



Department for
Business & Trade

Qualitative research with unpaid carers

Carers' experiences of managing paid work and care, and perspectives of Carer's Leave

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Executive summary

Background

The Carer's Leave Act 2023, effective from 6 April 2024, was introduced to help unpaid carers to enter or remain in work by supporting them to balance their caring responsibilities with employment. The Act grants employees in England, Wales and Scotland the right to one week (5 working days, pro-rata) of unpaid leave per year to care for a dependant with long-term needs. This applies from their first day of employment.

Aims and objectives

The aim of this research is to understand the impacts of the introduction of the Carer's Leave Act 2023 on the employment outcomes of employed unpaid carers. The findings will inform the review of employment rights for unpaid carers, currently being undertaken by the UK Government Department for Business and Trade (DBT), by assessing the extent to which the current offer of support meets the needs of employed unpaid carers. To do this, the study situated Carer's Leave within the broader context of barriers and enablers to work, exploring how it functioned alongside other statutory entitlements, employment rights, and strategies unpaid carers use to balance paid work and caring responsibilities.

The research sought to address the following questions:

1. What are the barriers and enablers to entering, remaining and progressing in paid employment for unpaid carers?
2. What are unpaid carers' experiences and understanding of Carer's Leave, and to what extent does it meet their needs?
3. How do these experiences and perspectives vary by type and intensity of care provided, as well as by demographics?

Methodology

Verian conducted in-depth, semi-structured 60-minute interviews, online or by telephone, with 50 unpaid carers who were currently in paid work or had left paid employment in the last 6 months. Fieldwork took place between 10 November 2025 and 15 December 2025.

Findings reflect the experiences of the unpaid carers interviewed and cannot be generalised to all unpaid carers across England, Scotland and Wales. Participants' accounts of their caring responsibilities, employment, and use and understanding of Carer's Leave, are based on recall and personal interpretation.

Key findings

Barriers and enablers to entering, remaining in, and progressing in paid employment

The research identified 2 overarching dimensions as particularly influential in shaping unpaid carers' employment experiences – job flexibility and caring support networks. These dimensions capture common ways in which factors combine to influence unpaid carers' ability to enter, remain in, and progress in work while providing care:

- **Job flexibility:** This refers to the extent to which carers can adapt their working hours and location to accommodate caring responsibilities. It is influenced particularly by built-in job flexibility, social capital at work, and workplace culture.
- **Caring support networks:** This refers to the availability and reliability of both informal support (social networks of family and friends) and formal support (such as social care support, paid care services and respite provision).

Together, these dimensions form 2 axes that create a 4 group typology of unpaid carers' employment experiences: Flexible and Well Supported, Flexible but Under Supported, Less Flexible but Supported, and Less Flexible and Under Supported. Broadly, those who had more job flexibility and stronger caring support networks were often better able to enter, remain and progress in work, whilst those who had less job flexibility and weaker caring support networks generally found balancing employment alongside care challenging.

Beneath these dimensions, the research identified a wide range of underlying factors that shaped unpaid carers' ability to enter, remain, and progress in work whilst providing care (18 in total). These factors can be grouped into 4 broad categories:

1. Employment and work – such as built-in job flexibility, carer-specific policies, leave, social capital at work, and workplace culture.
2. Care infrastructure and social welfare – such as access to adult and child social care services, and experiences of education systems.
3. Social networks and norms – such as having networks of family and friends to support with caring responsibilities, and social norms around care.
4. Personal drivers and circumstances – such as personal motivations to work and financial circumstances.

Mapping these factors against different stages of workforce participation suggests that different pressures dominate at each stage:

- Entering work relies on availability of flexible working arrangements, reliable care infrastructure, and personal readiness.

- Remaining in work depends on consistent work flexibility, supportive managers and colleagues, and predictable care.
- Progression requires flexible roles and training opportunities that can fit around caring responsibilities, and confidence that care needs can be met.

Experiences and understanding of Carer's Leave

The key findings regarding unpaid carers' understanding, use and perceptions of Carer's Leave can be summarised as follows:

1. Limited awareness and understanding of Carer's Leave

There was mixed unprompted awareness of Carer's Leave in the sample and knowledge appeared higher where employers offered enhanced or paid versions.

2. Use of Carer's Leave

Unpaid nature limits uptake. Unpaid carers explained that, rather than taking unpaid leave, they would prefer to access paid leave (such as annual or sick leave), work flexibly (such as swapping shifts, taking time in lieu, or completing work outside of normal hours), or use their caring support network to provide the care needed. This was evident across income levels, with participants on higher salaries also reporting financial motivation to avoid using Carer's Leave if they could 'juggle' work and care in other ways; for example, making up work hours in the evenings or at weekends.

Workplace culture influences willingness to use the leave. Concerns about judgment from colleagues, impacts on career progression, or being seen as unreliable were barriers to use. These fears were often shaped by previous negative experiences at work.

3. Perceptions of Carer's Leave

Strong support for the principle behind Carer's Leave. Unpaid carers welcomed the principle behind Carer's Leave, appreciating that it granted carers formal rights and support, which made them feel recognised and valued as providers of unpaid care. They tended to view Carer's Leave as suitable for completing less regular care tasks, such as attending medical appointments, hospital stays, or responding to changes in care needs following an unforeseen issue.

Entitlement and notice requirements seen as impractical. Unpaid carers felt the 5 day pro-rata entitlement was insufficient given frequent medical appointments, fluctuating care needs, or responsibilities for multiple care recipients. Notice requirements were also perceived as impractical for urgent but nonemergency situations, and employer discretion to delay leave was seen as a potential barrier to attending essential medical appointments.

Differences by caring responsibilities and demographics

Employment conditions were more influential than demographic differences in shaping unpaid carers' ability to enter, progress and remain in the workforce.

Caring responsibilities shaped work experiences. Carers' experiences of work were influenced by the number of caring responsibilities they held, the type of support required (with emotional support often particularly energy intensive), and how predictable or unpredictable those responsibilities were.

The intensity and predictability of care affect how much flexibility carers need. Carers with less intensive or more predictable responsibilities could often manage work with fewer adjustments and less reliance on paid or family support. In contrast, those with more intensive or unpredictable caring roles depended far more on job flexibility and both formal and informal support to sustain employment.

Cultural and religious norms can influence whether carers feel able to work. Some carers described expectations within their families or communities to prioritise family care over paid work, or to avoid using formal care services, which shaped their ability to enter, remain and progress in employment.

Gendered expectations place additional pressure on some women's careers. Female carers with children had often taken extended time out of the workforce to care for children with additional needs, which affected their seniority and work history. A weaker theme among women was that there was a gendered, and sometimes also cultural, expectation within families that women would take on more caring responsibilities than men. This expectation placed pressure on them to spend more time on caring, which could limit their ability to stay in or progress in work.

Implications

The implications draw on the research findings; some reflect views expressed by participants, while others are analytical interpretations of the evidence.

Carers' ability to enter, remain and progress in work is shaped most strongly by job flexibility and caring support. This highlights the importance of ensuring carers can access flexible working arrangements and reliable formal or informal support to manage day-to-day care demands alongside paid work.

Expanding meaningful flexible working would support carers at all 3 stages of workforce participation. Ensuring employers and employees understand that flexibility is available from

the start of employment and not dependent on individual manager discretion without good reason, would better support carers to enter and remain in the workforce.

Reliable and responsive formal care services would help carers stay in work and, for some, create the stability needed to pursue progression. This is particularly important for those with high or unpredictable care needs, where gaps or delays in formal support can lead directly to employment disruption.

Supportive workplace cultures help carers stay in work and build confidence to progress. Clear communication, consistent practice and non-stigmatising attitudes can reduce the risk of carers stepping back from work when caring demands intensify.

Carer's Leave offers valued recognition but was generally perceived by participants as providing limited support for entering, remaining and progressing in work. For many, it was used where other options were not available, rather than a primary source of support, particularly where other forms of paid or flexible leave were available.

Improving carers' employment outcomes requires action across both work and care systems. Interventions that connect these systems are likely to have the greatest impact on supporting unpaid carers to participate fully in the labour market.

Participants suggested several potential improvements to Carer's Leave so that more unpaid carers can use it effectively:

- Make Carer's Leave paid - this was the most common suggestion, as participants felt pay would make the entitlement more financially affordable
- Increase the entitlement beyond 5 days - participants felt a larger, potentially tiered allowance would better reflect the frequency and intensity of caring needs
- Require carers to provide proof of caring responsibilities - this was viewed as potentially reducing misuse and helping carers feel more legitimate and confident when requesting leave
- Raise awareness and encourage proactive employer promotion - participants felt clearer communication on eligibility, entitlements and benefits (shared by employers, carers' networks and health services) would normalise use and reduce stigma
- Provide clearer guidance on what counts as an emergency (immediate and unforeseen), and which leave to use - participants wanted clarity on emergency versus urgent situations (requires attention soon) and whether some urgent non-emergencies should be exempt from notice requirements
- Prevent employers from delaying requests in certain non-emergency cases - this was seen as essential where carers complete time-critical medical care tasks, such as attend appointments that cannot easily be rearranged.

Background and methodology

Background

An informal or unpaid carer is defined in the Carer's Leave Act 2023 as someone who gives, or arranges, care outside of their employment to a person who has a physical or mental illness or injury expected to need care for more than 3 months, a disability (as defined in the Equality Act 2010), or needs due to old age.

Unpaid care remains a cornerstone of the UK's care ecosystem: unpaid carers (family, friends or others) support people with illness, disability, mental health conditions, addiction, or age-related needs. In 2023/24, an estimated 5.4 million people (8% of the UK population) were providing informal care.¹

The Carer's Leave Act 2023, effective from 6 April 2024, was introduced to help unpaid carers to enter or remain in work by supporting them to balance their caring responsibilities with employment. The Act grants employees in England, Wales and Scotland the right to one week (5 working days, pro-rata) of unpaid leave per year to care for a dependant with long-term needs. This applies from their first day of employment.

The leave can be taken flexibly (e.g. as a single block or split across the year), and legal protections (e.g. protection from dismissal) are equivalent to other family-related leave. Employees do not need to give evidence of their dependant's care needs to use Carer's Leave. Employers cannot refuse a Carer's Leave request but can ask the employee to take it at a different time. They can only do this if the employee's absence would cause undue disruption to the organisation.

Employees need to give their employer notice before they want their leave to start. If the request is for half a day or a day, the notice period must be at least 3 days. If the request is for more than one day, the notice period must be at least twice as long as the requested leave.

The government committed to review the implementation of the Carer's Leave Act 2023, as well as examine the potential benefits of introducing other measures, including paid Carer's Leave, while being mindful of the impact of any changes, particularly on small employers. A terms of reference for the review, led by DBT, was published in November 2025.²

¹ Family Resources Survey, 2023-24, published here: <https://www.gov.uk/government/collections/family-resources-survey--2>

² Employment rights for unpaid carers review: terms of reference, 2025, published here: [Employment rights for unpaid carers review: terms of reference - GOV.UK](#)

Research aims

The primary aim of this research was to understand how well Carer's Leave supports unpaid carers to enter, progress and remain in employment. To do this, the study situated Carer's Leave within the broader context of barriers and enablers to work, exploring how it functioned alongside other statutory entitlements, employment rights, and strategies unpaid carers use to balance paid work and caring responsibilities.

The research sought to address the following questions:

- What are the barriers and enablers to entering, remaining and progressing in paid employment for unpaid carers?
- What are unpaid carers' experiences and understanding of Carer's Leave, and to what extent does it meet their needs?
- How do these experiences and perspectives vary by type and intensity of care provided, as well as by demographics?

Method

Verian conducted in-depth, semi-structured 60 minute interviews, online or by telephone, with 50 unpaid carers who were currently in paid work or had left paid employment in the last 6 months. Fieldwork took place between 10 November 2025 and 15 December 2025. Participating unpaid carers were reimbursed with a £30 voucher to thank them for their time.

Since some of the interview topics could lead to sensitive conversations, Verian provided all unpaid carers with information about support services that they might find useful (e.g. mental health support, debt advice) and encouraged participants to pause or take the interview at their own pace.

Unpaid carers were sampled primarily by the number of hours they spent caring per week and their personal income. Secondary sampling criteria were employment status, gender, ethnicity, disability, and whether or not the unpaid carer was a "sandwich carer" (who looked after dependent children as well as caring).³ The qualitative sample was also monitored during interview recruitment to ensure a mix of carers by other criteria, including other caring and employment circumstances and personal characteristics. Please see Appendix 1 for a table of the primary and secondary sampling criteria.

Contextual information on the diverse caring and employment circumstances of the unpaid carers who took part in the research is provided in Appendix 2.

³ Childcare is not within the scope of DBT's review of Carer's Leave, only childcare as it pertains to disability or longer-term illness or injury.

Analysis

The qualitative analysis followed a process-driven and interpretative approach.

The process-driven element used a matrix mapping framework technique, in which data was coded and systematically summarised into an analytical framework organised by issue and theme. The framework was developed to reflect the research objectives, the discussion guide and the themes which emerged from brainstorming sessions.

The second analysis element, which was interpretative, focused on identifying features and patterns within the data, mapping the range and nature of data, finding associations, defining concepts, creating types, and undertaking sub-group analysis. This process created descriptive accounts and explanatory data, which came not only from aggregating patterns but by weighing up the salience and dynamics of issues and searching for structures within the data that had explanatory power. Researcher analysis sessions were used to support interpretation of the data, during which the research team came together to discuss and test emerging themes and insights.

The ISM model

The ISM model was embedded in the design and analysis for this research. The model shows that people's behaviours are influenced by 3 different contexts: individual, social and material.⁴ Verian used the model in this research to design research materials and analysis frameworks that explored the range of factors that might influence unpaid carers, organised by whether they were to do with practical resources and systems (material factors), social networks, norms and relationships (social factors) or individual unpaid carers' capabilities and motivations (individual factors).

How to read this report

Findings from this report reflect the range of experiences of those who participated in the research. It is important to note that it is not possible to generalise the findings from this research to all unpaid carers in England, Scotland and Wales, due to the small sample size and the qualitative nature of the research. Participants' accounts of their caring responsibilities, employment, and use and understanding of Carer's Leave, are based on recall and personal interpretation.

Anonymous verbatim quotes from participants are used throughout the report to illustrate key findings from carers. They are attributed as follows:

⁴ The history of the ISM model is explained here: <https://www.gov.scot/publications/influencing-behaviours-moving-beyond-individual-user-guide-ism-tool/pages/2/>

(Gender, sole/joint unpaid carer for person cared for, X hours caring per week, employment status, annual personal income)

Barriers and enablers to entering, remaining and progressing in paid employment

This chapter sets out the 2 overarching dimensions that emerged as particularly influential in shaping unpaid carers' employment experiences: job flexibility and caring support networks. These dimensions capture common ways in which a wide range of factors combine to influence unpaid carers' ability to enter, remain in, and progress in work while providing care.

Beneath these overarching dimensions, the research identified 18 underlying factors that shaped unpaid carers' employment experiences. The chapter outlines these factors and groups them into 4 broad categories: (1) Employment and work, (2) Care infrastructure and social welfare, (3) Social networks and norms, and (4) Personal drivers and circumstances. It also considers how these factors affect unpaid carers' experiences of entering, remaining in, and progressing in work.

Overarching dimensions shaping carers' employment experiences

While many factors influenced unpaid carers' employment experiences, 2 overarching dimensions consistently emerged as particularly important.

1. Job flexibility

This refers to the extent to which carers can adapt their working hours and working location to accommodate caring responsibilities. Job flexibility is shaped by several factors within the 'employment and work' category, particularly:

- Built-in job flexibility
- Social capital at work
- Workplace culture

2. Caring support networks:

This refers to the availability and reliability of both informal support (from family, friends, neighbours) and formal support (such as paid care services and respite provision). Caring support networks are shaped by 2 key factors:

- Social networks of family and friends
- Social care support

Because caring support networks draw on both informal and formal sources of support, this overarching dimension spans the categories of 'care infrastructure and social welfare' and 'social networks and norms'.

Those who had more job flexibility and stronger caring support networks were generally better able to enter, remain and progress in work, whilst those who had less job flexibility and weaker caring support networks generally found juggling employment alongside care challenging.

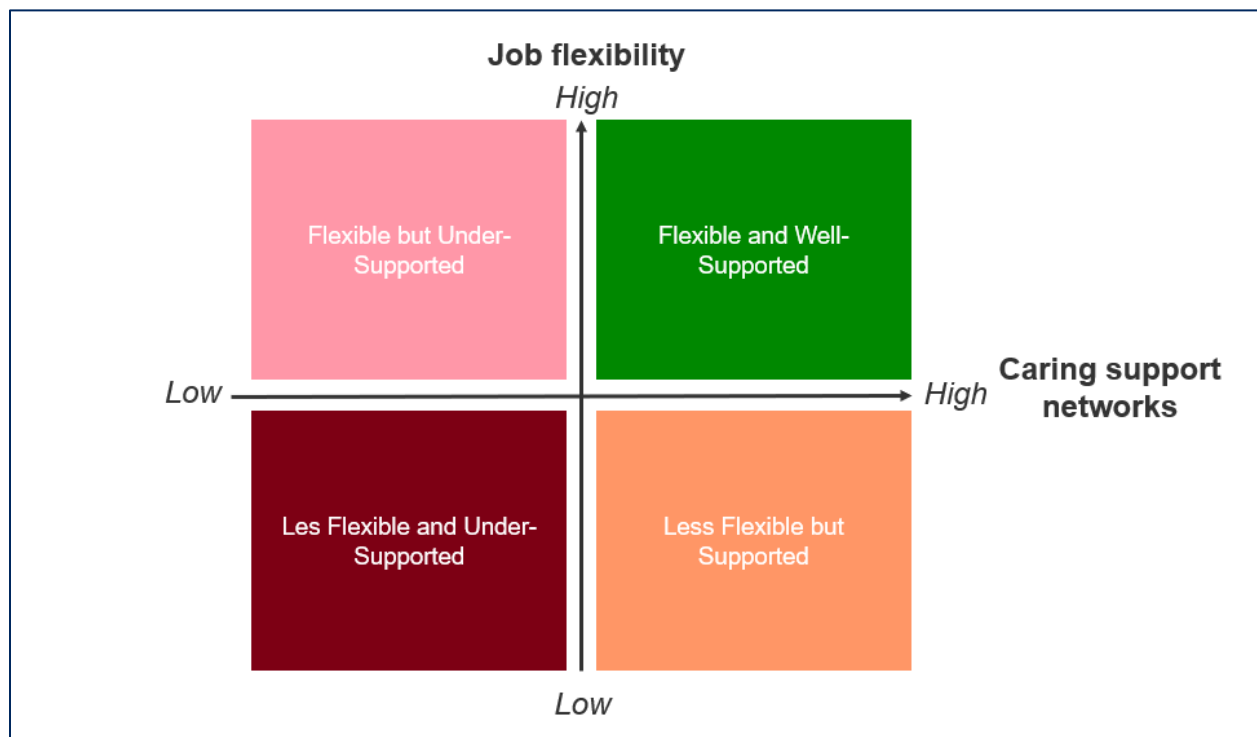
These factors operated within the broader context of caring responsibilities. Those with more intensive or unpredictable caring roles benefited more from job flexibility and support to sustain employment, while those with fewer or more predictable responsibilities were often able to manage with less.

Taken together, job flexibility and caring support networks formed 2 key axes that shaped unpaid carers' employment experiences, and 4 broad groups emerged across the sample:

1. Flexible and Well-Supported
2. Flexible but Under-Supported
3. Less Flexible but Supported
4. Less Flexible and Under-Supported.

These are illustrated in Figure 1.

Figure 1: Typology of unpaid carers' employment experiences by job flexibility and caring support networks



These 4 broad groups can be understood as follows:

1) Flexible and Well-Supported⁵

Unpaid carers in this category had the greatest ability to remain and progress in work, and start new roles, especially those who had fewer and more predictable caring responsibilities. Having job flexibility meant that carers were able to adapt their roles to better fulfil their caring responsibilities while remaining in paid work. This flexibility took various forms, including working from home so they could provide care during the day, or making up their hours outside of standard office times when needed. In addition to flexible working arrangements, being well-supported by their social networks and/or formal care provision further increased carers' ability to stay in employment. These networks offered practical assistance, emotional reassurance, and respite from caring duties, which reduced pressure on carers and created more predictable windows of time in which they could work. However, even for carers in this relatively favourable position, challenges could arise during periods of intense caring responsibilities (such as extended hospital stays and operations) which disrupted their ability to balance care and employment.

Support networks also played a role in shaping carers' career progression. Some carers expressed nervousness about applying for promotions or changing roles, often due to concerns that a new position might not offer the same level of flexibility or understanding of their caring situation and might require longer hours. However, having strong and reliable support networks could enable carers to feel more secure in pursuing new opportunities, knowing they could rely on this support while settling into a new role. But it is important to note that many carers in this group still felt unable or unwilling to change their job or role, as their current combination of flexibility and support only just enabled them to cope with the demands of work and care.

2) Flexible but Under-Supported⁶

These unpaid carers benefited from having flexible job roles, which allowed them to adjust their working patterns around their caring responsibilities. However, weaker informal or formal support networks could make it harder for carers in this group to stay in employment, especially if their caring responsibilities were high or increasing, or if they faced additional pressures, such as a relationship breakdown. This lack of support meant that even with flexible working arrangements, they could struggle to maintain consistent work patterns, manage fatigue, or carve out time for rest. As a result, their ability to sustain employment was more fragile and dependent on their ability to flex their jobs around their caring responsibilities.

The absence of support also had implications for career development, as many felt unable to consider promotions, training opportunities, or job changes, unless this clearly offered

⁵ See Case Study 1 in Appendix 4 for an illustrative example.

⁶ See Case Study 2 in Appendix 4 for an illustrative example.

flexibility. Concerns that taking on additional responsibilities or moving into a new role would reduce the flexibility they relied on meant that, without a support network to fall back on, the perceived risks felt too high.

3) Less Flexible but Supported⁷

Unpaid carers in this group faced limited job flexibility, often working in roles with fixed hours, rigid schedules, or limited autonomy over how and when their work was completed. Some had access to small pockets of flexibility, usually granted informally by understanding line managers; for example, being allowed to start or finish shifts slightly earlier. However, this flexibility was narrow in scope and typically depended on goodwill rather than formal policy, meaning it could not always be relied upon when caring demands changed.

These constraints could make it difficult to respond to the unpredictable nature of caring responsibilities. However, the reliability of their support networks helped compensate for this lack of flexibility and played a crucial role in enabling them to remain in employment, particularly for those whose caring responsibilities were lower or more predictable. Strong informal or formal support created more structured and dependable periods during which carers could work, helping them maintain stability despite the rigidity of their jobs.

However, career progression could remain challenging, particularly for those with high and more unpredictable caring responsibilities, unless any new role offered clearly greater flexibility or reduced hours. Many felt that taking on additional responsibilities or moving into a new role could disrupt the balance they had established, and they were cautious about making changes that might increase their workload or reduce predictability.

4) Less Flexible and Under-Supported⁸

Unpaid Carers in this category faced the greatest challenges to remaining in employment, as well as in moving to new roles or taking on greater responsibilities.⁹ With limited job flexibility and weaker support networks, they struggled to balance the demands of paid work with the responsibilities of caring. The absence of reliable informal or formal support left them solely responsible for managing care, with little room to adjust their work schedules when care needs arose. As a result, some with high levels of caring responsibilities reported being unable to work full-time hours, particularly when caring was unpredictable. In one case, the lack of job flexibility and weak caring support meant that leaving employment altogether was perceived as the only viable option, rather than risking dismissal for taking further sick leave to provide care.

⁷ See Case Study 3 in Appendix 4 for an illustrative example.

⁸ See Case Study 4 in Appendix 4 for an illustrative example.

⁹ Findings for this group should be interpreted in light of the sample profile. Participants were predominantly unpaid carers employed at the time of interview. While they could reflect on challenges related to entering and remaining in work, discussions naturally focused on the constraints they experienced in progressing in work.

Career development was particularly restricted for this group. The lack of support made taking on additional responsibilities or pursuing new opportunities especially difficult. Moving to a role with similar inflexibility often meant they could only work part-time or a small number of hours a week, which further limited the range of suitable roles available to them. Many described feeling “stuck” in their current roles, unable to progress or make changes that might improve their financial situation or job satisfaction, and at risk of having to leave employment altogether when caring demands could no longer be accommodated.

Underlying factors influencing unpaid carers’ employment experiences

A wide range of factors shaped unpaid carers’ ability to enter, remain, and progress in work whilst providing care. Participants described how their interaction with these factors resulted in differing experiences of employment. These factors can be categorised into 4 areas of unpaid carers’ lives:

1. Employers and work
2. Care infrastructure and social welfare
3. Social networks and norms
4. Personal drivers and circumstances

The factors can also be categorised by the ISM model – see Appendix 3 for this categorisation.

Employers and work

Unpaid carers described how their employers and work made it easier or harder to enter, remain and progress in work, whilst providing unpaid care.

Built-in job flexibility

Job flexibility was a key enabler for unpaid carers entering, remaining, and progressing in work because it helped them manage caring responsibilities during usual working hours and respond to unpredictable care needs. This is reflected in the typology discussed earlier, which described how those who had access to flexible working were often better equipped to manage caring responsibility alongside unpaid care.

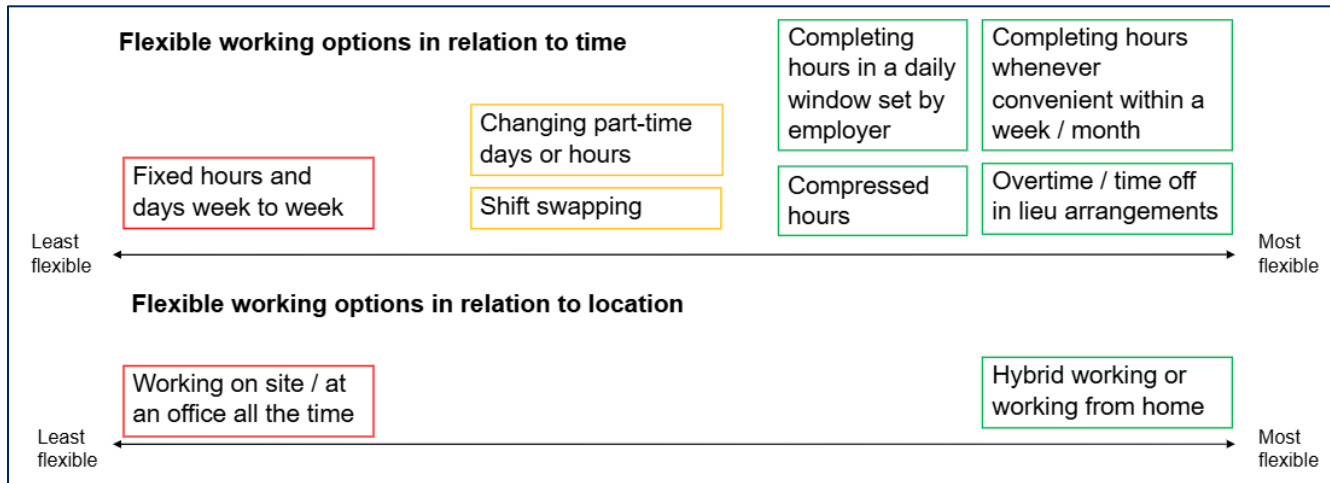
Flexibility was particularly important for those with limited social support networks or without access to social care, as well as for those with the most intensive caring responsibilities. Flexibility was therefore especially crucial for unpaid carers in the Flexible and Unsupported group; and where unpaid carers did not have access to flexible work and were generally unsupported by their social networks (the Less Flexible and Under-Supported group), staying in work could be especially challenging.

While some unpaid carers were open to seeking new roles with better in-built flexibility, many were nervous about changing roles, even if it meant progression, because of the fear of not attaining the same level of flexibility within the same organisation or elsewhere. Additionally, unpaid carers often expected that a more senior role would require extra hours or more time in the office. In some workplaces, progression depended on taking up placements or trips abroad or completing professional qualifications that required training time in addition to work hours. Progression and retraining sometimes felt possible for unpaid carers if they were joint unpaid carers, or if any extra effort brought clear benefits to their caring roles; for example, securing a higher-level job closer to home. At the same time, unpaid carers noted that increased seniority could also bring more control over their time and greater flexibility in when and where they worked.

“About 3 years ago, I became the assistant team manager... that has given me a degree of flexibility... I can work from home, and my boss is very understanding of my situation.” (Male, sole unpaid carer for person cared for, 20 hours or more caring per week, employed full-time, £37,001 or more per annum).

Participants described a wide range of flexible working arrangements they had access to, which existed on a spectrum, shown in Figure 2. At the most flexible end, unpaid carers were able to choose their working hours; for example, working their contracted hours within a daily window set by their employer (for example, 7am to 7pm), working compressed hours, working regular overtime and taking time off in lieu to provide care, or completing their contracted weekly or monthly hours whenever was most convenient for them. Additionally, unpaid carers described their roles as being very flexible if they were able to use hybrid working arrangements or work from home, rather than being required to work in an office full time. Other unpaid carers had access to more structured forms of flexibility, such as being allowed to swap shifts or change part-time working days or hours when needed. At the least flexible end were arrangements in which unpaid carers worked fixed hours that remained the same each week.

Figure 2: Flexible working options in relation to time and location



Although employees have a legal right to request flexible working, unpaid carers described how the level of flexibility available depended on the type of role they had, the sector they worked in, workplace culture, employer policies and the attitudes of line managers. For example, healthcare workers often said that it would be impossible to do their role from home, and unpaid carers explained that it could take time to build the trust and confidence needed to ask managers and colleagues for the flexibility they required.

Different forms of flexible working held particular benefits and drawbacks for unpaid carers:

- Being able to work contracted hours at times of their choosing, or make up time missed in early mornings, evenings, and weekends. Carers who reported having this level of flexibility tended to work for larger businesses, universities, and public-sector employers such as local authorities or the civil service, or in administrative roles within smaller organisations. This type of flexibility helped carers complete caring tasks that needed to happen during usual working hours (e.g., making lunch or assisting with medication), take the cared-for person to appointments, or complete administrative tasks on their behalf. When employers had flexible working arrangements that applied to all staff, carers felt they were not inconveniencing colleagues and did not need to seek permission to take the time they needed to care. However, some carers found that, in practice, completing all of their work around caring responsibilities was difficult without compromising their own rest and wellbeing.

“It’s easier because I can just fit it in. It’s all flexible working, so I’m not creating an issue.” (Male, joint carer for grandparent, 5-9 hours caring per week, employed full-time, £22,500-37,000 per annum)

- Shift swapping and changing working days or hours. This type of flexibility was most common among part-time workers in sectors such as healthcare, education, and retail.

This type of flexibility helped carers accommodate ad hoc caring responsibilities (such as attending planned appointments during typical working hours) or responding at short notice to sudden needs (such as a flare-up in the cared-for person's symptoms). However, this type of flexibility was reported to rely heavily on the goodwill of managers and colleagues, meaning it was not always possible in practice. In some cases, moving shifts could reduce carers' already-limited personal time.

"I can say, 'Can I swap my day to Tuesday to Friday?' or something like that, and they're perfectly happy for that as long as it's not messing any of the children up that I see [through work]." (Female, sole carer for child, 20 hours or more caring per week, employed part-time, £22,500 or less per annum)

- Hybrid working and working from home. Carers in traditionally office-based sectors, such as IT or consultancy, were most likely to have access to hybrid or home-working options. Many noted that the COVID-19 pandemic had made employers more open to company-wide home-working policies, which helped them stay in work while caring for relatives with intense needs. This type of flexibility enabled carers to support the cared-for person more easily; for example, by working in the same house if they lived together, or by saving commuting time if they lived nearby. These arrangements also helped carers manage caring tasks during usual working hours, such as checking on their loved one between meetings, visiting at lunchtime, or completing administrative tasks like picking up prescriptions.

"So little things like being able to work from home. Being forced in the office would really hinder me. Then I can multi-task and pop out to get a medication for example. That enables me to stay in my job." (Female, joint carer for sister, 10-19 hours caring per week, employed part-time, £37,000 per annum or more)

Availability of leave

The availability of leave, whether it was paid and how it could be used, affected unpaid carers' ability to work. Paid leave was a key enabler because it allowed unpaid carers to take time off to provide care without facing financial consequences. Unpaid leave was generally used when other forms of support were not available, but unpaid carers appreciated the ability to take extended periods away from work when care needs intensified, despite the potential financial impact on their household.

"That put some financial pressure on me taking that hit, and one of the reasons I had to apply for a loan was that [taking a long period of unpaid leave]." (Male, sole unpaid carer for wife, 5-9 hours caring per week, employed part-time, £22,500 to £37,000 per annum)

Leave was primarily used to meet essential but less routine care needs during working hours, such as attending medical appointments or supporting the cared-for person to recover from illness or surgery. However, unpaid carers generally preferred to accommodate care through flexible working or support from their caring support networks rather than using leave. The Less Flexible and Under-Supported group were the most likely to benefit from access to leave, as they were less able to draw on job flexibility or caring support networks as alternative enablers of work.

Unpaid carers explained that annual leave and sick leave were often used to cover caring-related absences that could not be accommodated through flexible working or their caring support networks. However, practices varied widely between workplaces. Unpaid carers reported that some employers allowed sick leave to be used to care for others, while others worried about being reprimanded for overusing sick leave, which deterred them from taking it for caring or for their own health.

The ability to take leave in hourly units, rather than half or full day blocks, was valued by unpaid carers who used it to provide short periods of care, while maximising their leave. A small number of unpaid carers were unaware of their full leave entitlements, and instead had relied on family, friends, or paid carers to support their cared-for person during working hours.

Typically, unpaid carers preferred not to use annual or sick leave for caring where possible, so they could preserve it for personal rest. However, in the absence of adequate job flexibility or alternative caring support, many reported having little choice but to draw on this leave to manage caring responsibilities. Without adequate time off for respite and recovery from sickness, using leave for caring could ultimately become a barrier to remaining in work in the long term.

“So [son] has recently started at a new special school, so I had to use a lot of my annual leave to manage his transitions... I didn't know how he was going to be, where his headspace was going to be... I knew I needed that headspace away from work on specific days. And so, I would utilise my annual leave.” (Female, sole unpaid carer for son and mother, 20 or more hours caring per week, employed part-time, £22,501-£37,000 per annum)

Some unpaid carers had access to additional forms of paid leave they could draw on for caring, particularly in public sector or larger organisations. These included paid forms of compassionate leave, volunteering leave, and dependants' or carer's leave.¹⁰ How these policies were interpreted and applied often depended on individual line managers and workplace culture. There were examples of workplaces where unpaid carers felt discouraged

¹⁰ These represent enhanced leave provisions offered by some employers, over and above statutory entitlements.

from taking these types of leave to provide care, while others described managers who proactively encouraged them to use it.

"I took 2 weeks of annual leave and then worked from home. I didn't use compassionate leave at that time; I wasn't encouraged to. It's only considered [as an option in my workplace] after you've used your annual leave." (Female, joint unpaid carer for sister, 10-19 hours caring per week, employed part-time, £37,000 per annum or more)

"Yeah, I've used leave [to care for my mother-in-law] and my boss, bless him, one of the weeks he said to me, 'What are you doing?' And I told him and he said, 'Well, I would definitely say that's a volunteering day.' So, he changed it from annual leave to volunteering." (Female, sole unpaid carer for mother-in-law, 20 hours + caring per week, employed full-time, £37,001 or more per annum)

There were examples of unpaid carers in our sample using enhanced paid or unpaid carer's and dependants' leave to provide care. One unpaid carer, for instance, had been granted extended unpaid carer's leave for 6 months while trying to settle her child with educational needs into mainstream education. However, most unpaid carers had not made use of carer's or dependants' leave, likely due to a lack of awareness of the policies and the fact that the leave is often unpaid.

Unpaid carer-specific employer policies and resources

Unpaid carers could and did draw on their employers' policies and resources to help them remain in work while managing caring responsibilities. Line managers often made unpaid carers aware of available support, which could include paid carer's or dependant's leave, free counselling through Employee Assistance Programmes, carers' networks, carers' passports, and support through schemes such as Carer Positive in Scotland. However, unpaid carers were not always aware of the policies or resources available to them, or assumed none existed. This lack of awareness did not vary by employer size; for example, some unpaid carers working in local or national government were unaware of any relevant support being offered.

The most helpful policies and resources tended to be available in larger organisations and the public sector. For instance, one public-sector employee had access to employer enhanced paid Carer's Leave, a carer's passport, a carers' network, Mental Health First Aiders, and an Employee Assistance Programme. She highlighted the benefits of having a carer's passport, as it provided a record of her caring responsibilities for managers, reducing the need to repeatedly explain her situation when moving to a new line manager.

"It [the carer's passport] was designed to make managers better and to have a formal way to have a document that's a starting point to have the conversation regardless of

changes in line manager.” (Female, joint unpaid carer for grandparent, 10-19 hours caring per week, employed full-time, £37,001 or more per annum)

Unpaid carers liked existing workplace carers networks and forums, or liked the idea of them, because they saw the value of having emotional and practical support from their peers. However, they also highlighted several drawbacks, including the emotional burden of reliving their experiences when sharing them, concerns about compromising the privacy of the person they cared for, and the time commitment involved in attending meetings when they were already time-poor.

“I don’t want to compromise his confidentiality by talking about him at work as some of the people know him. That’s his private business. When it’s mental health there is more stigma. I have found it difficult to share, whereas with my mum it was easier as that’s the ageing process. Sometimes it was easier to battle on and not share it.” (Female, sole unpaid carer for partner, 10-19 hours caring per week, employed full-time, £22,500 or less per annum)

It was also notable that some unpaid carers did not want, or feel they needed, specific carer’s policies. Those who already had work flexibility and support from their caring networks often had not used such policies despite them being available. Some unpaid carers also preferred not to disclose their caring responsibilities to their employer or line manager, which prevented them from accessing more targeted support for unpaid carers.

Proximity of employment

It was often a priority for unpaid carers to be physically close to the person they cared for while they worked, both to fulfil everyday caring responsibilities and to be available in case of emergencies. For some, this meant seeking workplaces near their own home or the cared-for person’s home; for others, it required working from home so they could remain nearby throughout the day. For example, one person caring for an elderly parent with declining brain function could not safely leave them alone and had been unable to work until they found a remote role, where they could work from their parents’ home.

“I realised that it’s better to work somewhere different [closer]. It just wasn’t feasible because it took me so long to get to my mum’s house if something happened last minute.” (Male, sole unpaid carer for mother, 5-9 hours caring per week, employed on zero-hours contract, £37,001 or more per annum)

Having access to a car could increase the distance an unpaid carer felt able to work from the person they cared for, while still being able to return quickly. One unpaid carer described her car as a “third leg” that helped her do everything she needed to.

Social capital at work

Trusting and positive working relationships were also important enablers for working while caring. Although employees have the right to request flexible working from day 1 of employment, unpaid carers described relying on the social capital they built with managers to secure, and feel confident asking for, the flexibility they needed. When unpaid carers experienced a change in managers, had not yet had the opportunity to build these relationships, or were interviewing for a new role, this could become a barrier to staying in a job or progressing. Building the level of trust required to request flexibility could take time, sometimes long enough to deter unpaid carers from changing roles or seeking promotions.

“They understand my son and he knows what he's like and that stops me from taking on a new role because they don't know the process...All my work colleagues are quite understanding, and they know and you don't have to explain. It worries me that you'd have to talk about it all in a new job.” (Female, sole unpaid carer for child, 20 or more hours caring per week, employed part-time, £22,500 or less per annum)

Managers could also act as gatekeepers to other workplace policies and managers' own social networks could shape their knowledge of available policies. For example, unpaid carers said they often played an important role in signposting them to relevant policies and informal support, such as carers' networks. Unpaid carers also described managers with whom they had strong relationships going beyond formal policies, changing shifts when needed, offering time off, or providing additional flexibility.

“They might feel like ‘Is it really that urgent, it's not your mum or dad?’...I do sense that from time to time.” (Male, joint unpaid carer for aunt, 5-9 hours caring per week, employed full-time, £37,001 or more per annum)

Experiences of building social capital at work varied. Some unpaid carers found it easier, particularly when managers were unpaid carers themselves, because this enabled faster relationship building and made managers more trusting and understanding of unpaid carers' needs at work. Others described not being able to build these types of relationships and said their managers were unhelpful, did not grant leave when needed, or required education about the demands of being an unpaid carer. Additionally, some unpaid carers did not feel comfortable disclosing their caring responsibilities at work, and could feel that caring was a private, family matter, or that managers might lack understanding.

Some unpaid carers, particularly those with less strong social networks to help them provide care, described trying to build social capital with managers by offering to take on additional responsibilities or unpaid work. This could come at a cost, as unpaid carers could struggle to manage extra tasks alongside both their job and caring responsibilities. However, they saw this as a reciprocal exchange: they gained more flexibility and felt they could justify their requests

for time off to care by going beyond their contracted role. In some cases, this reciprocity was unspoken. For example, one sole unpaid carer working at a university took on extra hours during busy examination periods, knowing this strengthened her case when asking for time off to care for her sister. In other instances, unpaid carers who had not yet developed much social capital with their managers had to bargain directly for the flexibility they needed - for example, one unpaid carer offered to work double the time he had missed in order to take his father to an appointment.

"I mean an appointment like that; we tend to know quite a while in advance. So, I'll say, oh, I'm taking half a day. I've got to go wherever with my sister. My manager, she's really good about that. And she knows the situation with my sister anyway...I'm really flexible with them when it comes to exams, I'll do extra hours and stuff. So, there's flexibility on both sides there." (Female, sole unpaid carer for sister, 10-19 hours caring per week, employed full-time, £22,501 to £37,000 annum)

"Then there have been times when I said 'Look, okay, I'll be out for an hour, but I'll come back and I'll do an extra 2 hours'." (Male, joint unpaid carer for parents, 10-19 hours caring per week, employed full-time, £22,500 or less per annum)

Work culture

A positive and supportive work culture also enabled unpaid carers to enter and remain in work. Employers who provided clear access to formal policies and demonstrated genuine understanding and acceptance of employees' caring responsibilities helped create an environment where unpaid carers felt more confident being open about their needs. This, in turn, made it easier for them to request flexible working and to build social capital with new managers and colleagues more quickly.

In contrast, unpaid carers described how poor workplace cultures left them feeling unable to ask for the support they needed to manage their caring responsibilities, which in some cases led them to leave their employment. For example, one unpaid carer's manager tried to persuade him not to leave work to take his son to hospital in an emergency, which contributed to him seeking a new job. Unpaid carers working in relevant professions (e.g., special educational needs provision and the NHS) described high levels of understanding in their workplaces.

Additionally, one participant said that her workplace's poor culture led to her being made redundant after taking extended unpaid leave due to her caring responsibilities, as her employer was not understanding of her caring role.

"It's hybrid. I've been given the opportunity to work from home as and when the need arises. I'm just so grateful to my employer. But the reason why they're like that is because they are a special needs education centre, so they understand the needs of

special needs families. Without that, I would be jobless right now.” (Female, sole unpaid carer for child, 20 hours or more caring per week, employed part-time, £22,500 or less per annum)

Personal fulfilment at work

Unpaid carers who described work as a form of respite from caring, providing them with a sense of identity and purpose, saw this as an enabler that helped them remain in employment. They recognised that paid employment could stimulate them intellectually and be interesting and diverting. Work also gave them a space to assert an identity beyond their caring role, particularly when caring felt all-consuming.

“I’m quite academic myself. I need that stimulation. So, what probably motivates me as well is that I am getting that, you know, it’s a bit like self-care in a way.” (Female, sole unpaid carer for child, 20 hours or more caring per week, employed part-time, £22,500 or less per annum)

Fulfilling paid employment could also enable unpaid carers to remain in work by motivating them to stay and progress in their roles, as well as providing additional income to afford paid care. For others, their fulfilling job offered a way to assert their own needs and a justification for not taking on additional tasks when they shared caring responsibilities with other family members.

“So now it’s a bit harder in terms of like making strict boundaries that I can’t do certain things at certain times, but it’s [my job] also gave me the excuse to say I’m too tired. I will do this later.” (Female, joint unpaid carer for father, 5-9 hours caring per week, employed part-time, £22,501-£37,000 per annum)

Care infrastructure and social welfare

Unpaid carers described enablers and barriers to work from factors associated with care infrastructure and social welfare.

Social care support

Adult social care services

Availability and use of adult social care services acted as an enabler to work by reducing unpaid carers’ responsibilities, as paid carers could check in on and assist the cared-for person while unpaid carers worked. Unpaid carers could also receive support from local authorities to make physical adaptations to the cared-for person’s home, enabling them to work by helping the cared-for person remain independent for longer and require less intensive care.

Adult social care services could be beneficial for many unpaid carers but were particularly helpful for sole unpaid carers by expanding their caring support networks. Additionally, adult social care played an especially important enabling role for carers in the Less Flexible but Supported group, whose limited job flexibility meant reliable paid care or formal services could be important to keeping them in work.

However, some unpaid carers did not want the person they cared for to receive support from paid carers (sometimes for cultural reasons or because of previous negative experiences of paid carers) or knew the cared-for person would dislike being looked after by someone outside the family. Additionally, where care was not available through the local authority, access depended on the unpaid carer or the cared-for person having sufficient income to pay for it. One unpaid carer wanted to extend the support available to her and her mother by earning more so they could afford private paid carers. Some unpaid carers who did use private paid carers were able to pay for it through the cared-for person's benefits or pension, or through their own income.

Where unpaid carers in our sample were looking after an adult and drew on adult social care services, they tended to use paid carers. Less commonly, they employed personal assistants or respite carers for adults needing constant support or used day-care facilities for periods when the cared-for person required round-the-clock supervision, such as during recovery from surgery. Unpaid carers who received these services generally expected paid carers to carry out discrete tasks at set times, such as daily supervision, administering medication, or providing meals. Paid carers had a lower level of responsibility than unpaid carers, as they could only complete scheduled tasks and were unable to help with activities like food shopping or responding to emergencies.

“Well, if we didn't have it [the paid care], I'm not sure whether I'd be able to work.” (Male, joint unpaid carer for parents, 10-19 hours caring per week, employed full-time, £22,500 or less per annum)

If these services were publicly funded and/or provided, they could require considerable effort from unpaid carers in terms of advocacy and administration, which could be challenging to manage alongside work or alongside increased responsibilities associated with promotion. For example, one unpaid carer described a “fight” to get their local authority to adapt his mother's council house with a wet room. Another unpaid carer spoke about the stress and difficulty of arranging care for her son through the local authority's direct payments system, which required her to take on the legal status of an employer of the paid carer (including responsibilities such

as liability insurance, payroll, and recruitment).¹¹ The same unpaid carer had also been vulnerable to changes in public policy in the past, when local authority funding for short respite breaks for her son was withdrawn.

Children’s social care and education

Parents caring for children with learning disabilities and neurodiversity tended to view children’s services and education as a barrier rather than an enabler to work. They described challenges with the mainstream education system and felt it was not capable of, or willing to, meet their children’s needs. Parents frequently reported that mainstream schools asked them to pick up their children during the school day, which posed a significant barrier to maintaining paid work; particularly in roles with limited flexibility, such as those where employees cannot work from home or take time off easily. This was a particularly acute barrier to entering and remaining in work for lone parents without access to strong caring support networks.

“I once dropped him off at 8 o’clock in the morning and I drove back up the road towards my house, and I hadn’t even got home. And I had a call and they said come and get him. He’s not settling...There’s just no way you can hold down an actual 9 to 5.”
(Female, sole unpaid carer for child, 20 hours or more caring per week, employed part-time, £22,500 or less per annum)

Social security and benefits processes

Unpaid carers who claimed benefits, such as Carer’s Allowance and Universal Credit, described the additional burden of complying with these systems, sometimes finding them to be active barriers to work. Claiming Carer’s Allowance was not widespread in the sample, although some unpaid carers had explored it and decided against applying because the earnings threshold was too low for their income. Those who did claim it highlighted it as a factor that could prevent them from staying in work or progressing, as they needed to limit their working hours to remain under the threshold.

Social networks and norms

Unpaid carers described experiencing enablers and barriers to paid employment from social networks of family and friends, and social norms around care, gender and culture.

¹¹ Anyone paying directly for a carer or personal assistant, including those receiving money from their local council via ‘direct payments’, is classed as an employer with certain responsibilities, such as recruiting and paying the carer, meeting the employee’s rights and deducting the right tax.

Social networks of family and friends

Unpaid carers who were able to draw on strong social networks of family or friends described these relationships as key enablers to entering, remaining and progressing in work. These networks allowed unpaid carers to organise regular rotas of care or ask for support with appointments and emergencies, reducing the time they needed to spend caring and often meaning they could manage with less flexibility at work.

Care was primarily shared with other family members, and the strength of these networks to help provide care was shaped by the size of families (for example, whether the unpaid carer had siblings or a partner) and where those family members lived. When relatives lived further away from the cared for person, it was often felt to be impractical for them to help with routine caring responsibilities. Friends were more likely to sit on the periphery of social networks providing care.

When unpaid carers did not have sufficient support from family or friends, they became more reliant on other enablers. For Less Flexible and Under Supported unpaid carers, these included access to paid or unpaid leave, the social capital they built at work, or the ability to procure paid carers. Strong social networks were not commonly available to only children, single parents, or those whose family lived far away or were unwilling to help.

“So, my sister has to move her shifts with me to try and make it work because obviously every week my day off will move by an extra day and it keeps going... me and my sister kind of work as a team.” (Male, joint unpaid carer for parent, 10-19 hours caring per week, employed full-time, £37,001 or more per annum)

Social norms

Norms around caring and who needs care

Misunderstandings about what care involves and who should receive it acted as a barrier and prevented unpaid carers and cared-for people from taking up the full support they might be entitled to, which in turn affected unpaid carers' ability to work. For example, some unpaid carers did not define themselves as carers. They described themselves as simply doing what needed to be done (fulfilling a duty or operating on “autopilot”) and were too busy providing care to reflect on their role. As a result, they did not seek out or recognise carer-specific support that could have helped them. Likewise, some cared-for people preferred not to think of themselves as unwell or disabled, which discouraged them from applying for benefits or additional assistance that could have made it easier for the unpaid carer to manage paid employment.

“I said if you're feeling that unwell, why don't you apply for like some sort of PIP or some help.... he [my husband] said ‘I don't need it. I'm fine. I'm capable and I'm not disabled. I

don't need a carer'." (Female, sole unpaid carer for husband, 10-19 hours caring per week, employed part-time, £22,500 per annum or less)

Similarly, unpaid carers also described colleagues who did not fully understand care (including who gives it and who needs it), due to ingrained perceptions that caring mainly involves parents of children with typical needs. Unpaid carers could also worry that managers or colleagues might hold negative views about mental ill health or neurodiversity. This made some unpaid carers hesitant to ask for support, further limiting their ability to manage work alongside their caring responsibilities.

Cultural and religious norms

Some participants described cultural and religious norms that encouraged them to prioritise care over paid employment, which could act as a barrier to entering, remaining in, and progressing in work. Cultural expectations sometimes created a preference for not using paid carers, which in turn weakened unpaid carers' support networks and reduced their ability to maintain or advance in paid employment. Additionally, some unpaid carers said that their decisions to leave work, or to delay seeking a care home for a parent, were influenced by cultural or religious beliefs that emphasise the importance of looking after parents and elders.

"My brother was very clear... he said we have to manage this between ourselves. He said, 'I don't want a stranger coming into my home and looking after Mum.' And Mum was very much like that as well." (Female, joint unpaid carer for person cared for, 10-19 hours caring per week, employed full-time, £37,001 or more per annum)

Gender norms

Gender norms could be a barrier to work, although unpaid carers tended not to explicitly identify them. Female unpaid carers with children had often taken long periods of time away from work by choice to care for younger children with additional needs, which affected their current seniority and work history. A weaker theme among women was that there was a gendered, and sometimes also cultural, expectation within families that women would take on more caring responsibilities than men. This expectation placed pressure on them to spend more time on caring, which could limit their ability to stay in or progress in work.

"I'm the typical eldest daughter and they come to me even if I try to get my brother involved...and I think they are more comfortable asking me because of the gender role." (Female, joint unpaid carer for grandparent, 10 to 19 hours caring per week, employed full-time, £37,001 or more per annum)

Personal drivers and circumstances

Unpaid carers described personal capabilities, motivations and experiences that made it easier and harder to enter, remain and progress in work, whilst providing unpaid care.

Financial circumstances

Unpaid carers were often working because they needed to support themselves and their families financially, and this financial need drove them to enter, remain and progress in work even when balancing employment with caring responsibilities was extremely difficult.

“I had a full-time job, financial commitments, bills, mortgage, everything. So, I'm not going to work less than that time.” (Male, sole unpaid carer for mother, 20 hours or more caring per week, employed full-time, £37,001 or more per annum)

Personal ambition and role modelling

Unpaid carers' personal work ambitions could both enhance and limit their progress in paid work, and this often varied by age. Unpaid carers with longstanding responsibilities (for example, caring for an older child with additional needs) described putting their work ambitions on hold to prioritise caring. In contrast, younger unpaid carers often saw career progression as part of the solution to balancing work and care, enabling greater future flexibility or earning power to pay for formal support. Many unpaid carers also wanted to role model working for their children, which motivated them to stay in employment even when remaining in work was challenging.

“[My] motivation is I want to provide a good role model to the children and the money - I need the money.” (Female, sole unpaid carer for child, 20 hours or more caring per week, employed part-time, £22,500 or less per annum)

Changes in personal health and wellbeing

Unpaid carers described changes in their health and wellbeing as a significant barrier to remaining in paid employment. These changes were often caused by juggling work and caring responsibilities, which could lead to exhaustion, high stress levels and a lack of time for rest. This made sustaining both care and paid work over the long term difficult. Using annual leave to provide care increased this pressure by reducing the time unpaid carers had to rest and recover. Some unpaid carers reported taking weeks or months of long-term sick leave as a result, and these breaks from work could reduce their confidence and make them more cautious about taking on additional work responsibilities or pursuing progression.

Unpaid carers who already had mental or physical health conditions were particularly affected. They described being more vulnerable to the pressures of caring and employment, and more likely to experience periods where their health made continuing in work unsustainable. For these unpaid carers, health-related setbacks interacted with the demands of caring in ways that compounded barriers to staying in, or progressing within, paid employment. In one instance, a sandwich carer with no support network found that her ill health, combined with her caring responsibilities, made her employment unviable. Having already used her annual leave and taken 3 periods of sick leave, she chose to resign rather than take further sick leave and risk dismissal through performance management.

“I think because of everything, all the pressure's on me. I think it makes me physically like drained. So even if I didn't have the responsibility, I don't think physically I can work full-time. Because, I don't know, I just don't have enough energy. But I think I'd feel so guilty being out of the house like 5 days a week.” (Female, joint unpaid carer for father, 5 to 9 hours caring per week, employed part-time, £22,501 to £37,000 per annum)

Practical and personal tools and systems

Unpaid carers used a range of organisational strategies to help them remember and complete caring tasks, including calendars, apps, diaries, rotas and family WhatsApp groups. They also described personal approaches and outlooks which helped them stay resilient and motivated to remain in work while caring, such as meditation, spending time with friends and drawing strength from others' stories. A common theme across interviews was a sense of resilience and “just getting on with it.”

“I keep a calendar of what I have to do... I have to keep alarms of what I have to do. And we also have a shared app that actually shows that, yes, her medication has been taken.” (Female, joint unpaid carer for mother, 10 to 19 hours caring per week, employed part-time, £22,501 to £37,000 per annum)

Mapping factors to different stages of workforce participation

Figure 3 maps how the factors identified in this research can influence unpaid carers' experiences of entering, remaining in, and progressing in work. While participants did not typically describe their experiences in this granular way, these patterns are inferred from broader trends across the data, highlighting how factors may interact differently at each stage of employment.

Figure 3: Factors influencing unpaid carers' experiences of entering, remaining in, and progressing in work

	Entering employment	Remaining in employment	Progressing in employment
Employers and work	<ul style="list-style-type: none"> • Availability of roles with built-in flexibility (hours, location) • Employer openness to caring needs (incl. carers policies) • Inflexible sectors (teaching, healthcare, retail) block entry 	<ul style="list-style-type: none"> • Stability of flexible arrangements • Supportive managers, workplace culture and clear carer policies • Ability to use leave (annual, sick, paid carer's leave) as needed 	<ul style="list-style-type: none"> • Flexibility within senior roles or training pathways • Retaining supportive manager / social capital • Manageability of increased workload/responsibilities
Care infrastructure and social welfare	<ul style="list-style-type: none"> • Reliability of social care support and SEN school provision • Predictability of the cared-for person's needs 	<ul style="list-style-type: none"> • Admin burden of managing health and care systems • Stability of care arrangements (frequency of work disruptions) 	<ul style="list-style-type: none"> • Reliability of external support • Ability to expand formal care to cover time for training/duties • Affordability of additional care provision
Social networks and norms	<ul style="list-style-type: none"> • Strength of family/friend networks to share care • Cultural expectations around family-based caring 	<ul style="list-style-type: none"> • Availability of backup support for unpredictable / escalating care • Emotional and practical support from family/friends 	<ul style="list-style-type: none"> • Networks' ability to absorb increased responsibilities • Cultural/family attitudes towards ambition or formal care use
Personal drivers and circumstances	<ul style="list-style-type: none"> • Financial need prompting entry/re-entry • Desire for identity outside caring or long-term goals • Health and energy levels 	<ul style="list-style-type: none"> • Mental and physical resilience • Ability to conserve annual/sick leave for personal rest • Fulfilment or respite gained from work • Financial pressures 	<ul style="list-style-type: none"> • Financial motivation / life stage • Stability of caring situation and own health • Confidence, wellbeing and personal resilience to take on expanded roles

Mapping these factors against different stages of workforce participation suggests that different pressures dominate at each stage:

- entering work relies on availability of flexible working arrangements, reliable care infrastructure, and personal readiness
- remaining in work depends on consistent work flexibility, supportive managers and colleagues, and predictable care (and support)
- progression requires flexible roles and training opportunities that can fit around caring responsibilities, and confidence that care needs can be met

Suggestions for support

Unpaid carers were asked for ways that government or employers could better support them to balance work and care, and enter, remain and progress in employment. Unpaid carers had multiple suggestions, falling under the themes of employment rights and policies; legal and public recognition; NHS improvements; and informal practical and emotional support.

Employment rights and policies

Unpaid carers – especially those in more inflexible roles – said they wanted the ability to request and access flexible working or hybrid options from an employer (with some signalling they were unaware of their rights as employees to request flexible working, and that they can do this from day one of employment). Those unaware of Carer's Leave also suggested employers provide an equivalent form of leave for carers (either paid or unpaid), and other

types of support, such as carer networks, awareness raising of caring and what it entails, training for managers on unpaid carer needs and empathetic responses, and occupational health support for unpaid carers.

Legal recognition and rights

Some unpaid carers thought they should be recognised legally as a group who need support at work and at risk of discrimination, and that unpaid carers should be entitled to extended rights on a par with maternity leave. One unpaid carer who had been threatened and intimidated by a family member in a conflict about caring responsibilities wanted to see more public support available for difficulties associated with family conflict about caring responsibilities. Unpaid carers said that any such rights would need to be accompanied by awareness raising campaigns to ensure they were offered and taken up.

Public recognition and remuneration.

Unpaid carers felt they deserved recognition in public policy as they save significant public resources by providing unpaid care. While they did not make specific requests for how this might look in terms of policy documents or speeches, some suggested that shopping discounts or vouchers might signal appreciation, and an increased rate paid for Carer's Allowance would be an appropriate way to acknowledge and support their contribution.

"There needs to be a higher profile about what people are doing to support their loved ones... because they're saving the country a lot of money." (Male, sole unpaid carer for person cared for, 20 hours or more caring per week, employed full-time, £37,001 or more per annum).

NHS improvements

Unpaid carers described planning and managing appointments for a cared-for person as requiring substantial administration time. They said that this burden could be reduced if the NHS joined up systems or offered choices of appointment that better accommodated unpaid carers who were working, helping them to organise care around their working hours. Fitting appointments around shifts or working hours could be especially difficult if unpaid carers were a sole carer, felt under-supported, or their working flexibility was limited. Unpaid carers also suggested improvements to specific health advice, such as better NHS support for long-term pain management, which would ease the experience of both unpaid carers and cared-for people.

Practical and emotional support

Unpaid carers' suggestions for support in this area included making carer's networks widely available to offer help with mental health support, peer support and food vouchers; and giving unpaid carers access to practical services (e.g. vetted cleaning/gardening services for those needing care) or a platform to obtain reliable emergency paid carers.

Experiences and understanding of Carer's Leave

Following the discussion on barriers and enablers to entering, progressing and remaining in paid employment, participants explored the topic of Carer's Leave and the Carer's Leave Act 2023. This included their awareness of Carer's Leave, views on the policy, and its perceived ability to support unpaid carers to enter, progress and remain in paid employment. Participants were shown information outlining eligibility and entitlements for Carer's Leave.

Prior awareness of Carer's Leave

There was mixed unprompted awareness of Carer's Leave in the sample, and very limited evident awareness of the Carer's Leave Act 2023 before participants were shown information about it.

Participants who were previously aware of Carer's Leave listed a number of sources of their awareness: line managers, television, a carer's network, family and friends who work in Human Resources (HR) and health law, and an employer bulletin. Those who had learned about Carer's Leave through their workplace came from a variety of professions.

Some participants understood they were entitled to 5 days of unpaid leave on a pro-rata basis, while others knew they were eligible for a certain number of paid days where employers offered this (n= 4 NHS employees, and an unpaid carer working for a private company). Other participants reported knowing little beyond the term 'Carer's Leave'. They assumed it provided access to time off each year but were unclear about the amount, whether it was paid, and how to access it. Some interpreted 'Carer's Leave' as a general phrase describing several types of leave taken to provide care, rather than a specific entitlement.

"I have heard of the Carer's Act, yes, but I'm not fully sure what it entails or what it's about. I just know it obviously protects carers and you know, they have more rights, but I don't, I don't fully know." (Female, sole carer for person cared for, 10 to 19 hours caring per week, employed full-time, £22,501 to £37,000 per annum).

Experiences of using carer-specific forms of leave

Some participants with prior awareness referred to using "Carer's Leave," but in practice were drawing on employer-enhanced provisions rather than the unpaid statutory entitlement. These employer-provided schemes typically offered paid days for caring. For example, one participant whose employer provided 4 paid days annually reported consistently using these days to take his mother to medical appointments. Another participant used similar paid leave when their child was ill. A third described using paid carer's leave during emergencies or when the primary carer was on holiday, pre-booking half days to provide additional support.

In contrast, only one described using unpaid Carer's Leave itself, to take a week of respite to rest and recover from caring responsibilities.

Some participants said they had not used Carer's Leave because it was unpaid or because they could manage caring duties alongside flexible or hybrid work arrangements. Some were unclear why they had not used it, which likely reflects their limited awareness of the entitlement. One participant believed they were not eligible to use it because their child's diagnosis was not made in the UK, and they felt a UK diagnosis was needed.

Perceptions of the Carer's Leave Act

Overall perceptions

After reviewing information during the interviews that outlined eligibility and entitlements for Carer's Leave, participants expressed mixed views about the policy. Many welcomed it, appreciating that it granted unpaid carers formal rights and support, which made them feel recognised and valued as providers of unpaid care. They liked the fact that it could be used to care for non-family members as well as family, no proof was required, and it was available from the first day of employment. However, they also identified limitations to using it, particularly the fact that it is unpaid and limited to 5 days pro-rata.

"It gives me a sort of a nice feeling to know there is a backup system there... It's very reassuring to know there is legislation in place for voluntary carers like me." (Male, sole carer for person cared for, 10 to 19 hours caring per week, employed part-time, £22,501 to £37,000 per annum).

Benefits and limitations of Carer's Leave

A range of benefits of Carer's Leave were described by participants and how it could positively influence several factors that shape unpaid carers' abilities to enter, remain, and progress in work:

Carer's Leave increases 'access to leave' (material ISM factor), which can enhance unpaid carers' ability to manage the needs of the person they care for during working hours, enabling them to remain in paid employment while continuing to provide care. Participants tended to view Carer's Leave as suitable for completing *less regular* tasks, such as attending medical appointments, hospital stays, assisting with a change of routine (such as a cared-for child starting a new school) or responding to changes in care needs following an unforeseen issue (such as an unexpected decline in health). This reflects the reasons why those in our sample who had previously taken Carer's Leave had used it.

"[I could use Carer's Leave] if Dad's had a fall... or if he's coming out of hospital tomorrow and I need to be there to help him settle back in at home." (Female, sole carer

for person cared for, 10 to 19 hours caring per week, employed full-time, £37,001 or more per annum).

Carer's Leave could increase unpaid carers' confidence to request workplace adjustments, such as taking time off to manage caring responsibilities, even if they have 'low social capital at work' (social ISM factor) because it makes these requests feel more legitimate. Participants explained that having formal entitlements provided reassurance that their needs should and would be recognised. For example, a carer who relied on flexible hours to manage unpredictable care for her wheelchair-bound mother with dementia said that, before the interview, she had not known about carer's leave but thought it could help reduce her guilt about the disruption caused to colleagues.

"I would feel less guilty if I could take carer days for whatever it may be... because it's like somebody has acknowledged that you have this carer responsibility." (Female, joint carer for person cared for, 10 to 19 hours caring per week, employed part-time, less than £22,501 per annum).

Carer's Leave could improve unpaid carers' 'health and wellbeing' (individual ISM factor), which in turn could help them remain in long-term employment. By using Carer's Leave instead of, or alongside, annual and sick leave, carers said they can reserve other forms of leave for rest, holidays, and personal recovery from illness.

Additionally, some participants interpreted the information shown to them about Carer's Leave as allowing them to use it for personal respite from caring and indicated they might use it in this way in the future. However, one carer emphasised that such respite would be occasional, rather than providing regular opportunities to recover from caring responsibilities. This is not listed in UK Government guidelines as a reason to take Carer's Leave. If Carer's Leave cannot be taken for this reason, it would be worthwhile to clarify this in guidance about carer's leave entitlements to avoid ambiguity.

Unpaid carers also highlighted a range of limitations in how Carer's Leave works that limit its impact. These are as follows.

The unpaid status of Carer's Leave

The unpaid status of Carer's Leave was highlighted as a major limitation, which could prevent unpaid carers from using and benefiting from this entitlement. Many unpaid carers said they needed to maintain their usual working hours for financial reasons. And some participants emphasised that caring already carries financial costs, such as limiting them to part-time instead of full-time work, and taking unpaid leave creates further financial pressures. One participant described needing to take out a £4,000 loan after taking 3 weeks of unpaid leave to care for his wife, illustrating the financial strain unpaid leave can create. As a result, many did

not view using Carer's Leave as a feasible option and said they would only use where other forms of support were not available, such as if they could not access paid leave (such as annual and sick leave) or work flexibly (such as swapping shifts, time in lieu, or finishing work out of hours). This suggests that Carer's Leave will be most helpful to those in the Less Flexible and Under Supported group, who have less job flexibility and weaker caring support networks, reducing their ability to manage caring responsibilities in alternative and preferred ways.

"I'd avoid this [using Carer's Leave] unless I really had to because losing pay would be a worry, such as if I didn't work for an organisation that wasn't flexible and had generous leave. It depends on your income and financial status...I think most people would use sick leave." (Female, sole carer for person cared for, 10 to 19 hours caring per week, employed full-time, less than £22,501 per annum).

These limitations meant that one participant, who was a manager, said she would advise her employees to take sick leave rather than Carer's Leave, because she knows how much financial pressure unpaid leave can place on unpaid carers, who are often not in stable financial positions.

It was noted that the ability to use Carer's Leave may be limited to those who can afford the financial impact. This was evident across income levels, with participants on higher salaries also reporting financial motivation to avoid using Carer's Leave if they could 'juggle' work and care in other ways, such as making up work hours in the evenings or at weekends.

Five-day pro-rata provision

The 5 day pro-rata entitlement was routinely viewed by unpaid carers as insufficient for completing *regular or ongoing* care tasks within working hours, as it could only be used infrequently due to the limited provision. To meet these ongoing needs while in paid employment, participants described relying on alternative arrangements, such as working part-time, having flexibility in their working hours and drawing on caring support networks, such as family and paid carers. Similarly, the 5 days were not seen as sufficient if the health of those being cared for deteriorated, and they needed more intensive care for an extended period of time.

Additionally, the 5 days' pro-rata allowance was often seen as too small an amount of leave, even for managing *less regular* caring tasks. This was particularly the case for sole carers, those caring for more than one person, and those working part-time, given the level of support many care recipients required. Participants, for example, described that care recipients can have numerous hospital appointments each year, and a single NHS appointment can easily take up a full day when carers need to wait at the hospital, especially if it runs late.

“If I didn't have all the support around me [from my sister and paid carers] that week of leave, you would get through it really, really quickly. So, it's no way near enough for a person with a similar condition but didn't have the support that I have.” (Male, joint carer for person cared for, 10 to 19 hours caring per week, employed full-time, less than £22,501 per annum).

Notice to use leave

Participants said that Carer's Leave may be of limited use with urgent (but non-emergency) situations, due to the need to provide advance notice.¹² For example, a participant was unsure if the entitlement would cover him in situations where his cared-for person forgets to mention an appointment until the day before, leaving too little time to meet the notice requirements. Another participant highlighted the need to provide urgent care when their husband is experiencing an unpredictable flare up of chronic pain and explained that she cannot predict these situations in advance.

“I guess it's positive that you can use it. However, it's not going to be in every situation that you're able to give 3 days' notice... I can't pre-empt when he's going to have a really bad week.” (Female, sole carer for person cared for, 5 to 9 hours caring per week, employed part-time, £22,501 to £37,000 per annum).

Ability of employers to request Carer's Leave be taken at a different time

Participants noted that employers' ability to ask for Carer's Leave to be taken at a different time could potentially undermine the benefits of Carer's Leave to help unpaid carers manage specific recipient's needs¹³. For example, they highlighted that surgeries and important medical appointments are often difficult to reschedule, and if employers insist on changing the date, the person receiving care may miss the appointment or the carer may need to spend additional time arranging for someone else to attend. Some appointments were recognised to be easier to reschedule, such as blood tests.

“The NHS won't be able to be flexible...an appointment at the doctors is like gold dust.” (Female, sole carer for person cared for, 10 to 19 hours caring per week, employed part-time, less than £22,501 per annum).

¹² Employees need to give their employer notice before they want their leave to start, unless it is an emergency, in which case they can take time off for this without giving notice). If the request is for half a day or a day, the notice period must be at least 3 days. If the request is for more than one day, the notice period must be at least twice as long as the requested leave.

¹³ Employers cannot refuse a Carer's Leave request but can ask the employee to take it at a different time. They can only do this if the employee's absence would cause serious disruption to the organisation. If they delay it, the employer must: agree another date within one month of the requested date for the leave; put the reason for the delay and new date in writing to the employee within 7 days of the original request, and before the requested start date of the leave.

Difference to other forms of leave

Some participants were unclear about what additional value Carer's Leave offered in helping them manage their caring responsibilities within their working hours, as they felt it provided similar benefits to time off for dependant's and unpaid parental leave. Even after reviewing information about eligibility and entitlements during the interview, these participants remained unsure about the distinct purpose or advantages of Carer's Leave.

Influence of workplace cultures

Participants explained that poor workplace cultures and negative line manager attitudes could reduce the benefits of Carer's Leave, as these environments may make them nervous about requesting it. Some participants worried that colleagues might view or treat them unfavourably if they took Carer's Leave, such as for emergencies where advance notice was not possible. They feared this could affect their career progression, how they were perceived at work, and create an impression that they were unreliable employees. These concerns were often shaped by past negative experiences; for example, occasions where taking time off at short notice to provide emergency care was poorly received or left the carer feeling unsupported.

"I think I feel that I might be judged if I take the time off for not being a team player at work or judged that I'm not coping at home." (Female, sole carer for person cared for, 5 to 9 hours caring per week, employed part-time, £22,501 to £37,000 per annum).

No evidence requirements

Although unpaid carers appreciated not being required to provide evidence of their dependant's care needs when using Carer's Leave, some participants felt that employers might not trust these requests if employees had not previously disclosed their caring responsibilities.¹⁴ They said this could lead to employers being unsupportive of Carer's Leave being used, and to carers being treated negatively at work. As a result, some unpaid carers reported that requesting Carer's Leave without providing evidence may make them feel nervous and hesitant to use the entitlement.

"You've got to always be careful. You don't want it to impact your year-end reviews. As an employee, I'd feel I'd need to give this information [about my caring responsibilities] because I feel I need to justify [using Carer's Leave] ... I wouldn't want it to hinder my career." (Male, sole carer for person cared for, 20 hours + caring per week, employed full-time, £37,001 or more per annum).

¹⁴ To use Carer's Leave, employees do not need to give evidence of their dependant's care needs.

Implementation in inflexible roles

Participants felt that it may be difficult for those with inflexible roles to use Carer's Leave, and that they therefore might not be able to benefit from the leave. For example, some unpaid carers highlighted the potential difficulty for teachers to use Carer's Leave during term time when they need to be present to provide lessons.

“Teachers and places where they have to have the structure... anything in the statutory sector would be a challenge.” (Female, joint carer for person cared for, 10 to 19 hours caring per week, employed full-time, £37,001 or more per annum).

Suggestions for increasing uptake

Participants proposed a range of suggestions to increase uptake of Carer's Leave and make it more beneficial to unpaid carers to be able to enter, remain and progress in work.

Make Carer's Leave paid

This was the most common suggestion, with participants explaining that pay would make the entitlement more financially affordable.

Increase the entitlement to more than 5 days

Many felt a larger allowance (potentially tiered by caring intensity, type of care, or number of people cared for) would better reflect carers' needs. This was a very common suggestion raised by participants.

Ask carers to provide proof of caring responsibilities

This was because participants expressed concerns that Carer's Leave could be misused by those not providing care, and providing proof would help prevent this. Additionally, carers expressed concerns that employers might not trust that they have caring responsibilities if they had not previously disclosed them.

“My question would be, are people going to abuse the policy because they can get an extra week's leave in a year and they don't have to give notice and they don't have to actually say what the caring needs are?” (Female, joint carer for person cared for, 10 to 19 hours caring per week, stopped working for an employer within the last 6 months, £37,001 or more per annum).

Raise awareness of Carer's Leave and ensure companies are proactively encouraging its use

Awareness should be raised about eligibility, entitlements, and the benefits it can offer in comparison to other types of unpaid leave (such as parental leave and time off for dependants). Participants suggested that information about Carer's Leave could be shared by employers and managers (such as during employee onboarding), as well as carers' networks, GP surgeries and to all those who receive Carer's Allowance. They said that it is important that employers proactively promote it to show that taking Carer's Leave will not be viewed negatively and that caring is a legitimate reason to request leave.

Provide more information about what classes as an emergency and what leave entitlement should be used in these situations (e.g. Carer's Leave or dependants leave)

This is because participants could be unsure what counts as an emergency. Additionally, consider whether urgent but non-emergency situations could also be exempt from notice requirements.

Prevent employers from being able to delay requests in certain non-emergency circumstances

This is particularly important where the cared-for person has important medical appointments or operations that the carer needs to attend and support them with, which cannot easily be rearranged.

Clarify information about Carer's Leave entitlements and whether it can be used for respite

Some participants interpreted the information shown to them about Carer's Leave as allowing them to use it for personal respite from caring and indicated they might use it in this way in the future. If Carer's Leave cannot be taken for this purpose, it would be helpful for guidance on the policy to make this explicitly clear.

Allow leave to be taken in hourly amounts

This was seen as a practical way to support shorter, time-sensitive caring tasks and make the allowance stretch further.¹⁵

¹⁵ Currently Carer's Leave can be taken as a full week, single days, or half days.

Consider renaming the provision

One carer highlighted that the term 'unpaid Carer's Leave' does not make it obvious whether the leave itself is unpaid, or whether it applies only to unpaid carers.

No changes suggested to notice periods

Participants generally felt the current notice requirements were reasonable. For example, some noted that they typically know the dates of medical appointments for the person they care for well in advance, and before the notice they would need to provide.

Conclusions

This research highlights the complexity of balancing paid work and unpaid care, and the wide variation in unpaid carers' circumstances, resources and needs. It shows that while many factors shape unpaid carers' ability to enter, remain and progress in employment, 2 overarching dimensions consistently stand out as particularly influential in shaping experiences: job flexibility and the strength of caring support networks (both in terms of informal support from family/friends and formal support, particularly from paid carers).

These 2 dimensions underpin the 4 broad experience types identified in this study and shape whether unpaid carers can enter, remain and progress in work alongside their caring responsibilities. Those who had more job flexibility and stronger caring support networks were generally better able to enter, remain and progress in work, whilst those who had less job flexibility and weaker caring support networks generally found juggling employment alongside care challenging.

Overall, these findings highlight that improving carers' employment outcomes requires expanding access to flexible working and strengthening support networks, as well as providing targeted support for carers who lack workplace flexibility or social support structures.

Carer's Leave was not viewed as substantially increasing job flexibility or strengthening caring support networks, which meant unpaid carers felt its overall impact on their ability to enter, remain and progress in work was limited.

Carers also described several limitations that further reduced its perceived usefulness. Most notably, its unpaid nature meant carers saw it as the last option, and unpaid carers repeatedly said they would only use it when they could not access paid leave (such as annual or sick leave) or work flexibly (such as swapping shifts, taking time in lieu, or working outside normal hours). The 5 day pro-rata entitlement was also considered too small to meaningfully meet the frequency and unpredictability of caring responsibilities.

Participants suggested several ways to improve Carer's Leave so that more unpaid carers can use it effectively. Key suggestions were to:

Make Carer's Leave paid:

- This was the most common suggestion, as participants felt pay would make the entitlement more financially affordable.

Increase the entitlement beyond 5 days:

- Participants felt a larger, potentially tiered allowance would better reflect the frequency and intensity of caring needs.

Ask carers to provide proof of caring responsibilities:

- This was suggested to prevent misuse and help carers feel more legitimate and confident when requesting leave.

Raise awareness and encourage proactive employer promotion:

- Participants felt clearer communication on eligibility, entitlements and benefits (shared by employers, carers' networks and health services) would normalise use and reduce stigma.

Provide clearer guidance on what counts as an emergency (immediate and unforeseen), and which leave to use:

- Participants wanted clarity on emergency versus urgent situations (requires attention soon) and whether some urgent non-emergencies should be exempt from notice requirements.

Prevent employers from delaying requests in certain non-emergency cases:

- This was seen as essential where carers complete time-critical medical care tasks, such as attend appointments that cannot easily be rearranged.

Despite these limitations, unpaid carers still welcomed Carer's Leave as formal recognition for their caring role and valued knowing they have a statutory entitlement they can rely on when they need time away from work to care. The policy was particularly appreciated for legitimising carers' needs, helping some feel more confident requesting time off, and offering a structured alternative to using annual or sick leave for caring tasks. For carers with fewer sources of informal or formal support (particularly those in Less Flexible and Under-Supported circumstances), Carer's Leave may provide a necessary safety net when other support is unavailable.

Appendix 1: Sampling criteria

Unpaid carers were sampled primarily by the number of hours they spent caring per week and their personal income. Secondary sampling criteria were employment status, gender, ethnicity, disability, and whether or not the unpaid carer was a “sandwich carer” (who looked after dependent children as well as caring)¹⁶. The qualitative sample was also monitored during interview recruitment to ensure a mix of carers by other criteria, including other caring and employment circumstances and personal characteristics. Table 2 sets out the primary and secondary sampling criteria and number of interviews completed for each.

Table 2: Primary and secondary sampling criteria for unpaid carer interviews

	Number of interviews completed
Primary criteria	
Unpaid Carers	50
Level of care (hours spent caring per week)	
Low (5 to 9 hours)	12
Medium (10 to 19 hours)	21
High (20 hours or more)	17
Personal Income level (annual salary FTE)	
Lower income (£22,500 and less – FTE)	18
Lower to medium income (£22,501 to £37,000 – FTE)	15
Medium to higher income (£37,001 and above)	17
Secondary criteria	
Type of Care	
Sandwich carer ('unpaid carers' who also care for a dependent child/children)	26
Employment status	
Currently employed	40
Stopped working within last 6 months	5
(Re)entered employment within last 6 months	5
Gender	
Male	16

¹⁶ Childcare is not within the scope of DBT’s review of Carer’s Leave, only childcare as it pertains to disability or longer-term illness or injury.

Female	34
Ethnicity	
White	29
Ethnic minority	20
Prefer not to say	1
Disability	
Has a disability	9

Appendix 2: Caring and employment circumstances

This appendix provides contextual information on the diverse caring and employment circumstances of the unpaid carers involved in the research, providing background for interpreting their experiences of entering, remaining in, and progressing in work discussed in the report.

Caring responsibilities

Unpaid carers interviewed through this research had a range of caring responsibilities:

Who is supported

- care recipients had varied conditions: dementia, schizophrenia, MS, fibromyalgia, autism, ADHD, epilepsy

Nature of caring responsibilities

- carers provided practical, emotional and personal care
- responsibilities often increased over time
- some responsibilities were unpredictable, requiring urgent support; others were routine and scheduled

Carers' family roles and structures

- carers supported a range of family members: parents, children, siblings, aunts, in-laws
- some cared for more than one person
- some were sandwich carers (supporting children and another child/adult with additional needs)

Caring support networks

Unpaid carers in our sample had different strengths of caring support networks. In this context, caring support networks refer to 2 things:

1. whether others (such as family members, friends, or neighbours) also assisted in providing care and support, and
2. the use of formal care provision, such as paid carers and daycare facilities.

Some unpaid carers in our sample described holding primary responsibility for providing care (sole carers); for example, lone parents caring for their children or parents, and those caring for partners.

Others shared responsibilities with other family members, such as adult children jointly caring for a parent.

Employment circumstances

Employment varied widely across the sample and included NHS healthcare workers, government department employees, shop workers, logistics workers, administrative assistants, and teaching staff.

Unpaid carers interviewed through this research had a range of employment circumstances. These included:

Working patterns

Roles ranged from full-time to part-time, with remote, hybrid and fully on-site roles (such as hospitals and schools)

Progression Opportunities

Experiences of progression varied: some gained promotions; others reported being unable to because new roles came with additional responsibilities and training

Seeking Flexibility

Some had already been employed in flexible jobs when they became carers; others had specifically sought out flexible roles to fit around caring responsibilities

Employment Impact of Caring

Some left or lost jobs due to inflexible roles or caring pressures impacting wellbeing

Appendix 3: ISM model

The identified factors shaping unpaid carers employment experiences can be categorised as “individual”, “social” or “material”, in line with the ISM framework introduced in background and methodology chapter. This different categorisation is shown in Table 1.

Categorising the factors in this way provides a framework that can be used to understand how policies support unpaid carers, by clarifying which factors a policy is influencing. This framework also enables better consideration of how different policies might work together, how they could be developed to increase overall impact, and where gaps remain that policy could address to better shape unpaid carers’ material circumstances, social contexts, or individual motivations and capabilities.

Table 1. Factors shaping unpaid carers employment experiences, categorised by the ISM model

Type of factor	Factor name
Individual	Personal fulfilment at work Financial need Personal ambition and role modelling Changes in personal health and wellbeing Practical and personal tools and systems
Social	Social capital at work Work culture Social networks of family and friends Social norms <ul style="list-style-type: none"> • Norms around caring who needs care • Cultural and religious norms • Gender norms
Material	Built-in job flexibility Availability of leave Carer-specific employer policies and resources Proximity of employment Social care support <ul style="list-style-type: none"> • Adult social care services • Children’s social care and education • Social security and benefits processes

Appendix 4: Case studies

The following case studies are based on interviews with participants who took part in this research. Names and some identifying details have been changed to protect their identify.

Case study 1: Aisha (Flexible and Well-Supported)

Aisha is in her fifties and works for a care agency. She cares for her mother, who has organ failure. She feels financially secure and lives with her husband (who is semi-retired) and her children. Aisha has been providing daily unpaid care to her mother for over 5 years, with her responsibilities increasing over time. She shares caring responsibilities with her brother, who lives with their mother, and with her sister.

Aisha's caring tasks include personal care, emotional support, and practical responsibilities, such as driving her mother to medical appointments 3 times a week, preparing meals, and managing her medical schedule.

Since the pandemic, Aisha's job has offered a high degree of flexibility. She works fully remotely, can make up hours outside of usual office times when she needs to provide care during the day, and is able to work from her mother's home. This flexibility is essential for Aisha, who routinely provides care during daytime hours. For example, one day each week she spends the morning taking her mother to a medical appointment and then works into the evening to make up her hours.

Aisha recently accepted a promotion. She was initially hesitant because she worried she might not be able to manage increased work responsibilities alongside her caring duties. She discussed the decision with her family, as taking the promotion would mean they would need to take on more caring responsibilities. Her brother encouraged her to go ahead with the new role, as he was able to take on additional caring tasks.

Despite this support, she says that the new role has been challenging, as it involves more responsibility and offers less flexibility as she needs to complete more of her work in usual office hours. She explains that this, combined with her caring responsibilities, has taken an emotional toll. She is busier and has less time for herself, such as going to the gym, and she feels it takes her longer to recover from illness because she is more worn out. She also can feel guilty about spending less time with her mother. However, she says that she has been able to manage due to the support from her family and the shared caring responsibilities and feels that over time she will adapt to her new working and care routine. She also still felt pleased that she took the promotion as it has advanced her career.

"I've been quite lucky in the fact that they [my family] were saying you shouldn't put your career on hold because that's not fair to you. You have an opportunity here and it's a really good opportunity. And it was because of that that I accepted the job... We have a big family,

so it's not like my mum lives alone. She lives with my brother and his wife, so where there has been the opportunity, it has not stifled me. We'll do what we can to put it all together. So that's the advantage of having a big family who are supportive." (Female, joint carer for person cared for, 10 to 19 hours caring per week, employed full-time, £37,001 or more per annum).

Case study 2: Stephen (Flexible but Under-Supported)

Stephen is in his fifties and works full-time for a local authority. He cares for his partner, who has multiple health conditions, including a neurological disorder. He says their financial situation is tight – his partner does not work. Stephen has provided unpaid daily care for the last 5 to 6 years, with his responsibilities increasing over time. He does not have support from family members or paid carers.

Stephen's caring responsibilities are unpredictable: on "good days" support needs may feel minimal, while on "bad days" they can take up most of his day. His tasks include personal care, preparing meals, managing health appointments, and arranging household adaptations, such as installing handrails.

Since the Covid-19 pandemic, Stephen has primarily worked from home. He sought a promotion 2 years ago because it offered greater flexibility, less travel and more scope to work remotely. He can also make up hours later in the day when caring disrupts his work, and he says his line manager is highly understanding of his circumstances. He is also able to accrue overtime hours, which he uses to take time off work for personal respite. However, he recently had to turn down a managerial apprenticeship, as it would add too much additional workload.

Despite strong job flexibility and an empathetic manager, Stephen lacks a wider, reliable support network and any form of formal backup care. When his partner's needs intensify, such as when she recently had a long stay in hospital or she experiences phases of immobility due to her neurological disorder, he must absorb the full impact himself, and he described feeling shattered and burnt out because of this and worried that it may eventually make it impossible to cope with both his caring responsibilities and his job as his partner's needs increase.

"To be honest, I think I'm very lucky with my employer. The working from home flexibility is very precious to me... If I take 2 to 3 hours off to take her to an appointment I might work into the evening." (Male, sole carer for person cared for, 20 hours + caring per week, employed full-time, £37,001 or more per annum)

Case study 3: Diago (Less Flexible but Supported)

Diago is in his thirties and works part-time in teaching. He cares for his mother, who has an autoimmune disease and is bedbound. His financial situation is tight. Diago has been providing daily care for the last 5 years, with his responsibilities increasing over time. He does not have

support from family members, but his mother receives formal care, with paid carers visiting 3 times a day.

Diago's caring tasks include personal care, emotional support, and practical tasks such as shopping, taking his mother to hospital appointments and organising her finances. Having paid carers allows him to work part-time, as his mother is supported while he is at work. However, paid carers cannot assist with all tasks, such as managing healthcare arrangements and taking his mother to appointments.

Diago's job offers little flexibility. He works onsite and cannot work from home. In his previous salaried teaching role, the longer commute and rigid hours were too demanding alongside caring, so he left that job and instead took a lower paid hourly teaching role closer to home. Although the new role was "worse" in terms of pay and security, the shorter commute created more time for caring. The inflexibility of his job makes responding to emergencies difficult. He said in his current job these emergencies have luckily been outside of term time, when he is not working.

Diago said that he is unable to pursue promotion because leadership roles are always full-time and onsite, which he feels would be impossible to manage alongside caring for his mother. He would like to complete a PGCE, but the hours are too intensive. He said any training he undertakes needs to be flexible and ideally online so that he can choose when to complete it.

"I think I'd be quite effective in a leadership role or coordinating role. But unfortunately, all of those positions are like 40 hours – [I] just can't because I can't make the time commitment like that.... I've also had to say no training sessions as well. I can't always attend them because I need to go to my mum's house or I need to do something for my mum or something's going on or someone's coming to visit or something like that." (Male, sole carer for person cared for, 5 to 9 hours caring per week, employed part-time, £37,001 or more per annum)

Case study 4: Sarah (Less Flexible and Under-Supported)

Sarah is in her thirties and works one day a week in a hospital. She cares for her son, who has autism. Their financial situation is tight. Sarah has been providing daily care for over 5 years, with her responsibilities changing over time. She is a single mum and does not share caring responsibilities. Her parents help, but the support they can provide is limited.

Sarah's caring tasks include personal care, such as dressing, and emotional support. She needs to drop her son off at school, as he cannot easily use public transport. Caring is unpredictable: she is often called to collect him early if he has had a difficult day, and there is no alternative support available to cover this.

Sarah's job offers little flexibility. It is entirely onsite, with fixed hours that start before and end after the school day. Because she cannot adjust her working pattern to accommodate caring

needs, she feels unable to work full-time or take on additional shifts. She says that her son can cope with her working one day a week, but that any more than this would disrupt his wellbeing.

Recently, Sarah completed a degree-level training course to qualify for a more highly paid hospital role. She managed this because the course ran within school hours and the university was understanding when she needed extensions. However, she feels unable to start a position in this new profession, as all available jobs are full time and lack the flexibility she needs as a single mum. She also does not feel confident disclosing her caring responsibilities in interviews.

“When the jobs come up and they were full-time...I always knew I wasn't going to go completely full-time. I would just be part-time because as a single mother as well and running it all, it just doesn't work.” (Female, sole carer for person cared for, 20 + hours caring per week, employed part-time, less than £22,500 per annum)

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