

Who cares?

*The implications of informal care and work for
policymakers and employers*

The Work Foundation



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The Health at Work Policy Unit (HWPU) provides evidence-based policy recommendations and commentary on contemporary issues around health, wellbeing and work. Based at the Work Foundation, it draws on the Foundation's substantial expertise in workforce health, its reputation in the health and wellbeing arena and its relationships with policy influencers. The HWPU aims to provide an independent, authoritative, evidence-based voice capable of articulating the views of all stakeholders.

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Executive summary

Background

The number of informal carers¹ in the UK is substantial and growing. Between 2001 and 2011, their number rose significantly (outstripping population growth) from 5.8 million to 6.5 million². Most carers are women (around 60%) and the vast majority (around 4.1 million) are of working age³. Furthermore, the majority of working age carers (2.6 million) combine work with their caring responsibilities⁴. Due to several factors, in particular the ageing population and declining investment in social care services, the number of informal carers is expected to rise. Estimates suggest they will number 9 million by 2037⁵. The economic value of their contribution is huge – and the UK's health and social care system is heavily and increasingly reliant on it.

This paper outlines some of the implications associated with the growing number of informal carers in the UK, the health and social care system's increasingly unsustainable reliance on them, and what Government and employers can do about it. This is informed by the academic and grey literature, as well as a workshop we hosted in 2017⁶, which was attended by over 30 expert stakeholders from government and non-government bodies, individual carers, carers charities, think tanks, and businesses.

Key messages

Our research with informal carers and related stakeholders suggests that providing care has a profound impact on employment outcomes. This is evidenced in the data: carers suffer a 'carer employment gap' of 12 percentage points⁷. For carers providing 50 hours or more care per week, this effect is even greater: their employment rate is 36% below non-carers⁸. Women are disproportionately affected. Female carers have a lower employment rate than men (61% vs 68%)⁹ and those aged 45-54 are twice as likely as any other group to have reduced their working hours due to caring responsibilities¹⁰.

In part due to its impact on employment outcomes, carers experience relatively high poverty rates (25% vs 21% for non-carers)¹¹. Because they often end up reducing their hours at work or leave the workforce entirely to provide care, they suffer financial penalties, including: loss of earnings, savings and pension contributions¹². Many, as a result, end up in debt¹³. The additional costs of providing care (e.g. spent on equipment) only make things worse. Findings from our workshop suggest that overcoming this financial penalty is difficult. The Carer's

¹ People who look after a relative or friend who needs support because of age, physical or learning disability, or illness, including mental illness without receiving payment

² Carers UK. (2015). Facts about carers 2015. Retrieved from https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=5466

³ Aldridge, H. & Hughes, C. (2016). Informal carers & poverty in the UK. Retrieved from https://www.npi.org.uk/files/2114/6411/1359/Carers_and_poverty_in_the_UK_-_full_report.pdf

⁴ Ibid.

⁵ Carers UK. (2015). Facts about carers 2015.

⁶ In partnership with Simplyhealth

⁷ Carers UK. (2015). Facts about carers 2015.

⁸ Aldridge & Hughes. (2016).

⁹ Ibid

¹⁰ Carers UK. (2015). Facts about carers 2015.

¹¹ Aldridge & Hughes. (2016).

¹² Carers UK. (2015). Facts about carers 2015.

¹³ Carers UK. (2014). Caring & Family Finances Inquiry: UK report. Retrieved from https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=219

Allowance is inadequate¹⁴, and those looking to return to work or increase hours rarely succeed. Our research suggests that not only do they have to contend with a lack of understanding from employers, their time away from the workplace can adversely affect their confidence, skills, and knowledge¹⁵.

Our workshop findings suggested that, in concordance with existing literature, that caring can have a negative impact on carers' health and wellbeing. Many report mental health issues like stress, anxiety and depression¹⁶. Their physical health also suffers. Because of the time spent caring, some find it difficult to be physically active and maintain a healthy diet¹⁷. They are also more likely to have a long-standing health condition compared to non-carers (63% vs 51%). For carers providing 50 or more hours of care per week, this rises to 70%¹⁸. Their health problems are often compounded by the fact that they struggle to find time to see their doctor, attend medical check-ups and receive treatment¹⁹. Carers' personal and work lives are also affected. Many experience social isolation and exclusion in both domains. As participants of our workshop told us, friends and family, as well as colleagues and managers, often do not understand the situation.

The challenge for policymakers and employers

The significant and rising proportion of informal carers in the UK poses a number of challenges for both policymakers and employers. The ageing population means that the need for social care is likely to increase. However, health and social care budgets have been falling in recent years²⁰. Historically, informal carers have 'picked up the slack', but there are real concerns about whether they can continue to do this: due, in part, to the effects of Brexit (owing to the health and care system's reliance on migrant labour – and the uncertainty over its future), an ageing workforce and increasing numbers of women in work, the 'supply' of informal carers may be running out. The need for action from Government is, therefore, increasingly urgent: the UK's reliance on informal care is becoming unsustainable.

The policy context

There is evidence that the government recognise the scale of this challenge. The policy landscape is, in some respects, encouraging. For example, the Government have introduced 'returner schemes' to help re-integrate carers back into the workforce, set out a two-year 'action plan' with funding to support informal carers, and committed to introducing statutory leave for carers. However, progress in this area has been slow, with five green or white papers, numerous policy papers, and four 'independent reviews' in last two decades. While there is agreement across Government that the issue of health and social care is in desperate need of reform, there is less agreement on what to do about it. The forthcoming green paper (now expected in autumn 2018) is expected to make this clear.

¹⁴ Carers UK. (2015). Facts about carers 2015.

¹⁵ Ibid.

¹⁶ Carers UK. (2017). State of Caring 2017. Retrieved from <https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report-2017>

¹⁷ Ibid.

¹⁸ Volpe, L. (2017). Carers and GP Services - What does the GP Patient Survey say? Retrieved from <https://www.ipsos.com/ipsos-mori/en-uk/carers-and-gp-services-what-does-gp-patient-survey-say>

¹⁹ Carers UK. (2012). In Sickness and in Health. Retrieved from <https://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health>

²⁰ Office for National Statistics. (2017). Unpaid carers provide social care worth £57 billion. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/unpaidcarersprovidesocialcareworth57billion/2017-07-10>

Existing support for informal carers, which includes financial support, employment support, respite care, education and training, and emotional and social support, is generally considered to be inadequate. Not only is there a lack of evidence underpinning its effectiveness, many carers have difficulty understanding how to access or use these services.

The business case

The business case for supporting carers in work is clear. They represent an ever growing share of the workforce. Caring responsibilities tend to peak around the ages of 45-64, which is also when people are most likely to hold senior positions. Thus, replacing these individuals is difficult and costly. They have valuable experience and skills employers can ill afford to miss out on. Caring responsibilities also impact on employee productivity and are a common cause of workplace absence. As the number of working age carers grows, employers will be under increasing pressure to support them; it is in their interests to do so.

Conclusions and recommendations

The key challenge for Government and business is how to provide appropriate support for employees with informal caring responsibilities. Ways of addressing this should concentrate on improving carers' employment outcomes. Doing so would help tackle the financial and health problems many of them face.

Our recommendations, therefore, revolve around the following themes:

- workplace flexibility;
- statutory leave;
- workplace support; and
- returning to work.

Improving **workplace flexibility** would enable carers to manage their work and care responsibilities more effectively. Similarly, the ability to take **statutory leave** would enable carers to manage their time better, and not force them to take annual leave to provide care. Better **workplace support** – and understanding from colleagues and managers – is also needed. Furthermore, if and when carers fall out of the workforce, support should be provided to help them **return to work**.

The following recommendations draw on these themes, outlining how policymakers and employers can support informal carers.

Policymakers

- Include specific provisions for carers in the Right to Request Flexible Working. People of working age with caring responsibilities should, on starting a new job, be able to request flexible working in order to fit their caring responsibilities around their work.
- Introduce dedicated carers' employment rights, such as statutory leave, as recommended in the 2017 Independent Review of the State Pension Age²¹ and pledged by the Conservatives in their 2017 manifesto.
- Work closely with businesses to promote the evidence-based value of retaining carers in the workplace. The Government should collect and share examples of good practice, and provide guidance to employers.

²¹ Cridland, J. (2017). State Pension age independent review: final report. Retrieved from <https://www.gov.uk/government/publications/state-pension-age-independent-review-final-report>

- The Department for Work & Pensions (DWP) could work more closely with social care departments in local authorities as part of the carers' assessment process so as to identify local job opportunities.
- Issue guidance to both employers and prospective employees on how caring could be discussed during interview stage.
- Develop an accreditation scheme or 'charter', similar to the 'Disability Confident' scheme already in place.
- Establish a 'carers' committee' with the Department of Health and Social Care, made up of charities, employers and unions, to advise the Government on ways to support working carers, while recognising the needs of businesses.
- Work with charities, such as Mind, Carers UK, the Carers Trust and Age UK, on policy guidance and best practice.
- Launch a public awareness campaign to increase national understanding of the importance of working carers.
- Establish regional networks for small and medium-sized organisations, enabling them to share best practice in supporting working carers.

Employers

- Introduce 'Carer Champions'. This would raise awareness of working carers and destigmatise caring. It would reassure other working carers that they're not alone and encourage them to share experiences.
- Employers should seek to create a workplace culture where carers are supported with 'carer friendly' policies.
- Set up carers' peer groups or support forums, where carers can share experiences and advice. Businesses could signpost staff to external support forums.
- Share examples of good practice with other organisations.
- Provide an online resource, through company employee benefit schemes or HR services, to help carers source practical advice and expert support on topics including care, legal and financial information.
- Offer online or telephone counselling, through services like Employee Assistance Programmes.
- Train line managers on how to identify and support carers, including bespoke approaches. Educate them that working carer roles do not mean lack of commitment at work.
- Commit to flexible and remote working.
- Explore how technology could help working carers and the workforce more generally.
- Run workplace awareness campaigns.
- Be open to employee requests to take on fewer hours or less senior roles.

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1. Introduction

1.1. The context

It is a stark fact that the majority of care in the UK is not provided by doctors, nurses or care workers, but family and friends. The number of informal carers in the UK has grown rapidly in recent years (from 5.2 to 6.8 million between 2001 and 2011). Most carers are women and the vast majority are of working age. More than half of working age carers combine work and care responsibilities.

Caring has a profound impact on employment outcomes and individuals' financial and health status. They are significantly less likely to be in work and more likely to work in lower paid jobs. Due, in part, to this, their financial and health status suffers. By being forced to reduce hours at work or leave altogether due to caring responsibilities, they lose income, savings and pension contributions. They also experience social isolation and relatively poor mental and physical health.

The significant and rising proportion of informal carers in the UK poses challenges for policymakers and employers. The ageing population means that the need for social care is likely to increase, yet health and social care budgets have been falling in recent. Historically, informal carers have 'picked up the slack', but there are concerns about whether they can continue to do this. The health and social care system has been reliant on migrant labour and this may change after Brexit. Furthermore, an ageing workforce and increasing numbers of women in work means that the 'supply' of informal carers may be running out. The need for action from Government is, therefore, increasingly urgent: the UK's reliance on informal care is becoming unsustainable.

1.2. This paper

This paper outlines some of the implications associated with the growing number of informal carers in the UK, the health and social care system's increasingly unsustainable reliance on them, and what Government and employers can do about it. This is informed by the academic and grey literature, as well as a workshop we hosted in 2017²², which was attended by over 30 expert stakeholders from government and non-government bodies, individual carers, carers charities, think tanks, and businesses.

In the second chapter we begin by defining informal care, before looking at the number of informal carers in the UK and the reasons why it has risen in recent years. Then we explore the value of their economic contribution followed by an assessment of carers' characteristics. In the third chapter we consider the impact of informal caregiving on carers' employment, financial and health outcomes. In the fourth chapter we explore the challenge for policymakers and employers presented by the rising number of informal carers in the context of current trends. We then look at the current policy context in the UK and assess the 'business case' for action. This is followed by the final and fifth chapter where we outline our conclusions and recommendations.

This paper is the third in the Health at Work Policy Unit series, **Gender, sex, health and work**, which explores the issue of health and work through a 'gendered' lens. This series focuses on

²² In partnership with Simplyhealth

areas where gender and sex have a significant impact on work and/or health outcomes. Other papers in the series include:

- [*More than 'women's issues'*](#)
- [*Men's mental health and work: the case for a gendered approach to policy*](#)
- [*Managing migraine: a women's health issue?*](#)

For more information, see our [background paper](#) and accompanying [infographics](#).

2. Informal care in the UK

In this first chapter we assess the prevalence of informal caregiving in the UK and the implications it has for carers' health and wellbeing, as well as their employment outcomes. We begin by providing a definition of informal caring, before looking at the number of informal carers in the UK and the reasons behind their growth in recent years. This is followed by an assessment of carers' economic contribution, and their characteristics, e.g. demographics, etc.

2.1. Defining informal care

Informal carers are typically defined as people who look after a relative or friend who needs support because of age, physical or learning disability, or illness, including mental illness²³. This could involve a few hours a week or 'round the clock' care, in one's own home or requiring travel²⁴. They are considered informal because they do not get paid. Formal care, in contrast, is given in exchange for payment. Though some object to the term 'informal' (the assistance informal carers provide is formal in everything but the receipt of pay), the term 'unpaid carer' can be misleading as they are sometimes entitled to some remuneration²⁵.

Therefore, we use the term 'informal carer' throughout this paper.

2.2. The number of informal carers in the UK

According to the latest UK Census (carried out in 2011), the number of informal carers in England, Wales, Scotland and Northern Ireland is 6.5 million²⁶ (see Table 2.1 below). This represents an increase of 12% – 620,000 people – since the previous Census was carried out in 2001 (which found 5.8 million informal carers in the UK). Furthermore, the largest amount of growth was seen amongst those providing 50 or more hours of unpaid care per week²⁷. This group now represents 1.4 million informal carers²⁸. Thus, not only is the number of people providing care growing, the time spent providing it is rising too.

Table 2.1 – Number of informal carers in England, Wales, Scotland and Northern Ireland, 2011

Country	Number of carers (2001)	Number of carers (2011)
England	4.8m	5.4m
Northern Ireland	185,086	213,980
Scotland	481,579	492,031
Wales	340,745	370,230
UK Total	5.8m	6.5m

Source: 2011 Census

Since 2001, the growth in the number of carers has outstripped population growth²⁹. Projections from the Personal Social Services Research Unit at the London School of

²³ Mental Health Foundation. (2016). Fundamental facts about mental health. Retrieved from <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf>

²⁴ Carers UK. (2015). Facts about care. Retrieved from https://www.carersuk.org/images/Facts_about_Carers_2015.pdf

²⁵ King's Fund. (2006). Informal care in England. Retrieved from https://www.kingsfund.org.uk/sites/default/files/Securing_Good_Care_background_paper_6_.pdf

²⁶ Carers UK. (2015). Facts about carers 2015.

²⁷ Office for National Statistics. (2013). 2011 Census analysis: Unpaid care in England and Wales, 2011 and comparison with 2001. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15>

²⁸ Carers UK. (2015). Facts about carers 2015.

²⁹ Office for National Statistics. (2013).

Economics and Political Science suggest that, in England, the demand for care provided by spouses and adult children will more than double over the next thirty years³⁰. Thus, it is estimated that there will be 9 million informal carers in the UK by 2037 – an extra 2.6 million³¹.

2.2.1. What's driving the growth in informal care?

There are several reasons why the number of informal carers is expected to grow. Because people aged 70 or more make up half of the population receiving informal care, the UK's ageing population is a big driver³². Between 2001 and 2015, the number of people aged 85 and over in the UK increased by 431,000, i.e. 38%³³. Typically, as people age, not only do they require more treatment from health services like the NHS, they also require more ongoing care³⁴: 'healthy' life expectancy for men and women in the UK is 63.4 and 64.1 respectively³⁵. Thus, people are expected to spend a significant number of years in sub-optimal health. Many of them will require care during these years. This would not necessarily be a problem if state spending on social care could cover increasing demand. However, social care spend in England has decreased in real terms – it is now lower than it was in 2005³⁶.

Thus, access to social care has been declining as demand for it – partly driven by an ageing population – has been growing. Informal carers have, in large part, picked up the slack. Other factors are also responsible for the growth in informal care. We explore these in greater detail in Chapter Four. For now, we turn to informal carers' economic contribution.

2.3. The economic value of informal care

Informal caring is typically personal and often (but not always) takes place inside the care giver's home. As a result, the nature of the care provided and its value is not easily captured by survey research. Thus, estimates of informal carers' economic contribution should be considered with this in mind.

It is a stark fact that the majority of care in the UK is not provided by doctors, nurses or care workers, but family and friends³⁷. It is therefore not surprising that the estimated economic value of their contribution is substantial: recent academic research puts it at £132 billion a year³⁸. It is also unsurprising that this has grown significantly since 2001 (by £64 billion³⁹), given the rapid rise – outlined above – in both the number of people providing care and the amount of time spent doing it. For context, government-financed healthcare spending was £152 billion in 2016⁴⁰. Thus, the value of informal caring is immense.

³⁰ Pickard, L. (2008). *Informal Care for Older People by their Adult Children: Projections of Supply and Demand to 2041 in England*. London: Personal Social Services Research Unit.

³¹ Carers UK. (2015). *Facts about carers 2015*.

³² Office for National Statistics. (2013). *Valuing Informal Adultcare in the UK*. Retrieved from http://webarchive.nationalarchives.gov.uk/20160109082915/http://www.ons.gov.uk/ons/dcp171766_315820.pdf

³³ Buckner, L. and Yeandle, S. (2015). *Valuing Carers 2015: the rising value of carers*. Retrieved from https://www.sheffield.ac.uk/polopoly_fs/1.5464091/file/Valuing-Carers-2015.pdf

³⁴ Office for National Statistics. (2017). *Unpaid carers provide social care worth £57 billion*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/unpaidcarersprovidesocialcareworth57billion/2017-07-10>

³⁵ Public Health England. (2017). *Chapter 1: life expectancy and healthy life expectancy*. Retrieved from <https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy>

³⁶ Office for National Statistics. (2017). *Unpaid carers provide social care worth £57 billion*

³⁷ Buckner and Yeandle. (2015).

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Office for National Statistics. (2016). *UK Health Accounts: 2016*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2016>

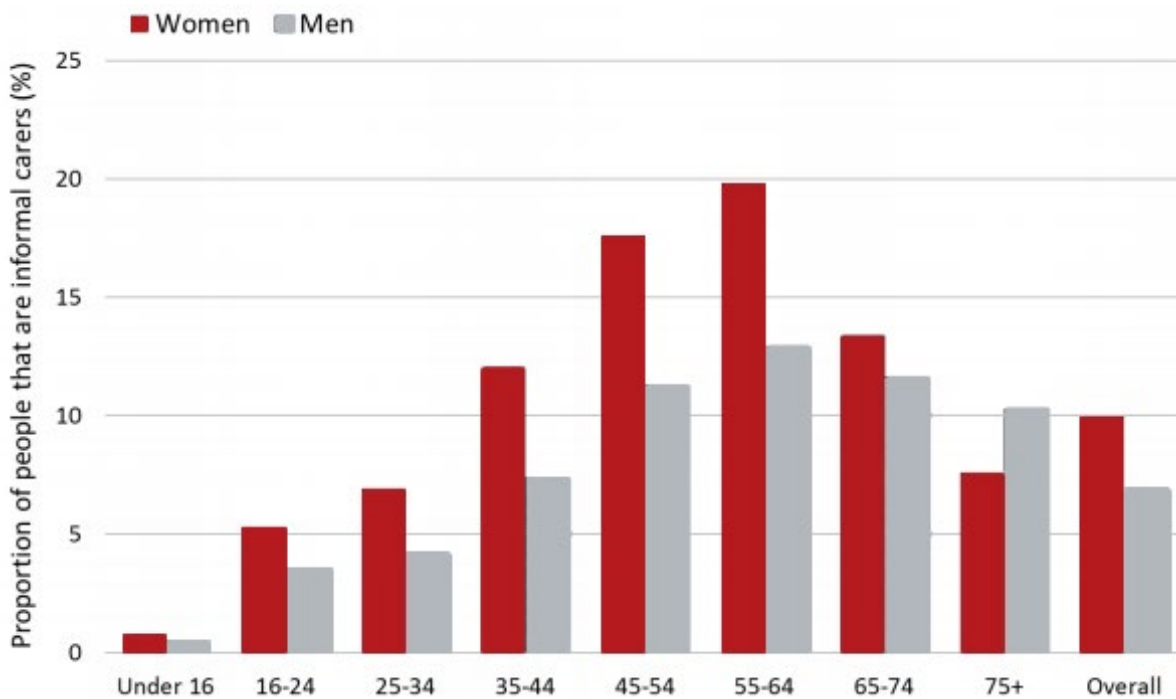
Recently released government figures suggest that unpaid carers save the economy almost £60 billion per year⁴¹. Although this estimate is lower than the one mentioned above, it is still substantial. Whatever estimate used, then, it is clear that the UK's health and care system is heavily – and increasingly – reliant on the provision of informal care.

2.4. Who cares? Informal carers' characteristics

Having looked at the number of carers active in the UK, why this number is rising and the economic value of the care that is provided, we now turn to informal carers' demographic characteristics.

Data provided by both the 2011 Census and the more recent Family Resources Survey (FRS)⁴² show that the majority of informal carers are women. Estimates range from 58% (Census) to 60% (FRS). Furthermore, it is also the case that the vast majority (4.1 million) are of working age, i.e. 16-64⁴³ (see Figure 2.1 below). This means that 1 in 10 working age people are informal carers.

Figure 2.1 – Proportion of people who are carers by age and gender, 2011-2014



Source: Family Resources Survey (adapted from New Policy Institute, 2016⁴⁴)

As Figure 2.1 (above) shows, women are overrepresented in every age group. The only exception to this is the over 75s. This is attributed, however, to the disproportionate amount of female widows in this age group (the number providing care is still slightly higher among women than men)⁴⁵. Women, overall, have a 50:50 chance of providing informal care by age 59, compared with men who have the same chance by the time they are 75⁴⁶. Furthermore,

⁴¹ Office for National Statistics. (2017). Unpaid carers provide social care worth £57 billion

⁴² A continuous household survey which collects information on a representative sample of private households in the UK.

⁴³ Aldridge and Hughes. (2016).

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Carers UK. (2015). Facts about carers 2015.

while 1 in 4 women aged 50-64 have caring responsibilities, only 1 in 6 of male counterparts do⁴⁷.

It is, therefore, fair to say that informal care is a 'gendered' issue. There are clear inequalities between men and women regarding their likelihood of providing care. In addition, it can also be argued that informal care is a work issue. People of working age comprise the vast majority of informal carers, and the peak age of informal caregiving also coincides with the peak – generally speaking – of an individual's career (ages 45-64)⁴⁸. Providing care, then, has the potential to affect one's ability to work, their career path and earnings. It could also have implications for their health and wellbeing. We explore this subject in the following chapter.

2.5. Key messages

The number of people providing informal care in the UK is substantial and growing. It was estimated to be 5.8 million in 2001 and then 6.5 million in 2011. The growth in the number of carers has outstripped population growth and there is no sign of it abating: it is forecast that, by 2037, there will be an addition 2.6 million, i.e. 9 million informal carers. This is driven by several factors but particularly the ageing population and declining access to state-funded social care.

Regardless of what measure is used, the economic value of their contribution is huge. The UK's health and care system is heavily – and increasingly – reliant on informal care. Furthermore, informal carers are, disproportionately, women and people of working age. Informal care is, therefore, arguably a gendered and work issue. This is likely to have profound implications, e.g. for employment, for the people providing this care.

⁴⁷ Carers UK. (2017). Written evidence submitted by Carers UK [SOC 161]. Retrieved from <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/communities-and-local-government-committee/adult-social-care/written/35925.pdf>

⁴⁸ Carers UK. (2015). Facts about carers 2015.

3. The impact of informal caregiving

In the previous chapter we showed that informal care is highly prevalent in the UK and rising. We also showed that the vast majority of informal carers are of working age, and that women are overrepresented. What are the implications of this? In this chapter we explore the impact that providing informal care has on the people that do it. First, we look the impact of informal care on employment outcomes, followed by its financial and health implications for people providing care.

3.1. Informal care and employment

Given that the vast majority of informal carers are of working age, and that caring responsibilities peak when individuals' careers are generally expected to (ages 45-64), it is likely that caring has an impact on labour market participation and the quality of employment. Findings from the recently conducted Family Resources Survey (FRS) suggest this is the case.

More than half of working-age carers (2.6 million) manage to combine caring with waged work⁴⁹. However, at just 64%, the overall employment rate is relatively low⁵⁰. The overall employment rate in the UK is currently just below 76%⁵¹. Thus, informal carers suffer from a 'carer employment gap' of 12 percentage points. Not only do caring responsibilities affect whether or not you have a job, they may also affect what type of job you have. Just over a third (38%) of working age people with caring responsibilities work full-time, compared to over half (51%) of those that do not⁵². Furthermore, female carers are overrepresented in 'caring and service sector roles' relative to other women (20% vs 17%), as well as 'administrative occupations', yet they are under-represented in professional occupations (16% vs 21%)⁵³.

Supporting the notion that informal caregiving is a gendered issue, there is evidence to suggest that the impact of caring on labour market outcomes is disproportionately felt by women. For example, data from the FRS show that women providing care have the lowest employment rate: 61% (compared to 68% for men)⁵⁴. This is more than 10 percentage points lower than the rate for female non-carers⁵⁵.

Having caring responsibilities makes it more likely that you will reduce your working hours, or give up work entirely, in order to care for someone⁵⁶. For many, retaining work is difficult, or even impossible⁵⁷. Again, evidence suggests women are disproportionately affected by this. Those aged 45-54 were more than twice as likely as any other carer group to have reduced their working hours as a result of caring responsibilities⁵⁸.

Due to its impact on labour market outcomes, providing care has important financial implications for those that do it. Before we explore this impact, however, we will look at the

⁴⁹ Aldridge and Hughes. (2016).

⁵⁰ Ibid.

⁵¹ Office for National Statistics. (2018). Employment rate (aged 16 to 64, seasonally adjusted). Retrieved from <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/timeseries/lf24>

⁵² Aldridge and Hughes. (2016).

⁵³ Ibid.

⁵⁴ Ibid

⁵⁵ Office for National Statistics. (2018). Employment and employee types. Retrieved from

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes>

⁵⁶ Carers UK. (2014). Caring & Family Finances Inquiry: UK report. Retrieved from https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=219

⁵⁷ Carers UK. (2015). Caring and isolation in the workplace. Retrieved from <http://www.carersuk.org/for-professionals/policy/policy-library/caring-and-isolation-in-the-workplace>

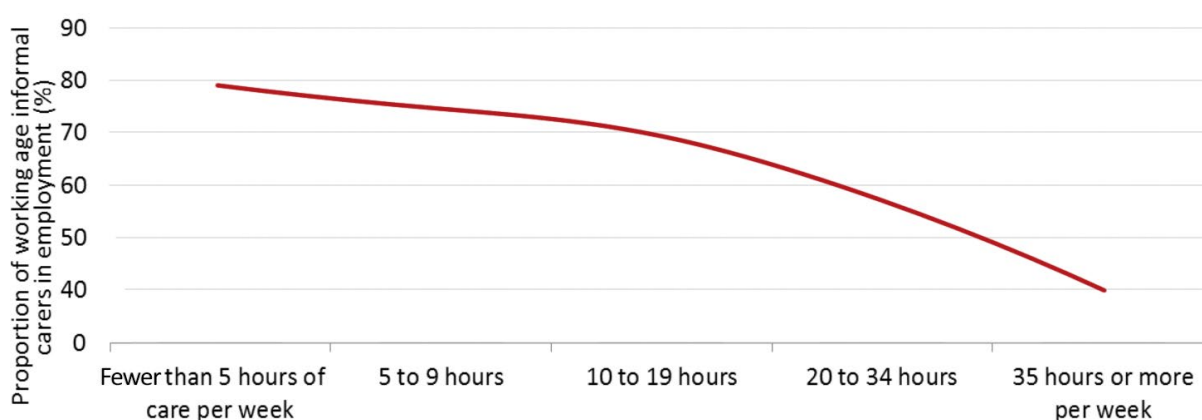
⁵⁸ Carers UK. (2015). Facts about carers 2015.

variation in time spent caring within the carer population – and the effect this has on their employment prospects.

3.1.1. Time spent caring and labour market outcomes

Data from the FRS shows quite clearly that, as time spent caring increases, labour market participation decreases (see Figure 3.1 below). For example, for people providing fewer than five hours of care per week, there is no adverse impact on labour market participation (estimated to be at 77%)⁵⁹. This is, however, in great contrast to the employment rate for people providing 35 hours of care or more each week, which is just 40%⁶⁰. The fact that hours spent caring has such a strong effect on employment status is concerning given that – as stated earlier in Chapter 2 – carers providing 50 or more hours of unpaid care per week grew more than any other group between 2001 and 2011⁶¹.

Figure 3.1 – Hours spent caring and employment status



Source: Family Resources Survey (adapted from New Policy Institute, 2016⁶²)

It should be noted that a significant number of informal carers appear to be able to combine caring and full-time work responsibilities. FRS data show that 21% are providing 35 hours of care per week while, at the same time, holding down a full-time job⁶³. It is possible that juggling these responsibilities has an adverse impact on these individuals' health and wellbeing (explored further in Section 3.3). Before that, however, we consider the financial penalty associated with providing care.

3.2. Financial implications of informal caregiving

Given the effect that caring responsibilities seem to have on individuals' employment outcomes, it is not surprising that poverty rates among carers are relatively high. Reliable data from the FRS shows that the poverty rate amongst working-age people providing informal care is 4 percentage points higher (at 25%), than it is for non-carers⁶⁴. As above, this differs depending on how many hours are spent caring. Generally, the poverty rate increases with hours spent (see Figure 3.2 below). There is a pronounced increase, however, at 20 hours,

⁵⁹ Aldridge and Hughes. (2016).

⁶⁰ Ibid.

⁶¹ Office for National Statistics. (2013). 2011 Census analysis: Unpaid care in England and Wales, 2011 and comparison with 2001. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15>

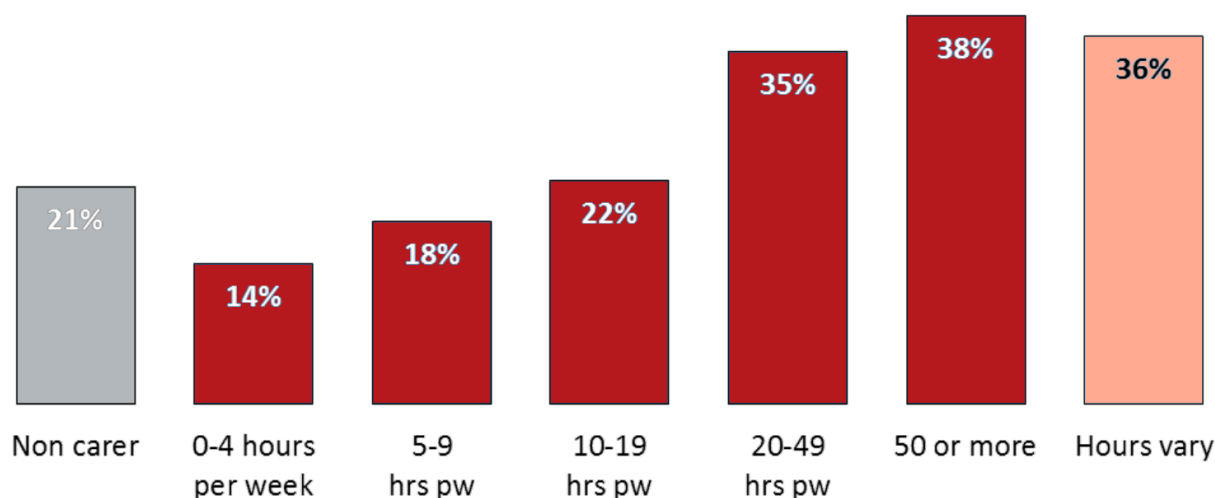
⁶² Aldridge and Hughes. (2016).

⁶³ Ibid.

⁶⁴ Ibid.

with those providing care for 20-49 hours and 50 hours or more having a poverty rate of 35% and 38% respectively⁶⁵.

Figure 3.2 – Hours spent caring and poverty rate



Source: Family Resources Survey (adapted from New Policy Institute, 2016⁶⁶)

Carers forced to reduce their hours at work – or give up work entirely – inevitably suffer financial penalties, e.g. loss of earnings, savings and pension contributions⁶⁷. The Carers Trust, for example, estimate that as many as 1 in 5 informal carers leave their job or turn down a job due to their caring responsibilities⁶⁸. Findings from Carers UK corroborates this. They found that around a third of informal carers (30%) reported a loss in household income to the tune of £20,000 a year, which they attributed to their caring responsibilities⁶⁹. This has implications for retirement, too: the Independent Review of the State Pensions Age (from the Department of Work and Pensions) states that carers are “likely” to have lower private pension savings, which “may reduce their ability to cope with State Pension age changes”⁷⁰.

While it is true that a Carer’s Allowance can be claimed to help with the cost of caring, it is not necessarily that helpful. It comes with several entitlement conditions (e.g. only carers providing 35 hours or more a week can claim it), as well as an earning’s limit⁷¹, and only amounts to about £65 a week⁷². This does not effectively protect against financial hardship. Indeed, the Carers UK ‘State of Caring’ survey 2017 found that a third of informal carers (31%) had been forced to cut back on “essentials like food and heating”⁷³.

The negative impact that caring responsibilities have on individuals’ career prospects, in addition to the lack of available state support, means that many carers struggle financially. A 2014 survey estimated that almost half of informal carers (44%) have difficulty making ends

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Carers UK. (2015). Facts about carers 2015.

⁶⁸ Simplyhealth and the Work Foundation. (2018). Helping employers support their working carers. Available from <http://www.theworkfoundation.com/wp-content/uploads/2018/05/1712036-CFL-Carersatwork-RPT-0118-i-FINAL.pdf>

⁶⁹ Carers UK. (2014). Caring & Family Finances Inquiry: UK report

⁷⁰ Cridland, J. (2017). State Pension age independent review: final report. Retrieved from <https://www.gov.uk/government/publications/state-pension-age-independent-review-final-report>

⁷¹ Carers UK. (2015). Facts about carers 2015.

⁷² UK Government. (2018). Carer’s Allowance. Retrieved from <https://www.gov.uk/carers-allowance>

⁷³ Carers UK. (2017). State of Caring. Retrieved from https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=6096

meet, and end up in debt⁷⁴. This situation is only made worse by the fact that providing care itself often carries a cost. This includes paying for associated care services, assistive equipment and additional transport costs⁷⁵.

The findings from the workshop we hosted, attended by several stakeholders, including informal carers, reflect the evidence reported above. Many participants felt that – above all – the greatest challenge associated with providing care revolves around money.

The financial penalty informal carers face is difficult to overcome. Our workshop participants explained how taking a career break – in order to provide more care – is difficult to return from. Even if they were willing to take a ‘step down’ and return to a job with fewer hours, lower pay, or less responsibility, they weren’t always successful. There was a perception that employers are unwilling to accept that people who’ve previously worked in senior roles are happy to take on more junior or lower skilled ones. Furthermore, as Carers UK point out, taking a break from work to provide care can lead to loss of skills, knowledge, experience and confidence⁷⁶. Periods of unemployment also have to an adverse impact on health – making return to work less likely⁷⁷. Thus, carers who have dropped out of the labour market can find it difficult to get back in.

Clearly, providing informal care has a negative impact on individuals’ finances. Those providing it are more likely to be in poverty, suffer from a loss in earnings, a loss in pension, and even cut back on essentials like food and heating. The cost of providing care itself is also a factor. The Carer’s Allowance, in its current form, is inadequate. Finally, the negative effects are difficult to overcome because of the obstacles carers often find when trying to get back to work.

3.3. Health implications of informal caregiving

In addition to the negative effects on labour market outcomes and personal finances, informal caregiving often has negative health implications for those providing it. In particular, carers’ mental health is affected. Findings from the 2017 ‘State of Caring’ survey⁷⁸ show that the majority of carers surveyed – over 70% – reported feelings of anxiety, while almost half (46%) said they suffered from depression and 78% from stress because of their caring role⁷⁹. Carers’ physical health is also at risk. Over half (54%) claimed that they had reduced their levels of physical activity and exercise, while 45% suggested it was harder to maintain a healthy diet due to caring⁸⁰.

Findings from the 2015 GP Patient Survey⁸¹ further illustrate the ‘health penalty’ that comes with caring. While 51% of non-carers reported having a long-standing health condition, this rises to 63% of all informal carers. Amongst those providing 50 or more hours of care per week, it’s 70%⁸².

⁷⁴ Carers UK. (2014). Caring & Family Finances Inquiry: UK report

⁷⁵ Carers UK. (2015). Facts about carers 2015.

⁷⁶ Ibid.

⁷⁷ Milner, A., Page, A., & LaMontagne, A. D. (2013). Long-Term Unemployment and Suicide: A Systematic Review and Meta-Analysis. *PLoS ONE*, 8(1), e51333.

⁷⁸ 7,286 respondents

⁷⁹ Carers UK. (2017).

⁸⁰ Ibid.

⁸¹ 836,000 respondents

⁸² Volpe, L. (2017). Carers and GP Services - What does the GP Patient Survey say? Retrieved from <https://www.ipsos.com/ipsos-mori/en-uk/carers-and-gp-services-what-does-gp-patient-survey-say>

The negative health impact associated with caring is often exacerbated by the fact that carers struggle to find time to see their GP, get treatment, and go for medical check-ups. Around 40% of the respondents to a recent Carers UK survey⁸³ said they had to delay getting treatment because of their caring responsibilities⁸⁴.

Generally speaking, the negative health impact is proportional to the number of hours spent caring. Carers' health deteriorates incrementally with increasing levels of care provided, irrespective of socioeconomic status. Census data shows that men and women⁸⁵ providing 50 hours or more care per week are between 2.4 and 3.2 times more likely to report their general health as 'not good' compared to non-carers⁸⁶.

3.3.1. The broader health impact of informal caregiving

In addition to the impact that providing care has on general physical and mental health, it can affect carers' health at work and also affect their personal lives.

Findings from a recent survey⁸⁷ show that the vast majority of informal carers in work (71%) report feeling isolated or lonely in the workplace due to their caring responsibilities⁸⁸. This was largely attributed to a lack of understanding from managers and colleagues regarding the impact of caring (43%)⁸⁹. This situation is made worse by the stigma, perceived by carers, around talking to colleagues and management about these issues⁹⁰.

Findings from our workshop highlighted other areas where carers feel the strain at work. In particular, they may have to take time off at short notice, leaving their colleagues to 'pick up the slack'. As a result, they may feel pressure to neglect their caring or work responsibilities – leading to feelings of guilt. Furthermore, working carers are often reliant on 'informal arrangements' with neighbours, friends or family to help them with their caring responsibilities. Participants reported that having to rely on others can cause stress and anxiety – and further add to feelings of guilt.

The challenges presented by having to juggle work and care responsibilities also affect carers' personal lives. Survey data⁹¹ shows that the majority of carers (61%) worry about the impact their caring role has on relationships with their friends and family⁹². Caring responsibilities often put strain on these relationships, preventing them from spending quality time with loved ones⁹³. Furthermore, evidence suggests that, on a typical day, over half of informal carers (52%) get 'less than an hour' to themselves compared to only 32% for non-carers⁹⁴.

⁸³ 3,400 respondents

⁸⁴ Carers UK. (2012). In Sickness and in Health. Retrieved from <https://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health>

⁸⁵ Working full-time in both England and in Wales

⁸⁶ Office for National Statistics. (2013). Full story: The gender gap in unpaid care provision: is there an impact on health and economic position?. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/fullstorythegendergapinunpaidcareprovisionisthereanimpactonhealthandeconomicposition/2013-05-16>

⁸⁷ 1,041 respondents

⁸⁸ Simplyhealth and the Work Foundation. (2018). Helping employers support their working carers. Available from <http://www.theworkfoundation.com/wp-content/uploads/2018/05/1712036-CFL-Carersatwork-RPT-0118-i-FINAL.pdf>

⁸⁹ Carers UK. (2015). Caring and isolation in the workplace. Retrieved from <http://www.carersuk.org/for-professionals/policy/policy-library/caring-and-isolation-in-the-workplace>

⁹⁰ Simplyhealth and the Work Foundation. (2018).

⁹¹ 4,935 respondents

⁹² Carers UK. (2015). State of Caring 2015. Retrieved from https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=5260

⁹³ Simplyhealth and the Work Foundation. (2018).

⁹⁴ Simplyhealth/YouGov Everyday Health Tracker, Dec 2017. A nationally representative sample of 2,040 UK adults aged 18+. Unpaid carers: 274, Non-carers: 737

In sum, the impact of informal caregiving on health appears to be primarily negative, affecting not just carers' physical and mental health, but also their health at work and their personal life.

3.4. Key messages

Providing care has a significant impact on labour market outcomes, financial standing, health and wellbeing. It appears to have a big influence on whether someone is in work or not, with carers facing an 'employment gap' of 12 percentage points. Furthermore, it affects what type of work they do (i.e. whether it is full, or part-time, and what sector it is in). Perhaps most importantly, carers are more likely than non-carers to reduce their working hours or give up work entirely – particularly women. To a large extent, the effects of informal caregiving on employment are proportionate to the number of hours spent doing it: the employment rate for those providing 50 or more hours of care each week is as low as 40% (an employment gap of 36% relative to non-carers).

Carers' comparatively poor employment outcomes have implications for their financial status. They experience higher rates of poverty than non-carers (particularly those providing 50 hours or more care per week). Being forced to reduce hours or give up work, they lose income, pension contributions, and even have to cut back on essentials like food and heating. Many are in debt. Overcoming this financial penalty, for example by returning to work, is difficult: employers' perceptions are a significant barrier as well as the negative effects of being out of work.

Finally, carers' health is also affected. Many suffer from depression and anxiety. Their physical health is affected too. They also struggle at work, often reporting isolation due to a lack of understanding from colleagues and managers. The effects extend to their personal lives, putting strain on relationships and limiting their recovery time.

4. The challenge for policymakers and employers

Having shown, in the previous chapters, that informal caregiving in the UK is highly prevalent, rising, and having a significant impact on carers' employment, financial and health outcomes, we now explore the challenge this poses for government and business. We first explore the implications of current trends for the number of informal carers in the UK. This is followed by an examination of the current policy context, what support is currently available to carers, and, finally, the 'business case' for employers.

4.1. The need for action

4.1.1. The ageing population

Perhaps the greatest challenge – and the most persuasive argument for action – is the fact that the UK's population is ageing. As we explored in Chapter Two, this is a driving factor behind why the number of informal carers has grown significantly in recent years. It is also one of the main reasons why this number is expected to keep rising. It is estimated that, by 2036, at least a quarter of the local population in more than half of all local authorities will be aged 65 and over⁹⁵. This is problematic because, as people age, they require more medical treatment and more ongoing care⁹⁶. Based on current projections, the average man and woman in the UK will spend almost half of the rest of their lives in poorer health (44% and 47% respectively).

This poorer health can, in part, be attributed to the presence of multimorbidity (i.e. having two or more long-term chronic conditions, such as musculoskeletal conditions). Multimorbidity increases both with age and over time, and is forecast to affect almost 65% of people aged 65-74 by 2035 (compared with 45.7% today), rising from 8.2 to 9.1 million⁹⁷. Thus, the demand for care is likely to increase as the population ages and people's care needs become more complex (i.e. comprising multiple conditions)⁹⁸.

4.1.2. Falling budgets

While the demand for care has been rising, state-funded support for it has been falling. For example, social care spending in England has decreased in real terms over recent years. In fact it is now even lower than it was in 2005 (see Figure 4.1 below). These cuts have coincided with the majority of local councils citing adult social care as their most pressing issue⁹⁹.

⁹⁵ Office for National Statistics. (2017). Overview of the UK population: July 2017. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017>

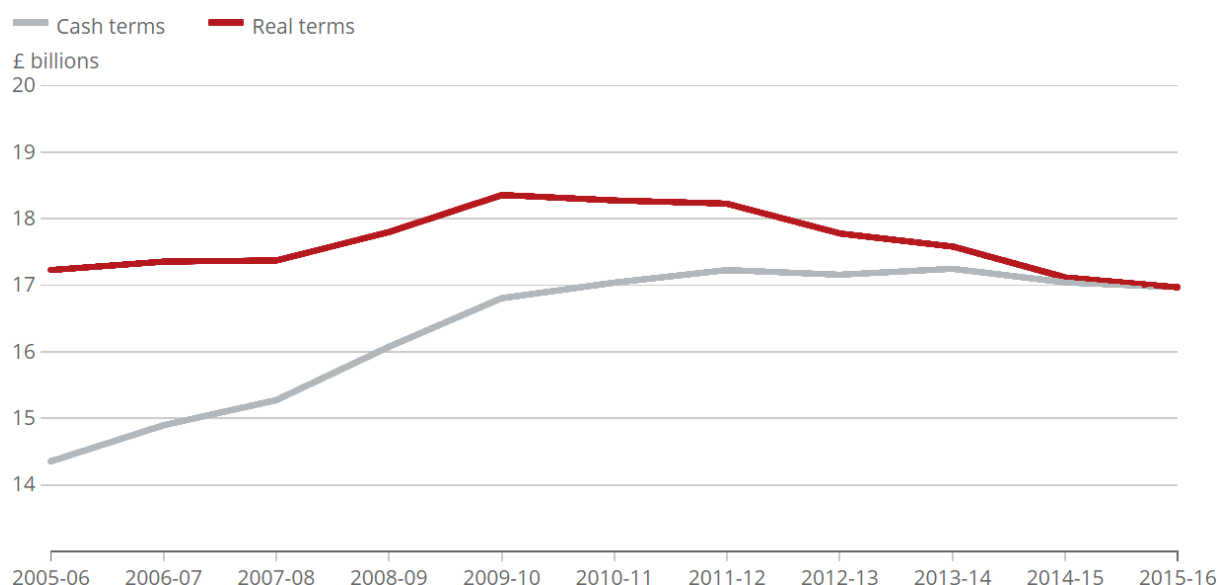
⁹⁶ Office for National Statistics. (2017). Unpaid carers provide social care worth £57 billion. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/unpaidcarersprovidesocialcareworth57billion/2017-07-10>

⁹⁷ Arthritis Research UK. (2018). State of musculoskeletal health 2018. Retrieved from https://www.arthritisresearchuk.org/~/_/media/Files/Data%20and%20stats/State%20of%20MSK/PHS-08_StateOfMSKReport.ashx?la=en

⁹⁸ Houses of Parliament. (2018). POSTNOTE: Unpaid care. Retrieved from <http://researchbriefings.files.parliament.uk/documents/POST-PN-0582/POST-PN-0582.pdf>

⁹⁹ Simplyhealth and the Work Foundation. (2018).

Figure 4.1 – Social care spending in England, 2005 to 2016



Source: Personal Social Services: Expenditure and Unit Costs, England (adapted from ONS, 2017¹⁰⁰)

There is evidence that councils are struggling in the face of dwindling budgets. Results from a 2016 Association of Directors of Adult Social Services survey, completed by 100% of councils in England, reports that 24% of savings were being drawn from ‘cutting services’ or ‘reducing the personal budgets of people who receive care and support’¹⁰¹. Furthermore, a 2016 report from the Health Select Committee on the provision of health and social care concluded that, due to “historical cuts to social care funding”, “increasing numbers of people with genuine social care needs are no longer receiving the care they need”¹⁰². These findings are underlined by the Care Quality Commission’s assertion that the health and social care system is “straining at the seams”¹⁰³.

The so-called ‘Brexit effect’ could further reduce social care provision in the UK, for two reasons. Firstly, the social care workforce relies heavily on EU workers, whose future is now uncertain¹⁰⁴. A report from the charity Independent Age suggested that the shortfall of care workers due to Brexit could be between 350,000 and 1.1 million by 2030¹⁰⁵. Secondly, according to a recent paper in the *Lancet*, the NHS will lose out on direct revenue streams from the EU. This includes the European Investment Bank, which has given the NHS £3.5 billion since 2001¹⁰⁶. The UK may also lose out on tax revenue – putting further pressure on departmental budgets – given that EU migrants are net contributors to the public purse¹⁰⁷.

¹⁰⁰ Office for National Statistics. (2017). Unpaid carers provide social care worth £57 billion

¹⁰¹ Directors of Adult Social Services. (2016). ADASS budget survey 2016. Retrieved from <https://www.adass.org.uk/media/5379/adass-budget-survey-report-2016.pdf>

¹⁰² Health Select Committee. (2016). Impact of the Spending Review on health and social care. Retrieved from http://www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/139/139.pdf?utm_source=139&utm_medium=module&utm_campaign=Modulereports

¹⁰³ Care Quality Commission. (2017). Most people still getting good care – but health and care system is ‘straining at the seams’, making future quality precarious. Retrieved from <https://www.cqc.org.uk/news/releases/most-people-still-getting-good-care-%E2%80%93-health-care-system-%E2%80%98straining-seams%E2%80%99-making>

¹⁰⁴ Simplyhealth and the Work Foundation. (2018).

¹⁰⁵ Independent Age. (2016). Brexit and the future of migrants in the social care workforce. Retrieved from <https://www.independentage.org/sites/default/files/2016-09/IA-Brexit-Migration-report.pdf>

¹⁰⁶ Fahy, N., Hervey, T., Greer, S., Jarman, H., Stuckler, D., Galsworthy, M., & McKee, M. (2017). How will Brexit affect health and health services in the UK? Evaluating three possible scenarios. *The Lancet*, 390(10107), 2110–2118.

¹⁰⁷ Dustmann, C., & Frattini, T. (2014). The Fiscal Effects of Immigration to the UK. *Economic Journal*, 124(580), F593–F643.

4.1.3. The 'supply' of informal carers

The UK's reliance on informal carers has grown in recent decades. Where the state has retreated, they have stepped in. Given current and historical trends (as well as Brexit), this reliance is likely to grow. However, there are significant concerns regarding informal carers' ability to continue 'picking up the slack'; there may not be sufficient numbers of them in the future to meet demand.

The 'supply' of informal carers in the UK may be running out, for several reasons. First, the pace of demographic change means that the number of people aged 85 and over is rising much faster than those making up the younger generation aged 50 to 64¹⁰⁸. Furthermore, the workforce is ageing. Over 50s now comprise 31% of the workforce (compared to 21% in 1992)¹⁰⁹, and 3 in 5 informal carers are over 50 years old. The growth in this age group working, and working for longer (in part facilitated by an increasing State Pension Age), more and more people will have less and less time to provide informal care. This is further exacerbated by the fact that women – who are more likely to provide informal care – are participating in the workforce in record numbers¹¹⁰.

Because informal caring peaks around the ages of 45-64, and is disproportionately provided by women, the trends outlined above present a big problem. Coupled with Brexit, which may cause a social care workforce shortfall, the UK's reliance on informal care is looking increasingly unsustainable.

4.2. The policy context

4.2.1. Reasons to be optimistic?

There is evidence to suggest that the Government recognise the need for action. The Conservatives' manifesto, which they were elected on in 2017, acknowledged that the "majority of care is informally provided, mainly by families"¹¹¹. They also pledged to promote 'returnships' – helping people reintegrate into the workplace after long absences due to caring¹¹². To some extent they delivered on this pledge, with four new 'returner schemes' across the public sector being announced in 2017¹¹³. Also, in March 2018, they announced a £1.5m fund to help carers who had taken a break from work to return to it¹¹⁴.

While they have pledged to introduce statutory leave for carers¹¹⁵, it is unclear how beneficial this would be. Unlike statutory maternity leave, it would be unpaid. Thus, carers taking up this option would lose their and income and pension contributions. This may not be feasible for many, given that – as highlighted in Chapter Three – carers are overrepresented in low paid occupations. Coupled with additional costs associated with caring, they simply may not be able to afford to take unpaid leave. Furthermore, exiting the workplace altogether may promote

¹⁰⁸ Office for National Statistics. (2012). Population Ageing in the United Kingdom, its Constituent Countries and the European Union. Retrieved from

http://webarchive.nationalarchives.gov.uk/20160106100801/http://www.ons.gov.uk/ons/dcp171776_258607.pdf

¹⁰⁹ Centre for Ageing Better. (2018). Greater support needed for older workers as numbers of over 50s in UK workforce reaches record 10 million. Retrieved from <https://www.ageing-better.org.uk/news/number-over-50s-uk-workforce-10-million>

¹¹⁰ Work Foundation. (2017). Gender, sex, health and work. Retrieved from http://www.theworkfoundation.com/wp-content/uploads/2016/10/418_GSHWBackground.pdf

¹¹¹ Conservative Party. (2017). General Election Manifesto 2017. Retrieved from <https://www.conservatives.com/manifesto>

¹¹² Simplyhealth and the Work Foundation. (2018).

¹¹³ UK Government. (2017). Career break returner programmes launched to help people back to work. Retrieved from <https://www.gov.uk/government/news/career-break-returner-programmes-launched-to-help-people-back-to-work>

¹¹⁴ FM World. (2018). Government launches £1.5m fund to help tackle gender pay gap. Retrieved from <http://www.fm-world.co.uk/news/government-launches-15m-fund-to-help-tackle-gender-pay-gap/>

¹¹⁵ Personnel Today. (2017). Conservatives outline commitments on workers' rights. Retrieved from <https://www.personneltoday.com/hr/conservatives-outline-commitments-workers-rights/>

feelings of social isolation and exclusion, which carers often report. The Government recognise working age carers would rather “stay in touch with the jobs market, not just for their financial wellbeing, but also to enhance their own lives and the lives of those they care for”¹¹⁶.

The newly appointed Health and Social Care Secretary, in setting out his priorities for the health and social care system, has explicitly recognised informal carers’ contribution¹¹⁷. There is, therefore, expectation that this group will get sufficient recognition in the forthcoming green paper on social care (to be released in autumn 2018). Furthermore, the recently announced ‘action plan’, setting out a two-year programme of work to support informal carers, holds some promise. Its measures include a new scheme to improve employment support for carers, helping them continue to work alongside caring, as well as a £500,000 ‘innovation fund’ to encourage ‘creative’ ways of supporting carers¹¹⁸.

There is further promise in the Department for Work and Pensions’ ‘Fuller Working Lives’ strategy. It argues that employers must draw on the skills and experience of older workers to avoid the loss of labour, explicitly recognising the need to retain informal carers in the workforce¹¹⁹. Furthermore, in the recently published Industrial Strategy, and in its response to the *Taylor Review of Modern Working Practices*, Government outline the need to support working carers, committing to promoting “genuine flexibility in the workplace”¹²⁰, with carers in particular benefitting¹²¹.

4.2.2. Reasons to be cautious

Although there is evidence that the Government is looking at the social care system and aware of informal carers’ plight, it has failed to adopt a consistent position over recent years. For example, the Dilnot Commission – an independent body tasked by Government with reviewing the funding system for care and support in England – recommended, in 2011, to cap the amount an individual would have to pay towards their care costs. The Government initially supported this idea (although it would cap costs at £72,500 rather than the 35,000 recommended by the Commission). However, in 2017, it reneged on this. Instead, proposals for the funding of social care would be set out in the forthcoming green paper¹²².

The problem here is that, over the last two decades, five green or white papers have been released, alongside numerous policy papers and four ‘independent reviews’ into health and social care¹²³. Thus, reform of this sector has been characterised by slow and often stalled progress in recent years. The inertia affecting government was neatly summarised by the joint inquiry into the long-term funding of adult care, led by the Communities and Local Government and Health Select Committees. It recognised that whilst there is “agreement on the urgent

¹¹⁶ Department for Work and Pensions. (2017). Fuller Working Lives: A Partnership Approach. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/587654/fuller-working-lives-a-partnership-approach.pdf

¹¹⁷ Department of Health and Social Care. Matt Hancock: my priorities for the health and social care system. Retrieved from <https://www.gov.uk/government/speeches/matt-hancock-my-priorities-for-the-health-and-social-care-system>

¹¹⁸ Department of Health and Social Care. (2018). Cross-government plan launched to support unpaid carers . Retrieved from <https://www.gov.uk/government/news/cross-government-plan-launched-to-support-unpaid-carers>

¹¹⁹ Department for Work and Pensions. (2017).

¹²⁰ Department for Business, Energy and Industrial Strategy. (2018). Good Work A response to the Taylor Review of Modern Working Practices. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679767/180206_BEIS_Good_Work_Report_Accessible_A4_.pdf

¹²¹ Simplyhealth and the Work Foundation. (2018).

¹²² Ibid.

¹²³ Ibid.

need for reform, this has not translated into action or consensus on how it should be achieved”¹²⁴.

4.2.3. Examples of existing support

Social care is a devolved policy area and therefore policies for carers differ across the UK (see Box A for an overview). The support available to carers includes financial support, employment support, respite care, education and training, and emotional and social support – though it is unclear how effective it is.

Box A – Policies to support carers across the UK

England

- The Care Act 2014 sets out how people’s care and support needs should be met and introduces carers’ right to an assessment¹²⁵. There is evidence that more could be done to raise carers’ awareness of their rights¹²⁶.
- The 2018 ‘action plan’ recently published by Government sets out a two-year work programme aimed at keeping and supporting carers in work.

Scotland

- The Carers (Scotland) Act 2016 sets out a range of measures intended to improve the support given to carers. It puts a duty on local authorities to support carers, gives them the right to a plan identifying their needs and provides them with information about available support¹²⁷.

Wales

- The 2016 Social Services and Well-being (Wales) Act introduced new rights and entitlements for carers and placed stronger duties on local authorities to identify, assess and support carers¹²⁸.
- Three ‘national priorities’ have been established: (i) supporting carers to have ‘reasonable breaks’ from their caring role; (ii) helping carers access necessary support; and (iii) ensuring carers get appropriate information and advice¹²⁹.

Northern Ireland

- The 2002 Carers and Direct Payments Act (Northern Ireland) gave carers the right to an assessment to be considered for services to meet their needs¹³⁰. The ‘Reform of Adult Care and Support’ project, which aims to recognise the contribution of carers and support them, is currently underway¹³¹.

Adapted from UK Parliament, 2018¹³²

¹²⁴ Housing, Communities and Local Government Committee. (2018). Long term funding of adult social care inquiry. Retrieved from <http://www.parliament.uk/business/committees/committees-a-z/commons-select/communities-and-local-governmentcommittee/inquiries/parliament-2017/long-term-funding-of-adult-social-care-17-19>

¹²⁵ Department of Health and Social Care. (2016). Care Act factsheets. Retrieved from <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheet1>

¹²⁶ Bennett, L. (2016). Care Act for carers: one year on. London: Carers Trust.

¹²⁷ Scottish Parliament. (2015). Carers (Scotland) Bill. Retrieved from [https://www.parliament.scot/S4_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-pm.pdf](https://www.parliament.scot/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf)

¹²⁸ Welsh Government. (2014). Social Services and Well-being (Wales) Act – Factsheets. Retrieved from <https://gov.wales/topics/health/publications/socialcare/guidance1/factsheets/?lang=en>

¹²⁹ Irranca-Davies, H. (2017). Written Statement - A Carer Friendly Wales. Retrieved from <https://gov.wales/about/cabinet/cabinetstatements/2017/carerfriendlywales/?lang=en>

¹³⁰ Thompson, J. (2017). Supporting carers in Northern Ireland: Where are we with legislation and policy to support them? Retrieved from <http://www.assemblyresearchmatters.org/2018/07/24/supporting-carers-in-northern-ireland/>

¹³¹ Department of Health. (2017). Reform of adult care and support. Retrieved from <https://www.health-ni.gov.uk/articles/reform-adult-care-and-support>

¹³² Houses of Parliament. (2018). POSTNOTE: Unpaid care. Retrieved from <http://researchbriefings.files.parliament.uk/documents/POST-PN-0582/POST-PN-0582.pdf>

In terms of financial support, the most obvious example is the Carer's Allowance. To qualify, individuals must provide at least 35 hours a week, not be full-time education and, if in work, earn no more than £120 a week¹³³. It is worth £64.60 a week, which works out at roughly £1.86 per hour (at the minimum threshold of 35 hours a week). Given that it is only available to carers who are either not in work or earning less than roughly £6,000 a year, it is questionable how effective this financial support is. Evidence outlined in Chapter Two suggests it isn't. Furthermore, there are reports that carers have difficulty accessing the Allowance, getting information on it and how it interacts with other benefits¹³⁴. Another form of financial aid comes from 'personal budgets' delivered at local level. These are paid either to the carer or the person they care for. However, as outlined earlier in Section 4.1.2., these are being reduced.

An example of Government-funded employment support is the 'Carers in Employment' project, which ran from 2015-17 in nine English local authorities. It explored 'what works' in helping carers maintain or return to work. It was found that those who received more comprehensive and intensive support were more likely to report positive effects¹³⁵. Otherwise there are few examples of employment support and its effectiveness¹³⁶. We will have to wait and see how successful the recently announced 'returnships' and proposals set out in the 'action plan' are in their aims to support carers keep or re-enter work^{137,138}.

Respite care is sometimes offered to carers to give them a break from their caring responsibilities. Evidence of its effectiveness, however, is mixed: some studies report it increasing wellbeing and reducing stress¹³⁹, while others report no effects¹⁴⁰. The evidence behind education and training is clearer: carers frequently report satisfaction and a better understanding of conditions, e.g. dementia¹⁴¹. However, whether these interventions change carers' behaviour, or help them cope better, is unclear¹⁴².

Finally, emotional and social support for carers, delivered via support groups, 'befriending schemes' and counselling services, are effective in providing carers with much-needed emotional support¹⁴³.

Thus, there is a range of supports available to carers. However, how successful they are – in terms of their effectiveness – is unclear.

4.2.4. Barriers to accessing support

Evidence suggests carers face a number of challenges accessing support made available to them. This includes difficulty navigating the system and not receiving responses from social

¹³³ UK Government. (2018). Carer's Allowance. Retrieved from <https://www.gov.uk/carers-allowance>

¹³⁴ Department for Work and Pensions. (2011). Developing a clearer understanding of the Carer's Allowance claimant group (RR739). Retrieved from <https://www.gov.uk/government/publications/developing-a-clearer-understanding-of-the-carers-allowance-claimant-group-rr739>

¹³⁵ Institute for Employment Studies. (2018). Evaluation of the Carers in Employment (CiE) Project: Final report. Retrieved from <https://www.scie.org.uk/carers/employment>

¹³⁶ Houses of Parliament. (2018).

¹³⁷ Simplyhealth and the Work Foundation. (2018).

¹³⁸ Department of Health and Social Care. (2018). Cross-government plan launched to support unpaid carers. Retrieved from <https://www.gov.uk/government/news/cross-government-plan-launched-to-support-unpaid-carers>

¹³⁹ Fields, N. L., Anderson, K. a., & Dabelko-Schoeny, H. (2012). The Effectiveness of Adult Day Services for Older Adults: A Review of the Literature From 2000 to 2011. *Journal of Applied Gerontology*, 33(2), 130–163.

¹⁴⁰ Lee, H., & Cameron, M. (2004). Respite care for people with dementia and their carers. *Cochrane Database of Systematic Reviews (Online)*, (1), CD004396.

¹⁴¹ Victor E (2009) A systematic review of interventions for carers in the UK: Outcomes and explanatory evidence. The Princess Royal Trust for Carers, Young Carers International Research and Evaluation, The University of Nottingham

¹⁴² Houses of Parliament. (2018).

¹⁴³ Victor, E. (2009). A Systematic Review of Interventions for Carers in the UK: Outcomes and Explanatory Evidence. Retrieved from <http://static.carers.org/files/systematic-review-15-jan-3840.pdf>

care providers¹⁴⁴. Furthermore, delays in accessing benefits and other forms of support have been reported¹⁴⁵. These difficulties have been identified as contributing factors to carers' relatively poor health and financial position¹⁴⁶. A lack of support from statutory services has also been blamed for causing social isolation and exclusion¹⁴⁷. Indeed, a recent study recommended that 'multi-agency partnerships' be set up to improve the process of identifying carers and therefore providing them with the support and guidance they need¹⁴⁸.

There is also evidence, from the 2014 Caring & Family Finances Inquiry, that significant numbers of informal carers cite problems accessing suitable care services as one of the reasons why they decided to give up work or reduce their working hours¹⁴⁹. This was attributed to the fact that the services available to them are inflexible and cannot be fit around working hours – or are unreliable making work impossible.

Thus, while a number of supports exist nominally to support informal carers, evidence of their effectiveness is mixed and, due to difficulties accessing them, they are considered by some carers to contribute to their financial hardship as well as influencing their decision to either reduce hours at work or leave entirely.

4.3. The business case

In the final section of this chapter we look at the challenge for employers, i.e. the implications of the large – and growing – number of working-age people combining care and work responsibilities. Aside from the problems this poses for Government and the health and social care system, it also represents a challenge for employers.

As we showed in Chapter Two, having caring responsibilities increases the likelihood of reducing hours at work, or leaving the workforce entirely. The likelihood of this increases with age: caring responsibilities tend to peak around the ages of 45-64. This coincides with when individuals are expected to be in senior (e.g. management) roles, with a wealth of experience and knowledge behind them. The cost of replacing these individuals – if they do leave – is therefore relatively high. Not only does replacing staff incur direct costs, it puts pressure on colleagues who must cover the vacant position while the (often slow) process of recruitment is carried out¹⁵⁰. Even when a position is filled, it can take a significant amount of time – between 15 and 52 weeks – for a 'new joiner' to reach optimal productivity¹⁵¹. Evidence shows that the losing key and experienced employees to caring results in expensive recruitment and retraining costs as well as a loss of expertise and knowledge¹⁵².

¹⁴⁴ Stacey, R., & Malley, J. (2014). Carers' quality of life and experiences of adult social care support in England. *Health and Social Care in the Community*, 22, 375–385.

¹⁴⁵ Carers UK. (2015). Facts about carers 2015.

¹⁴⁶ Carers UK. (2012). In *Sickness and in Health*. Retrieved from <https://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health>

¹⁴⁷ Contact a Family. (2011). *Forgotten Families: the impact of isolation on families with disabled children across the UK*. Retrieved from https://contact.org.uk/media/381636/forgotten_isolation_report.pdf

¹⁴⁸ Yeandle, S. and Wigfield, A., eds. (2011) *New Approaches to Supporting Carers' Health and Well-being: Evidence from the National Carers' Strategy Demonstrator Sites programme*. Retrieved from https://www.sheffield.ac.uk/polopoly_fs/1.546423!/file/New-Approaches-Report.pdf

¹⁴⁹ Carers UK. (2014). *Caring & Family Finances*. Retrieved from https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=219

¹⁵⁰ Personnel Today. (2017). *Why HR should step up and support working carers*. Retrieved from <https://www.personneltoday.com/hr/hr-step-support-working-carers/>

¹⁵¹ Ibid.

¹⁵² Employers for Carers. (2011). *Caring at a distance: bridging the gap*. Retrieved from https://www.employersforcarers.org/resources/research/item/download/64_0ee4993da3927b2457f4cd3bb58f65be

Survey research involving businesses indicates that around 16% of the workforce currently have caring responsibilities. Given that the population is ageing, this number is expected to grow over the next decade¹⁵³. Evidence suggests employers are at least aware of this challenge, recognising that caring responsibilities are affecting their workforce, by, for example, putting pressure on staff and causing stress and anxiety¹⁵⁴. Working carers' productivity may also suffer: they become distracted at work by their caring responsibilities, e.g. having to make phone calls¹⁵⁵. It has been estimated that, for a company of 10,000 employees, lost productivity due to caring could amount to £1.1 million a year¹⁵⁶.

Because carers often struggle to get time off work to co-ordinate care services or attend medical appointments, over a third have used their annual leave to do so, while over a fifth have been forced to use sick leave (based on a survey of 1,041 carers)¹⁵⁷. Indeed, the Chartered Institute of Personnel estimates, in their 2016 'Absence Management' report, that carer responsibilities are amongst the most common causes of short- and long-term sickness absence¹⁵⁸. Findings from our workshop support this: carers often need to take time off work at short notice to arrange care and constantly have to organise care around work – inevitably, the former is sometimes prioritised over work.

In sum, the business case is clear. Informal carers represent a significant – and growing – proportion of the UK workforce, and given their typical age employers can ill afford to miss out on their skills and expertise. As the workforce ages, businesses will be increasingly reliant on people in this age group. It is therefore in their interests to support them. This would help mitigate the costs in lost productivity associated with working carers, but perhaps most importantly prevent the need to repeatedly carry out costly recruitment drives to replace key staff. Supporting carers can be challenging – particularly for small businesses – but benefits to the bottom line and in reputation should outweigh the costs.

Thus, in the following chapter we look at what policymakers and employers can do to support informal carers.

4.4. Key messages

The significant and rising proportion of informal carers in the UK represents a number of challenges for both policymakers and employers. Due, in part, to an ageing population, declining health and social care budgets, and a falling supply of informal carers, the need for Government action is becoming increasingly urgent: the UK's reliance on informal care is becoming unsustainable.

There is evidence that the Government recognise this – and the policy landscape is, in some ways, encouraging. However, while there is agreement that the issue of health and social care is in desperate need of reform, there is less agreement on what to do about it. The forthcoming green paper (now expected in autumn 2018) is expected to make this clear.

¹⁵³ Simplyhealth and the Work Foundation. (2018).

¹⁵⁴ Employers for Carers. (2011).

¹⁵⁵ Simplyhealth and the Work Foundation. (2018).

¹⁵⁶ Ibid.

¹⁵⁷ Carers UK. (2015). Caring and isolation in the workplace. Retrieved from <http://www.carersuk.org/professionals/policy/policy-library/caring-and-isolation-in-the-workplace>

¹⁵⁸ Chartered Institute for Personnel. (2016). Absence management. Retrieved from https://www.cipd.co.uk/Images/absence-management_2016_tcm18-16360.pdf

While there are a number of examples of existing supports that carers can draw on, the evidence of their effectiveness is mixed and access to them is relatively poor.

Finally, there is a clear incentive for employers to take an interest in the plight of informal carers: they represent an ever growing share of an ageing workforce and possess valuable skills and experience that business cannot afford to lose.

5. Conclusions and recommendations

Having outlined the challenges posed to policymakers and employers by the increasingly significant numbers of informal carers in the UK, we now turn to the subject of how to address them. The key challenge for Government and business is how to provide appropriate support for employees with informal caring responsibilities, so that they can keep their jobs, remain productive, and prosper – all without having an adverse effect on the employer, the carer, or the person being cared for. We hosted a workshop in 2017 with this goal in mind. Below, we outline a number of recommendations based on the insights gained from the workshop and existing evidence in the academic and grey literature.

5.1. What problems should be addressed?

As shown in the previous chapters, informal carers suffer a number of disadvantages. They typically face lower rates of employment, are overrepresented in relatively low paid and low skilled occupations within the economy, and end up either having to reduce their hours at work or give it up entirely. This has consequences for their financial status. They tend to experience higher rates of poverty, loss of earnings, savings and pension, and receive inadequate financial support from the state (i.e. the Carer's Allowance). On top of this, they have difficulty re-entering the workforce, partly due to employers' perception of them (for example not believing that people who've previously worked in senior roles are happy to take more junior ones) but also because, when out of work, they may lose confidence, skills, and knowledge. All of this has an impact on their health. They report relatively high rates of stress, anxiety and depression. Their physical health suffers too. They typically have more long-term conditions than non-carers and less time to seek medical treatment for them (owing to their caring responsibilities). Finally, they also experience social isolation, both at work and in their personal lives.

None of the above is helped by falling budgets which have put pressure on local authorities to reduce support for social care in the face of increasing demand. Furthermore, central government inertia has meant there is a lack of much-needed state-funded support and the absence of a coherent national strategy. As a result, existing support for informal carers is inadequate and access to it is relatively poor.

5.2. Recommendations

Given the nature of the problems informal carers face, solutions should be primarily focused on improving their employment outcomes. To a large extent, the problems they experience with finances and their health are attributable to this (though the relationships between the three are likely to be bi-directional, i.e. affect each other, as well). Our recommendations, therefore, revolve around the following themes:

- workplace flexibility;
- statutory leave;
- workplace support; and
- returning to work.

Improving **workplace flexibility** for carers is essential. For many, juggling work and care responsibilities is difficult and carries a significant health risk¹⁵⁹. As a result, carers often end up reducing hours or leaving the workforce. Many carers report, however, that with the right

¹⁵⁹ Carers UK. (2015). Caring and isolation in the workplace.

support this could be avoided¹⁶⁰, which implies there is more that can be done to prevent job loss and help employees cope with their caring responsibilities.

Survey research involving carers consistently highlights their desire for more flexible working. For example, results from the 2017 Simplyhealth/YouGov Everyday Health Tracker survey¹⁶¹ show that the majority (65%) would like to see flexible working hours. Similar findings are reported by a Carers UK survey¹⁶², which found that over a third of respondents (33%) considered more flexible working hours/patterns amongst the 'top priorities' for improving carers' employment outcomes¹⁶³. The need for flexibility was also highlighted as crucial by our workshop participants. Improved workplace flexibility would help carers more effectively manage their work and caring responsibilities, allowing them to prioritise one or the other as necessary.

In addition to workplace flexibility, carers would welcome the right to stake **statutory leave**. More than half (51%) of the respondents to the 2017 Simplyhealth/YouGov Everyday Health Tracker survey wanted the ability to take unpaid leave from work, while Carers UK found that more than a third (37%) of carers they surveyed considered flexible/special leave arrangements a priority¹⁶⁴. Without this, carers often are forced to use up their annual leave (or in some cases sick leave) as well as their free time to provide care¹⁶⁵. This leaves them with little time for family and friends, putting them at risk of isolation and social exclusion and, in turn, poorer health¹⁶⁶.

Alongside workplace flexibility and statutory leave, there is a need for better **workplace support**. Our workshop participants felt it was important that carers feel supported in the workplace and able to disclose their caring responsibilities to both colleagues and managers. Being unable to do this made them feel anxious and prevented colleagues and managers from understanding their plight. It would also help de-stigmatise the issue of care in the workplace.

Better support at work in the form of 'improved and consistent manager awareness' of caring issues was top priority reported in the Carers UK survey: more than third (37%) felt that this was needed in the workplace. This was also reported by the 2017 Simplyhealth/YouGov Everyday Health Tracker survey, where half (50%) of respondents suggested they would benefit from more support at work. Specifically, they mentioned the need for access to peer support groups as well as 'carer-friendly' policies. This is consistent with evidence submitted to the 2017 Inquiry into Adult Social Care which claimed that a 'care friendly employer' who is supportive, flexible and understanding is crucial for carers continuing in work¹⁶⁷.

Finally, there is a clear need to help carers **return to work**. Those that have fallen out of the labour market face a number of obstacles when trying to get back in. As our workshop participants explained, carers who previously held senior positions wanting to re-enter work at a junior level with fewer hours were rarely successful. This was largely attributed to employers'

¹⁶⁰ Hiel, L., Beenackers, M. A., Renders, C. M., Robroek, S. J. W., Burdorf, A., & Croezen, S. (2015). Providing personal informal care to older European adults: Should we care about the caregivers' health? *Preventive Medicine, 70*, 64–68.

¹⁶¹ A nationally representative survey of 1,974 UK adults aged 18+

¹⁶² 1,041 respondents

¹⁶³ Carers UK. (2015). Caring and isolation in the workplace.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Carers UK. (2014). The Case for Care Leave. Retrieved from <https://www.carersuk.org/for-professionals/policy/policy-library/the-case-for-care-leave>

¹⁶⁷ Communities and Local Government Committee. (2017). Adult social care. Retrieved from <https://publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/1103/1103.pdf>

perceptions. It was therefore suggested that carers would benefit from schemes enabling 'phased return to work', i.e. entering on a part-time basis and then scaling-up their hours and responsibilities accordingly.

Furthermore, 'returnships' – high-level internships aimed at individuals who are looking to return to work – hold promise and should be more widely available. Currently, it is estimated that the vast majority (around 9 and 10) do not offer such schemes¹⁶⁸. It is therefore encouraging to see the Government commit to providing returnships in its recently launched two-year 'action plan'¹⁶⁹.

In the following sections we offer recommendations to both policymakers and employers based on the four themes outlined above. They offer practical guidance on how to improve outcomes for carers.

5.2.1. Recommendations for policymakers

There is evidence that the Government is aware of the need for policy action in this area. However, progress has been slow. With the number of informal carers expected to rise, there is a need for a clear strategy comprising targeted policy solutions that safeguard carers' long-term wellbeing.

- Include specific provisions for carers in the Right to Request Flexible Working. People of working age with caring responsibilities should, on starting a new job, be able to request flexible working in order to fit their caring responsibilities around their work.
 - This echoes the call in the *Taylor Review of Modern Working Practices* and builds on the commitment, set out in the Government's response to it, to "promote genuine flexibility in the workplace" for groups including carers¹⁷⁰.
- Introduce dedicated carers' employment rights, such as statutory leave, as recommended in the 2017 Independent Review of the State Pension Age¹⁷¹ and pledged by the Conservatives in their 2017 manifesto. This would depend on the resources of both individuals and individual businesses. For example, some carers/companies can't afford to take/offer unpaid time off work. Any leave entitlement should enable carers to remain in/return to the workplace, where possible, and to receive support during their absence.
 - Evidence of how this can work is available from Germany, where a 'legal framework' is in place. Depending on the size of the employer, this legislation allows carers to take short- (10 days) and longer-term (up to 24 months) periods of leave to care for a family member, on a full- or part-time basis. Carers can claim a wage compensation benefit (or 'carer's grant') for the shortest-term period of leave and, for longer-term periods of leave, are entitled to financial support in the form of an interest-free loan¹⁷².

¹⁶⁸ Employee Benefits. (2017). 95% do not offer a returnship programme. Retrieved from <https://www.employeebenefits.co.uk/issues/december-2017/95-not-offer-returnship-programme/>

¹⁶⁹ Department of Health and Social Care. (2018). Cross-government plan launched to support unpaid carers. Retrieved from <https://www.gov.uk/government/news/cross-government-plan-launched-to-support-unpaid-carers>

¹⁷⁰ Department for Business, Energy and Industrial Strategy. (2018). Good Work A response to the Taylor Review of Modern Working Practices. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679767/180206_BEIS_Good_Work_Report_Accessible_A4_.pdf

¹⁷¹ Cridland, J. (2017). State Pension age independent review: final report. Retrieved from <https://www.gov.uk/government/publications/state-pension-age-independent-review-final-report>

¹⁷² Communities and Local Government Committee. (2017). Adult social care. Retrieved from <https://publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/1103/1103.pdf>

- Work closely with businesses to promote the business case for retaining carers in the workplace. The Government should collect and share examples of good practice, and provide guidance to employers – for example, how to create support groups/carer champions/awareness campaigns/access to information to initiate change in workplace culture.
- The Department for Work & Pensions (DWP) could work more closely with social care departments in local authorities as part of the carers' assessment process so as to identify local job opportunities. It could also review local initiatives as part of an action to develop an evidence base of good working practices to support the work done in other locations.
- Issue guidance to both employers and prospective employees on how caring could be discussed during interview stage. This would be especially helpful for smaller organisations, which may lack the HR expertise and resources to introduce dedicated carer-friendly policies.
- Develop an accreditation scheme or 'charter', similar to the 'Disability Confident' scheme already in place. This should be co-created with carers, employers and relevant third sector organisations. It would give employers advice and guidance on how to support carers in the workplace. It would also encourage good practice and reinforcing the fact that carers are valuable members of the workforce.
- Establish a 'carers' committee' with the Department of Health and Social Care, made up of charities, employers and unions, to advise the Government on ways to support working carers, while recognising the needs of businesses.
- Work with charities, such as Mind, Carers UK, the Carers Trust and Age UK, on policy guidance and best practice.
- Launch a public awareness campaign to increase national understanding of the importance of working carers (in light of the ageing population and workforce) and the contribution made by carers and the diversity of caring journeys. This would help destigmatise the issue of caring.
- Establish regional networks for small and medium-sized organisations, enabling them to share best practice in supporting working carers.

5.2.2. For employers

The following recommendations for employers should not be viewed as a 'one-size-fits-all' solution. Their feasibility will depend on the needs of the working person, the nature of their job, and what can be practically be done to support them in work (this will necessarily be limited by the size and sector of the organisation they work for). The following suggestions assume the support and guidance of the Government.

- Introduce 'Carer Champions'. This would raise awareness of working carers and destigmatise caring. It would reassure other working carers that they're not alone and encourage them to share experiences. It would be especially helpful if carer champions held senior positions at work. This would send the message that supporting working carers is of high importance in the organisation.
- Employers should seek to create a workplace culture where carers are supported with 'carer friendly' policies. What these look like would differ depending on organisation size. For example, larger organisations may adopt specific policies but smaller organisations, lacking formal HR functions, could include carers in their flexible working/leave policies.

- Set up carers' peer groups or support forums, where carers can share experiences and advice. Businesses could signpost staff to external support forums.
- Share examples of good practice with other organisations. This would help businesses implement carer-friendly initiatives, while promoting the skills and qualities that carers bring to the workforce.
- More generally, employers should seek to provide 'good' work – adequate control and autonomy over work, as well as manageable demands and sufficient social support – that benefits everybody, including carers¹⁷³. Carers, in particular, would benefit from increased control and flexibility, allowing them to fit work around their care, manageable demands, to help them manage caring responsibilities, and social support, to draw on colleagues' support and reduce the stigma associated with caring.
 - This builds on the Government's response to the Taylor Review where they identified 'good work for all' as a national priority, placing obligations on local authorities to support better management practices which, in turn, support better health at work¹⁷⁴. Working carers stand to gain from this in a number of ways.
- Provide an online resource, through company employee benefit schemes or HR services, to help carers source practical advice and expert support on topics including care, legal and financial information.
- Offer online or telephone counselling, through services like Employee Assistance Programmes.
- Train line managers on how to identify and support carers, including bespoke approaches. Educate them that working carer roles do not mean lack of commitment at work. Training could be offered as part of diversity and inclusion programmes, and would promote a culture of open discussion about individual carers' needs.
- Commit to flexible and remote working.
- Explore how technology could help working carers and the workforce more generally. For example, employees could use telecare services to remotely monitor their loved ones or arrange care support, thus reducing the need to take time off work.
- Run workplace awareness campaigns. This would help those providing care duties to identify as carers, access the support they need and feel less isolated at work. It would also destigmatise caring, normalise conversations about caring and engender an understanding of the diversity of carer journeys.
- Be open to employee requests to take on fewer hours or less senior roles. Employers could benefit from the expertise of these working carers and get good value for money.

5.3. Final comment

This paper demonstrates the need for action from policymakers and employers to address the challenges posed by the significant and growing proportion of informal carers in the UK. While there is agreement across Government about the need for reform, the last two decades have been characterised by a lack of progress. This must change. The UK's reliance on informal caring is increasingly unsustainable. The recommendations set out in this paper offer policymakers and employers guidance on how to meet this challenge.

¹⁷³ Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post-2010. The Marmot Review.*

¹⁷⁴ Department for Business, Energy and Industrial Strategy. (2018). Good Work A response to the Taylor Review of Modern Working Practices. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679767/180206_BEIS_Good_Work_Report__Accessible_A4_.pdf.

