Cycles of caring: transitions in and out of unpaid care

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Foreword

Helen Walker,
Chief Executive, Carers UK

Across the UK, millions of people provide unpaid care for an ill, older or disabled family member or friend. As the population ages, and healthcare continues to improve, it is likely that the number of carers will increase even further. I am delighted that this report, a collaboration with Carers UK and based on research from the Centre for Care at the University of Sheffield, has provided new analysis on the number of people becoming carers each year.

Caring can happen to any of us at any time. It can happen overnight, through an accident or illness, or it can develop gradually over several years due to declining health or increasing frailty. As the report highlights, many of us will provide unpaid care for a family member or friend at some point in our lives. Yet despite the huge numbers of people providing unpaid care, there is still not enough recognition in society of the profound impact that caring can have on people's lives.

Carers can often find themselves in financial hardship due to the costs of caring, and many struggle to balance work and unpaid care. Caring can seriously affect physical and mental health, and there is increasing evidence that caring should be considered a social determinant of health. Carers also have lower levels of wellbeing and life satisfaction than the national average, and many find that their relationships are impacted.

As this research shows, the impact is not felt equally, and women are more likely to provide care. It is therefore vital that the impact of caring is considered by employers in workplace support so that women are able to continue working while providing care. The implications of this ground-breaking research are far reaching and are set out in the conclusion and policy recommendations.

Despite the challenges of caring, millions of people are supporting their relatives through difficult times, helping them to live longer and bringing security and comfort to their lives. The value of their care is huge, and has been estimated at £530 million per day. As a society, it is vital that we ensure that people are prepared for caring and able to access the support they need. There is much more that can be done, by our government, our employers and our public services, to support unpaid carers, and to make sure that caring is centre stage in public policy and decision making.

I am hugely grateful to researchers at the Centre for Care for this report. As a charity, we will use this important analysis to work with governments and administrations across the UK and internationally as well as employers, public services, the voluntary sector, carers and their families and the general public to ensure that carers are recognised and that they get the support they need.

Helen Walker, Chief Executive, Carers UK

Introduction

Professor Matt Bennett
Deputy Director, Centre for Care
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To mark Carers Rights Day 2022, we have collaborated with Carers UK on this report, and added insights into the nature of unpaid care in the UK.

Millions of unpaid carers provide invaluable support to loved ones and our most vulnerable in society. We have shown how caring affects us all, in all walks and stages of life.[1] Unpaid carers are also an integral part of the health and social care system: in 2015, unpaid carers provided care worth £132 billion a year,[2] and in the first nine months of the Coronavirus pandemic, unpaid carers provided care worth £135 billion.[3]

However, the important lifeline provided by unpaid carers all too often comes at a cost to their finances and health, and increases their risk of social isolation.[4] The Coronavirus pandemic has compounded these costs; inequalities, which women have always experienced to a greater degree than men, have grown subsequently.[5] Good services and support for carers, including requests for flexible work, make a difference in alleviating the pressures unpaid carers face.[6]

In this new research, we show that care is dynamic. While headline figures often focus on how many unpaid carers we have in society at any one time, we lose sight of the people who become unpaid carers or leave their unpaid caring roles every day. Between 2010-2020, every year 4.3 million people became unpaid carers – 12,000 people a day – and annually more than 4 million people left their unpaid caring roles. We describe these transitions in care over the past decade and demonstrate that they are not experienced by people equally.

The report would not be possible without the ongoing commitment from the Economic and Social Research Council (ESRC) to its world class portfolio of data assets, notably The UK Household Longitudinal Study (Understanding Society) used in this research. This data set allows us to follow thousands of people throughout their lives to better understand inequalities. In this report, we show that unpaid care changes year on year, and how this varies by age, sex, and occupation. We hope that our findings can be used by organisations and policy makers to achieve progress for unpaid carers, who, across the UK, need better services and support in the context of the compounded negative impacts of the ongoing Coronavirus pandemic, Brexit and the Cost of Living Crisis.

This report also marks the first research collaboration between Carers UK and the Centre for Care, which builds on a close partnership, including as part of the ESRC Sustainable Care research programme (2017-2021). I am thankful to my colleagues Dr Maria Petrillo and Professor Gwilym Pryce in the Centre for Care (University of Sheffield); and Melanie Crew, Emily Holzhausen OBE, and John Perryman (Carers UK) for collaborating on this research; and to Dr Kate Hamblin for invaluable comments on an earlier version of this report.

Matthew Bennett

Professor Matt Bennett
Deputy Director, Centre for Care, University of Sheffield

1   Zhang, Y., Bennett, M. R., and Yeandle, S. (2019) 'Will I Care: The likelihood of being a carer in adult life'. London: Carers UK.

2   Yeandle, S. and Buckner, L. (2015) Valuing Carers 2015: The rising value of carers' support. London: Carers UK.

3   Carers UK. (2022). Unseen and Undervalued: The value of unpaid care provided to date during the COVID-19 pandemic. London: Carers UK

4   Keating, N., McGregor, J. A., and Yeandle, S. (2021). Sustainable care: theorising the wellbeing of caregivers to older persons, International Journal of Care and Caring, 5(4), 611-630.

5   Bennett M.R., Zhang Y. & Yeandle, S. (2020) 'Caring & COVID-19: Hunger and mental wellbeing. Sustainable Care: Care Matters series 2020/01, CIRCLE, University of Sheffield.

6   See Employers for Carers website for resources and reports (www.employersforcarers.org).

Key findings

Cycles of Caring: Transitions in and out of unpaid care
Dr Maria Petrillo, Professor Matt Bennett and Professor Gwilym Pryce

Over the period 2010-2020:

Every year, 4.3 million people became unpaid carers – 12,000 people a day

- In **England**, more than 3.6 million people became unpaid carers (nearly 1.7 million men and more than 1.9 million women)[7]

- In **Wales**, more than 210,000 people became unpaid carers (more than 100,000 men and more than 110,000 women)[8]

- In **Scotland**, more than 340,000 people became unpaid carers (more than 150,000 men and about 190,000 women)[9]

- In **Northern Ireland**, more than 125,000 people became unpaid carers (more than 58,000 men and 67,000 women).[10]

Every year, more than 4 million people left their unpaid caring roles

More than 1.9 million people[11] in paid employment became unpaid carers every year[12] – 5,300 people every day

- In **England**, more than 1.6 million people in paid employment became carers

- In **Wales**, about 93,000 people in paid employment became carers

- In **Scotland**, more than 150,000 people in paid employment became carers

- In **Northern Ireland**, nearly 55,000 people in paid employment became carers.

7   This was more than 3.6 million people in 2020 (6.5%) and more than 3.2 million people in 2019 (5.7%)
8   This was nearly 200,000 people in 2020 (6.1%) and more than 150,000 people in 2019 (5%)
9   This was more than 300,000 people in 2020 (6%) and nearly 280,000 people in 2019 (5.1%)
10   This was nearly 150,000 people in 2020 (7.9%) and more than 100,000 people in 2019 (5.5%)
11   More than 2 million in 2020 (6.4% of the population who were employed) and nearly 1.8 million in 2019 (5.5% of the population who were employed).
12   Authors' calculations based on the Office for National Statistics, Annual Population Survey data via NOMIS.

Transitions into and out of unpaid care are not experienced equally

- **Gender**

  » On average, 7% of women and 6.2% of men became unpaid carers – more than 2.3 million women and nearly 2 million men every year.

  » There are still differences between men and women, with women more likely to enter into and exit unpaid care and provide more hours of unpaid care than men.

- **Age**

  » People aged 46-65 were the largest age group to become unpaid carers (41%), followed by people aged 66+ (22%), 31-45 years old (21%) and 15-30 (16%).

  » Some age groups provided more hours of unpaid care per week: people aged 31 to 45 or over 66 years of age provided the highest intensity of unpaid care (50+ hours per week).

- **Age and gender**

  » More women than men in all age groups became unpaid carers, except those over the age of 66.

  » Male unpaid carers over the age of 66 provided the highest levels of care (50+ hours a week) compared to other age groups; for women, those aged 31-45 provide the most intense level of unpaid care.

- **Social economic status**

  » The majority of people entering and leaving unpaid care roles are either in management or semi-routine and routine occupations.

  » Those in management occupations provide more unpaid care when the hours of care are less than 10, however those in semi-routine and routine occupation provide more care when the intensity of care required is higher.
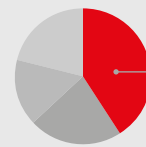
On average **7%** of women became unpaid carers every year

On average **6.2%** of men became unpaid carers every year

41% of people who became unpaid carers were in the 46–65 age group

The highest levels of unpaid care are provided by:

Women aged 31–45

Men aged over 66

Detailed recommendations will follow on page 23.

Transitions in and out of caring

This report focuses on adults (people aged 16 years old and over) who had unpaid caring responsibilities for older, ill or disabled relatives, neighbours or friends. It describes the patterns of unpaid care provided by people, and the transitions that people make in and out of unpaid care.

Summary statistics

Data from people surveyed from the years 2010-2020 as part of The UK Household Longitudinal Study, Understanding Society, show that:

- On average, nearly 7% of the adults in the United Kingdom became unpaid carers every year.

- Approximately 6% of people left their unpaid care roles each year.

- 4.3 million people in the UK became unpaid carers;[13] and more than 4 million people left their unpaid caring roles each year.[14]

This means that:

- More than 4.3 million people became unpaid carers every year; that's 1 in 15 people

- 84,000 people became unpaid carers every week

- 12,000 people became unpaid carers every day

- 500 people became unpaid carers every hour

- 8.3 people became unpaid carers every minute

- More than 4 million people left their unpaid caring roles per year.

In the UK, on average, 87% of people had no change in their unpaid carer 'status', and of this group of people, 16% already provided unpaid care. When interviewed, 30% of people who did not currently provide unpaid care for someone had been an unpaid carer in the past.[15]

Transitions into and out of unpaid caring roles are relatively consistent over time – changes in the number of people who became unpaid carers and left their unpaid caring roles look similar each year.

There were small net increases and net decreases in unpaid caring over time – which translate into relatively large numbers of the UK population (Table 1, Figure 2).

The latest data, for 2020, shows that:

a) 19.98% of the UK population in the UK Household Longitudinal Study were carers in 2020

b) This means there were approximately 13m unpaid carers in the UK in 2020

c) Of the unpaid carer population in 2020, 32% were new to caring (3.7m people)

d) 30.6% of the carer population stopped their caring roles in 2020.

e) This is approximately 1/3 in and 1/3 out

1 in 15 people in the UK become unpaid carers every year
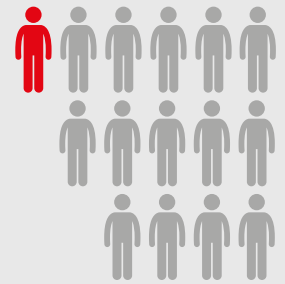
From 2010-2020

4.3 million people became unpaid carers every year – that's 12,000 people a day
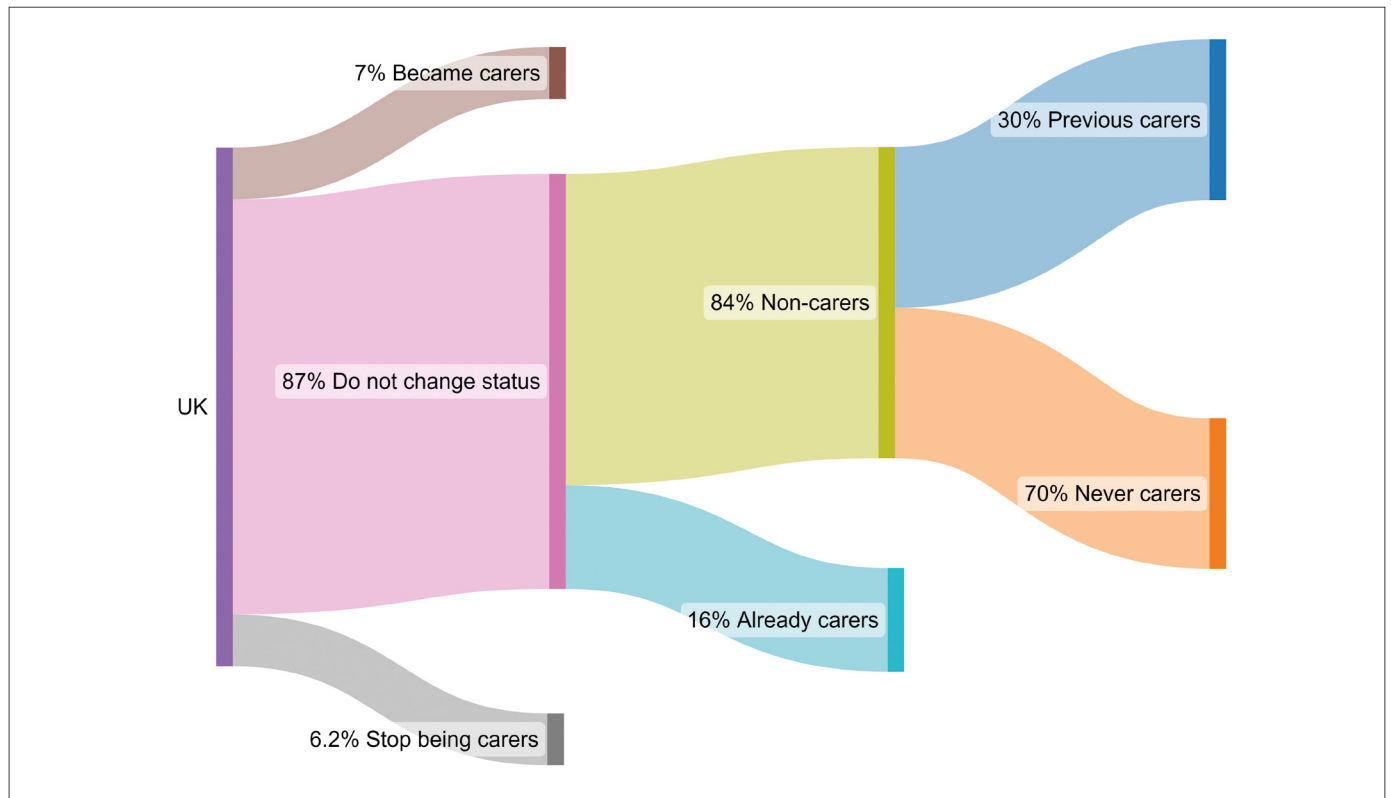
On average over the 10-year period, the net number of unpaid carers increased by 261,000 every year.

13 Based on Office for National Statistics population data

14 For example, in 2020 nearly 4.3 million people became unpaid carers and almost 4.1 million people left their unpaid caring roles. In 2019, 3.7 million people became unpaid carers, and 3.6 million people left their unpaid caring roles.

15 Note that the proportion of people who have been unpaid carers in the past is likely to underestimate the true proportion as data do not provide information on people who were unpaid carers before entering the study.

Figure 1: Average unpaid caring status in the UK

7% Became carers

30% Previous carers

84% Non-carers

UK

87% Do not change status

70% Never carers

16% Already carers

6.2% Stop being carers

Source: Authors' new calculations based on years 2010-2020 of Understanding Society

Table 1: Transitions in unpaid care in the UK over time

YEAR	People who became unpaid carers	People who left their unpaid caring roles	Net	Net (No. of people)
2011	7.2%	6%	1.2%	760,000
2012	6.7%	6.2%	0.4%	318,000
2013	6.4%	6.4%	0%	0
2014	7.6%	6%	1.6%	1,000,000
2015	7%	7.2%	-0.2%	-130,000
2016	6.2%	6.7%	-0.5%	-328,000
2017	6.6%	5.7%	0.9%	594,000
2018	6%	5.6%	0.3%	265,000
2019	5.6%	5.4%	0.2%	133,000
2020	6.4%	6.1%	0.3%	201,000
AVERAGE	6.6%	6.2%	0.4%	261,000

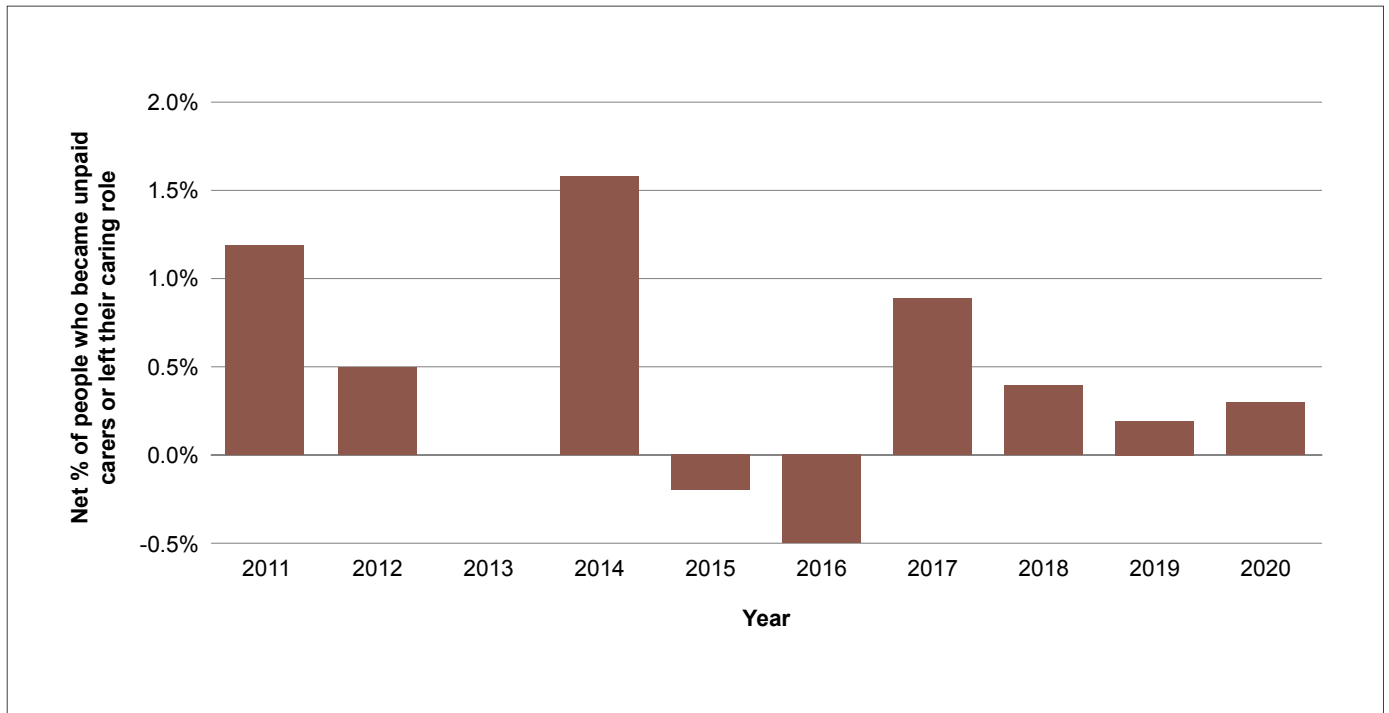Source: Authors' calculations based on years 2010-2020 of Understanding Society

Figure 2: People who became unpaid carers and left unpaid caring roles in the UK over time
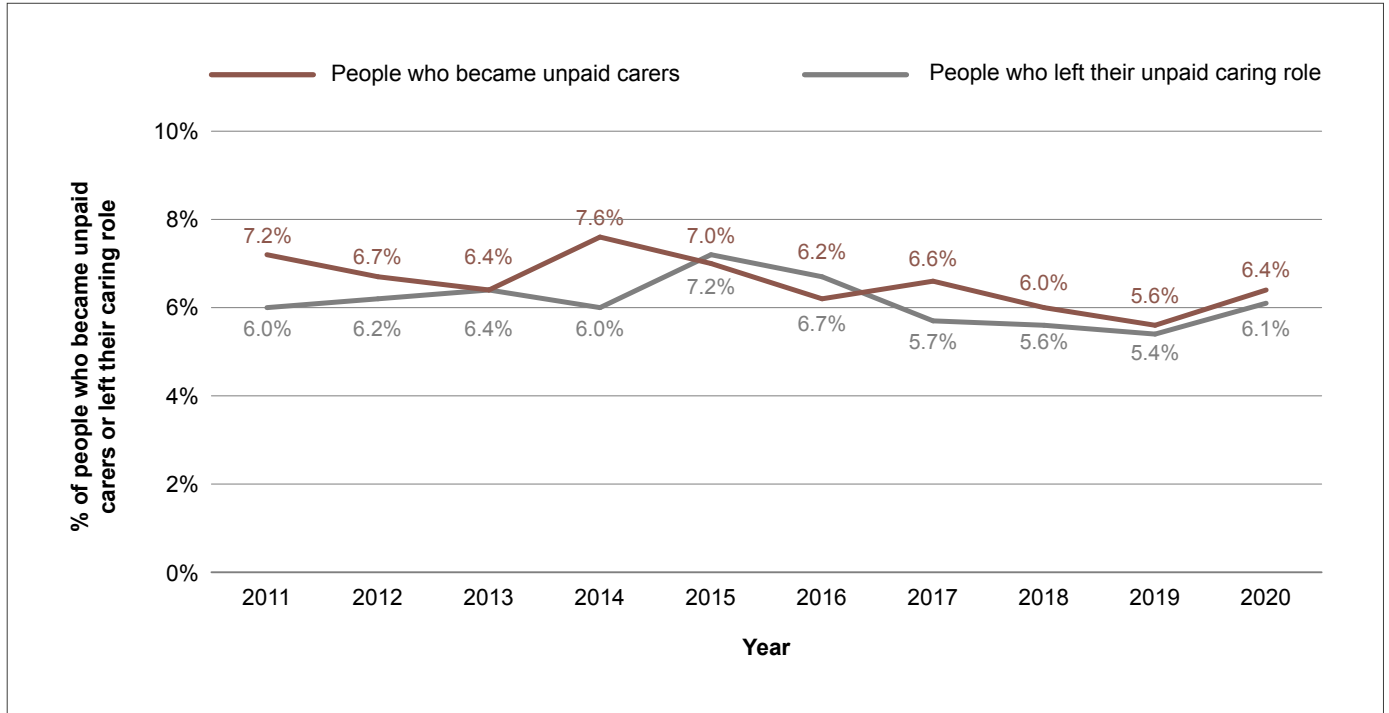
Source: Authors' calculations based on years 2010-2020 of Understanding Society

Figure 3 clearly shows that for most years there was a net increase in the number of unpaid carers.

Figure 3: Unpaid care transitions – net

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Table 2 shows that the characteristics of people who became unpaid carers and who left their unpaid caring roles are similar.

Main features:

- More than half are women.
- The majority are middle-aged (46-65).
- Almost 8 out of 10 are married
- More than half are employed.

When considering the intensity of unpaid care (the number of hours of unpaid care) provided by people who became unpaid carers each year, half of people provided less than 10 hours of unpaid care per week, while 17% provided more than 50 hours per week (Figure 4).

Table 2: Background characteristics

Characteristics	People who became unpaid carers	People who left their unpaid caring roles
Women	55%	54%
Aged 15-30	16%	16%
Aged 31-45	21%	20%
Aged 46-65	41%	42%
Aged 66+	22%	22%
Married	76%	76%
Unemployed	38%	39%
Employed	53%	52%
Self-employed	8%	8%

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Figure 4: Intensity of unpaid care provided by people who became unpaid carers

Legend: <10hrs | 10–19hrs | 20–49hrs | 50+ hrs
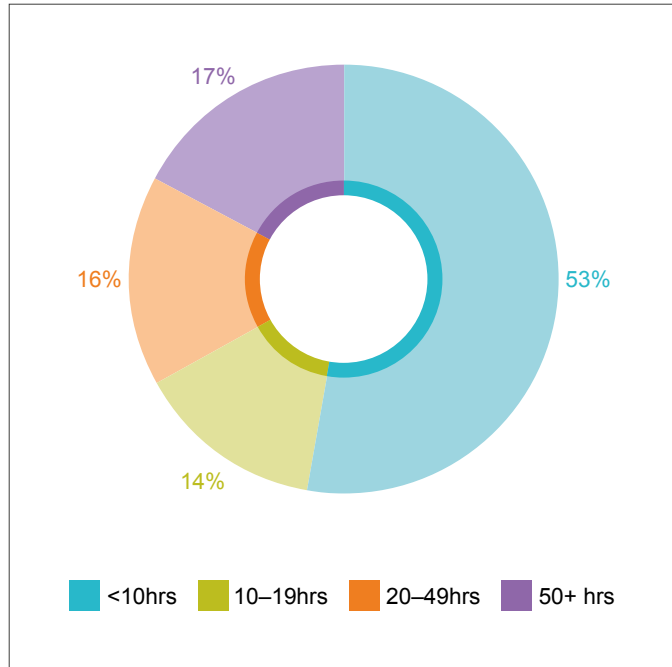
Source: Authors' calculations based on years 2010-2020 of Understanding Society

Gender and unpaid caring transitions

More than half of people who became unpaid carers or left their unpaid caring roles were women.

In terms of people who became unpaid carers, 55% were women and 45% were men. Of people who left their unpaid caring roles, 54% were women, and 46% were men (Figure 5).

Table 3 shows the percentage of women and men who became unpaid carers every year.

On average, 7% of women and 6.2% of men became unpaid carers between 2010-2020. This translates into more than 2.3 million women and nearly 2 million men.[16]

Figure 5: Unpaid care transitions by gender
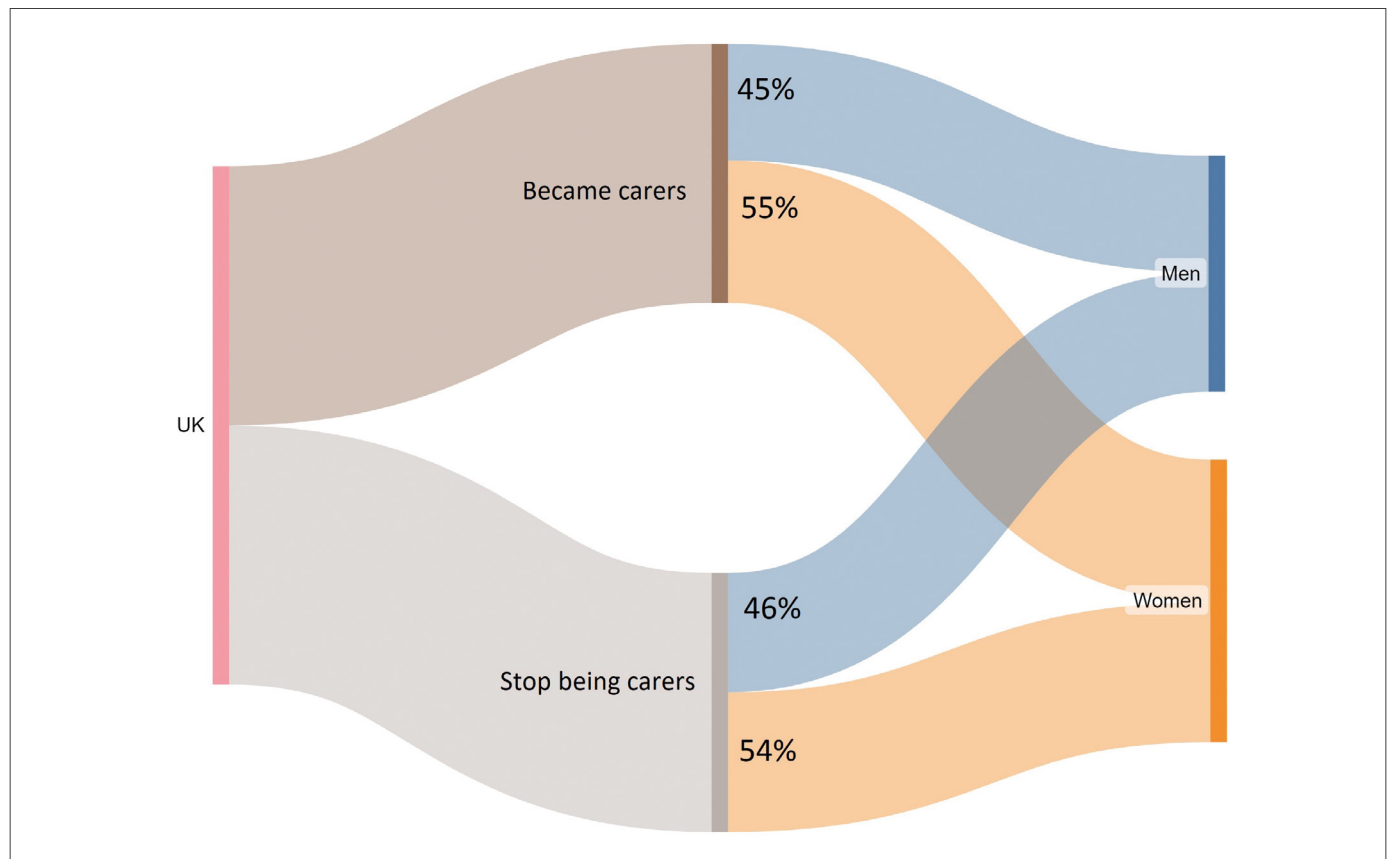
Source: Authors' calculations based on years 2010-2020 of Understanding Society

16   Of those people surveyed during 2020, 6.7% of women and 6.2% of men became unpaid carers. This means that in 2020, around 2 million men and nearly 2.3 million women became unpaid carers. In comparison, in 2009 nearly 2 million women (5.9% of women) and more than 1.7 million men (5.4% of men) became unpaid carers.
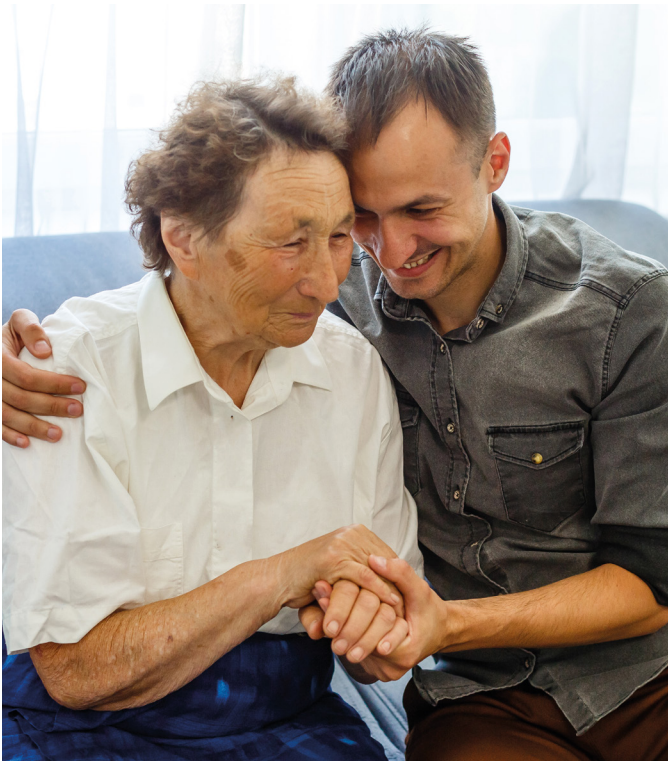
Table 3: Women and men who became unpaid carers every year

YEAR	Women	Men
2011	7.7%	6.7%
2012	7.1%	6.2%
2013	6.6%	6.1%
2014	8.0%	7.2%
2015	7.3%	6.6%
2016	6.6%	5.7%
2017	6.9%	6.2%
2018	6.2%	5.7%
2019	5.9%	5.4%
2020	6.7%	6.2%
Average	7%	6.2%

Source: Authors' calculations based on years 2010-2020 of Understanding Society. Percentages are computed among women and men, respectively.

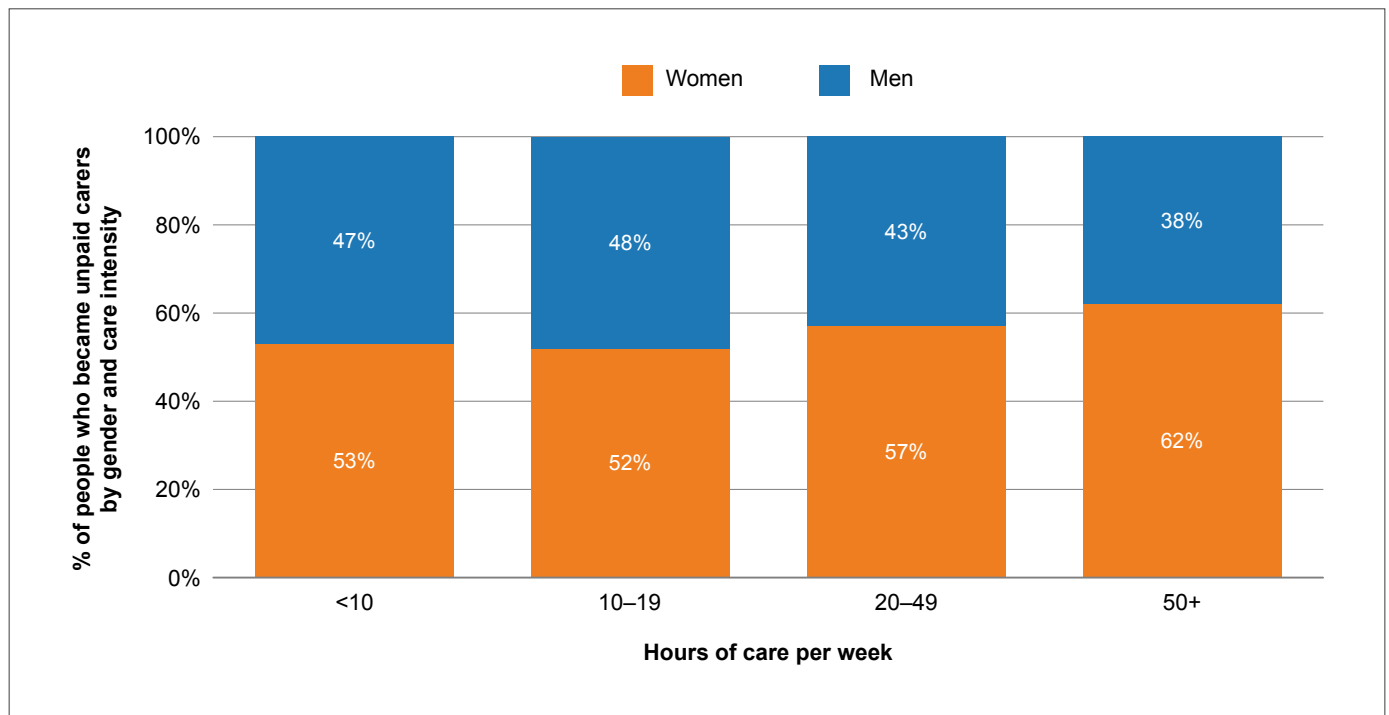**Figure 6:** Women and men who became unpaid carers every year
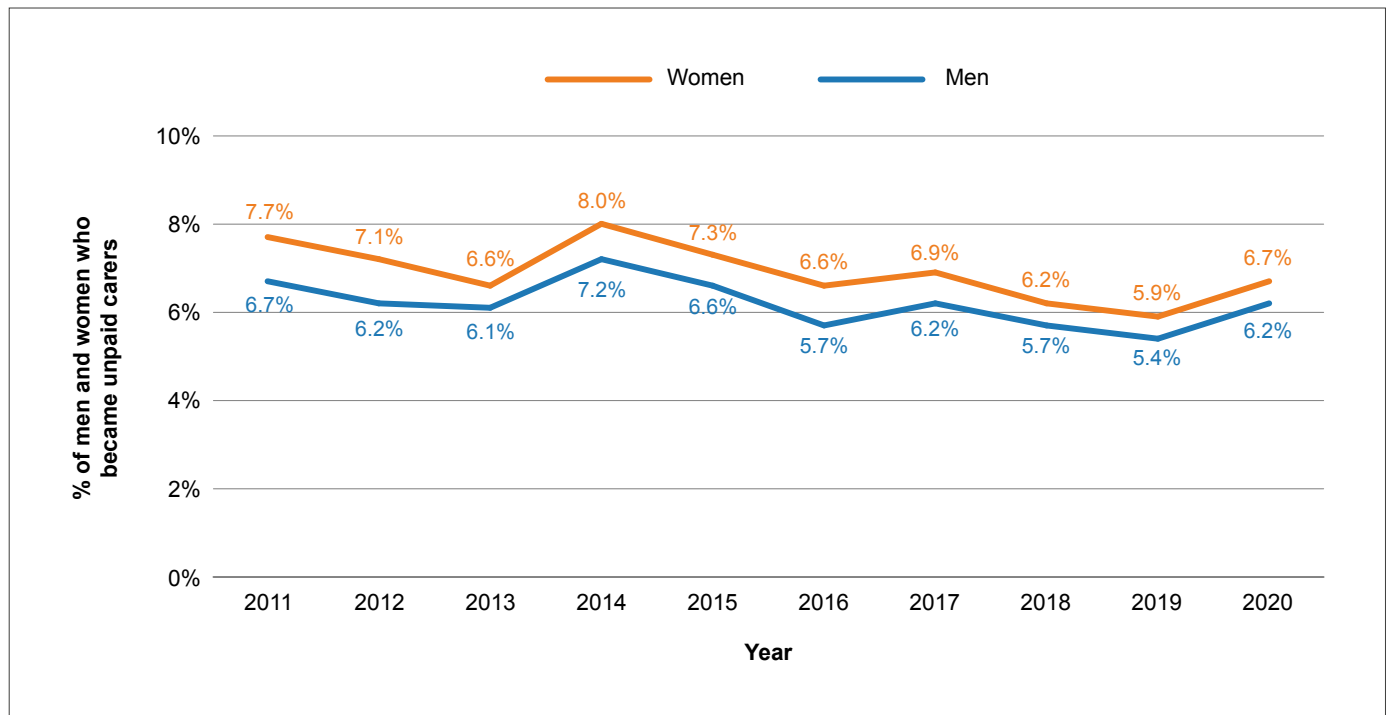
Source: Authors' calculations based on years 2010-2020 of Understanding Society

Women provide the most hours of unpaid care across all intensity categories. For example, 62% of people providing the highest intensity of unpaid care (more than 50 hours a week), were women; while at the lowest intensity of unpaid care (less than 10 hours a week), 53% of people were women.

This means that women were the most likely to be affected by the negative consequences of unpaid care due to the higher intensity of the care they provided. Indeed, women are providing higher-intensity unpaid care at all ages, including when they would expect to be in paid work, causing them to experience negative impacts on their labour market participation, income, and gender equality.

Figure 7: **Women and men who became unpaid carers by intensity of unpaid care (2018-2020)**

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Age and unpaid caring transitions

The percentage of adults who became unpaid carers varies by age. The largest age group of people who became unpaid carers are aged 46-65 (41%), followed by people aged 66+ (22%), 31-45 years old (21%) and 15-30 (16%).

Similar patterns are found for people who stop their caring roles (Figure 8).

The age structure of the people who became unpaid carers is related to their gender and the intensity of unpaid care provided (measured in weekly hours of unpaid care provided).

Figure 9 shows that people who provided the highest intensity of unpaid care (50+ hours per week) are people aged 31 to 45 or over 66 years of age.
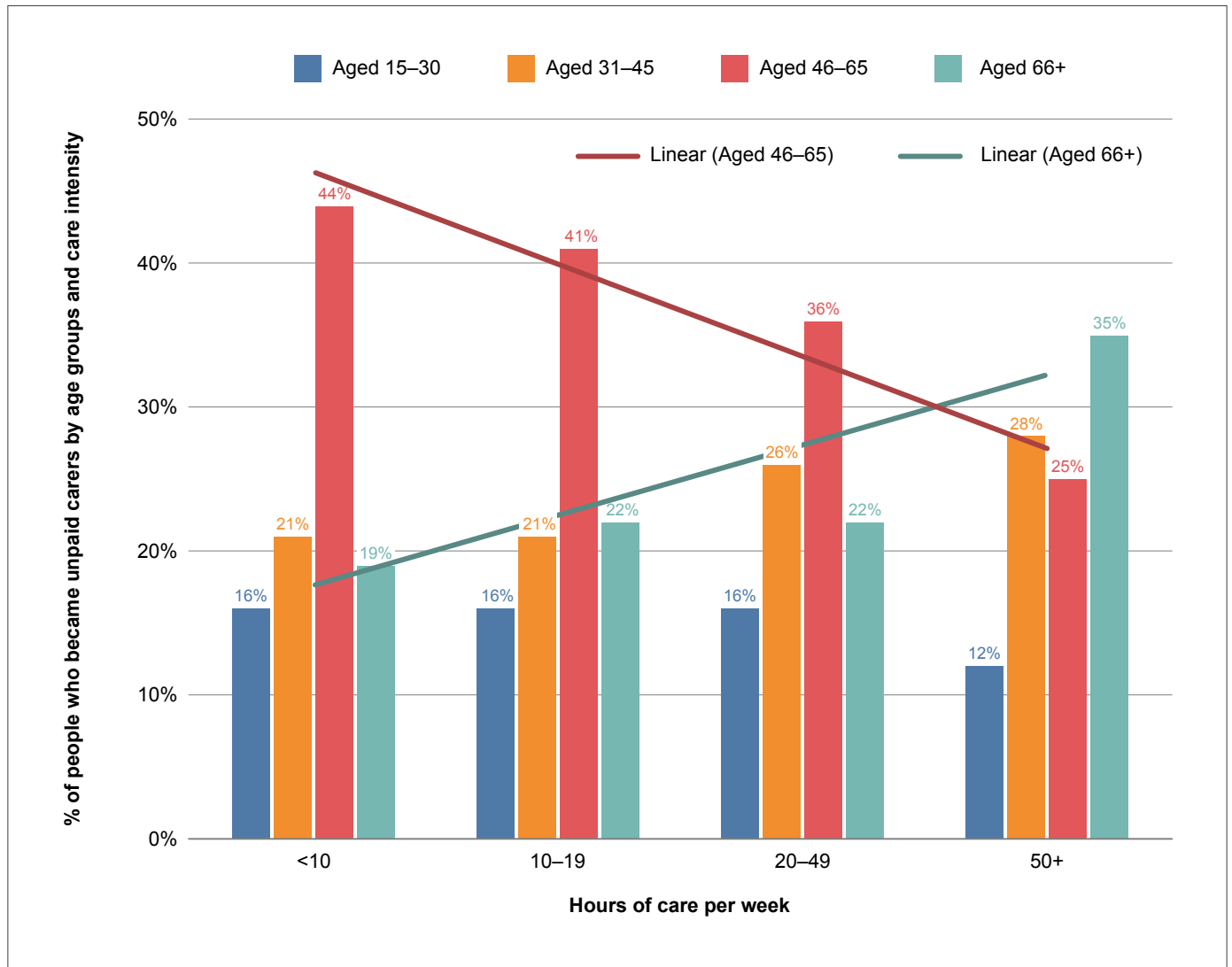
Figure 8: Unpaid care transitions by age
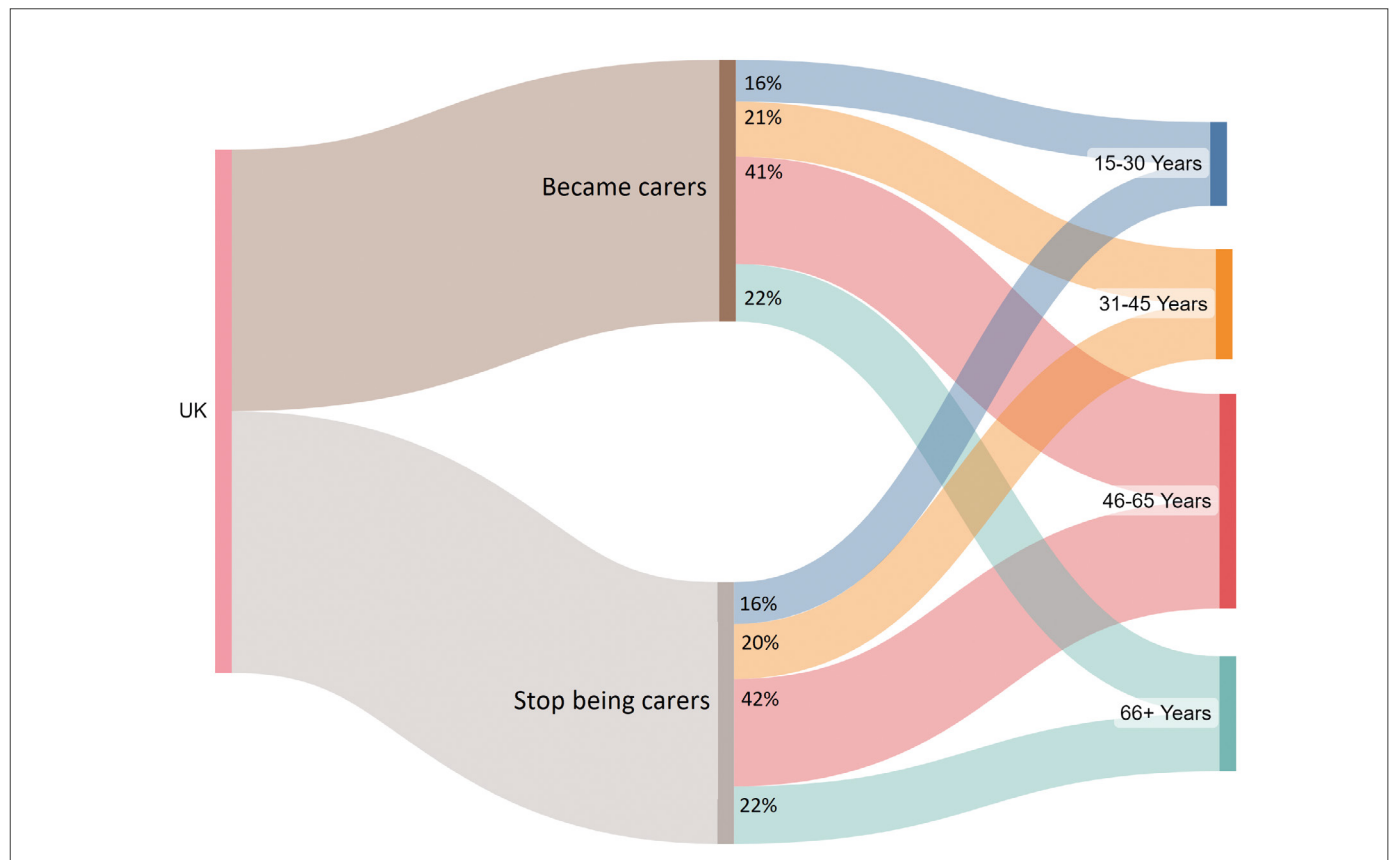
Source: Authors' calculations based on years 2010-2020 of Understanding Society

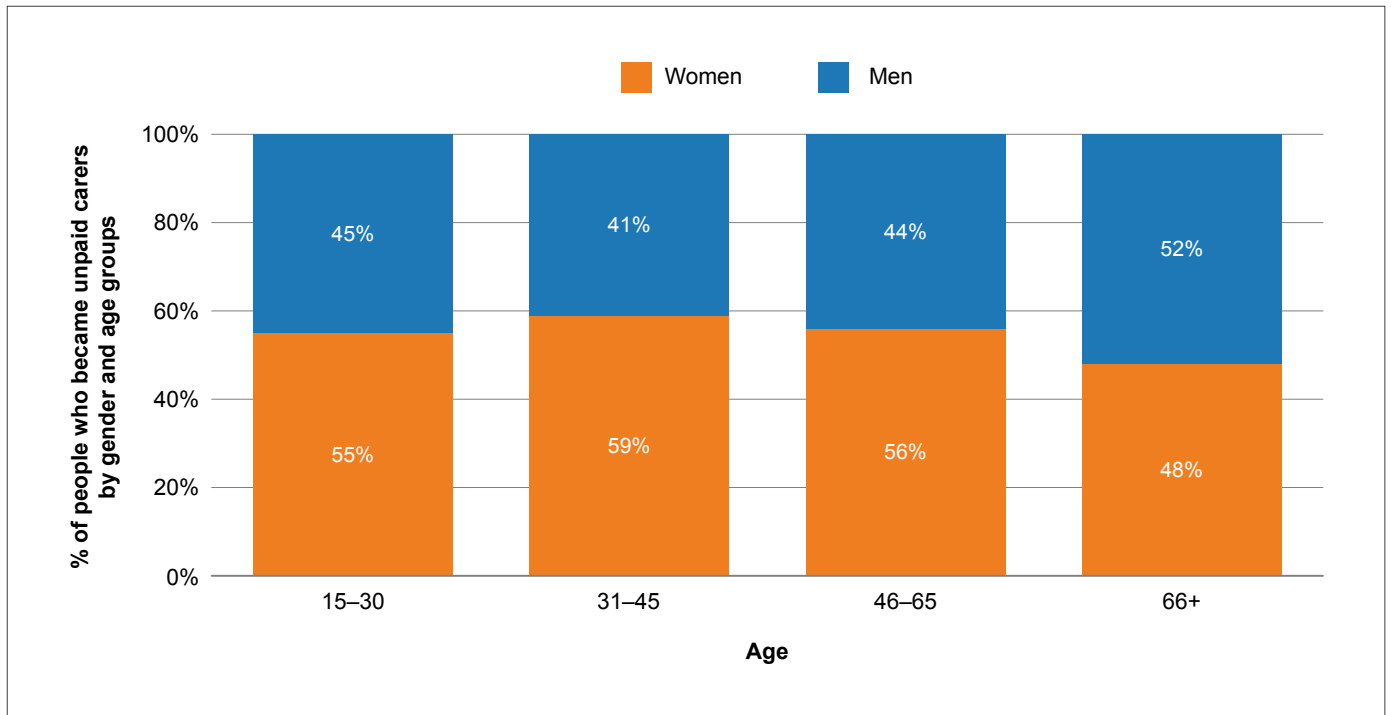**Figure 9:** Age structure by the intensity of unpaid care

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Figure 10 shows the average age distribution of women and men who became unpaid carers every year (2010-2020). More women became unpaid carers aged 15-30 (55% vs 45% for men), 31-45 (59% vs 41% for men), and 45-65 (56% vs 44% for men), whilst more men became unpaid carers aged 66 years or over (52%).

Among men who became unpaid carers and who cared for 50+ hours per week, 43% were aged 66+, while 28% were aged 46 to 65, 21% were aged 31 to 45, and 8% were aged 15 to 30 (Figure 11). The composition is quite different for women: caring at this intensity occurs more frequently among women aged 31 to 45 (32%).
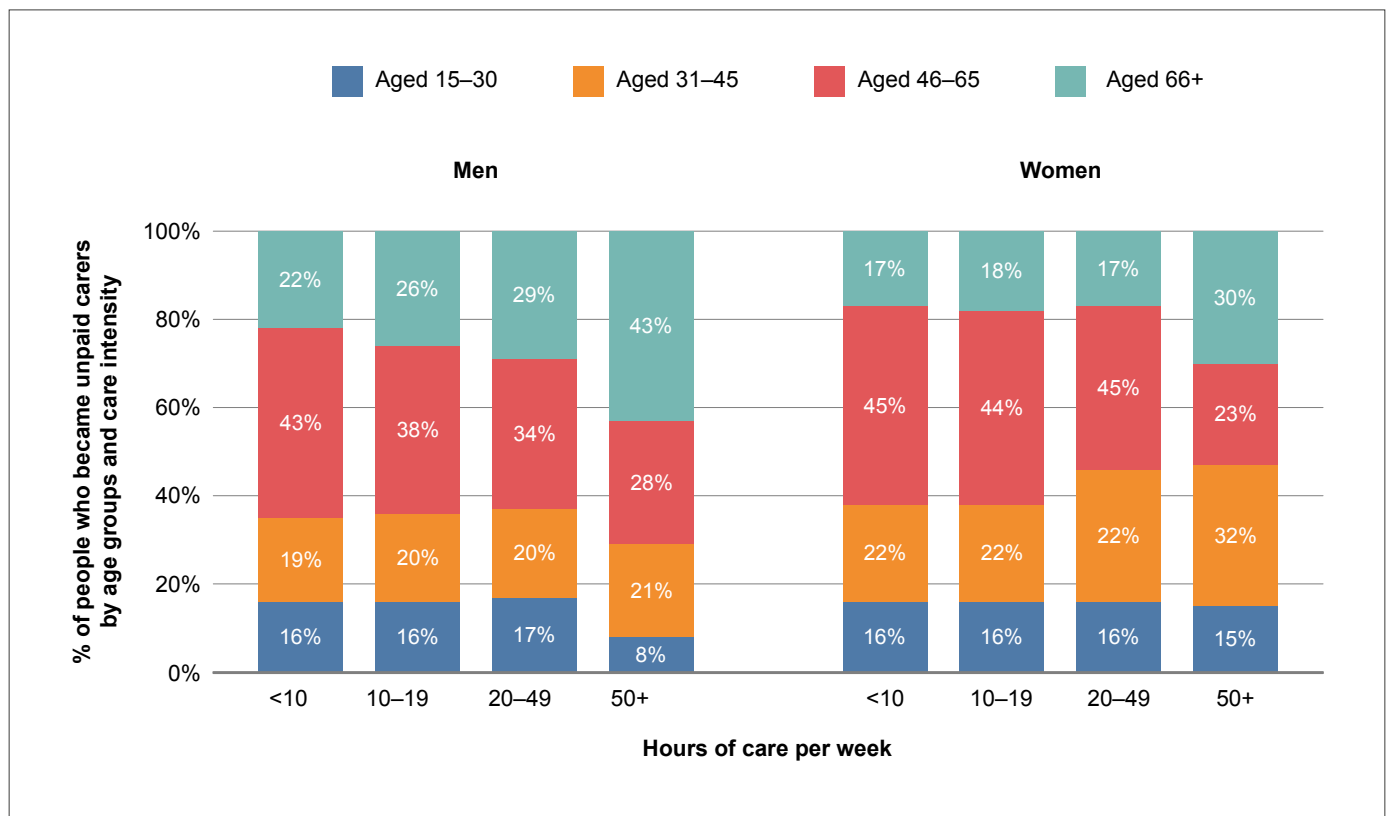
Figure 10: Age structure of unpaid carers by gender

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Figure 11: Age structure of people who became unpaid carers by caring intensity and gender

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Employment and unpaid caring transitions

Table 4 shows the percentage of people who became unpaid carers whilst balancing work each year (2010-2020). On average, 6.2% of people who became unpaid carers each year were in paid employment.

This means that over the period 2010-2020:

- More than 1.9 million[17] people in paid employment became unpaid carers every year[18]
  - » 37,000 every week or 5,300 every day.

The majority of people who became unpaid carers and who were in paid employment worked full time (7 out of 10), while 3 out of 10 people worked part-time (Figure 12).

Nearly 1.3 million people in full-time[19] paid employment became unpaid carers every year (nearly 6% of the population who were employed full-time).

More than 570,000 people in part-time[20] paid employment became unpaid carers per year (nearly 7% of the population who were employed part-time).

Figure 13 shows that the percentage of unemployed people who became unpaid carers each year increases with the intensity of care (the number of hours of care). Among those who cared for 50+ hours per week, almost 6 in 10 people are unemployed. In contrast, the share of unemployed people who became unpaid carers is 38% when the intensity of care is less than 10 hours per week.

The people who became unpaid carers and left their caring roles each year is similar in terms of occupational status (Figure 14).

More than

1.9million

people in paid employment became unpaid carers each year

Table 4: People who became unpaid carers every year by employment status

Year	Unemployed	Employed
2011	7.9%	6.7%
2012	7.5%	6.1%
2013	7.4%	5.7%
2014	7.8%	7.4%
2015	7.6%	6.3%
2016	6.9%	5.7%
2017	7%	6.3%
2018	6.5%	5.5%
2019	5.7%	5.5%
2020	6.6%	6.4%
Average	7.2%	6.2%

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Figure 12: Part time vs full time
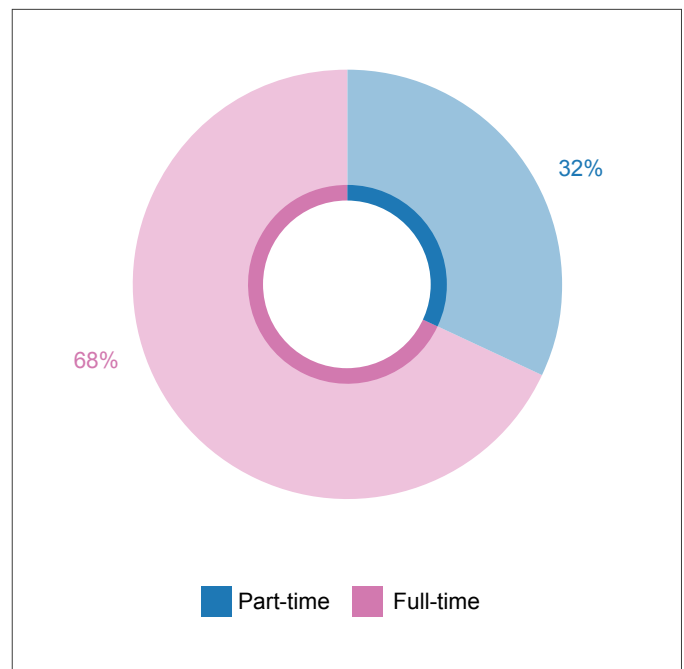
Source: Authors' calculations based on years 2010-2020 of Understanding Society

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17 More than 2 million in 2020 (6.4% of the population who were employed) and nearly 1.8 million in 2019 (5.5% of the population who were employed).

18 Authors' calculations based on the Office for National Statistics, Annual Population Survey data via NOMIS.

19 This was 1.7 million people in 2020 (7.3% of the population who were employed fulltime) and 1.4 million people in 2019 (5.9% of the population who were employed fulltime)

20 This was more than 500,000 people in 2020 (6.3% of the population who were employed part-time) and more than 400,000 people in 2019 (5.2% of the population who were employed part-time).

Figure 13: Employment status of people who became unpaid carers
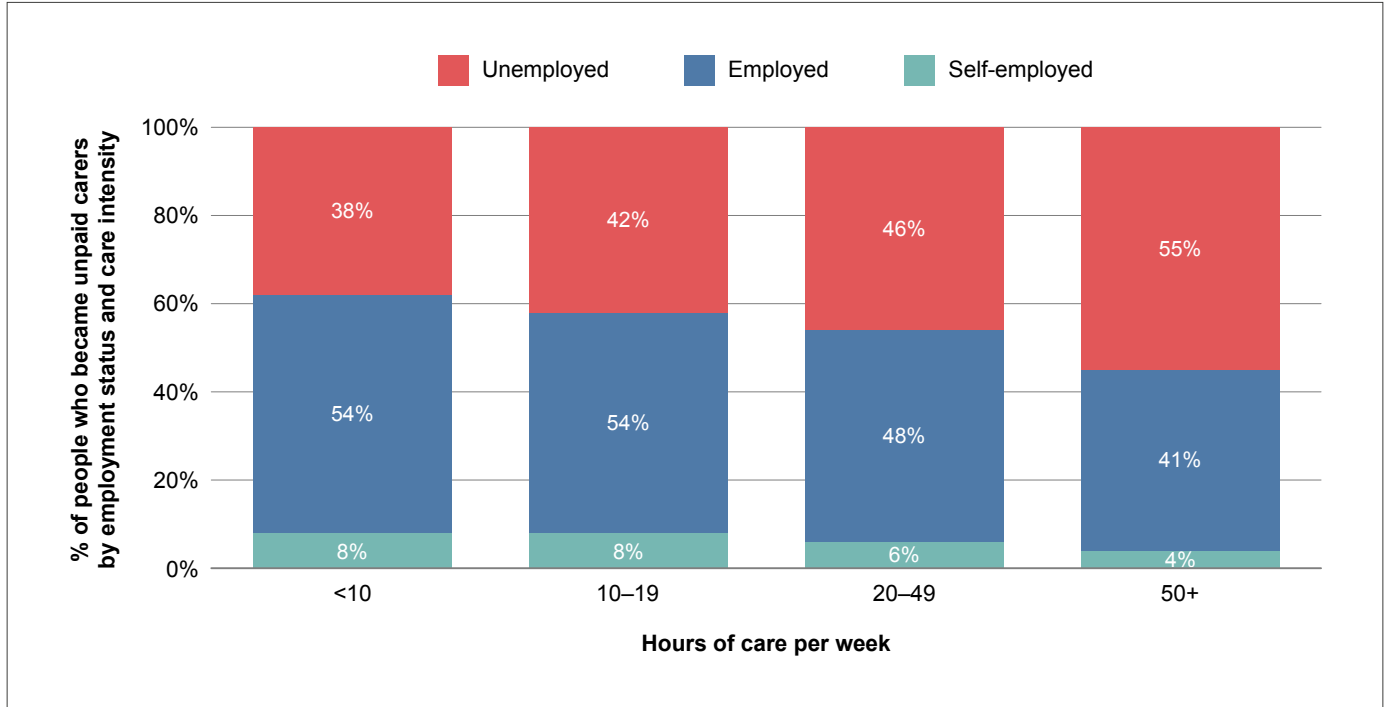
Source: Authors' calculations based on years 2010-2020 of Understanding Society

Figure 14: Unpaid care transitions by occupation
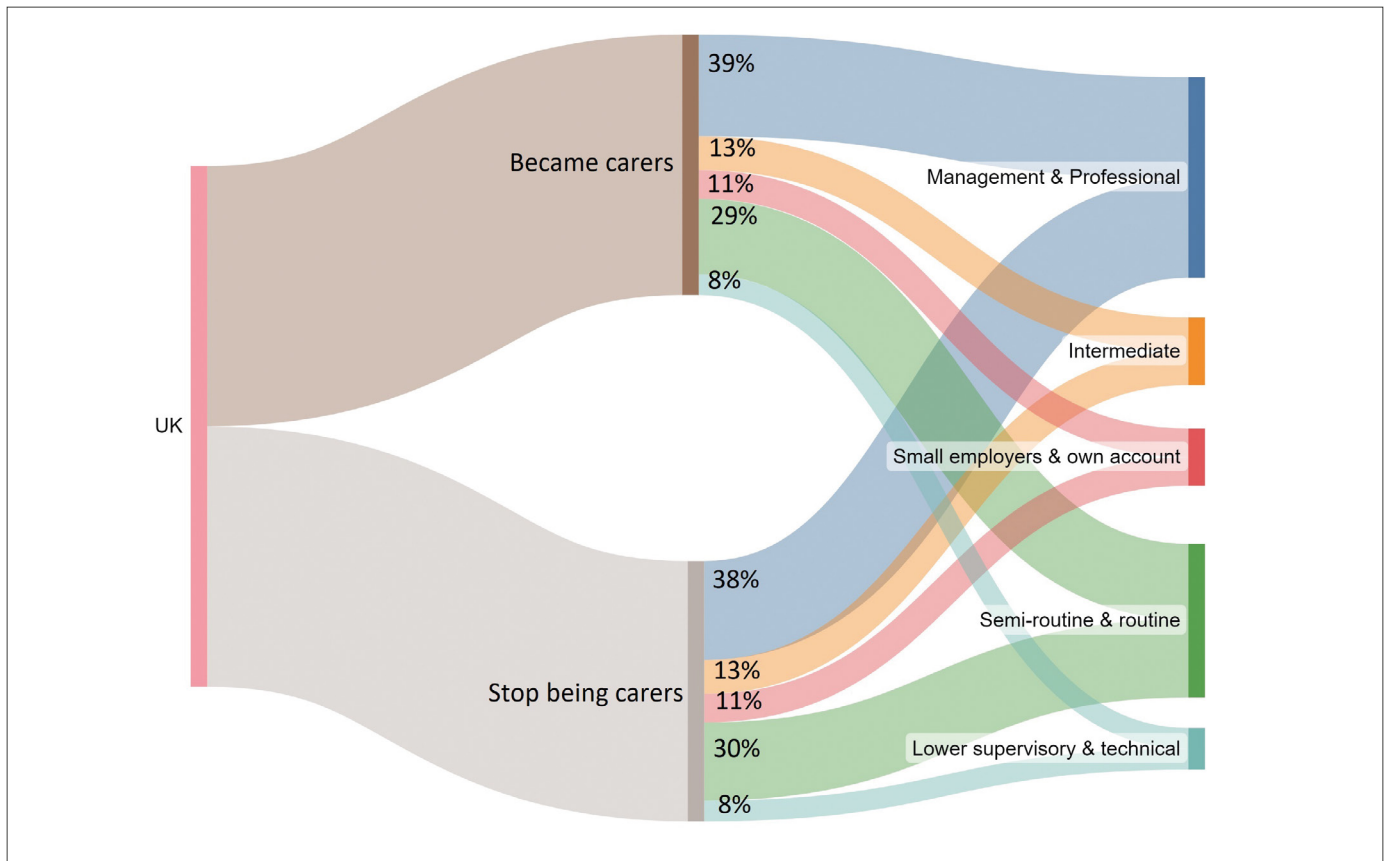
Source: Authors' calculations based on years 2010-2020 of Understanding Society

The majority of people who became unpaid carers every year are in 'management and professional' occupations, followed by those in 'semi-routine and routine' occupations.[21]

When the intensity of unpaid care is considered (Figure 15):

- The percentage of people working in semi-routine and routine occupations who are new to caring increases as the amount of unpaid care they provide increases. They are the group most likely to be providing over 50 hours of unpaid care when they are new to caring. A quarter (28%) of new unpaid carers in semi-routine or routine work provide less than 10 hours of unpaid care per week; 34% provided over 50 hours per week.

- Conversely, people who became unpaid carers in managerial and professional occupations were more likely to be providing less than 10 hours of unpaid care per week (4 out of 10). People in managerial and professional occupations were less likely to be providing over 50 hours of unpaid carer per week, however, at 29% this group is still sizeable.

Figure 15: People who became unpaid carers by care intensity and occupation (%)
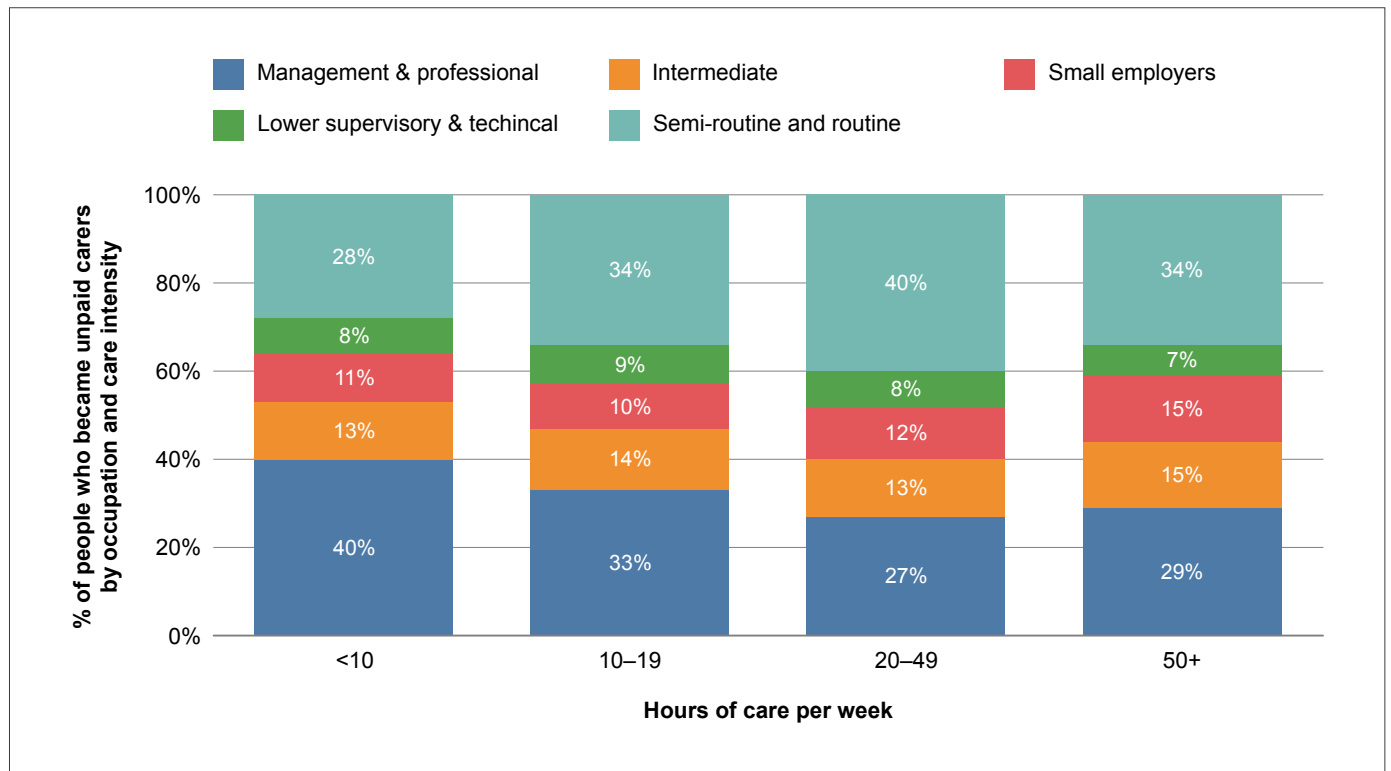
Source: Authors' calculations based on years 2010-2020 of Understanding Society

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21 The occupations are classified according to the National Statistic Socio-economic classification (NS-SEC), constructed to measure the employment relations and conditions of occupations. Details provided here: https://www.ons.gov.uk/methodology/classificationsandstandards/otherclassifications/thenationalstatisticssocioeconomicclassificationnssecrebasedonsoc2010

Unpaid caring transitions in the four nations

On average, over the period 2010-2020, the percentage of people who became unpaid carers every year was 6.6% in England, 6.9% in Wales, 6.4% in Scotland, and 6.8% in Northern Ireland (Table 5).

This means that over the period 2010-2020:

- In **England**, more than 3.6 million people became unpaid carers (nearly 1.7 million men and more than 1.9 million women)[22]

- In **Wales**, more than 210,000 people became unpaid carers (more than 100,000 men and more than 110,000 women)[23]

- In **Scotland**, more than 340,000 people became unpaid carers (more than 150,000 men and about 190,000 women)[24]

- In **Northern Ireland**, more than 125,000 people became unpaid carers (more than 58,000 men and 67,000 women)[25]

Table 5: People who became carers every year in the four UK nations by gender

NATION	People who became unpaid carers			People who left their unpaid caring role		
	All	Women	Men	All	Women	Men
England	6.6%	7%	6.2%	6.1%	6.4%	6%
Wales	6.9%	7%	6.8%	6.6%	6.6%	6.5%
Scotland	6.4%	6.9%	5.9%	6.3%	6.6%	6%
Northern Ireland	6.8%	7.1%	6.4%	6.5%	7%	5.9%

Source: Authors' calculations based on years 2010-2020 of Understanding Society[22]

22 This was more than 3.6 million people in 2020 (6.5%) and more than 3.2 million people in 2019 (5.7%)
23 This was nearly 200,000 people in 2020 (6.1%) and more than 150,000 people in 2019 (5%)
24 This was more than 300,000 people in 2020 (6%) and nearly 280,000 people in 2019 (5.1%)
25 This was nearly 150,000 people in 2020 (7.9%) and more than 100,000 people in 2019 (5.5%)
26 Percentages are calculated based on population estimates for each of the four nations.

As shown in Table 6, of those people who became unpaid carers every year:

- In **England**, more than 1.6 million are employed (6.2% of the population who are employed)

- In **Wales**, about 93,000 are employed (6.7% of the population who are employed)

- In **Scotland**, more than 150,000 are employed (6% of the population who are employed)

- In **Northern Ireland**, nearly 55,000 are employed (6.7% of the population who are employed).

Table 6: **People who became unpaid carers whilst balancing work in the four UK nations**

Year	England	Wales	Scotland	Northern Ireland
2011	6.7%	8%	6.3%	6.5%
2012	6.1%	6.3%	5.9%	5.5%
2013	5.6%	6.7%	5.5%	6.4%
2014	7.3%	7%	8.1%	8.6%
2015	6.5%	6.6%	5.5%	4.9%
2016	5.5%	6.7%	5.5%	6.6%
2017	6.3%	5.5%	5.9%	6.7%
2018	5.4%	6.5%	5.2%	8.2%
2019	5.5%	5.3%	5.2%	6%
2020	6.3%	6.6%	6.3%	8%
Average	6.2%	6.7%	6%	6.7%

Source: Authors' calculations based on years 2010-2020 of Understanding Society

Policy implications and recommendations

The policy implications of this work are significant. Rather than regarding the caring population as static, it should be seen as one which has considerable movement, with sizeable numbers of people becoming carers and leaving their caring roles every year.

Despite this high level of change in and out of unpaid caring, it would be a mistake to consider caring transient or temporary. The movement into caring may last a long time for some and can have profound effects on people's lives. There is also a substantial core of people who provide unpaid care for a longer period of time, with some caring for decades or even a lifetime. For this group of carers, a different policy approach needs to be taken. The more unpaid care a person provides, the greater likelihood they will be in poor or bad health[27] and be facing burnout. Equally, the longer they care unpaid, the more likely they are to experience financial hardship and be struggling to make ends meet.[28] Carers providing substantial care and for longer periods are also more likely to experience loneliness and isolation, impacting on wellbeing.[29] This report also reinforces the fact that the greater the level or hours of care provided, the less likely a person is to be in employment, including full time employment.

These changes within the caring population have a profound effect on the way that we need to approach awareness campaigns, information and advice, the design of health and care services, support at work, welfare services, social security and pensions.

In an earlier Carers UK report, *Will I Care?*, we highlighted the probability of caring – ie women have a 50:50 chance of caring by the time they are 46 and men by the time they reach the age of 57 – 11 years later.[30] The probability of caring varies according to the type of employment, gender, age and so forth. Part of the policy challenge is the fact that most unpaid carers will not be able to predict the length of time they will care for, or whether they will become a carer at another point in their life.

We will be working with colleagues at the Centre for Care to look at the movement in and out of caring within different ethnic minority and faith populations, as we recognize that further understanding would be helpful for policy makers, commissioners and service delivery organisations.

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27   Census 2011, carers providing over 50 hours of care are twice as likely to be in bad or very bad health.
28   Carers UK. (2022). Heading for Crisis – caught between caring and rising costs. London: Carers UK.
29   Carers UK (2017). The World Shrinks: Carer Loneliness. London: Carers UK and Jo Cox Loneliness Commission.
30   Zhang, Y., Bennett, M.R., and Yeandle, S. (2019). Will I Care? the likelihood of being a carer in adult life. London: Carers UK.

Implications

There are three key implications of this work.

1 Awareness campaigns must be ongoing. Since there are so many people becoming carers in a year, core messages and pathways to support must be regularly repeated and reinforced and cannot be considered 'done' if carried out once. Campaigns that help people to recognize themselves as carers and secure the help they need, such as Carers Rights Day, will be relevant to nearly one third of the caring population who are new to caring that year, as well as others whose situation has changed and who need different support. Carers can sometimes take several years to identify themselves as carers, and are therefore missing out on crucial support, affecting health, employment, finances and relationships as a result. People leaving caring are also often in need of help, advice and support.

2 This work underlines the importance of ensuring that awareness of and pathways to support are flexible and responsive to changes in circumstances. This flexibility is needed to ensure that unpaid carers are able to meet the various challenges during their caring journey, such as changes in the condition of the person they care for, a reduced ability to remain in paid employment, or an increased opportunity to return to work, but with support needed to overcome barriers.

3 This work highlights the need for policies and practices which support carers who spend a longer period of time caring, or who might experience higher incidences of caring across their lifetime. Policies and practices are needed that prevent ill-health, poverty, loneliness and which promote wellbeing, financial resilience throughout the life-course, including paid employment, strong families and community connections.

Recommendations

The following recommendations are based on this new analysis, including measures to ensure that the challenges that carers face are reduced, particularly if they are providing more intense, impactful or longer-term care:

Raise awareness of caring and make it central to public policy

- Wide engagement and commitment from all areas of society to Carers Week and Carers Rights Day designed and led by Carers UK as awareness campaigns.

- A strategic approach from the UK and Nation Governments to identifying and supporting unpaid carers through their caring journey. UK Government, for example, should launch a funded National Carers Strategy for England to provide medium and long-term changes to improve the lives of unpaid carers. This should include matched funding for similar strategies in each of the UK Nations.

- Greater recognition of caring as a social determinant of health which should be clearly articulated in all relevant national and local programmes to combat health inequalities, with funding delivered to make progress in reducing these inequalities.

- The NHS should develop a strategic approach to systematically and pro-actively identifying carers across all its structures and delivery mechanisms. This must include an approach that treats carers as partners in care, ensuring they have a choice about caring and are given the information, advice and support to care safely and well. The NHS should also increase training for frontline professionals to ensure they are able to identify, signpost and support carers, particularly in relation to health and wellbeing.

- In order to boost awareness, understanding as well as measures to support unpaid carers, the UK Government should amend the Equalities Act 2010 to include caring as the 10th protected characteristic.

- Governments across the UK should introduce national public health campaign, aimed at increasing awareness, recognition and support for carers and care more generally, so that carers can identify themselves and know how to access support and advice.

- Governments across the UK as well as public authorities have a key potential role in helping carers to identify themselves by looking at how data and digital technologies could be deployed both nationally and locally.

- Employers have a key role to play in helping carers to identify themselves as well as providing a range of support. We would encourage employers to join Employers for Carers (or Carer Positive in Scotland) to learn about best practice and share with others leading this area.

- There should be greater awareness of the impacts on individuals on leaving their caring role and measures delivered to support individuals for whom this transition is challenging.

Along with increased awareness and identification of carers, people who provide unpaid care also need a range of support to prevent some of the negative effects of caring:

Support carers' health and wellbeing

- UK Government should invest an additional £1.5 billion in carers' breaks so that carers are able to access the breaks they need and improve their mental and physical health and wellbeing. There should be appropriate funding to the Nation Governments to deliver further investment in their areas

- Employers should include carers' support as a targeted part of their staff wellbeing approaches, using the good practice from Employers for Carers and from Carer Positive in Scotland..

Ensure the sustainability of key social care support

- UK Government should accelerate their plan for social care reform and ensure there is adequate funding for social care over the winter as well as longer term, to meet increased needs that have developed during the COVID-19 pandemic for both the person being cared for as well as carers. A workforce strategy should also be introduced to ensure that there are enough skilled social care staff to provide social care. The Scottish Government should ensure that the national care service and associated workforce development involves and engages with carers to ensure that future plans meet their needs as carers and empowers their aspirations as individuals.

Ensure carers can balance work and care

- The UK Government, having supported the Carer's Leave Bill, promoted by Wendy Chamberlain MP, should ensure the earliest possible passage and implementation. The Bill makes provision about unpaid leave for up to one week per year, for employees with caring responsibilities.

- The UK Government, having supported the Employment Relations (Flexible Working) Bill promoted by Yasmin Qureshi MP, should similarly ensure the earliest possible passage and implementation, including a day one right to request flexible working to help support carers remaining in or returning to paid work.

- Employers should adopt Carers UK's Carer Confident benchmark, run by Employers for Carers, to move towards becoming a carer-friendly employer. In Scotland, we recommend employers using Carer Positive run by Carers Scotland.

Ensure carers do not experience financial hardship

- UK Government should review the level and eligibility rules for Carer's Allowance and other carers' benefits to ensure these adequately value and support unpaid carers to continue to provide care and to look after their own needs and wellbeing. This should be accompanied by the publication of the Government-commissioned research on Carer's Allowance as soon as possible.

- UK Government should uprate all benefits, including Carer's Allowance and the Carer Element of Universal Credit, in line with current levels of inflation before next April – ideally as soon as possible – to ensure that vulnerable groups can survive the winter months. The Scottish Government should uprate all Scottish benefits in line with inflation.

- UK Government should raise the earnings limit for Carer's Allowance to the value of 21 hours work a week at the National Living Wage rate (ie £10,374 per year), to allow carers to work more hours a week where they wish to do so, without losing their entitlement. Regulations must be introduced to uprate the earnings limit annually in line with the National Living Wage.

- UK Government should ensure that unpaid carers with an entitlement to Carer's Allowance should receive a top up payment to support them through the winter and recognise the additional costs they are facing amid the unprecedented cost of living crisis. In addition to this, the Scottish Government should seek to deliver an additional cost of living payment to carers and an energy payment to people with severe disabilities to reflect the additional costs they face, particularly during this critical winter period.

- The Scottish Government should review the level and eligibility rule for Carers Allowance and its upcoming replacement, Scottish Carer's Assistance; seeking opportunities for speedy changes to, for example, the earnings threshold, full time study rules and more to enable more carers to access financial support for their caring role.

- UK Government should commission an independent inquiry into the relationship between carers and poverty, to explore longer-term solutions to bringing more unpaid carers out of poverty, including food poverty. This should include consideration of higher intensity caring and longer-term carers' needs, and should be part of positively reforming Carer's Allowance. The Scottish Government should develop a Carer Poverty Action Plan to develop longer term solutions to the poverty that carers experience, including poverty of opportunity and health inequalities.

- UK Government should review pension rules for unpaid carers with implementation of initiatives to get carers up to similar pension levels as non-carers. This should include:

  - Ensuring that the state pension age does not increase, as this would significantly disadvantage carers.

  - Creating a mechanism by which carers are able to receive their state pension up to five years early.

  - Creating auto-enrolment payments for carers in receipt of Carer's Allowance to ensure that they continue to contribute to additional pensions.

What Carers UK will continue to do:

- Run the UK's largest awareness campaigns for carers ie Carers Week and Carers Rights Day working in partnership with others helping carers to identify themselves earlier in their caring journey.

- Highlight good practice and innovation where we find it.

- Provide expert advice and information to carers, making sure they get the entitlements they need.

- Promote as well as build on our existing digital products to ensure they help as many carers as possible.

- As a membership organisation of carers, we will continue to ensure that carers' voices and experience shape our work, our information and advice services.

- Promote creative, practical but ambitious policy solutions that support carers, working in partnership with others.

- Provide and work with others to produce leading research and insight into carers lives to ensure that support is better tailored to their needs.

- Work with employers, through our Employers for Carers forum, to ensure that support for carers in work is the best that it can be.

- Work with others to ensure that their services and support reach carers' and meets their needs.

- Campaign for better rights and support for unpaid carers, with carers' voices and experience at the heart of this work.

About this research

This work was undertaken by colleagues in the Centre for Care.

The data analysed in this report are from the UK Household Longitudinal Study (UKHLS), also known as Understanding Society, and are calculated using data from 2010-2020. The sample includes all people who participate in the survey in any of those years, who were aged 16 years old or over.

- University of Essex, Institute for Social and Economic Research. (2022). Understanding Society: Waves 1-11, 2010-2020: Waves 1-18, 1991-2009. [data collection]. 16th Edition. UK Data Service. SN: 6614, http://doi.org/10.5255/UKDA-SN-6614-17.

- University of Essex, Institute for Social and Economic Research. (2022). Understanding Society: Calendar Year Dataset, 2020. [data collection]. UK Data Service. SN: 8988, DOI: 10.5255/UKDA-SN-8988-1

In the data set (Understanding Society), people were identified as (unpaid) carers if they answered 'yes' to either of the following questions:

- 'Is there anyone living with you who is sick, disabled or elderly whom you look after or give special help to (for example, a sick, disabled or elderly relative, husband, wife or friend etc.)?'

- 'Do you provide some regular service or help for any sick, disabled or elderly person not living with you?'

The five occupational categories defined in the UKHLS are based on the eight analysis classes of the National Statistics Socio-economic classification (NS-SeC). NS-SeC (an adaptation of the Goldthorpe schema which was first known as the Nuffield Class Schema) is an Office for National Statistics standard classifier.

The NS-SeC includes: 1) Higher Managerial, Administrative and Professional; 2) Lower Managerial Administrative and professional; 3) Intermediate; 4) Smaller Employers and Own Account; 5) Lower Supervisory and Technical; 6) Semi-routine, 7) Routine, and 8) Never worked and long-term unemployed'.

Semi-routine and Routine occupations refer to positions with a basic or slightly modified labour contract, where the quality and quantity of work are easily supervised and replaced (such as cleaners and drivers). Lower supervisory and technical occupations are positions with a modified form of labour contract, where monitoring the quality of work could be difficult, and specific skills are needed – for instance: plumbers and telephone engineers. Own account workers are those who are self-employed and engage in any trade, service, or other occupation. They do not have any employees other than their own family. Small employers are those who have fewer than 25 employees. Intermediate occupations refer to 'higher grade white-collar workers', which involves working, management, and professionals in an ancillary role, such as office clerks. Management and Professional occupations are those with an attenuated form of service relationships. Employees in these groups are professionals or monitor and plan for employers (lawyers and CEOs).

People were categorised as 'employed' if they were 16 or over and did some paid work in the reference week (whether as an employee or self-employed); those who had a job that they were temporarily away from (for example, on holiday); those on government-supported training and employment programmes and those doing unpaid family work (that is, working in a family business). People categorised as 'unemployed' were without a job who were able to start work in the 2 weeks following their UKHLS survey interview and who had either looked for work in the 4 weeks prior to interview or were waiting to start a job they had already obtained.

Percentages for unpaid caring transitions across the four nations (Table 5) were calculated based on population estimates for each of the four nations.

Citation details:

Petrillo, M., Bennett, M.R., and Pryce, G. (2022). *Cycles of caring: transitions in and out of unpaid care*. London: Carers UK.

Contact details

Centre for Care

The Centre for Care is a research-focused collaboration between the Universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau, and the Social Care Institute for Excellence. Funded by the ESRC (Economic & Social Research Council) as one of its flagship research centres, it works with care sector partners and leading international teams to provide accessible and up-to-date evidence on care – the support needed by people of all ages who need assistance to manage everyday life.

Led at the University of Sheffield by Centre Director Professor Sue Yeandle and Deputy Director Professor Matt Bennett, our work aims to make a positive difference in how care is experienced and provided in the UK and internationally by producing new evidence and thinking for policymakers, care sector organisations and people who need or provide care.

In studying care, we focus on ways of improving wellbeing outcomes and on the networks, communities and systems that support and affect people's daily lives, working closely with external partners.

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Carers UK

Across the UK today 6.5 million people are carers – supporting a loved one who is older, disabled or seriously ill.

Caring will touch each and every one of us in our lifetime, whether we become a carer or need care ourselves. Whilst caring can be a rewarding experience, it can also impact on a person's health, finances and relationships.

Carers UK is here to listen, to give carers expert information and tailored advice. We champion the rights of carers and support them in finding new ways to manage at home, at work, or in their community. We're here to make life better for carers.

carersUK
making life better for carers

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Carers Rights Day

Carers UK runs Carers Rights Day every year where we are joined by hundreds of organisations raising awareness of caring, helping to identify carers and signpost them to information, advice and support.

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London: Carers UK.