VALUED

Breaking the link between paid and unpaid care, poverty and inequalities across Britain
This briefing paper shows how the undervaluation of paid and unpaid care drives poverty and inequalities across Britain, and it outlines a transformational vision for change.

Every day, millions of people, mostly women, provide essential paid and unpaid care for children and disabled, ill and older people. Yet their huge contribution remains widely unseen, undervalued and underinvested in by governments.

It is time to shift to a feminist caring economy, where all care is recognized and valued as a vital social good and a collective responsibility; unpaid care is reduced and redistributed; paid care is adequately rewarded; and all carers have a powerful voice in decision-making.

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This paper was written by Silvia Galandini and Claire Spoors.

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For further information on the issues raised in this paper please email sgalandinij@oxfam.org.uk

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Summary

Every day, millions of people globally and across Britain provide essential paid and unpaid care for children as well as disabled, ill and older people.

Yet their huge contribution remains widely unseen, undervalued and underinvested in by governments. This in turn traps many people who are providing and experiencing care in a vicious cycle of poverty, hardship and exclusion. As the vast majority of paid and unpaid care work is done by women, they are disproportionately affected by the invisibility of care. Women facing multiple, often overlapping, forms of inequality based on class, race, migrant status, sexual orientation, gender identity and expression, disability or other identities, are worst affected.

The link between care, poverty and inequalities is not a product of the COVID-19 or cost-of-living crises; it is a longstanding challenge.

The evidence produced by the many organisations and movements across Britain that are advocating for better rights for carers and adequate recognition for care, clearly shows that poverty and hardship are becoming a reality for too many paid and unpaid carers.

Those providing unpaid care and support for children and for disabled, ill and older people are facing growing challenges in paying for essentials due to the soaring cost of living and squeezed incomes. Care workers are still widely underpaid and experience precarity and exploitation, while social care and childcare infrastructure are under incredible pressure and struggling to deliver vital care.

The pervasive and systemic undervaluation of care creates and deepens the link between caring and poverty. Several key systems are failing to provide carers with adequate support and recognition, and all care with vital investment, thus pulling more people into poverty and hardship, and fuelling inequalities. These systems include lack of support to access and remain in paid work for those with unpaid caring responsibilities; an inadequate social security system; poor pay and working conditions for care workers; and chronic underinvestment in social care and childcare services.

These systems of power that keep care invisible and unsupported are shaped, driven and maintained by underlying ‘sticky’ social norms, values and narratives. These devalue, ignore and dismiss care as ‘women’s work’ that is less deserving of status and financial reward.
It is time for a proactive shift in our economic approach to a model that invests in a feminist caring economy – where all care, paid and unpaid, is recognized and valued as a vital social good and a collective responsibility; unpaid care is reduced and redistributed; paid care is adequately rewarded; and all carers have a powerful voice in decision-making.

Across Britain, action by the Westminster and devolved governments in Scotland and Wales is urgently needed across six key areas, to catalyse a shift to a caring economy. They must:

1. Reform the tax system and make it fair, redistributive and progressive to resource a shift to a caring economy, and to recognize and redistribute the wealth that is created and sustained by the labour of unpaid and underpaid carers.

2. Increase investment in care infrastructure, and ensure that the quality and accessibility of services is prioritized over profits.

3. Ensure that paid care workers across the social care and childcare sectors are paid fairly, have access to stable employment and decent working conditions, and that their skills are properly recognized.

4. Strengthen the social security safety net for all, including those who cannot work or have to reduce their working hours due to caring responsibilities, disabilities or illness.

5. Ensure adequate support for those with unpaid caring responsibilities to enable them to access, return to or remain in decent paid employment.

6. Commit to transparently collect data and track progress on whether policies and spending decisions are effectively valuing and investing in all care and carers.

As Oxfam, we work in solidarity and partnership with the organisations, movements, coalitions and activists that are driving change in these areas, not only across Britain but also globally – recognizing that some of the systems of power that perpetuate poverty and inequalities are essentially the same worldwide.

Ultimately, political will, commitment and leadership, and a shift in the narratives surrounding care will be key to drive transformative policy change at the depth and scale needed.

A note: As Oxfam’s remit is limited to Britain (Scotland, England and Wales), this is the focus of the report, with evidence relevant to the constituent nations presented whenever available. In some instances, UK-wide statistics are used in the absence of data covering only Britain.
Introduction

Every day, millions of people globally and across Britain provide essential paid and unpaid care for children as well as disabled, ill and older people. They are the invisible network of support and empathy that sustains our social and economic foundations.

Yet their huge contribution contrasts starkly with the systemic lack of public and institutional recognition and investment in care. This in turn traps many people who are providing and experiencing care in a vicious cycle of poverty and financial, but also emotional, hardship.

The vast majority of paid and unpaid care work is done by women – in the UK, they provide 450 million hours of unpaid childcare per week compared to 186 million hours provided by men, and represent over 80% of social care workers and more than 95% of childcare workers. Thus the invisibility of care disproportionately harms women, particularly those facing multiple and often overlapping forms of inequality based on class, race, migrant status, sexual orientation, gender identity and expression, disability or other identities.

The link between care, poverty and inequalities is not a product of the COVID-19 or cost-of-living crises; it is a longstanding challenge.

In 2020, before the pandemic, Oxfam GB published the Make Care Count paper to highlight the struggles facing many carers across Britain, and how unsupported, underpaid, unequal and unrecognized care was trapping women in poverty.

Four years on, the hardship faced by carers and the strain on the whole care infrastructure continues to deepen – exacerbated by the pandemic and now the cost-of-living crisis, on top of years of austerity.

It is time to break the link between care, poverty and inequalities.
How we define care in this report

**Unpaid care** includes caring for children and providing care and support for disabled, ill and older people, as well as undertaking domestic work such as cooking and cleaning, without receiving any explicit financial compensation. Unpaid care usually takes place within households but can also involve caring for extended family members, friends or neighbours. This report focuses on parents and guardians caring for children, and unpaid carers for people with additional support needs.

**Paid care** is caring for people or doing domestic work for pay. It takes place in public and private care sectors such as education, health and social work, but also in private households caring for people or doing domestic work for pay – as social care and childcare workers do, for example. This report focuses on care workers in the social care as well as early education and childcare sectors. This is in recognition of the specific undervaluation care workers face, which is rooted in the lower professional status of care work and reflected in lower pay and greater exploitation compared to that experienced by workers in the health and education sectors. We fully acknowledge that the latter have also faced great challenges, before, during and since the pandemic, and the crises in all these sectors are interlinked and mutually reinforcing.

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Oxfam stands in partnership and solidarity with the many organisations across Britain, including grassroots groups led by carers, that are advocating and campaigning for better rights for carers and adequate recognition for care. This paper puts their voices, knowledge and work at its core, to:

- Highlight the deepening link between care, poverty and inequalities.
- Explore the systems that are failing carers and the deep-seated narratives that keep care invisible.
- Share a vision for change, with a focus on government action, as well as the need to shift narratives on care, and to work in solidarity and partnership with communities, organisations and movements driving change.

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**Box 1: How we define care in this report**

Unpaid care includes caring for children and providing care and support for disabled, ill and older people, as well as undertaking domestic work such as cooking and cleaning, without receiving any explicit financial compensation. Unpaid care usually takes place within households but can also involve caring for extended family members, friends or neighbours. This report focuses on parents and guardians caring for children, and unpaid carers for people with additional support needs.

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This section sets out some facts about the hardship and poverty that carers across Britain are facing today, and reveals the strain on the childcare and social care infrastructure due to years of underinvestment.

We then discuss the deepening link between care, poverty and inequalities, and demonstrate how women – particularly those facing additional discrimination based on race, class, disability, sexual orientation, gender identity and expression, and other identities – are still paying the heaviest price.
2.1. THE REALITY OF CARE AND POVERTY

The COVID-19 crisis highlighted the vital importance of care for all individuals and our society. As social care and childcare services were restricted and closed down, many people had to take on additional unpaid caring responsibilities.

**Average number of hours parents spent looking after their children (including home schooling) per day:**

- A regular school day in 2014–15: 5.5 hours
- Beginning of the pandemic: 9 hours

**Unpaid carers providing more care to disabled, ill and older people six months after the start of the pandemic:**

*Compared to before the first lockdown.

The pandemic also brought to light the essential role played by frontline social care and childcare workers (alongside health, education and other key workers), who saw their workload intensify and their responsibilities widen, with long-lasting effects.

A recent survey by the Early Education and Childcare Coalition found that in England, early years professionals reported still having to absorb increased responsibilities – often to compensate for the weakening of other agencies – since the crisis. This includes supporting growing numbers of children with special educational needs and disabilities (SEND).

Similarly, 80% of social care workers surveyed across the UK in 2020 said their workload had increased, including to cover for other workers who were self-isolating. More recently, 70% of Directors of Adult Social Services in England reported that frontline adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff.

Despite the greater visibility and awareness of the pivotal role of care during the pandemic, evidence gathered since 2020 clearly reveals how the link between care and poverty has continued to deepen.
Among those caring for children:

Gingerbread reported that two in three single parents polled in early 2023 said their financial situation was worse than 12 months before, and one in five were using credit to pay for household essentials. 17

The Young Women’s Trust highlighted that in 2023, 40% of young women with children said they sometimes have to choose between feeding themselves and feeding their children – up from 30% in 2022. 18

Child Poverty Action Group estimated that in 2023, high inflation pushed the cost of raising a child to £166,000 for a couple and £220,000 for a single parent (over 18 years). This leaves a single parent on minimum wage with a 24% shortfall, and a couple where both parents are working full-time with an 8% shortfall. 19

Among unpaid carers for disabled, ill and older people:

The Joseph Rowntree Foundation found that in 2021–22, poverty rates remained much higher for households with an unpaid carer or a disabled person. The poverty rate for working-age unpaid carers was 28%, compared to 20% for those without caring responsibilities; and it was 31% for disabled people, compared to about 19% for those who are not disabled. 20

Carers UK found that in 2023, over a third (34%) of carers said they had cut back on essentials such as food or heating, compared to 13% in 2021; and 60% agreed they were worried about the impact of caring responsibilities on their finances. 21

In 2022, a survey by Carers Trust revealed that 91% of carers felt ignored by the government and 70% reported not receiving enough support. 22 More recently, 68% reported being unable to take a respite break from their caring role when needed. 23

Among paid care workers:

The Childcare During COVID-19 research project highlighted that 32% of childminders earned less than £10,000 in 2020–21 (compared to 13% in 2018–19); 24 and the Women’s Budget Group found that nursery workers and nannies who were furloughed at 80% pay struggled to cover basic costs. 25

The Trades Union Congress (TUC) estimated that more than one in four children (28.4%) with care-worker parents were growing up in poverty in 2020–21, 26 and the GMB Union found that 75% of social care workers reported that their work during the COVID-19 pandemic had a serious negative impact on their mental health. 27

Unseen UK highlighted a 606% increase in the number of modern slavery cases in the care sector from 2021 to 2022, and found that workers who contacted their helpline reported taking on debt, averaging £11,800, to pay for recruitment, visa and travel costs. 28

The hardship carers experience is a stark injustice that needs to be recognized and urgently addressed through a critical shift towards a caring economy where all care is properly valued and supported.
2.2. UNDervalued and Invisible Care Continues to Fuel Inequalities

Care is unequally distributed within our communities. Before the pandemic, women in the UK were already carrying out on average 60% more unpaid care and domestic work than men, and were overrepresented in the social care and childcare sectors.

At the beginning of the pandemic, while time spent providing unpaid care increased for both men and women, women took on most of the additional care work. For example, in Britain during the first weeks of lockdown in 2020, women did on average 78% more childcare than men in households with a child aged under five. A review recently conducted by the WiSE Centre for Economic Justice highlighted that while there was initially a slight narrowing of the gender gap at the onset of the pandemic, this was only temporary and widened again over time.

The gendered nature of unpaid care remains clear: the majority of single-parent families are still headed by women (2.5 million, 84%), and women represent 59% of unpaid carers in England, 58% in Wales, and between 60% and 70% in Scotland.

Women also continue to be overrepresented in the care sector, where jobs remain low-paid and highly precarious. In England, the proportion of women working in adult social care remained stable at 82% from 2012–13 before decreasing marginally to 81% in 2022–23, primarily due to an influx of international recruits (to plug recruitment gaps and meet demand) who were mostly men. In 2022, 97% of childcare workers in England were women, with no or little change from the pre-pandemic period.

Care also remains racialized. Before 2020, Black and minority ethnic women were more likely to live in households with dependent children, as well as in single-parent and larger families. In England, 25% of adult social care workers are from Black and minority ethnic backgrounds, and 19% are non-British – making the workforce more diverse than the general population.
The unequal distribution of care work that is undervalued, unsupported and unrewarded continues to affect women throughout their lives. It profoundly undermines their financial independence and wellbeing, now and in the future, and amplifies existing vulnerabilities.

In this context, class, race, disability, migrant status and other identities interact with and compound gender inequalities, shaping women’s unequal experiences of poverty, hardship and exclusion.

During the pandemic, research by the Women’s Budget Group, The Fawcett Society, London School of Economics and Queen Mary University found that a quarter (23.7%) of Black and minority ethnic mothers reported struggling to feed their children, compared to 19% of white mothers.47

Research by The Fawcett Society, the Women’s Budget Group, Engender, Close the Gap, Women Equality Network (WEN) Wales, and Northern Ireland Women’s Budget Group showed that in late 2020, six in ten (58%) disabled mothers reported struggling to make ends meet, compared to 36% of non-disabled mothers.48

The Living Wage Foundation highlighted that Black women are now 1.2 times more likely to be on low pay than Black men, 1.13 times more likely than white women, and 1.7 times more likely than white men.49

The evidence and examples above clearly demonstrate how poverty is a reality for too many people providing paid and unpaid care, and how other inequalities result in unequal experiences of hardship. Section 3 explores the key drivers of carer poverty.
The pervasive and systemic undervaluation of carers and underinvestment in all care creates and deepens the link between caring and poverty.

This section highlights the key systems that are failing to provide all carers with adequate support and recognition, and all care with vital investment. As such, they are keeping and pulling more carers into poverty and hardship, and fuelling inequalities.

It then shows how these systems that keep care invisible and unsupported are shaped, driven and maintained by underlying ‘sticky’ social norms, values and narratives that devalue, ignore and dismiss care.
3.1. THE SYSTEMS THAT CONTINUE TO FAIL CARERS

Lack of support to access and remain in paid work

One of the key (and longstanding) challenges for those with unpaid caring responsibilities is the lack of support to enable them to remain in, but also to access, paid work. This forces many to reduce their working hours, take on low-paid and precarious jobs, or to leave paid work altogether. Many also struggle to enter or return to employment, with significant implications for their financial stability and resilience, as well as emotional wellbeing.

The Joseph Rowntree Foundation, using data from 2010 to 2019, estimated that those caring for children experience an average financial penalty of over £15,000 per year, and those caring for people with additional support needs experience an average penalty of nearly £5,000 per year. This penalty is driven by carers reducing their working hours or leaving paid work altogether to care, set against the increases in pay they would have otherwise experienced.50

Expensive and hard-to-access childcare, especially for younger children, insufficient help and flexibility in the workplace, and lack of adequate employment support are the key driving factors behind the challenge of combining unpaid care and paid work.

Before the pandemic, Carers UK estimated that, on average, around 600 people a day were leaving paid employment as a result of caring for disabled, ill or older people;51 it also found that in 2022, 75% of unpaid carers were worried about continuing to juggle work and care.52

Working Families highlighted that over half (51%) of lower-income parents surveyed in 2022 had to reduce their working hours to manage childcare needs, and a fifth had to quit their job; 65% of parents of under-fives said that the cost of childcare is a financial strain on their family, and four in ten said they have got into debt to pay for childcare.53

Action for Children found that up to 50% of the children living in poverty in the UK (1.95 million) in 2022 were in families with at least one significant barrier to work or extra work.54

Oxfam Cymru and the Make Care Fair coalition55

Parents surveyed in Wales in 2023:

92% said childcare costs are too high compared to their income.

70% reported having no surplus income or savings left after paying for childcare.

53% said that after paying for childcare it doesn’t make financial sense for them to return to work.
The unequal distribution of unpaid caring responsibilities means that women, especially racialized and otherwise marginalized women, continue to face greater challenges in combining unpaid care and paid work.

**Pregnant Then Screwed** highlighted in 2020 that 46% of mothers who had been made redundant during the pandemic cited lack of adequate childcare provision as the cause; and 72% of mothers reported having to work fewer hours because of childcare issues.\(^5^6\)

In 2023, the **TUC** found that Black and minority ethnic women were 12 times more likely than men to be out of the labour market due to unpaid caring responsibilities – this is one in eight (12%) Black and minority ethnic women, compared to just one in 100 (1%) men.\(^5^7\)

**Carers UK** showed that in 2023, unpaid women carers were three times as likely as men to be in part-time work (18% compared to 6%).\(^5^8\) This is in line with the general trend, with women three times more likely than men to be in part-time work.\(^5^9\)

**Inadequate social security**

In the face of their struggle to combine unpaid care and paid work, and as the cost of caring continues to soar sharply – including for vital medical equipment, heating and food,\(^6^0\) but also childcare costs\(^6^1\) – those with unpaid caring responsibilities also have to rely on inadequate social security benefits that do not cover the essentials. This is an issue that predates, but has been exacerbated by, the pandemic and cost-of-living crisis, following years of benefit freezes and cuts.\(^6^2\) Recent uprating of benefits in line with inflation, while welcome, do not change the fact that they remain inadequate.

Carer’s Allowance remains the lowest benefit of its kind at only £76.75 per week (in 2023–24) for those providing a minimum of 35 hours of care. Research by **Carers UK** shows that 45% of carers receiving Carer’s Allowance are struggling to make ends meet – an increase from 39% in 2022; and 34% are struggling to afford the cost of food (compared to 29% in 2023).\(^6^3\) Not only is the payment inadequate, but restrictive eligibility criteria limit access to this benefit for many carers, and an inflexible earnings limit (up to £139 a week) hinders carers’ ability to take on more paid employment.

The latest analysis by the **Child Poverty Action Group** reveals how, in 2023, “the combined effects of the pandemic, the cost-of-living crisis and social security cuts since 2016 have left even couple-families with two children and both parents working full time at the “national living wage” £51 short of a decent living standard each week, compared to a shortfall of £37 last year” – cuts also include the two-child limit and the benefit cap (Box 9).\(^6^4\)

Reliance on social security increased sharply during the first year of the pandemic, with over 10 times the usual number of claims made for Universal Credit at the beginning of the first lockdown.\(^5^5\) The initial emergency measures put in place by the UK government to buffer the impact of the pandemic – including the £20 uplift in Universal Credit and the furlough scheme – provided some much-needed relief. However, this crucial support was never extended to benefits for disabled people and carers, and was only temporary.
The Cost-of-Living Payments introduced by the UK government to support people with energy and fuel costs have also provided some relief. However, again, the payments are due to end in 2024 (and have already ended for disabled people as of Autumn 2023). The Resolution Foundation also highlighted that “the Cost-of-Living Payments do not offset the litany of financial pressures that households are facing” in addition to energy bills, including increasing costs of food.

In Scotland, while the government has used its devolved powers to provide welcome extra support to parents – through the Scottish Child Payment (Box 9) – and unpaid carers – through the Carer’s Allowance Supplement, and the additional Coronavirus Carer’s Allowance Supplements in 2020 and 2021 (Box 10) – financial support remains inadequate.

Again, women – especially racialized and otherwise marginalized women – are most affected by inadequate support, as they are more likely to rely on social security. This is because they generally earn less than men through paid work and, as highlighted in this paper, have greater caring responsibilities. Therefore, any benefit inadequacies will impact them disproportionately.

The Runnymede Trust recently estimated that, on average, white families now receive £454 less a year in cash benefits than they did a decade ago. However, this rises to £806 less a year for Black and minority ethnic families, and to £1,040 for Black and minority ethnic women specifically.

A coalition of Scottish charities led by One Parent Families Scotland has highlighted the issue of the ‘young parent penalty’. This affects under-25s on Universal Credit, who receive a lower rate of benefits than those aged over 25. This results in young-couple parents being around £100 worse off per month, and single parents – who are mostly women – around £65 worse off per month than over-25s.

The impact of the No Recourse to Public Funds policy, which does not allow migrants to access social security support, has left many migrants, particularly migrant women, with no or very little emergency support during the pandemic and now the cost-of-living crisis.

Poor pay and working conditions for care workers

Systemic failures are equally stark for paid care work. Care workers, both in social care and childcare, are widely underpaid and experience a high level of job insecurity and poor working conditions.

Governments in Scotland and Wales have taken steps to increase pay for care workers. The Welsh Government committed to ensuring that social care workers (in both public and private sectors) receive the real Living Wage. There is also a commitment in Scotland to raise pay levels from £10.90 to £12 per hour in the Private, Voluntary and Independent sector, which delivers funded early learning and childcare, as well as in social care, from April 2024. However, staff across both social care and childcare in Scotland and Wales continue to experience similar levels of low pay and job insecurity to their counterparts in England.
Inadequate statutory sick pay provision is also affecting the care workforce, alongside the lack of opportunities for career progression. Poor pay and conditions are among the driving forces behind the significant recruitment and retention challenges that both sectors are facing across Britain.

Recent research by the Early Education and Childcare Coalition found that in England, across every setting type, recruitment has become more difficult in the last year compared to before COVID-19. It is particularly difficult to recruit qualified staff, and the average time taken to fill vacancies in the last year was 10 weeks.

In Scotland, the Coalition of Care and Support Providers with the HR Voluntary Sector Forum found that social care and support providers are facing a significant loss of staff, with an average of 52% of carers who changed jobs in 2022 leaving the social care sector altogether.

This challenge to recruitment and retention has not led to more attractive jobs, rather the labour market is in search of migrant workers who will accept the current conditions, or worse.

UNISON has shed light on the growing exploitation and harassment experienced by migrant social care workers when they come to the UK to help fill recruitment gaps. Similar experiences have been highlighted by in-home childcare workers (such as au-pairs and nannies), who are overwhelmingly migrant women.
The care infrastructure is underfunded and overstretched

Too often the challenges facing both paid and unpaid carers (as well as those experiencing care) are intrinsically linked to chronic public underinvestment in the whole care infrastructure, alongside a growing reliance on care provision that prioritizes profits over the quality and accessibility of care services.83, 84

Councils in England spent an estimated £7.5 billion placing people in poor quality care homes between 2019 and 2023, including £480 million on those deemed ‘inadequate’ – many of which were rated unsafe and in special measures.85

In the early years sector in England, large (often heavily indebted) private-for-profit companies have increased their market share, without a substantial increase in childcare places, or more investment in the workforce. The proportion of income spent on wages is as much as 14% lower for private-for-profit childcare companies than not-for-profits.86

Lack of adequate public investment, compounded by years of austerity, and growing for-profit care provision were highlighted as challenging trends long before the pandemic.87 But the sharp and rapid increase in care needs due to the COVID-19 crisis (including a backlog in health provision) has put an already struggling care infrastructure under incredible pressure, with long-lasting effects.

Age UK and Care and Support Alliance estimated that in England today, 2.6 million people aged over 50 have some unmet social care needs.88 And the Association of Directors of Adult Social Services calculated that in spring 2023, over half a million hours of domiciliary care were not delivered across the English regions due to staff shortages – equivalent to around £14.7m worth of undelivered care.89

Coram Family and Childcare recorded a significant drop in childcare availability across England in 2023, with only half of local areas reporting sufficient childcare for children under two – a decrease of 7% on 2022 – while childcare costs have been rising sharply. They also found that only 18% of English local authorities surveyed in 202390 had enough childcare for disabled children, compared to 25% in 2021.91

Any increase in public funding for childcare and social care sectors will need to take into account the cumulative impact of years of austerity and the shock of the pandemic, but also the ongoing economic crisis and related high inflation. For example, in March 2023 the UK government announced an extension of the 30-hours funded childcare scheme in England. While this was a welcome step, the Women’s Budget Group estimated a £5.2bn funding gap between the UK government budget and the true cost of this expanded provision by 2025–26,92 which is also in a context of serious understaffing.93

Overall, this leaves those with unpaid caring responsibilities unsupported; the care workforce underpaid and unrewarded; care services, including physical infrastructure, equipment and resources, overstretched and inadequate; and children as well as disabled, ill and older people without the high-quality care they need.
3.2. Narratives that keep care undervalued

In the UK and globally, there are deeply entrenched public and institutional narratives that keep care invisible and taken for granted, making it harder to radically change the failing systems outlined in Section 3.1.

There are four key underlying norms at the root of the structural drivers of carer poverty:

1. **The extractive, profit-driven belief** that economic growth should be pursued at any cost and only activities that produce immediate monetary value matter for economic progress. This does not include the billions of hours of unpaid care and domestic work predominantly carried out by women.

2. **The sexist, classist, racist and ableist belief** that the labour of women and non-binary people, those living in poverty, migrants, and disabled, minority ethnic and racialized groups is of less value and less worthy of rights and dignity.

3. **The patriarchal belief** that care work is women’s work – that it is ‘natural’ for women to take on caring responsibilities in households and communities, and also that care is not ‘work’ as it happens in private spaces and is often not paid.

4. **The neoliberal belief** that care is an individual, private activity and responsibility rather than a collective one that should be shared equally between communities and the state, with governments taking responsibility to ensure that individuals and communities receive adequate care.

These narratives are informed by systems of oppression that function to maintain and reinforce power dynamics that oppress and exclude people and communities on the basis of class, gender, race, disability and other identities.
3.3. TIME TO ACT

Against a backdrop of the soaring cost of living, growing destitution, an ongoing economic crisis and struggling public services, the vital role of care and carers continues to be unseen and taken for granted – and care infrastructure remains underfunded and inadequate. The evidence highlighted in this paper shows that poverty is becoming a reality for too many people who provide vital paid and unpaid care. Behind each fact and figure are stories of unnecessary hardship and exclusion.

It is clear to see how the lack of value placed on care and carers is unequally affecting those who already experience oppression and exclusion based on class, gender, race, disability and other intersecting identities – making them fall faster into poverty and distress. This injustice needs to stop.

Urgent action, especially at policy level, is needed to create radical shifts in the systems and deep-seated narratives that perpetuate the undervaluation of care, and hence poverty and inequalities.

In the UK, the richest 1% of Britons hold more wealth than 70% of the population, and globally the five richest men have more than doubled their fortunes since 2020, while the wealth of five billion people has fallen.
The previous sections have demonstrated the link between care, poverty and inequalities, and explored the systems and narratives that underlie and perpetuate the invisibility of care. As highlighted by the myriad of civil society organisations, movements, coalitions and campaigns that are demanding change – many of which have sprung up in response to the current circumstances – this situation should not be tolerated, and it is not sustainable.

It is time for a proactive shift in our economic approach to a model that invests in a feminist caring economy – where all care, paid and unpaid, is recognized and valued as a vital social good and a collective responsibility; unpaid care is reduced and redistributed; paid care is adequately rewarded; and all carers have a powerful voice in decision-making.\textsuperscript{99,100}
Such an economy is one that prioritizes care not only for people but also the planet, and hence requires transformative care and gender-responsive policies, as well as just climate policies moving from extractive to regenerative practices. 101

Oxfam’s influencing work on care, poverty and inequalities across Britain contributes to our global efforts to shift power and build a new economy that is centred on and invests in the currently invisible work done predominantly by women across the world, including unpaid care and informal work. This recognizes that the systems of power that perpetuate poverty and inequalities are essentially the same globally.

The UK and devolved governments have a key responsibility to drive change, achieve this ambitious vision and break the link between care, poverty and inequalities. They have the power to shape and shift policy and spending decisions, but also to change the deep-seated narratives that keep care invisible and undervalued. Communities and wider society also have the power to push for narrative and policy change, by writing and embracing a new story about care and holding governments accountable.

This section explores a broad vision for transformational policy and narrative change, in which Oxfam stands in partnership and solidarity with others across Britain to push for urgent change.

4.1. TRANSFORMATIONAL POLICY CHANGE

There are six key areas where government action is urgently needed to catalyse a shift to a more caring economy:

1. Reform the tax system and make it fair, redistributive and progressive to resource a shift to a caring economy, and to recognize and redistribute the wealth that is created and sustained by the labour of unpaid and underpaid carers.

2. Increase investment in care infrastructure, and ensure that the quality and accessibility of services are prioritized over profits.

3. Ensure that paid care workers across the social care and childcare sectors are paid fairly and have access to stable employment and decent working conditions, and that their skills are properly recognized.

4. Strengthen the social security safety net for all, including those who cannot work or have to reduce their working hours due to caring responsibilities, disabilities or illness.

5. Ensure adequate support for those with unpaid caring responsibilities to enable them to access, return to or remain in decent paid employment.

6. Commit to transparently collect data and track progress on whether policies and spending decisions are effectively valuing and investing in all care and carers.

This vision covers a wide range of policy issues that often overlap. Progress in achieving policy change will therefore require multiple changes across several areas by the different governments across Britain.
The following pages briefly explain the six propositions above and give examples of policy recommendations. These are either asks that Oxfam supports as part of coalitions we are members of and campaigns we endorse, or proposals that have been developed by allies we work with. We highlight them as some of the possible ways to move closer to the ambitious vision for a caring economy.\textsuperscript{102}

1. Reform the tax system

Reforming the tax system is a fundamental step not only to resource a shift to a caring economy, but also to recognize and redistribute the wealth that is created and sustained by the labour of unpaid and underpaid carers.

Tax reform is also necessary to achieve gender equality. The current tax system disadvantages women, as women earn less than men, do a greater amount of unpaid care work and rely more on public services.\textsuperscript{103}

Tax revenues should be invested to reduce income and wealth, gender, race and other entrenched inequalities, and to strengthen governments’ responsiveness and accountability towards citizens.

The UK government should implement wealth tax reforms (Box 2), introduce and strengthen existing windfall taxes, and take action to tackle tax avoidance and evasion in order to effectively tax offshore wealth and assets, including through introducing public country-by-country reporting for all multinational companies operating in the UK.

**Box 2: Tax Justice UK and Patriotic Millionaires UK’s proposal for tax reform\textsuperscript{104}**

Oxfam supports the six wealth tax reforms that Tax Justice UK and Patriotic Millionaires UK have set out, which could raise up to £50bn per annum:

1. Apply a 1–2% wealth tax on assets over £10m, raising up to £22bn a year.
2. Equalize capital gains with income tax rates, raising up to £15.2bn a year.
3. Apply National Insurance to investment income, raising up to £8.6bn a year.
4. End the inheritance tax loopholes that benefit the already wealthy, raising up to £1.4bn a year.
5. Reform the rules on non-domiciled residents (‘non-dom’) status, raising up to £3.2bn a year.
6. Introduce a 4% tax on share buybacks, raising approximately £2bn a year.

While the UK government controls significant tax levers, particularly in relation to wealth, the devolved governments in Scotland and Wales should use their tax powers to increase revenues to invest in care infrastructure. For example, more than 60 organisations in Scotland have called on the Scottish government to kick-start fundamental reform of the devolved tax system to target under-taxed wealth and to incentivize pro-social and environmental behaviour change.\textsuperscript{105}
2. Invest in care and prioritize quality and access over profits

The priority of any government should be to reverse the trend of chronic underfunding of our care infrastructure, including both social care and childcare, and recognize this underinvestment as a false economy.

Investing sufficiently in social care and childcare services means not just ensuring they are able to survive day-to-day, but also ensuring they become a resilient infrastructure that can meet the care needs of children as well as disabled, ill and older people; adequately support those providing unpaid care; and guarantee decent work for care workers.

Oxfam supports policy proposals that focus on creating universal, high-quality care services that recognize the value care workers bring to our society and economy, and put the voices and needs of those both giving and experiencing care at the heart of decision-making. While proposals across the nations may differ, along with current policy and funding contexts, their goal is the same and they all require additional funding.

With regard to social care, increased investment will alleviate the pressures on both paid and unpaid carers as well as the NHS, improve the quality of care for those experiencing it, and help address low pay in this female-dominated sector (Box 3). For childcare, adequate funding will provide vital support for parents and guardians; offer safe spaces for children; enable the workforce to be offered training and fair remuneration; and support the sector to be fully inclusive for children with special educational needs and disabilities (SEND) (Box 4).

**Box 3: Social Care – What could more investment mean?**

**England**

A proposal for a universal quality social care service in England put forward by the New Economics Foundation and the Women’s Budget Group would cost £19.6bn per year, in addition to the £20bn cost of the current system. The additional investment would close the funding gap or the difference between estimated income available to fund services and the cost of meeting all care needs through high-quality social care, free at the point of use.

**Scotland**

The Scottish Women’s Budget Group, in research funded by Oxfam Scotland, sets out a transformative scenario for reform. This focuses on increasing access to free care to those with moderate needs, and increasing qualifications and pay for care workers to £15.21 per hour on average, while assuming higher take-up rates to further relieve informal care needs and eliminate unmet needs. This would require £6,822m in annual public investment or 3.7% of GDP, a 1.8% increase on the current budget.
Box 4: Childcare: what could a new system look like?

England

As a member of the Early Education and Childcare Coalition, Oxfam supports its call to the UK government for short-term interventions to ‘rescue’ the sector, combined with a longer-term commitment to ‘reform’ to deliver a system rooted in the following principles:

- High-quality provision for all children, especially those with greatest need.
- Sustainable provision that works for all kinds of working parents and their employers.
- Good pay, terms and conditions for the professionals who deliver childcare.
- Accessible and affordable options for all parents, in all communities.
- Locally shaped options that respond to local circumstances.

Wales

Oxfam Cymru and the Make Care Fair coalition have called on the Welsh government to improve childcare support by:

- Continuing to prioritize investment in childcare.
- Putting childcare for all children at the heart of its child poverty strategy.
- Developing a blueprint for a future-focused childcare plan to meet current and future needs, by involving experts, parents and stakeholders of the childcare sector.
- Creating a seamless and affordable childcare system that addresses current gaps and brings a universal approach benefitting all children.
- Recognizing the significant contribution of unpaid care and domestic labour to the economy.

To ensure that public investment in care infrastructure truly benefits those providing and experiencing care, governments should stop promoting and enabling the financialization – or extractive ownership – of all care services (both social care and childcare), by limiting and regulating the role of for-profit care companies (Box 5).

Governments should instead focus on scaling up and strengthening care systems that are equitable, gender-transformative, universally accessible and free at the point of use.
Box 5: Ways to End the Financialization of Care

What is financialization?
‘Financialization’ is the increasing role of financial motives, financial markets, and financial institutions in the operation of the economy. For public services, it means models of private ownership that are financed by debt and prioritize shareholder returns, rather than focusing on delivering quality services and taxpayer value. Here, costs (including wages, safe working conditions and the amount of tax paid) are minimized to maximize profit. Assets are often sold off or mortgaged to finance rapid growth and more shareholder payouts, leaving service providers vulnerable to collapse and closure.

An increasing number of childcare and large private social care providers in the UK are funded by private equity and concerns are growing about the impact on cost, quality of care and working conditions.

Adult social care
In England, the policy solution put forward by Public Services International to end the financialization of social care is to make it publicly owned. It adds that, ‘Where this is not possible then other ways must be found to take profit out of care. Regulate for quality of care, staffing levels and transparency.’

The Scottish TUC is urging the Scottish government to base the design of the proposed National Care Service – a major reform that would make Scottish Ministers (rather than local councils) directly responsible for adult social care – on a not-for-profit public service, delivered through local authorities with an ongoing role for the voluntary sector.

Similarly, UNISON Cymru Wales makes the business case for a Welsh National Care Service to be publicly provided, stating that ‘if this [the current] market model is allowed to continue care workers will remain underpaid and there will be no end to the pressure on companies at the delivery level to move away from low-cost delivery models’.

Childcare
The Institute for Public Policy Research and Save the Children’s proposal on establishing a Childcare Guarantee in England includes setting limits on acceptable levels of indebtedness for providers. This could, for example, see local authorities play a stronger role in demanding that providers meet criteria, including limits on losses or ratios of debt to total assets, in order to receive government funding.
3. Ensure better pay and rights for paid care workers

All paid care workers across the social care and childcare sectors must be **recognized and properly rewarded through fair pay and decent work**, including having their right to engage in **collective bargaining respected**.

Recognizing the specific vulnerabilities of **migrant care workers**, it is crucial that they are protected from abuse and exploitation across all care settings, including private homes.

**BOX 6: THE TUC’S PROPOSED STRATEGY FOR THE CARE WORKFORCE**

The **TUC** has set out a comprehensive care workforce strategy for England that would be developed with trade unions and care workers.\(^{115}\) This strategy would be based on a set of critical building blocks:

- **Worker voices heard and valued**, including through sectoral collective bargaining arrangements and the creation of National Partnership Forums in social care and childcare.

- **Decent pay and conditions for all care workers** through a collectively negotiated sectoral agreement on fair pay and decent working conditions, a new sectoral minimum wage of £15 per hour, sick pay, secure contracts and full payment for all time worked.

- **Skills, training and progression pathways**, with nationally negotiated training frameworks to ensure consistency and quality.

- **Protection of care workers’ health, safety and wellbeing**, including by ensuring that staffing levels are based on care and education needs and not arbitrary ratios.

**BOX 7: SCRAPPING THE FAMILY WORKER EXEMPTION – AN IMPORTANT CAMPAIGN WIN\(^ {116} \)**

Following a long but successful campaign led by **Anti-Slavery International, Anti Trafficking and Labour Exploitation Unit (ATLEU), Focus on Labour Exploitation (FLEX), IWGB Nannies & Au Pairs branch, Kalayaan, Nanny Solidarity Network, The Voice of Domestic Workers, and Women’s Budget Group**, with the support of others, the UK government has taken steps to scrap the Family Worker Exemption from National Minimum Wage Regulations. This allowed employers to treat live-in domestic and childcare workers as ‘members of the family’ and hence avoid paying them the National Minimum Wage, or any wage at all. For many years this represented a loophole which enabled the exploitation of migrant women workers.
4. Strengthen social security

Any reform to social security should have at its centre fairness and respect for those in need of support, as well as a commitment to recognize social security as crucial infrastructure aimed at ensuring that everyone is able to live a dignified life free from poverty. It is the responsibility of governments to ensure that no one experiences financial hardship due to the care they provide or need, or because they work in social care or childcare.

The UK government should introduce significant and permanent increases to social security payments to redress the harmful impact of benefit cuts and freezes, and better protect all those in or at risk of poverty. For parents and unpaid carers, for example, this means increasing the level of Child Benefit and Carer’s Allowance (the lowest benefit of its kind at £76.75 per week).

Eligibility criteria should be reviewed to ensure that financial support is accessible to those who need it most, but also to enable flexibility so that people with unpaid caring responsibilities can take on paid work without losing vital financial support through social security.

**BOX 8: THE ESSENTIALS GUARANTEE CAMPAIGN**

Oxfam supports the Joseph Rowntree Foundation and Trussell Trust campaign calling on the UK government to introduce an Essentials Guarantee. The Essentials Guarantee would embed in our social security system the widely supported principle that, at a minimum, Universal Credit should protect people from having to go without essentials such as food, utilities and vital household goods.

**BOX 9: SCRAPPING THE TWO-CHILD LIMIT AND THE BENEFIT CAP**

Oxfam supports calls by partners and coalitions, including the End Child Poverty Coalition, to abolish the two-child limit, which restricts means-tested child benefit to the first two children in a family only, affecting 1.5 million children across the UK. Scrapping the two-child limit would cost £1.3bn per year, and it would immediately lift 250,000 children out of poverty, making it the most cost-effective way to reduce child poverty.

Oxfam also supports calls for the UK government to scrap the benefit cap. This limits the total amount of support that working-age households can receive from social security. Abolishing the benefit cap would cost around £250m per year, and would substantially reduce hardship for the 250,000 children living in families affected by the cap.

The Scottish government has utilized its devolved social security powers to introduce, in 2021, the Scottish Child Payment (SCP), which is a £25 weekly payment for every child aged under sixteen in low-income families, with no limit on how many children within a family can receive the payment. The Scottish government says the payment will rise in line with inflation to £26.70 from April 2024. However, with fears that Scotland’s statutory 2030 child poverty targets may still be missed, campaigners had called for the SCP to rise to £30 per week in 2024–25, on a pathway to reaching £40 by the end of the Scottish Parliament in 2026.
BOX 10: REFORMING CARER’S ALLOWANCE

Oxfam supports calls from partners and allies, including the Carer Poverty Coalition, for the UK government to reform Carer’s Allowance (beyond increasing its level). This includes:

- Holding a full review into eligibility rules, so that carers can continue to provide unpaid care while also being able to look after their own health, wellbeing and financial security.
- Raising the earnings limit for Carer’s Allowance, and linking this to future increases in the National Living Wage.\(^{124}\)

In Scotland in 2018, the Scottish government introduced the Carer’s Allowance Supplement, an additional lump sum paid twice a year (worth £577.20 in total in 2024) to carers in receipt of the UK-wide Carer’s Allowance. From 2024, a new devolved entitlement, called Carer Support Payment, will gradually start to replace the Carer’s Allowance in Scotland, with eligibility also extended to carers in full-time education. While this is a welcome first step, other substantive changes are needed, including to significantly increase the Payment’s value and to further expand eligibility.

5. Ensure support for those combining unpaid care and paid work

It is important that steps are taken to make it easier for those with unpaid caring responsibilities to access, return to or remain in paid work, including increasing their working hours if they wish to do so.

Firstly, employment rights should be strengthened so that people can more easily combine caring responsibilities and paid work.

Secondly, tailored and person-centred employability support programmes should be implemented, with personalized and targeted interventions to support those with unpaid caring responsibilities (both parents and unpaid carers) who wish to secure decent paid employment, including access to training and educational opportunities.\(^{125}\)

Steps should also be taken to better support parents and guardians of children and promote a more equal redistribution of caring responsibilities across genders.

BOX 11: STRENGTHENING EMPLOYMENT RIGHTS – WHAT COULD THIS LOOK LIKE?

To make it easier for carers to combine unpaid care and paid work, the UK government should introduce:

- The right to flexible working as default, through a right to flexible working from day one in a job. This would shift flexible working to become the norm, with more limited exceptions where the business can prove a genuine need for refusing flexible work.\(^{126}\)

- Paid carer’s leave (following on from the introduction of unpaid carer’s leave), in line with the Joseph Rowntree Foundation proposal for a new Statutory Carer Pay.\(^{127}\)
6. Measure what matters

Shifting to a feminist caring economy means moving beyond traditional metrics in determining what is valuable to society – these notably include Gross Domestic Product (GDP), which focuses on growth and pays no attention to what kinds of growth, in which parts of the economy, how it is being achieved and at what costs. GDP disregards the value to the economy of unpaid care and domestic work.

GDP should be dislodged from its dominant position as the key measure of economic progress, to move towards more inclusive metrics. There is growing global consensus in this regard, as demonstrated by the United Nations Beyond GDP agenda. In the UK, for example, the Office for National Statistics (ONS) is pioneering two new metrics to give a more accurate measure of economic progress by taking account of negative impacts on people and the environment incurred through GDP growth. The UK government has the opportunity to build on the work of the ONS to measure the value of unpaid care and to recognize its centrality to our society and economy.

**Box 12: Scotland – A new National Outcome on Care**

The Scottish government says a ‘top priority’ is the transition to a ‘wellbeing economy’ that meets everyone’s basic needs and improves collective health and wellbeing. Scotland aims to achieve this through its National Performance Framework, which comprises a set of National Outcomes.

As part of the ongoing review of the Outcomes, the A Scotland that Cares campaign – led by Oxfam Scotland, Carers Scotland, Carers Trust Scotland, Scottish Care, One Parent Families Scotland, the Scottish Women’s Budget Group and the University of the West of Scotland, and supported by more than 60 other organisations – is calling for Scottish Ministers to adopt a new National Outcome on Care to address the deep and longstanding undervaluation of care. Over time, a dedicated National Outcome will provide a focus for new and sustained policy and spending action at national and local levels.

At a more tangible level, the UK government can extend its requirement of businesses to measure and report on gender pay gaps, to also measure ethnicity, disability and LGBTQIA+ pay gaps. In doing so, employers must then be compelled to act to address inequalities identified with regards to opportunity and renumeration in the workplace. This could be taken further by making care a protected characteristic under the Equality Act 2010, and extending the reporting requirement on pay gaps to include carers.
4.2. TELLING A NEW STORY ABOUT CARE

Transformative policy change is key to achieve an economy that centres care and values wellbeing and equality over growth and extraction. But this can only happen if we shift away from the extractive, sexist, racist, classist, ableist and patriarchal narratives that keep care invisible and taken for granted. It is time to write a new story about care – one that values all care as a vital part of our society and economy, and a collective good and responsibility that must be adequately invested in and supported, especially by governments.

Narratives are simple stories shared across cultures that shape our individual and collective perceptions of reality and what is possible. A shift in narratives has to happen among governments and institutions that are in charge of making public policy and spending decisions, as well as for people and the wider society. In fact, public and community support and action are critical to influence decision-makers, push for policy change and keep governments accountable.\(^\text{134}\)

Shifting deep-seated narratives is not an easy task. It is a journey that requires people and communities to question existing norms, and find new and radically different ways to think about our world and society. It also requires the disruption of existing systems of power and privilege.

As such, whether shifting narratives is attempted through storytelling, framing\(^\text{135}\) or other tools and approaches,\(^\text{136}\) this is a journey that needs time, persistence, and continuous collaborative work between communities, activists, organisations and movements advocating for change.\(^\text{137}\) As political economist, Isabel Crabtree-Condor explains: ‘This work is beyond the scope of one organisation or sector. To shift or change sticky narratives that keep the status quo in place is going to require collaboration and creative collective action at a scale not seen before.’\(^\text{138}\)

**Box 13: Reframing narratives on care in the UK\(^\text{139}\)**

In 2022–23, Oxfam in partnership with The Answer, and with the support of an Advisory Steering Group of partners (Carers UK, Carers Trust, Joseph Rowntree Foundation, Women’s Budget Group, Women’s Equality Network (WEN) Wales and the TUC), conducted research on reframing narratives on care in the UK. The project produced a toolkit with recommendations that can help civil society organisations and care advocates to communicate more effectively with the public about the vital importance of all care and the urgent need to properly value it, setting the scene for calls to action for policy change.

4.3. SHIFTING POWER FOR INFLUENCING

For transformative change – whether at policy or, more broadly, at narrative level – to happen, it is also necessary to shift power to the communities directly affected by the undervaluation of care, and to the carers and workers’ rights, anti-poverty, gender, disability and racial equality groups and movements that are collectively claiming better rights for carers and greater investment in care.
As Oxfam, we work in solidarity and partnership with the organisations, movements, coalitions and activists that are driving change – from grassroots groups to local and national organisations and international networks. Across Wales, Scotland and England, we are members of coalitions and support a range of campaigns (some highlighted in this report) to call for policy change; and we support, also through grant-making, work led by partners and allies, including capacity building, campaigns and research for influencing (Box 14).

At the core of this work is our commitment to join others while respecting their voice and knowledge, ensuring they remain at the forefront of the push for change and reflecting with them on our distinct contribution and added value. If we are to address systems of power that keep care invisible, we must challenge our own power and remain accountable.

**BOX 14: THE PARTNERSHIP WITH CIVIC POWER FUND**

In 2023, Oxfam GB partnered with Civic Power Fund, a new fund specifically dedicated to support grassroots community organising. Through this collaboration, we will support Civic Power Fund’s work with groups that are built by communities affected by injustice and poverty – also due to the undervaluation of care – to contribute to increasing their power and ability to influence change at local or national level. We will also work with Civic Power Fund and others on developing more effective and concrete ways to shift power to communities and community groups, ensuring that our collective influencing work remains inclusive.

### 4.4. CONCLUSION

The vision of building a feminist caring economy that centres care as a collective responsibility and a vital social good is certainly an ambitious one. But it is one that is urgently needed to tackle the growing injustice of carer poverty, and to finally shift the systems of power that only benefits a few.

This transition will require governments across Britain to use their powers to implement long-term policy change, and direct a deep and lasting shift in the public and institutional views and narratives that keep care invisible and undervalued. Bold policy decisions are needed to go beyond short-term, sticking-plaster solutions and create deeper social change and justice.

Communities and wider society are not passive bystanders in this process – they should have the power to play a key role in rewriting the story on care and shifting harmful narratives.

Ultimately, political will, commitment and leadership, and a shift in the narratives surrounding care will be key to drive transformative policy change at the depth and scale needed.
Views from across civil society

Carers Trust – Dominic Carter, Director of Policy and Public Affairs

The caring relationship that exists for millions across the UK does not differentiate between young and old. It occurs in every community and within every cultural and socio-economic setting. The same cannot be said for the experience of unpaid carers or the support that is accessible to protect them from poverty. Long before the cost-of-living crisis, geography, gender, ethnicity and age all linked to a lack of financial security for unpaid carers, and the extraordinary stress that comes with it. Nowhere near enough is being done to deliver the equity unpaid carers deserve. Carers Trust, alongside the dozens of local carer organisations in our network, are determined that no carer should be pushed into poverty or financial disadvantage by their caring role. Unpaid carers who face exclusion tell us their needs are being ignored by government. It is important that those in power are reminded of the urgency to act on the hardship experienced by so many.

Carers UK – Tamara Sandoul, Head of Policy and Public Affairs

Unpaid carers help to hold society together, providing vital support for older, disabled and chronically ill family members, friends and neighbours. Through this work, they contribute £162bn per year in England and Wales. However, there is a cost to this support: the health, wellbeing and finances of these unpaid carers often suffer, with implications for the NHS, the economy and society as a whole. A well-designed social security system providing adequate support would prevent carers from falling into poverty as a result of their role. Good quality social care to provide replacement care and allow breaks is key to maintaining the carers’ own health and wellbeing as well as enabling them to continue with paid work. Strong employment rights and support to return to paid work are also key to enabling more carers to hold on to jobs as well as their workplace skills, during and after their caring role comes to an end. Together with members of the Carer Poverty Coalition, Carers UK is campaigning to prevent and reduce the instances of carer poverty.

Child Poverty Action Group – Sophie Howes, Head of Policy

Looking after kids is a normal part of family life. But parents are too often stuck between a rock and a hard place – unable to live on current benefit levels, but priced out of the childcare they need to take up paid work. We need a social security system that ensures all families have enough to live on and that supports every parent who needs it to access good, affordable childcare. With four million children already in poverty, policymakers can’t afford to shrug their shoulders.
Early Education and Childcare Coalition – Sarah Ronan, Director

For far too long, successive governments have treated childcare as a household concern rather than an economic priority and a universal human need. As such, we’ve ended up with an early education and childcare model that exacerbates educational, economic and social inequality. Chronic underfunding of childcare has led to low pay among the early years workforce, closures in the most disadvantaged areas and children with special educational needs being locked out of vital early education and care. Meanwhile the poorest third of families receive no direct benefit from the government’s current childcare plan and those that do stay home to care for their children are dismissed as not contributing to economic output. The root cause of this is a societal-wide failure to value those that perform care. But there is also a failure to value those that need that care such as the young, disabled and elderly. Put simply, we have an economy that thinks you are only worth investing in if you can work. We fully support the call for greater investment in care infrastructure alongside better pay and conditions for those working in any care-related profession.

Minority Ethnic Carers of People Project (MECOPP) – Margaret Chiwanza, Chief Executive Officer

Carers often encounter intersecting barriers and challenges in their role. Black and minority ethnic (BME) female carers face significant financial difficulties, and inequality is deeply rooted in the caring sector. It is disheartening to see that unpaid care is undervalued, despite contributing £13.1 billion to the Scottish economy. There is a lack of consistent as well as culturally and linguistically appropriate support across the country, and a failure exists to prioritize reducing barriers for BME carers in many local carer strategies. Systemic racism, ableism, and sexism in society contribute to the burden of care falling on marginalized groups, where there is an assumption it is normal for them. It is crucial to address these issues promptly. Carers play an increasingly vital role in our society, and if we fail to tackle the systemic inequalities that exist within caring, they will only worsen. This will have a detrimental impact on the wellbeing of those affected, including their health and financial outcomes. We must recognize the value of care and take steps to reduce and redistribute unpaid care.

Economic Change Unit – Tom Railton, Director of Campaigns and Advocacy

Structural economic change is needed in order to break the link between care and inequality and ensure that the work that carers do in our society is properly valued. It is right to highlight the role that the tax system plays in underpinning these inequalities, and to call for reform to more fairly distribute wealth and tackle inequalities.
One Parent Families Scotland – Satwat Rehman, Chief Executive Officer

In the fabric of societal wellbeing, care – both paid and unpaid – serves as the golden thread that binds us together. But many providing and experiencing care are trapped in poverty and hardship. Single parent families are a quarter of all families in Scotland. Single parents, mainly women, combine the role of sole carer and breadwinner for their children and not being able to pool resources with another adult comes with risks of real hardship. One in three children in single parent families are in poverty. Current solutions have only mitigated the immediate causes of poverty among paid and unpaid carers. There is a need to address the underlying causes of carers’ poverty: the devaluing of care, underrating of women and Black and minority ethnic workers’ skills and the ‘male breadwinner’ view of employment. Addressing the challenges of care, poverty, and inequalities requires comprehensive policies, social support, and a recognition of the unique struggles faced by carers. There is a need for transformational policy and narrative change and that it’s time to write a new story about care – one that values all care as a vital part of our society and economy which should be valued, invested in and supported.

Runnymede Trust – Shabna Begum, Interim Chief Executive Officer

The economy today is not ‘failing’ when it devalues and invisibles the labour of care, it is actually designed to operate on those terms. People of colour are often at the sharp end of the degradation and exploitation that is involved in devaluing care work - both paid and unpaid, and the consequences of this have translated into record levels of poverty and hardship. Existing intersectional analysis highlights the multiple and compounding ways that people can find themselves bearing the burden and how it is often women of colour performing the work that is denied status and value. But despite ample evidence of the systematic nature of these problems, there are strong ‘sticky’ social norms that function to individualize or obscure the issues. The system isn’t broken, it is rigged and so tinkering at the edges won’t fix it. There is a powerful case for a shift to a caring economy; one which would actively divest from those systems that privilege profit over people. We don’t have to ‘dream’ about an alternative economy – there are clear actions we can take – in the here and now – towards it.

Nanny Solidarity Network – Sara Mendes, Campaign Coordinator

The individualization of care is one of the pillars of capitalist exploitation. European colonial expansion, which served as the foundation for this system of exploitation, destroyed forms of self-management, organisation and collectivisation of care in numerous communities. In spaces where everyone took care of each other, the elderly, children, and the sick were the responsibility of all. Instead, colonizers enslaved and dictated who was entitled to care. Women and enslaved black people provided unpaid care and domestic work so that men could generate wealth. Migrant domestic workers cared (under-paid and exploited) so that wealthy women could work and relieve men of their caregiving responsibilities. The underlying logic of this system persists to this day. We see it in the absence of enforcement of a minimum wage, maximum working hours, or the right to collective bargaining. It is time to ask when will we embrace a system where everyone is cared for?
We Care Campaign – Katy Styles, founder and chair

Care, poverty and inequalities in the UK represent a multifaceted challenge particularly for our grassroots organisation comprised of unpaid carers across the country. This pervasive issue manifests itself in the form of financial strain, limited access to essential support services and an overall lack of recognition for the contributions carers make to our society. Unpaid carers, primarily women, find themselves grappling with the economic burden of caring responsibilities, often sacrificing paid employment opportunities, and facing dire financial situations. Inadequate government policies and insufficient investment in care infrastructure reinforce the cycle of care poverty, leaving unpaid carers without the necessary tools and resources to fulfil our vital roles, but also depleting our wellbeing and the broader societal fabric. Failure to rectify these disparities perpetuates gender inequalities and jeopardizes the stability of the healthcare system, as our invaluable contributions remain undervalued and unseen. **Immediate action must be taken to reshape policies, allocate resources and foster a more equitable and inclusive environment that recognizes and addresses the challenges faced by unpaid carers, particularly the marginalized majority of women.**

Women’s Equality Network (WEN) Wales – Jessica Laimann, Policy and Public Affairs Manager

The pandemic has shown us that care is the backbone of our economy. People who provide care and support for others, including parents, unpaid carers, and the childcare and social care workforce, form an invisible network that holds our society together. Yet there’s a care crisis. Unpaid carers are struggling, a lack of affordable childcare pushes women out of work and into poverty, and those who work in childcare or social care face poor pay and conditions, and many leave as a result. The undervaluation of work traditionally performed by women runs like a current through all of this. While the challenges are significant, there are also huge opportunities. Care work is central to our wellbeing and resilience as a society and economy. We all stand to benefit if it is valued and prioritized in a way that reflects its importance.

Single Parents Wellbeing – Rachel Brydon & Rachel Cule, Directors

At Single Parents Wellbeing, we witness daily the intersectional challenges of care, poverty and inequalities facing single-parent families, that manifest in barriers hindering positive wellbeing, health and the access to wider opportunities. These issues not only impede the potential of individuals but also perpetuate a cycle of disadvantage that affects generations. Single Parents Wellbeing believes that addressing these challenges at both a policy level and through combating public perception of the root causes of societal inequity, is not just a matter of social justice, but a crucial step towards unleashing the collective potential of those in unpaid caring roles, and those experiencing poverty and inequalities. **When you increase the capacity and opportunities for those who are most vulnerable, everyone in society benefits.**

We Care Campaign – Katy Styles, founder and chair
The urgent need to reform the UK tax system is drawn into sharp focus by the inequalities in society, not least in the caring economy. It is abundantly clear that we need a new way of thinking about addressing the many crises facing Britain, from poverty to inequality. The tax system should be a tool for good, helping to craft an economy that works for everyone. That requires a rebalancing to ensure that the ultra-rich and the wealthiest companies pay their fair share. Meanwhile, unfair loopholes and tax breaks that are open to abuse and error need to be closed down. Tax system reform could be a catalyst to adequately invest in care. In turn, this would have massive positive knock-on effects across society, taking care of the country for the long-term.

UNISON fully supports the call for all care, unpaid and paid, to be recognized as a vital social good and a collective responsibility. UNISON is clear that that until society recognizes that women still take on the majority of caring responsibilities, the pay gap will remain stubbornly wide, and that women will ‘choose’ low-paid, part-time work to fit around caring commitments or even give up their paid work. More often than not, it is women who cannot make their household budgets add up and women who have to make the choice between skipping meals or buying their children’s school uniforms. Childcare costs on top of rising household bills are putting working parents, but particularly women, in an impossible position. UNISON’s research shows that many public service workers are having to take second or third jobs to pay for childcare and that some are leaving work altogether because they cannot afford nursery fees. Whilst childcare is becoming more expensive for families, wages for childcare workers remain low reflecting how little society values childcare. UNISON considers that proper public funding for care is a key to unlocking economic growth.

UNISON – Josie Irwin, Head of Equality Unit

Women’s Budget Group – Mary-Ann Stephenson, Director

Unpaid care is at the heart of women’s economic inequality. Women in the UK do 60% more unpaid work than men, mainly care, which leaves less time for paid work, leaving many unpaid carers in poverty. And because care work is undervalued, women working in the care sector are badly paid with insecure contracts and poor working conditions, while millions of people are left without the care that they need. The Covid-19 pandemic highlighted and exacerbated the pre-existing crises of care, poverty and inequality. But it doesn’t have to be like this; we can do things differently. The Women’s Budget Group has long called for an economy with care at its heart, and this shift needs not only a change in policy, but also a change in narrative – the way we think and the stories that we tell about care.
NOTES


32 Office for National Statistics. (22 July 2020). Parenting in lockdown: Coronavirus and the effects on work-life balance. Accessed 8 February 2024. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/parentinginlockdowncoronavirusandtheeffectsonworklifebalance/2020-07-22. The binary male/female is used in this report to highlight the overall gendered distribution of care work, which is evidenced in the ONS analysis cited here. That said, Oxfam recognizes and values all families and people of all gender identities, and hence the importance of capturing and addressing the distribution of unpaid care and domestic work amongst other groups, including racialized, multi-generational households, single parents or grandparents, disabled parents, queer people, couples and families.


45 The real Living Wage rates are independently-calculated based on the cost of living. In April 2022, the real Living Wage was £10.90 across the UK and £11.95 in London. The current rates are £12.00 outside London, and £13.15 in London.


TUC. [23 October 2023]. BME women 12 times more likely than men to be out of the labour market due to caring commitments. Op. cit.


Oxfam

Oxfam is an international confederation of 21 organisations, working with its partners and allies, reaching out to millions of people around the world. Together, we tackle inequalities to end poverty and injustice, now and in the long term – for an equal future. Please write to any of the agencies for further information or visit www.oxfam.org.

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