Briefing from the UK Women's Budget Group:
Social care and Covid-19

16 April 2020

Please note that this briefing was up to date at the time of writing, but the situation is changing constantly and may not reflect recent policy amendments. On 15 April 2020, the Health Secretary published his Action Plan for Adult Social Care. In it he promised to step up efforts to increase testing of carers and residents discharged from hospital as well as establish an online delivery system to supply care homes with PPE. These measures would go some way to addressing some of the issues in this briefing. However, they are but tweaks round the edges with respect to the pay and poor working conditions of care workers and fail to account for the pre-existing funding, staffing and resources crises, as well as all but ignoring challenges facing domiciliary and unpaid carers.

The Neglected Front Line: Covid-19 in a Broken Social Care System

Covid-19 has exposed and exacerbated pre-existing crises within an underfunded and precarious social care sector. Looking ahead, there must be a recognition that caring for loved ones and saving lives is what matters most to people. The false economy of years of neglect and underfunding of our care services has become clear. When it comes to rebuilding the economy, it will be important learn from the current crisis and commit to genuine reform to save both lives and economic resources. It should now be clear to everybody that care work of different sorts is the backbone of our economic and social system.

In the week of the 14 April, the devastating situation in care homes began to hit the headlines. Care England, the home care industry body, has estimated that the death toll in care homes by April 9th was likely to be close to 1,000, despite the only available official figures being far lower[1].

In France almost a third of all coronavirus deaths have been of residents in care homes[2]. Care homes have been reported as sites of virus clusters in Italy, Spain, Germany and Ireland. Similar concerns have been expressed in Canada and the US[3]. This reveals the limitations of charting the progress of the pandemic solely on the numbers dying each day in hospital. As Peter Hoyle, the MP for Hove said "By only counting deaths in hospitals, [ministers] are sweeping the deaths of older people in care homes under the carpet. . . If social care was a priority that matched other sectors, Government would be counting and acting." [4]

Key issues:

- **Elderly people are particularly at risk as a result of this neglect:** The Alzheimer's Society has claimed that hundreds of thousands of people with dementia are being abandoned during the coronavirus crisis[5]. This situation is no better for older people and those with disabilities in residential care as care staff struggle to cope with a rising morbidity and mortality, without the appropriate PPE as supplies have been diverted to front line medical services.[6]

[1] https://www.theguardian.com/world/2020/apr/09/covid-19-hundreds-of-uk-care-home-deaths-not-added-to-official-toll
[2] ibid
[3] ibid
[4] Peter Coyle, MP for Hove, https://www.theguardian.com/world/2020/apr/09/covid-19-hundreds-of-uk-care-home-deaths-not-added-to-official-toll
[5] https://www.politicshome.com/members/article/alzheimers-society-fears-hundreds-of-thousands-of-people-with-dementia-in-care-homes-being-abandoned-during-coronavirus-crisis
[6] theguardian.com/world/2020/mar/30/protective-equipment-being-diverted-from-care-homes-to-hospitals-say-bosses

- **The situation regarding domiciliary care and services is also extremely dangerous**, with care workers having to move between the homes of already vulnerable clients with insufficient time, equipment and training to deal with the rising levels of disease, as well as escalating risks to their own and their families' safety[7].

- **Unpaid care work is receiving very little attention**. Caring for those with disability, or age or health related frailties is historically undervalued and underpaid; family and informal care is very likely to have increased as external services have been withdrawn or diminished during the current crisis.

- **The impact of under-funding:** The care sector has been in crisis for decades – with chronic underfunding, low paid and often poorly trained staff, many of whom are agency workers, and often on zero-hour contracts. The Covid-19 care crisis has foregrounded the vulnerability of the care workforce of whom the vast majority – 84%[8] of those working in residential and domiciliary care – are women, and BAME and migrant groups are overrepresented. In the NHS, front line staff seem to be dying from Covid-19 at a lower rate than other staff, suggesting that although personal protective equipment (PPE) may be an effective protection it is not available widely enough or in appropriate quantities. One suggested explanation of why the first 10 doctors in the UK named as having died from the virus were all BAME is that they may have felt less able to complain about inadequate personal protective equipment (PPE)[9].

- Despite commitments from the Chancellor that the NHS would get "whatever resources it needs to cope with coronavirus", there was no similar commitment for local authorities in relation to social care – despite the fact that older people and those with long-term health conditions are at particular risk from the virus[10]. The Government has since allocated £2.9bn to help local authorities respond to pressures in key services, such as adult social care, and enhance the NHS discharge service[11]. However, local authorities propose to give adult social care providers only a 10% increase in funding to help address rising demand and costs caused by the coronavirus pandemic[12], an amount that has have been described by Care England as 'derisory' and 'wholly inadequate'[13]. As Martin Green its director says, "the paltry increases proffered by LGA would not even cover the costs of PPE if indeed providers were able to procure sufficient supplies'.

What is happening to the care system and the people in it?

- **Shortage of PPE:** A major threat to the health and safety of social care workers, their families and those for whom they are caring, is the shortage of PPE. Many residents in care homes are, by age or health status, especially vulnerable to Covid-19 but are in contact with several care workers per day. 70%[14] have dementia to some degree and may therefore be hard to keep in isolation. Despite repeated promises to meet demand by the Health Secretary, care homes report that their supplies of PPE are still inadequate. Domiciliary workers and their employers are also experiencing shortages of PPE. This matters as every day they visit several clients in their own homes and cannot maintain a safe distance either from them or from a fellow carer. They too may carry the virus back to their own families. Each week those receiving care are visited by several different carers and there has been very little publicity given to the risks and difficulties they face.

- **Lack of testing:** With at least half of care homes reporting Coronavirus cases, residential and domiciliary carers are being exposed to some of the same threats to their health and well-being as health workers. However, testing for residents and care home staff has not routinely been taking place, despite at least half of all care homes now reporting coronavirus cases.[15] The Government's promise to rectify this situation, if fulfilled, will be a great relief for staff and residents in care homes, though it may well be too late to stem the rapid growth of the

[7] https://www.ageuk.org.uk/discover/2020/03/social-care-and-coronavirus/
[8] https://www.bbc.co.uk/news/uk-34103302
[9] https://www.theguardian.com/society/2020/apr/10/uk-coronavirus-deaths-bame-doctors-bma
[10] https://www.communitycare.co.uk/2020/03/11/budget-5bn-coronavirus-includes-support-social-care-Government-criticised-lack-action-sector-funding/
[11] https://www.theguardian.com/world/2020/apr/09/covid-19-hundreds-of-uk-care-home-deaths-not-added-to-official-toll
[12] https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19-guidance-commissioners
[13] https://www.laingbuissonnews.com/care-markets-content/news/proposed-10-rise-in-funding-for-providers-seen-as-derisory/
[14] https://www.alzheimers.org.uk/about-us/news-and-media/facts-media
[15] https://www.politicshome.com/members/article/alzheimers-society-fears-hundreds-of-thousands-of-people-with-dementia-in-care-homes-being-abandoned-during-coronavirus-crisis

infection in the care sector.[16] The lack of testing of domiciliary care works compounds the risks they and their clients face through lack of PPE.

- **Delivering additional healthcare:** The relationship between social and hospital health care services has abruptly changed. Until the Covid-19 crisis, residential care home providers could ensure that residents with problems about their medication as well as more serious illnesses could be treated in hospital. The heavy demand for hospital beds has significantly curtailed this practice, making the lack of social care staff trained in handling medication, let alone serious illness, a more pressing issue.

- **Underestimating deaths:** GPs can now register causes of a death in a care home on the basis of a staff description without ever having visited the resident. Crematoria now require only one doctor's signature, not two, on the death certificate. There is a risk therefore that the number of deaths attributable to the coronavirus may be an underestimate.

- **Lessening of standards:** The Coronavirus Act included some easements of the Care Act 2014. Local authorities still have the *power* to meet eligible care and support needs, including those of a carer, but no longer have the *duty* to do so. Local authorities will still be expected to take all reasonable steps to continue to meet needs but can now prioritise the most pressing needs and temporarily delay or reduce other care provision[17]. Cuts to local authorities' budgets have meant only those with severe needs are currently being supported by their Local authorities. With the addition of those requiring social care because of Covid-19, prioritisation can only mean leaving some severe needs unmet; AgeUK estimate there are already 1.5 million older people living with an unmet need[18].

- **End-of-life concerns:** There have been reports that, as a result of Covid-19, some care homes are precipitously asking residents for their wishes concerning end-of-life care and instructions relating to resuscitation, having been told they will not be admitted to hospital. Others are being discharged from hospitals to care homes without being tested. This is making some residents and their families very fearful and causes additional stress to care workers[19].

- **Precarious working arrangements:** In the face of staff shortages, the quarter of the care workforce who are on zero hours contracts[20] are particularly vulnerable to pressure to work in unsafe conditions or when they should be self-isolating for fear they will not be offered work in future.

- **Staff shortages exacerbated by migration restrictions:** Both the health and social care sector is dependent on migrant workers. As a result of Brexit, the futures of those from the EU are still unclear but the points-based immigration system proposed by the Government earlier this year, would disqualify many people currently providing lifesaving care. Many migrants from outside the EU have no access to public funds or free health care, so will also be under great pressure to continue working even when at risk to their own health. The Government announced on March 31 that for doctors, nurses and paramedics, visas due to expire before October 1st 2020 will be automatically extended a year without attracting fees or an immigrant health surcharge, but this will not apply to social care workers or nurses in nursing homes[21].

- **Insufficient carers allowance:** The health and well-being of the estimated 8 million unpaid adult carers and the effects of Covid-19 on them has attracted minimal attention. Some minor changes have been made to the Care Allowance, so it is not withdrawn if either the carer or the person being cared for goes into hospital with Covid-19. The Care Allowance remains one of the lowest in the benefit system, worth two-thirds of Statutory Sick Pay, which can now be claimed from the first day of illness.

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[16] https://www.gov.uk/Government/news/Government-to-offer-testing-for-everyone-who-needs-one-in-social-care-settings
[17] https://www.gov.uk/Government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities
[18] https://www.ageuk.org.uk/latest-press/articles/2019/november/the-number-of-older-people-with-some-unmet-need-for-care-now-stands-at-1.5-million/
[19] https://www.politicshome.com/members/article/alzheimers-society-fears-hundreds-of-thousands-of-people-with-dementia-in-care-homes-being-abandoned-during-coronavirus-crisis
[20] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf Published 15 Aril 2020
[21] Commons Library Brief, CBP 8887, 9 April 2020

- **Confusion about self-isolation:** Nearly three-fifths of unpaid carers are women[22] and they are more likely than men to be caring for someone living in another household. Among those caring for less than 20 hours a week, 76% are[23] looking after someone in another household. The rules concerning self-isolation, especially if the carer or the person being cared for is over 70 years old, are confusing.

- **Lack of central planning:** There has been no planning or any central co-ordination of care services or of the protection of the care workforce during the Covid-19 pandemic. As UNISON general secretary Dave Prentis has said "We're highly critical of the lack of planning, especially in January and February, to make sure that our people, people who are protecting us, have the equipment that they need to protect themselves. I think the Government knows that, as well. There will be many, many questions that they will not be able to answer"[24].

Urgent recommendations to central Government to ensure safe and effective care

- **Co-ordinated strategy for care homes**: a clear Government strategy is needed to support residents of care homes and all those receiving care in their own homes or other locations, *whether their carers are paid or unpaid*:
    - This needs to include sufficient funding to local authorities to carry out increased duties and powers as below

- **Clear strategy to support all care workers**: Similarly, a clear and specific strategy is needed to support care workers, in both residential and home care, and unpaid carers
    - This also needs to include sufficient funding to support those whose income falls as a result of this crisis. It is particularly important that paid care workers do not feel that they cannot afford to take time off work when not to do so would put their own, the clients' or their families' health at risk;
    - Some specific recommendations are made to cover this eventuality below, but more generally Statutory Sick Pay should be raised to a level that does not tempt people to work when they should not be doing so;
    - Wage levels of all care workers should be immediately raised to at least the Real Living Wage level (as has already been done in Scotland[25])
    - Employers in all sectors need to recognise their employees as potential unpaid carers and ensure that they can juggle work and care safely:
        - leave provisions should be strengthened to ensure that workers do not lose their job or extensive amounts of pay if in the short-term the amount of family care they need to carry out increases.
        - Statutory Sick Pay from day one should be available to those whose care arrangements have broken down because of Covid-19 as well as those self-isolating or sick because of it

- **Appropriate PPE equipment** must be readily available to all caring for others outside their immediate household. This is necessary to protect them, those they care for and those that they live with.

- **Testing of care workers in all settings**, including residential and domiciliary care, hospices and psychiatric units should be of as high priority as testing of NHS staff. Additionally, so that infection is not unnecessarily taken into care homes, people being discharged into them from hospital should be given priority testing for the virus, alongside critical NHS staff.

- **Technical solutions to stop visits:** working with technology companies, the Government should support care homes and providers to put in place arrangements to ensure continued contact with those receiving care in isolation and their loved ones.

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[22] https://www.carersuk.org/news-and-campaigns/news/state-of-caring-report-2019
[23] Ibid
[24] https://www.unison.org.uk/news/2020/04/im-proud-dave-prentis-first-weeks-covid-19-crisis/
[25] https://news.gov.scot/news/pay-rise-for-social-care-staff

- **Data collection and reporting:** The impact of the virus on the morbidity and mortality of those being cared for in care homes and the community should be measured and reported on.

Post Covid-19: Recommendations for Central and Local Government

As well as these measures by central Government and the NHS, changes in local authority responsibilities are necessary. Once Covid-19 is under control, **the obligation to provide social care for all those who need it should be reinstated, replacing the discretionary obligation contained in the Coronavirus Act.** In addition, local authorities should be given new duties and powers with respect to social care for which they should be **adequately funded by central Government.**

Post-Covid-19 duties and powers should include:

- Having oversight of the provision of all forms of care in their area, including that provided by unpaid carers as well as paid care workers.
    - This should include appropriately skilled back up care support to cope with situations in which existing care arrangements break down
    - Where unpaid care has substituted for care services in an emergency or as safer alternative, care recipients and their families should be assured that care services will be resumed when the emergency is over;

- Requiring care providers to offer all care workers contracts that:
    - guarantee them employment for the hours they are willing to work at wages comparable with those working in similar jobs for the NHS, while urgently developing their training on a par with public health care workers. Establish a national body in England in line with the other countries in the UK, to develop and oversee this.
    - recognise and accredit the skills of experienced care workers and involve them in training and mentoring new recruits
    - include full pay for workers who are sick or self-isolating because of family sickness to protect those they care for
    - guarantee workers the required PPE and include the right to refuse to work if it is not provided or care workers reasonably fear for their own health

- Supporting care providers by paying rates for the services they provide that cover such improvements in their staff contracts

- Requiring care providers to organise their staff rotas to:
    - minimise the number of different contacts made by individual domiciliary workers and the number of workers who visit an individual care recipient, and reduce the dangers of travel
    - minimise the number of residents attended to by individual domiciliary workers and the number of workers attending an individual care recipient.
    - not require care workers to work at more than one care home.
    - allow for the inevitable staff absences while sticking to the above requirements

Where necessary providers should be required to work together to achieve these goals. As the Government's own guidance to local authorities makes clear, it is important such support and oversight covers *all* providers, including those who deliver services to those who fund their own care, not just local authority commissioned services. Financial support should be available for providers that are unable meet these conditions in return for a stake in their company.

Many of these measures are in line with recommendations given by the Government and other bodies such as the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the Care

Provider Alliance (CPA)[26] and new measures are now being announced as Government attempts to catch up with the Covid-19 crisis in the care sector. However, the WBG argues that the Coronavirus Act's measures should be strengthened by:

- Making them mandatory on Local authorities
- Giving local authorities the power to require the cooperation of care providers
- Including the gathering of information about, planning and ultimate responsibility for the provision of care in their area, *including for those receiving and providing unpaid care*
- Improving the working conditions of care workers as set out above
- Supporting the physical and mental health and well-being of unpaid carers
- Waiving charging and eligibility rules for social care
    - Assessments of need should be speeded up and not delay emergency provision
    - Means testing should be waived for emergency social care
    - Central Government should fund Local authorities sufficiently to be able to offer free emergency social care to all who need it
- *Funding local authorities adequately* to be able to provide back-up care, to implement their powers to support providers, to pay them for the improved services they are required to provide and wholly or partially to take over care providers who are unable or unwilling to do so. As the IFS suggests, *borrowing rules should be loosened* to allow councils to borrow to fund day-to-day spending linked to the coronavirus pandemic, allowing them to respond rapidly in a manner they see fit[27].

Looking Ahead: rethinking priorities for social care

The measures above require a different way of thinking about social care than that displayed by UK Governments over many years. Rather than valuing the benefits that care workers and carers provide to those they care for and the whole society, Government thinking and policies have been dominated by constraining the financial cost of social care to the state. Hopefully, the experience of the Covid-19 epidemic will fuel an appetite for change and a determination to treat those who do the work of caring far better.

The experience of British Columbia illustrates that running a care system more focused on the public good is not only desirable but can be more effective in tackling Covid-19. British Columbia is doing better than other provinces in a country, Canada, that is itself more successful than many other countries in containing the spread of the disease[28]. The British Columbia Government entered into an agreement with care providers that ensures that all care workers "receive an equitable wage and scheduling stability, so they can work at a single site, without financial hardship or patient service disruption."[29] It could do so more easily because it already had a care system less fragmented than ours, with unions involved in coordinating working conditions and public sector providers setting high standards, to which providers in other sectors must adhere[30].

The social care sector in the UK has been so badly hit by Covid-19 because it was in crisis already, with a much-needed Green Paper signalling radical reforms delayed repeatedly since 2010. This short paper has not focused on the long-term reforms needed. However, in thinking about the emergency measures needed now to protect care recipients, care workers and unpaid carers, thought must be given to how we can build a new care system that does not leave people so vulnerable another time, provides good quality care, well integrated with health services at every level, and treats workers and carers with respect and dignity, through high quality training, job security and much improved pay.

Follow-up statement on the Government's response 15 April 2020

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[26] https://www.gov.uk/Government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision
https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19-guidance-commissioners
[27] https://www.ifs.org.uk/publications/14803
[28] https://www.cbc.ca/news/canada/british-columbia/bc-ontario-quebec-covid-19-1.5524056
[29] https://www.citynews1130.com/2020/04/09/unique-labour-agreement-reached-care-covid-19/
[30] Pat Armstrong, Hugh Armstrong, Jacqueline Choiniere, Ruth Lowndes, and James Struthers Re-imagining Long-term Residential Care in the Covid-19 Crisis (mimeo)

We welcome the Government's Social Care Plan and its recognition of the urgency of supporting support the work of care services in the residential and domiciliary care services in the current crisis. We sincerely hope that aspirations to supply sufficient and appropriate PPE will be delivered. We also welcome the promise of testing for care workers and their clients in the residential and home care systems.

Nevertheless, many concerns remain: immediate support should include enhanced payments and salary increases for care workers, professionalisation of training and ensuring care workers have secure terms of employment. The Government 's plan it does not go far enough in terms of any vision of a sustainable care system going forward. These first steps will need to be followed up by planned and integrated regulation of the adult social care system, recognising and rewarding the skill and dedication of its workforce and the contribution of unpaid carers. This will require listening to the views and experiences of all stakeholders as well as the empowerment of local authorities to share and deliver appropriate services. Inevitably this will need significant increases in funding which is a political decision the government must make.

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Please note that this briefing was up to date at the time of writing, but the situation is changing constantly and may not reflect recent policy amendments. It builds on the Women's Budget Group full report: 'Crises Collide: Women and Covid-19.'