



# Wellbeing amongst carers in Suffolk

This report has been produced based on findings from the Public Mental Health and Emotional Needs project, in collaboration with Suffolk County Council.

**October 2023**



**Just under 4 in 10** respondents who are carers in Suffolk are scoring above a 1 on average in the Modified ENA (scale -3 to 3)

**Sleep** is the worst met Need on average

**Community** is the least met emotional Need on average

Those with a household income **over £40k per year** are the most well demographic group on average

Carers' **physical and mental health** is the biggest barrier to wellbeing

Those who are **unable to work** are the demographic group meeting Needs the least well on average

**53%** gave a score **below 1** for their Need for **Security**



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## The Emotional Needs

**Sleep** helps calm emotions and repairs our body. We can tell our Need for Sleep is met when we feel rested after waking up

**Food & Drink** is about feeling you get energy, nutrition and pleasure from your diet – however that looks for you

**Control** is feeling we are free to make choices for ourselves, and part of meeting this Need is recognising that there are things we can't control

**Meaning & Purpose** is feeling motivated and that there is a point to getting out of bed in the morning. This can be met through meeting our Need for Achievement, through helping other people, or by being part of something bigger than ourselves

**Achievement** is met by feeling stretched and challenged by the things we do

**Emotional Connection** is about feeling connected in smaller, more intimate groups. **Close Relationships** is about feeling we can be completely ourselves around at least one other person (or a pet!)

**Movement** isn't just about going to the gym or out for a run. Getting our heart rate above resting level just three to four times a week – whether that's a brisk walk, dancing or hoovering – is enough to trigger an endorphin release equivalent in its effect to anti-depressant medication

**Security** is to do with our need to feel safe and secure in our surroundings. Some examples of where we meet our Need for Security is in our housing situation, financially or in relationships

**Privacy** is about being able to get time away from distractions and have time to process our thoughts and emotions

**Status** is met by feeling appreciated and respected as a person. **Value** is about feeling appreciated for our actions and contributions

**Giving and Receiving Attention** is about exchanging positive attention with those around us. It is a finite resource, but can be replenished by better meeting the Need for Privacy

**Community** is met when we feel we're part of a group

## Key Findings

Just 38.45% of respondents in Suffolk with caring responsibilities\* are scoring above a 1 on average in the Modified ENA (scale -3 to 3). The average score is 0.47 and respondents have an average of more than 1 for 4 out of the 15 Needs, on average.

Alongside the three physical Needs, there are three emotional Needs that are particularly less well met amongst carers on average, and that could therefore benefit from targeted interventions to better support residents to meet these Needs.

These are:

### 1. Community

**56%** of respondents have a score less than 1 (on a -3 to 3 scale)

#### **The biggest barrier to this Need being met?**

Respondents' physical or mental health

#### **The biggest supporting factor?**

People's hobbies or interests

### 2. Control

**52%** of respondents have a score less than 1

#### **The biggest barrier to this Need being met?**

Respondents' physical or mental health

#### **The biggest supporting factor?**

People's home and day-to-day environments

### 3. Security

**53%** of respondents have a score less than 1

#### **The biggest barrier to this Need being met?**

Respondents' physical or mental health

#### **The biggest supporting factor?**

People's relationships

### 4. Physical Needs

**71%** of respondents have a score less than 1 for **Sleep**

**59%** have a score less than 1 for **Movement**

**56%** have a score less than 1 for **Food & Drink**

#### **The biggest barrier to these Needs being met?**

Respondents' physical or mental health

#### **The biggest supporting factors?**

People's home environments and their hobbies or interests

Some groups of people with caring responsibilities are notably more or less well than the average. Those with a household income over £40,000 per year are the most well group on average. Those meeting their Needs least well on average are those who are unable to work, either temporarily or permanently.

*\* Please refer to Appendix 1 to see the definitions for this group.*

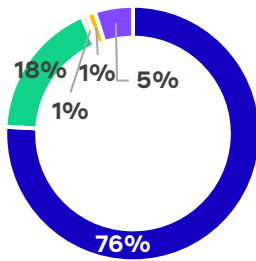
For more information on our Emotional Needs & Resources approach, visit our website:

[www.suffolkmind.org.uk/emotional-needs-resources](http://www.suffolkmind.org.uk/emotional-needs-resources)

## Engagement from carers

We received 3,027 responses from those with caring responsibilities from 13<sup>th</sup> June 2022 to 1<sup>st</sup> October 2023. We collect information on a number of demographic factors, alongside the Emotional Needs Audit (ENA) data, including gender, age, sexual orientation, ethnicity and nationality, economic status, and income. Of the demographic groups, this report focuses on age and economic status in particular – due to the biggest disparities in wellbeing existing amongst these groups.

### Response rates by gender:



- 76% of respondents were women (including trans women)
- 18% were men (including trans men)
- 1% were non-binary or gender-fluid
- 1% chose to self-describe their gender
- 5% chose not to provide information

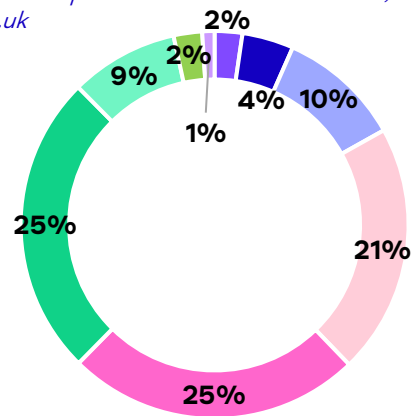
We often struggle to collect information on men’s wellbeing compared with women, and this is worth keeping in mind as it can affect our results. For instance, male carers’ average wellbeing is slightly higher than women’s (average overall score of 0.66 for men, compared with 0.61 for women – on a scale of -3 to 3). However, we don’t know the extent to which this is influenced by the fact that our sample size for women is over 4 times larger than is for men.

*Could you help us connect with individuals who are less represented in our data? If so, please reach out to us on [Research@suffolkmind.org.uk](mailto:Research@suffolkmind.org.uk)*

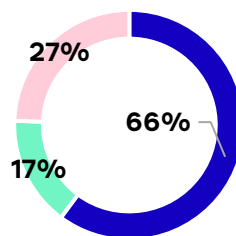
### Response rates by age:

We heard the most from those aged between 35 and 64 years old. Just 1% of respondents were over 75 years old, which also happens to be our most well age group on average. It’s therefore worth bearing in mind that the fewer responses we have for a group, the less reliable the conclusions we’re drawing are.

- Under 18s
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and over
- Did not provide information on their age



- Carer for friend or family member
- Professional carer
- Parent of child/children with additional needs



### Response rates by type of caring:

Respondents were able to choose any of the caring options that they felt applied to them, and here we can see the different proportions of different caring responsibilities in this data set.

*Where we receive fewer than 3 responses per reportable group, we do not report on the average wellbeing of this group – to ensure all responses remain anonymous.*

## Wellbeing for carers in Suffolk



Here we have the Emotional Needs Audit results for carers in Suffolk, gathered between 13<sup>th</sup> June 2022 and 1<sup>st</sup> October 2023. The Emotional Needs are along the bottom on the x axis, arranged from least to best met on average from left to right, with the average of all Needs combined on the far left. How well the Needs are met is shown on the y axis. Within the audit, each Need can be scored from -3 to 3, however, from this graph, we can see that the averages land between -1 and 2 (a view of the results on the full scale can be found in Appendix 2).

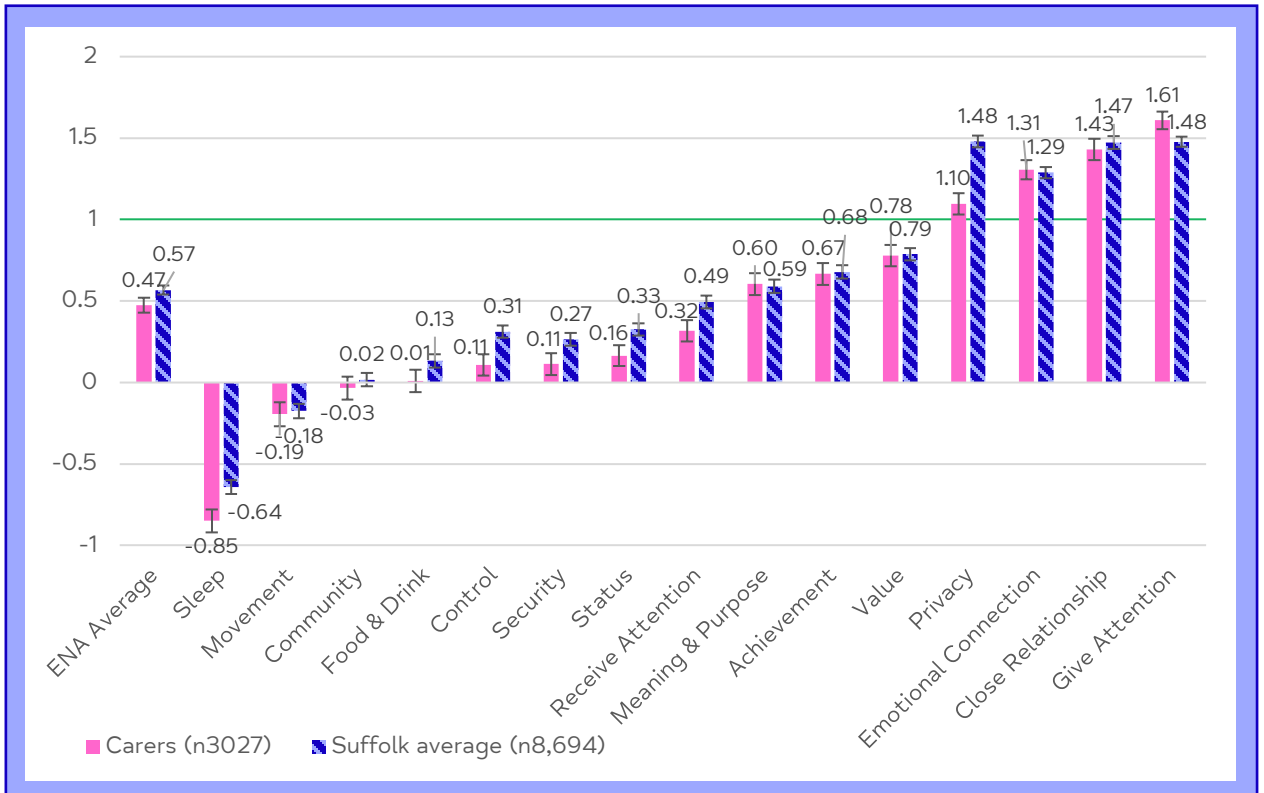
The error bars indicate the values we would expect our averages to fall within if we repeated this research. We used a 95% confidence interval; therefore, we can be 95% certain that the averages would fall within these ranges, if we were to collect data on the wellbeing of carers again in future.

The green line shows our operational definition of a ‘well met Need’ – one with a score of 1 or more on an individual level, and these are averaged to produce population scores. At a glance, we can see that, based on this, Needs are not well met by carers on average, with an overall average score of 0.47. Similarly, only 4 of the 15 Needs have an average score of 1 or more.

On an individual level, we operationally define someone to be meeting their Needs well overall if they have an average score of 1 or more across all their Needs. Based on this, 38.45% of respondents with caring responsibilities (or 1164 out of 3027 respondents) are meeting their Needs well overall and are therefore likely to be in wellbeing on the mental health continuum. This is marginally worse than Suffolk’s average wellbeing, based on fixed dates of 13 June 2022 to 8 March 2023 for the Suffolk-wide comparison point throughout this research, for which 41.12% of respondents have an average of 1 or more. For this project we chose to focus on groups which we knew to be less well, and therefore anticipated slightly lower wellbeing amongst carers on average. As we will see on the following page, the difference between average wellbeing for carers and Suffolk as a whole is statistically significant, and our findings allow us to prioritise Needs and interventions with the aim of further improving wellbeing for carers living in Suffolk.

*Any questions about our findings? Please contact us on [Research@suffolkmind.org.uk](mailto:Research@suffolkmind.org.uk)*

## How does this compare to Suffolk's average?



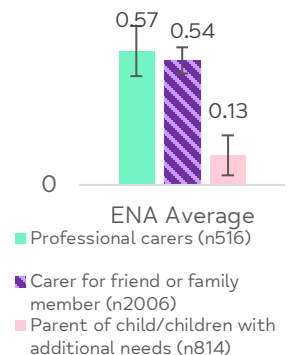
To view this graph on the full scale (-3 to 3), see Appendix 2.

We can make a comparison between the data we have collected on carers with the Suffolk-wide data gathered as part of this research. These results are compared with the Suffolk average, based on data gathered between 13<sup>th</sup> June 2022 and 8<sup>th</sup> March 2023. There were 8,694 responses within that time period for Suffolk as a whole, which we can compare with the 3,027 responses from those with caring responsibilities.

Here, we can see that the confidence intervals do not overlap between the carers overall average and the Suffolk-wide overall average. Therefore, we can deduce that the difference between how well Needs are met overall amongst respondents with caring responsibilities and the Suffolk-wide average is statistically significant. Seven Needs are statistically significantly worse met by the carers group than the Suffolk-wide average, and one is statistically significantly better met by the carers group.

If we look at the average scores, there is a difference of 0.10 between carers average and the Suffolk average. We can see a similar trend across both data sets in terms of how well each Need is met – with Sleep being the worst met Need on average, and the same 4 of the 15 Needs being best met on average.

It's also worth acknowledging that average wellbeing between different types of carer is slightly different, as shown in the figure to the right. For a full graph showing the difference between the three groups, see Appendix 2. Professional carers are meeting their Needs the best on average, just marginally better than those who care for a friend or family member, though this difference is not statistically significant. However, both of these groups are meeting their Needs statistically significantly better, on average, than those who are a parent of a child/children with additional needs.



To analyse the results further, we can separate the Needs into four groups based on similarities in theme.



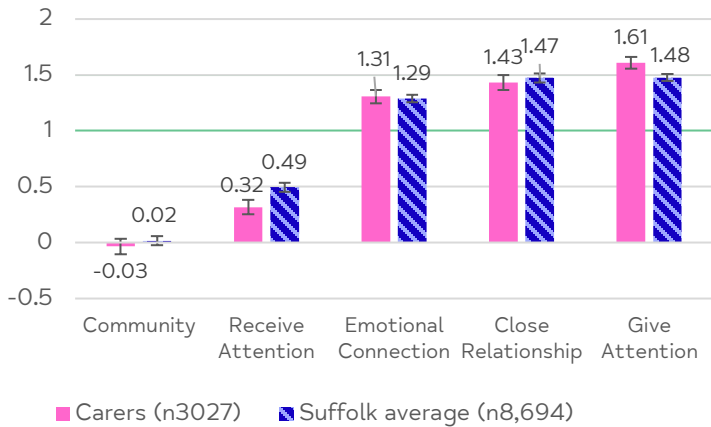


## Interpersonal Relationship Needs

We can see that the Need for a **Close Relationship** is well met on average, with a score of 1.43 (on a scale of -3 to 3), showing that people are feeling accepted for who they are by at least one person in their lives. **Emotional Connection** is also high on average, with a score of 1.31, suggesting that respondents are feeling connected in small, intimate groups.

It's helpful to compare these two Needs to **Community**, as this reflects the difference between feeling connected in smaller groups compared with bigger groups. Community is the least well met emotional Need on average for respondents with caring responsibilities, with an average score of -0.03. This suggests that people aren't feeling well connected in larger, less intimate settings. The Need for Community has taken a considerable hit in recent years, with Suffolk's average score for Community reaching an all time low during Summer 2022 compared to previous years.

The best met Need for respondents who are carers, on average, is **Giving Attention**, with a score of 1.61. For both carers and Suffolk as a whole, Giving Attention scores much more highly than **Receiving Attention**, on average, which is a less well met Need on average with a score of 0.32. This shows that people feel they give others more attention than they receive back. The second biggest supporting factor reported by respondents meeting their Need to Give Attention was their caring responsibilities, with 56% selecting this. Interestingly, this is also the largest barrier reported by those not meeting their Need to Receive Attention. Respondents have mentioned in the comments that they sometimes feel they use all their attention worrying about others and therefore aren't able to think about themselves enough.



**Community is the lowest met emotional Need**

Despite these Needs being slightly more or less well met, on average, by carers compared with Suffolk on average, since the confidence intervals overlap for most of the Needs, we cannot say that these differences are statistically significant. However, the confidence intervals do not overlap for two of the Needs, so we can say that the Need to Receive Attention is statistically significantly less well met by the carers group compared with Suffolk as a whole, and the Need to Give Attention is statistically significantly better met by the carers group.

Whilst the Need for Community isn't statistically significantly differently met compared to Suffolk as a whole, it is still among the worst met Needs for respondents with caring responsibilities on average. Accessibility seems to be a factor behind this, with respondents reporting that they sometimes aren't able to attend groups they would like to due to them not always running outside of usual working hours. Respondents also reported not knowing what was accessible for them to attend.

Comments from respondents also show us that some people feel that community activities and local facilities available are too costly. A few respondents also told us that rising costs, as well as limited carers allowance mean that they are less able to access services they would like to attend.

## Barriers

Respondents who weren't meeting their Need for Community (scoring below 0) were asked to identify barriers that prevent them from doing so. Of the respondents who chose to identify barriers:

- 57% (n359) believed that their physical or mental health presented an obstacle
- 45% (n282) reported that their caring responsibilities were a barrier
- 32% (n200) viewed the cost of living as getting in the way

## Supporting factors

Respondents who were meeting their Need for Community very well (scoring 2 or more) were asked to identify factors that support them to do so. Of those who provided information on supporting factors:

- 54% (n137) identified their hobbies or interests as supporting factors
- 50% (n128) selected their relationships as a contributing aid
- 48% (n122) viewed their community involvement as enabling them to meet this Need well

## What helps people's wellbeing?

**“Friendships, faith community, community involvement albeit unpaid, and family”**

**“Online events have been fabulous”**

**“Facebook groups for parents of children with special needs are my main source of information and support”**

## What are specific barriers to wellbeing?

**“Sometimes just going to meet new people is very daunting and needs to be supported”**

**“As I work full time it's quite hard to find a group in the evening”**

**“Being a wheelchair user means there are places I am unable to visit. I am sometimes left out because it's not always possible to access a building or area”**

## What could be done to improve wellbeing?

**“Being housebound I cannot access services at all, there needs to be more support for this”**

**“Better bus service so that people have access to the community”**

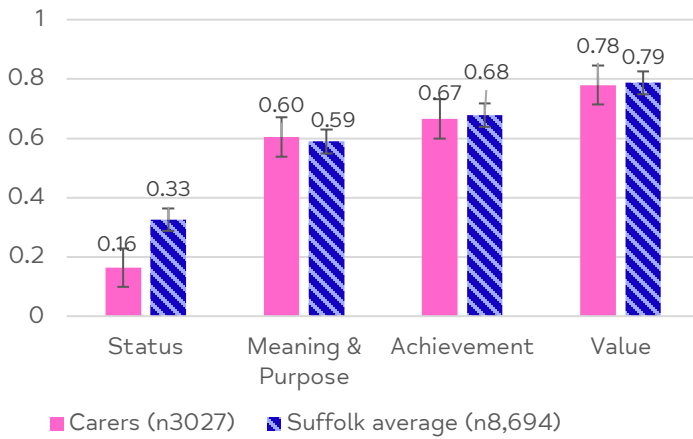


## Achievement and Value Needs

We can see that people are feeling some internal achievement about their actions but may not be feeling stretched, as **Achievement** is a less well met Need on average, scoring 0.67 (on a scale of -3 to 3). People's work situations can affect their ability to meet this Need well, with over half of respondents with caring responsibilities who weren't meeting this Need well identifying it as a barrier. Looking at results by economic status, we can see that Achievement is least well met by those who are unemployed (-0.33) or unable to work (-0.66) on average. Those on lower household incomes are also meeting this Need the least well on average, with those with a household income less than £17,000 per year having an average score of 0.20 compared to those with a household income above £40,000, with a score of 1.35 on average.

**Meaning & Purpose** is strongly positively correlated to Achievement within the carers data, meaning that on average we'd expect to see that if Achievement is high, then so is Meaning & Purpose (and vice versa). It's therefore unsurprising that Meaning & Purpose is also less well met for carers on average, with a score of 0.60, showing that respondents may not always be feeling purposeful about their actions.

As with the other Needs in this group, **Value** is also not among the best met Needs on average, with a score of 0.78. Value indicates how much people feel others appreciate them for their actions and contributions. Therefore, since respondents who are carers aren't meeting this Need well on average, this suggests that individuals may not be feeling as valued for their actions and contributions as they would like. **Status**, on the other hand, tells us how much people feel others appreciate and respect them as a person. Status is significantly less well met than Value, with an average score of 0.16. This shows that the appreciation and value people may at times feel for their actions doesn't always translate to them feeling valued as a person.



**Status** is one of the **lowest** met Needs

Despite differences in how well Needs are met among respondents with caring responsibilities and Suffolk-wide respondents, since the confidence intervals overlap for most of the Needs we can't say with confidence that these differences are statistically significant. However, the confidence intervals do not overlap for the Need for Status, so we can say that carers are meeting this Need statistically significantly worse than Suffolk as a whole, on average.

A theme coming through the comments relating to this Need is around carers, especially unpaid carers, feeling they are being forgotten when it comes to support. There is also mention around feeling forgotten or left behind by health care providers due to there not being enough acknowledgement of people on waiting lists for services, as well as follow up support after attending a service not aligning with people's needs. We can especially see this through the fact that, of those who are carers, those who also have declared an activity limiting disability themselves are meeting the Need for Status significantly worse than those who aren't disabled. This intersectionality of caring for someone whilst also being disabled could mean these respondents are feeling the lack of acknowledgement from health care systems through both their own experiences, as well as the experiences of the person they care for.

## Barriers

Of the respondents who chose to identify barriers to meeting their Need for Status:

- 51% (n305) stated that their physical or mental health prevented them from meeting this Need
- 40% (n239) attributed not meeting this Need well to their caring responsibilities
- 34% (n201) identified their work situation as an obstacle

## Supporting factors

Of the respondents who chose to identify supporting factors to meeting their Need for Status:

- 59% (n146) felt supported to meet this Need due to the relationships in their lives
- 49% (n121) saw their work situation as a supporting factor
- 36% (n90) believed that their home environments enabled them to meet this Need well

## What helps people's wellbeing?

**“Being involved with the local community and encouraging others to join in activities and support each other gives me a great feeling knowing I am helping people”**

**“We always try to have something planned to look forward to and we always talk about things that are hampering our wellbeing”**

## What are specific barriers to wellbeing?

**“A lot of Suffolk services seem focussed on and located in Ipswich, which is not centrally located in the county”**

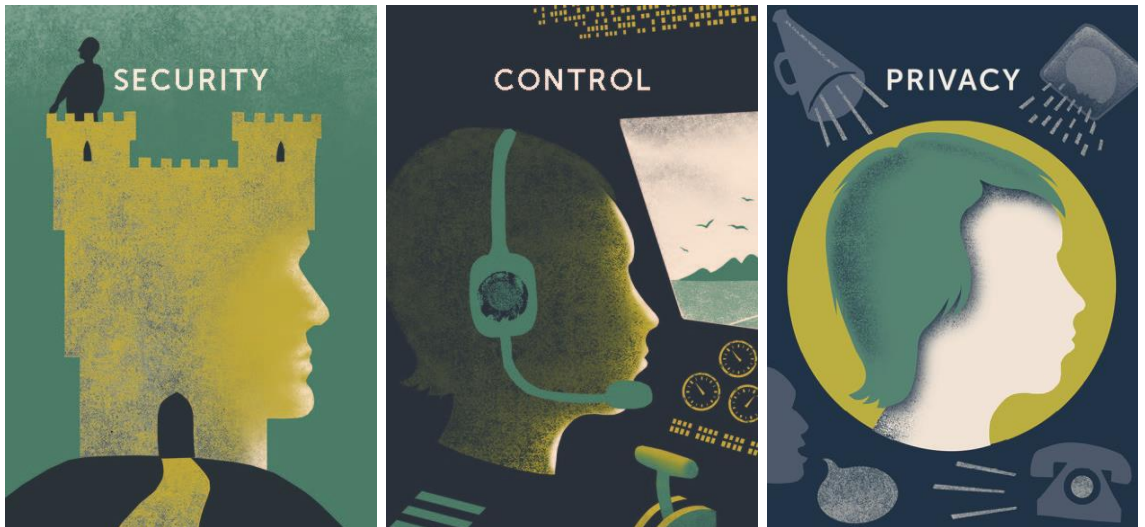
**“Living with multiple invisible illnesses so constantly being told I'm faking it”**

**“I feel a bit invisible in certain aspects of my life particularly my new job”**

## What would people like to see done to improve wellbeing?

**“I support my own wellbeing by meditation and classes but there needs to be more on the NHS as classes are expensive”**

**“Peer support or respite support or a befriending service to give carers a break”**

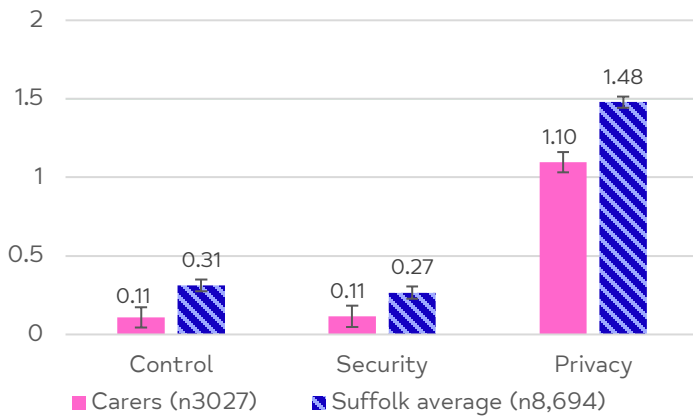


## Security and Control Needs

**Security** is the third least met emotional Need on average for those with caring responsibilities, with a score of 0.11 (on a scale of -3 to 3). This shows that individuals may not always be feeling as safe and secure in their lives as they would like to. The biggest barrier to carers meeting their Need for Security is individuals' physical or mental health, with 62% of those not meeting this Need reporting this as a barrier. Across the comments, various factors were mentioned, including wait times for services being too long, and health anxiety due to difficulties getting doctors or dentists appointments on the NHS. Also mentioned was the fact that private support such as counselling is unaffordable for some people, especially at the moment. This ties in with the second largest barrier to meeting this Need, which is the cost-of-living crisis. Respondents mention feeling worried about the future due to lack of financial stability now.

**Control** is another less well met Need on average, also with an average score of 0.11. This suggests that these respondents do not feel like they have enough control over their lives or their surroundings. Financial concerns and current economic uncertainty are also presenting real obstacles to individuals meeting their Need for Control – with the cost of living and people's finances being among the top barriers identified by respondents not meeting this Need well. Security and Control are strongly positively correlated to one another in this data set, so it is unsurprising to see they have similar scores on average, and similar barriers being reported.

On the other hand, **Privacy** is a well met Need with a score of 1.10 on average. This is positive, since it reflects the fact that respondents generally feel able to take time to themselves when they need it – with the top supporting factor for respondents with caring responsibilities meeting this Need well being people's home environments. However, as we can see on the following page, this Need is statistically significantly worse met for carer respondents compared with the Suffolk average.



**Security is the second least met emotional Need**

All three of these Needs are statistically significantly worse met by respondents with caring responsibilities compared with the Suffolk-wide data. Looking at Privacy to begin with, 58% of those not meeting this Need reported that their caring responsibilities were a barrier. This is echoed in comments, with respondents mentioning that they'd like support with respite care on a regular basis so carers can 'recharge'.

Across both the carers and Suffolk-wide data, those on the lowest household incomes are meeting their Needs for Control and Security the least well on average, compared with those from higher income households. For carers with a household income less than £25,000 per year, 65% who weren't meeting their Need for Security mentioned the cost of living as a barrier, and 53% of those not meeting their Need for Control mentioned it. Our data on those with caring responsibilities has statistically significantly more respondents who have a household income under £25,000 per year, compared with the Suffolk-wide data. Therefore, we can hypothesise that this group may feel the effects of the cost-of-living increase more than some other groups in Suffolk. We see this through the comments as well, with many respondents reporting that an increase in costs has had a significant negative impact on their wellbeing. This also seems to be exacerbated by the limits on the Carers Allowance.

## Barriers

Of the respondents who chose to identify barriers to meeting their Need for Control:

- 61% (n401) identified their physical or mental health as an obstacle
- 52% (n344) viewed their caring responsibilities as a barrier
- 47% (n313) believed the cost of living prevents them from meeting this Need well

## Supporting factors

Of the respondents who chose to identify supporting factors to meeting their Need for Control:

- 54% (n146) felt their day-to-day environments enable them to feel safe and secure
- 54% (n146) believed their home environment supports them to meet this Need
- 48% (n131) viewed their relationships as a supporting factor



## What helps people's wellbeing?

**"I get a call from the doctors every couple of weeks and it's good to know the crisis home treatment team are available for short term care"**

**"Suffolk Carers have been a great source of support outside my circle of family and friends"**

## What are specific barriers to wellbeing?

**"The cost of private counselling for my children is a barrier. Waiting lists on the NHS are inevitable but they need help in the meantime, and they are very expensive"**

**"The biggest threat to my wellbeing is the cost-of-living increase. I'm so worried"**

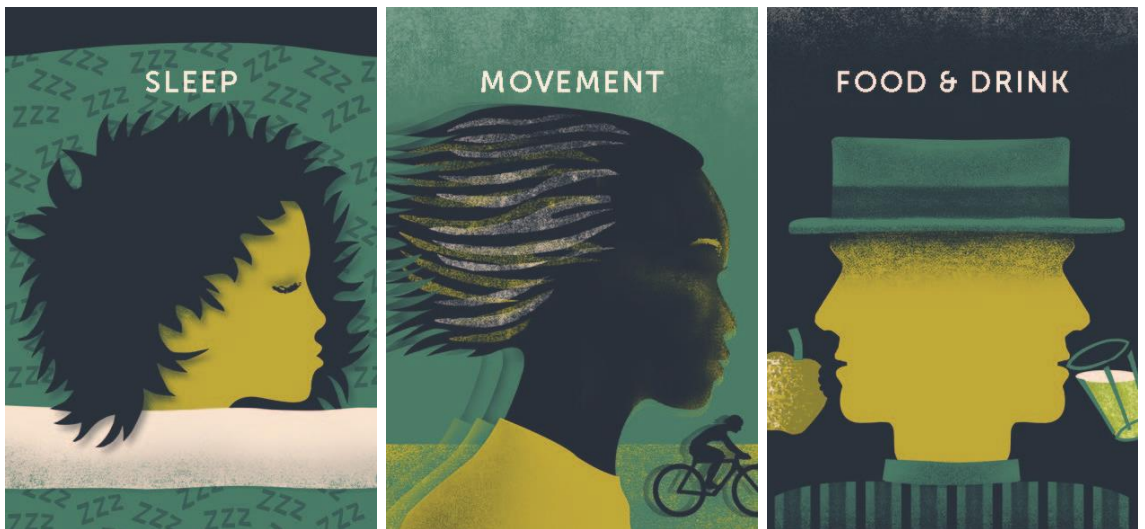
**"I am a carer for my daughter who is awaiting an autism assessment but there is no support for either me or my daughter who is struggling with extreme anxiety"**

## What would people like to see done to improve wellbeing?

**"I wish the government would remove the earning cap on Carers Allowance"**

**"A family member is receiving mental health support. This has an effect on the rest of the family, and I/we feel that some communication and reassurance from those supporting her would be beneficial"**

**"Would like more free wellbeing drop-in sessions to be available outside of usual working hours"**

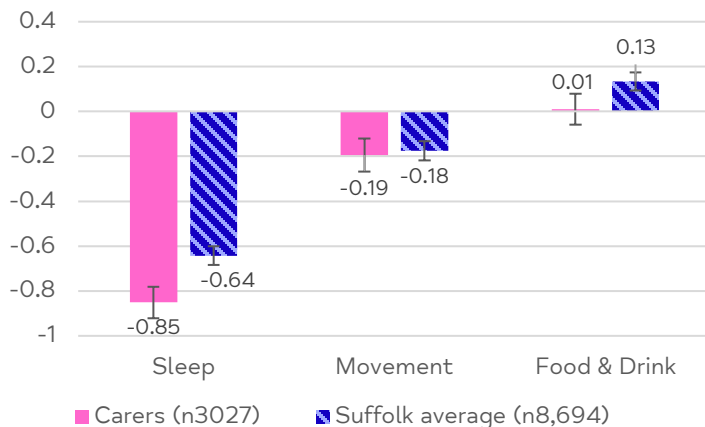


## Physical Needs

As for the physical Needs, it can seem like these aren't as connected to wellbeing as some of our emotional Needs. However, there are many connections between our emotional Needs and physical Needs, and what happens during the waking day can have a significant impact on our physical Needs, even **Sleep**.

We can see that none of the three physical Needs are well met on average among respondents with caring responsibilities, with Sleep being the worst met Need on average. The average score for Sleep is -0.85, and whilst there doesn't always feel like there is a huge amount we can do to improve our sleep, our data on carers shows that there is a strong positive correlation between Sleep and the Need for Control. Therefore, if someone is worrying about the control they have over their finances, for example, this may impact upon the quality of their sleep. Hence, if we make changes to better meet people's Need for Control, we may see that their Need for Sleep also becomes better met. Sleep can also be a good indicator of when people are starting to move down the mental health continuum, so it is important to keep an eye on.

**Movement** and **Food & Drink** are also not well met on average, having average scores of -0.19 and 0.01, respectively. These two Needs are also strongly positively correlated with each other in the carers data, implying that it's possible that respondents who aren't getting a balance of energy, nutrition and pleasure from their diets also don't feel they're able to do enough physical activity, and vice versa. This also means that it's possible that supporting people to meet one of these Needs will also help them meet the other one too.



All three **Physical Needs** are **unmet**

All three physical Needs are worse met amongst respondents with caring responsibilities than Suffolk-wide respondents on average. This difference is not statistically significant for Movement, but carers are meeting their Needs for Food & Drink and Sleep statistically significantly worse than Suffolk as a whole, on average. Based on comments we've received from respondents with caring responsibilities, it's clear that some are struggling to access activities such as exercise classes due to their finances, while others expressed a difficulty with this was around accessibility due to poor public transport links. Caring responsibilities are reported as a barrier for all three of these Needs, with some implication that respondents sometimes aren't able to prioritise their physical Needs due to caring demands.

## Barriers

Of the respondents who chose to identify barriers:

- 63% (n671) viewed their physical or mental health as a barrier to Sleep, while 62% (n517) identified this as barrier to Movement and 56% (n359) for Food & Drink
- 47% (n300) of people voiced that the cost-of-living crisis was preventing them from meeting their Need for Food & Drink
- 38% (n319) viewed their caring responsibilities as a barrier to their Need for Movement
- 37% (n387) identified their caring responsibilities as being an obstacle to feeling well rested after sleep

## Supporting factors

Of the respondents who chose to identify supporting factors:

- 61% (n110) viewed their home environment as a supporting factor for Sleep
- 54% (n163) attributed meeting their Need for Food & Drink well to their home environments
- 52% (n162) of respondents saw their hobbies or interests as supporting factors for Movement

## What helps people's wellbeing?

**“I am glad to live in an area where opportunities for exercising and going outdoors are plenty”**

**“The hospice has helped with relaxation sessions, which have improved sleep, and exercise sessions”**

## What are specific barriers to wellbeing?

**“A huge barrier for me is being a single parent who doesn't drive. I cannot go out in the evenings to exercise and dance classes that I would enjoy”**

**“Poor access to leisure facilities in rural areas via public transport”**

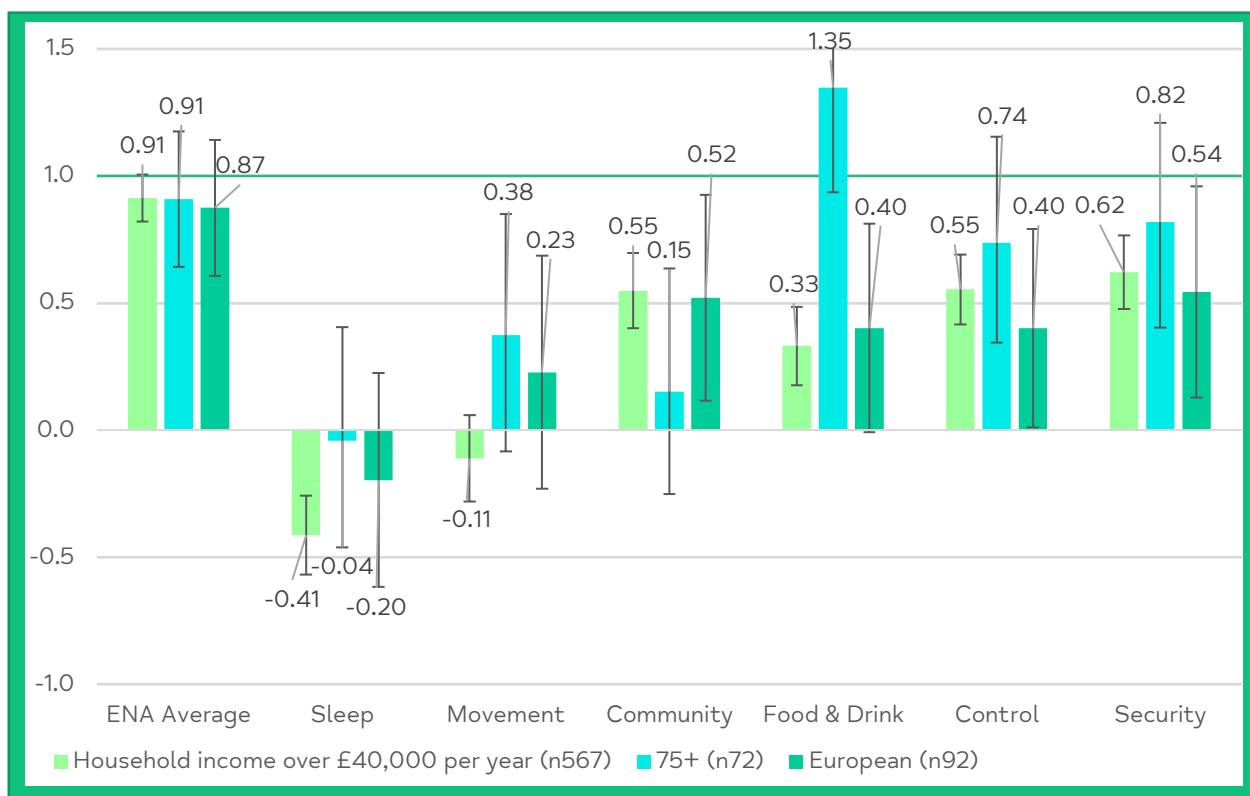
**“I felt better before when I went to fitness/dance classes. Due to low income, I no longer do these”**

## What would people like to see done to improve wellbeing?

**“Local training – most fitness training is in London, making it more expensive, and time consuming”**

**“Cheaper access to gym facilities is essential”**

## Who are the most well groups on average?



The graph above focuses on the least well met Needs amongst respondents with caring responsibilities on average. To view the full graph, with each Need shown, see Appendix 3.

Drawing on the demographic information we collect alongside the ENA, we can identify which demographic groups are particularly more or less well than the average. Here, we have the demographic groups with the highest average scores among respondents with caring responsibilities.\* We can see that those with a household income over £40,000 per year and those who are over 75 have the highest overall average score, both with an average of 0.91 (on a scale of -3 to 3). This is followed by respondents who are European, who have an average of 0.87.

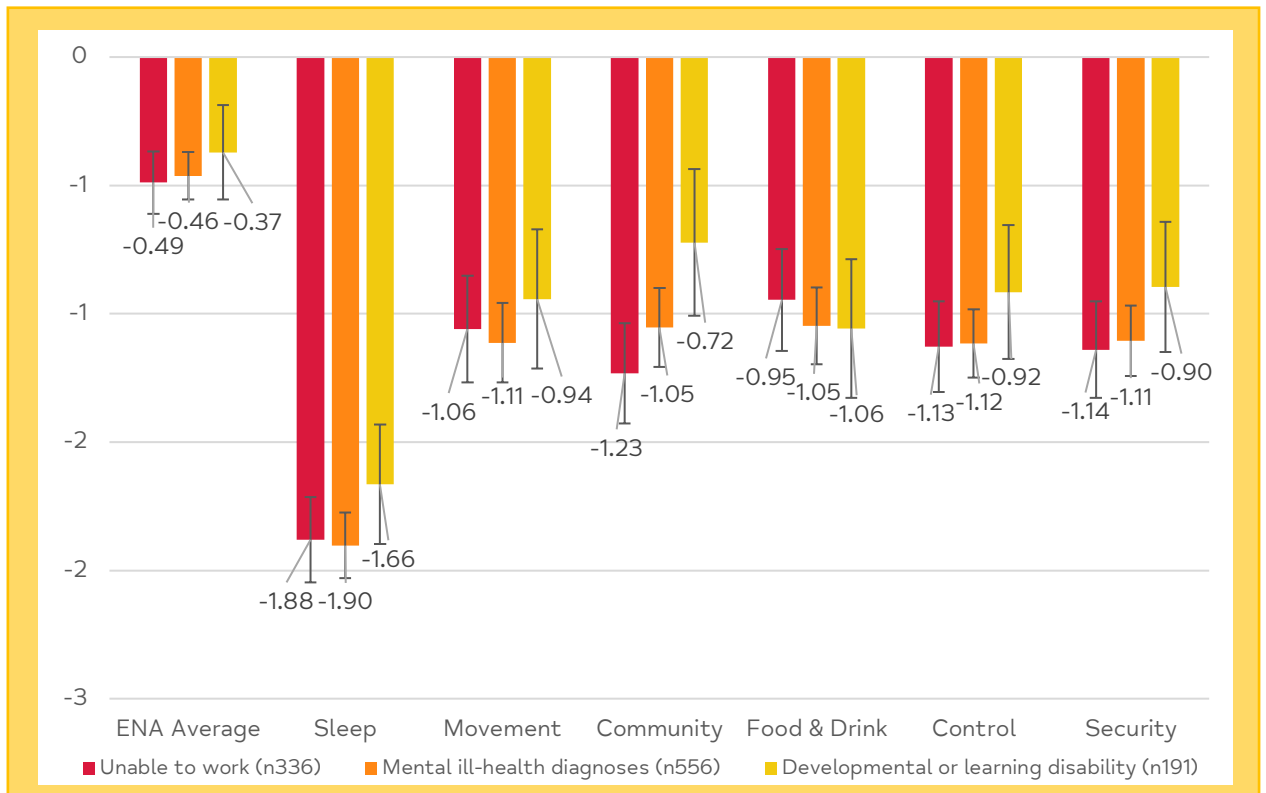
Those with a household income over £40,000 per year have an average over 1 for 7 of the 15 Needs well on average, compared with the carers average of 4 of 15. However, as the above graph demonstrates, even the most well groups aren't meeting most of the average least met Needs very well.

Those with a household income over £40,000 per year are particularly meeting their Needs for Meaning and Purpose and Achievement better than the other most well groups. Looking at supporting factors, we can see that for both Needs, over two thirds of respondents meeting the Need have reported their work situation supporting them. A disproportionate percentage of the data set who have a household income over £40,000 per year are in employment, with almost 90% of these respondents reporting being employed either full time or part time, or self-employed. This is compared with just under two thirds of the overall carers group being employed. This could be contributing towards this group having an avenue to meet their Needs for Meaning and Purpose and Achievement better, through their work.

Those who are over 75 are meeting their Need for Food & Drink statistically significantly better than the other two groups. The biggest supporting factors for this are their home and day-to-day environments. Since the entirety of this group is retired, it's possible they have more time and emotional energy to spend on preparing meals that give them energy, nutrition and pleasure.

*\*It is worth noting that we have focused on demographic groups with a minimum of 60 respondents per group, to ensure the sample size is as representative as possible. Therefore, there may be some groups that are more or less well on average but that have been excluded from this report's analysis due to having a very small sample size.*

## Who are the groups meeting Needs least well on average?



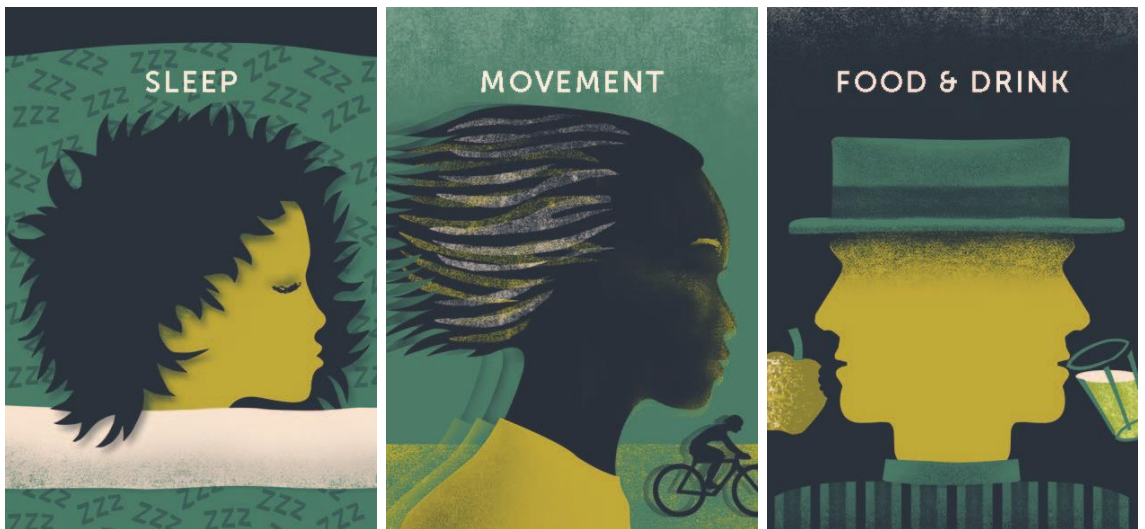
The graph above focuses on the least well met Needs amongst respondents with caring responsibilities on average. To view the full graph, with each Need shown, see Appendix 3.

If we look at the groups meeting Needs least well on average among respondents with caring responsibilities, we can see that people who are unable to work (either temporarily or permanently) have the lowest scores on average, with an overall score of -0.49 (on a scale of -3 to 3). This is followed by individuals with mental health diagnoses and those with developmental or learning disabilities, with average scores of -0.46 and -0.37, respectively.

Looking at those who are unable to work, there are two key factors seeming to have an impact on wellbeing. One of these is financial security. With over half of those unable to work also having a household income less than £17,000 per year (compared to just 27% of carers overall), it makes sense that we are also seeing the cost of living coming up as a barrier to many Needs for this group. Comments mention barriers being difficulties with unreliable housing situations and limited access to affordable services.

The other prevailing factor preventing people meet their Needs, which is also a factor for the other two least well groups, is their physical or mental health. This is the biggest barrier to meeting Needs for almost every Need for all three of these groups, only excluding the Needs for Privacy and Achievement.

From the comments we can see that some respondents are housebound due to things like agoraphobia or physical disabilities, and others have unresolved and prolonged trauma that they've been unable to get support for. Respondents reported on disjointed and lengthy referral processes and having to wait for support and diagnoses for too long. There are also mentions of a lack of support for those who are neurodivergent. These will all be significant barriers to respondents being able to meet their Needs.



## What conclusions can we draw from these results?

Our research has revealed that the Needs for Community, Control and Security, alongside the three physical Needs, are the least well met Needs for carers in Suffolk on average. Therefore, targeting interventions to better meet these Needs could help to improve wellbeing for carers.

When asked about things that could be done to better meet their Needs, respondents had a number of suggestions, including:

- More one to one support
- More respite support for carers
- Increased financial support – including removal of the earning cap on Carers Allowance
- Improved communication for individuals on waiting lists
- More respect and acknowledgement of the work that unpaid carers do
- Support for those at risk of, or experiencing, homelessness

Our data and feedback collected on carers in Suffolk is being fed back to key individuals within Suffolk County Council and wider support networks. Based on our findings, proposals will be put forward regarding the types of interventions that could be implemented to improve wellbeing for carers in Suffolk.

# Appendix 1

## Purpose of Report

Suffolk Mind and Suffolk County Council have embarked on an ambitious project to gain more insight into the mental health of Suffolk's population. The insight gained will be used to guide decision-making by Suffolk County Council on the interventions needed to improve public mental health. This research was conducted using our validated mental health measure, the Emotional Needs Audit (ENA), which has been distributed widely online, on foot by trained data collectors, and by mail drop to Suffolk residents' homes.

As well as analysing Suffolk-wide wellbeing, this research has paid particular attention to groups and locations in Suffolk that have worse mental health outcomes, according to pre-existing data gathered by Suffolk County Council and Suffolk Mind. This report focuses on the average wellbeing of those who indicated they had caring responsibilities, throughout this report defined by those who said they cared for a friend or family member, or are the parent of a child/children with additional needs, or work professionally as a carer. This report is based on data gathered from 13<sup>th</sup> June 2022 to 1<sup>st</sup> October 2023. This data is compared with the Suffolk-wide average, which includes all responses from those who identified that they live in the county of Suffolk and completed the ENA between 13<sup>th</sup> June 2022 and 8<sup>th</sup> March 2023.

## Methodology

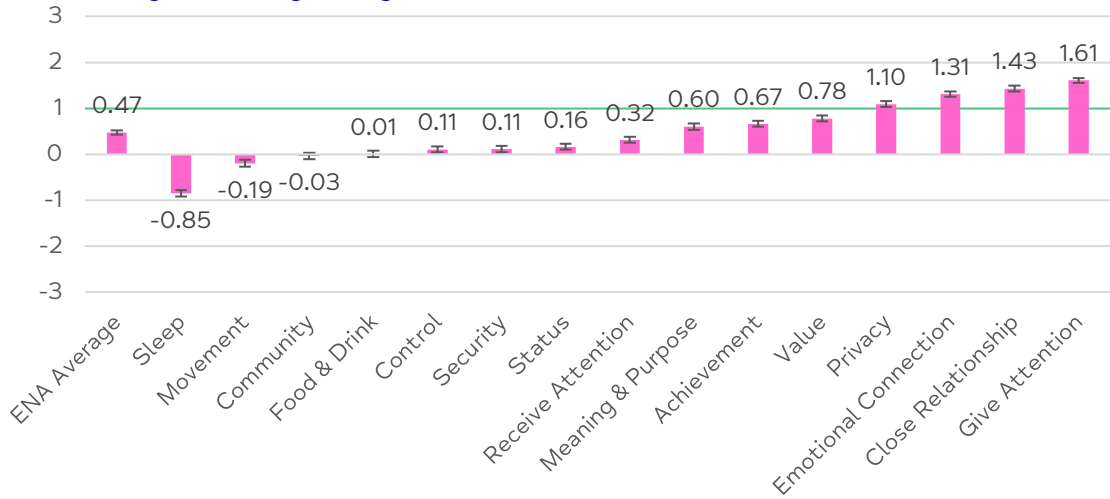
This research is based on the Emotional Needs and Resources approach, which outlines the 12 innate Emotional Needs that we must meet, in balance, in order to be mentally well. This approach can be used to provide a useful direction to help improve mental wellbeing, allowing us to identify when a specific Need is not met and enabling us to make changes to meet that Need and improve wellbeing. This idea applies to individuals, but also to groups of people, including samples of the population. Looking at which Needs are generally unmet in a sample population can help identify areas to work on to make Suffolk a healthier and happier place to live. If you'd like more explanation on each of the Emotional Needs, see the Suffolk Mind website.

In the ENA, we ask 15 questions that encompass all elements of the 12 Needs, containing both emotional and physical aspects. These are scored on a scale from -3 (not at all met) to +3 (very well met). We also ask respondents to identify any environmental barriers that may prevent them from meeting their Needs, as well as any factors that support them to meet Needs well. We also collected data on demographic factors, such as age and gender identity, to determine how these factors affect wellbeing. Respondents were given the opportunity to participate in case studies to support this research and allow us to gain a deeper understanding of factors that may prevent or enable individuals to meet their Needs.

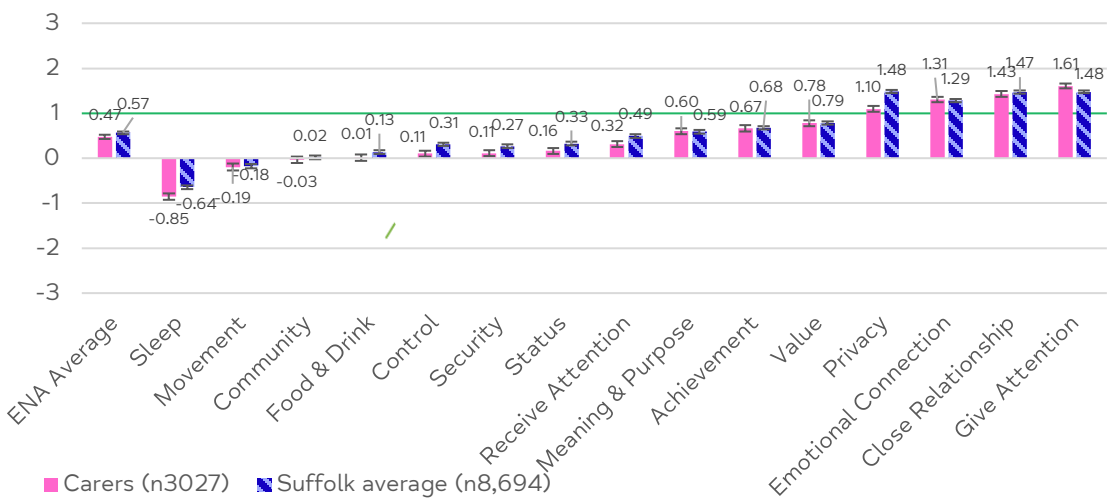


# Appendix 2 – Overall Wellbeing Graphs

Average wellbeing amongst those in Brandon & Mildenhall:

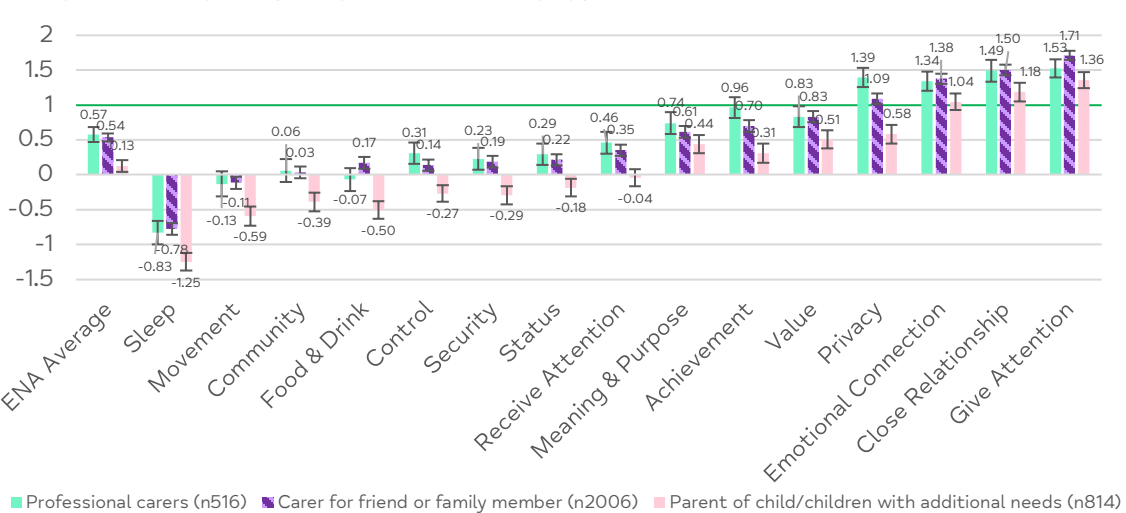


Average wellbeing compared with the Suffolk average:



■ Carers (n3027) ■ Suffolk average (n8,694)

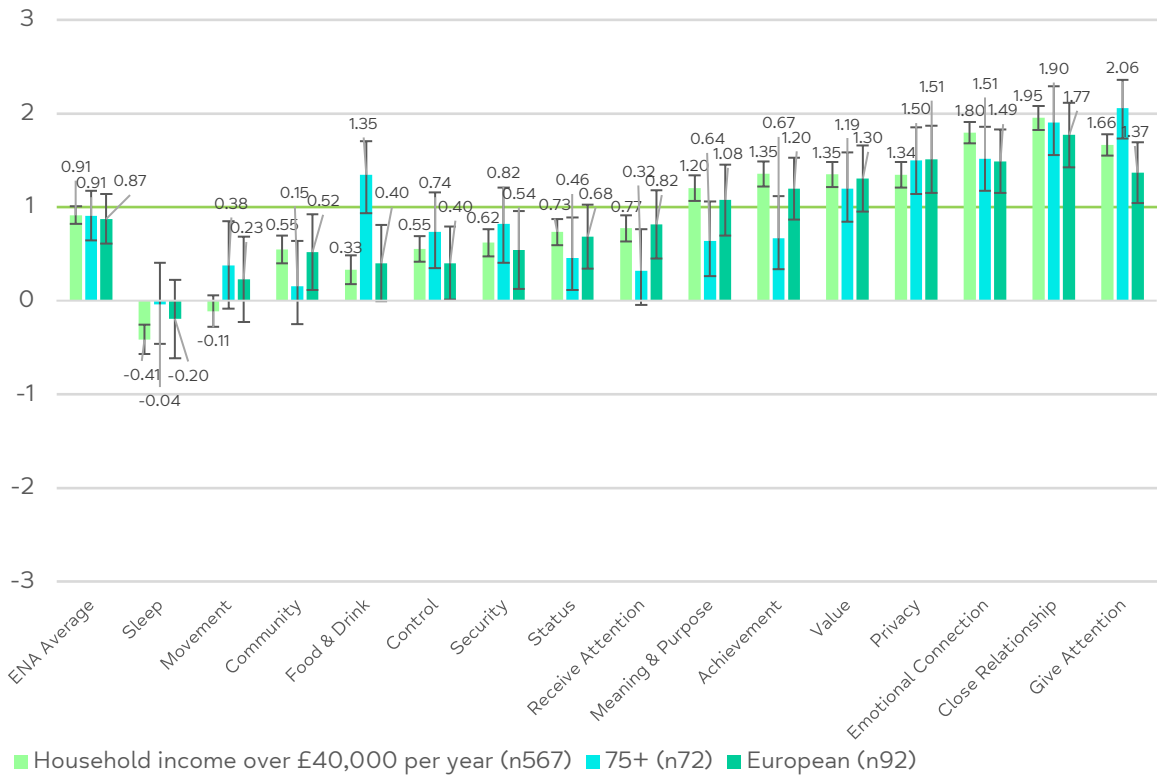
Average wellbeing comparing different caring types:



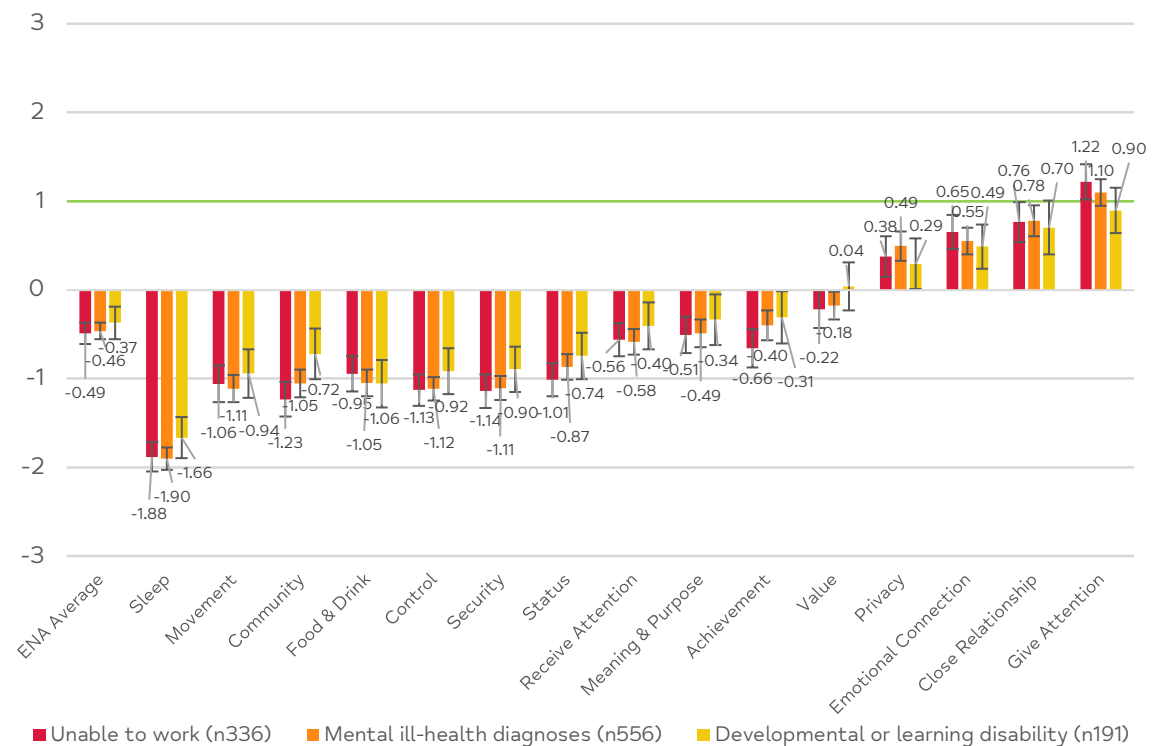
■ Professional carers (n516) ■ Carer for friend or family member (n2006) ■ Parent of child/children with additional needs (n814)

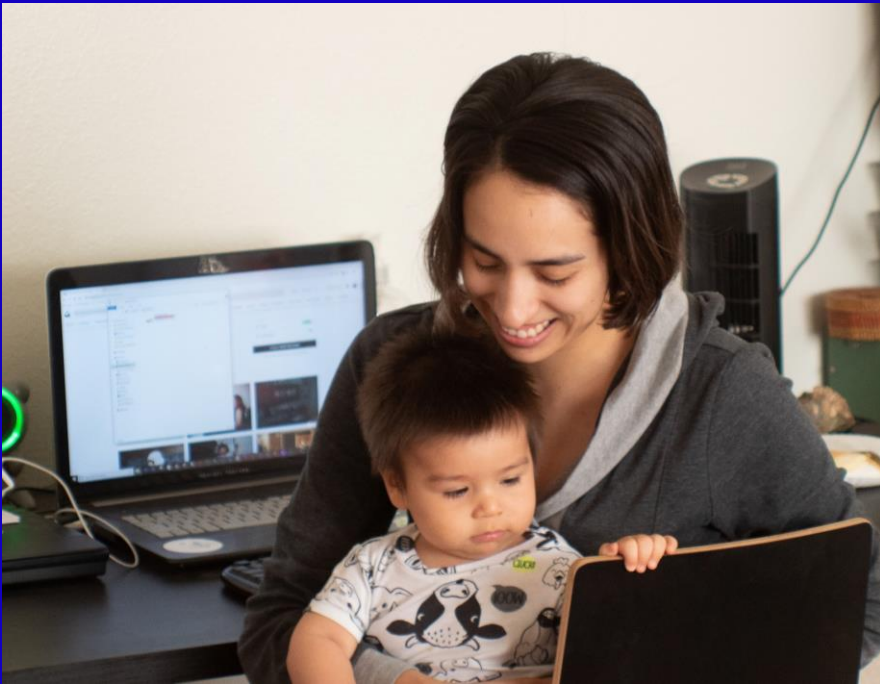
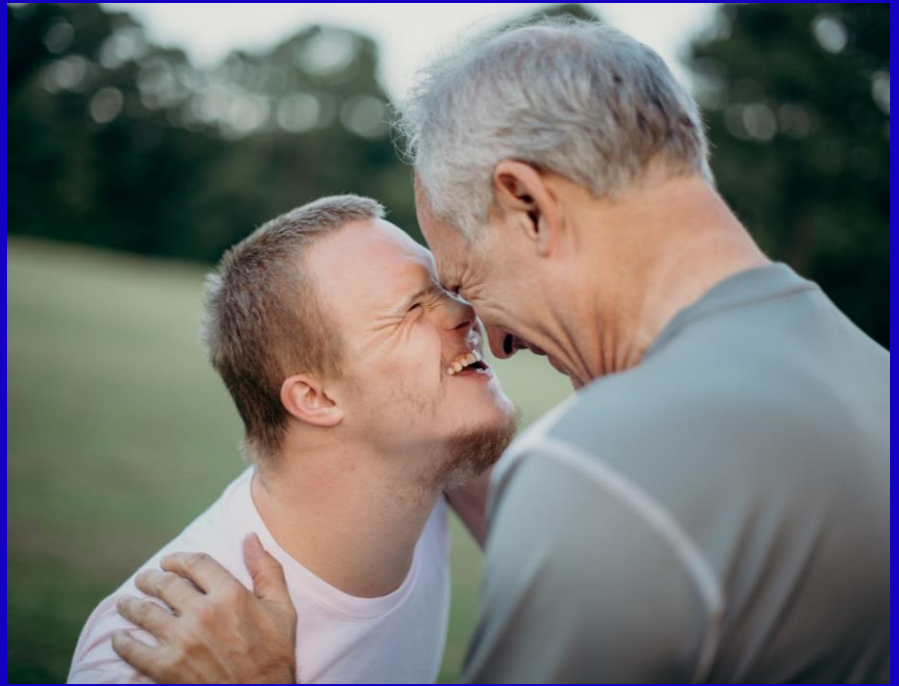
# Appendix 3 – Most & Least Well Graphs

The groups meeting Needs the most well on average:



The groups meeting Needs least well on average:





 mind Suffolk

 Suffolk  
County Council