

Engender response to the Commission on Social Justice and Fairness consultation on Discussion Paper 2: Reform of Social Care

16 October 2020

1. INTRODUCTION

Engender is a feminist policy and advocacy organisation working to advance women's equality and access to rights, power, resources and safety in Scotland. We seek to make visible the impacts of gendered systems which prevent this from being our reality.

The provision of care, both paid and unpaid, is closely and causally interlinked with systemic and harmful gender roles that constrain women's lives. Women's access to paid work, leisure time and power remains heavily constrained by the provision of care and gendered expectations around its value and delivery. Social care is vital infrastructure that supports people in Scotland to enjoy their right to participate fully in all branches of society and can prevent isolation, exclusion, illness and poverty. However, its success can only be realised where there is adequate funding and an approach to social care that sees it as an infrastructure investment in the social and economic wellbeing of society.

Engender welcomes this opportunity to comment on the discussion paper put forward by the Commission on Social Justice and Fairness. We believe that reform to care services must start from understanding the effects of low pay, undervaluation and low investment from a gender perspective before it develops effective solutions. We do not consider ourselves best placed to comment on the detail of proposed reforms to the delivery of social care in Scotland nor to conclude at this stage whether a national care service could be all or part of the solution. We have therefore approached this

consultation with the aim of highlighting the significant gendered considerations that must underpin any reforms.

2. PRINCIPLES

2.1 What should be the key guiding principles of our social care system?

Social care in Scotland currently faces a confluence of crises, with decades of underfunding and widespread under-staffing already failing to meet existing demand, a rapidly aging population, and the effects of Brexit on the current workforce. These are now being heavily augmented by the impacts of Covid-19 and public health measures, which has increased demand for and pressure on social care while displacing unpaid care and childcare onto female family members throughout lockdown. Scottish care homes have been hit particularly hard by Covid-19 compared to other parts of the UK.¹ Despite these very live concerns, demographic trends strongly suggest that demand for care will only increase, with the number of adults in need of care by 2026 projected to rise by 30%.²

The recent report from the Commission on a Gender-Equal Economy describes a *“social care system whose primary objective is enabling everyone, of all ages, to be able to choose to do, as far as possible, what others can do unaided”* as a critical element of a caring economy.³ Engender further believes that the social care system should reflect social justice, human rights, and gender equality ambitions throughout.

Social care policy and practice in Scotland are heavily gendered in three ways:

- Women are the **majority of service users**; 75% of social care clients are aged 65 or more, of whom 67% are women.⁴ Women are also more likely to be disabled or have long-term health conditions than men.⁵

¹ K. Bayliss and J. Gideon (2020) The privatisation and financialisation of social care. Available at: <https://wbg.org.uk/wp-content/uploads/2020/08/Privitisation-of-social-care.pdf>.

² Coalition for Carers in Scotland (2017) Manifesto for carers in Scotland.

³ Commission on a Gender-Equal Economy (2020) Creating a Caring Economy: A Call to Action. Available at: <https://wbg.org.uk/commission/>.

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

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

- Women are the vast **majority of social care workers**, accounting for 85% of employees across the sector, and up to 96-100% in particular subsectors.⁶
- Women are the **majority of unpaid carers**. Women are particularly overrepresented amongst carers on low incomes who are also in paid work, have multiple or 'sandwich' caring roles, and/or care for over 35 hours per week.⁷

Research shows that almost all countries that score highly across gender equality indicators provide more extensive systems of long-term care than in Scotland and the UK.⁸ Discussion and reform of the social care system in Scotland must therefore centralise gender equality, starting with underlying principles. For example, the suggested principle of universal provision is presently undermined by the restrictions in access that are a direct result of underfunding. Income inequality should not play a role in mediating access to social care as it presently does through care charging. As women have less access to resources and are overrepresented in low paid employment and among social security claimants, there are gendered inequalities in connecting care with income.

We therefore support the development of ethical principles at the heart of social care which are also based on human rights, however we believe that equality and specifically gender equality must be explicit.

2.2 How should the social care system promote and deliver these?

Gender analysis

Engender maintains that there must be universal access to quality social care that meets individual needs and choices and enables everybody to participate fully in society. Practices and models which limit the universality of quality social care must be identified and addressed as part of a gendered and equality-led review. A gendered approach to social care provision should include gender analysis within the needs assessment framework, and all social care staff being provided with training on the provision of gender-competent social care that pays attention to women's specific experiences of accessing services.

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

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

⁸ Rummery, K. et. al (forthcoming) What works for gender equality.

In our Gender Matters Roadmap, we articulate the following ambitions for social care and care:

- By 2030 disabled people, people with long-term conditions and older people have real choice and control in all areas of their lives and in all parts of Scotland.
- By 2030 carers' rights in Scotland are respected and upheld, and care work is valued and recognised as contributing to Scotland's social and economic well-being.⁹

We continue to believe that a focus on choice and control and on carers – including unpaid carers and social care workers – are critical elements of delivering social care in a manner compatible with women's human rights, wellbeing, security and equality.

Choice and control

Scotland is currently lacking in a social care system which provides people with the real opportunity to take control over their own lives. The My Support My Choice research conducted by Self Directed Support Scotland and the ALLIANCE indicates that 74% of those surveyed “strongly agree” or “agree” with the statement “SDS would/has improve/d my social care experience”.¹⁰ Other organisations have suggested that legislation and policy provides a strong basis for social care provision, but that this is undermined by poor implementation.¹¹ For example, submissions to the recent Health and Sport Committee inquiry into the future of social care observed that while Self-directed Support was an appropriate ‘vehicle’ for people to be involved in their own care, effective implementation was the problem.¹²

Since the start of the Covid-19 pandemic tensions between the aims of SDS “to maximise flexibility and autonomy for the supported person in meeting agreed outcomes” and its delivery have been even greater. Evidence gathered by the Coalition of Carers in Scotland found that 51% of unpaid carers had been told that they could

⁹ Engender (2017) Gender matters roadmap: towards women's equality in Scotland. Available at: <https://gendermatters.engender.org.uk/content/care/>.

¹⁰ The Alliance and SDS Scotland (2020) People's Experiences of Self-directed Support and Social Care in Scotland National Report, October 2020. Available at <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/10/ALLIANCE-SDSS-MSMC-National-Report-Oct-2020.pdf>.

¹¹ Health and Sport Committee (2020) Summary of Evidence - Adult Social Care and Support Inquiry. Available at: https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/AJ_Initial_Social_Care_Inquiry_Responses_from_Organisations.pdf.

¹² Scottish Parliament Health and Sport Committee (2020) Summary of Evidence - Adult Social Care and Support Inquiry. Available at: https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/AJ_Initial_Social_Care_Inquiry_Responses_from_Organisations.pdf.

not use SDS budgets to employ family members during lockdown despite the guidance stating that “PA employers may employ family members where this is deemed appropriate.”¹³ Further data indicates that 60% of carers had not been made aware that they could now potentially use SDS in a more flexible way and that only around 30% of those who had asked to use SDS in a more flexible way, had their request accepted by their local authority.¹⁴

Disabled women

Disabled women and girls in particular can be denied autonomy and this impacts access to sensitive medical services and appointments.¹⁵ There is limited evidence available that has comprehensively examined women’s experience in accessing choice and control in their social care provision, which should be addressed.¹⁶ The ALLIANCE and Self Directed Support Scotland have recently published My Support My Choice: People’s Experiences of Self-directed Support and Social Care in Scotland which indicates that women are less likely than men to be given access to information about their SDS.¹⁷ A thematic report on women’s experience of SDS within the research is forthcoming at the time of writing this submission.

Designing a service based on consultation with women must consider the needs of different groups of women, including older women, learning disabled women, and unpaid carers. The short timeframe given to comment on this discussion paper is not compatible with effective and participative processes that lend themselves to fully considering the needs of different groups.

We are aware of evidence concerning disabled women’s access to adequate care during the current management of Covid-19. Work by Glasgow Disability Alliance and Inclusion Scotland during the lockdown period found that that social care packages have been reduced and stopped while social care providers respond to the coronavirus

¹³ Coalition of Carers in Scotland (2020) The use of SDS by Unpaid Carers during COVID-19. Available at: <https://www.carersnet.org/wp-content/uploads/2020/07/You-can-download-it-here.pdf>.

¹⁴ Ibid.

¹⁵ Engender (2018) Our Bodies, Our Rights: Identifying and removing barriers to disabled women’s reproductive rights in Scotland. Available at: <https://www.engender.org.uk/files/our-bodies,-our-rights-identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-scotland.pdf>.

¹⁶ Engender (2020) Engender submission of evidence to the Scottish Parliament Health and Sport Committee inquiry on Social Care. Available at: <https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-to-the-Scottish-Parliament-Health-and-Sport-Committee-inquiry-on-Social-Care---Feb-2020.pdf>.

¹⁷ Self Direct Support Scotland and the ALLIANCE (2020) My Support My Choice: People’s Experiences of Self-directed Support and Social Care in Scotland. Available at <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/10/ALLIANCE-SDSS-MSMC-National-Report-Oct-2020.pdf>.

pandemic.¹⁸ The ALLIANCE highlights concerns that Local Authorities and Health and Social Care Partnerships have increased their eligibility criteria for social care, making it harder to access.¹⁹ This undermines disabled women's rights to dignified care and has also displaced care responsibility onto female family members, increasing the level of care they are expected to provide without consultation.²⁰

3. Public/private/third sector balance

3.1 Third-sector, public and private provision

Engender does not have any specific expertise on the appropriate balance of public, private and third sector provision, although we agree with the Commission on a Gender-Equal Economy that social care is a poor candidate for quality improvement through competition because of its dependency on its workforce.²¹ Nearly 60% of care homes in Scotland are now private-for-profit providers, ranging from small independent providers to an increasing number of conglomerates.²² It is notable that in Scotland in 2020 52% of private-for-profit care homes had nursing vacancies compared to 15% in the not-for-profit providers.²³

The ALLIANCE has noted that third sector providers are facing particularly acute funding challenges due to the impacts of Covid-19.²⁴ The third sector offers a wide range of care, support and advice services, and concerns about sector sustainability come at a time when there is growing evidence that more people will rely on specific expertise to manage respiratory, neurocognitive, heart, and mental ill-health

¹⁸ Glasgow Disability Alliance (2020) GDA's Covid-resilience engagement and response: Interim report. Glasgow Disability Alliance. Available at; https://www.sdsscotland.org.uk/wp-content/uploads/2020/05/GDAs-Covid-Resilience-Interim-report-27April_alt-text.pdf.

¹⁹ The ALLIANCE (2020) Response to the Equalities and Human Rights Committee inquiry on the impact of Covid-19 pandemic on equalities and human rights. Available at: https://yourviews.parliament.scot/health/social-care-inquiry/consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascending&q__text=ALLIANCE&uuld=828970470.

²⁰ Carers UK (2020) Carers Week 2020 Research Report. Available at: https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf.

²¹ Commission on a Gender-Equal Economy (2020) Creating a Caring Economy: A Call to Action. Available at : <https://wbg.org.uk/commission/>.

²² Pollock, A and Harding-Edgar, L (2020) Coronavirus Crisis: Underfunding, Restructuring, Privatisation and Fragmentation at the Heart of the Crisis in Holyrood and Westminster, 23rd April 2020. Available at: <https://www.scer.scot/database/ident-12745>.

²³ Commonweal Policy (2020) The predictable crisis: why COVID-19 has hit Scotland's Care homes so hard. Available at: <https://commonweal.scot/sites/default/files/2020-05/Predictable%20Crisis.pdf>.

²⁴ The ALLIANCE (2020) Briefing paper – Impact of COVID-19 on third sector health and social care organisations. Available at: <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/06/ALLIANCE-Briefing-paper-Impact-of-COVID-19-on-the-Third-Sector-.pdf>.

conditions.²⁵ Given early indications that women are reporting symptoms of ‘long-Covid’ in much greater numbers than men, this is another cause for concern.²⁶

Delivering any reform to social care in line with the principles outlined in the Commission’s discussion paper and a commitment to human rights and social justice demands gender-competent governance that is not undermined by conflicts of interest, such as a heavy focus on financial savings and lowering outgoings. Strategic plans need to explicitly include equality outcomes for women, including care workers, health workers and unpaid carers, and enable action that will realise them.

Unpaid carers

We would also note the relative exclusion of the role of unpaid care and support for unpaid carers in the questions posed by the discussion paper. Any considered discussion on the future of social care which ignores the contribution of unpaid carers will neither meet women’s needs nor ensure a better social care service for users, something that is made clear in the discussion paper itself, particularly in the context of proposals for ‘care hubs’. Unpaid carers, 60% of whom are women, save Scotland an estimated £10.8 billion per year which amounts to a third of the national budget.²⁷

Women who provide care are more likely to be younger than their male counterparts,²⁸ are more likely to report that they lack opportunities to advance their careers compared to men and are four times more likely than men to give up employment because of multiple caring responsibilities.²⁹ Combining caring and other forms of work pushes women into part-time work which tends to be lower paid and in undervalued sectors. Income through social security for unpaid carers through Carer’s Allowance is just £67.25 per week, plus the twice yearly £230.10 supplement in Scotland.

²⁵ The ALLIANCE (2020) Response to the IJB Executive Group’s questionnaire on adult social care. Available at: <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/07/ALLIANCE-Response-to-the-IJB-Executive-Groups-questionnaire-on-adult-social-care-08.07.20.pdf>.

²⁶ Spanish Society of General and Family Physicians (SEMG) (forthcoming) ‘Long Covid ACTS’. As reported in *La Razon* 15 September 2020 *El Covid se agarra a las mujeres* (Spanish). Available at: <https://www.larazon.es/salud/20200915/27erffvjwjaurd5wjg7cvthixe.html>.

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

²⁸ Carer’s UK (2020) Carers UK’s response to Government’s Carer’s Leave consultation. Available at: <https://www.carersuk.org/scotland/policy/policy-library/carers-uk-s-response-to-government-s-carer-s-leave-consultation>.

²⁹ Carers UK and Employers for Carers (2012) Sandwich Caring: Combining childcare with caring for older or disabled relatives. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/sandwich-caring>.

Despite their contribution, unpaid carers too often report feeling ignored and unsupported by existing systems and practices, which is worsened by the current lack of independent advocacy and barriers to justice and accountability. Redress mechanisms should be developed as part of a holistic approach to care provision to protect the rights of carers and those to whom they provide care.

Once again, the challenges that social care policy and delivery have dealt with during the Covid-19 pandemic have compounded women's unpaid care work. Survey data published for Carers Week 2020 suggests that the number of unpaid carers in Scotland has increased by 392,000 to 1.1 million unpaid carers in Scotland, of which 61% are women.³⁰ Additionally, the survey found that 78% of carers are having to provide more care than they were prior to the coronavirus outbreak and that 53% of unpaid carers felt overwhelmed managing their caring responsibilities during the outbreak and are worried about experiencing burnout. There is reason to be concerned about carers ongoing access to paid work as 22% were either furloughed or took unpaid leave in response to social distancing, while 2% have already reported giving up paid work entirely.³¹ The compounding effects of increased care work, working from home and financial stress have not been integrated into support for carers as part of the pandemic response.

Future changes to social care must genuinely take into account the degree of care family members are actually able and willing to provide as well as the choice and preferences of people accessing care. Access to short breaks has been shown to be 'vital to sustaining the caring relationship, and the health and well-being of carers'.³² However, the availability of short breaks is limited and varied across Scotland, and not viewed as an essential support service for both carers and those they care for. Research has shown that only a quarter of unpaid carers receive practical support for care and less than one in five receive a break from care.³³

³⁰ Carers UK (2020) Carers Week 2020 Research Report. Available at:

<https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf>.

³¹ National Carers Organisations (2020) Discussion Paper: Moving out of lockdown. Available at:

<https://carers.org/downloads/scotland-pdfs/moving-out-of-lockdown-final.pdf>.

³² National Carers Organisations (2016) Manifesto for Unpaid Carers in Scotland.

³³ Carers Scotland (2019) State of Caring in Scotland 2019. Available at:

<https://www.carersuk.org/scotland/policy/policy-library/state-ofcaring-in-scotland-2019>.

4. Structural reform and new models

4.1 Do you support the concept of a National Care Service for Scotland?

As indicated above, before we can affirm substantial changes to the delivery mechanisms of social care, such as the creation of a National Care Service, we must understand women's needs and experiences and the needs and experiences of particular groups of women such as older women, Black and minority ethnic women, disabled women, LBT women, women with insecure immigration status, and those in rural areas as well as carers and people with expertise of particular conditions.

However, we would reiterate that it is crucial that the core principles at the heart of SDS and the importance of choice and control remain central to any future development of services, while also noting that choice and control are not necessarily always being delivered in the current implementation of SDS. Care providers are in need of a delivery model that clearly demonstrates how it meets person-centred criteria.

4.2 What do you think of the concept of a National Commissioning Model for a National Care Service as described in the paper, similar to that operating in the NHS?

Sustainability concerns will have implications for third sector providers engaging in existing commissioning processes. Third and independent providers of social care have long before Covid-19 expressed difficulties in engaging with local authority and IJB commissioning processes. In the 2019 Coalition of Care and Support Providers' Business Resilience Survey, just under 50% of respondents stated that they had abstained or withdrawn from a procurement process in the 12 months preceding the survey, with respondents citing "financial sustainability of services [as] a primary consideration [...] when considering whether to bid for a service."³⁴ ALLIANCE members have indicated that commissioning processes can be unnecessarily rigid and overly focused on "professional inputs rather than personal outcomes" such as

³⁴ Coalition of Care and Support Providers (2019) Business Resilience Survey 2019. Available at: <http://www.ccpsscotland.org/news/ccps-publishes-annual-business-resilience-survey-2019/>.

personal choice and control.³⁵ COSLA's 'Guidance for Commissioned Services' has been welcomed for indicating a more flexible approach to commissioning.³⁶

The Fair Work Convention has also noted that the impact of competitive tendering based on non-committal framework agreements has been responsible for transferring the risk of demand and cost onto the workforce.³⁷ Close the Gap describe the impacts of this one-sided flexibility as a "race to the bottom" which drives down pay, terms and conditions, and entrenches women's inequality in the labour market.³⁸ Because of women's greater likelihood of being employed in social care (85%) the impacts of increased vacancies, poorer conditions and low pay have wider impacts for women's equality and wellbeing. Reforms to commissioning and procurement through a national commissioning model present an opportunity to drive up standards including with regards to the prevalence of temporary and zero hours contracts, low rates of overnight pay, long working hours and unpaid overtime.

The Coalition of Care and Support Providers has also highlighted that existing commissioning and procurement focused on competitive tendering and contractual obligations is "antithetical to a person-centred approach" at the heart of a social care system meeting the needs of those it cares for and who deliver care.³⁹ A person-centred care must also be tailored to the gendered needs and experiences of different groups of women. This can only be achieved through development of a mandatory gender-sensitive training programme for social care practitioners. Again, procurement can play an active role in achieving this. Workforce planning must, as part of this approach, engage effectively with questions of gender equality including occupational segregation and women's greater provision of unpaid care and childcare.

4.3 How do we better attract people to work in the care sector and improve career progression for those working in care?

³⁵ The ALLIANCE (2020) Response to the IJB Executive Group's questionnaire on adult social care. Available at: <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/07/ALLIANCE-Response-to-the-IJB-Executive-Groups-questionnaire-on-adult-social-care-08.07.20.pdf>.

³⁶ Ibid.

³⁷ Fair Work Convention (2019) Fair Work in Scotland's Social Care Sector 2019. Available at: <https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/>.

³⁸ Close the Gap (2020) Health and Sport Committee Social Care Inquiry Submission From Close the Gap. Available at: <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-Health-and-Sport-Committee-inquiry-into-social-care.pdf>.

³⁹ Health and Sport Committee (2020) Summary of Evidence - Adult Social Care and Support Inquiry. Available at: https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/AJ_Initial_Social_Care_Inquiry_Responses_from_Organisations.pdf.

Recruitment and retention are ongoing challenges for the sector, likely to be exacerbated by Brexit given the sector's reliance on migrant workers⁴⁰ as well as older women.⁴¹ The sector's reputation for poor pay (average hourly pay is just £9.79),⁴² conditions and status is compounded by limited opportunities for progression and high turnover.⁴³ UNISON notes that in December 2018, 38% of social care providers reported vacancies, with particular concerns about the prevalence of vacancies in care at home services.⁴⁴ More and more frequently women in social care are reliant on the workings of the so-called 'gig economy' with lower levels of protection and access to rights such as sick pay. The gender pay gap in health and social care is significantly higher than the national figure of 13.3% at 27.8%.⁴⁵

The gendered dimensions are immediately apparent as a predominantly female workforce who often work part-time and increasingly form part of the so-called 'gig economy' with high rates of zero hours contracts. This undervaluation is not an accident but actively stems from and maintains women's inequality, poverty and poorer well-being and contributes to the invisibility of women's skills and emotional labour. The wages and status attached to social care are low because it is seen as 'women's work' while the provision of unpaid care undermines women's access to (good) paid work, education and well-being. The presumption that care is a product of inherently 'female' traits and preferences continues to influence how we think care work should be assigned, and what it is worth.⁴⁶

UNISON has noted that the staffing crisis has a direct impact on quality of care, with a union rep commenting that "care quality really comes down to staff numbers and

⁴⁰ Fair Work Convention (2019) Fair Work in Scotland's Social Care Sector 2019. Available at: <https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/>.

⁴¹ Scottish Social Services Council (2020) Scottish Social Service Sector: Report on 2018 Workforce Data. Available at: <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>.

⁴² Fair Work Convention (2019) Fair Work in Scotland's Social Care Sector 2019. Available at: <https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/>.

⁴³ Scottish Care (2018) The open doors of recruitment and retention in social care. Available at: <https://scottishcare.org/wp-content/uploads/2019/11/The-4Rs-The-Open-Doors-of-Recruitment-Retention-in-Social-Care.pdf>.

⁴⁴ Unison Scotland (2020) Health and Sport Committee Social Care Inquiry Submission From Unison Scotland. Available at: https://yourviews.parliament.scot/health/social-care-inquiry/consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascending&q__text=Unison&uuld=837194726.

⁴⁵ Close the Gap (2020) Disproportionate Disruption: The Impact of Covid-19 on Women's Labour Market Equality. Available at: <https://www.closesthegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>.

⁴⁶ E. Thompson (2020) Gender and Inclusive Growth. Engender and Close the Gap. Available at: https://www.engender.org.uk/content/publications/1591173199_Gender--Inclusive-Growth---Making-inclusive-growth-work-for-women-in-Scotland.pdf.

resources. Without adequate time and staffing there is a limit to how good care can ever be.” Reductions in quality in response to demographic change in demand and falling spend are likely to have particular impacts on women as women are a majority of older and disabled people as well as less likely to have access to resources to fund private care.

With a period of sharp economic disruption on the horizon it is concerning that across the UK personal care services have experienced job losses second only to another women-dominated sector (cleaning).⁴⁷ Additionally, women providing care in home and clinical settings seem highly likely to be exposed to extended trauma as a consequence of managing, treating and caring for those with Covid-19, with consequential lower levels of well-being during and after the pandemic is over. The pandemic has demonstrated a distinction between the response to healthcare workers and those employed in social care. For example, the UK Government’s initial decision to scrap the £400 surcharge to access NHS services for non-EU immigrants working in the NHS was only extended to social care workers latterly and following a public campaign. The creation of the Social Care Staff Support Fund is a much welcome exception to this trend.

Minimum steps such as payment of at least the real living wage to carers must be accompanied by comprehensive action and investment to provide women with job security and recognition for their skills and labour. Addressing undervaluation in social care is a necessary component of a more gender-equal economy,⁴⁸ and the Scottish Government should utilise its wage-setting powers in addition to measures such as developing gender sensitive pay and grading systems or strengthening the right to flexible working.⁴⁹

⁴⁷ Abi Adams-Prassl et. al (2020) Inequality in the impact of the Coronavirus Shock: Evidence from real time surveys. University of Cambridge. Available at: <http://ftp.iza.org/dp13183.pdf>.

⁴⁸ Engender and Close the Gap (2020) Gender & economic recovery. Available at: <https://www.engender.org.uk/content/publications/Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf>.

⁴⁹ Close the Gap (2020) Close the Gap response to Scottish Labour’s consultation on the National Care Service. Available at: <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-response-to-Scottish-Labour--National-Care-Service-August-2020.pdf>.

5. Additional funding

5.1 Should there be additional investment in care?

There is an obvious need to be realistic about the cost of providing high quality, person-centred care. Currently, it is simply not possible to do so with the resources that are available. All too often it appears that choice and control are diminished by practical considerations focused on utilising limited resources. Delivering a person-centred and needs-led service cannot be divorced from questions about funding and staffing.

Our economic model is reliant on women's unpaid and underpaid care work for its very functioning just as much as it relies on physical infrastructure such as transport networks. However unpaid care, like other forms of reproductive labour, is rarely (if ever) recorded in national accounting systems, despite being worth an estimated £1.1 trillion, or around 56% of GDP, in UK imputed economic value.⁵⁰ In terms of paid care work the situation is not much better. Scotland's care sector is worth £3.4 billion (GVA) to our economy and provides employment to over 200,000 people,⁵¹ yet Scotland's economic strategies continue to exclude care in favour of focus on areas such as construction and life sciences where men's jobs dominate.

Conceptualising care as a key sector and as social infrastructure is a critical first step in responding to concerns that the whole system of funding social care is broken⁵² as it would bring it within the scope of economic development and skills agencies. The Gender Pay Gap Action Plan commits to develop an approach that will treat investment in childcare and social care as infrastructure⁵³ however this has yet to be further expanded upon. We note that the Advisory Group on Economic Recovery has

⁵⁰ Office for National Statistics (2016) Women shoulder the responsibility of 'unpaid work'. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshouldtheresponsibilityofunpaidwork/2016-11-10#:~:text=Women%20carry%20out%20an%20overall,to%20cooking%2C%20childcare%20and%20housework.>

⁵¹ Scottish Social Care Services Council (2018) Adult social care contributes £3.4b to Scottish economy. Available at: <https://data.sssc.uk.com/data-news/15-announcements/175-the-economic-value-of-adult-social-care#:~:text=Adult%20social%20care%20contributes%20%C2%A3,of%20the%20sector%20has%20found.>

⁵² Independent Living in Scotland (2015) Our shared ambition for the future of social care support in Scotland. Available at: <https://inclusionScotland.org/wp-content/uploads/2018/05/Shared-Ambition-for-social-care-final.pdf>.

⁵³ Scottish Government (2019) A fairer Scotland for women: gender pay gap action plan. Available at: <https://www.gov.scot/publications/fairer-scotland-women-gender-pay-gap-action-plan/>.

recommended that review of adult social care and its funding be accelerated⁵⁴ and that the Scottish Government response to these recommendations reiterated its commitment from the Gender Pay Gap Action Plan “to explore options to treat investment in childcare and social care as infrastructure”.⁵⁵ However neither the specific recommendation nor wider report was gendered meaning wider analysis on women’s experience is invisible.

It is clear that investment in care can be not only a social good but an economic one, with the potential to stimulate employment, reduce the gender employment gap and counter the impacts of an inevitable economic recession on women’s job security. The Women’s Budget Group highlight that investment in care in the UK would produce 2.7 times as many jobs as an equivalent investment in construction and 6.3 times as many jobs for women.⁵⁶

Additionally, as the Commission on a Gender-Equal Economy notes, good-quality care services are a necessary feature of a caring economy. Investment has direct benefits for those who access social care and those who are directly employed to provide it but also further benefits relevant to the work of the Commission on Social Justice and Fairness, such as poverty, women’s access to the wider labour-market and financial security, gender-based violence, wellbeing and sustainability.⁵⁷

6. CONCLUSION

Engender believes that there is an important conversation to be had about the future and long-term provision of a social care system that is genuinely universal and equitable and meets individual needs. Gender cannot be excluded from this work, and there is a need to consider how revaluation of care work and skills can deliver better conditions for people, mainly women, who provide care, both paid and unpaid.

⁵⁴ Advisory Group on Economic Recovery (2020) Towards a Robust, Resilient Wellbeing Economy for Scotland: Report of the Advisory Group on Economic Recovery. Available at: <https://www.gov.scot/publications/towards-robust-resilient-wellbeing-economy-scotland-report-advisory-group-economic-recovery/>.

⁵⁵ Scottish Government (2020) Economic Recovery Implementation Plan The Scottish Government’s response to the Advisory Group on Economic Recovery. Available at: <https://www.gov.scot/publications/economic-recovery-implementation-plan-scottish-government-response-to-the-advisory-group-on-economic-recovery/>.

⁵⁶ Women’s Budget Group (2020) A Care-Led Recovery from Coronavirus. Available at: <https://wbg.org.uk/wp-content/uploads/2020/06/Care-led-recovery-final.pdf>.

⁵⁷ Commission on a Gender-Equal Economy (2020) Creating a Caring Economy: A Call to Action. Available at: <https://wbg.org.uk/commission/>.

Insufficient ground has been laid in terms of research and consultation to enable us to conclude how development of a National Care Service could or could not deliver the autonomy, flexibility and quality care needed. Wider development must expressly adopt a gendered focus and deliver meaningful consultation with those who provide care and who are cared for.

FOR FURTHER INFORMATION

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ABOUT US

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