

Engender response to the Scottish Labour Party consultation “Time to Care About Care”

August 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. 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 traditional social roles as carers and mothers even as they have increasingly entered and remained in the labour market.

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.¹ Women are also more likely to be disabled or have long-term health conditions than men.²
- 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.³
- 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.⁴

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.**

¹ 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/>.

² Scottish Government (2017) Scottish Health Survey. Available at: <https://www.gov.scot/publications/scottish-health-survey-2017-volume-1-main-report/>.

³ 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>.

⁴ Engender (2017) Gender matters roadmap: towards women’s equality in Scotland. Available at: <https://gendermatters.engender.org.uk/content/care/>.

- **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.**⁵

Engender is therefore pleased to provide the following comments to the Scottish Labour Party's consultation on the creation of a National Care Service. We however are not yet in a position to determine whether a National Care Service could be all of or part of a solution to our concerns about the provision of social care in Scotland. We believe that reform to care service(s) must start from understanding the effects of low pay, undervaluation and low investment from a gender perspective before it develops solutions. We therefore take this opportunity to note the following elements that should be integrated into policy development by the Labour Party.

2. DEVELOPING A SOCIAL CARE SYSTEM THAT MEETS WOMEN'S NEEDS

2.1 A right to access universality of quality care

It is widely recognised that Scotland's social care system faces a confluence of crises, with decades of underfunding and widespread under-staffing failing to meet existing demand, an aging population, and the effects of Brexit on the workforce. These are now being heavily augmented by Covid-19, which has increased demand for and pressure on social care while also displacing unpaid care and childcare onto female family members throughout lockdown. 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%.⁶

Equitable and universal provision is undermined by the restrictions in access that are caused by underfunding. Income inequality should not play a role in mediating access to social care. 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 ALLIANCE's position that review of eligibility criteria is urgently needed, and that care charging should be abolished. These restrictive practices are damaging to women's social and economic equality, as women are the majority of those in need of social care support, the majority of those living in poverty,⁷ and the majority of unpaid carers for others unable to access the care services they need.

⁵ Engender (2017) Gender matters roadmap: towards women's equality in Scotland. Available at: <https://gendermatters.engender.org.uk/content/care/>.

⁶ Coalition for Carers in Scotland (2017) Manifesto for carers in Scotland.

⁷ Scottish Government equality evidence finder. Available at: <https://www2.gov.scot/Topics/People/Equality/Equalities/Povert?>.

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. Quality social care also helps to prevent isolation, exclusion, illness, and poverty in order to fulfil individual human rights. 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 and gendered experiences of accessing services.

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 such as older women, Black and minority ethnic women, disabled women, LBT women, women with insecure immigration status, and those in rural areas. We would therefore suggest that the Scottish Labour Party gather and discuss further views, perhaps through a model such as a Labour Commission on Care.

2.2 Delivering real choice and control for women who utilise social care

We see it as crucial that the core principles at the heart of Self Directed Support (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 implementation of SDS. Early findings from the My Support My Choice research conducted by Self-Directed Support and the ALLIANCE indicated that 74% of those surveyed felt that SDS had improved their social care experience.⁸ However, submissions to the recent Health and Sport Committee inquiry into the future of social care observed that while SDS was an appropriate 'vehicle' for people to be involved in their own care, effective implementation was the major problem.⁹

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. During the response to Covid-19, evidence gathered by the ALLIANCE found that the underlying principle of SDS guidance "to maximise flexibility and autonomy for the supported person in meeting agreed

⁸ The Alliance (2020) Health and Sport Committee Social Care Inquiry Submission From The Health And Social Care Alliance Scotland. Available at: https://yourviews.parliament.scot/health/social-care-inquiry/consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascending&q__text=ALLIANCE&uid=828970470.

⁹ 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.

outcomes” had not translated into practice. They found that 51% of unpaid carers had been told that they could 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’.¹⁰

Work by Glasgow Disability Alliance and Inclusion Scotland during this period found that that social care packages have been reduced and stopped while social care providers respond to the coronavirus pandemic.¹¹ The ALLIANCE highlights instances where Health and Social Care Partnerships have increased their eligibility criteria for social care, making it harder to access.¹² This undermines disabled women’s rights to dignified care and has also displaced care responsibility onto female family members.¹³

We note that disabled women and girls in particular can be denied autonomy and that this impacts access to sensitive medical services and appointments.¹⁴ However, we are not aware of research that has comprehensively examined women’s experience in accessing choice and control in their social care provision, which should be addressed.¹⁵ 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. With this in mind, we observe the accelerated timetable for this consultation as antithetical to a focus on gendered barriers to women’s participation in community forums and decision-making.

2.3 Investment in social care is investment in critical infrastructure

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 imputed economic value.¹⁶ In terms of paid care work the situation is not much

¹⁰ The ALLIANCE (2020) Research reveals carers experiences of using Self-directed Support during lockdown. Available at: <https://www.alliance-scotland.org.uk/blog/news/research-reveals-carers-experience-of-using-self-directed-support-during-lockdown/>.

¹¹ Glasgow Disability Alliance (2020) GDA’s Covid-resilience engagement and response: Interim report. Glasgow Disability Alliance.

¹² The ALLIANCE (2020) Response to the Equalities and Human Rights Committee inquiry on the impact of Covid-19 pandemic on equalities and human rights.

¹³ Carers UK (2020) Carers Week 2020 Research Report.

¹⁴ 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>.

¹⁵ 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>.

¹⁶ Office for National Statistics (2016) Women shoulder the responsibility of 'unpaid work'. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshouldertheresponsibilityofunpaidwork/2016-11-10#:~:text=Women%20carry%20out%20an%20overall,to%20cooking%2C%20childcare%20and%20housework.>

better. Scotland's care sector is worth £3.4 billion (GVA) to our economy,¹⁷ 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 is a critical first step in responding to concerns that 'the whole system of funding social care is broken'¹⁸ as it would bring it within the scope of economic development and skills agencies. We note that the Advisory Group on Economic Recovery has recommended that review of adult social care and its funding be accelerated¹⁹ 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".²⁰ This must now however go further and inform long term decisions around spending and investment.

2.4 A supported and rewarded workforce

Care has social and economic costs for those who provide it – social care wages and status 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.²¹

The undervaluation of care work, both paid and unpaid, is therefore not an accident but maintains women's inequality, poverty and poorer well-being and contributes to the invisibility of women's skills and emotional labour.

At 85% of the workforce, women, and particularly older women and migrant women, are overrepresented in the social care sector²² where average hourly pay is just £9.79.²³ The gender pay gap in health and social care is significantly higher than the national figure of

¹⁷ 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.>

¹⁸ Independent Living in Scotland (2015) Briefing on social care funding in Scotland.

¹⁹ 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/.](https://www.gov.scot/publications/towards-robust-resilient-wellbeing-economy-scotland-report-advisory-group-economic-recovery/)

²⁰ 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/.](https://www.gov.scot/publications/economic-recovery-implementation-plan-scottish-government-response-to-the-advisory-group-on-economic-recovery/)

²¹ 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.](https://www.engender.org.uk/content/publications/1591173199_Gender--Inclusive-Growth---Making-inclusive-growth-work-for-women-in-Scotland.pdf)

²² 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.](https://data.sssc.uk.com/images/WDR/WDR2018.pdf)

²³ 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/.](https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/)

13.3% at 27.8%.²⁴ Underinvestment in the social care workforce contributes to high staff turnover and high levels of vacancies.²⁵ 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 resources. Without adequate time and staffing there is a limit to how good care can ever be.” UNISON also 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.²⁶

Close the Gap also notes a tension between the implementation of self-directed support and the working conditions of the workforce.²⁷ The commissioning and procurement of social care services has had a particular role in lowering pay and conditions as well as increasing insecurity, with zero-hours and temporary contracts, low rates of overnight pay, long working hours and unpaid overtime all increasingly common.²⁸ 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 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.²⁹ 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.³⁰

The resilience of the sector has been further tested by both Brexit and Covid-19 as demand increases sharply while staff are isolating or unable to work. With 3% of the workforce originally from the EU³¹ there are long term risks posed by changing UK immigration policy that pose serious risk to an already depleted workforce. With a period of sharp economic disruption on the horizon it is concerning that across the UK personal care services have

²⁴ 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>.

²⁵ Scottish Care (2018) The open doors of recruitment and retention in social care.

²⁶ 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.

²⁷ 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>.

²⁸ Ibid.

²⁹ 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/>.

³⁰ 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>.

³¹ 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/>.

experienced job losses second only to another women-dominated sector (cleaning).³² Additionally, women providing care in home and clinical settings seem highly likely to be exposed to extended trauma, with consequential lower levels of well-being during and after the pandemic is over.

It is clear that 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.

2.5 A holistic view of care; joining up unpaid care and social care reforms

Focusing on the provision 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. 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.³³ Women who provide unpaid care 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.³⁴ 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 £66.15 per week, plus the twice yearly £221 supplement in Scotland.

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.³⁵ 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.

³² 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>.

³³ 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/>.

³⁴ Carers UK and Employers for Carers (2012) Sandwich Caring: Combining childcare with caring for older or disabled relatives.

³⁵ Carers UK (2020) Carers Week 2020 Research Report. Available at: <https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf>.

Future changes to social care must genuinely take into account the degree of care family members are able and willing to provide. Access to short breaks has shown to be 'vital to sustaining the caring relationship, and the health and well-being of carers'.³⁶ 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.

3. 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.

However 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.

³⁶ National carers organisations (2016) Manifesto for Unpaid Carers in Scotland.