

# THE CARE ECONOMY: SOCIETY'S ENGINE ROOM

**UN**   
**WOMEN**  
UNITED KINGDOM

# TABLE OF CONTENTS

Foreword	_____	<b>1</b>
Methodology	_____	<b>2</b>
Parental & Unpaid Care	_____	<b>3-9</b>
Societal Attitudes	_____	<b>10-12</b>
Key Principles	_____	<b>13-16</b>
Framework & Recommendations	_____	<b>17-21</b>
Acknowledgements	_____	<b>22</b>

# FOREWORD

We commissioned this research to shine a light on a profound, yet often overlooked, issue shaping our workforce today - the care economy. With our media agency partner UM, we commissioned a UK survey to better understand the profound impact of caregiving responsibilities on women in the workforce.

This report highlights some alarming trends. One third of mothers with children under five have unwillingly left the workforce to care for their children, while a similar proportion of mothers with children aged five to eleven report having to make the same difficult choice. Even among women with older children, one in five has left work to meet caregiving responsibilities. These statistics are not just numbers, they are a reflection of the deep structural barriers preventing women from realising their full potential in the workforce.

The reasons for this are clear: 46% of women respondents reported the stress of juggling work and caregiving as the main reason for leaving the workforce. Beyond that, 42% said they simply don't have enough time outside of their care duties, 38% have no one else to share these responsibilities with, and 35% cited the inflexibility of their employers as a significant challenge.

Furthermore, the report reveals that one in ten women carers have been compelled to leave their jobs entirely due to care responsibilities, and 65% believe that these responsibilities restrict women's ability to secure decent, well-paid work. The situation is especially acute for 'sandwich carers', those who care for both children and adult or elderly relatives, with nearly a third stating that these dual pressures have negatively impacted their mental health.

Yet within these challenges lies an opportunity for transformation. This report presents not just a call to action, but a vision for change: to move beyond viewing care as a cost to seeing it as a crucial driver of economic growth. If we invest in and value the care economy, we can unlock the full economic potential of women and drive societal progress for all.

This vital report would not have been possible without the tireless work of many individuals and organisations. I would like to extend my heartfelt thanks to our partners at UM and to the team at UN Women UK.

Without the dedicated teams across UN Women and our wider United Nations colleagues focused on reforming care systems we would not have the models used in the recommendations. We offer our gratitude to them and credit their work from the policy paper 'Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda'. UN System Policy Paper, United Nations. (2024). Together, we are working to build a more inclusive, equitable future, one where the care economy is recognised not as a burden, but as the engine room of society.

Tabitha Morton  
Executive Director, UN Women UK

# METHODOLOGY & RESEARCH OVERVIEW

In 2024, women still carry out the majority of unpaid care and domestic work and make up the majority of paid care workers in the UK. Existing research shows that care is fundamental to the well-being and prosperity of the UK yet a lack of recognition for and investment in care is leaving women behind.

To understand the scale of the issue, UN Women UK partnered with UM to conduct research into societal attitudes towards care in the UK and the impact these have on gender equality and the economy. We surveyed n=2,004 people aged 18-85 across the UK via surveys provided by fieldwork provider Norstatpanel. The sample was comprised of n=1479 women and n=509 men.

Throughout the research we referred to a number of sub-groups. These are defined as:

**Carers** - people who care for a child/children, elderly family members/friends or someone with a disability, long-term illness or mental health problem or an addiction and cannot cope without support.

**Paid Carers** - people who are professionally trained, who are paid and provide care as a service.

**Unpaid Carers** - people who receive no pay or formal training and are often friends, family or community members who fulfil caring responsibilities.

**Sandwich Carers** - people who both care for a child/children and an adult such as an elderly family member/friend or someone with a disability, long-term illness or mental health problem or an addiction and cannot cope without support.

The research found that care is essential to the social and economic well-being of the UK, yet it continues to be seen as a cost rather than an investment. This view perpetuates existing gender inequalities and devalues and exploits women's unpaid or underpaid labour.





# PARENTAL CARE

# PARENTAL CARE: IMPACT ON MOTHERS

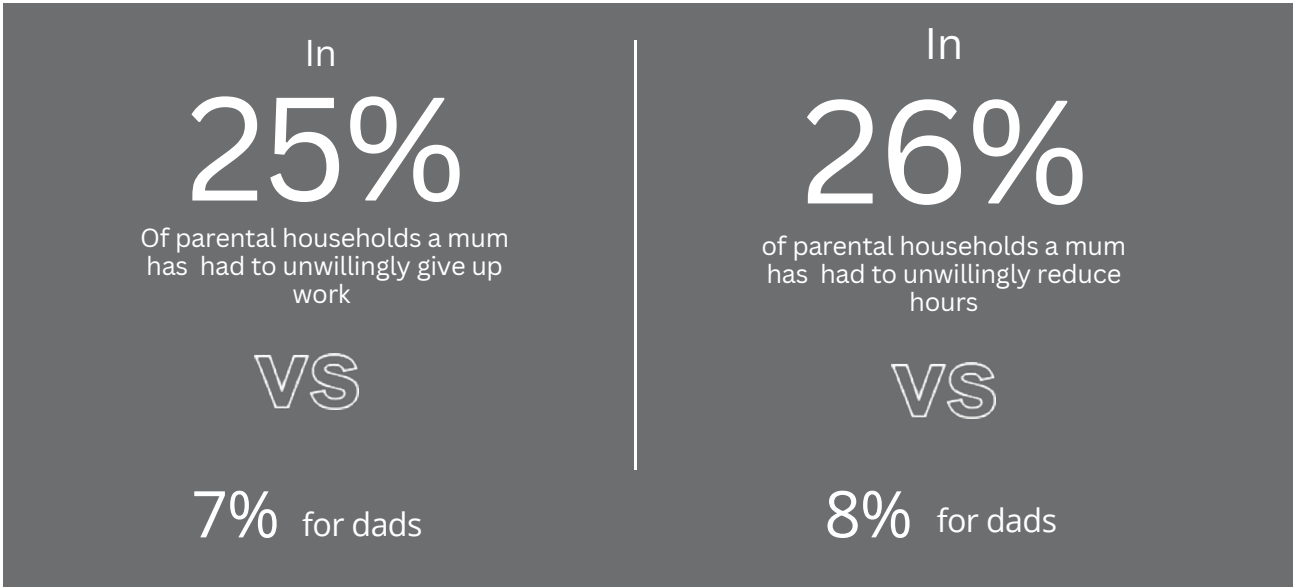


Figure. 1

The data shows 1 in 4 mums have had to unwillingly give up work vs 7% of dads. Over 1 in 4 mums have unwillingly had to reduce hours in their work due to their caring responsibilities.

The data indicates that this issue isn't limited to parents of younger children. Although the percentages are higher for parents of 5-11 year-olds, with 29% having to leave their jobs unwillingly and 32% being forced to reduce their working hours, the rates remain significant among mothers of children aged 12-18 at 20% and 21% respectively.

When we asked women without children if they were planning on having children, 25% weren't planning on having children in the future for financial reasons.

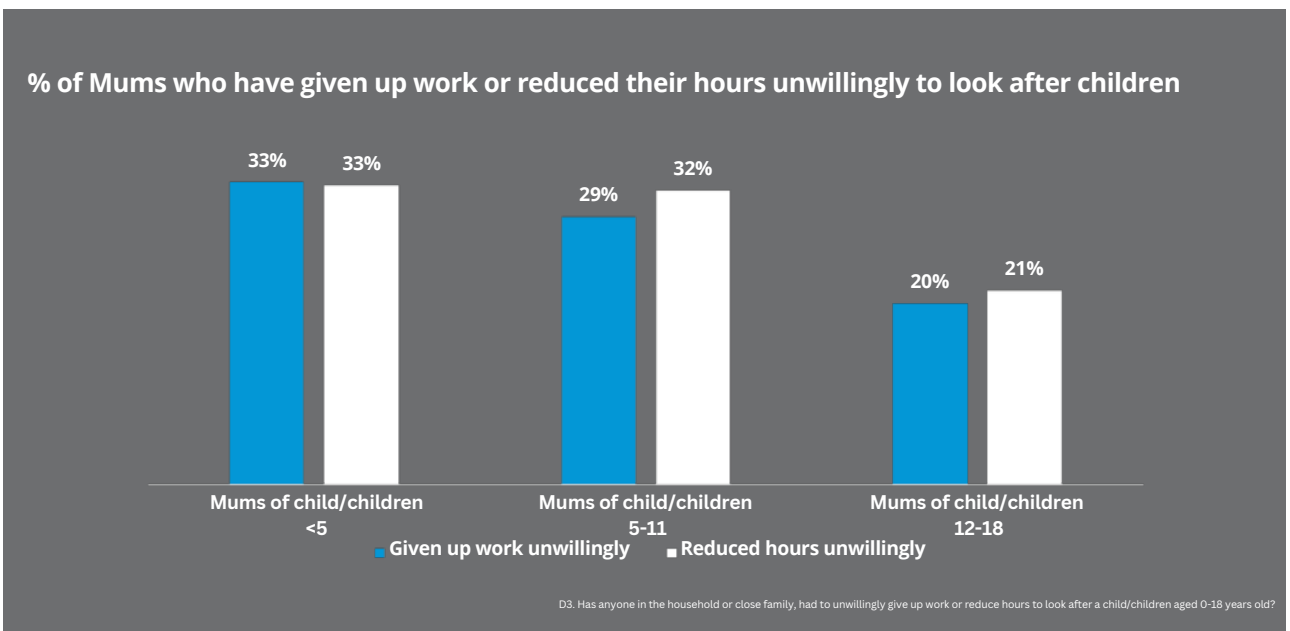


Figure. 2

# PARENTAL CARE: ACROSS THE AGES

Mums of children < 5 give up work due to a lack of childcare places while mums of older children often give up as their child has specific caring needs. Both give up work for financial reasons or because work is not cost effective.

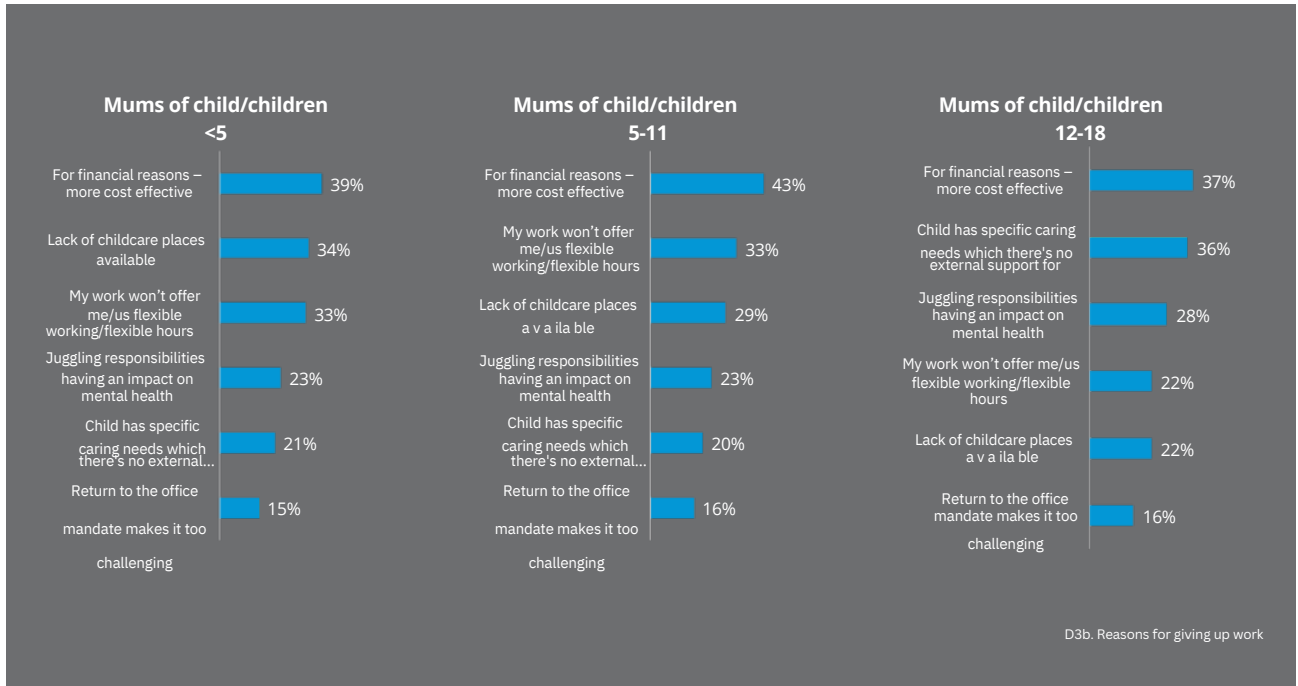


Figure.3

## Reasons for unwillingly giving up work among women (overall)

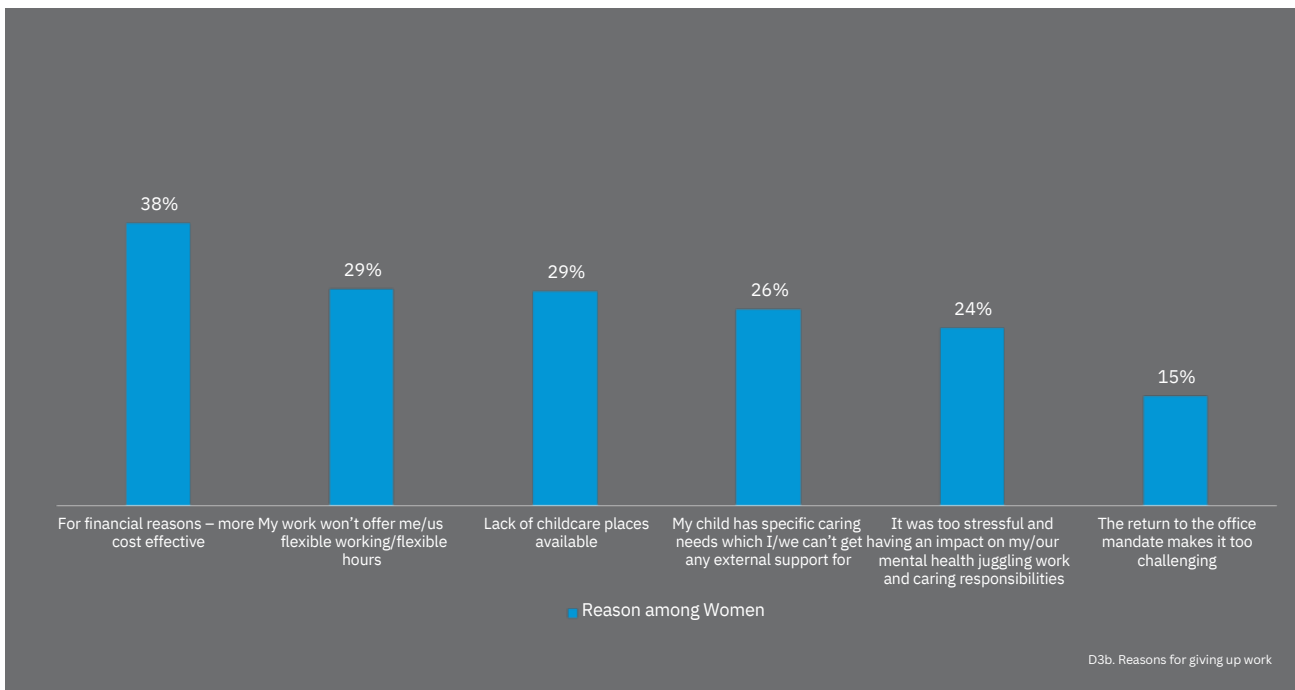


Figure. 4

# THE SCALE AND IMPACT OF UNPAID CARE

Women do 11 more hours of unpaid care a week than men, rising to 13 hours when caring for a child and 10 hours a week for adult carers.

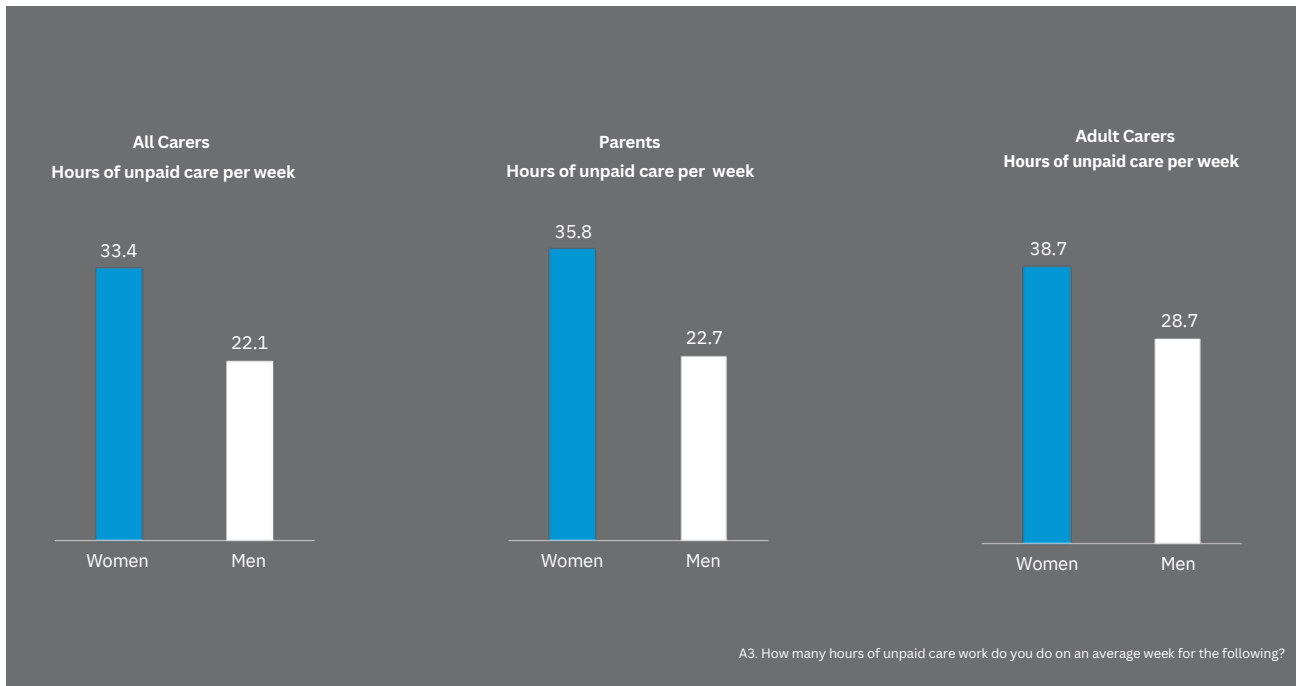


Figure.5

Women across every age group are being lost from the workforce or reducing their hours due to caring responsibilities. Those age groups most affected are women aged 25 - 34 (35%) and women aged 35 - 44 (36%). The data shows only small percentage changes in other groups with women aged 18 - 24(31%) and women aged 45 - 65(29%) reporting that caring responsibilities have stopped them from working full time or longer days. These same age groups report that caring responsibilities stop them getting back into work or they have had to reduce their hours to fulfil caring responsibilities.

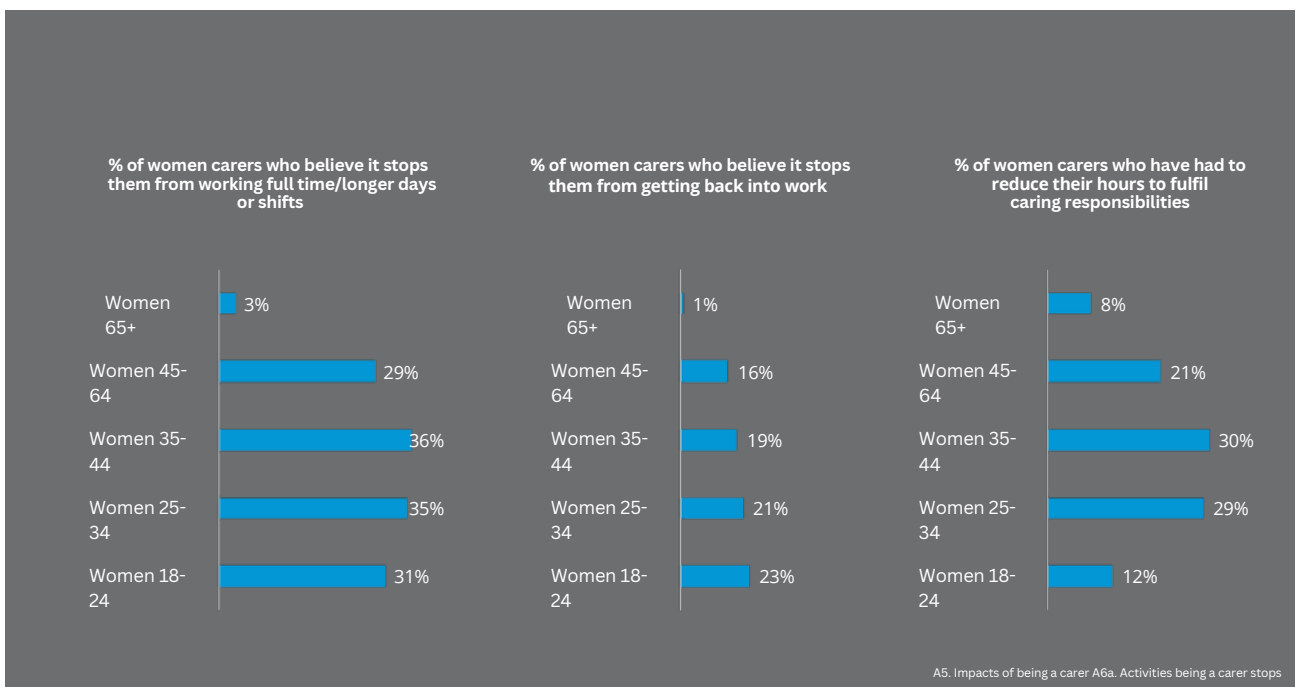


Figure.6





# CARERS

# WOMEN CARERS OF 18+

For women carers of adults aged 18+, 65% agree caring responsibilities restrict a woman's ability to get decent paid work, with 1 in 10 women reporting they have had to give up their job to fulfil caring responsibilities.



Figure.7

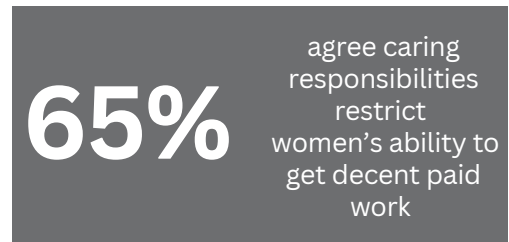


Figure.8

The stress of juggling work and care responsibilities and a lack of time stop women carers from taking on full time work and/or more shifts. With 46% citing it's too stressful juggling both responsibilities and 42% not having time outside of caring responsibilities. Having no one else to take on the care (38%) a lack of flexibility in the workplace (35%) and feeling too physically and emotionally exhausted (30%) being cited as key factors.

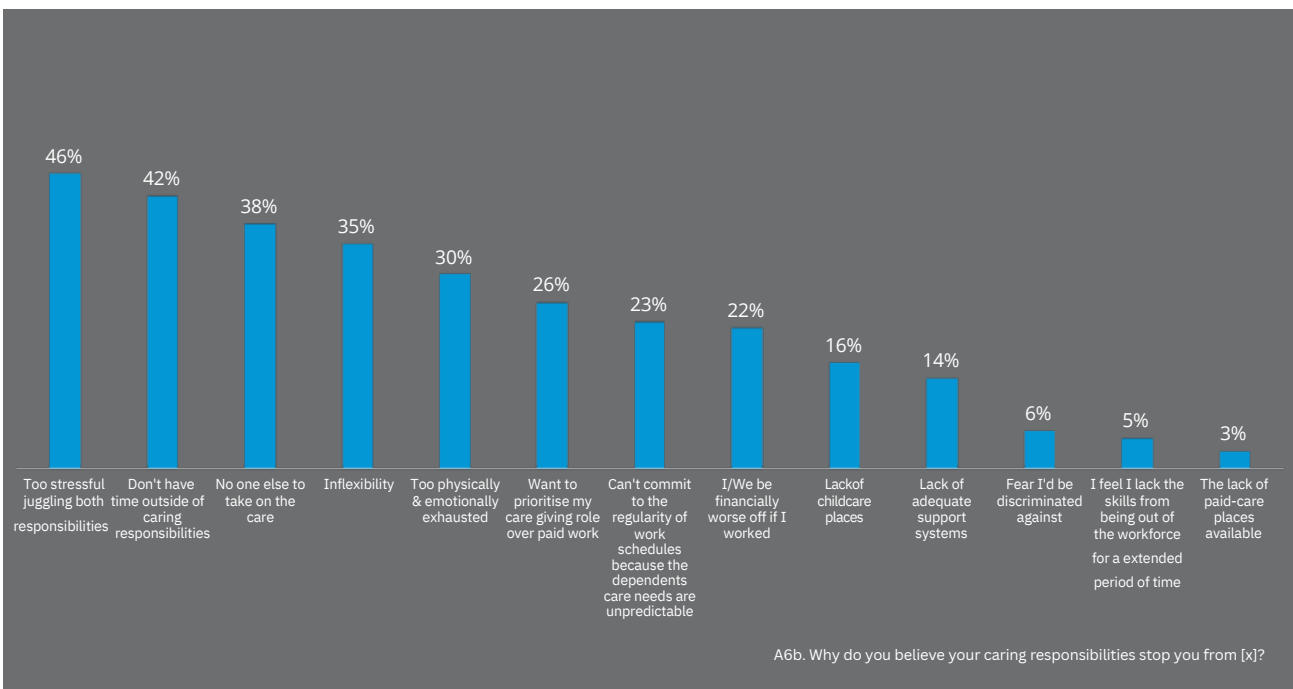


Figure. 9

# IMPACT ON CARERS HEALTH AND WELLBEING

Women 'sandwich carers' is a term used to describe women who are looking after their own children as well as adult or elderly relatives. Whilst all agreed that caring impacted women and men's mental health, the percentage differences reflect the difference in hours spent caring between men and women with women taking on extra physical and mental load. 68% of women carers agree that for sandwich carers the responsibility restrict women's mental health vs 47% for men. 68% of women carers agree that for sandwich carers the responsibility restricts women's time for rest and leisure vs 40% for men.



Figure. 10





# SOCIETAL ATTITUDES

# SOCIETAL ATTITUDES TO CARING

When asked if the government undervalues care work, 84% agreed. Many believe this is due to care work being perceived as low-paid (62%) and unskilled (58%). Additionally, 47% felt the government is out of touch when it comes to understanding the strain the system is having on society, while 41% agreed that care is viewed more as a cost than a driver of economic growth.

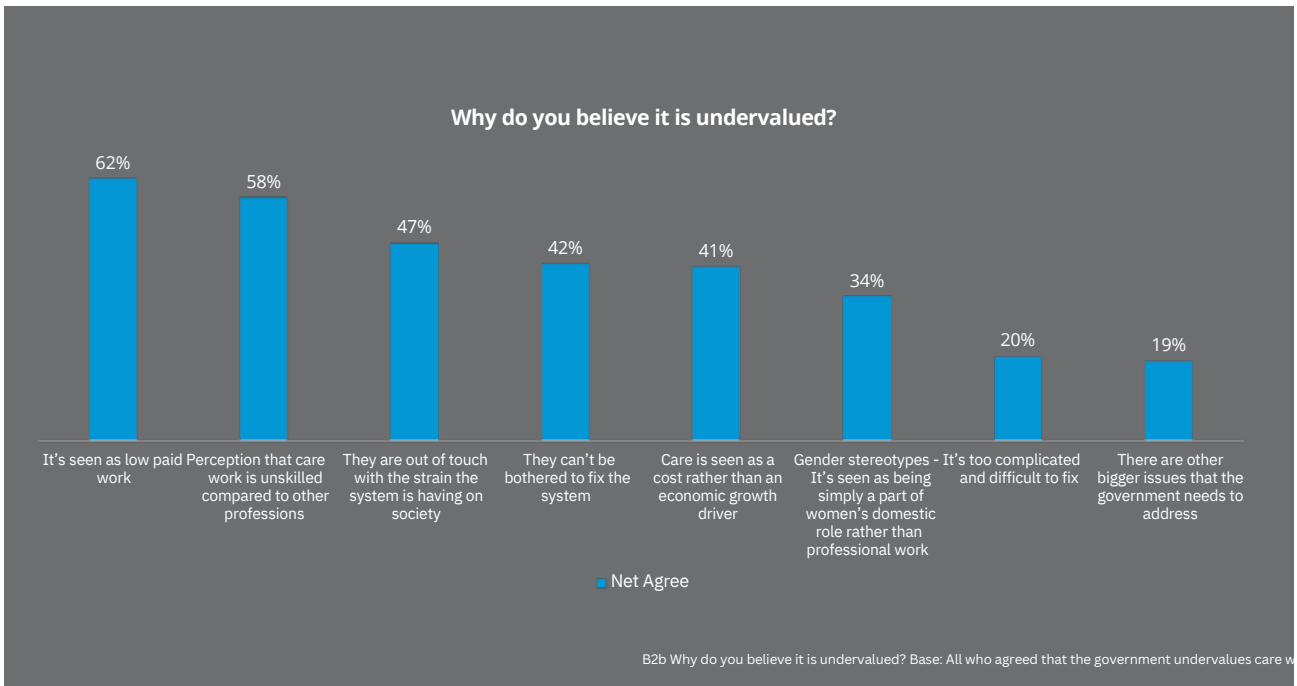


Figure. 11

When asked, 85% agreed that care is essential to both social and economic well-being and should be recognized as a benefit to society. Additionally, 83% believe care work should be valued more as a crucial part of the economy, with 81% agreeing that we need to redefine care as an investment rather than a cost.

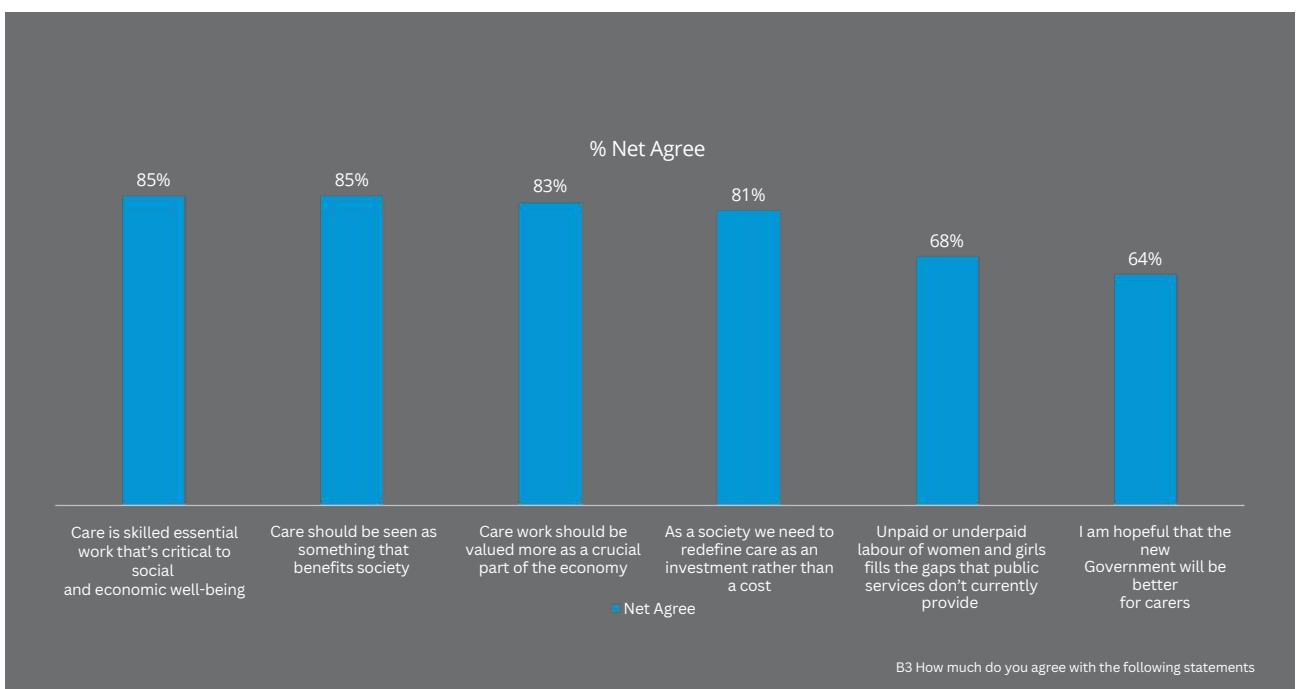


Figure. 12

# PERCEPTIONS OF PAID AND UNPAID CARE

Over half of respondents said paid carers are essential (57%), but many also see this work as exhausting (48%) and undervalued (47%).

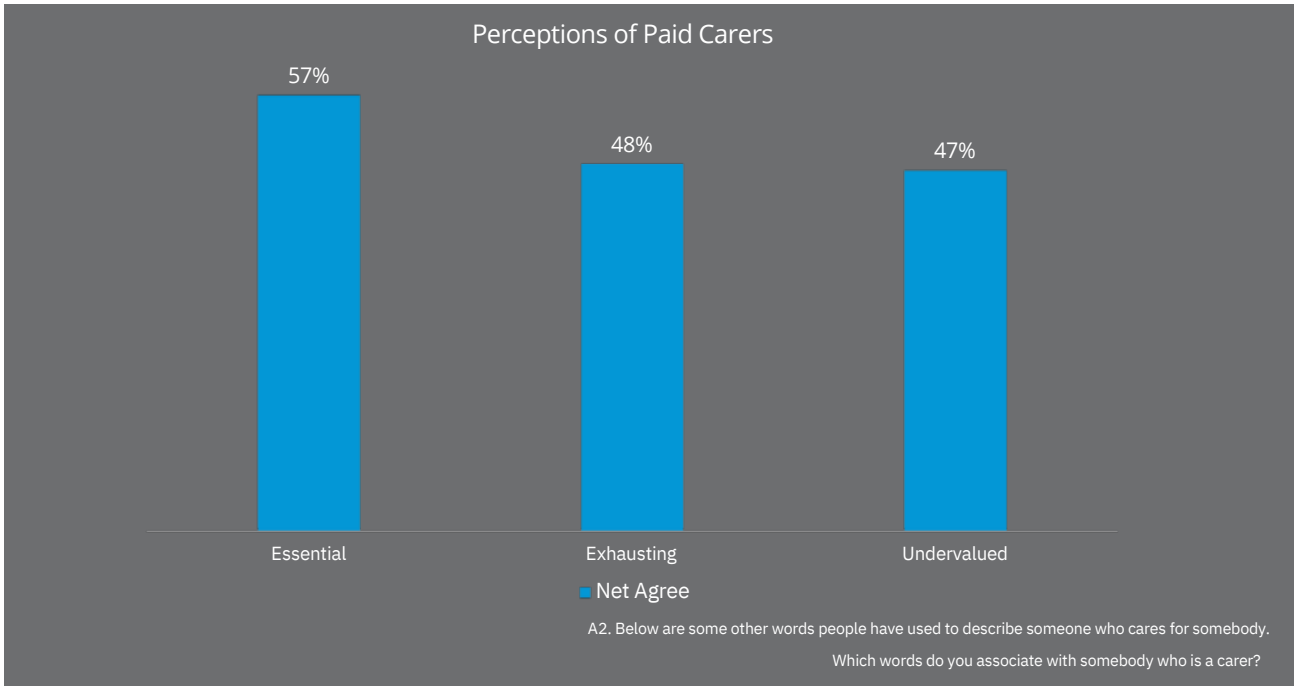


Figure. 13

The perceptions are similar when it comes to unpaid care, with an even higher percentage of people saying it is undervalued. Nearly two-thirds feel unpaid care work is both undervalued (64%) and exhausting (63%), while 55% describe it as essential, yet also note that it can be isolating and is a juggle.

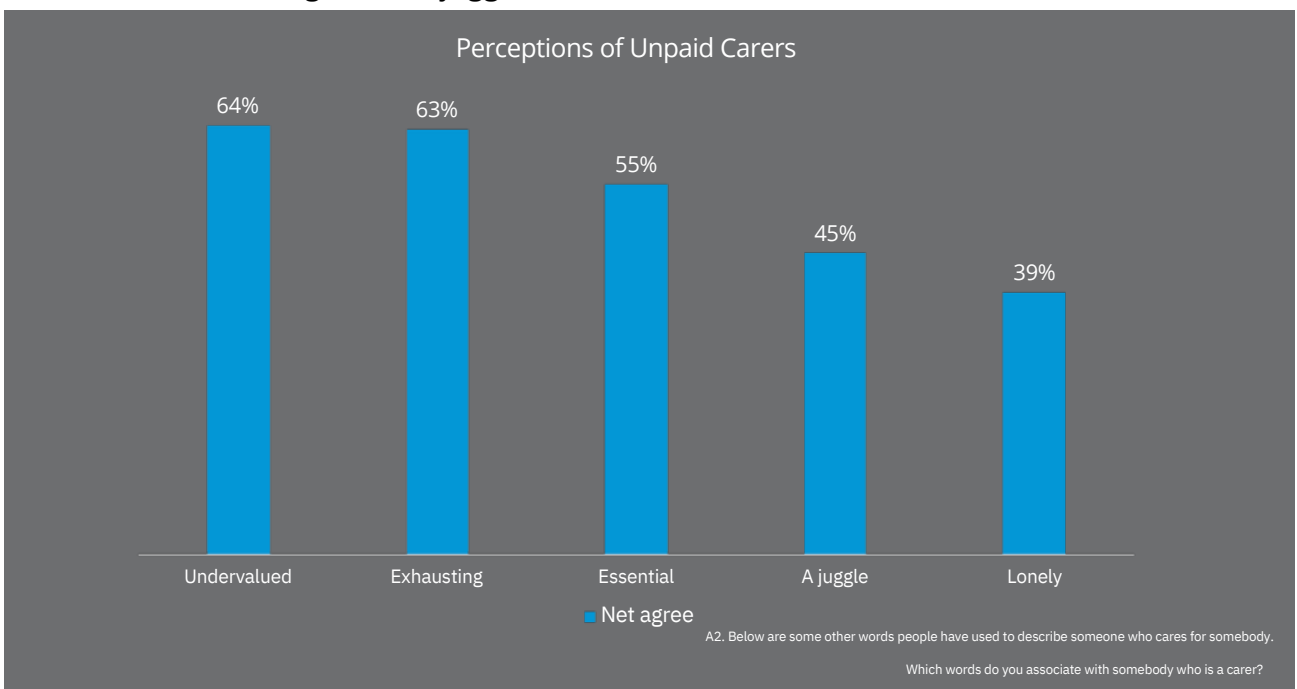


Figure. 14





# 5 KEY PRINCIPLES TO TRANSFORM CARE

## 5 KEY PRINCIPLES TO TRANSFORM CARE

To achieve a thriving, just, and sustainable economy, we must shift our perspective on care and the opportunities it offers. Care should be recognized as the foundation for equal participation in society and the economy, as well as a cornerstone of the nation's social and economic well-being.

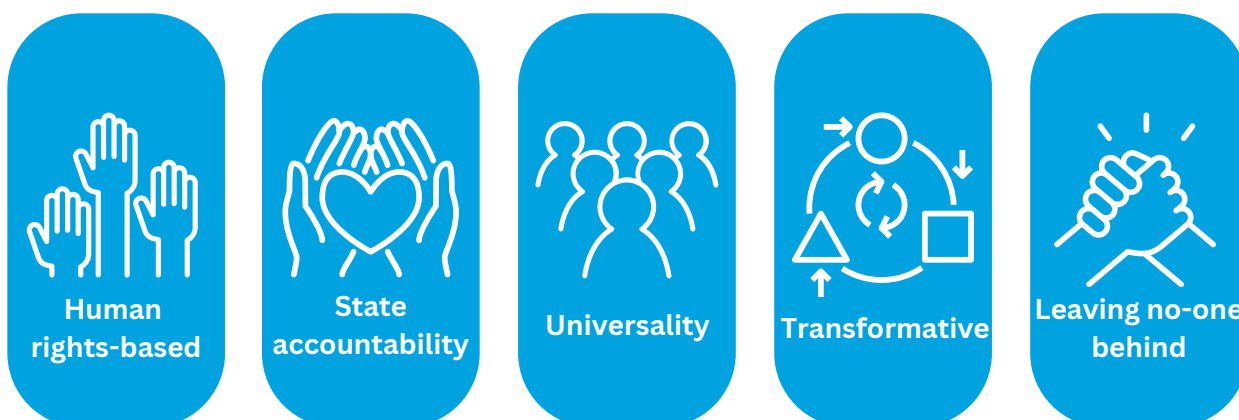
A well-funded care system should not be seen as a societal cost but as a critical investment. An economy that places care at its center has been shown to boost employment and economic output in various countries. For instance, a recent report showed that investing 2% of GDP in care industries would create 1.5 million jobs, compared to just 750,000 if the same amount were invested in construction. The same study found that, across several OECD countries, a 2% investment in care industries generated almost as many jobs for men as construction, while creating four times as many jobs for women (Women's Budget Group).

To reinforce this vision, we must broaden our focus beyond economic growth, considering the wider societal benefits of prioritizing the human rights of both care recipients and caregivers, as well as the sustainability of life and the environment.

We must move toward a society where care is viewed not as a personal choice receiving state support only in cases of financial hardship, but as a collective responsibility. The state must take ownership of the care sector as an integral part of our economic model.

A properly funded care system is essential to fostering social cohesion and delivering measurable economic benefits. This model also aligns with the UN's broader efforts to shift beyond GDP as the primary measure of growth, embracing metrics that account for human well-being, planetary sustainability, and the value of non-market services like care.

*This model was developed by UN Women and United Nation colleagues referenced below.*



## 5 KEY PRINCIPLES TO TRANSFORM CARE SYSTEMS

United Nations. (2024). Transforming Care Systems in the Context of the Sustainable Development Goals and *Our Common Agenda*. UN System Policy Paper.

# 5 KEY PRINCIPLES TO TRANSFORM CARE

The following five principles lay the foundation for ensuring efforts to transform care systems are relevant and appropriate in all contexts. These principles uphold the value of 'Leave No One Behind,' which is central to the transformative vision of the 2030 Sustainable Development Agenda.

## CARE AS A HUMAN RIGHT

A care system that upholds the dignity of caregivers, care workers, and care recipients, in line with international human rights law, fundamentally changes how we address care inequality. It shifts the perception of those affected from passive beneficiaries to active rights-holders. This approach ensures their involvement in the design, implementation, and evaluation of care policies, while safeguarding their right to seek redress when human rights are violated.

## GOVERNMENT ACCOUNTABILITY

The sustainable and effective transformation of care relies on governments taking responsibility for upholding the human rights of those affected, in accordance with international human rights standards. This includes setting a baseline for quality care services, effectively regulating the care services market, protecting the rights of care economy workers, and securing adequate funding as part of a broader strategy for comprehensive and sustainable social protection and care.

## UNIVERSALITY

The transformation of the care economy must be grounded in the principle of universality, ensuring that services, infrastructure, policies, and regulations meet the needs of all individuals—women and men, girls and boys, people with and without disabilities, and individuals across all socioeconomic backgrounds, whether in urban or rural areas. Additionally, factors such as race, age, sexuality, and other characteristics that influence care needs must be considered to ensure that transformation benefits the entire population.

# 5 KEY PRINCIPLES TO TRANSFORM CARE

## TRANSFORMATIVE

For meaningful transformation, the care system must be rooted in gender equality and non-discrimination, addressing the structural barriers that have historically upheld inequality. This shift from the status quo, which disproportionately relies on women's labour and casts them as primary caregivers, must lead to outcomes that promote gender equity and a more just care system.

## LEAVE NO ONE BEHIND

At the heart of the 2030 Agenda for Sustainable Development, the principle of "Leave No One Behind" calls for a reformed care system that actively promotes non-discrimination and gender equality in every area of life—at home, at work, and in wider society. A transformative care system must prioritize those who bear the greatest burden of care, such as Black and minority ethnic groups, LGBTQ+ individuals, migrants, older adults, and people with disabilities. These groups must be actively included in the design and implementation of the new care system.

To effectively apply the "Leave No One Behind" principle, a systematic approach is needed to identify who is being excluded, why they are excluded, and how the new care system will prevent this. This requires targeted measures to address root causes, monitor progress, and ensure accountability.

Prioritizing those rendered invisible by unequal systems ensures that all individuals, particularly those facing multiple, intersecting forms of oppression and discrimination, benefit from a transformed care system. Ultimately, this transformation strengthens both society and the economy as a whole.



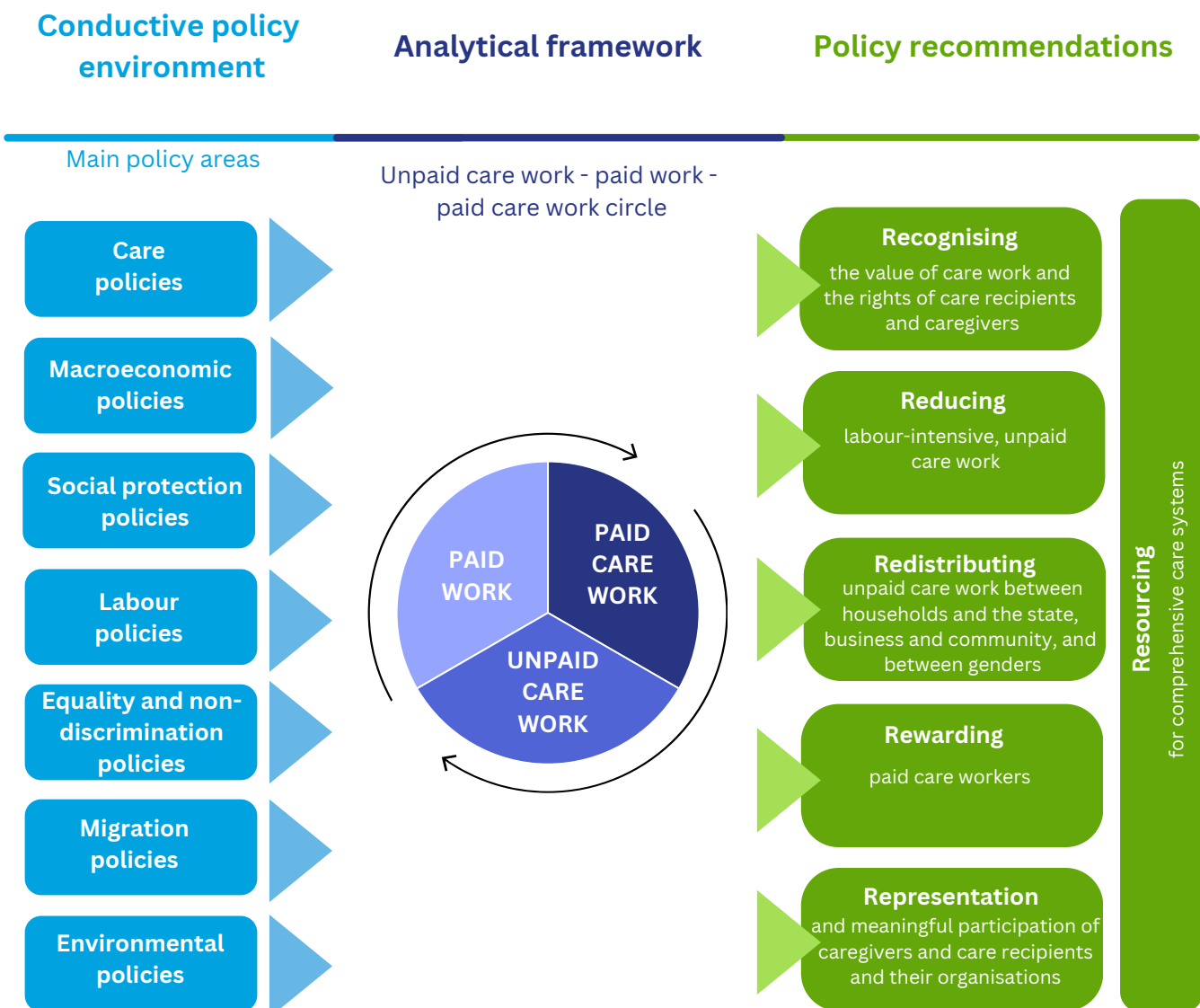


# FRAMEWORK & RECOMMENDATIONS

# FRAMEWORK

The 5R Framework for Decent Care Work is a way to create fair and equal policies with a human rights, gender equality, and social justice focus. Governments should include labour and human rights in their laws, policies, and budgets, while ensuring they are backed by sustainable funding and properly put into action. This approach can help countries achieve the goals of the 2030 Agenda for Sustainable Development and improve care work conditions.

To build this, governments need to create transformative care policies that connect with broader social and economic policies. These areas include the economy, social protection, labour, migration, health, climate, the environment, and infrastructure.



United Nations. (2024). Transforming Care Systems in the Context of the Sustainable Development Goals and *Our Common Agenda*. UN System Policy Paper.



# RECOMMENDATIONS FOR UK

**01** ————— Recognise the value of care work and the rights of care recipients and caregivers

**02** ————— Reduce labour- intensive indirect unpaid care work by improving access to physical infrastructure

**03** ————— Redistribute unpaid care work between households, and the state, businesses and community, and between genders

**04** ————— Reward paid care workers with fairer legislation and policies, protection of vulnerable workers, and enhanced career development opportunities

# RECOMMENDATIONS IN DETAIL

## **Recognising the value of care work and the rights of care recipients and caregivers:**

- a. Ensure care is core to social and economic plans, and that strategies are aligned with social and economic transformation efforts. At a regional, national and local government level identify and incorporate relevant care priorities, commitments and targets into new and existing plans and strategies.
- b. Collect and use quantitative and qualitative data on paid and unpaid care work including on the well-being of care recipients and caregivers – to make care visible, inform social and macroeconomic policy, and recognise care as a fundamental element of the economy.

## **Reducing labour-intensive indirect unpaid care work:**

- a. Investment in basic physical infrastructure such as public transport and internet access for reducing women's and girl's time poverty related to unpaid care work responsibilities
- b. Ensure it is free or affordable for low-income groups, accessible for persons with disabilities and different age groups, considers physical safety and aims to be carbon neutral.

## **Redistributing unpaid care work between households and the state, businesses and community, and between genders:**

- a. Investment in quality care services, including childcare, physical and psychological healthcare, early childhood and development, care and support services for persons with disabilities and older persons, and community-based support and respite services, for rebalancing the responsibility for unpaid care work and supporting the social co-responsibility for care.
- b. This includes ensuring the services are made available in sufficient quantity and in a sustainable manner, are free or affordable for low-income groups, provide quality care, are accessible for different groups, and include mechanisms for monitoring quality and compliance.
- c. Adopt policies and interventions that challenge and shift perceptions of care work being women's sole responsibility. This includes supporting policies, programmes, media campaigns and changes to school and university curricula that promote men's involvement in care work, teach the value of care, and promote equitable, non-violent, caring relationships.
- d. Adopt and implement workplace policies and practices related to medical and sick leave, carers' leave, equal paid parental leave, breastfeeding, onsite childcare, flexible working, paid return-to-work support, and income security to support paid workers to balance their paid and unpaid work responsibilities.

# RECOMENDATIONS IN DETAIL CONTD.

## Rewarding Paid Care Workers

1. This includes supporting governments in implementing legislation and policies aimed at promoting the transition from informal to formal employment; reducing occupational segregation; guaranteeing adequate minimum wages including a minimum wage and equal pay for work of equal value; and fair recruiting policies.

2. Special attention should be given to securing equal rights, opportunities and treatment for migrant care workers, domestic workers and informally employed care workers.

3. Enhance qualification, professionalisation, certification and career advancement opportunities in paid care sectors to reduce occupational segregation, increase the quality of care provided and demonstrate the value of care to society.

# ACKNOWLEDGEMENTS

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**We thank you for all you have done to prepare, research, produce and compile this report. Working together we will ensure every woman and girl has access to safety, choice and a voice.**

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