Headline sponsor

Caring About Equality

Carers Week report 2025

carersweek.org

Contents

In 2025, Carers Week is made possible through Carers UK working together with seven other major charities: Age UK, Carers Trust, The Lewy Body Society, The ME Association, Motor Neurone Disease Association, Oxfam GB and Rethink Mental Illness.

Introduction

This year, Carers Week is focusing on the theme of Caring About Equality

It is 60 years since the carers' movement officially began with the establishment of Carers UK. While there is greater awareness of unpaid carers and they now have rights and entitlements across employment, care, finances and health services, much more needs to be done to bring about equality for carers.

Despite their huge contribution to our society, many carers still feel invisible, face significant inequalities, and lack adequate support. Carers need tailored support that considers their individual circumstances and caring responsibilities, to tackle the disadvantages that carers can face and ensure they have equal access to opportunities.

Caring is a hugely relevant but under-recognised issue. This research suggests that nearly half of the UK adult population – around 24.9 million people – have provided unpaid care at some point in their lives, while 11.9 million individuals are currently providing unpaid support to family members and friends who are ill, disabled, or older. This contribution, though vital to society, often comes at a personal cost, especially when adequate support is not available. Many carers don't identify themselves as carers for years, missing out on crucial help.[1]

Every day 12,000 people become unpaid carers.[2] The 2021 Census showed that carers were providing more hours of care than ever before[3] and the value of their support across the UK has reached a staggering £184 billion a year[4] (£162 billion in England and Wales, £15.9 billion in Scotland, and £5.8 billion in Northern Ireland). With an ageing population, people living longer with conditions, and care being brought closer to home, caring will feature in even more people's lives in the future.[5] There is a risk, therefore, that if we do not proactively tackle the inequalities impacting unpaid carers, more people will face poverty, poor health, lower educational attainment and employment prospects, loneliness and isolation.

Every day

12,000 people

become unpaid carers

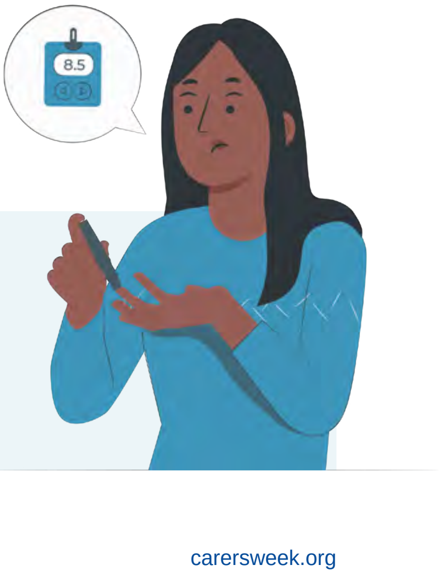
Unpaid carers are less likely to be in paid work than others who do not have caring responsibilities.[6] An estimated 600 people a day give up work to provide unpaid care;[7] potentially with devastating consequences for their short- and longer-term finances, but also for the economy. Employers can lose talented and skilled workers and experience reduced productivity impacts; Government has estimated that £37 billion a year is lost due to carers not being able to work.[8] And for young carers, research continues to highlight the significant impact that caring can have on attendance, attainment at school and access to higher education, employment and training opportunities. Young carers caring for 35 hours a week or more are 86% less likely to obtain a degree and 46% less likely to enter employment.[9]

We know that the impacts of caring for an older, ill or disabled relative or friend are not experienced equally. Women have a 50:50 chance of providing care by the time they are aged 46, men by the age of 57; 11 years later.[10] Women are more likely to provide care,[11] and more likely to be working part-time.[12]

1.2 million unpaid carers are in poverty, and 400,000 in deep poverty.[13] Carer's Allowance, the main carers' benefit is the lowest benefit of its kind at £83.30 per week (2025/6 rates). Because of the challenges of juggling work and care, and extra costs related to disability and ill-health, many carers struggle to save for the future and are more likely be under-pensioned. The benefits and welfare system for older carers is complex and frustrating and carers too often miss out on their entitlements. 1 in 5 retirement-age carers live in poverty.[14]

Caring is a social determinant of health[15] and data is increasingly showing health inequalities between those who are caring for disabled, older and ill-relatives and friends and those who are not.[16] The 2024 GP Patient survey in England found that 70% of carers said they had a long-term physical or mental health condition, disability or illness compared to 59% of non-carers.[17] Some of these negative impacts are long lasting, and many could be preventable or reduced.

All unpaid carers share a common need for equality of opportunity: better recognition, improved identification and support across all aspects of their lives. This includes greater financial assistance, more frequent and accessible breaks, reliable and affordable social care services, time to look after their own health, more workplace flexibility and support, and recognition and support from the NHS. Carers UK's recent research found that many unpaid carers can struggle to access timely appointments within the NHS for themselves and the person they care for, are not always identified as a carer by their GP, and do not receive the support they need with their health and wellbeing.[18]
Carers also need improved legal rights, stronger protection from discrimination, and recognition for the essential role they play in society.



Caring is a social determinant of health and data is increasingly showing health inequalities between those who are caring for disabled, older and ill-relatives and friends and those who are not

Certain groups of carers face even greater challenges, shaped by their gender, age, ethnicity, socioeconomic background, and sexual orientation. These intersecting factors often make their experiences more complex. It is vital that support services are tailored to the needs of individual carers so that any pre-existing inequalities due to factors such as ethnicity or gender are addressed.

The current domestic policy context offers opportunities to address the inequalities facing carers. In Great Britain, the Employment Rights Bill presents opportunities to strengthen carers' rights in the workplace, and the Carer's Allowance overpayments review could improve experiences of carers' benefits. UK Government and Scottish Government have already swiftly implemented a rise in the earnings limit for Carer's Allowance from £151 to £196 per week after deductions, giving 60,000 more carers the entitlement to Carer's Allowance (Carer Support Payment in Scotland). In England, the NHS 10 Year plan needs to recognise and support carers more, and the independent review of social care led by Baroness Casey could lead to positive change for carers. In Northern Ireland, there is an opportunity to strengthen carers' employment rights through the Good Jobs Bill.

However, there are also major challenges; the shortage of social care, long waiting times for NHS support and challenges faced by younger carers in education. Welfare reform for older and working age carers has already restricted Winter Fuel payments, and proposals to reduce disability and health benefits will significantly impact negatively on unpaid carers.

This research delves deeper into the impacts of caring for current and former carers, explores the disadvantages that carers feel they face relative to people without caring experience and looks specifically at key health and wellbeing issues. The public was also asked what support might help reduce the disadvantages that carers face.

Carers Week is about individuals, communities and organisations coming together to raise awareness about unpaid carers, share good practice and promote change. Carers across the UK deserve not only recognition, but real practical support that allows them and the people they care for to thrive. In 2025 we are inviting everyone to make a lasting difference by Caring About Equality and doing what they can to ensure carers have more equity in life.

Executive summary

Executive summary

Millions of people across the UK are providing unpaid care for an ill, older or disabled family member or friend. Unpaid carers are providing vital support to our health and social care systems, worth a staggering £184 billion to the economy each year.[19] Yet caring can have a profound impact on carers' own lives, and many do not have access to the same opportunities as those without caring responsibilities.

Carers Week charities commissioned Opinium to carry out polling of the general public, including adults who are currently providing unpaid care. This research suggests that millions of unpaid carers face disadvantages in relation to their health, their finances, and their employment.

Concerningly, the research reveals that a significant number of carers are struggling with their own health and wellbeing but are not getting the support they need. Many carers have had a health condition develop or become worse since they began caring, particularly young adult carers. However, carers are not always able to take a break to look after their own health or seek help with any health issues. A high proportion of carers have cancelled medical appointments due to the demands of their caring role. Those caring for many hours a week are particularly impacted, and there are gender inequalities, with women more likely than men to report that caring has impacted their health.

Previous research carried out by Carers UK and other organisations has also found that carers are more likely than non-carers to have poor health and wellbeing, and to be disabled, yet carers often struggle to find the time to prioritise their own health. This shows that unpaid carers need to be at the heart of any NHS plans and prevention strategies.

Our Carers Week research also highlights that carers are experiencing challenges in relation to their finances and ability to participate in paid employment. A significant number have had to reduce their working hours, which can have a considerable impact on income and ability to save for the future.

The polling, of 2,000 people aged 18 and over in the UK, found that:

Number of people caring

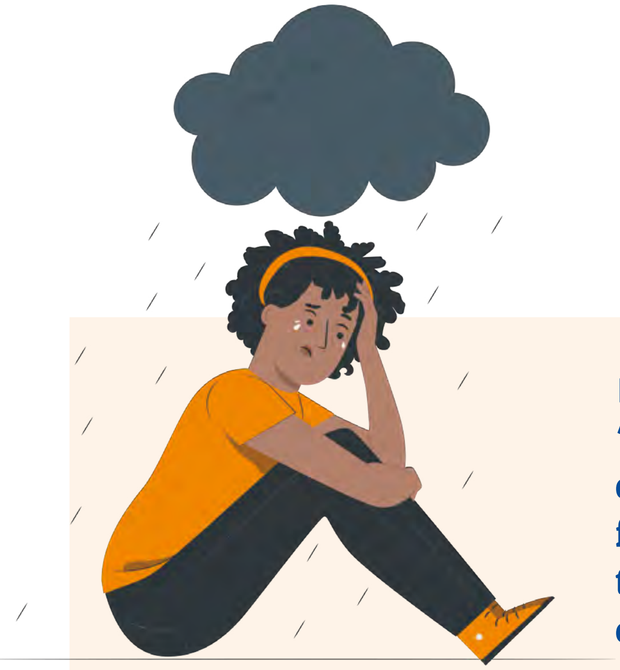
- Over a fifth of people (22%) are currently providing unpaid care, and 46% of people have provided care at some point – either now or in the past.
- Based on this polling and ONS population data,[20] we estimate there are 11.9 million people currently providing unpaid care in the UK, and 24.9 million people who have provided unpaid care at some point in their lives.

Health inequalities

- Many carers have had a health condition develop or become worse since caring. 43% of current and former carers said they had a mental or physical health condition develop or become worse since caring – an estimated 10.7 million people.
- Over half of current and former carers (58%) said they face disadvantages in looking after their own physical or mental health – an estimated 14.5 million people. 32% said they have struggled to look after their own health and wellbeing. Those aged 45-54 were most likely to say that they had struggled to look after their own health and wellbeing (47%).
- People who are caring for/have previously cared for a greater number of hours are even more likely to experience challenges in relation to looking after their own health and wellbeing. Half (50%) of those caring 35 or more hours per week said they have struggled to look after their own health and wellbeing, and 56% said they had a mental or physical health condition develop or become worse since they started caring.
- A much higher proportion of female current and former carers said they face disadvantages with their health compared with males (64% compared with 52%). A higher proportion of female current and former carers also said they had struggled to look after their health and wellbeing (37%) compared with male current and former carers (27%).

43%

of current and former carers said they had a mental or physical health condition develop or become worse since caring – an estimated 10.7 million people



58%

of current and former carers said they face disadvantages in looking after their own physical or mental health – an estimated 14.5 million people

Carers cancelling medical appointments

- A significant proportion of carers are cancelling their own medical appointments. 40% of current carers said they had postponed or cancelled a medical appointment, test, scan, treatment or therapy because of caring – an estimated 4.8 million people.
- Carers caring for a high number of hours are even more likely to cancel medical appointments – 45% of current/former carers caring for 50+ hours a week have had to postpone/cancel their own appointments.
- The main reason why carers are cancelling medical appointments is not being able to find a suitable time. 44% of current carers said they couldn't find appointments at a time they can attend.
- There were also variations between different age groups. Young adult carers (aged 18-24) were the age group most likely to say they had postponed or cancelled their own medical appointments (53%). Concerningly, it was also young adult carers who were most likely to say they had a health condition develop or get worse since they began caring (57%).

Reduced social connections

- Carers are less able to socialise with friends and family. Over half (57%) of current and former carers said they face disadvantages in their ability to enjoy a social life, and 38% said they have reduced their social life because of caring.

40%

of current carers said they had postponed or cancelled a medical appointment, test, scan, treatment or therapy because of caring – an estimated 4.8 million people

57%

of current and former carers said they face disadvantages in their ability to enjoy a social life

Financial disadvantages

- Financial worries continue to be a concern for many carers. 47% of current and former carers said that they face disadvantages in relation to their finances. Carers from underrepresented groups including LGB+ carers and ethnic minority carers were even more likely to say they face disadvantages with their finances. For example, a much higher proportion of ethnic minority current and former carers said they face disadvantages in relation to their finances, compared with White current and former carers (57% compared with 45%).

Employment challenges

- Carers in paid employment also experience challenges in staying in work. 46% of current and former carers in employment said they face disadvantages in relation to staying in paid work and career opportunities, and a quarter (25%) had reduced their working hours to care. Those aged 25-34 were most likely to say they face disadvantages in relation to staying in paid work and career opportunities (57%).

The support carers would like to see

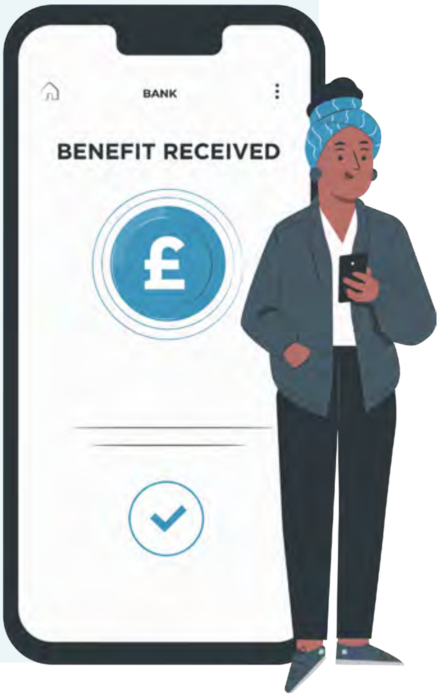
- The main thing that current and former carers said would help address disadvantage was more financial support from Government. 43% of current and former carers said this would help.
- More opportunities for carers to take a break would prevent carers' health conditions from developing or worsening. 39% of current and former carers who had a health condition develop or become worse said that being able to take regular breaks from caring would have helped to prevent this.

47%

of current and former carers said that they face disadvantages in relation to their finances

43%

of current and former carers said that more financial support from the Government would be the main thing to help address the disadvantage they face



Chantal's story

Carer's story provided by Carers UK

Chantal cares for her son Harry around the clock. He is 22 and has profound learning and physical disabilities. At a very young age, he was diagnosed with a rare liver condition. A late diagnosis left him with brain damage, epilepsy, delayed development and many complex health problems and disabilities. Harry has also become a wheelchair user.

Chantal has cared for Harry all his life and now that he is a young adult, continues to support Harry at home to live as independently as he possibly can. Chantal says:

"We have some support with lifting during the day but other than that I have zero support. I'm currently waiting for a temporary hoist. We live in rural Suffolk and there really is nothing in the way of services here. There is no respite."

When Harry turned 18, his health and care plan stopped and existing support was withdrawn. Things like his hydrotherapy and other physiotherapy which have really helped him with his mobility have all stopped. Local care and other support groups and activities nearby have closed in recent years due to a lack of funding.

Chantal gave up her gallery and restaurant businesses to care for Harry and their low income has also had a major impact on them and limited what they can access. When she does get any free time, Chantal likes to spend time making art.

After 22 years of caring, Chantal's own physical and mental health has deteriorated. The stress, the strain, the financial pressures, sleep deprivation and physical demands of lifting Harry now he is an adult are taking their toll.

Now 66, she has had knee and hip replacements. She and Harry are, she says, always self-isolating. Chantal says she can't take time to see a doctor and can't go anywhere that might expose Harry to anything as he is immuno-compromised:

"The constant worry is very difficult. He is frequently unwell and as he gets older, any infections, which he picks up easily, are getting worse."

"We live in rural Suffolk and there really is nothing in the way of services here.

There is no respite."

Data analysis (UK)

Data analysis (UK)

Opinium surveyed a sample of 2056 adults aged 18 and over in the UK, including 992 current or former carers. Fieldwork was conducted between the 11–18 March 2025.*

How many people are caring

Opinium polling results suggest that nearly half of people in the UK (46%) have provided unpaid care at some point: an estimated 24.9 million people:

- Over a fifth (22%) said they are currently giving unpaid support to someone – an estimated 11.9 million people.
- Nearly a quarter (24%) said they don't currently give unpaid support to anyone but have done in the past.
- 49% of respondents said they don't currently give unpaid support to anyone and have not done in the past. 2% said they didn't know, and 2% did not wish to say.

The estimation of the number of people currently caring (11.9 million) is higher than the most recent Census. Census data suggests that 5.8m people in the UK are providing unpaid care. In England and Wales, the Census found there was a decrease in the number of carers since 2011. ONS have stated that factors affecting the decrease may include a change in how the question on unpaid care was worded, as well as other factors such as changes in the nature of caring during the pandemic, when the Census was carried out.

It is also important to bear in mind that the question on unpaid caring in the Census was slightly different to the one we asked in the polling. In the polling, we asked people the following question: "Do you currently give or have you ever given unpaid support/ care to someone who is older, seriously ill, or has a disability?". Our previous polling for Carers Week has always identified a higher number of carers than the Census – in 2024 we estimated that 7 million people are currently caring; and in both 2023 and 2022 we found that an estimated 10.6 million people were caring. The wording of the question was slightly different in 2024 which may have led to a lower proportion of people identifying themselves as current carers.

An estimated

11.9 million people

are currently giving unpaid care to someone

---

* Some percentages do not add up to 100 due to rounding

Hours of care

Over half (54%) of people who are currently caring are caring for 1-19 hours per week. 18% are caring for 20-34 hours, 10% are caring for 35-49 hours, and 13% are caring for 50 or more hours a week. Nearly a quarter of those caring are providing more than 35 hours of care a week. Extrapolated up to the UK population this is nearly 3 million people.

An estimated

3 million people

are providing more than 35 hours of unpaid care a week

Impact of caring

Previous research has found that carers face disadvantages in comparison with people without caring experience, and experience significant inequalities. In the polling, we asked current and former carers what impact caring had had on their life. The most reported impact of caring was in relation to social connections. 38% of current or former carers said caring had reduced their social life.

Table 1: Impact of providing unpaid care

Impact	Proportion of current and former carers who reported impact	Proportion of current carers who reported impact	Proportion of former carers who reported impact
I have reduced my social life	38%	40%	35%
I have struggled to look after my own health and wellbeing	32%	36%	28%
I had to reduce my work hours	19%	23%	15%
I have struggled to pay bills and/or pay for essentials	14%	16%	13%
I have had to turn down career opportunities	11%	14%	9%
I had to give up my job	11%	13%	10%
I had to stop studying or decided not to study	7%	8%	6%
None of the above	31%	29%	34%

Just under a third of current and former carers (32%) said they have struggled to look after their own health and wellbeing.

People who are currently providing unpaid care reported more impact across all areas, compared with people who had provided unpaid care in the past. For example, 40% of current carers said they have reduced their social life compared with 35% of former carers, and 36% of current carers said they have struggled to look after their own health and wellbeing compared with 28% of former carers.

Current and former carers who provide/have provided a high number of hours of care reported more impact across several areas. For example, 48% of those caring for 35 hours or more per week said they have reduced their social life compared with 34% of those caring for 1-19 hours. 50% of those caring for 35 hours or more per week said they have struggled to look after their own health and wellbeing compared with 25% of those caring for 1-19 hours.

Carers in employment were more likely to say they have had to turn down career opportunities than those not working (14% compared to 6%), and to reduce their working hours (25% compared with 9%).

32%

of current and former carers said they have struggled to look after their own health and wellbeing

Disadvantages that carers face

It is clear from the polling that carers do not feel they have equal access to opportunities, such as being able to take a break, look after their own health, save for the future and stay in paid employment.

We asked current and former carers whether they felt they face disadvantages as a result of caring. Over half said they face disadvantages in taking a break (59%), over half said they face disadvantages in relation to their health (58%), and over half feel they face disadvantages in relation to their social life (57%).

Table 2: Disadvantages that current and former carers face

Disadvantage	Current and former carers who agree (somewhat/ strongly)	Current carers who agree	Former carers who agree
Ability to take a break	59%	60%	57%
Looking after my own physical or mental health	58%	60%	56%
Ability to enjoy a social life	57%	61%	53%
My finances	47%	50%	44%
Staying in paid work and career opportunities	40%	42%	37%
Education or qualifications	27%	30%	25%

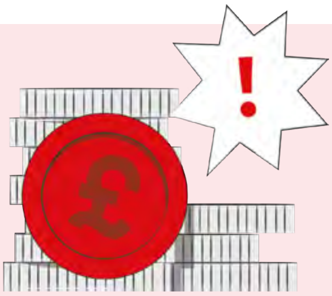
People who are currently providing unpaid care reported more disadvantage across all areas, compared with people who had provided unpaid care in the past. For example, 50% of current carers said they face disadvantages in their finances compared with 44% of former carers, and 42% of current carers said they face disadvantages in relation to staying in paid work and career opportunities compared with 37% of former carers. 60% of current carers said they face disadvantages in relation to their health compared with 56% of former carers.

Current and former carers providing a high number of hours of care reported more impact across several areas. For example, 71% of those providing 35 or more hours a week said they face disadvantages in taking a break, compared to 52% of those caring 1-19 hours. 58% of those providing 35 or more hours a week said they face disadvantages in their finances, compared to 39% of those caring 1-19 hours. 53% of those caring for 35 or more hours per week said they face disadvantages in relation to staying in paid work and career opportunities compared with 31% of those caring for 1-19 hours.

Carers in employment were more likely to say they face disadvantages in staying in paid work and career opportunities than those not working (46% compared with 31%). They were also more likely to say they face disadvantages in their ability to have a social life than those not working (59% compared to 53%), and more likely to say they face disadvantages in their ability to take breaks (60% compared to 54%).

50%

of current carers said they face disadvantages in their finances



What support might help address disadvantage

We asked current and former carers what they think would help address the disadvantages that carers face. The most reported support that current and former carers said would help was more financial support from Government (43% said this would help).

Table 3: Support that might help address disadvantages faced by carers

Support	Current and former carers who agree (somewhat or strongly)
Having higher levels of financial support from the Government	43%
Having more breaks from caring responsibilities	38%
Having more access to affordable social care	37%
Having more time to look after their own health and wellbeing	36%
Having more access to social care	36%
Having more flexibility at work	33%
Having better identification and support from healthcare professionals	33%
Having more carer's leave provisions at work	24%
Having stronger legal protection from discrimination as a result of caring	21%
Fewer barriers to obtaining qualifications	16%
Other	4%
Nothing	4%
Didn't know	7%

There were some differences in former and current carers' views on what support would help address the disadvantages carers face. Former carers were more likely than current carers to say that more affordable social care would help address disadvantage (41% compared with 33%), as well as more access to social care (37% compared with 34%) and more breaks (39% compared with 36%).

The support that people said would help was also linked to their own experiences. For example, current and former carers who said they face disadvantages in looking after their own physical and mental health were more likely to say that having more breaks would help (43%) compared with those who don't face disadvantages with their health (31%). Those who said they face disadvantages with their finances were more likely to say that having higher levels of financial support would help (51%) than those who don't face disadvantages with finances (42%).

Carers not in paid employment were more likely to say that more financial support would help, compared with those not working (53% compared to 41%). They were also more likely to say that more breaks would help (42% compared to 35%), as well as more affordable social care (43% compared to 37%), more time to look after their health and wellbeing (40% compared to 35%), and better identification from healthcare professionals (39% compared to 29%). However, carers in paid employment were more likely to say they needed more flexibility at work than those not working (40% compared with 27%), and more carer's leave provisions (28% compared with 21%).

Carers' health conditions

We asked current or former carers whether their health has been impacted by their caring role. Overall, 43% said they had either a mental or physical health condition develop or become worse when they were doing unpaid care.

- 25% said they have developed a new mental or physical health condition since they started caring.
- 29% said they already had a mental or physical health condition which was made worse by caring.
- 11% said they had a mental or physical health condition improve since they started caring

People currently providing unpaid care were more likely to say they had a mental or physical health condition develop or become worse since they started caring (48%) compared to those who previously provided care (37%).

Carers caring for 20 or more hours per week were more likely to say they had a mental or physical health condition develop or become worse since they started caring (57%) compared with those caring for 1-19 hours (34%). Carers caring for 35-49 hours were most affected overall – 63% said they had a health condition develop or become worse.

A higher proportion of carers in employment said they had a mental or physical health condition develop or become worse since they started caring than those not working (44% compared to 37%).

25%

of current or former carers said they have developed a new mental or physical health condition since they started caring

Stella's story

Carer's story provided by Rethink Mental Illness

Stella first heard of Rethink Mental Illness five years ago, when her husband was hospitalised. Accessing our Bristol Carers Service has given her opportunities for respite and peer support.

"What I've learnt from being a carer is to never, ever make prejudgements about mental health because none of us know exactly what kind of diagnosis somebody has got or how serious. Most people who meet my husband wouldn't know he was on heavy duty medication. It's only me that knows the history of his illness. A lot has happened.

Years ago, I would've been the kind of person who would've said something like 'oh I bet they've just diagnosed themselves off the internet' or 'there's not really much wrong with them'. Since being a carer, I'm much more open-minded.

No-one understands how tied you are to the home or where you live when you're a carer. The main thing for me is keeping in regular contact with my husband, even when I'm out of the house, and not putting him or both of us in any unusual situation which could trigger his illness.

When you think of other people's lives, they might have a couple of holidays a year or long weekends away. You can't do anything like that as a carer. That is a big limiting thing. We haven't had a holiday for over five years since he was hospitalised, because the stress of travelling through busy trains, bus depots or airports is too difficult for him.

> **"No-one understands how tied you are to the home or where you live when you're a carer."**

I'd really like it if we could go away together, but actually we really can't. I can't really go away on my own for any length of time either. Very occasionally, I spend one evening away.

I got involved with Rethink Mental Illness back in 2019 because my husband was hospitalised. I'm very grateful for the opportunities I get through Rethink's signposting. It gives me options for respite, to take care of my own wellbeing.

The Rethink Carers Bristol Service run regular things like walks and events. I've been going to monthly meetings for six months, on a course where I met other carers in my area. It was really good hearing things from the viewpoint of different carers.

I've also had help to apply for the annual grant from the council and Carer's Allowance. I knew nothing about the Carer's Allowance before – I was an unofficial carer for about ten years. My husband was on lifetime DLA (Disability Living Allowance) at the time I met him, before it got changed to PIP (Personal Independence Payment). Rethink helped him reapply for that as well, which was amazing."

What might prevent health conditions from developing or getting worse

We asked current or former carers who had a health condition develop or become worse because of caring what might have prevented this. The most commonly reported support that might have prevented health conditions from developing or getting worse was being able to take regular breaks (39%).

Table 4: Support that might have prevented carers' health conditions from developing or worsening

Support	Current and former carers who agree (somewhat or strongly)
Being able to take regular breaks from caring to do things that improve their health and wellbeing, such as seeing family and friends, taking part in physical activity, or engaging in hobbies	39%
Receiving more practical support with caring to reduce the amount of physical and emotional support I have to provide	38%
Getting a good night's sleep	36%
Having more time to monitor my own health and wellbeing and identify any new symptoms	31%
Receiving financial support at the right time	29%
Having better access to suitable and affordable replacement care, enabling me attend medical appointments or tests when I need to	27%
Receiving mental health support at the right time	25%
Being able to contact the NHS more easily, allowing them to speak to healthcare professionals sooner	24%
Having the time and resources to eat a balanced and healthy diet	21%
Other	3%
Don't know	5%

People currently providing unpaid care were more likely than former carers to say that most of the response options would have helped. However, there were a couple of exceptions: former carers were more likely to say that receiving more practical support with caring would have helped (41% compared to 36%) and having better access to suitable and affordable replacement care (29% compared to 25%).

Postponing and cancelling medical appointments

Given that caring can have a negative impact on carers' own health and wellbeing, it is vital that carers receive the support they need to address any health issues they may have. Yet carers do not always have equal access to healthcare due to the demands of their caring role. In the polling, we asked current and former carers whether they had ever postponed or cancelled their own medical appointments, tests, scans, treatments or therapies because of their caring role. Over a third (34%) of current or former carers said they had postponed or cancelled a medical appointment, test, scan, treatment or therapy because of caring. Of those who had cancelled or postponed, 23% had done so in the last 12 months.

This was even more of an issue for people currently providing care. 40% of current carers said they had postponed or cancelled a medical appointment, test, scan, treatment or therapy because of caring compared with 28% of former carers.

We asked carers and former carers who had cancelled or postponed medical appointments what the reason was for this. The main reason was not being able to find a suitable time. 39% of current and former carers said they couldn't find appointments at a time they can attend.

Table 5: Reasons why current and former carers cancelled medical appointments

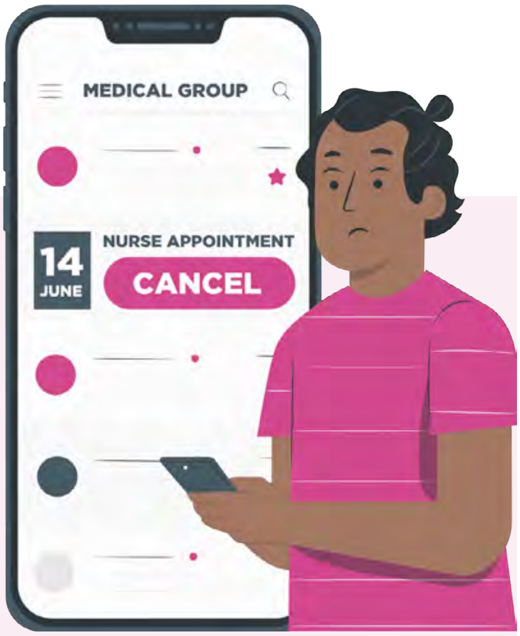
Support	Percentage of current and former carers who said this was a reason for cancelling or postponing an appointment
I couldn't find appointments at a time I can attend	39%
I didn't have the support I needed from family and friends to attend appointments	30%
I couldn't find affordable replacement care services (e.g. respite care or support from paid care workers) and needed more financial support with this	24%
I couldn't find any available replacement care services (e.g. respite care or support from paid care workers) in my area	24%
I couldn't find suitable replacement care services (e.g. respite care or support from paid care workers) that met our needs	22%
I had other caring responsibilities such as childcare,	18%
I was unable to take time off from paid employment to attend appointments	17%
Other	6%

Carers caring for fewer hours were less likely to say they had postponed or cancelled their own appointments, tests, scans, treatments or therapies. Although it is clear that caring had an impact on carers' ability to attend appointments, even when they were caring for fewer hours, those caring for a higher number of hours were more affected. 27% of current and former carers caring for 1-19 hours had postponed or cancelled appointments, compared to 45% of those caring for 50 or more hours a week.

Carers and former carers in paid employment were more likely to say they had postponed or cancelled their own appointments, tests, scans, treatments or therapies. A third (33%) of working carers had done this, compared with 27% not working.

39%

of current and former carers who'd had to postpone or cancel their own appointments, tests, scans, treatments or therapies said this was because they couldn't find an appointment at a time they could attend



Aditya’s story

Carer’s story provided by CARERS TRUST

Aditya, 17, from Kingston in London has been a carer for his brother Gautam, 11, since a young age. Gautam has a number of special needs including autism that mean he needs help doing pretty much everything from showering to eating. Aditya has always cared for his brother and the time he spends caring often increases during school holidays when his parents need to work.

Despite the increasing time caring took as he grew older, Aditya says it took years for him to be identified as a young carer. He explained:

“It was something that I just did naturally. Nobody comes up to you and tells you you’re a carer. You only get the diagnosis, nothing more than that. Then you just start caring and it becomes integrated into your lifestyle. I didn’t realise I was a young carer until I was told I was by someone from Carers Trust.”

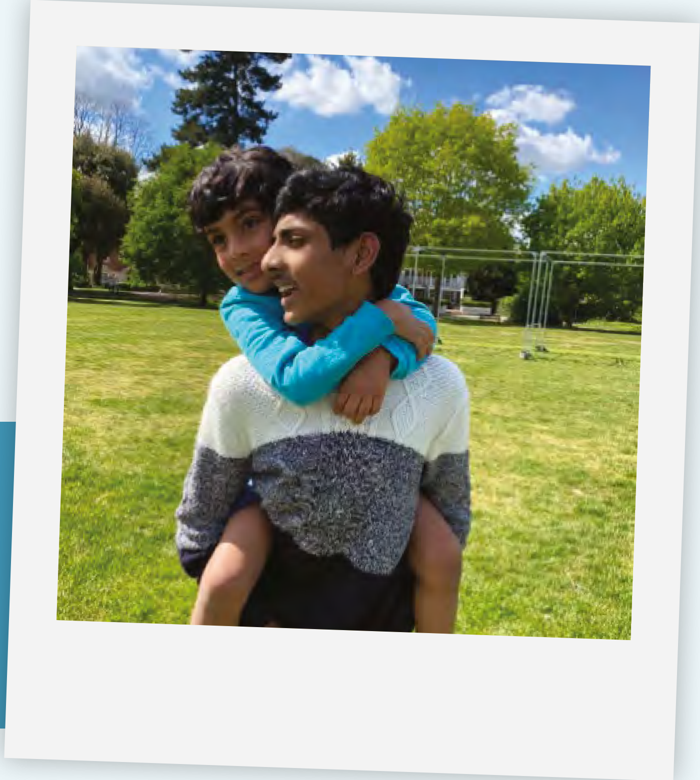
His responsibilities have grown over the years and that can eat into the amount of free time he has. He is supported by the staff at Kingston Carers Network.

Aditya said: *“Now I’m older, my parents trust me to look after him more. Those caring activities take up a lot of time on a day-to-day basis. I’ve become used to it and I’ve become quite good at it, if I do say so myself. But it’s a challenge to balance it. The amount of free time I get can be limited. I play sports and do music and other things but trying to balance it all and not having much free time is a challenge that a lot of other people my age don’t have.”*

He added:*“It’s given me a real purpose. Having someone to look after in the future drives me to do my best so I can look after him. Also keeping him happy is a reward, even though it’s very challenging.”*

“But the caring system as a whole seems sub-par. When I’m a working adult, that’s something I’m going to have to consider as we both get older. I’m going to have to think about both our futures. That’s something most people my age don’t need to think about.”

“I’ve become used to it and I’ve become quite good at it, if I do say so myself. But it’s a challenge to balance it. The amount of free time I get can be limited.”



Disparities by demographic factors

Disparities between carers: differences by gender, age, socio-economic status, ethnicity and sexual orientation

Whilst carers often face many of the same challenges, some can experience additional barriers when their caring responsibilities intersect with other socio-demographic characteristics. In this section we highlight inequalities between carers that are linked to gender, age, ethnicity, sexual orientation and socio-economic status.

Gender

Census data across all four nations shows that women are more likely to provide unpaid care than men. In contrast, our polling results found that a slightly higher proportion of male respondents are currently providing unpaid care (24%) than female respondents (21%). However female respondents were more likely than male respondents to say they had provided unpaid care either now or in the past (49% compared with 44%).

Our research also found that female respondents are caring for more hours. 16% of current and former female carers are/were caring for 50 or more hours a week, compared with 8% of current and former male carers.

16%

of current and former female carers are/were caring for 50 or more hours a week, compared with 8% of current and former male carers

37%

of female current and former carers said they had struggled to look after their health and wellbeing compared with 27% of male current and former carers

In terms of the impact of caring, a much higher proportion of female current and former carers said they had struggled to look after their health and wellbeing (37%) compared with male current and former carers (27%). In other areas, such as the impact on finances and employment, there were only minor differences by gender.

When asked about the disadvantages they face, a higher proportion of current and former female carers said they face disadvantages with their health compared with males (64% compared with 52%). However, a higher proportion of males said they face disadvantages with their education compared with females (33% compared with 21%), and a slightly higher proportion of males said they were disadvantaged with their finances (48% compared with 45%), and with staying in paid employment and career opportunities (41% compared with 38%).

Female current and former carers were more likely to identify things that would help address disadvantages. For example, 47% of females said that having higher levels of financial support from the Government would help, compared with 39% of males, and 41% of females said that more breaks would help compared with 35% of males.

A slightly higher proportion of current and former female carers said they had a mental or physical health condition develop or become worse since they started caring (44%) compared with current and former male carers (41%).

Female current and former carers were more likely to identify things that would have prevented their health condition from developing or getting worse. For example, 42% said being able to take regular breaks from caring would have helped, compared with 36% of current and former male carers. Females were also more likely than males to say that receiving more practical support with caring would have helped (41% compared with 35%), getting a good night's sleep (42% compared with 29%), having more time to monitor their own health and wellbeing (36% compared with 27%), receiving mental health support at the right time (29% compared with 21%), and being able to contact the NHS more easily (30% compared with 17%).

A slightly higher proportion of female current and former carers said they had cancelled their own appointments, tests, scans, treatments or therapies than male current and former carers (35% compared with 32%).

Claire's story

Carer's story provided by Age UK Let's change how we age

Claire shares her experience of juggling her own health and her employment with caring for her Mum.

“Just at the start of COVID, I moved from my house to live with Mum. Before, Mum would come stay at mine or my sisters and we'd stay at hers. I've not lived in my own house for five years now and only get to go back odd days and nights. My sister would travel from Yorkshire every Tuesday to care for Mum whilst I worked and stay a few weekends each year so I could get some well-earned rest. However, since June last year, she's been unable to due to recent health issues.

I'm generally fit and healthy but the past few years looking after Mum has had an impact on my health. I have musculoskeletal problems because of having to move Mum including some back issues. Last year, Mum had a tumble which pulled on my shoulder, and I've needed to have quite a lot of physio.

When I've felt physically or mentally drained, my eating isn't as healthy as I'm not cooking the food I normally like. I've postponed my medical appointments at times because there hasn't been agency staff or family available to help care for Mum. I'm juggling a lot in my life and trying to get a balance, but it's hard.

Tiredness and fatigue are a problem with Mum's care needs being 24/7. On occasion I've turned down going out with friends because I've been too tired. I always feel if I could get a full night's sleep it would help.

My sister worries about my health, and it's been discussed about Mum going into a care facility full time. I know I have to assess how I am and how Mum is, but I want to try and keep Mum at home if we can. I'm not entirely alone but some days it's a little bit exhausting because I'm the key person.

There are days where it's been a real struggle to work. Thankfully my manager's very flexible and allows me to work more days from home. If I didn't have this option, I wouldn't have been able to go to work.

Working reduced hours has meant a massive loss of earnings and effect on my pension. You feel in life that you work hard and as you get older, maybe you'll be in a better financial situation. I feel as I'm getting older I'm having to budget more because I haven't got the same disposable income. Last year I spoke to HR who did a summary of my lost earnings of the last 11 years since Dad died and caring for Mum. It was approximately £135,000. When you become a carer, you need practical, emotional, and financial help. Finance is massive as it's helping to pay for care if you need it and have respite for yourself.

There are many challenges being a carer but I try to see the positives and have quality time with Mum. Together we join a weekly music Zoom group, I try to take Mum to church to enjoy the hymns and when possible organised music events. Music can bring out a lot of joy in Mum and seeing this positive effect makes me happy.”

> **“When you become a carer, you need practical, emotional, and financial help.”**

Age

Our research found that the highest proportion of people currently providing unpaid care was in the 55-64 age group, where over a quarter of respondents (26%) said they are currently providing unpaid care.

However, it is the oldest age group who are providing the highest number of hours of care. A fifth (20%) of current and former carers aged 65 and over are/were caring for 50 or more hours a week, compared to just 1% of those aged 18-24 who are current or former carers.

20%

of current and former carers aged 65 and over are/were caring for 50 or more hours a week, compared to 1% of those aged 18-24 who are current or former carers

In terms of the impact of caring, current and former carers aged 45-54 were most likely to say that they had struggled to look after their own health and wellbeing (47%), most likely to say they have struggled to pay for bills and/or essentials (22%), and most likely to say they have turned down career opportunities (19%). Those aged 25-34 were most likely to say they had to reduce their working hours (33%).

When asked about disadvantages, a higher proportion of current and former carers in the 25-34 age group said they face disadvantages in relation to staying in paid work and career opportunities (57%) compared with all other age groups.

Young adult carers and former carers (aged 18-24) were most likely to say they face disadvantages in relation to their finances (58%) and in taking breaks (67%). Carers and former carers in the 45-54 age group were most likely to say they face disadvantages in relation to their health (70%).

57%

of current and former carers in the 25-34 age group said they face disadvantages in relation to staying in paid work and career opportunities

When asked what support might help address disadvantages that carers face, those aged 45-54 were most likely to say that having higher financial support from Government would help (51%) compared with all other age groups.

When we asked about health conditions, it was current and former carers from the youngest age group who were most likely to say they had a mental or physical health condition develop or become worse since they started caring. 57% of those aged 18-24 said this was the case. Older carers were least likely to say they had a mental or physical health condition develop or become worse since they started caring (29%).

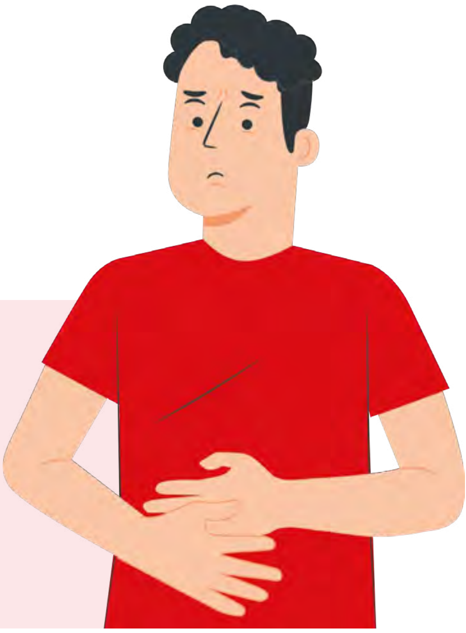
Looking at the results in more detail, young adult carers were most likely to say they have developed a new mental health condition since caring (25%), and most likely to say they have developed a new physical condition since caring (28%). Current and former carers aged 25-34 were most likely to say they had a mental health condition already that had been made worse by caring (31%), and those aged 18-24 were most likely to say they already had a physical condition that had been made worse (20%).

When asked what might have prevented health conditions from developing, older current and former carers were most likely to say that receiving more practical support with caring would have helped. 50% of those aged 55-64 and 51% of those aged 65 and over said practical support would have helped, compared with 28% of those aged 25-34.

When asked whether they had cancelled or postponed medical appointments, young adult carers were most likely to say they had postponed or cancelled their own appointments, tests, scans, treatments or therapies. Over half (53%) of current and former carers aged 18-24 had done this. Older carers were less likely to postpone or cancel their own appointments, tests, scans, treatments or therapies: 24% of current and former carers aged 65 and over, and 25% of those aged 54-65 had done this.

Whilst this research only included people over the age of 18, given the inequalities in life opportunities faced by young carers, it is important that they are not forgotten. For the second year in a row, Department for Education data has shown that young carers miss over a month of their education a year – 23 days, compared to 13 for non-young carers.[21]

And evidence published since last Carers Week has shown lower attainment rates for young carers in primary school, secondary school and college. Given the significant barriers to life opportunities for young carers, we have included recommendations that seek to address some of these inequalities.[22]



57%

of current and former carers aged 18-24 said they had a mental or physical health condition develop or become worse since they started caring

Paul's story

Carer's story provided by The Lewy Body Society

Becoming an unpaid carer when your partner is diagnosed with dementia is hard – it is full-time job for which very few are remotely qualified when they are thrust into the role. Nothing prepared Paul, from Sheffield, for the stress of being the sole carer for his wife who has Lewy body dementia.

Sue had been a hospital pharmacist for her whole career. *"She was a very bright lady, extremely organised, very proud, outstanding memory for fine detail,"* Paul said.

After having symptoms for over a decade, she was incorrectly diagnosed with Alzheimer's, a common experience for people with Lewy body dementia.

Paul had to give up his job as Sue had become a risk to herself, although she was in denial of any problems. Being her sole carer took a toll on his physical and mental health.

He was shocked by how hard it was to find information to get Sue the correct diagnosis, treatment and support: *"I suffered a stage which was 'Help, I need help' but had no idea what help I needed and didn't have time to look for it."*

"No carers have time to research anything. You don't even know what the right questions are. It is absolute hell to get anything from NHS, and Social Services. There are very good people in both organisations but finding them is difficult. You can't find a number anywhere, when you do, no one answers. They don't let you know what is happening.

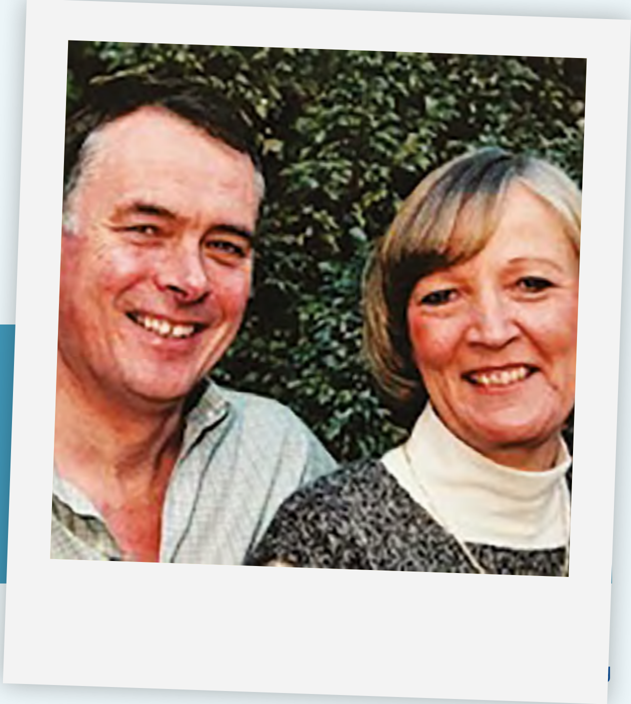
"I've become hardened somewhat and very determined to get "justice" for Sue. I'm only doing what I know she would have done for me had the situation been reversed."

While Sue was still at home, Paul struggled to find any time or space as a 24-hour-a-day carer to talk to anyone about what was going on. Sue would become paranoid and agitated if she overhead.

He added: *"I am part of a carers group now, which incidentally I couldn't attend until my wife went into care, and I talk about Lewy body dementia every chance I can, trying to support friends and acquaintances who are a few years behind in the journey."*

"I am concerned about the access to information. Too much is done online for our generation. This is a subject that comes up every meeting of our carers group. Most of the demographic caring for a loved one with dementia now have not used computers or smartphones routinely in their lives."

"I suffered a stage which was 'Help, I need help' but had no idea what help I needed and didn't have time to look for it."



Craig's story

Carer's story provided by motor neurone disease association

Craig is the spouse and caregiver of his husband Alex who was diagnosed with Motor Neurone Disease (MND) in 2021. Craig and his partner Alex met in 2012 and got married a few years ago. The wedding was an intentional celebration of their shared interests and passions before the impacts of MND became more severe.

Craig shared insights into the emotional and practical challenges of navigating the disease progression. After the diagnosis, he describes a shift from an initial "fight or flight" mentality to accepting the lifestyle changes required. He has had to balance caring for Alex with maintaining his own physical and mental health.

Craig has faced difficulties accessing adequate support and resources as a young, unpaid caregiver. He expressed frustration with the lack of tailored assistance and the undervaluing of the role of unpaid caregivers.

Maintaining social connections has been a challenge, but Craig has found writing and journaling to be a cathartic outlet. He emphasises the importance of respite, social connections, and self-care to sustain the caregiving role.

Overall, Craig's story highlights the complex personal and systemic issues faced by those caring for loved ones with terminal illnesses like MND. He shares his experience in the hope of raising awareness and advocating for improved caregiver support.

Socio-economic status

We looked at differences in responses by socio-economic status. Respondents were grouped into two groups according to the profession of the highest earner in their household. ABC1 refers to the higher socio-economic groups, and C2DE the lower socio-economic groups. This measure is widely used in market research.

The research found that a higher proportion of respondents from the ABC1 group are currently providing unpaid care (24%) compared with 20% of respondents in the C2DE group. However, respondents in the C2DE group are providing a higher number of hours of care. 17% of current and former carers in the C2DE group are caring for 50 or more hours a week, compared with 9% of current and former carers in the ABC1 group.

In terms of the impact of caring, a higher proportion of carers and former carers from the ABC1 group said they had reduced their social life (41%), compared to carers and formers carers in the C2DE group (33%), and reduced their working hours (20% compared with 17%). However, carers and former carers from the C2DE group were slightly more impacted in terms of their health and wellbeing: 34% said they have struggled to look after their own health and wellbeing, compared to 30% in the ABC1 group. A higher proportion of C2DE carers and former carers also said they had struggled to pay bills/pay for essentials than those in the ABC1 group (17% compared to 13%).

When asked about disadvantages, a higher proportion of current and former carers in the ABC1 group said they face disadvantages in relation to staying in paid work and career opportunities than those in the C2DE group (42% compared with 37%), and a higher proportion said they face disadvantages in taking a break (61% compared with 56%), and being able to enjoy a social life (60% compared with 52%). However, a higher proportion of current and former carers in the C2DE group said they face disadvantages in relation to their finances compared with those in the ABC1 group (49% compared 45%).

Current and former carers from the C2DE group were slightly more likely to say that financial support would help address disadvantages (45%) than those in the ABC1 group (42%). Those in the ABC1 group were more likely to say that more opportunities to take breaks would help (40% compared with 34%), as well as having more flexibility at work (39% compared with 26%).

A slightly higher proportion of those in the ABC1 group said they had developed a new mental or physical health condition since they started caring (27% compared with 22%). To a lesser extent, a slightly higher proportion in the CD2E group said they already had a mental or physical health condition which was made worse by caring (32% compared with 26%). There was no difference in the proportion who had cancelled or postponed medical appointments by socio-economic status.

17%

of current and former carers in lower socio-economic groups care for 50 or more hours a week, compared with 9% in the higher groups

Ethnicity

The research found that ethnic minority respondents were more likely than White respondents to say they had provided unpaid care either now or in the past (51% compared with 46%).

In terms of the impact of caring, White carers and former carers were more likely to say they had reduced their social life (39% compared with 34%), and that they have struggled to look after their health and wellbeing (34% compared with 23%). However, a higher proportion of ethnic minority current and former carers said they have reduced their working hours (23% compared with 18%), given up their job (15% compared with 11%), had to turn down career opportunities (15% compared with 10%), and struggled to pay bills/pay for essentials (19% compared with 14%).

57%

of ethnic minority current and former carers said they face disadvantages in relation to their finances, compared with 45% of white current and former carers

When asked about disadvantages, a much higher proportion of ethnic minority current and former carers said they face disadvantages in relation to their finances, compared with White current and former carers (57% compared with 45%). Ethnic minority current and former carers were also more likely to say they face disadvantages in relation to staying in paid work and career opportunities (49% compared with 38%), their education and qualifications (41% compared with 25%), and ability to take breaks (64% compared with 58%). However, White current and former carers were more likely to say they face disadvantages in looking after their own health and wellbeing (59% compared with 49%).

Although ethnic minority current and former carers were more likely than White carers to say they had experienced disadvantages in relation to their finances, a higher proportion of White carers said that higher levels of financial support from Government would help (45% compared with 35%). White carers were also more likely to say that having more access to affordable social care would help (40% compared with 24%), as well as more time to look after their health and wellbeing (38% compared with 30%). However ethnic minority current and former carers were more likely to say having more flexibility at work would help (37% compared with 33%), having more carer's leave provisions at work (28% compared with 24%), and greater legal protection from discrimination (30% compared with 20%).

When we asked about health conditions, there was no difference by ethnicity in the percentage of current and former carers who said they had a mental or physical health condition develop or become worse since they started caring. However, ethnic minority current and former carers were more likely to say they had postponed or cancelled their own appointments, tests, scans, treatments or therapies (39% compared with 33%).

Sexual orientation

The research found that heterosexual respondents were more likely than LGB+ respondents to say they had provided unpaid care either now or in the past (47% compared with 43%).

In terms of the impact of caring, heterosexual current and former carers were more likely to say they had reduced their social life (39% compared with 25%), and reduced their working hours to care (20% compared with 13%). However, a higher proportion of LGB+ current and former carers said they have struggled to look after their health and wellbeing (37% compared with 32%) and had given up their job (19% compared with 11%).

When asked about disadvantages, a higher proportion of LGB+ current and former carers said they face disadvantages across all areas compared with heterosexual current and former carers, including in relation to their finances (52% compared with 47%), staying in paid work and career opportunities (49% compared with 39%), their education and qualifications (33% compared with 27%), ability to take breaks (69% compared with 59%), and looking after their own health and wellbeing (66% compared with 57%).

Although LGB+ current and former carers were more likely than heterosexual carers to say they had experienced disadvantages in relation to their finances, a higher proportion of heterosexual current and former areas said that higher levels of financial support from Government would help (44% compared with 39%). Heterosexual carers were also more likely to say that having more breaks from caring would help (39% compared with 24%) and having more time to look after their health and wellbeing (37% compared with 34%). However, LGB+ carers were more likely to say that more access to affordable social care would help (47% compared with 37%).

When we asked about health conditions, a higher proportion of LGB+ current and former carers said they had a mental or physical health condition develop or become worse since they started caring (52% compared with 42%). However, heterosexual carers were more likely to say they had postponed or cancelled their own appointments, tests, scans, treatments or therapies (35% compared with 14%).

52%

of LGB+ current and former carers said they had a mental or physical health condition develop or become worse since they started caring, compared with compared with 42% of heterosexual current and former carers

Sally’s story

Carer’s story provided by The ME Association

Sally, 51 from Preston, supports her 70 year old mum, Judith, who has lived with ME for almost 20 years. Along the way Sally has juggled a full-time job with looking after three children, whilst also continuing to keep a close eye on her Mum. The support that Sally provides is invaluable, yet Sally feels that the work of carers is unrecognised and unappreciated – not by the people they are caring for, but by the authorities.

“My Mum has always been a strong, independent woman, and someone I can turn to. She’s always been my rock, and when my son (who is now in his 20s) was bullied at primary school, she was always there. She’s been a rock.

Mum used to run her own business, but in 2006 she became poorly and decided to sell up and retire. She was eventually diagnosed with ME, and today her life is led by her energy levels. ME does affect what she can do physically as well as her mental health. Mum has a quirky sense of humour, and she used to rise to a challenge, but now she has lost a lot of confidence and even the small things make her flustered.

We have always lived in the same town, but it was becoming challenging to cope with my daily commitments and also have the time to be there when Mum needed, so she moved house and now lives next door, which makes it easier for me to care for her. This has reduced the pressure a little and ensures that she always has company and the help needed.

As Mum’s carer, I do a lot, but I often feel that I don’t do enough because I know she is at home by herself. I work and we have a busy family life – two of my children have Autism and there always a lot going on. I sometimes feel as if the walls are closing in and that everything is against me.

Our family joins together to help Mum out around the home several times a week. For instance, my husband is a qualified electrician and can tackle the odd jobs. My three children often pop in next door to keep Mum company or to have a spot of lunch, which helps reduce loneliness. They’re a good distraction for her.

On a Friday, I don’t work so I may take Mum to a garden centre, to collect shopping or to a medical appointment, or just to tick off some jobs around the house. Of course, if she doesn’t have the energy to shop, I will pick up anything she needs.

> **“As Mum’s carer, I do a lot, but I often feel that I don’t do enough because I know she is at home by herself... I sometimes feel as if the walls are closing in and that everything is against me.”**

“I feel that the work of carers is largely unrecognised. A lot of carers are unappreciated as people, aside from those being cared for, people do not always fully understand what is involved.”

I also arrange a lot of family days and ensure that whatever we do is suitable for Mum too. She used to come along to the local curry house but now she finds that difficult, so we’ll bring a takeaway back to keep her included; we adapt things as needed.

I feel that the work of carers is largely unrecognised. A lot of carers are unappreciated as people, aside from those being cared for, people do not always fully understand what is involved. We are not seen as a priority by the authorities even though we are often propping up the level of care that a person should be receiving. There needs to be preventive support, instead of people only gaining the support needed when crisis point is reached.

As a carer, I do often have guilty feelings, and I know that my mum sometimes doesn’t ask for help because she knows I have a lot on. Another issue is the lack of understanding about the symptoms of ME. My mum is 70 years old, but because she doesn’t look her age, people don’t realise that she is struggling on a day-to-day basis.

There simply isn’t the support in place for carers, and they don’t get the chance to look after themselves because it’s not top of their priority list. The one thing that I try to do, is to talk to someone to offload as it can otherwise be a lot to manage.

My advice for carers is to try and take the time out for yourself and make sure that you’re ok. ”

Results in the nations

Caring in Northern Ireland

How many people are caring

Opinium polling results suggest that over three quarters of people in Northern Ireland (77%) have provided unpaid care at some point:

- Over a quarter (26%) said they are currently giving unpaid support to someone – a higher proportion than in all other nations.
- Over half (51%) said they don't currently give unpaid support to anyone but have done in the past – a much higher proportion than in all other nations.
- 23% of respondents said they don't currently give unpaid support to anyone and have not done in the past.

An estimated

385,800

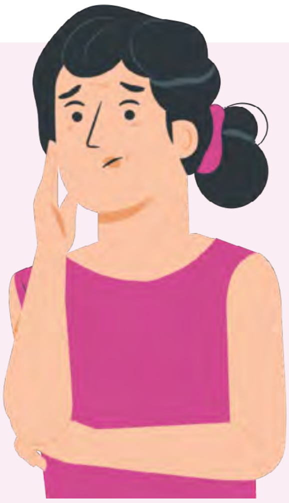
people are currently providing unpaid care in Northern Ireland

Based on ONS population data, we estimate that 385,800 people are currently providing unpaid care in Northern Ireland. This estimation is higher than the number of people providing unpaid care identified in the Census 2021, which found that 220,000 people in Northern Ireland are providing unpaid care. An estimated 1.1 million people in Northern Ireland have provided unpaid care at some point – either now or in the past.

Impact of caring

We asked current and former carers in Northern Ireland what impact caring had had on their life. The most reported impact of caring was in relation to social connections. 51% of current or former carers said they had reduced their social life – a higher proportion than in all other nations.

23% said they have struggled to look after their own health and wellbeing, 20% said they had to reduce their working hours, 18% had to give up their job (a higher proportion than in all other nations), and 10% said they have struggled to pay bills and/or pay for essentials, and 9% said they have had to turn down career opportunities.



51%

of current or former carers in Northern Ireland said they had reduced their social life because of their caring role

Disadvantages that carers face

We asked current and former carers in Northern Ireland whether they felt they face disadvantages. Over half feel they face disadvantages in relation to their social life (57%), and over half (54%) said they face disadvantages in looking after their mental or physical health. Over half (54%) said they face disadvantages in their ability to take breaks.

38% said they face disadvantages in relation to their finances, 47% said they face disadvantages in staying in paid work and career opportunities (a higher proportion than in all other nations), 26% said they face disadvantages with their education or qualifications.

What support might help address disadvantage

We asked current and former carers in Northern Ireland what they think would help address the disadvantages that carers face. The most reported support that current and former carers said would help was having more access to social care (45% said this would help). This was a higher proportion than in all other nations. Other things that current and former carers said would help included having more breaks from caring (44%), having more affordable social care (43%), and having higher levels of financial support from the Government (38%).

Carers' health conditions

We asked current or former carers in Northern Ireland whether their health has been impacted by their caring role. Overall, 43% said they had either a mental or physical health condition develop or become worse when they were doing unpaid care.

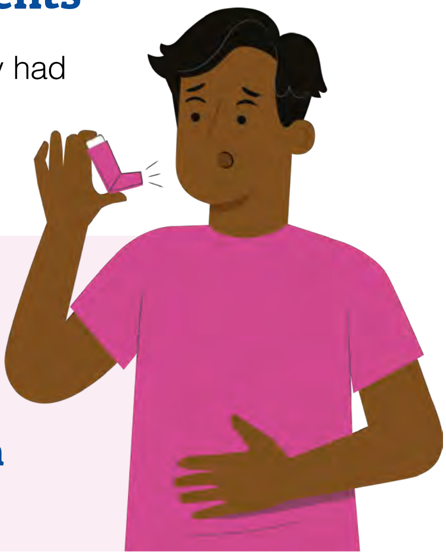
- 18% said they have developed a new mental or physical health condition since they started caring.
- 27% said they already had a mental or physical health condition which was made worse by caring.

Postponing and cancelling medical appointments

We asked current and former carers in Northern Ireland whether they had ever postponed or cancelled their own medical appointments, tests, scans, treatments or therapies because of their caring role. Nearly a third (30%) of current or former carers said they had done this.

43%

of current or former carers in Northern Ireland said they had either a mental or physical health condition develop or become worse due to their caring role

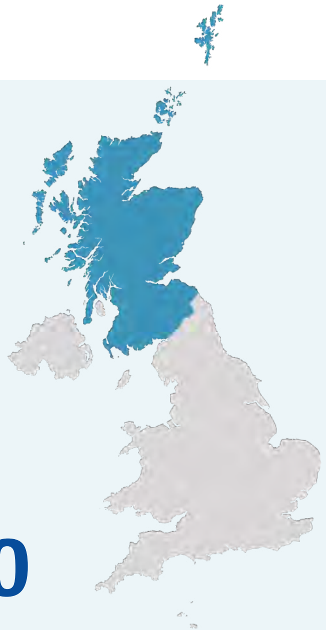


Caring in Scotland

How many people are caring

Opinium polling results suggest that over a third of people in Scotland (37%) have provided unpaid care at some point:

- 16% said they are currently giving unpaid support to someone.
- Over a fifth (21%) said they don't currently give unpaid support to anyone but have done in the past.
- 58% of respondents said they don't currently give unpaid support to anyone and have not done in the past. 0% said they didn't know, and 5% did not wish to say.



An estimated

716,250

people are currently providing unpaid care in Scotland

Based on ONS population data, we estimate that 716,250 people are currently providing unpaid care in Scotland. This estimation is slightly higher than the number of people providing unpaid care identified in Scotland's Census 2022, which found that 627,700 people in Scotland are providing unpaid care. An estimated 1.7 million people in Scotland have provided unpaid care at some point – either now or in the past.

Impact of caring

We asked current and former carers in Scotland what impact caring had had on their life. The most reported impact of caring was in relation to social connections. 30% of current or former carers said caring had reduced their social life.

Just under a quarter (24%) said they had to reduce their working hours – a higher proportion than in all other nations, and the second most reported impact.

19% said they have struggled to look after their own health and wellbeing. 15% had to give up their job, 14% said they have had to turn down career opportunities, 12% said they have struggled to pay bills and/or pay for essentials, and 6% had to stop studying or decided not to study.

30%

of current or former carers in Scotland said they had reduced their social life because of their caring role

Disadvantages that carers face

We asked current and former carers in Scotland whether they felt they face disadvantages. Over half feel they face disadvantages in relation to their social life (61%), and over half said they face disadvantages in relation to looking after their mental or physical health (54%). 50% said they face disadvantages in their ability to take breaks.

43% said they face disadvantages in relation to their finances, 33% said they face disadvantages in staying in paid work and career opportunities, 26% said they face disadvantages with their education or qualifications.

What support might help address disadvantage

We asked current and former carers in Scotland what they think would help address the disadvantages that carers face. The main thing that current and former carers said would help was having better identification and support from healthcare professionals (38% said this would help). This was a higher proportion than in all other nations. Other things that current and former carers said would help were having more breaks from caring (37%), having more access to social care (35%), and having higher levels of financial support from the Government (34%).

Carers' health conditions

We asked current or former carers in Scotland whether their health has been impacted by their caring role. Overall, 41% said they had either a mental or physical health condition develop or become worse when they were doing unpaid care:

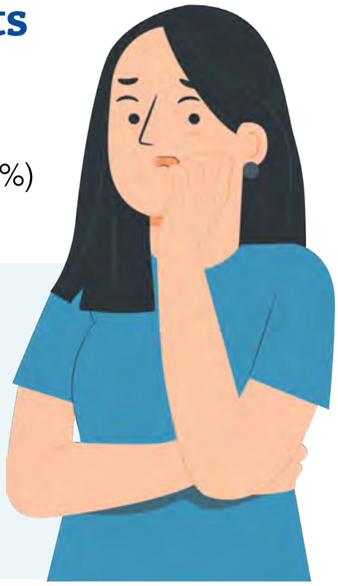
- 25% said they have developed a new mental or physical health condition since they started caring
- 30% said they already had a mental or physical health condition which was made worse by caring.

Postponing and cancelling medical appointments

We asked current and former carers in Scotland whether they had ever postponed or cancelled their own medical appointments, tests, scans, treatments or therapies because of their caring role. Nearly a quarter (24%) of current or former carers said they had done this.

41%

of current or former carers in Scotland said they had either a mental or physical health condition develop or become worse due to their caring role



Caring in Wales

How many people are caring

Opinium polling results suggest that nearly half of people in Wales (47%) have provided unpaid care at some point:

- 19% said they are currently giving unpaid support to someone.
- Over a quarter (28%) said they don't currently give unpaid support to anyone but have done in the past.
- 49% of respondents said they don't currently give unpaid support to anyone and have not done in the past. 4% said they didn't know, and 0% did not wish to say.

An estimated

483,400

people are currently providing unpaid care in Wales

Based on ONS population data, we estimate that 483,400 people are currently providing unpaid care in Wales. This estimation is higher than the number of people providing unpaid care identified in the Census 2021, which found that 310,750 people in Wales are providing unpaid care. An estimated 1.2 million people in Wales have provided unpaid care at some point – either now or in the past.

Impact of caring

We asked current and former carers in Wales what impact caring had had on their life. The most reported impact of caring was in relation to social connections. 39% of current or former carers said caring had reduced their social life.

29% said they have struggled to look after their own health and wellbeing, 13% said they had to reduce their working hours, 7% had to give up their job, and 7% said they have struggled to pay bills and/or pay for essentials.

39%

of current or former carers in Wales said they had reduced their social life because of their caring role

Disadvantages that carers face

We asked current and former carers in Wales whether they felt they face disadvantages. Over half (66%) said they face disadvantages in their ability to take breaks – a higher proportion than all other nations. Over half feel they face disadvantages in relation to their social life (61%), and 50% said they face disadvantages in looking after their mental or physical health. 45% said they face disadvantages in relation to their finances, 35% said they face disadvantages in staying in paid work and career opportunities, 12% said they face disadvantages with their education or qualifications.

What support might help address disadvantage

We asked current and former carers in Wales what they think would help address the disadvantages that carers face. The most reported support that current and former carers said would help was having higher levels of financial support from the Government (52% said this would help) – this was a higher proportion than in all other nations. Other things that current and former carers said would help included having more breaks from caring (48% – a higher proportion than in all other nations), having more access to social care (40%), and having more flexibility at work (37% – a higher proportion than in all other nations).

Carers' health conditions

We asked current or former carers in Wales whether their health has been impacted by their caring role. Overall, a fifth (20%) said they had either a mental or physical health condition develop or become worse when they were doing unpaid care.

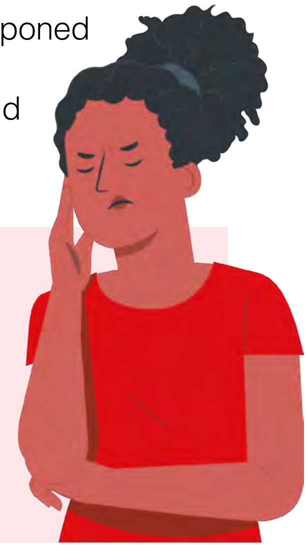
- 10% said they have developed a new mental or physical health condition since they started caring.
- 15% said they already had a mental or physical health condition which was made worse by caring.

Postponing and cancelling medical appointments

We asked current and former carers in Wales whether they had ever postponed or cancelled their own medical appointments, tests, scans, treatments or therapies because of their caring role. 17% of current or former carers said they had done this.

20%

of current or former carers in Wales said they had either a mental or physical health condition develop or become worse due to their caring role



Conclusion and recommendations

Conclusion

This research clearly sets out the significant impacts of providing unpaid care and the disadvantages that current and former carers feel they face in their health, finances, work, education and social contact. Many of these negative impacts could be prevented with greater recognition and targeted support. This is particularly important as many carers do not feel they have a choice in providing unpaid care. Carers Week 2024 research found that 62% of unpaid carers had no choice about caring because there were no other care options available.[23]

In addition, given the disparities that exist between carers themselves due to inequalities linked with factors such as age, gender and ethnicity, it is vital that tailored support is provided so that all carers have access to the same opportunities and life chances, and are able to overcome any disadvantages they may face.

This research shows that significant and sustained action is needed to address the inequalities faced by carers, particularly on carers' own health and wellbeing. With such a high proportion of carers struggling to look after their health and wellbeing, and many carers having to cancel their own medical appointments due to the demands of their caring role, this needs to be a key focus for change. Addressing these issues will also help improve the health and wellbeing of carers in the workplace, preventing people from having to give up work.

Given the policy shift towards the prevention of health issues, it is vital that carers are supported at an early stage, with more opportunities for breaks, better identification of carers within the NHS, and targeted interventions to support carers' physical and mental health.

In all nations of the UK, as Governments consider how to reform and deliver sustainable health and social care services, there are real opportunities to take action to better support unpaid carers, both now and in the future. For example, in Scotland there is work being undertaken on care reform and a new 10-year population health and care strategy. In England, the NHS 10 Year Health Plan and the independent review of social care led by Baroness Casey should take action to support unpaid carers. Supporting carers' health and wellbeing makes both moral and health economic sense. If carers are unable to look after their own health, health costs for themselves and the person they care for could be far greater, and this growth in health spending would be unsustainable.

A high proportion of carers face disadvantages with their finances and with staying in paid employment. Previous research by Carers UK has found that 600 people a day have given up work to care,[24] often because of insufficient support in the workplace or from health and care services. Giving up work to care and reducing working hours can have a significant impact on income, ability to save for the future, and on carers' health and wellbeing. Skills are lost from the labour market and in some industries these are in short supply. One in three workers within the NHS is an unpaid carer.[25]

The top priority that current and former carers said would help address the disadvantages that carers face is more financial support from UK and Nation Governments. Many carers are still struggling with their finances despite the fact they are providing billions of pounds worth of support to society, preventing our health and social care systems from collapsing. The social security system must better support carers who are unable to work due to the demands of their caring role or their own health conditions. Workplace rights for carers could also be improved, and barriers to working removed, so that those who would like to stay in or return to paid employment are able to do so.

With an ageing population, a need to increase workplace productivity and staff shortages in many sectors, and a need to reduce ill-health of all ages, there is also a strong economic imperative to work together to deliver better outcomes for carers. Our recommendations show that families and communities, workplaces and businesses, schools, universities and learning providers, public bodies and services and Government can all introduce changes to achieve better equity for carers.

Recommendations

With Caring About Equality; everyone, every individual, every community and every organisation has a part to play in helping to reduce the negative impacts for unpaid carers, tackling disadvantage and promoting equality of opportunity.

UK Government

The UK Government should address the inequalities that carers of all ages currently face by:

- Committing to coordinated cross-Government action in support of unpaid carers, including engagement with carers of all ages and wider stakeholders. This should lead to the delivery of a new National Carers Strategy that is backed by clear investment and specific actions that deliver tangible progress for carers and those they care for. Such an approach is needed to address the complex and interrelated challenges that carers are facing.
- Making caring a protected characteristic by updating the Equality Act 2010, and recognising that caring can intersect with other inequalities to create a cycle of disadvantage.
- Having an ambition to improve equity between non-carers and people who have unpaid caring responsibilities for a disabled, chronically or older relative or friend by including unpaid carers in equality impact assessments.
- Sign and proactively support the Young Carers Covenant on a cross-government basis.

Finances

With finances at the top of carers' list of changes they would like to see, this is an area that really matters to the public who are current and former unpaid carers. Whilst advice and information about finances can help carers to plan for current and future financial shocks, the Government has a significant role to play in preventing carers' poverty and promoting financial wellbeing. As already mentioned, Carer's Allowance is the lowest benefit of its kind.

The Government's welfare reforms will negatively affect the finances of 150,000 carers in receipt of Carer's Allowance alone, at a cost of £500 million by 2029/30. The reforms also have significant impacts on those in receipt of means-tested benefits and on devolved social security budgets in Scotland and Northern Ireland. Substantial additional action is required to address the poverty that 1.2 million carers already face.

UK Government should:

- Reconsider the changes to disability and health benefits which will impact negatively on unpaid carers and their families.
- Invest in support that helps support unpaid carers get into and remain in work, promotes their health and wellbeing whilst in employment and provides tailored assistance to those returning to work.
- Quickly publish and implement the findings of the independent review of Carer's Allowance overpayments. We are pleased that the Government is aiming to tackle 100% of overpayments alerts. However, the creation of new overpayment debts should be stopped until the review has concluded.
- Increase the value of Carer Element, Carer Premium and Carer Addition by £11.10 per week, to lift at least 30,000 people out of poverty and 40,000 out of deep poverty.
- Reform the eligibility rules for Carer's Allowance, such as removing the 21-hour study rule.
- Provide additional financial support to carers of State Pension age, including a new non-means-tested payment, and reviewing pension rules for carers, with implementation of initiatives to get carers up to similar pension levels as non-carers.

Health and social care

UK Government should:

Invest in measures which will deliver quick outcomes for unpaid carers across health and social care as well as longer term sustained change.

- Use the opportunity presented by the forthcoming NHS 10 year plan to deliver a fresh new approach to supporting unpaid carers, transforming the way the NHS interacts with unpaid carers. This should include:
  - Specific measures to improve the identification of unpaid carers across all parts of the health service to help carers' health promotion, tackle health inequalities and support carers to care.
  - Having a new focus on the NHS promoting unpaid carers' health and wellbeing with robust monitoring in place, underpinned by new legislation to place new duties on the NHS to promote unpaid carers' health and wellbeing.
  - Harnessing the power of digital technology, informed by carers' views on how this could improve outcomes for them and those they care for. This could include maximising the potential of the NHS App to allow unpaid carers to identify themselves.
  - Equipping carers with the information, advice and support to care safely and well where they choose to do so, and ensure that carers are fully consulted in decisions relating to the care of the person they care for.
  - Ensuring equal access to treatment and support for carers across the NHS, looking more in-depth at measures which will maximise unpaid carers ability to take up treatment and care.
  - Funding for local organisations to provide support which promotes carers' health and wellbeing.
- Urgently invest an additional £1.5 billion in breaks and respite services in England (with consequential funding for devolved Governments in Northern Ireland, Scotland and Wales).
- Use the opportunity of the independent review of social care in England led by Baroness Casey to look at promoting carers' health and wellbeing, access to education work and equality through the provision of social care and other support.
- Ensure that local authorities have sufficient and sustainable funding to enable them to fulfil their duties to carers under the Care Act 2014 and the Children Act 1989.
- 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.
- Ask the Equalities and Human Rights Commission, and respective bodies in devolved nations, to undertake an inquiry into the accessibility of healthcare services for unpaid carers.
- Introduce legislation to provide unpaid carers with a statutory right to regular and meaningful breaks.

Employment

The Employment Rights Bill offers new opportunities for unpaid carers through strengthened flexible working rights which will both help unpaid carers juggle work and care, and promote flexibility with employers – following best practice amongst some employers.

Whilst this is positive, it will not support unpaid carers alone. A positive work environment which recognises and supports carers, underpinned with rights will provide greater support.

UK Government should:

- Build on the Carer's Leave Act 2023 by using the Employment Rights Bill to turn the existing statutory right to one week's unpaid leave to paid Carer's Leave.
- Explore opportunities to provide employees with the right to take a longer period of unpaid Carer's Leave of up to 6 months so people do not fall out of the labour market when they have particularly complex and intense periods of providing unpaid care.
- Review and implement changes to the social security system to better support carers to remain in work, removing any aspects that act as a disincentive to work.
- Invest in structural support to enable carers to return to work following a period of absence related to their caring responsibilities, including by establishing a new national network of carers' partnership managers, to coordinate and review carers' pathways back into work.
- Undertake a full and independent review into issues relating to work and unpaid care reconciliation, to better understand the range of policy interventions and shifting practice within job roles, to ensure that more unpaid carers can remain in the labour market.
- Introduce a new campaign aimed at increasing employers' awareness of carers in their workforce and to help employees who have caring responsibilities to better understand their rights.
- Consider a refresh of work around former carers who want to return to work – recognising their skills and supporting them to take on training or apprenticeships if they wish to do so. This should also include further support for people over 50, particularly those who have been caring full time and are keen to return to work after a long period of time outside the workplace.

Health, local authorities and public bodies:

Health, local authorities and public bodies should:

- Ensure that carers' rights under health and care legislation are fulfilled.
- Ensure every local authority develops an active carers strategy and the needs of carers are specifically considered in other local strategies across health and social care.
- Use systematic identification of unpaid carers proactively to ensure that there are not barriers to accessing services, taking opportunities to join up support and help meet carers' needs.
- Proactively offer public health services such as free flu jabs and health checks to unpaid carers.
- Proactively raise awareness of unpaid carers amongst employees and via services.
- Ensure that unpaid carers are part of their equalities and diversity agendas, including them in equalities monitoring.
- Continue to communicate and engage with former carers, even when their caring role has come to an end. This might include acknowledging the impact that the end of caring might have on carers' health and wellbeing, and signposting former carers to further support to help them overcome these challenges.

Education providers

All schools, colleges and universities should:

- Appoint a Young Carers Champion or Student Carers Champion with strategic responsibility and oversight for identifying and implementing appropriate support.
- Have a young carer/student carer support policy.
- Ensure that unpaid carers of all ages are clearly identified and part of equalities programmes.
- Require all of their staff to undertake mandatory Young/Student Carer Awareness Training as part of their professional development.
- The Department for Education should set out a clear funded plan for improving identification and support in education for young carers and young adult carers. In addition, all governments should set a target for education providers to have identified at least 5% of pupils as young carers by 2030.

Employers

Employers should:

- Use the opportunity of identifying unpaid carers to promote equality and diversity, and improve staff health and wellbeing.
- Support their employees by implementing the Carer's Leave Act 2023 and going beyond it to offer a range of support.
- Benchmark practice against nationally recognised schemes such as Carer Confident in the UK or Carers Positive in Scotland.

Friends, families and communities

Given the time it takes for many people to identify as unpaid carers, with many missing out on support as a result, family, friends and communities all have a critical role to play in helping to identify unpaid carers and signpost them to support. Whether it's the local faith community, a running club, a Women's Institute or a Men's Shed, there's an opportunity to support unpaid carers.

Providers of services

All service providers could consider whether their customers or clients who are unpaid carers might benefit from additional or different support or could be signposted to help and advice. For some services, such as fire services, education or care services, this might be more substantial. Organisations who work with young people should also sign up to the Young Carers Covenant.

Additional recommendations for Northern Ireland, Scotland and Wales

Northern Ireland

In 2024 the Coalition of Carers Organisations in Northern Ireland published a New Deal for unpaid carers.[26] The report was co-designed with over 240 unpaid carers in Northern Ireland and sets out the priority policy changes in the realms of health and social care, welfare, housing, employment and more. Carers are the bedrock of care, as their contribution is the principal way that most people experience care. It is vital that they are treated as partners. The recommendations below are adapted from this report and include:

Health

- A new Carers Strategy. Northern Ireland's current plan is nearly 20 years old [27] and does not reflect current carer needs that span not just health but also employment, equality, welfare reform, respite, housing, poverty and transport/infrastructure. Any new strategy must be effectively resourced.
- Better identification and recognition of carers including effective delivery of carer assessments and outcomes of support.
- Improving carers' physical and mental wellbeing.
- Improving access to respite/short stay services.
- Better information and advice services as carers issues span the need for financial advice, will making, power of attorney concerns, welfare advice, employment advice, health service advice, education and transport advice, trust level, primary care and community service advice/signposting and much more.

Equality

- The rights of unpaid carers should be put on a legal footing as recommended in the NI Power to People 2017 report.[28] This groundbreaking report acknowledged the significant contribution made by family, friends and other carers to the health, wellbeing and human rights of adults with support needs.
- The Northern Ireland Human Rights Commission also called for stronger rights for carers, saying the NI Executive and its Departments must take full account of the challenges faced by carers including taking steps to enhance legal protections for carers seeking to exercise the right to work.[29]
- The Northern Ireland Carers Coalition also produced a charter of 14 rights that all carers should know about. This includes:

- taking regular breaks from caring and protecting their health & wellbeing
- living free from poverty
- being treated as equal partners in the Health and Social Care system
- having equal access to education and employment opportunities
- given the information and advice they need
- and the right to choose to be a carer.

Employment

- Helping carers combine care responsibilities with paid work through mechanisms such as flexible working hours and practices. These practices could be enshrined via the forthcoming Good Jobs Employment Rights Bill. Encouraging carers to remain in employment is a huge economic driver and would assist in helping to reverse NI's position as having the highest rates in the UK.
- Bring in paid carer's leave. NI is currently an outlier of basic unpaid care legislation and does not have current provision as brought in via the Carer's Leave Act 2023 which grants employed carers in England, Wales, and Scotland the right to one week of unpaid leave per year to care for a dependent with a long-term care need.

Finances

- Stronger welfare systems that support carers to live lives not defined by poverty.
- Stronger carer rights protections in welfare reform plans.

A carers recognition payment like that in Scotland should be adopted whilst in the Republic of Ireland an annual grant for respite care can be used throughout the year, when certain criteria are met.

Scotland

The Scottish Government should work to address the current inadequacies in social care provision by:

- Increasing investment in social care, recognising both its fundamental role in supporting the NHS and its key role in protecting the health and wellbeing of unpaid carers and their opportunities to take part in employment and education.
- Delivering the proposed right to a break for unpaid carers, ensuring that it is fully funded and that work is undertaken to ensure that a full range of break options are available for carers based on their needs and the needs of the person they are caring for. This should include working to develop an increased variety of breaks that support unpaid carer choice and control, are culturally appropriate and meet the diverse needs of Scotland's unpaid carers, including young carers, unpaid carers in rural and island communities and those with protected characteristics.

The Scottish Government, NHS Board and Health and Social Care Partnerships should work to improve unpaid carers’ involvement in hospital discharge by:

- Delivering increased and improved training for NHS staff in their duties to recognise, involve and inform unpaid carers, to support their involvement in hospital discharge.
- Ensuring that all unpaid carers are provided with the information they need on discharge and are referred for an Adult Carer Support Plan.

The Scottish Government should work with NHS Boards and Health and Social Care Partnerships to improve the health of unpaid carers by:

- Increasing investment in local carer services to provide support for mental wellbeing and training to support caring.
- Delivering on their commitment within the National Carers Strategy to provide health checks for carers and accessible and flexible access to health appointments in both primary and secondary healthcare. This must include replacement care where needed. Services must be designed and delivered in a way that is accessible and appropriate to young carers, unpaid carers with protected characteristics, and those living in rural areas.
- Developing a dedicated Carers Health Inequalities Plan with measurable actions to improve carers’ health in the short, medium and long term to prevent the health inequalities that carers face.

The Scottish Government should reduce the poverty that carers face by:

- Increasing the value of and eligibility for Carer Support Payment including ensuring that plans to deliver a new payment for those caring for more than one person are delivered in this Parliamentary term. This should include reforming the earnings threshold to better support unpaid carers to take part in paid work alongside their caring role, extending the time carers are paid the benefit when the person they care for has died, and working to deliver an older carers recognition payment. Work should also take place to monitor uptake with unpaid carers with protected characteristics and take action to reduce barriers for those groups.
- Committing to delivering a pilot Minimum Income Guarantee for unpaid carers to provide increased income and holistic support.

The Scottish Government should improve support and opportunities for carers to remain in or return to paid employment by:

- Continuing to promote and support the Carer Positive award and encourage employers across Scotland to support carers in their workforce, including though public procurement.
- Investing in and reforming employability services so they are more visible and can better support unpaid carers, including former carers. Unpaid carers must be set as a priority issue for employability services. These services should take into account the intersectional issues faced by unpaid carers with protected characteristics which can lead to additional barriers towards gaining employment.

Wales

The Welsh Government should:

- Commit to the production of an Action and Implementation Plan focused on resolving the well-documented implementation gaps in relation to the Social Services and Well-being (Wales) Act 2014 for unpaid carers. The plan should:
  - Be fully co-produced with unpaid carers and carer representative organisations.
  - Address existing findings, including by the Public Services Ombudsman, Track the Act and the Welsh Government-commissioned evaluation.
  - Set out effective monitoring of implementation and transparent reporting.
  - Address inconsistencies in Carers Needs Assessments across local authority areas.
  - Ensure there is sufficient capacity within statutory services to deliver on their legal duties outlined in the Act.
  - Co-produce guidance for healthcare professionals to aid identification and support for unpaid carers in healthcare settings.
  - Provide long-term funding certainty to vital carer support initiatives, such as the Carers Support Fund and the Short Breaks Fund.
  - Encourage local authorities to provide carers with flexibility in the use of direct payments.
  - Ensure that tackling carer poverty forms a key part of a refreshed Carers Strategy, and that unpaid carers are recognised as a priority group in future anti-poverty policy interventions.
  - Utilise carer-focused communication resources to encourage and support carers to claim everything they are entitled to, including through the ‘Claim What’s Yours’ campaign.
  - Proactively communicate any changes as a result of the UK Government’s review of Carer’s Allowance overpayments to unpaid carers throughout Wales.

Endnotes

1 Carers UK (2022) State of Caring 2022. https://www.carersuk.org/media/p4kblx5n/cukstateofcaring2022report.pdf

2 Petrillo, M., Bennett, M., and Pryce, G. (2022) Cycles of Caring: Transitions in and out of unpaid care. https://www.carersuk.org/media/bgolg5u2/cuk-carers-rights-day-research-report-2022-web.pdf

3 ONS (2023) Unpaid care, England and Wales: Census 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/unpaidcareenglandandwales/census2021

4 Petrillo, M., Zhang, J. and Bennett, M. (2024) Valuing Carers 2021/22: the value of unpaid care in the UK. https://www.carersuk.org/media/mfbmjbno/valuing_carers_uk_v3_web.pdf

5 JRF (2024) The future of care needs: a whole system approach https://www.jrf.org.uk/care/the-future-of-care-needs-a-whole-systems-approach

6 WPI Economics (2024) Poverty and financial hardship of unpaid carers in the UK. https://www.carersuk.org/media/dnxerxqv/poverty_financial_hardship_uk_web.pdf

7 Carers UK (2019) Juggling work and unpaid care. https://www.carersuk.org/media/no2lwyxl/juggling-work-and-unpaid-care-report-final-web.pdf

8 Department for Work and Pensions (2025) The cost of working age ill-health and disability that prevents work. https://www.gov.uk/government/statistics/the-cost-of-working-age-ill-health-and-disability-that-prevents-work/the-cost-of-working-age-ill-health-and-disability-that-prevents-work

9 Xue et. al (2023) Does providing informal care in young adulthood impact educational attainment and employment in the UK. https://www.sciencedirect.com/science/article/pii/S1040260823000242#sec0205

10 Zhang, J., and Bennett, M. (2019) Will I care? The likelihood of being a carer in adult life. https://www.carersuk.org/media/warllcph/carersrightsdaynov19final-2.pdf

11 ONS (2023) Unpaid care by age, sex and deprivation, England and Wales: Census 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021#:~:text=care%20(1.6%25).-,Females%20were%20statistically%20significantly%20more%20likely%20to%20provide%20unpaid%20care,likely%20to%20provide%20unpaid%20care

12 ONS (2019) Living longer: caring in later working life. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2019-03-15

13 WPI Economics (2024) Poverty and financial hardship of unpaid carers in the UK. https://www.carersuk.org/media/dnxerxqv/poverty_financial_hardship_uk_web.pdf

14 ibid

15 Public Health England (2021) Caring as a social determinant of health: review of evidence. https://www.gov.uk/government/publications/caring-as-a-social-determinant-of-health-review-of-evidence

16 ONS (2024) Unpaid care expectancy and health outcomes of unpaid carers, England: April 2024. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/bulletins/unpaidcareexpectancyandhealthoutcomesofunpaidcarersengland/april2024#:~:text=In%20Census%202021%2C%20around%20one,based%20on%20age%2Dadjusted%20percentages

17 Carers UK analysis of GP Patient Survey data 2024

18 Carers UK (2025) State of Caring: the impact of caring on carers' mental health and the need for support from social care services. https://www.carersuk.org/media/rjknz2jt/state-of-caring-mental-health-and-social-care-feb-2025.pdf

19 Petrillo, M., Zhang, J. and Bennett, M. (2024) Valuing Carers in the UK. https://www.carersuk.org/reports/valuing-carers/

20 ONS (2024) Population Estimates for the UK: mid-2023. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2023

21 Carers Trust attendance analysis of 2023/24 Department of Education attendance figures.

22 Caring and classes: the education gap for young carers'. https://carers.org/downloads/young-carers-in-education-reportfinal.pdf

23 Carers Week (2024) No choice but to care. https://www.carersuk.org/media/3dblytnt/carers-week-report-2024-web_final.pdf

24 Carers UK (2019) Juggling work and care. https://www.carersuk.org/media/no2lwyxl/juggling-work-and-unpaid-care-report-final-web.pdf

25 Carers UK analysis of NHS staff survey

26 Coalition of Carers Organisations Northern Ireland (2024) A New Deal for unpaid carers in Northern Ireland. https://www.carersuk.org/media/rojegayo/a-new-deal-for-unpaid-carers-in-northern-ireland.pdf

27 Department of Health, Social Services and Public Safety (2006) Caring for carers. https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/ec-dhssps-caring-for-carers.pdf

28 Expert Advisory Panel on Adult Care and Support (2017) Power to People: proposals to reboot adult care and support in Northern Ireland. https://www.health-ni.gov.uk/sites/default/files/publications/health/power-to-people-full-report.PDF

29 Northern Ireland Assembly (2016) Carers: Legislation, Policy and Practice. https://www.niassembly.gov.uk/globalassets/documents/raise/publications/2017-2022/2017/health/2417.pdf

Headline sponsor

About Carers Week

Carers Week is an annual awareness campaign to recognise the vital contribution made by unpaid carers across the UK.

In 2025, Carers Week is made possible through Carers UK working together with seven other major charities: Age UK, Carers Trust, The Lewy Body Society, The ME Association, Motor Neurone Disease Association, Oxfam GB and Rethink Mental Illness. This year's research report has been sponsored by TSB, and we are grateful for their support.

Find out more and get involved at carersweek.org or email info@carersweek.org

carersweek.org

/carersweek @carersweek @carersweek @carers-week.bsky.social

Carers UK is a charity registered in England and Wales (246329) and in Scotland (SC039307) and a company limited by guarantee 864097. Registered office 20 Great Dover Street, London SE1 4LX. UK4147_0625. ISBN: 978-1-873747-95-7.