Don't forget about us

How disabilities and caring responsibilities affect low-to-middle income Britain

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Summary

Disability disproportionately affects the poorer half of Britain. Working-age adults in low-to-middle income families are twice as likely to report that they are disabled as those on higher incomes: 30 per cent compared to 15 per cent. This means that the proportion of adults in low-to-middle income families who report being disabled has risen by just over a half over the past three decades, up from 19 per cent. Although population ageing plays a part, most of the rise (83 per cent) is due to rising disability rates across all ages, but especially among younger age groups: the proportion of 16-24-year-olds in low-to-middle income families who are disabled has doubled over the past ten years, from 10 per cent to 21 per cent, with almost all of the rise (96 per cent) driven by mental health conditions.

But to fully understand the impact of these rises, we need to consider not only those directly affected, but also the friends and family members who may care for them. One-in-ten (10 per cent) working-age adults in low-to-middle income families provides at least five hours a week of unpaid care for sick, disabled or elderly people (either in or outside their own household), slightly up from around 8 per cent throughout the 2000s and 2010s, compared to 6 per cent among those in higher-income families. Among those in low-to-middle income families, the likelihood that someone is providing unpaid care is highest among women (12 per cent) and older working-age adults (13 per cent of those aged 45 and above). And 1.1 million working-age adults in low-to-middle income families – more than one-in-twenty (6 per cent) of this group, or three-fifths (58 per cent) of all carers in low-to-middle income families – provide care for at least 35 hours a week, equivalent to a full-time job.

Together, more than two-fifths (43 per cent, or 5.6 million) of low-to-middle income families include a carer or someone with a disability, and a third (35 per cent) of working-age adults in low-to-middle income families – a total of 6.3 million people – are disabled or a carer. This includes around 800,000 working-age adults, or 4 per cent of those on low-to-middle incomes, who are both a carer and are disabled themselves; almost one-in-ten (9 per cent, or 1.1 million) families in Unsung Britain include both a carer and a disabled person.

This over-representation of carers and disabled people among low-to-middle income Britain reflects that people with a disability or who are caring have, on average, considerably lower incomes and living standards than others. For example, 32 per cent of families with a disabled member and 44 per cent of those with both a disabled person and a carer experience material deprivation, compared to 14 per cent in families with neither. These gaps cannot be explained by other characteristics that we can adjust for. Relative to comparable families without a disabled member or a carer, those with a disabled person in the family are more than 10 per cent worse off (£3,300 for those who also have a carer in the family, and £4,000 a year for those who do not, although the difference between these two figures is not statistically significant). When we exclude disability benefits that are designed to cover additional costs from household incomes, these gaps widen further, to £5,600 and £7,600 respectively.

One reason for lower incomes is that disabilities and caring responsibilities can constrain people's ability to do paid work. But although recent policy debates have focused on those who are not working at all due to long-term sickness or disability, this binary distinction does not reflect the reality that the impact of disability on low-to-middle income adults extends beyond the one-third (31 per cent) who are out of work due to long-term sickness or disability. Even among those in work, more than half say that their health limits the amount or type of work they can do (for example, 58 per cent say their physical health limits the kind of work they can do). Similarly, 34 per cent of low-to-middle income adults providing care for someone they live with report being unable to work due to their caring responsibilities, but 41 per cent of carers who are in paid work have needed to reduce their hours to meet their caring responsibilities. For those in work, not being able to work full-time or needing additional flexibility can also push people with disabilities or who are caring into non-standard forms of work, such as zero-hours contracts or self-employment. One-in-three (33 per cent) disabled working adults in low-to-middle income families are in these forms of work, and 37 per cent of those disabled people who also care, compared to 26 per cent without either constraint. In some cases, the flexible nature of this work might be what allows disabled people or carers to undertake paid work, but it also means that they are doing work that is insecure and lacks guaranteed levels of earnings or important protections such as Statutory Sick Pay (SSP).

Although social security benefits such as the health and carer elements of Universal Credit (UC) and Carer's Allowance offer some support, too often they fail to adequately protect family incomes. There are particular issues with carer's benefits: as is well known, Carer's Allowance claimants lose their entitlement entirely once they earn more than £196 a week, creating a sharp disincentive to work, and the potential for carers to unwittingly amass large debts to Department for Work and Pensions (DWP). And, for all the talk of disability benefits being easy to obtain, focus group participants spoke about how complex and difficult to navigate the benefits system can be, especially for those claiming in times of personal difficulty.

Given the significant income penalties and high levels of deprivation facing disabled people and carers, there is a strong case for policy reform. Although it will not be appropriate or possible for all disabled people or carers to work, it is important to remove as many barriers to paid work as possible. The Government's 'Keep Britain Working Review' is exploring how employers can support disabled workers, and a forthcoming Resolution Foundation report will explore the role of employer flexibility, and transparency around flexible working opportunities, in more detail. The Employment Rights Bill's provisions to give protections against short-notice shift changes and to extend SSP to low earners will particularly benefit disabled people and carers, given that they are particularly likely to be in insecure and low-paying roles. But the Government should go further and increase the level of SSP, which would ensure workers do not face a sharp hit to incomes when they are unwell and would allow SSP to better support workers with fluctuating health conditions. The Government should also address a relative lack of support for working carers by having the Department for Work and Pensions offer targeted employment support to carers who want it, and by extending statutory carer's leave from one to four weeks per year – in line with parental leave – with the first two weeks employer-paid at the same rate as SSP to ensure the leave is accessible to lower-income workers.

There are also places where the social security system could be more effective at supporting disabled people and carers. The upcoming Timms review of Personal Independence Payment (PIP) provides an opportunity to make PIP quicker and simpler for claimants to access. The Government has commissioned a review of overpayments in Carer's Allowance; the best way to prevent these is to introduce an earnings taper, instead of the current eligibility cliff-edge. But the Government should also review all the ways that the social security system supports carers, including how to balance support between the carer's element of Universal Credit (which helps carers in families with a low income) and Carer's Allowance (for all other carers). In particular, it should consider whether the overall level of support is adequate. A starting point would be to equalise the caring elements of UC with the health element (which, after the upcoming cuts to UC Health for new claimants, will mean increasing the monthly Carer's Element by £15.60 to £217 a month, at a cost of around £200 million per year).

Lastly, although our focus has been on the living standards of those with disabilities or caring responsibilities, there is no doubt that public services play a crucial role in supporting people's health and providing formal social care. It is clear that, in the case of social care, provision falls well short of need: according to NHS data, only two-fifths (41 per cent) of people who apply for publicly-funded social care end up receiving it, falling to less than a third (29 per cent) of working-age applicants, and recent Resolution Foundation polling has shown that low-to-middle income families would prioritise spending on social care above all other public services except the NHS and police. But a well-functioning health and social care system will not be a panacea. Recent rises in NHS waiting lists are one of the most obvious signs that the health system is struggling, but disability rates also rose when NHS waiting lists were shorter. And although formal social care can ease pressures on unpaid carers, many carers find their caring role deeply meaningful, and many care recipients prefer to be looked after by someone they know. The Government is aware of the need to reform the social care system (although the Casey review will not report until 2028), but they should also consider restoring wider support for unpaid carers, such as respite care. Local authority spending on support for unpaid carers in England has been cut by one-third in real terms since the mid-2010s, and restoring it would cost £84 million. Doing so would alleviate some of the pressures on carers – and back up government rhetoric on supporting unpaid carers and recognising the vital role they play.

In recent months, the policy debate about disability has become increasingly polarised, particularly around the subject of benefit cuts. But we must move beyond this narrow focus, and not forget the reality that disabilities and caring responsibilities are central to the lives of millions of low-to-middle income families.

Rising rates of disability are increasingly shaping the lives of low-to-middle income Britain

Recent weeks have been dominated by debates about disability benefits, with a series of government proposals to change the levels and eligibility criteria in response to concerns over a rising social security bill.[1] But rising levels of disability are having a much broader impact, and increasingly shaping the lives of families across Britain.[2] Persistent health inequalities mean that this trend disproportionately affects families on lower incomes and in poorer parts of the country: for example, people living in the most deprived areas of England are more than twice as likely to be disabled as those in the least deprived areas.[3] But the impact of disability extends beyond the individual. Less-frequently discussed, but equally important, are the impacts on friends and family members who provide unpaid care.

This briefing note is part of 'Unsung Britain', a year-long programme of work to explore the lives of families on low-to-middle incomes.[4] It explores how disability and caring responsibilities – and sometimes both at once – affect these families' lives and living standards.[5] We combine quantitative data with insights from three focus groups held in November and December, where we heard directly from low-to-middle income participants living with long-term health conditions and those with caring responsibilities about how health and caring affect their lives and living standards (further details in Box 1). Finally, we set out recommendations for how the Government can better support disabled people and unpaid carers, across paid work, income support and public services.

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[1] This began with: Department for Work and Pensions, Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper, March 2025. The final Bill differed from these proposals; see: UK Parliament, Universal Credit Bill, July 2025.

[2] Throughout this note, we define disability in line with the Equality Act 2010, under which a person is considered to be disabled if they have a long-term illness, disability or impairment that causes substantial difficulty with day-to-day activities. Disability is self-reported in the datasets that we use in this note.

[3] Office for National Statistics, Disability by age, sex and deprivation, England and Wales: Census 2021, February 2023. For a wider discussion on health-related inequalities across the UK, see, for example: M Marmot et al., Fair Society, Healthy Lives (The Marmot Review), Institute of Health Equity, February 2010.

[4] The launch paper was: M Brewer et al., Unsung Britain: The changing economic circumstances of the poorer half of Britain, Resolution Foundation, November 2024. All papers in the project can be found at: www.resolutionfoundation.org/major-programme/unsung-britain/. Throughout this briefing note, we define 'Unsung Britain' or 'low-to-middle income' families as non-pensioner families (families where no one is above the State Pension Age) who have equivalised disposable income below the whole-population median. We define 'higher income' families as non-pensioner families with disposable incomes above the whole-population median. Pensioner families are generally excluded from our analysis.

[5] 'Caring' in this briefing note refers to unpaid care for sick, disabled or elderly people for at least five hours a week. It includes caring for disabled children but does not include other forms of childcare.

BOX 1: **Focus groups with disabled people and carers**

This briefing note draws on three semi-structured focus groups conducted in November and December 2024. One group included participants with disabilities; one included participants caring for children and adults; and one included participants caring for working-age adults, including partners, adult children and parents. Each group included a mix of participants who were not in paid work and who were working fewer hours than they otherwise would have, due to their disability or caring responsibilities. All participants were working-age adults from low-to-middle income families living in and around Worcester.

Across the three focus groups, we explored how participants' health conditions and caring responsibilities affected their paid work, overall income and living standards (including experiences with the benefits system), and broader well-being. Participants received a small incentive payment, and recruitment was handled by Acumen.

Unsung Britain is twice as likely to be disabled as those on higher incomes

As Figure 1 shows, disability disproportionately affects the poorer half of Britain.[6] Working-age adults in low-to-middle income families are nearly twice as likely to be disabled as those in higher income families (30 per cent compared to 15 per cent). Disability rates have risen by about a half in both groups over the past three decades, rising from 19 per cent and 10 per cent respectively three decades ago (although there have been small changes in the survey question).

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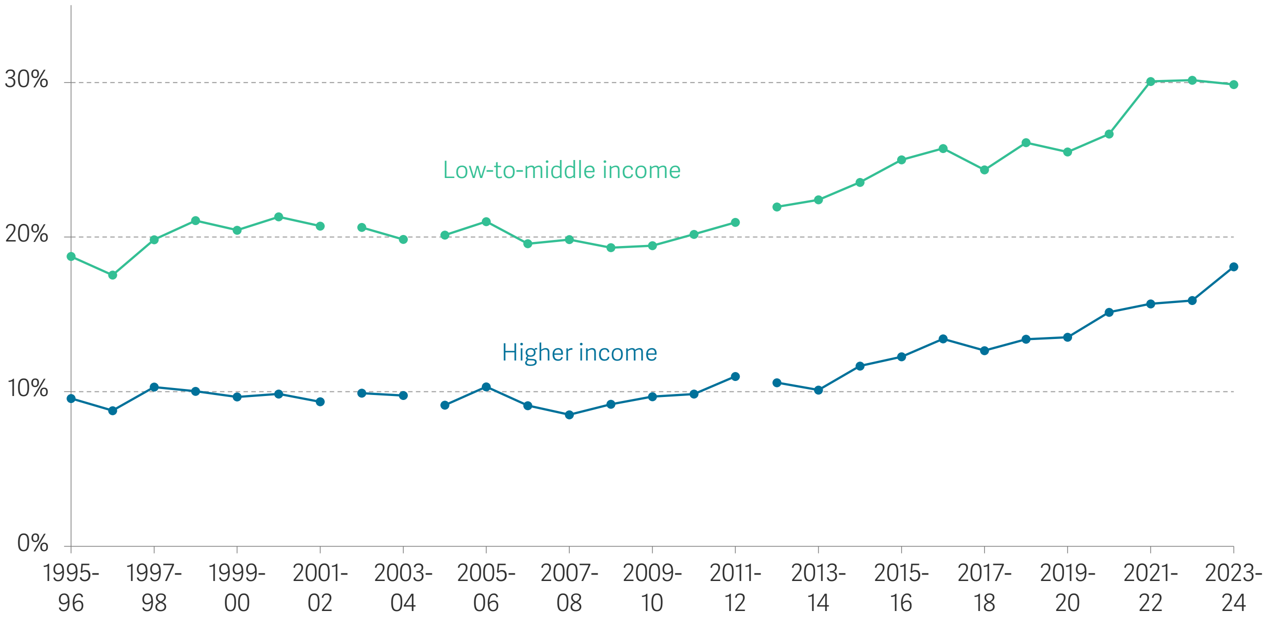
[6] A version of Figure 1 previously appeared in: M Brewer et al., Unsung Britain: The changing economic circumstances of the poorer half of Britain, Resolution Foundation, November 2024.

FIGURE 1: **Low-to-middle income adults are twice as likely to be disabled as those on higher incomes**

Proportion of working-age adults who are disabled, by household income: UK



NOTES: The basis for identifying people with a disability has changed over time (see Annex 1). Gaps in the series reflect changes to the survey question wording.
SOURCE: RF analysis of DWP, Family Resources Survey.

Wider demographic changes over this period have influenced this trend, not least population ageing which has been particularly pronounced among low-to-middle income families.[7] But this explains only a small part of the increase in disability among low-to-middle income Britain since the mid-1990s. Between 1995-96 and 2023-24, most of the increase (83 per cent) was driven by higher incidence of disability among people of a given age, rather than changes in the age structure of the population.[8] Indeed, there have been particularly big rises in disability among younger age groups, as Figure 2 shows: among 16-24-year-olds in low-to-middle income families, the proportion with a disability has doubled over the past decade along – from 10 per cent to 21 per cent – with almost all of the rise (96 per cent) driven by mental health conditions.[9]

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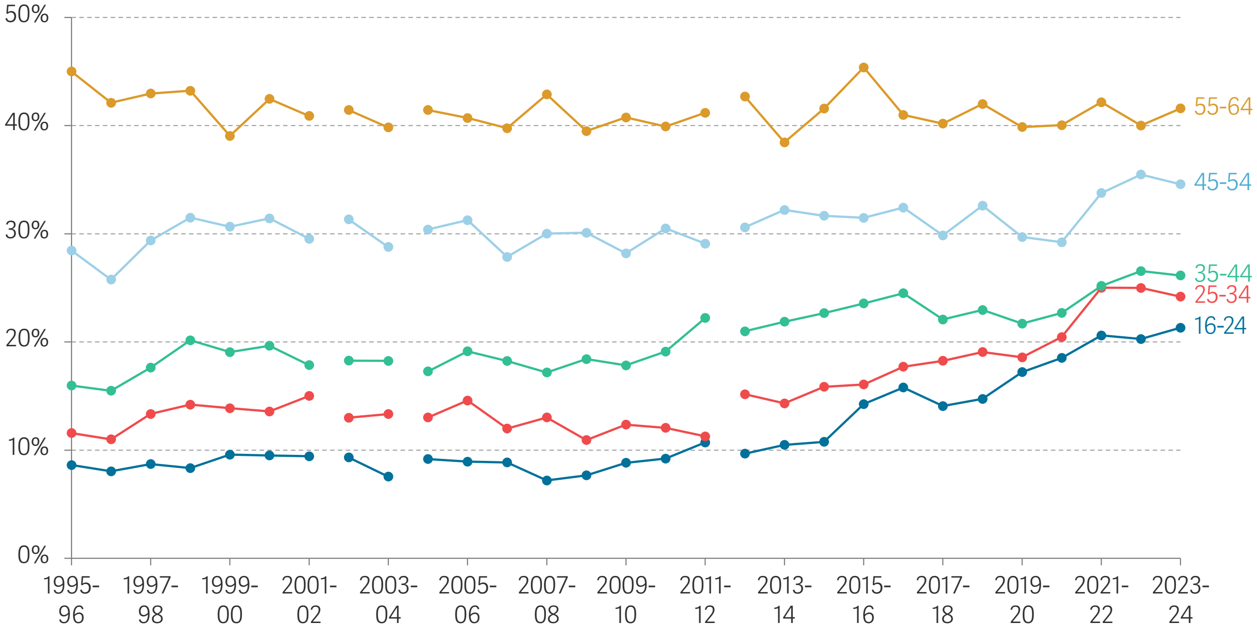
[7] M Brewer et al., Unsung Britain: The changing economic circumstances of the poorer half of Britain, Resolution Foundation, November 2024.

[8] Source: RF analysis of DWP, Family Resources Survey. Results of a shift-share analysis where the impact of rising disability rates is calculated as the increase that would have occurred if the age distribution of the low-to-middle income population had remained constant, and the impact of demographic change is the increase that would have occurred if age-specific disability rates had remained constant.

[9] This trend and its potential drivers are discussed further in: C McCurdy & L Murphy, We've only just begun: Action to improve young people's mental health, education and employment, Resolution Foundation, February 2024.

FIGURE 2: **The proportion of 16-24-year-olds in low-to-middle income families who are disabled has doubled over the past decade**

Proportion of adults in low-to-middle income families who report being disabled, by age group: UK



NOTES: The basis for identifying people with a disability has changed over time (see Annex 1). Gaps in the series reflect changes to the survey question wording.
SOURCE: RF analysis of DWP, Family Resources Survey.

Rising disability rates are an important issue in their own right. But disability has also become a growing policy and political concern in recent years due to an increase in the number of working-age adults claiming disability- and health-related benefits, raising questions about long-term affordability. Between 2019-20 and 2024-25, total spending on disability and incapacity benefits increased by £19 billion in real terms, rising from 1.3 per cent to 2.0 per cent of GDP.[10] (Box 3, later in this note, discusses recent reforms to the benefit system intended to address this.)

One-in-ten low-to-middle income adults provides unpaid care

People on low-to-middle incomes are not only more likely to be disabled themselves than those on higher incomes, but also more likely to be caring for someone who is disabled or elderly. As Figure 3 shows, throughout the 2000s and 2010s, adults in low-to-middle income families were consistently more likely to provide care for at least five hours a week than those on higher incomes, with rates hovering around 8 per cent and

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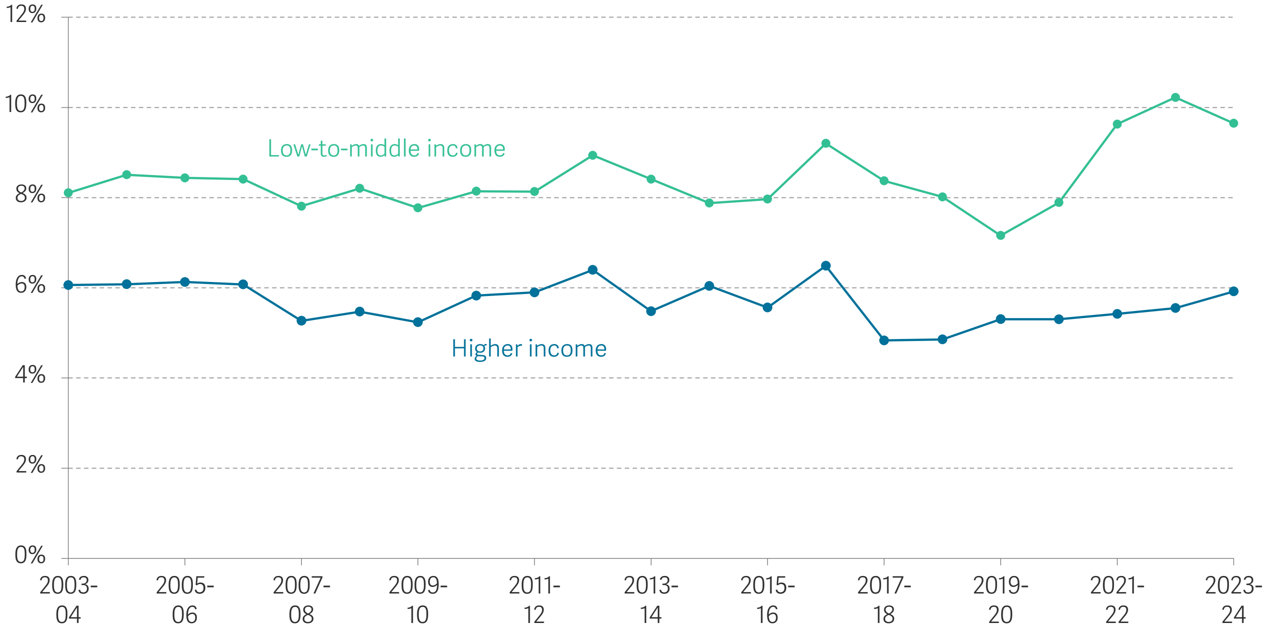
[10] L Murphy, Delivering the undeliverable: Five principles to guide policy makers through reforming incapacity and disability benefits, Resolution Foundation, March 2025.

6 per cent respectively. (This can include caring for someone in the same household or a different household, and the person being cared for can be any age, including disabled children and pensioners). Since the onset of the Covid-19 pandemic, caring rates among low-to-middle income families have increased further, widening the gap; by 2023-24, one-in-ten (10 per cent) low-to-middle income adults had caring responsibilities.[11]

FIGURE 3: **Following a rise in caring in the aftermath of the Covid-19 pandemic, one-in-ten adults on low-to-middle incomes are now carers**

Proportion of working-age adults who are caring for a sick, disabled or elderly person for at least five hours a week, by income group: UK



SOURCE: RF analysis of DWP, Family Resources Survey.

Moreover, when low-to-middle income adults have caring responsibilities, they often take up substantial amounts of time. As shown by the purple bars in Figure 4, three-fifths (60 per cent) of low-to-middle income carers – 1.0 million, or 6 per cent of all low-to-middle income adults – provide care for at least 35 hours a week, the equivalent of a full-time job. And 280,000 low-to-middle income adults provide round-the-clock care of 100 or more hours each week.

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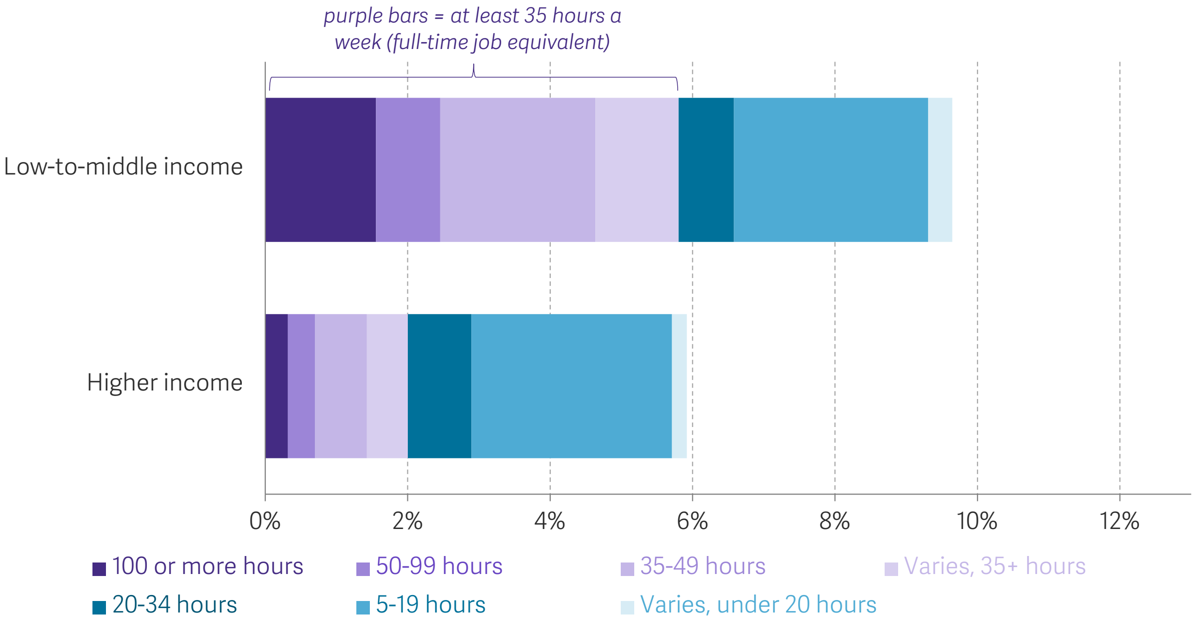
[11] Figure 3 uses data from the Family Resources Survey (FRS), whereas earlier analysis on carers in the Unsung Britain programme used data from Understanding Society (see: M Brewer et al., Unsung Britain: The changing economic circumstances of the poorer half of Britain, Resolution Foundation, November 2024). Both sources show that adults in low-to-middle income families are more likely to provide unpaid care than those in higher income families, but Understanding Society reports slightly higher proportions of adults providing unpaid care in both income groups.

FIGURE 4: **More than one-in-twenty low-to-middle income adults cares for at least 35 hours a week**

Proportion of working-age adults who are caring for a sick, disabled or elderly person for at least five hours a week, by number of hours per week spent caring and income group: UK, 2023-24



SOURCE: RF analysis of DWP, Family Resources Survey.

This difference in part reflects that low-to-middle income carers are more likely than those on higher incomes to care for someone within their own household (see Figure 5), and this sort of care tends to be done for longer amounts of time than care for someone living elsewhere.[12] The same proportion of adults in both income groups care for someone outside their household (3 per cent each, including those who also provide care within the household). But low-to-middle income adults are twice as likely as their higher income counterparts to provide care within the household (7 per cent versus 3 per cent).

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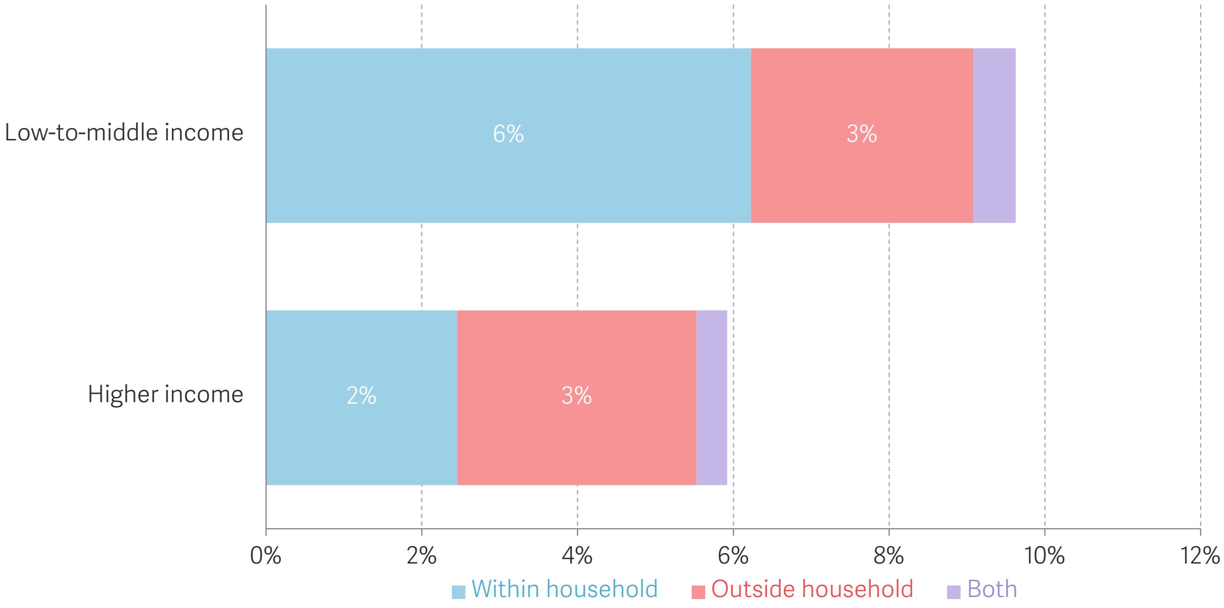
[12] M Broome, S Hale & H Slaughter, An intergenerational audit for the UK: 2024, Resolution Foundation, November 2024.

FIGURE 5: **The caring gap between adults from low-to-middle income and higher income families is accounted for by people caring for someone they live with**

Proportion of working-age adults who are caring for a sick, disabled or elderly person for at least five hours a week, by whether the person being cared for is within or outside their household: UK, 2023-24



SOURCE: RF analysis of DWP, Family Resources Survey.

Over 1 million low-to-middle income families include both a disabled member and a carer

In 2023-24, one-in-three (35 per cent) working-age adults in low-to-middle income families – a total of 6.3 million people – was disabled or had caring responsibilities, compared to just over one-in-five (22 per cent) of those on higher incomes. But it is important to consider the cases where disability and caring cross over: nearly one-in-twenty (4 per cent, or around 800,000 people) working-age adults on low-to-middle incomes are both a carer and are disabled themselves.

Moreover, the impacts are not felt equally within these families. As is well known, caring duties fall disproportionately on women, and both disability and caring are felt most acutely among older working-age adults.[13] Figure 6 shows how these inequalities play out among low-to-middle income families. Men and women aged 55 and above in these families are much more likely to be disabled or have caring responsibilities (or both) than average: 47 per cent of men and 52 per cent of women, much higher than the overall

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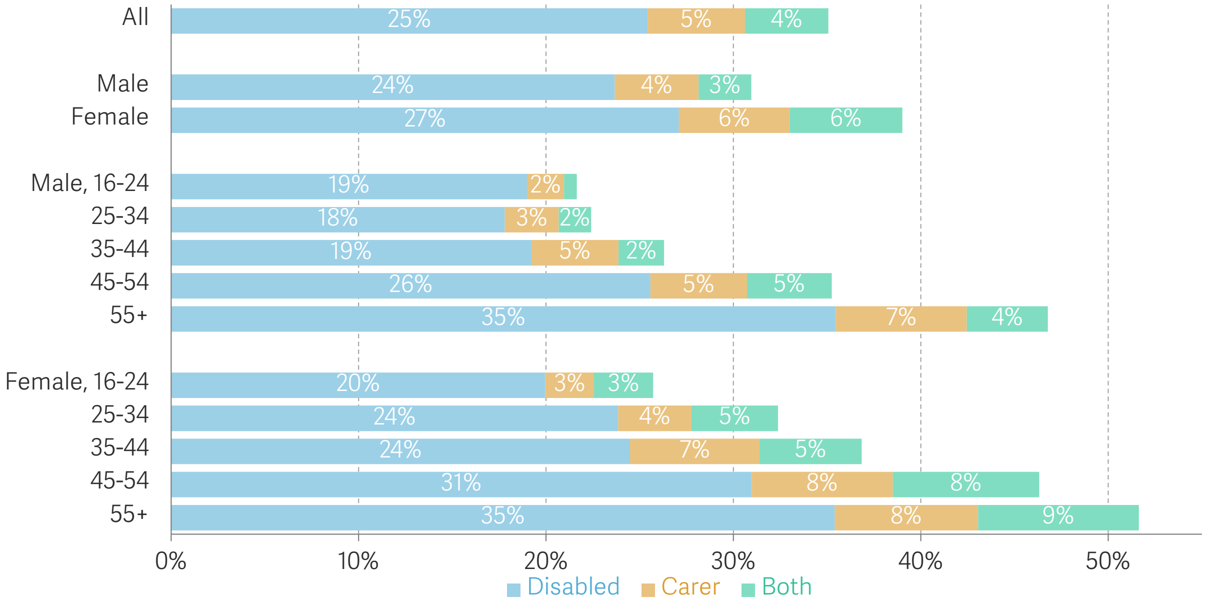
[13] See, for example: Office for National Statistics, Unpaid care by age, sex and deprivation, England and Wales: Census 2021, February 2023.

average among low-to-middle income families (35 per cent). Women in Unsung Britain are twice as likely as men to be both disabled and a carer: 6 per cent versus 3 per cent, rising to one-in-twelve women aged 45-54 (8 per cent) and 55 and above (9 per cent), compared to 4 per cent of all low-to-middle income adults.

FIGURE 6: **Older women in low-to-middle income families are the most likely to be both disabled and a carer**

Proportion of working-age adults in low-to-middle income families who are disabled or are caring for someone who is ill, disabled or elderly for at least five hours a week, by sex and age: UK, 2023-24



SOURCE: RF analysis of DWP, Family Resources Survey.

As well as considering the scale of the impact among individuals, it is important to understand how disability and caring affect families as a whole. As noted above, one-in-three adults in low-to-middle income families are themselves disabled, a carer or both. But the impact is larger still when we look zoom out to the family level. More than two-in-five (43 per cent, or 5.6 million) of low-to-middle income families include a disabled person or a carer, and almost one-in-ten (9 per cent, or 1.1 million) low-to-middle income families include both – more than twice the rate among higher-income families, at 4 per cent (see Figure 7). A further 9 per cent of both low-to-middle income and higher income families have a disabled person or a carer in their wider household, but not within the family.[14] (It should be noted that, although the main focus of this note is working-age

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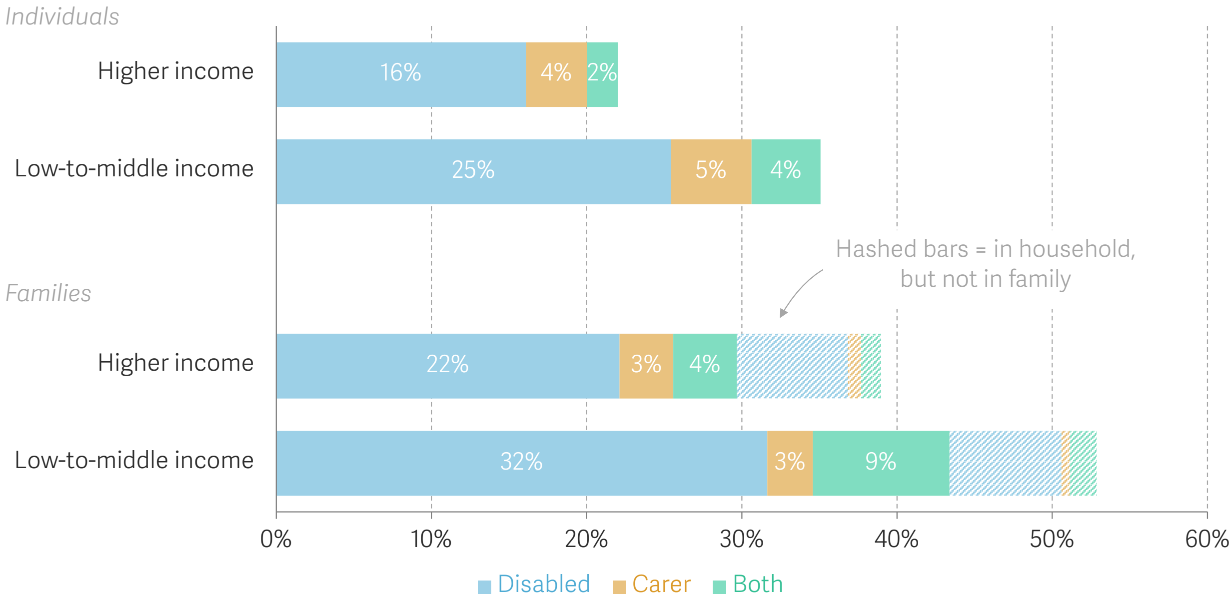
[14] This could include, for example, older parents living with their adult children, who would be counted as separate family units in our data.

adults, these disabled household members – and, indeed, the people being cared for – could be children or elderly people; and we explore these groups further in Box 2.)

FIGURE 7: **Almost one-in-ten low-to-middle income families includes a disabled person or a carer**

Proportion of working-age adults who are disabled or are caring for someone who is ill, disabled or elderly for at least five hours a week, and proportion of families with a disabled member or a carer, by household income: UK, 2023-24



SOURCE: RF analysis of DWP, Family Resources Survey.

BOX 2: **The number of disabled children has been rising, and an ageing population means that there are more adults above the State Pension age that require care**

This briefing note primarily focuses on working-age adults, but trends in disability among other age groups also shape the experiences of low-to-middle income families.

The number of disabled children in the UK has doubled over the past decade, rising from 712,000 in 2013-14 to 1.5 million in 2023-24, or from 6 per cent to 11 per cent of all children.[15] In 2023-24, 7 per cent of low-to-middle income families included a disabled child, or 20 per cent of low-to-middle income families with children, compared to 3 per cent and 15 per cent respectively among higher-income families. As a result, over a quarter (27 per cent) of low-to-middle income carers were

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[15] Source: RF analysis of DWP, Family Resources Survey. In the FRS, parents and guardians answer questions about disability on behalf of their children.

caring for a disabled child in their family (compared with 15 per cent of carers in higher income families).

An ageing population has contributed to a growing number of older people who are disabled and who may need care. More than a quarter of 70-74-year-olds are disabled, rising to more than half among 85-89-year-olds,[16] and caring for elderly parents and parents-in-law has driven an intensification of caregiving among people aged 40-60.[17]

At the same time, many pensioners provide substantial amounts of unpaid care themselves. Although the likelihood of providing unpaid care peaks among those aged 55-64, men in their eighties are the most likely group to provide 35 hours or more of care per week. Among men aged 85-89, 8 per cent provide at least 35 hours of care a week, and 7 per cent provide 50 hours or more.[18]

Almost half of families with both a carer and a disabled member are in material deprivation

The analysis so far has shown that disabled people and carers disproportionately live in low-to-middle income families. This reflects that families with a disabled member or carer typically have considerably lower incomes and living standards than those without one.

Looking first at direct measures of living standards, Figure 8 shows that working-age families that include a disabled member are more likely to experience material deprivation than those without one.[19] Families with a carer only are no more likely to face material deprivation than those with neither a carer nor a disabled person (19 per cent versus 17 per cent, a difference that is not statistically significant). But one-third (36 per cent) of families with a disabled person (and no carer) are materially deprived, and this rises to close to half (47 per cent) among those with both a disabled person and a carer. These differences persist even after accounting for demographic and family characteristics such as age of the family members, region and number of children.[20]

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[16] See, for example: Centre for Ageing Better, Our Ageing Population: The State of Ageing 2023-24, November 2023.

[17] M Evandrou et al., Trends in informal caregiving in Great Britain from 1985 to 2020, Centre for Population Change & Connecting Generations, November 2024.

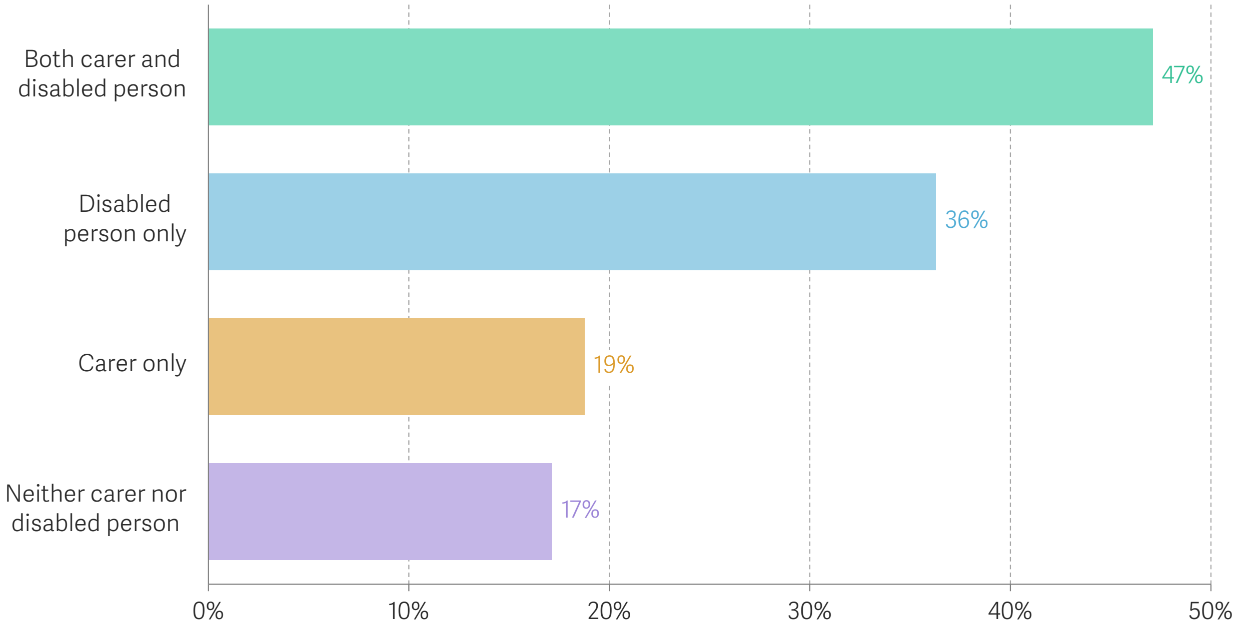
[18] Office for National Statistics, Unpaid care by age, sex and deprivation, England and Wales: Census 2021, February 2023.

[19] This is a measure of the extent to which families can afford essential items, such as being able to repair or replace major electrical goods or make regular savings of at least £10 a month. For further details on the questions asked, and how they are combined into a single indicator, see: Department for Work and Pensions, Households below average income series: quality and methodology information report FYE 2023, March 2025.

[20] We control for sex, age, ethnicity, region, whether has a degree, number of dependent children and partnership status (both independently and interacted). The odds ratios for being in material deprivation, relative to adults in families with neither a disabled person nor a carer, shrinks slightly but remains substantial when we control for these characteristics.

FIGURE 8: **Almost half of families that include both a carer and a disabled person are materially deprived**

Proportion of working-age families in material deprivation, by whether the family includes a disabled person or a carer: UK, 2023-24



SOURCE: RF analysis of DWP, Family Resources Survey.

Disability is associated not only with a higher risk of material deprivation, but also with lower average incomes. On average, families with a disabled member have incomes around 10 per cent lower than comparable families with neither a disabled member nor a carer.[21] As the red bars in Figure 9 show, this equates to estimated income gaps of £4,000 a year (a 12 per cent gap) for families with a disabled member but no carer, and £3,300 (a 10 per cent gap) for those with both a disabled member and a carer.[22] These income gaps are still larger when disability benefits such as Personal Independence Payments are excluded from household income, as shown by the purple bars in Figure 9.[23] This arguably provides a more accurate measure of living standards, since these benefits are intended to offset the additional costs associated with being disabled rather than replace lost income.[24] On this measure, the average income shortfall rises to £5,600 for families with

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[21] Results of a regression adjusting for sex, age, ethnicity and whether has a degree (all defined for the head of the benefit unit and their partner, if they have one), region, number of dependent children and partnership status (interacted). Source: RF analysis of DWP, Family Resources Survey.

[22] The difference between these two figures is not statistically significant.

[23] Specifically, we exclude Personal Independence Payments (PIP), Disability Living Allowance (DLA) and Attendance Allowance (AA). These benefits are explicitly intended to help cover the additional costs associated with disability, rather than to provide income support.

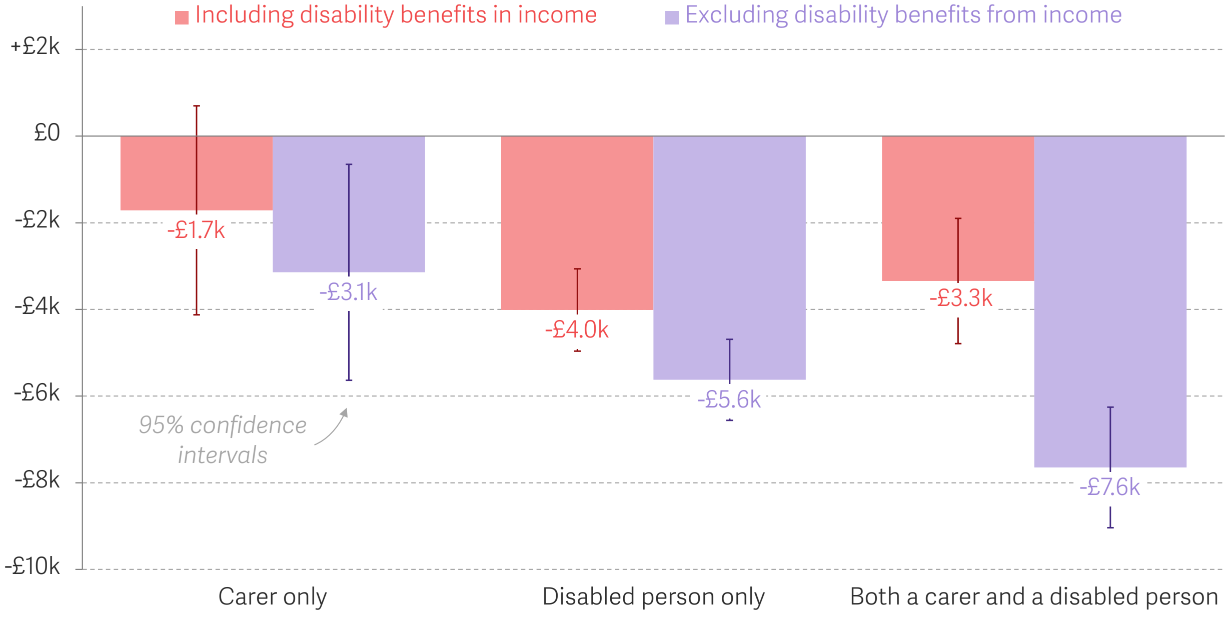
[24] Other examples of research that analyses incomes excluding disability benefits include: J Cribb, H Karjalainen & T Waters, Living standards of working-age disability benefits recipients in the UK, Institute for Fiscal Studies, July 2022, https://doi.org/10.1920/wp.ifs.2022.2422; Joseph Rowntree Foundation, UK Poverty 2025: The essential guide to understanding poverty in the UK, January 2025. Disabled people also face substantial wealth gaps: in 2018-20, all else equal, people with a longstanding illness or disability held around £65,000 less wealth than those without. Office for National Statistics, Distribution of individual total wealth by characteristic in Great Britain: April 2018 to March 2020, January 2022.

a disabled household member, and families with both a disabled person and a carer face the largest hit, at £7,600 (all compared to households with neither).[25]

As with material deprivation, though, families with a carer but no disabled member have incomes that do not differ significantly from those of families with neither a carer nor a disabled member.

FIGURE 9: **Having a disabled person and a carer in the family is associated with a £3,300 hit to household income, rising to £7,600 if disability benefits are excluded**

Annual difference in equivalised household income compared to families with neither a disabled person nor a carer, after controlling for selected demographic and family characteristics, by whether the family includes a disabled person or a carer: UK, 2023-24



NOTES: Controls for sex, age, ethnicity and whether has a degree (all defined for the head of the benefit unit and their partner, if they have one), region, number of dependent children and partnership status (interacted).
SOURCE: RF analysis of DWP, Family Resources Survey.

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[25] The financial impact of living with a disability obviously goes beyond income. The disability charity Scope has estimated how much extra money a disabled household would need to have the same standard of living (measured by the same material deprivation indicators we looked at in Figure 8) as a non-disabled household, something that may also reflect the additional costs faced by disabled people. Scope call this "the Disability Price Tag" and their latest research estimates this at £1,000 a month: Scope, Disability Price Tag 2024, September 2024.

Disabilities and caring responsibilities can make it harder to do paid work – but drawing a binary distinction between those in and out of work is often unhelpful

The relationship between disabilities, caring responsibilities and income levels is complex, and we do not attempt to disentangle all aspects of it here. But it is important to note that causation is likely to run both ways. On the one hand, low incomes can contribute to poor health outcomes and increase the need for care. On the other hand, disabilities and caring responsibilities can act as a living standards headwind; most notably, by making it more difficult to access and sustain paid employment.[26]

Recent debates have focused on concerns over the rising number of people out of work due to ill-health or disabilities. But our focus groups highlighted that the reality is far more nuanced than a binary distinction between in and out of work. In particular, many people with disabilities or caring responsibilities are able to work, but face constraints that limit them to part-time work, restrict the types of work they can do, or require flexibility due to fluctuating health conditions (their own or those of the person they care for).

> *"[My health condition] would affect [me] if I was working with the public. You need to be fully on form, don't you? And I'm just, one day I'm on, then I'm off."*
>
> **(Participant, not in paid work, with mental and physical health conditions)**

> *"There have been times when I've kind of just, you know, come to a wall ... and taken off, you know, however much time off."*
>
> **(Participant, self-employed part time, with a mental health condition)**

> *"I got a job more locally ... and it was working part time, four days a week, so it gave [my wife] some comfort that if I, if something happened, I would be able to get to her."*
>
> **(Participant, working part time, caring for disabled partner)**

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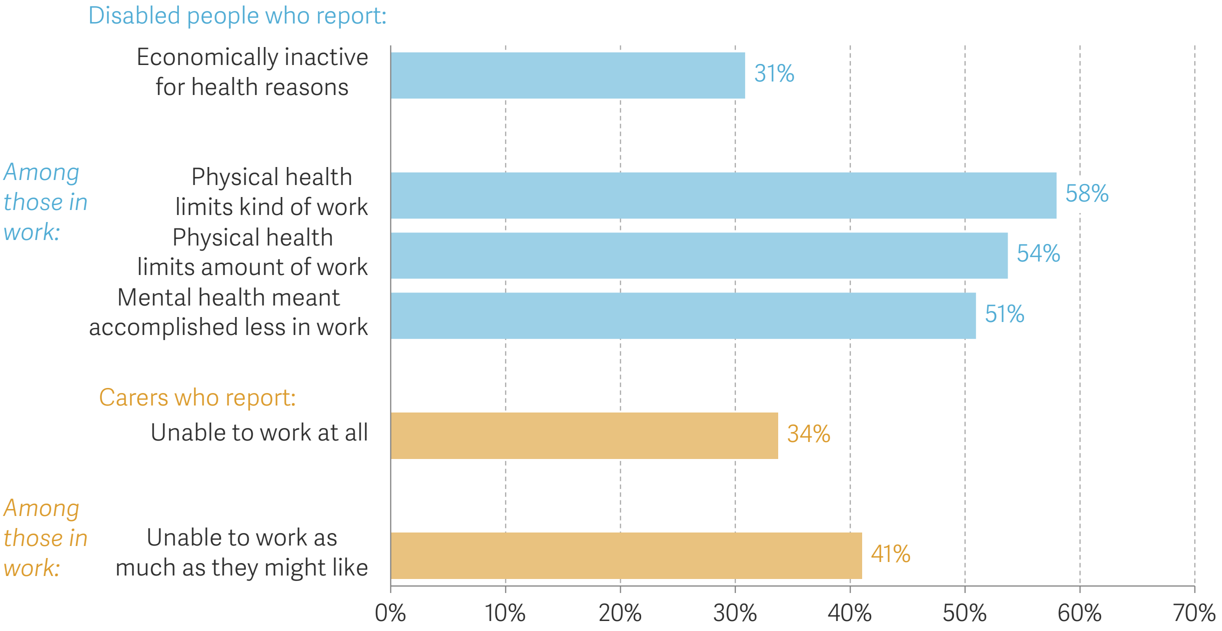
[26] A future report in the 'Unsung Britain' programme will look in more detail at what happens to incomes when people become disabled or take on caring responsibilities, among other life events. For a detailed exploration of the poverty implications of taking on unpaid caring responsibilities, see: S Thompson, What pushes unpaid carers into poverty?, Joseph Rowntree Foundation, July 2024. For an example of research looking at the longitudinal impacts of disability on paid work, see: M Jones, R Davies & S Drinkwater, The Dynamics of Disability and Work in Britain, The Manchester School 86(3), December 2016. https://doi.org/10.1111/manc.12177

Figure 10 highlights some ways in which disabilities and caring responsibilities can affect access to paid employment. The top set of bars shows that nearly one-third (31 per cent) of disabled people in low-to-middle income families are not working at all due to ill-health. But among those in work, more than half report that their physical health limits the type or amount of work they can do (58 per cent and 54 per cent respectively) or that their mental health affects their ability to accomplish as much as they would otherwise be able to (51 per cent). Similarly, among low-to-middle income carers who provide care for someone they live with, the impacts of caring responsibilities go beyond the one-third (34 per cent) who are unable to work at all: among those who are in work, two-fifths (41 per cent) say they are unable to work as much as they would like due to providing care.

FIGURE 10: **More than half of disabled people who are in paid work report limitations to the amount or type of work they can do**

Proportion of working-age disabled people and people caring for someone in their household in low-to-middle income families who report selected limitations to the paid work they can do: UK, 2022-2023



NOTES: The questions on how caring impacts paid work are only asked of respondents who are caring for someone in their own household.
SOURCE: RF analysis of ISER, Understanding Society.

These effects are not mutually exclusive, either at the individual or (especially) at the family level. In our focus groups, some participants caring for their partners described a double income shock of one person unable to work due to a disability and the other needing to care for them. This is one example of why the combination of disability and caring in the same family can lead to the large living standards hits shown in Figure 8 and Figure 9.[27]

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[27] This is only one way in which disability and caring can co-occur within the same family: it could also reflect an adult caring for a disabled child, or the disabled person and the carer being the same individual (and caring for someone outside the family).

> *"Obviously the income was quite a drop, not just going from two sort-of professional incomes to one, but then a different role."*
>
> **(Participant, working part time, caring for disabled partner)**

> *"Due to my boyfriend and his health conditions, I had to stop [my old job], so now the income's very, very small, because obviously he can't work [and] I can only work two days a week."*
>
> **(Participant, working part time, caring for disabled partner)**

Despite these challenges, most focus group participants expressed a strong desire to work where possible. In addition to the financial benefits, many participants valued the social aspects of work, felt that it supported their well-being and mental health, and saw it as an important part of their identity, particularly those who provided high levels of care.

> *Because I can't work because of [my physical health condition], that can sometimes affect the, the brain, for want of a better [word]. ... Actually, if I did work, it would actually be better for me [mentally]."*
>
> **(Participant, not in paid work, with physical and mental health conditions)**

> *"[When my daughter was younger] I was working to pay for babysitters to look after her so I could do evening meetings – which I had to do for my own mental health, actually, because I needed to prove that I existed beyond my caring role, and prove to myself there was light at the end of the tunnel for me still being a person when she was an adult."*
>
> **(Participant, working part time, caring for disabled adult child)**

Several participants spoke highly of their employers for accommodating their needs, including moving their hours around and allowing them to work remotely. But others found it difficult to access the flexibility they required. One challenge was that flexible roles were not always clearly advertised, so workers needed to rely on informal knowledge built by working for an employer for extended periods of time.[28] And in some cases, the level of flexibility that participants would have needed exceeded what employers could reasonably provide.[29]

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[28] See also the qualitative findings in: L Murphy, Constrained choices: Understanding the prevalence of part-time work among low-paid workers in the UK, Resolution Foundation, November 2022, where participants described employers being flexible "once you've earned your stay there".

[29] A forthcoming Resolution Foundation report will explore the role of employers in supporting workers with disabilities in more detail.

> *"[My experience] has enabled me to prove my value to employers, who then trust me to do my work at 9 o'clock at night if it suits me, 6 in the morning if it suits me, so I can pick [my daughter] up from hospital, etcetera, or be on the school run every afternoon. But it's – they don't advertise those roles, and they come through experience within one organisation and your bosses trusting you and you actually having to go the extra mile to do the job, to prove that you can do the job plus care."*
>
> **(Participant, working part time, caring for disabled adult child)**

> *"It just became untenable to do what I was doing. Work were great, flexible as they could be, but … if you can't be there, you're not working for them."*
>
> **(Participant, not in paid work, caring for disabled adult child)**

As a result, many participants turned to non-traditional forms of work, including zero-hours contracts and self-employment. But though these arrangements brought benefits in terms of flexibility, and many participants spoke positively about their experiences on flexible contracts, they also came with drawbacks.[30] In particular, the lack of employment rights associated with self-employment was a challenge for several participants – with particularly acute consequences for those managing a long-term health condition, for whom a lack of sick pay made it harder to balance paid work with their health.[31]

> *"Yeah, I get flexibility [with my hours]. But the thing is, I don't really get like extra benefits. I don't get no annual leave, I don't, I don't get sick pay, so if I'm unwell, I'll have to just have unpaid leave. So I don't really get the benefits that full-time workers do, so it's not really the best for me at the moment."*
>
> **(Self-employed participant caring for disabled parent and two children)**

> *"There is no, you know, there's no sick pay … none of that kind of stuff. … The times I've had to take off, even if it's one day, it does make a difference. … You do worry in the background, having to take time off because of that financial impact."*
>
> **(Self-employed participant with mental health conditions)**

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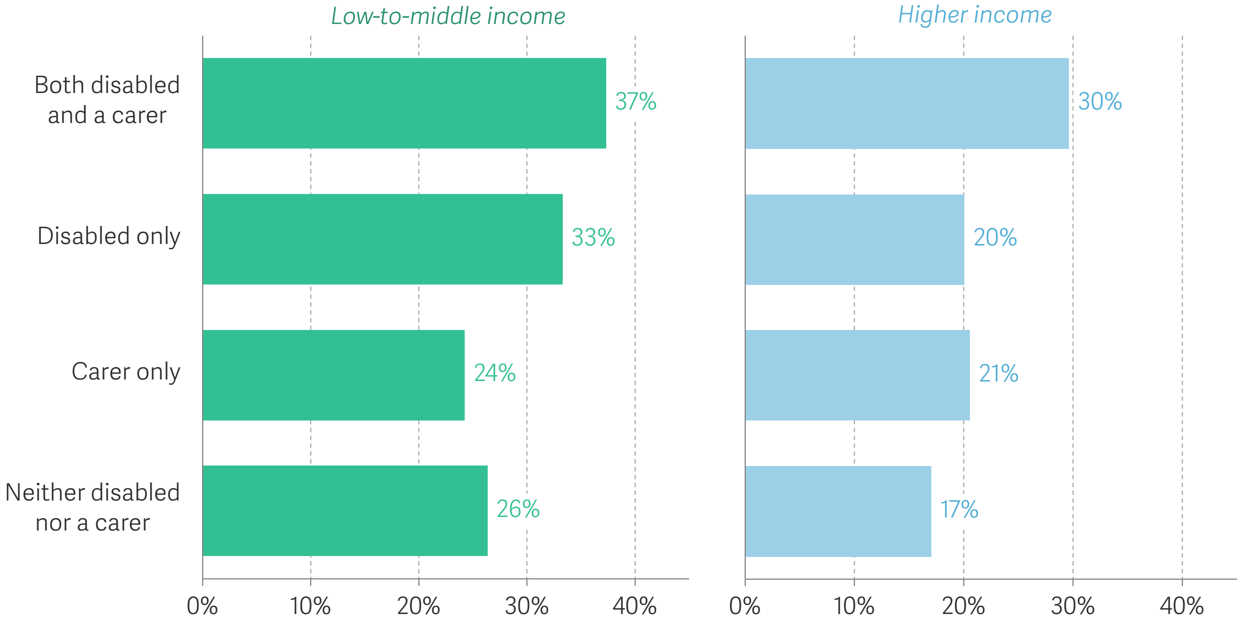
[30] See also: Department for Work and Pensions, Qualitative research with working people exploring decisions about work and care, October 2024.

[31] Self-employed workers pay lower National Insurance contributions than employees, which in theory could compensate for the absence of sick pay and other employment rights. However, for the relatively low-paid self-employed workers in our focus groups, the lack of sick pay meant that taking time off sick created unforeseeable income volatility. One participant said they had considered taking out insurance but decided it was too expensive.

The experience reported by the participants is reflected among workers more broadly: as Figure 11 shows, disabled people – especially those who are also carers – are over-represented in non-traditional work (defined here as flexible contracts, gig economy roles or solo self-employment). Among working adults in low-to-middle income families (the left panel of Figure 11), one-third (33 per cent) of those who are disabled are in some form of non-traditional work, rising to 37 per cent of those who are also carers, compared to 26 per cent of those who are neither. Even among higher-income families – who are generally less likely to be in non-traditional work – 30 per cent of those who are both disabled and carers are in these forms of work, nearly double the rate for higher-income adults without disabilities or caring responsibilities.

FIGURE 11: **One-in-three disabled people in low-to-middle income families are on a flexible contract, work in the gig economy, or are solo self-employed**

Proportion of employed people on a flexible contract, working in the gig economy or solo self-employed in low-to-middle income households (left panel) and higher-income households (right panel), by whether individual is disabled or a carer: UK, 2022-2023



NOTES: Flexible contracts include zero-hours contracts, variable-hours contracts and temporary non-contract work.
SOURCE: RF analysis of ISER, Understanding Society.

The social security system for disabled people is challenging to navigate, and Carer’s Allowance has a range of issues

Although paid work benefits some people with disabilities or caring responsibilities, it is not feasible or desirable for everyone at all times. Focus group participants described how, even if they would have liked to do more paid work, it was important to be able to take time off to care for their health or their loved ones.

> *“I don’t really like not working … but then you have to weigh up: work, or someone that you love that can need you. There’s not really a backup plan, so you’re going to pick that, that’ll always come first.”*
>
> **(Participant, working part time, caring for disabled partner)**

> *“Financially, I have noticed the pressure [from leaving work], but I’m also glad to … be able to take time off to find myself again, in order to go back in.”*
>
> **(Participant, not in paid work, with physical and mental health conditions)**

This underscores the importance of other forms of income support, particularly through the social security system. Recent weeks have seen the passage of the Universal Credit Bill through Parliament, a Bill that will cut disability benefits by much less than when the Government first set out its intentions (Box 3 sets out the different benefits that aim to support disabled people and carers, and the Government’s plans to reform them).

BOX 3: **How the social security system supports disabled people and carers**

A range of benefits is available to support working-age people who are disabled or have caring responsibilities. For those in a low-income family, Universal Credit (UC) offers additional support through the health element (UC-H) for those whose health condition or disability means they are unable to work, and through the carer’s element (UC-CE) for those who provide care for at least 35 hours a week. Carer’s Allowance also supports individuals who care for at least 35 hours a week, whose household income makes them ineligible for UC but whose individual earnings are below £196 a week. In addition, Personal Independence Payments (PIP) provide non-means-tested support to help cover the additional costs associated with being disabled, regardless of whether the recipient is in work or not.

The Government is reviewing disability- and health-related benefits in response to concerns about a rising benefits bill.[32] After a series of climb-downs from its original proposal, from April 2026, the UC-H uplift will be approximately halved for new claimants (from £97 a week to £50 a week), with this partially offset by an increase in the basic rate of

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[32] Department for Work and Pensions, Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper, March 2025. For a wider discussion, see: L Judge & L Murphy, Under strain: Investigating trends in working-age disability and incapacity benefits, Resolution Foundation, June 2024.

UC (for all claimants, not just those on UC-H) worth about £5 for a single adult claimant by 2029-30, so as to rebalance support within UC.[33] The Government had originally proposed large cuts to PIP, but these have not made it through into the final form of the Bill; instead, the Timms review will examine reforms to PIP, including the eligibility criteria, to inform changes expected to come into force later in the Parliament.[34] If the eligibility criteria change, then carer's benefits could also be affected, since both UC-CE and Carer's Allowance depend on the person being cared for receiving specific disability benefits, including PIP.[35]

The Green Paper also set out additional reforms that the Government intends to return to later in the Parliament, primarily affecting UC-H and contributory JSA. We do not discuss those further here.[36]

But even before those cuts, there are significant gaps in, and flaws with, the way that disabled people and carers are treated by the social security system. For example, three-fifths (60 per cent) of carers receiving Carer's Allowance are materially deprived, and this rises to over two-thirds of those receiving UC-H (70 per cent) and UC-CE (72 per cent); this is three-times the rate among all working-age adults (23 per cent) (see Figure 12).

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[33] This overarching aim is sensible, given the substantial difference between the support received by those with and without the UC-H uplift: a single person receiving the uplift currently gets more than twice as much as someone who does not, and this can create a strong financial incentive to be assessed as unable to work. See, for example: L Murphy, Delivering the undeliverable: Five principles to guide policy makers through reforming incapacity and disability benefits, Resolution Foundation, March 2025. It is worth noting, however, that the cut to UC-H means that new claimants from April 2026 will be £2,400 a year worse off by 2029-30 than they would have been without the change, even with the increase in the basic rate: C Aref-Adib et al., Unsung Britain bears the brunt: Putting the 2025 Spring Statement in context, Resolution Foundation, March 2025.

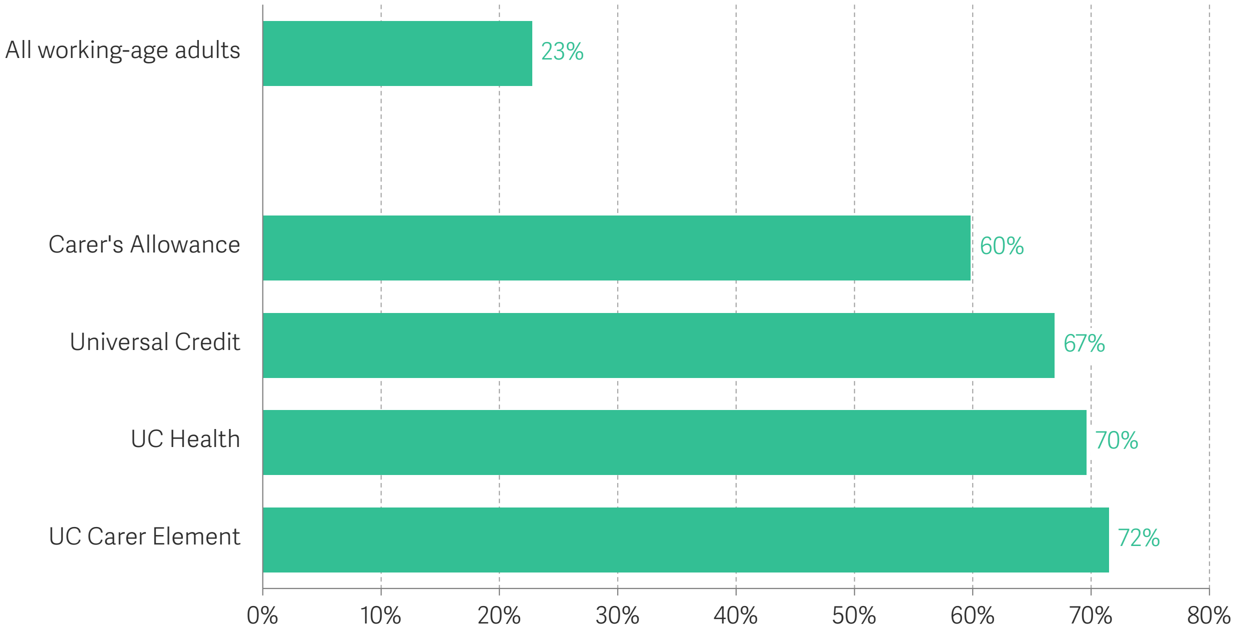
[34] Department for Work and Pensions, Timms Review of the PIP Assessment: Terms of Reference, June 2025.

[35] The full list of disability benefits that the person being cared for can receive can be found at: GOV.UK, Carer's Allowance: Eligibility, accessed 14 July 2025.

[36] L Murphy, The good, the bad and the messy: Responding to the Pathways to Work Green Paper consultation, Resolution Foundation, June 2025. https://doi.org/10.63492/wfk812

FIGURE 12: **Three-fifths of working-age carers that receive Carer's Allowance are in material deprivation, rising to over two-thirds of carers in receipt of UC Carer Element or UC Health**

Proportion of working-age adults in material deprivation, by benefit received: UK, 2023-24



SOURCE: RF analysis of DWP, Family Resources Survey.

Beyond the adequacy of benefit levels, focus group participants described the system as difficult and complex to navigate – demanding for any claimant, but especially for those dealing with the additional challenge of managing a disability or caring responsibilities, and who may be making a claim at a time of personal crisis.[37]

> *"It is a bit of a head mess, to be quite honest, the benefit system. ... The headache that they put people through, like who – when you're actually going through the stress of it all, who's even got the time or the mental capability to even go through another form?"*
>
> **(Participant with physical and mental health conditions)**

> *The system's baffling. Nobody really has got the time to sit down and do it. ... It's a full-time job in itself just doing all the paperwork, basically."*
>
> **(Participant caring for disabled adult child)**

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[37] Our focus groups took place before the Government proposed the cuts to disability and health-related benefits described in Box 3. See also, for example: O Negri & H Cavanagh, Making benefits work: Improving support for disabled people, Scope, accessed 7 July 2025; Sense, Putting disabled people at the heart of the benefits system – a charter for fairer access, design and provision, November 2024.

The design of Carer's Allowance also presents challenges. Unlike most benefits, which are gradually tapered away as income rises, Carer's Allowance has a strict earnings cliff edge: claimants earning up to £196 a week receive the full amount, but those earning any more lose access entirely. This creates a very sharp disincentive to earn more than £196 a week: specifically, it means that a carer earning between £196.01 and £279.29 a week after tax would be better off cutting their earnings to £196 a week and claiming Carer's Allowance. The system also requires carers to monitor their weekly earnings and notify the Department for Work and Pensions (DWP) if they go over the earnings threshold; this is in marked contrast to working recipients of UC or the legacy tax credits, where DWP or HMRC automatically receive information on claimants' earnings. If recipients exceed the threshold in any given week, they are liable to repay their Carer's Allowance in full for that week. When DWP and claimants do not notice as soon as this happens, then this can lead to carers accruing large overpayment debts.[38]

> *"I do claim Carer's Allowance. And for my job, it's quite a high-paying job, so I could earn probably like £40 or £30 an hour. And the limit for Carer's Allowance is, the maximum you can earn, it's £139 a week.*[39] *Then that stops. So, there's not really an incentive for me to work, because if can make like £139 for four hours, they'll stop my Carer's Allowance … [even though] I want to work."*
>
> **(Participant caring for disabled parent)**

The Government recognises this is a problem, and this is why it has commissioned an independent review of Carer's Allowance overpayments.[40] But there are several other eligibility restrictions for Carer's Allowance that create cliff edges. In particular, claimants must provide at least 35 hours of care per week to one person, meaning that carers are not eligible if they provide 35 hours in total but divide their time between multiple people. And only one carer can claim Carer's Allowance for each person receiving care, meaning that if two people each provide 35 hours of care to the same individual, only one can receive Carer's Allowance. Finally, as well as restrictions on paid work, claimants are also limited in the number of hours that can be spent in education (21 hours per week).

There is also a lack of clarity around the purpose of Carer's Allowance. It was introduced in 1976 as a non-contributory, non-means-tested benefit to provide "a measure of income maintenance" to those who would otherwise be in full-time employment.[41] But it is neither conditional on having previously worked and nor is it targeted at low-income

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[38] See, for example: P Butler, Carers threatened with prosecution over minor breaches of UK benefit rules, The Guardian, April 2024. In 2023-24 the outstanding overpayment debt was £251.7 million – a rise of nearly 70 per cent since 2018-19 – across 137,000 people (equivalent to 15 per cent of the total number of recipients, although many of those with outstanding debt will no longer be receiving Carer's Allowance). See: National Audit Office, Carer's Allowance, December 2024.

[39] Note that this figure is out of date – the Carer's Allowance threshold is now £196 a week.

[40] Department for Work and Pensions, Independent Review of Carer's Allowance overpayments: Terms of Reference, December 2024.

[41] S Kennedy, Carer's Allowance, House of Commons Briefing Paper, January 2020.

carers – that is the role of UC-CE – and one-quarter (25 per cent) of recipients of Carer's Allowance are in the top half of the income distribution.[42] Increasingly, Carer's Allowance is seen as partial compensation for the unpaid work that carers do. But in that context, the current rate of £83.30 (or £94.60 in Scotland, including the Carer's Allowance Supplement) is widely viewed as inadequate. It is lower than other non-means-tested benefits, such as contributory Jobseeker's Allowance (£92.05 a week), and Statutory Sick Pay (£118.75 a week).[43] This low level of Carer's Allowance reinforced a broader perception among many carers in our focus groups that their care work is undervalued by society.[44]

> *[Do you feel valued by society for your caring role?] "Well, I mean, the state values carers at £70 a week ... or something nonsense like that. So until Carer's Allowance is raised to a minimum wage or a liveable wage, I don't think carers can claim there's parity there within society."*
>
> **(Participant caring for disabled adult child)**

The Government should strengthen sick pay and introduce paid carer's leave to support workers with fluctuating conditions or care needs

Given the significant income penalties and high levels of deprivation faced by disabled people and carers, there is a strong case for policy reform.

First, although it will not be appropriate or possible for all disabled people or carers to work, it is important to remove as many barriers to paid employment as possible. The Government is taking steps in this direction, including commissioning the 'Keep Britain Working' review, which will examine how public policy and employers can better support disabled workers.[45] (A forthcoming Resolution Foundation report will explore in more detail the role of employers in helping disabled people enter and remain in work.) But there is also a gap in support for working carers. Many of the measures that can support disabled people – such as employer flexibility, and transparency around flexible working – would also benefit carers.[46] In addition to those, we recommend that DWP provides targeted employment support for carers who want to work. As well as helping carers find suitable jobs, this support should reflect the skills that people have developed through caring and help them find work that makes use of them.[47]

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[42] Source: RF analysis of DWP, Family Resources Survey.

[43] GOV.UK, Jobseeker's Allowance (JSA), accessed 7 July 2025; Department for Work and Pensions, Making Work Pay: Strengthening Statutory Sick Pay, October 2024.

[44] See also, for example: M Watkins, Unpaid Carers: Will the next government acknowledge their value?, Centre for Care, April 2024.

[45] Department for Work and Pensions & Department for Business and Trade, Keep Britain Working: Terms of Reference, May 2025.

[46] See, for example: C Mayfield, Keep Britain Working Review: Discovery, Department for Work & Pensions & Department for Business & Trade, March 2025.

[47] Examples highlighted by the charity Carers UK include time management, managing a budget and communication skills: Carers UK, Thinking of returning to work?, accessed 30 June 2025. Similarly, examples highlighted by our focus group participants included organisation, resilience, flexibility and compassion. For further recommendations on designing effective employment support for unpaid carers, see, for example: Centre for Ageing Better, Supporting carers back into work: Insights from the Working Potential project, June 2020.

As well as helping disabled people enter and stay in work, the Government also plans to strengthen employment protections across the board through the Employment Rights Bill.[48] New measures like compensation for short-notice shift changes will particularly benefit disabled workers and carers, who are more likely than other groups to be on zero-hours contracts: 5.1 per cent of employees with both a disability and caring responsibilities are on these contracts, compared to 1.5 per cent of those with neither.[49] Similarly, extending SSP to low earners will disproportionately benefit these groups, since they are more likely to earn below the SSP threshold: in 2023-24, 5 per cent of workers with a disability or caring responsibilities earned below the SSP threshold at the time of £123 a week, rising to 10 per cent among those with both, compared to 3 per cent of those with neither.[50] But, as we have previously argued, the reforms should go further by increasing the level of SSP to help ensure that workers do not face an unduly high loss of income when off sick.[51] This would benefit all workers, but would be particularly important for people with fluctuating health conditions, who may need to rely more on paid sick leave to help them remain in work.

Just as sick leave is vital for enabling people with fluctuating conditions to remain in work, carer’s leave is essential for working carers who may need to take time off as the care needs of the person they look after change. But at present, unpaid carers are entitled to only one week of unpaid leave per year.[52] This is significantly less than the leave offered in many other countries (see Box 4), and the fact that the entitlement is unpaid makes it inaccessible to many carers on low incomes, who cannot afford to take time off without pay.[53] To address these issues, the Government should extend carer’s leave to four weeks per year, bringing it in line with parental leave.[54] And two of these four weeks should be paid by employers at the same rate as SSP, to help working carers in low-to-middle income families to make use of their entitlement.[55]

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[48] UK Parliament, Employment Rights Bill, July 2025.

[49] Source: RF analysis of ISER, Understanding Society.

[50] Source: RF analysis of DWP, Family Resources Survey.

[51] For the Resolution Foundation’s full proposals for reforming SSP, see: N Cominetti et al., Low Pay Britain 2023: Improving low-paid work through higher minimum standards, Resolution Foundation, April 2023; N Cominetti & H Slaughter, Labour Market Outlook Q4 2024: Reforming the UK’s Statutory Sick Pay system, Resolution Foundation, December 2024.

[52] GOV.UK, Unpaid carer’s leave, accessed 24 June 2025.

[53] A recent survey by Carers UK suggests that the financial implications of taking unpaid leave are the main barrier to taking time off work: Carers UK, State of Caring 2024: the impact of unpaid caring on finances, October 2024.

[54] GOV.UK, Unpaid parental leave, accessed 24 June 2025.

[55] In most countries with paid carer’s leave, eligibility is assessed through a medical evaluation of the care recipient’s support needs. A similar approach could be taken in the UK, for example by using GP assessments or linking eligibility to existing benefits such as PIP.

BOX 4: **Carer's leave in other advanced economies**

Many countries offer significantly more generous carer's leave entitlements than the UK.[56] For example:

- In Ireland, employees can take up to two years of leave to provide care, provided they have worked for the same employer for at least a year. Leave can be taken in three-month blocks, and eligibility is assessed by the Department of Social Protection based on a medical assessment of the person needing care.[57] The leave is unpaid, but carers may qualify for contributory Carer's Benefit or means-tested Carer's Allowance.[58]
- In Germany, workers in firms with at least 15 employees can take up to 6 months of unpaid leave. This leave can be taken on a part-time basis, as long as the employee works at least 15 hours a week. It is unpaid, but employees can take out an interest-free government loan to cushion the income loss.[59]
- In the Netherlands, employees are entitled to two weeks of paid carer's leave, paid at 70 per cent of their salary or the minimum wage, whichever is higher. They can also take a further six weeks of unpaid leave to care for a partner, child or parent with a life-threatening illness.[60]
- In Canada, employees covered by federal labour laws can take up to five days of personal leave per calendar year for a range of purposes that includes caring for a family member. The first three days of leave are paid for those who have been with their employer for at least three months. Longer periods of unpaid leave are available for people caring for critically ill family members (up to 37 weeks per year to care for a child or 17 weeks for an adult).[61]

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[56] For further international comparisons, see, for example: B Driscoll & R Black, Work, life care? Supporting carers to find the right balance for them, Centre for Care, October 2023; Carers UK, International policies and legislation on caring leave from employment, May 2024.

[57] Workplace Relations Commission, Carer's Leave, accessed 25 June 2025.

[58] Citizens Information, Carer's leave, accessed 25 June 2025.

[59] Bundesministerium für Gesundheit, Pflegezeit: Freistellung nach Pflegezeitgesetz, accessed 25 June 2025.

[60] Government of the Netherlands, Applying for care leave, accessed 25 June 2025.

[61] Employment and Social Development Canada, Types of leaves you can receive as an employee working in federally regulated industries and workplaces, accessed 25 June 2025.

Carer's Allowance should be reformed to replace the cliff-edge with an earnings taper, and the Government should review the adequacy of the wider social security system in supporting disabled people and carers

Even with additional employment support, it will not be feasible or desirable for all disabled people and carers to work, and so access to income support through the social security system remains essential. But the current system is complex and, as we showed in Figure 12, fails to adequately protect living standards.

As we discussed earlier (and see Box 3 for details), the upcoming review of PIP and ongoing consultation on longer-term reforms to UC-H provide a framework for the Government to make changes to the system with input from disabled people, their loved ones and carers, as well as advocacy organisations and other experts.[62] That will require balancing a system that adequately supports living standards of those with disabilities and long-term health conditions, enables them to work, and comes at a sustainable price.

On benefits for carers, our recommended solution to the issues being looked at by the review of Carer's Allowance overpayments is to introduce a new system that removes the eligibility cliff-edge.[63] The main options for doing so are to introduce an earnings taper or remove the earnings threshold entirely. Deciding which route to take should reflect the Government's thinking on the intended purpose of Carer's Allowance. Removing the earnings threshold entirely would mean the benefit supported carers regardless of their earnings and income, recognising the societal value and personal costs of the unpaid work that they do, in a way that was analogous to Child Benefit (although this is, of course, no longer universal) or PIP. Alternatively, introducing an earnings taper would mean that support remained targeted at lower earners but without the damaging cliff edge. Our view is that an earnings taper would be sensible in order to target support at those who need it most (and would be consistent with the rest of the benefit system, where tapering is the norm). As with health-related benefits, any system should also ensure it minimises the administrative burden on carers. The Government should also review other rigidities, such as requiring the weekly hours of care to be met by supporting one individual only, and the limit on full-time education.

As well as reforming the design of Carer's Allowance, the Government should review what the appropriate level is for the benefit. The economic value of unpaid care in the UK was estimated to be £184.3 billion in 2021/22, a real-terms increase of 29 per cent since

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[62] Department for Work and Pensions, Further details on welfare reforms published ahead of Second Reading, June 2025; Department for Work and Pensions, Timms Review of the PIP Assessment: Terms of Reference, June 2025.
[63] Department for Work and Pensions, Independent Review of Carer's Allowance overpayments: Terms of Reference, December 2024.

2011 (when it was £119.4 billion).[64] Although Carer's Allowance cannot compensate for the true value of care, there are comparisons that can be drawn to consider how its level might be raised. Increasing to the level of contributory Jobseeker's Allowance, another non-means-tested benefit, would mean a weekly uplift of £8.75, to £92.05 a week (costing £470 million annually). Another option would be matching the amount that carers receive in England and Wales to those in Scotland, where claimants receive a Carer's Allowance supplement of £293.50 every six months; this would mean a weekly increase of £11.30, to £94.60 a week (costing £600 million a year).[65] Or the Government could commit to restoring the value of Carer's Allowance relative to minimum wage earnings: in 1999, the weekly rate of Carer's Allowance was the equivalent of 32 per cent of earnings for someone working full time (35 hours) on the minimum wage; by 2025, this has fallen to just 19 per cent. Bringing the relative value of Carer's Allowance back up to 32 per cent of full-time minimum wage earnings would mean a weekly increase of £53.45, to £136.75 a week, at a cost of £2.9 billion per year.[66]

Alongside much-needed reforms to Carer's Allowance, the Government should also review all the ways that the social security system supports carers. As a starting point, there should be parity between the health and carer elements of UC: at present, the UC-H top-up is twice as high as UC-CE (£97.30 and £46.40 per week, respectively), and it is not clear what the basis is for the large disparity. The gap for new claimants will be significantly reduced when UC-H element is reduced to £50 per week for new claimants from April 2026, meaning that equalising the two at the new level of UC-H would mean increasing UC-CE by £15.60 per month, at a total cost of around £200 million a year.[67]

But even if this step is taken, questions over the adequacy of benefits remain, given that, as Figure 12 showed, more than 70 per cent of people claiming UC-H or UC-CE are materially deprived. Of course, there are similarly high rates of material deprivation among UC claimants more widely, suggesting that supporting disabled people and carers who receive UC would be best addressed by increasing the basic rate of UC, something that would be consistent with the Government's aim of rebalancing support in the benefits system, and in line with the small above-inflation increases to the basic rate of UC due to happen in April 2026 and April 2027.

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[64] M Petrillo, J Zhang & M Bennett, Valuing Carers 2021/22: the value of unpaid care in the UK, Carers UK and Centre for Care, November 2024.

[65] mygov.scot, Carer's Allowance Supplement: Overview, accessed 2 July 2025.

[66] These costings are indicative, based on the annual value of the uplift for the number of Carer's Allowance claimants receiving payments in the latest available DWP data (November 2024). Source: RF analysis of DWP, StatXplore.

[67] We do not know exactly how many individuals receive UC-CE; we only know how many claims of UC contain at least someone receiving this premium. A lower bound estimate of the number of people receiving it would be equal to the number of benefit units receiving UC-CE (978,000). In a plausible worst-case scenario, we assume that half of the 404,000 couples receiving UC-CE receive it twice, implying 1.2 million individual recipients. This gives a cost range of £183 million to £221 million. Source: RF analysis of DWP, StatXplore.

Local authorities should restore support for carers, both to alleviate pressures and recognise the vital role they play

Lastly, although our focus has been on the living standards of those with disabilities or caring responsibilities, there is no doubt that public services play a crucial role in supporting people's health and providing formal social care.

There are big questions about the 'right' level of funding for the health and care system that this paper does not attempt to address. But it is clear that social care provision, in particular, falls well short of need. Despite rising budgets – spending on adult social care has increased by 15 per cent in real terms since 2010-11, often at the expense of other public services such as those supporting public health – there remains substantial unmet demand.[68] As Figure 13 shows, less than half of those who make new requests for adult social care support go on to receive it, falling to under a third among working-age adults, and this proportion has been declining gradually since 2018-19 (from 45 per cent to 41 per cent). And as the proportion of requests being met with support has been falling, the number of requests received has been rising: from 1.9 million new requests in 2014-15 to a high of 2.1 million in 2023-24.[69] There are also gaps in provision of social care for disabled children, who are legally entitled to an assessment for care by their local authority, but estimates from the charity Sense are that nearly a third (32 per cent) of parents or carers of disabled children were unable to access the services they need, and almost a fifth (17 per cent) had to wait more than a year for a social care assessment.[70] At the end of March 2024, there were 32,150 disabled children assessed as in need by children's social services, suggesting a large proportion of disabled children are not receiving formal support via the social care system.[71]

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[68] G Atkins & S Hoddinott, Neighbourhood services under strain: How a decade of cuts and rising demand for social care affected local services, Institute for Government, April 2022.

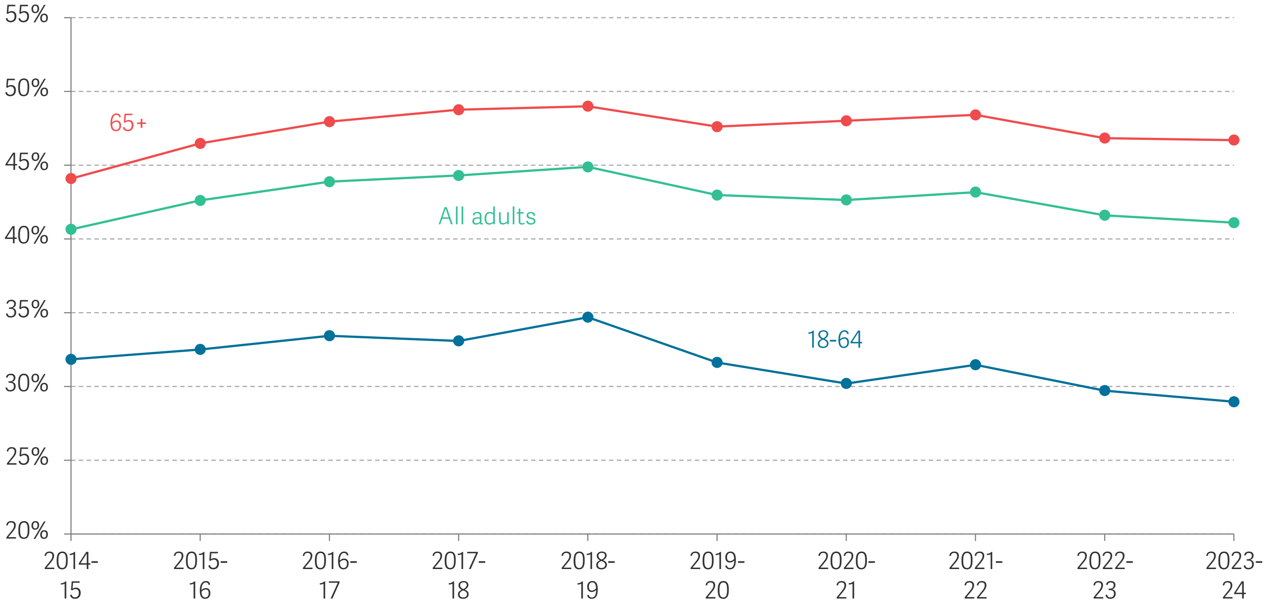
[69] NHS England Digital, Adult Social Care Activity and Finance Report, England, 2023-24, October 2024.

[70] Sense, From crisis to care – making social care work for disabled children, March 2025.

[71] Department for Education, Children in need: 2023 to 2024, October 2024.

FIGURE 13: **Despite a rise in real-terms spending on social care since the 2010s, fewer people are able to access support**

Proportion of adult social care requests that result in support, by age group: England



NOTES: Support includes long-term or short-term support but not signposting to other services.
SOURCE: RF analysis of NHS Digital, Adult Social Care Activity and Finance.

Recent Resolution Foundation polling shows that low-to-middle income families want more investment in social care, which they would prioritise above all other public services except the NHS and the police,[72] and research by the King's Fund has highlighted the value that unpaid carers place on better access to health and care services.[73]

But a well-functioning health and social care system will not be a panacea. NHS waiting lists are one of the most obvious signs that the health system is under strain, but recent research has shown that waiting times have not been a major driver of the increase in disability benefit claims,[74] and disability rates have been rising steadily for the past three decades (as Figure 1 showed), including when waiting times were shorter and falling.[75] Similarly, although improving access to formal social care could reduce pressure on unpaid carers, it should not be the only form of support:[76] many carers find their role deeply meaningful and prefer to look after their loved ones themselves.[77]

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[72] C Aref-Adib, E Fry & Z Leather, At your service?: Why the 2025 Spending Review must reckon with the distribution of public service use, Resolution Foundation, April 2025. https://doi.org/10.63492/ZVYN2275

[73] D Fenney, C Thorstensen-Woll & S Bottery, Caring in a complex world: perspectives from unpaid carers and the organisations that support them, The King's Fund, May 2023.

[74] M Warner & B Zaranko, The relationship between NHS waiting lists and health-related benefit claims, Institute for Fiscal Studies, May 2025. https://doi.org/10.1920/re.ifs.2025.0016

[75] NHS England, Consultant-led Referral to Treatment Waiting Times Data 2025-26, June 2025.

[76] For further discussion of the importance of formal social care and support for unpaid carers in combination, see: E Kenway, Moving in circles: supporting carers navigating the care system, Joseph Rowntree Foundation, June 2025.

[77] More formally, the academic literature has identified the 'process utility' of providing care – the intrinsic benefits that people gain from caring for loved ones themselves – as distinct from the 'outcome utility' of knowing that the person is well cared for. See, for example: W Brouwer et al., Process utility from providing informal care: the benefit of caring, Health Policy 74(1), September 2005. https://doi.org/10.1016/j.healthpol.2004.12.008

> *"My mum passed away four or five years ago, and she ended her days in a care home, and I've probably got some regrets about how much time I was able to spend in those last years and months with her. I kind of don't want to have those regrets with my father. ... As a family, we're happier to do it ourselves."*

(Focus group participant caring for elderly parent)

As Figure 14 shows, at the same time as there has been substantial unmet demand for social care – which has pushed the burden onto unpaid carers – spending in England on services that support unpaid carers, including respite care, has fallen by nearly a third (31 per cent) since 2014-15 (the earliest comparable data), or by 36 per cent per carer in the population. As a result, fewer carers have accessed such support: between 2012-13 and 2023-24, the proportion of carers that received home care or help for the person they care for fell from two-fifths (41 per cent) to just under a third (31 per cent), and those accessing day centres or day activities dropped from nearly a third (31 per cent) to just over one-fifth (23 per cent).[78] In 2023-24, just 16 per cent of carers said they accessed support that meant they could take a break from caring for over 24 hours, compared to nearly a quarter (24 per cent) in 2012-13. Three-quarters (75 per cent) of those providing care for 20-49 hours a week, and over four-fifths (83 per cent) of carers providing 50 or more hours a week, reported an adverse health effect related to their caring responsibilities.[79] So ensuring carers can access these services is vital to help them support their own health and well-being.

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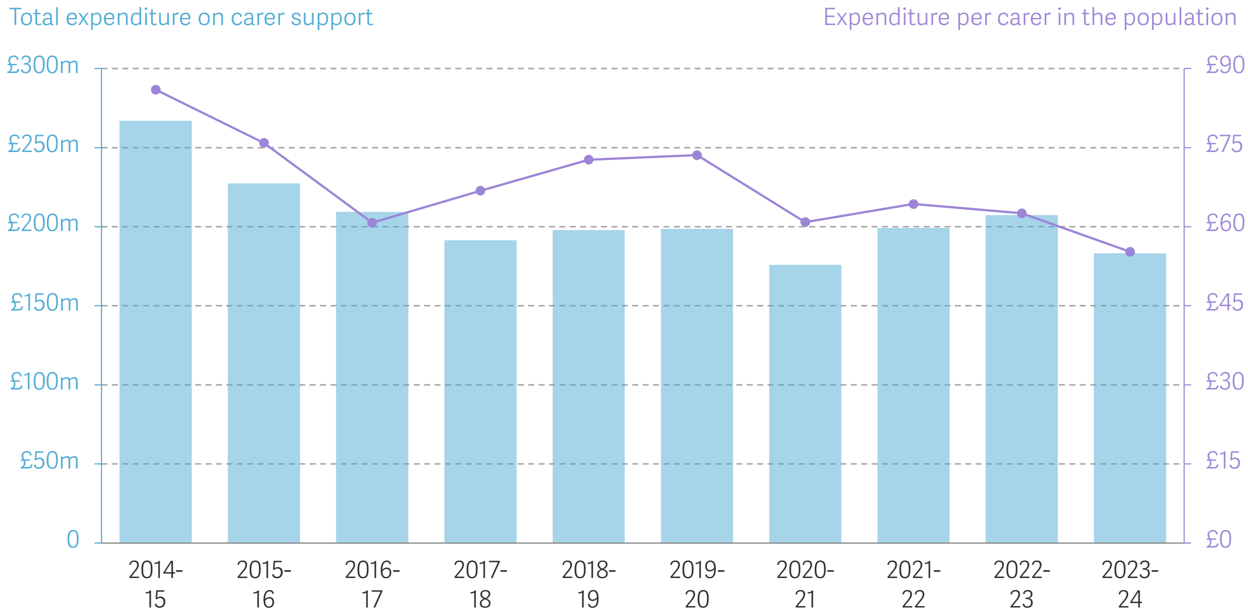
[78] NHS Digital, Personal Social Services Survey of Adult Carers in England, 2023-24, June 2024.
[79] Office for National Statistics, Unpaid care expectancy and health outcomes of unpaid carers, England: April 2024, April 2024.

FIGURE 14: **Support for unpaid carers has fallen by around one-third since the mid-2010s**

Real gross current expenditure on support to carers, and expenditure per carer in the population: England



NOTES: Covers support for carers of both working and pension age. The purple line shows total expenditure divided by the number of adult carers in England, as estimated from the FRS. Gross current expenditure includes both government spending and client contributions. Adjusted to 2023-24 prices using the GDP deflator.
SOURCE: RF analysis of NHS Digital, Adult Social Care Activity and Finance; DWP, Family Resources Survey.

Investment in the social care system is sorely needed, and the Government recognises this: it provided some additional support for social care when it came into power and is running an independent commission on longer-term reform (although this will not report until 2028).[80] But the Government should also consider restoring the in-kind help available to unpaid carers via local authorities. Reversing the cuts made since 2014-15 in England, for example, would cost £84 million a year.[81] This would not only ease some of the pressures faced by unpaid carers, but would also go some way to backing up government rhetoric on supporting unpaid carers and recognising the vital role they play.[82]

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[80] Department of Health and Social Care, New reforms and independent commission to transform social care, January 2025.

[81] Restoring support for carers to 2014-15 levels would cost £84 million (see Figure 14). Real gross current expenditure on adult social care was £27 billion in 2023-24: NHS England, Adult Social Care Activity and Finance: England 2023-24, October 2024.

[82] For further discussion, see, for example: C Paddison & N Crellin, Falling short: How far have we come in improving support for unpaid carers in England?, Nuffield Trust, October 2022; S Peytrignet, F Grimm & C Tallack, Understanding unpaid carers and their access to support, The Health Foundation, April 2023.

Policy debates around disability should look at the wider impacts on families, rather than narrowly focusing on the benefits bill

We have shown in this note that disability and caring responsibilities are a central part of life for many in Unsung Britain, with 5.6 million low-to-middle income families including either a disabled person or a carer and 1.1 million including both. Families with disabled members or carers experience higher levels of material deprivation than those without, and can face a broader set of challenges, from limited access to paid work to a sense of being undervalued by society.

But recent policy debate on disability has become polarised; some have suggested that the rising benefits bill does not reflect genuine need, and others have pointed to the substantial harm that could affect some disabled people if they were to lose entitlement to PIP. This narrow framing risks overlooking the long-term structural challenges faced not only by disabled people, but also by those who may care for them. The policy conversation must extend beyond disability benefits and should be reframed to reflect the broader realities facing disabled people and carers. The Government has already taken some positive steps, such as pledging to introduce more employment support for disabled people and reviewing ways that employers can help too. But further action is needed, and future reforms should ensure that disabled people and carers are at the heart of the Government’s efforts to raise living standards.

Annex 1

Disability questions in the Family Resources Survey

In the Family Resources Survey (FRS) – the main data source used in this note – disability is defined as having a long-term health condition or impairment that limits day-to-day activities. The wording of the questions has changed slightly over time, resulting in breaks in the series in Figure 1 and Figure 2. Table 1 summarises these changes.

TABLE 1: **The disability questions in the FRS have changed over time**

Questions relating to disability in the Family Resources Survey (FRS), by time period

Time period	Question wording
2012-13 to 2023-24	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?
2004-05 to 2011-12	Do you have any long-standing illness, disability or infirmity? By 'long-standing' I mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months. Does this physical or mental illness or disability (Do any of these physical or mental illnesses or disabilities) limit your activities in any way?
2002-03 to 2003-04	Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time? Does this physical or mental illness or disability (Do any of these physical or mental illnesses or disabilities) limit your activities in any way?
1995-96 to 2001-02	Do you have any long standing physical or mental illness, health problem or disability? By long standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time. Please include problems that are due to old age. Does this [physical or mental] illness or disability (Do any of these physical or mental illnesses or disabilities) limit your activities in any way?

SOURCE: UK Data Service, Family Resources Survey user guidance.

Annex 2

Data citations

- Family Resources Survey (series page here):
- Department for Work and Pensions, NatCen Social Research. (2021). Family Resources Survey. [data series]. 4th Release. UK Data Service. SN: 200017, DOI: http://doi.org/10.5255/UKDA-Series-200017
- Understanding Society (series page here):
- University of Essex, Institute for Social and Economic Research. (2024). Understanding Society. [data series]. 12th Release. UK Data Service. SN: 2000053, DOI: http://doi.org/10.5255/UKDA-Series-2000053

The Resolution Foundation is an independent research and policy organisation. Our goal is to improve the lives of people with low to middle incomes by delivering change in areas where they are currently disadvantaged.

We do this by undertaking research and analysis to understand the challenges facing people on a low to middle income, developing practical and effective policy proposals; and engaging with policy makers and stakeholders to influence decision-making and bring about change.

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