



CARE, POVERTY, AND CORONAVIRUS ACROSS BRITAIN

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Carers, paid and unpaid, are at the forefront of our response to the Coronavirus, putting themselves at risk to protect us all. Yet, if you are a carer, for adults or children, you are more likely to be living in poverty. This is not right.

This briefing note updates our Make Care Count report which focuses on the link between care and poverty before the crisis. It describes carers' experiences of the pandemic, prioritising the voices of carers throughout, before detailing how we can take the first steps towards ending poverty for carers in Britain.

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'About three weeks ago I just broke. My doctor prescribed me medication because I was having panic attacks... This crisis has really brought home the fact that my partner and I are on our own; there's no safety net.'

Unpaid carer, Scotland, woman

INTRODUCTION

We have one simple ask of governments across Britain: act now to end poverty for carers, paid and unpaid.

The COVID-19 pandemic has brought into sharp focus the importance of care – paid and unpaid – both in Britain and globally. Each of us depends on someone to care for us at some point in our life – it's something we all know is of huge value. Carers are the glue that hold our society together, right now, perhaps more than ever before. And yet, if you are a carer, you are more likely to live in poverty. This is not right.

People with caring responsibilities, most of whom are women, have a critical role in protecting lives and supporting people facing loss. Many are also being exposed to greater risks of contracting the virus by foregoing social distancing to provide essential care, and there is currently a shortage of personal protective equipment in some areas. In Britain, as elsewhere, carers have been undervalued for far too long, receiving far too little investment. The crisis is putting incredible additional pressures on carers that not only put them at greater risk of contracting this virus, but also risk pushing many even deeper into poverty. This needs to change: our carers must be focused on caring, not struggling to escape poverty. As we, together, seek to build back better from this crisis, a key test should be how we value our carers. While action is being taken to help cushion the impact now, we must ensure that governments across Britain use the tools they have available to ensure we never again undervalue those delivering care.

The Coronavirus, both directly and through the restrictions being put in place to reduce its spread, is greatly increasing care needs. People are spending more time looking after others, including parents giving up paid work to look after children, and others looking after those who are ill or self-isolating. Many paid care workers, where they have been able to stay in work, are facing greater pressures in the workplace.¹

The caring impacts of this crisis will affect women more due to pre-existing inequalities and the social norm of care being mainly a role for women. This locks them into cycles of time and income poverty, depriving them of the resources to be involved in developing solutions. According to UNESCO, due to school closures, 87% of students globally are now at home and women are having to fill the gap with increased hours of unpaid care and domestic work, and increasingly having to forego paid work.² Women who face additional inequalities – such as older or disabled women, those belonging to ethnic minority groups and

migrant women engaged in precarious work – will be particularly impacted. In the UK, women – particularly black and minority ethnic (BME) women – have been disproportionately affected by recent cuts to public services and social security due to the ‘structural inequalities which mean they earn less, own less and have more responsibility for unpaid care and domestic work’.³

The overall impact on poverty could be huge, both in Britain and globally. Across Britain, millions of people have been left with no option but to rely on a social safety net that too often fails to protect people from poverty. The United Nations University World Institute for Development Economics Research (UNU-WIDER) has estimated that the short-term economic impacts of the virus could force up to half a billion people (8% of the world’s population) into poverty.⁴ Governments across Britain have introduced welcome measures, such as the Coronavirus Job Retention Scheme, to prevent some of the worst impacts, but more needs to be done.

This briefing focuses on care in Britain, building on the evidence presented in Oxfam GB’s Make Care Count⁵ and Oxfam International’s Time to Care⁶ papers. Both publications, written pre-crisis, show how care is a critical social and economic good. They also profile the poverty and hardship that carers were facing before the crisis as a result of being taken for granted, too often made invisible in policy-making, while being undervalued and underinvested in by governments, businesses and communities. They focus on raising the voices of carers, who are so central to our health and wellbeing. This paper will also highlight the voices of carers, updating the analysis based on their experience of this crisis.

We all have a role to play – businesses, charities, local authorities, and individuals. When we speak and act together, change happens. Together, let’s ensure governments across Britain give carers what they need, both at work and at home. Let’s give carers the same level of care, respect and support that they give to others. They deserve it, now and always.

The short-term economic impacts of the virus could force up to half a billion people (8% of the world’s population) into poverty.

Box 1: Defining care

Unpaid care work is caring for people – such as bathing a child or taking care of adults who are sick, frail or have additional needs; and undertaking domestic work such as cooking and doing laundry – without receiving any explicit financial compensation. It usually takes place within households, but can also involve caring for friends, neighbours or other community members, including on a voluntary basis. ‘Unpaid carers’ in this briefing include both parents and guardians caring for children, and those caring for children and adults with additional needs due to, for example, illness, disability or age. **Paid care work** is caring for people or doing domestic work for pay, e.g. social care and childcare workers. It takes place in public and private care sectors, such as education, health and social work, but also in private households. Domestic workers might care directly for other people and undertake tasks such as cleaning, cooking and washing clothes.

CARE AND POVERTY ARE DEEPLY CONNECTED

UNPAID CARE

Caring for a loved one can be one of the most fulfilling things a person can do. One carer described care to us as an:

'Expression of love, to know the person that you care about is okay.'

Make Care Count, Wales, woman

Care is about so much more than any reward, financial or otherwise. However, carers also told us that when caring is not supported and valued, the impacts on them and their families are too often invisible. Even before the crisis, across the world, unpaid care work was linked to poverty. In the UK:

- One in four working-age parents were in poverty, compared to one in five of the population at large;⁷
- Of lone parents, more than two in five were in poverty;⁸ and
- More than one in three unpaid carers of people with additional needs providing over 20 hours of care a week were in poverty.⁹

One cause of this link between care and poverty is that unpaid carers can lose income due to having to leave paid work or reduce working hours to juggle unpaid care with paid work.¹⁰

'Because of the children... I'm skipping lots of opportunities, because I need to take care of them.'

Make Care Count, England, woman

Women are on the frontline of the Coronavirus response and are likely to be hardest hit economically.^{11,12} Unpaid carers may have to rely on social security benefits that are not enough to cover their basic needs.¹³

Pre-crisis, among those providing care for people with additional needs in the UK, 39% said that they were struggling to make ends meet – this figure rises to 53% among those who received Carer's Allowance. Meanwhile, 68% of all carers and 78% of carers who were struggling financially said that they regularly use their savings or income to pay for what is needed to care. Some 53% of carers who had not retired said they could not save for their retirement. Between 2017 and 2019, nearly half a million carers had to leave paid employment to care for someone.¹⁴ BME groups are considerably more likely to be struggling financially to make ends meet.¹⁵ It cannot be right for carers to find themselves facing poverty.

Based on a survey of more than 3,000 parents, 45% said it is getting financially more difficult to raise a family, mainly due the difficulty of covering the increasing costs of raising a child.¹⁶ Lone parents working full time at the National Living Wage are £80 a week short of what they would need (after paying for rent, childcare and council tax) to meet the average family's needs.¹⁷

Care needs impact more on women, as a result of the existing inequalities and social norms that women should do the majority of caring. In the UK, on average, women do 60% more unpaid work than men. Women are more likely to be unpaid carers, and make up 72% of the people receiving Carer's Allowance for caring 35 hours or more a week.¹⁸ In 2014, 91% of lone-parent families in the UK were headed by women, and were more likely to be BME.^{19,20,21} According to Carers UK's evidence, BME carers face additional difficulties in accessing adequate practical and financial support due to language barriers, lack of culturally appropriate services, and stereotypes around care.²²

In the UK, on average, women do 60% more unpaid work than men.

Many carers are themselves disabled, heaping further pressures upon them. In 2009-10, 27% of carers were in receipt of Disability Living Allowance.²³ Carers UK found that, in 2014, only 18% of disabled carers were in work, 61% had given up work to care, and 74% were on low incomes or had no-one in their household in paid work.²⁴

Coronavirus and unpaid care

As well as shining a spotlight on the incredible contribution made by carers in Britain, the Coronavirus is having wide-ranging impacts on them, exacerbating pre-existing challenges. When we all need them, carers are facing intense pressure. The crisis has increased unmet care needs by shutting schools, making more people ill, requiring many to self-isolate and reducing statutory requirements for social care provision.²⁵ Around one in ten people say they will have to work around additional childcare responsibilities; another 4% will have to work around other additional caring responsibilities.²⁶ This has forced many to give up or reduce paid work to become unpaid carers for the first time, or to give more hours of care. For example, 29% of parents in one survey said they had been forced to reduce working hours or been forced to take unpaid leave due to increased childcare responsibilities.²⁷

The UK government has enabled people to be furloughed (on 80% of their pay, covered by the government) under the Job Retention Scheme if they cannot work due to additional caring responsibilities. While welcome, this would benefit from being more widely publicised, and will still lead to many losing a fifth of their wages. Combined with other restrictions on people's ability to work, this is reducing incomes.

As such, we are in danger of locking in future disadvantage for those taking on caring responsibilities now:

'You lose all the pension, all those benefits that would be building up... Pay rises, holiday pay, you don't get any of that.'

Make Care Count, Wales, woman

Even before this crisis, evidence compiled by Carers Scotland revealed that 68% of carers said they were regularly using their own income or savings to pay for care or support services.²⁸ The crisis has made this more common:

'I am also relying on my Mum's carers to bring us in fresh stuff like milk and bread (and any items that we can't get online at the moment). Given the need to queue at shops at the moment, I am having to pay the Carers for their time but the council has not offered any additional funding to cover this. I usually rely on a launderette for our washing, but again, I'm paying one of our carers to do it at her home for us but without additional funding.'

Unpaid carer, England, woman

On top of this, caring needs are greatest in the areas with the least financial resilience. The Scottish Government estimates that 45% of unpaid carers in the most-deprived areas of the country care for 35 hours a week or more, almost double the level in the least-deprived areas.²⁹

Unpaid carers of adults and children with additional needs are taking extra precautions and going above and beyond what they normally do to ensure their loved ones are safely cared for.

'I'm so scared of COVID coming to my house... I now pick up my mum's carer from her home and drop her off there afterwards so she doesn't have to use the bus to get to her house.'

Unpaid carer, Wales, woman

Before the pandemic, six in ten British carers already said they had been pushed to 'breaking point', with nearly half (46%) saying they had fallen ill themselves, but had no option but to continue providing care for others.³⁰ The crisis is putting additional pressure on many:

'The emotional side of caring is overwhelming sometimes. About three weeks ago I just broke. My doctor prescribed me medication because I was having panic attacks. I'm doing OK now, but for those few days I thought I was going to have a breakdown. This crisis has really brought home the fact that my husband and I are on our own; there's no safety net. We have no family support; they're not in a position to help. I have no idea what happens to my husband if I get sick; none. I try not to think about it.'

Unpaid carer, Scotland, woman

Decisions around who provides care and who continues to try to maintain their paid work are driven by social norms relating to gendered roles, as well as the fact that women are more likely to earn less. These mean that women will be disproportionately affected by this sudden spike in care needs, as caring for sick relatives and looking after children at home becomes more urgent and takes up more time.

'You'll often find that women are the anchors holding things together and that comes at a cost: personal and financial.'

Unpaid carer, Scotland, woman

The crisis is significantly increasing costs for many:

'My usual weekly spend is about £20-£30 to feed us both very comfortably. Now I'm spending about £60 online.'

Unpaid carer, England, woman

Accessing benefits to ease some of these issues was difficult before the crisis:

'They make it so difficult for the people who need to access help'

Make Care Count, Wales, man

These difficulties have deepened, with overloaded social security call centres and processes struggling to adapt to the new economic reality.³¹

While the current crisis is proving once again the value of unpaid care to society – to our collective health and wellbeing – historically, many have felt their contribution has been undervalued by governments, businesses and communities alike:

'There is a general attitude towards... people who care for people with impairment that you're a drain on the economy, because you're not working you don't have financial value, so you're a lesser person.'

Make Care Count, Wales, woman

'We were invisible before, and now behind closed doors I think we are more so.'

Unpaid carer, England, woman

We cannot let unpaid carers be undervalued and under-rewarded in future. We all have a stake in putting this right.

PAID CARE

Paid work is often described as the best defence against poverty – but not if you're a carer. Providing paid care is associated with low incomes, poor working conditions and a lack of agency.³²

'I think the minimum wage is not enough. Like, if you're doing 40 hours a week on minimum wage, I can't pay my bills. I have to do overtime.'

Make Care Count, Social care worker, man

Care workers are significantly more likely to be in insecure forms of employment, such as zero-hours contracts.³³ These poor pay conditions potentially expose workers and their families to financial instability, and affect their physical, emotional and social well-being.^{34,35}

'It's just not enough, how can I pay all my bills and rents and... buy a bus pass... It means you can't participate in basic things. I've got... my cousin's 40th birthday coming up at the end of the month, and that's a real issue for me 'cause I'm thinking, "How am I gonna manage this financially?"'

Make Care Count, Social care worker, woman

Before the Coronavirus crisis:

- Nursery nurses and assistants were paid £7.70 an hour in England;³⁶
- Half of social care workers in the UK – 500,000 people – were paid less than the real Living Wage (£9.30 an hour);³⁷ and
- 35.5% of social care workers in the UK,³⁸ and 44.5% of childcare workers in England,³⁹ received some form of benefit to supplement their incomes.

Again, women are overwhelmingly impacted by these poor conditions. They represent more than 90% of childcare workers⁴⁰ and 83% of social care workers in England.⁴¹ The NHS has a high proportion of women staff – 77% of the total workforce in England are women.⁴²

Paid care work can also be highly stressful, especially in a system which is underfunded. Even before all of the additional stresses the crisis has put on workers, one care worker painted a painful picture:

77% of the NHS workforce in England are women.

'[Work has] basically got me in tears every night. Going home, I never switch [off], I couldn't do this... It was like never no time for anything really, and I was like rushed off my feet, never get a break. Because it was basically having my break or leave someone in bed for example, obviously incontinent and stuff like that, so I'd rather do this instead of go on my break.'

Make Care Count, Social care worker, woman

Coronavirus and paid care

While the value we place on carers is low, our expectations of them are high – a contradiction cruelly reinforced by this crisis. Many social care workers are being expected to continue to undertake home visits to the elderly and disabled and to work in care homes without the necessary personal protective equipment (PPE), putting themselves and their family in danger.⁴³ Some reports suggest that exposure to the virus may be impacting BME workers more severely,⁴⁴ as they are more likely to live in the dense urban areas most affected.

Coronavirus has led to the further reduction incomes of many paid care workers, due to increased care needs at home and greater exposure to the virus. Around a quarter of social care workers are currently not in work, partly due to illness or living with somebody who is ill (one in ten).⁴⁵ For those eligible, sick pay (£94.25 a week) is significantly less than workers normally earn; others do not receive any pay, especially if they are on zero-hours or other insecure contracts.⁴⁶ Insecure contracts can also make furloughing staff more difficult, as earnings are more

changeable, making calculating average earnings (which is how furlough payments are calculated) more difficult.

One survey found that 1 in 20 social care workers are not in work due to increased childcare responsibilities due to nursery and school closures.⁴⁷ Nursery owners have highlighted the costs of staying open and paying staff to look after only a handful of children without additional government support.⁴⁸ Only half of nurseries remain open, with those only caring for 12% of the children they normally do.⁴⁹ Many childcare workers will have been furloughed on 80% of their normal wage. Many of these people will have increased unpaid caring responsibilities as well, making it difficult to look for or take up other work.

It is clear that paid care workers, even at the time when we need them most, are being undervalued and under-rewarded. While the Scottish Government has made a first and welcome step towards valuing social care workers by requiring that social care workers be paid at least the real Living Wage,⁵⁰ and the Welsh Government has continued to restrict the use of zero-hours contracts in domiciliary care,⁵¹ more needs to be done across Britain. We must act to value care workers both in the short term, and in the future.

CARERS' VOICES

'I think that carers should be able to have a strong voice and one that people have to take action on when they get information... Do you know what I think would make a real difference? If there's somebody facilitated carers to self-organise so that you didn't have to do it on your own, so you can actually have a voice, an actual authentic carer's voice who influences policy, but also when you got stuck the person who's going to be able to help you the most is another carer.'

Make Care Count, unpaid carer, Wales, woman

If we are to better value carers as a society, and support them in escaping poverty for good, a concerted effort is needed to ensure carers are at the very heart of this transformation. Too often, those in poverty are locked out of decision making. From Oxfam's work around the world and in the UK, we know that poverty is about more than money: it's about power too. The concentration of wealth, and the influence that comes with it, within the hands of the few leads to the capture of political power.⁵² In the UK Oxfam has shown a positive correlation between income inequality and relative income poverty, while showing how increasing inequality is a barrier to reducing poverty.⁵³ Nowhere is the rebalancing of unequal power dynamics more critical than within political and policy-making circles.⁵⁴

We must therefore create and sustain meaningful opportunities for carers to be both heard and listened to – locally and nationally. Oxfam's work in Britain has shown the value of creating channels for people in poverty to share their experiences and views.^{55,56} A number of existing platforms seek to boost the participation and voice of carers.^{57,58} These, alongside initiatives like the Social Security Experience Panels in Scotland and the Fair Work Forums in Wales,⁵⁹ are essential in boosting engagement in how policies and practices are shaped. Governments across Britain must ensure that carers, paid and unpaid, are meaningfully engaged as we seek to better recognize and value their contribution.

CORONAVIRUS AND POVERTY ACROSS BRITAIN

The additional pressures facing carers across Britain must be considered within the wider context of significant additional hardship for all those living in poverty. Prior to the lockdown, 14.5m people were in poverty in the UK,⁶⁰ around a fifth of the population. Since the crisis hit, with people being made to stay at home and firms being forced to shut down, shockwaves have spread across the economy. A BBC survey of experts predicted that the economy will contract by 14% in the second quarter of 2020.⁶¹ An Office for Budget Responsibility scenario suggested GDP could contract by as much as 35% in this period.⁶² Amid this unfolding economic impact, we must ensure we support those who already have the least and who are therefore least able to cope.

Despite a series of welcome measures designed to cushion the impact of the crisis, the impact on levels of financial need is already significant:

- In the four weeks following 16 March, 1.4m Universal Credit applications were made, 1.2m more than normal.⁶⁴
- Low earners are seven times as likely as high earners to have worked in a sector that is now shut down. Women are a third more likely to work in a sector now shut down than men.⁶⁵
- When surveyed 8-10 April, two thirds of firms had furloughed staff. Nearly a third (31%) of all firms had furloughed between 75% and 100% of their workforce.⁶⁶
- A quarter of employers expect permanent redundancies as a result of the Coronavirus crisis, suggesting its impact will not be merely short term.⁶⁷
- The number of people reporting going hungry in the three weeks after 16 March were 1.5 to 2 times higher than the total of those experiencing hunger over a whole year in recent years.⁶⁸
- Nearly a quarter of people say that the Coronavirus has impacted negatively on their household finances.⁶⁹

Women are a third more likely to work in a sector now shut down than men.⁶³

Low earners, such as care workers, are the group least able to adjust to shocks in their incomes. The poorest fifth of households spend 55% of income on essentials, compared to 39% for the richest fifth.⁷⁰ Much of the support the UK government offers is hard to access: Universal Credit has been struggling to cope under the weight of claims, with applicants unable to progress as a result of overwhelmed call centres.⁷¹ Even those who are successful must wait five weeks to receive their entitlement or have to take an advance payment in the knowledge they must pay it back later, creating delayed financial hardship. As the chair of Scotland's Poverty and Inequality Commission has highlighted: 'the COVID-19

pandemic may cause us to reflect on how we have ended up with a social security system that seems better designed to punish than support'.⁷²

Alongside ensuring frontline social protection is both adequate and accessible, measures to increase access to emergency crisis support are welcome.⁷³ However, these will only prove effective if people can get the cash quickly, including those who are unfamiliar with accessing such support. Polling in Scotland conducted prior to the crisis showed that 55% of people would not⁷⁴.

Self-employed workers, such as many childminders, will not receive any of the grants promised by the UK government under the self-employment income support scheme until the start of June. More needs to be done – and soon.

Data released by Autonomy⁷⁵ (an independent think tank) shows that more than one million people in jobs through which they are highly exposed to COVID-19 are earning 'poverty wages' – less than £234.60 a week (full-time equivalent).⁷⁶ Some 98% of these workers are women,⁷⁷ a large percentage of whom are on part-time, temporary or zero-hour contracts, adding health risks on top of poverty and insecurity.

CORONAVIRUS AND POVERTY GLOBALLY

Across Britain, people are worried about what the Coronavirus means for us, our loved ones and our communities. However, no one is safe until everyone is. It is therefore important to recognize that this is a global crisis – and requires a global response. Not all countries have the same resilience, with 736 million people living in extreme poverty⁷⁸ and more than 2 billion people facing this pandemic without even access to clean water.⁷⁹ Globally, women and girl's likelihood of suffering more from extreme poverty than men and boy's increases from 4% to 22% between the peak productive and reproductive ages of 25 and 34 mainly due to unequal childcare responsibilities.⁸⁰ Beyond the clear and present dangers to public health, without action the consequences of this pandemic on poverty levels are likely to be severe and long-lasting – with carers again hit hard.

Analysis shows that the economic crisis caused by the Coronavirus could push over half a billion people into poverty, as governments shut down entire economies to manage the spread of the virus. Global poverty could increase for the first time since 1990. Depending on the poverty threshold used, this could set the global fight against poverty back by a decade, and as much as 30 years in regions including sub-Saharan Africa and the Middle East and North Africa.⁸¹ Over half the world's population could be living in poverty in the aftermath of the pandemic. The IMF, calling it the 'Great Lockdown', has said it will be the worst worldwide recession since the Great Depression.⁸²

Existing inequalities dictate the economic impact of this crisis. The poorest workers in rich and poor nations are less likely to be in formal employment, enjoy labour protections such as sick pay, or be able to work from home. Globally, just one in every five person who is unemployed has access to unemployment benefits. Two billion people working in the informal sector have no access to sick pay; the majority live in poor countries where 90% of jobs are informal compared to just 18% in rich nations.⁸³

Women are at the forefront of the Coronavirus response and are likely to be hardest hit economically. Women make up two thirds of the paid care workforce and perform 76% of total unpaid care or 12.5 billion hours of unpaid care globally.⁸⁵ Unpaid and paid care responsibilities are increasing dramatically as a result of higher numbers of out of school children, more people at heightened risk, ill or unable to receive formal support, and higher demands for hygiene and sanitation.⁸⁶ Women who experience multiple inequalities and discrimination based on income, age, ethnicity, race, migration status, disability and location will be hit the hardest by increasing levels of paid and unpaid care work and income insecurity. They will be pushed deeper into time, income and voice poverty.⁸⁷

Women make up two thirds of the paid care workforce and perform 76% of total unpaid care or 12.5 billion hours of unpaid care globally.⁸⁴

In rural areas and the poorest urban slums, where access to care-related infrastructure and services is already lacking, and women are already spending several hours a day on unpaid care and domestic work, an increase in caring needs as a result of the Coronavirus will mean extra time and physical labour is required to complete these tasks. For example, in sub-Saharan Africa, 75% of people live in rural areas lacking adequate facilities for handwashing⁸⁸ and live in households relying on women for water collection.⁸⁹ More women will have to spend longer hours collecting greater quantities of water to meet higher hygiene and sanitation demands or risk being more vulnerable to the disease.⁹⁰ With school closures, 300 million children will miss out on free school meals – increasingly it will have to be women who risk having their children go hungry.⁹¹

Women who shoulder the heaviest unpaid care work are also engaged in more precarious forms of paid work, which are being heavily impacted.⁹² This leaves them income and time poor. In South and South-east Asia, where the informal sector accounts for 80% of total employment, women engaged in low-paid informal work are bearing the brunt of widespread job cuts. Paid care workers are experiencing a double burden, with many undertaking longer shifts at work and additional unpaid care work at home.⁹³

Others, mainly live-in domestic workers, have seen their workday prolonged and intensified as a result of more family members being in the household all day and employers wanting houses disinfected and cleaned more often, without any kind of additional compensation.⁹⁴ They are also taking on other care activities, such as childcare and looking after anyone who may fall ill, and being made to move in without extra pay. Women migrant domestic workers are particularly at risk, with travel bans and other restrictions expected to harm their livelihoods and ability to support family members in their countries of origin. They often have no social security to fall back on and need to continue to work or else not receive any income. In the Middle East many are already being made to live in appalling conditions under the *kafala* (sponsorship of migrant labour) system and face the risk of further exploitation by their employers.⁹⁵

Women are also more likely to be employed in poorly paid precarious jobs that are most at risk. More than a million Bangladeshi garment workers – 80% of whom are women – have already been laid off or sent home without pay after orders from Western clothing brands were cancelled or suspended.⁹⁶

Although early evidence shows that men have a greater COVID-19 mortality rate than women, women are likely to be more exposed to the virus as a result of being over-represented in care work. Globally, close to 70% of healthcare workers are women, especially nurses, midwives and community health workers, due to occupational sex-segregation⁹⁷ In Italy and Spain, close to two thirds of healthcare workers infected so far have been women.⁹⁸ In addition, unpaid carers and informal paid carers will increasingly be looking after vulnerable people without any PPE. In contexts in which women's health needs are deemed secondary to those

of men, the former are at greater risk of being excluded from treatment as well as access to other critical health services deprioritized during this time, such as sexual and reproductive health services.⁹⁹

CONCLUSION AND RECOMMENDATIONS

Alongside the critical task of saving lives, the action taken in the UK over the coming days, weeks and months to protect those in poverty – in particular, those on the frontline providing paid and unpaid care – will be a fundamental test of the effectiveness of our collective response. This crisis lays bare the existing inequalities in our economic system, including unequal outcomes for women and men in poverty, BME communities and people with disabilities, among others. The pandemic has highlighted the fundamental importance of care work to our health, wellbeing and daily lives. It also exposes the ways in which it continues to be unrecognized and undervalued as a vital social and economic good. The Coronavirus has the potential to deepen the differences between those who are better able to maintain their employment, income and safety, and those who, as a result of their expected gender roles and care responsibilities, are not – but this possibility can and must be avoided.

The COVID-19 pandemic is an unfolding global tragedy. We have already seen nearly 200,000 deaths worldwide,¹⁰⁰ and we will see many more. Carers are putting themselves in danger to protect us all. We must act to alleviate their hardship now. But we must also prepare to build back better by valuing carers, and rewarding them, as they deserve, for good.

Carers – wherever they live, and whoever they support – are part of an incredible national effort. It cannot be right that many are living in poverty. Together, let's ensure governments across Britain give carers what they need, both at work and at home. Let's give carers the care and respect they give to others.

Overall, we have one simple ask: act now to end poverty for carers, paid and unpaid. As the first steps to achieving this, we believe governments across Britain should use the powers available to them to implement the following recommendations.

SUPPORT CARERS BY INVESTING IN A SOCIAL CARE SYSTEM THAT PROTECTS US ALL

People working in the NHS, social care and childcare sectors, or caring for people at home are at the frontlines of this crisis. They must be given the resources they need to get us through, including proper investment in

the social care system to ensure it can survive both day-to-day and any further crisis. Investing in social care will alleviate the pressures on carers, as well as protecting those they care for. Bolstering the paid care sector would ensure support for care where it is most needed, whether that is in peoples' homes or in places where there is more specialized care, thereby reducing the scale and depth of unpaid caring responsibilities too.

VALUING THE KEY WORKER WORKFORCE

Those working on the frontlines of this crisis – whether in hospitals, care homes, supermarkets or beyond – deserve a lasting legacy. Their work must be better valued permanently alongside the identification and implementation of measures to recognize their role during crises.

1. We need to recognize once and for all the true value that care and health workers bring to our society and economy and recognize them as the skilled and productive workers they are. The Scottish Government have brought forward paying all social care workers at least the real Living Wage. All British governments should take this step.
2. Governments should use their significant policy levers – including the UK government's powers over employment, as well as the respective governments' powers over public procurement – to incentivize and, where necessary, compel employers to offer decent work to all key workers. This includes paying the real Living Wage, but also offering work that is both flexible and secure so that work provides a reliable route out of poverty. In the longer term, governments should reconsider the private provision of public services in social care and childcare.

ACT TO PROMOTE CARERS VOICES IN POLICY-MAKING.

Carers, paid and unpaid, deserve to have their voices heard when policies are made about them. Furthermore, better policies are made when experts are included – and as shown in this briefing, carers are experts in the day-to-day experiences of caring. Governments across Britain should ensure that carers, paid and unpaid, are included in any policy-making processes relating to care.

IMMEDIATELY ACT TO PREVENT POVERTY THROUGH ENHANCING THE SOCIAL SAFETY NET

Governments across Britain must act to protect all those in, or at risk of poverty, including paid and unpaid carers by bolstering the social safety net:

1. The UK Government should introduce significant increases to key elements of social security, to better protect all those in or at risk of poverty – including paid and unpaid carers. This includes increases to Child Benefit, Carer's Allowance, Universal Credit standard allowance, Employment Support Allowance, Disability Living Allowance, Personal Independence Payments, and others. These payments should be adequate to live on. Specifically, the eligibility criteria for Carer's Allowance should be widened, including making it available to people who are caring for those who are self-isolating, and the five-week wait for Universal Credit should be removed. The two-child limit on benefits should also be removed to prevent further child poverty. Reflecting high levels of poverty and deprivation pre-crisis, and the long-lasting impact of this crisis on household incomes, short-term measures to enhance the adequacy and accessibility of benefits should be retained for as long as is required.
2. Statutory sick pay should be extended to all workers, and the lower earnings threshold removed, so that workers who are worse off are not disadvantaged. The rate should be raised to a level that guarantees a minimum income that is adequate to live on.
3. Adequate funding schemes should be put in place to support people facing incomes crises. The Scottish Welfare Fund¹⁰¹ offers one potential model; however, robust measures to ensure widespread public awareness of crisis cash support are essential. Administration budgets must allow for the use of best practice delivery models to ensure applications are considered quickly and effectively.

IMMEDIATELY ENHANCE THE JOB RETENTION SCHEME

1. The UK Government's Job Retention Scheme should be extended to people whose hours are reduced as a result of the pandemic. Counterproductively, for example, under the current scheme, employees who go from full-time working for one employer to 20 hours a week with that same employer, will be paid less than those that stop work altogether.¹⁰² This means lower earners in a household, typically women, are being encouraged to stop working entirely for caring responsibilities, which risks them not having a job to return to in the long term.

The Job Retention Scheme should cover as a result of the crisis, not just those where people stop working. This way, people will not look for additional work, potentially jeopardizing their ability to stay at home, to make up the difference.

2. The current Job Retention Scheme relies on businesses to 'do the right thing' and keep their employees on the payroll. Employees whose employers happen to not take part in the scheme should not be disadvantaged.

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