

# Informal Care and Work in a Caring Society

An integrated approach for  
a working combination



# **Informal Care and Work in a Caring Society**

An integrated approach for a working combination

NR.1E - FEBRUARY 2026

## Social and Economic Council of the Netherlands

The Social and Economic Council of the Netherlands [Sociaal-Economische Raad] (SER) advises the Dutch Government and Parliament on the main outlines of social and economic policy and on important legislation in this area.

It is also involved in enforcing certain legislation. The SER was founded by law in 1950. Its membership is made up of representatives of employers and employees, together with independent experts appointed by the Crown. The SER is an independent body financed by the entire Dutch business sector. It is assisted in its work by standing and temporary committees; some of the committees also operate independently. The SER has its own website, with up-to-date information on its membership, activities and its committees; there are also press releases and breaking news. All the advisory reports published since 1950 are also available on the website. The SER's quarterly magazine and newsletters provide news and background information about the SER, broad prosperity, and important socio-economic trends.

Social and Economic Council  
[Sociaal-Economische Raad]  
Bezuidenhoutseweg 60  
P.O Box 90405  
2509 LK The Hague  
T +31 (0)70 3499 525  
E [communicatie@ser.nl](mailto:communicatie@ser.nl)  
[www.ser.nl/en](http://www.ser.nl/en)

©2026, Social and Economic Council [Sociaal-Economische Raad]  
All rights reserved.  
Reproduction of texts is permitted with attribution.

## Two million people combining work and informal care

The Netherlands is a caring society.<sup>1</sup> Approximately 5 million people care for a loved one with physical or mental health problems, thereby providing informal care. About 2 million people combine care with a paid job.<sup>2</sup> These informal caregivers provide help to someone from their immediate social network. They do so not in the context of their profession or business, but because of that personal relationship.

Informal care can be of great value to the caregiver and their loved ones. It brings satisfaction, contributes to personal development and strengthens relationships between people.<sup>3</sup> For most people currently combining work and informal care, this works well. They experience no immediate problems combining one with the other. Yet for a growing group of people, maintaining these combined duties risks burnout and labour market exit. These informal caregivers experience 'combination pressure': the sense that working in combination with providing informal care is physically and/or mentally difficult or no longer sustainable. The SER identifies a number of developments that will cause pressure on both work and care to increase further in the near future.

### Pressure on informal care and work is increasing

Population ageing and dejuvenation are leading to a change in population composition<sup>4</sup>. With the increase in the number of elderly people and ever-increasing life expectancy, the demand for (long-term) care is rising. At the same time, the number of potential informal caregivers is decreasing, because there are fewer young people and families have become smaller. Although there is a growing group of pensioners in good health who can perform informal care duties, and while technology can reduce the pressure on informal care, the SER still expects the overall pressure on informal care and work to increase.

- 
- 1 This advisory report only applies to the European Netherlands. The Caribbean Netherlands also faces significant challenges in the field of informal care, but due to the specific circumstances and challenges, it falls outside the scope of this advisory report.
  - 2 They are either employed or self-employed.
  - 3 SCP (2017) *For each other? The state of informal care in 2016*.
  - 4 Staatscommissie Demografische Ontwikkelingen 2050 (2024) *Gematigde groei: Rapport van de Staatscommissie Demografische Ontwikkelingen 2050*

The changing population composition also has consequences for the labour market. On balance, there are fewer people of working age, and this is leading to shortages in many sectors, including healthcare. The government and employers are encouraging people to remain in work as much and as long as possible. In addition, current policies are aimed at living at home for as long as possible, and formal care is increasingly provided as a complement to what persons and their immediate environment can do themselves. Alongside the demand for care, the demand for informal care is increasing as well. The SER notes that this has consequences for people who have a loved one in need of care within their immediate environment.

In light of these developments, the council addresses the question of what is needed to ensure that people experience a healthy balance between paid work, informal care and other activities, now and in the future.<sup>5</sup> In doing so, the council applies a number of guiding principles.

## Guiding principles

The council applies the following guiding principles: (1) being able to combine informal care and work well contributes to broad prosperity; (2) supporting and facilitating the combination of work and informal care as much as possible; (3) specific policies for long-term intensive informal caregivers; (4) a healthy balance between formal and informal care; (5) attention to freedom of choice for informal caregivers and care recipients; (6) reallocating responsibilities and financial risks; (7) implementing measures in a coordinated manner (integrated approach).

1. Being able to combine informal care and work well contributes to broad prosperity. In drafting its recommendations, the SER aims to promote broad prosperity, in which society, the economy and the environment are in balance, both now and in the future. It is important in this regard to work in a coordinated manner to promote entrepreneurship and decent work. According to the ILO, decent work includes, among other things, productive work performed in conditions of

---

<sup>5</sup> See annex 1, Request for Advice on Work and Informal Care, submitted by State Secretary Van Ooijen (Public Health, Welfare and Sports), also on behalf of government officials from the Ministries of Social Affairs and Employment, Finance, Education and Culture and Science. *Parliamentary Papers II 2023/24*, 30 169, no. 76

freedom, equality, security and human dignity.<sup>6</sup> According to the council, being able to effectively combine work with study, (informal) care duties and leisure constitutes an essential part of decent work. A good balance between work, care duties and self-care contributes to good health and higher well-being. At work, it contributes to sustainable employability, higher labour productivity and satisfaction. When workers can sustainably combine informal care with employment, this strengthens both their livelihood security and the sustainability of social security and thereby broad prosperity.

Moreover, the issue of combining informal care and paid work against the backdrop of an ageing society and a rising demand for (informal) care calls for solutions for both the present and the future. This affects not only the current generation of informal caregivers who are facing challenges now or in the foreseeable future, but also future generations who will experience the effects of ageing even more strongly.

2. Supporting and facilitating the combination of work and informal care as much as possible  
The council's starting point is to support and encourage the combination of work and informal care as much as possible. Within the framework of broad prosperity, the SER strives for optimal labour participation, which goes hand in hand with a fair and balanced distribution of care duties between men and women. To enable labour market participation as effectively as possible, attention to care participation is important as well: there must be sufficient opportunities for everyone to work *and* care for others. That also means that the image of the worker needs adjustment. The average worker of today is no longer someone who merely performs paid work, but someone who performs both paid work and fulfils other duties and roles: a combiner.<sup>7</sup>

From the perspective of achieving a sustainable balance between work and care, the council considers it of great importance to focus policy on equipping and facilitating the combination of various roles and duties. Combining paid work and informal care must become easier, so that people are less likely to feel compelled to reduce their working hours or stop working (temporarily or otherwise) in order to provide care, with all the associated financial consequences. Measures should be in place that function as a 'safety valve', helping to prevent excessive pressure and

---

6 Decent work also entails promoting fundamental labour standards (including the right to collective bargaining), employment, social protection and social dialogue. See ILO (2023) *Decent work*, via [www.ilo.org/global/topics/decent-work/lang-en/index.htm](http://www.ilo.org/global/topics/decent-work/lang-en/index.htm)

7 See also SER (2016) *Een werkende combinatie, deel I en deel II*.

reducing the risk of burnout and labour market exit among working informal caregivers. This may also contribute to a better division of informal care tasks between men and women.

### 3. Targeted policies for people who provide long-term, intensive informal care.

The council calls for specific policy attention for people with long-term, intensive informal care responsibilities. They experience greater challenges when providing informal care, especially in combination with paid work. For this group too, maintaining a connection with the labour market can be important for income, personal development and a sense of respite. At the same time, they run a greater risk than other informal caregivers of burnout, drop-out and disproportionate financial distress as a result of their informal care duties. Moreover, when they drop out, this leads to additional pressure on (informal) care.

### 4. A healthy balance between formal and informal care

The SER believes that the number of people facing informal care duties alongside a paid job in the coming years also depends on the policies pursued. The demand for informal care is influenced by, among other things, the demand for care in general, the supply of formal care and the level of social cohesion and willingness to provide care. These are all factors that, in turn, can be influenced by policy. Policy in other areas, such as housing, plays an important role too. According to the SER, a future-proof combination of work and informal care means not only facilitating people to work and care for loved ones, with specific attention to people with very heavy informal care duties, but also, where possible, reducing the rising demand for informal care.

The healthcare sector deserves particular mention in this regard. Formal and informal care are not the same, although in practice they sometimes overlap. Informal caregivers and healthcare professionals have different roles, duties and responsibilities. Informal caregivers and healthcare professionals are not interchangeable. They do, however, often depend on each other and, if effective collaboration between formal and informal care providers is established, they can strengthen each other with their own capacities and qualities. Supporting healthcare professionals and preventing workforce attrition in the healthcare sector is just as important as supporting working informal caregivers.

#### 5. Attention to freedom of choice for informal caregivers and care recipients

The SER attaches great importance to freedom of choice for informal caregivers and care recipients alike. Freedom of choice in relation to informal care is complex. People cannot always make a conscious choice to become informal caregivers: it happens to them, or they feel forced by circumstances. However, having choices and a sense of control over one's own life is important for people's well-being and sustainable employability.

Care recipients too want the freedom to decide for themselves to whom they wish to entrust certain care duties, if they are capable of doing so. Freedom of choice also applies to the form or extent to which informal care is provided. Informal caregivers and care recipients alike must be able to determine the boundaries as much as possible themselves, in consultation with formal care providers where necessary.

The SER recognises that informal caregivers and care recipients cannot have unlimited freedom of choice. At the same time, there are modifiable factors that also determine the degree of freedom of choice. By properly organising these factors, the freedom of choice for informal caregivers and care recipients is promoted. Spreading and sharing informal care duties and increasing the number of potential helpers (such as neighbours, acquaintances and volunteers) contribute to this. Appropriate support services for informal caregivers and the availability of formal care staff promote freedom of choice as well. This makes scaling back informal care duties (temporarily or otherwise) easier, should the caregiver need to do so. If informal caregivers are not better supported and facilitated and if not every effort is made to reduce the rising demand for (informal) care wherever possible, the SER fears that the freedom of choice for informal caregivers and care recipients will be increasingly restricted.

Freedom of choice for informal caregivers also requires a certain degree of control. For a variety of reasons (work, health, social network, relationship to the care recipient), informal caregivers are not always fully capable of taking on informal care duties or scaling these up or down flexibly. The SER considers it important, at an early stage, to pay close attention to the overall capacity of informal caregivers in a specific care situation and the feasibility of integrating informal care duties into people's working lives. This can, for example, be addressed during the municipal 'kitchen table conversation' (assessment meeting), where both the care network and the personal and work situation of the (potential) informal caregiver are taken into account.

## 6. Reallocating responsibilities and financial risks

Informal care represents an important societal value: the government and society have a vested interest in people being willing to care for one another. In addition to societal benefits, or positive externalities, informal care also has negative externalities. These arise when people reduce their working hours or stop working altogether to provide informal care or burn out and drop out. Enabling a healthy combination of informal care and work can reduce those negative externalities as much as possible, while retaining the positive externalities. In this way, people are able to remain in work for as long as possible, which is of great importance not only for themselves but also for society and the economy. This calls for a rebalancing of the responsibilities and financial risks associated with combining informal care and paid work.

Traditionally, employers and employees bear this responsibility themselves. Yet, informal care is something that happens to people and lies outside the employer's sphere of influence. Moreover, the developments outlined above (such as population ageing) that put pressure on working and giving care demonstrate that the compatibility of work and informal care is a societal problem. Society has a strong need for people who are willing and able to care for others as well as people who perform paid work, and these two will increasingly go hand in hand. The SER therefore advocates for a reallocation of responsibilities and financial risks around that combination, in which the societal value and importance of providing informal care alongside paid work are better reflected. Another key efficiency reason for a stronger role for government is that informal care is difficult to insure on the private market, as it is hard to define and verify as a risk. This risk primarily involves the direct loss of income for the informal caregiver who feels compelled to reduce working hours in order to provide care.

## 7. Implementing measures in a coordinated manner (integrated approach)

Current policy in the fields of labour, income, emancipation, long-term care and informal care is often defined independently of one another. However, these policy areas converge in people's daily lives and can cause tensions in practice. Moreover, these policy areas are influenced by demographic developments in our society. The ageing population has a significant impact on all these areas, as well as on the overall issue of informal care and work.

An integrated, cross-domain approach to the theme of informal care and work is desirable, with attention to the interaction between informal care and the other

domains.<sup>8</sup> By way of illustration, the fact that someone is an informal caregiver can have consequences for this person's labour participation, income and sustainable employability. The fact that women provide informal care more often and to a greater extent than men can have consequences for women's income and economic independence, and for the labour supply in sectors where relatively many women are employed. The SER therefore responds to the request for advice on informal care and work from a broad perspective, taking into account the consequences that possible solutions have in the various domains.

## Recommendations along two tracks

The SER holds that choices must be made in the short and long term to sustainably improve the combination of work and informal care, with attention to distribution issues, in response to the demands of both the labour market and society. Based on the above principles, the council has made choices and formulated recommendations along two tracks, which contribute to a future-proof balance between paid work and informal care from different perspectives.

Track 1 focuses on *supporting and facilitating the combination of work and informal care*. The aim is to reduce barriers to combining care and to prevent burnout and eventual labour market exit among informal caregivers. The recommendations in Track 1 are centred around four key actions: recognition, simplification, facilitation and distribution.

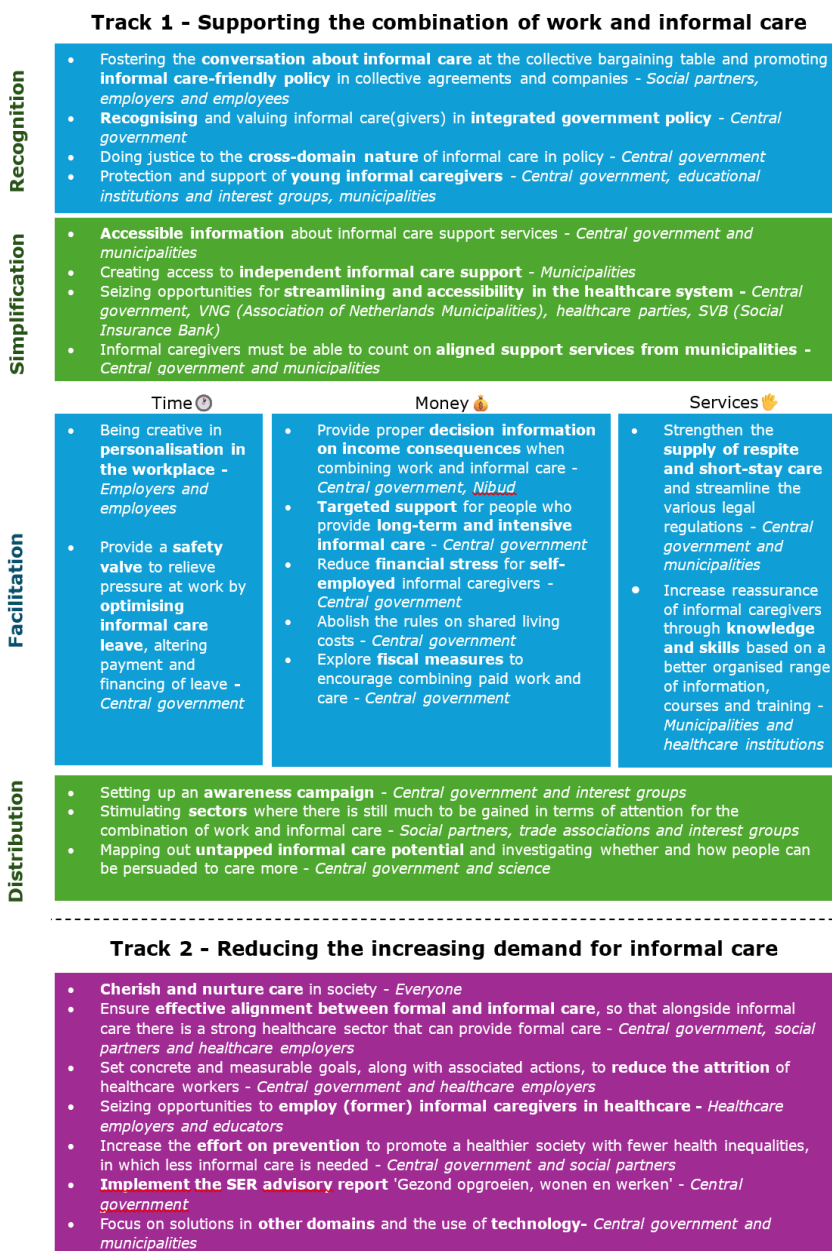
The recommendations in Track 2 aim to *reduce the increasing demand for informal care*, based on the conviction that this pressure can be positively influenced. Whereas the recommendations in the first track focus on working informal caregivers, the recommendations in the second track focus on the system in which informal caregivers have a place, as well as the 'demand side' of work and informal care. In doing so, the council emphasises the importance of care and promoting public health, but also what is needed for a strong formal healthcare sector, which remains indispensable. Figure 1 summarises the track-1 and track-2 recommendations in a schematic overview. With this set of recommendations, the SER believes it can contribute to a future-proof labour market in an ageing society.

---

<sup>8</sup> See also SCP (2023) *Position paper: Meer integrale visie op mantelzorg nodig*.

## Overview of recommendations

Figure 1 Schematic overview of recommendations with the responsible actors per recommendation in italics





**Contact:**

SOCIAAL-ECONOMISCHE RAAD  
(SOCIAL AND ECONOMIC COUNCIL)

Bezuidenhoutseweg 60

P.O.box 90405

2509 LK The Hague

T +31 (70) 3499 525

E [communicatie@ser.nl](mailto:communicatie@ser.nl)

[www.ser.nl](http://www.ser.nl)

Photo: Shutterstock

© 2026, Sociaal-Economische Raad