

## Who cares?

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

*Executive summary*



## About the Work Foundation

Through its rigorous research programmes targeting organisations, cities, regions and economies, now and for future trends, the Work Foundation is a leading provider of analysis, evaluation, policy advice and know-how in the UK and beyond.

The Work Foundation addresses the fundamental question of what Good Work means: this is a complex and evolving concept. Good Work for all by necessity encapsulates the importance of productivity and skills needs, the consequences of technological innovation, and of good working practices. The impact of local economic development, of potential disrupters to work from wider-economic governmental and societal pressures, as well as the business-needs of different types of organisations can all influence our understanding of what makes work good. Central to the concept of Good Work is how these and other factors impact on the well-being of the individual whether in employment or seeking to enter the workforce.

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## About the Health at Work Policy Unit

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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## Picture credits

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## Introduction

The number of informal carers<sup>1</sup> 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 million<sup>2</sup>. Most carers are women (around 60%) and the vast majority (around 4.1 million) are of working age<sup>3</sup>. Furthermore, the majority of working age carers (2.6 million) combine work with their caring responsibilities<sup>4</sup>. 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 2037<sup>5</sup>. 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 2017<sup>6</sup>, which was attended by over 30 expert stakeholders from government and non-government bodies, individual carers, carers charities, think tanks, and businesses.

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 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](#).

## 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 points<sup>7</sup>. For carers providing 50 hours or more care per week, this effect is even greater: their employment rate is 36% below non-carers<sup>8</sup>. Women are disproportionately affected. Female carers have a lower employment rate than men (61% vs 68%)<sup>9</sup> and those aged 45-54 are twice as likely as any other group to have reduced their working hours due to caring responsibilities<sup>10</sup>.

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<sup>1</sup> 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

<sup>2</sup> 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](https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=5466)

<sup>3</sup> 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](https://www.npi.org.uk/files/2114/6411/1359/Carers_and_poverty_in_the_UK_-_full_report.pdf)

<sup>4</sup> Ibid.

<sup>5</sup> Carers UK. (2015). Facts about carers 2015.

<sup>6</sup> In partnership with Simplyhealth

<sup>7</sup> Carers UK. (2015). Facts about carers 2015.

<sup>8</sup> Aldridge & Hughes. (2016).

<sup>9</sup> Ibid

<sup>10</sup> Carers UK. (2015). Facts about carers 2015.

In part due to its impact on employment outcomes, carers experience relatively high poverty rates (25% vs 21% for non-carers)<sup>11</sup>. 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 contributions<sup>12</sup>. Many, as a result, end up in debt<sup>13</sup>. 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 Allowance is inadequate<sup>14</sup>, 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 knowledge<sup>15</sup>.

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 depression<sup>16</sup>. Their physical health also suffers. Because of the time spent caring, some find it difficult to be physically active and maintain a healthy diet<sup>17</sup>. 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%<sup>18</sup>. 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 treatment<sup>19</sup>. 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 years<sup>20</sup>. 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

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<sup>11</sup> Aldridge & Hughes. (2016).

<sup>12</sup> Carers UK. (2015). Facts about carers 2015.

<sup>13</sup> 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](https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=219)

<sup>14</sup> Carers UK. (2015). Facts about carers 2015.

<sup>15</sup> Ibid.

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

<sup>17</sup> Ibid.

<sup>18</sup> 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>

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

<sup>20</sup> 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>

'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.

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 Age<sup>21</sup> 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.
- 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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<sup>21</sup> 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>



