



Pressure on carers rising

Carers Trust commissioned Public First to model the unpaid carer landscape in 2035 and 2050

The nation's care needs place huge pressure on unpaid carers.

FINDINGS

Over the last decade the number of unpaid carers has **increased**. Compared to 2012-13 they are:

- More likely to be caring over 35 hours per week
- More likely to be in poverty
- More likely to have a long-term health condition
- Have worse mental health compared to non-carers

Their chance of working has not improved despite it being a time when the overall employment rate increased

IMPLICATIONS

Caring places huge **pressure** on people with respect to money, work and health

Carers (providing over 4 hours unpaid care per week)	2012-2013	2022-2023
Number of carers	5.5 Million	5.9 Million
Average Age	53	54 ↑
% of carers providing over 35 hours of care a week	15%	20% ↑
Employment rate (working-age carers only)	63%	63% →
Poverty rate	21%	23% ↑
Share with long term health condition	47%	48% ↑
Mental wellbeing: GHQ-12 measure of mental distress - excess over to non-carers	0.83	0.96 ↑

The main sources were the Understanding Society household survey and ONS population projections. Unless otherwise stated a carer is defined as someone providing over 4 hours of unpaid care a week.

Carers experience worse health and poverty than non-carers

FINDINGS

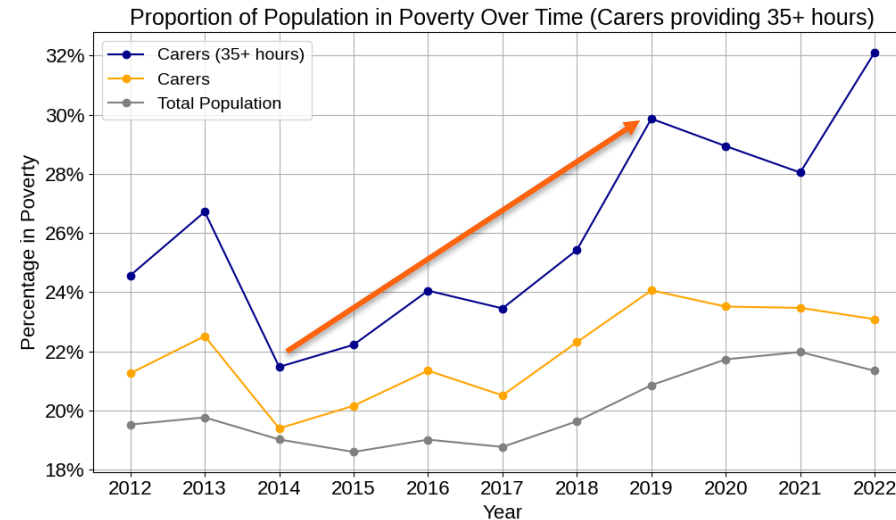
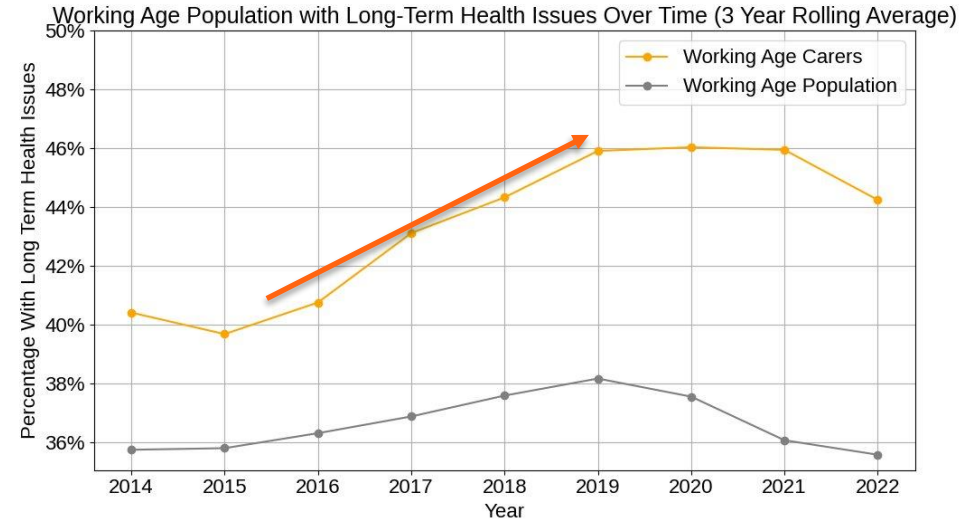
Health remains **consistently worse** for carers than non-carers. Around 45% of working-age carers have a long-term health condition.

Carers are consistently more likely to be in **poverty** than non-carers. This difference is mainly driven by people caring for **35+ hours** per week who have a poverty rate of **32%**. The poverty gap applies to carers who are both over and under the state pension age. For carers of working-age it is driven by lower levels of employment.

IMPLICATIONS

Previous research has shown that these health patterns are linked both to the **pressures** of caring and to the **demographic profile** of people who become carers. Carer health outcomes could get worse still, due to ageing, poverty and more intensive caring.

Source: Understanding Health Trajectories among Unpaid Carers in the United Kingdom, LSE, 2022



Source: Understanding Society

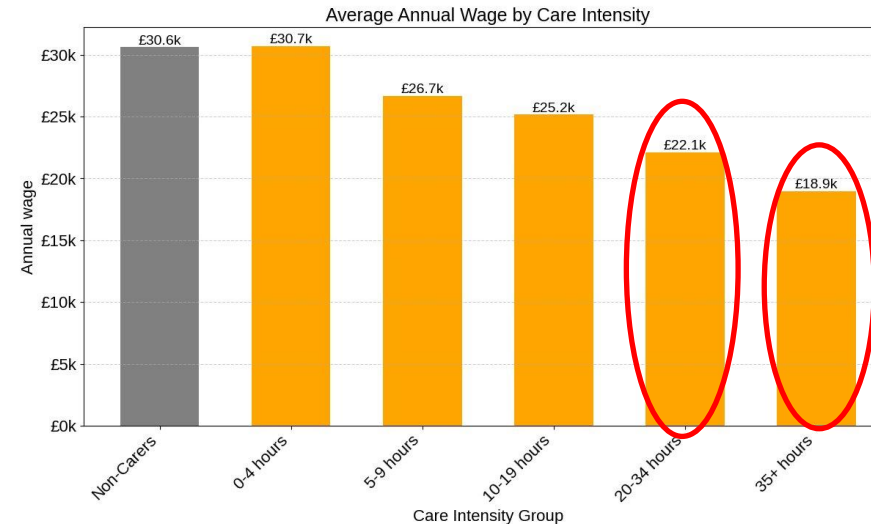
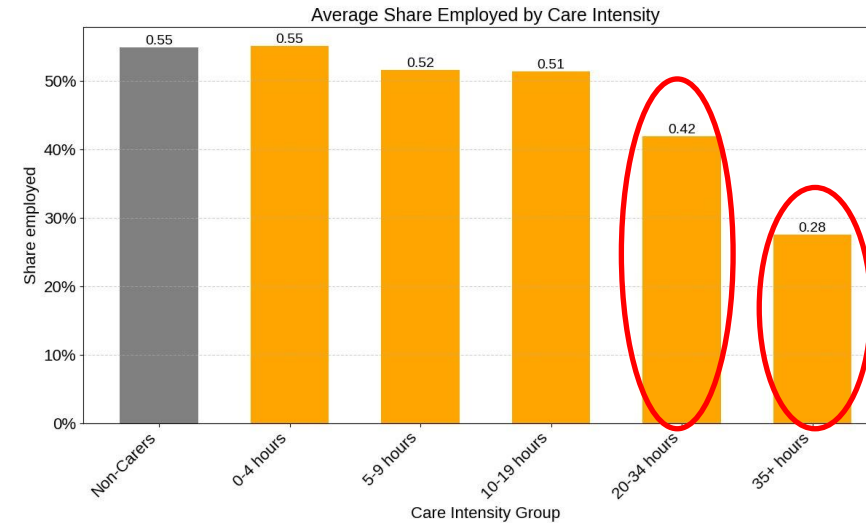
Lower employment and earnings for those caring for more hours

FINDINGS

Fewer than half of people caring for more than 20 hours per week are in work and this reduces to **less than 3 in 10** carers who care for more than 35 hours in work

The employment rate for carers of working-age was stable over the ten years to 2022/23 - at a time when the overall employment rate increased.

Wages are impacted by care intensity. Among carers with jobs, average annual pay falls steeply according to intensity of care. People caring for 5+ hours a week have lower earnings than non-carers since they are far more likely to work part-time.



Source: Understanding Society

Projecting to 2035, 600,000 more carers needed to maintain current levels

PROJECTION

Our central projection is that there will be demand for **600,000 more** carers in 2035 and **1.2 million more** by 2050.

This projection extrapolates from projections for *the number of people with care needs*.

- **8.4 m in 2025**
- **9.4 m in 2035**
- **10.3 m in 2050**

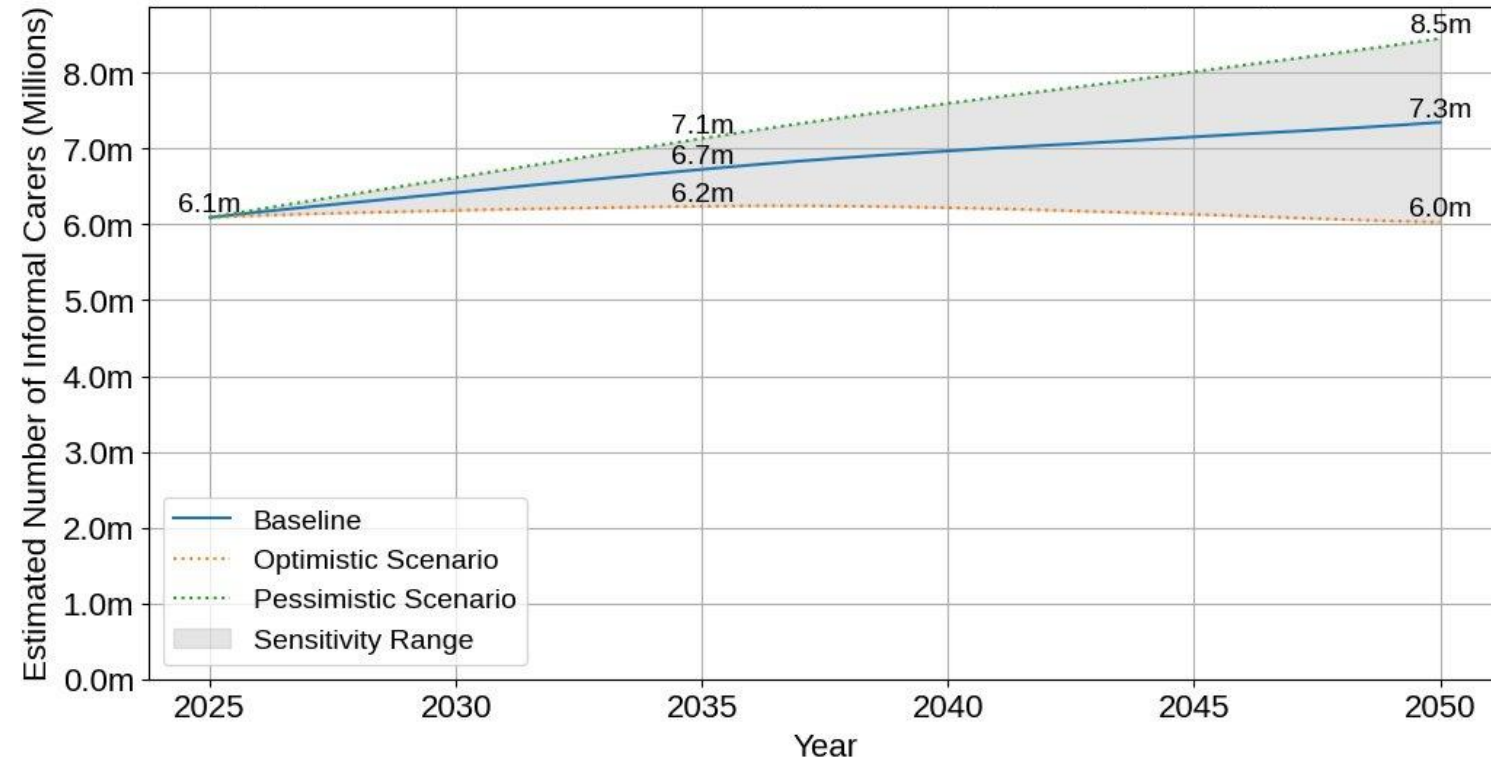
It is sensitive to developments in population health. If the nation becomes healthier the pressure of care will fall. But that is unlikely in the short term.

We use ONS population projections by age and make three assumptions:

1. *Each age cohort has the same profile of disability as today. Changes are a result of the expansion / ageing of the population*
2. *As the numbers who require care rise there is no change to the proportion of care recipients receiving care in a care home, in their own home, or having their needs go unmet*
3. *The ratio of unpaid carers to care recipients is constant*

We assume today's very high percentage who have unmet needs does not increase.

Projected demand for informal care 2025-2050 to maintain current levels



'Optimistic' scenario - national average for care needs match those found in **the 75th percentile local authority**
'Pessimistic' scenario - national average for care needs match those found in **the 25th percentile local authority**

Sources: Understanding Society, Family Resources Survey, ONS population projections

Demand Scenario : Care home / formal care in community does not grow

PROJECTION

SCENARIO 1

If care home capacity *does not increase* with need, an **extra 100,000** carers will be needed by 2035 and **200,000** by 2050. The number of people living in care homes has been **falling for decades** despite support needs rising.

- 4% decline in 65+ care home residents. 12% decline in publicly-funded care home residents 2013 - 2023 (England)*

SCENARIO 2

If there is no increase in the number of people living at home receiving paid care services, an **extra 100,000** carers will be needed by 2035 and **300,000** by 2050. This scenario is in line with recent trends, but data is incomplete:

- The number of recipients of publicly-funded community services was about the same in 2014 and 2023 (England)*
- Data unavailable for self-funded home care, (¼ of places)

COMBINING SCENARIO 1 and 2

Demand' for carers rises to: **7 million in 2035 and 7.8 million in 2050**

There is **significant uncertainty** about future levels of social care provision. But without a large rise in public funding this scenario is very plausible

* Sources: ONS, NHS England

	2025	2035	2050
Baseline projection: Number of unpaid carers	6.1m	6.7m	7.3m
Scenario 1: Rigid care Home Capacity impact	6.1m	6.8m	7.5m
Scenario 2: Formal care in the community does not grow	6.1m	6.8m	7.6m

Supply Scenario: Shortfall in number of relatives who can be carers

PROJECTION

SCENARIO 3

We assume for each age-group the % of people who are carers stays the same. Employment / personal circumstances **restrict** ability of family members to be carers at the pace that relatives develop care needs. 'Supply' of carers **increases** because of population growth to 6.5m in 2035 but **does not rise as fast as 'demand' for care**. Mid-life age-groups which most carers are from grow less than age-groups with highest care needs (old age).

SCENARIO 4

We project **family circumstances** of people receiving care. In 2035 a decline in the number of people with care needs who have adult offspring **reduces** projected number of carers by **110,000**. This is slightly offset by an increase in the number of people with care needs living with a partner (more men surviving to late old age). This means a modest rise in carer numbers of 10,000 by 2035.

COMBINING SCENARIO 3 and 4

These two scenarios won't necessarily be combined but to illustrate a 'worst case' for the supply of care we bring them together here. This large shortfall in the number of carers would lead to **more**:

1. Pressure on carers
2. Unmet need
3. Demand for paid social care

	2025	2035	2050
Baseline projection: Number of unpaid carers	6.1m	6.7m	7.3m
Scenario 3: Unpaid mid-life carers do not rise as fast as demand	6.1m	6.5m	7.0m
Scenario 4: There are less adult offspring able to care for the older generation	6.1m	6.6m	7.0m

Scenarios 1- 4 leads to a shortfall of over 1 million carers by 2050

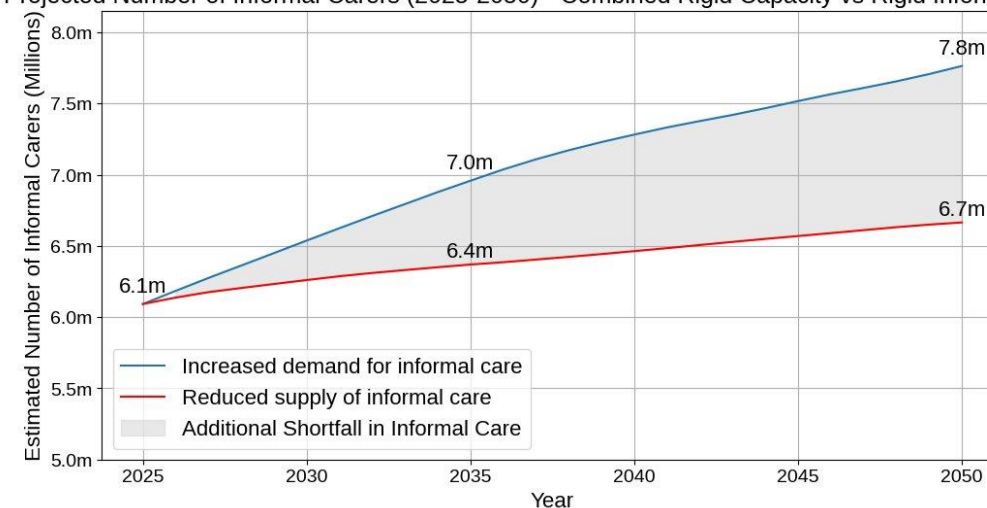
IMPLICATIONS

This 'worst case' scenario would result in far more:
(1) **pressure** on those who are **carers**; and (2) people with **unmet needs**

There are two ways to prevent this outcome and keep the 'crocodile jaws' closed:

1. Make it easier for more people to be carers (supportive employers, increase dedicated services for carers, positive social expectations etc)
2. Expand the provision of adult social care funded by government and/or families

Projected Number of Informal Carers (2025-2050) - Combined Rigid Capacity vs Rigid Informal Supply



What does this mean for carers in future?

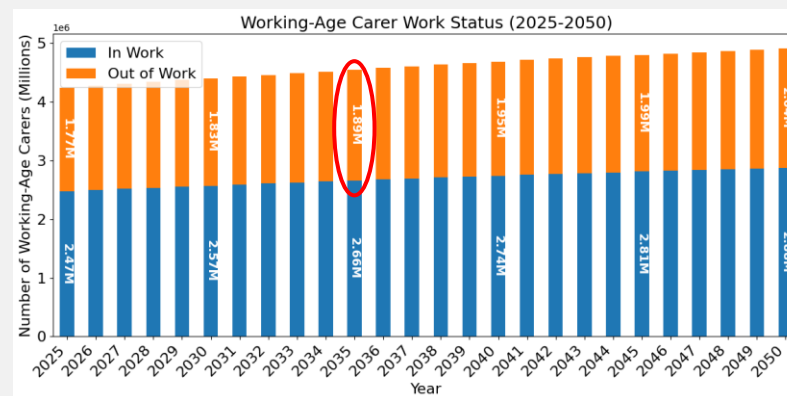
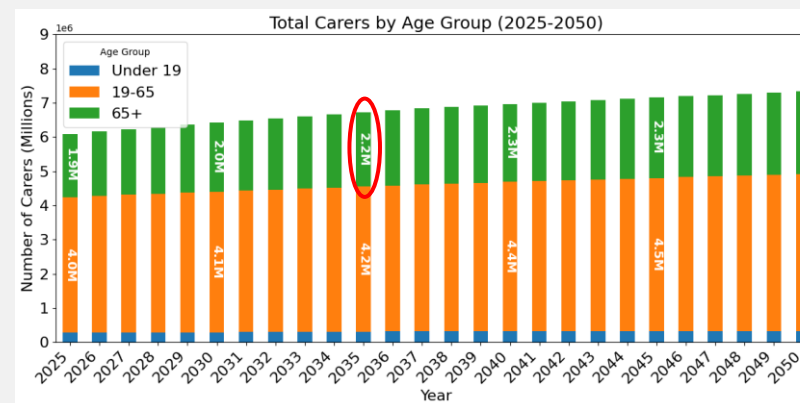
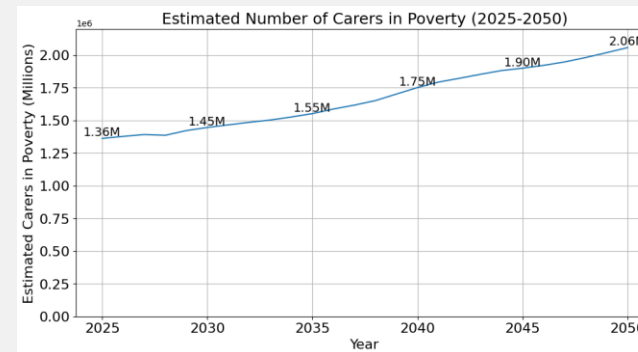
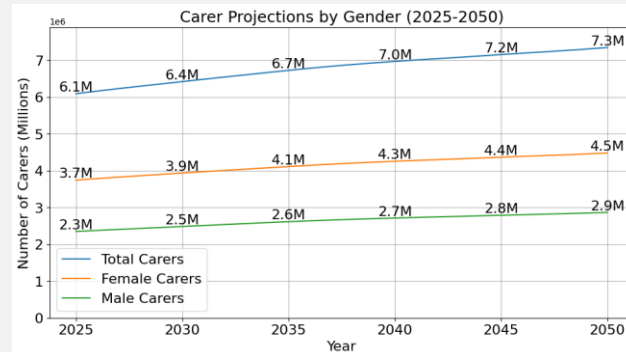
PROJECTION

400,000 more women carers and 200,000 more men by 2035. For working-age women, this has implications for earnings, hours and progression. This **inhibits developments in gender equity**.

As care recipients get older, carers in the same generation, next generation and third generation are projected to age at the same pace. 2035 we project demand for 2.2m over 65 and 4.2m aged 19-64. The share of carers aged 65+ rises slightly

If the % of carers in work is the same for each age group, 120,000 more carers under 65 will **not be working** by 2035

Poverty increases mainly because of social security policies. Benefits paid to carers out of work / on low incomes rise less quickly than earnings and median income. We project 1.6 million carers in poverty by 2035





Public Spending projections *(maintaining status quo)*

PROJECTION

Carer Allowance / Support (UK)

Rises mainly reflecting increases in working-age carers. The caseload is **1.3m** in 2035 and **1.4m** in 2050 (spending per recipient is *assumed to be constant* in real terms).

Universal Credit (UK)

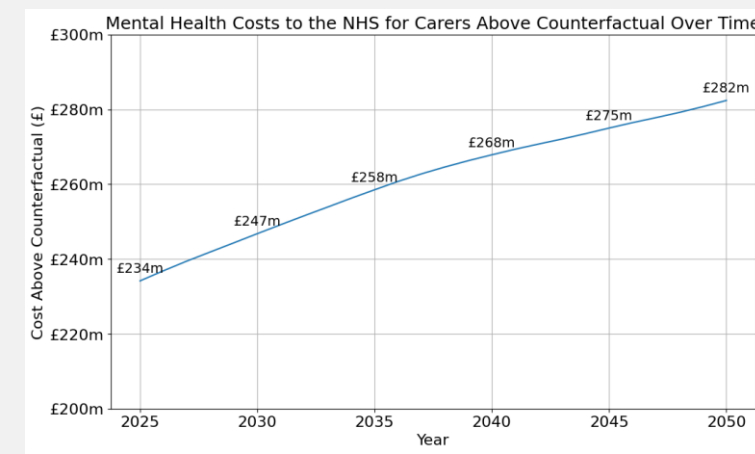
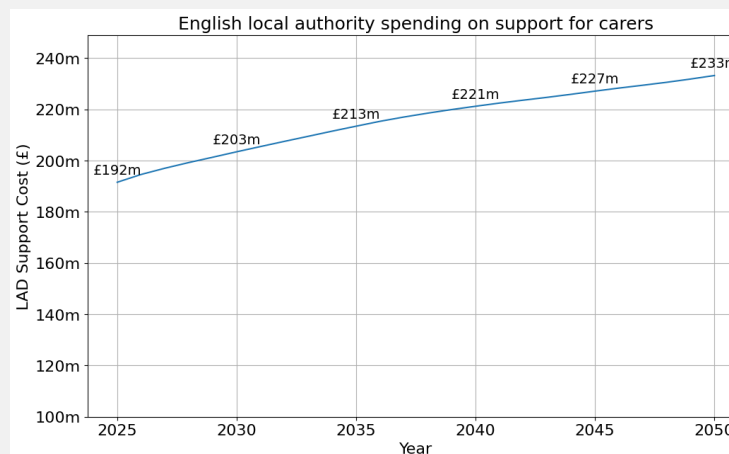
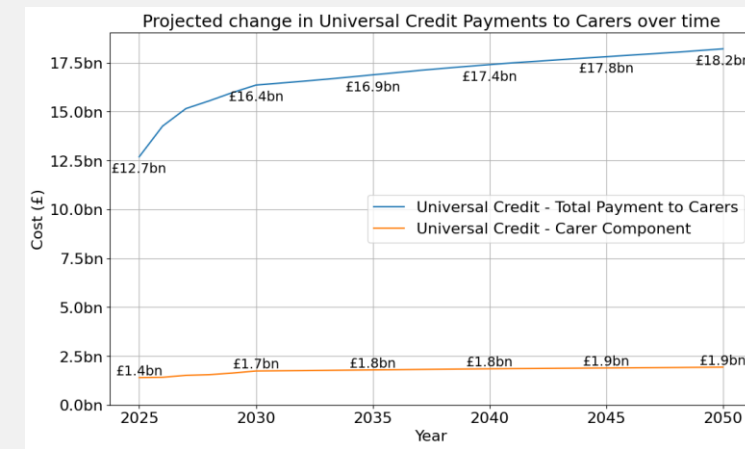
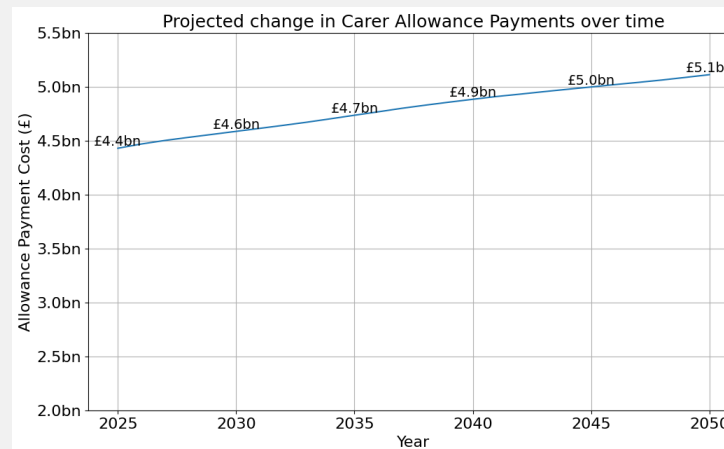
Spending rises from £13bn in 2025 to £17bn in 2035. The projection includes £1.8bn spent directly on the UC carer's amount. UC mainly rises in line with prices not earnings. This constrains costs but it is one of the main drivers of growing carer poverty.

Local Authority Spend (England)

In 2023/24 English local authorities reported spending of £180 million on direct support to carers. This level of spending is **widely considered inadequate**. But we use it as a baseline to project the cost of maintaining current support as the number of carers rises. This **increases by £21M** by 2035.

NHS (England) spending: talking therapy

Carers are 2x as likely as non-carers to use mental health services. We project the spending on NHS talking therapies for carers. In 2035 this is £260m.



Sources: NHS England, Understanding Society, Family Resources Survey, ONS population projections, Redican, E. et al, 2025
2025/26 prices



Conclusions



CONCLUSIONS

Do plan, don't panic. More carers will need support but the extra spending is ***manageable***. The rising numbers are linked to a status quo spend of less than £1 billion by 2035.



CONCLUSIONS

However we must make it ***easier for people to care***. Otherwise there will be a shortfall in carer numbers, existing carers will face greater pressures and unmet need will rise. Those who are caring will be spending more hours doing it, leading to higher unemployment, increased poverty, deteriorating health and wellbeing, more pressure on the NHS and more people who need care having their needs unmet.



CONCLUSIONS

Spending needs to rise in other ways. ***Social care*** must support more people as needs grow. Carers can't do it all. ***Social security*** must also increase by more than inflation. Otherwise, carer poverty will rise.