care for more than 60 hours a week and eight out of ten male carers not currently working due to their caring role, care for more than 60 hours a week.

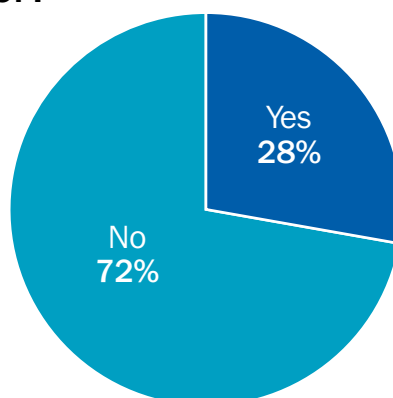
Hours spent caring by employment status

Answer options	Employed	Unemployed	Retired	Not currently working due to ill-health or disability	Not currently working due to caring role	Student	Volunteering
Up to 20 hours	36%	14.3%	12.5%	16.7%	2.7%	10%	28.6%
21–40 hours	22.7%	28.6%	16.1%	19.4%	7.1%	30%	14.3%
41–60 hours	15.3%	14.3%	13.4%	16.7%	10.7%	10%	14.3%
More than 60 hours	26%	42.9%	58%	47.2%	79.5%	50%	42.9%

(Answered question: 574)

However, having a job does not always mean caring for fewer hours. 26% of male carers in employment also still spend more than 60 hours a week in a caring role.

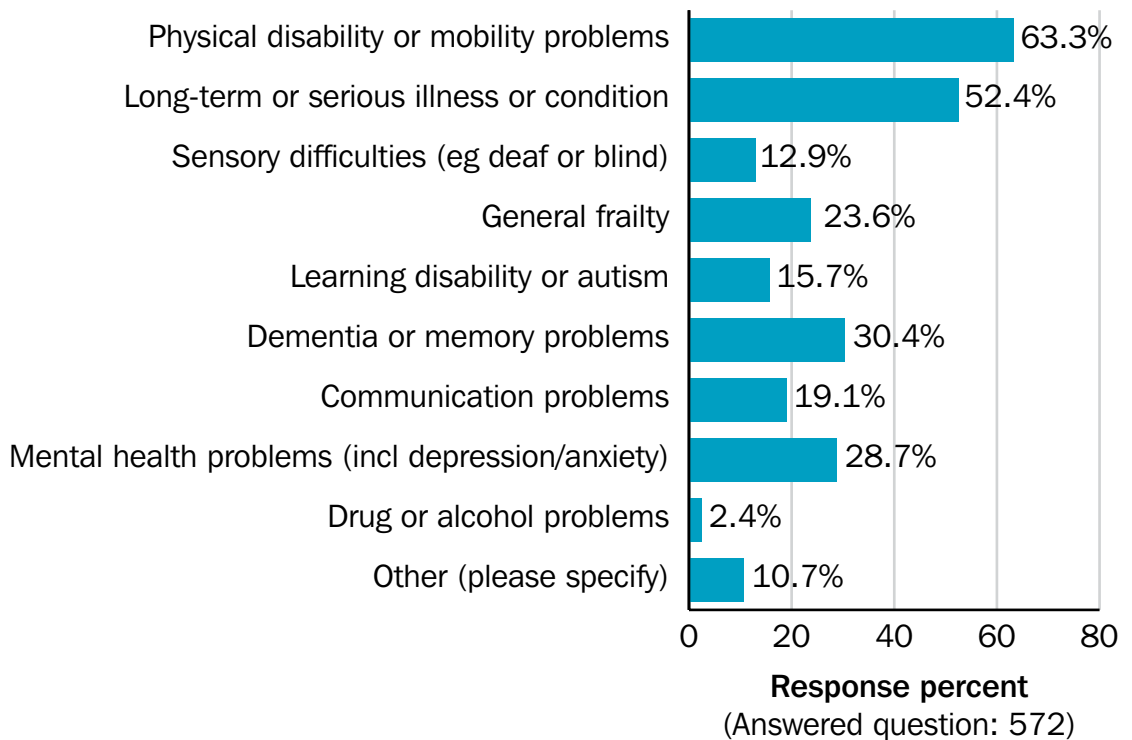
Does someone else also provide unpaid care for the person/people you care for?



Response percent
(Answered question: 601)

72% of the male carers who responded said that they were sole carers, that is they were the only person providing care for the person or people they care for. This is in contrast to the assumption that men are not the main providers of care in the family and usually undertake a more peripheral caring role. This stereotype of male carers therefore needs to be challenged.

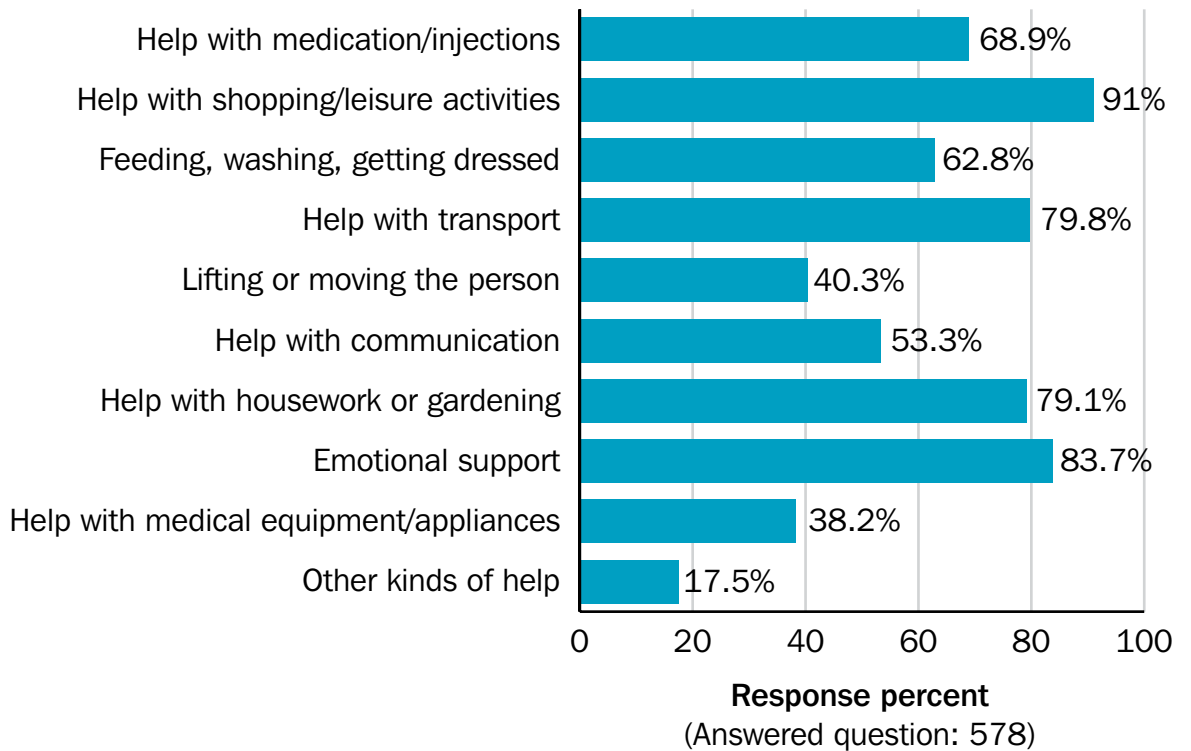
Why does the person you provide most care for need to be cared for? Tick all which apply to you.



The most common reason was physical disability or mobility problems followed by long-term or serious illness or condition. Around a third of respondents also said the person they provided the most care for had dementia or memory problems and a further third said the person they provided the most care for had mental health problems.

Included within these groups are older men caring for older partners with dementia or conditions associated with older age; older men caring for adult children; or younger men caring for partners or children with disabilities or long-term conditions. The needs of all of these groups are likely to be different.

**What kinds of caring tasks do you do?
Tick all which apply to you.**



Over nine out of ten male carers told us that they help with shopping and transport while eight out of ten said they provided emotional support to the person or people they care for and help with housework or gardening.

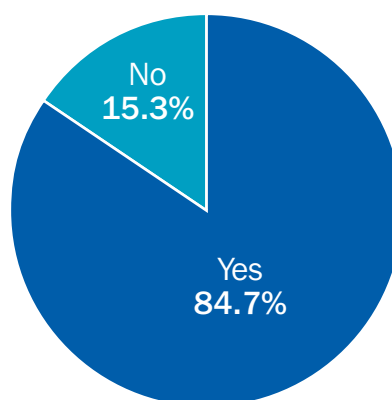
Seven out of ten of those who answered the question said they helped with medications/injections and six out of ten fed, washed and helped the person they cared for get dressed. Over half helped with communication.

The range of tasks being undertaken by male carers is therefore very broad. Although for almost all men, their caring involves practical activities such as shopping and housework, a high proportion are providing personal care and emotional support.

Being a male carer

Recognising yourself as a carer

Do you describe (or acknowledge) yourself as a carer to other people?



Response percent
(Answered question: 609)

Anecdotally, it has been suggested that many men do not recognise themselves as a carer or wish to be seen as one. In this survey, this did not seem to be true for the majority. 85% of male carers said they described (or acknowledged) themselves to others as a carer.

However, male carers up to the age of 44 were less likely to describe themselves as a carer than older groups, with 76% of male carers aged up to 44 describing or acknowledging themselves as a carer compared with 89% of the 65–74 group and 93% of the over 75 group.

When analysed by employment status, nine out of ten male carers who were not currently working due to ill health or disability or were retired said they would describe themselves as a carer to other people compared with 73% of employed male carers.

This could result in working male carers missing out on opportunities for support from their employers and health and social care professionals, and not being signposted to information, advice and support on their caring role from a local carers organisation.

The reasons for their reduced tendency to identify themselves to others as a carer needs further exploration. Male carers who work may see their employment as their primary role and someone else as the carer, or they may feel there are negative consequences of describing themselves as a carer, or feel less able to acknowledge this to other people, or simply may not recognise the term.

Recommendation: Employers and health and social care professionals need to be aware that male carers in employment may be less likely to identify or describe themselves as a carer. Therefore, their need for support may not be immediately obvious and might result in them missing out on vital help.

Recommendation: Awareness raising is needed of the caring role that many employed men undertake and the support available to them. Employers need to have, and make sure all staff are aware of, policies to support carers at work.

Is being a male carer different?

Over half of male carers (53%) felt the needs of male carers were different to the needs of female carers.

Comments made by participants gave an insight into the many challenges facing male carers.

Lack of recognition by society, professionals and services

“We seem to be treated differently by the medical profession. I think that as most support for my daughter is female they don't see me as they would her mother.”

“Male carers are not always recognised if they are the ‘second carer’ ie parent carer.”

“But I think they are often overlooked when carers' assessments are carried out. Wives and daughters being assumed to be recognised carers.”

“I believe our society look upon male carers differently to female carers, it is often expected of a daughter/granddaughter to provide care whereas a male relative is often thought of as a wage earner. I have often had negative responses when I mention that I care for family members as if it is effeminate thing to do.”

Men are less likely to seek support for their caring role

“I feel there are both similarities and differences in the needs of male and female carers ... I do think male carers are perhaps more reluctant to come forward and ask for help.”

“Ladies seem more able to ask for help and support. Men don't talk the need for support. They talk about football not feelings.”

“Males are not as open about how they feel and can find it hard to ask for help.”

Providing intimate care for a female relative/friend presents a challenge

“Generally, men are stronger than women, so this must help with any lifting. I feel that incontinence in women can give more problems than men. My wife uses pads that are largely ineffective, and still has to change her undergarments which she is unable to do herself. I often have to sneak into the female toilet to help her, when there is no disabled toilet available, and this can sometimes be embarrassing.”

“Difficult sometimes to undertake personal care support for my mother (hygiene issues and washing).”

“I am not able to attend to Mum's personal hygiene care, I did try but I felt awkward.”

Taking on domestic tasks previously carried out by a female family member can be difficult

“In my position, I'm 72, retired, always been the man about the house, DIY. I can put my hand to most things but never cooking, or made up food, suddenly I have got to learn, my wife can't no longer.”

“Not all men are good at housekeeping especially if they have worked full time and may need advice or help with things like cooking, shopping etc.”

“General work about the house like washing, cooking and guidance on gradually taking on these tasks, tactfully.”

Balancing work and care

Other gender stereotypes emerged in the responses with some male carers saying that they believed balancing work and care represented a challenge for male carers, especially when they were the primary earner:

“If a male carer gives up his work to become a full-time carer he can suffer greatly from low self-esteem and low mood. I feel that male carers find it very difficult to make this adjustment and in some cases it can lead to break down in family relationships which can cause added stress to the carer and the entire family.”

“It is always assumed that male carers have time to spare and can attend meetings during working hours. They are still predominantly the main financial provider and have work commitments that cannot be dropped.”

Needs of carers are similar regardless of gender

However, a number of male carers thought the experience and needs of carers was the same regardless of gender:

“It doesn't matter who you are, the pressure is still the same.”

“I feel the needs for both carers should be the same.”

“We all have the same problems, we are all used and underpaid, we all struggle.”

Recommendation: There are particular aspects of caring which a number of men found difficult which are specific to male carers. Support needs to be developed in a practical, supportive and non-stigmatising way for men taking on caring roles, particularly later in life, who may find aspects of domestic tasks difficult if they have previously been done by the person they now care for and for men providing intimate or personal care for women.

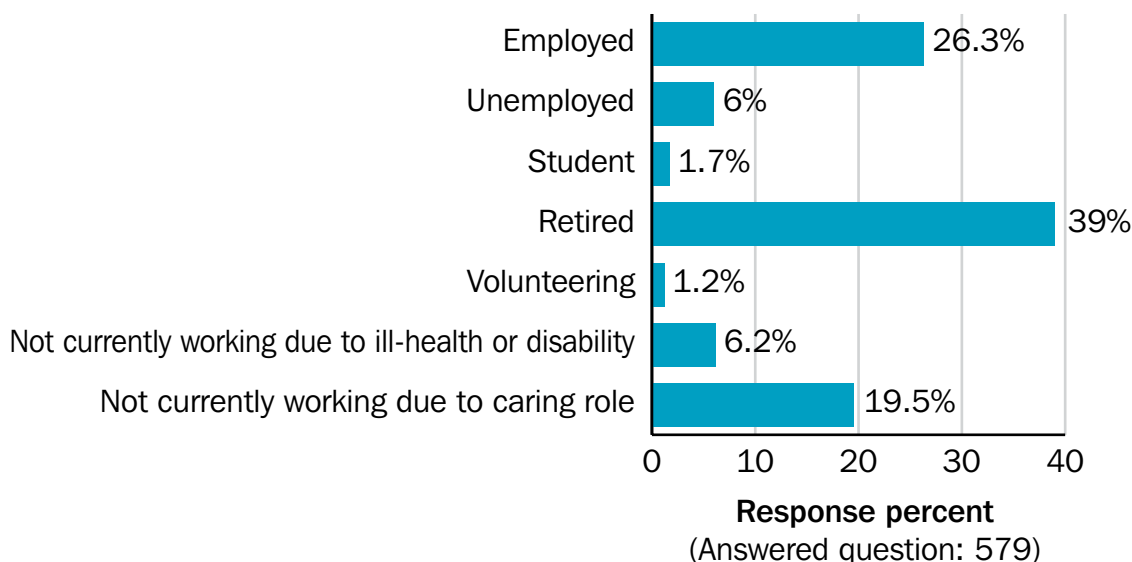
Male carers and employment – what effect does caring have on work for men?

Men who care and who are also working experience complex lives. Carers UK (2014) found that: “There is important evidence that working age men who do care, although they are a far smaller group, can face greater financial and workforce disadvantage. Whilst a greater proportion of working age men combine full-time work and caring, greater incidence of ‘partner caring’ and less part-time working mean that men are more likely to give up work entirely or retire early to care and are very significantly more likely to be in a household where no one is in paid work.”

A quarter of respondents in this survey were in employment and 6% were unemployed. 39% of those who answered the question were retired but 13% of this group were aged between 45–64, suggesting they had taken early retirement, very likely due to their caring role.

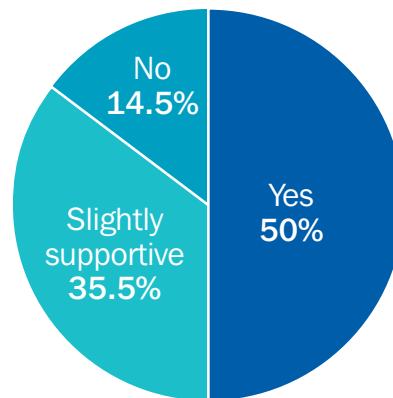
106 male carers in this survey aged 18–64 were not currently working due to their caring role. This highlights the choices carers make between work and caring. Many give up work to care, and may face financial disadvantage and social isolation as a result.

What is your current employment status?



Male carers who said they were in employment were asked if their employer was supportive of them as a carer.

If you are in employment, would you say your employer is supportive of you as a carer? (eg, flexible working arrangements)



Response percent
(Answered question: 124)

Half of working male carers said that their employer had been supportive of them and a further third said their employer was slightly supportive of them. This is positive, but leaves 15% who felt their employer was not supportive. Particularly for those with complex roles or who are sole carers, lack of support from an employer is likely to add considerable extra pressure to an already difficult situation.

How had employers helped or not helped?

Flexibility

A number of male carers said their employer had allowed them to work flexible hours or work from home:

“I can work from home using the internet a couple of days a week. I am given leeway on my arrival time in to work or if I need to go home to care for my wife. They are generally sympathetic.”

Others said that their employer allowed them time off or to arrange their work to allow them to take the person they care for to appointments:

“Never questions why I need to leave early or are late in when attending medical appointments which are many.”

Carers policies and carers leave

Some male carers reported that their workplace had a carers policy in place or enabled them to use carers leave to have time off work to support the person they care for. Others have to use annual leave as their employers do not have a carers policy:

“Carers leave for appointments. Emergency leave where possible.”

“Line Manager very supportive – actual organisation has no carer policy in place for those caring for a disabled adult – holiday allocation is used for all appointments etc.”

Type of employment

The type of contract male carers are employed on seems to have an impact on how they are able to manage their caring role alongside employment with irregular shift work presenting difficulties for some. A number of respondents were also self-employed but this had its own challenges:

“I am self-employed which allows me considerable flexibility.”

“Self-employed, time spent caring is time I sacrifice my business for.”

Concerns about work and caring

Male carers' worries about how caring affects their employment were also reflected in their answers:

“However, I would say this is also my biggest worry, the amount of time off and what my colleagues think of this. Can it be sustained by my employer over a length of time, do colleagues think I am a skiver?”

“However, I shall be unemployed in June, and I worry that any future employment will not offer the same flexibility; thus do I tell a future employer at interview that I have a son with learning disability?”

Recommendation: Many men balance work with caring responsibilities, with over a quarter caring for over 60 hours a week alongside a job. Employers should introduce carers leave to enable their employees to balance work and care.

Local authorities should provide support that enables carers to work if they wish to and employers should address male carers' worries and concerns about the effect caring has on their work and employment opportunities. It is important that male carers are signposted to local carers organisations which can provide them with information on their employment rights. Carers support services and other organisations should ensure male carers are aware of rights to request flexible working.

Male carers and health

For both sexes, the 2011 Census for England and Wales shows that those providing unpaid care were more likely to report their general health as 'Not Good', compared with those providing no **unpaid** care.² Analysis found that the percentage of men and women with 'Not Good' health was related to the amount of care they provided and those providing 50 hours or more care a week had the worst general health for each gender in both England and Wales.

Research also shows that men's health is unnecessarily poor and that men visit their GP 20% less frequently than women and are also much less likely to use pharmacy, smoking cessation, weight management and health trainer services.³

The Prepared to Care Report (Carers Week, 2013) found that six out of ten carers have experienced injury or their physical health has suffered because of their caring role. A survey of carers aged 60 or over (The Princess Royal Trust for Carers, 2011) found that two thirds had a long-term health problem or disability. The survey also found that four in ten older carers said that their mental health had deteriorated over the last year and over three quarters of carers aged 60–69 said caring had an impact on their mental health.

Impact on mental health

Previous findings relating to the health of carers were reiterated in this survey. 55% of respondents described their health as only fair or poor and 48.2% of male carers who responded also had a long-term health problem or disability themselves.

Nearly half of male carers (48%) said being a carer had a negative impact on their mental health with nearly a quarter more stating they were not sure (22.8%).

2 The 2011 Census asked people to rate their general health on a scale: Very Good, Good, Fair, Bad and Very Bad. In the analysis in ONS (2011), *Full Story: The Gender Gap in Unpaid Care Provision* (ONS), 'Good Health' is defined by those saying their health was 'Very Good' or 'Good' and 'Not Good', by those who said their health was 'Fair', 'Bad' and 'Very Bad'. www.ons.gov.uk/ons/rel/census/2011-census/detailed-characteristics-for-local-authorities-in-england-and-wales/rpt---unpaid-care.html

3 www.menshealthforum.org.uk/more-about-us

Has being a carer had a negative impact on your mental health?

Answer options	Response percent
Yes	47.9%
No	29.3%
Not sure	22.8%

(Answered question: 566)

Key themes that emerged in our survey were that caring had led to an increase in anxiety, tiredness, depression, stress, loneliness and issues of self-esteem, all of which had impacted on mental health.

“Sleep deprivation has caused long-term mental health problems. I was given early retirement with an ill-health pension.”

“Exhausted, lack of personal time, cannot take a full-time work contract, self-esteem affected and general difficulties surrounding what happens in the future, will I get back into work?”

“Very stressful, tiring, and difficult to keep a positive state of mind.”

Men aged 18–64 reported a greater impact on their mental health compared with older male carers (aged 65 plus) – 56% compared with 34% said caring had a negative impact on their mental health. There was no difference between those male carers in work and those not in work.

Further research and analysis is needed to understand why caring seems to have a greater impact on the mental health of men aged 18–64. This could be due to the challenge of balancing caring and employment or looking for employment while caring. A caring role may also impact on what men want or expect to achieve in their day-to-day life and can lead to social isolation.

Impact on physical health

Has being a carer had a negative impact on your physical health?

Answer options	Response percent
Yes	46.2%
No	34%
Not sure	19.8%

(Answered question: 567)

Nearly half of all male carers (46.2%) said that caring had a negative impact on their physical health.

Themes emerged showing caring had an impact on their diet, weight (increase and decrease), time to exercise, tiredness, blood pressure and pain (from heavy lifting).

“Being restricted to our home most of the day, a lack of exercise and a degree of comfort eating has resulted in an increase in weight and a lack of fitness.”

“Frequently tired. Struggling to keep weight under control. Shoulder and back awaiting visit to doctor.”

“Assisting my wife can aggravate back problems. I have arthritis in my hands and lifting can be painful.”

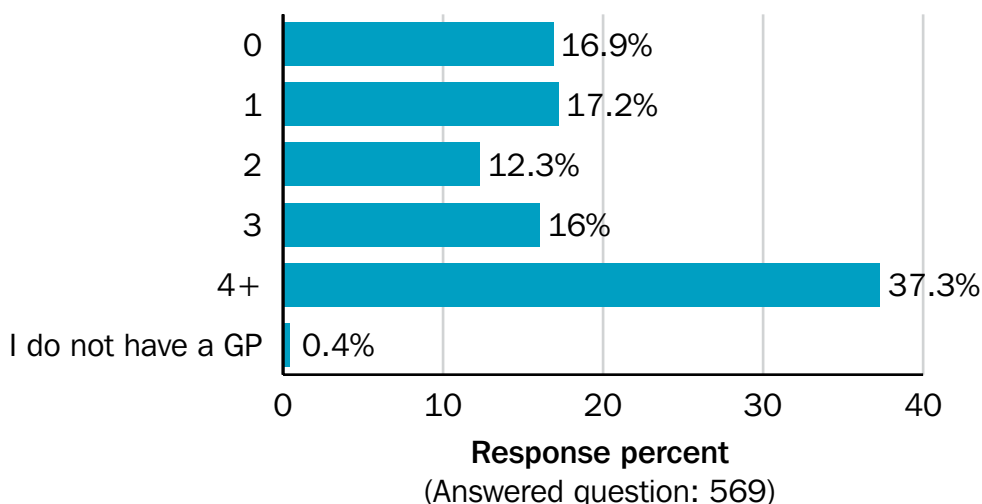
“Stress, physical pain, lack of sleep, no proper eating times, no time for self.”

Recommendation: Health and social care professionals need to identify male carers and address their health needs. Caring also has a considerable impact on the mental health of male carers aged 18–64 and this group is in need of specific support from a range of NHS and other support services. Commissioners should look to develop services to support this group.

Male carer’s access to primary care

Arksey and Hirst (2005) found that men increase their consultation rates with GPs when taking on a caring role. In contrast, women who look after someone in the same household and carry heavy caring responsibilities have relatively less contact with GPs than expected.

In the past 12 months how many times did you visit or contact your GP (if registered) for your own health?



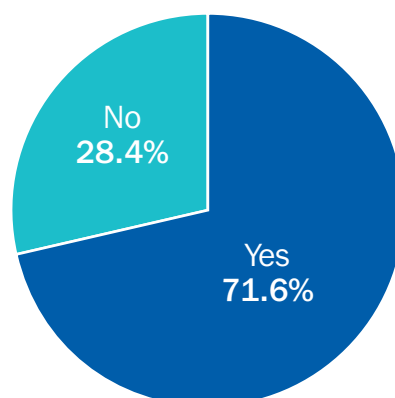
37% of male carers said they had visited or contacted their GP four times or more for their own health in the last year.

Data published on GP consultation rates shows that the average GP consultation rate for men aged 5–44 was 1.6 per year. This rises to 2.8 per year in the age range 45–64, 4.5 in men aged 65–74, and 6.2 GP consultations in men aged 75 plus (Hippisley-Cox J, Vinogradova Y, 2009).

This suggests that male carers under the age of 65 in this survey visited their GPs for their own health at a higher rate than average. However, despite this, as shown above, the health of this group of men is still poor, meaning that further identification and support is needed.

Male carers and isolation

Do you feel you miss out on spending time socially with other friends and family members?



Response percent
(Answered question: 549)

Seven out of ten male carers said they miss out on spending time socially with other friends and family members. Male carers who were unemployed or not currently working due to their caring role feel even more socially isolated with eight out of ten saying they feel they miss out on spending time socially with other friends and family members:

“I am completely socially isolated because of my caring role. I have very little time for myself because I work 40 hours a week, and care for 40 hours a week. I am tired all the time, so I don’t have the energy to do things.”

“Not had a night out in eight years. No social life, no relationship.”

“You can’t be in two places at once, inevitably you miss out because you’re either caring or simply too tired to go out.”

“I feel that you become socially isolated and lose touch with work colleagues and are unable to attend social events due to caring duties.”

However, a minority do manage to retain some social life, and others feel they do not miss these opportunities:

“We do meet socially with other folks as a couple. I do go out with male friends occasionally and my friends or family look after my wife. I’m lucky!!”

“In most cases, I am able to take my wife with me. On the occasions when she can’t come a family member will look after her. I support a local football team and go along with a mate of mine. Without family support this would be impossible.”

Recommendation: Male carers are a socially isolated group and miss out on spending time with friends and family members. Men who give up work to care or are unemployed are particularly isolated and support for male carers should have particular focus on addressing this social isolation in this group.

Getting a break – carers’ need for support

Carers are the largest providers of care and support in each area of the UK. The economic value of the contribution they make is estimated at £119bn per year (Buckner and Yeandle, 2011). Without support, taking on a caring role can mean facing a life of poverty, isolation, ill health and depression (Carers Trust, 2013). It can mean costly hospital or care admissions for the person with care needs if the caring relationship breaks down.

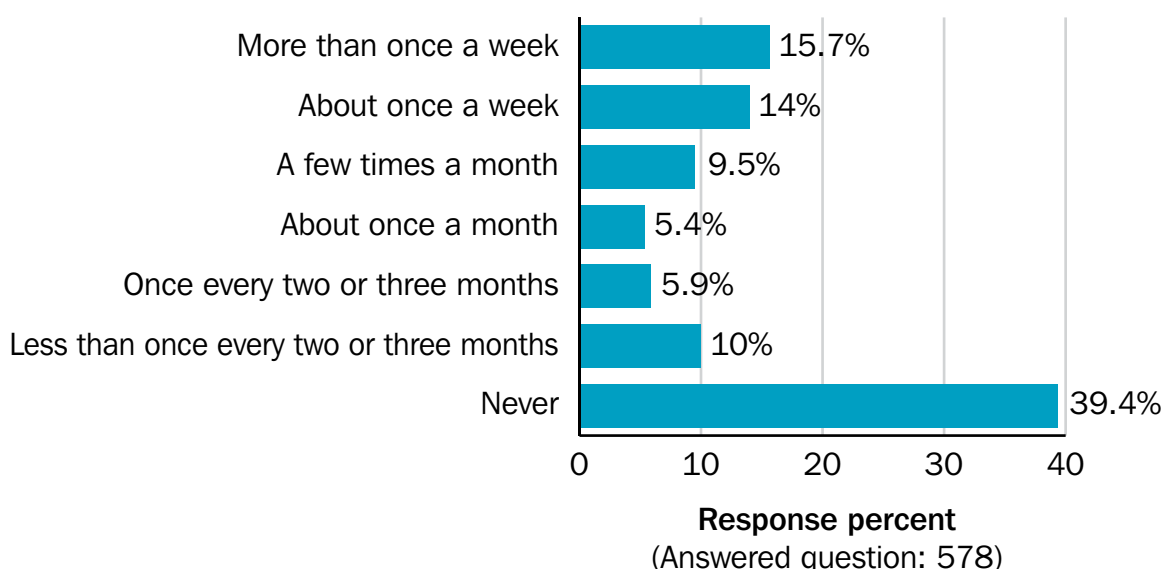
The Prepared to Care? report found that half (46%) of carers who responded to the survey had been offered a carer’s assessment (Carers Week, 2013). Over half who took part in the survey had received advice and information from a local or national charity and had found that either helpful or quite helpful.

Studies have shown how supporting carers or providing them with a break can improve their health. Singleton et al (2002) found that 35% of carers without good social support experienced ill health compared with 15% of those with good support and that fewer carers experienced mental health problems if they had taken a break since beginning their caring role.

However, accessing a break seems to be very difficult for all carers, including men. The Princess Royal Trust for Carers (2011) found that more than one third of older carers do not get breaks away from caring, and a further third get a break once every 2–3 months or less.

Support for carers – getting a break

How often do you currently receive a break from your caring role?



Four out of ten male carers who responded to this survey state they do not ever get a break from their caring role. A further 10% get a break less than once every two or three months.

Further analysis found that over half of male carers who are not currently working due to their caring role or due to ill health or disability never get a break from their caring role.

The effect was particularly marked in those who are caring for the greatest number of hours. Nearly half of male carers who care for more than 60 hours a week never get a break from their caring role (46.6%).

The responses male carers gave us throughout this survey give an insight into the devastating impact never getting a break from caring can have on their lives particularly on their health and social isolation:

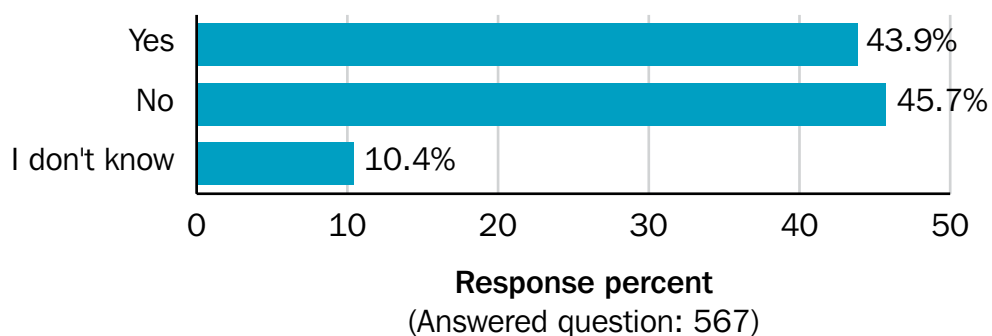
“Too tired to seek help.”

“Feel a need to talk to a ‘normal’ person. Feeling of never getting a break and being on duty 24/7.”

“Tired nearly all of the time with seemingly no break from caring.”

Male carers and assessments

Have you received a carer’s assessment?



Nearly half of male carers who responded to this question had not had a carer’s assessment and a further 10% didn’t know if they had received one. Carers aged 18–64 were less likely to have had a carer’s assessment than those over 65 – over 50% of the 18–64 age group had not received one.

Recommendation: Large numbers of male carers are not being referred for assessment and support. However, we know from this research that these men are in regular contact with health professionals. GPs in particular need to identify male carers and ensure they are referred for assessment and support.

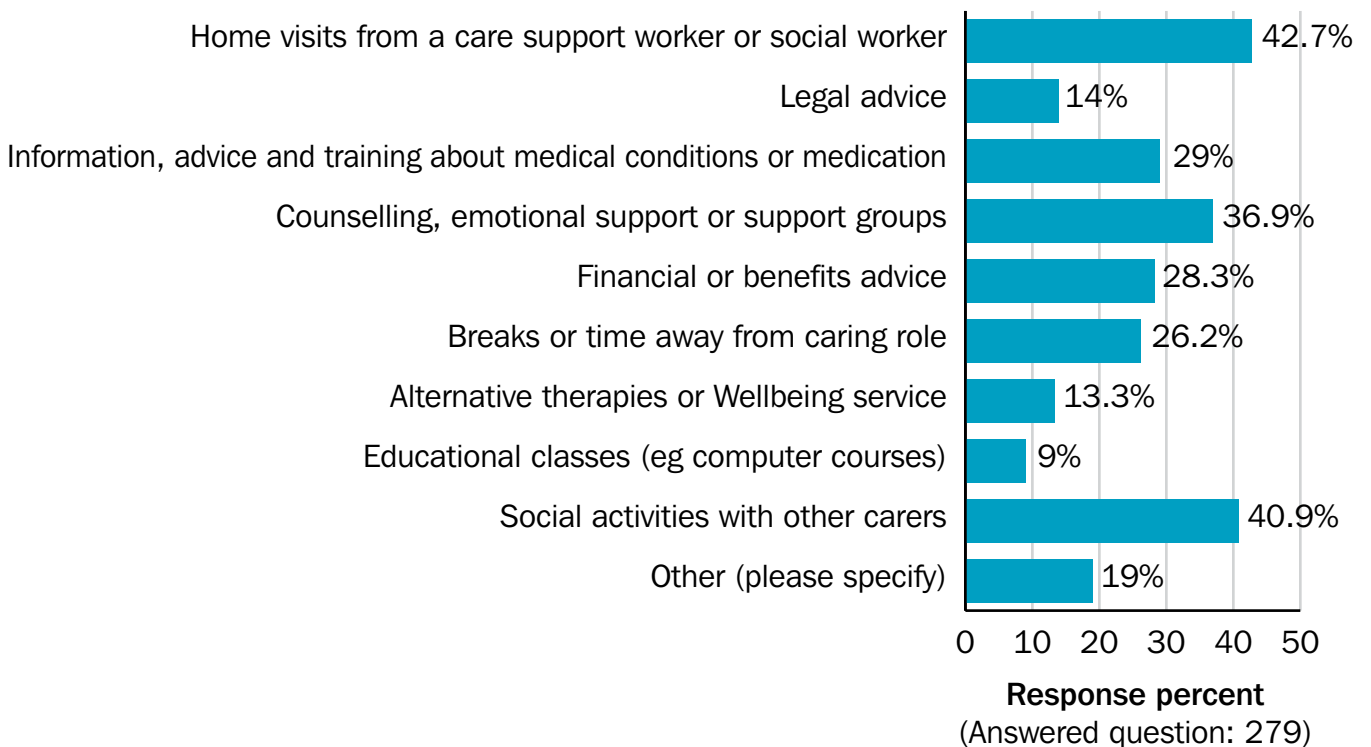
Recommendation: Local authorities should also ensure that male carers are proactively identified and encouraged to self-identify through awareness raising and making clear the benefits of a carer’s assessment and how to access one.

What kind of support do male carers use?

Over half of male carers who answered said they did not currently receive help and support from a local carers organisation.

Those that did were asked to indicate all the types of support that they had received in the last year:

If Yes, what types of support have you received in the last year? Please tick as many that apply.



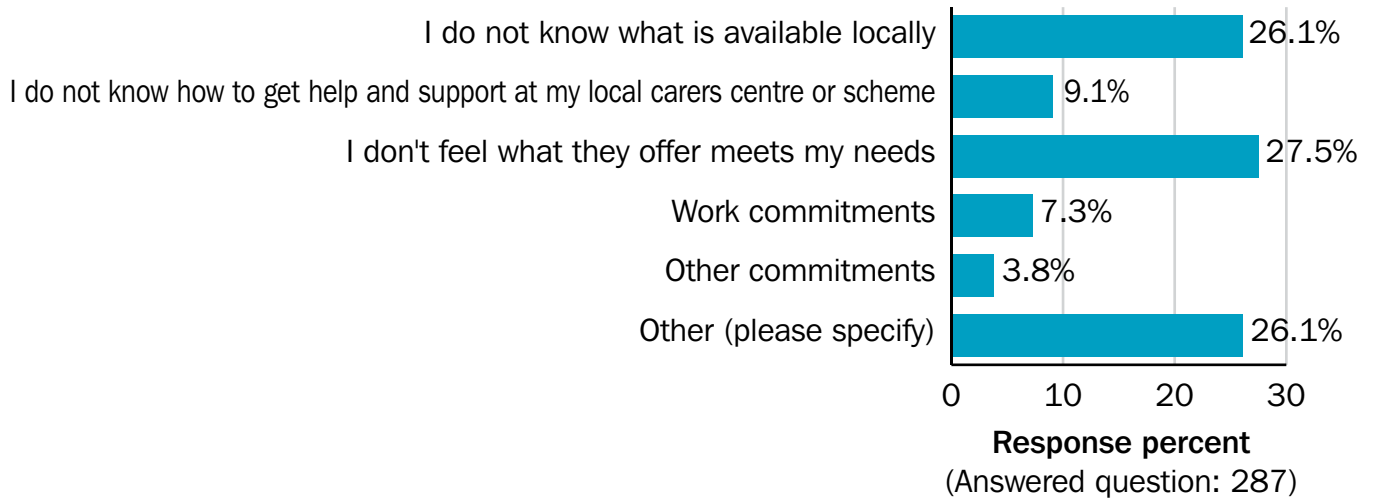
19% of all respondents said they had received ‘Other’ types of support over the last year. The majority of these could be categorised under the options listed in the survey such as home visits from a carer support worker or social worker; financial or benefits advice; breaks or time away from the caring role; and social activities with other carers.

Other male carers said they received regular information or updates from a local carers organisation, some had received support for carers from a local charity (which was not a carers organisation) and a small number of respondents had received support with advocacy.

Support that male carers have chosen to use has therefore focused on practical help and individualised support, and social activities.

Why don't male carers get or use help?

A range of reasons were given by the men responding to the survey as to why they currently didn't receive support.



A key finding from the research is that a quarter of respondents said they didn't get help and support as they didn't know what help was available to them locally. This means there is a clear need to raise awareness of men's caring roles and support available to male carers.

A need to ensure what is on offer to male carers is responsive to their needs was also demonstrated – a third of men said they felt what was currently on offer did not meet their needs. This may be because traditionally more women have proactively used these services and therefore they have evolved in a way which men feel less drawn to use. This is a useful point for service development, and reflects the informal feedback obtained from local carers organisations.

There were age differences in the findings. Male carers aged 18–64 were more likely than older age groups to not access support from a local carers organisation as they did not know what help was available locally.

However, men over the age of 65 were twice as likely to say that they didn't get help and support from a local carers organisation as they felt what was on offer didn't meet their needs (43% compared with 21%). These two findings reflect the need to ensure younger male carers receive information on what is available locally, and for older male carers, that what is offered meets their needs.

Recommendation: A large number of male carers are not aware of the support that may be available to them in their local area, or do not feel that existing support meets their needs. Commissioners should consider developing services to specifically meet the needs of male carers of all age groups, and ensure male carers are made aware of support already available in their local area.

Learning from current practice

Semi structured interviews were also carried out with staff from five Carers Trust Network Partners currently running male carers groups.

Four out of five of the groups were predominantly activity based and some of these supported their activity with coffee mornings to maintain support and contact between the activities.

A number said they consciously avoided the term 'support group'. One support worker said they described their group's activity as a 'A night out with the lads'. Another said: "The group is described as a social support group ... (the Group Sessional worker) explains that they do not have to talk about their personal life or their caring role if they don't wish to and they can simply come and have a chat about whatever they please."

One of the groups is not activity based but offers male carers an opportunity to socialise and talk about caring with other male carers at the Network Partner. Visiting speakers talk to the group on a range of topics as agreed by male carers, these have included benefits, medication and local volunteering opportunities.

A common theme that emerged from the groups was allowing the male carers who come along to the group to decide on the group's activities.

Other key learnings that emerged were that when planning activities, services needed to be aware of the location and length of time of the activity (as this may determine if men could take time away from their caring role) and of male carers own need for care and support (for example, mobility issues, age and alcohol misuse).

Some of the groups said that they individually spoke to new group members prior to their first time attending an activity to encourage participation. One support worker explained that he took new members along to the group to introduce them to everyone and help encourage and support them to take part in the group.

One group was looking at providing a cooking course for male carers as a number had expressed an interest in this.

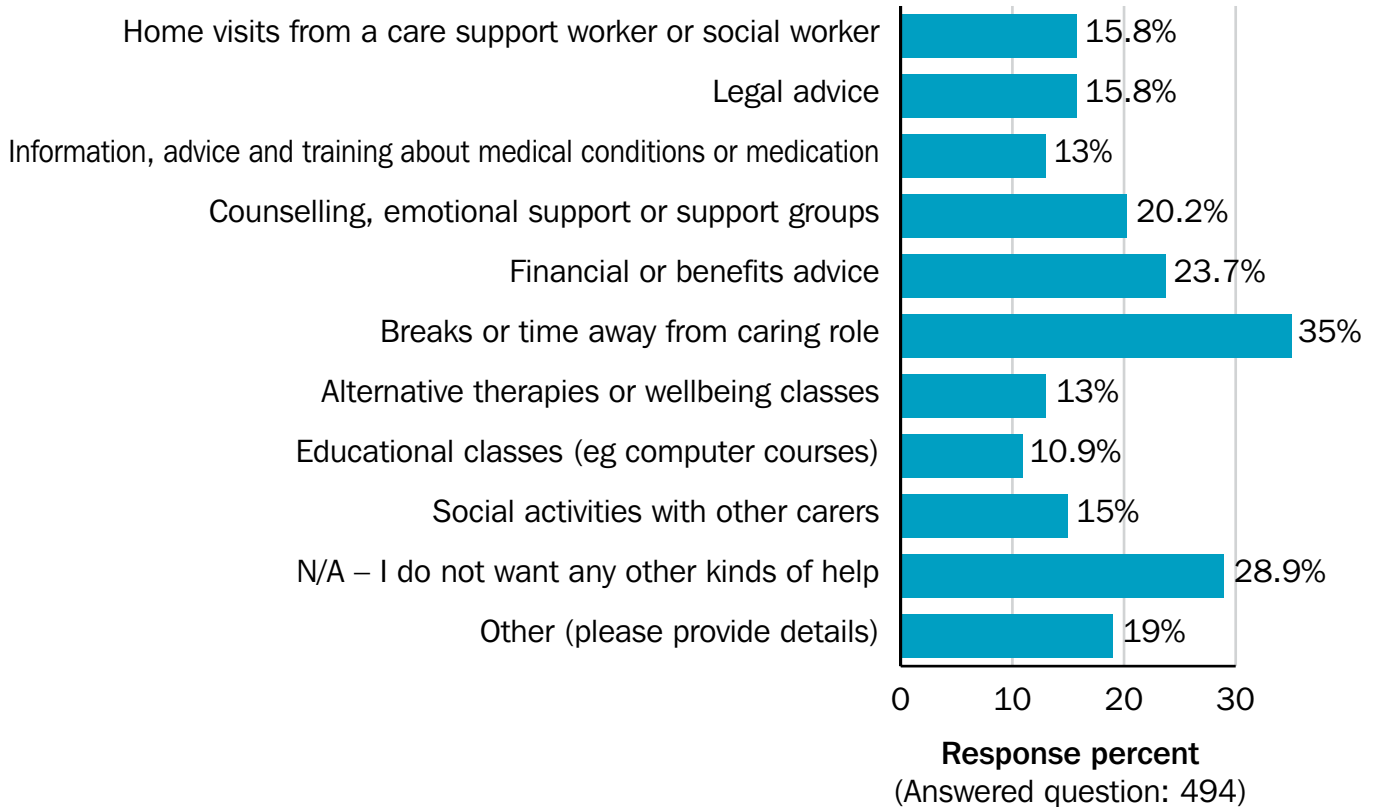
Four out of five of the groups were facilitated by male staff members or male volunteers. Some of those groups felt this important to the group dynamic and that it allowed men to open up more if they wanted to.

All the groups demonstrated the positive outcomes of supporting male carers. These included increasing self-confidence, social support networks and male carers' improved ability to cope with their caring role and look after themselves. The groups also gave male carers a break from their caring role.

What kind of support would male carers like?

When asked in our survey, male carers also indicated the type of support they would like.

Are there any kinds of help that you have NOT been able to get in the last year that you would like if it were available?



By far the greatest response – 35% of carers – said they wanted a break or time away from their caring role. 28% said they did not want any other kinds of help – these may be carers who are already getting the support they feel they need.

Nearly a quarter wanted financial and benefits advice. 19% said they would like ‘Other’ kinds of help, including help which can be grouped into the following themes:

Support with managing domestic tasks:

“I need help with diet and ability to provide a well balanced diet for my family.”

Support with providing intimate care:

“Incontinence service. Help to buy ladies underwear.”

Activities for male carers and the person they care for:

“Knowledge of other social activities that would be of benefit to both my wife and myself.”

Greater care for the person they care for and support from statutory services which would reduce the impact of caring:

“Some help for my wife. Home visit, befriending perhaps.”

“Visits from someone to help my wife’s mental condition.”

Recommendation:

Male carers want to be able to access:

1. Breaks to take time away from caring. This is unsurprising given that four out of ten male carers state they do not ever get a break.
2. Financial and benefits advice, especially for those who give up work to care.
3. For some male carers, discreet and interpersonal support in managing personal or unfamiliar tasks, especially early in the caring role.

These three areas should be addressed by commissioners and services as part of local carers strategies and plans.

Good practice example

Brighton Male Carers Group – Social Support Group

The group was established by The Carers Centre for Brighton and Hove in 2009 in recognition that male carers can have their own particular support needs and had frequently not been coming along to other carer support groups or coffee mornings.

The Sessional Work Group Coordinator calls male carers who are interested in joining to explain that they do not have to talk about their personal life or their caring role if they don't wish to.

The Group Coordinator can offer one-to-one support to group members outside of the group's social activities and coffee mornings. Any casework is referred back to the Carers Centre.

At the monthly coffee mornings the carers decide on the next group activity. All group activities are free for the carers. In the past these have included bowling, pool, mini golf, and fishing and cinema trips. Meals are very popular with the group and they have an end of year meal and Male Carers Big Breakfast. When planning activities they are mindful of carers' own mobility issues.

In an evaluation from 2013, 71.5% of male carers said they are 'coping better with their caring role' as a result of attending the group. 71.5% of respondents agreed the Male Carers Group was a good way of getting information about caring and services that might be available to them.

Conclusion

Without sufficient information, advice and support, caring can have a negative impact on all carers' mental and physical health and lead to social isolation.

However, half of male carers who responded to this survey had not had a carer's assessment or were not currently getting help and support from a local carers organisation. With over a quarter saying that they did not get help and support as they did not know what was available locally, health and social care professionals need to be more aware of male carers and signpost them to local support.

Male carers reported that caring has a negative impact on their mental and physical health. This is reflected by the fact that they are visiting their GPs for their own health at a higher rate than the rest of the male population of a similar age.

The negative mental health impact on male carers seems to be greater for those aged 18–64. A large number of this age group are also not working due to their caring role and feel especially isolated. Specific support should be developed to address this.

Over half of male carers felt that their needs were different than those of female carers and a strong theme that emerged in this survey was the lack of recognition male carers felt for their role in society.

Communities, commissioners and services need to respond to these needs. Support which is tailored to the needs of men – those in work, those not in work and those who are retired – focusing on practical support, social activities and inclusion, and discreet individualised forms of support where this is needed. Awareness raising of the support available, so that male carers know what is available in their community from local carers organisations, is also needed.

With up to three million male carers across the UK, it is important that health and social care professionals recognise male carers and their specific support needs. This research has identified areas where the needs of male carers are not being met and ways forward for these needs to be addressed.

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