

Spring Budget 2021 Pre-Budget Briefings

Social care, gender and Covid-19

Key points:

- **The need to reform the social care sector is long overdue.** Decades of cuts, deregulation and privatisation have left the sector in crisis and ill-equipped to respond adequately to the Covid-19 pandemic. In addition, throughout the Covid-19 pandemic, the social care sector has been treated as the 'poor relation' to the NHS, with less access to PPE, testing and resourcing.
- **As a result, those in need of care and those providing care – the majority of whom are women – have been disproportionately impacted by Covid-19.** At the peak of deaths in the first wave (last week of April 2020), there were 2,769 deaths involving Covid-19 in care homes in the UK compared with 938 in hospital.¹
- **Care workers are twice as likely to die from Covid-19 as non-key workers,** with Black, Asian and ethnic minority (BAME) workers at a particularly increased risk.² Care workers are also more likely to die from Covid-19 than their NHS counterparts.
 - **The origins of the crisis in care predate the Covid-19 pandemic:**
 - **Deregulation and privatisation** have led to a care sector that is dominated by private providers focused on increased financial yields and cost minimisation.
 - **Funding has been inadequate to address rising needs for decades, and there are increasing geographical inequalities in the social care system.** Although government grants to local authorities halved since 2010, responsibility for resourcing care remains with local authorities. Income from local taxes, including the increases announced in the 2020 Spending Review, have been insufficient to compensate for these cuts.
 - **Staff shortages are high and likely to worsen.** Prior to the pandemic, in a workforce of 1.2 million there were 122,000 social care staff vacancies.³ Nearly a fifth of the current workforce were not born in the UK. The post-Brexit immigration system excludes thousands of potential care workers because they do not meet the pay and qualification thresholds.
 - **The numbers of unpaid carers have grown steadily over the last two decades and particularly during the Covid-19 pandemic.** Since the onset of Covid-19 the numbers of unpaid carers have increased by an estimated 4.5 million to over 13.6 million in total and support needs have intensified.⁴
- **The crisis in social care exacerbates gender inequality** since women are more likely than men to work in care, be in receipt of care in old age and to take on responsibility for unpaid care for elderly, disabled and/or vulnerable adults of working age.
- **WBG calls for a new settlement for social care** that provides a stable, sustainable funding base to ensure that rising care needs are met now and into the future. This should take the form of a **Universal Care Service** that provides locally based residential, domiciliary, and other forms of care, free at the point of delivery and on an equal footing with the NHS.
- **Investment in care** is needed not only to transform our broken social care system, but is also a **good way to stimulate employment, reduce both the gender employment and pay gaps** and counter the inevitable economic recession as the UK comes out of lockdown.⁵

¹ ONS (2020) Deaths involving COVID-19 in the UK, March to April 2020. This is much lower than William, L. and Buisson. (2020) 34,000 older care home residents in England will have died from Covid-19 and collateral damage by the end of June, it is projected. *Care markets*. (<https://bit.ly/3fsFqVp>)

² ONS (2020) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 25 May 2020 (<https://bit.ly/3kPZHp0>)

³ Skills for Social Care (2019) The state of social care workforce 2019 cited in House of Commons Library (2020) The health and social care workforce gap (<https://bit.ly/3qQBSBb>)

⁴ UK Carers (2020) Forgotten families in the coronavirus outbreak (<https://bit.ly/3fk4kGQ>)

⁵ WBG (2020) A care-led recovery from coronavirus (<https://bit.ly/3kMO428>)

Covid-19 and the Social Care System

In July 2020, the Public Accounts Committee in the House of Commons summarised the interaction between social care, the National Health Service and Covid-19:

*“This pandemic has shown the tragic impact of delaying much needed social care reform, and instead treating the sector as the NHS’s poor relation. This committee has highlighted the need for change in the social care sector for many years, particularly around the interface between health and social care.”*⁶

Although the crisis in care and particularly the relationship between hospitals and care homes, have been heightened and brought to light by Covid-19, their origins are deeper. A decade of cuts in social care and public health care budgets resulted in delayed discharges from hospital thereby reducing bed spaces and increasing pressure on the NHS.⁷ It also meant that the social care sector was ill-equipped to deal with a pandemic. Combined with a lack of government support for PPE and testing, this meant that recipients of care, and the workers providing the care, were disproportionately affected, especially in residential care homes.

Residential care

The impact on care homes was particularly significant during the first wave in Spring 2020. Until mid-April 2020, it was government policy to discharge from hospital to care homes without the requirement for a negative Covid test, despite it being well-known that elderly care home residents were particularly vulnerable to the virus. By mid-April 2020, 25,000 people had been discharged into

care homes and by mid-May, 38% (5,900) of care homes in England had reported an outbreak.⁸

This error was compounded by the use of agency workers who were working across multiple settings, as well as the issue of confusing and constantly changing guidelines and the early insistence that it was not necessary to provide staff with sufficient PPE and testing, in contrast to health workers in hospitals. These factors contributed to the spread of the virus within care homes as well as to workers and their families.⁹ There were 2,769 deaths involving Covid-19 in care homes in the UK compared with 938 in hospital during last week of April 2020, when the number of deaths peaked.¹⁰

After falling over the summer months in 2020, the numbers of infections and deaths from Covid-19 in care settings grew in the Autumn. The new more transmissible ‘Kent’ variant led to a rapid increase in the numbers of infections and deaths in December. In the first week of January 2021 there were 4,319 deaths from COVID-19 in hospital and 893 deaths of care home residents.¹¹

With hospitals again nearly overwhelmed, attempts to discharge elderly patients into care homes which could arrange to keep them separate from other residents alarmed many after their experiences in the Spring. Only 136 of the 500 homes they had hoped would take the risk did so. In mid-January 2021, the Government therefore agreed to provide insurance for them until the end March 2021.

There is now reliable evidence that disabled, older and people with serious health conditions or learning disabilities may have been denied treatment for Covid-19,¹² even where their conditions would not have reduced their chance of benefiting from such treatment. Research for the

⁶ House of Commons, Public Accounts Committee (2020) Readyng the NHS and Social Care for the COVID-19 peak, HC405 (<https://bit.ly/3nI0REr>)

⁷ House of Commons Select Committee on Health and Social Care (2020) Social Care: funding and workforce inquiry, HC206 (<https://bit.ly/35UwAwY>)

⁸ House of Commons, Public Accounts Committee (2020) Readyng the NHS and Social Care for the COVID-19 peak, HC405 (<https://bit.ly/3nI0REr>)

⁹ BBC News (2020) Coronavirus: What guidance did care homes get from the government? (<https://bbc.in/3lPLXMG>)

¹⁰ ONS (2020) Deaths involving COVID-19 in the UK, March to April 2020. This is much lower than William, L. and Buisson. (2020) 34,000 older care

home residents in England will have died from Covid-19 and collateral damage by the end of June, it is projected. *Care markets*. (<https://bit.ly/3fsFqVp>)

¹¹ ONS (2021) Weekly provisional figures on deaths registered. The CQC’s figures, based on home managers’ records were double this figure (FT Jan 11, 2021).

¹² In breach of the UN Convention on the Rights of Persons with Disabilities; EHRC (2020) UN Convention on the Rights of Persons with Disabilities (CRPD) (<https://bit.ly/2IU7ipA>)

Queens Institute of Nursing¹³ found one in ten care homes surveyed were told by NHS managers to change Do Not Resuscitate (DNR) plans without discussion with residents, their families, or the nursing staff at the height of the first wave. This was happening in homes for those with disabilities, autism or learning difficulties as well as in homes for the elderly. Excess death rates in homes for adults with learning difficulties or autism have remained over 30% higher than the average of the previous five years throughout the pandemic so far.¹⁴ The Care Quality Commission (CQC) has now ruled that the use of ‘blanket’ DNRs relating to more than one resident, and those without consultation and consent, were unlawful.¹⁵

Lack of support for the care workforce

Many care providers have made vigorous efforts to protect both care recipients and their staff from the pandemic but have suffered disproportionately due to lack of government action (and the misguided actions described above). Research conducted for the ONS on the impact of Covid-19 on care homes between May and June 2020 found that the frequent use of agency staff, the employment of staff who work over several sites and staff that are not entitled to sick pay, are key to infection rates in care homes.¹⁶

Many care workers in both domiciliary and residential care do not qualify for sick pay due to the £120 per week eligibility floor and many, as migrant workers, have no access to public funds.¹⁷ Those who do self-isolate face severe financial hardship, and some have been accused of breach of contract and risk dismissal.¹⁸

The Department for Health and Social Care (DHSC) at first attempted to reduce the risk of infections in care homes by insisting that all staff be employed

full-time. This policy was not grounded in the reality of how the care workforce was structured and continues to be structured. In fact, by September 2020, the total number of zero-hours workers in England for the first time exceeded one million and health and social care workers accounted for 35% of the increase.¹⁹ In domiciliary care, 58% of workers were on zero-hours contracts²⁰ and some worked for more than one agency. Not surprisingly, this policy was dropped soon after the second national lockdown in November.

The subsequent policy of giving £500 grants to workers unable to afford to self-isolate only reaches on average 32% of applicants. Eligibility rules are complex and only the wealthier local authorities can afford to extend this support.

Recent policy focuses on testing and vaccinations. Since December 2020, residential care staff as well as residents were in the top priority group. However, domiciliary workers were only in the second priority group, whilst unpaid carers have only very recently been given higher priority.

It is worth noting that some of these issues are more pronounced in the corporate-owned residences, where staffing is lower and more precarious, than in not-for-profit ones.²¹ In March 2020, the CQC ceased making regular visits to care homes, so less data on care homes is being collected systematically and made public. The recent revelation that England’s Care Quality Commission and the Care Inspectorate in Scotland have agreed *not* to release home-by-home mortality figures because to do so would “*likely prejudice the commercial interests of care providers*” is consistent with the view that the

¹³ The Daily Telegraph (2020) NHS told care homes not to resuscitate all residents (<https://bit.ly/33a5fok>)

¹⁴ Care Quality Commission (2020) CQC publishes data on deaths of people with a learning disability (<https://bit.ly/3fgtoy8>)

¹⁵ Care Quality Commission (2021) Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the COVID-19 pandemic (<https://bit.ly/3uq3JKK>)

¹⁶ ONS (2020) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 25 May 2020 (<https://bit.ly/3kPZH0>)

¹⁷ Community Care (May 2020) Covid-19 deaths among social care staff far outstripping those in healthcare (<https://bit.ly/2UY292l>)

¹⁸ UNISON (2020) Care After Covid: A UNISON Vision for Social Care (<https://bit.ly/2IVrRBK>)

¹⁹ TUC (2020) Key worker report (<https://bit.ly/37HnBiK>)

²⁰ Skills for Care (2019) Domiciliary care services in the adult social care sector 2018-19 (<https://bit.ly/3fhfg9>)

²¹ See for example a study based on care homes in six countries, Baines, D and Armstrong P, *Promising Practices in Long Term Care: Ideas Worth Sharing*, Canadian Centre for Policy Alternatives, Canada, 2016.

interests of owners rather than residents' welfare are a higher priority.²²

There has also been much less publicity about the impact of Covid-19 on domiciliary care workers and a failure to understand that many also work in care homes. Their lower priority for vaccination as well as difficulties in getting PPE or testing has placed both care workers and their clients at higher risk.

ONS data now shows the fatal consequences of this precarity for care workers who are twice as likely to die from Covid-19 than non-key workers, with Black, Asian and ethnic minority (BAME) workers at a particularly increased risk.²³ For BAME workers, this higher risk is further compounded by the experience of discrimination and racism as well as by living in more deprived areas.²⁴ Care workers are more likely to die from Covid-19 than their NHS counterparts (19.1 deaths per 100,000 women for care workers compared with 15.3 deaths per 100,000 women for NHS staff).²⁵

The higher risks of exposure to Covid-19 among BAME care workers also puts vulnerable members of their families to greater risk. 18% of over 65s from BAME groups are likely to be receiving informal care from their children compared to 10% from White groups. Also 44% of BAME seniors receive care from a child living in the same household compared with 18% of those from a white group.²⁶

A long history of failures: Social care before the pandemic

While the pandemic has thrown the crisis in the care sector into sharp relief, it is the product of decades of underfunding and policy failures.

Privatisation and deregulation

Thirty years on from the Community Care and NHS Act 1990, which turned local authorities into 'purchasers' of social care, the sector now comprises a hybrid mix of local authority, not-for-profit providers alongside privately owned residential care facilities and home care agencies. The House of Commons Public Accounts Committee acknowledged in their latest report the challenges posed by such a deregulated market and diverse mix of providers: "...the thousands of independent providers and the funding model for social care made for a very challenging and tough context in which to respond to Covid-19. This was apparent in the imperfect data it had to work with."²⁷

The privately-owned providers are in the majority and range from small family-owned individual homes and local agencies, to large-scale multi-home chains owned by private equity finance. Large-scale multi-home chains, which account for a quarter of the care home market in the UK, often use complex and opaque financial structures involving many subsidiary companies which are mostly listed offshore, thus avoiding UK corporation tax. Their care homes are large, and debt ridden (up to £40,000 per bed). Should they fail and their homes close, it is the local authorities with 'the duty of care' towards the residents they placed in these homes which are responsible for arranging alternative care. This leaves self-funded residents and their families to fend for themselves. The owners can walk away and only held to account if an intention to harm can be proved. They also often pay little or no corporation tax and their shareholders expect, and receive, a 10-12% rate of return on their capital.²⁸

The trend towards privatisation is likely to be accelerated if the proposals in the recent White Paper are enacted.²⁹ These proposals will make it

²² The Guardian (2020) Data on Covid care home deaths kept secret 'to protect commercial interests' (<https://bit.ly/3pMTaiw>)

²³ ONS (2020) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 25 May 2020 (<https://bit.ly/3kPZHp0>)

²⁴ Public Health England (June 2020) Beyond the Data: Understanding the impact of COVID-19 on BAME Communities (<https://bit.ly/3qYip1G>)

²⁵ ONS (2020) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 25 May 2020 (<https://bit.ly/3kPZHp0>)

²⁶ ONS (2019) Living longer: caring in later working life (<https://bit.ly/3705Nye>)

²⁷ House of Commons, Public Accounts Committee (2020) Reaching the NHS and Social Care for the COVID-19 peak, HC405 (<https://bit.ly/3nlORER>)

²⁸ Centre for Health and the Public Interest (2019) Plugging the leaks in the UK care home industry (<https://bit.ly/2Kvcr89>)

²⁹ Department of Health and Social Care (2021) Integration and innovation: working together to improve health and social care for all (<https://bit.ly/3dJastc>)

far easier for local government to be by-passed because resources to providers of residential and nursing care homes will be allocated directly by the Secretary of State of Health and Social Care. As such, this proposal removes competitive tendering but not forms of privatisation based on a business model that have failed to provide safe and good quality care.

Funding

Prior to the pandemic, adult social care was already facing significant challenges. In the past decade English local authorities' funding from central government was halved. This meant an estimated loss of £8 billion to fund their key services, including social care.³⁰ Government plans to make local authorities 'self-sufficient' and more dependent on their own business rates and council taxes impacted unevenly across local authorities. Those with the lowest receipts from business rates are likely to have the poorest populations and the highest social care needs.

Increases in *healthy* life expectancies in the most deprived areas have not kept up with overall life expectancies. This means people living in these areas can expect to enjoy *two decades less* in good health than their counterparts in the least deprived areas.³¹ Their need for social care for longer periods in old age is increasing, yet their local authority is least likely to have the funds to provide them with the care they need.

Social care is not only an issue concerning elderly people. At the same time as the numbers of people aged over 65 years have grown, the percentage of the working age population reporting a disability has increased from 15% in 2010/11 to 18% in 2017/18.³² Some local authorities now spend more on social care for this group than they do for older people, and their needs now account for 64% of the

pressures on the adult social care budgets compared with 58% in 2018-19.³³

For the financial year 2020/21, only 3% of Directors of Adult Social Services were fully confident that their budget would be sufficient to meet their statutory duties.³⁴ Following the Coronavirus Act 2020, which set out changes in local authorities duties and powers including for social care, housing, rough sleepers, fire and rescue and educational functions to protect vulnerable children, the government promised an additional £3.2 billion for social care plus £3 billion to assist in carrying out these additional responsibilities. However, it is estimated this will only meet a quarter of the estimated financial impact of those councils with social care responsibilities and takes no account of the loss of income for use of their assets such as car parks and commercial properties.³⁵ In addition, there was an estimated £6.6 billion needed to meet the additional cost pressures facing adult social care by the end of September 2020, including over £4 billion for PPE.³⁶

The Local Government Finance Settlement for 2021-22, confirmed in December 2020, sets out an additional £2.2 billion in core funding for Local Authorities. While the increase is welcome, it falls short of what is needed and also assumes that 87% of the increase will be raised by local authorities implementing the maximum allowable rise in council tax (5%).³⁷ Making the rise in core funding dependent on local tax increases in this way will widen regional inequalities.³⁸

Local authorities are obliged to balance their budgets year-on-year and they fear a situation "whereby adult social care services are stripped to a statutory minimum to the detriment to those people, carers and families that access care and support services."³⁹ In contrast, NHS Trusts can carry over deficits. A total of £13.4 billion of NHS

³⁰ LGA (2019) LGA Briefing – Debate on local government funding (<https://bit.ly/37GU5Eh>)

³¹ ONS (2020) Health state life expectancies by national deprivation deciles, England: 2016 to 2018 (<https://bit.ly/3pL7XZQ>)

³² DHSC & DWP (2020) The Employment of Disabled People: Data to 2019 (<https://bit.ly/3so7ZIX>)

³³ ADASS (2020) ADASS Budget Survey 2020 (<https://bit.ly/3pL7XZQ>)

³⁴ ADASS (2020) ADASS Budget Survey 2020 (<https://bit.ly/3pL7XZQ>)

³⁵ TUC (2020) A Better Recovery (<https://bit.ly/3fhH7F2>)

³⁶ LGA and ADASS (2020) COVID-19: Financial pressures in adult social care information provided to the Minister of State for Care (<https://bit.ly/335ZJmG>)

³⁷ IFS (2020) Press Release: Assessing England's 2021-22 Local Government Finance Settlement (<https://bit.ly/3pKMnEI>)

³⁸ Ibid

³⁹ ADASS (2020) Submission by the Association of Directors of Adult Social Services to the Public Accounts Committee Inquiry-Readying the NHS and social care for the Covid-19 peak (<https://bit.ly/392irz6>)

debts have been written off and an additional fund of £588 million, announced in August 2020, has been allocated to the NHS for services to support patients discharged from hospital for up to 6 weeks.⁴⁰ In October 2020, the Select Committee on Health and Social Care estimated that annual funding should be increased by £3.9 billion by 2023-24 just to keep pace with demographic changes and increases in the National Minimum Wage.⁴¹

Workforce: Shortages, deskilling and retention challenges

The care workforce is predominantly female. In 2019/20, women made up 83% of the 840,000 care workers and home carers.⁴² They are also a (smaller) majority of the estimated 120,000 carers employed by 70,000 recipients of Direct Payments. Domiciliary care jobs have increased at a faster rate than those in residential in the last decade. The adult social care sector workforce is affected by high turnover, little investment in training, and low pay.

Training

Despite the complex needs of many care residents, there has been little investment in health care training and limited levels of professionalisation in care work.⁴³

First, the Initial Training Certificate offered since 2015 to social care workers in health and social care skills is both basic and optional. Conducted mainly online and measured in days, in 2018-19, only 54% chose to study “awareness and safe-handling of medication”.⁴⁴ With more extensive training, particularly around recognising over-medication, issues which account for 10% of older people’s admissions to hospital, more than a third of these admissions could be avoided.⁴⁵

Second, nursing expertise within the residential care sector has been reduced in other ways. In

2012, when the required earnings threshold for non-EU migrant nurses was raised to £30,000, residential care and nursing-home owners subsequently reduced their employment of qualified health professionals. By 2019, the number of nurses employed in nursing or residential homes had fallen by 20% (10,000).⁴⁶

Third, over the same period, the number of district nurses has halved. In 2019, the CEO of the Queens Nursing institute warned: “District nurses are the backbone of community healthcare in this country. They provide a solution to the current crisis in acute hospital care by reducing delayed transfers of care and ensuring that patients are kept safe at home, preventing thousands of unplanned admissions and attendances in the Emergency Department every day.”⁴⁷

The lack of investment in training and the deskilling of the workforce undoubtedly was a contributory factor to the high death rates in care homes. It is vital that caring is seen as work that requires knowledge and skills, and is rewarded accordingly.

Turnover and vacancies

Turnover in the sector is high, particularly among directly employed care workers where rates were at 30.4% in 2019/20. This is not surprising given the consistent undervaluing and deskilling of care work.

Since the pandemic, social care vacancies have fallen to 112,000. Vacancy rates between March and August 2020 decreased from 11.3% to 9.8% domiciliary care services, from 7.2% to 5.4% in care homes without nursing and to 6.4% in care homes with nursing.⁴⁷

Workforce shortages are only likely to increase. Just to keep pace with the growing numbers of those over the age of 65 years, the social care workforce will have to grow by 580,000 by 2035. In addition, social care services are needed by a growing

⁴⁰ Gov.uk (2020) More than half a billion pounds to help people return home from hospital (<https://bit.ly/3kReBvZ>)

⁴¹ House of Commons Select Committee on Health and Social Care (2020) Social Care: funding and workforce inquiry, HC206 (<https://bit.ly/35UwAwy>)

⁴² Skills for Care (2020) The State of the Adult Social Care Sector and Workforce in England (<http://bit.ly/31UezsV>) p.

⁴³ Skills for Care (2018) The state of the adult social care sector and workforce in England 2018 (<https://bit.ly/2xB5Glz>)

⁴⁴ Skills for Care (2019) The State of the Adult Social Care Sector and Workforce in England (<https://bit.ly/3pLRXYC>) p93

⁴⁵ NHS England (2019) Army of NHS experts to tackle over medication (<https://bit.ly/2lXK6qi>)

⁴⁶ Royal college of Nursing (2020) Evidence to Public Accounts Committee HC405 (<https://bit.ly/36YeCso>)

⁴⁷ Skills for Care (2020) The State of the Adult Social Care Sector and Workforce in England (<https://bit.ly/3uqO2Tw>)

number of adults of working age. If the sector is to become more attractive to workers, it must dedicate substantial and long-term *investment* to improve the poor pay and conditions that currently lead to low levels of staff recruitment and retention. Opportunities for development and progression must be introduced. This conclusion is shared by the House of Commons Public Accounts Select committee and the Health and Social Care Select committee.⁴⁸

The care workforce and immigration reform

Immigration reform will have a significant impact on the social care workforce. 9% of social care workers (134,000) are immigrants from outside the EU and 8% of care workers (115,000) have an EU nationality.⁴⁹ Skills for Care estimated that 47% of the latter were eligible to apply for 'settled status' and 33% for 'pre-settled status' (remaining 19% also have British citizenship).⁵⁰ However, there is concern that not all those who have a right to apply for settled status are either aware that they need to exercise this right before the June 2021 deadline or have the necessary documentation ready on-line. Without such action EU care workers risk being caught in a Windrush type trap.

The future flow of labour into care jobs is under distinct threat from the UK's new points-based immigration system which excludes millions of care workers on the basis of their low pay and lack of qualifications: the median wage for a social care worker is £15,522, well beneath the threshold for 'low-skilled' salary threshold (£25,600) and, beneath the 'skilled' threshold (£20,480). IPPR finds that 71% of EU migrants who are currently defined as 'key workers' would have been disqualified from working in the UK under the new system.⁵¹ 66% of health and care workers, where more than 80% of workforce are women, would not qualify. However, in recognition of their contribution to dealing with

Covid-19 healthcare workers have had their visas extended to October 2021 but this has not been extended to those working in social care.⁵² Further, the unfairness of relying on thousands of social care workers who have no recourse to public funds, and may incur charges for using the NHS should be resolved forthwith.

Unpaid carers

Since March 2020 the number of unpaid carers has increased by an estimated 4.5 million, 58% of them women, nearly 3 million of whom were juggling paid work with care.⁵³ Evidence from Carers UK survey found that 70% reported caring had had a negative impact on their physical and mental health in 2020.⁵⁴ They found it hard to access health advice from NHS 111 and even harder to access any services. Fearful of accepting help from domiciliary care workers without PPE, some rejected their help. Nearly two thirds had no respite from their caring responsibilities with those of working age feeling the most insecure. Many carers all faced a range of financial hardships including having to use a foodbank and getting into debt.⁵⁵

Covid-19 exacerbated difficulties many unpaid carers were already facing. Research conducted by the University of Sheffield and CIPD prior to the onset of Covid-19 found one in four carers in paid work were thinking of giving up paid employment because of getting so little support from their employers.⁵⁶ However, Carers Allowance (£67.25) remains the lowest benefit in the social security system and those who earn over £120 a week are not eligible. When this is combined with the raising of women's State Pension Age to 66 years, more older carers end up exposed to poverty and ill health.⁵⁷

There is a failure in social care policy to recognise that unpaid carers underpin in a myriad of ways the

⁴⁸ House of Commons, Public Accounts Committee (2020) Readyng the NHS and Social Care for the COVID-19 peak, HC405 (<https://bit.ly/3nI0RER>); House of Commons Select Committee on Health and Social Care (2020) Social Care: funding and workforce inquiry, HC206 (<https://bit.ly/35UwAwy>)

⁴⁹ IPPR (2017) Care in a Post-Brexit Climate (<http://bit.ly/2zERuAA>)

⁵⁰ Skills for Care (2019) The State of the Adult Social Care Sector and Workforce in England (<http://bit.ly/31UeZsV>) p. 10

⁵¹ IPPR (2020) Immigration plans analysis: two thirds of current EU migrants in health and social care sector would have been found ineligible (<https://bit.ly/3fgEOx0>)

⁵² IPPR (19 Feb 2020) Immigration plans analysis: two thirds of current EU migrants in health and social care sector would have been found ineligible (<https://bit.ly/3fgEOx0>)

⁵³ Carers UK (2020) Caring behind closed doors (<https://bit.ly/3pMwCdG>)

⁵⁴ University of Birmingham (2020) Covid-19 leaves unpaid carers without physical and mental health treatment (<https://bit.ly/3fjeoj6>)

⁵⁵ ADASS (2020) ADASS Budget Survey 2020 (<https://bit.ly/3pLiosP>)

⁵⁶ CIPD (2020) Supporting working carers (<https://bit.ly/2IPkCuZ>)

⁵⁷ Carrino, L. Glaser, K. and Avendano M. (2020) Later retirement, job strain, and health: Evidence from the new State Pension age in the United Kingdom, Health Economics 29 (8),891-912

formal social care system. Banning family members from visits to care homes, tightened again in the second and third nationwide lockdowns, is an example of the failure to recognise the role of unpaid carers in providing many hours of practical as well as emotional support. For those with dementia - some 60% of those reliant on home care and 70% of care home residents – this may be particularly significant. Dementia has been the main cause of death, irrespective of location, among women throughout the pandemic. Their lives under lockdown, with only limited or no contact from paid carers whom they may be unable to recognise when wearing PPE, together with restricted or no contact with family, can be frightening and bewildering: “...lives are blighted, distress and pressure increased, and the resilience of individuals and their families is ground down.”⁵⁸

Recommendations

The need to reform the social care sector is long overdue. Decades of cuts, deregulation and privatisation have left it without the resilience needed to respond adequately to the Covid-19 pandemic. Fundamental reforms are both more necessary and urgent.

In the short-term, the following urgent measures are required to enable the care sector to navigate the ongoing Covid-19 pandemic:

- PPE for all care workers – whether residential, domiciliary or family – should be available free of charge from central government sources.
- Entitlement to paid sick leave and isolation payments should be immediately extended to all care workers.
- Visa constraints on EU and migrant care workers should be waived, as should no recourse to public funds for care workers and their families.
- Recognition of the value of unpaid care through an increase in the level of Carers

Allowance and, if in paid employment, the right to paid and unpaid caring leave.

Longer-term, the social care system requires significant overhaul:

- **WBG supports the establishment of a Universal Care Service** that provides residential, domiciliary, and other forms of care, free at the point of delivery and on an equal footing with the NHS (but not subsumed within the NHS). Investing in care and care workers is economically prudent. Calculations using Eurostat data find that investing in care produces 2.7 times as many jobs than the same investment in construction, 6.3 times as many for women 10% more for men.⁵⁹
- **Social care should not, however, be taken into the NHS.** Rather, as the President of the Association of Directors of Adult Social Services (ADASS) recently noted, “We have to think of hospitals, community health services, social care, family carers, housing and communities as a wide set of supports that help us to live the lives we want to lead as well as keep us alive. Social Care is at the heart of our social infrastructure.”⁶⁰
- **The training, pay and career progression of social care workers should be put on a par with health care workers**, including the opportunity to share some training thus strengthening the interface between health and social care. As part of this, apprenticeships and schemes such as Kickstart should have simpler and consistent eligibility rules to ensure *rigorous* training in social care is taken up. Proposals, already announced, offering from April 2021 a free year’s worth of further education to those who have not experienced higher education, if fully resourced and implemented, could develop and accredit the skills of older and more

⁵⁸ The Guardian (2020) Social care at breaking point in England after 'lost decade' – report (<https://bit.ly/3nJdSOY>)

⁵⁹ WBG (2020) A care-led recovery from coronavirus (<https://bit.ly/3kMO428>)

⁶⁰ ADASS (2020) Foreword ADASS Budget Survey 2020 (<https://bit.ly/3pl.losP>)

experienced social care workers.

- **Social care should move away from a ‘for-profit’ model.** The pandemic has shown that social care services based on a business model which prioritises minimising costs and maximising financial extraction over delivering safe standards of care, has cost lives. This model has no part in a future, viable social care service.
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