Wiley
Health & Social Care in the Community
Volume 2025, Article ID 5541190, 13 pages
https://doi.org/10.1155/hsc/5541190

WILEY

Research Article

Caring and Working: Developing Insights Into the World of the Working Carer

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Received 13 June 2025; Revised 7 August 2025; Accepted 21 August 2025

Academic Editor: Raeann G. Leblanc

This paper reports on a study exploring the experiences of working carers in the South of England—part of a larger research project exploring carers' needs, experiences and ideas about improving carer involvement in research. The purpose of this element of the project was to understand the experience of being in paid employment whilst providing unpaid care to someone, including adjustments made to employment, support provided by employers and support agencies, the impact on the carers perceived well-being and ideas for improving their involvement in carers research. An online survey was distributed across a range of employers in four counties located in the South of England, and $n = 51$ participants responded to share their experiences. The survey was coproduced with $n = 6$ unpaid carers who attended a one and a half hour facilitated workshop where they contributed to the design and development of the questionnaire. Amendments to the questionnaire were then reviewed by $n = 2$ of the workshop participants chosen at random who provided additional comments and revisions before it was distributed. Several themes emerged concerning the carers experience at work, the support mechanisms in place which were helpful to them, issues and challenges experienced and ranked suggestions for future research to develop further understanding of the world of the working carer. We discuss areas where changes in policy and practice might address working carer concerns in relation to their retention in the workforce and ability to juggle all aspects of their working life with their caring responsibilities. This research highlights the importance of developing more humanised ways of understanding working carer needs—including further training to support wider organisational culture—to meaningfully support them in meeting their full potential within the workforce.

Keywords: challenges; employment retention; impacts; unpaid carers; working carers

1. Introduction

A carer is described as anyone who provides unpaid care to a family member, partner or friend who is unable to manage without support due to an illness, frailty, disability, mental health issue or addiction [1]. Multiple studies have consistently established that caring interactions tend to be gender-specific, with women being more likely to take on caring roles [2] including within younger carer groups [3]. Unpaid carers make up 9% of the UK population [4] although this might be a considerable underestimation as other data sources—such as the 2022 UK GP Patient Survey—estimate the figure at 19% [4]. Research suggests that carers can face extra financial challenges associated with their caring role [5] and are more likely to face poverty than noncarers [6]. Those providing end of life care can face extra significant financial costs [7]. There is increasing recognition that unpaid care is a global issue and one that poses specific challenges for older workers who are balancing paid employment with unpaid caring responsibilities [8].

Working carers often face a continual struggle when trying to combine the dual demands of providing care with paid employment and a growing number of people are facing this situation. Austin and Heyes [9] note that there are nearly 3.7 million working carers in England and Wales; 2.6 million (72%) of these working in full-time paid

employment alongside their caring roles, whilst about 1.6 million carers have problems combining work and care. The complex act of mixing work commitments and caring responsibilities is a complicated, stressful and nuanced issue which can have significant effects on carers' relationships, job and mental and physical health [10]. Previous UK research has highlighted inequalities in the experiences of working and caring [2], with women undertaking more high-intensity caring reporting poorer mental health and pain [11]. This may negatively impact on their own health and well-being in later life.

Access to work for carers is important on a microlevel, contributing to individual financial stability and economic well-being, whilst on a macrolevel, working carers contribute financially to the economy and the public purse [12]. Alongside the financial elements of paid employment, work can also play an important role in meeting the emotional and social needs of caregivers through social participation [13]. Some studies have also reflected that the combination of work and a role as a carer can bring benefits such as a sense of purpose, reciprocation, social support and fulfilment for carers [14]. Other literature provides a more comprehensive and evidence-based understanding of the challenges and obstacles faced [15]. For example, it has been suggested that those who work full time and care for 20 h of per week experience increased negative mental health effects [16].

The decision to leave employment or reduce hours worked might therefore over time or suddenly become imperative for a working carer. In 2025, Carers Week charities commissioned polling of $n = 2000$ people, including adults who were currently providing unpaid care [17]. This highlighted that carers in paid employment experienced challenges in staying in work, with 46% of current and former carers in employment saying they faced disadvantages in relation to staying in paid work and career opportunities, whilst a quarter (25%) had reduced their working hours to care. According to earlier Carers UK research undertaken in 2019 [18], 2.6 million people had given up work to care whilst 2 million people had reduced their working hours to help with their caring duties. These decisions might have negative consequences for the carer's financial position, leading to financial hardship and limiting possible future career opportunities. More widely, the decision to leave employment also results in lost tax revenue and increased spending on benefits [19].

The working environment can be pivotal in enabling a person to juggle the dual demands of working and caring. In 2020, the Chartered Institute of Personnel and Development (CIPD) conducted a survey of $n = 970$ unpaid carers in employment in England and Wales [20]. Key findings included carers struggling to balance their caring responsibilities with work commitments and a perception that employers could do more to support carers. Over 25% of respondents failing to discuss their caring role with anyone at their workplace, most commonly because they believed nothing would change if they did. A supportive workplace culture brings enormous benefits for working carers [21]. Given that meeting the demands of employment and care giving can increase mental health challenges, support within the workplace can moderate the impact of caring and work role conflict through flexible working [22]. International research highlights the importance of the ability to disclose caring responsibilities with employers to where possible, access flexible working patterns that fit alongside caring. Availability of flexible work practices thus supports caregiving and employment [23]. The wider organisational and/or team culture is also important in setting the tone for supporting working carers and "informal flexibility" within the workplace environment has been identified—through the mediating role of line managers and coworkers—in providing even more flexibility within the work environment for those who have caring responsibilities [24].

The experience of caregiving has been described as "a multidimensional construct" [25]. Working carers can face multiple competing demands depending on the needs of the person they are caring for—including condition specific requirements, ethnicity and culture and the duration of the caring role. For example, research into caring for those with cancer highlights the toll of combining employment and caring, including through extra financial costs such as the time required for multiple medical appointments; reduced income and decisions to exit the workforce [26, 27]. These demands highlight the importance of "a multipronged effort on behalf of employers, healthcare and community stakeholders" to support working carers in cancer caregiving situations [27]. Autism research suggests that parent carers face specific challenges in negotiating a variety of child-related professional services. This, in turn, can significantly reduce the time available for employment and the wider activities of occupation [28]. Family carers for older relatives have described the balancing act of combining their caring roles with paid employment [29], whilst those providing palliative care in the UK can often spend up to 70 hours a week on informal caregiving during the final 3 months of life. Besides the enormous emotional challenges arising from this role, this can also severely impact upon paid employment [30].

On a policy level, unpaid carers in the UK are supported in a variety of ways including through specific policy enhancing employment support and the Care Act (2014) which gave carers an entitlement to an assessment of their own needs. The Flexible Working Act came into effect on 6 April 2024 and covers employees in England, Wales and Scotland. Successive UK governments have supported flexible working as a mechanism to increase labour market participation, particularly of women [31]. However, an employment tribunal review has highlighted that the process of applying for flexible working can be fraught with obstacles and is far from being straightforward [32], and this can create challenges for those wishing to combine work with caring responsibilities. Despite the statutory right to carer's leave, a recent Carers UK survey found that over half of working carers (56%) did not feel that they could access it due to the financial implications of taking time off work unpaid [33]. Therefore, although carers have statutory rights to flexibility and leave at a policy level, the ability to access these supports can be difficult in practice within differing organisations. Carers may have a legal right to take time off work, but there is no

right to be paid during any carers leave [34]. Alongside this, carers may experience guilt at requiring flexibility due to caring responsibilities, which then prevents them from using the care leave they are entitled to [35]. This suggests that employers still have a way to go in adopting carer friendly policy that supports workers to successfully combine work with caring responsibilities and there is currently a wide degree of interpretation of policy by organisations [34]. Alongside employer support, working family caregivers need much greater support at a policy level to provide access to services which enable them to combine paid employment alongside their caring duties. This reinforces the importance of community support or access to replacement care.

Many carers can only continue to work due to the support provided by extra help or "replacement care" which includes services such as home care, respite care, day care, personal assistants and meal deliveries. Access to these supports is essential to reconcile the tensions between caring and working [15]. At a policy level, the Care Act 2014 highlights "replacement care" as a way that local authorities can meet the needs of carers who wish to remain in employment [36]. Supporting carers to continue their paid employment makes sense on an economic level, and research suggests increased public expenditure to provide replacement care for working carers represents "good value for money" [37]. However, although help with caring can be essential to enable working carers to balance the demands of employment and caring, numerous barriers can prevent access to support including cost of provision, lack of services provision resulting from strict eligibility and lack of acceptance of extra care support from the cared for person [12]. Recent research into the experiences of unpaid carers for those with dementia paints a picture of severely limited access to support for their relative or for themselves, including day care, respite care or support groups [38].

Access to support may be particularly important for young carers to enable them to access education and employment, and there is a growing body of research which highlights how caring at a young age can negatively impact education, employment and career development opportunities [39, 40]. The challenges that young carers face in balancing caring responsibilities and learning mean that young carers are more than four times likely to drop out of higher education in the UK than the national average [41]. As caring is not equally distributed across socioeconomic groups, young carers from low-income families are more likely to provide care and to care for longer [3]. It is therefore vitally important for both researchers and policymakers to be mindful of the impact of social deprivation on caring, employment and access to funded replacement care for young carers.

The literature paints a picture of the wider psycho-social impacts of caring and the importance of societal support at multiple levels to enable carers of all ages to engage in paid employment, education or training. Our study offers valuable insights into the current environment facing working carers in the South of England and whether policy changes around flexible working and cultural changes in work practices resulting from COVID-19 have positively impacted their experience.

2. Methods

Our project was undertaken as part of a larger body of research exploring the experiences of unpaid carers in the South of England, which was built on an earlier pilot project with $n = 6$ carers which used a qualitative photovoice methodology to explore the impact of the recent cost of living crisis on carers [42]. We undertook some initial PPI engagement with unpaid carers to cocreate a focus for the project, and they identified the often unrecognised experiences of working carers. We were interested to explore the potential supports required to enable carers to effectively combine employment alongside their caring responsibilities and participants' ideas for future research. Additionally utilising insights gained from previous research focused on building social care research capacity [43, 44], we were keen to extend this approach to consider how unpaid carers could be better supported to engage in research development activities.

2.1. Ethical Approval. Ethical approval was sought from the [anonymised] Social Sciences & Humanities Research Ethics panel—granted December 2024 (Ref: 60029).

2.2. Recruitment. Participants identifying as unpaid carers who were currently working in four counties located in the South of England were recruited through online and university specific channels (via those working in Social Care research and academia) and also through a range of charitable organisations providing support services for carers and local authority (LA) carer support services. We additionally contacted a range of different private and public companies and public services asking that they share the survey with their own employees or via their internal carer support services.

2.3. Questionnaire. An online questionnaire was developed which utilised a mixture of 29 quantitative and qualitative questions. This was coproduced with $n = 6$ unpaid carers who attended a one and a half hour facilitated workshop where they contributed to the design and development of the initial draft. Before it was released, amendments were reviewed for an additional hour by $n = 2$ of the workshop participants chosen at random, who provided additional comments and revisions. Carers taking part in the workshop were offered refreshments, travel expenses and payment in recompense for their time attending at the recommended NIHR rate [45]. Those helping with revisions were also recompensed at this rate.

Our article concentrates on the qualitative data collected and analysed with some of the quantitative demographic data highlighted where applicable.

All participants were asked to complete an online questionnaire (responses denoted as *P3xx*) which took around 15–20 min to complete. The questionnaire addressed a number of areas which included participant experiences of balancing employment and caring responsibilities, the support that employers provided and participant perspectives on the most important areas for future research areas concerning working carers.

2.4. Data Analysis. A generic qualitative approach to thematic analysis was used [46] with inter-researcher interpretation. Following familiarisation with the qualitative questionnaire data, a member of the team charted themes. Subsequently, to minimise possible bias, a second researcher familiarised themselves with the matrix of initial themes. We developed an agreed coding scheme using an analytical framework that combined a priori issues and emerging themes [47]. Themes were identified and coded and then agreed between the two researchers.

2.5. Limitations of Study. This study may have been affected by respondent selection and bias. Participation was on a voluntary basis, and the number of working carers who responded and their focused geographical area might not be representative of the national picture in England. As an example, the largest proportion of responses—$n = 43$ (84%)—came from those working in the public administration, education and health sector rather than the private sector. A further limitation was that our working carers sample by definition only included those who were able to sustain both caring and working roles. Those in this group might have had more success in obtaining flexible or hybrid working arrangements or have lower caring responsibilities or differing personal circumstances than those carers outside the group (including those who might have needed to leave paid work). Additional research data from this group would give a fuller picture of the difficulties faced when attempting to balance work and caring roles.

3. Results

Several themes emerged concerning the carers experience at work, the support mechanisms in place which were helpful to them, issues and challenges encountered and ranked suggestions for future research within the world of the working carer.

3.1. Demographics. In total, $n = 51$ working carers participated in our study representing a wide range of caring responsibilities and durations of caring roles (see Tables 1 and 2).

Table 1: Self-reported descriptives.

Variable	
Gender, *n* (%)	
Male	6 (12%)
Female	44 (86%)
Blank	1 (2%)
Age	
18–34	5 (10%)
35–44	11 (22%)
45–54	14 (27%)
55–64	17 (33%)
65–74	3 (6%)
75 and over	1 (2%)
Ethnic group or background	
White	48 (94%)
Mixed/multiple ethnic groups	1 (2%)
Asian/Asian British	1 (2%)
Other ethnic group	1 (2%)
Type of employer	
Public administration, education and health	43 (84%)
Financial, real estate, professional and administration	2 (4%)
Charity/community interest	2 (4%)
Retail	1 (2%)
Engineering	1 (2%)
Childcare	1 (2%)
Blank	1 (2%)
Working hours	
Full-time work (over 30 h)	30 (59%)
Part time work	18 (35%)
Part time paid work—different hours each week	2 (4%)
Self-employed	1 (2%)
Do you consider yourself to be disabled?	
Yes	6 (12%)
No	45 (88%)

3.2. The Carer Experience at Work

3.2.1. Flexible Working. Within our data, $n = 37$ (73%) working carers were able to work flexibly in their current role, including different ways of flexible working. This included flexi time (e.g., working outside of "core hours") and working from home—both $n = 25$; hybrid working (working from home and in office some days)—$n = 21$; mealtime flex (taking a lunch break when it suited them)—$n = 19$; and staggered hours (varying start and finish times)—$n = 17$ (see Table 3).

Carers saw tangible benefits from flexible working:

> I work for a supportive organisation and manager who understands I need flexibility to respond to needs at home. Working from home and part time helps as I can manage my time and tasks independently. [P336]

A lack of flexible working created tensions in working and caring experiences and $n = 14$ (27%) reported challenges in their ability to work, their finances and their caring role:

> Unfortunately I'm unable to meet my full earning potential because I haven't had my job reconfigured for flexible working. This impacts on my ability to work and care or to my maximise my earnings. [P319]

3.2.2. Impacts on Working Life. Participants highlighted how caring forced them to reduce working hours and resulted feelings of fatigue and stress:

> Had to move to less hours as tired, stressed and caring affects my health. [P309]

> I am often tired or frustrated leaving me snappy or impatient and I have to remind myself it's not anyone's fault. Breath deep and carry on. [P320]

> . . .exhaustion, higher stress, more difficult to cope with changes at work, irritation with administrative duties that are time consuming but not directly related to core work. [P323]

Table 2: Caring responsibilities.

Variable	
How long have you had a caring responsibility for?	
1–4 years	16 (31.4%)
5–9 years	13 (25.4%)
10–14 years	8 (15.7%)
15 years and over	14 (27.5%)
At what age did you start to have a caring responsibility?	
18–34	17 (33.4%)
35–44	18 (35.3%)
45–54	12 (23.6%)
55–64	2 (3.9%)
65–74	1 (1.9%)
75 and over	1 (1.9%)
Do you currently live with the person or people you care for?	
Yes	36 (70.6%)
No	14 (27.5%)
Sometimes	1 (1.9%)
How long have you lived with them?	
1–4 years	5 (13.9%)
5–9 years	6 (16.7%)
10–14 years	6 (16.7%)
15 years and over	19 (52.7%)
How often do you see them? (If not living with them)	
Daily	4 (28.6%)
Twice a week	2 (14.3%)
Three times a week	5 (35.7%)
Four times a week	1 (7.1%)
At the weekend	2 (14.3%)
How many hours of care do you provide a week?	
19 h or less	16 (31.4%)
20–49 h	16 (31.4%)
50–89 h	6 (11.8%)
90 h or more	13 (25.4%)
How many people do you care for?	
1 people	34 (66.7%)
2 people	11 (21.6%)
3 people	5 (9.8%)
4 or more people	1 (1.9%)
What is your relationship to the person or people that you care for? (multiple answer)	
Parent	36 (57%)
Partner	9 (14%)
Child	12 (19%)
Relation	4 (6%)
Ex partner	1 (2%)
Relation by marriage	1 (2%)

> I have weeks when I go to bed after work as I know I will have to be awake most nights. [P327]

Participants highlighted how caring responsibilities prevented engagement with some work events and training opportunities:

> Have to rely on colleagues to attend training/meetings that I cannot attend due to caring role. [P315]

Limitations on being able to fully commit to work demands resulted in feelings of guilt for some participants. This also affected their ability to apply for promotion:

> Need extra time off, carry a lot of guilt around my work life balance, feel I can't apply for opportunities as it might be held against me or I haven't got as much time to play with. [P313]

Being unable to commit to increased levels of responsibility and a full-time workload can preclude working carers from applying for promotion opportunities, preventing employers from utilising many skilled employees:

> Higher level jobs normally require you to work full time which I cannot possibly commit too. They also seem to come with an expectation to work more hours than you are paid to work which I also cannot commit too. [P303]

Table 3: Flexible working and leave.

Variable	
Are you able to work flexibly in your current role?	
Yes	37 (73%)
No	14 (27%)
Ways participants said that they were working flexibly	
1. Flexi time (e.g., working outside of "core hours")	25
= 1. Working from home	25
3. Hybrid (working from home + in office some days)	21
4. Mealtime flex (take lunch break when it suits you)	19
5. Staggered hours (various start and finish times)	17
6. Compressed hours (work total hours over fewer working days)	7
= 7. Term-time working	5
= 7. Annualised hours (work total hours over year but some flexibility when you work)	5
9. Job sharing	1
Variable	
Does your organisation offer paid carer's leave?	
Yes	23 (45%)
No	10 (20%)
Don't know	18 (35%)
In the last 12 months, have you taken any unpaid carers leave allocation?	
Yes	14 (27%)
No	37 (73%)
How much of the 5 days allowance?	
Over 5	2
5	5
2	5
1	1
1/2 days	1
In the last 12 months, have you had to take additional time off due to your caring role?	
Yes	28 (55%)
No	23 (45%)
Types of additional time off taken	
1. Special/emergency/domestic leave	9
2. Sick leave	7
3. Annual leave	6
4. Time off in lieu (TOIL)/time owing	5
5. Compassionate leave	4
6. Unpaid leave (or agency not attending)	2
7. Flexi time	1

Care responsibilities could create financial pressures on working carers and their families:

> Partner has had to give up his full time job and claim UC as we could not cope with both working full time and managing son's care, the administration and lack of sleep. This has caused a financial impact to us. More pressure on me now with my career. [P318]

Alongside concerns about their financial future, working carers also discussed financial worries impeding their ability to help the person they were caring for more:

> I'm 55 & have paid into system since I was 16 & there's no financial help for me to be able to support my partner. I'd love to drop hours to help myself & him but I'm not able to. I worry what will happen to him if anything happens to me &/or I can't work. [P337]

3.2.3. Unfair Treatment. Several types of unfair treatment at work were identified by participants (see Table 4).

These included experiences of being treated unfavourably compared to colleagues because they needed to provide care for someone ($n = 8$):

> I feel my line manager goes along with that. I feel 'singled out' as a Carer which makes me uncomfortable. . . [P337]

Difficulties meeting employer requirements because of care responsibilities ($n = 7$):

Table 4: At work.

Variable	
Is your manager aware of your caring responsibilities?	
Yes	48 (94%)
No	2 (4%)
Blank	1 (2%)
Do you feel your manager understands how your caring role impacts on you?	
Yes	35 (69%)
No	13 (25%)
Blank	3 (6%)
Are your colleagues aware of your caring responsibilities?	
Yes	45 (88%)
No	6 (12%)
Do you feel that your colleagues understand the impact your caring role has on you?	
Yes	30 (59%)
No	15 (25%)
Blank	6 (16%)
Does being a carer have an impact on your working life?	
Yes	48 (94%)
No	3 (6%)
Do you feel that being a carer has affected any career opportunities?	
Yes	29 (57%)
No	22 (43%)
Do you think you have been treated unfairly or unfavourably at work because of your caring responsibilities?	
Yes	13 (25%)
No	38 (75%)
Are you aware of your rights as a carer in the workplace?	
Yes	31 (61%)
No	20 (39%)
Types of unfair or unfavourable treatment experienced by participants at work	
1. Been treated unfavourably compared to colleagues because I need to provide care for someone	8
2. Difficulties meeting my employer's requirements because of my care responsibilities	7
3. Excluded at work because of my care responsibilities	4
4. Employer refused request for changes to be made at work to help with caring responsibilities	3
= 4. Felt bullied at work due to the fact that I have caring responsibilities	3
6. Employer has rules or policies (e.g., regarding working hours) which cannot be complied with due to caring responsibilities	2
= 7. Being forced to do tasks they struggle with because of caring responsibilities	1
= 7. Each time there is a change in rotas need to apply for flexible working hour arrangements	1

Sadly, I have found the services contacting me, do not appreciate I am at work, so when I request call backs at a certain time, say around my breaks, they are unable to accommodate. [P317]

I have very limited hours in which I can be available throughout the week for work. I also may need to drop everything at a moment's notice to collect my child. This can put employers off very quickly. [P350]

Exclusion at work because of care responsibilities ($n = 4$):

Cannot attend all day events/training easily due to needing to be at home. [P315]

Employers refusing a request for changes to be made at work to help with caring responsibilities ($n = 3$):

Flexible working for carers should be more than just a soundbite. The [organisation] claims to provide flexible working, but in reality it depends entirely on your immediate line manager. [P339]

And feeling bullied at work due to the fact that they had caring responsibilities ($n = 3$):

> Previous manager disregarded my caring responsibilities and effectively bullied me out of my previous job. I was managing well just needed option of flexible working which wasn't considered. [P319]

3.3. Workplace Support

3.3.1. Management. There appears to be recognition by managers of their staffs' caring responsibilities, and $n = 48$ (94%) of managers were reported as being aware of their employees caring responsibilities whilst $n = 35$ (69%) felt that their manager understood how their caring role impacted on them (see Table 4). Supportive managers made a real difference in supporting staff to manage work alongside a caring role, including through being person-centred and flexible:

> . . .regular informal discussions 'catch ups' are always person-centred, rather than focussing only on work matters. [P300]

> Very understanding and supportive, I would not be able to continue in my role without this. She has been flexible and accommodating and has enabled me to continue in my role which is really important to me. [P321]

Participants who described a nonsupportive line manager with little understanding or empathy could have many negative consequences for the working carer:

> I have had very little support or understanding of the effects being a carer has on me and my health as well as being offered any support. [P330]

> A general lack of what autism with complex behaviours is, lack of compassion, do not allow me to have flexible hours e.g. earlier start times. [P348]

However, it was acknowledged that it was difficult for some managers to appreciate what someone might be going through unless they themselves had had personal experience of a similar situation:

> I think it is hard to understand unless you have experienced it. [P302]

Where this was a factor, differences were noted in participant comments:

> I have been lucky in that my current line manager is also caring for a parent so understands some of my situation. [P303]

> My manager is also disabled. One of her disabilities is the same as my child's disability, which enables her to understand. [P350]

Better training for managers around supporting working carers was suggested as a way of improving employee/manager relationships:

> Training and understanding for line managers - it can feel like a lottery as to whether your rights are understood and even more as to whether you feel supported. [P304]

3.3.2. Colleagues. Within our data, $n = 45$ (88%) of participants had made colleagues aware of their caring responsibilities, whilst $n = 30$ (59%) of participants felt that their colleagues understood how their caring role impacted on them (see Table 4). Work colleagues could be a great source of support although relationships at work can be difficult to navigate as a working carer:

> . . .(they) listen when I am feeling overwhelmed [P311]

However, some participants were reluctant to share their situation fully with colleagues due to wanting to keep things personal, or due to concerns that they might not understand the full impact of what they were going through:

> I have not felt it necessary to share details with colleagues about my caring role so whilst many are aware it's unlikely they would understand the full impact. [P310]

> I am a private person and I tell them only what I want them to know. We are all Senior Managers and I don't want to be different. [P312]

Some participants described fears about the "stigma" of being a carer, and some believed their colleagues were unable to fully appreciate their caring role unless they had experience themselves:

> It isn't until someone who I work with has become a carer that they then TRULY understand the impact, not just on work but on every aspect of my life. [P317]

> Stigma, massive stigma , colleagues keep thinking I might be mentally unwell because of my caring role to the point where I was suspended from work (eventually reinstated) but it's had an impact on my wellbeing. [P319]

Accessing peer support from other working carers offered a meaningful and beneficial source of support within the workplace:

> I am fortunate to have a colleague who is also a carer so we do get to chat about the ups and downs. [P320]

> I find some colleagues are in a similar situation and it helps to support each other. [P335]

3.3.3. Organisations. Workplace pressures and inflexible policies caused challenges for working carers and could undermine physical and mental well-being:

> I think they do understand but have found their priority is adhering to policies and procedures over my wellbeing. [P316]
>
> My own health has subsequently been run down; I've been exhausted etc & there's no leeway re your absence rate if you're working & a Carer & you are under constant stress in case you lose your job. They don't understand that & you feel very isolated. [P337]

Line managers who try to accommodate the needs of their staff can experience wider organisational pressures from above and may find themselves acting as a buffer between their staff and organisational demands. Organisations which have carer friendly policies can enhance the well-being of working carers whilst supporting the wider workforce to become more "carer aware."

> My direct line manager is more understanding than my director which can cause tension for her. [P304]
>
> I am supported at work and have a 'carers passport' shared with my line manager. My
>
> workplace offers specific support for carers as needed. [P310]
>
> As a Carer Friendly Employer all staff are Carer aware and supportive to wide picture that is. We are very supportive of each other's work life balance as a Carer. We are always happy to cover each other where needed. [P340]

Carer friendly organisations might include the provision of a carer support group which enables carers to come together and share stories either face-to-face or online. However, this type of support needs to accommodate the needs of all carers and the diversity of working carer experiences:

> Good, but more geared towards people looking after elderly parents. No known resources or advice for parent carers. [P318]
>
> . . .we have a Carers forum on WhatsApp where we can ask advice or vent our frustrations which is very reassuring. [P320]

3.3.4. Areas for Further Research. Participants were asked to identify what they considered to be the most important areas for future research regarding working carers in order of priority (from first to third). These were ranked by number of responses within each of the three prioritised reasons (see Table 5).

Research ideas include how working carers can be best supported by different work patterns to remain in employment, the role of peer support in the workplace and ways of supporting carers into work. This highlights important issues not just for researchers but also for policy makers and links to concerns about how legislation such as the Employment Relations (Flexible Working) Act 2023 can meaningfully be enacted for working carers.

4. Discussion

The CIPD study from 2020 [20] suggested that providing carers with support benefited both carer and employer—by improving the well-being of employees, reduced absenteeism and better staff retention. Five years on, the Employment Relations (Flexible Working) Act 2023 came into force, and agile and hybrid working patterns became more established in the post COVID-19 world. Hybrid work patterns have generally become more acceptable and have enabled many workers to experience flexibility and work–life balance [48]. Our study confirms that working carers value flexible working with 73% of our sample working flexibly alongside their caring roles. This is consistent with literature highlighting how supportive working environments benefit working carers [21]. Some respondents highlighted the fatigue and emotional demands of combining work and caring which echoes the wider literature on working carers [28, 30].

Although previous literature from an international perspective highlights the benefits of working flexibly in supporting caregiving and employment [23], and "informal flexibility" within the workplace supported by line managers and coworkers can establish a culture of support for working carers [24], our study suggests there is still a long way to go for working carers. Some of our respondents suggested that workplace pressures and inflexible policies undermined their physical and mental well-being. Participants suggested that future research should explore how working carers could be supported better within the work environment—$n = 42$ (82%) participants (see Table 5). Despite policy and practice changes related to flexible working, $n = 14$ (27%) were unable to work flexibly (see Table 3) and three participants reported that employers refused requests for adjustments to be made to help with caring responsibilities (see Table 3). This highlights that some organisations remain inflexible in their support for working carers and is perhaps part of a wider backlash by some employers against post COVID-19 hybrid working. This being linked to calls for more days in the office to get better value from office space, combined with a desire to reignite collaboration potentially lost through home working, or employer concerns about productivity outcomes [49]. Further research into flexible working arrangements could explore both carer and employer benefits. Some of our respondents highlighted the value of peer support and future research could explore how informal flexibility derived from colleagues and peers might support reductions in work–family conflict [50].

In 2021, Carers UK carried out research looking at carers' experiences which resulted in the creation of a Carer Friendly Company Blueprint [51], aiming to provide a set of standards to guide companies on what supportive measures could be put in place to help customers and employees with caring responsibilities. The concept of a carer friendly organisation offers many benefits to both working carers and employers including those seeking a more carer friendly workplace and organisations wishing to retain more working carers in their workplace by adopting carer friendly practices. This might be one way of helping to reduce the

Table 5: Most important areas for future research concerning working carers.

Most important area for future research	1st	2nd	3rd
1. Allowing for different work patterns	22	16	4
2. Staying in work	16	9	11
3. Accessing support at work	6	14	16
4. Lack of working carers groups	3	2	2
5. Finding work	1	6	7
6. Finance—providing more financial help for full-time working carers who work over 16 h a week	1		0.5
7. Health and education system failures for SEND children impacting ability to work	0.7		1
8. Paid carer's leave and more flexibility and understanding if you have to take time out for your own health and well-being to be a carer without fear of repercussions and/or losing your job	0.5		1
9. Career pay issues (proportionate to responsibility)	0.5		
10. Health and well-being—impact of caring on (e.g., sleep disturbance)	0.3	1	
= 11. Finance—providing more financial help for full-time working carers who work under 16 h a week		1	
= 11. Outside support available for loneliness and isolation for the elderly, very limited and very costly		1	
= 11. Career progression		1	
14. Impact of support from external services on carers experience of managing work alongside caring (e.g., only being able to access support out of working hours)			2
= 15. Research			1
= 15. Finance—being able to afford more unpaid time off work.			1
= 15. Finance—how caring responsibilities affect people financially			1
18. Finding a more carer friendly workplace			0.5
Left blank			3
Total responses	51	51	51

Note: N.B. fractions denoted are where several different suggestions were included within one participant response for an "Other" category choice.

reluctance of some carers to disclose caregiving circumstances and improve how their associated support needs can be effectively addressed at an organisational level [24]. As part of this, employers need to tackle inequality around career progression for working carers as this may be another mechanism to support retention of working carers within the workforce. Our study found that $n = 29$ (57%) of participants felt that being a carer had affected career opportunities (see Table 4) and clear policy and practice needs to be embedded across all levels of the organisation to support working carers manage dual roles in meaningful and accessible ways.

There was recognition by participants that more still needs to be done to make carers feel welcome within organisations and to feel valued by the organisation through a demonstrated commitment to support them as working carers. Being able to remain in work ranked as the second most important area for future research work (see Table 5), and this is an important topic as $n = 13$ (25%) participants felt that they had been treated unfairly or unfavourably at work because of their caring responsibilities, whilst $n = 10$ (20%) worked for organisations that did not offer paid carer's leave (see Table 3).

Participants reported diverse experiences of accessing support through work—including ability to access a working carers group within the workplace or having knowledge about paid carer's leave (see Tables 3 and 5). One participant suggested the need for heightened workplace awareness in the form of readily accessible and well promoted policies, particularly for those that took on caring roles whilst already employed by an organisation. If face-to-face support group meetings are difficult to arrange due to workplace demands, other methods of supporting working carers could be investigated and trialled for effectiveness. For example, Vos et al. [52] found that a two-armed randomized controlled trial demonstrated that a workplace participatory approach (PA) effectively enhanced perceived supervisor support for working caregivers. However, no other positive effects were noted, either on work–life imbalance or on role overload, social support from colleagues, distress or the perceived burden of combining work and informal care.

Participants felt that it was difficult for some managers and colleagues to fully appreciate working carer experiences unless they had personal experience of a similar situation. This highlights the need for more training for line managers and the wider workforce about the needs and experiences of working carers to promote supportive working environments. Enhanced training about working carer lived experience, including examples from film and television, innovative higher education eLearning techniques, mixed media [42, 53] or listening to carer experiences face-to-face would be very beneficial in helping managers and the wider workforce to become more aware of and immersed in the lifeworld of a carer [42, 53, 54]. For example, we have recently used Photovoice [55] with a small group of carers to explore their experiences of the cost of living on their caring roles, enabling them to narrate their experiences through photos that they took and using their own voices to be

catalysts for change [42]. As working carers are marginalised within society, photovoice could offer a method to enable them to represent their lived experiences to employers on issues related to workplace inequalities. Supporting policy and practice which engages the wider workforce with the experiences of working carers in ways that promotes understanding of lived experiences can promote a more humanised approach to support, which accommodates individual needs for support.

5. Conclusions

Despite global awareness of the need to support growing numbers of working carers within the workforce, our research highlights ongoing challenges for working carers in the UK, disrupting employment and career opportunities. Key policy such as the Care Act (2014) and the Employment Relations (Flexible Working) Act 2023 have the potential to promote improved accommodation of working carers needs, but there remain inconsistent approaches to support working carers across employers.

It is important that pockets of good practice are shared more widely and that employers recognise their duty in supporting all members of their workforce to feel understood and supported ensuring flexibility across work and caring roles and access to career development opportunities and training. As global economies recognise the need to support workforce retention, an increasingly sharp focus is placed on employee well-being to enhance morale and productivity whilst contributing to long-term organisational sustainability [56]. This highlights the need to research the mechanisms that will support the retention of working carers—including through formal and informal employment support measures—to ensure more inclusive and supportive work cultures in the future. This might include involving groups of unpaid carers across all sectors who needed to leave work due to their caring responsibilities to investigate the ways in which they might have been able to stay in work, which our study data did not include. Also, in relation to their impact on a working week, looking more deeply at the specific requirements and demands of caring for different conditions, such as postoperative reablement support, dementia care or caring for a child with autism.

Unpaid carers are less likely to be in paid work than those with no caring responsibilities, whilst young carers might experience impacts on their abilities to attain at school and access higher education, employment and training opportunities [17]. It is very important that carers at all ages have opportunities to access and enjoy learning or have the option of seeking employment, as this enhances not only their well-being but also the sustainability of the future workforce. Due to global demographic changes, increasing number of workers will find themselves juggling unpaid caring alongside paid employment. Increasingly, employers will need to accommodate the needs of working carers and future research should explore the best ways of supporting employees to successfully balance these competing demands. Our research has highlighted the importance of developing more humanised ways of understanding working carer needs—including further training to support wider organisational culture—to meaningfully support working carers to meet their full potential within the workforce.

Data Availability Statement

The authors have chosen not to share data from this study—beyond the quotes and demographic data selected for inclusion—to protect participant anonymity.

Disclosure

The views expressed in this publication are those of the authors and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

Conflicts of Interest

The authors declare no conflicts of interest.

Funding

This study is funded by the National Institute for Health and Care Research ARC Wessex.

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