

# MAKE CARE COUNT

## UNPAID AND UNDERPAID CARE WORK ACROSS BRITAIN



‘Carers should be able to have a strong voice and one that people have to take action on’



OXFAM

WE  
WON'T  
LIVE  
WITH  
POVERTY

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Details about the research projects this report draws on can be found in the Appendix.

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Cover: Word cloud of the 100 most frequent words mentioned by unpaid carers when discussing the positive aspects of caring during focus groups carried out in England, Scotland and Wales as part of Oxfam's Unpaid Care research (Nov and Dec 2019).

The quote on the cover is from a female carer who took part in Oxfam's Unpaid Care research project (see Appendix for more details).

# Contents

<b>Summary</b>	4
<b>1. Introduction: care work and poverty</b>	7
1.1 The purpose of this report	7
1.2 Are we making care count?	8
1.3 How heavy, unequal and undervalued care work is trapping women in poverty	11
<b>2. Unpaid care: between unconditional love and invisible struggles</b>	14
2.1 Paid work, social security and family budgets	14
2.2 Caring and well-being	20
2.3 ‘I don’t feel valued and supported’	21
<b>3. Paid care work: low pay and poor working conditions</b>	26
3.1 Low pay, social security and in-work poverty	27
3.2 Long working hours and well-being	29
<b>4. Making care count</b>	33
<b>Notes</b>	35
<b>Appendix</b>	37

# Summary

This report focuses on the link between undervalued care work and poverty in Britain by putting the voices and lived experiences of those who do care work at the forefront. It aims to contribute to existing conversations about how to better support and value paid and unpaid care work, and break the cycle linking it to poverty in Britain.

Unpaid care work is caring for people without receiving any explicit financial compensation – this includes both carers of children and adults with additional needs and parents and guardians of children, as well as household work like cooking and cleaning. Paid care work is caring for people or doing domestic work for pay – as social care and childcare workers do.

**Care work, both paid and unpaid, is a vital social good and an essential human right.** It 'contribute(s) to developing human capabilities, support(s) children to thrive and learn, adults to rest, be nourished and ready for paid work, and people with illness or disability to be healthy and contribute to society and the economy'.<sup>1</sup>

If the hours of unpaid household and caring work in Britain were paid the average wage (based on current rates of pay in equivalent paid jobs), their value would be £451bn per year.<sup>2</sup> Looking at paid care work, the social care sector contributes £44.9bn to Britain's economy,<sup>3</sup> and the childcare market in England alone was valued at £5.5bn in 2017/18.<sup>4</sup>

Despite its necessity and contribution, in Britain and globally, both paid and unpaid care work remain largely undervalued and under-rewarded, and receive too little investment.<sup>5,6</sup> This comes at a cost for those who care.

**Providing unpaid care is often linked to financial hardship (income poverty).** Unpaid carers can lose income due to having to leave paid work or reduce working hours. They may have to rely on social security benefits that are not enough to cover their basic needs. They may face high costs associated with the care they provide. This also makes it more difficult to save for the future, and leaves people with less time for leisure and rest (time poverty), with implications for their well-being.

**Paid care work in social care and childcare is also under-rewarded across the UK,** as it is characterized by persistent low pay and poor working conditions.

**Women do the vast majority of both paid and unpaid care work.** In the UK, on average, women carry out 60% more unpaid work than men,<sup>7</sup> and they also represent the majority of social care and childcare workers.<sup>8,9</sup>

Despite its necessity and contribution, in Britain and globally, both paid and unpaid care work remain largely undervalued and under-rewarded, and receive too little investment.

Care work is unequally distributed among women as well. Black and minority ethnic women in the UK, for instance, are more likely to have heavier unpaid care responsibilities.<sup>10</sup>

As a consequence, women are disproportionately affected by the unequal distribution as well as the undervaluing of both paid and unpaid care work throughout their lives. This profoundly affects women, as 'it perpetuates gender and economic inequalities, undermines their health and well-being, limits their economic prosperity, fuels gender gaps in employment and wages and amplifies existing vulnerabilities'.<sup>11</sup>

The testimonies and voices of paid and unpaid carers – primarily women – presented in this report shed light on the positive and rewarding aspects of caring, but also the financial and emotional hardship associated with not being valued and supported.

Women are disproportionately affected by the unequal distribution as well as the undervaluing of both paid and unpaid care work throughout their lives.

Unpaid carers talked about

- Being forced to give up paid employment or to reduce working hours to juggle unpaid care with paid work, mainly due to inflexible and costly childcare;
- Having to rely on a complicated and inefficient social security system that often does not provide sufficient financial support, and makes it difficult to combine income from benefits and paid work;
- The serious financial implications of the above, especially for women, including loss of financial independence and ability to save money for the future; and
- The social isolation, physical and mental health issues sometimes associated with providing care, mainly due to time poverty.

Overall, unpaid carers described feeling undervalued by society as a whole and highlighted the lack of support from others in their household, local services and infrastructures, employers and the state.

Regarding paid carers employed in the social care sector, the evidence presented here provides some insights into

- How low pay in the care sector:
  - Forces care workers to rely on working longer hours or social security benefits to make ends meet;
  - Can affect workers' financial stability and experiences of poverty; and
  - Is often difficult to escape, due to the lack of career progression and training opportunities;
- How working long and unsociable hours:
  - Can impact workers' physical, mental and emotional well-being; and
  - Makes it more difficult to juggle paid and unpaid care work, especially given the high costs and inflexibility of childcare services.

Oxfam believes that those who provide care should be treated fairly and not have to experience poverty due to the care work they do. Specifically:

- Unpaid and paid care work should be better **recognized**;
- Unpaid and paid carers should be **represented** in designing and delivering policies and services that affect their lives;
- Unpaid care work should be **reduced** and **redistributed**; and
- Paid carers should be adequately **rewarded**.

# 1. Introduction: care work and poverty

Care work is vital for our societies. However, in Britain and globally, unpaid and paid care work remain widely undervalued, under-rewarded, and receive too little investment.

Oxfam's work to tackle poverty in Britain over the last 25 years has addressed the root causes of poverty as well as the consequences of poverty on people's lives. In this work, the interaction between caring responsibilities and poverty has consistently emerged. The undervaluing of care work can trap people in a vicious cycle of:

- Income poverty (i.e. a lack of material resources that does not allow people to meet their minimum needs, including social participation);<sup>12</sup>
- Time poverty (i.e. lack of time for leisure and rest);<sup>13</sup> and
- Exclusion from important services and infrastructures that affect them throughout their lives.

## 1.1 The purpose of this report

This report focuses on the link between undervalued (paid and unpaid) care work and poverty, using both Oxfam's qualitative research, involving primarily women, and evidence from other experts in the field. It aims to contribute to existing conversations about how we can better support and value care work, and break the cycle linking care and poverty. It does so by putting the voices and lived experiences of those who do care work at the forefront (see the Appendix for a list of the sources, and information on how the quotes were gathered).

Oxfam recognizes that the undervaluing and under-investment in care work and how this is linked to poverty are important issues across the UK. However, as our organizational remit is limited to Britain (Scotland, England, Wales), this will be the focus of the report, presenting evidence relevant to the constituent nations whenever available. In some instances, UK-wide statistics have been used in the absence of data covering only Britain.

## 1.2 Are we making care count?

Care work, both paid and unpaid, plays an essential social and economic role in our societies. It 'contribute[s] to developing human capabilities, support[s] children to thrive and learn, adults to rest, be nourished and ready for paid work, and people with illness or disability to be healthy and contribute to society and the economy'.<sup>14</sup> **Care is therefore a vital social good and an essential human right.** Investing in care provision can help address economic inequality and poverty, with international evidence showing its positive impact on reducing poverty and gender employment gaps, as well as supporting people's education and health outcomes.<sup>15</sup>

Care work, both paid and unpaid, plays an essential social and economic role in our societies.

**However, in Britain and globally, both paid and unpaid care work remain largely undervalued and under-rewarded, and receive too little investment.**

### BOX 1

#### DEFINING CARE WORK<sup>16</sup>

**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 report 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 do tasks such as cleaning, cooking and washing clothes.

If the hours of **unpaid household and caring work** in Britain were paid the average wage (based on current rates of pay in equivalent paid jobs), their value is estimated at £451bn per year – this rises to £480bn per year if all of these hours were paid at least the Real Living Wage (i.e. £9.00 per hour outside of London and £10.55 per hour in London).<sup>17</sup> Oxfam thinks it is important to try to put a monetary figure on care, 'because in doing so it is less likely that this work remains 'socially hidden or misperceived', despite its contribution to economic well-being'.<sup>18</sup>

In spite of its social and economic contribution, providing unpaid care is often linked to **financial hardship and time poverty**. As people spend time caring unpaid, they can lose income due to having to leave paid work or reduce working hours. They may have to rely on social security benefits that are not enough to cover their basic needs. They may face high costs associated with the care they provide. This affects their income in the present, as well as their savings and future pensions. It also limits the time they have available for leisure and rest.

### Among those providing care for people with additional needs in the UK:

- Almost 2 in 5 (39%) say that they are struggling to make ends meet – this figure rises to 53% among those who receive Carer’s Allowance;
- 68% of all carers and 78% of carers who struggle financially say that they regularly use their savings or income to pay for what is needed to care;
- 53% of carers who have not retired cannot save for their retirement; and
- Between 2017 and 2019, nearly half a million carers have had to leave paid employment to care (about 600 people a day).<sup>19</sup>

### With regard to parents and guardians caring for children across the UK:

- Working-age parents have a poverty rate of 25% (compared to just below 20% for working-age non-parents);<sup>20</sup>
- Lone parents are most at risk of experiencing poverty among working-age adults, with a poverty rate of 43%;<sup>21,22</sup>
- 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;<sup>23</sup> and
- 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 a family’s needs.<sup>24</sup>

**Paid care work** in the social care sector<sup>25</sup> contributes £44.9bn to Britain’s economy.<sup>26</sup> The childcare sector<sup>27</sup> employed about 430,500 childcare and early years workers in 2018; its value was £5.5bn in 2017/18 in England.<sup>28</sup>

However, paid care work across the UK is characterized by persistent low pay and poor working conditions. Recent evidence has shown that half of care workers – over 500,000 people – are paid less than the Real Living Wage in England.<sup>29</sup> Similarly, childcare is one of the worst sectors for low pay,<sup>30</sup> with 10% of childcare workers aged 25 or over not being paid the National Living Wage.<sup>31</sup> Reliance on social security benefits is common – 35.5% of care workers in the UK<sup>32</sup> and 44.5% of childcare workers in England<sup>33</sup> receive some form of benefit. These poor pay conditions potentially expose care workers and their families to financial instability, and affect their physical, emotional and social well-being.<sup>34,35</sup>

### The demand for paid and unpaid care work is rapidly increasing.

By 2030, an estimated additional 100 million older people and 100 million children (6–14 years old) will need care around the world.<sup>36</sup> In the UK, the proportion of people aged over 85 is projected to almost double over the next 25 years.<sup>37</sup>

Paid care work across the UK is characterized by persistent low pay and poor working conditions.

## FIGURE 1: THE GROWING NEED FOR CARE WORK GLOBALLY

By 2030 there will be an estimated extra:



needing care globally.

Source: C. Coffey, P. Espinoza, R. Harvey, M. Lawson, A. Parvez Butt, K. Piaget, D. Sarosi and J. Thekkudan. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam. <https://dx.doi.org/10.21201/2020.5419>. p16.

In the face of this, we might expect to see care as one of our most precious and valuable resources. However, across the UK, **public spending is declining for social care and is nowhere near adequate for childcare**. Public investment in adult social care, for instance, declined by 8.2% from 2011–12 to 2015–16 in England and 1.8% in Wales (while it increased by 7.7% in Scotland).<sup>38</sup> Without further investment in social care in England, there is a projected shortage of nearly 350,000 workers by 2028 in a sector already struggling to cope,<sup>39</sup> with 1.4 million older people estimated to have an unmet care need in 2018.<sup>40</sup>

Although public spending in the childcare sector has increased in the past two decades, the availability, quality and affordability of childcare services are still crucial issues that prevent many parents and families from being able to rely on them.<sup>42</sup>

It is likely that the increased reliance on private provision within the paid care sector is having a negative impact on workforce pay and terms and conditions, as well as the quality and accessibility of care services, especially for low-income families.<sup>43,44</sup> In England, 84% of social care beds were provided by the private sector in 2019;<sup>45</sup> 84% of childcare was provided by for-profit companies in 2018.<sup>46</sup> There is evidence that in the private social care sector, issues of understaffing and high staff turnover are more pressing, and the workforce is paid and trained less.<sup>47</sup> Social care workers have also told us about their experience working in the private care sector.

**‘You are going in and quickly leaving... There is not enough care. Not enough time, not enough care.’**

**DECENT WORK FOR WOMEN  
WALES RESEARCH,<sup>41</sup>  
FEMALE SOCIAL CARE WORKER**

**‘Because the caring and funding from the government is not that big, so private [care homes]... they like to probably pocket their own pockets [to profit] instead of take care more of people. So there was like lack of staff... Gradually people start notice that it’s getting too hard, not enough staff.’**

**PRECARIOUS WORK RESEARCH, FEMALE SOCIAL CARE WORKER**

### 1.3 How heavy, unequal and undervalued care work is trapping women in poverty

Women – especially the poorest and most marginalized – carry out the majority of paid and unpaid care work within and outside households. This is primarily a result of a society that sees women as the main carers for families and communities. Such expectations contribute to the unequal distribution of care work between men and women from childhood, through to adulthood and old age.<sup>48</sup>

**‘I think two things, that is very often there’s a gender aspect to being a carer. I know in my own situation... the person who cared for my mum was myself and my daughters, and I think that was gender related... I do think that there is definitely an expectation on women that they will care.’**

**UNPAID CARE RESEARCH, WALES, WOMAN**

Globally, women carry out 12.5 billion hours of unpaid care work each day. The monetary value of this is estimated at \$10.8tn annually.<sup>49</sup> In the UK, whilst men do provide childcare as well as care for adults and children with additional needs, and engage in household work, women carry out the majority of care work. On average, women do 60% more unpaid work than men (including caring for adults and children, and household work such as cleaning and cooking) – an average of 26 hours per week, compared to 16 hours for men. If this unpaid work were remunerated, women would earn £259 per week on average, and men £166.<sup>50</sup>

**On average, women do 60% more unpaid work than men.**

**FIGURE 2 : THE VALUE OF UNPAID CARE WORK FOR WOMEN GLOBALLY**

The monetary value of **UNPAID CARE WORK** globally for women aged 15 and over is at least \$10.8 trillion annually – three times the size of the world’s **TECH INDUSTRY**.



Source: C. Coffey et al. (2020). *Time to Care*. p 8.

**Women also overwhelmingly contribute to the paid work sector:**

they represent more than 90% of the childcare workers in England<sup>51</sup> and 85% of social care workers in the UK.<sup>52</sup>

Care work is unequally distributed not only between men and women, but also among women. In the UK, evidence shows that ethnicity, migration status, social class and age all play a role in making care responsibilities heavier and more unequal for some groups of women. Black and minority ethnic (BME) women are more likely to be lone parents or live in households with (a higher number of) dependent children.<sup>53</sup> Levels of economic inactivity due to looking after family and home are also higher among Pakistani and Bangladeshi women than all other ethnic groups.<sup>54</sup>

**FIGURE 3: AVERAGE AMOUNT OF WEEKLY UNPAID WORK UNDERTAKEN BY MEN AND WOMEN IN THE UK**



Source: Office of National Statistics (ONS). (2016). *Women shoulder the responsibility of 'unpaid work'*. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshoulderttheresponsibilityofunpaidwork/2016-11-10>

The unequal amount of time women spend on undervalued paid and unpaid care without adequate support puts them more at risk of:

1. Experiencing financial struggles and a lack of financial independence both now and in the future (i.e. income poverty), either because the paid care work they do is underpaid, or because they spend more time on unpaid care and hence have less time to access paid work, training or educational opportunities;
2. Having less time available for leisure and rest (i.e. time poverty), as they either spend more time on unpaid care or are forced to juggle long hours of paid work with their unpaid care responsibilities.

Ultimately, unequal, undervalued and under-rewarded care work can push and trap women into a self-reinforcing cycle of time and income poverty that lasts throughout their lives. 'Being the main carer for families and communities throughout their lives profoundly affects women as it perpetuates gender and economic inequalities, undermines their health and well-being, limits their economic prosperity, fuels gender gaps in employment and wages and amplifies existing vulnerabilities'.<sup>55</sup>

Ultimately, unequal, undervalued and under-rewarded care work can push and trap women into a self-reinforcing cycle of time and income poverty that lasts throughout their lives.

Evidence shows:

- Women aged 16–49 with childcare responsibilities are less likely to be in paid employment than women without children, and are more likely to work part time (especially when children are aged under 11),<sup>56</sup>
- Women aged 45–54 who are caring for adults or children with additional needs are twice as likely as men to have left paid employment, and over four times more likely to have reduced working hours to care,<sup>57</sup>
- 86% of single parents are women, which has serious implications for the likelihood of women experiencing poverty as a consequence of their unpaid childcare responsibilities;<sup>58</sup>
- Women – particularly 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’;<sup>59</sup> and
- Women save less money towards their pension than men, mainly as a result of taking time off or reducing working hours to care unpaid, or working in low-paid jobs – on average, by their late 50s, women have 51% of the pension wealth that men do.<sup>60</sup>

On average, by their late 50s, women have 51% of the pension wealth that men do.

The following sections explore the lived experiences of caregiving in more detail: Section 2 draws on the voices of unpaid carers, while Section 3 profiles those undertaking paid care work.

## 2. Unpaid care: between unconditional love and invisible struggles

Unpaid carers describe their care work as a rewarding and nurturing expression of unconditional love, mutual learning and sharing of experiences:

‘Learning from them and them learning from you and watching them understand something that they didn’t understand before.’

UNPAID CARE RESEARCH,  
SCOTLAND, WOMAN

‘I feel helpful, knowing I make a difference is important to me, that feeling of being needed gives me a purpose; it’s a nurturing feeling.’

UNPAID CARE RESEARCH,  
WALES, WOMAN

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

UNPAID CARE RESEARCH, WALES, WOMAN

However, they have also told us that when unpaid care work is not supported and valued, it can have a financial, emotional, physical and social impact on their lives.

### 2.1 Paid work, social security and family budgets

Oxfam’s qualitative research shows that unpaid care responsibilities can affect the **financial resources** of individuals and families and contribute to shaping their experiences of poverty.

First, caring for others **limits the time** that those providing unpaid care can spend in paid work, but also in undertaking other activities that could support their professional and personal growth, such as training, further education or volunteering.

Caring for others limits the time that those providing unpaid care can spend in paid work.

‘Because of the children, I’m not having lots of choices and opportunities, ‘cause even now I would like to do more volunteering stuff, but I’m trying to manage myself between eight to three, while they are at school, and I’m skipping lots of opportunities, because I need to take care of them.’

DECENT WORK RESEARCH, ENGLAND, WOMAN

Oxfam’s qualitative evidence sheds more light on how the issue of **juggling unpaid care and paid employment** plays out in people’s lives, with many describing how they were forced to leave or reduce the time spent in paid employment due to the demands of their caring duties.

‘I’ve got four children, and two of them have almost the same sickness... So, for going to job, it would be very, very hard because you have to take care of them most of the time, [for example taking them to] appointments in the hospital: they can just fall sick any time.’

UNPAID CARE RESEARCH,  
SCOTLAND, WOMAN

‘The thing is, he [son with disability] needs somebody to take him to school and collect him, so realistically it doesn’t give me much time to work... I cannot choose to either drop him or collect him, I have to be available for both.’

DECENT WORK RESEARCH,  
ENGLAND, WOMAN

The decision to leave or reduce the time spent in paid employment is often linked to the difficulty of finding **jobs that are flexible enough** to allow people to sustainably juggle paid work and unpaid caring responsibilities.

‘My kid’s in school all day, I’ve got between nine in the morning until maybe two and I’ve got an after-school care, so if needs be, you know, I could work. I just can’t find anything.’

UNPAID CARE RESEARCH, SCOTLAND, WOMAN

‘They called me for work but because of my kids I had no time to balance work and family... I took the zero hours because I thought I could manage a little bit.’

DECENT WORK RESEARCH, WALES, WOMAN

The **cost, accessibility and flexibility of childcare** (early years as well as after-school clubs and classes) was also identified as an important factor in the journey to accessing and maintaining employment. As some of the participants in Oxfam's research across the country said, if childcare is too expensive and paid work does not allow parents to afford childcare, then parents (very often mothers) have to make the decision to leave work or wait until their children are older and more independent before (re-)entering the labour market.

**'I had to give up my job... because [my child] had just really started lashing out with the autism... I didn't have the childcare, couldn't afford childcare, so I gave up the job... I would love to go back to work but then as I said... It's childcare, and the money.'**

**UNPAID CARE RESEARCH, ENGLAND, WOMAN**

**'I [am] waiting once they [the children] go to school, but I think it won't be easy... because of the childcare. If I decide to work two days in the week still I need to pay for childcare.'**

**DECENT WORK RESEARCH, SCOTLAND, WOMAN**

Parents also expressed worries about being able to trust childcare services as well as about the lack of quality time with their children when taking up paid employment.

**'Childcare is a problem for me and for my children, one thing is I am worried about childcare that I don't have a childcare, you know. The second thing, I've got the childcare, I leave my children there for the whole day, the whole day they spend [at] school, after school they spend to the childminders, you know, and the night-time we will sleep and morning time. This is not good for me and them.'**

**DECENT WORK RESEARCH, ENGLAND, WOMAN**

**'I'd just be paying for somebody to look after my kids and missing out on experiences... I might as well just be skint and get them memories.'**

**UNPAID CARE RESEARCH, ENGLAND, WOMAN**

The **combination of expensive care services and jobs that do not pay a decent wage** represents another barrier to paid employment, especially for women who are generally paid less than men in the same or similar roles.

**'I've sat and worked out, for me to go to work and actually gain any sort of financial money from it, I need to be earning like £40,000 a year. That's never going to happen, never... It is ridiculous.'**

UNPAID CARE RESEARCH, ENGLAND, WOMAN

There is evidence that similar barriers to remaining in the labour market are also experienced by those who require adult care services.<sup>61,62</sup>

Leaving the labour market, especially for a long period of time, makes it more challenging for those with caring responsibilities to **re-enter paid employment** once their unpaid care responsibilities change. Carers described the sense of isolation and loneliness and lack of adequate support that they face when their role as carers is no longer needed, and how their position in the labour market is greatly weakened by years of inactivity. This often leads to lack of self-confidence and knowledge of how to apply for jobs.

**'Where do you go once you stop caring? Where's the help to get you back into work?... If you've looked after a set of parents and then they die, you're just left... No support, no, you've saved the government thousands and then you're just left... I know several carers, they just find it so difficult to find a job after caring.'**

UNPAID CARE RESEARCH, SCOTLAND, WOMAN

**'Because I haven't worked for so long, my self-confidence and self-esteem has gone like really down.'**

DECENT WORK RESEARCH, WOMAN

Being locked out of the labour market affects **people's income**:

**'The income drop to start with, because I did work before, and I had to leave work, so your income just went [makes 'declining' sound]... The social worker gave me no option, just "you need to give up [work] to put in the 24-hour support"... I had no choice.'**

UNPAID CARE RESEARCH, SCOTLAND, WOMAN

In particular some of the women involved in Oxfam's research talked about how not being in paid work led to having **fewer financial resources readily available to them**, as well as more dependence on their partners' income.

**'Obviously, because I've had to stop working... I don't like not having my own wage and having to ask [my partner] for money. Because it's like, "can I have 20 quid?" It's like, "yeah, but why?" I don't like it.'**

UNPAID CARE RESEARCH, ENGLAND, WOMAN

Having less in terms of financial resources to rely on as a direct consequence of leaving paid work (and its benefits, such as paid annual and sick leave, pension and pay rises) also forces some to use their savings and pension funds to be able to pay for basic needs, as well as the costs for the care they provide. Present financial struggles brought about by insufficiently supported unpaid care can **affect people's ability to save** and their **future income**.

**'You don't only lose the money that you earn, you lose all the pension, all those benefits that would be building up... Pay rises, holiday pay, you don't get any of that... I've released some of my pension, one of my pensions, because that's the only way that I've been able to have some quality of life, for food and that.'**

UNPAID CARE RESEARCH, WALES, WOMAN

Some of those who took part in Oxfam's focus groups on unpaid care also mentioned that the financial support provided by **social security benefits** like Carer's Allowance is not enough to help them – especially in the long term.

**'[When asked whether Carer's Allowance covers care costs] Not in a million years. It's the long term. It's okay for maybe six months, but over time...'**

UNPAID CARE RESEARCH, WALES, WOMAN

**Social security benefits are often difficult to access.** People describe how it is hard to understand how the system works and what one is entitled to; how application forms are long and complicated; and how very little face-to-face support is available. This in turn is described as a source of stress and anxiety about applying for benefits, potentially making mistakes and being penalized as a consequence.

**'The time that you actually have to put into these things, because I don't know if you've ever seen a form, a PIP form or a Carer's Allowance form, etc, they don't produce that information in an accessible format, so it's not like you can ask them to email you the form, because they just won't do it.'**

**UNPAID CARE RESEARCH, WALES, WOMAN**

**'They make it so difficult for the people who need to access help, everything is online and 60% of the population in my deprived neighbourhood don't have access to a computer and many don't have smartphones or money in their pockets either.'**

**UNPAID CARE RESEARCH, WALES, MAN**

For those caring for children and adults with additional needs, it can be difficult to maintain access to financial support, as this often depends on whether the person they care for qualifies for financial help – if they do not, then carers also lose this source of income even though the level of care they provide remains the same.

**'Because he [person she cares for] gets Attendance Allowance, I get Carer's Allowance, but not now because his Attendance Allowance has got to be renewed. So, I done the renewal and filled them all in, and it'll take up to 12 weeks. So, until he gets Attendance Allowance, my money's on hold and I get top-up from the government, the Income Support, to top my money up. They cannot give me my Income Support because my Carer's Allowance is on hold. So, literally this is my second week with no money.'**

**UNPAID CARE RESEARCH, SCOTLAND, WOMAN**

The **relationship between benefits and paid work** is also problematic, with carers and parents having to carefully manage income from paid work and benefits with the risk of being penalized by the system for extra employment income that is yet not sufficient to cover essential expenses.

**'I've taken up knitting... When I phoned up [the Department for Work and Pensions] to say that I was starting the knitting, they said, "right, we'll stop your benefit until we work out whether you need it or not"... You're treated like a criminal, that's how I feel when I get the letters, just in case you might have earned that wee bit more that they can take some of your Carer's Allowance back.'**

**UNPAID CARE RESEARCH, SCOTLAND, WOMAN**

## 2.2 Caring and well-being

Given the amount of time that unpaid caring responsibilities take up in people's daily lives – with some providing demanding care around the clock on a daily basis – they have important implications for the **emotional, mental, physical and social well-being** of carers.

Caring for others often leaves very little (if any) time for resting and self-care. The mental and physical demands of the roles were described by many as 'relentless' and 'continuous', which leads to high levels of stress and anxiety, and even a sense of loss of personal identity.

**'You don't live for yourself anymore, you're like literally a robot, do you know? Everything, every thought process is about when you're cooking, it's what they would like, what she would eat, what she wouldn't eat, you know? It's "should I put this here? Should I put this there? Would it affect her?" Everything is to do with the child.'**

UNPAID CARE RESEARCH, SCOTLAND, WOMAN

**'When you do have a moment to think, that feels so good. When you're constantly in the thick of it, it is so hard.'**

UNPAID CARE RESEARCH, WALES, MAN

Some also described experiencing feelings of **loneliness and isolation**, with less time to meet or share their experiences and issues with others.

**'You do end up feeling a bit isolated, when it's just you and your kid. All day, you don't have anything to add on top of it.'**

UNPAID CARE RESEARCH, SCOTLAND, WOMAN

**'It's hard to explain to people sometimes how they need support. You try to explain, and you see people rolling their eyes in their head as you're trying to tell them, and I'm thinking "you're not really interested, are you?" So, you soon learn to hold back. You don't tell people stuff, because it's easier for you to get on with it.'**

UNPAID CARE RESEARCH, WALES, WOMAN

Caring, especially for adults, seems to also exacerbate existing **health issues**, not only due to the demanding nature of these tasks but also as a cumulative effect of tiredness, stress and anxiety.

‘I worry about mum... I’ve got fibromyalgia and, as I say, I’ve got the sciatic with the prolapsed disc in my back. I’ve got an emergency plan for [name] should anything happen to me.’

UNPAID CARE RESEARCH,  
SCOTLAND, WOMAN

‘I suppose it’s making us older before our time... it is stressful, and I don’t know what, sort of, toll [it] takes ultimately on you, you know, the worry and things of it and what will happen ultimately.’

UNPAID CARE RESEARCH,  
SCOTLAND, WOMAN

## 2.3 ‘I don’t feel valued and supported’

The individual and societal impact of unpaid care work and its importance are widely **undervalued by society** (including communities, employers and the UK governments). Many of those caring for children or adults with additional needs talked about how they feel society does not see or understand the value of those providing (as well as those receiving) care, so they are made to feel like a burden for society.

‘In terms of society there is a general attitude towards people who have an impairment and also 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.’

UNPAID CARE RESEARCH, WALES, WOMAN

More generally, the role of carers can be made more difficult by the **lack of support** from:

a) others in the household, as well as extended families;

‘When my mum was alive, although my mum had ill health my mum was always there on a weekly basis for support. It was great... That’s the one thing I do miss is having somebody to phone up and say “oh yeah, he was doing that again” or “he did that again” or “this happened”... Who do I share it with? There’s no one. I can’t talk to my partner. My partner’s got [health] problems of their own.’

UNPAID CARE RESEARCH, WALES, WOMAN

'[With] my older son, my mum used to help me a lot, but with my little one it has changed because she's working full time and my whole family works so it's very hard. And his father don't care.'

DECENT WORK RESEARCH, WALES, WOMAN

b) local services and infrastructure, especially public transport, which can be costly and inefficient, and so does not allow parents and carers to access services, or be able to accept paid jobs<sup>63</sup> that are far from where they live or where children go to school;

'So, it's not like oh, getting the number [bus number], which is every half an hour, and sometimes it doesn't show up. You can't really get that job then, because you have to be at the school to pick them [the children] up at a certain time.'

DECENT WORK RESEARCH,  
SCOTLAND, WOMAN

'There's very few buses and, during the school holidays, the half past two bus from our village gets into [name of town] at three o'clock and the next bus back is at three o'clock... My mum can't get into town, which is bad for her mental health.'

UNPAID CARE RESEARCH,  
SCOTLAND, WOMAN

c) employers, who could offer more flexible and family-friendly jobs;

'I lost a lot of money, because I was in a really good job, and my manager called me in because my mum had fallen, and he wouldn't let me go home... I made the decision then, I went to the union and I thought I can't work with these people any more. I was worried about my mum. When I went home I was mortified that I hadn't just walked out and gone home... I went on the sick for a while, and then I took a severance agreement.'

UNPAID CARE RESEARCH, WALES, WOMAN

d) the state, including the social security system, social services, schools and health services, as they should represent crucial points of call for those caring, but often are not able to provide adequate support;

**'If people, like, social workers, they are able to help when they see families struggling but the fact that with social workers, people are very scared to go about contacting them because they've not had a good experience with them or they've heard people that have not had a good experience with them in the past.'**

**UNPAID CARE RESEARCH,  
SCOTLAND, WOMAN**

**'It's just every time it's meetings with the school and it's just, I'm like a robot, I'm beyond crying and wasting my time on it, I just want to get down to the bottom of what support [my daughter] needs and what help she can get, you know? But I feel as if it's like every day to day battle.'**

**UNPAID CARE RESEARCH,  
SCOTLAND, WOMAN**

**'In terms of public services we had massive problems with statutory services, people from the local authority and also from the health authority. We just spent ten years, eleven years just having constant battles with professionals.'**

**UNPAID CARE RESEARCH, WALES, WOMAN**

## GAIL'S STORY

### 'I DON'T SEE MYSELF AS A CARER... IT'S JUST OUR LIFE'

Gail is married and the mother of three children. Her eldest child is severely disabled, and she cares for him full time. 'I don't really think of myself as a carer, it's just what I do and that's my job. I don't see it as anything out of the ordinary, for me and my husband, it's just our life. It's not easy and people don't realise what we're going through. It's hard.'

While her husband works full time, Gail decided to leave her full-time job because caring for her child became too demanding. 'I loved my job, but due to our son's needs I had to take him to regular hospital appointments and had to take time off when he was sick... The fact that I had no support from my employer meant I just couldn't continue to work.'

Gail receives Carer's Allowance, as well as eight hours of paid care per week from social services, which is given to her on a pre-paid card. 'This really helps... but we really need more help, especially in the school holidays.' The family struggled to access additional benefits: 'It's so complicated and unclear, they don't make it easy... Whatever you do, you seem to lose out financially and it's added pressure and worry that you can do without when you have such complex caring roles.'

Caring for her child with very little financial and practical support affects the well-being and quality of life for Gail and her family: 'His constant care is tiring, but I never complain 'cos it's just what I do and what I need to do and I wouldn't have it any other way 'cos he's my child and I love him. I don't have any time to myself though, I can't switch off, I don't sleep... I don't have the time or the money to socialize with my friends and let my hair down, and I just feel isolated a lot of the time... You are constantly worried, planning, thinking ahead and stressed... It's exhausting, but we don't have any choice, there's no support so we just get on with it... There's so many things we'd like to do as a family, but we can't... Due to the financial strains we can't afford to treat [our other two children] like we want to either.'

Gail thinks that more support from social services in the form of paid care, a more accessible and transparent social security system, and more local support and funding for care would make her role as a carer more sustainable for herself, her child and her family: 'Carers need support and it shouldn't be so difficult and so stressful to find it and access it.'

Source: Testimony gathered by Oxfam. The name is a pseudonym.

**'Whatever you do, you seem to lose out financially and it's added pressure and worry that you can do without when you have such complex caring roles.'**

**GAIL**

## AMY'S STORY

### 'ALTHOUGH I'VE COME A LONG WAY, I STILL STRUGGLE FINANCIALLY AND MENTALLY'

Amy is a mother caring for a child with a life-limiting illness that occurred at birth. She also has a second child. Caring for her child's needs without adequate support has had a significant impact on Amy's life, as it resulted in her family breaking down. She is still suffering financially. 'I had no previous experience as a carer before my daughter was born... I had a good job and... we lived comfortably. When our daughter was born it was a massive shock... She was sick on a daily basis for the first two years, she couldn't communicate and as a result one of us had to stay at home with her.'

After the birth of her child, Amy's employer provided her with great support and she was able to take two years off work to focus on her child. 'Fortunately, my employers were very supportive, and they allowed me to take the first year off as maternity leave and then the second year I was given unpaid special leave... I wanted to go back to work.'

Eventually, Amy left her old job and became self-employed, while also taking care of her two children. 'When our daughter was five and our second daughter was a baby, I really found it difficult to cope. I was trying to care for them while also working as much as I could while they were in school and nursery.'

Amy has recently started a new full-time job. Caring for her child remains a source of worry, especially about her child's health and her finances. 'I feel as if things are clearer because I've got a career path once again... Having such a supportive employer is so important when you have a child with special needs. I couldn't ask for better support. I obviously still feel worried and stressed about our daughter's future... People never know what you are going through, it's so hard and although I've come a long way I still struggle financially and mentally.'

Source: Testimony gathered by Oxfam. The name is a pseudonym.

**'I feel as if things are clearer because I've got a career path once again... Having such a supportive employer is so important when you have a child with special needs.'**

**AMY**

# 3. Paid care work: low pay and poor working conditions

Unpaid care work is not sufficiently valued by society, with carers often feeling unsupported and isolated (as discussed in Section 2.3). Paid care work is also undervalued, with workers facing low pay and poor working conditions (see Section 1.2). Women are over-represented not only among unpaid but also paid carers. The under-valuing and under-rewarding of women’s role and contribution is therefore present in both domains of care work.

Unpaid care work is not sufficiently valued by society, with carers often feeling unsupported and isolated.

Providing care for children and adults is a job and career that many decide to pursue because they are passionate about providing support to those who need it the most:

‘I always worked helping people. That was what I always wanted to do.’  
DECENT WORK FOR WOMEN WALES, FEMALE SOCIAL CARE WORKER

‘I find it [care work] rewarding and interesting.’  
DECENT WORK FOR WOMEN WALES, FEMALE SOCIAL CARE WORKER

That said, paid care work is delivered in a variety of settings, each presenting a different set of challenges. This section provides an overview of the cross-cutting issues that emerged from care workers’ accounts.

**FIGURE 4: PROPORTION OF SOCIAL CARE WORKERS PAID LESS THAN THE REAL LIVING WAGE (ENGLAND, 2018)**



Recent evidence has shown that half of care workers – over 500,000 people – are paid less than the Real Living Wage in England.

Source: J. Dromey and D. Hochlaf. (2018). *Fair care: A workforce strategy for social care*. IPPR. <http://www.ippr.org/research/publications/fair-care>

### 3.1 Low pay, social security and in-work poverty

One of the key issues highlighted by the existing evidence across the UK is that paid care work is under-paid (as discussed in Section 1.2).

**'[Care work] is a very difficult job and the job comes with a lot of responsibility... There's a lot of pressure on carers these days... So, really, realistically they should be on a lot more than the statutory minimum wage in our opinion.'**

**PRECARIOUS WORK RESEARCH, SOCIAL CARE PROVIDER**

Given the low pay, care workers often resort to **working longer hours** to make ends meet – although it is not uncommon for overtime in the social care sector to be unpaid.<sup>64</sup>

**'I do an extra half day a week just because 39 hours just doesn't pay me. It's just not enough. 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.'**

**PRECARIOUS WORK RESEARCH, MALE SOCIAL CARE WORKER**

Low income from employment also means that both social care and childcare workers often have to rely on financial support from the social security system (see Section 1.2). That said, **access to social security benefits is often not straightforward**, especially for care workers without children or those working full time and doing overtime, as these factors often affect eligibility.

This has a significant impact on households' budgets, in particular for care workers who are the main earners in their family. Work allowances for income-replacement benefits affect low-income workers in many sectors, but the lack of security or guaranteed hours characteristic of the social care sector makes this threshold all the more difficult to navigate.

**'I was on [Working Tax Credits] and then they reduced it... they give something in one hand and take it away the next. And that's all that I'm on... We just live, from hand to mouth really, you know, because it's hard when there's only really one wage coming in. I know [my husband] gets Disability Living Allowance and some of the bills come off that but it's still, it's hard.'**

**PRECARIOUS WORK RESEARCH, FEMALE CARE SECTOR WORKER**

Ultimately, low pay appears to be linked to care workers' **experiences of financial instability and income poverty**, with employment income not being enough for many people to be able to sustain themselves and their families.

'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?'

DECENT WORK SCOTLAND RESEARCH, FEMALE SOCIAL CARE WORKER

'I've not got cash lying in the bank to buy things, so always like taking things on finance is much better for us, so then we can help each other out. So "I pay that one" or "you pay that one".'

PRECARIOUS WORK RESEARCH, FEMALE SOCIAL CARE WORKER

Similar financial challenges are experienced by childcare workers. 43% of the 1,029 childcare workers who participated in a 2019 Nursery World survey said they are unable, or sometimes struggle, to save £20 per month. One worker explained: 'I still live at home even though I'm 41 and can't afford to move out on the wage I'm on. I couldn't tell you the last time I went on holiday and am struggling to save a deposit or pay for day-to-day items, bills and living. But as someone working in early years, my pay isn't considered important enough to change.'<sup>65</sup>

**Opportunities to improve pay are also low.** Although in recent years the childcare sector has seen a modest rise in qualification levels among the workforce, this has not been followed by a rise in the level of pay.<sup>66</sup> Social care workers have 'no professional regulation and no mandatory training... Half (50.2%) of social care workers [in England] have no relevant social care qualifications at all'.<sup>67</sup> At the same time, career progression does not always mean higher pay, despite the greater responsibilities that senior roles entail.

43% of the 1,029 childcare workers who participated in a 2019 Nursery World survey said they are unable, or sometimes struggle, to save £20 per month.

'The position came about, I applied, got it, but the way it works now is I work alongside my manager, when he's away I am technically the manager, but I don't get paid for that... I asked him this the other day and he said basically, he says, "You're not doing my job, you're not doing my role, but technically you are". So, I didn't know what to kind of make of that.'

PRECARIOUS WORK RESEARCH, FEMALE SOCIAL CARE WORKER

## 3.2 Long working hours and well-being

Long and unsociable working hours, with heavy reliance on overtime to make ends meet, appear to be prevalent in the social care sector. This is driven by understaffing, along with the need to provide continuous care with peaks at night, in the evenings and early in the morning.<sup>68</sup>

**'The challenge is – and it's prevalent within domiciliary care across the board... the key times that people want domiciliary care support is getting up in the morning and going to bed at night, and sometimes at weekends, and therefore you're recruiting people to jobs that are pretty much anti-social hours.'**

**PRECARIOUS WORK RESEARCH, SOCIAL CARE PROVIDER**

The increasing need for social care services paired with funding cuts to the sector and constant understaffing (as discussed in Section 1.2) mean that the workload remains generally high for care workers. This is likely to affect the quality of care, as not enough time is available to provide the support clients need, but also impacts **workers' physical, mental and emotional well-being**, with social care being one of the public sectors in which work-related anxiety and stress are prevalent.<sup>69</sup>

**'Everything is such an issue just to get time off. It really is difficult 'cause you give a lot of stuff up 'cause it's not worth the hassle. And then five years down the line you realise that's all you do, is go to work.'**

**DECENT WORK SCOTLAND RESEARCH, FEMALE SOCIAL CARE WORKER**

**'[Work] basically got me in tears every night. Going home, 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.'**

**PRECARIOUS WORK RESEARCH, FEMALE SOCIAL CARE WORKER**

Working long and unsociable hours also often means spending considerably less time with family, something that could affect workers' and their families' well-being.

**'I won't see them [family] much this week because this is my heavy week... That's the one reason I don't particularly like 12-hour shifts because I'll go in the morning, [my daughter] will still be asleep... I'll get back, she'll be asleep... to her, it will appear that it can be three or four days before I've seen her on a heavy week. And then when she does see me she'll say to me, "Where have you been Daddy?". It's a bit sad.'**

**PRECARIOUS WORK RESEARCH, MALE SOCIAL CARE WORKER**

**Juggling the high demands of paid care work with unpaid caring responsibilities in the household** is a task that care workers can often only manage with the help of other family members. This links back to what unpaid carers experience regarding costly and inflexible care services (see Section 2.1). Grandparents seem to be particularly relevant when it comes to supporting with informal childcare, and there is evidence that they provide the great majority of informal childcare, especially among low-income families.<sup>70</sup> This emerges from some care workers' accounts, as they explain how work is carefully planned with family members to ensure that children are taken care of.

**'School finished at half past three, but like I say, my mum... always did the early shift... eight 'til two, so then she'd go and pick my children up from the childminder or school for me... And she helped me out right through having [the children], so that was a big help... I couldn't have done it without mum.'**

**PRECARIOUS WORK RESEARCH, FEMALE SOCIAL CARE WORKER**

**'My daughter has got two children, one's five, one's two and we go through my rota to see if I can look after them when she's gone back to school because she's a teacher and her hours are different to theirs, so. And then I'll babysit as well... She'll ask me, "Are you working on such and such a day?" I look at my rota and if I am, or if I'm not, then I'll have the kids. If not, she will ask her mother-in-law or her husband.'**

**PRECARIOUS WORK RESEARCH, FEMALE CARE SECTOR WORKER**

Although support from grandparents alleviates the financial struggles of some parents, there is growing evidence that 'the childcare provided by grandparents may increase their own risk of poverty, especially for working age, working class grandmothers on low incomes',<sup>71</sup> who provide the great majority of care. This is mainly due to grandparents not receiving any financial support for the childcare they provide and often having to reduce working hours or leave paid work to care.<sup>72</sup>

The barriers care workers face when juggling paid work and unpaid care responsibilities are similar to those experienced by other workers. The additional issues of low pay, long and unsociable hours, and other poor working conditions, however, can exacerbate the difficulties in accessing and holding down jobs in the care sector.

## MARY'S STORY

### 'THEY CAN'T EXPECT CARE WORKERS TO LIVE IN POVERTY'

Mary coordinates care services for a social enterprise that helps vulnerable people and the elderly to stay in their homes and be independent. Mary points out the issue of low pay in the sector, which is directly affecting carers, and indirectly impacting the quality of the care provided: 'In rural areas it's much harder for carers as they can't visit the same amount of people every day as they have to travel a long way between clients. As a result, they don't always get paid as much. They may only get paid for the hours they spend with the clients... They struggle to recruit carers... and there's a serious lack of provision, but if they don't pay them for the work they do and if they get treated like this, there's no wonder, they can't expect carers to live in poverty, their job is difficult enough... Another thing that worries me is the fact that they are so desperate to employ carers... [that] care isn't seen as a "career", there's no formal qualification from what I see, and that's maybe why their pay doesn't reflect their work and why they have issues recruiting.'

One of Mary's immediate family members also used to be a care worker and has recently stopped working in the sector due to the poor working conditions, including low pay that would not compensate for the long hours of work, and the lack of support for her in the role: 'She had enough of the way she was treated. Sometimes she only had one client a day, but they won't pay carers for the travel between home and the first client, or from the last client to home, so on the days she only had one client she would only get paid for an hour's work, even though she'd been in her own car for over an hour to get to the client. It's a joke! She was working at a loss on those days and that's not right. As well as this... she wouldn't get any information about new clients. She was turning up in people's homes not knowing anything about what she would be facing that day... it's like they don't care about the carers or their mental health.'

Source: Testimony gathered by Oxfam. The name is a pseudonym.

**'Care isn't seen as a "career", there's no formal qualification from what I see, and that's maybe why their pay doesn't reflect their work and why they have issues recruiting.'**

MARY

## HELEN'S STORY

### 'A JOB WAS A JOB, SO I HAD TO DO IT'

Helen is a single mother. She moved from a 9-to-5 job to the care sector in order to have access to flexible shifts: 'I was missing out on a lot at home as well... so that's why I decided to come to this job, for more shift work than anything else'.

When Helen started this job, she worked night shifts. This meant that while she was at work her mother could look after her child. However, shortly after starting the job she became very unwell. Following consultations with her employer, she was moved on to evening shifts, which started at 5pm and ended at 10pm, and were seen by the employer as ideal for mothers. She noted that these evening shifts were logistically difficult in terms of both lost pay and being able to care for her child. 'I had to do three days, it was fifteen hours a week. I did struggle a lot with that because it was like a loss in pay as well. And with it being during the week as well, it was keeping my [child] up 'til 10 o'clock at night 'cos [they'd] have to come and pick me up and then [they'd] come home and I'd have to take [them] to school as well, so it was quite, I did struggle with that but it's a job, was a job then, so I had to do it'.

Helen has now moved on to day shifts, but as her income is low she is reliant on being able to do overtime. As she is a recipient of Universal Credit and relies on support from her mother to look after her child, the overtime she does has to be carefully calculated. 'It's worth me working the extra day because my deductions pay for the extra day really. So it's not like I'm gaining anything and I'm not losing anything either. So as long as I do the extra, I know that my National Insurance is covered, and my pension is covered, and I might be left with like an extra £20, £30. I mean it's not a lot, but I'm not missing out, I'm not having anything deducted from me really.'

Even though she has the support of her family, the amount of overtime she can do varies, and this makes her income extremely variable and unpredictable.

Source: Case study from the Precarious Work research. Name is pseudonym.

**'I was missing out on a lot at home as well... so that's why I decided to come to this job, for more shift work than anything else'**

HELEN

# 4. Making care count

This report has drawn on the direct experiences and testimonies of those who care for others unpaid and underpaid in order to shed light on the link between care work and poverty – i.e. the financial, emotional, physical and social toll that unpaid and underpaid care takes on people’s lives as a result of society not valuing and rewarding their contribution fairly and equally.

Oxfam thinks that care work should be recognized, reduced, redistributed and represented.

Oxfam thinks that care work should be recognized, reduced, redistributed and represented so as to ensure that those who provide care are treated fairly and rewarded for their vital contribution.

## BOX 2 THE 4RS FRAMEWORK ON CARE

The 4Rs framework builds on Diane Elson’s 3Rs framework. Oxfam, ActionAid and the Institute of Development Studies (IDS) have added a fourth ‘R’, ‘represent’. A fifth ‘R’ – ‘reward’ – put forward by the ILO to promote more decent work for caregivers, is still being debated among feminist economists and activists.

The elements of the 4Rs framework:



**RECOGNIZE** unpaid and poorly paid care work, done primarily by women and girls, as a type of work or production with real value.



**REDUCE** the total number of hours spent on unpaid care tasks through better access to affordable and quality time-saving devices and care-supporting infrastructure.



**REDISTRIBUTE** unpaid care work more fairly within the household, from women to men, and simultaneously shift the responsibility of unpaid care work to the state and the private sector.



**REPRESENT** caregivers and ensure that they have a voice in the design and delivery of policies, services and systems that affect their lives.

Source: C. Coffey et al. (2020). *Time to Care*. p 45.

The underpaid and unpaid care that millions of people, especially women, provide should be **recognized** for its crucial contribution to our societies and economies. This would be the first fundamental step towards increasing the social and economic value attributed to care work and promote more investment and support.

The provision of accessible and quality services and infrastructures should also help **reduce** the quantity of unpaid care work that individuals, and particularly the poorest and more marginalized women, have to take on.

Unpaid care work should be **redistributed** more equally between men and women, both within and outside the household, so that women's vulnerability to poverty can be reduced. Redistribution should also ensure that unpaid care is fairly shared between families, the state and the private sector.

Finally, unpaid and underpaid carers should be **represented** in this process of change, so that their voices can directly inform and shape decisions at all levels.

The underpaid and unpaid care that millions of people, especially women, provide should be recognized for its crucial contribution to our societies and economies.

'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.'

UNPAID CARE RESEARCH, WALES, WOMAN

'It's not just being heard, isn't it? You can do it 'til you're blue in the face, but no one ever hears you out. It's like you can say, "oh, you know, you've got 50 people that agree with me" and they'll still do what they want to do. You feel like a wasted breath.'

UNPAID CARE RESEARCH, ENGLAND, WOMAN

Looking at the reality of paid care work in the British context, Oxfam suggests that paid carers should also be adequately **rewarded** by improving the level of pay and quality of employment conditions, so that the value of the service that paid carers provide is recognized and emphasized.<sup>73</sup>

# Notes

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# Appendix

The quotes in this report are drawn from:

- **Decent Work research:** Oxfam gathered evidence among women completing the Future Skills and Skills for Life programmes across the UK (in Manchester, London, Oxford, Cardiff and Glasgow) to explore the concept and reality of decent work among women with lived experience of poverty. Overall, 6 focus groups and 16 interviews were conducted. A total of 34 women were involved in this research, which was carried out between May and September 2018. Future Skills (in England and Scotland) and Skills for Life (in Wales) aimed to tackle poverty among women by helping them gain on the job volunteering experience, with the support of a series of training workshops and coaching sessions.
- **Unpaid Care research:** In November and December 2019, Oxfam conducted eight focus groups across England, Wales and Scotland with unpaid carers (i.e. carers of children or adults with additional needs as well as parents who care for their children) to capture their experiences and how they affected their experiences of poverty. The research involved a total of 27 unpaid carers.
- **Precarious Work research:** This research is being carried out by Eva Herman, PhD student at the Manchester Business School (University of Manchester). The study explores gender and the causes and consequences of precarious work in Greater Manchester. The project started in 2017, is funded by the Economic and Social Research Council and is co-supervised by Oxfam, and Prof Jill Rubery and Dr Gail Hebson from the University of Manchester. The evidence presented here is based on qualitative data gathered from the care sector in 2018/19.
- **Decent Work Scotland research:** This was a 12-month study carried out by Oxfam Scotland in partnership with the University of West of Scotland in 2015/16 capturing low-paid workers' views about and experience of decent work in Scotland. The study consulted more than 1,500 workers. More details about the project and findings are published as: F. Stuart, H. Pautz and S. Wright. (2016). *Decent Work for Scotland's Low-Paid Workers: A job to be done*. Oxfam. <https://policy-practice.oxfam.org.uk/publications/decent-work-for-scotlands-low-paid-workers-a-job-to-be-done-619740>
- **Decent Work for Women Wales research:** Oxfam Cymru commissioned the charity Chwarae Teg to carry out a qualitative study on decent work and barriers to progression for women in the domiciliary care and food and drink sectors in Wales. Interviews were conducted with 13 women working in these sectors in July and August 2017. More details about the research and findings are published as: N. Davies, L. Knight and H. Turkmen. (2017). *Decent Work for Women in Wales: A Sectoral Study*. Chwarae Teg. <https://chwaraeteg.com/research/decent-work/>

**OXFAM** is an international confederation of 20 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty.

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