



Engender submission of evidence to the Scottish Parliament Health and Sport Committee inquiry on Social Care

INTRODUCTION

Engender is a feminist policy organisation working across Scotland to secure women's equality with men, and to erode unequal access to rights, power, resources and safety. Women's inequality is perpetuated by systemic and harmful gender roles with regard to unpaid caring, and care continues to be a profoundly gendered issue, resounding along women's lives in Scotland. 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

Caring has significant economic and social costs for those who provide it. As the vast majority of workers in social care services, women and gender equality are heavily impacted by the low pay and status attached to care work. Meanwhile, unpaid caring roles undermine women's capacity to participate in paid employment, to access

¹ Scottish Government (2016) *Social work and social care statistics for Scotland: A summary*

² Scottish Government (2017) *Scottish Health Survey*

³ Scottish Social Services Council (2018) *Scottish Social Service Sector: Report on 2017 workforce data*

⁴ Engender (2017) *Gender matters roadmap: towards women's equality in Scotland*

education, and to maintain good health and wellbeing. In line with this, 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.⁵

The critical funding and staffing challenges that beset Scotland's social care system play a key role in this undervaluation of care, and the ramifications for women. A further acute pressure is the gendered issue of demographic change and the rocketing demand for care that is projected. As the majority of older and disabled people, women will be increasingly impacted by diminishing quality of care if these fundamental issues are not addressed.

This inquiry into the future delivery of social care is therefore a matter of significant concern to Engender and to women's equality and rights, and we welcome the opportunity to respond.

Question 1: How should the public be involved in planning their own and their community's social care services?

This is a thorny question, in which we see tensions between person-centred services, based on the choice and control at the heart of Self Directed Support (SDS), and wider public involvement in the planning of community social care services. It is vital that the core principles of SDS remain a central focus of any initiative to consult on the development of services, especially given that these imperatives about choice and control are not currently being delivered through the implementation of SDS.⁶

Disabled women's autonomy

Disabled women and girls, in particular, can lack autonomy with regards to decision-making. Learning disabled women and those with severe care needs are particularly affected by this, with impacts on their access to sensitive medical services and appointments.⁷ We know little, however, about women's comparable access and decision-making related to social care. This is something that should be borne in mind in the Committee's consideration of balancing choice and control against the consultative development of service models.

⁵ Rummery, K. (forthcoming) *What works for gender equality*

⁶ For instance, see the ALLIANCE's 'My Support, My Choice' research

⁷ Engender (2018) *Our Bodies, Our Rights: Identifying and removing barriers to disabled women's reproductive rights in Scotland*

Broad approach

It is vital that the focus on services implied by this question is not conceived too narrowly, to the exclusion of the assessment stage and consideration of eligibility requirements. In theory, assessments should be needs-led, but in practice are led by the availability of diminishing resources. **Future delivery of social care must be based on need**, and any public consultation regarding services must be geared towards an approach that remains person-centred and tailored to the individual.

Equal access to participation

We are supportive of public consultation on the development of a suite of appropriate choices available to recipients of social care. **Equality aspects of community consultation, however, are often overlooked or poorly understood.** Any such consultation should consider the needs of particular groups, including older women, learning disabled women, and unpaid carers. Development of the consultation process should include a focus on gendered barriers to women's participation in community forums and decision-making. These include:

- Meeting times that are inaccessible for unpaid carers and older people (the majority of whom are women), and women with young children
- Locations that are inaccessible for disabled women (whose needs can differ from those of disabled men's), BME women and women from different faith groups
- Traditional meeting formats which can be intimidating in the context of gendered power dynamics, including bullying behaviour
- Lack of women-only spaces, which are particularly vital for victim-survivors of domestic abuse and sexual violence, and women from certain ethnic or faith communities
- Time-consuming processes, and lack of travel expenses or other remuneration; women are particularly poor in time and resources compared with men.

Equalities experts should be consulted, and full gender and wider equalities impact assessment applied to any plans for community input to the planning of social care services in Scotland.

Question 2: How should Integration Joint Boards commission and procure social care to ensure it is person-centred?

This question must be viewed from the perspective that the social care system in Scotland is in crisis, leading to breach of basic human rights. People are living without essential support beyond the bare minimum for survival, largely due to chronic underinvestment in the sector. Yet demographic trends mean that demand for care will only increase. The Committee will be aware that the number of adults in need of care by 2026 is projected to rise by 30% in Scotland.⁸

Ultimately, there is a 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. Care providers are in need of a delivery model that clearly demonstrates how it meets person-centred criteria.

Meanwhile, 85% of the social care workforce are women,⁹ and the low pay that characterises the sector reinforces occupational segregation, the gender pay gap and the cultural undervaluation of care. The poor pay and conditions, and high turnover of a female workforce that is increasingly composed of older, unsupported women are intrinsically linked to the capacity to provide quality, person-centred care. **Those commissioning and procuring social care have a role to play in driving up standards in the sector**, including with regards to the prevalence of temporary and zero hours contracts, low rates of overnight pay, long working hours and unpaid overtime.¹⁰

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.

Question 3: Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?

Before concentrating on the technical elements needed for an ideal model of social care, it is essential to focus on the big picture. Sufficient resources and care that is

⁸ Coalition for Carers in Scotland (2017) *Manifesto for carers in Scotland*

⁹ Scottish Social Services Council (2018) *Scottish Social Service Sector: Report on 2017 workforce data*

¹⁰ Fair Work Convention (2019) *Fair work in Scotland's social care sector 2019*

culturally valued are critical aspects of a functional social care system. However, experts in Scotland warn that ‘the whole system of funding social care is broken’.¹¹ We are urgently in need of a system that sees social care support as an investment in the social and economic wellbeing of society as a whole. **To achieve this, a radically different approach that centres gender equality, equality more broadly, and human rights across the whole social care system is urgently needed.**

Care as a key sector

Women’s unpaid and underpaid care work props up the economy, and is as vital to a functioning economy and society as physical infrastructure such as transport networks. However, Scotland’s economic strategy does not recognise this, leading to disproportionate investment in a small number of male-dominated ‘key sectors’. **If social care was made a key sector, it would bring care within the scope of economic development and skills agencies, enabling a more robust model of investment.**

Investment in the workforce

Similarly, underinvestment in the (predominantly female) social care workforce in Scotland is systemic. This is reflected, for example, in the annual turnover of a third of staff in Scotland’s care homes.¹² Anecdotal evidence suggests that turnover has increased in response to the expansion of childcare provision in Scotland, as providers in private and public sectors look to scale up provision. **Scotland must now also invest in development of the social care workforce**, including to address equal pay issues endemic within the sector and other issues set out in response to Question 2. Such investment will also be a key component of Scottish Government’s Ministerial commitment to tackle occupational segregation, and the lifelong gender stereotyping that underpins it.

Rights for unpaid carers

Unpaid carers, the majority of whom are women, save Scotland an estimated £10.8bn per year (amounting to around a third of the national budget).¹³ However, this contribution is not reflected in our social care system. Too often, carers feel ignored and unsupported by existing systems and practices, which is worsened by the current lack of independent advocacy and barriers to justice. As a first step, **a redress mechanism should be developed to protect the rights of carers and those to whom they provide care.**

¹¹ Independent Living in Scotland (2015) *Briefing on social care funding in Scotland*

¹² Scottish Care (2018) *The open doors of recruitment and retention in social care*

¹³ Carers UK (2015) *Valuing carers 2015*

The social care system should also recognise the importance of supporting carers to live their own lives. **An improved assessment system should 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'.¹⁴ 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. This should be addressed.

Question 4: What needs to happen to ensure the equitable provision of social care across the country?

Scotland's social care system does not adequately enable people to take control over their own lives. As above, this must be addressed with a needs-led, human rights based approach to social care. As part of this, **the assessment process for identifying need should be standardised across local authorities.**

To ensure equitable provision across services as well as across the country, **a gendered approach must also be applied across Scotland's social care and support system.** As such, gender analysis should be included within the needs assessment framework, and all social care staff provided with training on gender equality within social care and women's experiences of accessing services.

To date, this work has not been undertaken in Scotland. We know relatively little about women's needs and experiences with regard to social care support, and even less about those of particular groups such as older women, black and minority ethnic women, disabled women, LGBT women, women with insecure immigration status, and those in rural areas. **A programme of initial research and analysis on women's equality and social care is needed to ensure equitable access to and provision of services across Scotland.** It is crucial that such a programme be adequately resourced, in terms of funding, capacity, and input from gender and equalities experts.

Universality

Nor should income inequality be a factor that mediates access to social care. This basic principle is crucial to the realisation of a number of human rights, to which the Scottish Government is committed under the international rights framework. Women's economic inequality plays into this. **As compared with men, women in Scotland have less access to resources,** are overrepresented in low-paid, insecure

¹⁴ National carers organisations (2016) *Manifesto for Unpaid Carers in Scotland*

employment, and are more dependent on social security and other public services that have been slashed by a decade of UK Government austerity.

Our social care system should support people to participate fully in society and help to prevent isolation, exclusion, illness, and poverty. **Access to social care should therefore be universal, and current practices that restrict this abolished.** We 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 the majority of those in need of social care support, the majority of those living in poverty,¹⁵ and the majority of unpaid carers for those unable to access the care they need.

CONCLUSION

In Scotland, social care policy and practice is neglected from a gender equality perspective. This is in spite of the fact that women are the majority of those in need of social care, the majority of unpaid carers, and the overwhelming majority of the underpaid workforce.

Radical change to how we value care as a society, and to how this care is delivered is urgently needed in Scotland. This is intimately linked to the gender inequality that is inherent to both paid and unpaid care work. Almost all countries that rank more highly than Scotland and the UK in terms of gender equality have more extensive systems of state-funded social care.

Discussion and development of the social care system in Scotland must therefore centralise gender equality.

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.

¹⁵ Scottish Government equality evidence finder, available at: <https://www2.gov.scot/Topics/People/Equality/Equalities/Poverty>