

REPORT | *June 2020*



Supporting working carers

How employers and employees
can benefit

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The CIPD is the professional body for HR and people development. The registered charity champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has more than 150,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

The Sustainable Care: connecting people and systems programme is a multi-disciplinary Economic and Social Research Council-funded research programme (2017-2021) exploring how care arrangements, currently ‘in crisis’ in parts of the UK, can be made sustainable and deliver wellbeing outcomes. It aims to support policy and practice actors and scholars to conceptualise sustainability in care as an issue of rights, values, ethics and justice, as well as of resource distribution. Sustainable Care is a collaborative research programme, bringing together academics from eight universities and Carers UK, and works with an extended network of national and international policy, practice and academic partners.



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Report

Supporting working carers

How employers and employees can benefit

Report written by Dr Annie Austin and Professor Jason Heyes,
University of Sheffield, UK.

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1 University of Sheffield foreword

This report addresses a vital issue of our time. Growing numbers of employees provide regular care for relatives or friends who need their support because of serious illness, a disability or problems that affect them in daily life. In 2020, as working lives were disrupted by a global pandemic, and the support needs of older people and those with chronic health conditions and disabilities were drawn to everyone's attention, the crucial importance of working carers' dual role came into sharper focus.

Evidence from around the world has previously shown that, without support, the challenges employees face in combining work and care are stressful and debilitating, and can lead workers to quit their jobs, with lifelong consequences for incomes and careers. Many employees care for others selflessly and willingly, and case studies of 'carer-friendly' employers have revealed many simple steps organisations can take to support them, with benefits for employers too.¹

What has not previously been known is the difference such support makes, and how it affects employees in different employment and caring situations. This report represents an important step forward in the evidence base about working carers in England and Wales. It is a key output of the *Sustainable Care: Connecting people and systems* programme that I lead, and builds on our team's past work² and the experience of our international partners.

The report presents detailed findings of the first UK study based on a representative sample of working carers. Written by my colleagues at the University of Sheffield, Dr Annie Austin and Professor Jason Heyes, and prepared in collaboration with the CIPD, which generously resourced the costs of the survey, the report explores the experiences and attitudes of working carers who do, and who do not, receive support at work to manage caring and employment.

Their study measured how these factors affect working carers' wellbeing, at home and at work, and explored the choices they had made. Some of its findings are shocking. I urge you to read this important report, and if you are an employer, manager, supervisor or employee, to use it as a guide to action. Working life, and the circumstances of employees, organisations and businesses, can all be improved by responding to its evidence-based recommendations.



Professor Sue Yeandle,
**Centre for International Research on Care,
Labour and Equalities, University of Sheffield**



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2 CIPD foreword

We are launching this research in a time of global pandemic, which has far-reaching consequences for employers, employees and wider society. We would argue that the impact of the pandemic makes it even more important for organisations to be properly supporting their working carers.

COVID-19 will likely have impacted on working carers in a number of different ways. What is often an already stressful and demanding role is likely to have become even more so with the continued impact of the virus on our society. Working carers are likely to be concerned about several things, such as: passing the virus on to the person they are caring for; how to fulfil caring responsibilities if they themselves get ill; providing care for someone who is self-isolating or through the lockdown period; juggling caring and childcare responsibilities.

It's important that organisations are aware of these concerns and as supportive and flexible with working carers as they can be in this period of stress and uncertainty.

The situation might also have presented an opportunity for employers, particularly if it has prompted discussions with employees about any vulnerable household members or people that are dependent on employees for care. **Employers may have, for the first time, gained an understanding of just how many of their employees have caring responsibilities. We would recommend that employers build on that understanding and follow our associated guidance to put in place proper and sustained support for working carers going forward.**

We are delighted to have collaborated with the University of Sheffield on this important study of the experiences of working carers. This research is the first representative survey of working carers in England and Wales and an important part of a broader ESRC-funded research programme entitled *Sustainable Care: Connecting people and systems*, which is led by Professor Sue Yeandle at the University of Sheffield.

The research findings clearly outline the challenges working carers experience in combining their job and caring responsibilities. **They also provide compelling evidence of the benefits of supporting working carers, particularly in relation to carers' subjective wellbeing.** Better personal wellbeing of course has positive implications for organisations. Carers who receive support from their organisation are less likely to be considering reducing their hours of work or quitting their jobs and are less likely to turn down promotions. Further, they are less likely to take sick leave or unpaid leave in order to provide care.

We are pleased that the Government has recognised the importance of supporting working carers and are consulting on a new unpaid carers' leave provision. While this will certainly be helpful, we believe this should go further and are **calling on the Government to introduce five days' paid leave annually for carers.** This research underlines the importance of this, with less than a tenth of working carers currently able to take paid carers' leave and this being the form of support most desired by working carers.



Claire McCartney,
**Senior Policy Adviser,
Resourcing and Inclusion**



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3 Executive summary

- This report examines the ability of working carers to combine caring responsibilities with paid employment and the difference that employer support can make. The report focuses on employees and does not cover the self-employed.³
- Three research questions are addressed: What are the challenges that working carers face? What forms of support do employers provide to working carers, and how does this vary across sectors and types of organisation? How do these forms of support benefit working carers and the organisations for which they work?
- Findings are based on data from a representative survey of working carers in England and Wales. The survey was commissioned by the CIPD and used a questionnaire developed by the Sustainable Care team administered by YouGov. It was conducted online in July/August 2019 and completed by 970 unpaid carers in paid employment (excluding self-employed workers).
- The research report is an output from a large research programme – the *Sustainable Care: Connecting people and systems* programme – based at the University of Sheffield, UK. Funded by the Economic and Social Research Council, the programme is a multi-disciplinary project exploring social care arrangements in the UK and around the world.

Key findings

Carers struggle to combine work and care

- Almost 3.7 million employees in England and Wales are working carers.
- For about 2.6 million (72%) of these working carers, care is additional to full-time paid work.
- Thirty-two per cent of working carers provide 30 or more hours of care a week: this means that for 1.2 million employees, paid work is additional to providing full-time care.
- Twenty-eight per cent of carers who work full-time also provide at least 30 hours of care per week – equivalent to a second full-time job. Overall, this equates to 700,000 employees in England and Wales who combine full-time work with full-time care.
- Forty-four per cent of working carers reported that they found it difficult to combine their paid employment and caring responsibilities. We estimate that there are almost 1.6 million carers in England and Wales struggling to combine work and care.
- Women are more likely than men to find it difficult to combine their job and caring responsibilities.
- Working carers employed in the voluntary/third and the public sectors are more likely than those in the private sector to find it difficult to combine work and care.

The effects of care on work

- Half of working carers felt that their caring responsibilities affected their job. Most working carers had experienced difficulty in concentrating at work because of their caring responsibilities.
- Thirty per cent of working carers had reduced their hours of work because of their caring role. Thirty-six per cent had refused a job offer or promotion, or decided against applying for a job, because of their caring responsibilities.
- Twenty-nine per cent of working carers said that they were considering reducing their working hours, and 24% were considering giving up their job because of their caring role.

The effects of working on care

- Thirteen per cent of working carers experience daily difficulties in fulfilling their caring responsibilities because of the amount of time they spend on their job. A further 22% said they experienced such difficulties at least once a week. Only 19% of working carers



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said that they never found it difficult to fulfil their caring responsibilities because of the amount of time they spend on their job.

- Twenty-eight per cent of working carers said that coming home from work too tired to do some of the caring tasks that need to be done was something they experienced at least once a week. Thirteen per cent said it was a daily experience. Only 14% of working carers said that they never came home from work too tired to do some of the caring tasks that need to be done.
- In the 12 months preceding the survey, 46% of working carers had used their own annual leave to provide care, and 24% had worked in the evening to make up hours spent caring. Twenty-three per cent had worked at weekends to make up hours spent caring. Fifteen per cent had taken sick leave to provide care.
- One in five working carers had taken paid leave to fulfil their caring responsibilities. There was a gender difference in taking paid leave: 25% of men had been able to take paid leave to provide care, compared with 15% of women.

Forms of workplace support for carers

- Most working carers said that their employer was aware of their caring role, although a majority said that their colleagues or line managers were aware only in an 'unofficial capacity'.
- Both men and women carers were most likely to have discussed their caring role with a supervisor or line manager and colleagues or co-workers. They rarely spoke to Human Resources or Occupational Health. Twenty-eight per cent had not talked to anyone at work.
- Thirty-nine per cent of those who had not discussed their caring role said that this was because they did not believe anything would change. Twenty-two per cent said it was 'not the sort of thing that people talk about where I work', implying that they were employed in a workplace that cannot be regarded as 'carer-friendly'.
- The most frequently mentioned form of employer-provided support was being able to use the telephone, or private time for private calls (available to 24% of working carers).
- Unpaid care leave was available to 19% of working carers, but only 9% were entitled to take paid care leave.
- Twenty-five per cent of working carers were entitled to use flexitime and 22% said they were able to work at home on some days.
- Men find it easier than women to take an hour or two during work to attend to family or personal matters.
- Twenty-five per cent of working carers who were unable to use available forms of support said this was because of how their work was organised. A lack of knowledge about how resources might be accessed was a problem affecting 14% of working carers who had not made use of employer-provided support.
- Among working carers who indicated that no forms of support were available to them, paid care leave was the most commonly desired form of support, followed by flexitime and the ability to work at home on some days.
- Forty per cent of working carers believed that their employer was carer-friendly. This view was more common among men than women.
- Thirty-nine per cent of working carers believed that their organisation supports them when their caring responsibilities affect their job. Men were more likely than women to feel supported.

The value of employer support for working carers

- Employer support makes a substantial difference to the ability of working carers to combine work and care. Working from home and flexitime are particularly beneficial: 95% of those who could work from home and 95% of those who were able to use flexitime said that their caring role was easier as a consequence.



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- Only 11% of working carers said that combining paid employment and their caring role had no effect on their levels of stress or anxiety at work, and 60% reported low mental wellbeing.
- Mental wellbeing is higher among working carers in organisations that provide support: among those working in organisations that provided support for working carers, 43% reported high wellbeing compared with just 31% in organisations providing no support.
- Employer-provided support also evens out differences in the mental wellbeing of working carers.

Supporting working carers has substantial benefits for employers

Working carers who believe their employer is carer-friendly are *less likely* than other working carers:

- to consider reducing their hours or giving up their job completely
- to find it difficult to concentrate at work
- to have turned down a promotion, or decided against applying for a job, because of their caring responsibilities
- to have taken sick leave to provide care
- to have taken unpaid leave to provide care.

Recommendations

- 1 Formally recognising working carers is an important step in developing effective formal measures and in creating an organisational culture that is supportive of working carers. Government has a role to play in ensuring all employers are aware of this.
- 2 Supporting working carers has benefits for both employers and employees. Employers should develop policies and practices designed for this purpose, with the aim of becoming a 'carer-friendly' employer.
- 3 Measures should be developed in consultation with working carers.
- 4 Policies should be as flexible as possible, so that they benefit working carers in different working and caring circumstances.
- 5 Employers should provide all carers with the right to take appropriate periods of paid carers' leave.
- 6 Women are more adversely affected in combining work and care than men: steps should be taken to find out why this is the case and to develop policies and practices that ensure women get the support they need. Well-designed support measures can address inequalities of multiple kinds in combining work and care, including gender and job status.
- 7 Supporting the mental wellbeing of working carers can have spill-over effects for both work and care. Counselling and wellbeing guidance can be important elements of workplace support.
- 8 A lack of knowledge about existing support and how to access it were barriers for a significant number of working carers. Publicising available policies and forms of support is vital and should be regularly repeated.
- 9 Significant numbers of working carers have management responsibilities; combining their own work with care can have adverse effects on how they manage employees. Measures aimed specifically to support managers who are working carers could have 'trickle down' effects that benefit those they manage.
- 10 Employers should consider how opportunities to work flexibly (for example, flexible start and finish times and opportunities to work at home) can be extended to more of the working carers they employ.



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4 Introduction

The 2019 Queen's Speech referred to the UK Government's plans to '*reform adult social care in England to ensure dignity in old age*' (Prime Minister's Office 2019). The Government's background document emphasised that '*putting social care on a sustainable footing is one of the biggest long-term challenges facing society*' and the Queen's Speech mentioned the Government's intention to introduce an entitlement to leave from their employment for unpaid carers.⁴ From this it can be inferred that the UK Government recognises that working carers have a vital role to play in ensuring the future sustainability of care provision. For this to happen, however, the wellbeing and dignity of working carers, as well as of care recipients, must be assured.

This report examines the ability of working carers to combine caring responsibilities with paid employment, and the difference that employer support can make in this regard. The adequacy of employer support for working carers is a matter of increasing concern, as the number of working-age people who have caring responsibilities has been growing rapidly (Yeandle and Buckner 2017). The research reported here is based on the first representative survey of working carers in England and Wales.

Supportive work contexts are essential if carers are to successfully combine work and care. The *Taylor Review of Modern Working Practices* (Taylor et al 2017), undertaken on behalf of the UK Government, emphasised the extent to which workers with caring responsibilities value flexible working arrangements. However, flexibility is only one of several forms of employer support that can be useful for working carers.

Research has shown that working carers face many challenges:

- The 'financial resilience' of households can be severely damaged if carers need to reduce their working hours or quit their jobs in order to fulfil caring responsibilities (Carers UK 2018).
- For carers who stay in employment, time spent working can have an impact on their ability to care, and make it difficult to maintain social relationships, including with the person or persons for whom they care.
- The physical and mental health and overall wellbeing of carers can also suffer.
- The difficulty of combining work and care also has implications for employers, who may lose experienced staff due to their caring roles, and see an increase in unscheduled absences, or workers who are so tired or pressured that they cannot concentrate at work.

In summary, working and caring influence each other, and trying to combine the two without support can lead to serious impacts on work, care, and wellbeing. The most recent estimate suggests that there are around 4.87 million working carers in the UK (Carers UK 2019).⁵ This is thus a huge and growing policy issue.

The research documented here is part of a large research programme – the *Sustainable Care: Connecting people and systems* programme – based at the University of Sheffield, UK. Funded by the UKRI's Economic and Social Research Council, the programme is a multi-disciplinary international project exploring care arrangements in the UK and around the world. Its goal is to advance understanding of how social care systems can be made sustainable, and how care arrangements can best support the wellbeing of care recipients, their families, carers and care workers. The programme views care as a matter of rights, values, ethics and justice.

Three research questions are addressed in this report. First, what are the challenges that working carers face? Second, what forms of support do employers provide to working



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carers, and how does this vary across sectors and types of organisation? Finally, in what ways do these forms of support benefit working carers and the organisations for which they work?

Findings are based on data from a representative survey of employees with care responsibilities in England and Wales. The survey questionnaire was designed by researchers at the University of Sheffield, who also conducted the data analysis. The CIPD commissioned public opinion and data company YouGov to administer the survey. The achieved sample size was 970 unpaid carers in employment (excluding the self-employed). Information about the composition of the sample is provided in the Appendix. The survey was carried out online in July and August 2019. The figures have been weighted to be representative of unpaid carers aged 18 years and over in employment in England and Wales. The survey is the first to produce detailed data which can be generalised to the overall population of employees who are also carers in England and Wales. We provide estimates of the numbers of people likely to have caring responsibilities, or to be affected by particular circumstances or employer practices, throughout the report.

For the purposes of this research, a ‘carer’ is defined as someone who helps or looks after a family member or friend who needs care and support as a result of old age, physical illness, disability, mental health problems or addiction (see the full [NHS definition of a carer](#)). The help provided might include, but is not limited to, day-to-day care, such as helping them wash or bathe, accompanying them to medical appointments and shopping for them. The survey did not include individuals who were employed as a professional carer (unless they had an unpaid caring role) or whose caring role related solely to a child or children who did not have a long-term illness or disability.

Section 5 examines the challenges that working carers can encounter in attempting to combine caring with paid employment. Section 6 reports the forms of employer support that working carers say are available to them. Section 7 explores the extent to which employer-provided support influences the wellbeing of working carers and examines the ways in which organisations can benefit. Section 8 presents the authors’ conclusions.

5 The challenges of combining work and care

This section examines the challenges working carers encounter in attempting to combine caring responsibilities with paid employment. For many carers, looking after a loved one is an important and valued part of their lives, and gives them a sense of fulfilment and self-respect. However, the challenges of combining work and care can undermine the wellbeing of carers, and therefore the wellbeing of those for whom they care.

Key points

- Almost 1.2 million employees provide full-time care (30 or more hours per week) in addition to their paid job.
- 700,000 employees provide full-time care in addition to full-time work.
- 1.6 million working carers in England and Wales struggle to juggle caring responsibilities with paid employment.
 - Women are more likely to experience difficulties than men



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- Caring responsibilities have a clear influence on people’s working lives, and work has a clear influence on people’s caring lives.
 - In the last 12 months, more than a third of working carers had turned down a promotion or job offer because of their caring responsibilities.
 - Working carers struggle to fulfil their caring responsibilities because of tiredness, emotional exhaustion, and the amount of time they spend at work.

Combining work and care: an overview

The survey investigated the balance of caring and working for working carers. For the purpose of this survey, full-time employment was defined as 30 or more hours of paid work per week.

Table 1 shows the number of hours of care provided by working carers each week.

Table 1: In general, for approximately how many hours per week do you provide care in your role as a carer? (%)

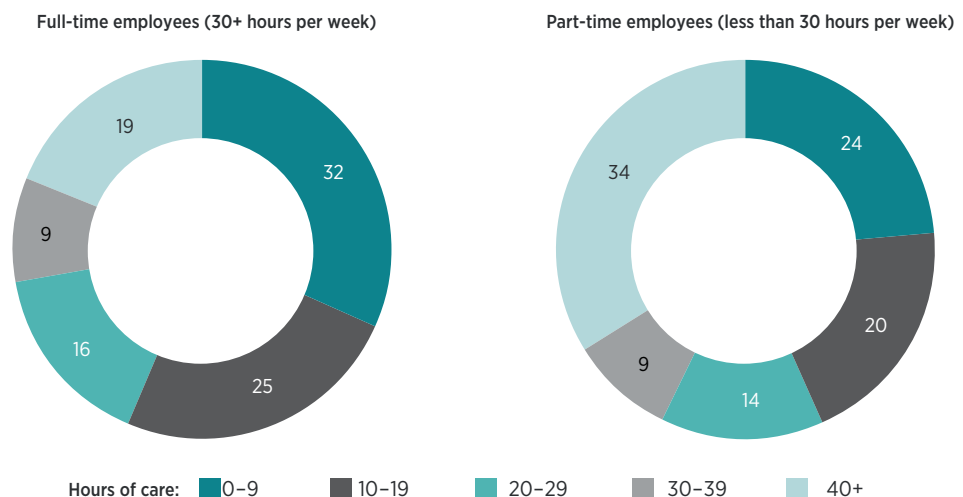
Weekly number of hours spent caring	Proportion
1-9	29
10-19	24
20-29	15
30-39	9
40 and over	23

Source: Survey of Working Carers 2019

Thirty-two per cent of working carers provide care, on average, for 30 or more hours per week (Table 1). **We can infer from this that almost 1.2 million employees in England and Wales provide unpaid care equivalent to a full-time job, in addition to their paid job.**⁶

Figure 1 shows how average hours of caring vary according to number of hours of paid employment.

Figure 1: Average weekly hours of unpaid care by hours in paid employment (%)



Source: Survey of Working Carers 2019

People providing the most weekly hours of care tended to work part-time (Table 2). However, 28% of those working full-time provided at least 30 hours of care per week. In other words, these people work full-time while also providing an amount of care that is equivalent to a full-time job. Overall, **this equates to almost 700,000 working carers combining full-time care with full-time work.**

The ease or difficulty of combining work and care

Table 2 shows how easy or difficult it is for working carers to combine work and care.

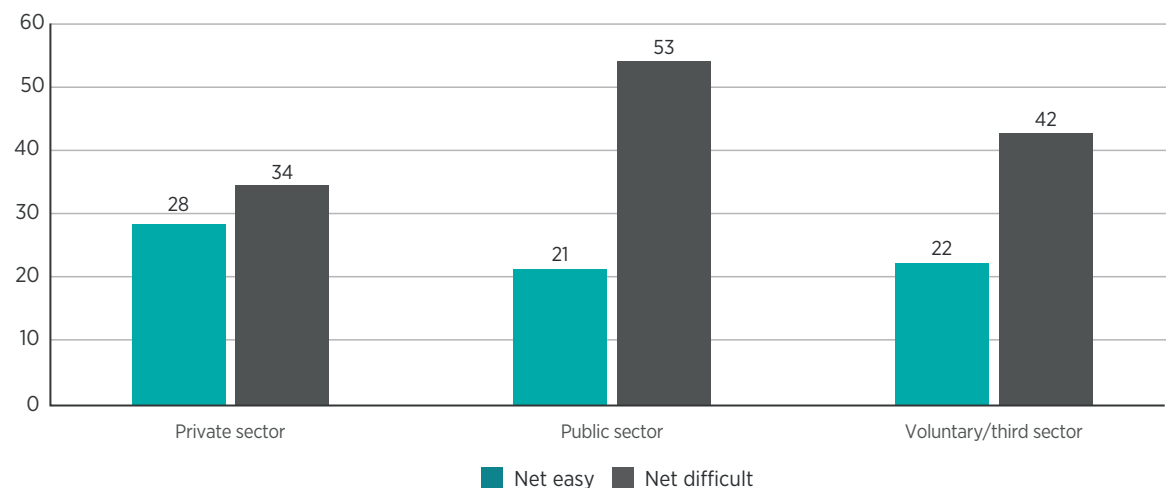
Table 2: How easy or difficult do you find it is to combine your paid employment with your caring responsibilities? (%)

Very easy	7.8	Net easy 24
Rather easy	16.4	
Neither easy nor difficult	32.2	Net difficult 44
Rather difficult	34.2	
Very difficult	9.4	

Source: Survey of Working Carers 2019

The data reveals that 44% of working carers find it difficult to combine their paid employment and their caring responsibilities. **This equates to around 1.6 million carers in England and Wales who struggle to juggle employment and care.** This is a huge policy issue, especially in light of government commitments to 'put adult social care on a sustainable footing'.

Figure 2: Overall ease or difficulty of combining work and care, by employment sector (%)



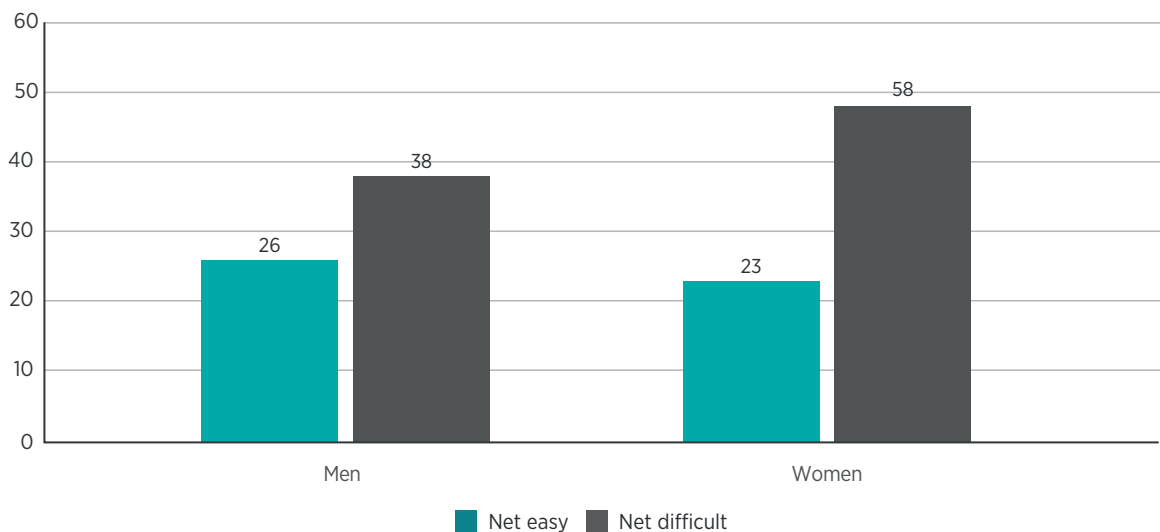
Source: Survey of Working Carers 2019

Note: 'Net easy' aggregates the 'very easy' and 'rather easy' response categories. 'Net difficult' combines the 'rather difficult' and 'very difficult' response categories. 'Neither easy nor difficult' is omitted.

The data shows that in every sector, combining work and care is more likely to be difficult than easy. Of all carers working in the public sector, 53% found it difficult to combine work and care, compared with 42% in the third sector, and 34% in the private sector ($X^2 = 30.23$, $p < .001$).⁷ There were no statistically significant differences in the mean average weekly number of hours of care provided by working carers in the private, public and third sectors (26.2, 24.2 and 26.7 hours respectively).⁸ Nor were there any significant differences between sectors in the number of people that workers cared for.

As shown in Figure 3, a larger percentage of women than men found it difficult to combine work and care,⁹ a finding that held for every sector (although the difference was not statistically significant in the private sector). For both men and women, the percentage of workers who said that it was difficult to combine work and care was larger in the public sector than in either the voluntary or the private sector (47% of men and 56% of women in the public sector said that they experienced difficulties).

Figure 3: Overall ease or difficulty of combining work and care, by gender (%)



Source: *Survey of Working Carers 2019*

Note: 'Net easy' combines the 'very easy' and 'rather easy' response categories. 'Net difficult' combines the 'rather difficult' and 'very difficult' response categories. 'Neither easy nor difficult' is omitted.

$\chi^2 = 12.8, p < .01$

One potential explanation for these gender differences relates to gender differences in seniority (sometimes known as the 'gender seniority gap'). In our sample, 59% of male working carers had some managerial responsibility, compared with 47% of female working carers.¹⁰ However, when the analysis was confined to employees with managerial responsibilities, differences remained: 50% of women said that combining work and care was difficult, compared with 36% of men (the equivalent figures for women and men with no managerial responsibilities were 46% and 39% respectively). Nor does it appear that the gender differences are due to the total amount of care provided (the mean average number of hours provided per week was 26 for men and 27 for women, with similar standard deviations)¹¹ or the number of people cared for (81% of men and 78% of women cared for one person covered by our definition).

A further potential explanation is that women were spending more time than men on childcare in addition to providing care to others. When working carers with children were excluded from the analysis, differences in relation to the ease or difficulty of caring were not statistically significant (42% of men without children said they found it difficult compared with 44% of women without children). Although we cannot provide a definitive explanation for the gender differences, the implication for employer practice is that steps should be taken to address gender inequalities in the ability to combine work and care.

The difference between men and women may also help to explain why a relatively large percentage of public sector employees found it difficult to combine work and care, as 63% of all of the public sector workers in our sample were women (by contrast, women accounted for 44% of the sample of private sector employees).

We now turn to how care and work interact with and affect each other.

Impacts of care on work

The survey asked working carers about how their caring responsibilities affect, or have affected, their work.

Working carers were asked questions relating to how effectively they were able to combine their paid work and their caring role. Almost half of all working carers (48%) felt that their caring responsibilities affected their job (Table 3). There was no statistically significant difference between men and women in this regard.

Table 3: My caring responsibilities do not affect my job (%)

	Total	Men	Women
Strongly agree	10	10	9
Agree	19	21	17
Neither agree nor disagree	22	24	21
Disagree	32	30	33
Strongly disagree	16	14	18
Don't know	2	2	2
Net: agree	29	31	26
Net: disagree	48	44	51

Source: Survey of Working Carers 2019

Most working carers had experienced difficulty in concentrating at work because of their caring responsibilities (Table 4) and most had also taken some additional days of leave from work in order to provide care (Table 5). Many had considered reducing their hours. Perhaps of most concern, 24% had considered quitting their job because of their caring responsibilities (Table 6); this equates to an estimated 876,852 workers.

Table 4: I have found it difficult to concentrate at work because of my caring responsibilities (past 12 months) (%)

	Total	Men	Women
Every day	13	13	14
At least once a week	28	28	27
At least once a month	22	25	20
Less than once a month	20	18	21
Never	14	14	14
Don't know	3	3	4

Source: Survey of Working Carers 2019

Thirty-nine per cent of working carers found it difficult or very difficult to take an hour or two off during working hours to attend to personal or family matters. The percentage of employees who said they experienced difficulties was larger in the public sector (44%) than the private (36%) or voluntary sectors (37%), although differences were not statistically significant.

Some working carers had sought to achieve a better balance between their paid work and caring responsibilities by reducing their hours of work (Table 5). More than a third of women (36%) had cut their hours, compared with a quarter (24%) of men in the sample ($X^2 = 26.35$, $p < .001$). Of those who had cut their working hours, 67% had reduced their contracted hours, 14% had reduced the amount of overtime they worked and 16% had reduced both. Men were less likely than women to have reduced their contracted hours (55% vs 73%) and were more likely to have reduced the amount of overtime they worked (25% vs 8%).

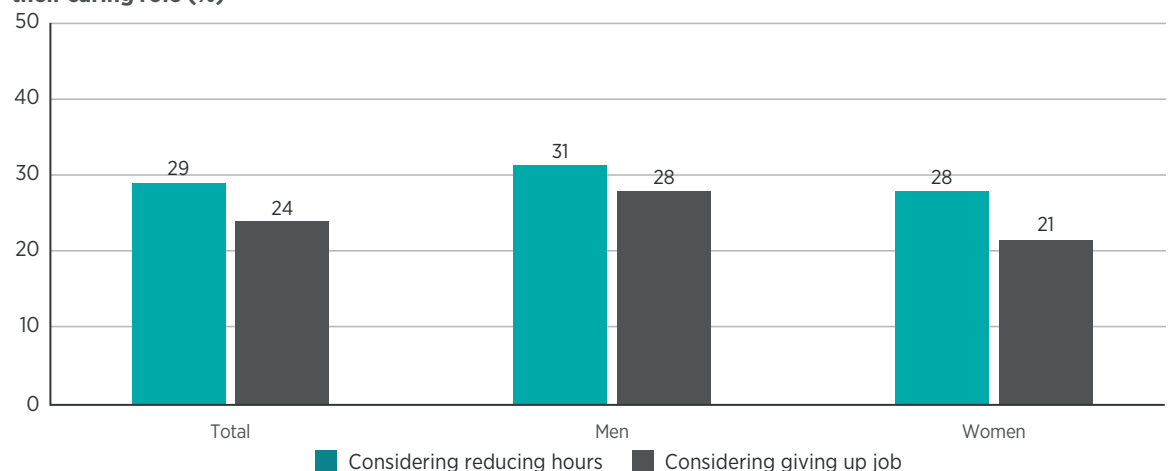
Table 5: How care responsibilities impact working hours (%)

	Total	Men	Women
Working hours are reduced due to caring	30	24	36
Working hours are increased due to caring	4	6	2
No change	65	70	61
Don't know	1	0	2

Source: Survey of Working Carers 2019

Substantial proportions of working carers were also considering reducing their hours (29%) or giving up their job entirely (24%) because of their caring role. In both cases, a slightly larger proportion of men than women indicated that they were considering making a change. The difference was statistically significant only in relation to giving up a job ($X^2 = 15.01$, $p < .05$) and applied only to men and women in full-time employment. Men and women in part-time employment did not differ in terms of their propensity to consider reducing their hours or giving up their job.

Figure 4: Working carers who were considering reducing their hours or giving up their jobs because of their caring role (%)



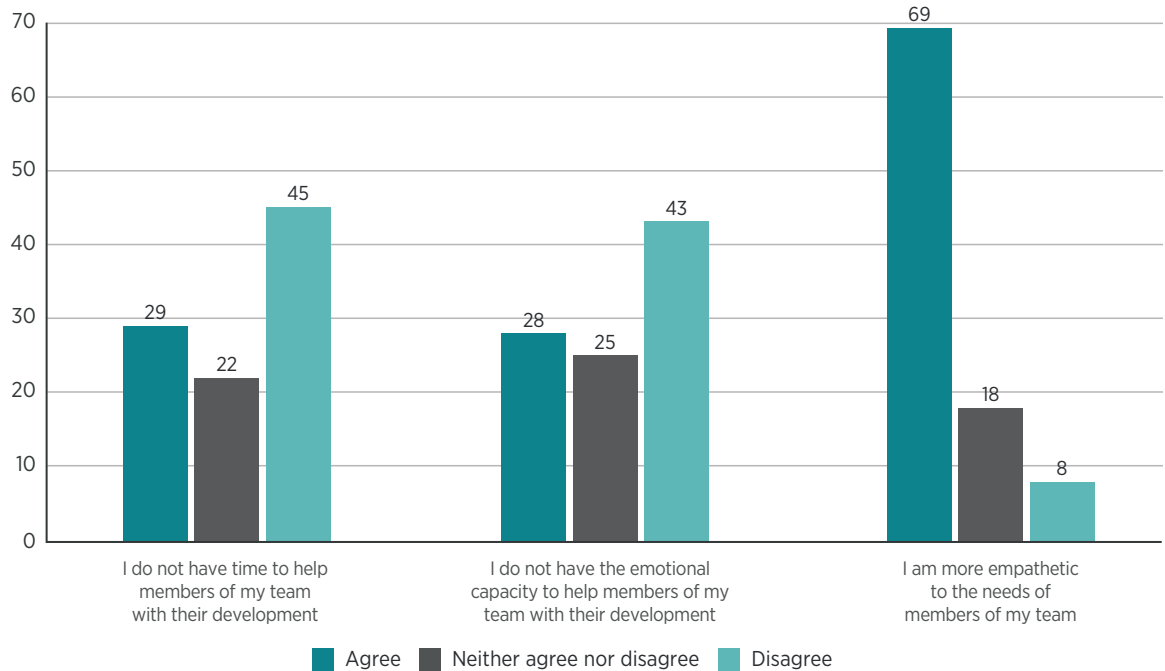
Source: Survey of Working Carers 2019

Another concern relating to the prospects of working carers is that 36% stated that, during the 12 months preceding the survey, they had turned down a job offer or promotion, or decided not to apply for a job, because of their caring responsibilities. The percentages of women and men who had turned down a job or promotion or chosen not to apply for a job were similar (36% and 35% respectively).

Managers who are working carers

Some working carers have people management responsibilities. The survey suggests that caring responsibilities can have both positive and negative consequences for how employees with line management duties engage with those that they manage, some of whom may also be working carers. This is consistent with past UK research on line managers and support for carers (Yeandle et al 2003). The 386 survey participants who stated that at least one person reported directly to them were asked to indicate to what extent they agreed with three statements about the effect their role as a carer had on those they managed (Figure 5).

Figure 5: Consequences of caring responsibilities for line managers (%)



Source: Survey of Working Carers 2019

Although a substantial majority of these ‘manager carers’ claimed that their caring responsibilities had made them more empathetic to the needs of the employees who reported to them, 29% indicated that they did not have time to help employees with their development, or felt they lacked the emotional capacity to do so. This again shows the importance of supporting working carers at all levels of an organisation, who may require different forms of support.

Overall, combining work and care can result in working carers having to take more leave, reduce their hours or even give up their jobs; it can adversely affect career progression, and makes it difficult to fulfil their work responsibilities. However, while care may affect work, the converse is also true: the next section reports how work can damage the ability to care.

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Impacts of work on care

When questioned about the previous 12 months, three-quarters of working carers said that, to varying degrees, their paid work had made it difficult to find sufficient time to provide care (Table 6).

Table 6: I have found it difficult to fulfil my caring responsibilities because of the amount of time I spend on my job (%)

	Total	Men	Women
Every day	13	15	11
At least once a week	22	21	23
At least once a month	21	21	21
Less than once a month	20	21	18
Never	19	19	19
Don't know	5	3	7

Source: Survey of Working Carers 2019

In a related question, working carers were asked whether and how often they had come home from work in the past 12 months feeling too tired to perform some of their caring responsibilities. Twenty-eight per cent said that they had felt this way at least once a week and 13% said that it had been a daily experience (Table 7).

Table 7: I have come home from work too tired to do some of the caring tasks that need to be done (%)

	Total	Men	Women
Every day	13	13	14
At least once a week	28	28	27
At least once a month	22	25	20
Less than once a month	20	18	21
Never	14	14	14
Don't know	3	3	4

Source: Survey of Working Carers 2019

In addition to the impact of work on the ability to provide care, the results show that the wellbeing of working carers, in terms of time use and work-life balance, can suffer. Table 8 shows some of the measures that working carers take in order to juggle work and care.

Table 8: Steps taken to manage care responsibilities and paid work over the past 12 months (%)

	Total	Men	Women
Used own annual leave to provide care	46	46	46
Rearranged work informally	43	43	42
Worked evenings to make up hours spent caring	24	24	21
Worked on weekends to make up hours spent caring	23	23	21
Taken unpaid leave to provide care	23	23	24
Taken paid leave to provide care	19	19	15
Taken sick leave to provide care	15	15	16
Worked on annual leave days to make up hours spent caring	14	14	14
Formally requested flexible working arrangements	13	13	12
None of the above	15	15	16

Source: Survey of Working Carers 2019

The most common method of coping was for working carers to use their own rest and relaxation time (evenings, weekends, annual leave) to provide care. However, this may contribute to the ‘burnout’ that many working carers experience (see Section 7). Another potential strategy is to find ways to increase flexibility at work. Many (43%) had rearranged their work informally, but only 13% had formally requested flexible working arrangements. Informal arrangements depend on a sympathetic line manager, and the very low proportion of workers who had formally requested flexible working suggests that some working carers were unaware of their organisation’s policies on flexible working, or of their statutory right to request it (under the Children and Families Act 2014).

With regard to the important issue of being able to take leave to care, the results show that almost a quarter of working carers (23%) had taken unpaid leave to fulfil their caring responsibilities. Unpaid time off may put pressure on family finances, particularly if the working carer is the main earner.

Table 9: Days of paid and unpaid leave taken during the past 12 months (%)

Unpaid leave	Total	Men	Women
1-5	59	52	67
6-10	16	17	13
11-20	11	17	9
More than 20	11	13	9
Paid leave			
1-5	57	55	63
6-10	22	23	23
11-20	7	2	2
More than 20	12	18	18

Source: Survey of Working Carers 2019

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One in five (19%) had taken paid leave to fulfil their caring responsibilities. There is a marked gender difference in relation to taking paid leave: 25% of men had taken this type of leave, compared with only 15% of women ($X^2 = 11.37$, $p < .05$). This difference might be related to gender inequalities in seniority explored elsewhere in this report.

Among working carers who had taken unpaid leave, there was no significant difference between men and women in relation to the number of days of leave they had taken (Table 9). However, there was a difference in relation to paid leave: 18% of male working carers, compared with just 4% of female working carers, had taken 20 or more days of paid leave to care in the preceding year ($X^2 = 16.22$, $p < .01$). There is thus a notable gender effect with regard to paid leave.

Section summary

This section has provided evidence about some of the challenges that working carers face, and some of the strategies they use to mitigate these difficulties. The findings show that combining work and care poses significant difficulties for working carers. The struggle to juggle work and care can lead to negative impacts on both.

Section 6 explores the forms of employer support that can help working carers to overcome some of these challenges.

6 Forms of workplace support for carers

This section examines the forms of support that employers make available to carers, carers' views about this support, and barriers to accessing it.

Key points

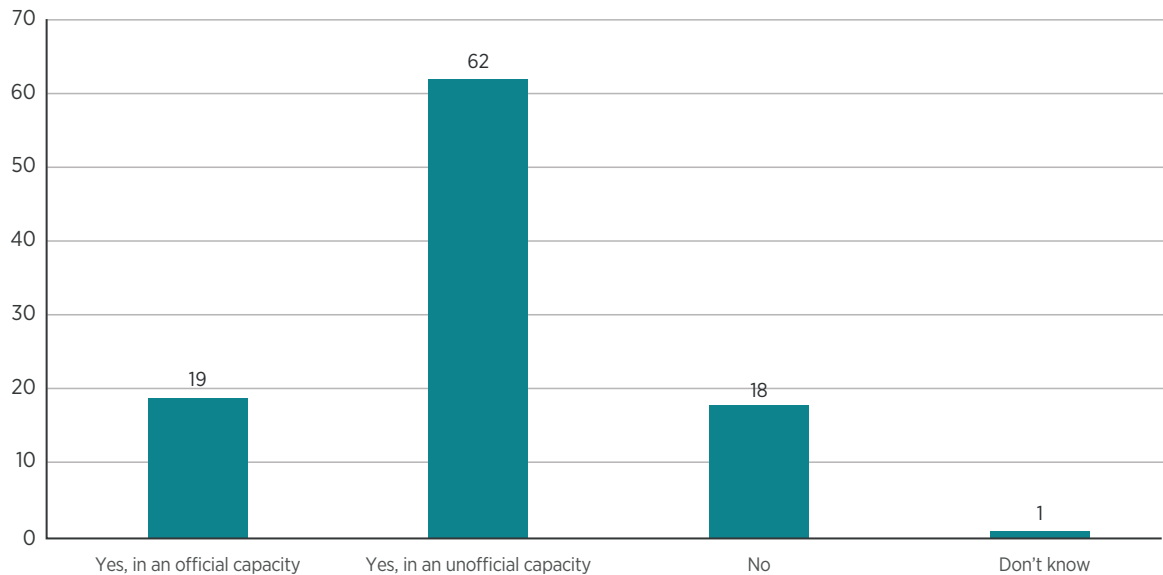
- Only 40% of working carers regarded their employer as carer-friendly.
 - Thirty-nine per cent felt that their organisations supported them when their caring responsibilities affected their job. Men were more likely than women to feel supported.
- Thirty per cent of working carers said that their employer did not make available arrangements or resources to support working carers.
- The most common form of support was the ability to make use of a telephone or private time to make or receive calls.
- Barriers to carers discussing their caring role at work and accessing support include:
 - a lack of awareness of support available, how to access it, and how it could be useful
 - a lack of autonomy at work – for example, a lack of control over how working hours are arranged
 - fear of detriment to their job or career prospects.

Employers' awareness of employees' caring roles

A necessary precondition for employers to develop strategies to support working carers is to acknowledge their existence within their organisations. Figure 6 shows that most working carers said their employer was aware of their caring role, although the majority had not gone

through formal routes; most said that colleagues or line managers were aware only in an 'unofficial capacity'.

Figure 6: Is your employer aware of your caring role? (%)



Source: *Survey of Working Carers 2019*

Those who had discussed their caring role were asked to say who they had spoken with (Table 10). Both men and women carers were most likely to have discussed their caring role with supervisors/line managers and colleagues/co-workers. Very few had spoken to people beyond their immediate colleagues, such as someone in HR or occupational health.

Table 10: People with whom working carers had discussed their caring role (%)

	Total	Men	Women
Colleague/co-worker	49	46	51
Supervisor/line manager	48	49	47
HR manager or somebody in an HR role	13	16	10
Another person at your place of employment	12	12	11
Occupational health	8	10	7
Employee representative (trade union or other)	7	9	5
Welfare/employee assistance programme adviser	5	6	4
Not applicable - I have not discussed my caring role	28	30	26

Source: *Survey of Working Carers 2019*

A further question focused on whether working carers felt supported by the people they had talked to (Table 11). Most had found their colleagues to be supportive. However, there was a notable gender difference in relation to managers: men were more likely than women to have found their managers supportive.

Table 11: Views of male and female working carers about the support offered by people in their workplace¹² (%)

	Supportive	Unsupportive
Supervisor/line manager		
Men	87	4
Women	69	12
Colleague/co-worker		
Men	81	1
Women	85	2
HR manager/somebody in an HR role		
Men	84	2
Women	48	23

Source: *Survey of Working Carers 2019*

Note: Rows do not sum to 100% because 'Neither supportive nor unsupportive' is omitted.

A substantial minority of working carers – 28% – said that they had not discussed their caring role with anyone at their place of work (Table 12). The most common reasons for this were that *'discussing my caring role would not change anything or be helpful'*; *'I don't think I should bring my personal life to the workplace'*; and *'I can balance work and care without consulting others'* (Table 12). Twenty-two per cent of working carers believed that their caring role was *'not the sort of thing that people talk about where I work'*, which implies that they were not employed in workplaces that could be regarded as 'carer-friendly'.

Table 12: Workers' reasons for not discussing their caring role (%)

	Total	Men	Women
Discussing my caring role would not change anything or be helpful	39	39	38
I don't think I should bring my personal life to the workplace	33	33	32
I can balance work and care without consulting others	30	29	30
It's not the sort of thing people talk about where I work	22	21	23
I fear that my employer would not be supportive, or willing to make adjustments	14	17	12
I think discussing it could cause problems for me in the workplace	11	12	9
I'm afraid discussing it could negatively affect promotions or other aspects of my career	9	9	9
I tend to not work with others	7	8	6
I'm afraid of being dismissed or let go when my contract ends	7	8	6
Because of the way another colleague was treated after discussing their caring role	2	2	1
Other reason	4	2	7
Not applicable – there are no reasons in particular	17	18	16
Don't know	2	2	2

Source: *Survey of Working Carers 2019*

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These findings reveal some of the reasons why employees might be reluctant to reveal their caring responsibilities or discuss them with their manager. The task for employers, therefore, is to create an organisational culture that signals to working carers that they are valued and that they should feel able to discuss their caring role and seek support without fearing that doing so may have negative repercussions for their career.

Overall, 40% of working carers believed that their employer was carer-friendly (Table 13). This view was more common among men than women. Nineteen per cent of working carers felt that their employer was not carer-friendly and again there were clear gender differences. These findings add to this report's evidence suggesting that female working carers are more disadvantaged than male working carers (for example in relation to the ease with which they can combine work and care and their ability to take paid leave). Workplace policies and practices should, as a matter of justice, aim to reduce inequalities between men and women.

Table 13: Views on whether working carers have a carer-friendly employer (%)

	Total	Men	Women
Net: agree (agree or strongly agree)	40	49	34
Net: disagree (disagree or strongly disagree)	19	14	23

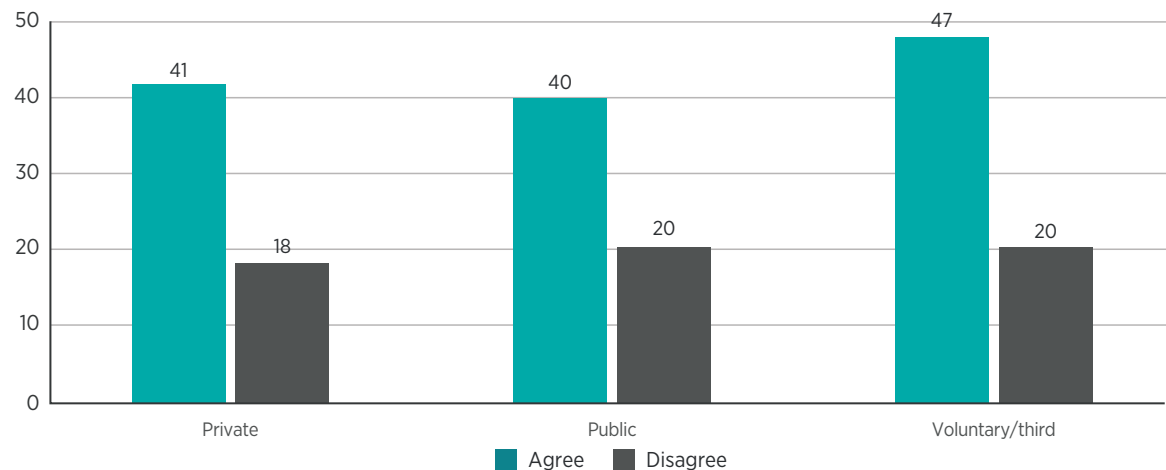
Source: *Survey of Working Carers 2019*

Note: The table excludes those that neither agreed nor disagreed and the columns do not therefore sum to 100%.

$\chi^2 = 24.59$, $p < .001$

Differences between sectors were small and not statistically significant (Figure 7). Negative views were held by approximately a fifth of employees in each sector.

Figure 7: Working carers who believe their employer is carer-friendly (%)



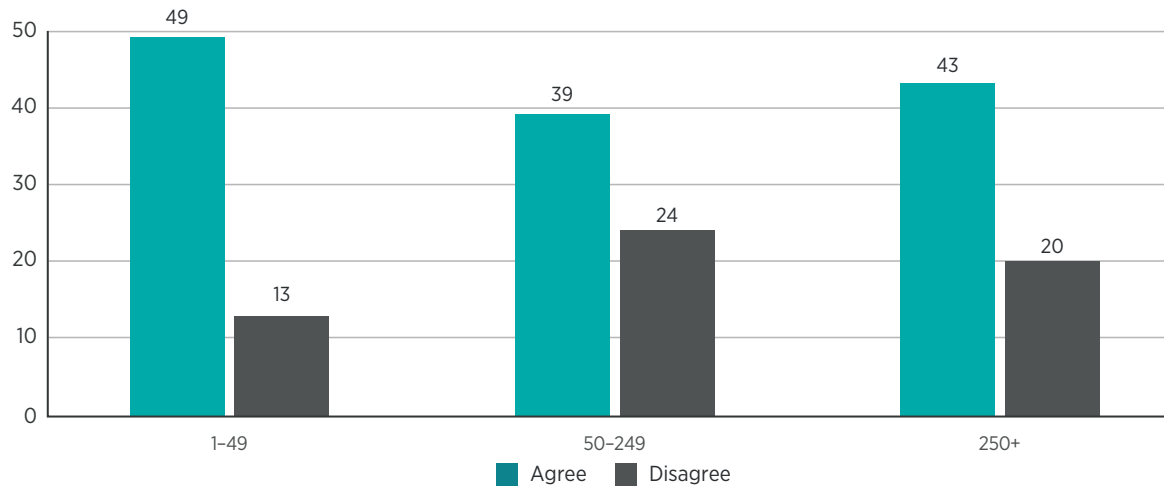
Source: *Survey of Working Carers 2019*

With regard to the size of organisation, positive views were expressed most often by working carers employed by organisations with fewer than 50 employees (Figure 8), although differences were not statistically significant.¹³



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Figure 8: Working carers who believe that their employer is carer-friendly, by size of organisation (%)



Source: Survey of Working Carers 2019

These results relating to carer-friendly employers are reinforced by the results of a related question about whether working carers felt supported by their organisation when their caring responsibilities affected their job. Overall, 39% of working carers agreed that they felt supported; a larger proportion of men than women had a positive view (Table 14).

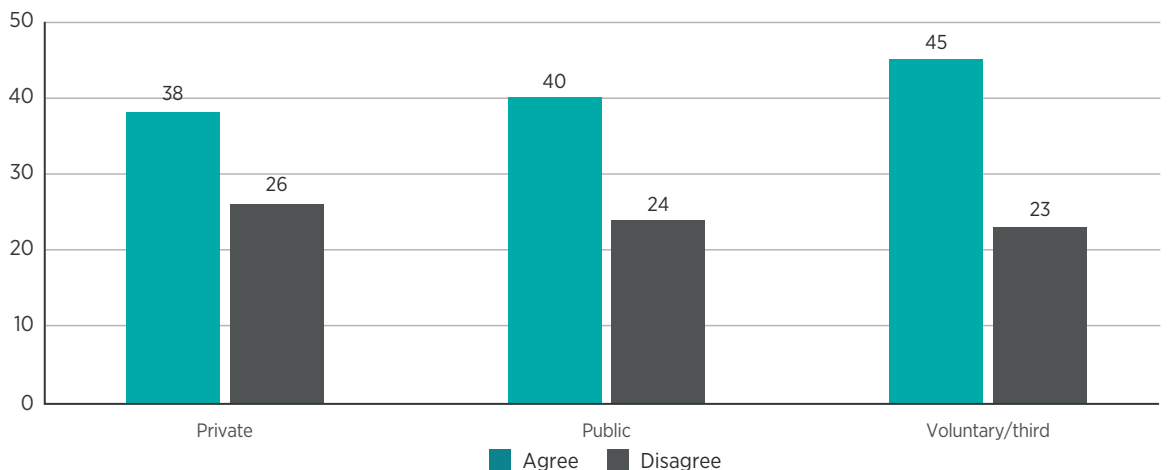
Table 14: Working carers who believe that their organisation supports them when their caring responsibilities affect their job (%)

	Total	Men	Women
Net: agree (agree or strongly agree)	39	47	33
Net: disagree (disagree or strongly disagree)	25	18	30

Source: Survey of Working Carers 2019
 Note: $\chi^2 = 26.29, p < .001$

The largest percentage of employees holding a positive opinion about the support provided by their employer when their caring responsibilities affected their job was found in the voluntary/third sector, although even in this sector 23% of employees had a negative opinion (Figure 9). However, differences between sectors were relatively small, and not statistically significant.

Figure 9: Working carers who feel supported by their employer when their caring responsibilities affect their job, by sector (%)

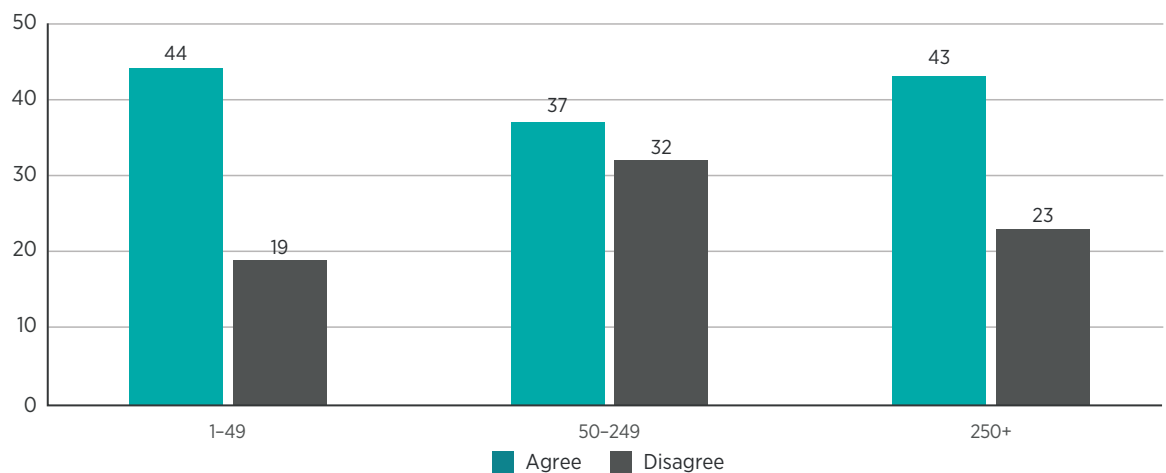


Source: Survey of Working Carers 2019

With regard to the size of organisation, positive opinions regarding the support provided by organisations when caring responsibilities affected working carers' jobs were most in evidence in organisations with fewer than 50 employees. Working carers in organisations with fewer than 50 employees were also the least likely to express a negative opinion. In small organisations, there is more likely to be direct contact between senior managers/owners and employees, which may result in greater understanding of the needs of working carers.

The percentage of employees expressing a negative opinion was largest among working carers in organisations employing 50–249 employees. A third of working carers in such organisations (32%) felt that their employer did not support them.¹⁴ Organisations of this size are less likely to maintain close relationships between senior management and non-managerial employees, but may also lack HR capacity. Larger organisations are more likely to have in-house HR capacity and to be able to develop a full suite of HR policies. This may explain why working carers employed by larger organisations tended to have more positive views than those employed by organisations with 50–249 employees.

Figure 10: Working carers who feel that their employer supports them when their caring responsibilities affect their job, by size of organisation (%)



Source: Survey of Working Carers 2019

The report now turns to examine the forms of support that employers provide to working carers.

Forms of support available to working carers

Working carers were asked to indicate all of the forms of support provided to them by their employer. **The most frequent response was that their employer provided no measures to support them in their role as carers** (Figure 11). The most common form of support was being able to use a telephone for private calls.

Unpaid carers' leave was available to around one in five, but fewer than one in ten had access to paid carers' leave. Forms of support specifically aimed at carers (for example carer awareness days, carer networks, carer passports¹⁵ and carer helplines) were towards the bottom of the list of available support.

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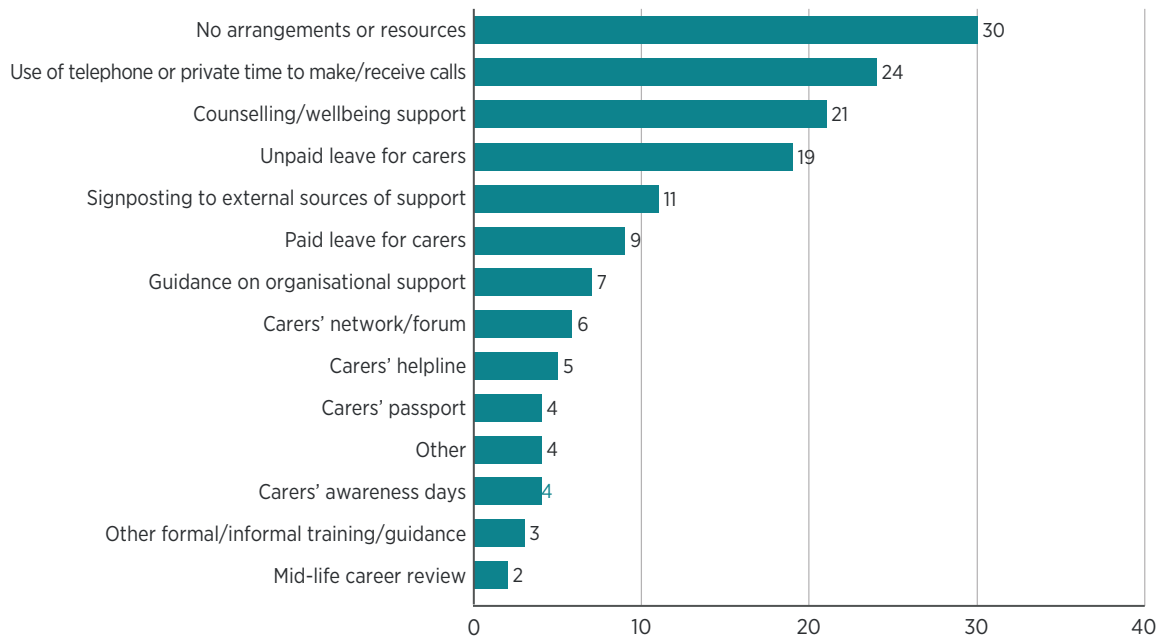
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Figure 11: Forms of employer-provided support (%)

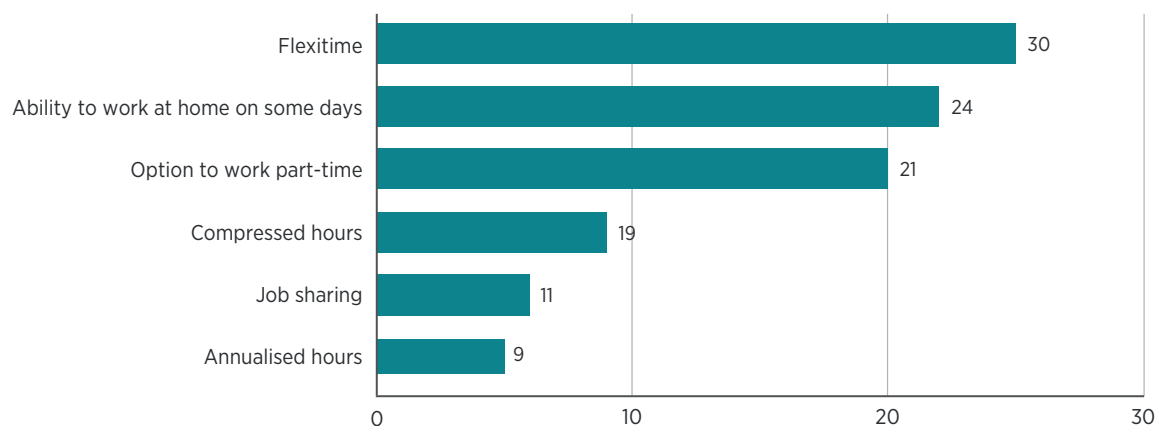


Source: Survey of Working Carers 2019

Working carers also provided examples of other supportive actions taken by their employer that were not rooted in an official policy. These included ‘No formal arrangements in place but they know that sometimes I need to leave unexpectedly’, ‘Flexibility in working hours within each week’, and ‘Being flexible with what time I’m leaving’. Flexibility was sometimes linked to emotional support, with one respondent reporting that her employer was ‘Sympathetic if I need a day off at short notice’.

Other organisational policies not aimed specifically at carers may be part of the ‘suite’ of policies that can support working carers (Yeandle 2017, p39). As shown in Figure 12, the most frequently mentioned resources or forms of support overall were ‘flexitime’, and the ‘ability to work at home on some days.’

Figure 12: Non-carer-specific forms of support (%)



Source: Survey of Working Carers 2019

While no gender differences were evident in the extent to which men and women mentioned different forms of support, there was a clear divide in the ease of taking an hour or two during work to attend to family or personal matters, with men finding it significantly easier¹⁶ (Table 15).

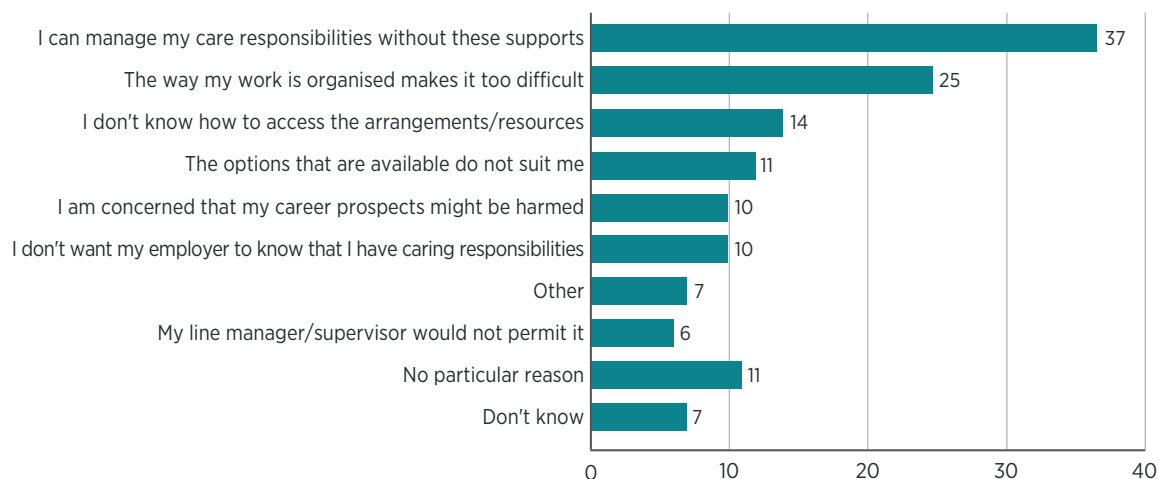
Table 15: How easy is it to take an hour or two during work to attend to family or personal matters? (%)

	Total	Men	Men: net easy/difficult	Women	Women: net easy/difficult
Very easy	12	15	50	9	35
Fairly easy	30	35		26	
Neither easy nor difficult	17	20		15	
Fairly difficult	19	14	29	23	48
Very difficult	21	15		25	
Don't know	3	2		3	

Source: Survey of Working Carers 2019

Note: $X^2 = 41.57$, $p < .001$

The 119 working carers who indicated that some forms of support were available to them, but had not used any form of support, were asked to indicate their reasons for this (Figure 13). The most common reason was feeling able to manage care responsibilities without employer-provided support. A quarter of those who had not accessed support said this was because of the way their work was organised. A lack of knowledge about how resources might be accessed was a problem affecting 14% of working carers who had not made use of employer-provided support. Only 6% indicated that they would face opposition from their line manager, although a slightly higher proportion (10%) were concerned that their career prospects might be harmed.

Figure 13: Reasons for not using arrangements/resources (%)

Source: Survey of Working Carers 2019

Barriers to accessing support

Together, the findings on why working carers do not discuss their caring role with their manager and why they do not make use of available forms of support suggest that the following barriers are important:

- a lack of awareness of available support
- a lack of awareness of how to access available support or how it might be useful
- problems associated with the organisation of work or working time
- concern that asking for support might damage their career prospects.

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The implication of this is that employers should take steps to ensure that all employees are aware of the forms of support that are available and how they can be accessed. They should also encourage working carers to make use of the support available. Furthermore, employers should identify barriers to access that arise from the way work is organised and consider how jobs might be redesigned to reduce those barriers.

Although the most common reason given by working carers for not accessing support is a belief that they can manage work and care without support, this does not necessarily imply that they do so comfortably, or that they would not benefit from additional support. In other words, the fact that working carers may be 'coping' should not be an excuse for a lack of action.

What forms of support would be useful?

Finally, the 289 working carers who indicated that no forms of support were available to them were asked to say which arrangements/resources they would use if they were to become available. Paid leave for carers was by far the most popular option, followed by flexitime and the ability to work at home on some days (Table 16).

Table 16: Arrangements and resources that working carers would like to use (%)

	Total	Men	Women
Paid leave for carers	40	37	42
Flexitime	29	27	31
Ability to work at home on some days	25	22	28
Unpaid leave for carers	19	16	22
Use of telephone or private time to make or receive calls	17	12	22
Counselling/wellbeing support	16	10	19
Guidance for working carers on the organisational support available	13	10	15
Compressed working week/fortnight	12	13	12
Option to work part-time	12	10	14
Carers' helpline	11	8	13
Carers' awareness days	10	7	12
Signposting to external sources of support	10	7	12
Carer's passport	9	6	11
Mid-life career review	7	7	8
Other formal or informal training or guidance	6	5	8
Annualised hours	6	4	7
Carers' network/forum	5	4	6
Job-sharing	2	3	2
Other	1	1	1
Not applicable – I would not use any of these resources	20	24	18

Source: *Survey of Working Carers 2019*

The findings underline the extent to which working carers value flexibility and autonomy at work – the ability to exert some control over their working time. Being able to take paid care leave, however, was the measure that was most popular among working carers.



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Section summary

- A third of working carers are employed in workplaces that provide no support for working carers and only 40% of all working carers regard their employer as carer-friendly.
- Women are less likely than men to feel supported by their organisation.
- One in five working carers are able to take unpaid care leave, but only one in ten has access to paid care leave.
- Paid care leave is the form of support most frequently desired by working carers who are unsupported by their employer.

The findings also indicate that working carers can face barriers that prevent them from discussing their caring role at work and accessing support. These include:

- a lack of awareness of available support, how to access it, and how it might be useful
- a lack of autonomy at work and constraints relating to how their work is organised
- a concern that discussing their caring role would be harmful to their career prospects.

Together, **these findings point to a substantial support gap**. Clearly employers in England and Wales could do more to prioritise supporting those of their employees who have care responsibilities. Indeed, there are compelling reasons to do so; as section 7 demonstrates, providing support can have notable benefits for employers, as well as for their employees.

7 The value of employer support for working carers

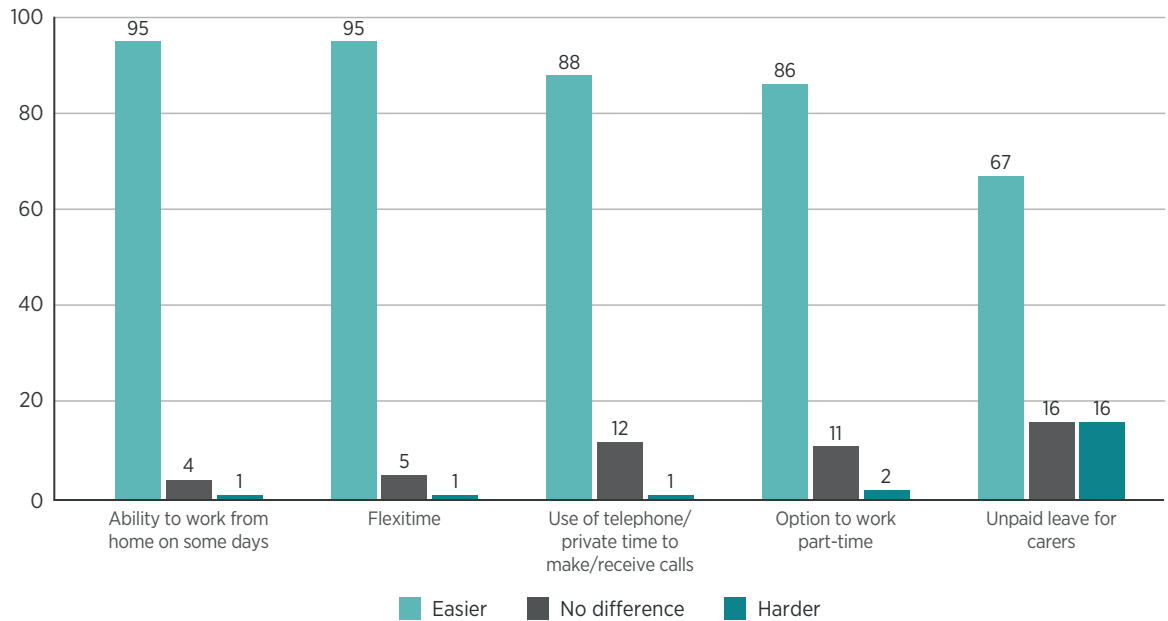
This section explores the value of supporting working carers at work, with regard to their caring role, their paid work, and their wellbeing. It also considers ways in which support for working carers can have benefits for employers.

Key points

- Working from home and flexitime are most likely to make combining work and care easier.
- Most working carers indicated that their levels of stress and anxiety were affected by trying to combine work and care.
- Sixty per cent of working carers reported low mental wellbeing.
- Working carers in organisations that provide support have higher mental wellbeing.
- Those working in carer-friendly organisations are less likely:
 - to consider reducing their hours or giving up their jobs completely
 - to find it difficult to concentrate at work
 - to have turned down a promotion or decided against applying for a job because of their caring responsibilities
 - to have taken sick leave or unpaid leave to provide care.

The impact of employer support on employees' ability to provide care

Working carers who indicated that some arrangements or resources were available to support them in their caring role, and who had made use of such arrangements or resources, were asked to say whether their caring role had become easier as a consequence.¹⁷ The findings clearly demonstrate the beneficial impact of employer-provided support (Figure 14).

Figure 14: Impact of employer support on employees' caring role (%)

Source: *Survey of Working Carers 2019*

All the forms of support examined in the survey made things easier for working carers. Working from home and flexitime were most likely to make combining work and care easier. Being able to use a telephone or private time to make or receive calls was also valued highly. Although two-thirds of working carers who had taken unpaid leave¹⁸ said that it had made their caring role easier, 16% said their caring role had become harder. It is possible that these negative experiences relate to income losses associated with taking unpaid leave. This suggests that paid carers' leave would be more useful to more working carers.

Working carers' health and mental wellbeing

The finding that employer support can have a positive impact on working carers' ability to combine work and care suggests that there might be positive consequences for working carers' wellbeing in different life domains, including physical and mental health and social relationships. Although questions about social relationships were not directly included in the survey, other research (Keating and Eales 2017, McCarthy et al 2020) shows that caring can affect relationships with family and friends, due to a lack of time and being unable to plan ahead, and emotional exhaustion. It is fair to assume that for those combining care with work, social isolation would be even more acute.

The analytical strategy in this section is to compare the mental wellbeing, stress and health of working carers whose employers provide support with those whose employers provide no support.¹⁹ The approach taken to measuring wellbeing, stress and health is described in the Appendix.

Stress and anxiety

A substantial majority of working carers indicated that their levels of stress and anxiety were affected by trying to combine work and care. Only 11% said that combining paid employment and their caring role had no effect on their stress or anxiety at work. Thirty-seven per cent said that their stress and anxiety levels were affected 'a lot' or 'a great deal', while 29% said they were affected 'a moderate amount'. Being stressed and anxious affects wellbeing in multiple domains, including health and social relationships, and also work. Stress and anxiety are likely to have negative effects on both work and care for those who combine the two.

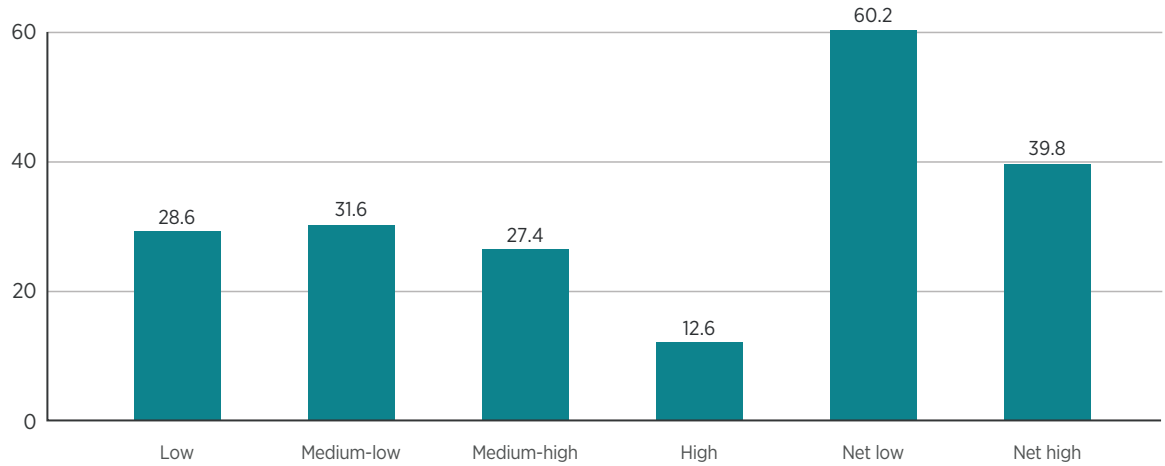


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Working carers’ mental wellbeing

As shown in Figure 15, 60% of working carers reported low/medium-low mental wellbeing, and a significantly smaller proportion (40%) fell within the high/medium-high categories

Figure 15: Mental wellbeing of working carers (%)



Source: Survey of Working Carers 2019

However, Table 17 shows that employer-provided support mitigates the effects of combining work and care on the mental wellbeing of working carers. Overall, mental wellbeing is higher among working carers in organisations that provide support than among those that provide no support. Forty-three per cent of working carers employed by organisations that provided support reported high or medium-high wellbeing, compared with only 31% in organisations providing no support. At the other end of the spectrum, low/medium-low mental wellbeing was significantly more likely among working carers employed in organisations that offered no support (69%) compared with those that provided support (57%). **This is clear evidence that employer-provided support contributes positively to the mental wellbeing of working carers.**

Table 17: Mental wellbeing and employer-provided support (%)

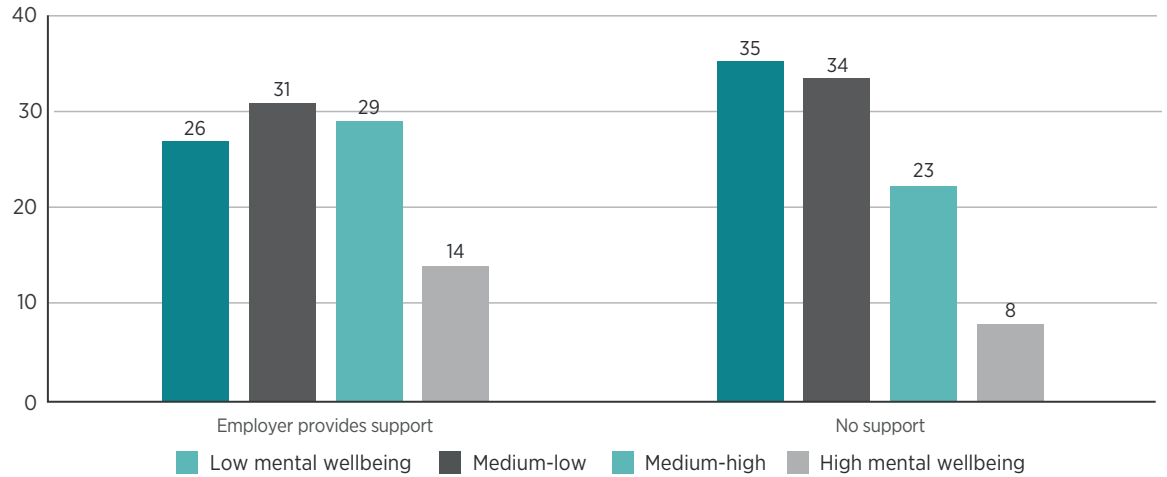
	Low	Medium-low	Medium-high	High	Net low	Net high
	Level of mental wellbeing					
Employer provides support	26	31	29	14	57	43
No support provided	35	34	23	8	69	31

Source: Survey of Working Carers 2019

Figure 16 shows another important aspect of employer-provided support. The results reveal a significantly steeper (negative) gradient in mental wellbeing in those organisations where no support is provided, compared with those in which support is available, where there is a more even spread of wellbeing. This suggests that **employer-provided support may be compensating for other factors in the lives of working carers that harm their mental wellbeing.** This positive compensatory effect is evident across all levels of wellbeing, but the largest differences are among those with the lowest mental wellbeing. This suggests a ‘levelling up’ effect, which involves positive effects in every category, but larger effects for

those suffering the lowest mental wellbeing. The implication is that **employer-provided support contributes to (mental) health justice in the sphere of work**, because it improves the welfare of the worst off.

Figure 16: Mental wellbeing and employer-provided support (%)



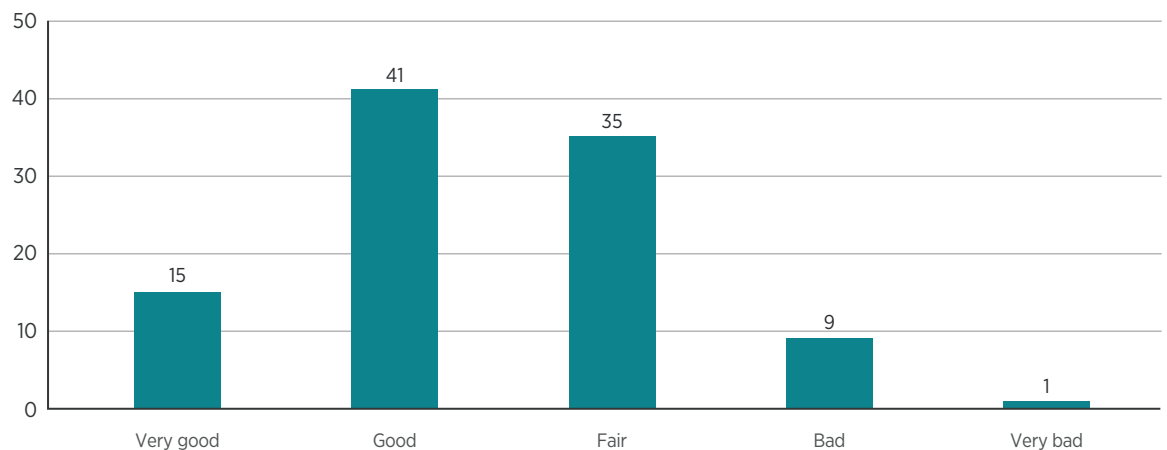
Source: Survey of Working Carers 2019

In sum, the results show that not only is the overall mental wellbeing of working carers better in organisations that recognise and provide support for working carers, but employer-provided support also evens out differences in the mental wellbeing of working carers. The analysis therefore shows that **employer-provided support can have an enormous impact on the lives of working carers, especially for those with the lowest levels of mental wellbeing**. Work can be an important source of support. There are, of course, further implications for the quantity and quality of work that working carers are able to achieve when their wellbeing is supported.

Working carers' health

The previous section showed the important effects of employer-provided support for the mental wellbeing of working carers. This section explores whether employer-provided support also influences the general health of working carers. Figure 17 shows self-reported general health: the vast majority of working carers reported that their general health was in the 'very good' to 'fair' range; only 10% said they had 'bad' or 'very bad' health.

Figure 17: Working carers' own assessment of their general health (%)



Source: Survey of Working Carers 2019



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The findings in Table 18 suggest that employer-provided support makes little difference to the health of working carers. The only exception is those with 'very good' health: the health of this group appears to be further bolstered by employer-provided support. Together with the findings relating to mental wellbeing, this suggests that interventions that focus on supporting mental health (such as carer recognition days, carer networks or counselling) are likely to have a larger positive influence on the overall wellbeing of working carers.

Table 18: Employer-provided support and health (%)

	Very good	Good	Fair	Bad	Very bad
	Health status				
Employer provides support	16	40	34	9	1
No support provided	11	42	35	11	1

Source: *Survey of Working Carers 2019*

Benefits for employers

The findings clearly indicate that employer support for working carers has a positive influence on carer wellbeing. These benefits also extend to employers. Twenty-four per cent of working carers had considered giving up their job because of their caring responsibilities. However, those working for carer-friendly organisations were less likely to have considered reducing their hours or giving up their jobs completely (Table 19).²⁰ They were less likely to find it difficult to concentrate at work and less likely to have turned down a promotion or decided against applying for a job (which could include internal vacancies) because of their caring responsibilities. In addition, they were less likely to have taken sick leave or unpaid leave to provide care.

Table 19: Ways in which carer-friendly organisations benefit (%)

	Yes	No
Considering reducing hours***		
Employer provides support	30	53
No support provided	36	36
Considering quitting job***		
Employer provides support	24	62
No support provided	29	50
Sometimes find it hard to concentrate at work***		
Employer provides support	61	39
No support provided	77	23
Turned down promotion/did not apply*		
Employer provides support	35	65
No support provided	44	57
Taken sick leave to provide care*		
Employer provides support	13	87
No support provided	21	79
Taken unpaid leave to provide care**		
Employer provides support	20	80
No support provided	31	69

Source: *Survey of Working Carers 2019*. Note: The table excludes those that neither agreed nor disagreed that their employer was carer-friendly and those who responded 'don't know'.

Note: * p<.05, **p<.01, *** p<.001.

Most of these organisational benefits can also be seen among working carers who feel that their employer provides support when their caring responsibilities affect their job. Although the proportion of working carers who were considering reducing their hours of work was slightly larger in relation to those who felt supported by their employer, the percentage of workers in this category who were definitely not considering reducing their hours was larger (those who neither agreed nor disagreed to this question, or who said they did not know, are not included in the analysis).

Table 20: Benefits to organisations when working carers feel supported (%)

	Yes	No
Considering reducing hours***		
Feel supported	33	51
Do not feel supported	31	45
Considering quitting job***		
Feel supported	23	62
Do not feel supported	29	54
Sometimes find it hard to concentrate at work***		
Feel supported	66	34
Do not feel supported	75	25
Turned down promotion/did not apply*		
Feel supported	38	62
Do not feel supported	44	56
Taken sick leave to provide care*		
Feel supported	13	87
Do not feel supported	21	79
Taken unpaid leave to provide care**		
Feel supported	23	77
Do not feel supported	30	70

Source: *Survey of Working Carers 2019*. Note: The table excludes those that neither agreed nor disagreed that they felt supported and those who responded 'don't know'.

Note: * p<.05, **p<.01, *** p<.001

Section summary

Working carers find it easier to combine work and care when their employer provides them with workplace support. Having access to a telephone to make and receive private calls, being able to work flexibly and being able to work at home are common forms of support that make things easier for working carers.

Many working carers are stressed and anxious at work. Those with no support at work have lower mental wellbeing than those with access to employer-provided support. Employer-provided support also evens out differences in wellbeing, contributing to (mental) health justice at work.

Organisations that are carer-friendly or that support their employees when their caring commitments affect their work derive clear benefits. The working carers they employ are less likely to find it difficult to concentrate at work and are less likely to be considering reducing their hours of work or quitting their jobs. They are also less likely to turn down promotions. Finally, they are also less likely to take sick leave or unpaid leave to provide care.



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8 Conclusions

This report has highlighted the challenges that working carers face and the ways in which employer-provided support can help them to cope with these challenges. The amount of care provided by working carers is often substantial: 32% of working carers provide care for 30 or more hours a week on average, and 68% combine full-time work with care. Twenty-eight per cent of workers in full-time employment provide 30 or more hours of care per week: in effect, these individuals are having to cope with two full-time jobs. The report has also shown some of the specific ways in which gender influences capabilities to combine work and care. Women are disadvantaged relative to men in the support that they receive from their employer, yet they form a majority of working carers. The findings also suggest that working carers are disadvantaged in terms of their ability to progress in their careers. This should be a matter of concern to employers, given the negative implications for staff retention and the ability of organisations to ensure that they are able to promote the best people. The CIPD (2020) *Becoming a Carer-friendly Organisation* guidance looks at the role of line managers and the importance of supporting carers' career development.

There is a significant gap in employer support for working carers in England and Wales.

A third of working carers believe that their employer provides them with no support of any kind, and only two-fifths of working carers believe that their employer is carer-friendly. Many working carers are coping with their care responsibilities by working weekends and evenings, using their annual leave to provide care or taking unpaid leave. The effort to combine work and care can result in stress, anxiety and low wellbeing, and affects the ability of working carers to perform well in their jobs.

Employer-provided support for working carers is vital in addressing these problems.

The findings presented in this report clearly show that working carers who are supported by their employers are able to more easily combine paid employment with unpaid caring responsibilities, resulting in positive impacts on their work, care, and wellbeing. Employers also benefit in numerous ways. **Working carers who receive support are less likely to consider quitting their jobs, less likely to take sick leave** to provide care and less likely to reduce their hours of work. They are **more likely to accept or apply for promotions and more able to concentrate at work**. Support for working carers therefore has the potential to contribute to organisational goals, such as employee retention, effective talent management and productivity improvements.

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10 Appendix

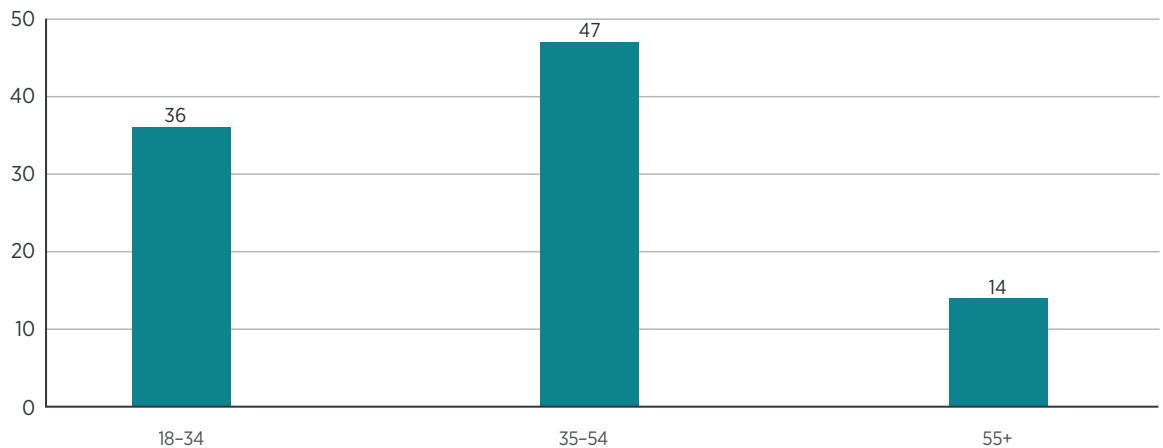
Information about the sample of working carers in England and Wales

Age and gender

Fifty-six per cent of working carers are women and 44% are men.

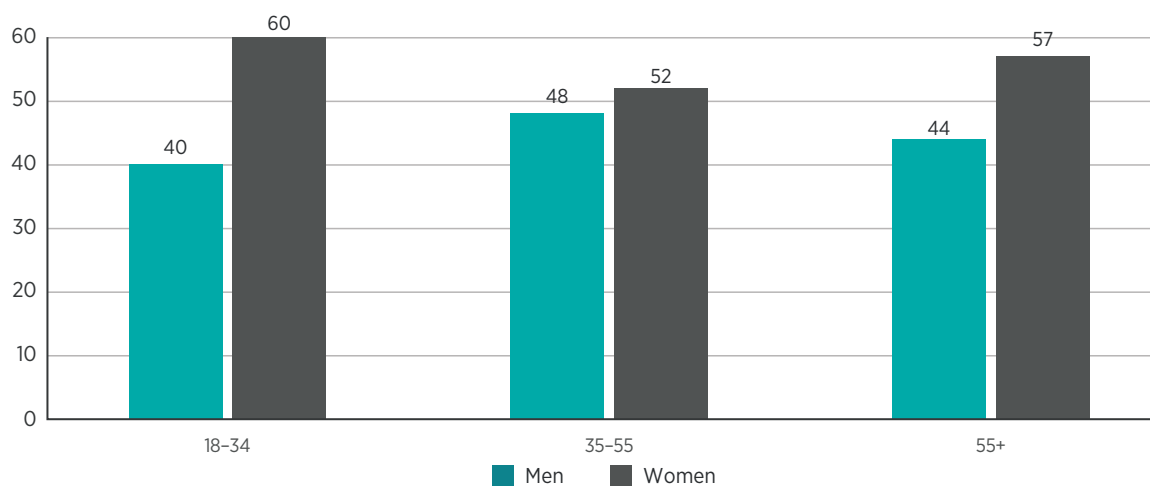
Almost half (47%) of all working carers are between 35 and 54 years of age. Thirty-six per cent are younger people below the age of 35 (Figure A1). These numbers suggest that many people at all career stages need to combine work and care.

Figure A1: Working carers, by age (%)



Source: Survey of Working Carers 2019

Figure A2: Working carers, by age and gender (%)



Source: Survey of Working Carers 2019

Figure A2 shows that women comprise a larger proportion of working carers than men in every age group, although the gender composition of working carers is more equal in the 35-54 age band.

It is likely, then, that the most effective kinds of employer support would take account of this age-gender interaction and find ways to mitigate inequalities.



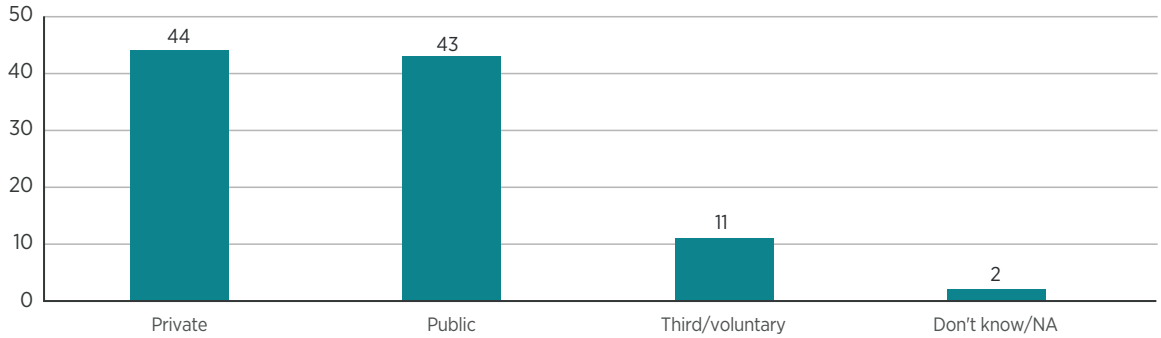
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Where do working carers work?

Forty-four per cent of the working carers were employed in the private sector and 43% in the public sector (Figure A3).

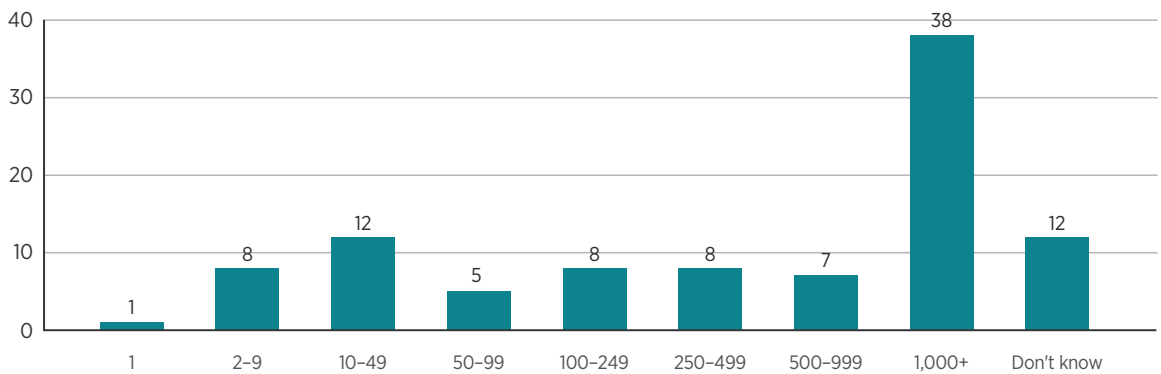
Almost half of all working carers work in organisations with 500 or more members of staff. A fifth work in organisations that employ fewer than 50 people (Figure A4).

Figure A3: Working carers, by sector (%)



Source: Survey of Working Carers 2019

Figure A4: Working carers, by size of employer (%)

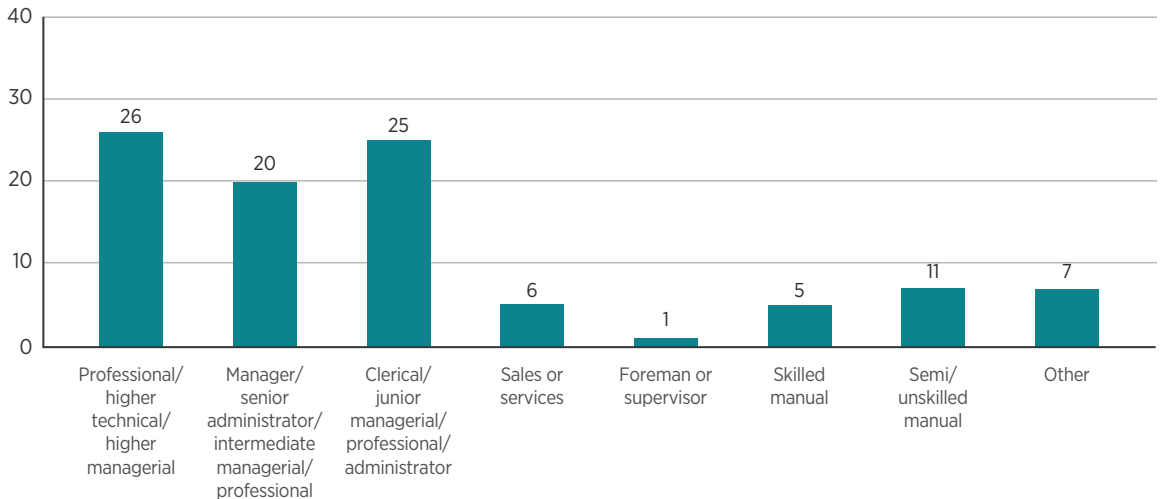


Source: Survey of Working Carers 2019

Occupation and management responsibilities

Figure A5 provides information about the occupations of working carers.

Figure A5: Working carers, by occupation (%)



Source: Survey of Working Carers 2019



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A quarter of working carers were in higher-level professional, technical or managerial occupations. Sixteen per cent were in manual occupations. However, recent research published by Carers UK (Zhang et al 2019) found that working carers providing the most hours of care per week were in 'semi-routine and routine' roles, while those in 'management and professional' roles provided the fewest hours of care. Nonetheless, the presence of working carers in roles associated with decision-making power in organisations has (positive) implications for the levels of support that those organisations may offer, as well as for organisational norms and culture around the issue of working carers.

Hours of work and contractual status

Table A1 shows that a substantial majority of working carers are employed on a permanent contract and most work on a full-time basis.

Table A1: Hours of work and contractual status of working carers (%)

Hours of work	
Full-time (30+ hours per week)	72
Part-time (fewer than 30 hours per week)	28
Contractual status	
Permanent contract	84
Temporary contract (including agency workers)	7
Variable hours (zero-hours and short-hours)	4
Other/don't know	5

Source: Survey of Working Carers 2019

This means that many working carers enjoy the stability provided by a permanent contract. On the other hand, however, for 72% of working carers, their caring responsibilities are additional to full-time work.

The types of care provided by working carers

Seventy-eight per cent of working carers provide unpaid care for one person: the remaining 22% care for two or more people. The most common form of support is practical help, such as preparing meals, shopping, laundry, and household repairs (82%). Other common forms of support are healthcare help (for example arranging and accompanying loved ones to medical appointments) and helping with finances and bills. Three-quarters of working carers provide emotional and social support (for example motivation, taking their loved one to see friends or relatives, helping them to take part in leisure activities). Four in ten (39%) provide personal and intimate care, such as dressing, bathing, washing, shaving, cutting nails, and help with eating and using the toilet.

These findings indicate the variety of support provided by working carers: individual (physical and emotional); social (enabling a person to maintain social relationships); and material (keeping finances in order, and ensuring that there is food in the fridge and clean clothes in the wardrobe).



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Our approach to estimating total figures

The base for estimating the total number of employees who are working carers was all employees in England and Wales in the period between October 2018 and September 2019. The number of employees in England was 23,113,000. The number in Wales was 1,244,000. The combined total for England and Wales was therefore 24,357,000. This figure does not include persons who were self-employed. The figures were obtained from Table 3A of the headline Labour Force Survey indicators (HI01-HI10) for Wales and each region of England, provided by the Office for National Statistics.

Carers UK (2019) has estimated that 15% of people in employment are working carers. Our estimate of the total number of working carers in England and Wales, excluding the self-employed, is 15% of 24,357,000 = 3,653,550. The base for calculating the number of working carers in different situations was, therefore, 3,653,550.

Health and mental wellbeing measures

The survey measured the effects of employer support on the mental and physical health and wellbeing of working carers (see section 7).

Mental wellbeing was measured using the WHO-5, a five-item indicator designed and validated by the World Health Organization (WHO 1998). A further question asked working carers whether their levels of stress or anxiety at work were affected by combining paid work and caring, and health was measured by a single question that asked working carers to provide an assessment of their general health.

Table A3: Health and mental wellbeing measures

Domain	Indicator
Mental wellbeing (WHO-5)	<p>For each of these five statements, please indicate which response most closely describes how you have been feeling over the last two weeks:</p> <ul style="list-style-type: none"> • I have felt cheerful and in good spirits • I have felt calm and relaxed • I have felt active and vigorous • I woke up feeling fresh and rested • My daily life has been filled with things that interest me <p>Response categories: all of the time, most of the time, more than half of the time, less than half of the time, some of the time, at no time, don't know.</p> <p>Results were transformed into categories as follows:</p> <p>1 Responses were transformed into a linear variable, scored 0-100, following the procedure in WHO (1998).</p> <p>2 Respondents were categorised into four groups – low, medium-low, medium-high, and high – according to the quartile of the scale in which they fell: Q1=low, and so on.</p>
Stress and anxiety	<p>Are your levels of stress or anxiety at work affected by combining paid work with caring?</p> <p>Response categories: a great deal, a lot, a moderate amount, a little, not at all, don't know.</p>
Health	<p>How is your health in general?</p> <p>Response categories: very good, good, fair, bad, very bad.</p>



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About the research

- This work was undertaken as part of the Sustainable Care: connecting people and systems programme, based at CIRCLE (Centre for International Research on Care, Labour and Equalities), University of Sheffield, UK.
- Research and data analysis were undertaken by Professor Jason Heyes, leader of the Sustainable Care programme's Combining Work and Care team and team member Dr Annie Austin.
- The report's authors are Dr Annie Austin and Professor Jason Heyes; Professor Sue Yeandle provided editorial advice.
- The survey was administered by YouGov in July and August 2019, using a questionnaire designed by the researchers. The sample was weighted in terms of gender, region and age, based on information in the 2011 Census of Population. It was designed to be representative of all employees in England and Wales who are also working carers. All percentages have been rounded.

The authors gratefully acknowledge the support of the UKRI/Economic and Social Research Council (award reference ES/P009255/1, 2017-21, Principal Investigator Professor Sue Yeandle).

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11 Endnotes

- ¹ Eurofound. (2015) *Working and caring: reconciliation measures in times of demographic change*. Luxembourg: Publications Office of the European Union.
- ² *Carers, Employment and Services: time for a new social contract?*
- ³ All figures in this report relate to employees. They do not include people in self-employment. Further information is provided in the Appendix.
- ⁴ In March 2020 the Government launched a 'Consultation on Carers' Leave', due to close 3 August 2020.
- ⁵ The figure was derived from a poll carried out by YouGov in December 2018 and January 2019. The total sample size was 4,254 adults aged 18+ years. The figures were weighted and can be treated as being representative of all UK adults. According to the survey, 15% of employed persons were working carers.
- ⁶ There was no statistically significant difference between the private, public and voluntary/third sector in terms of the percentage of working carers providing care for 30 hours or more.
- ⁷ Note: This notation represents a Chi-square test, which analyses relationships between variables. This example shows that we can be 95% certain that there is an association between sector and the ease or difficulty of combining work and care.
- ⁸ The median figures were 16 in the private sector and 15 in both the public and private sectors.
- ⁹ $\chi^2 = 12.8, p < .01$.
- ¹⁰ Other work undertaken by the Sustainable Care programme has found, for 2016–18, that among workers who cared for 50 or more hours per week, 40% were in semi-routine and routine jobs and 30% were in management and professional roles (Zhang et al 2019).
- ¹¹ The median was 15.5 for men and 15 for women. The mode was 10 for both men and women.
- ¹² When disaggregated by gender, the number of employees who expressed views about employee representatives and occupational health advisers was too small to allow reliable figures to be reported.
- ¹³ Differences were not statistically significant.
- ¹⁴ It should be noted, however, that the differences did not quite achieve statistical significance.
- ¹⁵ A carers' passport is a document in which carers can record information about their caring responsibilities and any adjustments to their working arrangements that they have agreed with their line manager (for example compressed hours) in order to help them balance their job role and caring role (see Carer Passport Scheme).
- ¹⁶ $\chi^2 = 41.57, p < .001$.
- ¹⁷ The base of working carers who took paid leave is too small to be included in the analysis.
- ¹⁸ Those reporting that their role had become more difficult as a consequence of taking unpaid leave tended to have relatively low personal and household income. However, the number of participants is too small for valid estimates to be made.
- ¹⁹ Question A6, (Which, if any, of the following arrangements/resources are available from your employer?) is used to sub-divide the sample into two categories: the category of organisations that provide support includes all types of support (base=671); the category of organisations that provide no support includes people who work at organisations where 'there are no arrangements or resources available' (base=294).
- ²⁰ Rows do not sum to 100% because those who neither agreed nor disagreed to the questions concerning plans to reduce hours of work or quit entirely are omitted.





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