

Engender Parliamentary Briefing: Recognising the Importance of Family Caregivers

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BACKGROUND

1. About Engender

Engender is Scotland's feminist policy and advocacy organisation. We work to achieve a Scotland where women and men have equal access to resources, rights, power and safety. The division of work between women and men is, and has long been, profoundly gendered. Women's access to paid work, leisure time and power remains heavily constrained by traditional social roles as carers and mothers even as they have increasingly entered and remained in the labour market.

In June 2020 Engender published our paper *Gender and Unpaid Work*,¹ which summarises the evidence on the gendered allocation of unpaid care for older and disabled people as well as childcare, housework, and household management. It describes how the Covid-19 lockdown has affected these patterns and analyses how they must be taken into account in planning for economic and social recovery.

We therefore welcome the timing of this debate in Parliament and the opportunity to highlight how changes to paid and unpaid social care present an opportunity to advance women's equality, wellbeing and rights.

2. Women and care – undervalued work

The provision of care is highly gendered. The presumption that care is a product of inherently 'female' traits and preferences continues to influence how we think care should be assigned, and what it is worth to us socially and economically.² The undervaluation of care work, both paid and unpaid, is therefore not an accident but maintains women's inequality, poverty and poorer well-being and contributes to the invisibility of women's skills and emotional labour. These gendered patterns are not

¹ Engender (2020) *Gender and Unpaid Work: The Impact of Covid-19 on Women's Caring Roles*. Available at https://www.engender.org.uk/content/publications/1594974358_Gender--unpaid-work---the-impact-of-Covid-19-on-womens-caring-roles.pdf.

² E. Thompson (2020) *Gender and Inclusive Growth*. Engender and Close the Gap.

new and have been stubbornly slow to disrupt.³ As a result, social care policy and practice in Scotland are heavily gendered in three ways:

- Women are the majority of service users; 75% of social care clients are aged 65 or more, of whom 67% are women.⁴ Women are also more likely to be disabled or have long-term health conditions than men.⁵
- Women are the vast majority of social care workers, accounting for 85% of employees across the sector, and up to 96-100% in particular subsectors.⁶
- Women are the majority of unpaid carers. Women are particularly overrepresented amongst carers on low incomes who are also in paid work, have multiple or 'sandwich' caring roles, and/or care for over 35 hours per week.⁷ Women account for more than 2.5 times the number of people receiving Carers Allowance than men.⁸

Scotland's social care system is facing a confluence of crises, including decades of underfunding and widespread under-staffing failing to meet existing demand, an aging population, and the effects of Brexit on the workforce. Now Covid-19 has increased demand for and pressure on the social care service while also displacing unpaid care and childcare onto female family members throughout lockdown. Yet demographic trends strongly suggest that demand for care will only increase, with the number of adults in need of care by 2026 projected to rise by 30%.⁹

3. How has women's unpaid work been impacted by Covid-19

Patterns of unpaid care and domestic work were unequally distributed between women and men long before the current Covid-19 crisis. UK-wide research from the National Centre for Social Research found that 25% of women took part in childcare on any given day, compared to 15% of men.¹⁰ This pattern of distribution is not specific

³ Sullivan O (2006) *Changing Gender Relations, Changing Families: Tracing the Pace of Change Over Time*. Lanham: Rowman & Littlefield Publishers.

⁴ Scottish Government (2016) *Social work and social care statistics for Scotland: A summary*. Available at: <https://www.gov.scot/publications/social-work-and-social-care-statistics-for-scotland-a-summary/>.

⁵ Scottish Government (2017) *Scottish Health Survey*. Available at: <https://www.gov.scot/publications/scottish-healthsurvey-2017-volume-1-main-report/>.

⁶ Scottish Social Services Council (2018) *Scottish Social Service Sector: Report on 2017 workforce data*. Available at: <https://data.sssc.uk.com/data-publications/22-workforce-data-report>.

⁷ Engender (2017) *Gender matters roadmap: towards women's equality in Scotland*. Available at: <https://gendermatters.engender.org.uk/content/care/>.

⁸ Stat Xplore, *Cases in Payment Carers Allowance Table 1 Gender*. Accessed 29 September 2020. Available at: <https://stat-xplore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml>.

⁹ Coalition for Carers in Scotland (2017) *Manifesto for carers in Scotland*.

¹⁰ Wishart R, Dunatchik A, Speight S, Mayer M (2019) *Changing patterns in parental time use in the UK*. NatCen. Available at: http://natcen.ac.uk/media/1722408/Parental_time_use_report.pdf.

to Scotland nor the UK; the United Nations Development Programme estimates that women do 2.5 times more care than men globally.¹¹

However, throughout the response to Covid-19 we have seen a significant displacement of care and childcare from services to households. Despite descriptions of crashing productivity in the ‘real economy,’ women are busier than ever with schooling, childcare, increasing housework and more unpaid care for older and disabled people.

As many as 39% of unpaid carers are providing more care due to local services reducing or closing due to Covid-19.¹² Survey data published for Carers Week 2020 suggests that there are now as many as 1.1 million unpaid carers in Scotland, of which 61% are women.¹³ This is an increase of 392,000 since the start of the crisis, with 78% of carers having to provide more care than they were prior to the coronavirus outbreak.

Work by Glasgow Disability Alliance and Inclusion Scotland during this period found that that social care packages have been reduced and stopped while social care providers respond to the coronavirus pandemic.¹⁴ The ALLIANCE highlights instances where Health and Social Care Partnerships increased their eligibility criteria for social care, making it harder to access.¹⁵ This undermines disabled women’s rights to dignified care and has also moved care onto female family members.¹⁶

This increase will have long-lasting personal, social and economic impacts for those who provide care. Because economic and other policymaking is so separate from the concerns of the household and women’s unpaid work, efforts to “reopen” the economy have only now brought to the attention of many the extent to which we all rely on women’s provision of care, childcare and domestic work. Yet even now it has not been adequately integrated into decision-making. For example, the Advisory Group on Economic Recovery included a nominal reflection on existing commitments on social care and a need to “recognise and support the contribution of unpaid carers.”¹⁷

¹¹ United Nations Development Programme (2020) The Economic Impacts of Covid-19 and Gender Inequality Recommendations For Policymakers. Available at: <https://www.undp.org/content/dam/rblac/docs/UNDP-RBLAC-PNUD%20GENEROCOVID19ENGINAL.pdf>.

¹² Carers UK (2020) Carers Week 2020 Research Report.

¹³ Carers UK (2020) Carers Week 2020 Research Report.

¹⁴ Glasgow Disability Alliance (2020) GDA’s Covid-resilience engagement and response: Interim report. Glasgow Disability Alliance.

¹⁵ The ALLIANCE (2020) Response to the Equalities and Human Rights Committee inquiry on the impact of Covid-19 pandemic on equalities and human rights.

¹⁶ Carers UK (2020) Carers Week 2020 Research Report.

¹⁷ Advisory Group on Economic Recovery (2020) Towards a robust, resilient wellbeing economy for Scotland. Available at <https://www.gov.scot/publications/towards-robust-resilient-wellbeing-economy-scotland-report-advisory-group-economic-recovery/>.

We would also highlight the likelihood that those providing care will need specific measures to counter the effects of increased care work on their own mental health. Depression in women is significantly higher among those with caring responsibilities and more women than men experience anxiety disorders.¹⁸ Women providing care in home and clinical settings seem highly likely to be exposed to extended trauma as a direct consequence of Covid-19. Carers tell Engender consistently that they feel under intense pressure as a result of the challenges of caring in present conditions.¹⁹

4. How can we properly value and reward carers?

Open conversations about the future are extremely welcome, however before we can make substantial changes to the delivery mechanisms of social care, we must understand women's needs and experiences and the needs and experiences of particular groups such as older women, Black and minority ethnic women, disabled women, LBT women, women with insecure immigration status, and those in rural areas. We believe that reform to care service(s) must start from understanding the effects of low pay, undervaluation and low investment from a gender perspective before it develops solutions.

We propose that the following must be central to any future for social care delivery in Scotland:

- **How to ensure universal and equitable access to social care.** Income inequality should not play a role in mediating access to social care. Women have less access to resources and are overrepresented in low paid employment and among social security claimants, which mean that connecting access to care with income will have significant impacts. We therefore support the view that a review of eligibility criteria is urgently needed, and that care charging should be abolished. These restrictive practices are damaging to women's social and economic equality, as women are the majority of those in need of social care support, the majority of those living in poverty, and the majority of unpaid carers for others unable to access the care services they need.
- **How to effectively preserve and implement the core principles of Self Directed Support (SDS)** and the importance of choice and control must be central to any future for social care services. All too often it appears that choice and control are diminished by practical considerations focused on managing limited resources.²⁰ Delivering a person-centred and needs-led service cannot be divorced from questions about funding and staffing.

¹⁸ The Mental Health Foundation 'Women and Mental Health'. Available at: <https://www.mentalhealth.org.uk/a-to-z/w/women-andmental-health> [Accessed June 10, 2020].

¹⁹ For more information, see 'Covid-19 and women's equality'. Available at: <https://www.engender.org.uk/covid-19/>.

²⁰ Scottish Parliament Health and Sport Committee (2020) Summary of Evidence - Adult Social Care and Support Inquiry. Available at:

Evidence gathered by the ALLIANCE found that the underlying principle of SDS guidance “to maximise flexibility and autonomy for the supported person in meeting agreed outcomes” had not translated into practice during Covid-19. They found that 51% of unpaid carers had been told that they could not use SDS budgets to employ family members during lockdown despite the guidance stating that ‘PA employers may employ family members where this is deemed appropriate’.²¹

- **How to address the chronic low pay and poor conditions in the sector.** As 85% of the workforce, women, and particularly older women and migrant women, are overrepresented in the social care sector²² where average hourly pay is just £9.79.²³ Underinvestment in the social care workforce contributes to high staff turnover and high levels of vacancies.²⁴ Social care wages and status are low because it is seen as ‘women’s work’ while the provision of unpaid care undermines women’s access to (good) paid work, education and well-being.
- **The need to address tensions between improving the conditions of workers while expanding choice and control of those who rely on social care.** The commissioning and procurement of social care services has had a particular role in lowering pay and conditions as well as increasing insecurity, with zero-hours and temporary contracts, low rates of overnight pay, long working hours and unpaid overtime all increasingly common.²⁵ Close the Gap describe the impacts of one-sided flexibility competitive tendering as a “race to the bottom” which drives down pay, terms and conditions, and entrenches women’s inequality in the labour market.²⁶
- **How to meet the needs of unpaid carers.** Ignoring the contribution of unpaid carers will neither meet women’s needs nor ensure a better social care service for users. Unpaid carers, 60% of whom are women, save Scotland an estimated

https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/AJ_Initial_Social_Care_Inquiry_Responses_from_Organisations.pdf.

²¹ The ALLIANCE (2020) Research reveals carers experiences of using Self-directed Support during lockdown. Available at: <https://www.alliance-scotland.org.uk/blog/news/research-reveals-carers-experience-of-using-self-directedsupport-during-lockdown/>.

²² Scottish Social Services Council (2020) Scottish Social Service Sector: Report on 2018 Workforce Data. Available at: <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>.

²³ Fair Work Convention (2019) Fair Work in Scotland’s Social Care Sector 2019. Available at: <https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/>.

²⁴ Scottish Care (2018) The open doors of recruitment and retention in social care.

²⁵ Close the Gap (2020) Health and Sport Committee Social Care Inquiry Submission From Close the Gap. Available at: <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-Health-and-Sport-Committee-inquiryinto-social-care.pdf>.

²⁶ Close the Gap (2020) Health and Sport Committee Social Care Inquiry Submission From Close the Gap. Available at: <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-Health-and-Sport-Committee-inquiryinto-social-care.pdf>.

£10.8 billion per year which amounts to a third of the national budget.²⁷ Income through social security for unpaid carers through Carer's Allowance is just £66.15 per week, plus the twice yearly £221 supplement in Scotland. While there was an additional payment made in June 2020 through the supplement, there is a need to develop a longer term mechanism to ensure the security of unpaid carers for disabled people and older people in the form of a payment equivalent to at least the real living wage. The payment should be flexible and capable of being combined with paid work and education or training while compensating for hours delivered.

- **Addressing availability of short breaks.** Any changes to social care must also genuinely take into account the degree of care family members are actually able and want to provide. Access to short breaks has shown to be 'vital to sustaining the caring relationship, and the health and well-being of carers'.²⁸ However, availability of breaks is limited and varied across Scotland, and they are not viewed as an essential support service for both carers and those they care for.

FOR FURTHER INFORMATION

Contact: Eilidh Dickson, Policy and Parliamentary Manager, Engender

Email: eilidh.dickson@engender.org.uk

ABOUT US

Engender is a membership organisation working on feminist agendas in Scotland and Europe, to increase women's power and influence and to make visible the impact of sexism on women, men and society. We provide support to individuals, organisations and institutions who seek to achieve gender equality and justice.

²⁷ Engender (2016) Securing Women's Futures: Using Scotland's new social security powers to close the gender equality gap. Available at: <https://www.engender.org.uk/content/securing-womens-futures-report/>.

²⁸ National carers organisations (2016) Manifesto for Unpaid Carers in Scotland.