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Summary

In search of connection

Perspectives on combining paid work and informal care

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Op zoek naar verbinding

Perspectieven op het combineren van betaald werk en mantelzorg

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Summary: Key findings and policy implications

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Key findings

Intensive informal caregivers have particularly high support needs

Informal caregivers provide unpaid care to a partner, relative, friend or neighbour who needs support. Many combine their caring responsibilities with paid employment. For most working informal caregivers, this combination is reasonably sustainable, provided that the care situation remains manageable and occasional peaks in demand can be accommodated through a degree of flexibility at work. The minority who do find the combination burdensome often provide more intensive informal care while also working substantial hours. In this report, intensive informal care refers to care provided for more than four hours per week and/or to someone with more complex health conditions, such as a severe physical disability or dementia. Among women, intensive informal care is associated with working an average of two hours less per week, with consequences for both current income and future pension accrual. In addition to continued flexibility at work, working informal caregivers who provide intensive informal care particularly want the administrative burden involved in securing professional support for the person they care for to be reduced. The obstacles and lack of trust they encounter in the various application procedures place a considerable strain on them.

Employers are willing to help but recognise gaps in their knowledge

Many of the managers who participated in this study felt jointly responsible for supporting employees in combining paid work and informal care. They seek to create a safe organisational culture in which personal circumstances, including informal care, can be discussed openly. However, because managers generally regard informal care as a private matter, they expect employees to take the initiative in raising the subject. For the employees we interviewed, discussing their informal care responsibilities at work was far from straightforward. Some feared possible consequences for their careers, while others felt guilty about the impact on their colleagues. Once the responsibility for providing informal care has been discussed, employers generally say they are willing to consider supportive measures. They expressed a strong need for information on developing a workable informal care policy tailored to their organisation or sector. Such a policy should distinguish between standard measures for the large group of employees providing relatively light informal care and bespoke support for the smaller group providing intensive informal care.

Better integration between paid work and formal care is needed

According to all participants in this study, including working informal caregivers, managers, HR advisers, an occupational physician, a health insurer and a representative of an informal caregivers' support organisation, intensive informal care requires support from both employers and formal care services. Participants felt that stakeholders in these different domains too often focus on their own domain rather than adopting an integrated approach that creates a smoother pathway for working informal caregivers. According to the working caregivers interviewed, employers are insufficiently aware of the complexity, unpredictability and demands of care responsibilities, and of how best to support employees. Occupational physicians indicated that their current professional remit offers limited scope for preventive action, since working informal caregivers at risk of sustained overload are often not yet ill. Likewise, working informal caregivers reported that healthcare professionals rarely take sufficient account of the fact that they also need, or wish, to remain in paid employment. As a result of this fragmented system, working informal caregivers must constantly act as the link between all these stakeholders. Coordinating these different parties is itself a substantial responsibility, further increasing the risk of overload.

For this reason, both employers and employees propose that the government introduce a financial safety net for workers providing intensive informal care, for example through an extended period of paid care leave. Such a measure would acknowledge that people sometimes need time and space to establish and repeatedly reorganise appropriate care arrangements in intensive informal care situations. It would also support caregivers in maintaining their own resilience, a responsibility that stakeholders believe should be shared by employees, employers and government alike.

Background

This report was prompted by the expectation that people will increasingly be called upon to combine informal care with paid work. This expectation is driven by two developments. First, the Dutch healthcare system has been under pressure for some time, due in part to population ageing and the growing shortage of healthcare staff. As a result, greater reliance is expected to be placed on citizens to provide unpaid care to relatives and other loved ones in need of support. Second, people are expected to remain in the labour market for longer, while government policy actively encourages them to work more hours in order to address labour shortages and safeguard the affordability of public expenditure.

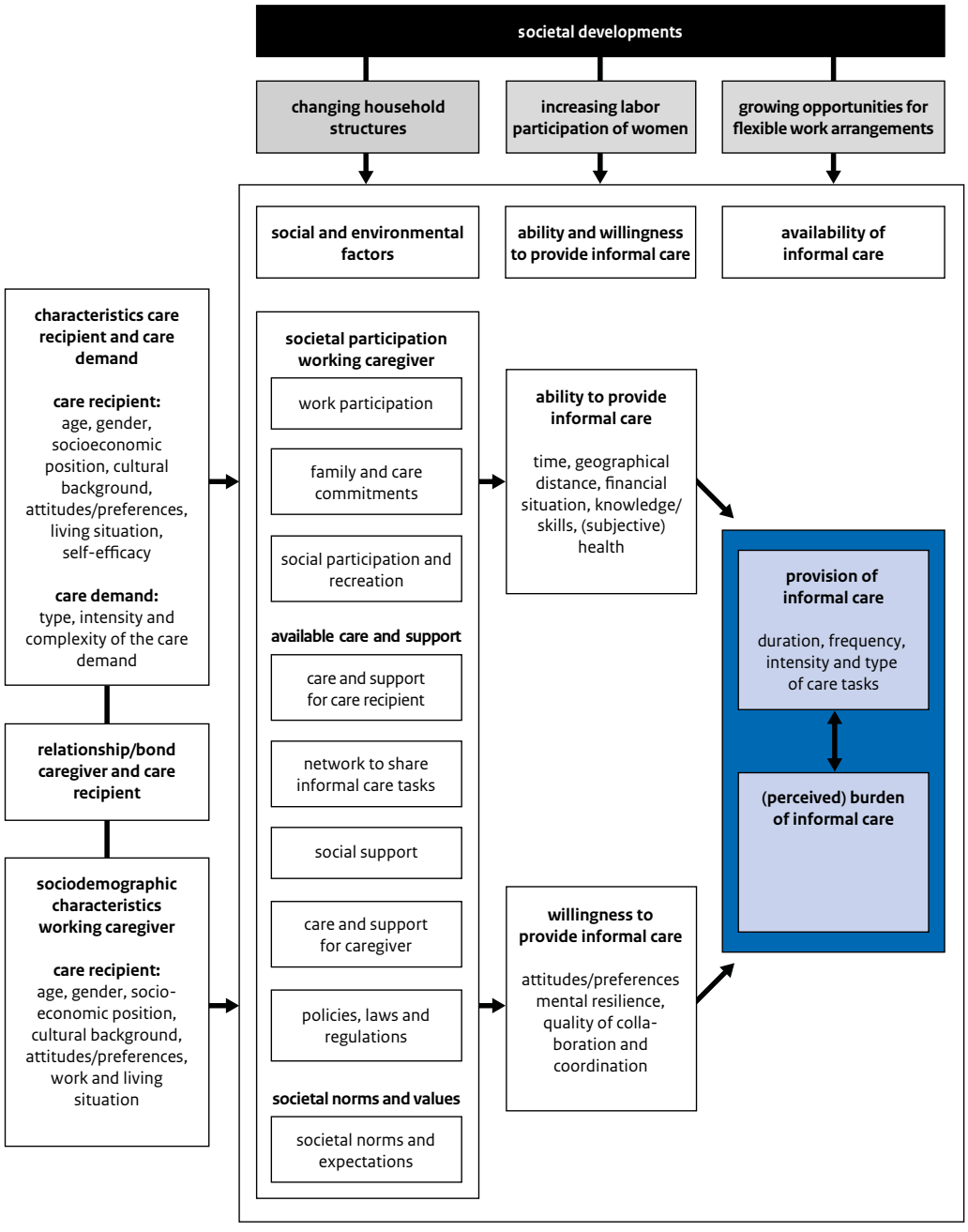
These developments, together with the recent increase in the proportion of informal caregivers in paid employment (see De Klerk et al. 2026), highlight the need for greater insight into how successfully people are able to combine work and informal care, which groups experience the greatest difficulties and what forms of support they require. At present, relatively little is known about these issues. In particular, it remains unclear whether the most effective support lies in adjustments to work, improvements in formal care provision or a combination of both. Gaining greater insight into this requires a broad focus on both the employment and care domains. The aim of this report is therefore to provide greater insight into the diversity of working informal caregivers, their support needs in relation to both work and care, and the possible courses of action for employees, employers and other relevant stakeholders, including healthcare professionals and government.

The findings presented in this report are based on several sources: two surveys containing questions on work and informal care, completed by 2375 and 1039 respondents respectively; interviews with 25 working informal caregivers, most of whom were in intensive, complex and/or long-term informal care situations; and interviews with 17 managers from various sectors. Two focus group discussions were also held with working informal caregivers, managers, HR advisers, an occupational physician, a health insurer and a representative from an informal caregivers' support organisation.

Implications for employees, employers and policy

Much research and policy focuses on the micro level of the working informal caregiver who has to keep several balls in the air. The Working Informal Caregiver (WIC) Model (Vos et al. 2022; figure S.1) identifies the factors that contribute to successfully combining work and informal care, such as involving members of their social network in the care situation or discussing support options with their employer. Our research shows that organising appropriate professional support for the person in need of care is particularly complicated in practice. This means that an important part of the reason why work and informal care cannot be combined successfully, particularly for those providing intensive informal care, lies at the meso level: the limited scope for action available to employers and the complexity of arranging appropriate formal care. The macro level, represented by the national government, has a major influence on the meso level by determining the legislative and policy frameworks within which employers and care professionals operate.

Figure S.1 The Working Informal Caregiver Model, 2022

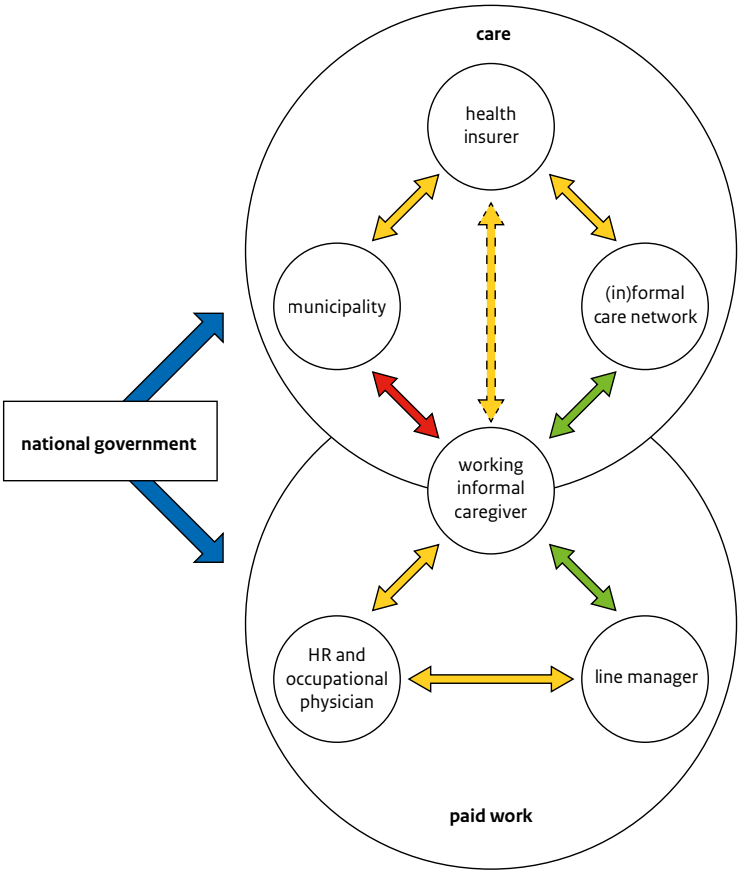


Source: Vos et al. 2022

Without stronger links between employment, formal care services and public policy, working informal caregivers providing intensive informal care are at increasing risk of leaving work, resulting in significant personal and societal costs. Based on the findings of this study, figure S.2 illustrates how the working informal caregiver connects the two domains of work and care, and how the national government defines the boundaries for work and care organisations. For this reason, we propose not only courses of action at the micro level (employees), but also at the meso level (employers, healthcare professionals and local authorities) and the macro level (national government).

Such a layered approach, with responsibilities at different levels, is also consistent with the recent recommendations in the SER (*Sociaal-Economische Raad*, Social and Economic Council) advisory report on improving the combination of work and informal care (SER 2026: 8, figure 1.1). In the policy implications below, we discuss several elements of the SER advisory report in more detail.

Figure S.2 Findings of this study, effective and strained connections across the domains of work, care and government, 2025



Source: SCP/VU

What can working informal caregivers and their social network do?

The WIC model (Vos et al. 2022) provides information on strengthening support for working informal caregivers. The model shows that various forms of proactive support from the social network, the employer and formal care services can help reduce the burden experienced by working informal caregivers. The working informal caregivers who took part in this study, particularly those in intensive informal care situations, emphasised that the emotional and cognitive aspects of informal care, such as worrying about the person receiving care and managing applications for professional support, weigh heavily on them and are difficult to delegate. The social network can provide proactive support in the form of recognition, understanding and emotional support, as well as by sharing administrative and care tasks.

Arranging appropriate care for a loved one requires continued attention from the working informal caregiver. An important recommendation is therefore that working informal caregivers remain aware of the need to keep the care situation manageable. This means asking for help in good time when organising care, rather than only when the care situation is at risk of becoming unmanageable. They can seek this help within their social network, but also from professionals such as case managers or informal

care brokers. According to the caregivers we interviewed, confidence in the quality of the support provided is an important condition. Informal caregivers can also involve their employer in their search for support. Although it can be difficult to determine the right time for such an intervention, this could involve, for example, additional or ongoing flexibility in working hours and place of work, redistributing tasks within the team, discussing leave options and, where employers offer this possibility, using support with administrative arrangements, such as an informal care broker (see Josten 2025).

Support is particularly important for informal caregivers whose situations are already intensive or are likely to become so. After all, informal caregivers who feel heavily burdened are found mainly in these groups. Our findings also show that, among women, intensive informal care is associated with an average reduction of two contractual working hours per week. Also, among women, long-term informal care is associated with a reduction in working hours of slightly less than two hours per week on average. Although these reductions may appear modest, working fewer hours results in lower income. At a societal level, these reductions also add up to fewer people being available to the labour market. It is unclear how families deal with the division of informal care responsibilities and any financial consequences arising from it. The interviews with working informal caregivers do show, however, that only a very small number of those who reduce their working hours consciously consider the longer-term consequences for their income, career development and pension accrual. The findings also indicate that, when work and care become difficult to combine, people tend initially to adjust their work and, to a lesser extent, the care situation.

What can employers do?

Informal care is expected to become an increasingly common feature of working people's lives and, as a result, of working life. The employers we interviewed primarily deal with employees providing relatively light informal care. This group of informal caregivers mainly needs occasional flexibility at work. In some sectors or types of work, however, providing such flexibility is difficult, particularly on a large scale. A smaller proportion of informal care situations are persistently intensive. Relatively light informal care situations can also develop into intensive informal care situations in which combining work and care becomes increasingly difficult. In intensive informal care situations, employees need continued flexibility at work, which requires considerable understanding and consultation with line managers and colleagues. In such cases, employees and employers also want some form of financial compensation. They envisage, for example, longer leave that is funded partly or entirely by the government and therefore financed collectively. Employers believe that they should not bear the full financial responsibility for leave or even employees leaving work, because in cases of intensive informal care the main cause of difficulties combining work and care lies in the inaccessibility of appropriate professional support and, to a much lesser extent, in the work itself.

The framework for action by employers begins with an organisation-wide approach to combining work and informal care. Employers generally agree that they need to be prepared to support a diverse group of employees with differing informal care responsibilities, although one participant in this study did not consider such an approach desirable because formal rules can impede informal action. The relationship between employee and line manager forms the starting point. It is essential that employees can raise their informal care responsibilities in good time and in confidence, without an unreasonable risk of adverse consequences for their position or career. Various guidance materials are available to help line managers with such conversations (TNO 2020). It is important that the employer, through the HR department in larger organisations or the personnel officer or another person responsible for staff in smaller organisations, has sufficient information about possible support measures within and outside the organisation. This also makes employees less dependent on the individual manager they happen to report to. The idea is that discussing the combination of paid work and informal care at an early stage and on an ongoing basis can prevent conflict and sickness absence at a later stage. It is important not only to actively offer adjusted duties and leave, but also to recognise overload at an early stage. This could prevent employees from reporting sick. Jurgens and Mentink (2025) argue that occupational physicians and occupational experts should be given greater scope to act proactively when an employee

is not yet ill or experiencing limitations at work. The occupational physician who participated in this study endorsed that recommendation.

Discussion of informal care responsibilities can also be embedded more formally. For example, informal care could be explicitly included in collective labour agreements, as already occurs in a number of agreements, according to the overview published by the Ministry of Social Affairs and Employment (SZW 2025). Another option would be to make informal care a standard part of annual performance reviews, as suggested by one of the line managers in this study. Another option is informal care-friendly employment practices, developed by *Stichting Werk&Mantelzorg* (Work & Informal Care Foundation) together with various organisations on the basis of a number of steps: discussing, describing, developing skills and embedding the approach (Werk&Mantelzorg, n.d.).

What can municipalities and healthcare professionals do?

Working informal caregivers, particularly those providing intensive informal care, indicate that they need a proactive, understanding and solution-oriented approach from employers, municipalities and healthcare professionals. They encounter distrust and sometimes even opposition within various municipal systems when applying for professional care or aids for the relative in need of care. According to respondents, this attitude contributes significantly to their emotional and cognitive burden and overload. In formal care too, the working informal caregivers in this study encountered a lack of recognition and willingness to work with them regarding their well-being and the organisation of care alongside work. They want municipalities and healthcare professionals to take them seriously, recognise that they are seeking help for a loved one whose health condition is beyond their control, and work with them to put the necessary support in place. This requires support providers to take a proactive approach towards informal caregivers, be familiar with the services available in the municipality and its 'local directory of services', and cooperate with relevant local partners and initiatives. In short, better cooperation between the parties involved is needed.

What can the national government do?

First, this study emphasises that the inefficiencies informal caregivers experience in the formal care and support system add to their burden, particularly among those providing intensive informal care (see also RIVM and VWS 2026). Access to home care, care institutions and schemes such as personal budgets (*PGBs*) is complex and involves a heavy, recurring burden of proof, particularly where there are transitions between schemes such as the Wmo (*Wet maatschappelijke ondersteuning*, Social Support Act) and the Wlz (*Wet langdurige zorg*, Long-term Care Act). Working informal caregivers call for less frequent reassessments and more efficient application procedures in which staff proceed on the basis of trust rather than suspicion. Although reforming the care system is complex and is already receiving attention through initiatives such as the *Integraal Zorgakkoord* (Integrated Care Agreement, Rijksoverheid 2022), the *Hoofdlijnenakkoord Ouderenzorg*[1] (Framework Agreement on Elderly Care, VWS 2025) and the SER advisory report *Mantelzorg en werk in een zorgzame samenleving* (Informal Care and Work in a Caring Society, SER 2026), it remains important to emphasise that formal care must become easier to find and access. The fact that workers with intensive care responsibilities often also have to undertake a great deal of administrative work shows the importance of making the care and support system more accessible and coherent, not only for those requiring care but also for the informal caregivers who support them (see also Plaisier et al. 2025).

Second, the study shows that the national government determines the conditions for successfully combining work and informal care not only through legislation, such as the Wmo (Social Support Act), the Wlz (Long-term Care Act) and the *Wet flexibel werken* (Flexible Working Act, Wfw), but also through the policy discretion afforded to municipalities and the differing scope for action available to employers, which is partly determined by collective labour agreements. Because there is no minimum level of

[1] One of the agreements, for example, is to strengthen the provision of respite care and residential care.

support that municipalities or employers are required to provide, inequalities may arise in access to help and support. Various stakeholders in this study repeatedly called for the support available from municipalities and employers to be made more consistent. The *Hoofdlijnenakkoord Ouderenzorg* (Framework Agreement on Elderly Care, VWS 2025) has already taken steps to strengthen the provision of respite care and residential and short-stay care at the local level. For employers, however, there are only statutory rules on care leave and flexible working, the standard of good employment practice laid down in Article 7:611 of the Dutch Civil Code and guidelines for occupational physicians. It therefore appears important for the government to engage with employers about their mutual expectations regarding, and options for, minimum support. Although the comparison cannot be made directly, it may be possible to learn from what does and does not work for working parents of young children (Roeters and De Boer 2021).

Third, the research confirms that additional support is needed for employees providing intensive and/or long-term informal care. The SER advisory report *Mantelzorg en werk in een zorgzame samenleving* (Informal Care and Work in a Caring Society, SER 2026) similarly questions whether employees providing intensive informal care are adequately protected against disproportionate financial disadvantage (SER 2026: 36). Reducing working hours and taking long-term unpaid leave lead to a clear reduction in income. This report also shows that the use of statutory arrangements, such as long-term unpaid leave, can have financial consequences for employers because they must arrange replacement cover and train new staff. A concrete suggestion from the stakeholders in this study is therefore that the government provide financial compensation when combining work and informal care becomes intensive and creates a prolonged and excessive burden. This raises the question of whether intensive informal care obligations may sometimes take precedence over paid work, so that employees and employers do not have to bear the financial burden alone. This proposal is consistent with the SER's recommendation to provide eight weeks of paid informal care leave, but also shows that the recommendation falls short for workers providing long-term, intensive informal care and their employers.

Fourth, this report shows that attention to differences between women and men is crucial when considering how work and informal care can be combined. Although recent research (De Klerk et al. 2026) shows that men have become slightly more likely to provide lighter forms of informal care, it is still mainly women who take on care responsibilities alongside paid work, even though their labour participation has increased since 2014 (CBS 2024). Women providing intensive informal care also see their contracted working hours reduced by an average of two hours per week. This finding takes on added significance when we consider that women have often already reduced their working hours earlier in life because of childcare responsibilities. This may partly explain why they are also the ones who take on care for relatives in need of care later in life. The differences arising from this are not only the result of a historically established division of responsibilities between women and men, but also show that providing informal care has real consequences for labour shortages, women's careers and their economic independence. If we believe that care responsibilities should be shared equally between women and men, support must be designed so that they benefit from it equally. Making care leave fully paid could also encourage more men to provide informal care. Converting the currently unpaid long-term care leave into paid leave could have such an effect (Merens and Schotel 2026).

Conclusion

This study confirms the SER's recommendation that the administrative burden experienced by workers providing intensive informal care needs to be reduced. This could improve their well-being and prevent them from leaving work. In addition, introducing paid informal care leave funded in whole or in part by the government could be a positive step for intensive informal caregivers and could encourage men to provide informal care. We call for greater attention to gender differences in government policy because women provide intensive informal care more often than men.

More importantly, our research shows that women providing intensive informal care worked fewer hours, with potentially negative consequences for individuals and society. Finally, this report confirms that the issue of combining work and informal care requires an integrated approach at all levels of society. This requires employers to pay attention to employees' differing informal care responsibilities and formal care services to take greater account of working informal caregivers. The development of integrated processes and instruments in employment and formal care also requires close consultation between policymakers from different ministries.

Bibliography

CBS (2024). *Emancipatiemonitor 2024.* Den Haag: Centraal Bureau voor de Statistiek. Consulted on 2 September 2025 via longreads.cbs.nl/emancipatiemonitor-2024.

Josten, E. (2025). *Mantelzorg onder werkenden. Het geven van mantelzorg, combinatieproblemen met werk en ondersteuning door werkgevers.* Den Haag: Sociaal en Cultureel Planbureau.

Jurgens, E. and S. Mentink (2025). *Mantelzorg in de spreekkamer: tussen betrokkenheid, uitputting en duurzame inzetbaarheid.* Consulted on 11 February 2026 via www.tbv-online.nl/mantelzorg-in-de-spreekkamer-tussen-betrokkenheid-uitputting-en-duurzame-inzetbaarheid.

Klerk, M. de, E. Eggink, R. Schellingerhout and A. de Boer (2026). *Mantelzorg in beweging: kerncijfers en trend 2014-2024.* Den Haag: Sociaal en Cultureel Planbureau.

Merens, A. and A.L. Schotel (2026). *Position paper gender en LHBTQI+ emancipatie.* Den Haag: Sociaal en Cultureel Planbureau.

Plaisier, I., M. de Klerk, E. Eggink, M. Reijnders, S. Rahmawan-Huizenga and P. Schyns (2025). *Overzicht van knelpunten bij de ondersteuning van mensen met meervoudige problemen.* Den Haag: Sociaal en Cultureel Planbureau.

Rijksoverheid (2022). *Integraal Zorgakkoord: Samen werken aan gezonde zorg.* Consulted on 23 October 2024 via www.rijksoverheid.nl/documenten/rapporten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg.

RIVM and VWS (2026). *Domeinoverstijgende samenwerking zorg, sociaal en werk. Gedeelde ondersteuning voor werkende mantelzorgers.* Bilthoven/Den Haag: Rijksinstituut voor Volksgezondheid en Milieu/Ministerie van Volksgezondheid Welzijn en Sport.

Roeters, A. and A. de Boer (2021). *De zorg voor kinderen en ouderen kent meer paralellen dan we denken.* Utrecht: Sociale Vraagstukken. Consulted on 29 July 2025 via www.socialevraagstukken.nl/de-zorg-voor-kinderen-en-ouderen-kent-meer-paralellen-dan-we-denken.

SZW (2025). *Cao-afspraken 2025.* Den Haag: Ministerie van Sociale Zaken en Werkgelegenheid. Consulted on 19 March 2026 via open.overheid.nl/documenten/3170od6a-c4d2-481f-a360-ddd2c6db20f9/file.

TNO (2020). *Handreiking mantelzorg en werk. Combineren van werk met zorg voor een naaste met langdurige gezondheidsproblemen.* Consulted on 21 October 2025 via publications.tno.nl/publication/34637292/a6u2zj/TNO-2020-mantelzorg.pdf.

Vos, E.E., H.B.M. Hilderink, S.R. de Bruin, A.J. van der Beek and K.I. Proper (2022). The working informal caregiver model: a mixed methods approach to explore future informal caregiving by working caregivers. In: *Sustainability,* vol. 14, no. 6, pp. 3519 (doi.org/10.3390/su14063519).

VWS (2025). *Hoofdlijnenakkoord Ouderenzorg. 'Samen voor kwaliteit van bestaan'.* Den Haag: Ministerie van Volksgezondheid, Welzijn en Sport.

Werk&Mantelzorg (n.d.). *De 4 pijlers van mantelzorgvriendelijk werkgeverschap.* Consulted on 9 February 2026 via www.werkenmantelzorg.nl/aan-de-slag/de-4-pijlers.

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