



Submission to the Scottish Parliament Health and Sport Committee inquiry into social care February 2020

1.0 Introduction

Close the Gap is Scotland's expert policy advocacy organisation working on women's labour market equality. We have been working with policymakers, employers and trade unions for 19 years to influence and enable action that will address the causes of the gender pay gap.

Social care has multiple gendered dimensions. The vast majority of the workforce are women, often working in jobs with low pay and poor terms and conditions. That care work is so starkly female-dominated is premised on gender norms and stereotypes which promote the notion that care is natural to women. This gendered assumption is the primary cause of the undervaluation of care work, both paid and unpaid, in Scotland.

Women not only comprise the vast majority of paid care workers, but also do most of the unpaid care done in the home whether that is for disabled people, sick people, older people or children. Unpaid caring roles prevent women from being able to participate in the labour market on an equal basis with men, and results in them working in undervalued, part-time work, often working below their skill level. The concentration of women in low-paid care work is a defining feature of occupational segregation in the labour market, and a contributing cause of Scotland's persistent gender pay gap.

We welcome the Committee's inquiry into the future of social care, and the opportunity to share evidence and expertise. It is critical that the vision for the social care reform recognises that many of the challenges identified with the system, and particularly the workforce challenges, are a cause and consequence of gender inequality. We would therefore urge the Committee to apply a gendered lens when considering evidence and making recommendations.

2.0 Answers to questions

As Close the Gap's area of expertise is gender and the labour market, our submission focuses on one question.

Q3. Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?

2.1 Pay, terms and conditions

Social care is heavily female-dominated, with women comprising 85% of workforce¹. Older women are over-represented, with those over 50 comprising 45% of workers.² There are a diversity of providers, 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. Almost a fifth of social care workers are on non-permanent contracts³. Three-quarter of third sector providers use zero hours contracts, and four-fifths report using agency staff to cover shifts of support workers.⁴

Job insecurity is accompanied by widespread low pay which is endemic in 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 £9.79⁵. This systemic challenge is an effect of undervaluation. The concept of undervaluation underpins gendered experiences of low pay, occupational segregation and the gender pay gap⁶. 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.⁷ 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

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>, accessed February 2020

² Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

³ Ibid.

⁴ Coalition of Care and Support Providers (2019) *2018 Benchmarking Report for Voluntary Sector HR Network and CCPS – Executive summary*

⁵ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

⁶ Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

⁷ Ibid.

the Real Living Wage are women⁸. As women's poverty is inextricably linked to children's poverty,⁹ Scotland's targets on child poverty cannot be achieved without addressing women's poverty. Also, if more men are to work in the care sector 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.

The invisibility of women's skills is a major cause of undervaluation¹⁰. 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.

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.

Furthermore, as the Fair Work Convention notes in its inquiry report into social care¹¹, no mechanism has been devised for undertaking job evaluation in the sector and for upgrading the pay of those with greater skills and experience. 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. The payment of the Living Wage should therefore be accompanied by action to address the sector-wide economic undervaluation.

In addition to low pay, employment in the social care sector is also characterised by a range of other features including:

- Increasingly complex and skilled work, for instance dispensing medication, but for which there is no commensurate uplift in pay¹².

⁸ Scottish Parliament Information Centre (2017) *The Living Wage: Facts and Figures 2017*

⁹ Women's Budget Group (2005) *Women's and Children's Poverty: Making the links*

¹⁰ Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

¹¹ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

¹² Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

- Evidence of new workers being required to attend unpaid induction training for up to two weeks, pay for their uniform and own disclosure checks before starting in the role¹³.
- Increasingly precarious forms of employment, such as 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.¹⁴
- 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.¹⁵
- 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.¹⁶
- Problems with recruitment and retention, with the sector exhibiting the highest sectoral staff turnover rate in the labour market¹⁷, and more than a third of social care services reporting that they have had unfilled vacancies in the past 18 months¹⁸.
- 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.¹⁹ This pressure on labour supply is likely to disproportionately affect rural and remote areas.

¹³ Ibid.

¹⁴ Office for National Statistics (2017) Labour Force Survey 2017

¹⁵ Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

¹⁶ Scottish Government (2019) *Social Care Support Reform: Summary of discussion paper responses*

¹⁷ Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

¹⁸ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

¹⁹ Ibid.

The pay, terms and conditions of jobs in social care should consequently be a key consideration when determining the future model of delivery in Scotland. Given the large numbers of women working in the sector, it is impossible to realise fair work for women without addressing the gendered inequalities that characterise social care.

2.2 Women's unpaid work

The structural inequalities experienced by women care workers are deeply inter-related with inequalities in the distribution of unpaid care. Women's disproportionate responsibility for care and domestic labour impacts their ability to enter and progress in the labour market on an equal basis with men. Analysis by the ONS identified that women in the UK carry out on average 60% more unpaid work²⁰ than men.²¹ Women do the majority of unpaid childcare, and the early years and childcare workforce is almost exclusively female.²² Unpaid carers, 60% of whom are women, save Scotland an estimated £10.8bn per year which amounts to a third of the national budget.²³ Women are four times more likely to give up employment because of multiple caring responsibilities and are more likely to be in low-paid, part-time employment than male carers.²⁴ Women's caring roles and other unpaid work has a profound effect on their employment, and on their access to education and training. It is therefore critical that reform of the social care system recognises women's experiences not only of being the majority of social care workers but also their experiences of doing unpaid care in the home.

Women's propensity to take on caring roles within the household, and domestic and reproductive labour, increases the likelihood of undervaluation and discrimination. The inflexible working arrangements offered by the majority of employers push women into part-time work in an effort to balance work and care. Part-time work is limited to a smaller number of lower-paid and undervalued occupations, which in turn is a driver of Scotland's gender pay gap and women's higher rates of poverty. Thinking on the future model of social

²⁰ Unpaid work includes childcare, adult care, laundry and cleaning.

²¹ ONS (2016) *Women shoulder the responsibility for "unpaid work"* available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/women-shoulder-the-responsibility-of-unpaid-work/2016-11-10> accessed February 2020.

²² Skills Development Scotland (2018) *Skills investment plan for Scotland's early learning and childcare sector*

²³ Engender (2016) *Securing Women's Futures: Using Scotland's new social security powers to close the gender equality gap*

²⁴ Carers UK and Employers for Carers (2012) *Sandwich Caring: Combining childcare with caring for older or disabled relatives*

care should not be limited to commissioned care services alone, but must also take account of unpaid care.

2.3 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 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.

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 workforce²⁵. 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 workers²⁶ 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.

2.4 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. Many women are forced out of the labour market because of inflexible jobs that prevent them from balancing work with care, or they have experienced discrimination²⁷. 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

²⁵ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

²⁶ Ibid.

²⁷ Broughton et al (2018) *The experiences of individuals in the gig economy*, UK Government

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 user²⁸. 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, rather than being able to respond flexibly²⁹. This prevents any autonomy of engagement between the worker and the individual³⁰ 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 the Committee should therefore consider the potential impacts of technological change on the workforce and the delivery of social care more broadly with a view to making early recommendations in this area.

3.0 Conclusion

Social care stakeholders identify workforce challenges as a key issue for the future of the sector, along with raising the value of social care, and care more broadly, within local and national policy and public discourse.³¹ There is, however, almost no acknowledgment that the challenges are a cause and consequence of gender inequality. National policymaking has failed to recognise the gendered experiences of the social care workforce. For example, the National Health and Social Care Workforce Plan does not mention women, gender or equality³². Also, neither the Social Care Support Reform Partnership Programme Framework or the Vision for Social Care Support Reform published by Scottish Government mentions women, gender or recognises that the sector-wide undervaluation of care work is inherently gendered.

Social care is vital to women’s lives, as workers and as service users, and to the functioning of Scotland’s economy. In *A Fairer Scotland for Women*, Scotland’s

²⁸ Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*

²⁹ Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

³⁰ Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*

³¹ Scottish Government (2019) *Social Care Support Reform: Summary of discussion paper responses*

³² Scottish Government (2019) *An Integrated Health and Social Care Workforce Plan for Scotland*

first gender pay gap action plan, 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 infrastructure³³. Investment in the workforce is core to providing high quality personalised care. However, in spite of increasing demand for services, social care is not designated one of Scotland's growth sectors. This sustains the undervaluation of social care as a profession, and the unpaid care predominantly done by women.

Overall, it is vital that reform of the social care system must consider the impact of the commissioning model on workers. Without a radical approach, women care workers will continue to be affected by declining pay, terms and conditions, which makes it increasingly difficult to deliver high quality, personalised care. It is impossible to realise the Government's laudable ambitions on self-directed support, fair work and tackling the gender pay gap without ensuring that the social care workforce have improved pay, terms and conditions.

³³ Scottish Government (2019) *A Fairer Scotland for Women: Scotland's gender pay gap action plan*