carersUK

State of Caring 2025

The cost of caring – the impact of caring across carers' lives

October 2025

About this research

Carers UK carried out an online survey with unpaid carers between June and August 2025. A total of 10,539 carers responded.

The survey was promoted extensively amongst both carers and organisations supporting carers. It was shared on the Carers UK website, on Carers UK social media channels, and with Carers UK members, volunteers, previous survey respondents, campaigners, affiliates, Employers for Carers members, and other organisations.

This survey is not a representative survey.

This report summarises carers' responses. As not everyone completed every question in the survey, some figures are based on responses from less than 10,539 people.

Of respondents to the survey:

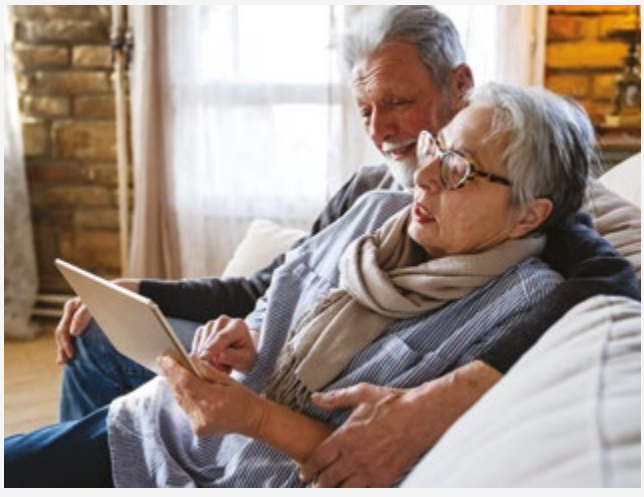
- 93% are currently providing care, and 7% are former carers.
- Of those currently providing care, 66% are in England, 20% are in Scotland, 10% are in Wales, and 4% in Northern Ireland
- Of those currently caring, 15% are caring for 19 hours or less, 24% are caring for 20-49 hours, and 61% are caring for 50 or more hours a week.
- 3% of respondents are aged 34 and under, 64% are aged 35-64, and 33% are aged 65 and over.
- 82% of respondents are female; 18% are male,
- 90% of respondents are White British.
- 90% of respondents are heterosexual/straight, 5% are Lesbian, Gay or Bisexual, or preferred to self-describe their sexual orientation, 5% did not want to say.
- 30% of respondents have a disability.

Thanks

Carers UK would like to thank everyone who took the time to fill out this survey, as well as the carers who helped us to test the survey.

Your responses will be used in all our policy and campaigning work over the next year.

We are very grateful to all the carers who shared their experiences with us.



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Introduction

Throughout the UK, 5.8 million people are providing unpaid care to family members and friends who are disabled, older or who have a chronic health condition and need support.[1]

The economic value of unpaid care is now £184 billion a year,[2] roughly equivalent to Government spending on the NHS. However, despite the enormous contribution that carers make to our society, caring often comes at a significant personal cost, especially when adequate support is not available.

This research focuses on the costs of caring: the financial costs, the human costs, the wider opportunity costs, and the long-term costs after caring ends.

Carers often face additional monthly financial costs, such as specialist food and clothing, transport costs and higher electricity bills. With the increase in the cost of living, and insufficient support from the social security system, many carers find it increasingly difficult to pay for these extra costs of care. As a result, many carers fall into debt, while others feel stressed and anxious about the future, particularly if they have had to give up paid employment to care or are worried about having to do so in the future. WPI Economics research commissioned by Carers UK in 2024 found that 1.2 million unpaid carers are in poverty, and 400,000 are in deep poverty (defined as being more than 50% below the poverty line).[3]

There is also a significant human cost involved in providing unpaid care. Caring can have a profound impact on carers' own health and wellbeing. Caring has been established as a social determinant of health,[4] and carers are more likely than those without caring responsibilities to have poor health.[5] When insufficient support is provided by health and social care services, caring can result in significant stress, loneliness and depression, and lead to exhaustion and overwhelm.

1 ONS (2023) *Unpaid care, England and Wales: Census 2021*
2 Petrillo, M., Zhang, J. and Bennett, M. (2024). *Valuing Carers 2021/22: the value of unpaid care in the UK*
3 WPI Economics (2024) *Poverty and financial hardship of unpaid carers in the UK* – Commissioned for Carers UK
4 Public Health England (2021) *Caring as a social determinant of health: review of evidence*
5 ONS (2024) *Unpaid care expectancy and health outcomes of unpaid carers*

Carers often have to make difficult decisions on how they spend their time and resources, particularly if the condition of the person they care for worsens and they need to provide more care. Census 2021 data shows that the number of hours of unpaid care being provided by family and friends has increased over the past 10 years,[6] and many people feel they have no choice but to care when social care services are unavailable, too costly, or of poor quality.

When carers provide an increased amount of care, they miss wider opportunities to take part in activities which can improve wellbeing, such as engaging in hobbies and interests, taking part in physical activity and spending time with family and friends. When carers reduce their working hours or give up paid employment to care, they can also miss opportunities to maximise income, pay into a pension, and save for the future.

Caring can also have a lasting impact on peoples' lives. Many former carers find their finances, health and ability to work in paid employment are still impacted, even after their caring responsibilities have ended. Health issues can worsen over time if carers are too busy to seek help or treatment when caring. In addition, the end of someone's caring role can bring a loss of identity or purpose, as well as grief for the person being cared for. Former carers can also find it difficult to return to paid employment if they've been caring full-time for many years and often struggle financially if they are no longer eligible for financial benefits.

The findings in this report build on a wealth of evidence that Carers UK and others have produced over many years.

The costs that carers face are significant, yet they are too often poorly understood or accounted for by policymakers and practitioners.

The care people give every day makes a profound difference – not just to the people they care for, but also to our communities, public services and wider society. Support provided by families helps people with disabilities who are older or chronically ill stay at home for longer (which is where they often want to be), connect with their community and improve their health and wellbeing. However, it can come with great personal cost to unpaid carers.

As a result, Carers UK is calling on all political parties to commit to a new social contract for carers, one fit for the 21st century which recognises the enormous contribution millions of people make each day by providing unpaid care for their families and friends. Our call builds on previous work undertaken by Carers UK and the University of Leeds.[7] Given the fact that few unpaid carers have a choice about caring, there is a moral and economic imperative to support unpaid carers in our society.

Such a contract is long overdue and much needed: it would give carers greater control over their lives, reduce the penalties they face as a result of their caring role, mitigate the unprecedented pressures on our health and social care systems, and, more broadly, help sustain our economy.

Carers have told us what kind of society they would like to see in the future.

> *"I want to see a future for carers where their contribution is acknowledged and appreciated by those close to them as well as the wider community and the government."*

> *"I want to see a future for carers where they have a lot more financial support to be comfortable financially when taking on a caring role."*

> *"I want to see a future for carers they are not burnt out due to caring for others."*

> *"I want to see a future for carers where we are something more than our caring role. Where we can flourish outside of our caring role so that we can ultimately care better."*

If we do not transform our approach to supporting carers, ever more people will reach breaking point, with huge implications for themselves and the people they care for, as well as the NHS, the adult social care system, and society as a whole.

By acting quicky and decisively, Government and society can not only improve the lives of millions of carers but also secure the sustainability of our health and care systems, and our economy for the future.

6 ONS (2023) *Unpaid care, England and Wales: Census 2021*

7 University of Leeds (2007) *Carers, Employment and Services: time for a new social contract?*

Executive summary

The financial costs of caring

- **A significant proportion of carers are struggling with the extra costs of care.** Nearly half (49%) of carers said they have cut back on essentials such as food, heating, clothing and transport costs, while a third of carers (32%) have taken out a loan from the bank, used credit cards, or used a bank account overdraft.
- **The increase in the cost-of-living is making it harder for carers to cover the costs of care.** Prices in the UK rose by 3.8% in the 12 months to July 2025 – the highest recorded figure since January 2024.[8] 84% of carers said their energy bills have increased over the last year, and 44% said they have been finding it more difficult to afford the costs of care due to the increase in the cost of living.
- **A significant proportion of carers are paying for caring costs themselves, often using their own income and savings.** 27% of carers had approached their local authority for support but half of those (51%) were only given signposting information and advice, rather than any support such as direct payments. 62% of carers are regularly spending their own money on caring costs, and nearly a third (30%) are spending over £100 a month of their own money on the costs of care.
- **Many carers pay for social care services themselves, often because the person they care for does not receive local authority funded support.** 38% of carers receiving support said the cost of services has increased over the last 12 months.
- **It is clear that carers need more support with the financial costs of caring.** Over half (54%) of carers said they need more financial support such as an increase in Carer's Allowance, rising to 83% for those carers struggling to make ends meet.
- **Many carers said that social security benefits such as Carer's Allowance are not sufficient in helping them pay for the costs of daily life, let alone the extra costs of caring.** 36% of carers in receipt of Carer's Allowance are struggling to make ends meet.

49%

of carers said they've cut back on essentials such as food, heating, clothing and transport costs

- **The majority of carers are worried about their finances, particularly if they have had to reduce their working hours or give up paid employment, or think they will need to do so in the future.** 51% of carers are worried about living costs and whether they can manage in the future, and 60% feel anxious or stressed when they think about their financial situation.

8 ONS (2025) *Consumer Price Inflation: July 2025*

The human costs of caring

- **Caring can have a significant impact on carers' physical health.** 42% of carers said their physical health has suffered as a result of caring, and 30% said their physical health was bad or very bad. A fifth (20%) of carers have experienced an injury because of caring.
- **Caring can have a profound impact on carers' mental health and wellbeing.** Three quarters (74%) of carers said they had felt stressed or anxious, and 40% feel depressed. 35% of carers said their mental health was bad or very bad.
- **Caring can lead to tiredness and in some cases extreme fatigue and exhaustion, often because carers struggle to get a good night's sleep.** 65% of carers said they find it hard to get a good night's sleep because of their caring role.
- **Caring can have a negative impact on relationships.** 43% of carers feel lonely, 59% said their caring role has meant they have lost touch with family and friends, and 57% said that their caring role has led to disagreements with family or friends.
- **Many carers feel unsupported, and this is impacting on wellbeing.** Over half (53%) of carers said they feel angry and frustrated about their situation, often due to a lack of support from health and social care services. Many carers said that long-waiting times, poor quality services, a high level of admin, and a lack of joined-up support was making them feel more stressed or fustrated.
- **Carers need more support with their own health and wellbeing.** 68% said they need more support to look after their own health and wellbeing – the biggest area where carers said they need more support, and the highest level of need since we first asked this question in 2020. In particular, carers want and need more consideration of their own health and wellbeing within the NHS, and more practical support from social care services so that caring does not become overwhelming.

52%

of carers said the number of hours per week that they spend caring has increased over the last 12 months

42%

of carers said their physical health has suffered as a result of caring

Wider opportunity costs of caring

- **Carers are spending an increasing amount of time on care each week.** Over half (52%) of carers said the number of hours per week that they spend caring has increased over the last 12 months. With shortages in social care services, many carers feel they have no choice but to provide more care themselves.
- **As the amount of hours spent on unpaid care increases, carers have less time and resources to spend on their personal interests and relationships.** Three quarters of carers (76%) said that they find it hard to find time to spend with family and friends, and 68% said they are less able to take part in activities that improve their mood, like hobbies and interests, volunteering, or activities in their community. Many carers said they had lost their self-confidence or sense of identity as a result.
- **The intensity and demands of caring also makes it harder for carers to proactively take steps to improve their own physical and mental health.** Over half (54%) of carers said they are unable to exercise or be as physically active as they would like, and 43% said they find it hard to maintain a balanced diet.

- **Many carers are unable to focus on their career: some feel unable to apply for promotion, while others choose jobs that suit their caring role rather than their skills and experience.** 69% of carers who are employees said they haven't focused on their career as much as they'd like, and 61% said caring has affected the type of employment they've taken on. A fifth (21%) said they had taken on a lower paid or more junior role that fitted better with their caring responsibilities.
- **Caring can also make it harder for people to feel productive in their workplace, focus on professional learning and development, or build relationships with colleagues.** 64% of carers who are employees said they have found it difficult to concentrate at work and be as productive as they would like, 40% have found it hard to build relationships with colleagues, and 23% said they haven't been able to attend training or professional development courses at work.
- **Carers often find that as their caring responsibilities increase, they find it more difficult to combine caring with paid employment, and many have given up work or reduced their working hours.** 35% of carers who are employees have reduced their working hours, and a fifth (20%) of carers who are employees have moved from working full-time to working part-time.
- **Giving up work to care or reducing working hours can make it harder for carers to save for the future or pay into a pension.** Three-quarters (74%) of carers said they are worried about the impact that their caring role will have on their finances in the future, and a quarter of carers (24%) said they had cut back on, paused, or stopped paying into a pension because of the financial costs of care.

The long-term costs: the impact after caring ends

- **Caring can have a financial impact beyond the end of a caring role.** A fifth (22%) of former carers said their financial situation had worsened since they stopped caring, and many former carers feel anxious about returning to work.
- **Caring can continue to have an impact on health, even after caring comes to an end.** A fifth of former carers (21%) said their health had deteriorated since they stopped caring, often due to bereavement, losing the sense of purpose that they had gained from their caring role, or dealing with health issues caused by caring that have worsened.

74% of carers said they are worried about the impact that their caring role will have on their finances in the future

21% of former carers said their health had deteriorated since they stopped caring

The financial costs of caring

The extra costs of caring

Carers often have additional direct costs as a result of their caring responsibilities, from needing to heat their home for longer periods or run specialist equipment, to travelling to and from hospital appointments or to care for someone they do not live with, and buying specialist food, equipment or clothing. In Carers UK's State of Caring 2025 survey, carers described the extra costs of care that they have to pay for each month.

> *"Heating costs are the main issue because we have to have the heating on to avoid my husband getting a chest infection – this could be fatal for a person with MND (Motor Neurone Disease). We also have an equipment on constant charge."*

> *"I have to keep the house warm and provide nourishing food. The electric bill has gone up with the extra washing, drying, cooking, and the electric air mattress on her bed. I worry about meeting my bills."*

> *"There are additional costs associated with having a neurodivergent child. This includes buying different or additional clothes that cost more than standard items, different food etc."*

> *"The cost of things like a parent going into hospital is significant. My time is stretched at the best of times but with a hospital admittance it is even worse, I get limited time to make lunch or drinks to take to hospital and end up buying food out, I'm late home, so end up buying dinner. I park for convenience in the hospital car park but then pay a fortune."*

The increase in the cost of living

The increase in the cost of living has made it harder for carers to manage the extra costs of care. Prices in the UK rose by 3.8% in the 12 months to July 2025 – the highest recorded figure since January 2024.[9] Between 2015 and July 2025 consumer prices increased by 38.5%.[10] A 2025 survey by the Office for National Statistics (ONS) asked people what the most important issues are facing Great Britain today, and the cost of living was the highest ranked issue, with 59% of people reporting that their cost of living has increased in the last month.[11] The increase in the cost of living has a particularly negative impact on unpaid carers, who already face additional costs such as higher electricity bills.

The Carers UK State of Caring 2025 survey found that many carers are finding that the costs of care are even higher due to the increase in the cost of living. 84% of carers said their energy bills have increased over the last year.

> *"The cost of living has risen so much we are having less choices of what we can afford."*

As a result of the increase in the cost of living, carers are finding it increasingly difficult to manage the extra costs of care. 44% of carers said they have been finding it more difficult to afford the costs of care due to the increase in the cost of living.

> *"I have to own and maintain a car in order to fulfil my caring roles. Cost of living rises put pressure on my finances so I have to do without in order to keep my car."*

> *"With the cost of living increasing, but salaries not following suit, I struggle to pay my own bills, never mind to have to put towards care costs, needs and supporting my elderly parents with their bills."*

> *"Everything is going up, my husband was made redundant, our mortgage went up by £400, price of everything has gone up in shops/petrol/gas/electric/water…have to watch everything we spend."*

Carers living with the person they care for were even more likely to find it harder to afford the costs of care due to the increase in the cost of living, compared to those who do not live in the same home (47% vs 35%).

44%

of carers said they have found it more difficult to afford the costs of care due to the increase in the cost of living

Table 1: Carers' views on the increase in the cost of living (source: State of Caring 2025)

Statement	% of carers who agree	% of carers who neither agree nor disagree	% of carers who disagree
My energy bills have increased over the last year	84%	11%	5%
I've been finding it more difficult to afford the costs of care due to the increase in the cost-of-living	44%	39%	17%

9 ONS (2025) *Consumer Price Inflation: July 2025*
10 Carers UK analysis of ONS Consumer Prices Index
11 ONS (2025) *Public opinions and social trends, Great Britain: June 2025*

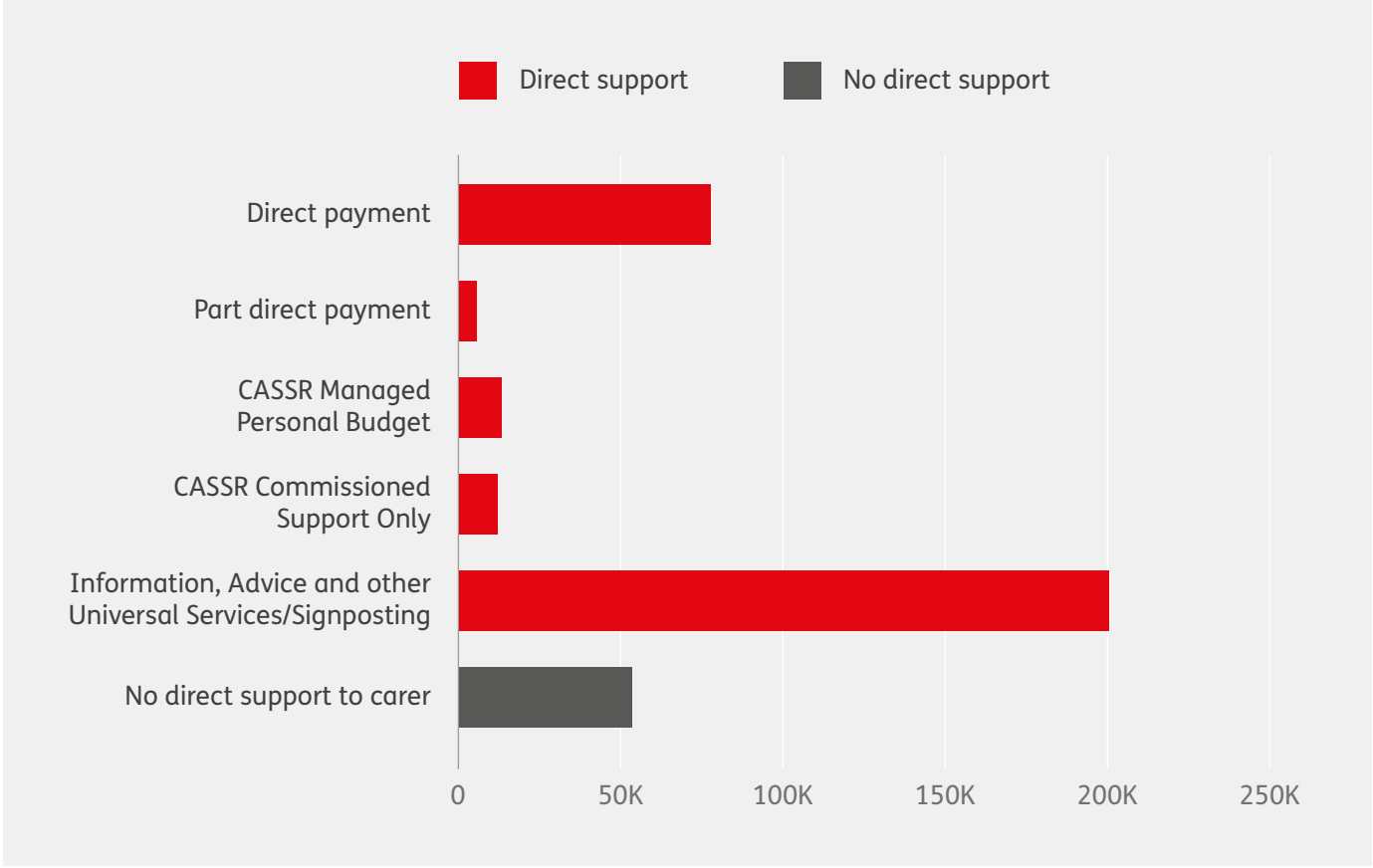
Carers paying for the costs of care themselves

Insufficient support from local authorities

Carers are entitled to a Carer's Assessment from their local authority that considers the extent to which caring is impacting their health and wellbeing. If carers are found to have 'eligible needs' then the local authority must draw up a support plan detailing how those needs are met. This might include offering carers a direct payment to pay for things that might assist with caring, such as transport costs, technology to assist with caring, or a break away.

Due to a lack of funding and increased demand for support, local authorities are often not offering any support for some carers and providing limited support for others. Local authority gross expenditure on support to carers was £183 million in 2023-24, a drop of 6.1% from £195 million in 2022-23, and 70% of carers who approached their local authority for support were only given information, advice and other universal services/signposting, or did not get any direct support at all.[12]

Figure 1: Support provided to carers in the year 2023-24, SALT collection, NHS England



The State of Caring 2025 survey found that the majority of carers (73%) have not had a Carer's Assessment in the last 12 months. In addition, those who have had an Assessment have often not received any support.

51% of carers who had a Carer's Assessment said they were only given information or advice rather than support, and 12% were still waiting to hear the outcome of the assessment.

12 NHS England (2024) *Adult Social Care Activity and Finance Report, England, 2023-24*

Table 2: Support provided to carers following a Carer's Assessment (source: State of Caring 2025)

Type of support	% of carers who responded
A support plan was created for me	37%
I was given information and advice rather than any care or support	51%
I am still waiting to hear the outcome of this	12%

Several carers also said they were contributing to the cost of social care support for the person they care for. Anyone with care and support needs is entitled to a needs assessment from their local authority (or their Health and Social Care Trust in Northern Ireland), and those who have eligible needs are entitled to support, such as help from a care worker or access to day centres. However, the local authority or Trust will carry out a financial assessment to ascertain whether the person with care or support needs should contribute to the cost of this support. Those with savings above £23,250 do not receive any state support towards their care costs, and this threshold has not changed since 2010/11.[13] As a result, many people have to pay for their own care, impacting on household income and savings, and unpaid carers often contribute to these costs. In other situations, people needing care do not wish to pay for services, which leaves unpaid carers having to cover these costs.

In the State of Caring 2025 survey, several carers said that because the person they care for had undertaken a financial assessment which found they exceeded the financial threshold for care, they were therefore ineligible for local authority funded care. Many carers said they were paying for the cost of social care services from their own savings, negatively impacting their finances. Some had even had to sell their own home.

> *"Like many others in my age group, I am appalled at the UK attitude to 'self funders'. I sold my family house to help pay for my husband's care (dementia and cancer) and I look like having to do the same to pay for my son's care. I expect to contribute to his care but not to be bankrupted!"*

> *"...the council are not helpful if the person has a certain amount in their bank account... We have had to arrange all the care and it's stressful. We then have to pay it and sort out finances."*

> *"The cost of a [paid] carer at home, day centre costs and then eventual care home costs for my grandmother were astronomical. As a family we were expected by the local authority to top up despite my grandmother having little money – this put a HUGE amount of financial and mental stress on us as a family unfairly."*

> *"Mum was in a care home from June 23 until May 25 she was assessed as no longer being eligible for financial help associated with nursing care. We have been left with a huge bill for care home fees and are being forced to sell our house to get her back into care."*

13 Health and Social Care Committee (2025) *Adult Social Care reform: the cost of inaction*

Increase in the cost of social care services

The cost of social care services has been increasing due to rising demand for services and the increasing costs of providing those services.[14] The Association of Directors of Adult Social Services (ADASS) 2025 Spring Survey report highlighted how the cost of funding adult social care has risen year on year, due to increased complexity of need, inflation and workforce costs, and more recently due to increased employer National Insurance Contributions.[15]

In the State of Caring 2025 survey, a significant proportion of carers said the cost of social care services (eg residential care, day/drop-in centres, sitting services, paid care workers) has increased. 38% of carers receiving social care support said the cost of services has increased over the last 12 months.

> *"The cost for day care provision for the person I care for has increased by approximately 40%."*

> *"The impact of the increase in NI and national minimum wage has been devastating. My son is regarded as a self-funder, and the nursing home costs have risen by nearly 20% – part of this is due to the mark-up which self-funders are always asked to pay in order to bridge the gap between what local authorities will pay and the real everyday costs of care. I also pay for some external staff or volunteers (expenses) to come in and give my son some time. I am also hit by the NI rises."*

> *"The rates have gone up exceptionally and with that they expect your contribution to also go up, forgetting that you are on benefits and cost of living is up."*

> *"Hourly costs have gone up. We have fantastic carers [paid workers], but the cost is very high and I therefore have to limit any help I get."*

Some carers also said that they were being asked to pay for a minimum number of hours in order to be able to receive care.

> *"Local care agencies have ramped up their hourly rates, especially for dementia care. There are very few day-care facilities; some didn't re-open after lockdown, so there's always a waiting list. Also, domiciliary agencies are stating that they will only support if we achieve their minimum number of hours. Residential respite care is now stated as being a minimum of 2-3 weeks, which is so expensive."*

> *"The cost of our paid care workers has increased significantly due to an increased hourly rate following the National Insurance changes as well as requiring an increase in the level of care provided i.e. five days per week required rather than two days as previously."*

14 King's Fund (2025) *Key facts and figures about adult social care*

15 ADASS (2025) *Spring survey*

The amount of money carers are spending on care costs

62% of carers said they are regularly spending their own money on caring costs. Nearly a third (30%) are spending over £100 a month of their own money on the costs of care. 15% are spending more than £250 a month.

> *"I can't work because of my daughter's care needs, so am reliant of benefits. She can't leave the house, so I need to pay for care to do anything outside the home. I had a Carer's Assessment but don't meet threshold so get no support with these costs. I am going into debt just to meet my children's basic needs..."*

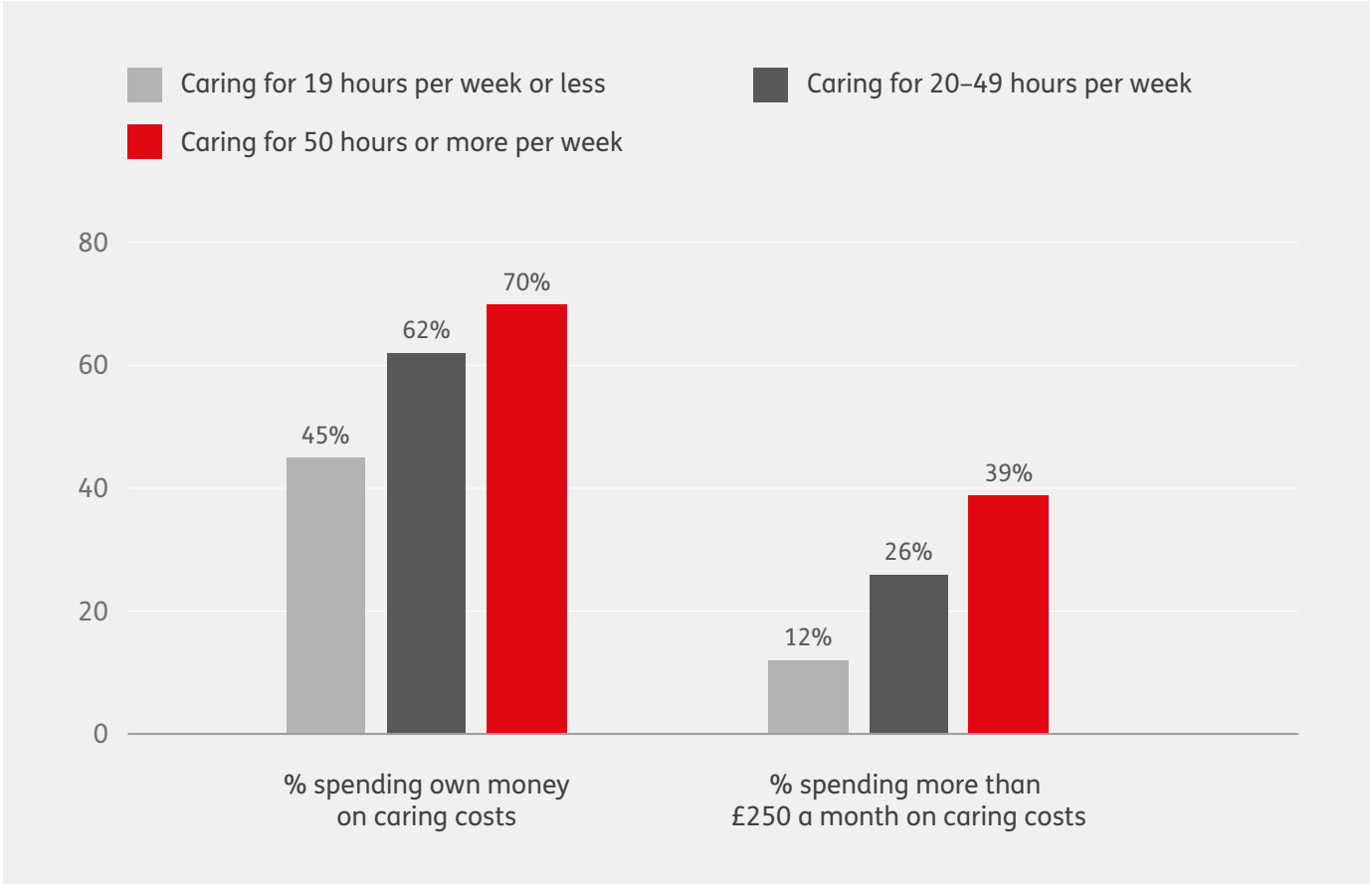
Table 3: Amount of their own money that carers are spending on caring costs per month (source: State of Caring 2025)

Amount of money	% of carers who responded
I do not regularly spend my own money on care/support services, equipment or products	36%
Less than £50	14%
£50 – £100	18%
£100 – £250	15%
£250 – £500	9%
£500 – £750	3%
£750 – £1000	1%
Over £1000	2%

People caring for a higher number of hours are more likely to spend their own money on caring costs: 39% of those caring for 50 or more hours per week are spending £100 or more of their own money on care each month, compared with 12% of those caring 19 hours or less.

62% of carers said they are regularly spending their own money on caring costs

Figure 2: The amount carers are spending on caring costs, by hours of care



The need for more financial support with the costs of caring

Previous Carers UK research has shown that carers are often taking drastic measures to manage their finances, from skipping meals to using food banks.[16] Similarly, a qualitative academic study found that the cost of living crisis has led to carers having to make difficult decisions, such as not heating their home or going without food.[17] Carers UK analysis of the Family Resources Survey 2023/24 found that 31% of households in receipt of Carer's Allowance reported living in food insecurity – three times the rate of the general population (10%).[18] LSE analysis in 2025 of the UK Household Longitudinal Study found that a larger proportion of carers are falling behind on basic utility bills, compared to non-carers, and this gap has significantly increased over time.[19]

As a result of these difficulties, carers can end up in poverty, particularly if they have had to give up paid employment to care and are relying on social security benefits. WPI Economics research commissioned by Carers UK found that 1.2 million unpaid carers are in poverty, and 400,000 are in deep poverty.[20] Those who care for several hours per week, and those who receive social security benefits are even more likely to be in poverty. Research by the Joseph Rowntree Foundation found that 28% of carers are living in poverty compared with 20% of those with no caring responsibilities,[21] and that unpaid carers transition into poverty at a higher rate than adults overall and exit poverty at a lower rate once there.[22]

The State of Caring 2025 survey found that many carers are struggling financially. Nearly half (49%) of carers said they have cut back on essentials such as food, heating, clothing and transport costs because of caring.

> *"I miss meals to feed my children. Carer's Allowance stopped my claim and have endless errors. Universal Credit (UC) arent much better and claiming back overpayments. My credit file is ruined, savings gone, we have weeks at a time managing on less than £50 between three of us. I have lost two stone this year."*

> *"Food is twice the price so not eating as many healthy items – it is cheaper [to buy] low quality food."*

> *"Despite my mum receiving PIP (Personal Independence Payment) at a higher rate, this doesn't ease our day-to-day budget at all. I'm constantly forced to make impossible choices between essentials like heating, food etc..."*

A third of carers (32%) have taken out a loan from the bank, used credit cards, or used a bank account overdraft because of caring.

> *"I have huge debts and live hand to mouth. I have little to no savings.'"*

> *"Even skipping meals and not buying any new clothes is not enough to keep me out of debt."*

> *"I feel [my local] council put us as a family in poverty as my son has to pay over £300 a month out of his benefits for his social care which means I have to constantly top his money up so he can have a meaningful and active life. Which means I'm constantly putting things on a credit card and get into debt."*

16 Carers UK (2024) *State of Caring: the impact of caring on finances*
17 Herron, D., Kyte, L. and Clewes, L. (2024) *The experiences of unpaid carers of people living with dementia during the cost-of-living crisis*
18 Carers UK analysis of Family Resources Survey
19 Cartagena-Farias, J. and Brimblecombe, N. (2025) *Understanding the characteristics of unpaid carers living in financial hardship: risks and vulnerabilities*
20 WPI Economics (2024) *Poverty and financial hardship of unpaid carers in the UK* – Commissioned for Carers UK
21 Joseph Rowntree Foundation (2025) *UK Poverty 2025: the essential guide to understanding poverty in the UK*
22 Joseph Rowntree Foundation (2024) *What pushes unpaid carers into poverty*

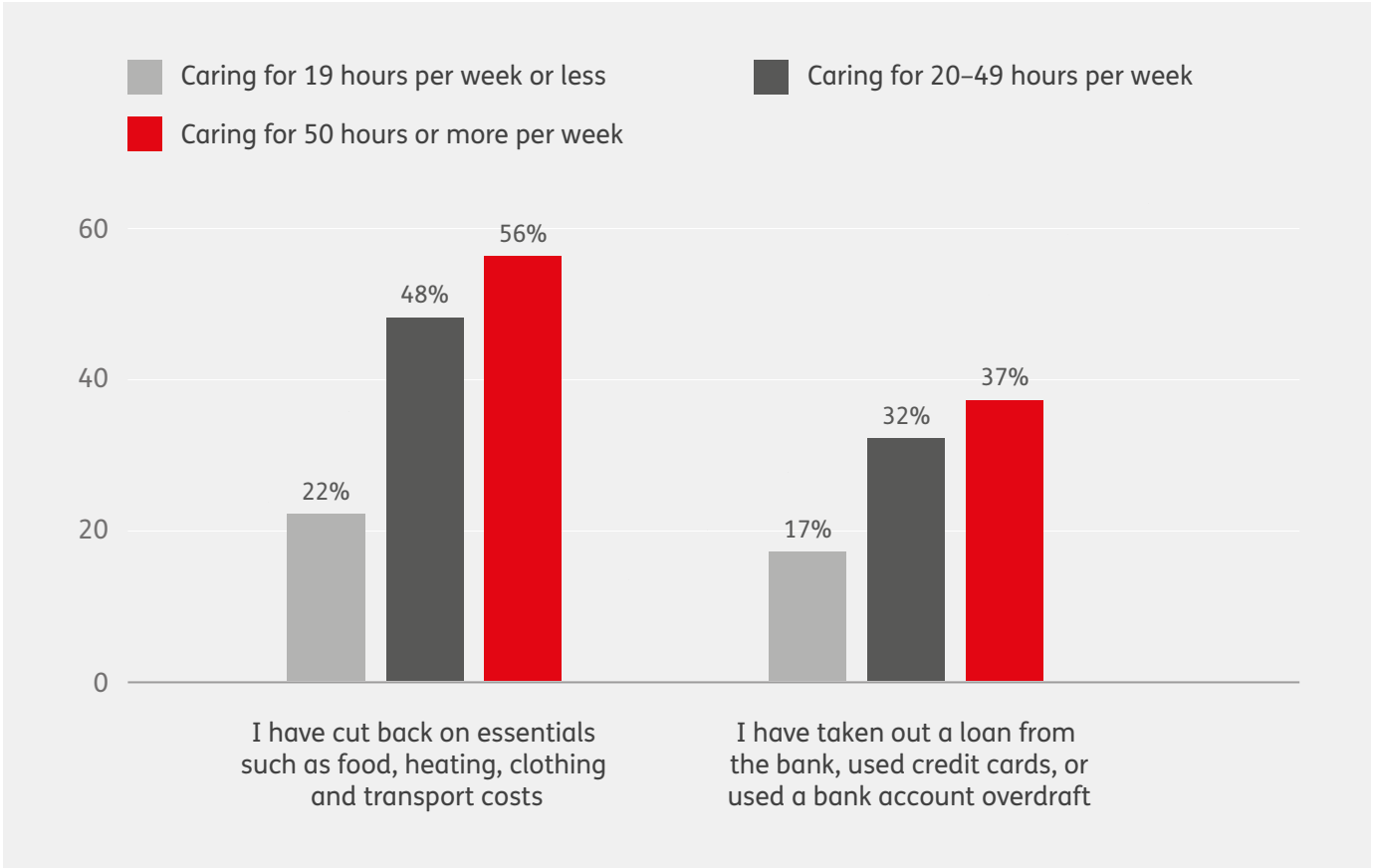
Table 4: What carers have done due to financial struggles (source: State of Caring 2025)

Statement about finances	% of carers who said they have done this	% of carers who said other members of their household have done this	% of carers who said neither they nor others in their household have done this
I have cut back on essentials such as food, heating, clothing and transport costs	49%	9%	48%
I have taken out a loan from the bank, used credit cards, or used a bank account overdraft	32%	7%	65%

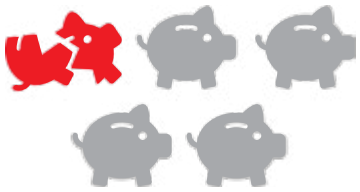
The table above shows that the financial pressures of caring can also impact other household members. 9% of carers said other members of their household had cut back on essentials, and 7% said other members of their household had taken out a loan, used credit cards or an overdraft.

Those caring for more hours were more likely to say they had cut back on essentials or taken out a loan, used credit cards or bank overdraft. 56% of carers caring for 50 or more hours per week had cut back on essentials such as food, heating, clothing and transport costs, compared with 22% of carers caring for 19 hours or less per week.

Figure 3: What carers have done as a result of financial struggles, by hours of care per week (source: State of Caring 2025)



When asked to describe their financial situation, a fifth (21%) of carers said they are struggling to make ends meet and 9% are in debt as a result of caring. Younger carers were more likely to be struggling than older carers: a third (33%) of carers aged 35 and under are struggling to make ends meet, compared with just 9% of carers aged 65 and over.



21%

of carers said they are struggling to make ends meet

Table 5: Carers' financial situations (source: State of Caring 2025)

Statement about finances	% of carers who responded
I am worried about living costs and whether I can manage in the future	51%
I am not struggling financially	38%
I am struggling to make ends meet	21%
I am in debt as a result of caring	9%
I am struggling to afford the cost of care	7%

While 38% of carers say they are not struggling financially at the moment, over half of carers (51%) are worried about living costs and whether they can manage in future. Female carers were more likely to say they were worried about living costs and whether they can manage in the future than male carers (53% compared with 46%).

Many carers said that financial challenges are having a negative impact on their health and wellbeing. 60% of carers feel anxious or stressed when they think about their financial situation. Female carers are more likely to feel anxious or stressed when they think about their finances than male carers (61% vs 53%).

> *"I am frightened to death about care costs and the possibility of them falling on me."*

> *"I cannot care full time as well as go to work. I receive very little in the way of benefits and constantly worry about money."*

> *"We are 'comfortable' at the moment but I am terrified of the future and the tremendous costs involved in providing even basic residential care."*

> *"My husband's situation is deteriorating. When he can no longer walk in the house, I am worried about the cost of amendments that would need to be made."*

Table 6: Proportion of carers feeling anxious or stressed about their finances (source: State of Caring 2025)

Statement	% of carers who agree	% of carers who neither agree nor disagree	% of carers who disagree
I feel anxious or stressed when I think about my financial situation	60%	25%	14%

Insufficient support from the social security system

A significant proportion of carers need more help with the costs of care. Concerningly, there is insufficient support from the social security system to help carers pay for the additional costs of ill-health or disability. Carer's Allowance – the main benefit for carers – is the lowest benefit of its kind (£83.30 per week, 2025/26 rates), and many carers are unable to receive it due to strict eligibility criteria. In addition, many carers aren't claiming the benefits they are entitled to because they don't realise what they are eligible for, find it difficult to navigate complex systems, or are worried about misunderstanding eligibility rules and ending up with overpayments.

In the State of Caring 2025 survey, when carers were asked what their main needs are at the moment, over half (54%) said they need more financial support (eg a rise in Carer's Allowance or other benefits). This increased to 83% for carers struggling to make ends meet, and 84% for carers in receipt of Carer's Allowance.

> *"I don't understand why carers don't get a heating allowance. Last winter was terrible. I couldn't afford to heat the house."*

> *"Why is our Carer's Allowance automatically stopped when we receive our basic pension? The government call it an overlapping benefit."*

The State of Caring 2025 survey found that carers in receipt of social security benefits are more likely to be struggling with the financial cost of care. For example, 36% of carers in receipt of Carer's Allowance are struggling to make ends meet, and 64% are worried about living costs and whether they can manage in the future.

Carers in receipt of Universal Credit are also finding it hard to manage financially: nearly half (48%) are struggling to make ends meet. Many carers also have their own disability or health condition: 28% of carers are disabled, compared with 18% of non-carers,[23] and around 150,000 carers receive both Carer's Allowance and Personal Independence Payment (PIP) for their own disability.[24] 37% of carers receiving PIP are struggling to make ends meet.

Many carers said that social security benefits such as Carer's Allowance are not sufficient in helping them pay for the extra costs of care.

> *"The cost of care is having a real impact on us financially. Carer's Allowance is so low it barely covers my own necessary expenses (vehicle/ personal) meaning the person I care for (my mother who I live with) has to supplement or pay for both of us to survive [food and household bills]. Once the charges for care are paid we are left with nothing. It's a permanent struggle and causes huge anxiety."*

> *"[Financial hardship] adds more and unnecessary stress to my life and wellbeing. My small universal credit carers element is spent mainly on essential household expenses...Everything in the flat has been purchased second hand. I am fed up of always purchasing used items."*

> *"Carer's Allowance of a paltry £330 A MONTH is just not enough to live on, my husbands pension is taken into consideration, and my very small savings, therefore I'm unable to claim UC [Universal Credit] to top up my income – I'm saving the govt at least £1200 per week in NHS care home fees. It is an insult."*

> *"With Carer's Allowance being so low, I'm effectively doing my caring duties for as little as £1/hr. Sometimes I have to choose between my bills and eating."*

23 ONS (2023) *Unpaid care and protected characteristics, England and Wales: Census 2021*

24 UK Parliament (2024) *Personal Independence Payment: Carers. Question for Department for Work and Pensions*

Research by Trussell and Joseph Rowntree Foundation in 2025 found that around 5 out of 6 low-income households on Universal Credit are currently going without essentials, and that inadequate social security is the main driver of food bank need.[25] As a result, Trussell and Joseph Rowntree Foundation are calling for an Essentials Guarantee in which Universal Credit should protect people from going without essentials.

Some carers also said that while social security benefits could just about cover the cost of essentials, there was nothing remaining to pay for unexpected expenses such as household repairs. As a result, some carers are living with broken furniture, mould, or faulty vehicles, while others are worried about how they would deal with problems like these in the future.

> *"Carer's Allowance and Universal Credit gives you enough money to just get by [but] it does not cover any extras. If something breaks and needs fixing you go without something else to cover the cost."*

> *"I have to budget very carefully and have to keep telling my cared-for that we "can't afford that". This makes me feel guilty/bad because there are things he really needs which we can't afford. I worry in case the cat gets ill, or the car needs repairs, or I break my glasses, or if the cooker breaks, and how to afford to keep warm next winter. We both need dental treatment – but cannot afford this."*

> *"My car had major problems with it, I was unable to pay fully for the mechanic to fix it, so I had to ask for a loan of money from my mum. I was out of a car for near two months."*

Several carers are also worried that the Government will reduce the rates of financial benefits, or change eligibility criteria to make them more difficult to access. Some carers mentioned the Government's recent proposals to reform Personal Independence Payment (PIP) eligibility. This would have had a sigificant impact on carers, given that PIP is a qualifying benefit for Carer's Allowance. Following pressure from unpaid carers and disabled people, the provisions relating to PIP were not included in the final Universal Credit Bill. Government is currently undertaking a review of PIP (the Timms Review), and despite commitments to consult with carers' organisations and carers, many people are anxious that eligibility for benefits will be changed in the future.

> *"Current government change in policies that effect disabled people, without informed consultation on the matter, very much concerns me, especially when all living costs are increasing."*

> *"Live hand to mouth and live in fear of PIP being removed. We would have to move away from the home that has had £30,000 worth of adaptations."*

> *"Financially it is extremely hard – I have to buy certain clothes to help with disabilities and certain foods everyday...I feel powerless because there is nothing I can do to improve my financial situation due to the high care I need to provide. It is also a great worry watching the news when the government makes plans to cut or affect benefits like PIP and Carer's Allowance."*

> *"I am concerned about potential cuts to PIP and the erosion of rights for disabled people. The narrative that PIP is easy to get and people who receive it are then all tarred with the same brush and are sponging off the state. It undermines them and carers as it lowers their status in society."*

Some carers also pointed out that social security benefits and pensions are not rising in line with the cost of living.

> *"Everything is going up and Carer's Allowance is not rising to keep up with inflation, have to provide kylies [incontience sheets], wet wipes, cotton, requires high protein shakes etc"*

> *"All costs are constantly increasing yet Universal Credit and Carer's Allowance isn't. I am occasionally having to go to my brother or aunty for help with food costs. It makes me feel useless."*

25 Trussell and Joseph Rowntree Foundation (2025) *Guarantee our essentials: reforming Universal Credit to ensure we can all afford the essentials in hard times*

Gary's story

Gary has been an unpaid carer for his wife, Natasha, since 2017. Just three months after they got married, Nataha was diagnosed with a spinal cord tumour following an MRI scan. After surgery to remove the tumour, Natasha's nerves were compromised, resulting in limited mobility.

Prior to Natasha's diagnosis, both Gary and Natasha had good careers and a comfortable joint income. Their lives changed suddenly, and Gary gave up his job to provide full-time care for Natasha. With no savings or insurance to fall back on, and with the loss of two incomes, they quickly fell into arrears and debt.

Having never accessed benefits before, they struggled to navigate the complex welfare system and felt abandoned by the system that was meant to support them.

Natasha tried to return to part-time work, but a lack of understanding or support from her employer hindered this. With help from charitable funding, she accessed private neurotherapy, regaining minimal mobility. This progress allowed Gary to return to part-time employment as a taxi driver. However, as Natasha's condition worsened her care needs increased, forcing Gary to give up work once again.

The financial impact of being unable to work has been compounded by the hidden costs of caring. Natasha's mobility scooter requires high levels of electricity, contributing to energy bills they can no longer afford. The couple are now facing £2,000 in electricity arrears. When Gary explained to the energy provider how much he could afford to pay back monthly, he was told it was insufficient.

Both in the hope of improving their financial situation and for his own wellbeing, Gary explored other employment. He applied for night shifts at a supermarket, hoping the schedule would work around his caring responsibilities. However, he found that taking on these shifts would push him over the earnings threshold for Carer's Allowance, leaving them worse off. Despite his willingness and need to work, the design of the benefits system is trapping Gary in a cycle where working is penalised.

As the cost of living continues to rise and Natasha's health declines, Gary worries about the future. "With increasing energy costs, this will only get worse," he says.

"The worry is a burden to us carers – we do our utmost and feel a forgotten, ignored group."

The human costs of caring

The impact of caring on carers' own health and wellbeing

Caring can have a profound impact on carers' own health and wellbeing. Caring is a social determinant of health[26] and carers are more likely than those without caring responsibilities to experience poor health.[27] ONS analysis found that around 1 in 4 unpaid carers reported being in 'not good health' after adjusting for age, compared with fewer than 1 in 5 non-carers, and nearly half (49%) of unpaid carers reported at least one adverse health effect from providing unpaid care.[28] An academic study analysing GP Patient Survey data found that for those caring for 50 or more hours a week, the health impact of being a carer is equivalent to losing 18 days of full health each year.[29]

In the State of Caring 2025 survey, carers described the ways in which caring had taken a toll on their own health and wellbeing.

> *"I have depressive episodes and burn out at least twice a year, I have anxiety which makes it difficult to see friends and often feel lonely. Stress related fatigue and GI [Gastrointestinal] issues. When things are busy, I have to prioritise my dad's care and appointments over my own which makes me sicker. I can't remember the last time I didn't feel tired. I'm either at work or I'm at home caring. I can never relax as there's always a to do list."*

26 Public Health England (2021) *Caring as a social determinant of health: review of evidence*

27 ONS (2024) *Unpaid care expectancy and health outcomes of unpaid carers, England: April 2024*

28 ibid

29 Thomas, G. et al. (2015) *Informal carers' health-related quality of life and patient experience in primary care: evidence from 195,364 carers in England responding to a national survey*

"Before caring for my mother, I considered myself to be in a reasonably healthy condition with no injuries and able to find time to prepare healthy meals and exercise. Due to her physical needs, I now have tennis elbow in both arms and I also injured my back. I have injured a foot and my other leg and have found it difficult to get support such as physio to help me. I have sleep deprivation which means I am exhausted so catching up on sleep when I can – such as when my mother naps – has become my priority. I do not eat as healthily as I used to so I have gained weight. I have limited time for myself and so exercising and looking after myself as I would like to have become impossible.

"You go through every emotion there is to go through. You are constantly tired. You cannot enjoy anything due to being so tired all the time. Isolation and loneliness, you lose interest in everything. You sometimes feel like you don't want to get up in the mornings...You lose yourself, your identity. You worry constantly over what is going to happen, when it's going to happen. You cannot relax or switch off. If you have your own mental health issues, it's even harder to deal with. Nobody really understands. You cannot remember when you last enjoyed anything. You just feel drained and detached from everything."

When asked to describe their health, 30% of carers said their physical health is 'bad' or 'very bad' at the moment – an increase from 2024 (27%). Over a third (35%) of carers said their mental health is 'bad' or 'very bad' at the moment – the exact same proportion in 2024.

Table 7: Carers' self-reported mental and physical health (source: State of Caring 2025)

Statement	Bad or very bad	Fair	Good
Mental health	35%	46%	19%
Physical health	30%	48%	23%

30%

of carers said their physical health is 'bad' or 'very bad' at the moment

Carers who care for more hours are more likely to have worse mental and physical health. 37% of people caring for 35 or more hours per week had bad or very bad mental health, compared to 27% of those caring for less than 35 hours per week, and 33% of carers caring for 35 or more hours per week had bad or very bad physical health, compared to 21% of those caring for less than 35 hours per week.

Younger carers struggle more with their mental and physical health. 54% of carers under the age of 35 said they had bad or very bad mental health, compared to 24% of carers aged 65 and over. 35% of carers under the age of 35 said they had bad or very bad physical health, compared to 23% of carers aged 65 and over.

Because of the stress caused by financial difficulty, and the lack of opportunities to spend money on things which improve wellbeing, it is the carers who are struggling financially who have worse mental and physical health. 56% of carers who are struggling to make ends meet had bad or very bad mental health, compared to 21% of carers who are not struggling financially, demonstrating the wider impacts financial hardship has.

The ways in which caring can impact on health and wellbeing

Carers were asked what, if any, impact caring has had on their health and wellbeing. The most commonly reported impact was feeling stressed or anxious: three quarters (74%) of carers said they had felt stressed or anxious.

> *"I've developed very bad anxiety including palpitations and panic attacks. I often wake up in the night feeling anxious about the future. I'm often tearful at work. I worry every time the phone rings."*

> *"Caring means I live permanently with anxiety. Anything and everything make me jump out of my skin. I wake up in panics about having forgotten to do things. I can't remember what it was like not to feel this way."*

> *"I am constantly worrying about my daughter's health as she can have epileptic fits without warning, I am stressed about money...I worry about the difficulties I constantly have with the NHS continuing care administrator and I worry about what might happen to my daughter if I am no longer around or able to care for her. I am envious of others who do not have these problems."*

> *"As my son's health has declined, I have found the stress and anxiety about what the future holds for him almost unbearable...I often feel overwhelmed with the responsibility of providing care for someone with such complex health needs, whilst providing a full and active life with very little support."*

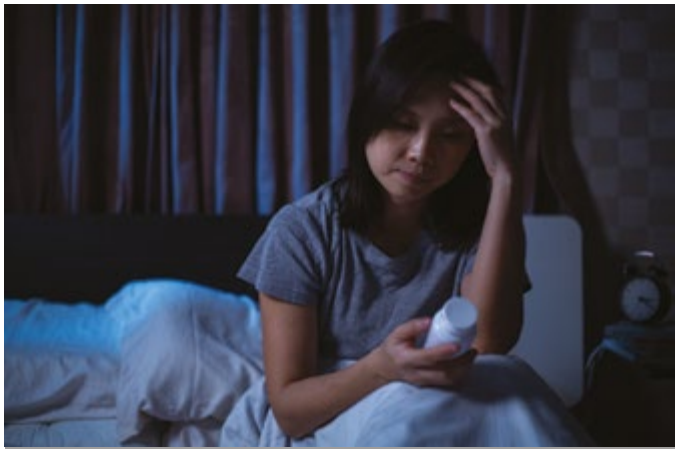
> *"The weight of responsibility of being a sole carer for my mum and also for her cousin is heavy. I worry a huge amount about their health and whether I am making the right choices for them."*

65% of carers said they find it hard to get a good night's sleep because of their caring role. Some carers said this was due to being interrupted by the person they care for during the night, while others said they were unable to sleep due to stress or anxiety. This is concerning as sleep deficiency can cause problems with learning, focusing, and reacting, making decisions, solving problems, remembering things, managing emotions and behaviour, and coping with change.[30]

> *"Lack of sleep is the biggest impact of caring for an Alzheimer's sufferer, especially trying to hold down a job as well. I'm constantly tired and stressed."*

65%

of carers said they find it hard to get a good night's sleep because of their caring role



30 National Heart, Lung and Blood Institute. *How sleep affects your health*

"I am averaging about four hours sleep per night and am constantly exhausted."

"I haven't had an unbroken night's sleep in 26 years and always feel tired."

"Being on call for my mum 24 hours a day has impacted on my sleep so I'm constantly tired and not able to hold down a job due to this."

"[Struggling with] communication and handover when sleep deprived meaning things get missed or not done."

53%

of carers said they feel angry and frustrated

Over half (53%) of carers said they feel angry and frustrated. In some cases this was due to a lack of support from health and social care services; in others it was due to not getting enough financial support. Many carers said they felt unrecognised and unvalued, causing feelings of resentment, and impacting their wellbeing.

"I feel frustrated. I live hand to mouth as I have had to reduce my working hours. I am angry that we get no financial support yet save the government thousands of pounds a year for nursing home care..."

"I have a deep, irreconcilable anger and sadness because this role and these tasks should never have fallen to me. We have both been failed by – and made worse by – systems that were supposed to help. It has wrecked almost every other aspect of my life to keep the person I care for alive."

"I have had long periods of rage about how hard it is to get care for a disabled child and the callous indifference of professionals. The case worker from the LA [Local Authority] who first refused him a special school place told me "he looks like he could talk". My son is 11 years old and is operating at the 12-15 month level."

"My shoulders and upper arms are so painful due to helping my husband with his needs."

"Needed a shoulder replacement after damaging shoulder pushing a wheelchair."

"I have been diagnosed with fibromyalgia due to the stress from my caring role."

"I am 80 years old. The physical stress has made it necessary to have stents fitted to help my heart and breathing."

42% of carers said their physical health has suffered, and 20% have experienced an injury because of caring. Many carers said they have developed new health conditions or have hurt themselves as a result of their caring role.

"The continual stress related to my caring role resulted in a brain bleed last year, which affected my vision and speech."

"I have developed issues with my own heart and gut health due to stress and lack of time to exercise and rest."

40% of carers feel depressed. Many carers said they struggled with low mood, and some said they felt trapped in their caring role. Others feel undervalued and unrecognised

"I work full time on top of my caring role and I'm older myself now and I get very very tired. It makes me depressed to think how many years I'll have to go on doing this, I very often feel trapped."

> *I feel that everything is on my shoulders including the jobs around the house. I try to ensure my partner has things to do and that his needs are met but I think I am becoming a bit depressed as it's never ending. I say the same things everyday - there is little conversation."*

> *I'm overwhelmed, lonely, depressed. This government don't care for those who have worked all our lives, [I have] never claimed benefits and now have no support at all. I feel there is no point to life anymore."*

43% of carers feel lonely. Many carers said they feel lonely or isolated because family and friends do not fully understand or appreciate their caring role, and the impact caring has on them.

> *I feel isolated even though family visit. I feel that they don't understand or that they don't want to accept what's happening."*

> *I get frustrated sometimes as others seem to overlook what is going on and they don't understand what we go through on a daily basis."*

> *I have withdrawn from other people as they are too judgemental & made me feel bad about myself."*

43%

of carers said they feel lonely

57% of carers said that their caring role has led to disagreements with their partner, family, or friends. Several carers said their relationship with their partner had been negatively impacted, in some cases leading to marriages or partnerships ending.

"Caring for my mum in our home has played a significant role in the breakdown of our marriage."

"I'm afraid that this past year is the worst I have ever felt. My son leaving school and the resultant pressure has cost me untold anxiety, sleeplessness, and our 27 year marriage has been close to breakdown."

"My relationship with my partner can be strained as my focus is always caring."

"My relationship of 20 years broke down under the pressure of my caring role and I am now a single mother of four children, one of which is severely disabled and I care for him completely alone. It is difficult to spend quality time with my other children or have any time to myself, I have lost all my friends due to being a full time 24/7 carer and my social life is non-existent. I don't have my own life, I just exist to help my son live his life."

Some carers also said they struggle with the impact their caring role has on the relationship with the person they care for, and that they are grieving the loss of the relationship they had before.

"I have grieved the relationship with my husband as it's changed now, I'm his caregiver."

"The change in the dynamic of my relationship with my husband has been hard to come to terms with. We can't have proper conversations about many of the important issues in our lives because of his dementia."

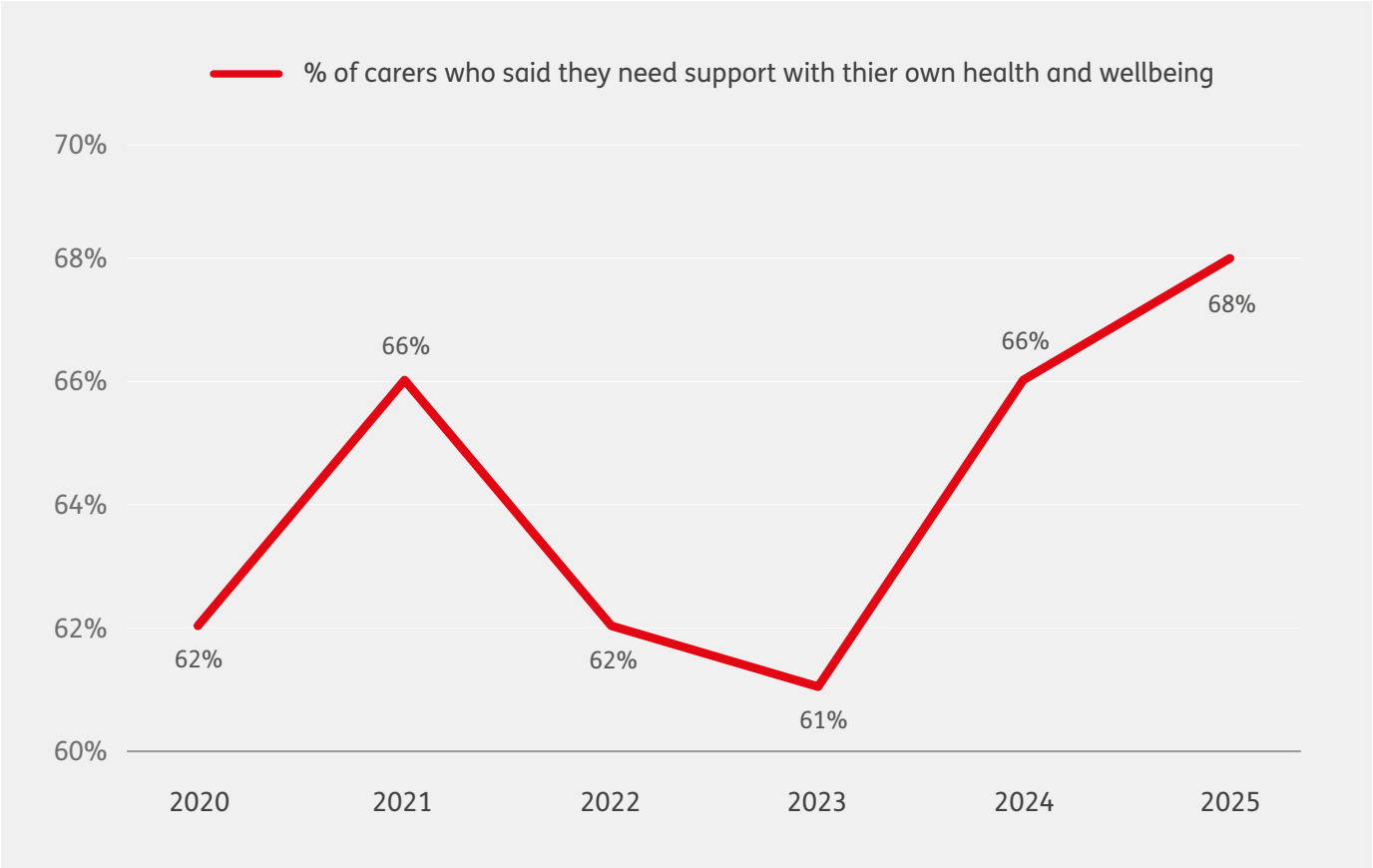
"My relationship with my wife has changed dramatically. It no longer feels as if we are a couple but more as carer and patient or housemates."

"While I love my child, being her Mum and carer is difficult. The two relationships merge and there is little respite. My daughter requires round the clock care which is very demanding. There is little opportunity to be Mum and daughter."

The need for more support for carers' own health and wellbeing

A majority (68%) of carers said they needed more support to be able to look after their own health and wellbeing. When we asked carers what their main needs are at the moment, this was the biggest area where carers said they needed more support. It is also the highest level of need since we first asked this question.

Figure 4: How carers' need for support with health and wellbeing has changed over time



It is important to note that some carers said they value their caring role – that it has given them a sense of purpose (26%) and improved their wellbeing by providing opportunities to spend time with the person they care for (20%). This suggests that if carers feel they have more choice about the care they provide, and enough support to help them do so, caring can bring positive benefits and need not always have a negative impact on their health and wellbeing.

> *"I value my role as a husband and a carer. It is hard at times, but I like being able to be a hands-on husband that can balance both roles."*

> *"While caring for my Mum has had an impact on my physical and mental health, it has also given me purpose and allowed me to repay all the love and support my mum gave me over the years. This gives me great pleasure. I wouldn't have it any other way."*

However, when carers are unable to take a break to focus on their own wellbeing, or do not receive enough support, caring can become extremely stressful. Carers frequently attributed their poor mental or physical health to a lack of support from health and social care services, rather than the caring role itself.

> *"My son is the most important person in my life; it's not the caring that's been hard it's the constant battles with the authorities for not supporting us and not caring."*

> *"My mental health is often shot to bits – not because of my caring role per se, but because of the system generated trauma I experience trying to have my kids' needs met (eg by my local authority, in education etc), and the legal processes I have had to go through to secure their provisions are both made and met."*

> *"It is not the caring that has been the most stressful, it is dealing with the complicated system that has been stressful."*

Carers want and need more recognition, better support, and stronger involvement within the healthcare system. Carers UK's recently published report about the support carers need from the NHS found that 51% of carers said they need more support from the NHS, compared to 42% two years ago.[31] The Government's NHS 10 Year Plan in England is a key opportunity to transform the way the NHS interacts with, and supports, unpaid carers. The Darzi Review in 2024 made clear that a 'fresh approach' to supporting unpaid carers is needed, which recognises and supports unpaid carers, treating them as partners in care, as well as individuals who have their own needs.[32]

In the State of Caring 2025 survey, carers said they were not getting enough information or advice from NHS professionals to enable them to care safely and well at home, and that this was causing stress. Others said they had not been consulted by NHS professionals, especially at hospital discharge, which impacted on their wellbeing as they felt undervalued and unrecognised. Carers also said they needed easier access to medical appointments to deal with their own health issues.

> *"I feel broken, completely overwhelmed and exhausted but no one cares. It's taken a huge toll, constantly being the expert in the room during hospital appointments and assessments but being given none of the respect that this role deserves. I have zero trust in the NHS due to continuous failings but when important decisions about my child's care need to be made, I'm not given a seat at the table with professionals. They only see me as the expert when it suits them. When it means I can provide round the clock care with very little support!"*

> *"Utter hopelessness at the limited support on offer for those with mental health conditions. Despair and feeling overwhelmed that I carry the responsibility of keeping my adult child alive."*

> *"Waiting time for the health services I need – physiotherapy and mental health services – are very long. My health and wellbeing are deteriorating, and sometimes I am in too much pain to do everything my cared-for requires, which leaves me feeling like I am failing them."*

Despite the negative impact that caring is having on their own health, carers are not always able to get help with their own mental or physical health issues because they cannot take a break from caring. Carers Week research in 2025 found that 40% of current carers said they had postponed or cancelled a medical appointment, test, scan, treatment or therapy because of caring.[33] In the State of Caring 2025 survey, many carers said that they have put off medical appointments due to the demands of their caring role.

> *"I have potentially put off having an operation which may improve my mobility because of the demands on my time."*

> *"I have a growth on my spine which makes many things difficult, but I am unable to take the time out to deal with it or the thyroid issues I face. Until two years ago I was also caring for my mother who had dementia. Nobody is concerned about the carer's wellbeing as long as they take the stress off professionals."*

> *"Caring means my own health needs are regularly 'put on hold' and as a result my mental health has deteriorated significantly."*

31 Carers UK (2025) *A fresh approach to supporting unpaid carers: our vision for delivering the NHS 10 Year Plan in England*

32 Rt Hon Professor. Lord Darzi of Denham (2024) *Investigation of the National Health Service in England*

33 Carers Week (2025) *Caring about equality*

> *"I am unable to have major eye surgery because my son's care, even in a nursing home, requires constant input from myself. My sight is now very poor – bad enough to be registered as partially sighted."*

Good quality, affordable and accessible social care can help unpaid carers to cope with the challenges of caring, to have a choice in the amount of care and support they provide, take more breaks and focus on their own health and wellbeing, and remain in or return to paid employment if they wish to do so. However, as a result of increasing levels and complexity of need, as well as rising costs, Directors of Adult Social Services reported that Local Authorities overspent by £774 million nationally in 2024/25, which is the highest overspend in the past decade since financial pressures were measured in this way.[34]

In the State of Caring 2025 survey, carers said that shortages in social care services and poor-quality provision meant they were not getting sufficient support, leading to more stress and fewer opportunities to take a break.

> *"Constant battles with social care over three years, refusing to help us until in complete crisis and at risk of family breakdowns. Social care told us that my son is not 'disabled enough' for the disability team and therefore we can't access respite care or direct payments to find a PA ourselves."*

> *"Holiday clubs no longer available, after the council streamlined them to make more opportunities for disabilities like autism. Resulting in no holiday clubs able to cater for children that need any medical assistance (peg feeds). Short break respite services always understaffed and now has to close every other weekend until Tuesday."*

Several carers also said that getting any kind of support or help often felt like a battle, due to complex systems, bureaucracy, or services not being joined up. Again, this was often a cause of stress for carers.

> *"Dealing with the myriad agencies involved – NHS, DWP, Local authority, GP, District nurses, consultants (various), school, therapists and more – is the most stressful thing."*

> *"I have experienced suicidal thoughts in the past because of having to fight for the basic rights and services that the person I care for is entitled to. I find myself in a constant state of fight or flight which is extremely exhausting! The fatigue is debilitating and nowadays, after many years of fighting, my brain sometimes just shuts down at the prospect of filling in more forms or making more calls etc. I find that on most occasions I have to do the jobs of the people who are actually supposed to provide services etc for the person I care for and it leaves me constantly frustrated and stressed!"*

> *"I am totally overwhelmed by a role I didn't ask for or want. Services appear slow to respond and although most people I meet are very kind, practical help is difficult to access, and everything seems totally bogged down by systems that don't work."*

34 ADASS (2025) *2025 Spring Survey*

Minreet's story

Minreet, 44, began caring for her mum Pritpal in September 2023 when she was diagnosed with myeloma, a rare form of blood cancer, and began chemotherapy treatment.

Putting her career on hold and giving up working full-time as a journalist, a career-move she had worked hard to make just a few years before, she began caring for her mum alongside managing her parents' household. In addition to caring for her mum when she was extremely unwell, Minreet was cooking, cleaning, shopping, managing the finances and dealing with anything needed alone.

As a carer, Minreet's role has included what she has described as never-ending hospital appointments, dealing with medication and advocating for her mum (sometimes finding it hard to get the appointments she needed). At one point she put in a complaint to PALS (the Patient Advice and Liaison Service) after facing a long delay getting an appointment for her mum's back pain.

Her mum is thankfully currently in remission and feeling much better for now but throughout a long period of intense caring, Minreet has felt isolated, and had no support from her wider family or the local authority.

Her experience of caring has, she says, made her stressed, often feeling exhausted and down, caring for her mum until going to sleep at night and starting again before her mum woke up over a very long period.

Minreet is not in a relationship and has commented how alone she has felt sometimes as an unpaid carer. "I look at my friends and they have very different lives. Many are married and have kids. I have felt very separate to what other people I know of my age might be doing."

She has often felt stuck. "I am committed to caring for my Mum, I wouldn't have done that differently," but as a single carer with no one to share responsibilities with, she has felt cut off from her previous working life, missing out on a social life and opportunities to pursue her passions like travel, freely.

Minreet has embraced short breaks to do something active such as parkrun, running and swimming which she has found hugely beneficial – offering a limited window of time to do something for herself. This has helped but she says:

"I have had to give up a lot so I can look after my Mum."

Wider opportunity costs of caring

Opportunity costs are the loss of other alternatives when one alternative is chosen. For carers, this might include missed opportunities to spend time with family and friends, apply for higher level jobs, take part in further education or learn new skills, pay into a workplace pension or save for the future. Being unable to do these things can lead to financial pressures, as well as having a negative impact on health and wellbeing.

Importantly, many carers reported that they do not feel they have a choice in how they spend their time and resources, or in how much care they provide. Under the 2014 Care Act, carers are entitled to a Carer's Assessment, and if they are found to have eligible needs, they are entitled to more support. However, Carers Week research in 2024 found that 62% of those who are currently providing or those who have previously provided unpaid care said that they had no choice in taking on the role because no other care options were available.[35]

The recent Health and Social Care Select Committee inquiry into adult social care found that demand for social care in England is far outstripping the amount of support available, placing more responsibility on unpaid carers.[36] Over three quarters of Adult Social Care Directors (76%) have seen an increase in the number of unpaid carers approaching their council for support in the past year.[37]

Because of this lack of choice, many carers feel frustrated, angry or depressed if they think they have missed opportunities to focus on their own career, their relationships, education, or hobbies and interests. Some carers feel that they have given up their own lives to care, and that if they had had more support from health and social care services, or more financial support from Government, they would not have had to miss out on these opportunities.

35 Carers Week (2024) *No choice but to care*

36 House of Commons Health and Social Care Committee (2025) *Adult social care reform: the cost of inaction*

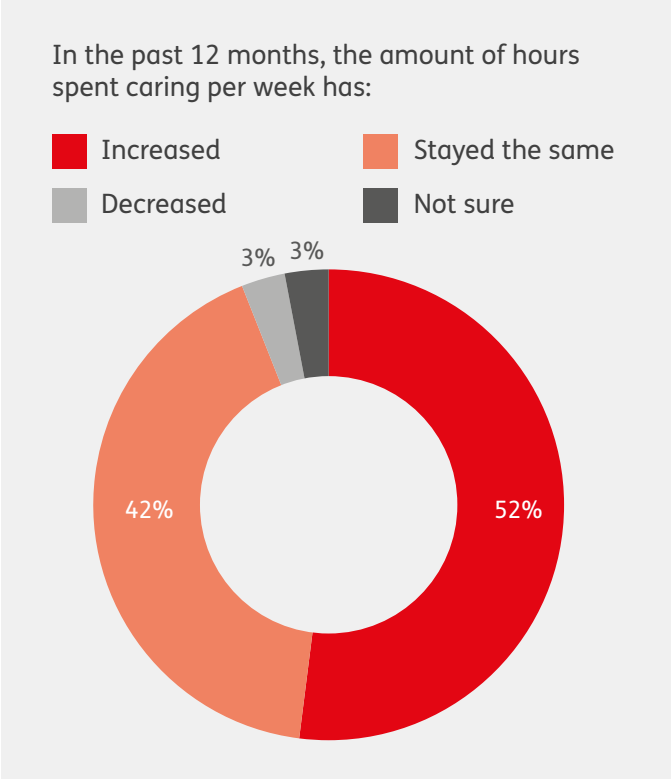
37 ADASS (2025) *2025 Spring Survey*

The increase in the amount of time spent on unpaid care

Census data shows that in England and Wales there has been an increase in the proportion of people providing 20-49 hours of care per week, and an increase in the proportion of people providing 50 or more hours.[38] Currently, 1.7 million people in the UK are providing 50 or more hours of care per week.

The State of Caring 2025 survey found that carers are spending an increasing amount of time supporting the person they care for. Over half (52%) of carers said the number of hours they spend caring has increased over the last 12 months. 42% said it had stayed the same, 3% said it had decreased, and 3% weren't sure.

Figure 5: Changes in the number of hours per week spent caring over the past 12 months



In many cases, the increase in the number of hours of care is due to the increased needs of the person being cared for. The Association of Directors of Adult Social Services (ADASS) Spring Survey highlighted the rising complexity of need for people aged 65 and over, who are living longer with complex conditions like dementia, and multiple long-term illnesses, with 89% of Directors of Adult Social Services concerned about this increased complexity of need.[39]

The State of Caring 2025 survey found that those caring for someone with a progressive illness, or someone with needs arising due to being older, were more likely to say the amount of time spent caring had increased. For example, 71% of people caring for someone with dementia said the number of hours per week they spend caring has increased over the last 12 months, and 68% of people caring for someone with needs arising due to being older said the amount of caring had increased.

> *"Both parents' dementia has advanced. They need more help with daily tasks, and it is more difficult to leave them on their own."*

> *"Elderly father with sight loss, hearing loss and physical disabilities has required more support and husband (with Parkinsons) condition is deteriorating."*

Some carers said the condition of the person they cared for had worsened following hospital visits, or long waiting times for health appointments, and this was placing more responsibility on them. Others said that a lack of support from social care services, including poor quality support or staff shortages, meant they were having to provide more care themselves.

> *"NHS waiting times for a variety of appointments has resulted in mum's health declining. This has had a significant impact on her mental health, so I find myself providing additional emotional support."*

> *"I basically work as a carer for my mum because the care provision she pays for is so inadequate. The carers [paid workers] leave her home [in] an awful state, so I end up tidying up after them... In my opinion (& the experience I've had of paid carers) they have very little knowledge, very little skills, very little respect for dignity, & even less common sense. My mum should not need her family to top up care that she is already paying for."*

> *"Struggling with care company and Occupational Therapist (OT) in terms of care, empathy. Minimal tasks and not up to standard, leaving family to carry out tasks within care plan. More support needed with taking family member out and accessible activities."*

38 ONS (2023) *Unpaid care, England and Wales: Census 2021*
39 ADASS (2025) *2025 Spring Survey*

The complexity of caring

Carers also described how busy their caring roles can be, encompassing a range of responsibilities – many of which are complex or time-consuming.

> *"I am on constant call, at the drop of a hat, even through the night. Things that should be 15 mins turn into two hours, so my day gets just wasted with nonsense. It's unproductive. I drive my Aunty to every appointment at the hospital & Dr's we can be out hours at a time a few times a week. When we get back to her home there are always jobs to do and paperwork to go through and organise. Washing to bring home and clinical waste to sort out."*

> *"It makes me feel stretched and busy juggling multiple concerns particularly as I care for two people in different ways and that's also changeable."*

As well as providing household help, emotional support, personal care, and advocating on behalf of the person they care for, carers are also spending a significant amount of time on administrative duties. Dealing with administration can be stressful and up take a significant amount of time. Previous Carers UK research found that the amount of admin people had to do was one of the main reasons why carers felt overwhelmed: 38% of carers said they felt overwhelmed because of this.[40]

The State of Caring 2025 survey found that 11% of carers are spending 20 or more hours per month on admin associated with caring (eg filling in forms to claim social security benefits, asking for advice over the phone, arranging care or booking appointments for the person you care for). Carers' comments clearly show it's not just the time physically spent doing admin tasks, it's also the weight of responsibility and deep frustration with systems that don't work well, and which ask carers to repeat information, and don't link well or share data with other systems.

> *"My son's condition will not change; his needs will not change in the short to medium term and yet I have to go through the process of describing his condition and its effects on him and myself sometimes several times a month often to the same agencies. Spin, rinse repeat. The system we have to operate in is designed to wear us down."*

> *"...there are so much admin and other things to do. Sometimes I explode with frustration as the pressure is so much to deal with phone calls from the person I care for and different services like doctor and social services during work hours."*

> *"Being a carer for my son's additional needs on top of my role as a mother to three boys is at times overwhelming. The admin tasks involved are time consuming and draining, both physically and emotionally."*

Table 8: The number of hours carers are spending on admin tasks (source: State of Caring 2025)

Number of hours per month	% of carers who responded
Less than 1 hour	8%
1-2 hours	17%
2-5 hours	23%
5-10 hours	20%
10-20 hours	14%
20-30 hours	6%
30-40 hours	2%
More than 40 hours	3%
Not applicable	6%

40 Carers UK (2025) *State of Caring: The impact of caring on carers' mental health and the need for support from social care services*

Missed opportunities for carers to improve their own health and wellbeing

When carers take on greater responsibilities or manage complex caring tasks, they may have to give up hobbies, reduce social activities, and become less physically active. Over time, this can contribute to feelings of isolation, loneliness, or depression. It may also limit their ability to focus on maintaining their own health and wellbeing. In contrast, staying socially connected, engaging in hobbies, being active, and eating well all support better wellbeing and can help prevent future health problems. However, carers are often unable to do these things as they find it difficult to take a break from caring or feel guilty about doing so. In Carers UK's 60th anniversary report, many carers talked about how they were 'surviving' rather than 'thriving' or being able to 'live their best life.'[41]

Carers find it hard to spend time or resources on hobbies and interests

Many studies have shown that engaging in hobbies can positively impact health and wellbeing by contributing to personal growth and fostering social connections.[42] However, due to the financial cost of care, carers are often unable to spend money on their own hobbies and interests. Nearly three-quarters of carers (70%) said they have cut spending on hobbies, treats, and social activities that improve wellbeing.

> *"My only income is from state benefits, Carers Support Payment and UC [Universal Credit]. There is no wiggle room on this tight line, no luxuries or even simple comforts... I have no social life as even buying a high street coffee is beyond my means. I have to live a very small, frugal life."*

> *"It is the financial impact of caring that underpins everything else. I can't do so many things because we don't have a lot of money."*

> *"I don't go out. I don't go on holiday. I just stick to a tight budget."*

41 Carers UK (2025) *State of Caring 2024: I want to see a future for carers where...*

42 Cleary, M., Le Lagadec, D., Thapa, D. K., & Kornhaber, R. (2025). *Exploring the Impact of Hobbies on Mental Health and Well-Being: A Scoping Review. Issues in Mental Health Nursing, 46(8), 804–814*

Many carers also said they did not have the time to focus on their own hobbies and interests because they were too busy caring. 68% of carers said they are less able to take part in activities that improve their mood, like hobbies and interests, volunteering, or activities in the community.

> *"I am less able to see my friends or do some of the things I enjoy like going to the theatre. I have less time for myself."*

> *"I have had to give up a great deal of my feel-good activities to do my extra caring activities and find it very difficult to even think about picking some of them up again."*

Some carers said they were too tired to focus on their own hobbies and interests, while others said they felt too anxious about being away from the person they care for to enjoy these activities.

> *"I just feel so tired, mentally and physically. My mind is constantly going over what I need to do/ remember to do. The list sometimes seems never ending. Fitting in a day for me to do something for myself is difficult and even if I do have a day to myself, I'm still worrying."*

> *"It's a constant worry leaving me with little energy, time or headspace to do anything else. I do make an effort to exercise but it has to be fitted into non caring hours, and I often find I [do not] have the energy. I have to decline invitations because they clash with caring hours or unable to commit to plans in advance because I don't know if I'll have the energy or whether an emergency need will arise."*

> *"When I am away from the house I cannot switch off from the situation, especially as I regularly have to field phone calls from the NHS, etc., that relate to the situation. I also continually worry about receiving the next emergency phone call to say that something has happened and I need to get back immediately."*

68%

of carers said they are less able to take part in activities that improve their mood

Not being able to focus on hobbies and interests has an impact on carers' health. 42% of carers who had reduced their spending on hobbies and activities that improve wellbeing said they had bad or very bad mental health, compared with 21% who had not done this.

> *"I feel as though it has completely encompassed my adult life, as I have had to care since leaving school, I haven't had the opportunities to lead the life I would have liked which has had a huge impact on my health and wellbeing."*

> *"I am exhausted from the physical demands of caring, lonely, and depressed due to being housebound and unable to meet friends and family. I can't have hobbies, eat at restaurants, or visit the cinema so I feel like my life has been suspended."*

> *"While I feel I am meant to care willingly for my adult son all my life, I feel isolated, deprived of the freedom of travelling, going to theatres, museums, pursue my hobby, outings with friends and family."*

> *"It's meant I don't participate in society like everyone else and I get depressed or feel inferior because I cannot give the same commitment as everyone else...I'm sad that I've somewhat accepted my situation and become complacent with the fact that I will never have a career or nice home and a car or even holidays like everyone else."*

> *"I am not the person I used to be. I was outgoing, chatty always wanting to experience new things always encouraging my friends to go out to places we hadn't been – now I have no friends don't have a social life, I feel everyone has experienced life and I've lost mine – I no longer feel confident. I don't make the effort to socialise with people, I feel unworthy and if I'm invited anywhere I will get ready and at the last minute find any little excuse to convince myself not to go. I feel I have literally lost myself."*

Carers find it hard to be physically active

Studies have shown that physical activity provides significant physical and mental health benefits and contributes to the prevention and management of certain illnesses.[43] Carers UK has a specific project, Carers Active, which aims to support carers' to be physically active, because of the strong links to health and wellbeing.[44]

However, carers can find it difficult to find the time to be physically active. Over half (54%) of carers said they are unable to exercise or be as physically active as they would like.

> *"I know I don't look after myself. I have gained weight and don't do any real exercise. I had to have a career break because I was near burnout."*

> *"I used to go for long walks and attend 3-4 exercise classes per week at my local gym. Since giving up work to care for my daughter, I have not been able to afford to go to exercise classes and also have no time for long walks and cannot leave my daughter for long."*

54%

of carers said they are unable to exercise or be as physically active as they would like

> *"The monotony and not able to go out and exercise has massively affected my mental health."*

> *"I would love to join walks with the Ramblers but cannot take that much time away from the person I care for. As a result, I am less able to keep fit and socialise with new people."*

43 World Health Organization (2024) *Physical activity factsheet*

44 Carers UK (2025) *Carers Active Hub*

Carers struggle to eat healthily

There is extensive evidence that eating well improves people's health and can provide protection against chronic illnesses.[45] However, because carers are so busy caring, they are often unable to spend time cooking healthy meals and sometimes end up purchasing unhealthy convenience foods, or comfort eating, because of stress or anxiety. 43% of carers said they find it hard to maintain a balanced diet.

> *"Feel down some days – don't eat healthy food."*

> *"Food is twice the price so not eating as many healthy items – it is cheaper [to buy] low quality food."*

> *"I do not eat a correct diet for my diabetes as no time to cook two meals."*

43%

of carers said they find it hard to maintain a balanced diet

Carers find it hard to spend time with family and friends

Many studies have shown that friendships can positively impact on wellbeing, providing people with a valuable source of support, improving self-esteem, and giving a sense of security and comfort.[46] However, a significant proportion of carers are unable to spend time with their family and friends. Three quarters (76%) of carers said that they find it hard to find time to spend with family and friends because of caring.

> *"I can't join in or help with family events without making arrangements for my husband to be cared for. No spontaneous family /friend interaction."*

> *"I am unable to go with friends for days/weekends away due to not being able to leave my husband for more than a few hours so therefore I miss out. It's difficult for me when I see others arranging things knowing that I am unable to join in with these arrangements."*

> *"I work from home, and rarely get to see "real" people, apart from morning visit from carer. I cannot easily go out and leave mum and when I do, I'm worrying all the time."*

Those caring for more hours were more likely to say they found it hard to spend time with family and friends. 80% of carers who care for over 35 hours per week say they find it hard to find time to spend with family and friends because of caring, compared to 63% of those who care for less than 35 hours a week.

Several carers were worried that their caring role was having a negative impact on other family members, such as their non-disabled children who they found it difficult to prioritise or spend time with. This was resulting in carers feeling stressed and guilty, and worried that they were losing opportunities to spend precious time with other family members.

> *"We never get to go on holidays like other families, everything has to revolve around my young person, so my other children suffer from it which makes me really sad."*

> *"Caring is isolating and particularly when you are young with a young family. We can't always do the same things as our peers and so we are often left out – socially I feel as if my young family are missing out."*

45 World Health Organization (2020) *Healthy diet factsheet*

46 Pezirkianidis C, Galanaki E, Raftopoulou G, Moraitou D and Stalikas A (2023) *Adult friendship and wellbeing: A systematic review with practical implications*

"The last time I went on holiday was when my youngest was 12 we've missed out on making memories with her. I can't spend the day with grandchildren or look after them and make relationships with them."

"It is really difficult to co-ordinate any quality time with the other adult children I have, they find it difficult being at home visiting because I'm so stressed and just talk about how my disabled child is being failed!!"

"I feel like I am missing out on having life experiences for myself and with my family, which also makes me feel guilty as this is time that we can't get back."

59% of carers said that their caring role has meant they have lost touch with family and friends. This was even more of an issue for people caring for a high number of hours per week. 64% of carers who care for over 35 hours per week said their caring role has meant they have lost touch with their family and friends, compared to 45% who care for less than 35 hours a week.

"Not got a life and no friends left. Feel embarrassed to contact them as I just don't go see them anymore."

"My only friends are also parent-carers. I've lost touch with my other friends. My family live far away and it's too difficult to visit or keep in touch. My relationship with my spouse has almost fallen apart as we have little time for each other and are always stressed."

59%

of carers said that their caring role has meant they have lost touch with family and friends

Carers struggle to form new relationships

Many carers said that because they were so busy caring, or unable to spend money on activities outside the home, they had fewer opportunities to meet new people and form new relationships. Three quarters (74%) of carers said that their caring role has made it hard for them to form new relationships.

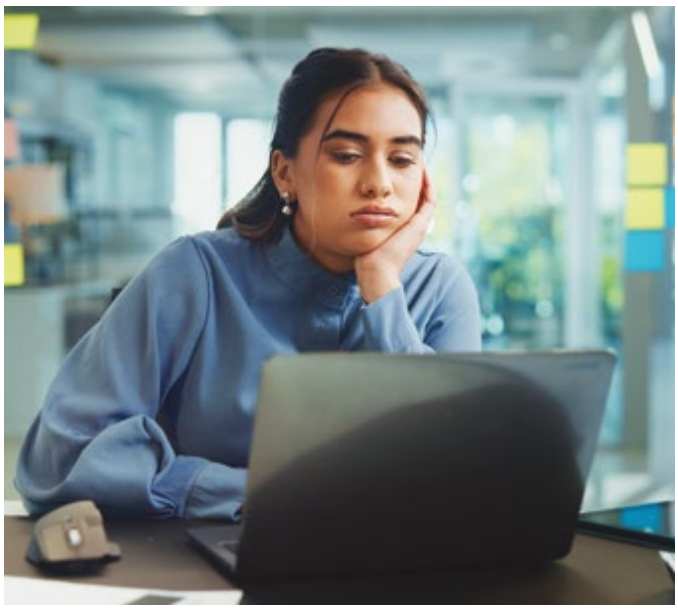
Some carers said they have missed out on opportunities to get married or start a family because they have been unable to prioritise their own needs and have been too busy caring.

"I have been so taken up with it that I have missed having a relationship and family of my own and am now too old to have children."

"[If I was to receive good quality social care] I would worry less about the impact of my caring role on the children, and I would be able to think about starting a new romantic relationship, go on dates, etc."

Missed opportunities for carers to increase income or save for the future

Carers often find that as their caring responsibilities increase, they find it more difficult to combine caring with paid employment, particularly if they are not getting any practical support with caring. Many people end up giving up paid work to care, reducing their working hours, or taking on lower paid work that fits better with caring. When carers are unable to focus on their own career, this leads to missed opportunities to maximise income, apply for promotions, increase pension contributions, save for the future, or improve their physical and mental health and wellbeing.



Carers find it difficult to focus on their career

In the State of Caring 2025 survey, 69% of carers who are employees said they haven't focused on their career as much as they'd like, and 61% said caring has affected the type of employment they've taken on.

> *"I have had to base my whole career around my caring responsibilities and have missed out on opportunities to work abroad and take on more senior positions."*

> *"Completely changed my employment field to allow for caring at a much reduced salary."*

> *"I was at a point where I would have been considering promotion but caring for mum has meant I will remain in the role I am currently as it feels overwhelming to try and gain promotion at this time."*

69%

of carers who are employees said they haven't focused on their career as much as they'd like

61%

of carers said caring has affected the type of employment they've taken on

Table 9: Working carers' views on the impact of caring on their career (source: State of Caring 2025)

Statement about career	% of carers who agree	% of carers who neither agree nor disagree	% of carers who disagree
I haven't focused on my career as much as I would have liked because of caring	69%	16%	15%
My caring role has affected the type of employment I have been able to take on	61%	18%	21%

A fifth (21%) of carers who are employees said they had taken on a lower paid or more junior role that fitted better with their caring responsibilities, and 12% said they haven't been able to use their educational qualifications because of caring.

> *"I've moved from one senior job to three part time jobs all lower paid to fit around caring."*

> *"I now work in a lower grade fixed term position so I can work from home part time, this covers school holiday care when my autistic children are at home."*

> *"We both were in high power jobs, husband hasn't worked for six years now, I have had to take a small job as I don't have the capacity to focus on a stressful job (too stressful at home), reduced my hours from 37.5hrs to 30hrs, reduced again to 22.5hrs and now I am requesting to reduce again to 15hrs as I am too exhausted and my husband needs more support."*

Several carers also said that they were unable to consider other job roles because they were unsure whether a future employer would be flexible and supportive of their caring role. As a result, some carers said they felt trapped in unrewarding or unsatisfying roles, or unable to try something new and learn new skills.

> *"I've been reluctant to move jobs because it is relatively easy in my current role to squeeze in my father's appointments or take calls during my working day."*

> *"Stuck in a job I hate because the hours suit my caring needs for now."*

Caring can also make it harder for people to feel productive in their current roles. Many carers said that their caring role has made it more difficult to focus on their work. 64% of carers who are employees said they have found it difficult to concentrate at work and be as productive as they would like. Some carers said they felt too tired to focus; others said they were distracted by their caring responsibilities.

> *"I don't feel I am giving my work the attention it needs as my head is full of all the things I need to do and remember as part of caring. I buy extra Annual Leave to be able to go to appointments and work from home a lot currently but then I am interrupted and it's hard to get your head back into work. I have also had time off work due to my own mental health due to caring and exhaustion."*

> *"I am unreliable and distracted due to being called at any point in the day to collect my child who's not coping."*

Many carers also said they hadn't been able to learn new skills at work. 23% of carers said they haven't been able to attend training or professional development courses at work.

Carers also said that caring had a negative impact on their relationships with colleagues – 40% of carers who are employees have found it hard to build relationships with colleagues (eg attend work social events or networking opportunities). Some carers said this was because they had to work from home due to caring and felt isolated from colleagues. Others said they felt judged by colleagues, or embarrassed about taking time off for caring, and this impacted on workplace relationships.

> *"I have had to work a great deal from my parent's house and have missed out on time in the office with my colleagues."*

> *"Taking time off with no notice several times in two years negatively impacted relationships and held me back and caused a lot of tension."*

> *"Colleagues and bosses are younger and don't understand my position – I'm constantly challenged about the flexibility I need."*

74% of carers said they are worried about the impact that their caring role will have on their finances in the future

Carers often give up paid employment or reduce working hours

Previous Carers UK research has highlighted the challenges that carers face in combining caring with paid employment. Concerningly, an estimated 600 people a day give up work to provide unpaid care.[47] This can have a significant impact on carers' incomes. WPI Economics research commissioned by Carers UK found that being out of work is the single strongest quantitative predictor of poverty for unpaid carers.[48] Research by the Joseph Rowntree Foundation found that unpaid carers experience an average pay penalty of £414 a month, and that most unpaid carers who leave work don't see their incomes replaced.[49]

The State of Caring 2025 survey found that 35% of carers who are employees have reduced their working hours, and a fifth (20%) have moved from working full-time to working part-time.

Carers often give up work or reduce working hours when caring becomes stressful. 68% of carers who are employees said they felt stressed or anxious at work. Many carers said that it was a lack of support from their employer that was making them feel stressed.

> *"I started a new job around the time of the most recent diagnosis. It has been inordinately stressful learning the new role whilst also attending medical appointments and hospital stays. It has been exhausting trying to do it all."*

> *"It has increased anxiety with mandated return to office and [no] consideration of impact on the person I care for."*

> *"Employers have no empathy, I'm a teacher for example my mum had an appointment I sent her to hospital in a pre-paid taxi, she couldn't get home I wasn't allowed to finish 15 minutes early to pick my mum up, she got lost and very stressed it was so upsetting."*

> *"I have had to apply for flexible working, which has been extremely stressful. Every stage of support has been a fight and a battle with my manager."*

> *"As a single person I can no longer work full time because of caring and have taken a part time job that is flexible but my income has reduced by 2/3rds."*

Giving up paid employment or reducing working hours can have a negative impact on finances. Working-age carers who are not in paid employment were more likely than those in paid employment to be struggling to make ends meet (36% compared with 19%), and more likely to say they need more financial support (79% vs 48%).

Struggling to save for the future

Three quarters (74%) of carers said they are worried about the impact that their caring role will have on their finances in the future. This is often because they have had to reduce their working hours or give up paid employment – or they are concerned about having to do so in the future.

Research has shown that carers face disadvantages with their pensions. Pensions Policy Institute research found that carers are retiring with 80% of the UK average pension income,[50] while research by Phoenix Insights found that nearly half (47%) of carers aged 60-65 have no private pension savings.[51]

47 Carers UK (2019) *Juggling work and unpaid care*

48 WPI Economics (2024) *Poverty and financial hardship of unpaid carers in the UK* – Commissioned for Carers UK.

49 Joseph Rowntree Foundation (2023) *The caring penalty*

50 now-pensions analysis of PPI data (2025) *Champions of Change: the underpensioned report 2025*

51 Phoenix Insights (2024) *Changing journeys: how we save, work and retire*

When carers reduce their working hours or give up paid work completely this makes it harder for carers to save for the future and pay into a workplace pension. A quarter of carers (24%) said they had cut back on, paused, or stopped paying into a pension.

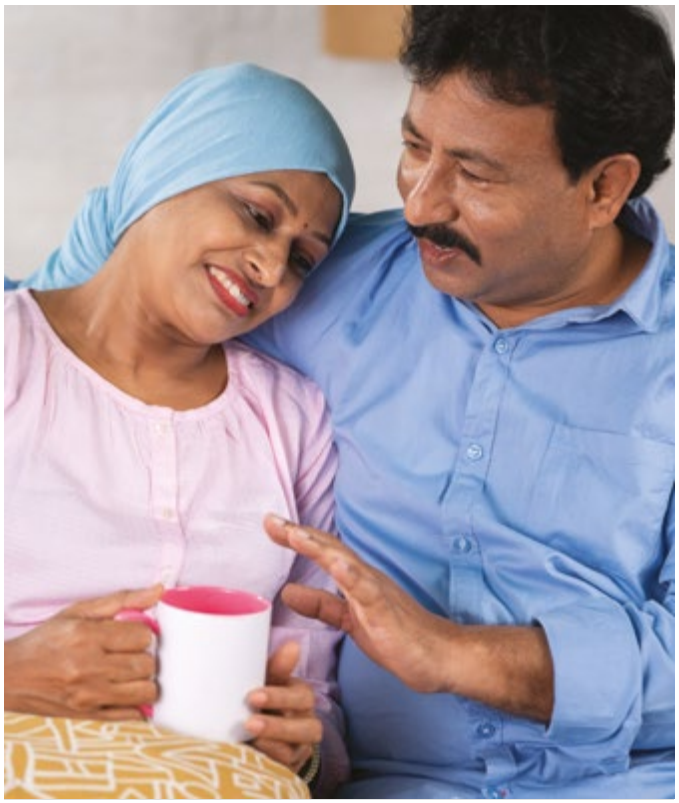
> *"...I have had so many years being unable to work that I will not have much income from pensions other than the stare pension and because of injuries received during caring it would be hard to return to my previous occupation."*

> *"I am concerned that my savings are being eroded significantly to pay my bills and that I will only receive the basic State Pension when I retire as I have been unable to work and earn a reasonable salary to provide for my retirement."*

> *"I cannot work properly. My pension contributions are shot to pieces. I am not able to financially plan for the future and I went bankrupt because of my caring role."*

> *"I had to give up work when my son was born 25 years ago so although my husband worked we have had to live more frugally than we expected as I had a well paid job."*

> *"I had to give up my £60k Pa job with little notice and take my private pension 10 years early. I've lost 10 years of contributions and taking it early reduced the value."*



24%

of carers said they had cut back on, paused, or stopped paying into a pension

Many carers said they are using their savings to pay for the costs of care, rather than keeping money back for their retirement. As a result of these missed opportunities to save for the future, many carers are worried about their quality of life in retirement, how they will pay for their own care in the future, or support themselves financially after their caring role has come to an end.

> *"Having to use my hard earned savings to survive. I am terrified that I will have no savings left to support myself once my parent passes on."*

> *"I am facing a very uncertain future due to the drain the care fees out on our finances. I feel very vulnerable and quite scared about my own future. There won't be any money left for me to have a comfortable retirement, despite the two of us having worked hard all our lives and been successful in our careers."*

> *"Much of our savings have gone on care and I can only hope I have enough income and savings to live in my home without having to sell it."*

> *"I will be 60 this year and for the better part of the last decade I have only spent savings and haven't accrued money that will allow me to retire."*

Several carers who have given up paid employment to care also said they have become dependent on the income of the person they care for, and are worried about how they will manage in the future.

> *"My income is limited and my housing is dependent on my mother. If anything happens to her I will no longer have caring responsibility and I will be homeless."*

> *"I do not have financial independence. We are reliant on my husband's pension and if he dies I may struggle with very little independent means of my own."*

> *"Mum owns the house. When she dies, it will have to be sold and I'll be homeless."*

Siobhan's story

Siobhan, 54, cares for her disabled mum who is 87, and who has gradual mental decline. Siobhan also occasionally cares for her oldest brother, 59, who has an autism diagnosis and learning difficulties and, until recently, was living with their Mum.

Her caring role has increased gradually over the last three to four years. Siobhan's mum pays for personal care for four hours each day which Siobhan oversees. She is the main point of contact for the care workers, and also manages her mum's finances, house maintenance, clothes shopping, and appointments with the GP. Her twin brother, who lives an hour away, supports her when he can.

In addition, Siobhan has managed and overseen the complex process of helping her brother to move out and become independent of his mother. This involved first getting an autism diagnosis, navigating social services and benefits, as well as untangling his finances. After successfully winning a Personal Independence Payment for him as his appointee, she sourced a Personal Assistant who supports him three times a week.

Siobhan also has two adult children who are neurodiverse. She is currently supporting her daughter who has a recent autism diagnosis and had to pause her university studies after experiencing autistic burnout.

Siobhan has said that she has found it hard not pursuing a career. Since leaving paid employment two years ago, she has wanted to work again but needs an option that fits in alongside her multiple caring responsibilities.

It has been difficult to find part-time, flexible work, or a job-share in a role that's suitable.

Previously she worked in advocacy and communications in the international NGO sector. She hasn't applied for Carer's Allowance as she could easily go over the earnings limit for the benefit if she got freelance work and could then be penalised. She said: "It's just not worth the risk."

She highlights how more professional women are now having to care for two (or more) generations, with significant implications for their ability to participate in the labour market.

"Employers need to recognise that more and more staff will be affected by this in the future and offer flexibility and support to keep carers in the workplace."

Her situation has also affected her pension. Siobhan, whose husband was out of work for four months this year, said: "We are not hard up, but we do worry about our finances in retirement."

The long term costs of caring: the impact after caring ends

Caring can have a long-lasting impact on people's lives, and the challenges of providing unpaid care can continue far beyond the end of the caring role. Previous Carers UK research found that many carers find that their health and wellbeing, and their financial situation worsens after stopping caring, while others struggle to return to paid employment and rebuild their own lives after caring unless they receive sufficient support.[52]

Carers can struggle financially when caring ends

Caring can have a financial cost beyond the end of the caring role. While some carers find that their financial situation improves after caring because of inheriting money or no longer having to pay for the extra costs of care, many former carers continue to struggle financially or find that their financial situation worsens.

Former carers often struggle financially because they lose crucial support from the social security system. As well as no longer being eligible for carers' benefits such as Carer's Allowance, former carers also often lose benefits that the person being cared for received before they passed away. Research by Marie Curie found that the likelihood of a carer being in poverty increased by 47% after the death of the person being cared for, with household income falling during this period and significant costs such as funeral costs or settling debts.[53]

The State of Caring 2025 survey found that while a third of former carers (34%) said their finances had improved since they stopped caring, and 44% said it had stayed the same, over a fifth (22%) of former carers said their financial situation had worsened since they stopped caring.

Some former carers said that they stopped receiving financial support from the social security system when the person they care for passed away.

52 Carers UK (2023) *The experiences of former carers*

53 Marie Curie (2025) *Exploring the financial and employment impacts of end of life unpaid caregiving in the UK: Policy briefing*

Carers can continue to receive Carer's Allowance for up to eight weeks after the person they care for dies, provided they continue to meet the age, study, earnings and residence criteria. However, after that point carers lose access to this benefit. Many carers also lose benefits that the person they cared for was receiving, such as Personal Independence Payment or Attendance Allowance. If the DWP or Tell Us Once are not notified immediately after the person being cared for dies, any payments received after death become overpayments which must then be recovered.[54]

Many former carers said they were finding it more difficult to afford the cost of essentials.

"Loss of my husband's income has had an extremely detrimental impact on my ability to pay everyday expenses."

"I am no longer in receipt of Carer's Allowance so have no income at all. Unable to claim benefits so need to use the money I had saved for my retirement."

"I have lost over 50% of my income as I have lost my husband's state pension and his Attendance Allowance, and I have only been given £37 per week of my husband's state pension."

"My husband died so lost his pension which paid for the heating."

"As a retired person now alone, I have the same overheads but not the same contributions from my partner."

22%

of former carers said their financial situation had worsened since they stopped caring

Nearly half of former carers (47%) said they were not in paid employment when they were caring. Some said they had given up paid employment many years ago, and had been unable to save money for the future as a result of a loss in income and missed opportunities to pay into a pension. Several former carers said they would like to return to work but were worried about doing so, especially if they've been out of the workforce for a significant amount of time.

"... I gave up work to care for [my husband] so I have no pension or savings of my own."

"I have lost money which was used to pay bills and now trying to get by is hard because I have been out of work for 13yrs."

"I think that my age goes against me despite my work experience and transferable skills."

"I would love to go back to work... I suffer with anxiety and have been isolated for a long time, I just need people to be understanding and a return to work program to help me with my confidence..."

Former carers also said they had had to pay for extra costs such as care home costs or funeral costs, and this was making it more difficult to manage financially.

"Currently having to pay funeral expenses, bills, etc. No time to find f/t employment yet – on a zero hours contract. I have £55 in the bank to last me for the next two weeks."

"I am still paying for a funeral and face a colossal council tax bill. I am having to cut down on water, electrics and gas by eg not cooking, not turning the heating on and not showering."

54 DWP *Benefit overpayments*

Carers can struggle with health and wellbeing when caring ends

Losing a sense of identity or purpose

Although caring can be challenging, many people gain a sense of purpose from their caring role, and some find it rewarding. As result, when caring comes to an end it can lead to feelings of loss – not only the loss of the person being cared for, but the loss of the caring role. A qualitative academic study based on interviews with unpaid carers found that the concept of emptiness emerged in all interviews, with carers mentioning a lack of meaning, and a sense of loss and loneliness which lasted for some time.[55] Many carers feel they need to 'start again',[56] and this can be difficult or daunting without support.[57]

The State of Caring 2025 survey found that although over half of former carers (53%) said their health had improved since they stopped caring, and a quarter (26%) said it had stayed the same, a fifth of former carers (21%) said their health had worsened since they stopped caring. Many carers said they felt a sense of loss – not only for the person they cared for, but for their caring role, while others said they no longer had a sense of purpose since their caring role ended.

"My grief can be overwhelming at times. I no longer have a purpose to my life."

"My husband passed away and I am lost. My life revolved around caring I had no other outside interests as we didn't have family who could help. Carers [paid workers] were difficult to find. Social Services were no help at all. Now he has gone I'm lost. I'm now too old to change my job, I should stop work but it's the only thing that keeps me going every day."

21%

of former carers said their health had worsened since they stopped caring

"My mother died a month ago, I have had no break and am now overwhelmed with paperwork and everything that needs to be done, I suddenly have no purpose, am on my own for the first time in my life and feel very anxious."

"Dealing with grief and guilt after the person I cared for died and losing purpose."

"I just find it strange that I am no longer carrying out the duties that I did and feel an emptiness."

If carers sacrifice their own hobbies and interests, their career goals and their friendships and relationships, then it can be difficult to fill the time with other things when caring comes to end. Several former carers said that they have struggled to adjust to their life post-caring, and that this adjustment has taken longer than anticipated. Some people said they had to re-learn how to prioritise their own needs, while others said they had found it hard to be motivated due to feeling depressed or lonely.

"It's a struggle to look after myself, learning to prioritise my needs and health is a slow process."

"Recovery has been slower than expected."

"Caring has come to an end due to death of person I was caring for. Feeling very down and finding it hard to get back to the life before I started caring."

"It improved immediately I stopped caring but now I'm older I feel I'm more effected by the detrimental effects it's had on my long term health."

55 Mora-Lopez, G., Berenguer-Poblet, M. and Berbis, C. (2022) New life transition of former caregivers: positive mental health approach

56 Larkin, M. (2008) Life after caring: the post-caring experiences of former carers

57 Watts, J. and Cavaye, J. (2016) Being a former carer: impacts on health and wellbeing

The long-term impact of caring on health

Some people experience health issues after caring, or find that their health worsens, which can make it even harder to rebuild a life after caring. A qualitative academic study with people who previously cared for someone with dementia found that sleep disturbances in former carers continued for as long as 10 years post-caring, and many former carers reported ongoing illness or health conditions.[58] Carers Week research in 2025 found that over half of former carers (56%) said they face disadvantages in looking after their health and wellbeing.[59] Because of the demands of caring, carers do not always prioritise their own health when caring, and this can result in health conditions worsening over time.

Some former carers said they are struggling with long term health conditions caused or worsened by the strain of their caring role. In particular, many carers said that caring had been so tiring that they felt burnt-out and exhausted and needed time to recuperate.

> *"The amount of time spent caring was all consuming because of the care required. After the caring ceased my body went into shut down as I had no more energy and had been running on adrenaline and I collapsed in a heap. It took a good 12 to 18 months to get back on my feet also due to grief."*

> *"Mentally and physically drained. Husband passed away early June and I've been struggling with chest infections since then."*

> *"I have found it really difficult to adjust both physically and mentally to removal of the stress built up over 8-10 years of caring – I've had a period where it has been difficult at work as I've felt burned out by caring and physically sick."*

> *"Caring for my alcoholic husband, who died three months ago, was traumatic. I am receiving counselling and will be undergoing trauma therapy next month. Caring for him was the hardest thing I have done in my entire life."*

> *"The stress and strain not just financially but physical and emotionally have impacted leaving me with health problems at an age I was planning to do so many other things following retirement."*

Some carers also said that they had been unable to prioritise their own health while caring, so were now dealing with the consequences of that.

> *"I think all the times I put off caring for my own health have caught up on me and unfortunately due to the medical issues I have my health will only get worse."*

> *"I put the person I was caring for ahead of my own health, since their death I have had multiple health issues to contend with."*

> *"Caring for my wife (67 years) has meant that I have spent less time looking after my own health. Now at 91 years old the NHS do not want to carry out the operations I need."*

58 Corey, K. and McCurry, M. (2018) *When caregiving ends: the experiences of former family caregivers of people with dementia*

59 Carers Week (2025) *Caring about equality*

Terry's story

Terry, 56, cared full-time for his father until he died in May 2024. In 2016, Terry left his job as a general nurse in London and returned home to look after his father, who was frail and required support with everyday tasks.

Since his father's death, Terry has found it difficult to adjust to life beyond his role as a carer and adapt to a "new normal". Caring became "natural" to him, and he continues to experience moments where he instinctively wakes up in the night, feeling the need to check on his father.

Terry was struck by the lack of support when his caring responsibilities came to an end. His Carer's Allowance stopped eight weeks after his father died, and he describes the expectation to "carry on as if nothing had happened" very distressing.

Terry is currently relying on a private pension to support himself financially. Without a regular income, he worries about the future and will apply to access his NHS pension shortly. He recognises that without this financial safety net, he would have been forced to return to work immediately. However, re-entering nursing would require him to complete mandatory training, and without financial assistance during this period, it would have been nearly impossible to support himself.

The long-term costs of caring have taken a toll on both Terry's physical and mental health.

He continues to feel "mentally exhausted", describing how the emotional and psychological demands of caring only caught up with him after his father's death.

For the first time in years, he is sleeping through the night and since this he has realised the extent of sleep deprivation he previously experienced.

Physically, Terry still suffers from a back injury sustained while lifting his father into a bath. He also experienced kidney stones during his time as a carer, and recalls an incident where he was in an ambulance on the way to hospital while on the phone to social care services, desperately trying to arrange support. On another occasion, he discharged himself early from hospital because no community-based care support was available for his father.

He reflects that he "couldn't stop" and "had no choice but to toughen up and get on with it" because there was nowhere to turn for support.

I want to see a future for carers where...

Carers have told us what kind of society they would like in future:

More recognition within society of carers' vital contributions in preventing the collapse of health and social care systems.

"I want to see a future for carers where we are recognised for what we actually do every day of our lives, the sacrifices we make, things that we can't do or have in our lives because we care for someone."

More financial support for carers from the UK Government to support people who have had to give up work to care, and to prevent carers from falling into poverty.

"I want to see a future for carers where we are not terrified of our own financial futures because we have devoted a large chunk of our own lives caring."

More opportunities to take a break from caring, with increased funding for social care services so that carers have a choice in how much care they provide.

"I want to see a future for carers where they are supported to maintain a life outside of a caring role."

More support for carers' own health and wellbeing, with quicker and easier access to NHS healthcare, and more funding for programmes that aim to improve carers' wellbeing.

"I want to see a future for carers where our mental, physical and emotional health is looked after a lot more."

More information and advice for carers which is easily accessible and tailored to carers' individual needs.

"I want to see a future for carers the system is much easier to navigate, it's so disjointed and you don't get all the info in one place – it's exhausting looking for it."

More practical support with caring, with Carer's Assessments leading to specific support that is tailored to carers individual needs, rather than just signposting alone.

"I want to see a future for carers where we get more physical support not just booklets and links to websites."

More support to enable carers to combine caring with paid employment, including increased flexible working opportunities, paid carer's leave and a greater understanding of caring amongst employers.

"I want to see a future for carers where they are recognised by employers as having additional, exceptional responsibilities and workplace adjustments are considered to allow carers to fulfil their role as both a carer and an employee."

Conclusion

This report lays bare the profound and multifaceted costs that are borne by the UK's 5.8 million unpaid carers. The contribution they make through the care they provide – valued at £184 billion annually, equivalent to the NHS budget – is vast and indispensable.

Yet, as our evidence shows, the personal toll on carers can be immense. Unless urgent action is taken, carers will continue to shoulder increasingly unmanageable responsibilities, with grave consequences not only for their own lives but for the sustainability of health and social care services and the wider economy.

Caring is not a niche issue affecting a small proportion of the population. Most people will provide care at some point in their lives – women, who provide the bulk of unpaid care, have a 50:50 chance of caring by age 46, 11 years before men.

Financial costs and significant hardship dominate the lives of too many carers. The increased costs of living, coupled with insufficient support from a social security system that is unfit for purpose, have left thousands cutting back on food, heating, and other essentials. A significant number are falling into debt, while one in five struggles to make ends meet. Carer's Allowance – the lowest benefit of its kind – is failing to provide an adequate safety net and is in urgent need of reform.

Far too often, the additional expenses that come with caring – higher energy bills, transport costs, specialist food and equipment, or contributions to social care – push carers into long-term financial insecurity, undermining people's present wellbeing, and future resilience.

The human costs of caring are equally stark. Many carers report stress, exhaustion, anxiety, and depression. Rates of poor physical and mental health are consistently higher among carers than non-carers, and many face injuries, chronic fatigue, and worsening long-term conditions as a direct result of their caring role. Sleep deprivation, social isolation, and strained family relationships further compound this crisis.

Despite their central role in sustaining our health and social care systems, carers often feel invisible, unrecognised, and undervalued. Local authority support is inconsistent and often reduced to signposting rather than tangible help. The lack of accessible respite, health support, and joined-up services intensifies the strain people face, leaving many carers at, or beyond, breaking point.

The opportunity costs carers face are substantial and, for some, lifelong. In recent years, thousands of people have had to take on increased hours of care each week – often due to shortages or unaffordability of social care services – eroding their opportunities to participate in paid employment, hobbies, exercise, or family life. Many now live a life defined by their caring responsibilities, while others are left with no choice but to give up work or reduce their hours, diminishing their lifetime earnings, pension contributions, and prospects for financial independence.

Younger carers, in particular, face disrupted education, stalled careers, and curtailed social lives. For many, the cost is not only economic but existential: a loss of self-identity, confidence, and the chance to build fulfilling lives beyond caring.

Importantly, these impacts do not end when caring ends. The long-term costs persist for former carers, who often end their caring journey with diminished health, financial insecurity, and challenges re-entering the workforce. The loss of role and identity, coupled with grief, can deepen the difficulties people face. Without structured support, many remain trapped in hardship long after their caring responsibilities cease.

Taken together, our findings paint a picture of carers struggling with their finances, their health, and their employment, often with insufficient recognition or support. This is not only unjust but unsustainable. As demographic change increases demand for care, and our health and social care systems face unprecedented pressure, reliance on unpaid carers will only intensify.

Carers' outcomes are worse compared with 10 years ago and hundreds of thousands are in poorer health, have lost paid work, and have been plunged into financial hardship. Unless decisive action is taken, more carers will inevitably face the same challenges with devastating consequences for them, those they care for, and society as a whole.

The need for a new social contract for carers

To confront these challenges, what is needed is nothing short of a new social contract for carers – one that recognises their contribution as essential infrastructure for our society.

This social contract must include:

- Improved financial support, including a substantial uplift in Carer's Allowance and reforms to eligibility so that more carers benefit.
- Accessible, high-quality social care services, ensuring carers have genuine choice in the care they provide, and access to respite and breaks.
- Recognition of carers within the NHS, with systematic consideration of their health, wellbeing, and expertise as partners in care.
- Employment protections and opportunities, enabling carers to balance paid work with caring without sacrificing long-term security.
- Support after caring ends, helping former carers rebuild their lives, health, and financial stability.
- A cultural shift that values and supports carers across the life course.

We are calling on the Government, all political parties, policymakers, employers, and communities to unite behind this vision. A new social contract for carers is not a luxury or an optional extra — it is a necessity for a fair, compassionate, and sustainable society that will deliver social as well as economic benefits.

These findings come at a time when the Government is moving towards reform in several critical areas; reviewing workplace rights, reviewing the State Pension age and considering the future of pensions through the Pensions Commission, reviewing disability benefits and Universal Credit, reviewing support for people with health conditions, reviewing social care through the Independent Commission led by Baroness Louise Casey, and trying to reform the NHS in England.

With an ageing society, we must get this right for families, businesses and employers, public services, and the economy – not just for now, but to support the rising number of carers in the future. Given the lack of choice people have about the care they provide, and the negative impacts caring can have, this should be a significant concern for the Government and for society as a whole.

By acting now, Government and society can not only improve the lives of millions of carers but also secure the sustainability of our health and care systems, and our economy for the future.

The case is clear, the evidence compelling, and the time for action is now.

Recommendations for UK Government

Vision and strategy

The UK Government should:

- Develop a new social contract for carers, one fit for the 21st Century which recognises the enormous contribution millions of people make each day by providing the unpaid care that their families and friends need.
- Harness the power of cross-government working to improve outcomes for carers by developing a new, ambitious and fully funded National Carers Strategy which clearly sets out the Government's future commitments to supporting carers and families, building on the work undertaken by the All-Party Parliamentary Group on Carers in 2024.[60]
- Take a life course approach to understand the impact and costs that providing unpaid care has and tailor appropriate responses to help mitigate the negative costs of caring.

60 All-Party Parliamentary Group on Carers (2024) *The need for a new National Carers Strategy*

Social care

The UK Government should:

- Ensure that local authorities have sufficient and sustainable funding to enable them to fulfil their duties to carers under the Care Act 2014.
- Ensure that any future reforms made to the Better Care Fund account for the importance of this funding for local authorities in providing support for unpaid carers.
- Quickly develop a social care workforce strategy to run alongside the NHS workforce strategy to ensure that there are enough skilled staff to provide social care, ensuring that the quality of life, health and work benefits are realised for unpaid carers and their families.
- Urgently invest an additional £1.5 billion in breaks and respite services in England (with consequential funding for Devolved Nations) and legislate so that carers have a statutory right to regular and meaningful breaks.
- Ensure that any recommendations relating to unpaid carers that are put forward by Baroness Casey following her ongoing Commission into adult social care reform are implemented swiftly and in full.
- Ensure there is a clear understanding of the impact that rising costs of purchasing formal care services has on unpaid carers and their families and take steps to mitigate negative outcomes.

Financial support

The UK Government should:

- Review the current support provided to unpaid carers through the social security system, including setting objectives for carers' social security benefits as well as timescales and options for change. The review should particularly investigate interactions between benefits in the current system to understand how they affect individual entitlements.
- Increase the level of Carer's Allowance by at least £11.29 a week in England, Wales and Northern Ireland (at 2025/26 rates) to match the effective rate in Scotland.[61]

61 Estimations on the number of people who would be lifted out of poverty are based on 2025/26 carer premia values, and Family Resource Survey data from 2021/22

- Set an ambition to lift carers out of poverty by increasing the value of Carer Element, Carer Premium and Carer Addition by £11.29 per week. Doing so would provide the best value for money in alleviating carer poverty and would lift at least 30,000 people out of poverty and 40,000 out of deep poverty.[62]

- Improve the process for claiming Carer's Allowance to make it less complicated for claimants by modernising delivery, increasing staffing and improving staff training, and improving information sharing between DWP departments.

- Implement swiftly and in full, the recommendations in the final report of the Independent Review into Carer's Allowance overpayments, led by Liz Sayce. We have recommended that:
  - There needs to be clear, transparent and accurate information about earnings rules that are easily understandable to ensure that carers can make important decisions about their earnings.
  - Internal DWP processes and staff knowledge need to be improved to ensure that overpayments are not generated.
  - Overpayments debts in relation to earnings should be written off.

- Seek to maximise the impact of the Carer's Allowance earnings limit rise that was announced at the 2024 Autumn Budget, to support those who are undertaking part-time work alongside their caring responsibilities while claiming Carer's Allowance.

- Ensure that unpaid carers are fully consulted as part of the Timms Review into Personal Independence Payments (PIP).

Pensions

The UK Government should:

- Provide additional financial support to carers of State Pension age, including a new non-means-tested payment. There should also be a review of pension rules for carers, with implementation of initiatives to get carers up to similar pension levels as non-carers.

- In the context of the State Pension Age review, recognise that carers are a group particularly at risk of being under-pensioned as a result of their pre-retirement caring responsibilities and take steps to close the gap between carers and non-carers.

62 Estimations on the number of people who would be lifted out of poverty are based on 2024/25 carer premia values, and Family Resource Survey data from 2021/22

- Utilise the Pensions Commission and the review of the State Pension age by including clear lines of inquiry which help to understand and build mechanisms to support carers' financial futures in retirement, including planning.

- Ensure that the Pensions Commission review of the pensions system, and the review of the State Pension age, both have clear lines of inquiry into the experiences of unpaid carers, so that carers receive the support they need in planning for their future.

Supporting carers to stay in or return to paid employment

The UK Government should:

- Legislate to introduce a new statutory right to five days of paid Carer's Leave per year by the end of this Parliament, to support more people to balance employment and unpaid care and remain in work. This would build on the current right to unpaid leave secured through the Carer's Leave Act 2023.

- Learn from the outcomes of the Keep Britain Working Review being led by Sir Charlie Mayfield that recognises the significant impact that providing unpaid care has on employees' health and wellbeing and their ability to remain in the workplace and set out practical recommendations that will improve carers' ability to remain in and thrive at work.

- Work with employers to maximise carers' take up of the existing right to unpaid Carer's Leave and continue to promote good practice with regards to supporting carers in employment.

- Ensure that the new Make Work Pay initiatives to support return to work identify unpaid carers, build in tailored support and advice for them and measure outcomes on carers' journeys to allow services to continue to learn, build and improve support for unpaid carers.

- Develop the plan for the National Care Service and deliver much-needed funding to help stabilise social care, to enable carers who wish to continue with or return to paid work to do so.

Protecting carers' health and wellbeing

The UK Government should:

- Deliver a fresh approach to supporting unpaid carers through delivery of the NHS 10 Year Plan, transforming the way the NHS interacts with unpaid carers to make it the most carer friendly health service in the world by the end of the next decade. Detailed recommendations on this can be found in the Carers UK report on the NHS, published in September 2025.[63]

- Invest in a programme of activities to improve carers' mental health and address other factors which affect carers' mental health such as poverty, discrimination, housing and other related issues.

- Introduce legislation which drives a culture change throughout the NHS. Doing so would increase carer recognition, identification and support, and foster greater integration with social care and other services.

Improving identification of carers

The UK Government should:

- Use relevant awareness campaigns to help unpaid carers understand their rights and entitlements, and know what support is available.

Tackling equalities issues

The UK Government should:

- Amend the Equality Act 2010 to include caring as the 10th protected characteristic to improve equity between non-carers and people who have unpaid caring responsibilities for a disabled, chronically or older relative or friend.

63 Carers UK (2025) *A fresh new approach to supporting unpaid carers*

carersUK

Across the UK today, 5.8 million people are carers – supporting a loved one who is older, disabled or seriously ill. 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.

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