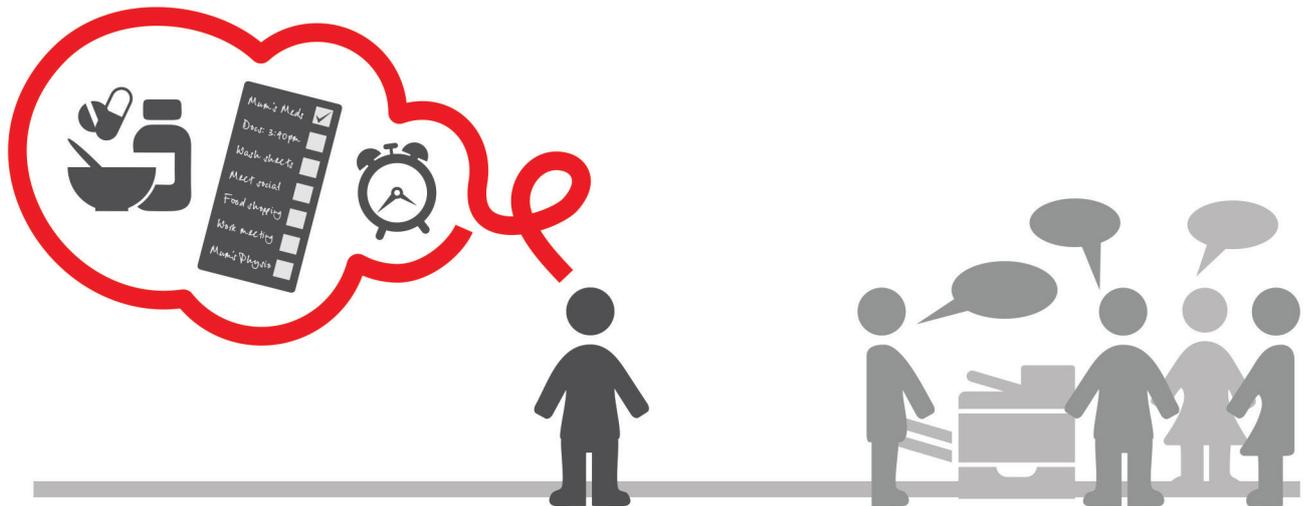


Caring and isolation in the workplace

Impact report and recommendations



Contents

Summary	03
<i>Key findings</i>	03
<i>Key recommendations</i>	05
Why working carers feel isolated	06
Priorities for support for working carers	14
<i>Workplace support</i>	14
<i>Support outside the workplace</i>	16
Carers who had given up work	18
Recommendations	20
Annex: About the respondents	22

Summary

Key findings

- 7 in 10 working carers (71%) have felt lonely or isolated in the workplace as a result of their caring responsibilities
- Over four out of ten (43%) working carers felt that colleagues and managers did not understand the impact of caring and 38% had not felt comfortable talking about their caring responsibilities at work
- Many working carers are at breaking point; a staggering third (32%) were caring for 50 plus hours a week, comprising over half (53%) of the carers who felt lonely or isolated in the workplace most of the time
- Nearly a quarter (23%) of carers received no support from their employer
- The top priority for workplace support was improved and consistent manager awareness of caring issues (37%) and more flexible/special leave arrangements (again 37%)
- The top priority for support outside the workplace (identified by 50% of carers) was for more, better quality or more suitable support from care services followed by more or better quality support from GP and other health professionals (43%)
- More than seven in ten carers (72%) said they would be less stressed if these issues were addressed and six in ten (60%) said that they would feel that someone understood their situation
- Over half (56%) of the carers who had given up work to care highlighted the stress of juggling work and care and a third (34%) the lack of suitable care services

Key recommendations

Employers, health and social care services, central, national and local government and local voluntary and charity organisations all have a role to play in improving public understanding of caring and disability and raise awareness of carers in the workplace.

We believe that there should be:

Within the workplace

- **Policies to support staff with caring responsibilities**
Employers should foster a workplace culture where caring responsibilities are supported with carer-friendly policies. For larger organisations this may be a specific carers policy but smaller organisations with fewer formal HR policies could include carers in their generic policies, for example covering flexible working and leave.
- **Proactive promotion of caring issues**
Employers should proactively promote caring issues and workplace policies to support carers to ensure that staff with caring responsibilities identify themselves as carers and come forward for support.
- **Practical support for line managers**
Line managers are the crux of making carer-friendly policies work, through provision of information, advice and awareness raising training.
- **Peer to peer support for carers**
For example through staff carer networks.
- **Practical workplace support**
For example through employee assistance programmes and staff welfare programmes and adjustments such as car parking close to the office or a private space to make telephone calls.
- **Signposting to sources of external support including how/where to get practical help with caring**
Accessing relevant information is a priority for carers, particularly when they are new to caring. Employers can provide a key role here by signposting staff to organisations such as Carers UK.

Outside the workplace

- **A stronger rights base for carers that government should support with information for employers on policy and practical guidance**
- **Accessible and easy to navigate information about available care and support services**

This needs to be at both national and local level in line with the new duty under the Care Act 2014. This information should be readily available, including online, for working carers to access, including those who are caring at a distance.
- **Reliable, affordable and available care and support services which are flexible in order to fit around people's working patterns**

As well as help from care workers in the home or periods of residential respite care these should include a variety of different care and support services including low level support with housework and maintenance.
- **A clear duty on NHS bodies to identify carers and promote their health and well-being (England only)¹**
- **Support for national and local services that provide carers with emotional and practical support**
- **Better access to technology enabled care and support**

This can not only help people with health conditions and disabilities to live more healthily and independently but can also support their carers to combine work and caring and have a life of their own. This may include equipment for independent living, technologies such as telecare and telehealth and consumer products such as wearables and health apps.

¹ In Wales the Carers Strategies (Wales) Measure 2010 already places this duty on health and local authorities to identify and signpost carers. The Carers and Direct Payments Act (NI 2002) requires Health and Social Care Trusts to make sure carers know about their statutory right to a carer's assessment and gives Trusts the power to supply services directly to carers in their caring role. In Scotland and Northern Ireland, as part of the GP contract, GPs must identify carers and keep a carers register, and the NHS has duties to identify and provide information to carers. These measures must be retained and built on.

Why working carers feel isolated

What do we mean by isolation?

Isolation and loneliness can be experienced by many people as a result of their caring responsibilities; contrary to some assumptions, this is not just about being on your own.

Carers may be isolated or lonely in the workplace because they feel unable to talk to colleagues about their caring responsibilities. They may also no longer have the time to socialise with colleagues, friends and family. People can feel lonely even in a busy workplace if they think that no one else understands their caring situation, and if they therefore do not feel comfortable about broaching this at work. Some aspects of caring can also be very difficult to share with others.

This research follows a recent study² by Carers UK which explored both social isolation, defined as lack of social contact, and loneliness, expressed as feeling of a lack of companionship which can come and go or be something which is felt all of the time.³ The Carers UK research revealed that caring can be a lonely and isolating experience even for people in the workplace and also reflects other experiences of carers reported over the years to Employers for Carers.

While one in nine people⁴ will be combining paid work with unpaid care for an older, ill or disabled relative or friend, caring still remains a relatively hidden issue in many workplaces. This may be for a number of reasons; often people may not recognise themselves as carers, do not know where to turn for help, or feel uncomfortable coming forward for support.

In recognition of this, Employers for Carers and Carers UK have undertaken targeted research into the impact of caring as a cause of isolation in the workplace. This study was undertaken between December 2014 and February 2015 to improve understanding of:

- how and why working carers can often feel lonely or isolated (either at work or at home) even when they may be part of a busy workplace or wider family unit
- how working carers can best be supported to minimise such isolation including through early advice and information and practical help
- practical ways in which employers and other parties can help

“

If people were aware how much caring affected me, I feel it would impact negatively on how they view me in the workplace. I think it would undermine my perceived competence. The fact that I do put emotional labour (and physical) in at home and come to work doesn't mean I'm not working just as hard as everyone else – I just have a different set of priorities.

”

“

It's not so much I don't have time, more that I am too tired physically and drained emotionally to be able to maintain regular contact with other people.

”

“

Complex feelings gather, guilt because you struggle, anger because others family/friends who could help don't.

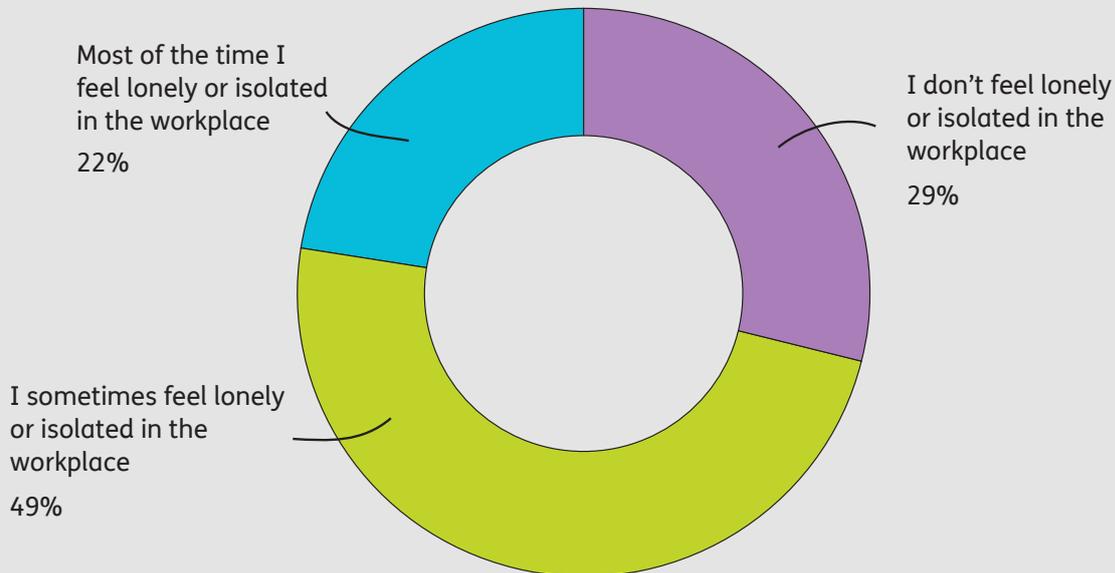
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² Carers UK, Alone and Caring (January 2015)

³ The Campaign to End Loneliness has more information about loneliness and isolation, including different types of loneliness, at: campaigntoendloneliness.org/about-loneliness

⁴ Census 2011

Has juggling your work and caring responsibilities made you feel lonely or isolated in the workplace?



How widespread is carer isolation in the workplace?

When asked whether combining work and caring responsibilities had made them feel lonely or isolated in the workplace nearly half (49%) of respondents indicated that they sometimes experienced this and over a fifth (22%) that they felt this most of the time. Added together, therefore, a clear majority of working carers in this study – over seven in ten (71%) – had experienced loneliness or isolation in the workplace.

Why do carers feel isolated at work?

When asked what was the one main reason for feeling lonely or isolated both at work and outside the workplace the following issues were highlighted by survey respondents.

Within the workplace, top of the list, identified by 26% of working carers, was that their line manager/colleagues did not understand the impact of caring. The next highest issue selected was having to use their annual leave for their caring responsibilities so that they did not get time for a personal/social life (22%), followed by 'nobody talks about caring issues at work, I feel like I am the only person in this situation' (16%).

A significant 11% of respondents also indicated that they did not feel comfortable about talking to their line manager/colleagues about their caring responsibilities and 10% also felt that caring had put a strain on their relationships with colleagues at work.

“

Unless you have been through it, looking after someone, it's impossible to understand the emotional effects of it all.

”

“

Self employment is lonely. I work on an informal contract in a large organisation. They are not obligated to me in any way.

”

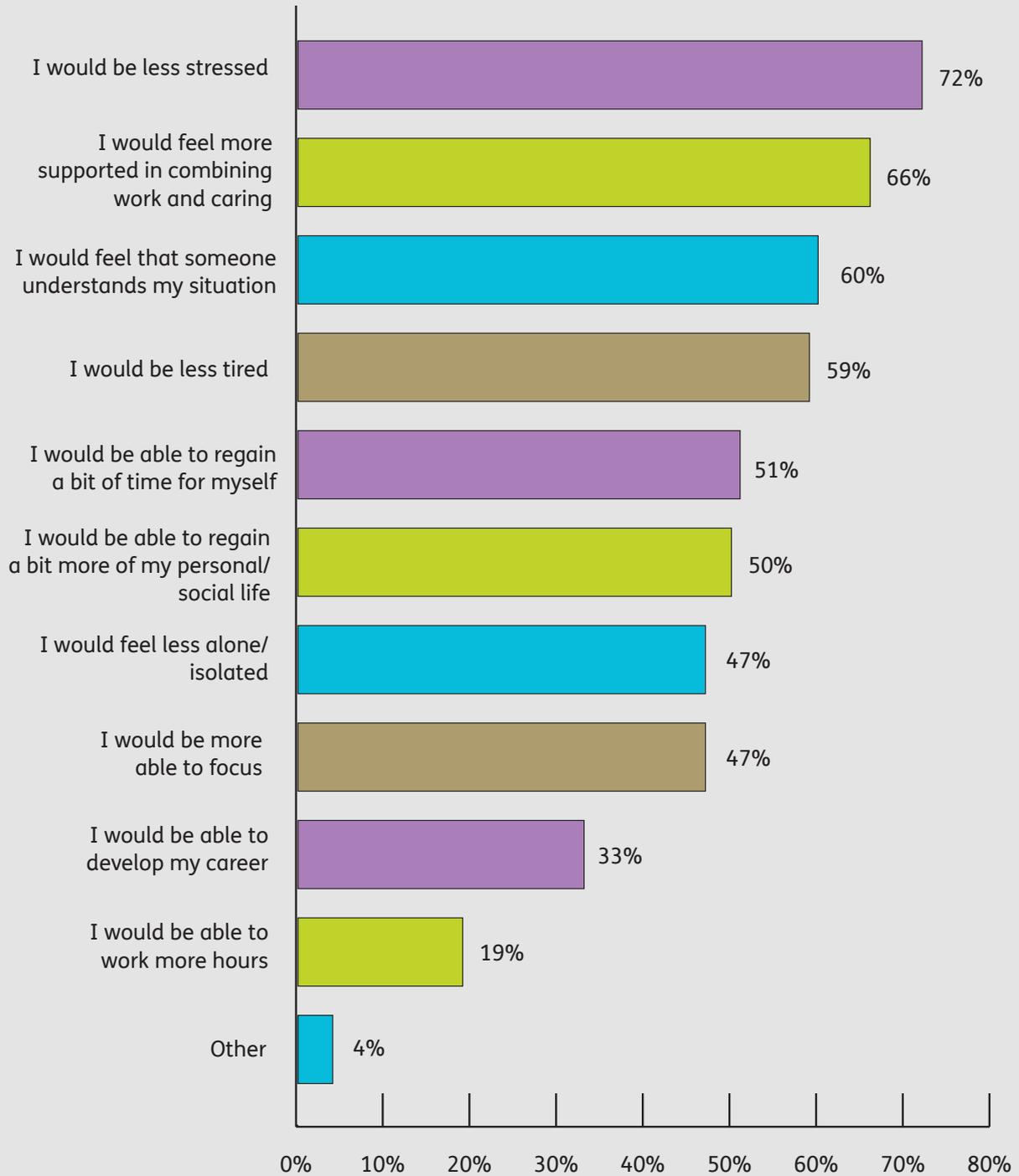
“

I have little time for friends. I rarely go out. I work part-time and the rest of the time is either supporting my mother or visiting my father and arranging care etc.

”

If you were adequately supported within and outside the workplace what difference would it make to you?

Respondents were asked to select all relevant answers from a list



Outside the workplace, top of the list, identified by 23% of respondents, was that their family or friends did not understand the impact of caring. The next most important issue selected was that the person they were supporting/caring for would not accept any outside help (19%). Respondents also indicated that they did not have enough time to stay in touch with family or friends (17%).

When asked what difference it would make if these areas could be improved, **both within the workplace and outside**, the response highlighted by most respondents was that they would be less stressed (72%). The next most popular choice was that they would feel that someone understands their situation (60%) and that they would feel less tired (59%).

Other issues indicated by around a half of respondents were that they would have a bit more time for themselves (51%) and feel able to regain a bit more of their personal/social life (50%). Close behind this was that they would feel less alone/isolated (47%) and more able to focus (also 47%).

On the employment front, two thirds (66%) responded that they would feel more supported in combining work and caring, a third (33%) that they would be able to develop their career and 19% that they would be able to work more hours.

Location of caring responsibilities

Interestingly, when compared with reported levels of loneliness or isolation in the workplace, a much higher proportion of carers who felt lonely or isolated **most of the time** were living with the person they were caring for (74%) compared with those who were caring at a distance (26%).

There was also a similar pattern, but with a less marked difference, in terms of those who **sometimes** felt lonely or isolated in the workplace. Again a higher proportion of carers reporting this (62%) were living with the person they were looking after rather than caring at a distance (38%). This suggests that the more enveloping nature of caring for someone living in the same house compared with caring at a distance (and the probable higher level and hours of care involved) is likely to have an impact on the levels of isolation and loneliness felt by working carers.

Amount of time spent caring

When asked the number of hours a week they were caring, **a staggering third (32%) of working carers in this study said that they provided 50 plus hours a week**. Next after this, 22% provided between 1-9 hours a week, 18% between 10-19 hours, 17% between 20-34 hours and 12% between 35-49 hours.

Unsurprisingly, when compared with reported levels

“

It takes over three hours to get to [my parents] and they are often sad and don't want to accept outside support so it all gets me down sometimes.

”

“

[Friends and family] have stopped keeping in touch/asking me to do things or feel uncomfortable about our situation.

”

“

Because my mum lives 430 miles away this impacts on my leave as I try to visit every 6 to 8 weeks. My colleagues are very supportive but I still have a full time job to catch up with when I get back as well as home life. I am often very tired and wonder how long I can keep “all the balls in the air”.

”

“

I would love to be able to reduce my hours as my health is suffering greatly but cannot afford to do it so I muddle on through.

”

of loneliness or isolation, a much higher proportion of respondents who were providing a large amount of care each week also reported higher levels of isolation. Those caring 50 plus hours a week comprised over half (53%) of the carers who felt lonely or isolated in the workplace most of the time. This compares with 15% for those providing 35-49 hours of care a week, 17% for those caring for 20-34 hours, 10% for those providing 10-19 hours of care and 5% for those caring for 1-9 hours a week.

Those carers reporting *sometimes* feeling lonely or isolated in the workplace were spread more evenly among the different levels of care provided. Just under one in three (29%) of these respondents were caring 50 plus hours a week, 13% were providing 35-49 hours of care, 20% were caring for 20-34 hours, 19% for 10-19 hours and 19% for 1-9 hours.

As expected, a substantial proportion of those carers reporting that they did *not* feel lonely or isolated in the workplace were caring for the least number of hours a week (40% were caring for 1-9 hours).

“

My immediate colleagues are very supportive, but my manager does not understand the impact caring has on me.

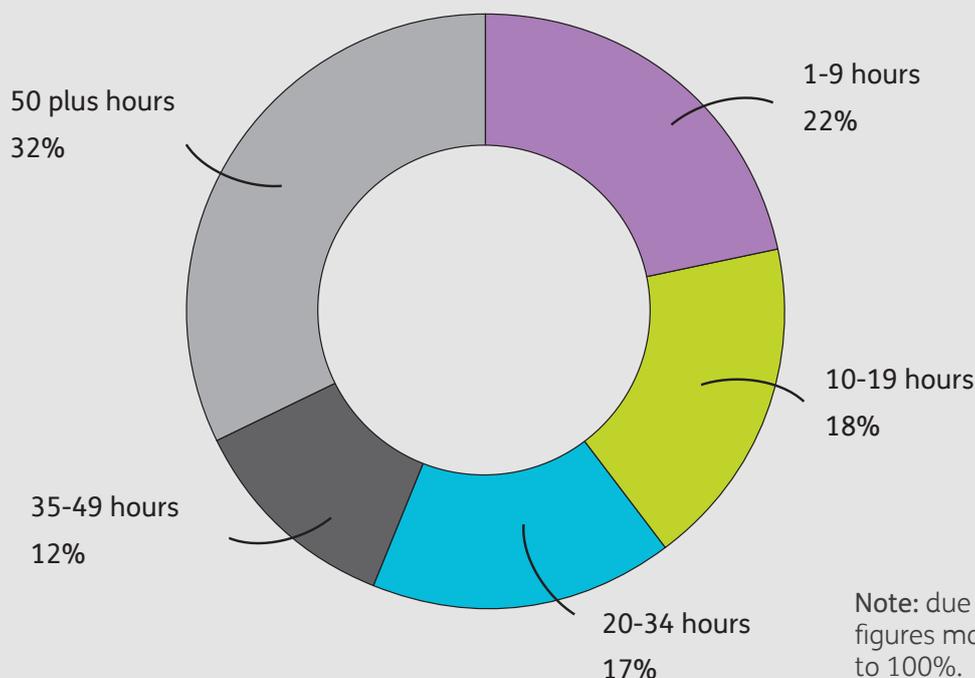
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“

The amount of flexibility is dependent on line managers so although there is corporate support in place, for example flexible working, this hasn't been made available day to day.

”

How many hours a week do you spend caring, or managing care, for the person or people you are supporting or caring for?



Length of time spent caring

Over a third of working carers in this study (37%) had been caring for between 1-4 years. **Well over half, however, had been caring for more than 5 years (57%)** with, among that number 22% caring for between 5-9 years, 15% between 10-14 years and 20% for as long as 15 years or more. 6% of respondents had been caring for less than a year.

When compared with reported levels of loneliness or isolation, there were some variations between this and the length of time for which respondents had been caring. For example, of carers reporting that they felt lonely or isolated in the workplace **most of the time**, the pattern varied between 3% who had been caring for under 1 year, 30% who had cared for 1-4 years, 22% for 5-9 years, 17% for 10-14 years and 27% for over 15 years. There was a similar pattern among carers who had reported that they **sometimes** felt lonely or isolated, with 5% who had been caring for under 1 year, 36% for 1-4 years, 25% for 5-9 years, 15% for 10-14 years and 18% for over 15 years. However, these patterns are generally consistent with the overall balance of carers who responded to the survey within these different time frames of caring.

While it seems reasonable to assume that the longer workers have been caring, the more likely they are to feel the cumulative effects (including potentially of loneliness and isolation) it is not possible to draw any direct inference from these figures. However, it is also possible that being in a new caring role can cause particular challenges, as seen by the relatively high reports of loneliness or isolation with the first 1-4 years of caring, because this may be an unexpected experience and carers will be less likely to have found other carers to speak to.

Caring and working patterns

Among carers reporting loneliness or isolation **most of the time**, 62% were working full time, 33% part time and 6% self employed. Among those who **sometimes** felt lonely or isolated these figures were 62%, 34% and 4% respectively and among carers who did not feel lonely or isolated they were 67%, 29% and 4%. These patterns are generally consistent with the overall balance of working carers who responded to the survey. It is therefore not possible to generalise from these results about whether the more demanding nature of working full time has an impact on the levels of isolation and loneliness experienced by working carers although it seems reasonable to assume that this is likely to be the case if carers are not supported. However, on the positive side, it could also be argued that carers are likely to have more contact with other people outside their caring role if they are working full time.

Gender and age variation

There was a small variation in the pattern of responses from male and female carers as to whether they had experienced loneliness or isolation in the workplace. A slightly higher

“

I do find I have to arrive later due to getting my spouse ready in the mornings, but, I work later in the evenings, which my colleagues are fine with, but, my manager can be insensitive to this way of coping with the problem.

”

“

I gave up my full time job to go part-time so it has had an enormous impact on my salary (which is now halved) and my career development as well as social/professional opportunities.

”

“

There is support for carers but it is not easy to find and depends on the business needs of the different areas. At the top level it is not taken seriously but is more of a tick box exercise. Over the past 17 years because of the cutting of staff I have actually felt that the situation has got worse.

”

“

As I get older myself, I know that I will find it difficult to continue working full time, offer the level of care/support at home and still be well myself.

”

number of males (34%) reported that they did not feel lonely or isolated compared with females (28%) and, at the other end of the scale that they felt lonely or isolated **most of the time** (25% compared with 22% of females). However, a higher number of female respondents (50%) reported that they **sometimes** felt lonely or isolated in the workplace compared with males (41%).

In terms of age and reported levels of isolation, there were similar patterns across most of the key age bands covered by the survey with the highest proportion of people within each band reporting that they **sometimes** experienced this (for example, 52% of the 25-39 and 40-54 age groups and 40% of the 55-64 group). Taking together those experiencing isolation **sometimes** and **most of the time**, the age group reporting the highest level overall was the 25-39 age group (79% of these respondents), followed by the 40-54 age group (72% of this group) and the 55-64 age group (64% of these respondents in total).

Impact of caring on relationships with family and friends

Two thirds (66%) of working carers said that caring had put a strain on their relationships with family and friends (eg tiredness, anxiety, stress etc). **Over four in ten** (44%) said that they did not have enough time to stay in touch with family and friends and nearly **one in three** (29%) that they had lost touch with them, revealing the isolating effect that caring can have on social contact. The fact that caring can often be a difficult subject to talk about, even with close family and friends, is also revealed by this study; at least four in ten (41%) respondents said that they did not feel that their family or friends understood their caring role while over a quarter (27%) said that they did not feel comfortable talking to them about their caring responsibilities.

A noteworthy three in ten (30%) working carers, however, said that they felt lucky to have supportive family or friends, highlighting the importance of these networks for carers.

Impact of caring on professional relationships in the workplace

When asked about the impact of caring on their professional relationships in the workplace, **over four in ten** (42%) of working carers said that it had put a strain on these relationships (eg tiredness, anxiety, stress etc). A similar proportion (43%) felt that colleagues/managers did not understand the impact of caring and nearly **four in ten** (38%) said that they had not felt comfortable talking about their caring responsibilities at work. Around a **third** (32%) of working carers also reported feeling isolated at work because of their caring responsibilities.

This is in line with earlier research from Carers UK's State of Caring Survey 2014 which showed that 3 in 10 (29%) carers in full-time employment say that caring has put a strain on relationships with their colleagues at work and 38% have felt

“

I realise that the only me time I get is either when I am in the bath or shower and bed time. I understand a little more now as to why this puts stress on the relationship I have with my partner.

”

“

I find that family and friends do not understand how hard it is to juggle caring with holding down a full time job. The impact it has on your own family life and especially your health. More needs to be done to make employers aware of the difficulties faced by carers.

”

“

I do not feel confident enough to speak to my employers about balancing both work and caring as I fear this would put me in a negative light. Because of this I guess the sacrifice is my personal life.

”

“

Managers are less than forthcoming about special leave and it is only when an employee raises the fact that there is a policy that this is acknowledged. However there is a culture of having to take annual leave first and they are only focused on the goals of the organisation.

”

isolated from other people at work because of their caring role.

A significant minority (34%) of respondents, however, said that they felt lucky to have supportive colleagues/managers, highlighting the importance of open and understanding workplaces and empathetic individual line managers/team members.

The **positive impact of supportive colleagues and managers at work** (and, conversely, the negative effect of the lack of such support) is illustrated by the correlation between responses on these issues and to the question on whether juggling work and care had made respondents feel lonely or isolated in the workplace.

Nearly half (46%) of respondents who said that they felt lucky to have supportive colleagues/managers at work reported that they did not feel lonely or isolated in the workplace. However, only 11% of respondents who said that they had not felt comfortable talking about their caring responsibilities fell into this category. Conversely over a third (37%) of this group reported that they felt lonely or isolated most of the time compared with only 6% of the first group.

Impact of caring on capacity to work

Four out of ten (40%) of working carers in this study reported that, although they worked as before, their job had been negatively affected by caring (eg tiredness, anxiety, stress etc). A further 19% of respondents said that, while caring had not had an impact on their capacity to work to date they were worried that it might in the future. Taken together, nearly six in ten working carers had therefore experienced some level of worry and anxiety about the impact of caring on their ability to work.

In terms of practical impact on working arrangements, around a **third** of respondents had changed their working pattern (hours/location) (34%), over a quarter had reduced their working hours (28%), and around a fifth had had to take on a less qualified/responsible/senior role to fit around their caring responsibilities (21%).

Only 8% of respondents felt that caring had had no impact on their capacity to work and that they felt confident about coping in the future.

“

My line manager is excellent and helps when he is able. I do not like speaking about my role as a carer. Work helps me to escape the constant ‘walking on eggshells’ feeling when at home.

”

“

[My employer is] amazingly supportive if I need time off at no or very short notice, which is rare but does happen.

”

“

My employer is aware that I am a carer and is understanding and accommodating when I request time off.

”

Priorities for support for working carers

Workplace support

Current support for carers

Flexible working arrangements were, as expected, the most common type of support offered by employers with 45% of working carers in this study indicating that this was provided. Around a third (35%) of respondents said that flexible/special leave arrangements were offered and nearly a quarter (23%) reported that remote working was provided. **Less than a fifth, however, indicated that there was either a specific policy for carers in their workplace or other practical workplace support** such as an Employee Assistance Programme (19% in both cases). Other forms of support indicated were a workplace support network for carers (16%), awareness raising events about caring issues such as around national Carers Week (14%) and signposting to information about external sources of information and support to help with caring (10%) and to relevant voluntary organisations (9%). Smaller numbers of working carers indicated that there was a carers champion in the workplace (7%), publicity about available workplace support to enable carers to come forward for support (5%), training and support for managers in implementing support for carers (4%) and emergency/back up care support funded, supplied or arranged by their employer (2%).

Nearly a quarter of respondents (23%) indicated that there was **no support from their employer** and a further 12% were not sure about the type of support available at their workplace.

The difference support makes

A key issue is how far the lack of such workplace support may be impacting on carers, i.e. on their health and well-being, stress levels and overall quality of life, given the often already substantial demands on their time. Interestingly, compared with respondents who had received some form of workplace support, those who had received none reported higher levels of workplace isolation and loneliness. Significantly, **the vast majority (80%) of the respondents who had received no support in the workplace for caring also reported experiencing isolation and loneliness in the workplace** (40% had felt this sometimes and 40% most of the time).

When asked **whether they had spoken to anyone** in the workplace about their caring responsibilities, nearly two thirds (63 %) of respondents indicated that they had spoken to a line manager/HR department and nearly six in ten (59%) that they had spoken to a colleague. A much smaller proportion had spoken to a workplace carers network/another carer in the workplace, an occupational health/employee welfare scheme or to a trade union representative (8% in each case). A significant 16% said that they had not spoken to anyone in the workplace.

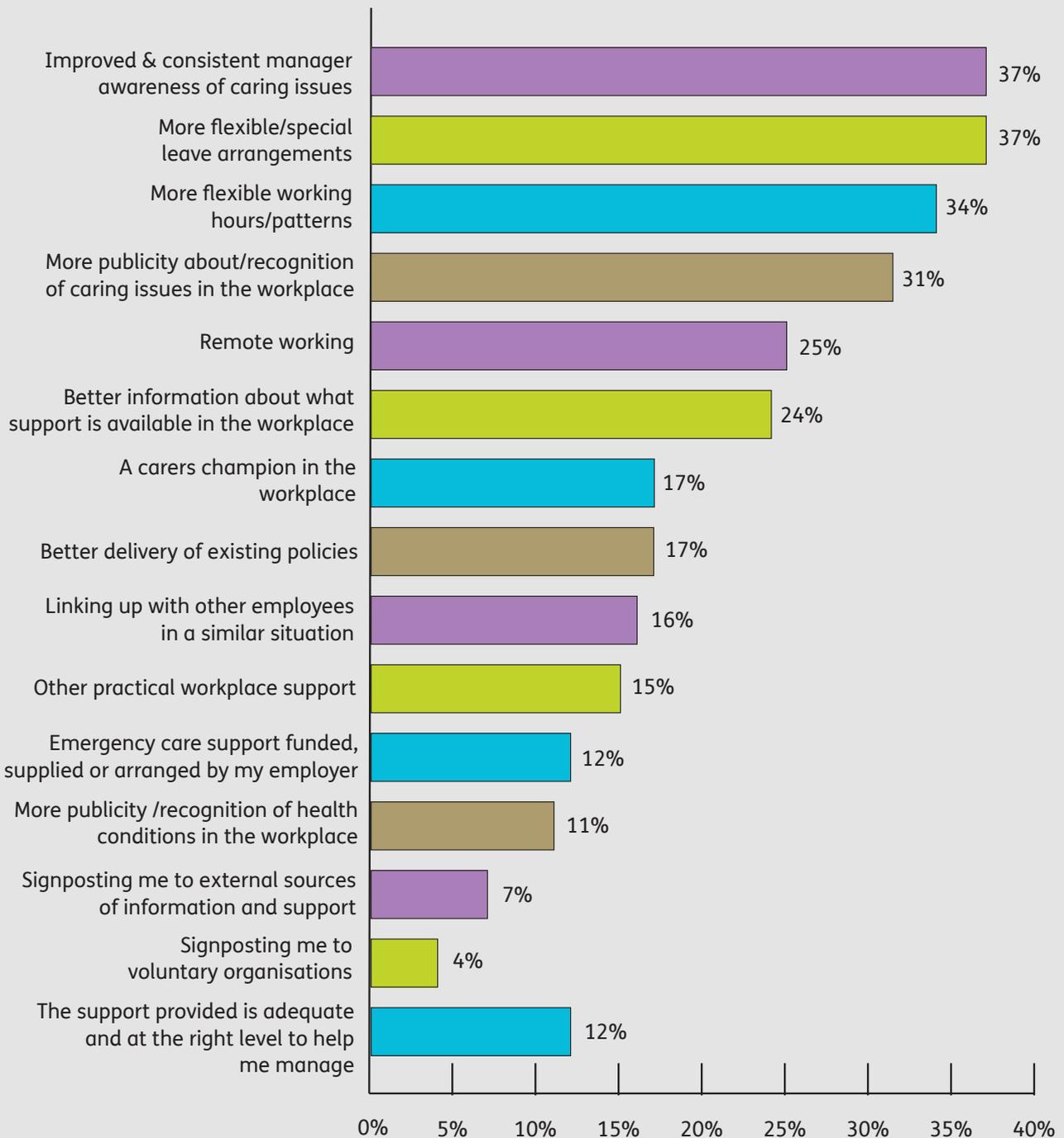
While it seems reasonable to assume that carers who have not spoken to anyone in the workplace are likely to experience stronger feelings of loneliness or isolation, there is no direct evidence from the survey to show this. One of the possible reasons for this may be that carers who do speak to someone but then receive an unhelpful or unsympathetic response may feel just as isolated as those who have not yet broached the topic.

What would make a difference at work

When asked what were the three most important things that would make a difference in terms of employer support, top of the list were **improved and consistent manager awareness** of caring issues and **more flexible/special leave arrangements** (37% in each case – the issue of leave has

What would make a difference in terms of employer support to help you manage your caring responsibilities?

Respondents were asked to select their top three things from a list



arisen in other research and surveys by Carers UK where carers have reported that they have to use up all of their annual leave as well as their spare time to provide care to a loved one, leaving them with little time to spend with other family and friends).⁵

⁵ Carers UK (2014) *The Case for Care Leave*

These priorities were followed closely by more **flexible working hours/patterns** (34%) and **more publicity about/recognition of caring issues in the workplace** so that carers feel they could ask for help (31%). A quarter of working carers also identified remote working (25%) and better information about available workplace support (24%). A smaller, but still significant, proportion of respondents selected having a carers champion in the workplace (17%), better delivery and communication of existing policies (also 17%) and linking up with other employees in a similar situation (16%). Other types of support included counselling/access to an Employee Assistance Programme/stress management help (15%), emergency/back up care support funded, supplied or arranged by the employer (12%) more publicity about health conditions/disabilities in the workplace (11%).

Only 12% of respondents indicated that the support provided by their employer was adequate and at the right level to help them manage.

Support outside the workplace

Current support for carers

When asked whether they received or bought in any practical support to help with caring, a range of types of support were reported, with the highest proportion being from other relatives or friends (47%) followed by equipment in the home of the person they were supporting (34%). Around a quarter (24%) reported that they received practical support from care workers in the home and just over one fifth mentioned technology such as alarms, sensors or remote monitoring to help with caring (22%).

However a worrying 23% said that they received no help at all and only 9% reported that they had received a break from caring.

As with workplace support, it is interesting to reflect about how far the lack of such external support may be impacting on working carers especially on their quality of life (including health and well-being, stress levels etc). Significantly, **over three quarters (76%) of the respondents who had received no practical support outside the workplace for caring also reported experiencing isolation and loneliness in the workplace** (49% had felt this sometimes and 27% most of the time).

When asked **whether they had spoken to anyone** outside the workplace about their caring responsibilities, two thirds (66%) of working carers said that they had done this. Responses varied widely as to whom they had contacted, ranging from family and friends, support workers, social services/social workers, GPs/doctors, counsellors, private care providers, voluntary groups and local charities. Around a third (34%) of respondents, however, said that they had not spoken to anyone outside work about caring.

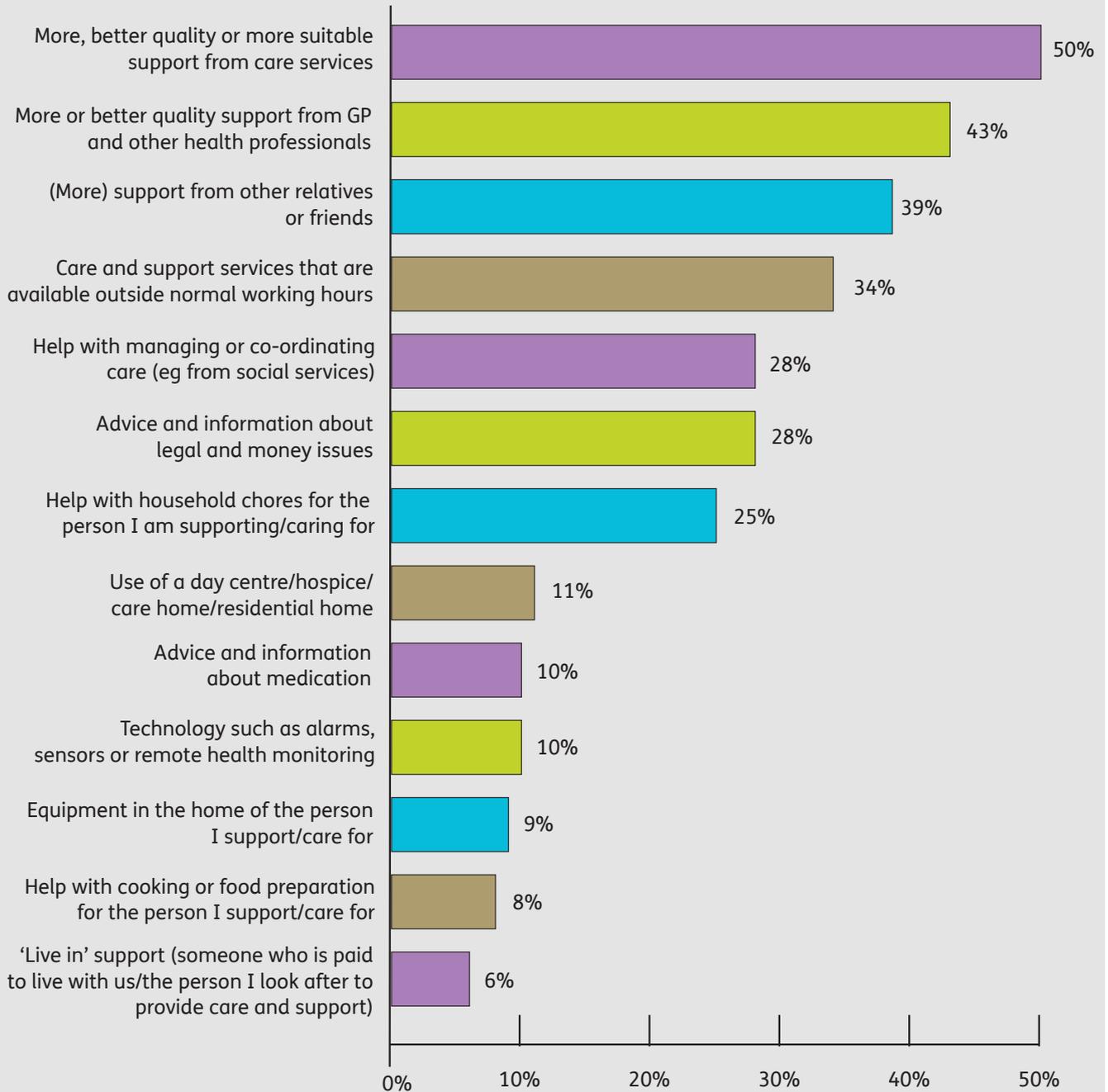
What would make a difference outside work

When asked what were the three most important things that would make a difference in terms of support outside the workplace, **top of the list was more, better quality or more suitable support from care services which was identified by 50% of working carers** in this study.

The next most popular issue, which was **identified by 43% of respondents, was more or better quality support from their GP and other health professionals**, followed by (more) support from other relatives or friends (39%). Close behind this, a third of respondents (34%) indicated care and support services that are available outside normal working hours, and other support needs highlighted were help with managing or co-ordinating care (eg from social services) (28%), advice and information about legal issues, managing money and benefits/financial support (also 28%) and help with household chores for the person they were caring for (25%).

What would make a difference in terms of support outside the workplace to help you manage your caring responsibilities?

Respondents were asked to select their top three things from a list



Carers who had given up work

While the majority (87%) of respondents to the survey were combining caring with employment the study also included individuals who had left work as a result of caring (11% of respondents) to capture their experiences and insights.

Over two thirds (68%) of respondents who had **given up work** said that they had done this **as a result of caring**, and a further 26% said that caring had been part of the reason for doing this. Of those who had given up work to care, a very significant number of respondents (51%) had been out of work for 5 years or more.

When asked what were the main reasons for giving up work to care, over half (56%) of respondents highlighted the **stress of juggling work and care**, followed by around a third (34%) indicating the **lack of suitable care services** that enabled them to work. Other reasons were that the person they were caring for did not want to use services (24%) or did not qualify for support from the local council (23%). Workplace barriers were also a factor with around a fifth of respondents indicating that they had been unable to negotiate suitable working hours (21%) or that they had experienced difficulties or disputes with their employer (also 21%).

When asked what impact giving up work to care had had on **relationships with family or friends**, nearly eight in ten respondents (78%) said that they had been less able/unable to afford to participate in social activities and seven in ten (70%) that it had made them feel lonely or isolated. Over a half (57%) also said that this had put a strain on these relationships, and a similar proportion (53%) that they did not feel that their family or friends understood their caring role. Significantly, nearly a half of respondents (47%) said they had lost touch with family or friends and a similar proportion (45%) that they did not have enough time to stay in touch. A significant third of respondents (32%) also said that they had not felt comfortable talking to their family or friends about their caring responsibilities.

A significant minority (9%) of respondents to this question, however, felt that giving up work to care had had a positive impact on their relationships with family or friends and a smaller, minority (5%), that this had had no impact.

Nevertheless, overall the survey reveals the adverse impact that caring can have on people's working, family and social lives if they are unable to get the support they need either in or outside the workplace.

“

[Giving up work to care has] increased the gap between me and my friends because they are unable to understand my position and this has led to increased feelings of isolation... Now I am left with no skills to enable me to return to work and I now feel of little value since my caring role has drained me of my own identity and taken all of me.

”

“

At a time when I was thinking of reducing my hours (it was becoming too much to juggle home, work and looking after my mother), I was asked to increase them and take on an extra role. I became even more stressed and ended up handing in my notice.

”

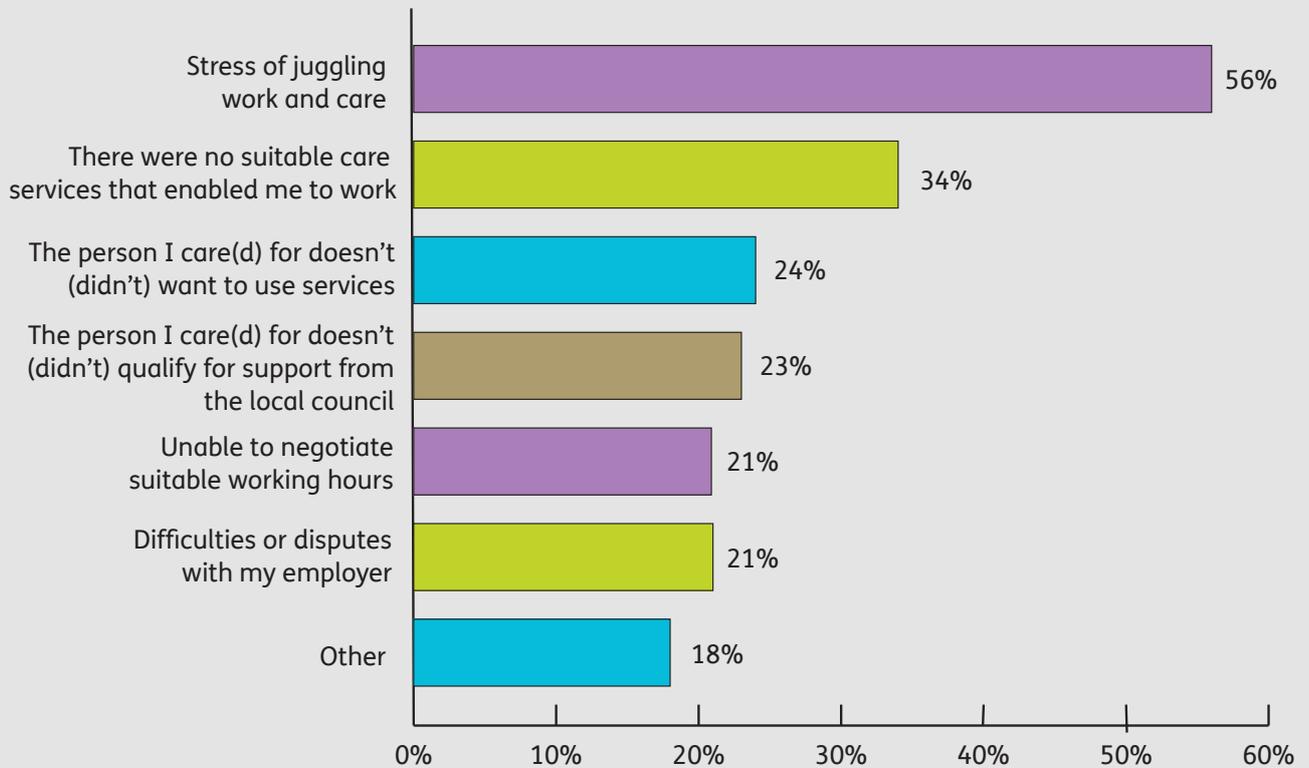
“

I fell down the ladder of importance and was given harder and harder jobs to do and felt that if I explained my [caring] circumstances I'd be sidelined even more. Things came to a head and I decided to resign as I didn't have the energy to dispute the situation and to do my caring role.

”

If you gave up work to care, what were your reasons?

Respondents were asked to select all relevant answers from a list



Recommendations

Anyone at work can face isolation or loneliness when they have no-one to talk to who understands their situation, even in a busy office or surrounded by family and friends. However there is support available, including information and advice about where to turn for practical help as well as emotional support from people who do understand. Carers UK is currently campaigning during its fiftieth anniversary year to break the isolation felt by carers and make sure no-one has to care alone.⁶

The Employers for Carers membership forum also provides practical information, advice and assistance for member organisations seeking to support the carers in their workforce. There is good practice emerging from employers who are taking steps to better support their working carers, in recognition that this has business benefits as they improve staff retention and productivity and reduce absence and stress in their workforce. New extended rights to flexible working⁷ are also a step forward in helping carers to manage caring and work alongside maintaining social relationships. More can also be done by government to improve carers' rights at work, and by employers to foster a workplace culture where employees are supported to have a healthy work-life balance.

Within the workplace

Family, caring and working situations all vary, and carers have different needs for support, so there should be a range of options available to help people combine working and caring and minimise loneliness and isolation.

We believe there should be:

- **Policies to support staff with caring responsibilities**
Employers should foster a workplace culture where caring responsibilities are supported with carer-friendly policies. For larger organisations this may be a specific carers policy but smaller organisations with fewer formal HR policies could include carers in their generic policies, for example covering flexible working and leave.
- **Proactive promotion of caring issues**
Employers should proactively promote caring issues and workplace policies to support carers to ensure that staff with caring responsibilities identify themselves as carers and come forward for support.
- **Practical support for line managers**
Line managers are the crux of making carer-friendly policies work, through provision of information, advice and awareness raising training.
- **Peer to peer support for carers**
For example through staff carer networks.
- **Practical workplace support**
For example through employee assistance programmes and staff welfare programmes and adjustments such as car parking close to the office or a private space to make telephone calls.

⁶ For more information about Carers UK's 50th Anniversary visit carersuk.org/alone

⁷ In England, Scotland and Wales the right to request flexible working has been extended from some carers and parents to cover all employees with 26 weeks service or more. This extension is intended to apply in Northern Ireland from April 2015. For more information about the right to request flexible working visit carersuk.org/flexible-work

- **Signposting to sources of external support including how/where to get practical help with caring**
Accessing relevant information is a priority for carers, particularly when they are new to caring. Employers can provide a key role here by signposting staff to organisations such as Carers UK.

Outside the workplace

As well as employers there are also roles for central, national and local government, health and social care bodies and local voluntary and charity organisations.

We believe there should be:

- **A stronger rights base for carers that government should support with information for employers on policy and practical guidance**
- **Accessible and easy to navigate information about available care and support services**
This needs to be at both national and local level in line with the new duty under the Care Act 2014. This information should be readily available, including online, for working carers to access, including those who are caring at a distance.
- **Reliable, affordable and available care and support services which are flexible in order to fit around people's working patterns**
As well as help from care workers in the home or periods of residential respite care these should include a variety of different care and support services including low level support with housework and maintenance.
- **A clear duty on duty on NHS bodies to identify carers and promote their health and well-being (England only)⁸**
- **Support for national and local services that provide carers with emotional and practical support**
- **Better access to technology enabled care and support**
This can not only help people with health conditions and disabilities to live more healthily and independently but can also support their carers to combine work and caring and have a life of their own. This may include equipment for independent living, technologies such as telecare and telehealth and consumer products such as wearables and health apps.

⁸ In Wales the Carers Strategies (Wales) Measure 2010 already places this duty on health and local authorities to identify and signpost carers. The Carers and Direct Payments Act (NI 2002) requires Health and Social Care Trusts to make sure carers know about their statutory right to a carer's assessment and gives Trusts the power to supply services directly to carers in their caring role. In Scotland and Northern Ireland, as part of the GP contract, GPs must identify carers and keep a carers register, and the NHS has duties to identify and provide information to carers. These measures must be retained and built on.

Annex: About the respondents

1,041 individuals took part in this survey; the majority were combining caring with employment (87%) but the survey also included those who had left work as a result of caring (11% of respondents).

The survey was conducted online, with all information being treated in absolute confidence. It was primarily aimed at carers currently in employment (including the self employed) but also included those who had left work as a result of caring.

Around four fifths of survey respondents were female (81%) and around one fifth were male (19%). Females represented a relatively high proportion of respondents compared to the gender balance within the general carer population (which is 58% female and 42% male⁹). The vast majority of respondents (80%) were within the 40-64 age group, with the bulk of that group (55%) aged 40-54 and the remainder (25%) aged 55-64. A smaller number of respondents (17%) were aged 25-39 and a small minority were either under 25 (2%) or aged 65 plus (1%). The preponderance of the 40-54 and 55-64 age groups in the survey reflects national statistics showing that the peak age for caring is 50-64, with over 2 million people in this age bracket being carers.¹⁰

Of male respondents, 90% were in employment and 10% had left work to care and the proportion was similar for female respondents (89% and 11% respectively).

There was a similar balance between carers in employment and those who had left work across the various age ranges. The vast majority (89%) of respondents aged 40-54 were in employment, with a minority (11%) not in work and the figures were similar for respondents aged 55-64 (90% and 10% respectively.) Likewise, among younger respondents aged 25-39 the majority (86%) were in employment (with 14% not working) and the figures were 92% and 8% respectively for respondents under 25.

Carers in employment

Profile of working carers

Over half of survey respondents (55%) were working full time and nearly one in three (28%) part time and a small minority (4%) were self employed.. Additionally 11% were of working age but not in employment. The balance between carers working full time and part time broadly reflects the national trend.¹¹

Of female survey respondents, around a half (51%) were working full-time, a third (33%) part-time and a small minority (4%) were self-employed. Male respondents were more likely than female to be working full-time (79%) with only 9% working part-time and a small minority (2%) self-employed.

In terms of age and patterns of working, well over a half (57%) of survey respondents aged 40-54 were working full time with a smaller proportion (30%) working part time and 2% self employed. The figures for the 55-64 age group were similar for full time and part time work (56% and 26% respectively) but with a higher proportion in self employment (8%). Among the 65 plus age group, 11% were self employed with 44% working full time and 44% again working part time. Among younger respondents aged 25-39, the figures were similar as for other peak age respondents, with 54% working full time, 28% part time and 3% self employed.

⁹ Census 2011

¹⁰ Census 2011

¹¹ Census 2011: over two million carers work full-time and one million part-time.

Caring responsibilities

When asked about the main person they were supporting, over four in ten (43%) of the working carers in this study were caring for an older person (parent or parent in law). Just under a quarter were caring for their partner (23%) and the same proportion (again 23%) were caring for a disabled/seriously ill son or daughter (or son/daughter in law). Fewer people were caring for a sibling/sibling in law (3%), friend/neighbour (2%), uncle/aunt (1%) grandparent (1%), or disabled/seriously ill grandchild (under 1%).

Nearly six in ten of the working carers in this study (60%) were living with the person they were caring for but a substantial minority (40%) were caring at a distance, either looking after a relative living locally in the same town (26%) or region (10%) or in another part of the country (4%).

Carers who had given up work to care

Of survey respondents who had left work as a result of caring, over four fifths (83%) were female and under a fifth (17%) were male. Over three quarters (77%) of these respondents were aged 40-64 and just under a quarter (23%) were aged 39 or below.

Of those who had given up work to care, just over a half of respondents (51%) had been out of work for 5 years or more. Among those respondents, 18% had been out of work for as much as 16 years or more, 14% for 8-10 years and a similar proportion (15%) for 5-7 years. A small minority (4%) had been out of work between 11-15 years.

Among the 49% of respondents who had been out of work for less than 5 years, 21% said they had been out of work for 3-4 years, a similar proportion (19%) for 1-2 years and a smaller proportion (9%) had been out of work for up to 6 months.

Employers for Carers

20 Great Dover Street
London SE1 4LX

T 020 7378 4956

E info@employersforcarers.org

Employers for Carers is an exciting, innovative and growing service for employers. Chaired by British Gas and supported by the specialist knowledge of Carers UK, its key purpose is to provide practical, 'hands-on' help to employers to support the carers in their workforce.

Launched in 2009 as an employers' membership forum, Employers for Carers now has over 85 member organisations representing at least one million employees across the public and private sectors. Member services include a dedicated website with a range of practical resources, networking facilities, model policies and case studies, resources for employers and employees and access to expert training and consultancy.

To find out more visit www.employersforcarers.org

Carers UK

20 Great Dover Street
London SE1 4LX

T 020 7378 4999

E info@carersuk.org



@carersuk



/carersuk

Carers UK is a charity set up to help the millions of people who care for family members and friends. At some point in our lives every one of us will be involved in looking after an older, ill or disabled relative, partner or friend.

Over six and a half million people in the UK are caring now but while caring is part and parcel of life, without the right support the personal costs can be high. Carers UK supports carers, provides information and advice about caring, delivers training and consultancy services and campaigns to make life better for carers.

To find out more visit www.carersuk.org