

Unpaid care for parents: a survey of attitudes

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DISCLAIMER

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Abstract

This discussion paper presents results from a survey of 3600 individuals aged 40-65 living in England who were asked questions regarding their attitudes to caring for a parent (or parent figure if they no longer had a living parent) in the future, should such a need arise. The survey was informed by 20 in-depth qualitative telephone interviews. The survey sample included quotas for age group, gender, region, and employment status (working, non-working) to match the profile of the eligible population for the survey. Among other questions, respondents were asked to what extent they had thought about and spoken to their parent about future care needs, who would likely support their parent if particular needs developed, and how the care provided might change under different circumstances (e.g. if it was a different family member that needed care, or if formal care was being received).

The sample appeared to be broadly representative of the wider population aged 40-65, except that respondents were on average more highly educated (51% possessing a university degree or equivalent). Of the respondents, 2784 had an older parent (or parent figure) living in the community and were asked questions relating to potential future care for one of them. Overall, 54% answered in respect of their mother requiring care, 31% in respect of their father, and a far smaller proportion in respect of another older relation. A considerable proportion of respondents had thought about their parent's future needs at least a fair amount, but a far smaller proportion had discussed it to the same degree either with their parent or with other family members. For lower intensity needs (e.g. requiring help with getting to social activities), assistance was expected to be provided predominantly by family members. The majority of respondents did not think that receipt of formal care services would significantly reduce the amount of care they themselves were likely to provide. Respondents were most likely to consider work commitments, geographic distance and financial circumstances as likely barriers to providing care, and leisure time and work hours the most likely activities displaced to provide care. Other family members also providing care for the parent was the most commonly identified facilitator to care provision, suggesting that the family unit as a whole should be considered when evaluating caring as opposed to the support provided by one individual.

Introduction

The great majority of care for older people in England who need help with domestic tasks such as shopping or with personal care tasks such as dressing is provided by unpaid carers, usually close relatives. As the population continues to age and more people are living longer, the number of older people requiring care is likely to increase substantially. It is uncertain whether the number of people able and willing to provide unpaid care (sometimes called informal care) for their older family members will rise in line with the number of people needing care. If the supply of unpaid care for older people does not rise there will either be additional pressure on public funding of care services or additional unmet need for care. Better information is therefore required on the attitudes of middle-aged people to providing care for their parents or other older family members should they require it in the future. Improved information is also needed on what measures would help people to provide unpaid care including measures that would help them combine caring with employment or other responsibilities. This will inform decisions on what policy changes could be effective in increasing the numbers of carers in the future.

This report presents findings from an online survey of 3,600 members of the public in England aged 40 to 65 years about their attitudes to providing care if in the future their parents should require it. Participants included people with experience of providing unpaid care (current or former) and people without such experience, to help understand factors associated with actual and expected willingness to care. The survey was part of a study to improve our understanding of people's attitudes to the provision of unpaid care for their parents or other older family members, and in particular people's willingness to provide unpaid care in the future if their older family members should require long-term care and the factors that would influence their decision about whether they would provide such care.

Methods

Survey design

An online survey was conducted from September 2020 to January 2021 and generated complete responses from (exactly) 3,600 adults aged 40 to 65 living in England. This is the age range in which people are most likely to provide care for their parents and includes over 58% of UK carers (Carers UK, 2022). The recruited sample by design comprised an approximately even split between women and men and was representative of the wider population in terms of banded age-group (table 1). Unweighted statistics are presented so that the exact number of respondents selecting specific categories are presented. Results weighted by further variables are almost identical.

The survey questions were developed jointly by the authors and the Ipsos team. The survey questions were informed by a set of qualitative telephone interviews, discussing factors individuals may regard as important when considering attitudes to providing care (Stevens et al, 2022). This involved a sample of 20 interviewees aged 40 to 65 interviewed in spring 2020. The Ipsos team conducted cognitive testing, assisted with refining the survey questions and ran the final survey and provided the authors with the resulting data.

The survey was conducted by Ipsos using their own panel, iSay, which is globally managed. In the UK the iSay panel includes around 300,000 panellists. Ipsos uses a structured approach to recruitment which involves extensive quality checks before panellists are added to the panel. Ipsos works with over 200 vetted sources to build and maintain its proprietary panel, and ensure it represents all audiences. The sample of the survey reported in this paper included quotas for age group, gender, region, and employment status (working, non-working) to match the profile of the eligible population for the survey.

Survey contents

Survey respondents were asked if they had a living parent who was in the community, that is not in a care home. Those who had a living parent in the community were asked to respond to the survey questions in respect of that parent, or one of them chosen at random if both parents were alive. Respondents who no longer had a living parent were invited to respond in respect of a parent-in-law, stepparent, or another person they regarded as a parent figure. Those who had no living parent or parent figure, or whose only living parent lived in a care home, were asked a subset of the survey

questions, notably not those related to who might provide support to a parent figure given a particular need.

Survey respondents with a community-dwelling parent or parent figure (referred to from hereon as 'parent') were asked to think ahead to a time where their parent might need help for six given hypothetical needs. The six needs comprised taking the parent to social activities once or twice a week, keeping them company/providing emotional support or supervision, bathing/showering, helping with meals, help using the toilet and assistance with supportive treatments (which can include for example changing dressings or stoma care).

Those with a parent aged up to 70 were asked to think 5-10 years into the future to when they might require care. Those with a parent aged 71-84 were asked to think 2-5 years into the future and those with a parent aged 85 or over were asked to think 1 or 2 years into the future. Those who were already providing care for their parent were also asked to think ahead to the future, since care needs may change. However, if they did not expect caring arrangements to change in the future, they were asked to indicate how the help was currently provided.

Respondents were asked questions regarding who might provide care for each of the six needs, and what expectations the respondent had regarding facilitators, barriers and trade-offs to providing care and about how much they would be willing to pay for formal care. They were asked whether their view about who would provide care would differ if another parent required care or if a family member was no longer able to provide care, and how receipt of free high-quality homecare might affect their view about providing care. Respondents were also asked about their personal characteristics, living parents and household composition.

Analysis

The analysis presented in this paper focuses on the core set of questions capturing sources of care and support for each of the six care needs. For each need in turn, respondents were asked to consider who might help their parent should they develop this need in the future, or what other arrangement would be made (e.g. parent moving to a care home). The response categories (of which multiple could be indicated) were: the respondent themselves, a spouse/partner of the parent, other family not living with the parent, non-spouse family living with the parent, a paid carer, community transport (if the need was getting to a social activity), a live-in carer, the respondent would move in with the parent or vice versa, the parent would move in with another family member (or vice versa), other, none of the above, and 'don't know'.

Odds-ratios/coefficients were considered statistically significant if the p-value was under the conventional value of 0.05. Analyses were conducted using STATA version 16 (StataCorp, 2019).

The study was approved under the London School of Economics and Political Science ethics process.

Results

Sample characteristics

By design, approximately half of the sample was male, and half female. Around 40% of the sample are aged 40-49, 40% aged 50-59 and 20% aged 60-65 (Table 1). The mean age of respondents was 52.3 years.

Over half of the sample had a bachelor's degree level (or equivalent) qualification or higher. 80% were employed (full-time, part-time, or self-employed), and 6.3% were retired. About 92% were White, with 87% of the overall sample of 3,600 identifying their ethnicity as English/Welsh/Scottish/Northern Ireland.

Almost three-quarters (74%) of respondents owned their home outright or were buying it with the help of a mortgage. 31% live in London or the South-East. 83% live in an urban environment and over half belong to the highest population density band (≥ 1000 inhabitants/sq. km). There were however 166 missing responses to these two last variables (urban/rural distribution and population density, which were derived from the respondent's postcode).

28% of the sample indicated having a long-term physical or mental health condition and of these almost three-quarters indicated that this impacts their ability to perform day-to-day activities either a little or a lot.

Comparison to the wider population

As shown in table 1, the sample of 3,600 survey respondents were compared on a number of characteristics to people aged 40-65 participating in the Health Survey for England (HSE) for 2015-2017 (NHS digital, 2018), applying weights to the HSE data to ensure representativeness for households in England. The proportion of female respondents in both the survey and the HSE was slightly over 50%. The samples also had a similar proportion in each of the 40-49, 50-59 and 60-65 year age bands, with the sample analysed within this study having a slightly higher proportion in the 60-65 year age band compared to the HSE sample (20% vs 17% respectively). As is common with

online surveys, the attitudes to caring sample were more highly educated, with 51% having a university degree or equivalent vs 30% of the HSE sample. 75% of the attitudes to caring sample owned their own home (outright or with a mortgage) compared to 71% of the HSE sample, and 80% of the attitudes to caring sample were employed compared to 74% of the HSE sample. The attitudes to caring sample included fewer individuals of non-white ethnicity compared to the HSE (5% vs 11%). The samples were very similar in terms of distribution of region of residence and the proportion living in an urban or rural area. The two samples differed in terms of proportions of respondents with long-term physical or mental health conditions, with 29% of the attitudes to caring sample having such a condition compared to 43% of those participating in the HSE.

Table 1: Characteristics of the attitudes to caring survey sample compared to HSE respondents aged 40-65

Characteristic	Attitudes survey- complete sample N=3600		Respondents within HSE 2015-17 aged 40-65, weighted	
	N	%	N	%
Sex				
Male	1752	49	4995	49.5
Female	1833	51	5096	50.5
Other/no response	15	0.4		
Age				
40 – 49	1374	38	4218	42
50 – 59	1500	42	4117	41
60 – 65	726	20	1756	17
Education				
Below high school	948	26	1530	16
High school-below university	806	22	5380	55
University	1846	51	2962	30
Employment status				
Employed/self-employed	2881	80	7431	74
Unemployed	482	13	1742	17
Retired	228	6	745	7
Other	9	0.3	161	2
Ethnicity				
White	3305	94	8766	87
Mixed	35	1	141	1
Non-white	193	5	1150	11
Housing tenure				
Own outright/Mortgage	2,657	75	7141	71
Renting /part-renting	844	24	2854	28
Living rent free or squatting	36	1	71	1
Region*				
North-East	176	4.9	150	4.4
North-West	474	13.2	446	13.1
Yorkshire and The Humber	353	9.8	351	10.3
West Midlands	370	10.3	347	10.2
East Midlands	317	8.8	306	9
East of England	409	11.4	371	10.9
South-West	371	10.3	375	11
South-East	607	16.9	558	16.4
Greater London	523	14.5	504	14.8
Urban/Rural*				
Urban	2,835	82.6	2768	81.3
Rural	599	17.4	637	18.7
Has a long-term physical or mental health condition				
Yes	998	28.7	4337	43

No	2,474	71.3	5749	57
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*HSE data for these variables are presented for respondents in 2017

Respondents' co-resident relatives

Two-thirds of the respondents live with a spouse/partner and about 21% live alone (Table 2). Among the full sample, approximately 21% live with a child aged 10-17 and 19% live with a child aged 18+, with a substantially lower proportion living with a child aged under 10 (14%). Overall, 33% of the sample had a child or grandchild (of any age) living with them. Only about 4% of the sample were living with a parent.

About 7% had a child aged under 18 not living with them, a quarter of respondents had a child over 18 who did not live with them, and 13% of respondents had a grandchild not living with them.

Table 2: Respondent's co-residence with family

	N	%
Who respondent lives with		
Spouse/partner	2406	66.8
Children under 5	154	4.3
Children 5-9	339	9.4
Children 10-17	768	21.3
Children 18+	692	19.2
Parent, parent in-law or Stepparent	130	3.6
Grandchildren	36	1.0
Other person	113	3.1
Lives alone	772	21.4
Has children/grandchildren not living with them		
No	2397	66.6
Yes	1203	33.4
Has a child aged under 18 not living with them		
No	3346	92.9
Yes	254	7.1
Has a child aged 18 or over not living with them		
No	2682	74.5
Yes	918	25.5
Has a grandchild not living with them		
No	3131	87.0
Yes	469	13.0

Familial relationships of respondents and experience of providing care

61% of the sample had their mother still alive, compared to 41% having their father still alive. Overall, 31% had neither a living mother nor living father (Table 3).

40% of the sample had a living mother-in-law, 29% had a living father-in-law, and 45% had either a living mother-in-law or a living father-in-law. Similarly, 6% of the sample had a living stepmother and 5% had a living stepfather; and 9% had either a living stepmother or stepfather.

Those who did not have any living parents, stepparents or parents-in-law were asked if they had any living parent figures (e.g. aunt, uncle). Of the 756 respondents having neither a living parent, stepparent or parent-in-law, 31 (4%) indicated that they had such a parental figure.

Overall, approximately 80% of the sample had at least one living parent, stepparent, parent-in-law or parental figure. The distribution of the number of parent figures is shown in figure 1.

Among those with a living older relative, about 9% had an older living relative who lived in a care home (with or without nursing care), with 2.5% of the sample having all their living parents residing in care homes. 2,784 of the 3,600 (about 80%) of the overall sample had an older relative living in the community and are included in the whole survey. The remaining 20% were not included in most of the rest of the survey.

56% of respondents indicated having provided help/support, now or in the past, to an older family member or friend who could not manage without that help, because of long-term physical or mental ill-health / disability or problems related to old age. Approximately 18% were currently providing this type of help/support.

Table 3: Living older parents

	N	%
Living natural parents		
Mother still alive	2179	60.5
Father still alive	1484	41.2
Neither mother nor father alive	1117	31.0
Living in-laws		
Has a living mother-in-law	1,433	39.8
Does not have a living mother-in-law	2,167	60.2
Has a living father-in-law	1028	28.6
Does not have a living father-in-law	2,572	71.4
Has a living mother-in-law or father-in-law	1623	45.1
Has neither a living mother-in-law nor father-in-law	1977	54.9
Living stepparents		
Has a living stepmother	224	6.2
Does not have a living stepmother	3,376	93.8
Has a living stepfather	189	5.3
Does not have a living stepfather	3,411	94.8
Has a living stepparent	340	9.4
Has no living stepparent	3260	90.6
Number of living parent figures among those with no living parents (biological, step or in-law)		
0	725	95.9
1	20	2.7
2	11	1.5
Number of living parent figures		
0	725	20.1
1	887	24.6
2	886	24.6
3	551	15.3
4	431	12.0
5	72	2.0
6	45	1.3
7	1	0.0
8	2	0.1

**Among those with a living older relative:
has a parent figure living in a care home**

Yes	170	8.6
No	1,818	91.5

No living relative or parent figure living in the community

725 20.1

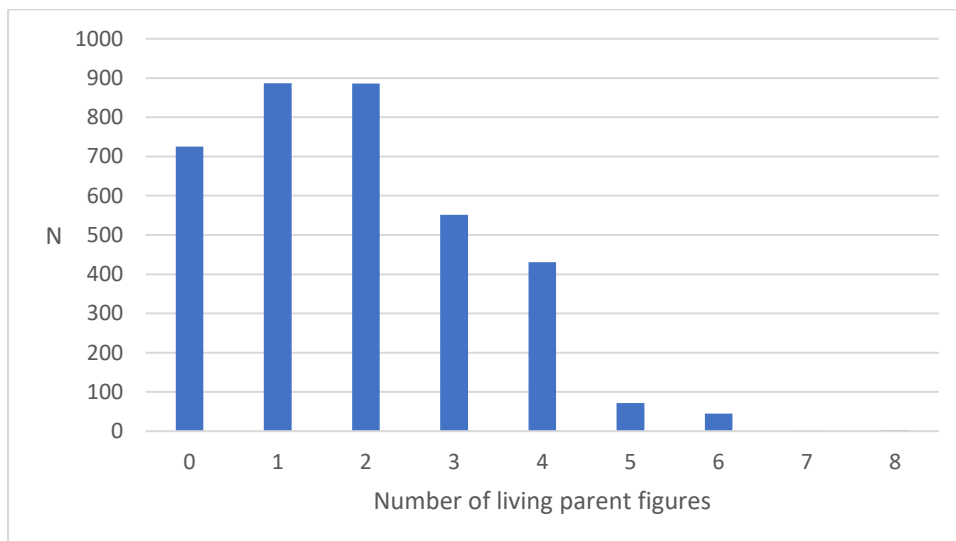
Has older living relatives, but all live in care homes

91 2.5

**Whether respondent has provided support to any identified
family members**

Yes, in the past	1377	38.3
Yes, now	327	9.1
Yes, both now and in the past	313	8.7
Neither now nor in the past	1583	44.0

Figure 1: Number of living older parents or parent figures



Note: Total N=3600

Parent on whom caregiving questions focus

For most of the detailed care-giving questions the sample members were asked to respond in respect of one specific parent or parent figure. If the person's mother or father was alive and not resident in a care home, the respondent was asked to consider that parent. If both parents were still alive, the respondent was asked to consider one of them selected randomly by the online system. If neither was still alive (or the parent(s) was resident in a care home), the respondent was invited to choose a parent-in-law, stepparent or other parent figure for the purpose of the care-giving questions. Those who had no parent or parent figure alive and not resident in a care home were not asked the remaining questions.

Table 4 sets out the numbers of respondents who addressed the caregiving questions in respect of their mother, their father etc. Over half (54%) of the 2,784 respondents to the subsequent questions responded in respect of their mother and almost one-third (31%) in respect of their father.

Table 4: Relative the respondent had in mind when answering care related questions (Total N=2784*)

	N	%
Mother	1,509	54.2
Father	870	31.3
Mother in-law	243	8.7
Father-in-law	92	3.3
Stepmother	21	0.8
Stepfather	18	0.6
Aunt	16	0.6
Uncle	3	0.1
Other	12	0.4

*Of the overall sample of 3600, 91 respondents (2.5%) were excluded due to having all their living parent figures residing in care homes and 725 were excluded due to having no living parent (figure).

Among these 2784 respondents, 745 (27%) indicated that they were currently providing help to their parent whom they had in mind, and over half of these respondents themselves indicated that their parent could not manage without the help/support they provide. 32% indicated that they could manage and the remaining 16% did not know.

Characteristics of the parent or parent figure

3% of the sample indicated that the parent was under 65 and 11% indicated that the parent was aged 65 to 70. The remaining responses were relatively evenly distributed across the remaining older 5-year age-bands.

39% of respondents indicated that their parent lives alone, and 47% reported that the parent lives with their spouse/partner. 4% of respondents lived with the parent. Among those who did not, 70% indicated the usual mode of transport to get to the parent's home was by car, motorcycle or moped and 9% indicated they travel on foot, while 8% indicated they would typically take a plane. Over half of respondents not living with the parent indicated a journey time of less than an hour to get to their home, and 22% indicated a journey time of 3 or more hours.

Respondents were asked how many children the parent had. About two-thirds had 1 or 2 daughters, and about 63% had 1 or 2 sons. 22% had no daughters and 24% had no sons. Stepdaughters and stepsons were considerably less common, with 88% having no stepdaughters and likewise 88% having no stepsons. About half of the parent had a daughter-in-law and about 44% had a son-in-law.

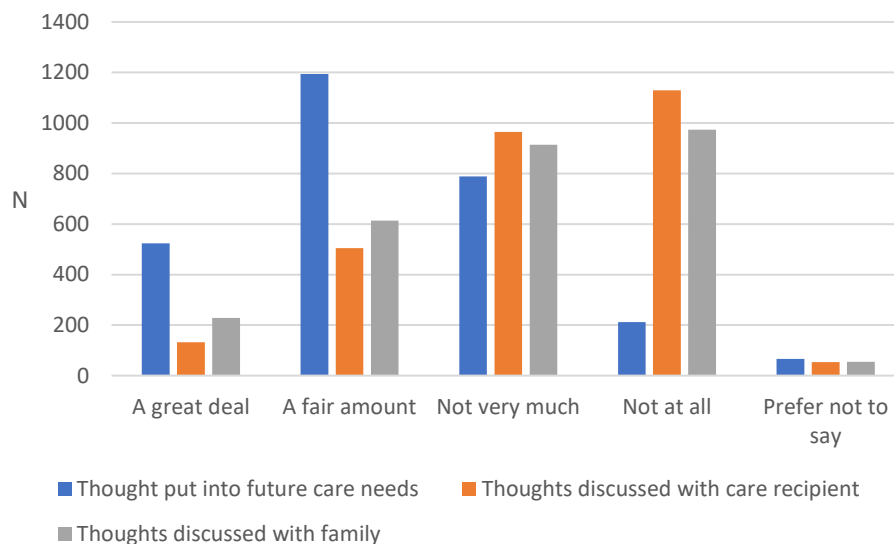
Consideration and discussion about future care needs

Respondents were asked to what extent they had thought about the future care needs of the potential care recipient, should they not be able to manage with their current level of care. The responses to this question are shown in table 5 and illustrated in figure 2. Overall, about 62% of respondents indicated they had thought about this a great deal or a fair amount. However, 75% of the overall sample went on to say they had discussed this either not very much or not at all with the potential care recipient, and 68% mentioned discussing this very little or not at all with relatives of the potential care recipient.

Table 5: How much thought the respondent has put into the future care needs of the potential care recipient if they could no longer manage with their current level of support and discussion with others

	Thought put into future care needs if they could no longer manage		Extent to which thoughts were discussed with care recipient		Extent to which thoughts were discussed with family	
	N	%	N	%	N	%
A great deal	524	18.8	132	4.7	228	8.2
A fair amount	1,194	42.9	505	18.1	614	22.1
Not very much	788	28.3	965	34.7	914	32.8
Not at all	212	7.6	1,129	40.6	973	35.0
Prefer not to say	66	2.4	53	1.9	55	2.0

Figure 2: Distributions of thought put into future care needs of the older relative and, separately, 1) degree of discussion with care recipient regarding care needs and 2) degree of discussion with other family members regarding care needs



Note: All 2784 respondents with an older parent responded to all of the 3 questions.

Expected future caregiving arrangement

Respondents were asked to suppose that in several years' time their parent (or parent figure) who was the potential care recipient will need help with a variety of tasks and to indicate for each task how this care would likely be arranged. The number of years into the future the respondent was asked to consider depended on the age of the parent. 17% were asked to think of the situation in 1-2 years' time, 64% were asked to think 3-5 years into the future and 19% were asked to think 5-10 years into the future.

The results of these questions are shown in table 6. (Note that multiple sources of support could be indicated.) In general, paid care and support from the respondent, spouse/partner of the care recipient and extra-resident family members of the care recipient were the most commonly reported sources of support. However, there were differences between tasks, with some more likely to be undertaken by unpaid carers and others by paid carers.

Overall, the respondents indicated themselves and other family members not living with the parent as the two most likely sources of support for taking the parent to activities and for keeping them company/providing emotional support/supervision and among the likely sources of support for helping them feed themselves. They were less likely than a paid carer or the parent's spouse to help with bathing, using the toilet or supporting treatments.

The parent's spouse/partner was among the most frequently mentioned source of support for all the tasks. This is despite the obvious fact that the spouse/partner could be mentioned as a likely source of support only where the parent had a surviving spouse/partner, which was the case for slightly under half (47%) of the parents.

Paid carers were about twice as frequently noted as an expected source of support when the type of support included bathing (38%), feeding (32%), assisting with supportive treatments (31%) or toileting (27%) compared to taking the care recipient to social activities (16%) or providing emotional support (15%). A live-in carer was mentioned as a source of support by between 4% (taking to social activities) and 11% (assisting with supported treatments) of respondents.

Move to a care home was included among the more frequent sources of support only for assisting with supportive treatments (25%) and help using the toilet (23%). Between 13% and 17% of respondents, depending on the task, expected that the parent would move to live with them or another relative (or that they or another relative would move to live with the parent). The proportion of respondents indicating 'don't know' varied by task between 11% and 17%, indicating 'none' of the sources of support between 3% and 5% and indicating 'other' between 1% and 3%.

When the analysis is limited to those whose parent (or parent figure) had a surviving spouse/partner, the spouse/partner was mentioned by between 35% and 51% of respondents, as shown in table 7. Similarly, when the analysis is limited to those whose parent has a coresident family member (other than their spouse/partner or the respondent), the family member was mentioned by between 34% and 50% of respondents.

Respondents who indicated that the parent (or parent figure) had a spouse/partner able and willing to provide care were asked to repeat this set of questions under a hypothetical scenario where this spouse/partner was no longer willing or able to provide care. The results are shown in table 8. In general, this resulted in increases in rates of indicating that support would be provided by the respondent, other family members not living with the parent and paid care, for all of the various activities. However, this did not appear to change substantially the frequency of responding that the care recipient would move to live with the respondent or another family member (or vice versa). A higher proportion of respondents expected that their parent would move to a care home under this scenario than under the original scenario where the spouse/partner could provide care, especially if support was needed with keeping the parent company/providing emotional support (14% vs 8%) or bathing (16% vs 10%); but surprisingly a lower proportion mentioned move to a care home under this scenario if support was needed with supporting treatments (15% vs 25%). This comparison between scenarios needs to be treated with caution since only those respondents who indicated that their parent's spouse/partner would be likely to provide care were asked to consider a scenario in which the spouse/partner was no longer willing or able to do so.

Table 6: Support sources for future care needs

As a percentage of all 2784 respondents answering the question	Activity											
	Taking him/her to social activities once or twice a week during daytime		Keeping him/her company, giving emotional support, or keeping an eye on them during the day		Helping him/her bath or shower 3/4 times per week		Helping him/her feed themselves		Helping him/her use the toilet when needed		Helping him/her with supporting treatments or care	
Source	N	%	N	%	N	%	N	%	N	%	N	%
Respondent	660	23.7	1,074	38.6	411	14.8	616	22.1	358	12.9	398	14.3
Spouse/partner	494	17.7	663	23.8	529	19.0	604	21.7	546	19.6	456	16.4
other family member not living with potential care recipient	748	26.9	1,040	37.4	454	16.3	576	20.7	352	12.6	362	13.0
non-spouse family living with them	129	4.6	154	5.5	104	3.7	142	5.1	116	4.2	107	3.8
paid carer/care-worker paid for by respondent, or family	449	16.1	430	15.4	1,066	38.3	888	31.9	762	27.4	859	30.9
community transport or similar paid for by respondent or family	385	13.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
live-in carer paid for by respondent or family	130	4.7	121	4.3	172	6.2	206	7.4	279	10.0	299	10.7
Carer would move to live with care recipient or vice versa	234	8.4	226	8.1	192	6.9	260	9.3	258	9.3	227	8.2
carer recipient moves to live with other relative or vice versa	223	8.0	223	8.0	171	6.1	222	8.0	214	7.7	196	7.0
care recipient would move into a care home if this could be afforded by respondent/family	235	8.4	213	7.7	274	9.8	460	16.5	630	22.6	693	24.9
other, please specify	73	2.6	72	2.6	39	1.4	32	1.1	27	1.0	37	1.3
none of the above	138	5.0	94	3.4	103	3.7	89	3.2	78	2.8	79	2.8
Don't know	387	13.9	314	11.3	425	15.3	382	13.7	469	16.8	469	16.8

Table 7: Familial support sources among those with a spouse/partner or other family member living with the parent figure

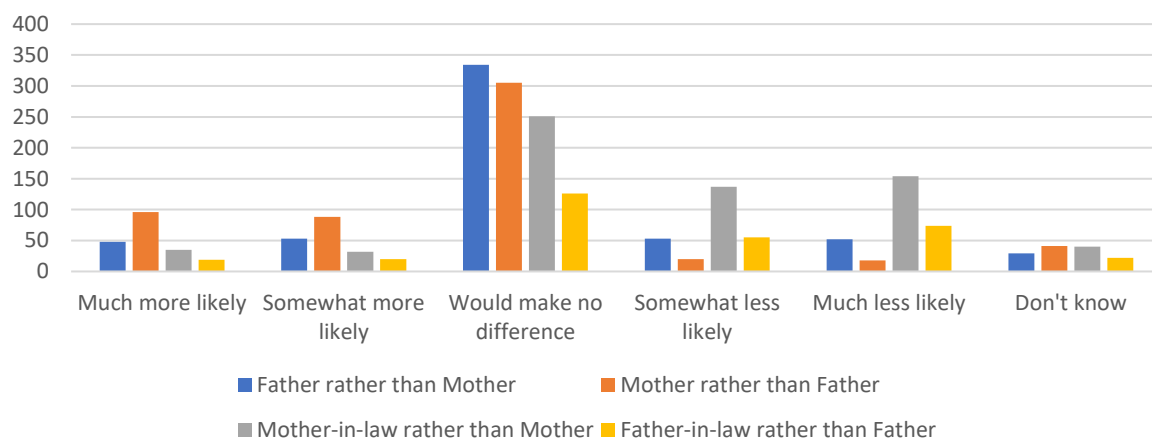
As a percentage of 1308 respondents for whom the parent figure lives with a spouse/partner and 309 respondents with a non-spouse/partner family member living with their parent figure.	Activity											
	Taking him/her to social activities once or twice a week during daytime		Keeping him/her company, giving emotional support, or keeping an eye on them during the day		Helping him/her bath or shower 3/4 times per week		Helping him/her feed themselves		Helping him/her use the toilet when needed		Helping him/her with supporting treatments or care	
	N	%	N	%	N	%	N	%	N	%	N	%
Spouse/partner	494	37.8	663	50.7	529	40.4	604	46.2	546	41.7	456	34.9
non-spouse family living with them	129	41.7	154	49.8	104	33.7	142	46.0	116	37.5	107	34.6

Table 8: Future support sources if the spouse of the older family member were unable or unwilling to provide care(N=494)

Source	Taking him/her to social activities once or twice a week during daytime		Keeping him/her company, giving emotional support, or keeping an eye on them during the day		Helping him/her bath or shower 3/4 times per week		Activity		Helping him/her use the toilet when needed		Helping him/her with supporting treatments or care	
							Helping him/her feed themselves					
	N	%	N	%	N	%	N	%	N	%	N	%
Respondent	197	39.88	276	41.63	147	27.79	214	35.43	164	30.04	174	38.16
other family member not living with potential care recipient	245	49.6	326	49.17	196	37.05	239	39.57	192	35.16	198	43.42
non-spouse family living with them	7	1.42	15	3.04	11	2.22	15	2.48	15	2.75	13	2.85
paid carer/care-worker paid for by respondent, or family	129	26.11	234	35.29	254	48.02	278	46.03	250	45.79	214	46.93
community transport or similar paid for by respondent or family	122	24.7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
live-in carer paid for by respondent or family	26	5.26	53	7.99	59	11.15	67	11.09	62	11.36	52	11.4
Carer would move to live with care recipient or vice versa	30	6.07	60	9.05	38	7.18	47	7.78	44	8.06	39	8.55
carer recipient moves to live with other relative or vice versa	20	4.05	44	6.64	34	6.43	48	7.95	41	7.51	34	7.46
care recipient would move into a care home if this could be afforded by respondent/family	33	6.68	94	14.18	85	16.07	107	17.72	99	18.13	69	15.13
other, please specify	15	3.04	13	1.96	3	0.57	4	0.66	5	0.92	2	0.44
none of the above	10	2.02	12	1.81	5	0.95	4	0.66	5	0.92	5	1.1
Don't know	49	9.92	76	11.46	60	11.34	70	11.59	69	12.64	48	10.53

Respondents who had two living parents in the community were asked whether their responses to the questions about future care arrangements would be different in respect of their father (mother) if they had originally responded in respect of their mother (father). 18% of respondents reported being more likely to provide help with high level needs (bathing, feeding, using the toilet or helping with supportive treatments) to their father than their mother, and 18% reported being less likely to do so (Figure 3). 32% reported being more likely to provide this type of support to their mother than to their father, and 7% reported being less likely to do so.

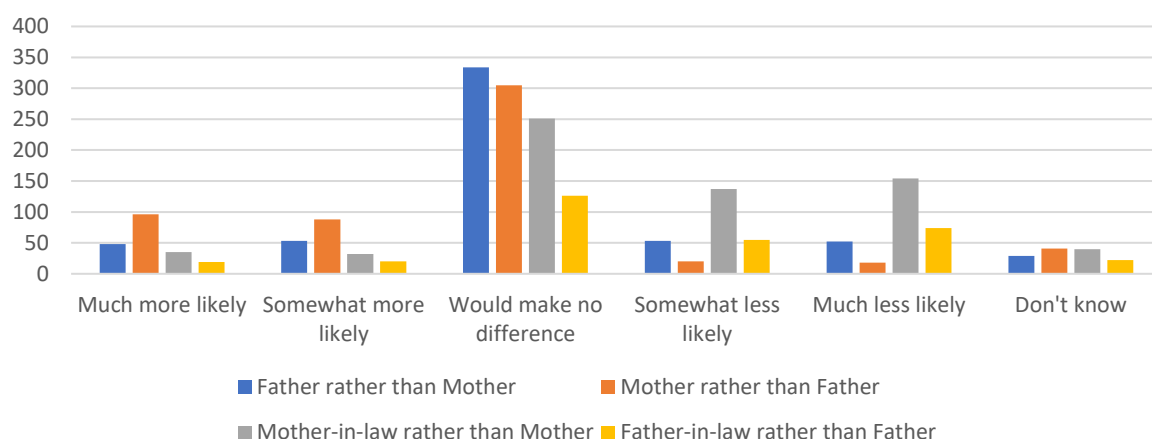
Figure 3: Change in likelihood of helping with high level needs



Note: In total 569 respondents initially asked about their mother indicated how much more or less likely they would be to look after their father. 568 respondents initially asked about their father did the same regarding their mother, 649 initially asked about their mother-in-law did the same regarding their father-in-law and 316 initially asked about their father-in-law did the same regarding their mother-in-law.

With respect to taking their older relative to social activities or keeping them company, 66% of those answering previously regarding their mother indicated no expected difference in probability of providing this support if the recipient were to be their father, with 21% indicating they would be somewhat more likely or much more likely to provide this type of support for their father and 7% indicating they would be somewhat less likely or much less likely to provide this type of support (figure 4). Similarly, for those responding regarding their father, 59% indicated there would be no difference, 32% indicated they would be somewhat more likely or much more likely to provide assistance for their mother and 3% indicated they would be somewhat less likely or much less likely to provide this support to their mother.

Figure 4: Change in likelihood of taking parent to social activities or keeping them company



Note: In total 569 respondents initially asked about their mother indicated how much more or less likely they would be to look after their father. 568 respondents initially asked about their father did the same regarding their mother, 649 initially asked about their mother-in-law did the same regarding their father-in-law and 316 initially asked about their father-in-law did the same regarding their mother-in-law.

Barriers and facilitators to providing care

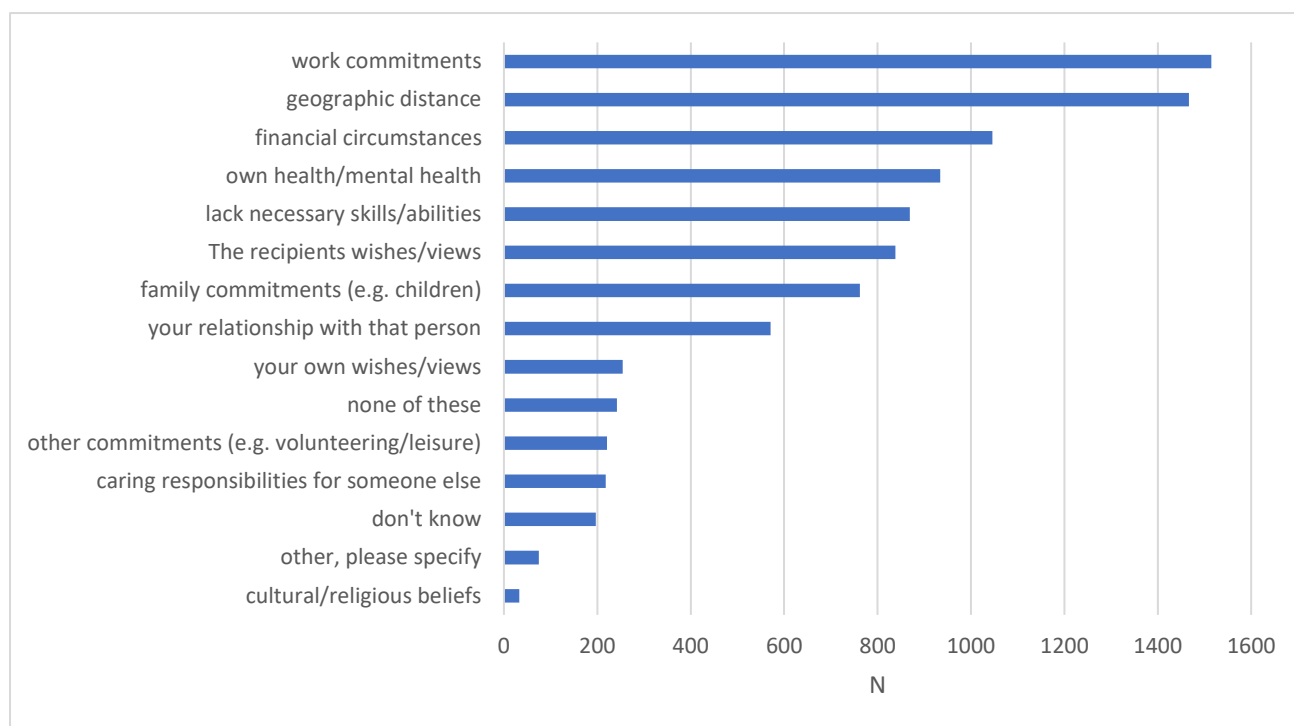
Respondents were asked what factors would hinder them in their ability to provide care for their older relative in the future (figure 5). To assist interpretation of their responses, they were first asked what they expected their employment situation to be in 5 years' time. 69% indicated expecting to be in employment either full-time or part-time and 19% expected to be retired. Those indicating being employed in 5 years' time were then asked what they believed their employment situation would be in 10 years' time. Among this subgroup, 78% indicated still being in employment 10 years' time, and 19% indicated being retired.

Over 40% of respondents indicated work commitments and geographic distance as difficulties. Other commonly reported factors were financial circumstances (29%), their own health/mental health (26%), a lack of necessary skills/abilities (24%), the parent's wishes/views (23%), family commitments (21%) and the respondent's relationship with their parent (16%). Other factors were reported by less than 10% of respondents.

Respondents were also asked what activities they expect would have to be displaced to provide care (figure 6). 32% reported displacement of leisure time. Other commonly reported activities were hours of work (26%), socialising (20%), holidays (20%), moving closer to the care recipient (19%), using annual leave to provide care (18%), spending less time with friends and family (18%) and leaving paid work entirely (12%).

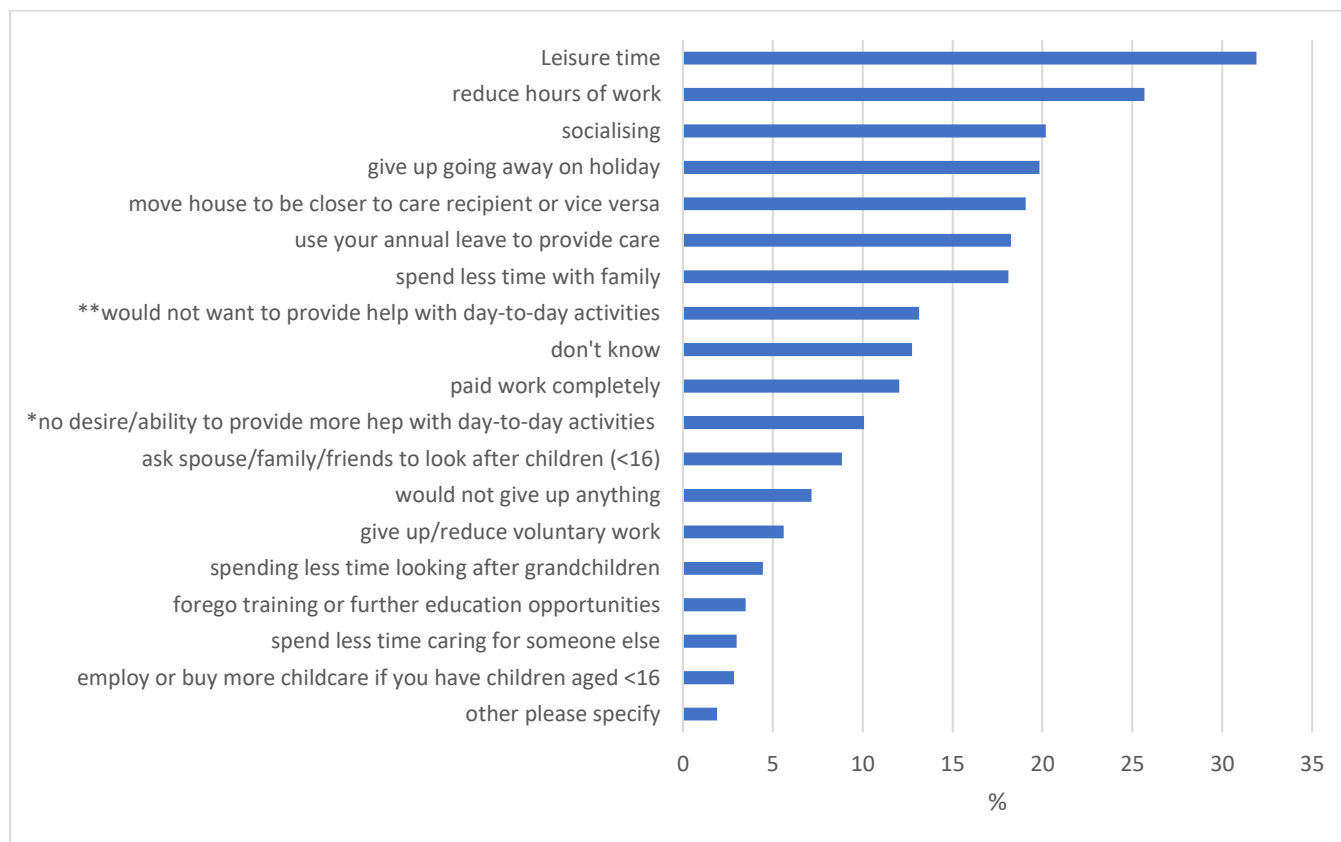
10% of those currently providing support to their older relative indicated not wanting to provide more support for them, and 13% of those not currently providing support reported not wanting to provide assistance with day-to-day activities.

Figure 5: Factors making it difficult to provide care for parent in the future.



Note: All 3600 respondents were asked this question, and multiple categories of responses could be indicated.

Figure 6: Activities likely to be displaced to provide care.¹

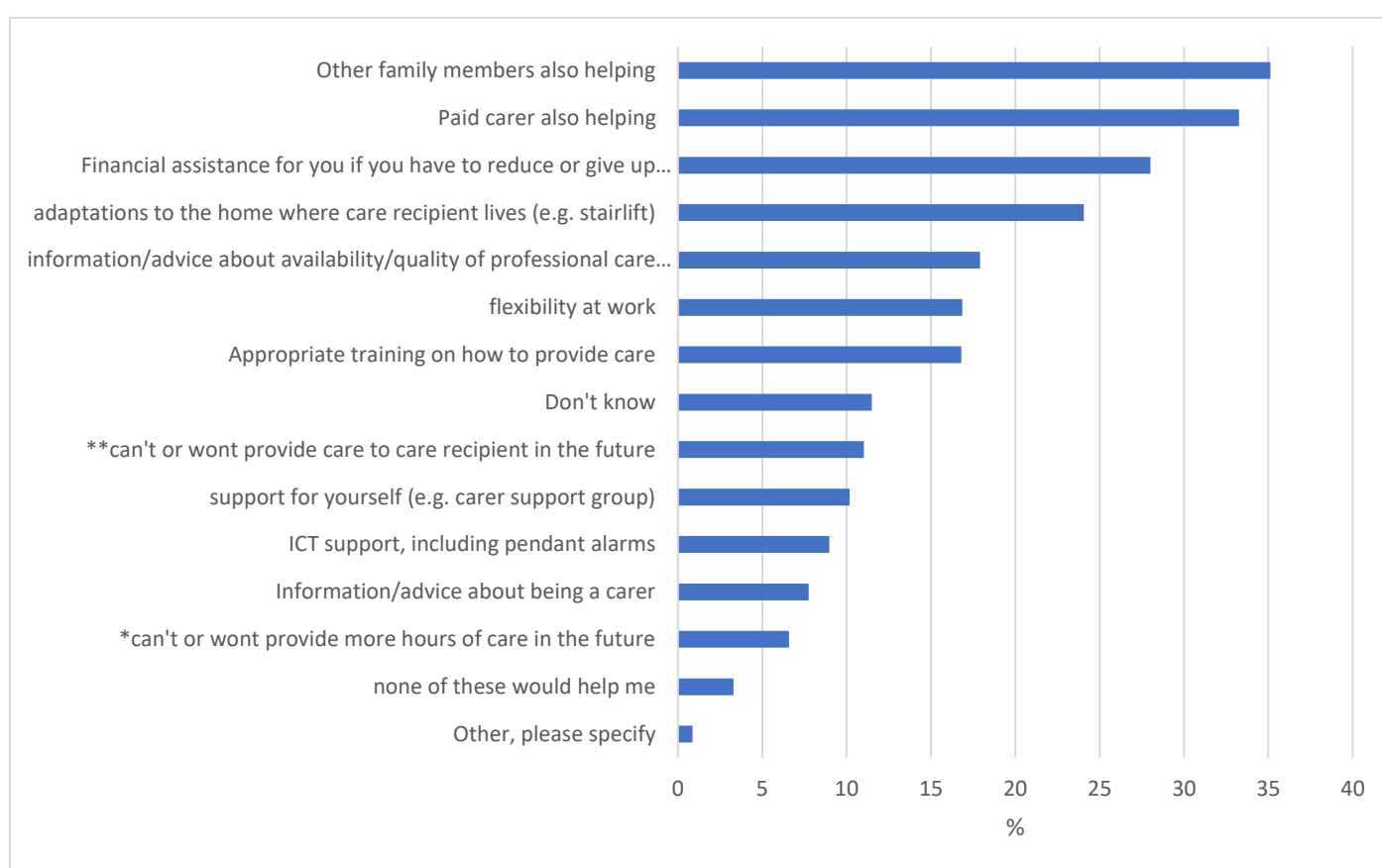


¹ * Among those currently providing care, ** among those not currently providing care

Note: All respondents with a living older parent in the community (2784) responded to this question, and multiple response categories could be indicated.

Respondents were then asked to identify up to 3 sources of support that they thought might be most useful to them in providing care for their parent (figure 7). The most commonly reported sources were other family also providing care (35%), paid carers also providing care (33%), financial assistance if work hours needed to be reduced (28%) and adaptations to the parent's home (24%). Other commonly reported sources were information/advice about availability and quality of professional care services (18%), flexibility at work (17%) and training on how to provide care (17%).

Figure 7: Measures that would most help the respondent to provide care (respondents could select up to 3)



* Among those currently providing care

** among those not currently providing care

Note: All respondents with a living older parent in the community (2784) responded to this question, and multiple response categories could be indicated.

Receipt of free care and private purchase of care

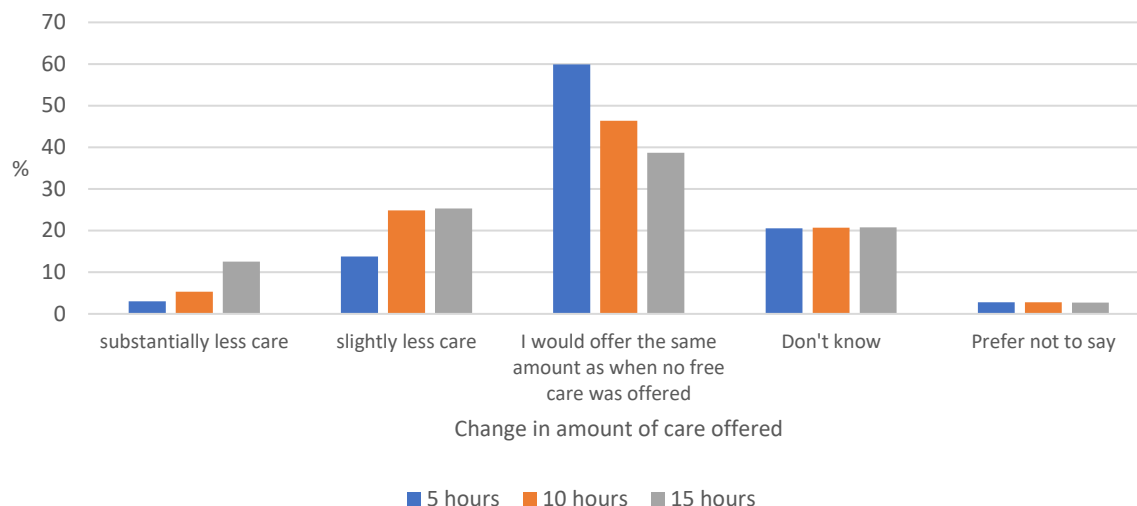
To explore how receipt of publicly funded care would affect attitudes to providing care for parents, respondents were asked how the intensity of the care they provide might change if 5, 10 or 15 hours of free high-quality care were offered by the government (figure 8). Across all three questions, about 21% of respondents indicated that they didn't know. With 5 hours of free care, 60% of respondents indicated that they would not change the hours of care they provided and 17% indicated that they would provide slightly less or substantially less care. When the hours of free care increased to 10 or 15 hours per week, the proportion indicating slightly or substantially less care increased to 30% and 38% respectively, and the proportion indicating no change fell to 46% and 39% respectively.

To examine willingness to pay for care privately rather than or in addition to providing unpaid care for parents, respondents were asked what was the maximum hourly cost of high-quality paid care that they would be willing to pay if their parent or parent figure required three hours of care per week for one year. Overall, 49% responded that they did not know, 4% indicated zero (£0 per week), 7% a value under £10 per hour, 15% indicated £10-14 per hour, 12% indicated £15-19 per hour and 12% indicated £20-49 per hour. A small proportion of respondents (1%) indicated a willingness to pay more than £50 per hour for three hours of paid care per week over the course of a year.

Finally, respondents were asked if they would be willing to purchase care, over the course of a year, at an hourly rate of £15 per hour, assuming they had to purchase this in multiples of 5 hours for a parent who received insufficient care and could not afford to purchase paid care themselves. Overall, 56% of respondents expressed potential interest in purchasing 5 hours of care at £75 per week for a period of a year - 26% responded positively and 27% indicated that 'it depends'. 22% indicated that they would not purchase this care, and 22% indicated that they don't know.

Amongst those indicating that they would purchase 5 hours of care per week or that it depends, 67% expressed interest in purchasing 10 hours of care per week for £150 per week for a year - 24% responded positively and 43% indicated 'it depends'. 24% indicated that they would not do so. Finally, among the subgroup indicating willingness to purchase 10 hours of care per week or that it would depend, 67% expressed interest in purchasing 15 hours of care at a rate of £225 per week over the course of a year - 24% responded positively and 43% indicated that 'it depends'. 24% of this subgroup indicated that they would not purchase 15 hours of care per week.

Figure 8: Expected change in amount of care offered by the respondent when 5, 10 or 15 hours of free weekly paid care is received by the parent figure.



Note: 2784 respondents answered each of the three questions.

Discussion

Summary

The unweighted sample was representative of the general population aged 40 to 65 with respect to sex and age-band by construction. 83% of respondents lived in an urban area, and 92% were white. Over half had at least a bachelor's degree (or equivalent highest level of qualification), which, as in other studies requiring respondents to reply online, meant that the sample over-represented those with a degree compared to the overall England population. 28% of the sample had a physical or mental health condition, and three-quarters of those with a condition indicated that this affected their day-to-day activities a little or a lot. About 60% of the sample had a living mother and 40% had a living father. Living parents-in-law were slightly less common, and stepparents were substantially less common. Few respondents had an older relative living in a care home and the great majority had a living older relative in the community.

The sample was relatively familiar with providing care: 18% indicated currently providing care for an older relative and a further 38% indicated caring for an older relative in the past. This contrasts to the 2021 Census finding that the proportion of the England population providing unpaid care peaked at 19.9% for women aged 55-59 years and 13.0% for men aged 60-64 years (ONS 2023).

When asked to think about future care provision, over half of the sample responded regarding their mother, and about a third responded regarding their father. About half of these older relatives lived with a spouse and 40% lived alone.

With respect to care planning, respondents frequently reported having thought about the care needs of their parent, but less commonly reported having discussed these needs with their parent or their family. This finding may have important implications. It may be that there is only a single family member living near the parent in which case the

family as a whole may assume the bulk of caregiving responsibility will fall on this family member. However, a lack of discussion may prevent other family members taking on responsibilities that they may be able to do remotely, resulting in the close-by family member taking on proportionally more responsibility than absolutely necessary. Alternatively, it may be that a lack of discussion could result in a perpetuation of long-running expectations or be a result of them. For example, if a parent had a daughter and son available to care, a lack of discussion may result from a belief or assumption (from potentially multiple members in the family) that women should be more likely to take on caregiving responsibilities or are in some way better suited to doing so. A lack of discussion will result in these expectations not being challenged, potentially perpetuating these beliefs.

The respondents themselves and other family members, in particular the spouse/partner of the parent and family members living with the parent, were the most commonly reported sources of support for future care needs revolving around taking the parent to activities, keeping them company/providing emotional support/supervision and helping them feed themselves. Paid care was more likely to be reported as a future support source when care needs related to more intimate tasks (bathing, feeding) or assisting with supportive treatments. These needs typically develop later, suggesting that respondents believe that assistance will be provided by family members up to a point where the support required is at a level that is no longer manageable from within the family. This may be at an intensity that requires individuals to make (further) sacrifices to employment or be perceived to require specialist knowledge to be able to assist with supportive treatments.

Respondents were more likely to indicate that their parent would move into a care home when asked to consider what arrangements would be made if their parent's spouse/partner was not able to provide care. The frequency of reporting that the parent would move in with a relative or vice-versa did not appear to vary substantially between different care needs.

Respondents tended to suggest a higher probability of providing support with traveling to social activities and keeping their parent company if they were asked to think about their father as opposed to their mother as the care recipient. However, those asked to think about their mother as opposed to their father were also more likely to indicate a higher probability of providing this support. It seems possible that respondents hesitate to suggest they may provide 'less' to one parent than the other but are more willing to indicate providing 'more' to one parent than the other. In general, respondents more commonly reported lower likelihood of providing care with these tasks when the care recipient was their parent-in-law rather than their mother or father.

With respect to intimate day-to-day activities, respondents were more likely to report that they would provide care to their mother than their father when initially asked about their father. Respondents indicated being substantially less likely to provide intimate assistance for parents-in-law than for their parents. This may be explained in part due to differences in the wishes of the parents and potentially same-sex preference for assistance with intimate activities such as bathing or dressing.

The most commonly reported barriers to providing care included geographical distance and work commitments. In terms of activities displaced to provide care, respondents were most likely to indicate leisure time and hours of work.

The most commonly reported sources of support that would be helpful included other family members or paid carers and financial assistance if work needed to be reduced to provide care. This suggests that it may be useful to consider the family as a whole when considering potential care provision as opposed to focusing on single individuals as primary carers.

Respondents were asked to what extent their care hours would be affected if 5, 10 or 15 hours of free care were provided for their parent. The proportion indicating that they would reduce their hours of care was low although it did increase with the number of hours of free care. By way of comparison, analysis of 2022 Health Survey for England data found that approximately 69% of unpaid carers of older people provide under 10 hours of care per week in total (NHS Digital, 2024), meaning that 5 to 15 hours of free care is, in comparison with the typical level of unpaid care provided, a significant amount. It may be that the respondents overestimated the intensity of care that their parents may require or felt that the intensity of care they could provide could not meet all needs and that formal care could address those needs that would otherwise be unmet. It may also be that there are differences in expectations among people from different cultural backgrounds around assisting and being perceived as assisting the family (Katbamna et al, 2004). For example, some individuals may be more likely to face stigma if they allowed others to assume some or all caregiving responsibilities and so may provide assistance even when this results in more support than is required.

Respondents were asked to provide an estimate of the maximum hourly cost they would be willing to incur for an hour of high-quality paid care, assuming that three hours of care are needed per week over the course of a year. Almost half (49%) indicated that they didn't know. 3% indicated £0 per hour and 4% reported up to £9 per hour. Amongst those who were willing to purchase care, the majority indicated a maximum willingness-to-pay between £10 and £49 per hour with a small proportion indicating willingness to pay over £50 per hour, suggesting either high levels of disposable income or inability or strong opposition to providing care themselves.

Limitations

This survey asked individuals to think about a future time when their parents may develop care needs and consider how these might be addressed. This is a potentially challenging exercise as the exact level of need assumed by individuals will vary (as potentially suggested by the findings described above), and because the situation of the respondents themselves may be different in the future (e.g. whether in employment or not, level of childcare responsibilities or where they are living relative to the parent).

Conclusions

Overall, the results suggest that, particularly for help with lower intensity needs, there is an expectation that support will be provided within the family, even if formal support is also received. The majority of respondents did not think that formal care would lead them to greatly reduce their own caring. The results also suggest that the family unit

should be considered as a whole, with other family members providing support being the factor most likely to be perceived as helpful by respondents.

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