



A participatory scoping study of experiences of unpaid care giving among members of the 'sandwich generation' in Greater Manchester communities.

MAHSC Applied Health and Care Research Group Award
(R&I – 24 – 0196)

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Executive Summary

This report presents findings from a qualitative scoping study that investigated the situation of sandwich carers: individuals with caring responsibilities for both older and younger family members.

Project aims

- To undertake pilot research gathering new, exploratory knowledge about a less understood group of carers in the sandwich generation.
- To work with community partners to identify carers in the sandwich generation to better understand the experiences and challenges of care for this cohort.
- To work with carers and community partners to develop guidance to better support carers in the sandwich generation.
- To use our experiences working with community partners and carers on a pilot project to form the basis of a larger funding application.

Methods

A qualitative participatory research design that combined community conversations and individual interviews.

Findings

- Sandwich carers lack recognition, and their work is often invisible.
- Sandwich caring is diverse. This applies to sandwich carers themselves, those they care for, their circumstances and their support needs.
- Sandwich caring poses specific challenges that are different to typical dyadic carer and cared-for relationships.
- Navigating different support systems to find care is central to sandwich caring. Difficulties arise directly from the fact that sandwich carers care for people with different needs.

Recommendations

- Greater awareness is needed of sandwich carers and their essential role, within their families, and amongst health and social care, public services, and employers.
- Sandwich carers need targeted resources for themselves to help them continue in their work, such as access to carer's allowance, respite services, and dedicated guidance and advice that understands their position within a complex network of caring relationships.
- Building family resilience and enhancing family support benefits sandwich carers and those they care for.
- The design and delivery of integrated and inclusive social services, health and social care, and employment is of primary importance to sandwich carers and their families.
- Further research is needed to extend the existing limited knowledge base on sandwich carers and build on this pilot study.

Introduction

This report presents findings from a qualitative scoping study conducted in Greater Manchester that investigated the situation of so-called sandwich carers, those with caring responsibilities for both older and younger family members. A partnership between GMCVO, Manchester Metropolitan University, and University of Greenwich developed the research in collaboration with policy and practice experts and obtained funding from Health Innovation Manchester in April 2024. Towards the end of the study, in February 2025, 10GM joined, taking over from GMCVO.

The project aims were as follows:

1. To undertake pilot research gathering new, exploratory knowledge about a less understood group of carers in the sandwich generation.
2. To work with community partners to identify carers in the sandwich generation to better understand the experiences and challenges of care for this cohort.
3. To work with carers and community partners to develop guidance to better support carers in the sandwich generation.
4. To use our experiences working with community partners and carers on a pilot project to form the basis of a larger funding application.

The study generated new knowledge about sandwich care that is already informing practice and further research activity. This report is produced in fulfilment of one of the project milestones.





About sandwich carers

The Office of National Statistics (ONS) defines sandwich carers as “having a dependent child aged 18 or under living in the household and providing unpaid care for an adult relative that is sick, disabled or elderly living inside or outside their home.”¹ In the UK, 16% of carers fit this stringent definition² and 27% of carers care for more than one person.³ These figures are likely to be underestimates as it takes carers on average five years to identify as such, and all the more so as caring for multiple family members is rarely recognised in popular representations, such as the media, or in policy discussions.⁴

Leading national carers’ charities often represent caring as a one-to-one or ‘dyadic’ relationship in reports and publications, even when a close reading of the case studies gives evidence of the existence of multiple caring relationships.⁵ A recent report by the All-Party Parliamentary Group of Adult Social Care (2024) did not mention sandwich caring or discuss caring across different generations, nor did a report on the future of caring commissioned by Carers UK (2024).^{6,7} In Greater Manchester, where this research was completed, a comparable picture emerges with the Greater Manchester Integrated Care Partnership strategy 2023-2028 not mentioning sandwich care.⁸ Where there is a recognition of the existence of sandwich caring, it is conceptualised as an exceptional, time-limited digression of the standard of one-to-one care. The findings presented in this report suggest that these are misconceptions.

The study has generated significant interest among sandwich carers themselves, policy makers, and voluntary organisations that support carers. Sandwich caring is not temporary, is more common than typically assumed, and those who identify as sandwich carers face unique challenges. While care for older and younger generation family members is most common, there is a wide range of caring relationships across generations. Sandwich carers provide essential support to the overall health and social care system but are overlooked and lack tailored support. The topic of sandwich carers and sandwich caring is pressing and there is an urgent need for greater policy awareness, support and research on sandwich carers as a distinct category of carers.

Based on existing work, we were guided by the following research questions:

- What are the experiences of sandwich carers in Greater Manchester?
- How can sandwich carers better be supported?
- What can we learn from designing and conducting this study for future research?

1. Office of National Statistics (2024). Sandwich Carers UK: January 2021 to May 2023, available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/bulletins/sandwichcarersuk/january2021tomay2023> (accessed: June 2025).

2. Department for Work and Pensions (2025). Family Resources Survey: Financial Year 2022 to 2023, available at: <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2022-to-2023/family-resources-survey-financial-year-2022-to-2023#care-1>

3. Carers UK (2025). Facts about Carers, available at: <https://www.carersuk.org/media/mmobpcmx/facts-about-carers-march-2025-final.pdf>

4. Carers UK (2022). State of Caring 2022, available at: https://www.carersuk.org/media/vgrlxkcs/soc22_final_web.pdf

5. Carers Trust Carers’ Stories, available at <https://carers.org/what-we-do-carers-stories/carers-stories>

6. All Party Parliamentary Group on Adult Social Care (2024) Future of Care 5: A Summary of Policy Recommendations from the Social Care Sector, available at <https://static1.squarespace.com/static/5cab2514d24e55000163e258/t/66448daff58a3f118ac61e8c/1715768755358/PLMRASC1840+APPG+Report+12pp+A4+v8.pdf>

7. Carers UK (2024) State of Caring 2024: “I want to see a future for carers where...”, available at <https://www.carersuk.org/reports/state-of-caring-2024-i-want-to-see-a-future-for-carers-where/>

8. GM Integrated Care Strategy, available at <https://gmintegratedcare.org.uk/wp-content/uploads/2023/04/gm-icp-strategy-190423.pdf>



Research design

Participation: We developed a qualitative scoping study design, working with Greater Manchester Older People's Equality Panel (GMOPEP), Tameside, Oldham and Glossop (TOG) Mind, and Gaddum to inform our approach to recruitment, data collection and knowledge exchange and to ensure the study was relevant to and focused on for sandwich carers and the organisations that support them.

Recruitment: We worked primarily with community organisations, rather than specialist carers groups or charities in order to reach individuals who might not view themselves as carers, or who might not take part in research about caring as often as members of specialist carers groups might. This also allowed us to reach out to Greater Manchester's diverse communities and to involve people who were not officially registered as carers. This enabled us to open up new pathways to identify and engage with sandwich carers. We conducted six community conversations, facilitated by the following partner organisations.

Organisation Name	Purpose
Dipak Dristi	Volunteer-run organisation providing support to older Gujarati-speaking people in Tameside
Europia	Charity supporting European nationals and Roma communities across Greater Manchester and beyond
Gaddum	Health and social care organisation whose services include support for carers
George House Trust	Supports those affected by HIV across Greater Manchester
LGBT Foundation	Offers a wide range of support for LGBTQ+ people in Greater Manchester and beyond
Tameside, Oldham and Glossop Mind	Mental health charity operating in Tameside, Oldham and Glossop

Preparatory meetings with the community organisations' staff or volunteers, as well as regular debriefs after the community conversations, provided new insights into how the term 'carer' was understood and what sandwich caring looked like in different communities. Informed by these discussions, we expanded on the initial ONS definition and operationalised the term 'sandwich carer' as a person with caring relationships across different generations. Most participants still fitted the conventional definition of sandwich carers as caring for elderly parents and dependent children, but we were better able to gather the diversity of sandwich caring across different communities and in different care constellations.



Our partners' knowledge and personal relationships to community members were essential in identifying sandwich carers and recruiting them to the study. Partner organisations facilitated the community conversations at their premises, in environments participants were familiar with and considered a safe space to share experiences and to mutually support each other. Data generated at the community conversations consisted of fieldnotes and reflexive observation, including debriefs with the group facilitators. The quality of the data, as well as the positive feedback we received from partner organisations and participants provided proof of concept for community conversations as an effective approach to researching sandwich carers.

We also conducted 11 individual interviews with sandwich carers, the majority of whom had not participated in the group conversations. Most interviews were conducted online, and all were recorded and transcribed using Microsoft Teams. Recruitment for interviews was conducted through social media channels and community and personal networks. Interested interviewees were selected purposively with particular attention given to usually under-represented groups of carers such as people from ethnic minorities, LGBTQ+, and male participants.

We held two further workshops, one with sandwich carers and one with professionals. These served to elicit feedback, to enhance the robustness of our analysis, to encourage community-led consideration of the challenges of sandwich caring and to identify possible solutions. Our recommendations are informed by our analysis and by the feedback offered by workshops participants. For a full list of dissemination activities to date, including the creation of a graphic zine, please refer to Appendix A. The study adhered to the ethical research guidelines set out by the British Psychological Society and received ethical approval by Manchester Metropolitan University's Faculty of Health and Education ethics committee (EthOS Reference Number: 66741).

Participants: Our commitment to diversity is reflected in participants' characteristics: age (38-71 years), gender (26 female, 3 male), sexuality (27 heterosexual, 2 LGBT), race/ethnicity (7 British Indian, 1 British Pakistani, 4 British African, 1 British Caribbean, 4 White Other, 13 White British). The interviews were often emotional, but they were highly valued by participants as a space to reflect and to take stock of their caring situation, in a way that was not possible in their normal everyday life as sandwich carers.



Findings

Lack of recognition of the term 'sandwich carer' and their role

We encountered a distinct lack of familiarity of the term 'sandwich carer' from partner organisations, professionals and from participants. If the term was recognised it was applied in a narrow sense, for instance to a parent with a child with special needs or disabilities who was also looking after his or her elderly parents. While the term itself was not recognised, an example of what a sandwich carer is or does, elicited immediate recognition. Hence, while the term was not widely known, people caring across different generations were common.

Often participants were initially unsure whether they qualified for the label of sandwich carer because they saw what they did as unremarkable. Indeed, participation in our research was often the first time that participants had been given the opportunity to step back from their day-to-day work and reflect. In doing so, participants appreciated the amount of work they do every day to address the needs of those they care for, rather than seeing it as nothing special and 'just what families do.'

The diversity of sandwich care

Care practices across generations are diverse and comprised a variety of scenarios, often with more than just two sets of caring responsibilities. While we do not make any claims to representativeness, the table below reflects the diversity of caring responsibilities among interview participants.

	Younger generation			Concurrent generation		Older generation	
Nieces/ nephews	Grandchildren	Step/children	Sandwich Carer	Spouse	Siblings	Parent/s	Parent/s-in-law
2			SWC 1		1	1	
		2	SWC 2			1	
	1	1	SWC 3			1	
		1	SWC 4			1	
		2	SWC 5	1			
		2	SWC 6		1	1	
			SWC 7	1		1	
		3	SWC 8			2	
		3	SWC 9	1			
		3	SWC*10	1		2	2
		1	SWC 11			2	
			*most caring obligations where in the past.				



Being a sandwich carer is not a time-limited life course phase, but an ongoing role. Care for elderly in-laws might turn into care for elderly parents, adult children who had already moved out, would return after a mental health crisis or relationship breakdown, or spouses developed health problems of their own, that required additional care. While the people a sandwich carer cared for changed, the carer themselves remained a sandwich carer.

Sandwich carers consider themselves or are considered by family members to be well placed or predisposed to take on these consecutive caring responsibilities, for instance because of already existing caring roles. Hence caring tended to follow caring. Families rarely openly discussed these assumptions or explicitly planned caring arrangements, which left sandwich carers with much responsibility but little choice to make changes.



"I am up at 2am in the morning with my daughter, so it's difficult just to do normal day-to-day stuff. So when I'm having a sleep in the day I'm wasting my days by just having a sleep, if that makes any sense. Because by the time the kids have gone to school, I'll come home, clean up, sort any uniforms or whatever it is for the next day, have a sleep. Get up. Go back to school. Pick my son up. Wait for my daughter to come home. And it's just the same, same thing every day. Whereas if I've got to go to an appointment with my mom or my sister, I'm not having that nap in the day."

SWC 6

The limited control over their caring responsibilities that sandwich carers experienced made it difficult to attend to their own health and well-being, social relationships and employment. Sandwich carers were caring for multiple family members, and ensuring their health and well-being is important for wider society, the economy, the benefits system, community cohesion and public health.



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Why sandwich care is different

Caring relationships are typically thought of as comprising a carer and a cared for dyad. Sandwich carers care for more than one person, but it would be wrong to conceptualise this simply as a temporary aggregation of one-to-one caring relationships. Caring for multiple family members across generations introduces a qualitative difference and heightens the challenges of caring, as caring needs are often incompatible. Nor does it offer economies of scale, where knowledge or experience gained from one caring situation can be transferred to another because of shifting personal and family needs, as well as changing support and service offers. This left sandwich carers in a state of emergency fire-fighting and trying to address immediate needs and pressing crises, which in turn compromised their ability for reflection or learning. It also made long-term planning for the future near impossible.

Operating in a context of limited resources means that sandwich carers were constantly assessing and prioritising care needs. It required an extraordinary level of organisation while also causing difficult emotions such as a sense of failure or guilt. Importantly, it also meant that attention was focused only on one family member at a time – the one with the most pressing needs – while other family members in need of care moved into the background. The focus on only one person's care needs, was also evident in the conversations and interviews and goes some way of explaining why there is so little recognition of sandwich carers and caring.



"You can't talk to your parents about it because they're lonely, and feel guilty, and they can't do anything. And you can't talk to your partner about it because they're part of the circumstance. You always got to be careful about how you talk to your kids about stuff, but you can't enjoy the time that you're used to with them as a parent, because [everything] is always seen through the lens of being their carer, not their parent."

SWC 9

The challenge of combining different roles such as carer and close kin was further compounded when it affected multiple relationships. For instance, where a sandwich cared for a sibling and a parent, this could lead to tensions about authority, priorities, and needs. Relationships with local communities were similarly characterised by ambivalence. While recognised as potential sources support, in practice sandwich carers faced pressure to act in socially acceptable ways and feared community disapproval, with regards to both their role as carers and as family members.

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Navigating wider support systems

Much of sandwich carers' time was taken up by dealing with the statutory support system to advocate for those they care for and to ensure they have access to health and social care support. This meant dealing with a care system that is need of urgent reform to enable carers to do the vital work of caring⁹.

Accessing support was subject to navigating systems-focussed processes that were characterised by rigid eligibility criteria and onerous application processes. Difficulties arose directly from the fact that sandwich carers cared for people with different needs, in different generations and over time. Health and social care systems designed for supporting children and young people or adults were separate, appeared unable to communicate with each other, and having different referral and application pathways. This meant that experience and knowledge gained from supporting a child with additional needs or mental health difficulties could not be transferred to dealing with the adult health and social care system, once this child had become an adult. Systems were not aligned with life course transitions such as from children's to adult social services and had the potential of causing renewed disruption and uncertainty. Social care benefits such as Personal Independence Payment (PIP) required a new application by the young person once they had turned 18, even though their care needs had not changed. These disruptions happened while their resources were already overstretched. Making changes to one set of caring arrangements could also set in motion a chain reaction of further changes, all to be negotiated and arranged by the sandwich carer.

Support systems and services also generated additional crises for sandwich carers to deal with. For instance, one participant's adult child felt the application process for benefits was exacerbating his fragile mental health, thereby foregoing access to support that would eventually allow him to live independently. Due to overlong waiting lists, a sandwich carer's spouse now was also in need of care. Similarly, the pleas of another participant for early mental health intervention were ignored until a major relapse with severe knock-on effects for the sandwich carer and the family as a whole.



This final example also shows, that when interacting with services, the complexity of sandwich carers' care responsibilities tended to disappear from view, because services are focused on one issue, one client, and one family carer. Such invisibility is further exacerbated by applications being predominantly 'digital by default', forcing sandwich carers and those they care for to fit into predefined boxes, designing out complexity that arises from caring for multiple family members across generations. For instance, sandwich carers currently do not qualify for carer's allowance, because they do not care 35 hours per week for one person despite some spending the amount or more caring for multiple family members.



[My daughter] gets child disability living allowance, [but the way they write these forms] a child couldn't fill them forms out because they're confusing. You know they ask the same question but in different ways, to try and catch you out. But you're not lying when you do them forms. Once you've done it and you're like, she's got a disability living allowance award, so you don't have to reapply for it for long. But she'll have to reapply next year for PIP [Personal Independence Payment] because she'll be 16 then. And from 16 it goes to PIP. So she'll have to reapply next year and I'm not sure whether she has to do it herself or whether I can do it for her.

SWC 9

While providing much-needed support, sandwich carers described social security and health and social care systems as fragmented, opaque, and indifferent. They also were wary of the demands engaging with these systems placed on already stretched resources in terms of time, administration, and organisation. Following up on applications, explaining the same circumstances over and over again, and receiving only limited information were recurring themes. Even when approval for a service had been secured, responsibility for arranging it and liaising with providers lay with the sandwich carer. Sandwich carers' disillusionment with the health and social care system had built up over the course of caring for different family members, with different needs, and at different times and contributed to their feeling of exhaustion.



Conclusion

Lack of recognition of the term 'sandwich carer' and their role

Sandwich carers work a complex network of people, needs, and services. They act as an invisible infrastructure that ensures the reliable delivery of care across different generations. They are expert managers and skilled organisers who reconcile multiple, often conflicting needs, demands, offers, services, schedules and systems, constantly trying to avert the crises or disruptions of care they have learnt to expect. Not only those they cared for depended on sandwich carers, but also the health and social care system and public services itself. Sandwich carers reported caring under considerable physical and emotional strain. They admitted to 'putting on a brave face' and 'keeping it all in', the community conversations and interviews offered an opportunity to appreciate the extent of their work.

This project has made sandwich carers and their concerns visible on several levels. Both the partner organisations and the participants became more aware of the concept of sandwich care. Having spoken about the reality of sandwich care with those who do it has shown that it is difficult to grasp and conceptualise in an environment where care is often assumed to be one-to-one, and where systems and processes are designed around addressing singular problems.

The work provides proof of concept of our approach. It has also shown an urgent need to extend the existing knowledge base on sandwich carers. Our impact, dissemination and networking activities with sandwich carers, academics, professionals and policy makers received noticeably positive reactions. The encouragement we received for our work locally, nationally and internationally calls for prioritising the pursuit of further research opportunities. Sandwich carers are invisible and essential family carers who are in urgent need of tailored support. Due to their pivotal role in a complex and diverse network of relationships investing in sandwich carers will also cause positive ripple effects for those they care for, alleviate pressures on services, and strengthen local families and communities.

Further recommendations

Greater awareness is needed of the essential role of sandwich carers as unpaid carers to multiple family members amongst, families, health and social care providers, voluntary, community and faith groups, employers, and public services.

This calls for:

- An inclusive definition of 'sandwich caring' that is not restricted by age categories but focuses on multiple caring relationships across generations and encompasses the variety of sandwich carers' roles and circumstances.
- More recognition of the diversity of sandwich carers, in terms of age, gender, ethnicity, health, and employment.
- Greater awareness among family members of the efforts made and challenges faced by sandwich carers.
- Employers to value sandwich carers as dedicated, highly skilled employees.
- Health and social care providers, public services, and communities, faith groups and charities to emphasise the positive impact of sandwich carers.
- More frequent and realistic representations of sandwich carers in social media, film, TV, art and music to raise their profile in popular culture.

Sandwich carers care across generations and for multiple family members, and their responsibilities and work stack up. The cumulative effect of sandwich caring needs to be recognised in social policy, health and social care provision, and benefit support through:

- Enhanced recognition of carers with multiple caring obligations across generations.
- Active encouragement of sandwich carers to take a carer's assessment.
- Urgent changes to carer's allowance to create eligibility by caring for multiple family members.
- Introducing dedicated care navigators to help sandwich carers and those they look after access health and social care and support.
- Proactive promotion of the importance of self-care and respite for sandwich carers.
- Employers to introduce carer's passports for sandwich carers and provide training about sandwich carers to managers.

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Sandwich carers are at the centre of a complex network of family care needs. They need support to manage relationships, to identify needs, to devise plans and implement them, to access physical and mental health support and interventions, to engage practical help with day-to-day tasks, and to ensure that time and resources are in place to foster family resilience and wellbeing. To achieve this sandwich carers need:

- A holistic and relational assessment of family needs, centring on the sandwich carer.
- Easy to access respite services that are responsive to a variety of needs to reduce pressure on sandwich carers.
- Readily available expert mediation support for family conflicts, and counselling and psychological support that fosters family resilience.

Building effective, trusted, joined-up services, across sectors, organisations and communities, that are committed to continuous, meaningful improvement with the needs of individuals, families and communities at their heart will create a positive feedback loop for sandwich carers and their families. This means:

- Local hubs with multiple public services under their roof to support local communities and sandwich carers and their families.
- Prioritising continuity of care, advice and support available to sandwich carers and those they care for.
- Designing easy to use application processes and forms to access benefits and support that are adapted to the complexity of sandwich caring.
- Developing a broad range of voluntary and public sector offers that meet the needs of multiple age groups, abilities and communities.
- Integrating sandwich caring and the needs of sandwich carers into the Greater Manchester Good Employment Charter.

Further research is needed to extend the knowledge base on sandwich carers, particularly around the role of multiple disadvantage, employment, and culture and ethnicity. This should include:

- Developing an innovative research agenda in partnership with sandwich carers, families and local communities that is impactful and fosters health, well-being and happiness.
- An intersectional approach that recognises the skills of sandwich carers and places marginalised and minoritised groups at its centre.
- Fostering national and international collaborations between universities, and the private, public and voluntary sector to identify examples of outstanding care and support for sandwich carers and develop sustainable future care solutions.



Appendix A – Dissemination and impact

Graphic zine

- Brouwers, D., Langer, S., Martikke, S., Clark, A. (2025) Hiding in plain sight: stories of multi-generational sandwich carers. Manchester: Manchester Metropolitan University.

Academic presentations

- Langer S., Martikke, S. and Clark, A. (2025) “‘It is hard’”: grappling with the negative emotions and everyday struggles of sandwich caring’, Transforming Care Network Conference, University of Helsinki, Helsinki, Finland, 25-27 June 2025
- Martikke, S., Langer S., and Clark, A. (2025) ‘Maintaining Infrastructures of Caring: Sandwich Carers’ Invisible Work of Keeping Care Flowing Between People, Needs, and Systems’, Transforming Care Network Conference, University of Helsinki, Helsinki, Finland, 25-27 June 2025
- Langer S., Martikke, S. and Clark, A. (2025) “‘Hiding in plain sight’”: analytical reflections on the paradoxes of researching ‘sandwich caring’”, British Society of Gerontology, University of Surrey, Guildford, UK, 25-27 June 2025

Policy and practice presentations

- Martikke, S., Langer S., and Clark, A. (2025) ‘Initial findings from a participatory, qualitative scoping study of sandwich carers in Greater Manchester’, Greater Manchester Age-Friendly Wider Team Meeting, 24 April 2025
- Martikke, S., Langer S., and Clark, A. (2025) ‘Initial findings from a participatory, qualitative scoping study of sandwich carers in Greater Manchester’, individual presentation to Assistant Programme Director Adult Social Care Transformation NHS, NHS Greater Manchester Integrated Care, 15 May 2025
- Martikke, S., Langer S., and Clark, A. (2025) ‘Initial findings from a participatory, qualitative scoping study of sandwich carers in Greater Manchester’, individual presentation to Strategy Principal Reform, GMCA, 16 May 2025
- Martikke, S., Langer S., and Clark, A. (2025) ‘Event for Sandwich Carers: discussing research findings and shaping support in Greater Manchester, St Thomas Centre, Manchester, 1 May 2025
- Martikke, S., Langer S., and Clark, A. (2025) ‘Event for those supporting Sandwich Carers: discussing research findings and shaping support in Greater Manchester, St Thomas Centre, Manchester, 1 May 2025
- Langer, S., Martikke, S., Clark, A. (2025) “Interim Report: a participatory scoping study of experiences of unpaid care giving among members of the ‘sandwich generation’ in Greater Manchester communities.” MAHSC Applied Health and Care Research Group Award (R&I – 24 – 0196)



Confirmed upcoming presentations

- Martikke, S., Langer S., and Clark, A. (2025) 'The role of communities in supporting sandwich carers: insight from a participatory scoping study', Voluntary Sector and Volunteering Research Conference, Bayes Business School, London, 3-4 September 2025
- Langer, S., Martikke, S., and Clark, A. (2025) 'Making the work of 'sandwich carers' visible: an interactive workshop', 9th BPS Community Psychology Festival, The Forum, Norwich, 17-19 October 2025
- Langer, S., Martikke, S., and Clark, A. (2025) 'What we can learn from researching sandwich carers', School of Psychology Research Seminar, Manchester Metropolitan University, Manchester, 4th February 2026

Academic papers in preparation

- Langer, S., Martikke, S., and Clark, A. (in preparation) The role of affective practices in the continued invisibility of sandwich carers, to be submitted to *Sociological Review*.
- Martikke, S., Langer S., and Clark, A. (in preparation) Keeping care flowing: the implications of sandwich carers as critical caring infrastructure for social policy, to be submitted to *Journal of Social Policy*.
- Martikke, S., Langer S., and Clark, A. (in preparation) The challenges to community support for sandwich carers in times of crisis, to be submitted to *Voluntary Sector Review*.
- Langer, S., Martikke, S., and Clark, A. (in preparation) A narrative review of research about sandwich carers, to be submitted to *Sociological Research Online*.

Grant development

- Langer, S., Martikke, S., and Clark, A. et al. (in preparation), Enhancing the impact of a scoping study on sandwich carers through policy, Faculty of Health and Education Impact Fund, £3,000-5,000 (to be submitted 17 September 2025).
- Langer, S., Martikke, S., and Clark, A. et al. (in preparation) Why sandwich carers need to be at the centre of effective and sustainable care, ESRC responsive mode: research grants round two £35000-1,000,000 (to be submitted late 2025).





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Find out more by contacting Susanne Langer: S.langer@mmu.ac.uk

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