



Making the case for change: supporting unpaid carers in Northern Ireland

Modelling the benefit of policies to support
unpaid carers to enter or remain in employment

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About WPI Economics

We are an economics, data insights, policy and impact consultancy, but one that is a little different to many others. We draw on backgrounds in government and the private and charitable sectors to produce work designed to make a difference. We do not do research for research's sake. We are committed to ensuring that everything we do has an impact - which is part of the reason why we recently became a verified B Corporation.

About Carers NI

Carers NI is Northern Ireland's membership body for unpaid carers. We're here to listen, and to give carers expert information and tailored advice. We champion the rights of Northern Ireland's 220,000 carers and support them in finding new ways to manage at home, at work, or in their community. We're here to make life better for carers.

About the Carer Poverty Commission NI

The Carer Poverty Commission NI was established in 2023 to better understand the causes of poverty among Northern Ireland's unpaid carer population and to deliver the fresh thinking needed to address it. The Commission is led by Carers NI and has two key goals:

- To examine the scale and drivers of poverty among unpaid carers in Northern Ireland; and
- To design new policy recommendations for the Stormont Assembly and Executive to help tackle that poverty wherever it exists.

The Commission is now in its second phase, which focuses on analysing the costings and economic impact of different policy measures to help reduce carer poverty in Northern Ireland.

For more information, visit: carersuk.org/CarerPovertyNI

The work of the Carer Poverty Commission NI is funded by the Carers Support Fund, delivered by the Community Foundation NI and supported by the Department of Health.

Carers NI is very grateful to the Department of Health and the Community Foundation.

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Contents

Executive summary	4
Introduction	7
1. Exploring the current situation	8
2. Unpaid carers: inequalities in employment, education and health	10
3. Policies to help unpaid carers remain in and return to employment	16
4. Impacts of these policies on employment	19
5. The economic impacts of these policies	23
6. Conclusion and recommendations	29
Appendix A: Methodology	31
Appendix B: Result tables	36
References	39

Executive summary

Unpaid caring underpins our society and economy. Unpaid carers save our health and social care system billions of pounds every year in care costs – however, this often comes at significant personal cost. Many unpaid carers face increased rates of poverty, low wellbeing and poor health.

WPI Economics was asked by Carers NI to build on previous work, published in August 2024, which identified the policy changes that would support unpaid carers to remain in or re-join the labour market – *Policies to address unpaid carer poverty: an evidence review*. WPI Economics was asked to estimate the monetary and other benefits of these policies.

Within this report we explore how expanding access to paid carer's leave, flexible working, and paid social care provision could generate savings to the UK Exchequer, the Northern Ireland Executive, the NHS and employers. We also discuss the potential benefits to wellbeing and the long-term impacts of these policies for both individuals and society more widely.

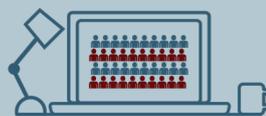
Combining paid employment with unpaid care is difficult and at times impossible, particularly for those looking after someone with higher caring needs. While 120,000 working-age unpaid carers in Northern Ireland are in paid employment, a further 59,000 are not.

Unpaid carers highlight the struggles from a lack of understanding or recognition from employers of the caring role, the stress and exhaustion from juggling paid employment and care responsibilities, and the lack of formal support. This has a major impact on their careers, finances, wellbeing and health.¹

However, it does not have to be like this. Many carers would like to be in paid employment alongside their caring role and to continue careers they have invested a lifetime in. Evidence supports a number of key policies which could help carers better balance employment and caring responsibilities and shows that these could bring benefits, not only to individual carers but also far-reaching gains to government, business and the economy.

We estimate that a combination of flexible working and paid carer's leave could increase the number of unpaid carers in employment by between **6,800 and 14,700 people**. This increase would come about by both helping unpaid carers remain in employment and supporting out-of-work carers to return.

Paid carer's leave and flexible working could bring between 6,800 and 14,700 additional carers back to employment.



Additionally, we estimate that a combination of flexible working and paid carer's leave could increase the total hours worked by carers by between **3,280,000 and 4,000,000** each year. This would come about by carers moving from part-time to full-time employment and taking on additional overtime – equivalent to a total of between 410,000 and 500,000 days of full-time work.



Paid carer's leave and flexible working could increase hours worked by carers by over 3 million per year.

Together, these changes would bring an additional **£103–£198 million** in tax receipts and reduce benefit spending by between **£40 and £86 million**. At the same time, employers could make an additional **£27 to £51 million of savings** associated with increased employee retention, as well as the additional benefits that flow from increased productivity of workers, and improved staff wellbeing.

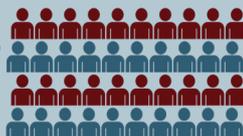
Paid carer's leave and flexible working could raise over **£103m** in taxes, and reduce benefit spending by over **£40m**.



Paid carer's leave and flexible working could save employers over **£27m** through employee retention.

Separately, we estimated the number of unpaid carers who could be supported back into employment with some level of additional paid social care provision. If access to social care could be improved, an additional **1,800–3,400** carers could be supported to return to employment. This could bring an additional **£21–£39 million** in tax receipts and reduce benefit spending by **£11–£20 million**.

Improved access to social care could support more than **1,800** carers to return to employment.



↑ This could raise over **£21m** in taxes
and reduce benefits spending by over **£11m**. ↓

As well as generating savings for the Exchequer and for employers, and helping carer's back into employment, these reforms could also bring a wide range of other benefits to public services and to society more broadly.

These include:

- Savings to the NHS through the improved health of unpaid carers and the cared-for people;
- Benefits from improved wellbeing due to reduced stress and incidence of physical and mental ill-health; and,
- Some long-term benefits, including improved pension savings and reduced inequality between genders.

This research sets out the economic case for implementing better support for unpaid carers. It shows how such arrangements can benefit the government, businesses and society – as well as bringing immeasurable health, wellbeing and quality-of-life benefits to unpaid carers themselves.

Recommendations for government:

Paid carer's leave

Introduce statutory paid carer's leave (originally five days but moving to ten over time) that is separate and additional to holiday entitlement, paid fully by government to the employee's full wage. This leave should be available to all employees who are providing or arranging care for someone with a long-term care need.

Care leave should cover people for a wide range of caring situations. These could include things like taking someone to a medical appointment, supporting someone with personal care, arranging visits with health professionals or organising care for the future.

Flexible work

Introduce flexible working as a day one right for working carers.

Work with relevant bodies to raise awareness of carers' existing rights within the workplace, as well as the benefits of flexibility for unpaid carers.

Social care

Reform the social care system to provide reliable, consistent, high-quality replacement and support care, including domiciliary care, respite, day services and services for young adults with special needs.

Broader changes

Introduce legislation to enshrine unpaid caring as a specific protected characteristic under equality law.

Enshrine carers' workplace rights in legislation to ensure consistency across employers.

Raise the Carer's Allowance earnings threshold to the equivalent of 21 hours per week at the National Living Wage and introduce a taper that is similar to Universal Credit.

Develop tailored employability programmes to support and retrain carers who wish to return to employment after a caring role has ended or reduced.

Introduce an employer accreditation scheme for organisations to demonstrate that they are carer-friendly, similar to the Carer Positive scheme established in Scotland.

Recommendations for business

Engage with carers and carer organisations to introduce carer-friendly policies and more supportive workplace cultures for carers.

Raise awareness of unpaid caring within the workplace, including sources of advice, information and support for carers.

Identify and support staff who have caring roles – including through line manager training on recognition and support of unpaid carers and young carers entering the labour market for the first time.

Co-design work placements and training schemes to support carers to enter the labour market.



Introduction

An unpaid carer is a person, often a family member, friend or neighbour, who looks after someone who is ill, disabled or older and is not paid to do so. Most people will become unpaid carers at some point in their life.² Unpaid caring underpins our society and economy. The value of unpaid care in Northern Ireland has been estimated as £5.8 billion a year, or 85% of the Department for Health's entire budget.³ However, whilst the value of the care provided is undoubted, unpaid carers often face difficult circumstances, including increased rates of poverty, low wellbeing and poor health.

In this report, we:

- Discuss the current profile of unpaid carers and the policy context;
- Examine the gap between unpaid carers and the rest of the population in employment, education and health;
- Consider the evidence on the effectiveness of policies designed to help unpaid carers stay in employment; and
- Model and discuss the immediate and longer-term effects of these policies.

1. Exploring the current situation

People who provide unpaid care come from a diverse range of backgrounds and give varied intensities of support, ranging from a few hours a week to near 24/7 care. According to the 2021 Census, in Northern Ireland approximately 222,000 people (12% of the population) were providing some form of unpaid care, including 3,000 children under the age of 15. Amongst carers in Northern Ireland, around 70,000 individuals provided 50 hours (or more) unpaid care each week. People aged 45–64 are likely to have more caring responsibilities than other age groups.⁴

Unpaid carers are of huge value to society, but many are in poverty and struggling to stay in employment:

Unpaid carers are estimated to be saving the NI Executive £5.8 billion per year in care costs,⁵ which is more than half of the entire NHS budget in Northern Ireland in 2024–25.⁶ At the same time, poverty amongst unpaid carers in Northern Ireland is very high. The Carer Poverty Commission (CPC) has previously found that the poverty rate for carers in Northern Ireland stands at 28.3% – considerably higher than poverty rates amongst adults in Northern Ireland who do not have caring roles (17.4%) and carers in the rest of the UK (23.6%).⁷ Carers NI's State of Caring survey found that carers are struggling with the consequences of significant financial challenges. Around a third (31%) of carers have cut back on essentials, a fifth (21%) struggle to afford to eat, 16% are experiencing debt, 10% are unable to afford utility bills and 8% are using food banks.⁸

Many carers want to take on paid employment but cannot. Although the 2021 Census suggests that more than half (125,000) of carers in Northern Ireland are in employment, juggling paid work and unpaid care is a challenging task, and for many proves impossible.⁹ It is estimated that around 130,000 people in Northern Ireland either reduced their working hours or left work entirely because of the demands of a caring role.¹⁰ As more women than men provide unpaid care in Northern Ireland, it is unsurprising that the barriers to employment for those with unpaid caring roles disproportionately affect women. Recent research suggests that a third (34%) of women with unpaid caring roles in Northern Ireland have given up employment to care, over a quarter (28%) have decreased their working hours because of caring, and just under a fifth (17%) of women with unpaid caring roles have taken on a less qualified job or turned down promotion to fit around their caring responsibilities.¹¹ The effects of leaving paid work are devastating to carers. Being unemployed is the single strongest predictor of carer poverty, with more than half (55%) of unpaid carers in Northern Ireland who are out of work living in poverty.¹²

Support to help unpaid carers is lacking, and the social security system is working against employment.

Currently, support to help unpaid carers stay in employment is lacking, but many carers report that small changes could make a big difference. UK research revealed that carers value workplace support very highly: 57% said understanding line managers are helpful, and 53% said that flexible working helps them. Working from home was considered helpful for 40% of unpaid carers.¹³ A third (33%) of carers who reduced their working hours or gave up work because of caring said that paid carer's leave would help them return to work or increase their hours.¹⁴ Given the profound impact that appropriate support can have on unpaid carers' likelihood of employment, harnessing these benefits is crucial to realising the new government's vision of getting more people back into work and closing the employment gap between men and women.¹⁵

Social care remains underfunded in Northern Ireland, which has a devastating impact on unpaid carers. It has been widely acknowledged that the health and social care system in Northern Ireland is both financially unsustainable and underperforming.¹⁶ Northern Ireland operates an integrated model of health and social care provision, unlike other parts of the UK. In theory, this integration of health and social care should lead to better



outcomes, but in practice Northern Ireland performs worse than the rest of the UK on most key performance indicators.¹⁷ The current financial situation and single-year budgets have made long-term planning and transformation of services very difficult. Given the current financial challenges, experts have warned that social care will be seen as an easy target for cuts, but any short-term savings from cuts to social care provision will be costly and counterproductive in the long-term and place additional pressure on other parts of the system.¹⁸ This includes unpaid carers who - through the care they provide - are already saving health and social care trusts £5.8 billion a year in replacement care costs.¹⁹

The current design of the benefit system also discourages employment. Carer's Allowance's eligibility criteria make employment difficult for unpaid carers. In particular, carers must earn less than £151 to qualify for Carers Allowance, and there is no taper, meaning that if a carer earns £1 over the limit they lose the entire benefit. DWP-commissioned research on the experiences of claiming and receiving Carer's Allowance found that the earnings threshold influences decisions about how many hours carers work, with carers being mindful to stay below the threshold and refusing shifts or reducing hours as a result.²⁰ Similarly, previous qualitative research with unpaid carers for the CPC found that many carers in Northern Ireland saw the earnings threshold in Carer's Allowance as a cliff edge that acted as a major barrier to seeking paid employment and kept them trapped in poverty.²¹ In line with these findings, an independent review of welfare mitigations, commissioned by the Department for Communities recommended increasing the earnings limit of Carer's Allowance, introducing a carer's recognition payment and a young carer's recognition payment - highlighting that current support for unpaid carers is not adequate in safeguarding against poverty.²²

2. Unpaid carers: inequalities in employment, education and health

Before assessing policies that might prove helpful to unpaid carers in Northern Ireland, this chapter examines the current gap between unpaid carers and the rest of the population across a number of key measures and outcomes.

Unpaid carers are disadvantaged compared to people without caring responsibilities. The gap between unpaid carers and the rest of the population emerges across a range of indicators available in the data, and varies in degree depending on the level of unpaid care being provided. In this section, we examine the gaps between unpaid carers and the rest of the population in three areas - employment and benefits; education; and health.

For our work, we have used the following definitions:

Unpaid carer: A person, often a family member, friend or neighbour, who looks after someone who is ill, disabled or older and is not paid to do so.

High-intensity carer: While there is no set definition of what constitutes a high intensity of caring, in this report we chose a 20-hours-a-week threshold of average caring hours to delineate high-intensity carers. This specific number of hours was chosen for practical purposes, as it is a standard threshold offered by all data sources we used. However, it is important to note that some unpaid carers provide care at much higher intensities than this - with some caring up to 100 hours a week.²³

Low-intensity carer: In this report, low-intensity carers are those who provide unpaid care for fewer than 20 hours each week, on average. It is important to bear in mind that even caring at low intensities can interfere with employment and significantly affect a carer's quality of life.²⁴

Employment and benefits

Combining paid employment with unpaid care is difficult and in some instances impossible, particularly at higher caring intensities. Unpaid carers highlight the struggles from a lack of understanding or recognition from employers of the caring role, the stress and exhaustion that come from juggling paid work and care responsibilities, and the lack of formal support.²⁵

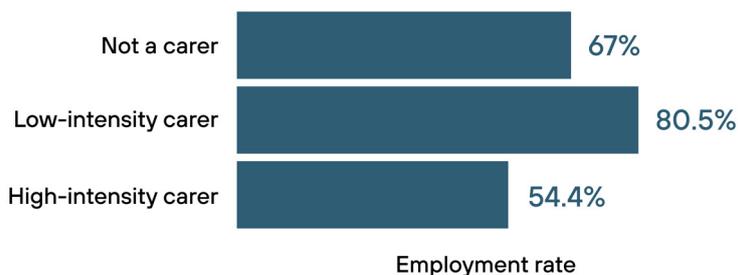
Previous research for the CPC has confirmed the difficulties of juggling unpaid care with paid employment. This is a result of the intensity of the cared-for person's needs, a lack of support from employers, challenges with how the social security system for unpaid carers interacts with paid employment and a lack of replacement care. Ultimately, the CPC has found that being unemployed is the single strongest predictor of carer poverty, with more than half (55%) of unpaid carers in Northern Ireland who are out of work living in poverty.²⁶

Bethany's story: *"The biggest cost [of unpaid care] is probably my career. I was a middle line manager for 18 years in the Civil Service. But when I asked to work five hours less a week, they said no - which obviously was a massive stress because I just lost my entire career. I was earning late £20,000s, probably into the £30,000s now. And there's sort of seven years of earnings, which is an awful lot of money. But also there's a personal cost to me because I lost my identity, I lost everything because I was needed at home. And now we're only on one wage and we're very vulnerable."*

Looking at the working-age population (aged 16–64) in Northern Ireland, a noticeably lower proportion of high-intensity carers (20+ hours caring per week) are in employment (54.4%) compared to non-carers (67%).

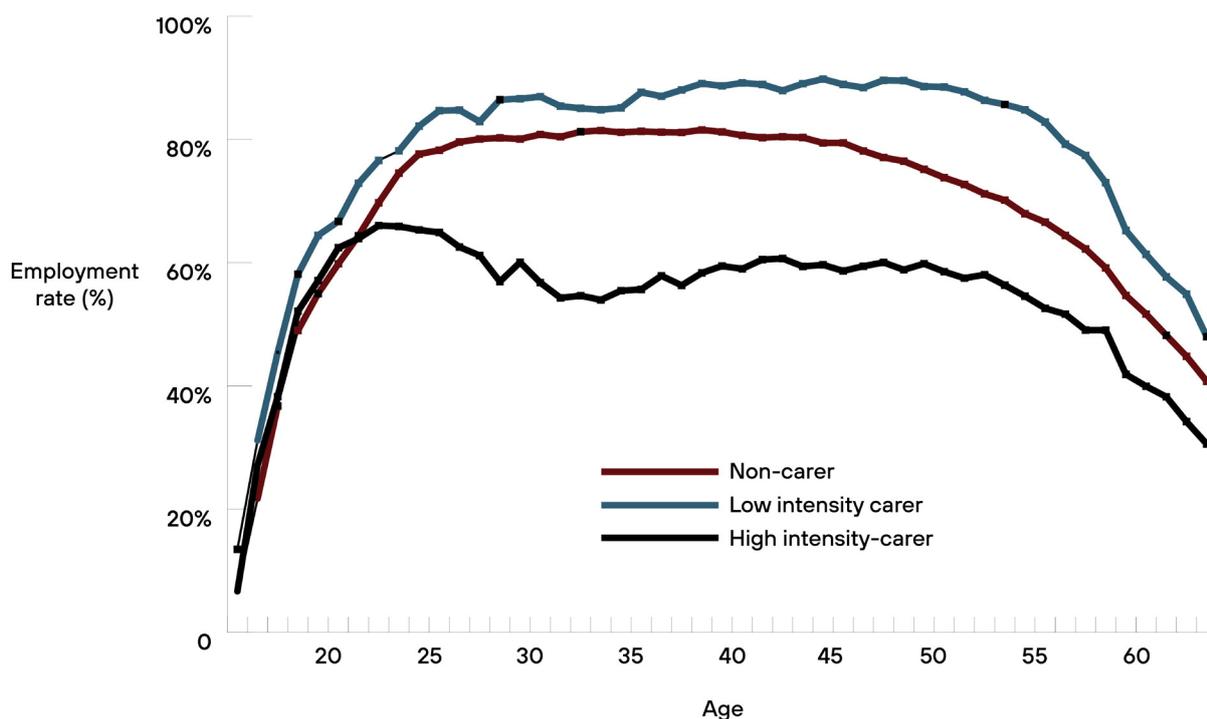
Interestingly, low-intensity carers have the highest proportion of individuals in employment out of any group (80.5%) irrespective of age. This higher proportion of low-intensity carers being in work is true across the age range and is likely to be driven by the other characteristics of this group: low intensity carers tend to be higher skilled and healthier than either high-intensity carers or non-carers. This means they are likely to be better able to both take on paid employment and provide care.

Figure 1: Employment rate by caring intensity, Northern Ireland, 2021 (people aged 16–64)



Source: WPI Economics analysis of 2021 Census

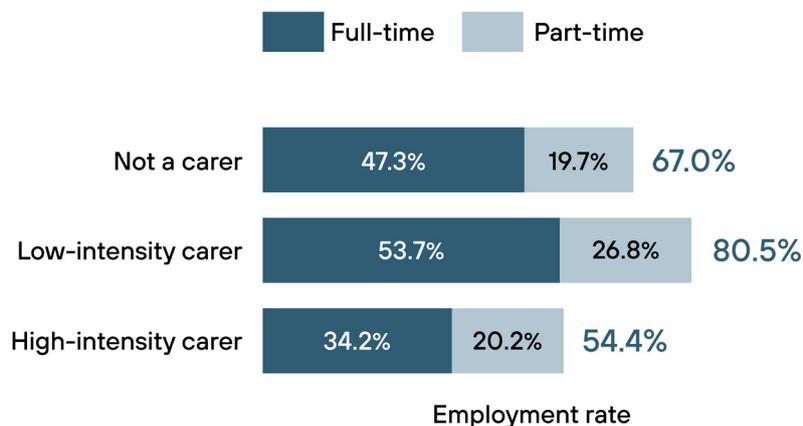
Figure 2: Employment rate by care type and age, Northern Ireland, 2021



Source: WPI Economics analysis of 2021 Census

However, even low intensity caring can be a barrier to employment, especially working full-time. The vast majority (80%) of low-intensity carers are in work, however they are disproportionately likely to work part-time, with more than a quarter (26.8%) of this group in part-time work, compared with just a fifth (19.6%) of non-carers.²⁷ This means they are likely to have low earnings, both because they are working fewer hours and because part-time jobs tend to be lower paid than full-time jobs.

Figure 3: Employment rate by caring intensity and hours worked, Northern Ireland, 2021 (people aged 16–64)

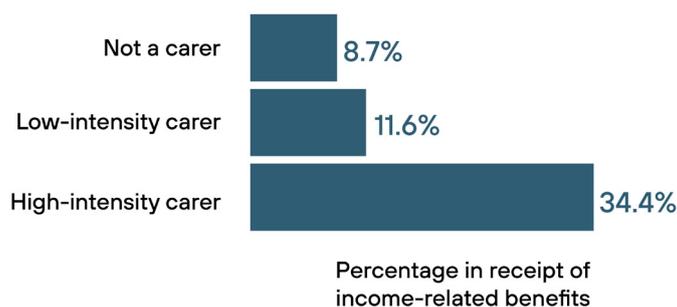


Source: WPI Economics analysis of 2021 Census

Although correlations like this do not prove that the provision of unpaid care, especially at higher intensities, is causally linked to lack of employment, a wealth of qualitative and quantitative evidence shows negative links between the onset of caring responsibilities and employment outcomes. Providing unpaid care has a very significant negative impact on a carer’s chances of being in employment. For those who do manage to take on paid work, they are at a higher risk of earning too little to protect them from poverty.^{28 29 30}

When unpaid carers are forced out of paid work, many have to rely on benefits as a replacement for employment income. Across the UK, just 8.7% of non-carers are in receipt of income-related benefits compared to 11.6% of low-intensity carers and over a third of high-intensity carers (34.4%).³¹ This means that carers are more strongly impacted by design flaws and low levels of support within the social security system.

Figure 4: Benefits claimants by caring intensity, UK, 2022/23 (people aged 16–64)

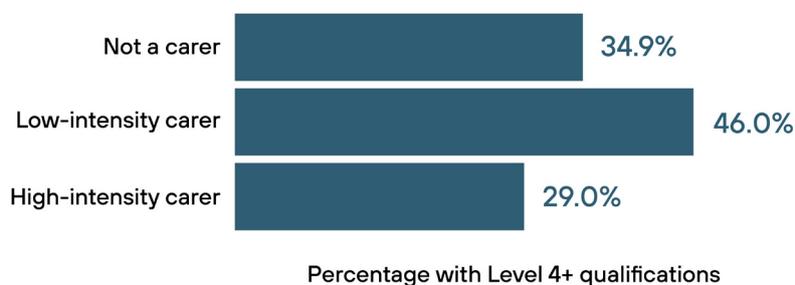


Source: WPI Economics analysis of Family Resources Survey 2022/23

Education

Overall, carers in Northern Ireland have higher qualifications on average than non-carers, with 37.2% holding Level 4+ (degree-level or equivalent) qualifications, compared to 34.9% of non-carers. However, this is not the case for high-intensity carers, with just 29% of high-intensity carers holding Level 4+ qualification. High intensity carers are also more likely to have no or very low levels of qualifications: 29.4% do not achieve Level 2 qualifications (5 or more GCSEs at A*–C or 9–4) compared to 23.9% of non-carers.³²

Figure 5: Proportion with Level 4+ qualifications (A-Level equivalent +) by caring intensity, Northern Ireland, 2021 (people aged 16–64)



Source: WPI Economics analysis of Census 2021

Lower levels of education are likely to make it more difficult for unpaid carers to stay in employment, as jobs which require higher qualifications are often more carer-friendly. Higher paid jobs are more likely to offer flexible working arrangements, such as remote working and flexible hours, and more likely to have additional benefits such as additional carer's leave.

The educational gap can be exacerbated by those who begin their caring role at a young age. Qualitative research with young carers (age 16–24) in Northern Ireland found that young carers have significantly lower educational attainment than their non-caring peers.³³ A recent report by Eurocare found that in the UK there are stark inequalities in educational attainment, with young adult carers 38% less likely than their peers to hold a university degree as their highest qualification. For those providing more than 35 hours of care per week, this rises to a staggering 86% who do not have a degree.³⁴

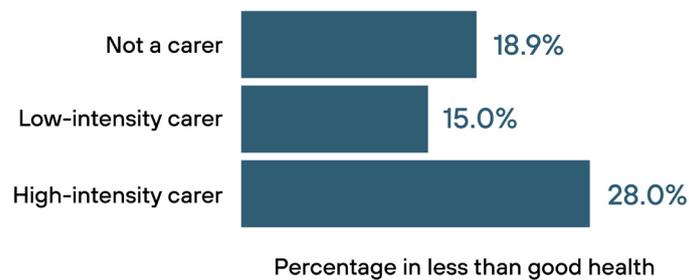
Erin's experience: *"The first time I became a carer, I was a young carer. I was 17 years old and I was in my A-Levels at the time and was probably quite academically capable at that time. There was literally zero help for the position that I found myself in having to care for my dad while I was at school. So that had a massive impact. I kind of completely messed up my A-Levels. When I think back, that's the first impact I think that that's had on earning potential, professional qualifications. So I never really had that good grounding in education I think, which most definitely helps your earning potential."*

Health

High-intensity carers in Northern Ireland are more likely to be in less than good health (28%) than non-carers (18.9%) and are also more likely to themselves have a long-term health condition or disability that limits their day-to-day activities – 29% compared to 20.2% of non-carers.³⁵



Figure 6: Proportion in less than good health by caring intensity, Northern Ireland, 2021 (people aged 16–64)



Source: WPI Economics analysis of Census 2021

Across the UK, carers are also more likely to experience psychological distress – based on the GHQ-12 test – than non-carers:

- High-intensity carers: 31.9% experience at least some psychological distress
- Low-intensity carers: 20.7% experience at least some psychological distress
- Non-carers: 17.1% experience at least some psychological distress.³⁶

A recent longitudinal study of unpaid carers in the UK has found that transitioning into high-intensity caring is associated with rapid deteriorations in mental health for carers across all age groups – often within the first year of caring.³⁷ In Northern Ireland, the 2023 State of Caring survey found that one in four carers in Northern Ireland were suffering mental ill-health, with half reporting feeling lonely at least some of the time and more than one in three having put off health treatment for themselves because of the demands of caring.³⁸ It is therefore little surprise that public health evidence has called for unpaid caring to be considered a social determinant of health.³⁹

Denise's experience: *"I've been a nurse for 35 years, but I've actually got physically and mentally sick because of my caring role. So much so that I've had to take retirement from my job because I just couldn't carry on working and caring at the same time. I just can't do working with people that are sick all the time and then caring full time outside of that. That's why I've got mentally sick. I've had to actually have clinical psychology because when the pandemic started in March, my world fell apart because you couldn't do the things I was dealing with. And then I got physically sick too and I just couldn't do it anymore. It was taking its toll, doing a caring role 24 hours a day, seven days a week. That's why I have to get help for my mental health now, because my caring role has made me sick and I can't work anymore. And that's the worrying thing - I don't know what the future is going to be for me."*

This research has shown that there are very significant gaps in employment, education and health between unpaid carers and the rest of the population.

High-intensity carers are less likely to be in paid employment, have lower qualifications and are more likely to be in worse health than those without caring responsibilities. On the other hand, low-intensity carers are more likely to be in employment, have higher qualifications and are more likely to be in better health than those who do not have caring responsibilities. However, low-intensity carers are more likely to be working part-time than those without caring responsibilities, suggesting that unpaid caring might interfere with paid employment even at lower caring intensities.

Having examined the gaps between carers and the rest of the population across a number of key indicators, the next section of the report will consider solutions to support unpaid carers to remain in paid employment, return to paid employment, and increase their working hours.

1 in 4 carers suffer mental ill-health.



Half of carers feel lonely at least some of the time.

1 in 3 have put off health treatment for themselves because of the demands of caring.



3. Policies to help unpaid carers remain in and return to employment

For this research, we modelled the potential impact of three policies which could help overcome barriers to employment for unpaid carers: paid carer's leave, flexible working and greater access to social care.

The policies

Paid carer's leave

Paid carer's leave is often cited as the single most impactful way in which unpaid carers can be supported to remain in employment.⁴⁰ Having access to paid carer's leave allows unpaid carers to take time out of work to take the person they care for to medical appointments or carry out other duties associated with their unpaid caring roles, and plays a role in improving their ability to respond to emergencies. According to the UK State of Caring Survey 2023, 33% of carers who left paid work or reduced their hours said paid leave would have helped them to remain in employment or not reduce their hours.⁴¹ In spite of the subjective importance of this policy to unpaid carers, it is one of the least frequently available forms of support, as only 12% of employees report having access to paid carer's leave.⁴²

In April 2024, the UK government introduced the right to unpaid carer's leave of five days a year for all carers in Great Britain.⁴³ Employment legislation is devolved and at the time of writing, provision of unpaid carer's leave has not been introduced by the Northern Ireland Executive. However, the Department for the Economy has included proposals to support unpaid carers in the 'Good Jobs' Employment Rights Bill which is currently going through a consultation process.⁴⁴ Although the introduction of unpaid carer's leave has been widely recognised as a move in the right direction, evidence suggests that paid carer's leave might be a more cost-effective way to support unpaid carers.

International evidence supports the case for paid carer leave. The employment effects associated with carer's leave are amongst the strongest observed in the unpaid carer policy literature. A seminal study by Pavalko and Henderson found that access to family carer's leave significantly increased the odds of carers remaining in employment at a two-year follow-up.⁴⁵ Although this study draws on data from the US, which has a different work environment from the UK, the authors of the study control for a range of characteristics that capture some of the most important differences. For example, the effect of number of days of yearly paid leave, which is one of the biggest differences between the UK and US, is estimated separately and controlled for when estimating the effect of additional family leave.⁴⁶ Wider evidence further supports the case for paid carer's leave, as international studies find evidence of a positive relationship between some form of carer's leave and the carer's likelihood to remain in paid employment.^{47 48 49}

Our modelling is designed to capture the effect of introducing statutory paid carer's leave in Northern Ireland. Paid carer's leave is separate and additional to holiday entitlement, paid fully by government at the employee's full wage. This leave is available to all employees who are providing or arranging care for someone with a long-term care need. Carer's leave covers people in a wide range of caring situations. These could include things like taking someone to a medical appointment, supporting someone with personal care, arranging visits with health professionals or organising care for the future. In our modelling, we assume unpaid carers are entitled to 10 days (2 weeks) of paid care leave per year.

Flexible work

Many studies which involved qualitative engagement with unpaid carers highlight the importance of flexible working arrangements in helping carers juggle paid work with unpaid caring. For some unpaid carers, the ability to work from home or to work flexible or compressed hours is essential in allowing them to remain in paid

employment.⁵⁰ Our analysis of Understanding Society data reveals that 48% of unpaid carers who are in paid employment in Northern Ireland already work flexibly.⁵¹ However, if there is no effective workplace support, unpaid carers struggle to balance employment and care.

International evidence supports the case for flexible working being an effective promoter of employment with unpaid carers. A comparative study of EU member countries found that the rate of employment among carers was significantly higher in member countries in which 'part-time and flexible working schemes are – or are becoming – usual'.⁵² Importantly too, this study also found the provision of flexible working arrangements reduced the potential disincentivising effects on employment of extended periods of leave.⁵³

The flexible working arrangements we model are based on a combination of different policies which include work from home, compressed hours, and flexible hours. We assume that unpaid carers can access those policies from day one of employment as a default.

Better access to paid social care

When the person in need of care requires constant support, unpaid carers are completely incapable of engaging in paid employment unless they have the right support available via the social care system.⁵⁴ Furthermore, even in cases when the degree of care needed is less intense, many unpaid carers struggle with juggling providing care and maintaining paid employment. They can also have feelings of guilt when leaving the person they care for to go to employment, worrying that their dependent (or dependents when more than one person is cared for) is not receiving the support that they need. Improving access to paid social care services can, in some cases, help carers to balance their caring duties and employment and reduce or remove the worry that the cared-for person is not getting enough support.⁵⁵

Research finds a positive association between the receipt of paid social care services and employment in unpaid carers in England. Women who provide unpaid care for more than 10 hours a week have significantly higher odds of being in employment if a person they care for receives at least one paid service, with home care being the most effective.⁵⁶ Internationally, countries with better provision of paid home care tend to have higher levels of employment amongst groups most likely to become unpaid carers – women, and those on lower incomes.⁵⁷ Short breaks and respite were also found to be effective in supporting carers to remain in employment.⁵⁸ The International Trade Union Confederation has estimated that if 2% of GDP was invested in the care industry, more jobs would be created, and the overall employment rate could be raised by between 2.4 and 6.1%.⁵⁹

We model the effects of extending paid social care provision to carers who indicate that a lack of social care presents a significant barrier to their employment. We model two different scenarios based on the level of paid social care provided: one scenario focuses on individuals who could be supported back into work given access to one additional paid care service, which may or may not meet all of their need for additional care. The second scenario estimates the number of carers who could be supported back into employment if they were able to access the full amount and type of paid social care that they would need.

How these policies affect carers and generate savings

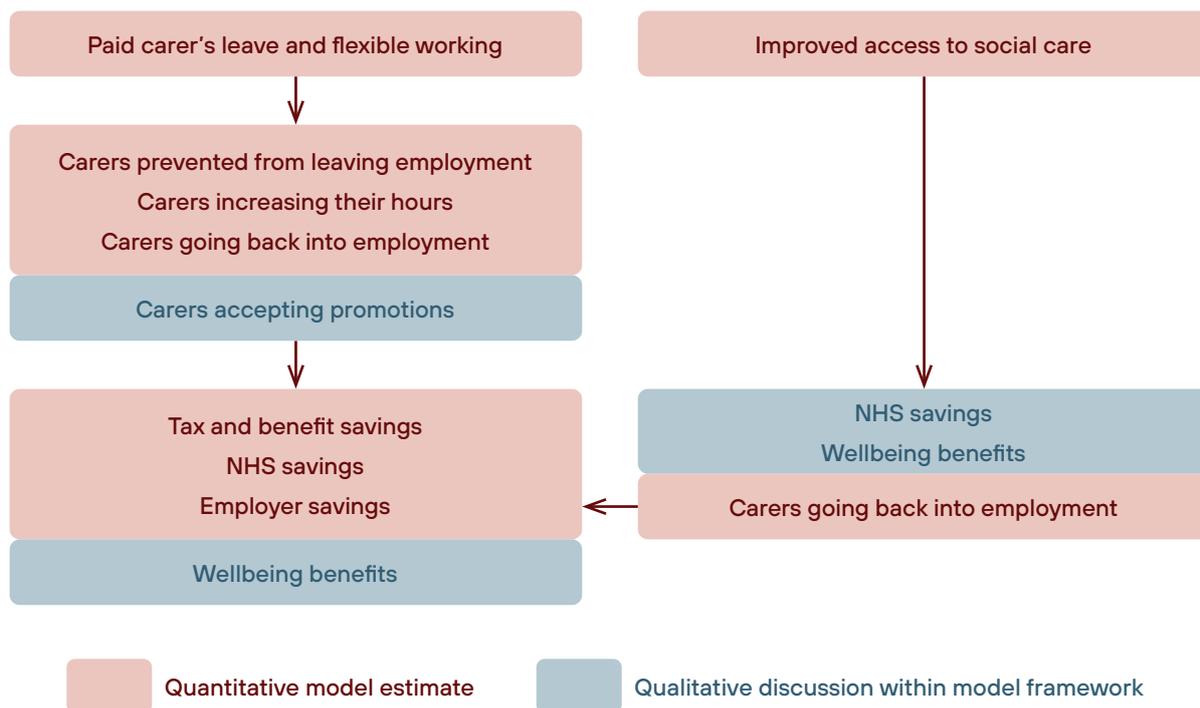
Paid carer's leave, flexible working and better social care provision all improve unpaid carers' likelihood of employment, which in turn generates tax and benefit savings to the government; savings to employers from better staff retention and productivity; and savings to the NHS due to improvements in health. The flow of these benefits is illustrated in Figure 7.

As discussed in the next chapter, we have estimated the number of carers prevented from leaving employment, the number of carers who increase their hours, and the number of carers supported to return back to paid work following the introduction of paid carer's leave and flexible working. Separately, we also discuss additional benefits attained from carers being able to accept promotion and being able to stay in more senior roles.

Furthermore, we estimate how improved access to paid social care provision may affect the level of employment of unpaid carers.

The additional employment rates of unpaid carers are then translated into tax, benefit and employer savings. We also discuss the potential savings to the NHS and the improved wellbeing generated not only through the increase in carer’s employment, but also as a direct and indirect result of the policies through other channels.

Figure 7: Modelling flowchart: benefits of policies to help unpaid carers



Methodology summary

The model showing the effects of policies to support unpaid carers is built on a wide range of data sources which have been carefully selected to provide the most detailed insight into the potential benefits. The base numbers come from the 2021 Northern Ireland Census, with income levels based on the 2022/23 Family Resources Survey and the 2022 Annual Survey of Hours and Earnings. Longitudinal insights, such as the carer’s likelihood to remain in paid employment, have been produced via data available in Understanding Society up to and including wave 13 for Northern Ireland. Supporting estimates, including expected levels of policy effects on employment and hours of work, come from the best academic sources available. We present our results in low, medium and high scenarios which are based around different levels of benefit from the policies.

A comprehensive discussion of our modelling methods can be found in Appendix A.

4. The impact of the policies on employment

In this section, we present the impact of paid carer's leave, flexible working and additional paid social care provision on the level of employment amongst unpaid carers.

Firstly, we consider the joint effects of paid carer's leave and flexible work on:

- the reduction in the number of unpaid carers leaving employment;
- the increase in the number of hours worked; and
- the potential increase in the number of carers returning to paid employment.

Secondly, we examine the potential benefits of extending social care provision to more unpaid carers who are out of paid employment.

Number of working-age unpaid carers in and out of employment

Currently, there are approximately 180,000 working-age unpaid carers in Northern Ireland. Of those, 124,000 are working, either full or part-time, and 59,000 are out of work.⁶⁰

78% of out-of-work working-age carers indicate that caring prevents them from undertaking paid employment.⁶¹

Table 1: Total number of working age carers by sex and working status, Northern Ireland, 2021

	In work	Out of work
Women	70,000	38,000
Men	54,000	21,000

Source: WPI Economics analysis of Census 2021

Paid carer's leave and flexible working: the effect on employment

Number of carers supported to return to work

Paid carer's leave and flexible working can help unpaid carers to remain in paid work by preserving their link to employment. The onset of unpaid caring responsibilities, or the moment at which caring responsibilities become more intense, is often a pivotal moment in the journey of unpaid carers, as the additional stress and lack of time causes some to leave paid work. Evidence suggests that once the employment link is broken, returning to employment after a period of absence becomes more difficult.⁶²

Our analysis shows that, of the unpaid carers who are in paid employment, 11% are likely to have fallen out of employment by a two-year follow-up. This means that more than one out of ten carers has their link to employment broken within two years.

Of the carers who are currently in employment, about 20% already have access to paid carer's leave, and 48% have access to some form of flexible work.⁶³

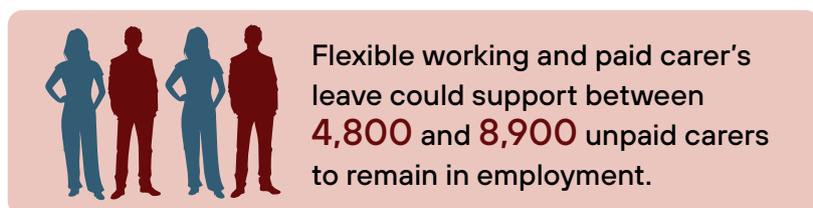
Figure 8: Flows out of work after two years amongst unpaid carers in employment



Source: WPI Economics analysis of Understanding Society

Paid carer’s leave and flexible working can help unpaid carers avoid leaving employment by allowing them to manage their responsibilities more effectively. Our analysis suggests that a combination of paid carer’s leave and flexible working could support between 4,800 and 8,900 unpaid carers to remain in paid employment. This is equivalent to an additional 3.8-7.2% increase in the proportion of unpaid carers who are in paid employment. We attribute between 69% and 81% of the effect to the paid carer’s leave policy, and the remaining 19% to 31% to gains from flexible working.

Figure 9: Impacts of flexible work and paid carer’s leave in supporting unpaid carers to remain in paid employment

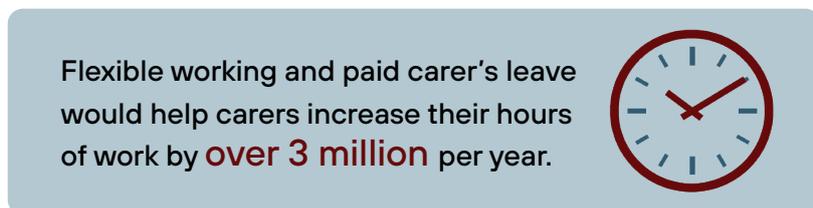


Source: WPI Economics modelling

Number of additional hours worked by unpaid carers

In addition to stopping carers from leaving employment altogether, paid carer’s leave and flexible working can help carers avoid having to reduce their working hours (or, in some cases, enable them to take on additional hours).

Our analysis suggests that flexible working and paid carer’s leave would help carers increase their hours of work, totalling between 3.3 million and 4 million additional hours worked each year.



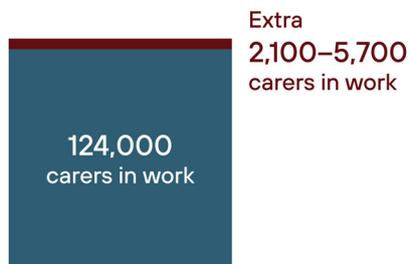
Source: WPI Economics modelling



Carers returning to paid employment

In addition to the previous impacts, we estimate that between 2,100 and 5,700 currently out-of-work carers could be supported to return to paid employment if flexible work and paid carer's leave became universally available. This corresponds to a 1.7–4.6% increase in the number of working-age unpaid carers in paid employment.

Figure 10: Total number of working-age unpaid carers in Northern Ireland who could be supported to return to paid employment from inactivity with paid carer's leave and flexible working.



Source: WPI Economics analysis of Census 2021

Our analysis has taken into account the evidence that returning to work from inactivity is more difficult, as long periods of unemployment can affect carers' confidence and discourage some employers from offering them a paid job. It also takes account of the fact that unpaid carers who are economically inactive have lower qualifications and are in poorer health on average,⁶⁴ which means finding employment might be more difficult.

Additional social care provision: the effect on employment

Although the provision of more social care is very important to carers, it is difficult to model effectively due to a lack of robust evidence on the causal link between this provision and employment, and particularly sparse evidence about the potential size of this impact.

Due to the lack of experimental evidence, we developed two different methods to estimate the potential effect of additional paid social care provision on the rates of employment in unpaid carers. These are discussed below.

Method 1

Based on our analysis of survey data and wider literature, we find that approximately one out of ten working-age carers would go back to employment if they received one additional paid care service. We combine this figure with the 30% of unpaid carers currently reported to lack support from paid social care services.

We lack evidence about whether the families in question are entitled to social care, but are not receiving it due to deficiencies in the system, or whether they are not currently entitled to social care.

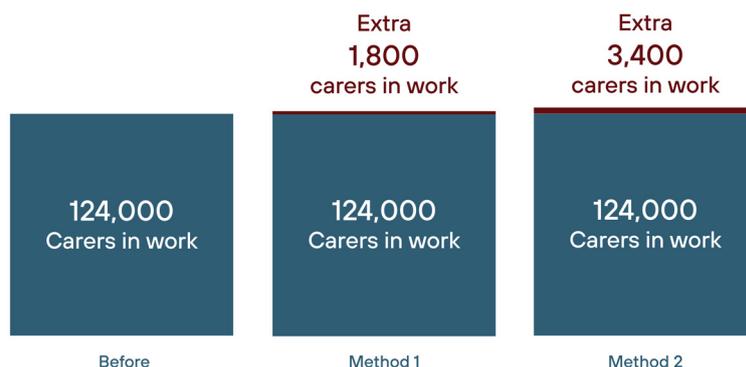
We estimate that there are 1,800 unpaid carers in Northern Ireland who are currently out of work but could be supported to return if they were given an additional paid social care service.

Method 2

In the State of Caring survey, out-of-work carers were asked to provide reasons that kept them out of paid employment. Each respondent could give multiple reasons for why they were out of employment. 1.8% (3,400) of all working-age carers indicated they were out of work only due to inadequate social care and / or the stress of juggling work and care, but not for any other reason.

Therefore we model the impacts of more social care provision for those carers reporting that inadequate social care is the only barrier keeping them from employment. We assume additional social care provision could therefore enable them to return to paid employment. We use this estimate in our high scenario.

Figure 11: The number of out-of-work working-age unpaid carers in Northern Ireland who could be supported to return to paid employment with better access to paid social care.



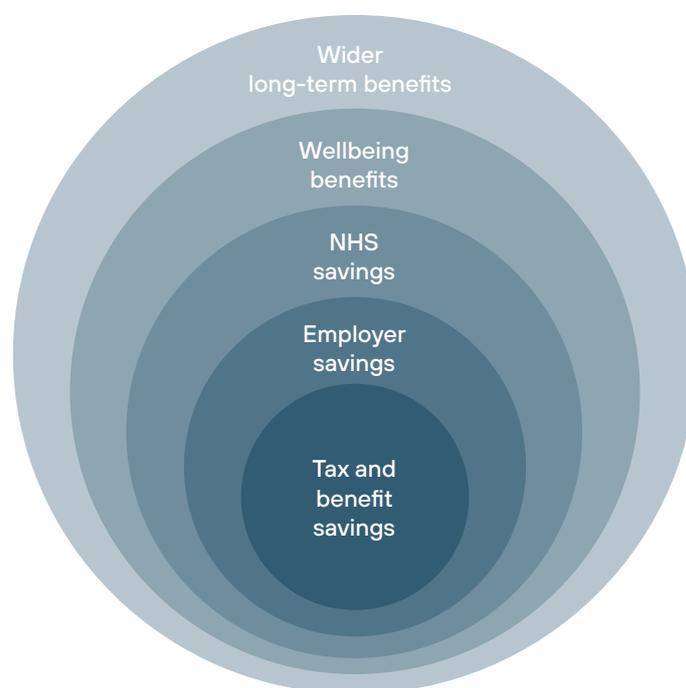
Source: WPI Economics analysis of Census 2021

5. The economic impacts of the policies

In this chapter, we take a closer look at the ways in which paid carer's leave, flexible working and additional paid social care provision could benefit the government, employers, the NHS, and society as a whole – both over shorter and longer time horizons. We also discuss the potential costs associated with implementing these policies.

Figure 12 shows a range of potential benefits and their channels, ordered according to the certainty with which we can quantify them.

Figure 12: Economic impacts of employment support for unpaid carers



We have able to 'monetise' tax and benefit savings, as well as employers' savings. NHS savings, benefits to wellbeing and wider long-term benefits are discussed qualitatively below.

Tax, benefit and employer savings

In this section, we present the monetised benefits of policies to support unpaid carers to enter or remain in employment: tax and benefit savings, as well as employer savings.

1. Tax and benefit savings

In this section, we cover the tax and benefit savings generated from supporting unpaid carers to take on more paid work.

Supporting unpaid carers to take up more paid employment through paid care leave, flexible work and provision of additional social care support could result in:

-  Over **£50m** reduction in benefit expenditure.
-  More than **£124m** raised in taxes.

Tax and benefit savings to the government are predominantly a result of unpaid carers moving from economic inactivity into paid employment. When unpaid carers rejoin the labour market, increase their hours or receive a pay rise, the government is directly benefiting from the increase in income tax paid. Moreover, as people spend the additional money, the increase in consumption has a positive effect on GDP and further benefits the government in increased tax receipts. This can also bring a boost to local economies.

Increasing labour market participation among carers will also help reduce poverty and inequality in Northern Ireland, thus benefitting the Executive in terms of a potential drop in social security spending. Without employment income, many unpaid carers need to rely on social security to cover their costs. Unpaid carers are far more likely to claim benefits than people without caring responsibilities. Helping unpaid carers to go back into paid employment would help reduce their reliance on benefits and lower government spending.

Looking at just paid carer's leave and flexible working, implementing these policies could result in an additional £103 million and £198 million in tax receipts every year. Meanwhile, benefit expenditure could fall by between £40 million and £86 million annually – this would be caused by fewer unpaid carers claiming benefits due to higher incomes. We attribute approximately 65–80% of this effect to paid carer's leave, and the other 20%–35% to flexible working.

Our analysis of the provision of additional social care support for out-of-work unpaid carers indicates this policy could result in increase in tax receipts of between £21 million and £39 million a year, while social security expenditure could fall by between £11 million and £20 million a year.

Cumulatively, carers could gain £247 million–£481 million in additional pre-tax earnings. This would result in an additional £124 million–£237 million in tax receipts every year, while benefit spending would fall by £50 million –£105 million annually.

Given that the carer population disproportionately reflects wider socio-economic and gender inequalities, intervention directed towards carers will predominately help some of the poorest and most marginalised people. To that end, better workplace support for carers might also help to reduce pre-existing socioeconomic and gender inequalities in Northern Ireland.

2. Employer savings

This section discusses the benefits to employers of supporting unpaid carers to remain in their jobs and take on additional paid employment.

Supporting unpaid carers to take up more paid employment through paid carer's leave and flexible work could generate:

↑ £27–51m savings from employee retention.

Supporting unpaid carers to stay in paid employment can benefit employers through:

- Increased retention;
- Better staff satisfaction;
- Improved productivity.

Employers would benefit from increased retention through having reduced costs of re-hiring new employees. We estimate that these benefits would be worth £27 million–£51 million per year. Employers would also benefit from improved productivity and better staff wellbeing, which would increase this figure substantially. However, we are lacking robust quantitative evidence on how much this would affect the wider economy.

While productivity gains are more difficult to capture, and data on effects of paid carer's leave is lacking, we have some estimates of how a move to flexible working has affected staff productivity within certain companies. For example, looking at BT, a move to flexible working increased staff productivity by 21%. With flexible working policies in place, staff turnover is below 4% when the sector average is 17%, and sickness absence averages below three days per person per annum.⁶⁵

Wider evidence supports the case that introducing greater support for carers brings benefits to employers. These include lower turnover and sickness absence rates, as well as access to a larger and more robust skills pool. Impact evaluations carried out by Centrica British Gas attributed £3.1 million financial savings from improving staff retention and reduced absenteeism by supporting employees with a flexible carer policy and peer support.⁶⁶

NHS savings and benefits to wellbeing benefits

Having considered the monetised tax receipts, lower benefit spending and employer savings, we also investigated the non-monetised wider benefits of the modelled policies. While these gains are very difficult to express as a monetary sum, their impact is a crucial consideration.

1. NHS savings

Firstly, we discuss NHS savings and benefits to wellbeing. Monetising these benefits is very difficult because there are multiple channels through which paid carer's leave, flexible working and improved provision of paid social care can generate NHS savings and improve the wellbeing both of the carer and the cared-for person. Here, we discuss the effects caused by direct influence of the policies on:

- health and wellbeing of the carer;
- benefits due to health improvements of the cared-for person; and
- benefits to the NHS as an employer of carers.

Direct to health and wellbeing of the carer

Evidence shows that enabling people to enjoy high-quality, secure and flexible employment can directly benefit their health. People who go to work regularly report lower levels of social isolation. Research shows that when an unemployed person moves into employment, they reduce NHS costs by £750 per year.⁶⁷ This figure is even higher for disabled people who move into employment – reducing NHS costs by £1,500 per year.⁶⁸ If we apply these figures to the number of carers moving back into employment modelled in this paper, even these most direct effects can save the NHS between £6.5 million and £13.5 million each year.

However, the benefits do not stop there. Unpaid carers report high levels of poverty and stress,⁶⁹ which both contribute to a variety of health problems such as depression, heart issues, obesity and cancer.⁷⁰ Supporting unpaid carers with more flexibility at work and better-paid caring arrangements will reduce their levels of stress. Enabling unpaid carers to earn higher incomes will help reduce their risk of poverty and allow them to have a higher quality of life, which leads to better health outcomes in the long run.⁷¹ A healthier population will benefit the NHS through reduced costs from treating and managing long-term health issues. The lower incidence of both mental and physical health problems can pay large dividends down the line as unpaid carers enjoy better health throughout their life.⁷²

Carers, especially employed carers, are chronically short on time, and compromise their own leisure time – or use their annual leave – in order to provide care. Carer-friendly workplace policies give carers the flexibility to better manage these otherwise competing responsibilities, resulting in a better work-life balance and, in turn, improved mental and (in the longer term) physical health. For example, one US study found that access to these types of flexible working arrangements ‘substantially or entirely offset[s] the negative impacts of caring for a child with special health care needs on the employees’ mental health’.⁷³ Research further indicates that this positive effect on mental health is particularly strong for women, who make up the majority of carers in Northern Ireland.⁷⁴

Benefits due to health improvements of the cared-for person

Improved access to social care has clear benefits for the unpaid carer, both in terms of their ability to seek employment and their wider health and wellbeing. However, there are also clear benefits for some cared-for people in having greater access to formal social care. Qualitative research with unpaid carers has found that they often feel that the condition of the people they care for could be better managed by greater access to specialist, formal care.⁷⁵

There are also clear health benefits for the cared-for person as a result of the carer accessing policies such as paid leave or flexible working. These policies provide the carer with more time and certainty to support the person they care for. Research has suggested that carers with a good quality of life – which greater employment support for carers would contribute towards – directly increases the quality of care they provide, and as a result this has a positive impact on the wellbeing of the cared-for person.⁷⁶

Benefits to the NHS as an employer of carers

According to a Carers UK analysis of the NHS staff survey, around a third (32%) of NHS staff are also providing unpaid care.⁷⁷ NHS staff providing unpaid care are often providing a caring role in both a ‘formal’ and an ‘informal’ manner and can therefore feel the pressures of caring more intensely. As with all who juggle paid work and caring responsibilities, these pressures may become too great and lead to NHS workers leaving their roles. At a time when NHS recruitment and retention is presenting a significant challenge in Northern Ireland (and the rest of the UK),⁷⁸ policies such as paid leave and flexible working being embedded within the NHS are important to demonstrate that NHS staff with unpaid caring responsibilities feel able and supported to combine their two vital roles. For the NHS itself, reducing the costs associated with high staff turnover is of vital importance.

2. Wider long-term benefits

The range of benefits of improved labour market participation continue through carers' lives and affect their financial situation in the future, as current earnings have implications for pensions and savings.⁷⁹ This means that the benefits of paid carer's leave and other flexible working policies will snowball and are likely to keep increasing year-on-year, as carers gain a stronger safety net of savings, are in better health, and have more paid work experience.

Helping carers to maintain the link to paid employment will also help them secure better pensions. This is especially important in the current climate, as Direct Contribution pension schemes are becoming more and more popular across the UK, and continuous earnings provide a much more secure retirement.⁸⁰

Finally, the policies studied in this report would help reduce gender inequality. Women are disproportionately affected by unpaid caring.⁸¹ In Northern Ireland, women are more likely to not only be a carer but also care for more hours and from a younger age.⁸² Some authors argue that the first step in tackling inequalities in labour market outcomes between genders would be to reduce the unequal distribution of caring responsibilities.⁸³ At the same time, policies that support unpaid carers have been shown to have a stronger effect on women.⁸⁴ This provides evidence that helping unpaid carers might be an effective way of addressing gender inequalities.

The cost of policies to support unpaid carers:

In this section, we provide a brief discussion of the possible costs associated with the introduction of paid carer's leave, flexible working and the provision of additional paid social care services.

1. Paid carer's leave

Previous estimates of cost of carer's leave have varied significantly. Initial estimates undertaken by Northern Ireland's department for economy indicate that costs of paid carer's leave could be as high as £60 million per year (provided 100% uptake and every carer taking the full 5 days of leave), with additional costs for initial set-up. However this assumes that all carers will take up their entire entitlement to carers' leave, which is not necessarily the case.⁸⁵

A more realistic scenario is to assume that an average carer would take 3.4 days of paid leave a year (following the real take-up observed by the company Centrica, which introduced six weeks of paid carer's leave for their employees).⁸⁶ Based on this, we estimate the cost of wage replacement to be around £350 per carer per year, while the total cost of lost GVA* would be around £400 per year.

Even assuming a relatively high take-up of 50% of the total eligible population each year, we arrive at the total figure of around £54 million–£58 million annual GVA costs. Comparing this to even the most pessimistic scenario we modelled, this cost is much lower than the additional GVA generated (£300 million) from supporting unpaid carers to remain in employment through paid carer's leave. Looking at the total cost of wage replacement (the wages that would have to be paid to carers when they take paid care leave), this figure is approximately £23 million–£25 million, which is again lower than the most pessimistic scenario of projected drop in benefit spending (£40 million).

2. Flexible work

Estimating flexible working costs in the context of benefits to unpaid carers is difficult because it is most probable that businesses would introduce flexible working to all employees, not just unpaid carers. Therefore, any estimates of total cost would have to be weighed against the total benefits across the entire workforce (not just unpaid carers). Apportioning costs that apply to unpaid carers only would be a very difficult task. Because of this, we have not presented costs of flexible working for carers – instead, we present some evidence on the cost-effectiveness of flexible working arrangements in general.

* GVA, or Gross Value Added, is a measure of productivity which shows the total contribution to the economy. It shows the increase in the value of the economy due to the production of goods and services. [See the ONS Quality and Methodology information here.](#)

Research shows that flexible working arrangements are a cost-effective solution for employers. Business in the Community estimates that benefits to employers of offering flexible working could be up to 20% of annual payroll costs, compared to the cost of just 6% of annual payroll costs.⁸⁷

3. Additional provision of paid social care support

The cost-effectiveness of better access to paid social care as a measure of helping unpaid carers return to work is very difficult to estimate.

Firstly, this report has focused on only one aspect of the total benefit. Additional provision of paid social care services will have benefits that extend beyond the impacts of unpaid carers returning to employment, and estimating the total additional benefit is beyond the scope of this report. Those additional benefits could include improved health and wellbeing of the cared-for person; improved health and wellbeing of the carer themselves;⁸⁸ and any additional NHS savings this may bring. We have therefore not attempted to compare the cost of such a policy with the benefits to carers discussed above.

Secondly, costs of increasing social care provision are difficult to estimate without more detailed research. Social care can take many forms, from full residential / nursing home support to more limited solutions such as carer breaks.⁸⁹ Our estimated impacts for carers assumed that unpaid carers were able to get 'sufficient' support, but our methodology did not allow us to estimate what 'sufficient' support would mean for different people and therefore the cost of providing it.

There are also uncertainties over the cost of expanding provision, given the evidence of sectoral inefficiencies and high vacancy rates which suggest that reforms to the sector could have significant impacts on the cost of provision.⁹⁰



6. Conclusion and recommendations

The modelling presented in this report clearly demonstrates the economic case for increasing support for unpaid carers. Introducing a statutory right to paid carer's leave and flexible working could generate an additional £103 million to £198 million in tax receipts every year, while benefit expenditure could fall by between £40 million and £86 million annually. Employers would also benefit from savings of £25 million to £46 million per year due to improved retention, with additional benefits from improved staff wellbeing and productivity.

In addition, introducing additional support for unpaid carers through improving access to paid social care could increase tax receipts by between £21 million and £39 million a year, while social security expenditure could fall by £11 million to £20 million a year.

Beyond the quantified benefits, there are also wider benefits of employment support for unpaid carers. These include improvements to carers' health and wellbeing (in both the short- and long-term), reduced inequality faced by carers (especially female carers) and the ability for carers to better save for their future. The NHS also stands to benefit, both in terms of how it supports its own staff who provide unpaid care, and in the savings arising from better health outcomes for both the carer and the cared-for person.

To help move towards improvements to flexible working, paid carer's leave and a more sustainable social care system, we make a series of recommendations for government (in relation to employment measures, the social care system and broader changes) and for business.

Recommendations for government:

Paid carer's leave

Introduce statutory paid carer's leave (originally five days but moving to ten over time) that is separate and additional to holiday entitlement, paid fully by government at the employee's full wage. This leave should be available to all employees who are providing or arranging care for someone with a long-term care need.

Care leave should cover people for a wide range of caring situations. These could include things like taking someone to a medical appointment, supporting someone with personal care, arranging visits with health professionals or organising care for the future.

Flexible work

Introduce flexible working as a day one right for working carers.

Work with relevant bodies to raise awareness of carers' existing rights within the workplace, as well as the benefits of flexibility for unpaid carers.

Social care

Reform the social care system to provide reliable, consistent, high-quality replacement and support care, including domiciliary care, respite, day services and services for young adults with special needs.

Broader changes

Introduce legislation to enshrine unpaid caring as a specific protected characteristic under equality law.

Enshrine carers' workplace rights in legislation to ensure consistency across employers.

Raise the Carer's Allowance earnings threshold to the equivalent of 21 hours per week at the National Living Wage and introduce a taper that is similar to Universal Credit.

Develop tailored employability programmes to support and retrain carers who wish to return to employment after a caring role has ended or reduced.

Introduce an employer accreditation scheme for organisations to demonstrate that they are carer-friendly, similar to the Carer Positive scheme established in Scotland.

Recommendations for business

Engage with carers and carer organisations to introduce carer-friendly policies and more supportive workplace cultures for carers.

Raise awareness of unpaid caring within the workplace, including sources of advice, information and support for carers.

Identify and support staff who have caring roles – including through line manager training on recognition and support of unpaid carers and young carers entering the labour market for the first time.

Co-design work placements and training schemes to support carers to enter the labour market.

Appendix A: Methodology

Paid carer's leave & flexible working: Number of carers supported to remain in employment

We use Census 2021 to derive the total numbers of working age carers who are out of work and in work by sex. We use pooled Understanding Society data for Northern Ireland (waves 4 - 13) to understand the proportion of carers who were in work at t0 (present) who would exit work at a two-year follow up, t2 (two years into the future). The proportion of unpaid carers who exit work at t2 is approximately 11%. We apply this proportion to the census numbers to get total numbers moving out of work.

In our analysis, we took account of the proportion of the population who already had those policies, and calculated the true likelihood of remaining in employment for the non-treated population, accounting for the proportion of the observed population that is already treated.

Here is an example of how we calculated the true likelihood of staying in employment for those who did not have paid carer's leave:

- We know that 20% of the population in NI already has access to paid carer's leave.
- The population likelihood of unpaid carers to remain in employment after two years is 89%.
- We make an assumption about the odds ratio between the odds of remaining in employment provided you have access to paid carer's leave versus the odds of remaining in employment when you do not have access to paid carer's leave. This assumption was different between scenarios and ranged from 1.5 to 3.
- We want to find out what the likelihood of remaining in employment is when you do not have paid carer's leave. We know this is not going to be 89% because, within this proportion, 20% of people have access to paid carer's leave.
- In order to calculate this, we had to solve the following set of equations:

Where:

o_1 is odds of staying in work in treatment group;

p_1 is probability of staying in work in treatment group

o_2 is odds of staying in work in non-treated group

p_2 is probability of staying in work in non-treated group

odds ratio = X

proportion of group that is treated = A

proportion of group that is not treated = B

total probability in population = C

We know:

$$X * o_2 = o_1$$

$$o_1 = p_1 / (1 - p_1)$$

$$o_2 = p_2 / (1 - p_2)$$

$$A * p_1 + B * p_2 = C$$

Reducing and substituting these equations for p_2 , we get a quadratic function:

$$\text{Quadratic term: } ((b * x / a) - (b / a))$$

$$\text{Term 2: } ((c / a) - (c * x / a) - (b * x / a) - 1)$$

$$\text{Term 3: } ((c * x) / a)$$

Setting this equation equal to 0, the solution bound between 0 and 1 gives us the probability of staying in work in non-treated group.

We used the resulting likelihood in further calculations. We applied the odds ratios from the 2006 Pavalko and Henderson study to the likelihood of unpaid carers to remain in employment, provided they did not have access to the given policy.

We conducted our analysis on the following three scenarios:⁹¹

Scenario	OR paid leave	OR flexible work
Low	1.5	1.35
Medium	2.25	1.5
High	3	1.65

The separate odds ratios for flexible work and paid carer's leave were applied one after another in turn. The results of applying the effect of carer's leave were passed into the function which calculated the effect of flexible work to get the cumulative effect of both policies. The relative effect of these policies depends on which odds ratio we apply first. In order to overcome this problem, we apportioned the policy effects based on the ratio of total effects when applied to the original data. The total policy effects also depend on sequencing, although to a much lesser degree. We decided to use the sequence which generated slightly lower final numbers.

We assume policy effects apply only to people who did not have paid carer's leave / flexible working before (respectively 80% and 52%).

Additional discussion about the odds ratios chosen for low / medium / high scenarios:

In the original research conducted in the US, Pavalko and Henderson (2006) are reporting the effects of unpaid family carer's leave to improve the odds ratio of women staying in employment by 3.74. Although this estimate is not what we would ideally want, it is the only estimate we have access to. We felt this estimate would have to be adjusted to account for the following differences:

- The different context of UK vs US employment;
- The leave we are estimating has different parameters;
- The leave we are estimating also covers men.

Perhaps the most relevant difference between the UK and US employment markets is the availability of paid time off, which is greater in the UK. In the original research, the availability of more than six days of paid time off was found to be (insignificantly from a statistical standpoint) increasing carers' odds of staying in employment by 1.63. Another estimate which was statistically significant and potentially correlated with availability of PTO (Paid Time Off) was employer tenure, which increased the odds of a carer staying in employment by 1.46. In the event that the effect of unpaid carer's leave is primarily driven by individuals without access to PTO, we could expect that the effect in the UK context would be lower. However, we don't have direct evidence on the magnitude of this effect.

Another necessary adjustment comes from the fact we want to estimate the effects carer's leave which has different parameters: one that is paid, but shorter in duration. Abundant evidence points to the fact that, in the UK context, those most in need are discouraged from taking carer's leave when it is unpaid, because they cannot afford the drop in earnings, and therefore opt to use their paid time off instead.^{92 93 94 95} Assuming that carer's leave is paid makes it a more appropriate form of support in the UK context, and is likely to increase its effectiveness.

Since paid leave is more effective than unpaid leave in general, this consideration means the estimate should be higher than in the original research. Data from the US suggests that, if employee leave was paid, this would increase take-up by around 50% for those who needed it⁹⁶ – suggesting that the effect we are estimating should be higher. On the other hand, the leave we are estimating is shorter in duration – however, evidence on take-up shows that 40% of leave taken in the US would fall under the two-week definition.⁹⁷ Furthermore, evidence from Centrica shows that, when paid leave of up to six weeks was made available to carers in the company, the average amount taken per year was just 3.4 days.⁹⁸ Overall, we believe that the effect of differences in parameters is very difficult to estimate with certainty, because duration and compensation are pulling in different directions.

Finally, the last substantial difference is the fact that the paid leave we are estimating extends to men. Some evidence suggests that workplace carer policies have a smaller effect on men;⁹⁹ however, the evidence is not conclusive. In any case, this consideration might mean that the overall population effect we observe is lower than in the Pavalko and Henderson (2006) report.¹⁰⁰

To acknowledge the large uncertainty of these effects, we choose correspondingly large confidence brackets. We estimate the odds ratio effects of unpaid carer's leave could range from 1.5 (low scenario) through 2.25 (middle scenario) all the way up to 3 (high scenario). Even the high scenario we estimate assumes an effect that is lower than that observed in the original study.

Paid carer's leave & flexible working: Number of carers supported to return to employment

We use Census 2021 to derive the total numbers of working age carers who are out of work and in work by sex. We use pooled Understanding Society data for Northern Ireland (waves 4 - 13) to understand the proportion of carers who were out of work at t0 (present) who would return to work at a two-year follow up, t2 (two years in the future). The proportion of unpaid carers who return to work at t2 is approximately 9%. We apply this proportion to the census numbers to get total numbers moving back to work.

We follow the same method as in the section "*Paid carer's leave & flexible working: Number of carers supported to remain in work*", except we use the proportion of carers returning to work instead of the proportion of carers staying in work, and we choose not to sequence the result in order to arrive at more conservative estimates.

We adjust for the fact that this population has, on average, poorer health and lower earnings.

Paid carer's leave & flexible working: Total additional working hours gained from carers who are in employment working longer

For the effect of paid carer's leave on hours worked, we use the OLS estimate of an additional 1.5 hours worked each week from Pavalko and Henderson (2006). We assume all carers who gain access to paid carer's leave average this benefit. For low and high scenario, we assume +/- 10% of the effect.

For the effect of flexible working on hours worked, we use Understanding Society data to understand how caring at different intensities affects hours of work over time. We find that flexible work is associated with an approximately 0.9-hour increase in hours worked a week for unpaid carers in the UK (we were unable to use only NI data due to small sample sizes). We assume all carers who move to flexible working average this benefit. For low and high scenario, we assume +/- 10% of the effect.

Social care: The total number of unpaid carers who could be supported to return to paid employment

Method 1

Based on our analysis of survey data and static estimates from literature, we find that approximately one out of ten of working-age carers would go back to work if they received one additional paid care service (based on the odds ratio from a study by Pickard et al).¹⁰¹ We combine this figure with the 30% of unpaid carers currently estimated to lack paid care service support.¹⁰²

We estimate that there are 1,800 unpaid carers in the population who are currently out of work but could be supported to return to work if they were given the support of an additional paid care service. We use this estimate in our low and medium scenario.

Method 2

In the State of Caring survey 2023, out-of-work carers were asked to provide reasons that kept them out of paid work. Each respondent could give multiple reasons for why they were out of work. 1.8% (3,400) of all working-age carers indicated being out of work only due to inadequate social care and / or stress of juggling work and care, but not for any other reason.

Provided inadequate social care is the only barrier keeping those carers from employment, we assume additional social care provision could enable them to return to paid work. We use this estimate in our high scenario.

Benefits from carers returning / going back to work and increasing their hours

We used the resulting estimates of the additional number of unpaid carers in employment, along with the additional hours worked to estimate their tax receipts, benefit savings and employer savings.

Because social security and income data is not available in the Census, we use the Family Resources Survey and the Annual Survey of Hours and Earnings to estimate them. From the Family Resources Survey 2022/23, we derive the UK mean and median annual income based on work pattern (full-time / part-time), sex (male and female) and whether a person provides unpaid care. We then use the Annual Survey of Hours and Earnings 2023 to derive how income differs from mean and median for different occupations (SOC2020). We use the resulting mapping to model incomes in the Northern Ireland Census 2021. From this, we derive the difference in mean earnings between unpaid carers and the rest of the population, which we use to adjust mean Gross Value Added for Northern Ireland obtained from the ONS (£55,364 / year).¹⁰³ We adjust this value for inflation to 2024 prices. The resulting value gives us the total additional GVA generated by an additional job filled. Using the average number of hours worked by carers, we are also able to estimate the additional GVA for additional hours worked. We use the resulting estimate of Gross Value Added of an average job in Northern Ireland for tax returns, using the proportion of tax obtained from additional GVA used in the Work, Health and Disability Green Paper Data Pack (23.5%).¹⁰⁴

To calculate the difference in benefit spending, we look at the differences in benefit income of households where the unpaid carer is in work versus out of work in Family Resources Survey 2022/23, split by total number of hours spent caring in a typical week. We assume that, as carers move into employment, their household's benefit income will fall to that of carer households with a working carer. We assume that increase in hours worked does not influence benefits spending.

The estimated costs of employee turnover vary considerably in the available literature. For example, a Unum / Oxford Economics study of some sectors estimates the average cost of turnover in some sectors for some

employees would cost between £27,011 and £53,568, on average, in terms of lost productivity.¹⁰⁵ A more recent article places the average costs at around an average of £25,000 per worker.¹⁰⁶ Other sources generally put turnover costs at around 30%–150% of the employer's annual salary.¹⁰⁷

We assume that losing an employee results in total business loss of 50% of the employee's yearly pay, which for carers averages £13,385 / year. We assume that 90.3% of the unpaid carers out of the ones who remain in employment won't change their job to a different job.¹⁰⁸ Although evidence suggests that flexible working can improve retention, we assume this effect does not apply when flexible work becomes more prevalent.

For results of our calculations, please see Appendix B.

Appendix B: Result tables

Low scenario

Policy	Policy effect	Annual GVA Change	Annual Tax Flowback	Annual change in social security expenditure	Annual change in total carer earnings	Employer savings from employee retention
Carer's leave	Carers returning to work	£69,700,000.00	£16,400,000.00	-£8,400,000.00	£34,300,000.00	-
Carer's leave	Carers prevented from leaving work	£151,400,000.00	£35,600,000.00	-£18,200,000.00	£74,500,000.00	-
Carer's leave	In-work carers working more hours	£74,300,000.00	£17,400,000.00	-	£28,000,000.00	-
Carer's leave	Total	£295,400,000.00	£69,400,000.00	-£26,600,000.00	£136,800,000.00	£17,900,000
Flexible work	Carers returning to work	£30,700,000.00	£7,200,000.00	-£3,700,000.00	£15,100,000.00	-
Flexible work	Carers prevented from leaving work	£80,200,000.00	£18,800,000.00	-£9,600,000.00	£39,400,000.00	-
Flexible work	In-work carers working more hours	£32,100,000.00	£7,500,000.00	-	£12,100,000.00	-
Flexible work	Total	£143,000,000.00	£33,600,000.00	-£13,300,000.00	£66,700,000.00	£9,500,000
Social care (USOC estimate)	Additional carers working	£87,500,000.00	£20,600,000.00	-£10,500,000.00	£43,100,000.00	-
Total	Total	£525,900,000.00	£123,600,000.00	-£50,400,000.00	£246,500,000.00	£27,400,000

Medium scenario

Policy	Policy effect	Annual GVA Change	Annual Tax Flowback	Annual change in social security expenditure	Annual change in total carer earnings	Employer savings from employee retention
Carer's leave	Carers returning to work	£155,600,000	£36,600,000	-£18,700,000	£76,500,000	-
Carer's leave	Carers prevented from leaving work	£259,100,000	£60,900,000	-£31,100,000	£127,500,000	£30,600,000
Carer's leave	In-work carers working more hours	£82,500,000	£19,400,000	-	£31,100,000	-
Carer's leave	Total	£497,200,000	£116,800,000	-£49,800,000	£235,100,000	-
Flexible work	Carers returning to work	£42,700,000	£10,000,000	-£5,100,000	£21,000,000	-
Flexible work	Carers prevented from leaving work	£103,000,000	£24,200,000	-£12,400,000	£50,700,000	£12,200,000
Flexible work	In-work carers working more hours	£35,700,000	£8,400,000	-	£13,500,000	-
Flexible work	Total	£181,400,000	£42,600,000	-£17,500,000	£85,100,000	-
Social care (USOC estimate)	Additional carers working	£87,500,000	£20,600,000	-£10,500,000	£43,100,000	-
Total	Total	£766,100,000	£180,000,000	-£77,900,000	£363,300,000	£42,800,000

High scenario

Policy	Policy effect	Annual GVA Change	Annual Tax Flowback	Annual change in social security expenditure	Annual change in total carer earnings	Employer savings from employee retention
Carer's leave	Carers returning to work	£225,200,000	£52,900,000	–£27,100,000	£110,800,000	–
Carer's leave	Carers prevented from leaving work	£311,800,000	£73,300,000	–£37,500,000	£153,400,000	–
Carer's leave	In-work carers working more hours	£90,800,000	£21,300,000	–	£34,200,000	–
Carer's leave	Total	£627,800,000	£147,500,000	–£64,600,000	£298,400,000	£36,800,000
Flexible work	Carers returning to work	£53,800,000	£12,600,000	–£6,500,000	£26,400,000	–
Flexible work	Carers prevented from leaving work	£121,900,000	£28,700,000	–£14,700,000	£60,000,000	–
Flexible work	In-work carers working more hours	£39,300,000	£9,200,000	–	£14,800,000	–
Flexible work	Total	£215,000,000	£50,500,000	–£21,100,000	£101,300,000	£14,400,000
Social care (USOC estimate)	Additional carers working	£164,300,000	£38,600,000	–£19,800,000	£80,800,000	–
Total	Total	£1,007,100,000	£236,700,000	–£105,400,000	£480,600,000	£51,200,000

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October 2024

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