A NEW WAY TO TALK ABOUT UNPAID CARE

How do we widen the number of people who see the issue of unpaid care as relevant to them and a priority for government investment?

CARERS TRUST

Section 1.
Executive summary

Across the UK, over five million people are providing unpaid care, yet only 55% say they are getting the support they need[1]. With the government's Casey Commission due to report in 2028, we have a critical window of opportunity to build support for investment in, and reform of, the infrastructure of support that enables people to care and live, well.

Research we conducted as part of this work shows that the wider public recognises the role unpaid carers play in society and when prompted believe government has a responsibility to support them. Yet in the context of more pressing economic issues, it is not seen as a priority for investment.

But there is an opportunity. Quantitative data, backed up by insight from our qualitative groups, show that as people become personally connected to the issue, their desire to see government investment increases. This is particularly true for those who expect to be an unpaid carer in the next 5-10 years, or are close to someone who is currently an unpaid carer.

Our qualitative research points to emotional and knowledge barriers to overcome if we are to successfully engage this group: fear and a fatalistic belief that nothing can be done, by themselves or government, to make caring anything other than isolating. Our participants struggled to name examples of support, or changes government or wider society could make, that might make caring a more positive or valuable experience. These barriers can combine to make people feel there is nothing that can be done.

Right now, as shown in our discourse analysis, this fatalism is reflected in dominant cultural narratives about unpaid care – of a sector in crisis, with unpaid carers painted as heroes or victims.

There is hope. Our research suggests we can start to overcome these barriers – when we show tangible examples of what good support can look like and frame our argument around universal values of fairness.

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[1] Health Foundation Networked Data Lab (2023), Carers Trust (2023)

This research report and accompanying guide aims to make the case for a new reframing of care centred around three key principles:

- Caring as a universal experience.
- Spotlighting the support needed to make care happen.
- Putting the relationship between unpaid carers and the people receiving care at the centre of the story, rather than unpaid carers being seen to prop up systems.

This document outlines the research process that underpinned our work. The accompanying guide is designed to help colleagues across the social sector, and beyond, shape how they talk about unpaid care. It is aimed at colleagues across a range of specialisms, especially those in leadership, communications, and policy roles. The accompanying guide outlines the framing principles in detail, alongside tangible examples and advice on how to use them to engage a wider audience and broaden public support for unpaid care.

This work was co-designed with current unpaid carers and organisations advocating for greater investment in health and social care, and better rights for unpaid carers. It built on previous research by Oxfam GB looking at public attitudes to all care, paid and unpaid, and the Health Foundation's Networked Data Lab research findings.

We would like to thank everyone who was part of this process for their passion, wisdom and challenge, and we look forward to hearing how our work lives in yours.

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Policy & Impact
Carers Trust

Section 2.
Acknowledgements

Reframing narratives on unpaid carers and caring is a research and framing project conducted by the insight and communications consultancy Claremont.

The work was led and commissioned by Carers Trust and supported by the Health Foundation and Oxfam GB. The Health Foundation is an independent charitable organisation working to build a healthier UK.

The project included an Advisory Steering Group, composed of the following members:

- Ruth Hannan, Care Full
- Katy Styles, We Care Campaign
- Abby Jitendra, Joseph Rowntree Foundation
- Dr Mary-Ann Stephenson, Women's Budget Group
- Alex Beer, Nuffield Foundation
- Neil Crowther, Social Care Futures
- Stephen Walcott, Runnymede Trust
- Claire Turner, Carers Leeds
- Ruth MacLennan, Care4Carers
- Linda Kinani, Carers Outreach
- Amritpal Rehill, London School of Economics
- Dan Taylor, The Open University
- Sean Urwin, The University of Manchester
- Jackie Gulland, University of Edinburgh
- Dr Emma Miller, University of Strathclyde

The steering group generously gave their time and shared invaluable expertise and insights throughout the process. The project was also supported by a Carer Involvement Group, whose members likewise shared their invaluable lived experience throughout.

The final report and framing guide aims to capture their thoughts and views, but it does not necessarily reflect the policy positions of all the organisations that were part of the steering group or those who have supported this research.

To download the full framing guide, visit https://carers.org/campaigning-for-change/changing-the-way-we-talk-about-care.

We are looking for organisations who are interested in testing the framing principles. If you are interested in taking part, please email uk.narratives@carers.org.

This work builds on previous research by Oxfam and analysis from The Health Foundation's Networked Data Lab:

- How to Talk About Care in the UK, Oxfam (2023) https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621498/gd-uk-care-narratives-300523-en.pdf?sequence=26
- Understanding unpaid carers and their access to support, The Health Foundation (2023) https://www.health.org.uk/reports-and-analysis/analysis/understanding-unpaid-unpaid carers-and-their-access-to-support
- Can you tell we care? Identifying unpaid carers using local authority and GP records, The Health Foundation (2023) https://www.health.org.uk/reports-and-analysis/briefings/can-you-tell-we-care

Section 3.
Methodology

This project was designed to create an evidence-based reframing to expand the number of people who see the issue of unpaid care as relevant to them and a priority for government investment.

The research methodology was designed to analyse and assess:

- The current frames and narratives about unpaid care that exist within society and how they impacted specific audience groups' views and behaviours.
- Public attitudes, barriers and opportunities to engage core audiences in the issue of unpaid care.
- The level of public support for policy change and how reframing could shift perceptions and behaviour.

We used a mixed-method approach, combining:

- Co-creation of the framing approach with unpaid carers to centre their experiences at the heart of the work.
- Discourse analysis to ensure we understood the current frames and narratives prevalent in culture.
- Quantitative research amongst unpaid carers and the wider public, for breadth of understanding of attitudes to unpaid care and the values underpinning them.
- Qualitative research through focus groups to shape the final recommendations and outputs.
- Collaboration and co-working with organisations who work actively in this space and who will use the reframing. Their views and experiences shaped the final output via a steering group supported by a research sub-group and a narrative sub-group.
- A sub-group of the steering group who shared valuable insights to support us in developing the frames for testing in the qualitative research stage, as well as the final framing principles.

Stakeholder involvement

Throughout this process, we relied on the involvement our two stakeholder groups – current carers and partners from our steering group – who provided vital feedback at each stage. This included:

- Feedback from our co-design group of carers, who helped us to develop the framing ahead of the qualitative research stage.
- Feedback from the steering group whose views on the quantitative research findings helped shape the next steps.

Discourse analysis – methodology

Purpose of research: to understand the current frames and narratives on unpaid care that exist in UK society, the impact this has on unpaid carers and the case for change.

A literature review and analysis of the current media and political landscape

A review of:

- Political commentary and media reporting on the topic of unpaid care, including BBC, Daily Mail, Guardian, Metro, The Sun, Sky News and local news outlets.
- Social media conversations, including on Facebook, X and Bluesky, using keywords such as “unpaid care” “care” “providing care” “unpaid carer”.
- Key research, including The Health Foundation’s Networked Data Lab and Oxfam GB’s 2023 report ‘How to talk about care in the UK’.
- Interviews with key stakeholders to understand the current frames, narratives and their impact on current attitudes and views. Interview participants were chosen from organisations working closely with unpaid carers and/or on policy and narrative work linked to this project - Carers Leeds, Care Full, the King’s Fund, Women’s Budget Group, Joseph Rowntree Foundation, the Runnymede Trust and Social Care Futures.

Co-design session with unpaid carers

A co-design session with unpaid carers to understand their views on how people perceive unpaid carers, the impact on them and what they would like to see change as part of this work. The co-design group was recruited via an online panel and consisted of 10 participants, all providing unpaid care.

Narrative mapping – stakeholder workshop

A Mapping workshop with representatives from WeCare, Carers Leeds, COSLA, Carers Trust and Joseph Rowntree Foundation. The narrative mapping exercise was reviewed and views captured on existing narratives, unintended consequences and areas participants wanted to see tested and explored within the research.

All insight from this phase was combined into a narrative map which was reviewed by the project steering group and unpaid carer co-design group.

Quantitative research - methodology

Purpose of research: to understand attitudes to unpaid care held by unpaid carers and the wider public – specifically the values that underpin attitudes to care, people's experiences of giving or receiving unpaid care and their broader expectations and feelings about caring, including their views about who should be responsible for care and what support unpaid carers should receive.

Between 21 February and 12 March 2025 we polled a nationally representative sample of 2,000 UK adults and 200 people from each ethnicity groups (Black, Asian, mixed heritage and other backgrounds). We also carried out the same 21-question, 15-minute survey with 1,000 people who identified as unpaid carers.

Our sample of 2000 adults is weighted to be nationally UK representative. When the wider population is mentioned, we are referring to the sample of 2,000 UK adults. When unpaid carers are mentioned, we are referring to the sample of 1,000 people to identified as unpaid carers. When people from different ethnicities are mentioned, we are referring to the 200 people boost sample of people from Black, Asian, mixed heritage and other backgrounds. Throughout the report, where differences are reported between the general public and carers, between different groups of carers, or between different ethnicities, they are statistically significant at the 95% confidence interval.

The quantitative research was analysed and key themes and insights were played back to the quantitative steering group to check validity. The group ensured that the work was set against the context of similar findings and provided guidance on the qualitative method and focus.

Qualitative research – methodology

Non-carer focus groups

Purpose of the research: to test the effectiveness of different frames, seeking to understand barriers and opportunities to engage our 'close and future proximity groups'.

We held a series of six online focus groups with 46 participants recruited via an online panel across April and May 2025.

The participant make-up of our focus groups was structured around 2 key dimensions:

- Values orientation: Individualist vs collectivist values.[2]
- Proximity to care: Close (connected to a current unpaid carer) vs future (expecting to care in 5-10 years).

This gave us four distinct groups:

- Individualist and close proximity
- Individualist and future proximity
- Collectivist and close proximity
- Collectivist and future proximity

Individualist groups included Reform and Conservative voters and those who had switched from Conservative to Labour at the last election. Collectivist groups included Labour and Liberal Democrat voters, as well as former Labour voters who had switched to Green at the last election.

We asked people who were not yet connected to caring about their understanding of what unpaid care is, their views on the value of care and how they felt about preparing to become an unpaid carer.

[2] Statements used to assign values:
(1a) Caring for loved ones is a private family responsibility.
(1b) When people need long-term care, the government should provide this.
(2a) It's not the role of Government to intervene in how people provide care to a loved one.
(2b) Government must play an active role so all unpaid carers receive the support they need.
Individualists: selected (1a) and at least half selected (2a). Collectivists: selected (1b) and (2b)

Unpaid carer focus groups – representatives from Black and South Asian communities:

Purpose of the research: To enable us to explore in more depth some of views highlighted through the quantitative research about the views about unpaid care highlghted by people from Black and South Asian backgrounds and the impact on unpaid carers from those communities

In our quantitative research respondents from Black backgrounds were most likely to see care as a personal responsibility (64%, compared with 38% White and 43% Mixed) and to believe that good unpaid carers solve problems themselves (30%, compared with 22% White, 21% Mixed and 21% Asian). They reported the strongest belief that caring strengthens society (88%, compared with 68% White, 72% Mixed, and 76% Asian) and the highest support for paying unpaid carers (85%, compared with 67% White and 67% Asian).

Asian respondents were most likely to see care as a private family matter (56% compared with 38% White and 39% Mixed) and to support traditional gender roles (27%, compared with 16% White and 12% Mixed). They reported the lowest support for financial compensation and formal recognition for unpaid carers.

We wanted to explore both group's experiences of caring, what outside support they accessed, and what they felt worthwhile support would look like. We also asked how they felt unpaid carers were viewed by wider society and whether they had prepared to be an unpaid carer before becoming one.

Unpaid carer and non-carer focus groups

In both the non-carer and unpaid carer groups we asked about people's values in relation to duty and fairness – including what should happen when someone close needs help, how far care should be kept private in the home and what was fair for unpaid carers to expect in terms of support from others.

We tested three territories for re-framing:

- Care as a personal priority – linked to the idea of care being personal and something we all experience and can prepare for.
- Care as individually and collectively valuable – comparing the individual responsibility of unpaid carers with a wider responsibility for society to support unpaid carers.
- Support as an essential enabler of care – showing support for unpaid carers as something that made caring possible, or as something that should be an automatic right for all unpaid carers.

Section 4:
Our findings

3.1 Narrative mapping

Purpose of research: to understand the current frames and narratives on unpaid care that exist in UK society, the impact this has on unpaid carers and the case for change.

Our discourse analysis and narrative mapping revealed eight 'stories' that are currently told about unpaid carers in society, with different values that likely sit beneath each of these frames:

- Essential to society
  Unpaid carers are seen as a vital part of social infrastructure, providing a public good that benefits everyone. Political parties such as Labour and the Liberal Democrats talk about caring as 'a vital public service'.
  Underpinned by values of collectivism, civic mindedness and inclusivity

- Human
  In this narrative, caring is seen as an extension of existing relationships and familial responsibility – with a recognition that we could all be unpaid carers. The media typically focuses on individual, personal stories of family unpaid carers and unpaid carers told us that these connections were their main motivation for providing care.
  Underpinned by values of humanism, empathy and equality

- Under-valued
  This narrative sees unpaid carers as invisible, under-recorded and under-supported. Media reports criticise the lack of value placed on unpaid carers and insufficient levels of Carer's Allowance.
  Underpinned by values of inclusivity, equity and lived experience

- Hidden victim
  This view focuses on the individual hardship people experience due to the financial and personal cost of caring. Media reports emphasise the physical, emotional and financial toll of providing unpaid care.
  Underpinned by values of empathy, low agency and lived experience

- Super-hero
  Unpaid carers are held up as an amazing and important part of our society who should be celebrated. They are frequently labelled as 'unsung heroes' in media reporting.
  Underpinned by values of individual exceptionalism, altruism and conservatism

- Economic enabler
  Unpaid carers are seen as supporting the economy with their contribution to society. Media reports often focus on the economic value of caring and the financial impact for unpaid carers.
  Underpinned by values of collectivism, civic mindedness and materialism

- Unjust and unequal
  Unpaid caring is unfairly and disproportionately taken on by those who are already struggling. This includes some recognition in the media that unpaid caring is often viewed as 'women's work'.
  Underpinned by values of equity, intersectionality and inclusivity

- Women's work
  Caring is seen a natural part of family life; women should and need to care for their families. By contrast, young, male unpaid carers from minority backgrounds are under-represented in media reports.
  Underpinned by values of social conservatism, conformity and tradition

Our co-design group provided their views on how they believe unpaid carers are viewed within society and the impact this has on their day to day experience. They felt the experience of unpaid carers was largely misunderstood and invisible.

“I haven’t registered. He’s my dad. I just do it out of, you know, because I love him, but I’ve got a full-time job.”

“It’s like a silent job, isn’t it? And something that you don’t get support for, being an unpaid carer. Kind of expected, maybe, there’s a lot of pressure in it.”

“I think my neighbours, friends and family think I just go in and tidy up, make his breakfast or lunch… but there’s a lot more to it than that.”

“It would be nice to be acknowledged. Like the pressure that it puts on you. Some days we’re not okay, but we still have to function and we still have to do all these things. It would just be nice to have some acknowledgment of what you’re doing.”

Implications of narrative mapping for framing:

There are several ways in which current perceptions of unpaid carers present a challenge for winning wider support for reform and investment:

- A focus on caring being an extension of personal relationships can lead to too much emphasis on individual responsibility – potentially letting governments off the hook in people’s minds.
- The narrative that unpaid carers are ‘hidden victims’ means there’s little public understanding of people’s day to day experiences, or how they could be better supported.
- A focus on unpaid carers’ contribution to society can mean the main reason people care – because of the human connections with the people who are most important to them – is overshadowed. Unpaid carers are seen as being in service of the system, rather than the system being in service of people.

3.2 Quantitative research

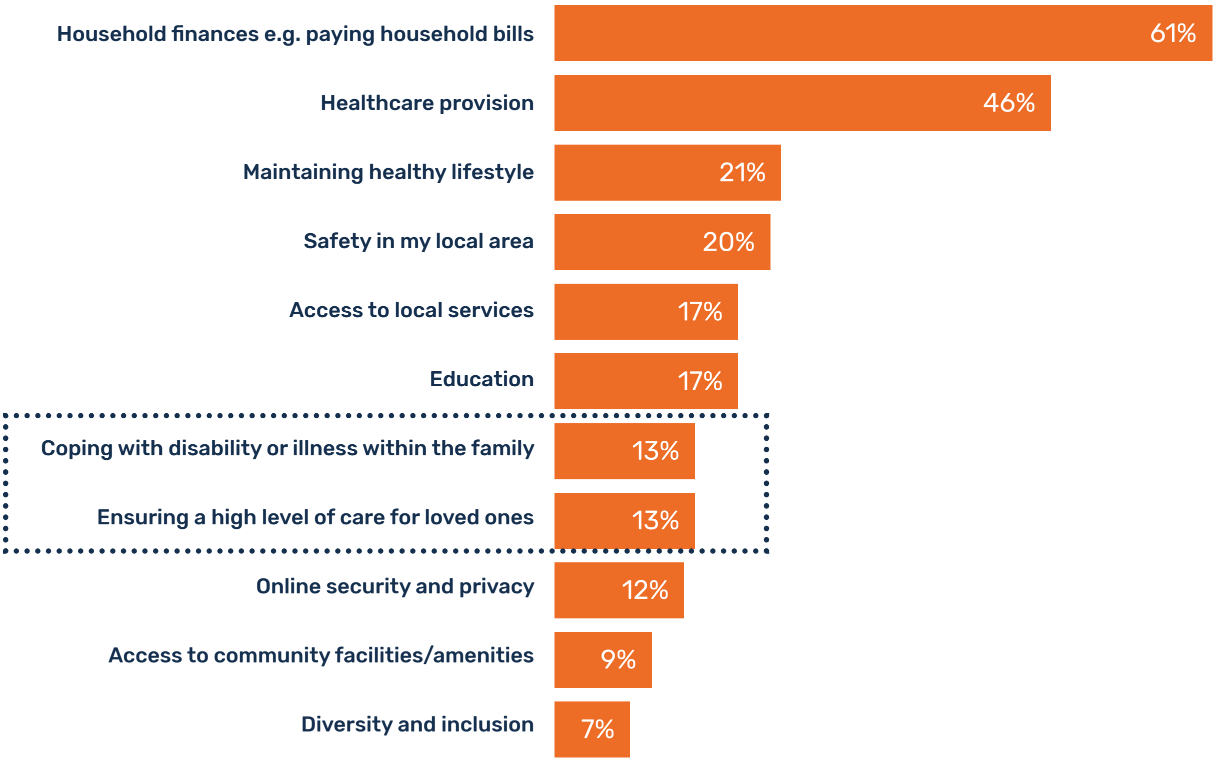
Purpose of research: to understand attitudes to unpaid care held by unpaid carers and wider public - specifically the values that underpin attitudes, people's experiences of giving or receiving unpaid care and their broader expectations and feelings about caring, including their views about who should be responsible for care and what support unpaid carers should receive.

Themes from the quantitative research:

Caring is seen as vital but not a top priority.

- 80% of the wider public and 86% of unpaid carers believe that unpaid care is as valuable as paid work and deserves recognition and support.
- 79% of the wider public and 86% of unpaid carers believe that everyone, regardless of their background or income, should have access to support for caring responsibilities.

Caring currently not considered a top concern for UK households



Q1. Which, if any, of the following do you believe are the most important issues currently affecting families/households in the UK? Sample: 2,000 UK adults aged 18+ (nat rep)

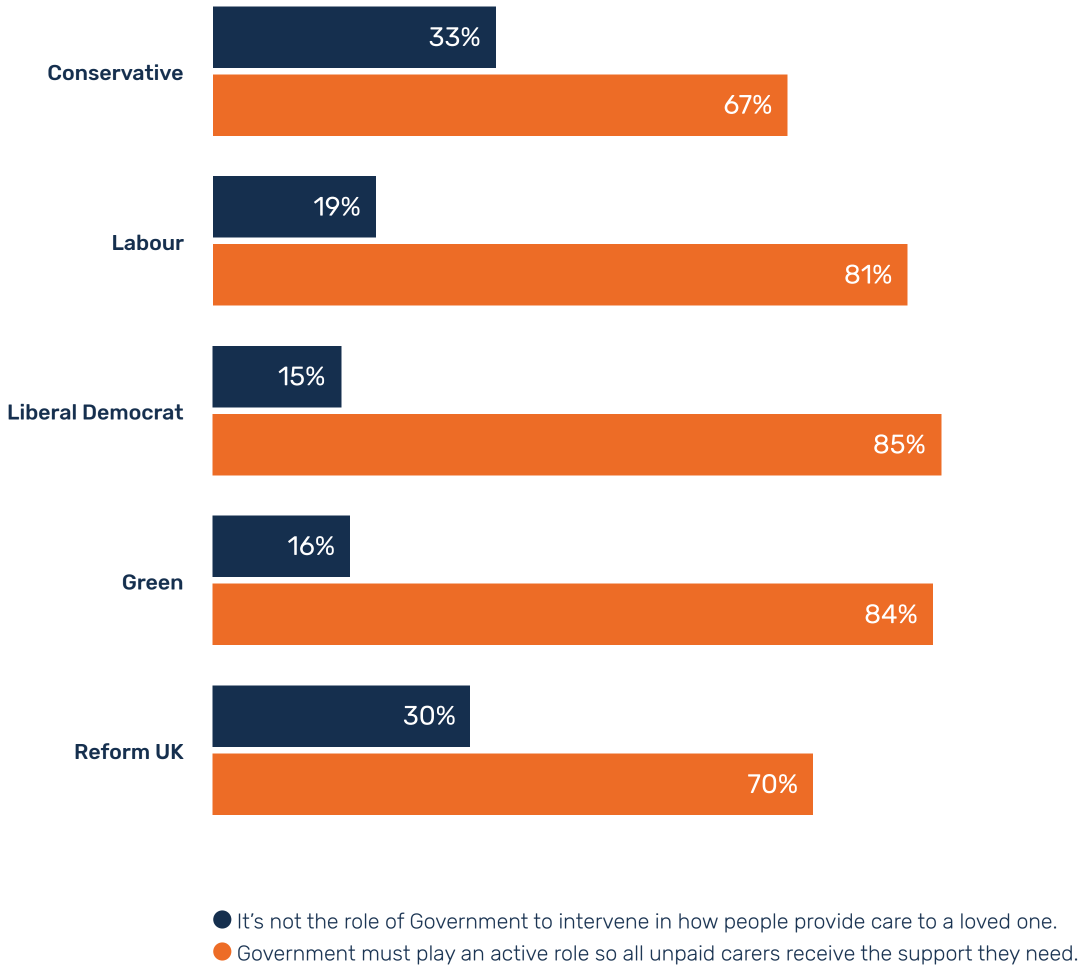
The closer you get to unpaid care, the more likely you are to prioritise the issue.

- 23% of unpaid carers and 15% of those with a future connection to unpaid care rank 'coping with disability or illness within the family' in their top three concerns compared to 9% of those who claim no connection to caring.
- 21% of unpaid carers and 16% of those with a future connection to unpaid care rank 'ensuring a high level of care for loved ones' in their top three concerns, compared to 10% of those who claim no connection to caring.

Views on government providing support for unpaid carers amongst the wider public:

- Across party lines, there is general support for unpaid carers and limited support for government intervening in how people provide care.
- There is strong support for individual choice in how care is provided. Across our groups we saw shared values concerning autonomy and flexibility, with 80% of the wider public and 84% of unpaid carers agreeing that people should be able to choose how they provide care, without feeling pressured to do it alone.

Effect of political leanings on personal vs. collective responsibility



Q2. Which of the following best describes your view?

- There is broad recognition that the state has a critical role to play in long-term care, with 59% of the wider public agreeing that it was the government's responsibility to provide long-term care when needed. 42% believe that support should be means tested, 56% believe money should be invested into health and social services, 33% favouring direct support for unpaid carers.
- Views are split between individual and collective responsibility for providing care.
    a. Many see caring for loved ones as a private family responsibility (41% wider public, 49% unpaid carers) and others believe that when people need long-term care, it's the government's responsibility to provide this (59% wider public, 51% unpaid carers). Conservative (52%) and Reform voters (51%), and those from Asian (61%) backgrounds are more likely than the wider population (41%) to feel that caring is a private, family responsibility.
    b. For unpaid carers, the level of people's caring responsibilities shape their attitudes, with those who experience the greatest responsibility, as measured according to the Zarit Burden framework, being most likely to support increased intervention from government. 55% of unpaid carers who report a low impact agree with the statement 'Caring for a loved one is a private, family matter' vs 43% of unpaid carers who report a high impact.

There is general support for government stepping in only when necessary, particularly amongst unpaid carers.

- Caring for a loved one is seen a personal responsibility and it's felt that government should only step in when absolutely necessary (40% of the wider public and 49% of unpaid carers agree, vs 26% of the wider public disagree and 25% of unpaid carers who disagree).

Unpaid carers are left carrying the bulk of responsibility.

- 73% of unpaid carers at least sometimes feel stressed between caring and trying to meet the needs of other responsibilities (work, home etc.).
- 70% feel they at least sometimes don't have enough time for themselves due to the unpaid care they provide, 65% feel strained when they are around the person they care for and 63% feel uncertain about what to do about the person they care for.
- 56% of unpaid carers are calculated as having a high score on the Zarit Burden framework. This is higher for women (59%) compared to men (52%) as well as those with children under 18 (63%). When asked more directly, 30% disclose that they are struggling, including 8% who feel completely overwhelmed. This number is higher for those who are also parents of under 18s (12%) and women (10%, vs 6% of men). A quarter of unpaid carers (25%) believe they are managing effectively.
- People do not relate to the label of carer – 10% of the wider public define themselves as unpaid carers despite 30% saying they provide some type of unpaid care. This echoed the Health Foundation's Networked Data Lab findings that only a small proportion of unpaid carers are identified as such to their local authorities.

Implication for framing

The quantitative research findings suggest that:

- **Proximity is important to building wider support** – Those who are close to the issue of unpaid care – e.g. those who have a close friend or family member who is caring for someone, or who expect to provide unpaid care in the next 5-10 years – are more likely to see the issue as a priority.
- **There is a moral belief that unpaid carers should be supported** – a belief both that support is needed and 'the right thing' for government to do. There is no opposition to support; it is seen as a matter of priority.
- **There is a rejection of responsibility for care sitting solely with government** – we must find the right balance of **public and private responsibility and make the case for support being provided earlier rather than at breaking point.**

3.3 Qualitative research

Purpose of research: to test the effectiveness of different frames, seeking to understand barriers and opportunities to engagement of our 'close and future proximity groups.

Key themes emerged from the qualitative research:

1. Active disengagement

Barrier: fear, guilt and an expectation that caring will inevitably be a negative experience led to an 'ostrich effect' where people disassociate from the issue.

It was clear from all our focus groups, of unpaid carers and non-carers, that talking about being an unpaid carer is hard. For non carers the topic sparks dread, fear, and guilt, and can feel as taboo as talking about death – so they actively avoid the issue. Future unpaid carers were most likely to feel fear, but they also had a sense that nothing they could do now would change their experience.

"It is one of those taboos, like death. We think it but we do not talk it." Non-carer, expecting to provide care in the future

"If that situation were to happen, I do not know where I would start. I find that stressful." Non-carer, expecting to provide care in the future

"It is just another thing to plan. I had shut it off until I need to think about it." Non-carer, expecting to provide care in the future

"It is kind of like an invisible thing. If it's a family member, you feel obligated. It's your duty to take care of them. I've not got any support for it." Carer

Opportunity: people are motivated by feelings of personal responsibility and a desire to 'do a good job' for those who are important to them.

For our unpaid carer and non-carer groups, caring was widely seen as a non-negotiable moral responsibility. There is no consideration from current unpaid carers that they would not support those they are caring for, regardless of the financial and emotional costs, and non-unpaid carers expect to feel the same.

Most people believe they will be able to meet the responsibilities expected of them as an unpaid carer. Current unpaid carers want to feel they are doing a 'good job', and non-unpaid carers want to believe they would rise to the challenge and 'get on with it.' In particular, current unpaid carers and those with individualist values found it hard to separate support for unpaid carers from support for those experiencing care.

This chimes with feedback we received in our co-design groups, that what was important to unpaid carers was their relationship with the person experiencing care and the quality of care they could provide.

Implications for framing: make the link between reform and investment in infrastructure to support unpaid carers and those experiencing care, and helping people to 'be a good unpaid carer.'

"They're my family. I'll be there for them." Non-carer, close proximity to a current carer

"There would be a huge sense of guilt to try and pass any part of the job." Carer

"It just feels like an obligation… I wouldn't even question it." Non-carer, expecting to care in the future

2. Fine line of responsibility

Barrier: values of tradition and conformity drive social norms in which people expect that being an unpaid carer means individual sacrifice – which leads to a reluctance to prepare.

Our participants felt there was little choice for unpaid carers, and many saw little to no upside. It was almost impossible to get people not yet providing unpaid care to envisage positives, with many immediately thinking about physical, intimate, personal care when they think about the topic. When pressed, some offered positives such as time spent with people experiencing care, but most talked about feeling comfort in having done the right thing as the main positive.

Participants in the proximity groups had mixed feelings on whether the lack of a wider conversation is a problem. While some felt it may help them prepare, many felt there was little point in preparing for something that may not happen.

Unpaid carers all said they struggle most when alone and unsupported and future carers worried about shouldering responsibilities alone, imagining caring to be lonely and isolating.

Unpaid carers described feeling invisible and ignored. But while they wanted recognition and support, they did not want to be seen as doing something 'special' – they felt strongly they were simply doing what was expected.

Opportunity: people's views about fairness, and their sense that unpaid carers have a lack of choice, drive their belief that government has a moral responsibility to support unpaid carers and people experiencing care.

All our groups – unpaid carers and those not yet providing care – agreed that the government is not doing enough to support unpaid carers. They believed unpaid carers deserve support because they had no choice but to provide care; this was an accepted part of their personal responsibility. They believed this was 'fair' and the role of government.

There were differences across the 'individualist' and 'collectivist' groups on what 'fair' support meant. Collectivists felt the government has a broad responsibility to help people who are struggling so they can feel like valued members of society, while individualists defined 'fairness' as the government paying out to those who have already 'paid in' to the system through taxes.

All our groups saw that unpaid carers are at risk of being trapped in poverty due to the impact on people's ability to work and rules on benefits for unpaid carers. They agreed that there should be flexible employment opportunities, or the potential for unpaid carers to have their earnings topped up.

People agreed that people should be cared for by someone close to them, even if high quality outside care was available. We found that this was especially important for those with individualist values, and for unpaid carers from South Asian backgrounds. There was less agreement on the balance of responsibility in terms of what the unpaid carer should do and what support they should be able to call on.

"It might be a better experience but it will never be a good experience." - Non-carer, expecting to provide care in the future

"It's morally right… but not providing the investment doesn't reflect that." Non-carer, expecting to provide care in the future

"Flexible working should be a bigger thing." Non-carer, close proximity to a carer

"It should be like maternity leave… it's not a bonus." Carer, on carers' benefits

Implications for framing – build on the idea that there is a 'lack of choice'. Re-frame away from a view of unpaid carers as the unlucky few, to one of caring as a universal issue likely to affect us all at some point in our lives.

3. Vacuum of hope

Barrier: Stretched government finances and a lack of trust means change feels unlikely.

Across our groups, unpaid carers and those not yet providing care recognised that the government may not be able to fund support for unpaid carers, even if they felt it should be a priority. This chimes with our quantitative findings, with those not yet providing care believing morally that unpaid carers should be supported, but that when government finances are tight, there are bigger economic priorities for investment.

We found individualists worried about how people would spend the money if given financial support. As a result they preferred the idea of investment in services and infrastructure, or support from outside government such as employers who allow flexible working. Again, this reflects our quantitative data, which highlighted increased agreement amongst the wider public for government support to be invested in the system rather than individual payments to unpaid carers.

Opportunity: When people see examples of support, this can shift their belief that change is possible and worthy of attention.

We found that people struggled to know what good support could look like and instinctively thought only of financial support or respite care. When showed tangible examples of support – such as job flexibility that allows people to balance their care responsibilities while earning, or support groups that offer unpaid carers a break – this increased their optimism that their unpaid carer experience could be different. It had the added benefit of making the complex social care system seem more tangible, grounding calls for reform in relatable reality.

These examples were most successful when framed with a personal example of someone who had accessed support and what it had enabled them to do. For current unpaid carers, useful support was framed as the scaffolding that allows them to care without additional challenges or hardship.

"Caring and getting help… does make caring possible." Non-carer, close proximity to an unpaid carer

"Having someone to say, here's how you access this, would resonate." Non-carer, expecting to care in the future

"That's my sister … a neighbour sits with her husband while she has coffee." Non-carer, close proximity to an unpaid carer

Implications for framing: frame systemic reform and investment through tangible, relatable examples, so people can see how they would be better able to provide care in a positive way – for them and the person they care for.

Section 5.
Framing recommendations

Purpose of framing recommendations: To engage those who are close to someone who is an unpaid carer or expects to become an unpaid carer in the next 5-10 years, but who is not currently providing care.

Based on our research process, we are recommending three key reframing principles. The accompanying framing guide expands on how to use these principles in practice.

Framing principle 1: Care as a universal experience

At some point in our lives, we are all likely to need to care for someone, or to receive care.

Existing narratives that frame unpaid carers as exceptional have the side-effect of 'othering' them and making it feel like the issue is only relevant to a small subset of people. To counter this, we need to show the reality: that caring for someone, or being cared for, is something we are all likely to experience at some point in our lives. By showing that it's the norm, not the exception, we gently welcome more people into the issue.

Framing principle 2: No care without support

Good care is supported care.

People's expectations of having to provide care for someone are overwhelmingly negative. They expect it to be difficult and isolating and believe nothing can make the experience better. But we can offer a different vision: one where people are supported so they can care well

We build new mental models of what care is – where unpaid carers are no longer seen as needing to be hidden, isolated and alone, but supported by the scaffolding that makes good care possible. By creating this connection, we give people hope that change is possible alongside tangible examples of what must change and who should be held responsible for making it happen.

Framing principle 3: Prevention and partnerships

We should live in a country that makes caring for the people who are important to us easier, not harder.

Caring is seen as deeply personal and an extension of their role in their closest relationships. Currently, most people see it as a private responsibility, with the state only stepping in when things get tough or they reach breaking point. This is true for the public and unpaid carers alike.

There is a fine and complex line between 'the family' and 'the state,' and it is important that we do not erode the personal relationships that are seen as so important and vital to caring. We also need to hold government account for ensuring that caring is possible.

We make roles and responsibilities clear – a partnership exists where government ensures the infrastructure is in place to help people to care and carry out their caring role, without ever having to get near to breaking point due to lack of adequate support.

Section 6.
Limitations and key watchouts

- In our quantitative survey, our sample of 1,000 unpaid carers was not large enough to allow for any analysis that took intersectionality into account, particularly on ethnicity. While we sought to address this challenge through our qualitative groups, there are other key groups where further research could be beneficial, such as those from White 'other' backgrounds (including Polish, Turkish or Roma groups), and other Asian communities.
- We saw persistent stereotypes about gender roles across our research groups, with many viewing women as 'best placed' to provide intimate care. To address this, there is a need for communications that challenge gendered ideas of who provides care and what sort of care they provide.
- For our research groups, caring was rooted in family relationships and echoing this language can help people see caring as relevant for them. However, we should be careful not to reinforce the idea that 'family duty' means providing care alone and without support. We should always show that good care is supported care and use our communications to help normalise the idea of unpaid carers accepting support.
- The attitudes expressed within our groups in regard to direct payments are in line with research conducted on the stigma surrounding social security. However, we are not suggesting that future policy recommendations should exclude social security. We would recommend that frames and narratives of unpaid care and social security converge and future programmes work together to build collective understanding of what is needed for an effective social security system.
- Across non-unpaid carer groups, there was a fear of the reasons why someone might need care and the impact this might have on people's lives. We should acknowledge those feelings, but we need to be careful not to perpetuate ableism and inadvertently present those experiencing care as victims, without voice or agency. The narrative of 'supported care' should highlight the stories of, for example, people with long-term disabilities who live full lives in part because of receiving supported care.
- People experiencing care were not included within this research report. This is a gap in the research and is an area for future exploration. We have sought to ensure that we are careful not to perpetuate ableist stereotypes and will monitor this as we begin to use the framing principles, amending as needed.