



Close the Gap response to Scottish Labour’s consultation on the National Care Service

August 2020

1. INTRODUCTION

Close the Gap is Scotland’s policy advocacy organisation working on women’s labour market participation. We have been working with policymakers, employers and employees since 2001 to influence and enable action that will address the causes of women’s labour market inequality.

Care is profoundly gendered. Women do the bulk of unpaid and informal care, and comprise 85% of the social care workforce in Scotland.¹ Social care is vital to women’s lives, as workers and as service users, and to the functioning of Scotland’s economy. Investment in the workforce is core to providing high quality personalised care. Despite this, the social care workforce is underpaid, undervalued and under-protected.²

The ongoing COVID-19 crisis has further highlighted pre-existing issues in social care provision, including the undervaluation of the predominantly female social care workforce. Over the course of the crisis, there have been widely reported concerns around PPE for social care staff. The Royal College of Nursing have raised particular concerns around access to PPE for staff working outside of a hospital environment, including care home staff,³ and a report found that social care workers are more than twice as likely to die from COVID-19 as colleagues on the NHS frontline.⁴ There is also evidence that workers have felt pressure to continue attending work in social care, even if they are in a high-risk group, with a growing culture of presenteeism across the sector and the eligibility for statutory sick pay presenting a barrier to workers

¹ Scottish Social Services Council (2019) Scottish Social Service Sector: Report on 2018 Workforce Data available at <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

² Close the Gap (2020) *Disproportionate Disruption: The impact of COVID-19 on women’s labour market equality*

³ Royal College of Nursing (2020) ‘Nurse leader calls on First Minister to intervene on protective equipment supply’ available at <https://www.rcn.org.uk/news-and-events/news/rcn-writes-to-fm-re-ppe-23-mar-2020>

⁴ McArdle, Helen (2020) ‘Social care workers twice as likely to die from Covid as colleagues on NHS frontline’, *The Herald*, 18th June 2020, available at <https://www.heraldscotland.com/news/18524205.coronavirus-social-care-workers-twice-likely-die-covid-colleagues-nhs-frontline/>

self-isolating in line with Government guidance.⁵

Social care workers are essential to a successful pandemic response, and there has been a shift in societal attitudes around the low pay and poor terms and conditions associated with social care work. It is therefore crucial that investment in social care, with particular interventions to address the undervaluation of the workforce, are core to economic recovery in the aftermath of the pandemic. Care is as essential to our economy as bricks, steel, and fibre optic cable.⁶ Research by the Women's Budget Group also found that investment in care is an effective way to stimulate employment, reduce the gender employment gap and to counter economic recession.⁷ This research found that investment in care in the UK would produce 2.7 times as many jobs as an equivalent investment in construction, investment in care is greener than investment in construction and more of its costs would be recouped in increased income tax and National Insurance contributions.

The report of the Advisory Group on Economic Recovery recommended that the Scottish Government should accelerate its work on reforming adult social care. The report stipulates that the review should address workforce issues, including the Fair Work Convention's 2019 report on the sector; and should recognise and support the contribution of unpaid carers.⁸ In responding to the report, the Scottish Government have accepted this recommendation and have committed to enhancing and accelerating the Social Care Programme, and to considering fundamental changes in the way social care support is provided in Scotland.⁹ However, neither the report of the Advisory Group or the Scottish Government's response are gendered, meaning the well-evidenced gendered implications of the COVID-19 crisis are largely invisible in the analysis and the recommendations produced.¹⁰

We welcome the opportunity to respond to this consultation on the creation of a National Care Service. The vision for social care reform must recognise that many of the challenges identified with the system, and particularly the workforce challenges,

⁵ Lydia Hayes, Alison Tarrant, Hannah Walters (2020) 'Care and support workers' perceptions of health and safety during the COVID-19 pandemic' available at <https://media.www.kent.ac.uk/se/11148/CareworkersHealthandSafetyreport15042.pdf>

⁶ Close the Gap and Engender (2020) *Gender and Economic Recovery*

⁷ Women's Budget Group (2020) *A Care-led Recovery from Coronavirus: The case for investment in care as a better post-pandemic economic stimulus than investment in construction* <https://wbg.org.uk/wp-content/uploads/2020/06/Care-led-recovery-final.pdf>

⁸ Scottish Government (2020) *Towards a robust, resilient wellbeing economy for Scotland: Report of the Advisory Group on Economic Recovery*

⁹ Scottish Government (2020) *Economic Recovery Implementation Plan*

¹⁰ Engender and Close the Gap (2020) *Response to the Advisory Group on Economic Recovery report* available at <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-and-Engender-response-to-the-AGER.pdf>

are a cause and consequence of gender inequality. We would urge Scottish Labour to apply a gendered lens when considering evidence and making recommendations. As Close the Gap's area of expertise is gender and the labour market, our submission focuses on section 4 of the consultation document relating to the social care workforce.

2. The undervaluation of the social care workforce

The concept of undervaluation underpins gendered experiences of low pay, occupational segregation and the gender pay gap.¹¹ Socially constructed notions about women's capabilities, interests, and skills means that care is seen as "women's work", and is therefore systemically undervalued in the labour market. In economics, the undervaluation of "women's work" means that there is evidence of lower returns to women's productive characteristics.¹² Practically, this means that women will receive lower pay from investing in education or from their own work experience. The undervaluing of "women's work" contributes to women's higher levels of in-work poverty; two-thirds of workers earning below the Real Living Wage are women.¹³ As women's poverty is inextricably linked to children's poverty,¹⁴ Scotland's targets on child poverty cannot be achieved without addressing women's poverty and women's inequality in the labour market. Giving particular attention to the social care sector, the Women and Equalities Select Committee highlighted the importance of tackling low pay in female-dominated sectors in their inquiry into the gender pay gap.¹⁵

In the social care sector, undervaluation of the workforce is sustained by a number of stereotypes around gender roles and assumptions. For example, there is widespread assumption that caring and other work that has traditionally been done by women in the home "comes easily" to women. This contributes to the undervaluation of this labour when it is done in the labour market, with jobs such as cleaning, catering, childcare and social care paid at, or close to, the minimum wage as a result. In addition, the idea that women are intrinsically more caring is used as an excuse for the low pay attached to care work in the labour market, as "job satisfaction" and "altruism" are exploited as a substitute for pay. This idea also results in this work being categorised as unskilled or low-skilled, with the associated skills being significantly underestimated and unrecognised. These skills are not regarded as having to be built through education or training and are seen as not requiring additional effort, again as they "come easily" to women. Finally, persistent

¹¹ Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

¹² Ibid.

¹³ Scottish Parliament Information Centre (2017) *The Living Wage: Facts and Figures 2017*

¹⁴ Women's Budget Group (2005) *Women's and Children's Poverty: Making the links*

¹⁵ Women and Equalities Committee (2016) *Gender Pay Gap: Second report of session 2015-16*

stereotypes of women's role in the family and the home results in women's disproportionate responsibility for unpaid caring and domestic labour. This contributes to the 'male breadwinner model', where women are viewed as 'second earners' in mixed-sex households and therefore are not expected to earn as much as men. Women's wages are viewed as merely supplementing household income.

Action to tackle the undervaluation of the workforce must, therefore, be core to work to reform social care in Scotland. This work is particularly important considering the serious challenges for the workforce as a result of changing demographics and Brexit. Many employers in the care sector are already reporting high vacancy rates, a shortage of good quality applicants and high staff turnover. The overall vacancy rate in social care is already almost twice the Scottish average.¹⁶ 1 in 5 care workers were born outside the UK,¹⁷ and the sector is likely to experience significant staffing pressures as the wage threshold set in the UK Government's immigration bill excludes the majority of social care workers. Indeed, the immigration bill cements the undervaluation of care work, signalling that this work is unskilled.¹⁸ It is impossible to resolve these workforce issues while maintaining low pay in the sector.

Additionally, if more men are to work in the care sector, which is a necessary prerequisite to meeting staffing requirements, reducing occupational segregation and closing the gender pay gap, there needs to be an economic imperative to do so, with appropriately remunerated jobs with clear progression pathways as evidence that it is a good career choice. Without action to tackle undervaluation and to invest in care work, any future gaps in social care provision are likely to lead to increased pressure on women to fulfil these roles on an unpaid basis, potentially driving them out of the workforce and into greater poverty.¹⁹

OFFERS GOOD WORK (Section 4)

How can the status and skills of social care workers be better recognised in pay and terms and conditions?

As highlighted in the section above, addressing the undervaluation of care work is critical to better recognising the skills and raising the status of the predominantly female social care workforce. The low pay associated with social care work is not

¹⁶ NHS Scotland and COSLA (2019) *An Integrated health and social care workforce plan for Scotland*

¹⁷ Engender (2020) *Women and COVID-19*

¹⁸ Syal, Rajeev (2020) 'Points-based UK immigration bill passes initial Commons stage' 18 May 2020, *The Guardian*, available at <https://www.theguardian.com/uk-news/2020/may/18/points-based-uk-immigration-bill-passed-by-parliament>

¹⁹ Close the Gap (2020) *Disproportionate disruption: The impact of COVID-19 on women's labour market equality*

directly linked to the intrinsic or economic values of these roles, but results from policy choices.²⁰ A number of policy interventions are necessary to address undervaluation.

Addressing low pay in the sector

At present, there are a diversity of social care providers in Scotland, with the private sector comprising 40% of providers, the public sector 33% and the third sector 28%. This partly explains the variance in pay, terms and conditions across the sector. While there are higher rates of pay found in the public sector, average hourly pay in the wider social care sector is just £9.79.²¹ Indeed, recent analysis from the STUC concluded that 43% of the Scottish social care workforce are being paid less than the Real Living Wage, compared to 17% for workers across the Scottish economy.²²

Scottish Government measures to increase pay for the lowest paid workers by facilitating the payment of the Living Wage are welcome. However, the Living Wage is not a panacea for undervaluation as it does not address the crux of the low pay problem, which is that social care work is undervalued because it is mostly women who do the work. Increasing the wages associated with social care alone will therefore be insufficient to better recognise the status and skills of the workforce. To date, raising the wage floor has not addressed the undervaluation of women's work. In fact, the payment of the living wage has compressed the hierarchy at bottom end of the pay scale by compressing pay differentials. This has further limited the scope for progression as the small pay increases for supervisory roles, often only a few pence per hour, are not commensurate with the extra work. In addition, those with greater experience are now being paid at almost exactly the same level as new starts, which will have impacts for job satisfaction and the retention of social care staff.

Measures to address the undervaluation of social care work

The ongoing crisis has given rise to public debates around the low wages associated with women's frontline work. Roles which were previously viewed as "unskilled" labour now being designated as essential. A core call from Close the Gap in our recently published *Disproportionate Disruption* briefing is that addressing the undervaluation of "women's work", including in social care, should be core to labour market and economic recovery policymaking in response to COVID-19.²³

²⁰ Grimshaw, Damien and Rubery, Jill (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

²¹ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

²² Williams, Martin (2010) 'Half of Scotland's care workers paid less than Real Living Wage', *The Herald*, 2 May 2020, available at <https://www.heraldscotland.com/news/18421934.half-scotlands-care-workers-paid-less-real-living-wage/>

²³ Close the Gap (2020) *Disproportionate Disruption: The impact of COVID-19 on women's labour market equality*

To this end, Scotland needs to use state and public body wage-setting powers to increase pay in social care and improve the conditions of work.²⁴ As highlighted in *Gender and Economic Recovery*, addressing undervaluation in this way is a prerequisite for a gender equal economy.²⁵ This work may include promoting the general status of the social care workforce through skill and career development and the introduction of sectoral bargaining for care workers, as highlighted in more detail below. Measures to address undervaluation can also be taken at the organisational level such as developing gender sensitive pay and grading systems, strengthening the right to flexible working and promoting transparency of reward in the workplace.²⁶ Job evaluation, as highlighted in the section on women's skills below, is also a necessary mechanism to ensure women's skills are recognised and appropriately valued in pay and grading systems.

Designate social care as a key growth sector

In spite of increasing demand for services, social care is not designated one of Scotland's growth sectors.²⁷ This sustains the undervaluation of social care as a profession, and the unpaid care predominantly done by women. In *A Fairer Scotland for Women*, Scotland's first gender pay gap action plan, the Scottish Government recognises the importance of care to gender equality and commits to develop an approach that will treat investment in childcare and social care as infrastructure.²⁸ This commitment has been reaffirmed in the Scottish Government's response to the Advisory Group on economic recovery, however it remains a commitment to 'explore options' in this area, rather than to imminent changes in the categorisation of spending on social care investment.²⁹

Determining which economic sectors will be a focus for development, investment, and growth in Scotland has the potential to widen or narrow the gender pay gap. Scotland's growth sectors as outlined in Scotland's economic strategy³⁰ are heavily weighted towards male-dominated industries, such as energy, life sciences and financial and business services, which contributes to women's higher rates of poverty and sectoral skills shortages. Consequently, this policy focus is very likely to widen the gender pay gap, as investment has not yet incorporated significant and substantive efforts to militate against occupational segregation. Ultimately, this means that men, and "men's jobs" disproportionately benefit from Scottish

²⁴ Close the Gap (2020) *Response to the Advisory Group on Economic Recovery*

²⁵ Close the Gap and Engender (2020) *Gender and Economic Recovery*

²⁶ Grimshaw, Damien and Rubery, Jill (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

²⁷ Unison Scotland (2020) *Care After Covid: A UNISON vision for social care* available at <https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf>

²⁸ Scottish Government (2019) *A Fairer Scotland for Women: Scotland's gender pay gap action plan*

²⁹ Scottish Government (2020) *Economic Recovery Implementation Plan*

³⁰ Scottish Government (2015) *Scotland's Economic Strategy*

Government-driven investment and development. Unfortunately, the report of the Advisory Group on Economic Recovery replicates this traditional approach to infrastructure investment, with the Group's recommendations for job stimulus focusing on male-dominated sectors.³¹ While the Group highlight the social care sector as requiring reform and investment, it adopts a mainstream economics approach which frames spending on caring professions as current consumption, as opposed to capital investment.³²

A long-standing call of Close the Gap has been to designate care as a key growth sector, and this call have bene reiterated in Close the Gap and Engender's recently-published joint paper, *Gender and Economic Recovery*, which details the principles for a gender-sensitive economic recovery.³³ Recognising childcare and social care as infrastructure is critical to realising gender equality, not only for those accessing services but also for the predominantly female workforces. This would drive the policy focus and allocation of resources necessary to grow the sectors, and address the systemic undervaluation of "women's work". Social care, along with childcare, is critical infrastructure which enables women's labour market participation, and is a necessary step in realising women's wider economic equality. Inclusive growth must mean investing in a care economy, with investment in childcare and care for disabled people and older people should be considered as necessary infrastructure for a sustainable wellbeing economy and a good society.³⁴

Valuing women's skills

Women's work in social care is often seen as unskilled, despite increasing professionalisation and responsibility for complex and skilled tasks. For example, social care staff are increasingly being expected to dispense medication, with no corresponding uplift in pay or status.³⁵ The invisibility of women's skills is a major cause of undervaluation³⁶ and this is particularly the case for homecare workers, whose work is carried out in the service users' homes rather than in a workplace, and often alone rather than in front of or while working with colleagues. The emotional labour required of care work is especially undervalued, and rarely is it adequately captured in pay and grading systems, where these exist.

The Fair Work Convention's report into social care highlighted that while the skills and qualifications necessary for social care work have increased, care work has not been afforded additional reward through additional pay. The report noted that

³¹ Scottish Government (2020) *Towards a robust, resilient wellbeing economy for Scotland: Report of the Advisory Group on Economic Recovery*

³² Close the Gap and Engender (2020) *Gender and Economic Recovery*

³³ Ibid.

³⁴ Ibid.

³⁵ Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

³⁶ Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

“unlike social work or health, social care staff have limited access to adequate training and support, placing a predominantly female workforce under pressure in a sector which requires formal qualifications with little or no central funding for training.” This has led to a situation where many care staff are required to cover their own training costs and undertake training in their own time, as a result of work pressures. This is particularly problematic in light of the well-established gendered barriers to training and development outlined later in this submission. Women’s caring roles and other unpaid work has a profound effect on their employment, and on their access to education and training.

There payment of the living wage has raised further issues around the visibility of women’s skills in the sector, as Grimshaw and Rubery have previously highlighted that the visibility of skills is reduced when women’s jobs are aggregated into large and undifferentiated pay and grading bands.³⁷ Evidence has also highlighted that the under-utilisation of skills has emerged as a problem in the sector, with only a minority of workers reporting that most or all of colleagues’ skills were used effectively.³⁸

A critical tool to make women’s skills valued and visible is to establish job evaluation mechanisms. The Fair Work Convention noted in its inquiry report into social care that no mechanism has been devised for undertaking job evaluation in the sector and for upgrading the pay of those with greater skills and experience.³⁹ This has resulted in challenges recruiting and retaining senior posts and managers, with existing workers reluctant to take on additional responsibility for a limited financial reward. Establishing robust mechanisms for job evaluation is therefore a critical aspect of action to address the sector-wide economic undervaluation.

Increasing collective bargaining in the social care sector

Trade union coverage in the social care sector is limited. The nature of work in the sector, which occurs outside of conventional workplaces, can make social care a challenging environment for unions to operate in and for workers to engage collectively.⁴⁰ Currently, only 19% of social care workers have their pay and conditions affected by agreements between employers and trade unions. As highlighted by the STUC, as the Scottish Government and Local Government directly fund social care, either through direct provision or through commissioning, it should be easier to ensure social care employers recognise trade unions for collective

³⁷ Ibid.

³⁸ Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

³⁹ Ibid.

⁴⁰ Ibid.

bargaining purposes or to agree sectoral bargaining arrangements so that all workers in the sector are raised up to a certain standard.⁴¹

Collective pay bargaining is often weaker in sectors where women's work is concentrated, resulting in less associated protections for women's pay compared to men's. The Fair Work Action Plan commits the Scottish Government to increasing collective bargaining in social care. In addition, the Advisory Group on Economic Recovery recommended the implementation of extended collective bargaining in the social care sector,⁴² as an aspect of work to strengthen the capacity and sustainability of the care sector.⁴³ This work is a clear opportunity for work focused on addressing undervaluation, but gender expertise is required to ensure this is achieved in implementation. The design of this work will be the key determinant as to whether it has a positive impact on women's socio-economic equality.

While increasing collective bargaining would assist in improving terms and conditions, collective bargaining in individual workplaces alone will not guarantee the necessary coverage across the sector making it insufficient to tackle sector-wide undervaluation. It is therefore necessary to explore options for sectoral bargaining.⁴⁴ Unison Scotland have recommended that a timetable for the introduction of a Social Care Sectoral Bargaining arrangement should be established as a priority, with such an agreement covering wage rates, and terms and conditions across the sector.⁴⁵ Close the Gap is supportive of Unison's proposed approach. While a starting point for the agreement should be the consolidation of the real Living Wage, a timetable should be developed to raise levels of pay to the equivalent in health and local government.

What can be done to embed good work practices across the social care sector?

The Fair Work in Scotland's Social Care Sector report⁴⁶ concluded that fair work is not being delivered in the social care sector and highlights the undervaluation of women's work as a key theme. Indeed, in addition to low pay, employment in the social care sector is also characterised by a range of other features including:

⁴¹ STUC (2019) *Scotland's Social Care Crisis* available at

http://www.stuc.org.uk/files/Policy/Research_Briefings/Scotland%27s%20Care%20Crisis.pdf

⁴² Scottish Government (2020) *Towards a robust, resilient wellbeing economy for Scotland: Report of the Advisory Group on Economic Recovery*

⁴³ Ibid.

⁴⁴ STUC (2019) *Scotland's Social Care Crisis* available at

http://www.stuc.org.uk/files/Policy/Research_Briefings/Scotland%27s%20Care%20Crisis.pdf

⁴⁵ Unison Scotland (2020) *Care After Covid: A UNISON vision for social care* available at <https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf>

⁴⁶ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

- Increasingly precarious forms of employment, such zero hours contracts, which negatively impact predictability of shifts, regular income, household budget management, women’s in-work poverty and children’s poverty.
- A rise in self-employment, with women losing critical employment rights such as sick pay, holiday pay, maternity leave and pay, and the right to request flexible working.
- Increasing time constraints on service delivery which detrimentally affects quality of care, results in many workers doing unpaid overtime, which in turn affects women’s physical and mental health. One in six social care workers do unpaid overtime each week.⁴⁷
- Some workers not being reimbursed for mileage, or not being paid for travel time between visits to service users. Homecare employers across the UK have acknowledged that 19% of workers recorded working time is unpaid spent travelling between visits.⁴⁸
- Limited progression opportunities caused by the largely flat staffing structures, with little differentiation in pay between levels of seniority, which makes working in the sector less attractive to potential new recruits.
- A lack of access to training and development opportunities.⁴⁹
- Problems with recruitment and retention, with the sector exhibiting the highest sectoral staff turnover rate in the labour market⁵⁰, and more than a third of social care services reporting that they have had unfilled vacancies in the past 18 months⁵¹.
- The staffing crisis is predicted to be exacerbated by Brexit, as 3% (12,000) of health and social care workers in Scotland are EU nationals.⁵² This pressure on labour supply is likely to disproportionately affect rural and remote areas.

Measures to embed good practice across the sector should directly respond to these issues. Scottish Labour should explore options to introduce sectoral bargaining, as highlighted above, and introduce clear progression pathways in the sector. As stipulated by the Women and Equalities Committee, progression opportunities in social care should not solely be about workers moving from frontline care work into, for example, supervisory or managerial office-based roles. Instead, progression opportunities should also be about providing progression within frontline jobs.⁵³ For

⁴⁷ Office for National Statistics (2017) Labour Force Survey 2017

⁴⁸ Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

⁴⁹ Scottish Government (2019) *Social Care Support Reform: Summary of discussion paper responses*

⁵⁰ Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

⁵¹ Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

⁵² Ibid.

⁵³ Women and Equalities Committee (2016) *Gender Pay Gap: Second report of session 2015-16*

example, Penrose Care offer additional front-line training to care workers, enabling care workers to specialise in specific areas of social care provision.⁵⁴

Addressing one-sided flexibility in the sector, as highlighted in more detail below, should be accompanied by measures to introduce genuine flexible working in the sector. Good practice should also be embedded in the sector through the commissioning and procurement process, ensuring that commissioning prioritises fair work and promotes improved terms and conditions across the sector. Options should be explored to provide a standard template of employment which provides standardised terms and conditions across the sector.⁵⁵ Standardised terms and conditions should include provision for paid travel time between home care visits; paid induction training; uniforms provided free of charge; occupational sick pay; and opportunities for training and development during working hours.

In addition, a national workforce plan for social care should be developed as a priority. This plan should incorporate the principles of good work and include a strategy to address immediate training and development issues.⁵⁶ Importantly, gender equality should be at the heart of this plan, with addressing the undervaluation of the overwhelmingly female workforce and tackling occupational segregation incorporated as core aims.

Outsourcing and the mixed market economy

The mixed market economy of social care has created inequality in workers' terms and conditions, and service provision. By 2009, over two thirds of adult social care jobs had moved to the independent sector, with a significant percentage of council provision being delivered by arm's length bodies. This withdrawal from service provision means that the market and providers have been left to manage the workforce, with little support from national Government. This has ultimately intensified the division between health and social care, and weakened the state's responsibility to the social care worker.⁵⁷ In addition, price has been viewed as the dominant factor in commissioning and procurement processes,⁵⁸ leading to a 'race to

⁵⁴ Penrose Care (2015) *Written submission from Penrose Care* available at <http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Women%20and%20Equalities/Gender%20Pay%20Gap/written/29587.html>

⁵⁵ See Unison Scotland (2020) *Care After Covid: A UNISON vision for social care* available at <https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf> and Penrose Care (2015) *Written submission from Penrose Care* available at <http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Women%20and%20Equalities/Gender%20Pay%20Gap/written/29587.html>

⁵⁶ Unison Scotland (2020) *Care After Covid: A UNISON vision for social care* available at <https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf>

⁵⁷ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

⁵⁸ Unison Scotland (2020) *Care After Covid: A UNISON vision for social care* available at <https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf>

the bottom' culture.⁵⁹ These changes have had implications for the value afforded to the workforce. For example, Grimshaw and Rubery's concluded that the outsourcing of work previously done in-house creates new risks around undervaluation, as outsourcing can reduce collective representation, and worsen employment policy and practice.⁶⁰ Indeed, wage variation across the public, private and third sectors would support this view. If the commissioning and procurement model is to be maintained, there is a need for the introduction of more ethical commissioning models that take into account factors beyond price, including fair work, terms and conditions and trade union recognition.

Tackling precarious work

Almost a fifth of social care workers are on non-permanent contracts and 11% of the workforce are on zero-hour contracts.⁶¹ Three-quarter of third sector providers use zero hours contracts, and four-fifths report using agency staff to cover shifts of support workers.⁶² Self-employment is becoming increasingly common in the social care sector, with many women in the sector accessing work through online platforms and apps.⁶³ It is clear that casualised and precarious work is becoming increasingly common in the social care sector.

Women on these types of contracts lose out on maternity and parental rights and face difficulties reconciling variable hours or job insecurity with caring responsibilities. Agency/casual workers may be required to work a variety of different shifts at short notice, which presents a particular problem for parents and carers as childcare is not flexible enough to support irregular patterns of work, and alternative care is difficult to arrange. Variation in income also makes it harder to afford or retain childcare, makes it more difficult to manage household budgets for which women usually have control, and can also result in disruption to social security payments.

Personalised support and workers' rights

Access to high quality social care which centres choice, power and control with service users is critical to ensuring that people in need of care are treated with

⁵⁹ Penrose Care (2015) *Written submission from Penrose Care* available at <http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Women%20and%20Equalities/Gender%20Pay%20Gap/written/29587.html>

⁶⁰ Grimshaw, Damien and Rubery, Jill (2007) *Undervaluing Women's Work, Equal Opportunities Commission*

⁶¹ Ibid.

⁶² Coalition of Care and Support Providers (2019) *2018 Benchmarking Report for Voluntary Sector HR Network and CCPS – Executive summary*

⁶³ Close the Gap (2020) Submission to the Health and Sport Committee inquiry into social care <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-Health-and-Sport-Committee-inquiry-into-social-care.pdf>

dignity and respect. Ensuring that people can access the care they need is also a vital step in advancing women's equality. However, there is a clear tension between the implementation of self-directed support and the working conditions of the workforce, and this tension is underpinned by the marketisation of social care.⁶⁴ The introduction of self-directed support has thus contributed to the increasing precarity of work in the sector.

The Fair Work Convention notes that the current method of competitive tendering based on non-committal framework agreements has created a model of employment that transfers the burden of risk of unpredictable social care demand and cost almost entirely onto the workforce⁶⁵. Public sector commissioners offer very low price to multiple providers resulting in competition on costs that drives low pay and a need for hyper flexibility from workers⁶⁶ but not employers. The one-sided flexibility makes it particularly difficult for women workers to combine work with their own unpaid caring roles. This "race to the bottom" drives down pay, terms and conditions for the women care workers, entrenching their inequality in the labour market and sustaining Scotland's gender pay gap. Human rights outcomes cannot be delivered to the service users at the expense of the rights and dignity of the majority female social care workforce.

The use of technology and the changing labour market

As agency work in the female-dominated social care sector has increased in recent years, a range of online platforms and apps have emerged which provide an agency function to match self-employed care workers with clients. Providers argue that this enables greater flexibility and reliability for both the worker and the client. While agency working can potentially offer a degree of flexibility, it comes with a loss of employment rights such as sick pay, maternity leave or pay, holiday pay, employer pension contributions and the right to request flexible working.

The starkly one-sided flexibility in the sector is amplified by use of technology by some providers. For instance, some local commissioners use electronic homecare monitoring, whereby payment from the local authority is based on exact time when a social care worker "checks in" or "checks out" of a support session via a phone call from the house of the service user.⁶⁷ Any time programmed not spent with the service user is deducted from payments to the provider. As a result, there is increased pressure on already overworked workers to arrive and leave at exact time,

⁶⁴ Close the Gap (2020) Submission to the Health and Sport Committee inquiry into social care <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-Health-and-Sport-Committee-inquiry-into-social-care.pdf>

⁶⁵ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

⁶⁶ Ibid.

⁶⁷ Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*

rather than being able to respond flexibly.⁶⁸ This prevents any autonomy of engagement between the worker and the individual⁶⁹ while also fostering a culture of surveillance which can ultimately erode trust and lower morale. It is likely that platform working will become increasingly common, and Scottish Labour should therefore consider the potential impacts of technological change on the workforce and the delivery of social care more broadly in the design of a national care service.

How can social care be better supported as a profession, with regards to training, skills and career options?

Professionalisation is intended to raise the pay and status of occupations. However, in sectors such as early learning and childcare, and nursing, professionalisation has not addressed the undervaluation of “women’s work” and increasing qualification requirements has not resulted in improved terms and conditions or increased pay for staff.⁷⁰ As a result, the workforce in these sectors remain underpaid, undervalued and predominantly female. Consequently, measures to professionalise the social care sector will only be successful in addressing undervaluation if accompanied by aligned interventions to:

- Challenge gender norms and stereotypes around work;
- Provide for increased flexible working opportunities in the sector;
- Ensure there are clear progression pathways in the sector;
- Provide secure employment contracts, and ensure staff are designated ‘employees’, rather than ‘workers’;
- Improve access to training and development opportunities; and
- Introduce conditionality in commissioning processes to improve terms and conditions in the sector.

Our previous points around job evaluation, measures to value women’s skills and addressing the largely flat staffing structures to provide for progression opportunities are critical in supporting social care as a profession. In addition to these points, addressing pre-existing gendered barriers to training and development are particularly important. If Scottish Labour are to make recommendations around access to training and development for the social care workforce, these recommendations should be informed by evidence on gendered barriers to training.

⁶⁸ Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

⁶⁹ Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*

⁷⁰ Royal College of Nursing (2020) *Gender and Nursing as a Profession: Valuing nurses and paying them their worth*, available at <https://www.rcn.org.uk/professional-development/publications/pub-007954> accessed 30 July 2020; and Siraj, Prof Iram and Denise Kingston (2015) *An independent review of the Scottish early learning and childcare workforce and out of school care workforce*

Across the labour market, women are less likely to receive employer training than men, and there are also gender differences in the types of training accessed with women being less likely to undertake training that will enable them to progress or secure a pay rise.⁷¹ Low paid, part-time women workers are the least likely to receive any type of training.⁷² Women are more likely than men to have contributed towards the cost of their training, and full-time workers are more likely than part-time workers to have had the total costs of their learning paid for by their employer.⁷³ As highlighted above, workers contributing financially to training is particularly common in the social care sector. There is evidence of new workers in the social care sector being required to attend unpaid induction training for up to two weeks, pay for their uniform and own disclosure checks before starting in the role.⁷⁴ As social care work is low-paid, there is a clear financial barrier to accessing training and development opportunities when workers are required to pay for these opportunities.

Women's caring responsibilities also represent a barrier to access training and development, as time spent doing this unpaid work extends into all aspects of women's lives making it more difficult to undertake training or education outwith working hours. Research has also identified gender differences in outcomes; men are more likely to have received a pay rise as a result of receiving training, and full-time workers, the majority of whom are men, are more likely than part-time workers to see improvements in the pay and promotion prospects.⁷⁵ Finally, budgetary constraints and financial pressures experienced by social care providers, particularly in light of increasing demand during COVID-19, is likely to mean that there will be freezes on non-essential training, which may further reduce opportunities for progression.

There is also a lack of Scottish Government financial support for women to access this mandatory training. For example, the Scottish Government have refreshed Individual Training Accounts to respond to COVID-19, with temporary restrictions placed on the sector-specific training course options.⁷⁶ While social care is a designated sector, the operating guidance notes that funding cannot be utilised for "training which is a statutory requirement". Equally, the Flexible Workforce Development Fund cannot be accessed for training that is required by law. This means that individuals could not access funding to meet the financial or mandatory

⁷¹ Aldrige, Fiona and Corin Egglestone, (2015) *Learning, Skills and Progression at Work: Analysis from the 2015 adult participation in learning survey*, UK Commission for Employment and Skills

⁷² House of Commons Women and Equalities Committee (2016) *Inquiry into the gender pay gap*

⁷³ Aldrige, Fiona and Corin Egglestone, (2015) *Learning, Skills and Progression at Work: Analysis from the 2015 adult participation in learning survey*, UK Commission for Employment and Skills

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Skills Development Scotland (2020) *Individual Training Accounts: Operational Rules* available at <https://www.skillsdevelopmentscotland.co.uk/media/43695/operational-rules.pdf>

training requirements for registration with the SSSC. This may be a barrier for people entering or remaining in the sector, particularly given the economic impacts of COVID-19. As a result, individuals may choose to work in other sectors, such as retail or hospitality, where, for the same pay, they will not be required to meet the costs of training or registration.⁷⁷ The registration process is also viewed as having insufficient focus on career and personal development for social care workers.⁷⁸

CONCLUSION

Where previously it was perceived that the social care workforce is unskilled, COVID-19 has illuminated the importance of this work in Scotland's economy with those in social care now identified as key workers. This realisation must not be lost, and should be a driver for improving pay, terms and conditions in the sector.⁷⁹ Investment in social care, and addressing the gendered undervaluation of the workforce should be core to the economic recovery.

Establishing a national care service provides an important opportunity to improve the quality of care in Scotland, while also improving job quality and raising the status of paid care work. Outsourcing and the mixed market of delivery has entrenched undervaluation and women's inequality in the social care workforce, with commissioning processes that prioritise cost over good quality employment.

Care is profoundly gendered. Women are four times more likely to give up employment because of multiple caring responsibilities,⁸⁰ and COVID-19 has exacerbated the gendered patterns of care. There are now 1.1 million unpaid carers in Scotland, 61% of whom are women. This is an increase of 392,000 since the start of the crisis with 78% of carers having to provide more care than they were prior to the coronavirus outbreak.⁸¹ This means that, in addition to social care reform having clear implications for the predominantly female workforce, a good quality social care system is therefore an important enabling factor to closing the gender pay gap as it allows women to participate in the labour market.

⁷⁷ SPICe (2019) *Summary of Evidence – Adult Social Care and Support Inquiry*

⁷⁸ Unison Scotland (2020) *Care After Covid: A UNISON vision for social care* available at <https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf>

⁷⁹ Unison Scotland (2020) *Care After Covid: A UNISON vision for social care* available at <https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf>

⁸⁰ Carers UK and Employers for Carers (2012) *Sandwich Caring: Combining childcare with caring for older or disabled relatives*

⁸¹ Engender (2020) *Gender and Unpaid Work: The Impact of COVID-19 on Women's caring roles*