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Covid-19 pandemic in Britain

# Sympathy Won't Win Us Better Conditions

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**Anxiety and change: those are the two things that have defined care work in England in recent weeks. Where I work, we have been battling with staff shortages, opaque government advice, and PPE provision based on supply rather than on best practice. But we have also been fighting and winning better conditions for our staff in these unprecedented times.**

I work in Manchester across three twenty-four-hour supported mental health crisis centers. We support people with both their physical and mental health needs. During the pandemic, we have had to scale back on a lot of the face-to-face care, but we are still offering mental health crisis support and administering medication, and as a result, we are still going into people's homes. At the start of the pandemic, there were really high rates of sick leave, so just covering the services with skeleton staff was hard. But we are now, at last, more firmly on our feet.

Because of COVID-19, we have been experiencing a lot of changes to procedure and policy, adapting to ever-changing government guidelines. These changes have recently included an increase in our responsibilities and PPE requirements, which have been contradictory and confused since the government has simultaneously begun to relax lockdown rules.

Many of the individuals who use our service are finding the constant change difficult. A lot of mental health issues arise from feeling powerless or having power taken from you, so for people experiencing mental distress, there aren't many things worse than a pandemic. Many of the women I work with struggle with behaviors due to the trauma they have experienced, and so change and regulating emotion are extremely difficult. We have had a real struggle to communicate our need to wear masks, for example, as they are seen as a physical reminder of the power dynamic between staff and service users, which can be a barrier to building a positive relationship between care workers and the people for whom we are there to care.

In this confusing and stressful climate, staff members have found themselves responding reactively to each change, as opposed to negotiating together the best way to deliver our services. This is where our organizing has come in, opening lines of communication between staff and the union to help us identify where we need better conditions and to fight for them.

## **PPE, Sick Pay, and Furloughs: Organizing for Care Workers During COVID-19**

Where I work, we have a small group of shop stewards—three or four reps representing over one thousand people. The group stays small because it can be hard to get people to become shop stewards in care, either due to their own caring commitments, or because, in a largely unorganized sector, they don't want to put their heads above the parapet.

Nevertheless, a small team of us have had lots of communication with our membership since the pandemic started, getting surveys out to ensure we have a clear understanding of what PPE resources are available on the ground, and informing members of union support and local mutual aid networks. More than anything, we have been trying to establish clear communication, so that if there are problems, people know to come to us.

At the start of the pandemic, we put out a survey, and the first issue that was highlighted was about workers who

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were still in their probationary period. We have such a high turnover in care that there are always lots of members in this stage of their employment, and usually, they are entitled to no sick pay at all. In the survey, we also asked everyone about their vulnerabilitiesâ€”if they were pregnant or had underlying health problems, for example. Once we had identified those who were most at risk, we took that forward and fought for furlough for anyone who felt particularly vulnerable to the virus. In the UK, businesses affected by the coronavirus can apply to the government to furlough their workers, because the government has agreed to pay 80% of employee wages up to Â£2,500 a month per worker until at least June 2020. It is up to employers whether they cover the remaining 20% of furloughed workers' wages, and this is a key site of struggle for many workers.

We are already many steps ahead of other care providers because we have formal recognition for our union. We have a procedure to go to management via a Joint Negotiating Committee, so we meet with management regularly to raise concerns. This time, we brought up PPE, sick pay, and furlough for vulnerable workers, and we won. It felt great, as there are not many victories in care. For probationary workers, we got full sick pay for a month, and then a month on half sick pay, which is much better than the Statutory Sick Pay provided by the government (many people would really struggle to pay their bills on SSP). For vulnerable workers, we won furlough on 100% pay for two months, but then that went down to 80% from then on. We weren't happy about that, but there remains an anger that will likely catalyze further action later. After all, this is a marathon, not a sprint.

I think our leverage around these issues was positively affected by the fact the organization, as a care provider, had to maintain appearances of being "caring." They have to work within a contradiction, in which they say they provide the very best care, but they are doing it for the cheapest that they can because they want to grow the charity and remain "competitive" when bidding for tenders. Nevertheless, since "we care" is their mantra, they had to deal with the union around shortages of PPE and sick pay if they ever wanted to win a contract again.

To secure wins across the sector, there needs to be a turn to rank-and-file trade unionism within care. I am currently working with different union comrades under the "Carers C19 Action Group" umbrella, in addition to working in our separate unions (including Unite and Unison), to try and find new ways of pushing for better conditions for carers at this crucial moment. In initial discussions, I was surprised at how quickly we came up with five points that we could organize around:

- PPE, sufficient uniforms, training.
- Fair payâ€”fight for Â£15.
- Union rights and rights at work and trade union recognitionâ€”sick pay, maternity pay, protection of whistle blowers etc.
- Secure employmentâ€”end of zero-hour contracts, and a 16-hour minimum week.
- Bring services into democratic public control.

There was some debate about where we should set our sights while formulating these points. For example, the second point was arrived at after some discussion. Initially, we spoke about fighting for the real living wage, but I argued that we should demand more, taking the US "Fight for \$15" campaigns as an example. The real living wage would benefit some people, but the minimum wage is Â£8.72 an hour at the moment, and the real living wage is set at Â£9.30. I thought we were doing a lot of work for 60p! To really change the care sector, we need a more thorough reimagining than that. So we settled it: let's get it rightâ€”let's fight for what we deserve.

Since we agreed on these points, we have been working to raise awareness of issues facing carers in the mainstream media, such as on the TV programme *Newsnight*. *Newsnight* allowed us to reach a much wider audience with our concerns, but the angle that was chosen for the segmentâ€”showing care workers as "victims" to incite sympathy from the audienceâ€”meant that it only told a limited story.

Sympathy alone will not win us improved conditions; only solid organizing will.

# The Struggle of Organizing in Care

Care work is predominantly carried out by women, which raises challenges for organizers. 76% of my care provider's workers are women, so many have caring responsibilities and vulnerable people in their own homes. With such a high percentage being informal carers to either their parents or children, prioritizing the needs of the union and organizing is difficult.

There is no significant history of militancy within care work sectors in Britain. Often, carers believe that they do the work they do for moral reasons as opposed to economic ones, and that the two are counterposed. To ask for more money, or to ask for value and recognition or to engage in class struggle, is to be a bad carer. The idea is that we don't do this because we have to pay our bills, we do it because we care. Even when workers are making arguments for higher pay, they often revert back to saying: "We need this because the quality of care needs to be better for the service user." If we do anything for ourselves, it can be painted as selfish. That narrative and false class consciousness is a massive barrier, because it is so culturally ingrained and tied up with the role of women as unpaid caregivers throughout the history of capitalism.

In our jobs, we are expected to be caring, loving, considered, and balanced at all times—this is the emotional labor of the job. Sometimes, it feels like those expectations can override the anger. Really, we should all be really fucking angry, but instead we can only articulate that we are upset and angry *for our service users*, because that is what that our organizations and society tell us it is acceptable to feel.

The struggle against coronavirus is also a struggle against the chronic undervaluing of workers in the care sector, both materially and symbolically. Emotional labor has never had the value attached to it that it should have. Even where formal equality is presented as a goal, the jobs that women have traditionally undertaken have not had their importance recognized.

Looking internationally, it has been refreshing to see nursing home workers in America organize for strike action around PPE, so I am optimistic that there is room for growth in militancy around these issues here. It feels callous to use the word "opportunity," since there are people dying—but this crisis is definitely providing us a new lens to see what is really important.

Writing in the *Financial Times* in April, Arundhati Roy described the pandemic as a "portal, a gateway between one world and the next." She dared us to imagine another world on the other side of it—and I'm imagining one in which care work is afforded the significance, and the resources, it deserves.

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Source [Spectre](#).

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