



Working Carers

Helping carers gets
into work, and stay in
work

Arundhati Dave, Emily Kramers,
Dom Hewitt, Alison Carter, Harry
Fox, Nick Litsardopoulos and
Jane Mansour

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The ReAct Partnership

About Us

The ReAct Partnership is a new, industry-led, active collaboration to support a continuous improvement community in the Restart programme through action research, shared and iterative learning, and the development of applied, evidence-based resources.

The Partnership is co-funded by eight of the ‘prime providers’ for the Restart programme — FedCap Employment, G4S, Ingeus, Maximus, Reed, Jobs22, Seetec and Serco — and is being managed by the Institute of Employment Studies (IES), working alongside the Institute for Employability Professionals (IEP) and the Employment Related Services Association (ERSA).



The ReAct Partnership

City Gate ,185 Dyke Road , Brighton , BN3 1TL UK

Telephone: +44 (0)1273 763400

Email: askIES@employment-studies.co.uk

Website: www.restartreact.co.uk

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Executive summary/key findings

WHY A FOCUS ON UNEMPLOYED CARERS IS IMPORTANT

Restart is an employment support programme launched in June 2021 in England and Wales aiming to provide tailored and intensive support to unemployed individuals to help them achieve sustained work. 540,000 people (participants) have received 12 months of support on the scheme as of October 2024.

An ageing UK population and a combination of other socio-demographic factors have resulted in unpaid carers being one of the fastest growing demographics within the UK working age population.¹ In general, carers are less likely to be in paid employment and less likely to work full-time than the rest of the population. It is also difficult to re-enter the workforce once caring has finished, an issue which worsens the longer carers are out of the workforce.² Employment support services are expected to have an increasingly important role to play in supporting carers into employment. The research described in this report aims to better understand the experiences of carers, highlight good practice and improve support by taking a multi-stakeholder approach to examining current activity within the Restart programme and amongst employers. In this research we have used the Carers Trust definition of a carer, that is anyone who provides unpaid care to a family member or friend “who due to illness, disability, a mental health problem or an addiction cannot cope without their support.”³ We have not included parents caring for children, unless the child has a long-term condition or disability.

A multi-method approach was taken comprising: an evidence review; interviews with carers, employment support advisers and employers; and analysis of programme management data. Examples of effective employment support and work arrangements for carers found in our research are highlighted as recommendations at the end of each section below.

THE IMPACT OF CARING ON CARERS – INTERSECTIONALITY AND COMPLEXITY

We found that carers can face a range of complex barriers, many of which intersect. Chief among these was a lack of time, and a lack of control over their own time. Findings from our

¹ Pickard et al. (2015) *The effectiveness of paid services in supporting unpaid carers' employment in England*.

² Brimblecombe et al. (2018) *Review of the international evidence on support for unpaid carers*.

³ Carers Trust (2025a) *About caring*.

evidence review show that, as a result, carers often need to reduce their hours, take jobs that are less demanding or leave the labour market altogether.⁴ In particular, we found unpredictability of availability to be a barrier to employment which made even traditional flexible jobs unsuitable. For example, a part-time job may be unsuitable if the lead time for determining shifts/patterns of hours is too short to arrange for replacement care.

“If you sign a contract with an employer for part-time work... I don’t think you’d be able to guarantee that you’ll be able to meet all the contractual obligations.”

Participant

Carers may also suffer practical challenges such as housing, transport, and geographical location, affecting their ability to successfully enter work. Hence, we recommend that while this group certainly benefit from flexible work options, availability and individual circumstances need to be considered. In many cases, carers would benefit from informal flexibility arrangements with their employers to account for unpredictability.

EMPLOYMENT OUTCOMES ⁵

We analysed records from 300,000+ programme participants and found that 14% of programme participants have non-childcare caring responsibilities. However, we also found large variance among providers in the number of carers which may be reflective of how data is collected. Analysis found poorer outcomes for carers on the programme compared to non-carers.

Approximately 13% of participants who were carers were placed in their first job, compared to 43% on average within the scheme.⁶ And approximately 5% of carers achieved a sustained employment outcome compared to 29% for all participants on average. ³⁰

⁴ Williams and Bank (2022) *Support for working carers across the globe: the development of international standardised guidelines for the workplace.*

⁵ As of October 2024

⁶ DWP (2024) *Restart Scheme statistics to October 2024*

Further analysis found that both caring status and a participant's gender add to the time taken to achieve a first job and sustained employment outcome. These effects are additive in nature. In other words, females with caring responsibilities take longer to achieve a first job and sustained employment milestones on average as compared to those without caring responsibilities and males with caring responsibilities.

Hence, carers spend longer on the programme without achieving a milestone, if they achieve one at all. The issue worsens for females. While poor outcomes for carers may be a result of systemic issues, they also suggest the role of effective employment support and work arrangements in supporting employment and retention.

1. It is recommended that Prime providers maintain standardised data on caring responsibilities and update this periodically to reflect any changes while participants are on the programme.

INCREASING THE EFFECTIVENESS OF EMPLOYMENT SUPPORT

Interviewed advisers most often reported taking a case-by-case approach to supporting participants who were carers. The approach to identifying caring responsibilities differed among Prime providers but was most commonly part of an initial diagnostic assessment. We also found that some participants' caring statuses change while on the programme, pointing to the need for ongoing conversations with participants to capture these changes.

We also found an uneven understanding of the carer's allowance and working time limits for carers among advisers. Our research found some specific examples of effective practice for carers, including:

2. Where this does not already exist, it is recommended that Prime providers look to establish signposting to external groups and resources, particularly when accompanied by good working relationships at the local level.

Advisers often worked with participants to identify transferable skills related to their caring to boost their employability after a career break. Employers also highlighted the importance of transferable skills such as problem-solving, negotiation, communication, resourcefulness and the ability to remain calm during a

crisis. Our study found this process allowed participants to find value in what was sometimes a difficult experience and learn to better articulate their skills in language relevant to employers.

3. Unemployed participants with caring responsibilities may benefit from peer networks and workshops to allow them to build back confidence and benefit from peer relationships and guidance.
4. Offering virtual and telephone appointments may work better for carers.
5. It is recommended that adviser training around the barriers carers' face and the 'shifting landscape of carer's allowance be regularly provided. This should be delivered by staff with their own experience of caring where possible.

TYPE OF EMPLOYMENT

Advisers reported working with carers to explore various forms of flexibility. Disclosure can be important in order to avoid unexpected impacts of a carer's commitments. Advisers and employer engagement teams were both usually involved in having conversations with employers about placing carers in work. In some cases, the employer engagement team was seen to be playing a key role in brokering flexibility for participants with caring responsibilities. Building relationships with employers can lay the basis for having conversations about specific needs. However, labour market conditions were also seen to play a role in how flexible employers were willing to be.

6. It is recommended that advisers conduct practice interviews with participants to rehearse disclosure where needed. Early disclosure of caring responsibilities is important to employers but carers struggle with this.
7. It is recommended that as part of conversations around availability, advisers explore the full range of working arrangements and both formal and informal type of flexibility that may enable a carer into employment. Conversations on availability need to be accompanied by alternative care considerations.
8. It is suggested that advisers use employer accreditations to focus participant's job search where helpful as identifying carer-friendly workplaces is important to carers.

THE ROLE OF EMPLOYERS

Carers are at a particularly high risk of falling out of employment, so employer action is crucial to help carers stay in work. Evidence shows that a supportive and understanding line manager was found to increase the likelihood of carers staying in employment.⁷ We found that all the employers interviewed offered multiple types of support to all their staff, many of which were thought to be of most benefit to staff with caring or parental responsibilities. The two primary levers for support were flexible working and additional leave. Employers explain flexibility in terms of the number of days/times/locations worked but also compressed working hours and part-time working. Flexible working policies are negotiated via managers (sometimes informally). In addition to policies, a wide range of supportive practices were identified which, in combination, were designed to create a workplace and culture that was supportive of carers.

Carers' charities were also found to help employers with implementing a range of policies and measures to support carers in the workplace. Organisations like Carers UK and Carers Trust assist employers in the process of building a supportive and inclusive workplace for working carers and Employers for Carers who offer a benchmarking scheme and accreditation for employers who have shown that they have done this well.

9. Employers also found it difficult to identify which staff had caring responsibilities. There is a need to collect better data on carers within an organisation, similar to other protected characteristics. Better data on the caring status of applicants and employees ensures that appropriate policies are implemented, and success understood. Any data driven approach needs to account for the limitations of self-categorisation and aggregate categories with parental caring responsibilities. A combination of survey metrics and manager discussions on the topic can work well.
10. It is suggested that employers put effort into publicising their carer-friendly policies and practices, to increase awareness of what they already offer. There is an opportunity to encourage recruiters and HR functions to collaborate across their internal boundaries to provide consistency in messaging between jobseekers and newly appointed staff, to make it easier for jobseekers to assess how carer-friendly an employer may be.
11. It is suggested that employers at the early stages of building a more carer-friendly workplace be sign-posted to specialist charities, such as Employers for Carers.

⁷ Carers UK (2023) *Carers' employment rights today*.

Why focus on carers?

About this study

The UK is experiencing the biggest contraction in its labour force since the 1980s.⁸ Provision of unpaid care has an impact the ability of working age people to participate in the UK labour market, and therefore represents a growing social policy and economic challenge.⁹ Globally, an ageing population has led to greater need for unpaid care, and ONS data shows that unpaid carers are one of the fastest growing demographics within the UK working age population.¹⁰

At the same time, other socio-demographic factors have impacted the availability of unpaid care. These include a rise in female participation in the labour force and increases to state pension age.¹¹ As a result of this and other factors, **the number of people combining work and unpaid care has significantly increased**. In this research we have used the Carers Trust definition of a carer, that is anyone who provides unpaid care to a family member or friend “who due to illness, disability, a mental health problem or an addiction cannot cope without their support”.¹²

In a survey of carers, 62% said they worry about burnout from juggling work and care and 65% had already passed up work opportunities because of caring.¹³ Without carer friendly workplace policies, working carers are likely to reduce their working hours, take jobs that are less demanding, or to leave the labour market altogether.¹⁴

⁸ IES/abrdn Financial Fairness Trust (2014) *Working for the Future: Final report of the Commission on the Future of Employment Support*.

⁹ Dixley et al. (2019) *Informal Carers and Employment: Summary Report of a Systematic Review*.

¹⁰ Pickard et al. (2015) *The effectiveness of paid services in supporting unpaid carers' employment in England*.

¹¹ Brimblecombe et al. (2018) *Review of the international evidence on support for unpaid carers*.

¹² Carers Trust (2025a) *About caring*.

¹³ Carers UK (2022) *A snapshot of unpaid care in the UK*.

¹⁴ Williams and Bank (2022) *Support for working carers across the globe: the development of international standardised guidelines for the workplace*.

“There is not only a strong moral imperative to support unpaid carers, but also a strong economic imperative.”¹⁵

Carers UK

In general, carers are less likely to be in paid employment and less likely to work full-time than the rest of the population, and it is difficult to re-enter the workforce once caring has finished, an issue which worsens the longer carers are out of the workforce.¹⁶

It is unclear how many Restart participants are carers. Analysis of provider management information finds that 14% of programme participants have caring responsibilities¹⁷. This is in line with the Carers UK 2019 estimate that 1 in 7 people (14%) were working while caring.

Table 1: Participants with self-declared caring responsibilities within the Restart programme

Caring responsibilities	Freq.	Percent
No	289,866	85.6%
Yes	48,779	14.4%
Total	338,645	100%

Source: IES, 2025

However, it should be noted that a great degree of variability was found among prime providers in reporting caring responsibilities. This ranged from 35% to 1%, which may point to some differences in how this data is recorded across provider organisations. Similar variability was also found in job outcomes among providers (section on *Outcomes for this group*), which again may reflect data capture differences between primes.

By participating in the workforce while also providing unpaid care, working carers play an important economic role in society. Beyond this, a 2022 survey found that work provided carers with access to wider social networks, and thus benefitted their personal wellbeing.¹⁸ It is critical therefore, that employers and governments seek effective strategies that allow working carers to balance work with care well.¹⁹ Given the rise in number of carers and the

¹⁵ Carers UK (2023, p.13) *Carers’ employment rights today, tomorrow and in the future.*

¹⁶ Brimblecombe et al. (2018) *Review of the international evidence on support for unpaid carers.*

¹⁷ These responsibilities are different from childcare within the data.

¹⁸ Maughan et al. (2022) *Unpaid Carers & Employment.*

¹⁹ Ireson et al. (2018) *Availability of caregiver-friendly workplace policies (CFWPs): an international scoping review.*

difficulty combining work with care, employment support services have an important role to play in supporting this group into employment.

This programme of research aims to better understand the experiences of carers, highlight good practice and improve support by taking a multi-stakeholder approach to examining current activity within the Restart programme and among employers. In doing so, we developed the following research questions.

Research questions

- How do Restart providers currently support participants with caring responsibilities for an ill, older or disabled person? Where do participants and employers consider it is working well? What challenges do providers face in recording and delivering support?
- What employment outcomes for carers are currently being achieved by Restart providers? How do these compare to those achieved for other Restart participants?
- What can we learn from support interventions for carers internationally? How might we engage with employers to keep our participants in work for longer?
- What, if anything, might need to be different in future to improve support for Restart participants with caring responsibilities? What opportunities/challenges are there to improve practices?

Methodology

We employed a range of data sources and methods to answer the research questions and triangulate the findings. These included interviews with Restart participants who had caring responsibilities, Restart advisers, employer engagement team members and employers. Findings from interviews were also supplemented by an evidence review and management information analysis.

Rapid evidence review

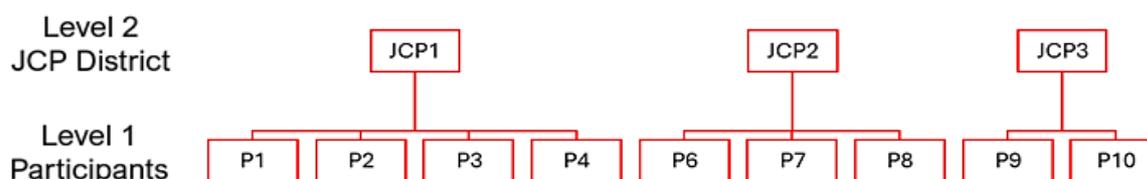
An initial scoping search of academic and non-academic evidence was conducted, with the aim of identifying barriers to employment for this group, what works in supporting this group into employment and example of effective international practice.

The scoping literature search was conducted using a set of primary and secondary search terms. Following an initial sift for relevance, a list of papers was identified. Full text analysis was conducted for 21 papers that met inclusion criteria. Further details on the method used for this rapid evidence assessment are available in Appendix A (*Rapid evidence review – detailed methodology*).

Study of internal management data

Management information from four Restart providers²⁰ was analysed to understand how many participants within the programme had caring responsibilities, and how participant's caring status may be impacting outcomes within this group. The dataset includes outcomes up to April 2024. Initially, summary statistics were run on the dataset to gain information on the number of participants with caring responsibilities.

Figure 1: Approach to multilevel modelling



Source: IES, 2025

To further analyse the data from the Restart providers we employed a Multilevel modelling approach, nesting participants within Jobcentre Plus Districts (JCPs) while controlling for Restart Providers, along with other covariates such as Age, Gender, and Parenting responsibilities.

Results from this analysis are describe in subsequent section on *Outcomes for this group*.

Interviews with Restart advisers and participants

In-depth semi-structured interviews were conducted with Restart participants and advisers. Preparation for fieldwork was informed by evidence in the area as part of the rapid evidence review. Fieldwork included:

- 11 interviews at Prime provider organisations. This included Restart advisers, some of whom were also carers and were able to share their experience, as well as members of employer engagement teams. Interviews were grouped within organisations where possible to ensure a diversity of views were captured.
- 6 interviews with Restart participants with caring responsibilities. This group was hard to reach and recruit for given the time pressures they are under, however, every effort has been made to include participant voices and lived experiences throughout the report. Case studies included in later chapters are an amalgamation

²⁰ We included data from providers that had collected information differentiating between adult and childcare.

of interviewee's experiences and do not represent any one case. Names and identifying details are fictional to preserve anonymity of participants.

Interviews with Employers

The aim of interviewing employer representatives was to identify examples of practical support for job applicants and staff in navigating the unpredictability and complexities of being a working carer. This supports part of the fourth research question: '*What opportunities/challenges are there to improve practices?*'

In total the research engaged with eleven representatives from eight different employer organisations who consider themselves good practice employers with experience of recruiting or supporting staff working alongside their informal care obligations. Background discussions with HR specialists from one SME and two very large employers during November 2024 informed the development of the interview discussion guide. Employers for interview were recruited in two ways – via the IES HR Network and via the Employers for Carers website. This approach is further detailed in Appendix A (*Interviews with Employers – detailed methodology*).

Structure of the report

A thematic analysis of the data from various sources yielded 5 main themes of interest:

- The impact of caring – complexity and intersectionality
- Outcomes for this group
- Effective employment support for carers
- Type of employment for this group – what works
- Creating sustained outcomes – what's available and the role of employer

The report is structured around these five themes, followed by recommendations for action.

The impact of caring - complexity & intersectionality

- Carers face a range of barriers in accessing sustainable employment, particularly a lack of time, and critically, unpredictability of availability.
- Some carers also suffered from mental health issues, or a lack of confidence related to their caring role.
- Carers may also have practical challenges such as housing insecurity, lack of transport, and/or local labour market issues affecting their ability to successfully enter work.

The carers interviewed for this research identified a wide range of issues making it more difficult for them to enter sustainable work. While many of these were connected in some way to their caring responsibilities, in some cases carers reported other discrete barriers, illustrating the multi-faceted nature of their employability journey. Some carers felt it would be impossible to access paid work because of their caring duties. Some carers believe it is their duty to perform care for their loved one and do not want to seek alternative, professional care. They can be extremely reluctant to entrust the care of a loved one to a stranger.

“Caring has an impact on their life in a way they might not even realise.”

Restart adviser

The most common barrier raised was the availability for paid work and/or the unpredictability of their time. In some cases, these concerns have been exacerbated by related issues such as a lack of confidence or poor wellbeing. In addition to making entering sustainable employment more challenging, these difficulties could also complicate a person’s engagement with Restart and their ability to access other support services and informal activities (this impact is further detailed in the subsequent section on *Effective employment support for carers*)

Lack of availability

DWP research²¹ found that among participants who had left the labour market, there was a point in time at which combining work and care became unsustainable. This idea is supported by findings from Dixley et al. (2019), that transition points for carers can cause friction with employment, for example the initial transition into becoming a carer, and that changing circumstances can increase the risk of leaving employment.²² Our interviews with carers similarly identified that the most significant barrier for many carers is the general lack of time available for paid employment. In some cases, carers are required to give extensive personal care throughout the day, including dressing and toileting, making it difficult to dedicate time for employment. Even where care needs are not as severe, carers may feel they need to be present at all times or be constantly available to provide any care required, for example to respond to any medical issues or falls.

Example of lack of time and availability – Thomas²³

Thomas looks after his mother, Anne, who has been disabled for several years and lives with Thomas, his wife Emily and their children, who they home-school. Anne has dementia, cannot walk and needs help with personal care. Thomas sees caring for Anne as his duty, believing he has no other choice. They have no other family available to help provide care for Anne. Thomas attempted to remain in work while Anne was living with them, but Emily would regularly call him to say she could not manage as Anne had fallen over and Emily was not physically strong enough to lift her up. Thomas found it impossible to remain in employment and believes it will be difficult for him to hold down a job given how full-on his caring and home-schooling responsibilities are.

Interviews with carers

Some carers also found difficulties attempting to plan work commitments, because of the unpredictability of their caring responsibilities due to fluctuations in health. They felt they would need to remain available to respond to any medical emergencies that may arise, and that a potential employer may not understand or accept that the potential need to leave the workplace immediately to perform caring duties.

²¹ DWP (2024) *Qualitative research with working people exploring decisions about work and care.*

²² Dixley et al. (2019) *Informal Carers and Employment: Summary Report of a Systematic Review.*

²³ All names used in these boxed paragraphs have been changed. Case studies are composite in nature and do not represent individual cases.

“Anything can happen. For example, my mother had a fall back in October, so I had to deal with that. If you’re working, part-time or full-time, it’s very difficult to say to employers ‘sorry but I need to take a few days off to look after my mum’. You can’t do that”

Participant

“I need to be about for my dad, I need to be about when he wants me to do something... he can’t really get out of the house, so any shopping, anything like that, I have to do, I have to get anything he needs.”

Participant

Similarly, carers may find that the person they are caring for may require taking to medical appointments which cannot easily be planned in advance.

“Doctors these days, you can’t book in advance, you have to book them on the day. And I find that quite awkward because if you are working, you can’t book in advance or say to them ‘can I come in on this day because it’s my day off”

Participant

This uncertainty in availability also affects carers’ medium or longer-term plans. They are unsure what they will do in the future, or when and how they may be able to access employment opportunities, because the amount of help the individual may require could vary considerably from week to week, depending on their health, any illnesses or injuries, and how well any proposed treatment or medication may work. It can therefore be difficult to predict the nature of their caring responsibilities going forward and what work they can realistically commit to. Some of the carers interviewed were also uncertain about whether it could become necessary for the individual to go into a care home or supported living facility, and the effect this would have on their ability to work.

Some carers find that restrictions on the hours they available to work, make it particularly difficult to secure work within certain sectors, particularly those that give short notice for shift patterns, as this impacts on their ability to make alternative care arrangements (detailed further in the section on *Exploring flexibility*).

Example of only being able to work specific times – Hollie

Hollie looks after her partner Simon, whom she lives with. Simon has many long-term health issues including arthritis and restricted mobility. He is in constant pain and can therefore

often be 'moody and direct' with Hollie. He believes drinking alcohol helps numb the pain he suffers. Hollie recently worked a job doing evening shifts, but found that Simon would regularly fall over and hurt himself, in part due to the alcohol consumption. Hollie believes Simon is 'all right during the daytime' and therefore she wants to work a daytime shift rather than leaving him at home alone during the evenings. However, this is difficult because the sector that she has previously worked in, which she wants to continue, generally only offers shifts working during the evening.

Interviews with carers

Another carer interviewed had to resign from a previous role in retail because she was not able to work weekends and evenings as required by her employer, due to her caring responsibilities.

Inability to do a job well or achieve career progression

Some carers also mentioned that their caring responsibilities could make it difficult for them to concentrate on a job and perform the role to the best of their ability. They may feel that they are unable to fulfil the requirements of their job because they are constantly worrying about the person they are looking after. For example, one carer found that she would be worrying about the person they look after and so wasn't focused at work, making mistakes.

"When you're locking up the building [after finishing cleaning it], your mind has to be on what you're doing. You can't be elsewhere in your thoughts."

Participant

Some carers were reluctant to take on work because they feel they would not be able to mentally commit to, for example, meeting deadlines, or perform the duties specified in the contract to the best of their ability.

"I'm there to do the job... I don't like to take a job and I can't give 100%. I want to put my all into a job, but I can't."

Participant

"If you sign a contract with an employer for part-time work... I don't think you'd be able to guarantee that you'll be able to meet all the contractual obligations."

Participant

Carers can also be more limited in their ability to access promotions. For example, one carer interviewed could not accept a promotion to a supervisor role within a supermarket

because she would be the only supervisor present during a shift, meaning she could not simply leave the workplace if required to perform caring duties. Another carer interviewed mentioned that he could not sustain higher-level positions because his caring responsibilities would take him away from work regularly.

Poor outcomes for this group - health and confidence

Some carers also reported issues relating to their own mental health, wellbeing and confidence which had been caused or exacerbated by their caring responsibilities. Most carers interviewed received little or no help from anyone else in sharing their caring responsibilities. Some described how it can be difficult to think about job applications, career goals and longer-term plans while worrying about providing adequate care for their loved one. They prefer to simply think about one thing at a time, perhaps resolving other issues or getting to a stronger place mentally before thinking too much about searching for work.

This is supported by the evidence review which identified that the combination of employment and caregiving can be highly demanding. There is “substantial research that shows that provision of unpaid care is associated with poorer mental and physical health and quality of life, particularly at higher intensities of caring”.²⁴

Carers described stressful and difficult situations which could be overwhelming and difficult to manage. In some cases, attempting to balance working alongside caring duties had exacerbated those mental health or confidence issues. Employment support services have an important role to play in building the confidence of carers who are out of work. Evidence from a survey found that this was the most commonly reported need for working carers (Maughan et al., 2022).²⁵

“When I finished [the job] last year, I lost a lot of confidence in myself because I felt like I was giving up on myself. I felt hopeless and pathetic, I was stressed with what was going on with my partner.”

Participant

Some carers also described how feeling confined to their homes or otherwise lacking a social life or contact with other individuals affected their mental health. They are unable to engage with any voluntary organisations or social opportunities because their caring demands mean they cannot be out of the house for long, if at all.

²⁴ Brimblecombe et al. (2018, p.26) *Review of the international evidence on support for unpaid carers.*

²⁵ Maughan et al. (2022) *Unpaid Carers & Employment.*

On an individual level, our review of evidence found that exclusion from the labour market has both financial and personal implications for carers. It can result in reduced income, lower accumulation of pension rights, loss of social networks and interaction, and lower self-esteem. All these issues have a negative impact on the lives of carers.

Gendered nature of care

The literature highlighted a gender imbalance related to caring responsibilities, and this has consequences for carers' employment outcomes.²⁶ When examining this issue, it is important to analyse men and women separately as "relationships around unpaid care and employment vary greatly by gender".²⁷ Research has also found that women "provide more care-giving hours, help with more care-giving tasks and assist with more personal care than men", and the consequences of this were higher levels of burden and worse levels of both subjective well-being and physical health.²⁸ Therefore, the issue of caregiver-friendly workplace policies and working carers in general should be viewed through a gender-based lens to gain a more precise understanding of the issue.²⁹ We discuss how outcomes for this group differ by gender in a subsequent section on *Outcomes for this group*.

Practical issues relating to working space and geography

In some cases, carers also reported practical difficulties preventing them from accessing employment, particularly relating to their housing situation. One individual described sharing a two-bedroom flat with his wife, three children and elderly mother, and having no privacy. He feels that he would be able to do a job working from home within a bigger property where he could have a private space. In some cases, cramped or otherwise non-ideal living conditions have had an impact on mental health.

²⁶ Pickard et al. (2015) *The effectiveness of paid services in supporting unpaid carers' employment in England*; Ireson et al. (2018) *Availability of caregiver-friendly workplace policies (CFWPs): an international scoping review*.

²⁷ Pickard et al. (2015, p.572) *The effectiveness of paid services in supporting unpaid carers' employment in England*.

²⁸ Ireson et al. (2018 p.3) *Availability of caregiver-friendly workplace policies (CFWPs): an international scoping review*.

²⁹ Ireson et al. (2018) *Availability of caregiver-friendly workplace policies (CFWPs): an international scoping review*.

Example of practical issues

Jacob used to live in a large city and previously worked in various office-based roles there. However, after leaving his previous role, he needed to relocate to a small town in a different part of the country to move in with a relative and care for them. They share a small, one bedroom property, and Jacob hopes to find more suitable accommodation before looking for work. Jacob does not know what job roles or companies are based in his new location, but given that it is a much smaller town he believes he will be much more limited in what he will find. Jacob has no connection with the area, lacking a support network or any local contacts, making it more difficult for him to informally learn of any suitable opportunities or receive any help.

Interviews with carers

Some interviewees also mentioned that their caring responsibilities have meant they are more limited in the geographical area within which they can realistically work, because they have needed to relocate to perform their caring duties, or because they cannot work too far away from their loved one in case of emergency care being required. As noted above, Jacob has been forced to move some distance away to conduct his caring duties. Another carer had been confined to searching for roles within her own small town, due to the need to remain close to her father should there be any need to provide care, rather than being able to commute to other larger towns in the area where more jobs would be available. To facilitate this, she decided to seek self-employment.

Outcomes for this group

Overall, about 13% of participants with caring responsibilities were placed at first job within the 12 months of the scheme, compared to 43% on average within the scheme.³⁰ Only about **5% of carers achieved a sustained employment outcome** as compared to 29% for all participants on average.³⁰ Poor outcomes for this group point to the possibility of better supporting this group into employment. More detail on analysis conducted is available in *Appendix B – detailed management information analysis*. Key findings are outlined below.

- Our analysis finds that having caring responsibilities adds an additional burden to females which delays being placed at a first job. There exists an additive gender effect that also negatively impacts females' efforts in achieving their Restart goals. For both female and male participants there is increased variation among those with caring responsibilities. The variation suggests a more complex situation where, for some, it adds extra days to achieve a first job, whereas for others it reduces the time it takes to achieve a first job.
- Similarly, there is an additional burden to females with caring responsibilities which delays their achieving a sustained Job Outcome, on top of a gender effects that negatively impacts females' effort towards achieving the Restart goals. Furthermore, the results indicate a widening of both the gender gap and the caring responsibilities differential as participants move towards achieving a Job Outcome on the Restart scheme.

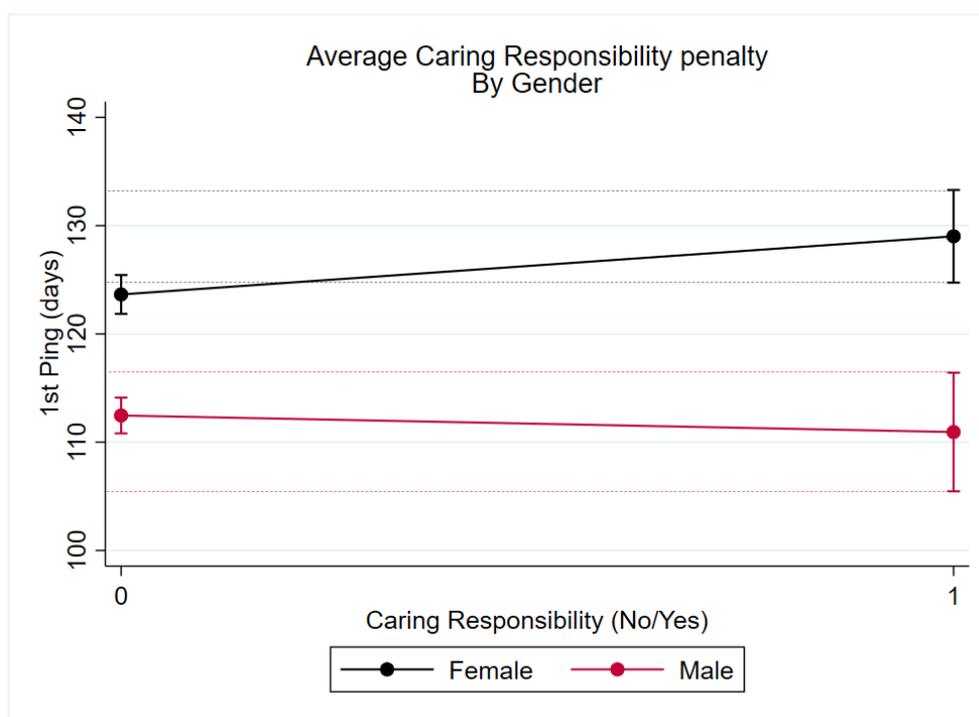
Time to first job – a gendered difference

Our analysis found both gender and caring effects on the time taken to achieve a first employment outcome:

³⁰ DWP (2024) *Restart Scheme statistics to October 2024*

- On average females with caring responsibilities take about 5 and a half extra days to be successfully placed at a 1st Job (Ping) as compared to females without caring responsibilities.
- Females with caring responsibility take an extra 7-days to achieve a first job as compared to males with caring responsibilities.
- Females without caring responsibilities taking 11 days longer to be placed as compared to males without caring responsibilities.

Figure 2: Time taken to first job by gender and caring responsibility



Source: IES, 2025

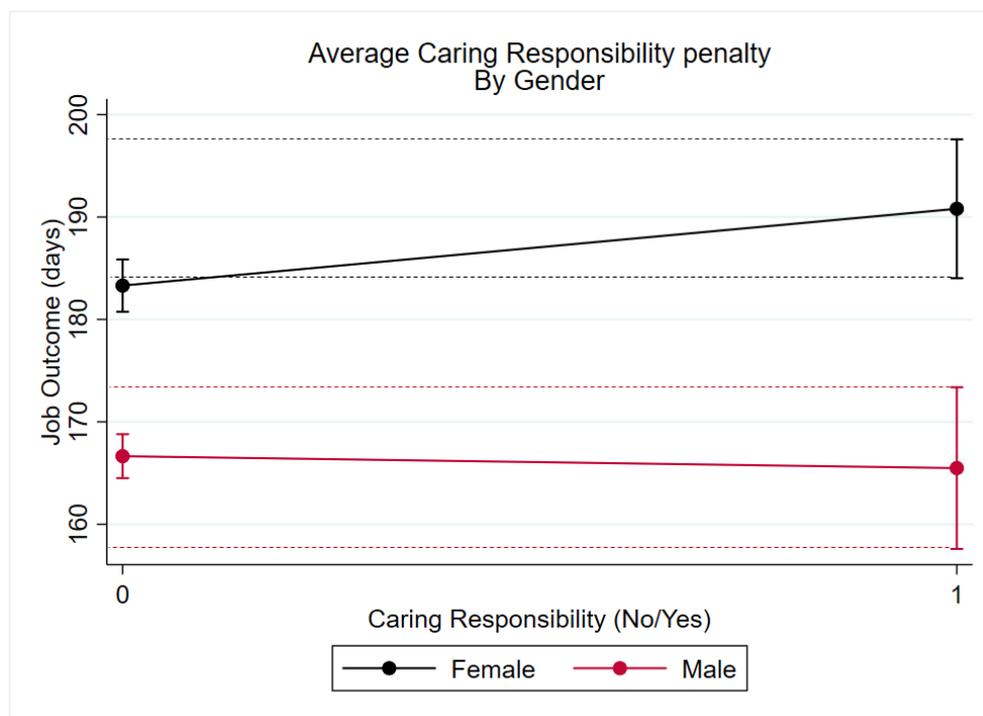
We see that regardless of caring status there is a gender effect in the time taken to the first employment outcome. Caring responsibility adds additional days to time taken to achieve a first job on top of this gender effect. These effects are additive in nature. Based on this, we estimate that a woman with caring responsibilities can take up to 16 days (11+5) more to be placed a first job as compared to a man without caring responsibilities.

Time to a sustained outcome for this group

Similar to the analysis on first job outcomes, we found additive gender and caring effects in the time taken to achieve a sustained employment outcome on the programme:

- We find that on average females with caring responsibilities take about 7 and a half extra days to achieve a successful Job Outcome as compared to females without caring responsibilities.
- Females with caring responsibility take an extra 9 days to achieve a sustained employment outcome as compared to males with caring responsibilities.
- Females without caring responsibilities taking 17 days longer to gain a sustainment employment outcome as compared to males without caring responsibilities.

Figure 3 Time taken to sustained outcome by gender and caring responsibility



Source: IES, 2025

As before, caring and gender effects are additive in nature, i.e. a female with caring responsibilities can take up to 24.5 days more to gain a sustained outcome as compared to a male without caring responsibilities. Furthermore, the gender gap and the effect of caring responsibilities widens between Restart milestones. The gap is larger for a sustained job outcome as compared to a first job, indicating difficulty in sustaining employment for carers. We delve further into in-work support for this group in a later section *Sustainability of work for this group and in-work support*.

Effective employment support for carers

- Advisers most often reported using an individually tailored, case-by-case approach to supporting participants who were carers.
- The approach to identifying carers differs across Primes but is most commonly part of an initial diagnostic assessment. There is a need to have ongoing conversations with participants to capture changes in their status relating to caring.
- Advisers often signpost carers to external groups and resources.
- Advisers work with participants to identify transferable skills developed as a result of their caring.
- Virtual appointments can work better for this group.
- There is an uneven understanding among advisers on carer's allowances and working time limits for carers. It is suggested that training for advisers could include training on barriers, managing vulnerable groups and safeguarding.

Advisers emphasised the importance of taking a case-by-case approach to helping participants who are carers. While there can be commonalities in the issues participants with caring responsibilities face, advisers recognised that no two carers are the same and that circumstances can vary greatly. Most advisers reported tailoring their support to the needs of the individual carer, by assessing their circumstances to understand what type of work could fit around them. While flexibility has been found to be particularly important in getting carers into work, advisers found that the level of flexibility required varies depending on the extent of a carer's responsibilities. When they are needed to care dictates when they would be available to work. As a result of this, advisers consider what is achievable based on the personal circumstances of each carer. Advisers reported that it is important to be realistic about the hours a carer could take on, but also to help them expand the hours they can think about doing.

Identifying carers

The number of informal carers that are on the caseload is not consistent across Primes, something which may be exaggerated by differences in how these participants are identified. In interviews with advisers, estimations of the proportion of carers on their caseloads varied from 5% to 25%. This is reflected in the variability of data found in the management information.

There was a recognition in some instances that the numbers may be an underestimate as not everyone discloses their caring responsibilities or even perceives themselves as such. In some cases, the higher number reflected the inclusion of those who may have dropped out of employment due to caring commitments in the past and who are no longer caring but for whom getting back into work is challenging. Indeed, several adviser interviewees referred to the long-term impact of being a carer on confidence and both mental and physical health, even if the participant is no longer performing that role.

A participant's caring responsibilities are generally identified at an early stage. In some cases, the information will be part of the handover information that comes from the Job Centre. For the majority of advisors interviewed, however, being a carer is unearthed in the diagnostic assessment. In most cases, caring responsibilities are separated between those caring for children and those caring for an ill, older or disabled family member or friend. It should be mentioned that not all Primes record this consistently or within the same framework so responses to these questions varied.

A few Prime interviewees also noted that carers can be nervous about disclosing their caring responsibilities and that advisers need to be sensitive to this. Carer status may only be disclosed later on in the programme as the relationship with the adviser develops.

The conversation around a carer's role is often addressed in conversations about limitations or restrictions to working hours due to regular commitments or responsibilities, or whether any additional needs or adjustments are required. Commonly, but not always, this is then added to their notes and available to all relevant provider staff, including the employer engagement teams.

There was reference by more than one Prime to the potential for carers' circumstances to change quite dramatically and therefore adviser questions need to be revisited regularly to capture these changing dynamics. In some instances, advisers are identifying the need for the carer's responsibilities to become formalised which might then precipitate them leaving the Restart scheme.

How this information is shared with the employer engagement team

Employer engagement teams are often managing participants from across a number of different employment support programmes and the information that someone is a carer is often given within the context of how that particular barrier presents to the job market

rather than of the fact that they are a carer. As such, they will be looking to understand the implications of that barrier for job roles.

Employer engagement teams are dealing with participants that have already been through a process to ensure that they are job ready. However, they also have different ways of working, and in some instances this involves participants completing information which covers some of the same ground but comes from the participant rather than the adviser. In one case, the employer engagement team checks this against that which they have received from the adviser to identify inconsistencies. Elsewhere, the employer engagement team conduct caseload reviews with the adviser team to have a full picture of the caseload, which will include understanding shared and individual barriers.

What works with engaging with this group (online/over the phone)

In some cases, advisers found that there are barriers to engaging with participants with caring responsibilities. One identified the physical and emotional toll that providing informal care can have on carers' job search:

"sometimes I see carers coming in, they look lacklustre, they're sat looking really worse for wear, tired, yawning, and they're up all night with their loved one or, you know, family member, and actually they were caring for them and they have to rush here for an hour's appointment and rush back... and you can just see that it does take its toll."

Restart adviser

The volatility of being a carer makes it hard to plan, as emergencies or changes in the needs of the care recipient can and do occur. Communicating via Microsoft Teams, phone calls, or email was said to be a helpful way of making engagement more straightforward for carers.

Demonstrable transferrable skills

Some advisers also noted that an individual's caring responsibilities may mean that they have a 'gap' in their employment history, and that this may be a barrier (or perceived barrier) to accessing employment. To address this, they often look at the transferable skills that they have acquired while caring and ensure these are included in their CV and covering letter to employers. For example, they have needed organisation, dedication, and tenacity in order to adequately perform their caring role. Participants often do not recognise that they have acquired or demonstrated skills while caring.

"[Carers] sometimes feel that they have been out of work for X amount of years and they've accrued no skills within that timeframe, but there's plenty of skills that they do have, so sometimes it's about a shift in a participant focus and mentality, giving himself the belief and confidence... quite often you'll hear them say 'I've not got any skills, I've not worked for so long', but the truth of the matter is you've actually accrued a lot of skills in that time you've been caring"

Restart adviser

Advisers often found that carers would not realise the skills they had gained from caring, so they would try to help participants with caring responsibilities to identify transferable skills. Resilience and patience were mentioned as potential transferable skills that could apply to carers, arising from their caring role.

"Most carers are incredibly resilient, because they have to put up with quite a lot."

Restart adviser

Similarly, employer interviewees were keen to describe the added value and skills they perceived that carers bring to the workplace, which they develop or hone outside of their paid employment. Transferable skills mentioned by employers included problem solving, negotiation, communication, resourcefulness and skills as well as the ability to remain calm during a crisis.

Transferability of skills between sectors was something that advisers discussed with participants with caring responsibilities. Some advisers found that informal carers' skills made them a good fit for roles in the care sector. One adviser had successfully placed carers into care sector roles, as the skills they have in place already are valuable and highly transferable. They found that working in care can be different to providing informal and unpaid care, as, for example, tools and equipment provided for care workers can make it less physically demanding. Care companies were also described as more understanding of informal care obligations, and therefore more amenable to flexible working arrangements. However, the adviser recognised that not every participant would want to move into this sort of role as they are already providing care informally, often for many hours a day.

A member of an employer engagement team also listed the care sector as a viable employment opportunity for those who have experience of providing informal care. Again, this adviser was unsure whether informal carers would want to take up roles in the care sector and recognised that employers may have to change conceptions around work in this

sector and educate people on the differences between providing informal and professional care.

Knowledge around the carer's allowance and related systems

Carers reported difficulty with navigating the system regarding benefits and working hours. For example, there was uncertainty around Carer's Allowance and the working hours threshold, and this appeared to restrict carers' employment choices, as the risk of losing Carer's Allowance deterred carers from increasing hours at work. When we asked advisers to rate their confidence in understanding the system around Carer's Allowance, their answers ranged from very low to fairly confident.

Advisers who reported feeling less confident about their understanding of this issue did so for a variety of reasons. In some cases, advisers were aware of the existence of Carer's Allowance, but not specific details, such as the earnings limit to eligibility for this benefit. In these cases, advisers would signpost participants with caring responsibilities to job coaches at a Job Centre, or to Citizens Advice. The same advisers reported that they were unable to advise participants on this issue, due to the time limitations of their appointments. One adviser reported that participants who were unsure about benefits could book an appointment with someone from the Salvation Army (a supply chain specialist provider) who meets with Restart participants during a weekly session in their centre. They are able to advise participants on benefit entitlement and earnings implications with a specificity and detail that Restart advisers may not be familiar with. Some of the advisers that spoke with us mentioned the use of 'better off in work' calculators as being a tool to help determine the financial implications of working. One of the issues is that Carer's Allowance is an overlapping allowance and therefore it may have implications on other benefits such as Universal Credit and disability benefits for the cared for. Given that there are a lot of complex interactions in and around Carers Allowance that are very dependent on individual and household circumstances, it can be challenging to understand what impact working will have.

Advisers who were or who had been carers, reported feeling "fairly" or "a little bit" confident on their understanding of this issue and the related systems. This level of confidence resulted from their own experiences of providing informal care.

"If a participant was to ask the question, I'd probably be able to answer it quite competently."

Restart adviser with caring responsibilities

Advisers were also asked how confident they were in their understanding of the systems around securing help in the home from social services for those that they care for. They reported not feeling confident about this, and this lack of confidence applied to advisers who themselves had experience of caring, with one stating that they understood the system for themselves, but not for other people. Another adviser with caring responsibilities reported feeling not at all confident about their understanding of homecare provision:

“I can get carers jobs, but the provision itself, no.”

Restart adviser with caring responsibilities

For one adviser, homecare provision was not something that had needed to be discussed with participants who are carers.

Several advisers were aware of how they could help participants through signposting and had spoken about homecare provision to participants in conversations about other types of support that could be available to them. These advisers also reported having made anonymous calls of concern to adult social services in cases where they think someone is not coping. However, they also made the point that legislation around carers in the UK is what they describe as a “forever changing landscape,” and that this has limited their understanding of the issue.

Signposting to other support

Many Primes are working in collaboration with national charities, such as Citizen’s Advice Bureau, Age UK and Carers UK, as well as locally-based organisations and local council initiatives. Some primes keep lists of suitable contacts and resources. In one area, a range of these organisations were invited to a wellbeing event in the Prime’s offices. This raised awareness of the work that these groups do both internally and with the participant group.

Support from other carers

A number of external organisations provide access to support groups or coffee mornings that give carers the space to talk with other people facing similar scenarios. An adviser described a participant who was a carer and for whom signposting to a local support group helped the participant feel less alone: ‘that was definitely a very important aspect of that participant’s journey.’

Provider interview

Advisers are able to signpost participants to these specialist organisations for a number of different purposes, which may be emotional support, practical support, access to relief care, access to resources about financial questions.

Creating a care plan

In one area, the local carers' organisation can help carers complete a care plan for the person they care for and this can be registered with the organisation. There's no obligation for the participant to share the care plan with the provider, but where they do it can give them a really good insight and understanding of the circumstances that person is dealing with.

'The care plan will challenge and ask questions that we may not consider and that influences how we support that participant in the job hunt and where we start the types of roles that would be applicable that would meet those needs.'

Provider interview

Advisers will on occasion explore a participant's situation and conclude that the participant's caring responsibilities are such that they need to apply for carer's allowances and will refer them back to Jobcentre Plus where any benefit adjustments are managed. Carers themselves reported being signposted to other organisations for further support and resources, which had led to being given leaflets or other documentation or being put in touch with council services to be registered there as having a caring commitment. However, some carers report a lack of time to engage with this additional resource, and described a lack of confidence in engaging with other organisations.

Employment for carers

– what works

- Advisers work with carers to explore various forms of flexibility.
- Advisers and employer engagement teams are both usually involved in having conversations with employers about placing carers in work.
- Disclosure can be important in order to avoid unexpected impacts of a carer's commitments.
- Building relationships with employers can lay the basis for having conversations about specific needs.
- Labour market conditions can affect approaches to flexibility by employers.

Exploring flexibility

A common factor among many carers is the need for flexibility. For some participants, caring obligations can be unpredictable in their nature and result in a Carers face a range of barriers in accessing sustainable employment, particularly a lack of time, and critically, unpredictability of availability.

Some carers also suffered from mental health issues, or a lack of confidence related to their caring role.

Carers may also have practical challenges such as housing insecurity, lack of transport, and/or local labour market issues affecting their ability to successfully enter work.

The carers interviewed for this research identified a wide range of issues making it more difficult for them to enter sustainable work. While many of these were connected in some way to their caring responsibilities, in some cases carers reported other discrete barriers, illustrating the multi-faceted nature of their employability journey. Some carers felt it would be impossible to access paid work because of their caring duties. Some carers believe it is their duty to perform care for their loved one and do not want to seek alternative, professional care. They can be extremely reluctant to entrust the care of a loved one to a stranger.

“Caring has an impact on their life in a way they might not even realise.”

Restart adviser

The most common barrier raised was the availability for paid work and/or the unpredictability of their time. In some cases, these concerns have been exacerbated by related issues such as a lack of confidence or poor wellbeing. In addition to making entering sustainable employment more challenging, these difficulties could also complicate a person's engagement with Restart and their ability to access other support services and informal activities (this impact is further detailed in the subsequent section on *Effective employment support for carers*)

Lack of availability "I can be incredibly flexible with my work, but equally, I can be flexible with my care"

Restart adviser with caring responsibilities

While Prime staff in interviews stressed the need to look at things on a case-by-case basis for carers, in interviews with advisers and employer engagement teams, a number of types of flexibility and job design were mentioned that may be considered, including:

- Part time
- Remote and hybrid working
- Consideration of start and leave times
- Location, to ensure short commute times
- Self-employment
- (Good notice of) shift patterns, shift timings, short shifts
- Gig economy
- Job sharing
- Agency work

Hybrid working was cited as a key enabler for some carers, as it allows them to spend time at home fitting around their care commitments.

"They'll find anything that has the possibility of working from home would be ideal"

Restart adviser

It was also noted, however, that for some carers, there is a clear need for a job that takes them away from the house on a regular basis. Therefore, prime staff stressed the need to tailor to the needs of the individual and look for jobs that fit their circumstances as well as opening the participant to areas and types of role they might not have considered. For example, if a carer has a relative that can take over in the evenings, then perhaps evening cleaning in schools or offices may be an option. Or an early morning shift before other family members leave for the day. Alternatively, participants may not realise that many

employers have become more open to conversations about flexible working in recent years, so there may be more opportunities than are initially apparent. Another example given was that of taking on an administrative role that could be done at home and that training could be given to equip the participant with the up-to-date skills needed.

Advisers in one Prime also spoke about the need to have potentially difficult conversations with participants about the types of role that they can apply for and trying to increase the flexibility of their approach, by asking “how can we make this work?”. Elsewhere, they also talked about the need to explore the care arrangements in place for a person and whether there are options to open up or extend the hours available to work, as availability of hours often depends on who they are sharing caring responsibilities with. Again, these can involve difficult conversations about a person’s circumstances.

There was also an acknowledgment that for some carers, roles that may meet their availability at first glance, only release shift patterns a few weeks in advance, making it difficult to organise alternative care arrangements. For some, being able to plan ahead is the key to being able to be available to work. At the end of the day, as one provider concluded, it has to be participant led:

"It has to align. It has to marry up what we're offering what we're presenting to them has to marry up with what they're looking for and what works for them as well."

Restart adviser

However, there was acknowledgment that there are not enough roles with the flexibility needed to serve this group. As one provider commented: there is a "*huge disconnect between what carers can do and what is available.*" A later section on *A lack of workplace support* further details the availability of suitable work.

Sectors and company identification

Geographic variances in the local labour market mean that certain areas may offer a greater range of opportunities to people who cannot work a typical nine to five. Several advisers also stated that their knowledge of the local labour market played a role in the types of jobs they would steer carers towards.

An adviser spoke of encouraging participants to identify companies that they’d like to work with that might have a flexible approach. Another Prime establishes with the participant

which three jobs or sectors that would like to take up and builds out from there. There was also mention of working with smaller niche employers and independent businesses where skill sets fitted, and where it might be more possible to have a flexible approach. At the other end of the scale, advisers also mentioned targeting public sector roles with a variety of hybrid options. Agency work was also mentioned as a possibility for those with caring responsibilities, as they can offer ad hoc hours. Again, knowing the needs of the carer came as a first step to any identification of employer.

Public commitment and standards/accreditation as a form of signalling

Advisers and employer engagement teams were asked whether they have ever actively looked to target companies with carer-friendly policies, or companies that have signed up to the Carer Confident benchmarking scheme. This is not a widely known scheme among advisers and where advisers were not aware of it some were keen to know more about how they could use that to identify suitable employers, adding it to internal documentation for instance to share with other advisers.

Within some Primes, advisers were actively looking for employers that have signed up for a similar scheme such as the more widely known Disability Confident scheme, as this type of commitment from an employer indicates a level of adaptability and openness to supporting people into work. However, one Prime expressed scepticism about such schemes and those employers that carry those labels, citing research that questions whether it really affects hiring practices. Another questioned the motivation for employers to implement carer-friendly policies, due to the lack of protection in law at present for working carers.

Employer engagement teams – brokering flexibility

The role of the employer engagement team

Employer engagement teams work from the perspective of the employer or stakeholder and hold crucial relationships with employers that might enable them to understand where best to place carers.

The lasting impact of caring

A member of an employer engagement team gave an example of participant who was an ex-carer which had led to there being a big gap on their CV. This unexplained gap was leading to application rejections, which was damaging their confidence further. In addition to this, the adviser could see that the participant's appearance reflected his experience as they had not been caring for themselves well. The participant received support with clothing and encouragement, and this helped them secure a job. This illustrates the potential longer-term impact of caring which can extend beyond the timeframe of the caring duties; "that situation does come to me quite a bit where they're on the other side of it. I've definitely seen people like that."

Provider interviews

These teams have varying levels of interaction with the participants depending on the Prime. Getting a feel for the needs of the caseload and then approaching the employers that match the skills and needs available is a common approach. For carers, this requires the team to understand what hours are available and then to be transparent about these with all parties, including the employers.

Making the case to employers: Early disclosure and navigating the conversation

In building relationships with employers, employer engagement teams are often best placed to identify organisations that may be able to offer conditions to suit some carers. This may involve discussing the vulnerability some carers experience and the support they may need. Not all employers understand the fluctuating demands of caring and employer engagement teams described this as an opportunity "to educate them from the start with that". Other employers, for instance those holding care vacancies, may understand care obligations and what can come with that role.

Working with employers

“We're looking to create either a social values piece of why someone should work with us, a convenience piece, a speed piece, a behaviour or a skill piece, and that can massively vary based on the businesses... I might be walking into a business predominantly because I believe we have somebody with the absolute right experience and I really want to highlight them and I might be walking in going, I could see that you would be willing to be more understanding ... [of certain participants] and therefore we want to create a connection.”

Provider

Not all employers have the right conditions to support carers. As one employer engagement team member described, their role is about relationship building and finding the point of mutual benefit with the individual employer. Transparency and honesty from the outset were described at interview as being key to sustainability.

“It's quite easy for us to pick up the phone with a lot of our employers because the relationship is there and explain somebody that has a barrier to see if there's anything that they that they [the employer] do have [that's suitable] ... from the offset it's about being transparent and honest.”

Prime interview

The employer engagement team member in one Prime advocated having conversations with employers in order to avoid surprises further down the line.

“It's an embarrassing conversation for them to have with an employer at that stage, whereas if an employer's got full transparency on the situation, then there's no surprises.”

“Without being transparent from the start, it would sort of in some cases damage the trust levels that we have, which is an avoidable situation.”

Prime interview

As ever, Prime staff stressed the need to approach these situations on a case-by-case basis, depending on the participants and the employers.

Having that conversation early and disclosing the caring commitment was therefore seen to be key so that the caring needs do not come as a surprise, although one adviser spoke of the difficulty of disclosure.

“I think it is that fear of discrimination, isn't it, that they're going to choose someone more favourable that doesn't have the complications.”

Provider interview

This can be a balancing act that depends on the relationship with the employer. As one adviser said, *“empathy stems from understanding”* and it can be difficult for people to fully understand the situation unless they have experienced it themselves and many carers either mask or hide their caring responsibilities.

Interviews with advisers and employer engagement teams showed a number of points at which a conversation with an employer may happen, with the consent of the participant. Interviews with advisers revealed that in some instances it would be important to discuss with the participant whether they wanted to bring up the caring status at interview. In another instance, training was offered to help participants have these conversations. Alternatively, they might encourage disclosure through their application.

“We would encourage participants to use a cover letter, maybe explaining a little bit about the circumstances... if someone tells us that they're particularly resilient, I think it's always good to give a live example as to why. Most carers are incredibly resilient, because they have to put up with quite a lot.”

Prime interview

Where there is a good relationship between the advisers and local employers, conversations about specific cases can take place. As one adviser puts it, they can't *“wave a magic wand”* to get the exact fit for the hours the carer wants, but having those relationships can help foster those conversations.

An example of advocating for participants

An adviser described the case of a participant who had been out of work for quite a while because they did not feel able to work while caring. But the adviser spoke with them about dividing the caring work with their sibling so that they could go to work. The adviser then spoke to the employer and explained the situation – this participant was a hard worker and had lots of relevant skills as well as experience and the employer recognised that. They negotiated an adjustment on hours and the facility for them to leave at short notice is if

there was an emergency. This participant is now working and moving towards a sustainable outcome.

External drivers

Approaches to employer engagement depend on the market. When the market has more demand (vacancies) and limited supply (applicants) there is often more willingness from employers to offer flexibility. One Prime commented being able to negotiate with an employer around job shares in the education sector:

“Demand can dictate the flexibility of the employer... we can be more positively challenging in those cases...demand can be the driver more than strength of relationship.”

Prime interview

In another case, an employer engagement team might be able to have a conversation with an employer about flexibility if the candidate fulfils 90% of the requirements for the role, but this is harder when there is more supply and less demand. Ultimately, as an employer engagement team member commented, being a carer is not a protected characteristic and there the employer has no obligation under statutory requirements to accommodate the needs of carer and however accommodating they may want to be, they also need the job to be filled.

Creating sustained outcomes – what's available & the role of employers

- Carers are at a high risk of falling out of work once placed.
- Employers interviewed understood the difficulty in balancing work with the unpredictability and complexities of caring responsibilities.
- Staff retention is important to employers and a key motivator in supporting working carers to remain in work. Once participants are through the door, they 'may' find a more carer-friendly environment than first appears from some job adverts.
- IES found no restrictions to accessing carer-friendly benefits from day 1 of employment among any of the employers we spoke to. However, not all employers have thought about linking information on their support for working carers to their job adverts.

Sustainability of work for this group and in-work support

Making the transition into work can be hard for some carers as described in *Poor outcomes for this group - health and confidence*. One adviser engaged in the interviews discussed the importance of having conversations with participants before they start about journey times, the route, financial support for the transition or to discuss how the job will fit with their care commitments. Sometimes the participants may be worried that they are leaving the person they care for or that they might get calls while at work, which can lead to stress.

Advisers also discuss maintaining contact to provide wellbeing support for the transitional phase. In some instances, advisers might also be in contact with the employer and much can depend on the employer relationships. In one example, a recently placed participant had not turned up for work on time and was not contactable. The employer rang the adviser who managed to make contact with the participant. The person that the participant was

caring for had not been well and so the participant had been unable to leave for work, but had also run out of credit on their mobile phone so was unable to contact the employer. In this instance the adviser was able to liaise with the employer to keep the person in post.

Most of the advisers agreed that the carer group were at a particularly high risk of falling out of work and that it can be big concern for participants. The low rate of outcome achievement on the Restart programme for this group (as explored in *Outcomes for this group*) is evidence of this. As an adviser described it, most roles need staff to be reliable and punctual and when people have to come in late or leave early there can be risk of falling out of work.

“It's been really difficult for them to sustain work.”

Restart adviser

One adviser also suggested focusing on the other barriers that the participant might face, in addition to caring, such as managing their own health journey, and how it might be helpful to look at other support options for this transition into work such as Access to Work programmes.

In most cases, in-work support teams provide support to participants once they are in work and this is consistent across all participant groups.

A lack of workplace support

Our evidence review found a consistent theme of a lack of workplace support for carers. Qualitative research found that 35% of respondents from a sample of working carers agreed that their employer had good structures and processes in place to support them.³¹ Lack of workplace support has both health related and financial consequences for the wellbeing of working carers.³²

A lack of appropriate and effective policies in place to meet the needs of working carers will also have consequences for employers, such as lower productivity, absenteeism, and ultimately carers leaving the workforce altogether.^{32 33} Therefore, employers have much to gain from implementing the necessary policies to enable carers to remain in work. Common examples of these types of policies include flexible work schedules, reducing hours to part time, job shares, working from home, and compressed work weeks.³²

³¹ Maughan et al. (2022) *Unpaid Carers & Employment*.

³² Ireson et al. (2018) *Availability of caregiver-friendly workplace policies (CFWPs): an international scoping review*.

³³ Williams and Bank (2022) *Support for working carers across the globe: the development of international standardised guidelines for the workplace*.

Some literature suggests that working carers are not always aware of policies in their workplace that they could benefit from, and that this could be due to employers not communicating these policies effectively. Research from Carers UK (2023) found that 40% of working carers didn't know if unpaid leave was available from their employer, and 41% said they didn't know if paid carers leave was available in their workplace. This information gap demonstrates the need for employers to close this gap by publicising relevant policies for carers in the workplace.

Carer friendly policies

Employers can play an important role in ensuring carers stay in employment. Evidence found that a supportive and understanding line manager was found to increase the likelihood of carers staying in employment. Results from the 2023 State of Caring survey showed that 57% of carers in paid work said that having a supportive line manager helped them to balance work and care, and 38% said that recognition from their employer of their role as an unpaid carer was also helpful.³⁴

Literature on carer friendly workplace policies suggests that employers have a responsibility to find creative solutions to this issue, to keep their staff employed and healthy. Employers could also support working carers by normalising and supporting flexible working for all employees.³⁵

We found that all the employers interviewed offered multiple types of support to their staff (see Table 2: Employer policies and practices). Most of these policies were available to all staff but were thought to be of most benefit to staff with caring responsibilities, parents and carers. The two primary levers for support are flexible working and additional leave.

Table 2: Employer policies and practices

Sector	Size	Supportive Policies	Supportive Practices
Education	Large	Flexible Working	Career Support Fund Employee Assistance Programme Carers Network Inclusivity Guidance Wellbeing Champions

³⁴ Carers UK (2023) *Carers' employment rights today*.

³⁵ Ireson et al. (2018) *Availability of caregiver-friendly workplace policies (CFWPs): an international scoping review*.

Charity	Medium	Flexible Working Carers Leave	Wellbeing programme, including paid-for therapy Collegiate workplace culture Leave mentioned in Job descriptions
Financial services	Large	Flexible Working Carers Leave Career Breaks	Employee Assistance Programme, offers year-round counselling/life management services Carers Network Welcoming Job Adverts Webinars, resources & apps for carers & managers
University	Large	Flexible working Special Carers Leave	Flexible workplace culture Carers Plans Training/Guidance for managers Parents & Carers Network Wellbeing events
Government Department	Medium	Flexible working Compassionate leave Workplace adjustments	Carers Handbook, Carers Charter and Carers Passports, for carers Training, videos and 'conversation maps', for managers Job adverts link to benefits Employee Assistance Programme Carers Network

Source: IES, 2025

Carers' charities can help employers with implementing a range of policies and measures to support carers in the workplace. Carers UK, through the benchmarking scheme 'Carer Confident', assists employers in the process of building a supportive and inclusive workplace for current and future working carers, and provides a certificate of achievement to employers in the UK who have shown that they have done this.³⁵ Similarly, Carers Trust can help employers with identifying carers in the workplace; providing staff with carer-aware training; training line managers to support carers at work; development of carer-proof policies; developing a Carer Passport Scheme for a workplace; and developing a Carers Staff

Network.³⁶ Employers for Carers provide membership benefits to employers, including access to resources, training and consultancy, networking events, and research that would enable employers to improve their workplace support and retain working carers.

Flexibility offered

All employer interviewees reported some kind of flexible working available to all staff. Three of the employers explain flexibility in terms of the number of days/times/locations worked but also compressed working hours and part-time working. All flexible working policies are negotiated via managers (sometimes informally) so it will be important for participants to be clear about what they need so that they can clarify this with recruiting managers.

Examples of how flexible working policies are enacted

One interviewee describes their flexible working policy as ‘Our number one offer benefiting carers’. The organisation offers flexibility in working hours and working from home. They recently extended the option for staff to complete their working hours anytime between 5am-10pm. Flexible working includes working from home. Honest and open conversations are encouraged between staff and their line managers to agree expected work patterns but there is flexibility in making up time if needed.

Another interviewee describes their flexible working policy as covering working patterns, locations, timings with a longer history of offering formal and/or informal flexible working than elsewhere in their sector, including job shares. “A recent count found 66% of our staff work flexibly - this includes people working 9-day fortnights as well as part-time.”

A third interviewee says their organisation encourages managers and colleagues to be as flexible and supportive as they can be, enabling carers to shape and change working arrangements to suit their family needs.

Source: IES, 2025

Leave policy

All but one of our employers interviewed offered leave for carers beyond statutory minimum requirements for staff and from the first day of employment. Not all job adverts mention this and the process of being interviewed resulted in two interviewees saying they

³⁶ Carers Trust (2025b) *Carer Friendly Employers*.

would now take steps to ensure recruitment information included a link to carers leave and other carer-friendly policies so that people who may need it would have this information. Employers interviewed expressed understanding how tricky it can be to balance work with the unpredictability and complexities of caring responsibilities. Comments included:

“As part of our special leave framework, we offer unpaid leave for those with caring responsibilities. It is important to recognize that these colleagues are often managing care alongside local government Social Services departments and the NHS which can be time consuming. “

Employer

“Carers may use a higher percentage of their annual leave for their caring responsibilities than would be ideal and so we encourage managers and colleagues to be as flexible and supportive as they can be. This could include allowing staff to make the time up instead, if they are able to, and at an appropriate time.”

Employer

Examples of additional leave on offer for carers

‘Our biggest offer that benefits carers is generous paid leave’ enabling carers up to 44 days a year leave (excluding bank holidays) as paid leave, through a combination of annual leave and carer's leave. This comprises 34 days paid holiday and the option to buy up to 5 days paid holiday, both of which are available to all staff. We offer an additional 5 days of paid leave, specifically for carers.

Another employer offers 10 days extra paid leave plus further 5 days unpaid leave to carers from day 1, if needed. The careers section of their website includes information about carers leave to signal to potential applicants that the employer supports for carers.

Emergency leave and career breaks are also available. The business was initially nervous about the potential cost, so this was introduced gradually as a trial: First, trialling 5 days unpaid leave for a year; then 5 days paid leave; and finally 10 days paid leave. ‘During 2023, 6.7% of staff used the paid carers leave, on average asking for/taking 3 days. Only 0.3% used further unpaid leave. Therefore, people are not abusing the carers leave. They only apply for it when they need it.’

One employer reported that 9.4% of all employees used some of the one-week paid portion during 2024 with 6.3% of employees also using some of the additional one-week unpaid

portion (authorized by line managers). If more leave is required the [HR lead] can approve longer periods of leave.

Source: IES interview data, 2025

Wide-ranging support

Employer interviewees were keen to explain that being carer-friendly was not just about policies, important though they are. A wide range of supportive practices were identified (as per Table 2: which, in combination, were designed to create a workplace and culture that was supportive of carers.

Employers direct some efforts to providing direct support to carers, including through: Peer support and carers networks; One to one counselling and wellbeing services through Employee Assistance and Wellbeing Programmes; and Access to information, resources and apps through intranets. Employee Assistance Programmes vary considerably in their scope but one employer's EAP is a year-round benefit for all staff including personalised concierge services to colleagues. For a carer, this could mean arranging professional support across their entire carer journey from understanding what a particular diagnosis means to accessing local services.

In addition, most employers also directed efforts towards managers in order that managers can better support the staff they manage, including through: Information, resources and advice to identify who might be a carer; training and guidance on how to have conversations about caring responsibilities; and encouragement to be as flexible as possible in job re-design if needed. Guidance for managers also increases their understanding that carers need time and privacy to make important arrangements such as talking to a medical professional or making a medical appointment (or even attending an appointment). Examples of employer practices supporting working carers are below.

One organisation uses a range of 'tools' specifically for carers including carers passports detailing agreements between a manager and staff member and a shared responsibility to make them work. Job adverts link to 'benefits' so job applicants can see what is offered to carers before applying. A downstream benefit of a carers passport is if a carer moves jobs within the wider organisation, as they can keep their working patterns and passport agreements. 'Being a carer doesn't mean you can't progress.'

One organisation described their 'Conference & Training Career Support Fund.' In their sector, you are not likely to get career progression without attending external events, so the support fund offers grants of up to £250 per employee to contribute to care costs while people are away. "The Fund is designed specifically to remove barriers to career progression with parents and carers in mind. Any staff or student can apply whose childcare or care costs would otherwise stop them attending conferences, training courses, or other career development activities. While it has had limited take up so far, we have had positive feedback from those who have received support from the Fund and are now promoting the Fund more widely across the organisation to ensure those who need it benefit. Whether people use the fund or not, it also demonstrates that we care about levelling the playing field for all including people with caring responsibilities".

Another organisation's programme of activity for all staff include webinars, resources and apps e.g. how to identify if you are a carer, how to give support if you are a manager, and individual case studies of how the organisation supported them as a colleague. 'The case studies highlight that it is ok to talk about your caring responsibilities and ask for time off. Caring can take such a toil on people and otherwise they may have gone off sick .' Their Carers Network has a budget and hosts an internal annual survey. 'Last year they found that the most common people being cared for by our colleagues was a person with dementia, so the network got help from our partner organisations to co-host an event about support for dementia.'

Finally, one organisation issued guidance on inclusive meetings and asked teams to host meetings between 10am - 4pm (avoiding 12-2 lunchtime). The idea being that this provides flexibility in the working day to support inclusion. For carers, they recognised that this may mean that early, late and lunchtimes are times when carers can spend time with and provide essential support for those they care for, or to carve out time for themselves in what can otherwise be such pressured schedules that self-care can sometimes feel impossible.

Source: IES Interview data, 2025

Identifying carers

The evidence reviewed suggested that it can be difficult to identify who is a carer, so we asked employers how they identify staff with caring responsibilities. We found that data-driven employers (e.g. financial services and to a lesser extent academia) seem to be collecting information to identify carers, but the rest do not currently have the systems in place to do so. Typically, staff and applicants are encouraged to tell their managers, HR or interviewers they have caring responsibilities but there is no official disclosure process, unless you want to apply for formal or informal support at which point you would have to share why as part of the application process e.g. when applying for carers leave. One organisation counts the number of hits a month for staff accessing intranet pages for carers and another counts the number of registered members of their carers network, in both cases the organisations suspect the number of actual carers in the organisation could be considerably more. All employer interviewees agreed that it was important to know who the carers are so the organisation can target them to receive the right information about what is available to them and to canvas them about what is provided and what else they need. As one interviewee explained:

‘We cannot build a narrative about our colleagues with caring responsibilities without data to establish if our interventions support better outcomes’

Barriers to identifying carers were reported:

- You might reasonably expect everyone to know if they are a parent but carers might not think of themselves as a ‘carer’ unless or until a crisis occurs so self-categorisation doesn’t give them the full picture.
- Two organisations do not separate out carers from a ‘parents and carers’ category. One organisation can look at the data for ‘parents and carers’ in terms of recruitment and career progression and gender pay gap (but not separately for parents OR carers). This is proving problematic as the challenges carers face working are so different to parents and what makes a difference and what other support they might need could be different.
- Part of why carer passports and other agreements are thought to work so well is because they support manager and employee discussions. One organisation is reluctant to ask managers to report on them centrally (e.g. to HR) as it might put some staff off coming forward to discuss with their manager.
- Annual staff attitude surveys only ask a small number of questions that are relevant specifically for carers. One organisation explained that it is only possible to look at results

by business division, not demographic, so is very limited in its helpfulness. It is a similar story with sickness absence figures, turnover and other HR metrics in that they cannot report specifically on carers.

One organisation where there has been a concerted attempt to identify the number of carers within the organisation described their approach thus:

'The first step was to have a definition for a carer. '

'To lay the ground, three of the executive committee were public in stating that they hadn't realised they had caring responsibilities. A senior person saying it took them two years to realise they were a carer was massive.'

'An optional part of the HR system allows colleagues to provide additional data about who they are so the organisation can build programmes to meet the needs e.g. social mobility, caring responsibilities. Colleagues can also choose for their data to be shared or anonymised. We really wanted to bring people along with us on this journey to discover more about our colleagues. Our DEI champions campaigned saying why we want the data... To date we have 64% of colleagues have filled in the optional section (including those who say no, thanks I don't want to do this). In 2023, 13.2% of colleagues identify as carers and we expect this number will increase in 2024.'

Source: IES interview data, 2025

Other employers described how and why they would like to identify carers. In one organisation, the equal opportunities monitoring form for job applicants, which is not seen by recruiting managers, does not ask whether someone is a carer. It would be helpful if it did so at least they could monitor at application versus appointment stage (as they do for those with protected characteristics). In another organisation, a staff survey undertaken by the organisation's Carers Network was thought likely to elicit more responses and provide a much better snapshot of how many carers there are and how things are for their working carers.

The literature highlighted some examples of more formal workplace policies to support carers, including using a carers register to identify carers in a workplace and to enable them to access special or emergency leave to attend medical appointments or emergencies. A similar policy was the use of a carers passport, which refers to a document outlining the

needs of employees with caring responsibilities.³⁷ These workplace policies have been found to be popular with carers, as they entitle them to extra emergency leave and leave to attend medical appointments, but are not commonly found.³⁸

Advice for carers trying to get back into work

Most employers interviewed suggest identifying yourself as a carer at interview so you can ask what support the company offers to their working carers. If they offer a carer-friendly workplace culture, this is when they can tell you all about it. It was suggested that participants talk about being a carer before the interview so they are more confident and not emotional. Participants may like to assess potential applications not just on their perception of how flexible a job role might be, but also which workplaces are carer-friendly.

Other advice for people with caring responsibilities trying to get back into work applying for a job included:

“If you have been out of work for a period because of caring responsibilities, I would advise disclosing from the outset [on the application form]. This is because any employment gap will be investigated before shortlisting, so it is worth explaining the reasons you have been out of employment, the challenges you have had and what skills you have learnt through caring. HR folk are empathetic.”

Employer

“Wherever possible, we advertise full time roles as being available as a job share and therefore in practice that job could suit part-timers and so individuals should not be put off applying. Managers will hire the best candidate on the day and if needed, can go back out to advert to fill the remainder of the role.”

Employer

Responsibility within an organisation

Responsibility within employers for informal carers rested with a variety of departmental heads (e.g. Equality, Diversity & Inclusion, Wellbeing, Recruitment) and within a range of functions (e.g. Human Resources, Operations, Corporate Affairs). Just one of our interviewees had dedicated personnel taking a cross-functional approach. The type of

³⁷ Brione and Powell (2024) *Informal carers' employment rights and support*.

³⁸ Dixley et al. (2019) *Informal Carers and Employment: Summary Report of a Systematic Review*.

support offered to carers seemed to depend on where in the organisation responsibility for carers sat. If remit to support carers rests within a wellbeing team, activity is focused on supporting existing staff to keep them well and attached to the workforce, rather than recruiting new staff. This was not necessarily a deliberate policy to limit information to potential staff or put carers off applying. Rather, it was described in terms of a lack of cross-functional talking to each other. Consistency in messaging (to applicants and newly appointed staff) about what support was on offer only seems to exist where these functions collaborate across their internal boundaries, or where personnel dedicated to supporting were in place. As one interviewee explained:

“As the Wellbeing Lead...I liaise closely with my Recruitment and EDI counterparts to unpack issues such as flexible working to ensure there is consistency and transparency in how the organisation’s policies are described.”

Keeping carers in work (retention) seems to be a greater driver than helping carers into work (recruitment) at present and employers are taking steps to support people to stay in work. One interviewee explained the organisation’s motivation in implementing carer-friendly policies:

“We don’t want our staff to have given up work because of their caring responsibilities.”

This reflects the current labour market: employers will think more about hiring if/when they experience recruitment issues. Two employers had an ongoing requirement for some specialist skills that are in demand and these were the two employers most active in promoting carer-friendly policies to appeal to potential applicants. Since all our interviewed employers offer some flexibility, even where this is not clear from job adverts, it is reasonable to conclude that once participants are through the door, they ‘may’ find a more carer-friendly environment than first appears.

Beyond Restart - a systemic issue

Our evidence review found a number of systemic barriers to employment for carers that go beyond the Restart programme. These include – a lack of access to alternative care support; financial challenges around the loss of Carer’s Allowance or other benefits; and the fact that current provision of Carer’s Allowance appears to restrict carer’s employment choices through the working hours threshold and the level of entitlement. While this research focuses on practical issues and recommendations within the Restart scheme and for employers, it is important to note the context within which these challenges to employment exist. We have made note of these wider factors and scope for change below.

Maughan et al in their 2022 report on ‘Unpaid Carers and Employment’ propose that Carer’s Allowance in the UK should be increased in response to the current context of increased cost pressures, and that the working hours threshold should be increased or removed entirely, and that this would ensure that carers can stay in work. It is important to note the context within which participants with care responsibilities seek employment and the wider policy changes needed to tackle challenges.

The need for replacement care

Under the 2014 Care Act local authorities must assess anyone who appears to require care and support. Carers reported that work is not discussed as part of this assessment, despite the importance of working and caring in carer assessment guidelines. Carers UK suggested that this assessment should include the needs of a carer, and therefore should include discussions about work, as evidence indicates that the assessment process can provide a support gateway for carers to access services.³⁹

³⁹ Carers UK (2023) *Carers’ employment rights today, tomorrow, and in the future.*

In the UK, the social care system also presented an issue for carers wanting to gain work or to stay in employment. Some carers reported that accessing appropriate care in their area was challenging, and that this limited the extent to which they were able to take up employment opportunities. Carers also reported that social care services are unreliable and private providers are costly, and so both of these factors limited their ability to balance work and care.⁴⁰ Effective policy on the issue of carers in employment is reliant on carers being able to access a social security and social care system that is capable of supporting them to meet their caring responsibilities and work at the same time.⁴¹ A 2023 report from Carers UK also argued for a greater funding commitment for social care in the UK, based on the understanding that, like childcare, it is fundamental to engagement in work.⁴² Research also found that there is a positive association between the employment rates of carers in England and the use of paid services to provide care for the care recipient.⁴³ This finding therefore suggests that improvements to the social care system in the UK would have a significant impact on the employment rates of carers, as a reliable and well-funded social care system would help carers to balance the dual responsibilities of providing care and working.

Workers' rights

Workplace rights for carers in the UK are not on par with other countries. For example, when Carer's Leave was introduced in the UK in 2023, it had already been in place in Japan, Canada, Germany, France, Poland, the Netherlands, and Sweden.⁴⁴ In Japan in particular, alongside stronger workplace rights for unpaid carers, the government also introduced additional funding for social care. This combination of policies aimed to support the Japanese labour market by enabling carers to remain in employment, and to manage care for their significant older population.⁴⁵

⁴⁰ Maughan et al. (2022) *Unpaid Carers & Employment*.

⁴¹ Maughan et al. (2022) *Unpaid Carers & Employment*.

⁴² Carers UK (2023) *Carers' employment rights today, tomorrow, and in the future*.

⁴³ Pickard et al. (2015) The effectiveness of paid services in supporting unpaid carers' employment in England.

⁴⁴ Carers UK (2023) *Carers' employment rights today, tomorrow and in the future*.

⁴⁵ Carers UK (2023) *Carers' employment rights today, tomorrow and in the future*.

There has been some advocacy for working carers on the international level. In 2021 the International Organization for Standardization published standardised guidelines to follow to help organisations create supportive work environments for carers.⁴⁶

The International Alliance of Carer Organizations (IACO), which has 18 member countries including the UK, identified supportive workplaces as a key part of their mission to raise awareness of carers and to disseminate best practice. IACO members work collaboratively across a number of areas, including promoting best practice and facilitating international advocacy for certain programmes, policies and pieces of legislation that support carers.⁴⁷

Collaboration

There is a need for collaborative conversations between local carers centres, employment support providers and employers to find consensus on an approach to service provision that can meet the needs of carers.⁴⁸ Information providers could also be more proactive in supplying information to support the needs of people providing unpaid care, for example through signposting online and offline resources, designing information in a way that is accessible to time-poor recipients, and utilising sources that are trusted and well-known.⁴⁹

⁴⁶ Williams and Bank (2022) *Support for working carers across the globe: the development of international standardised guidelines for the workplace.*

⁴⁷ Williams and Bank (2022) *Support for working carers across the globe: the development of international standardised guidelines for the workplace.*

⁴⁸ Maughan et al. (2022) *Unpaid Carers & Employment.*

⁴⁹ DWP (2024) Qualitative research with working people exploring decisions about work and care.

Recommendations

Working effectively with carer Restart participants

Recommendations for Restart advisers

In our research we found a number of examples of good practice when engaging with carers. These are included below as recommendations.

Peer networks and workshops

Our evidence review and interviews found that carers often struggle with desocialisation and a lack of confidence that can result from long periods outside the labour market and isolation resulting from their caring status. It is suggested that this group may benefit from peer networks and workshops to allow them to build back confidence and benefit from peer relationships and guidance. While we found no examples of interventions directed specifically to carers, this group may benefit from broader offerings in the area. Some advisers were also referring carers to wellbeing support within and outside the Restart programme where available. We found multiple instances of signposting to external organisations and charities detailed in a later point.

Mixing in online and over the phone appointments

In contrast to the above point, advisers also reported that virtual appointments can work better in engaging with this group. It is recommended that the most appropriate approach be adopted in each case.

Clear articulation of transferable skills

We found many effective examples of advisers working with participants to identify transferable skills resulting from their care. Transferable skills mentioned included problem solving, negotiation, communication, resourcefulness and skills as well as the ability to remain calm during a crisis. This approach allowed participants to find value in what was

sometimes a difficult experience and learn to better articulate related skills. It is recommended that advisers replicate this approach where suitable with participants.

Identifying and working with local charities

Many Primes are working in collaboration with specialist providers and other agencies for specific groups of participants and carers. Where this does not already exist, it is recommended that Primes look to establish signposting to support groups and resources available to carers both on a national and local level. It should be noted that local-level partnerships which were accompanied by good working relationships across organisations were referenced as particularly useful by the advisers we spoke to.

Training on how to work with this group delivered by advisers who have care experience

Advisers were asked to outline any relevant training they had received, on any element of supporting carers or understanding the financial implications of work for carers and the limitations on hours that may be in place. This differed between Primes, but several types of training were mentioned that advisers had found useful:

- Barrier training: not specific to carers but with some useful overlap.
- IEP foundation course has section on people with additional needs and caregiving responsibilities which were useful.
- Safeguarding training: this was useful in identifying participants who may not be caring for themselves enough due to their caring commitments.

Results from a 2022 survey show that there is significant demand for employment support that is specific to carers and considers the barriers that they face.⁵⁰ Restart advisers we interviewed differed in their understanding of the Carer's Allowance. It is our recommendation that training in this area would be beneficial. Some advisers drew heavily on their own experiences of caring or on their own research and knowledge. Elsewhere advisers were using their connections with JCP staff to help clarify and financial limits for carers.

Most advisers we spoke to for this project welcomed the idea of having a better understanding of the financial limits to entitlements and/or access to up-to-date information/resources or training on how to have collaborative conversations with employers. As one adviser put it, they would like to know what 'good' looks like in these situations. In particular, Restart advisers who had their own experience of being a carer were keen to share their insights with colleagues – something that would form an effective

⁵⁰ Maughan et al. (2022) *Unpaid Carers & Employment*.

and cost-effective training offer for Primes, leveraging staff knowledge to its fullest. Hence, it is recommended that adviser training around the barriers carers' face and the Carer's Allowance be provided. This should be delivered by staff with their own experience of caring where possible.

Disclosure and measuring care

Recommendation for prime providers and employers

Analysis of provider management information found that quality of data on informal caring varied greatly among Primes. It is recommended that data on participant's caring status is consistently recorded. This approach will allow providers to gain a better view of this group and allow for better matching with job opportunities. In some cases, participants caring status had changed while on the programmes. It is recommended that participant profiles be updated regularly to reflect changes in circumstances. This could take the form of regular check-ins with participants or an automated reminders for advisers to check this.

Employers we spoke to were also rarely measuring caring status of employees. Similar to what we found within Restart, there is a need to collect better data on carers within an organisation. Better data on the caring status of applicants and employees ensures that appropriate policies are implemented, and success understood. Measurable metrics also ensure that the carer friendly stay on the organisation leadership agenda.

Practice interviews to rehearse disclosure

Participants were found to struggle with disclosing their caring status, both to advisers and employers. Given that employer engagement team members and employers both felt that early disclosure was key to ensure that their needs were accommodated, it is recommended that advisers provide guidance on disclosure where required. We found one effective example of advisers conducting practice interviews to allow participants to familiarise themselves with the process and better advocate for their needs.

Conversations around work arrangements and alternative care

Recommendation for Restart employer engagement teams and employers

Participants often sought to fit work around care responsibilities. This meant time or location constraints on the kind of work they could undertake. Some carers could only work certain hours and others had relocated to be nearer to the person they cared for. Our

evidence review also found that on-site working can be challenging for some carers, as transport time reduces the hours a carer can work or care. Some carers may not be able to leave the house for long periods of time depending on the complexity of needs of the care recipient.⁵¹ Flexibility for this group was seen to be key. The form this needs to take differed depending on each carer's circumstances. Informal flexibility, to account for unforeseen circumstances and emergencies was particularly important for this group.

Self-employment, agency, freelance or gig work, work from home/hybrid arrangements can work well for carers

Examples of effective practice in the area involved advisers having conversations with carers to try and identify work arrangements that might work for them. This sometimes extended into thinking about alternative care arrangements with other family members.

It is recommended that as part of conversations around availability, advisers explore the full range of working arrangements and both formal and informal type of flexibility that may enable employment. Conversations on availability need to be accompanied by alternative care considerations.

Identifying employers – signalling via accreditations and job advertisements

Recommendation for Restart advisers, employer engagement teams and employers

Advisers and employer engagement team members we spoke to had limited awareness of accreditation schemes for employers who have carer friendly policies in place. We also found that carers often found it difficult to identify which employers had carer friendly policies in place when applying for jobs.⁵² Advisers and carers we spoke to also voiced some concern about not enough workplaces offering the kind of flexibility and jobs required for

⁵¹ Maughan et al. (2022) *Unpaid Carers & Employment*.

⁵² Maughan et al. (2022) *Unpaid Carers & Employment*.

this group. Hence it is suggested that advisers use employer accreditations to focus participant's job search where helpful.

The key external accreditation available to employers is the Carer Confident Employer benchmarking scheme which is like the more well-known Disability Confident Employer scheme. The Carer Confident scheme assists employers to build a supportive and inclusive workplace for staff who are, or will become, carers. A certificate of achievement is presented to employers with a UK presence who have demonstrated that they have built an inclusive workplace where carers are recognised, respected and supported. For employers this can mean a better talent pool and skills or improving perceptions of an employer brand. For participants and advisers, accreditations such as the Carer Confident scheme may be an important first step in identifying employers and jobs that are suitable.

Employers at the early stages of building a more carer-friendly workplace be sign-posted to specialist charities, such as Carers UK, who have helped other employers to support carers in the workplace. Employers we spoke to were also not advertising policies for carers in job advertisements. It is suggested that employers put effort into publicising their carer-friendly policies and practices, to increase awareness of what they already offer.

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Appendix A

Rapid evidence review – detailed methodology

An initial scoping search of academic and non-academic evidence was conducted, with the aim of identifying barriers to employment for this group, what works in supporting this group into employment and example of effective international practice.

The scoping literature search was conducted using a set of primary and secondary search terms. Following an initial sift for relevance, a list of papers was identified.

Table 3: Literature review search terms

Primary	Secondary
carer(s)	employment support
adult care	type of job
	support into work international evidence
	support into work international examples
	support into work OECD
	employer initiative
	employer support
	confident employer
	employer policy
	HR policy

Source: IES, 2025

Full text extraction was conducted for papers based on the following inclusion criteria:

- Relevance to the topic of supporting or sustaining employment for carers.
- Published in the last ten years – 2014 to 2024.
- Focusing on adult care rather than childcare (unless explicitly in combination).
- Focusing on countries comparable to the UK, for example OECD countries.
- RAG rating – Following extraction, each source was rated Green, Amber or Red to signify its utility. All literature included in this review was rated Green.
- Prioritising systematic reviews and meta-analysis papers where available.

An extraction framework was used to understand the literature identified and to draw out themes across the literature. The use of a framework aided thematic analysis of the literature, as part of this process involved identifying and grouping relevant points into key themes. The thematic analysis process informed the structure of this literature review.

Limitations

- The sample size of literature was smaller than anticipated, as a number of sources identified in the scoping process as relevant to this topic did not meet the inclusion criteria set out above. In most cases this was because they were written before 2014.
- There was not a great deal of literature available that focused on evaluation of employability interventions to support working carers. While this limited the findings of this review, it also emphasised the importance of this project in addressing this issue.
- Similarly, literature on employer support for carers did not evaluate the impacts of these interventions, for the most part.
- International literature did not provide examples of employment support interventions that could then be compared with the UK.
- Overall, impacts from interventions have not been measured in any meaningful way, and therefore from the literature it is hard to evaluate the impact of interventions to support working carers.

Interviews with Employers – detailed methodology

The aim of interviewing employer representatives was to identify good practice examples of practical support for job applicants and staff in navigating the unpredictability and complexities of being a working carer. This supports part of the fourth research question: *‘What opportunities/challenges are there to improve practices?’*

In total the research engaged with eleven representatives from eight different employing organisations who have experience of recruiting or supporting staff working alongside their informal care obligations. Background discussions with HR specialists from one SME and two very large employers during November 2024 informed the development of the interview discussion guide. Employers for interview were recruited in two ways. Firstly, an email to all IES HR Network member organisations early in January 2025 requested employers with experience of supporting informal carers to volunteer for interview. Secondly, an email to employers listed as Carer Confident accredited on Employers for Carers website.

In-depth semi-structured interviews with five employers were conducted via Teams video calls during February 2025 and lasted 45-60 minutes each. Employers were from a variety of sectors: Financial Services, Charity, Public Sector (UK Government Department) and two from Higher Education sector. Four were large employers and the one was an SME. Topics for discussion included: Workplace support the organisation provided for people with caring responsibilities, and how they judged whether the support makes a difference (to carers and the employer); How they identified applicants or newly appointed staff who may be carers, and how they communicated what support they offered for carers; and any unique features of their employment context.

Appendix B – detailed management information analysis

Key findings

Analysis on management information from four Restart providers reveals that Restart participants with caring responsibilities take longer to first move into work and gain a successful outcome. There are also important differences across JCP Districts. However, the impact of gender on the time it takes to move into work is at least as important a factor as having caring responsibilities or the JCP District. In the first instance, one provider was able to achieve their first £1,000 earnings goal (1st Ping) faster than all other Restart Providers, whereas other Providers achieved the final goal of securing work for an accumulated 6 months (Job Outcome) at a shorter time.

- Main factors – caring responsibilities, geography, and gender.
- There is a gap for those with caring responsibilities and those without. It takes on average about a week longer for those with caring responsibilities to achieve the 1st Ping and even longer to achieve a successful Job Outcome.
- There is an equally large difference in work outcomes based on the location of the JCP District. This is an additional difficulty in achieving the employment goals of the scheme on top of the difficulty arising from having caring responsibilities.
- It takes men with caring responsibilities similar time to achieve the scheme's employment goals. However, it takes women with careering responsibilities substantially longer to achieve the scheme's employment goals.

Data & Demographics

We analysed data collected from Restart providers up to 30th April 2024. After cleaning and recoding we had 338,645 participant records that held information of participants with caring responsibilities. Two Restart Providers were excluded because they did not record caring responsibility information. One Provider was excluded because it did not provide separate information about children and elderly caring responsibilities, and therefore their data could not be effectively used in this investigation. Of note is the variability in the prevalence of reported caring responsibilities among providers, with one provider having about five times higher number of participants reporting caring responsibilities than the second highest, that is, ~35% compared to 7%. Also, another provider had only one participant who had a Job Outcome date and four who had a 1st Ping date out of about 1500 participants who reported having caring responsibilities. That is a comparatively low

successful Job Outcome ratio of about 0.07% for the sub-group of participants with caring responsibilities.

Table 4: Caring responsibilities count within programme participants

Caring responsibilities	Freq.	Percent
No	289,866	85.6%
Yes	48,779	14.4%
Total	338,645	100%

Source: IES, 2025

Table 5: Caring responsibilities by provider

Providers	Without caring responsibilities	With caring responsibilities
Provider1	37,569 (96.22%)	1,475 (3.78%)
Provider2	78,856 (64.86%)	42,714 (35.14%)
Provider3	18,901 (92.99%)	1,424 (7.01%)
Provider4	112,662 (98.95%)	1,201 (1.05%)
Provider5	41,878 (95.52%)	1,965 (4.48%)

Source: IES, 2025

Demographics

The demographics reveal that **for every female participant there are about 1.25 male participants**, that is about 25% more males than females. However, there are **almost twice as many female participants than male participants** among those with caring responsibilities, that is 32,109 females compared to 16,502 males. Contrary, the share of male participants who do not report having caring responsibilities is 18% higher than female participants, that is 167,581 females compared to 117,421 males.

Table 6: Caring responsibilities by gender

	Female	Male	Total
With Caring responsibilities	32,109 (66%)	16,502 (34%)	48,611
Without Caring responsibilities	117,421 (41%)	167,581 (59%)	285,002
Total	149,530	184,083	

Source: IES, 2025

We calculated the proportion of participants with and without caring responsibilities achieving their first ping and a successful job outcome, as well as the days it took for participants to realise those objectives. We observe that about **13% of the participants with caring responsibilities achieved a fist ping within the 12 months of the scheme, while about 5% achieved a successful job outcome**. On average it took approximately **3 extra**

days to achieve a first ping if participants had caring responsibilities, and 4 extra days to achieve a successful job outcome. Hence, the demographics suggest that having caring responsibilities increases the time it takes to get a job and achieve the goals of the Restart scheme, and there are many more female participants who report having caring responsibilities than male participants.

Table 7: First job and sustained outcome by caring status

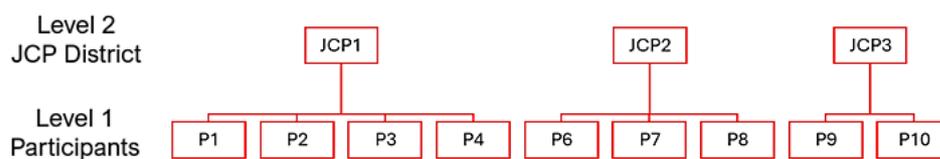
	Observations	Mean	Std. deviation	Min	Max
1st ping					
Without caring responsibilities	12,663	117.14	64.58	1	355
With caring responsibilities	1,936	119.93	62.38	2	343
Job Outcome					
Without caring responsibilities	6,174	173.32	62.20	3	358
With caring responsibilities	708	177.23	59.07	9	317

Source: IES, 2025

Multilevel Data Analysis

The summary statistics of demographic analysis while informative, provides only aggregate level information that does not account for systemic variations and other characteristics. To further analyse the data from the Restart providers we employed a Multilevel modelling approach (see [Bell & Jones, 2015](#)), where we nest participants in Jobcentre Plus Districts (JCPs) while controlling for Restart Providers, along with other covariates such as Age, Gender, and Parenting responsibilities. The Multilevel modelling methodology improves statistical precision by capturing contextual effects beyond individual characteristics, recognising that participant job seekers are nested within JCPs (location). This allows us to account for potential clustering effects in data, reduce the likelihood of errors (Type1, Type 2), and reveal how much of the performance differences we encounter are due to individual characteristics and how much on location (i.e., JCP District). This methodological approach can offer better insights into the variation of Restart participants’ performance, while capturing the variation across the JCPs.

Figure 1: Approach to multilevel modelling



Time to first job

We had to exclude the data from one provider because there was only one participant who had caring responsibilities with a successful Job Outcome, and we could not be confident in the quality of that data. We model the data estimating the effects of the duration to the **first job** and a successful **Job Outcome** within a period of 12 months from start date.

The multilevel model results reveal large variations across JCP Districts, with 95% of the cases ranging from 1.5 to 42 days to a first job, with an average of 7.4 days. Hence, depending on the JCP district in which a participant is located it can take on average an extra week to get the first job. This suggests that most locations are closer to the lower bound of 1.5 than to the upper bound of 42. Nevertheless, some locations clearly find it far more challenging to secure jobs for participants than others. The equivalent range for the Job Outcome ranges from about 2 to 85 days, with an average of 12.5 days. This reinforces the finding that some locations face more challenges than others. We also find that the time it takes to achieve a Job Outcome varies much more than achieving a first job, suggesting that sustaining a job is more challenging than getting a job.

Table 8: Effect size for first job and sustained outcome

JCP variation	Effect	[95% conf. interval]	
First job	7.4	1.3	42.2
Job Outcome	12.6	1.9	84.8

Source: IES, 2025

We find that on average females with caring responsibilities take about 5 and a half extra days to achieve a first job compared to females without caring responsibilities. When compared to males with and without caring responsibilities, the time to a first job increases by about 7 and 11 days, respectively. Hence, what we observe is that while having caring responsibilities adds a burden to females and delays getting passed the first Restart goalpost, there exists a gender effect that is similar or even more hindering to females' efforts in achieving their Restart goals. It is also of note that compared to the baseline age group of those aged 45-54 (the age group with most carers), younger participants aged 19-24 achieve faster their first job. Also, worths mentioning that the results suggest that parental responsibility doesn't play a role in achieving the first job, but the analysis shows it

affects job outcome. Therefore, any challenging circumstances arising from parenting responsibilities might have a cumulative effect for job outcome.

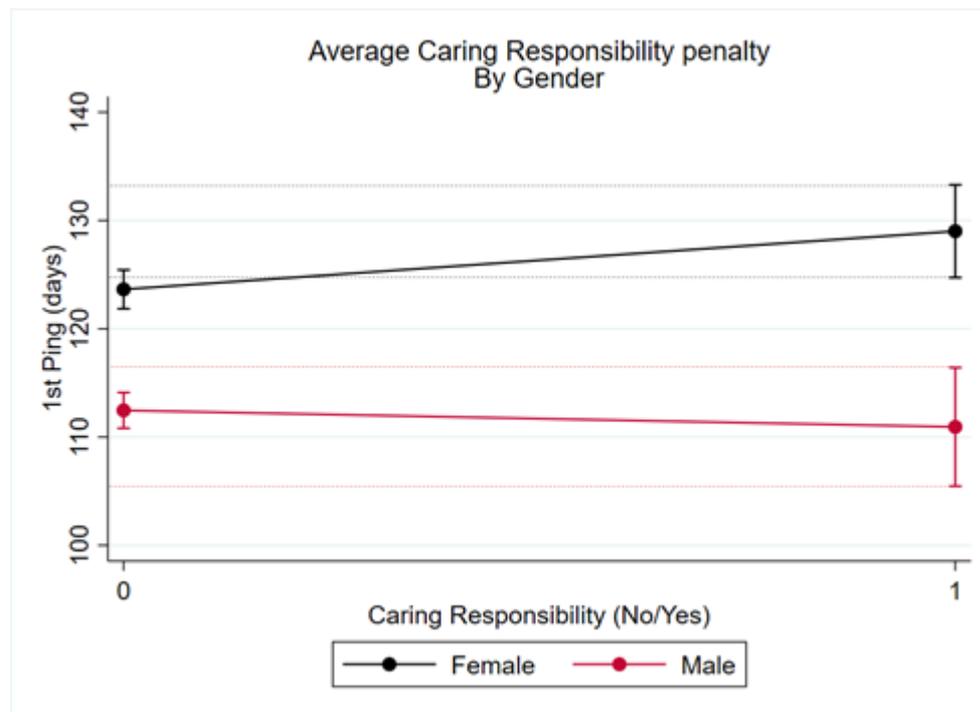
Table 9: Duration to first job

Duration to first job (days)	Effect	Stats. Significance
Female With Caring responsibilities (vs Female without)	5.4	0.025
Male Without Caring (vs Female without)	-11.2	0.000
Male# With Caring responsibilities (vs Female with)	-6.9	0.038
<u>Age group (baseline 45-54)</u>		
16-18	6.9	0.393
19-24	4.9	0.009
24-34	0.1	0.943
35-44	0.3	0.850
55-64	1.3	0.586
65+	-7.5	0.280
With parental responsibilities	1.3	0.364
<u>Provider (baseline Provider1)</u>		
Provider2	40.4	0.000
Provider4	50.5	0.000
Provider5	43.8	0.000
Constant	77.9	0.000
Observations	14,138	

Source: IES, 2025

We then plot the marginal gender differences of the time it takes to achieve a first job. What is interesting is that in addition to evident gender gap irrespective of the caring responsibilities, the impact of caring responsibilities for females clearly adds days to the time it takes to achieve a first job, whereas it does not have a particularly clear impact for males. For male participants the increased variation among those with caring responsibilities suggests a more complex situation where for some it adds extra days to achieve a first job, whereas for others it even reduces the time it takes to achieve a first job.

Figure 2: Time taken to first job by gender and caring responsibility Error! Reference source not found.



Source: IES, 2025

Time to Job outcome

We find that on average females with caring responsibilities take about 7 and a half extra days to achieve a successful Job Outcome compared to females without caring responsibilities. When compared to males with and without caring responsibilities, the time to a successful Job Outcome increases by about 9 and 17 days, respectively. As the time on the scheme extends, it appears the time to achieve the next objective also increases, making it increasingly difficult to get from one target to the next (i.e., first job → 2nd Ping → Job Outcome). Hence, we observe that similarly to the first job results, there is an additional burden to females with caring responsibilities which delays their achieving a successful job Outcome, on top of a gender effects that negatively impacts females’ effort towards achieving the Restart goals. Furthermore, the results indicate a widening of both the gender gap and the caring responsibilities differential as the time participants move towards achieving a Job Outcome on the Restart scheme.

Table 10: Duration to sustained job outcome

Duration to Job Outcome (days)	Effect	Stats. Significance
Female With Caring responsibilities (vs Female without)	7.5	0.043

Male Without Caring (vs Female without)	-16.7	0.000
Male# With Caring responsibilities (vs Female with)	-8.7	0.082
<u>Age group (baseline 45-54)</u>		
16-18	-4.3	0.793
19-24	8.9	0.001
24-34	-0.7	0.765
35-44	0.9	0.711
55-64	1.7	0.615
65+	-5.5	0.574
With parental responsibilities	10.8	0.000
<u>Provider (baseline Provider1)</u>		
Provider2	-8.6	0.010
Provider4	13.2	0.000
Provider5	-5.6	0.096
Constant	176.8	0.000
Observations	6,541	

Source: IES, 2025

When we plot the marginal gender differences of the time it takes to achieve a successful Job Outcome, we see that the gender gap widens further from what we observed for the first job. We see again that in addition to the gender gap irrespective of the caring responsibilities, the impact of caring responsibilities for female adds even more days to the time it takes to achieve a successful Job Outcome than it took for the first job. In contrast, the reduction for males is lesser than the one previously observed for achieving a first job. As we observe with the first job, the increased variation among males with caring responsibilities suggests a more complex situation where for some it adds extra days to achieve a Job Outcome, whereas for others it seems to reduce it.

Figure 3 Time taken to sustained outcome by gender and caring responsibility



Source: IES, 2025