

Report No. 7

Caring in difficult times

Personal testimonies from those who care in Scotland



Edited by Hartwig Pautz

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UWS

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The UWS-Oxfam Partnership: 'For a more equitable and sustainable Scotland'.

The UWS-Oxfam Partnership is a formally established relationship between the two organisations, underpinned by a Memorandum of Understanding. The Partnership emerged in 2011 as a result of prior collaborative work between UWS staff and Oxfam Scotland and its community partner organisations, revolving around the development of Oxfam Scotland's anti-poverty advocacy and campaigning in Scotland. The Partnership has comprised:

- A research and knowledge exchange, linking UWS academics with Oxfam Scotland and community organisations in collaborative projects;
- A programme of placements and work-related learning and volunteering opportunities, enabling UWS students to contribute to the work of Oxfam Scotland and community organisations while developing their knowledge, experience and skills;
- The UWS-Oxfam Policy Forum, which brings all of these partners together with a broad range of external organisations from across all sectors of Scottish society, to discuss key questions and to inform understanding and engagement with both existing and emergent issues;
- A series of Collaborative Research Reports, available from the Partnership's website – www.uwsoxfampartnership.org.uk.

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Foreword: Making care count in Scotland

We all need cared for at some point in our life: whether as a child, in older age, or due to ill health or additional needs. Caring for someone is about so much more than any personal reward, financial or otherwise. As the stories in this powerful collection highlight: it is an expression of kindness, compassion, and love. But, even at the best of times, caring can also be deeply challenging – and these are very difficult times. Since March 2020, Covid-19 has heaped yet more pressure, both caring and financial, onto those looking after others in Scotland.

As an anti-poverty organisation, Oxfam is deeply concerned about the impact of Covid-19 on all those living in, or at risk of poverty. The pandemic is exacerbating deep inequalities in our society and exposing our collective lack of resilience. But as Oxfam Scotland shows in its 'Making Care Count' analysis from July 2020,¹ there is particular reason for concern for those who care for others. It showed that too many people with caring responsibilities, particularly women who provide most care, were already in poverty before the pandemic, with this injustice now being reinforced by it. At a time of growing pressure, the very last thing anyone with caring responsibilities needs is the added worry of struggling to pay the bills.

Oxfam Scotland and the UWS-Oxfam Partnership are hugely grateful to the individuals who have shared their stories for this report, and to those who collaborated with them to do so. Together, they clearly demonstrate that all care is undervalued, whether paid or unpaid, and whether for children or those with additional support needs. But they also show the deep dedication of those providing care. They work, sometimes beyond breaking point, to provide the best care possible and do so while often paying a heavy toll in terms of their own health and wellbeing, financial and otherwise. Covid-19 has amplified these and other pressures, but it did not create them.

The experiences shared in this collection provide insights into the complexity of people's lives while giving the individuals featured a rare chance to share their message with the people of Scotland, including with those in political power. As Marion Ritchie, an unpaid carer, says in one of the testimonies: 'Caring for a loved one is not a job, it's a life choice.

That time spent together is valuable and irreplaceable'. So too are those who provide care. Together we must put in place the measures urgently required to make care, and all those who provide it, count in Scotland.

Jamie Livingstone

Head of Oxfam Scotland and co-lead of the UWS-Oxfam Partnership

¹ Oxfam Scotland. (2020) Making Care Count in Scotland, July 2020. Online <https://oxfamapps.org/scotland/wp-content/uploads/2020/07/Making-Care-Count-in-Scotland-Oxfam-Scotland-July-2020-1.pdf>. [accessed 5/11/2020]

Introduction

This report compiles seven testimonies which offer an insight into the lives of those with caring responsibilities in Scotland. They were written in the context of the Covid-19 pandemic which struck the UK in early 2020 and which shows little sign of abating in late 2020. Together the seven testimonies make clear that providing care presents people with many challenges: from their own personal health and wellbeing, to financial pressures and the lack of social recognition. This is true for those providing care whether unpaid for a friend, family member or relative, or paid within one of the many social care or childcare settings across Scotland.

As a collection, the experiences shared in this report do not claim to represent the 'whole picture'. But they do shine a timely light onto the lives and experiences of some individuals, from those with familial caring responsibilities to those undertaking paid care work. They explore not just how the individuals featured have been impacted by Covid-19 and the 'lockdowns' put in place since March 2020 to control the spread of the virus. They also inform the reader about their longer-lasting experiences of providing care amid a less-than-generous social security system, a lack of suitable employment for people with care responsibilities, and the widespread perception of care work as somehow 'unskilled' and therefore not worthy of more than the National Minimum Wage or a small Carer's Allowance. In doing so, they offer an insight into the lives of those living on low incomes, or even in poverty, as a consequence of making the decision to care. Importantly, they also demonstrate the incredible personal strength – both mental and physical – which is necessary to provide care, be it as a care worker or as someone helping a relative or friend to cope with their complex vulnerabilities and diminishing independence. And it highlights the significant skills required to provide good care, regardless of whether an individual is paid to provide it or not.

The purpose

The testimonies presented in this report are intended to inform the public debate about how people providing care, in the broadest possible sense, are treated in our society. This report follows a UWS-Oxfam Partnership Policy Forum, in January 2020, under the title 'Making Policy Care: Exploring the relationship between care work and poverty' which brought together around fifty anti-poverty campaigners, people with lived experience of being either a paid care worker, an unpaid carer, or otherwise involved in care service delivery, and policy professionals.² Together, the Policy Forum and this report inform Oxfam Scotland's advocacy by highlighting that those with caring responsibilities often live near, or below, the poverty line despite shouldering responsibilities which warrant not just better financial support and pay, but also far more societal appreciation. Clearly, these two deficits are interlinked. The unashamed intent of this UWS-Oxfam Partnership report is therefore to harness the increased attention and interest placed on the importance of care during the Covid-19 pandemic to help drive long over-due action to better value all those who provide care, including to protect them from poverty.

The focus

The testimonies cover a range of types of caring responsibility. For example, one is written by a carer who has looked after an older relative discharged from hospital at the height of Covid-19, and who had also previously cared for her husband. Another features a care home worker, on an hourly pay little over the statutory requirement, who reports witnessing many care home residents die of the virus within weeks of the outbreak and whose household income would be extremely low if it were not for her husband's salary. Two testimonies are about lone mothers who, due to their care responsibilities, have little opportunity to undertake paid employment and find themselves in poverty. There is also a testimony that gives insight into the life of a carer who receives Carer's Allowance but who, again, only copes financially because of there being a second household income source. In one piece, a young carer reports about her responsibilities towards a younger sibling and how she feels that there is too little support and understanding for her and her role. Finally, one contribution speaks about unpaid carers more generally and how crucial the support of carer's centres is for them.

²UWS-Oxfam Partnership. (2020) Making Policy Care. Policy Forum, January 21. Online <http://uwsoxfampartnership.org.uk/make-policy-care>. [accessed 4/11/2020]

The method

The explicit aim of this report is to present personal stories. The editor has therefore kept input to a minimum so that his primary role was to source authors with personal or professional links to people with caring responsibilities willing to share their own story, or to find people keen to write their own story. It was not easy to find people who were willing to share their stories with a wider audience. This is perhaps unsurprising given that the testimonies report on difficult financial circumstances; on how familial care is exhausting and not always met with gratitude; and on the fact that care work is hard, badly paid and benefits from little societal respect and recognition. This is not always easy to talk, let alone write, about. For this reason, in some of the testimonies the names of the individuals at their centre were changed.

To ensure that the testimonies focus on a similar array of themes, the editor provided each author with a simple template and also a small number of possible questions to help guide their interviews with the individuals featured. This means that all testimonies provide detail on the caring situation and the financial circumstances. They also contain 'messages' to the readers more generally and, specifically, to people in political power. After the testimonies were finalised, the people featured were asked to review the content to ensure the details were correct and appropriately reflected what is important for them.

Thematic observations

While not all of the testimonies portray people living in poverty or on the margins of society, a common theme is that being a carer or working in social care can come with *financial hardship*. They show that Carer's Allowance, and other benefits such as Universal Credit or Child Benefit, do not necessarily provide an overall income that allows a household to live free from the risk of poverty. They also demonstrate that being paid to care, for example, in old age care, is not a guaranteed defence against poverty, amid widespread in-work poverty. As the testimonies demonstrate, it is often a second income (in all testimonies, that of the male partner) that 'bumps up' the household's overall income to more adequate levels. This suggests that the core income associated with care – whether from paid care work or through benefits for unpaid carers – is inadequate in itself. The testimonies therefore reinforce wider evidence that unpaid and paid carers bear the risk and the reality of poverty, on top of risks to their physical and mental health, as demonstrated by the impact of Covid-19 not only on care home residents, but also on the care home workforce.

Wider evidence suggests that low incomes can lead to *social exclusion*. This is also reinforced in the testimonies. An additional facet of exclusion has also resulted from Covid-19: the worry that a care worker or unpaid carer could acquire the disease and spread the infection either to the individual they care for or to others within their social circle. As a consequence, many people providing care decided to drastically limit their social contacts, including to their own family.

In many of the testimonies, the theme of *support* stands out. In particular, unpaid carers, be they young or older, speak of needing support in the form of debt advice, job search mentoring, mental health counselling, and help to maximise benefit income and the support they can get from governments or charitable bodies. Participants report finding it hard to return to paid work, given how inflexible work arrangements often are and how insufficient and expensive childcare provision can be. In relation to support, the 'simple' support offered by friends and family in moments when the challenges that come with being a paid care worker or an unpaid carer seem insurmountable, emerges as important. But such support is by no means available to all, as one testimony provided by a lone mother demonstrates. The decreased support that carers report receiving from their local authority and other social care providers during the height of the Covid-19 lockdown was also a problem identified in some of the testimonies.

The fact that all the testimonies – apart from the piece written from the perspective of the founder of a carer's centre – portray women, is surely not surprising. It is representative of the fact that *care is still seen by many as 'women's work'*, with it overwhelmingly provided by them.

It is clear from the contributions that care work is a complex task, requiring a wide range of skills, and is exhausting both mentally and physically. This is, as some participants express, not always recognised by society and not even, sometimes, by family members themselves. This, together with the gender imbalance in who undertakes care work, may partly explain why it is generally so badly paid and why carers receive relatively low levels of financial support. Demands to increase both are loud and clear in the testimonies. Related to this, a clear sense unites participants that there is a damaging lack of understanding of what being a carer involves, and the life-consuming impact on those providing it, with some individuals suggesting how awareness could be increased.

Finally, accounts of *stigma* are featured in some of the testimonies, including in relation to low income and the dependence on food vouchers and food banks. While this was no doubt aggravated by the financial pressures flowing from Covid-19, the people featured in this report who are in receipt of social security entitlements because of their caring responsibilities report having experienced stigma prior to the pandemic too.

With this, the editor's contribution ends, in the hope that the testimonies speak for themselves and that the messages are taken seriously and find their way into the many discussions on what can be done to make care count more.

Hartwig Pautz

The lone parent: Stigma, debt and struggle

Debbie is a 42-year-old single parent, bringing up two children (14 and 12 years) in privately let accommodation in the East End of Glasgow. Due to her responsibilities to her children and the lack of reliable and accessible childcare in her area, Debbie could not continue her university studies and has not been able to work for several years. She is in receipt of a range of benefits. In late 2020, Debbie successfully applied for a position as Client Advisor at Social Security Scotland and will start her new role soon. She is ambitious for herself and her children and wants to better her life and theirs.

The caring circumstances

As a single parent of two children, Debbie has tried to juggle childcare responsibilities with finding a way back into paid work while living on a low income for some years. Debbie's children are now at an age where they are becoming more independent of her so that she is confident about re-entering paid employment. However, the flexibility of her possible working hours is restricted as she reports there are no after-school care services that would be suitable for her children's age group. In other words, the lack of flexible employment and the absence of childcare services have made it very difficult for Debbie to find work.

To cope with the pressure from the Job Centre to accept any job, regardless of whether it can accommodate her childcare needs, and deal with the problem of having been out of work for such a long time, Debbie contacted One Parent Families Scotland's Employability Services as she recognised that she needed specialist support to enter suitable and sustainable employment. It was this support that helped her to gain her position as a Client Advisor at Social Security Scotland. This position promises working hours that, by and large, work around her childcare needs. Also, with Covid-19 restrictions, she is likely to work from home for the foreseeable future.

The financial circumstances

Debbie is in receipt of Job Seeker's Allowance (£74.35 per week), Child Benefit (£120 for four weeks) and Child Tax Credits (£420 for four weeks). This income has to cover the cost of food, utility bills, including Wi-Fi and TV license, but also clothing, socialising and entertainment for Debbie and her children, as well as any extra school costs, travel and holidays expenses, and the upkeep of her home. Since 2005, Debbie and her children have only been on holiday once, for four days to Alton Towers: 'I'd rather make sure the children have some money every other weekend and see them happy than saving up for a holiday once a year'.

Debbie also receives Housing Benefit which covers her rent. But as Debbie's private landlord is planning to replace the windows in her flat, she expects that the rent increase will have further impact on her budgeting as Housing Benefit will no longer cover the full rent. She may apply for Discretionary Housing Payment, but there is no guarantee that it will be granted.

During Covid-19, Debbie and her children spent more time in their home so the costs for fuel and electricity went up. This caused some concern to Debbie. Also, Debbie's children are now at an age where they are both growing quickly out of clothes and are facing a certain amount of peer pressure to have the latest fashion and devices. This makes ensuring that financial ends meet harder for Debbie and causes difficult situations for her children. Her son, for example, found himself ridiculed for not wearing 'the right trainers' when she could not afford to buy branded trainers. Instead, he continued wearing his old trainers even though they were too small. Debbie says: 'As a single parent you always say "No" to the kids; I just cannot afford the things they like. It hurts their feelings, but there's nothing I can do.'

During Covid-19, the shopping vouchers (£25 per child per fortnight) financed by the Scottish Government and distributed by Glasgow City Council were of some help to Debbie and her family. They were redeemable only at Farmfoods – not ideal for Debbie as she would have preferred to use them to buy fresh food. She felt that 'I got funny looks at the checkout when I handed over the voucher', adding 'but I can handle the stigma.' Debbie reckons that without these vouchers she might have had to turn to a food bank for support.

While Debbie is good at managing her fortnightly family budget, she often finds herself 'robbing Peter to pay Paul' – for example, when Christmas approached and she expected a financial contribution from the children's father and bought some presents and food, she found herself having to ask her grandmother for money as the expected contribution was not forthcoming. OPFS have helped ease some of the short-term financial struggles that Debbie has faced by supporting her with a successful one-off application for Energy Grants, financed by the Scottish Children's Lottery and administered by OPFS, and by helping with Christmas gifts. As an active participant of OPFS's Glasgow Services, Debbie is eager to help with focus groups, surveys and co-production activities because she wants to add to the voices of other single parents. She also appreciates if the value of her time is acknowledged through a supermarket voucher. Debbie feels that she is 'poor', adding: 'I hate saying it, but, yes, I am poor.'

'I hate saying it, but, yes, I am poor.'

Debbie does not expect her new job to make her much better off in a financial sense. However, she says she will be independent again and her self-esteem will be boosted – and that she will no longer need to worry about Job Centre sanctions.

A message to people across Scotland

'Don't judge us until you've walked in our shoes. Our life, as single parents, is a struggle. Be kind to us.'

A message to people in political power

Debbie thinks that all single parents should have access to the support she says is currently only offered to those between 16 and 29 years: 'It's an ageist system, in a way', she says.

The author

Elaine Thackeray, who wrote this case study with Debbie, is the Lone Parent Access Co-ordinator at One Parent Families Scotland's Glasgow Service. One Parent Families Scotland (OPFS) was established in 1944 providing dedicated support to single parent families across Scotland. The Glasgow Service offers an integrated package of holistic support, tailored to meet the needs of each family. Elaine focusses on helping single parents living with complex needs and barriers to gain suitable employment through offering a specialist Employability Service.



The unpaid carer: Family duty, recognition and self-esteem

Nausheen is 44 years old and lives in Glasgow with her family. There are seven people in the household. She and her husband have four daughters; also, Nausheen's 89-year-old mother-in-law lives in the family home. The oldest daughter is eighteen years old and is studying at university, the second daughter will start university next year. Their third daughter is fifteen and is in high school, and the youngest is ten years old and at primary school. Nausheen's husband is forty-six-years old and the only household member in paid employment.



The caring circumstances

Nausheen is a full-time carer for her mother-in-law. Defining her care as her 'duty', Nausheen's day as a carer starts at eight in the morning. As her mother-in-law has several health issues, Nausheen does everything for her. This involves her personal hygiene, preparing and giving her meals, and ensuring she takes her medication on time. She describes herself as 'her nurse and psychologist.' When her mother-in-law has guests, she also plays the hostess; she is her travel guide, her hygiene expert, and her interpreter. Nausheen describes herself as the 'full-time servant for her and for everyone' in the household.

Nausheen feels that her mother-in-law is still mentally placed in a rural setting, within her country of origin, Pakistan. Also, as someone who does not speak the English language Nausheen's mother-in-law is quite removed from society and is socially isolated. As her interpreter, Nausheen manages to connect her with wider society. Black and minority ethnic social norms often dictate that ageing parents live with either the oldest or the youngest male offspring. Nausheen's husband is the youngest – and favourite – son so that Nausheen's mother-in-law decided to live with them, over 20 years ago.

Nausheen grew up in an environment where caring for older members of the family was the norm, and she learnt the value of caring from watching her parents, especially her mother, look after older members of the family. Today, whenever Nausheen feels that her care work is not valued, she reminds herself of the ethos of family care-giving and this lifts her spirit again. When people ask her why her mother-in-law lives with them, Nausheen tries to explain that this 'is about my mother-in-law's right to live a life with honour and dignity and that it was my mother-in-law that made the house they live in, and so it is her right to live there.'

Nausheen says that, over time, she has been finding it increasingly physically and mentally challenging to continue with her role as a full-time carer. The last 18 months have been very hard, especially regarding Nausheen's mental health, as she has started to feel that she has sacrificed her personal aspirations, her own time and also her immediate family's time to the care of her mother-in-law – and does not always feel valued by extended family and society for these sacrifices. However, she says at least the other members in the household appreciate her care work and the pressures that come with it: 'Praise Allah, I feel very lucky that my husband has always been very understanding and has been with me always, also my daughters have now grown and understand, and they encourage me to take time out for myself.' Indeed, Nausheen's daughters are now supporting their grandmother's needs, including her medical regime, and, from time-to-time help Nausheen take a break from her responsibility of caring.

The Covid-19 pandemic and the lockdown have made things more difficult for Nausheen and her family. For example, 'it used to be a lot easier when I had my husband supporting me in caring for my mother-in-law especially when we would go out and about, however the pandemic has put additional work pressures on him' and he has less time to spend with them. Also, pandemic measures have meant that when taking her mother-in-law out Nausheen must consider the risks for them both. Recently, when she took her mother-in-law to a restaurant, she felt judged by others as they seemed to think 'why is this old, vulnerable person here?'. Nausheen feels she has been a

'shield' for her family including her mother-in-law, and the pandemic has made her acutely aware of this role.

Covid-19 has also impacted on family celebrations. In addition to her carer's responsibilities, Nausheen is responsible for organising Eid celebrations and family parties where she oversees the catering and cooks for nearly a hundred guests. This year would have been significant as her mother-in-law turned 90, but because of Covid-19 these celebrations were cancelled.

Nausheen feels that she has to offer much more than 'only' being a carer. She has used what little time she has for independent learning, using social media to acquire many skills. She says: 'I don't feel valued in my own eyes, but I have a lot to offer.'

'I don't feel valued in my own eyes, but I have a lot to offer.'

However, I feel when people come to see my mother-in-law they do not value me and my efforts are not appreciated by them or my mother-in-law herself. I am educated to master's level in literature; but all my capabilities seem to have frozen in time.'

The financial circumstances

Nausheen's husband is the only earner in the household, and she feels that 'he is a very good provider.' Nausheen receives Carer's Allowance of £67.25 a week and, since 2018, the new Carer's Allowance Supplement (for 2020, two payments of £230.10). She feels that this does not reflect the amount of work and time that goes into the role. While money cannot account for the mental health impact of caring on the carer, she believes that Carer's Allowance for a full-time carer should be raised to the pay levels of those of a care assistant, which is around £350 a week, so as to try to reflect the amount of mental stress and work a carer has to put in.

Nausheen is very worried about what may happen when her mother-in-law passes on and her Carer's Allowance ceases: 'This basic sixty odd pounds I get every week, if I do not get it, what am I going to do?'. While Nausheen feels that her husband really supports her and her family financially, she is aware that many other people with care responsibilities are not getting much help and are, as a consequence, not only suffering mentally but financially as well. Nausheen would be keen to take up work again but is worried with regards to her own professional future. She believes that her skills and qualifications have lost their value after many years of being 'only' a carer. Nausheen also feels that her self-esteem is severely damaged so the prospect of looking for paid work is daunting to her.

A message to people across Scotland

Nausheen believes that people do not view caring for old, disabled, or vulnerable people as a skilled role and think it requires no qualifications. She says that many do not even think that caring requires mental strength and do not understand the stress that being a carer, especially for a friend or family member, may involve. Many carers who, like Nausheen, spend over 35 hours a week on care, have no or little time for another role, and Nausheen's care responsibilities mean that she has too little time for her daughters and her husband.

But, according to Nausheen, providing care to the needy is a godly act. To her, there is hardly any other act which is more satisfying and more compassionate. She says that those who care for friends or family should be honoured and respected. In that sense, she feels there are many heroes out there – including the many carers looking after friends or family members, before and after the pandemic.

A message to people in political power

While Nausheen believes that a carer's time and dedication can never be compensated by any allowance to reflect the amount of work and compassion that goes into care, she feels that Carer's Allowance should be increased and that carers should get a special allowance for life after the cared-for person passes on.

Because people leaving paid employment to take up caring responsibilities often experience significant loss in income, she says they should be given extra assistance to boost their ability to find paid work again. For example, carers should have free access to advanced education so that they are more able and ready to enter the labour market when they no longer have care responsibilities. Nausheen also says there should perhaps be a dedicated certification process for the caring and the 'life skills' that carers have developed that is understood by employers. She also recommends that the experience that unpaid carers have gained should be acknowledged when carers apply for jobs within care and nursing homes.



'A rare string of pearls could symbolise my life as a carer: it keeps me and my family together, it always shines in my dark and miserable days of depression. I want to keep this necklace shiny, with smiles, care and love, for the rest of my life.'

The author

Dilraj S. Watson has written this case study in her capacity of Co-CEO of Amina – The Muslim Women's Resource Centre. Amina is an award-winning organisation, recognised by Muslim and Black and Minority Ethnic (BME) communities within Scotland for its innovative and responsive approach to addressing the needs of communities. Amina is also recognised as Scotland's national hub for gaining access to, and for consultation with, Muslim and BME women.

Dilraj has over a decade of experience working with BME communities and in gender and environmental programmes, including project management, advocacy, campaigns, research, and training. She has managed projects in Scotland for organisations such as Amina, the West of Scotland Regional Equality Council, and Scottish Environment LINK.



The lone parent: Poverty as an everyday reality

Leanne is a 40-year-old single parent, bringing up her two children (16 years and a four month old baby) in a housing association property in an area of deprivation within the East End of Glasgow. She has a degree in management. Leanne was already struggling, before her second child was born, with her mental health whilst working twenty hours per week at a food takeaway shop as a supervisor. The main cause of her mental health problems was the challenge of trying to manage her family finances – this caused stress and anxiety to the extent that she had to take sick leave from her workplace. During this time, she fell pregnant and became mum to her second child. Her financial and mental health circumstances have worsened since then as she is now under even greater financial pressure.

The caring circumstances

Leanne is the main carer for both of her children. Her oldest child recently participated in a short youth employment training project for which he received some money. However, Covid-19 and the lockdown have made it very difficult for him to move into employment. The baby is in Leanne's full-time care. Leanne says that she does not have any reliable financial, practical or emotional support in bringing up her children; neither from her children's fathers, nor her family and friends. The baby is too young to be put into childcare, and Leanne wants to spend as much time as possible with her.

Leanne has felt under pressure from her employer to return to her work as a supervisor. However, she was told that it would be impossible to accommodate her need not to work late shifts and weekends due to her childcare responsibilities. Unless she accepted this, Leanne would return to a demoted role within the shop. Such pressure has exacerbated Leanne's feelings of anxiety and heightened her stress levels. She feels that her employer does not understand the level of responsibility she has in caring for her children. The difficulties of getting flexible working hours, the worries around travelling to work (often at four in the morning to open the shop), the costs of childcare provision, and finding good childcare, amount to what seems, to Leanne, like an insurmountable challenge. She is also faced with the problem of becoming a new mum and wanting to ensure that her daughter is well cared for, whilst coming to terms with her unplanned pregnancy.

During the spring lockdown and still now, Leanne is struggling to cope with the restrictions that Covid-19 has brought, including how they impacted on her feelings of isolation and on her parenting of a teenager, whilst also bringing up a baby. Family life has intensified during lockdown and added an extra strain to the family's sense of well-being. This is having an impact on Leanne's self-esteem, but also on her 'ability to be a good mother', as she puts it with regards to both of her children.

The financial circumstances

Since the birth of the baby, Leanne has received Statutory Maternity Pay (£151.20 per week for 33 weeks, after 90% of the average weekly earnings for the first six weeks). She also receives Universal Credit (varying between £300 and £500 per month) and Child Benefit for the newborn child (£21.05 per week). Her rent of £320 per month is deducted directly from her Universal Credit.

At her work, she had received a little more than the National Minimum Wage – £8.21 per hour at the time of interview. Leanne said: 'As supervisor and key holder, I receive 50p per hour more than the others. Given the responsibilities I have, that doesn't seem fair'. When she had to leave work because of her deteriorating mental health, she received Statutory Sick Pay of £95.85 per week. Leanne has struggled with debt since she moved from one housing association flat to another one a few years ago. The new flat needed painting and other repairs, and she did it all herself and shouldered all costs. However, she says the housing association expected her to pay double rent while she was getting the new flat habitable. Leanne says this was the cause of her debt problem, as she is still in rent arrears.

Because of her struggles with managing her family's finances, Leanne sought support from One Parent Families Scotland's Financial Inclusion Team who have provided her with advice to manage

her fuel bills and negotiate payment plans for her debts. They have also helped her complete applications to small charitable hardship funds to alleviate some of her financial burden. Such financial assistance is only ever a one-off. Leanne said: 'I don't want to be greedy and apply for a second time'. Lastly, OPFS supported Leanne through their Christmas Appeal.

Since November 2019, Leanne has received help from a food bank and, during the Covid-19 lockdown, food parcels were dropped off at her door. When asked how she feels about her situation, Leanne answered: 'I feel embarrassed for living in poverty.'

'I feel embarrassed for living in poverty.'

Leanne reports that Covid-19 has increased the family's food costs and household fuel bills and has thus added to their financial difficulties. In fact, Covid-19 has pushed the family back into spiralling fuel debt. These circumstances have caused stress and frustration and have been demotivating, as Leanne and her family were just starting to solve their financial difficulties and felt they had re-gained some sense of control. Leanne also needed to buy things for the newborn. However, because of her bad credit rating, she had to use catalogues and payday lenders, and she has fallen further back with her debt management.

Leanne wants to work again, although her current part-time position would probably not make much difference to the household's income given that she would have to return in a demoted role or accept work on weekends and late shifts. Leanne said: 'For my own sanity, it's better to work, but there is no point to return to my old job.' But she wants to spend some more time with her baby, before thinking about arranging childcare for her.

A message to people across Scotland

Leanne says that people need to think about 'why, in 2020, we still have poverty in Scotland. When I was working, I lived in poverty, despite getting a little bit more than the minimum wage. Now, as a mother, I am on benefits and I am in poverty. The government needs to do more to help single parents. We face an everyday struggle to meet the needs of our children and ourselves; we go to work, we care for the kids, we put dinner on the table.'

A message to people in political power

Leanne has received valuable support from One Parent Families Scotland and wants to see funding to such support organisations increased: She said: 'If it were not for organisations like OPFS, I wouldn't know where to go.'

The author

Elaine Thackeray is the Lone Parent Access Co-ordinator at One Parent Families Scotland's Glasgow Service. One Parent Families Scotland was established in 1944 providing dedicated support to single parent families across Scotland. The Glasgow Service provides an integrated package of holistic support, tailored to meet the needs of each family. Elaine focusses on helping single parents living with complex needs and barriers to gaining suitable employment through offering a specialist Employability Service.



The unpaid carer: Rewarding, but tough and lonely

Marion Ritchie writes about her own experiences as an unpaid carer during the Covid-19 lockdown. She is a member of National Dementia Carers Action Network (NDCAN) – she joined three years ago when she was caring for her husband. NDCAN is a voluntary campaigning group of carers and former carers of people living with dementia. It is affiliated to Alzheimer Scotland.



I am 66-year-old and live in East Dunbartonshire. I took early retirement to look after my husband at home during his nine-year battle with vascular dementia until he was admitted to hospital and, subsequently, moved into a care home. He passed away on June 15, 2019. In 2020, between April 23 and August 8, I lived with, and cared for, my 83-year-old sister in her home in South Lanarkshire. There were just the two of us in the household. Since August, I have been spending at least three days a week with my sister but live in my own house again, which I now share with my daughter, aged 35. She is self-employed but has had no work since the Covid-19 lockdown.

The caring circumstances

I have been caring for my sister since she was discharged from Glasgow's Queen Elizabeth hospital on April 23 2020. She had lived independently up to this point, but has osteoporosis, advanced chronic obstructive pulmonary disease, and a fallen lobe on one lung. She was admitted to hospital on March 1, initially with a small fracture to her spine caused by osteoporosis. She was discharged two weeks later, without being provided with oxygen and on strong morphine painkillers. Two days later, her GP had her re-admitted to hospital – this time with acute kidney illness. In hospital, she acquired pneumonia and started to suffer from swollen legs and cellulitis. During the UK-wide lockdown, all visits to the hospital were stopped. For my sister, this meant being alone and feeling isolated. In hospital, her mental state deteriorated, as was her physical health.

In preparation for her discharge in late April, this time oxygen supply was installed at her home and she received some physiotherapy in the ward. But when she was discharged, she was very anxious about coping alone without support. In terms of care support, her local council were very short-staffed due to Covid-19 and were not able to offer the extent of care which my sister needed. The council hoped that family could step up in this crisis. This meant that, when my sister was discharged from a respiratory ward, without being tested for Covid-19 and with the instruction to 'shield' for another eight weeks, I moved in as her full-time unpaid carer. At this point, my sister's physical and mental condition was very poor and I wasn't sure how I would manage to cope alone. Now I'm proud to have helped to restore her confidence in her own abilities and self-worth, and to have helped her accept the new 'normality' of her deteriorated health.

However, the 14 weeks I spent living with her took a toll on my own mental and physical health at times. Initially, care involved doing everything for my sister – helping her dress, dealing with medication, cooking, cleaning, ordering shopping to be delivered by family because neither of us could leave the house and we couldn't get online delivery slots from any supermarket either. Her front room became my bedroom with a fold-up bed.

In the first eight weeks, there was no contact from outside from family except by phone and doorstep deliveries. Initially, we had professional help twice a week from a community nurse who dressed my sister's swollen, leaking legs, and then once a week to dress a small ulcer. A Community Mental Health Team nurse also phoned once every two weeks to check both our mental states. Occupational Therapy delivered a toilet frame and a commode but didn't assess for any other aids. No community physiotherapist came out either, but we had two online sessions and also one home visit from a breathing nurse.

The Covid-19 situation had some specific implications for us. With hospital visiting restrictions in place for three weeks prior to my sister's discharge, she came home so depressed and helpless that she wanted to die. Without Covid-19, I think she would have been offered a six-week rehabilitation package of care, with regular physiotherapy sessions, and an Occupational Therapy assessment for aids for the house, provided by the local council. She would also have had face-to-face

counselling from the Community Mental Health Team. Instead, I was the occupational therapist, the physiotherapist, her mental health support and home carer. And I had to purchase all aids. While I returned to my own home after 14 weeks of staying in my sister's front room, I still visit three days a week to give physical and mental health support.

The financial circumstances

When the Covid-19 situation started and I began caring for my sister, I was in the very fortunate position of being retired with a state pension, a widow's pension, and personal savings. So, I initially had no financial worries. My household income met my household needs, in the same way as before Covid-19. My sister, for whom I was caring, also had a state pension and had lived fairly frugally, so she had no financial problems either. When I moved in, we started sharing the cost of shopping, and because we were not able to go out to socialise we were both spending nothing on entertainment. So Covid-19 didn't really affect us financially. The only expenses were having to pay for handrail supports and a bathing stool, but my sister's savings paid for these. It was important for us to have the handrails quickly – the council would probably have assessed her for these, but only after lockdown had ended.

I only became affected when my self-employed daughter came home to live in my house, with no work prospects for the foreseeable future due to the lockdown. Fortunately, she had no mortgage or household outgoings of her own. I started paying for her food shopping and she applied for the Government's Self Employment Income Support Scheme Grant. Among other things, it helped her to pay for a place in drama college for the end of the year, and to do some online classes in preparation for this. She also completed a nutrition course and personal trainer qualification in the hope to work in these fields in the future.

A message to people across Scotland

Life as an unpaid carer is tough and often lonely, but it can also be rewarding. For nine years, I cared for my husband and I couldn't make him better. I cooked, cleaned, entertained him, pushed him around in a wheelchair, bathed him and, towards the end, I fed him. Financially, it was a challenging time. I gave up work at 63 to care for my husband. That meant I had no state pension for two years, but I was fortunate to have a small work pension of £248 per month to boost my Carer's Allowance I was receiving then. Not all carers would be in this position. I struggled to pay bills when he went into a care home for the last two years. Most of his pension went to pay for care – about £1,500 a week – and I was living off my savings as I was not eligible for any benefits. But despite the stress of money worries, and his deteriorating speech and understanding, I still lived daily for the glimmer of a smile or the touch of his hand. I would care for him now, if only I could.

'Caring for a loved one is not a job, it's a life choice. That time spent together is valuable and irreplaceable.'

Caring for my sister over the past 14 weeks has been a different kind of care. She doesn't have dementia, and while caring for her has been less physically demanding it has been more mentally challenging. But I would do it all again if she needed me, because I genuinely feel that the company of another human being who wants you to get better is the best motivational care you can get. I'm proud to have helped in her recovery, even though she still has a long way to go. I will still be there to make sure she continues to improve as much as is possible.

A message to people in political power

Our society needs to start to value the unpaid carer and stop taking advantage of them. In 2015, the economic value of the contribution made by carers across the UK was £132 billion per year. This is just about the same as the total annual cost of health spending in the UK³ – in other words, unpaid carers save the UK Government, and all other governments, a lot of money.

³Yeandle, S.; Buckner, L. (2015) Valuing Carers 2015. Carers UK. Research report, November 12. Online <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>. [accessed 5/11/2020]

Carer's Allowance is £67.25 per week for those who provide at least 35 hours of care per week, but Job Seeker's Allowance is £74.35 – what's fair about that? Carer's Allowance needs to be increased, it should be seen as 'pay' for the hard work that care can be. Since 2018, the Carer's Allowance Supplement tops up the value of the Allowance in Scotland and that's welcome, but it is still not enough. Also, the Allowance should be available to people who have retired and receive a state pension. But it seems that our governments, here and in Westminster, do not see older carers as working people.

Caring is harder than any paid job I've done in my 40 years at work. I have worked full-time from age 17 to 63 and took early retirement to care for my husband. Like all family carers, I gave up a full-time job I loved, time with colleagues, a private life with friends to care for a loved one.

Most carers continue until breaking point, and often it is outside professionals who recognise that the carer has reached their limit and is in crisis. Caring for someone with a physical illness who is also depressed is hard on the carer. Often it leads the carer into a deep depression, too. Friends start to drift away because they don't know what to say or do to help. If a carer survives this situation, they can emerge at the other side much stronger and more confident in their own capabilities, but if they don't get help themselves, they become ill, too. Carers continue to care because the system fails to help, and they feel guilty if they don't step up to care for their loved ones. Governments play on this guilt, right to the end, when they still expect families to sell up to pay for long-term care. This situation must end.

'Carers continue to care because the system fails to help, and they feel guilty if they don't step up to care for their loved ones. Governments play on this guilt.'

The young carer: More support and more understanding

Danielle is a 17-year-old school student who lives on the west side of Edinburgh with her mum, dad, four brothers – Scott (32), Darren (21), Lewis (15) and Greg (9) – and her sister Emily (13). She also has an older sister, Sarah (28), who no longer lives in the family home. Danielle's dad works as a manager of a water cooler provider, her brother Scott works in removals for the council, and Darren as a security guard. During the summer holiday, Danielle took on a sales assistant role at a local supermarket. However, she has now stopped this work in order to return to her final year of school. Danielle's mother and younger brother, Lewis, have both been diagnosed with early onset arthritis which is extremely limiting for both of them, and both have had to spend a lot of time in hospital. Emily was born with a congenital heart disease and Down Syndrome. Danielle herself suffered a serious back injury which still causes her regular pain. Danielle hopes to study business at university in order to gain a graduate job. She plans to move out, and house Emily with her, as soon as she is financially able to do so. She is motivated to do this to support her sister and the rest of her family.

The caring circumstances

Danielle cares for her younger sister, Emily, whose health condition meant that, over the first four or five years of her life, she had to spend a lot of time in medical care. During this time, Danielle helped to look after her younger brothers while her parents took Emily to hospital. When Emily was very young, Danielle and her family were told that her abilities would be highly restricted throughout her life, including being unable to speak or walk. However, Emily has surpassed doctors' expectations and is able to swim, walk and talk. Since Emily's birth, she and Danielle have had an extremely close sisterly relationship. Emily adores and trusts Danielle and Danielle adores Emily. This close relationship has meant that Danielle has always felt a responsibility for helping Emily, and over time Danielle's duties as a carer have grown.

Danielle supports Emily to get dressed and washed, and use the toilet. She also gets her ready for school and takes her out for breaks in her wheelchair. Danielle often wakes up during the night when Emily is restless or has taken out her feeding tubes; she has to get up to re-adjust these. After school, Danielle keeps Emily entertained with activities, feeds her dinner, and gets her ready for bed. This means that Danielle often goes to school tired and has limited time to dedicate to homework and even less to spend with friends.

Danielle receives support from Edinburgh Young Carers which regularly organise day trips for groups of young carers and occasional respite weekends. They also hold meetings on topics such as mental health and offer weekly opportunities to meet up with one another, share experiences, support one another, and make friends. Danielle has been making use of what Young Carers offer since she started high school and every week looks forward to their activities. Danielle also participates in Army Cadets. The instructor there is extremely supportive and understanding of her role as a carer. She feels that, if she needs to, she can take Emily with her to the cadets, or let off steam to the instructor or her friends there. The instructor prioritises her place at weekend camps to enable her to use all respite opportunities.

Support from Danielle's schoolteachers has been more mixed. Whilst all of Danielle's teachers have been made aware of her role as a young carer, some are more understanding of what this entails than others. Some teachers have threatened Danielle with being unable to sit her SQA Higher exams due to her attendance record which has been impacted by her role as a carer.

When the Covid-19 pandemic hit the UK, Danielle and Emily's routines were disrupted. Emily could no longer go to school so that Danielle and her family had to look after Emily full-time from March until the schools returned in August. This caused Emily a lot of distress as she did not understand why she could not go to school or swimming, and in turn, meant that Danielle had to spend significant time calming Emily's emotions, alongside continuing to keep Emily entertained, washed, fed and safe. During this time, Danielle found it almost impossible to focus on or find time for schoolwork.

Danielle has been very cautious to stick to the Covid-19 guidance as she is particularly worried about the implications of what an infection could mean for Emily, her mum and younger brother given their underlying health conditions. Since returning to school, and witnessing other students not following the guidance, these concerns have grown. Now she is also worried that she may not be allowed to sit her SQA Higher exams because she may need to self-isolate to protect her family.

The financial circumstances

Prior to Covid-19, household income came from a mixture of Danielle's dad's work, Carers' Allowance (£67.25 per week) and Carer's Allowance Supplement (for 2020, two payments of £230.10) received by Danielle's mum, and rent paid by Scott and Daniel. Danielle also receives an annual payment of £305.10 from the Scottish Government's Young Carers Grant. During the pandemic, Scott was placed on furlough and Daniel was made redundant. Her dad was also placed on furlough and Danielle decided to take on a part-time job at a supermarket to contribute to the family income that was significantly diminished because of the pandemic and the 'lockdown'. At the supermarket, Danielle received £11.50 per hour and chose shifts that would start after Emily had woken up and before she would go to bed so that she could continue helping Emily with her morning and bedtime routines. Danielle sometimes swapped shifts with colleagues if she unexpectedly needed to look after Emily during the day. Combining the two roles left Danielle exhausted.

Food bills increased during lockdown as Danielle and her three younger siblings would usually have qualified for free school meals. However, during Covid-19 these meals had to be provided by the family. Emily only eats a small range of foods, and her favourite food was in the process of being discontinued during Covid-19 which forced Danielle and her family to consider bulk-buying the product. This caused Danielle a lot of anxiety both about the practicality of getting the food and the cost of bulk-buying. A group of Danielle's school teachers donated a big supply of Emily's favourite food which eased some financial and practical worries.

Even before Covid-19, there had often been little food in the house. However, knowing that money is tight, Danielle never has liked asking her mum for food and Danielle's mother has always tried to make ends meet on their own without having to ask for help. Nonetheless, a local community organisation which initiated a foodbank-like service to respond to the needs of the community during Covid-19, provided a twice-weekly lunch to Danielle and her family. Her younger brother's youth group also provided its members with a one-off £20 supermarket voucher and recipe book.

A message to people across Scotland

'Being a young carer, we don't get the same opportunities as others. I've had to say "no" to going out with my pals, or staying at a pal's house, or to school trips, because I need to be there for Emily. We have additional things going on in our lives that mean we can't do everything that people ask us to do. And it's not because we don't want to do things... it's that there are real reasons why we can't. I would like Scotland to understand that life is a lot more difficult when you are a young carer. People look at young people and think "oh they go out drinking every weekend" and stuff like that. But, actually, I am here looking after my sister, we are here trying to look after our families. I don't think that we get recognised for that.'

'I would like Scotland to understand that life is a lot more difficult when you are a young carer.'

A message to people in political power

Danielle emphasised that she sees education as very important in opening future job opportunities. However, she felt that the education system did not always work well for young carers:

'There needs to be more understanding of young carers' school life. Young carers don't have as much time, we don't have our whole life to sit down and study for things, and schools need to be aware of that. We need to spread our time across lots of things. We should be given the benefit of the doubt rather than it being assumed that we're not trying hard at school. Teachers don't know what the students are going through, and what young carers are going through, but they should know – they

should be told, take a course on young carers, have the student's records, and talk with the students themselves to understand. We have to do school work, have friends, look after the family, and then care for someone, too. We are not just "running wild" and "not trying"... I've had that said to me. I try to do everything, but I don't have the support.'

The author

Dr Chloe Maclean is Lecturer in Sociology at the University of the West of Scotland. Her research focuses on gender, class and inequality.



The care home worker: Care, Covid-19 and undervaluation

Ann is a 50-year-old care worker, employed full-time in a care home where she supports elderly residents, many of whom have dementia. Ann lives with her husband, son (aged 25) and two daughters (aged 21 and 16). Before working as a carer, Ann was a foster carer for nine years.⁵

The caring circumstances

Ann works as a support worker in a private residential nursing home for elderly people. The home has 35 beds. Training for this role is all carried out online, apart from training on moving and handling people. Staff are able to request time during working hours to complete the online training, which Ann tries to do. However, due to the care home being so busy, most staff end up doing it in their own time at home, unpaid.

Ann has been working at this care home for the past four and a half years, starting off on a zero-hours contract before being given a permanent contract recently. During her time on the zero-hours contract, Ann had to take three months off work due to illness and was not entitled to Statutory Sick Pay. She said that her employer told her that 'I'd need to have worked there for two years before being entitled to statutory pay.' Not only was Ann not entitled to any sick pay, but she was not managing to pick up enough hours when she could work so that her income was very low. Ann says that working during the Covid-19 pandemic was 'horrific'. The care home was extremely short staffed as during this period there were only three staff who were not off sick at some point due to either coronavirus symptoms or shielding. Some of her colleagues ended up being so ill with coronavirus that they were in intensive care and needed ventilators. Agency staff brought in were told that they could not work with any residents who had tested positive, which meant that contracted staff were left with the most risky work. Ann described how 'some staff had asthma, and so do I, but that didn't stop me going to work. Some made excuses as to why they couldn't go into work, they were petrified.'

Ann reports that in the early stages of the pandemic 'there was no PPE, no face masks, no nothing – we only had what we'd usually have, just our normal aprons and gloves.' Ann says that even by March 10, government guidance was still just to wash hands and that when, after lockdown had begun, GPs were asked to come into the care home to see residents, they refused. She has counted that for a total of 103 days no GP set foot in the nursing home.

Ann says the virus 'just spread like wildfire', and within seven or eight weeks, 21 out of 35 residents had died. She thinks that managers were doing their best to get personal protective equipment (PPE); some even went on the radio to highlight the lack of PPE and to plead for help. However, despite these efforts, she says that staff did not get PPE until the end of June when 'the worst of it was already over.' Ann feels that social care had been 'forgotten, we had no oxygen, no nothing, there was just so much more the government could have done, they didn't even acknowledge people were dying for a start.'

Ann described how there were relatives standing at the windows watching their loved ones die, and that it took residents who suffered from the virus a long time to pass away. She said: 'If someone is at the end of their life they are never alone, it adds to our workload but we just do it, of course. But there was just no way we could do it during Covid.' She spoke about one resident who was infected with the virus. She was sent to hospital after a fall, but was sent back just hours later without even any pain relief: 'She died of the shock of how much pain she was in; she was recovering from Covid.'

Ann became upset when describing her experience of Covid-19 as it was a traumatic time and said that thoughts of it sometimes keep her awake at night. She said that staff were told by the care home management that counselling would be freely available if they wanted it. At first, this counselling was offered on a one-to-one basis, however now it is only available in a group setting.

⁵ 'Ann' is not her real name.

At its peak, Covid-19 meant increased responsibilities in the care home for all of the care staff. These included giving out medications to residents (which Ann would not normally have done before Covid-19); increased infection control resulting in a lot more cleaning; and ensuring visitors comply with government regulations regarding wearing masks. Ann also spoke about now having to try keep residents apart who were used to spending time together. This is extremely difficult, specifically with dementia sufferers as they struggle to understand that this could be for their own safety. Ann also now needs to be tested for Covid-19 on a regular basis; this happens during her day off and she does not get paid for this time.

The financial circumstances

Ann's household has a combined annual income of £44,000; she earns around £14,000 of it through her care work and the rest comes from her husband's salary. They have no debt and own their own house, thanks really to Ann's husband's salary. Ann is contracted for 32 hours per week, although she says she usually works more than this. Her hourly wage is £9.30 an hour, having gone up in August from £8.95. The low pay makes her feel undervalued, and Ann feels that her wage is not enough for the work she does and for the responsibilities that come with the job. If she needs to be off sick, she says she is only entitled to SSP – 'and we get sick a lot in this job, even in normal times', she adds. While her husband earns well, the family do not manage to save much for going on holidays or to afford to eat at a restaurant.

Ann has not been able to afford to go on a family holiday for over five years, and she believes this is due to her job: 'We don't have spare cash at the end of the month – I should just go do something else for a job. I feel like I'm making a sacrifice to my family doing what I do because we can't do the things we'd be able to do if I had another job. It would be nice to be able to go out once a month for a nice meal somewhere or plan for a holiday.' Although she finds care work really rewarding and enjoys helping others, sometimes she feels it would be better to look for another job: The things we are confronted with are not worth the money. 'I do this because I do care. The majority of the population wouldn't do it for £500 per day, never mind for what we get.'

'I do this because I do care. The majority of the population wouldn't do it for £500 per day, never mind for what we get.'

A message to people across Scotland

'Being a care worker is a really difficult job, good carers are highly skilled at what they do – and you do want a skilled and caring person to care for your family. People shouldn't be thinking carers do a bad job. You often hear about the bad care workers but the majority of us are good at what we do.'

A message to people in political power

'I'd ask them to come and do the job for a week, until you've done it you don't know anything about the physical and mental demands. If they did that, they would understand that care workers need a better work-life balance, no late shift-onto-early shift and no double shifts. We have the same rate of pay whether it's the weekend or not, even night shifts are not on an increased rate. We, the care workers, provide 24-hour care to vulnerable people. But it must be made to work for the staff as well and a higher wage would not only make me feel more valued, but £12 or £13 an hour would also make a small difference at the end of the month, although I still doubt I'd be able to save anything.'



*'I feel like I'm fighting a losing battle,
I feel like a soldier on the front line,
as I'm putting myself and my family
at risk.'*

The author

Lauren Gillies-Walker is a PhD student at the University of the West of Scotland. Her research is across the fields of psychology, health, and computing, focusing on the use of affective technology to support social and emotional communication for autistic people. For six years prior to starting the PhD, Lauren was working as a carer for people with have mental health problems and disabilities.

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Care for the carers: Never more needed

Catherine Paterson is the founder of the Dochas Carer's Centre in Lochgilphead. 'Dochas' means 'hope' in Gaelic. Since 2006, the Centre has been serving a population of more than 20,000 people in the area of Mid-Argyll, Kintyre and the Islands of Islay, Jura and Gigha. Over 3,000 of these people are unpaid carers – people who care for relatives, close friends or neighbours, sometimes for only a few hours per week, in many cases for over 70 hours. The Centre's aim is to support unpaid carers and the cared-for, by offering guidance through the maze of services and also emotional and physical support. More specifically, its services include counselling, advocacy, training for the caring role, befriending, health-specific support groups, and the organisation of fun activities and events.

What is the situation?

The number of unpaid carers across Scotland increased by 53% to 1.1 million during the Covid-19 'lockdown' between March and July 2020.⁶ The increase added to the workload of the Dochas Centre staff who, during the lockdown, continued to provide their services and support by telephone or email. This has certainly helped to protect the carers we support from contracting the Covid-19 virus – none of the carers we helped in this period became ill, though one cared-for person contracted it and died when in hospital for another condition.

As the weeks went by during lockdown, staff reported that the mood among carers was low. Life became more difficult for our staff, carers and the cared-for. The impact of lockdown was particularly affecting those with dementia as their mental and physical health was deteriorating rapidly with the changes to their routine and the loss of contact with family. Carers told us that they would not cope without the support we provided.

Most people didn't realise that a number of services would stop during the height of pandemic, for example Macmillan Cancer Support. Also, health and social care support was reduced very noticeably to avoid the spread of the infection among staff, carers and cared-for. The message 'Protect the NHS' meant people did not make hospital appointments for fear of contracting the coronavirus. At the height of the pandemic, carers felt isolated, alone and helpless. While people understood the need for the lockdown and all the changes that came with it, it compounded anxiety and stress, and our staff and those they supported said they were exhausted.

'While people understood the need for the lockdown and all the changes that came with it, it compounded anxiety and stress, and our staff and those they supported said they were exhausted.'

But members of the communities rallied. Neighbours, often several miles apart as this area is sparsely populated, did their best to provide support.

Even though in the summer the country-wide lockdown was eased, carers continued to fear the virus. Now, in autumn, Covid-19 is still out there and it negatively impacts on carers' social activities and their mental and physical health. They know that if they contract the virus, the people they care for are at severe risk. So, while the carers are grateful to be able to talk with neighbours and friends again as long as they observe the social distancing rules, the loss of regular contact with family over months has meant that many were near breaking-point.

⁶ Carers Week. (2020) Research Report. Online <https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf>. [accessed 5/11/2020]

The financial circumstances

The 'Caring Behind Closed Doors' report by Carers UK⁷ provides facts and figures as well as the voices of individual carers who tell us that they are struggling to keep working, that they pass up the opportunity for promotion in order to not add more stress to their lives, and that many have given up work due to the pressures of caring. In our experience, Covid-19 has affected every carer and cared-for person. Certainly, it has proved highly stressful from a financial point of view, and the uncertainty has hit at everything people used to take for granted. Food prices have increased as have other household bills. Carers receiving Carer's Allowance get £67.25 a week to help them look after a family member or friend with substantial caring needs; in addition they receive Carer's Allowance Supplement (for 2020, two payments of £230.10). As those eligible for Carer's Allowance need to spend at least 35 hours per week on care, their income as carers equates to maybe only a few pounds per hour. Such a low benefit hardly allows carers to make ends meet.

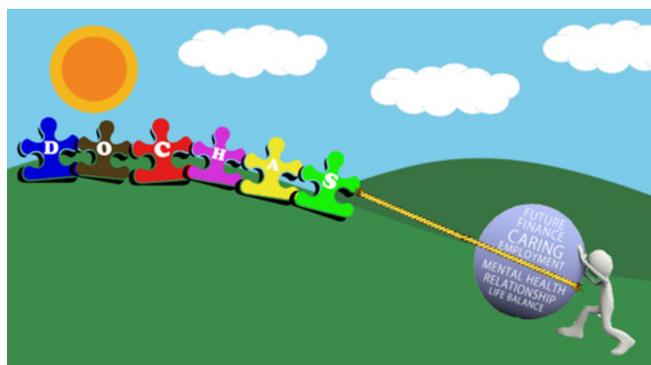
A message to people across Scotland

Becoming an unpaid carer can happen unexpectedly. The initial emotion is of being completely overwhelmed, requiring major adjustment, not only to your life but for the person being cared for. You will experience bewilderment, loneliness and isolation. Moreover, if you are self-employed you may have to give up earning and you may also have to stop your volunteering activities. And still have to look after your own health to preserve your own well-being. In short, you can become so overwhelmed you just want an angel to appear.

The Dochas Centre is a vital asset to the community and is the very angel that exists to support unpaid carers through this daunting time. Never has this service been more important and, thanks to technology and the devotion to duty of its staff, the Centre's support services have remained available throughout the pandemic. The work by carer's centres and their dedicated staff across the country has greatly supported unpaid carers before and during these trying times and they need all the support they can get, so that unpaid carers can be reassured there is help now and in the future.

A message to people in political power

The Carers (Scotland) Act 2016⁸ – by making provision for recognising and supporting unpaid carers – brought hope to unpaid carers that they would be seen as equal and valued partners in care. The Act is clear that there is the statutory obligation for the public sector to deliver support to unpaid carers. But the reality that unpaid carers remain simply the cheapest form of care breaches the spirit of the Act. The fact that the financial resources for carer's centres are not ringfenced, despite keeping unpaid carers physically and mentally well, requires an amendment to the Act. The insecure financial situation of carer's centres means that hard-working dedicated staff in the 53 centres across Scotland are facing uncertainty about the sustainability of their work. This is an intolerable and counter-productive situation which would be alleviated if carer centres' funding was ring-fenced by the Scottish Government with local authorities then directed to fund carer's centres. In other words, there needs to be a clear intention at government level that funding for carer's centres is guaranteed for the long-term.



'Being an unpaid carer during Covid-19 and the lockdown has felt like Sisyphus pushing the rock up a mountain only to find the rock has rolled down again. However, an unpaid carer who is supported by a carer's centre is like Sisyphus with a group supporting him to get the rock to the top of the mountain where life opens up again.'

⁷ Carers UK. (2020) Caring behind closed doors. Forgotten families in the coronavirus outbreak. April 2020. Online https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf. [accessed 5/11/2020]

⁸ Scottish Parliament. (2016) Carers (Scotland) Act 2016. Online <https://www.legislation.gov.uk/asp/2016/9/contents/enacted>. [accessed 19/11/2020]



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