



Close the Gap submission to the Consultation on a National Care Service for Scotland

November 2021

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.

INTRODUCTION

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

Early in the pandemic social care workers were designated key workers by Scottish Government, reflecting their essential role in society and in the response to the COVID-19 crisis. The pandemic rendered social care work more visible and a marked shift in societal attitudes around the low pay and poor terms and conditions associated with this work. While this recognition is welcome, it is not enough. It is crucial that investment in social care, with particular interventions to address the undervaluation of the workforce, are core to economic recovery.

Care is as essential to our economy as bricks, steel, and fibre optic cable.³ 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.⁴ This research found that investment in care in the UK would

¹ Scottish Social Services Council (2019) *Scottish Social Service Sector: Report on 2018 Workforce Data*

² Close the Gap and Engender (2020) *Gender and Economic Recovery*

³ Ibid

⁴ 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>

produce 2.7 times as many jobs as an equivalent investment in construction. Furthermore 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 need for social care reform is a longstanding issue, reflected by a range of commitments that long pre-date the COVID-19 crisis. The Scottish Government commenced its programme of reform of adult social care in 2016, explicitly recognising social care as an “investment in Scotland’s people, society and economy”.⁵ The Report of the Fair Work Convention’s Social Care Inquiry acknowledged that the undervaluation of social care work is “to a significant extent, linked to the predominance of women workers in the sector”⁶ and made recommendations to tackle the low pay and poor terms and conditions of this work. A Fairer Scotland for Women, Scotland’s gender pay gap action plan commits to “[d]evelop an approach to treat investment in childcare and social care as economic infrastructure” and to work with the Fair Work Convention on implementing its recommendations on social care.⁷

Work to create a National Care Service must be cognisant of the fact that many of the challenges identified with the system, and particularly the workforce challenges, are a cause and consequence of gender inequality. It is pivotal that gender is mainstreamed into the design of the service from the outset and that the process prioritises action at the earliest stage to address the undervaluation of care workers.

QUESTIONS

RIGHTS TO BREAKS FROM CARING

Q9. For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each line. Where you see both factors as equally important, please select ‘no preference’.)

Standardised support packages versus personalised support – no preference.

A right for all carers versus thresholds for accessing support – no preference.

Transparency and certainty versus responsiveness and flexibility – no preference.

Preventative support versus acute need – no preference.

⁵ <https://www.gov.scot/policies/social-care/reforming-adult-social-care/>

⁶ Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

⁷ Scottish Government (2019) *A Fairer Scotland for Women: Scotland’s gender pay gap action plan*

Q10: Of the three groups, which would be your preferred approach?

Group C – Hybrid approaches.

Care, both paid and unpaid, is a gendered issue. 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.⁸ This issue predates the pandemic, with reducing provision and tighter eligibility rules driving an increased reliance on unpaid carers. Women provide the vast majority of unpaid care, often having multiple unpaid caring roles for children and other relatives who are older or require support.⁹ Unpaid care is foundational to the economy and yet is missing from mainstream economic models. This sustains the undervaluing of care and of unpaid carers.

The undervaluing of women's unpaid care is reflected in the poor availability of support to unpaid carers, including financial support and respite provision. The consultation notes that only 3% of unpaid carers receive statutory support for breaks from caring. A right to breaks from caring for unpaid carers should be founded on a preventative approach while ensuring appropriate acute support for those with greater need. **Close the Gap supports a guaranteed minimum entitlement to breaks from caring for all carers accompanied by a further personalised entitlement based on needs for carers in more intensive roles.**

This provision, however welcome, is not enough to tackle the undervaluing of women's unpaid care: carers need much more support than a right to breaks from caring. Women's disproportionate responsibility for care and other domestic labour affects their ability to enter and progress equally in the labour market. Women are four times more likely to leave their job because of multiple caring responsibilities and are more likely to be in low-paid, part-time employment as this is often the only option that will enable them to balance earning with caring.¹⁰ Providing unpaid care also has a significant impact on carers' health and wellbeing, with one in four unpaid carers reporting that they have not had a break from caring in five years.¹¹ Women's disproportionate responsibility for unpaid care, along with their over-representation in paid care work, is sustained by persistent gender norms.

⁸ Engender (2020) *Gender and Unpaid Work: The Impact of COVID-19 on Women's caring roles* https://www.engender.org.uk/content/publications/1594974358_Gender--unpaid-work---the-impact-of-Covid-19-on-womens-caring-roles.pdf

⁹ Carers UK and Employers for Carers (2012) *Sandwich Caring: Combining childcare with caring for older or disabled relatives*

¹⁰ Carers UK and Employers for Carers (2012) *Sandwich Caring: Combining childcare with caring for older or disabled relatives*

¹¹ <https://www.carersuk.org/news-and-campaigns/news/one-in-four-unpaid-carers-have-not-had-a-day-off-in-five-years>

Without action to tackle the gendered undervaluation of social care work with concomitant investment in the system, a National Care Service is unlikely to be able to tackle the crisis in social care provision. Future gaps in 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.¹²

The creation of a National Care Service must recognise the intersecting rights of service users, the social care workforce and unpaid carers in order to ensure the social care system is able to deliver positive outcomes for all stakeholders.

NATIONAL CARE SERVICE

Q20. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

Yes

The creation of a single National Care Service to deliver social care has the potential to drive much needed radical change, improving the quality and provision of care in Scotland, while also improving job quality and raising the status of paid care work. However, without transformational change to the current model of delivery these outcomes are unlikely to be achieved. Change is contingent on the use of a gender analysis from the outset to ensure the design of a new model is gender competent.

Ensuring intersectional gender equality is integrated in the model and explicit in the objectives of the Service is essential to ensure that inequalities faced by different groups of the female workforce are not sustained. The integration of gender aligns with wider Scottish Government ambitions on women's equality, particularly tackling the gender pay gap, and as such must be a priority in the development of a National Care System. Ministerial accountability for the delivery of social care is welcome, but this must include accountability for the delivery of objectives on tackling the gendered undervaluation of social care work. It is not possible to hold Ministers to account on this within a system that is gender-blind.

The crisis in social care that a National Care Service is intended to solve is a gendered one.¹³ Evidence shows that pay is the primary determinant of care

¹² Close the Gap (2020) *Disproportionate disruption: The impact of COVID-19 on women's labour market equality* https://www.closesthegap.org.uk/content/covid-19/1617262883_Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf

¹³ <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-to-the-Independent-Review-of-Adult-Social-Care.pdf>

quality¹⁴, and the poor pay and conditions in the sector are caused and sustained by the gendered undervaluation of social care work. Rising demand requires expanded provision, which can only be delivered with an expanded workforce. The recruitment and retention challenges – in a sector with an overall vacancy rate of almost twice the Scottish average¹⁵ – are primarily driven by the **poor pay and conditions of social care work, which care workers cite as a primary reason for leaving their job.**¹⁶ Recent media coverage has highlighted social care workers leaving the sector to take up employment in Amazon warehouses for 30% higher pay.¹⁷ It is impossible to resolve the social care crisis while maintaining low pay in the sector. **Delivering quality social care and ensuring provision can meet demand requires delivering high quality pay and conditions to the social care workforce.**

A national care service that simply ‘shuffles the deckchairs’ is unlikely to have any real impact on the low pay and poor conditions that characterise the sector and therefore is unlikely to deliver the changes necessary to tackle the crisis in social care. Fundamentally, **the social care funding settlement must recognise this and be sufficient to fund the necessary improvements in the pay and conditions of social care workforce.**

The National Care Service consultation begins by stating the Scottish Government is “committed to implementing the recommendations in the report of the Independent Review of Adult Social Care (IRASC) and staying true to the spirit of that report by building a system with human rights at the heart of it”.¹⁸ It is not possible to do this in the absence of substantive action on the gendered undervaluation of the social care workforce.

The social care workforce is the foundation of the social care system. A high-quality social care service is predicated on improving outcomes for its workforce. A fairly remunerated workforce is motivated and supported to both enter and stay in the sector and enabled to deliver quality, person-centred care.

¹⁴ Rubery, J. and Urwin, P. (2011) *Bringing the employer back in: why social care needs a standard employment relationship*

¹⁵ NHS Scotland and COSLA (2019) *An Integrated health and social care workforce plan for Scotland*

¹⁶ Implementing the Scottish Living Wage in adult social care: An evaluation of the experiences of social care partners, and usefulness of Joint Guidance – CCPS and University of Strathclyde (2018) <http://www.ccpscotland.org/wpcontent/uploads/2018/11/Univ-of-Strathclyde-Living-Wage-implementation-research-November-2018.pdf> AND Ekosgen (2019) *The Implications of National and Local Labour Markets for the Social Care Workforce: Final Report for Scottish Government and COSLA*

¹⁷ <https://www.theguardian.com/society/2021/sep/04/care-workers-in-england-leaving-for-amazon-and-other-better-paid-jobs>

¹⁸ <https://www.gov.scot/publications/national-care-service-scotland-consultation/>

Close the Gap therefore calls for the following to be prioritised in the creation of a National Care Service:

A PAY RISE FOR SOCIAL CARE WORKERS THAT REFLECTS THE VALUE OF THEIR WORK

Close the Gap welcomes the increase in the hourly pay rate of social care staff to match new NHS band 2 staff¹⁹, however this is not enough. **Close the Gap calls for an above Real Living Wage pay increase for social care workers to be a priority of a National Care Service.**

The central argument of the Living Wage campaign is that the Real Living Wage should be the national minimum wage. If social care work is to be valued it cannot continue to be paid at the wage floor. It is worth substantially more than this, both in terms of the work itself and its contribution to the economy. Care is as essential to our economy as bricks, steel, and fibre optic cable.²⁰ Research by the Women's Budget Group 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.²¹

Biggar Economics, an independent economic consultancy, recently produced a report on the economic, fiscal and wellbeing contribution of the Scottish care sector. Their findings support the economic analysis of the Women's Budget Group and describe Scotland's social care sector as "a source of inclusive sustainable growth for the Scottish economy".²² Their analysis identified that Scotland's care sector **£5.1 billion Gross Value Added (GVA)** to the national economy and supports 297,020 jobs.²³ Despite this, care is still framed as current consumption rather than capital investment.²⁴

¹⁹ Scottish Government website news (5 Oct 2021) [Over £300 million new winter investment for health and social care](#)

²⁰ Close the Gap & Engender (2020) *Gender & Economic Recovery* <https://www.closesthegap.org.uk/content/resources/Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf>

²¹ 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>

²² Biggar Economics (2021) *Scotland's Care Sector: An Economic Driver. A report to Enable Group.*

²³ Ibid

²⁴ Close the Gap & Engender (2020) *Gender & Economic Recovery* <https://www.closesthegap.org.uk/content/resources/Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf>

Early in the pandemic social care workers were designated key workers by Scottish Government, however these workers have always been essential to the functioning of Scotland's economy. A pay rise for social care workers that reflects the real value of their work would create the foundations that can address the major challenges with social care provision and quality, and at the same time help tackle many of the causes of women's employment inequality in the sector.

GENDER COMPETENT MINIMUM STANDARDS OF EMPLOYMENT

Variable and very often poor terms and conditions have been identified as a key workforce challenge for the social care sector. In particular, low pay driven by the undervaluation of the predominantly female workforce is a defining characteristic of social care work and a central cause of the sector's retention problem. **Close the Gap calls for the development of gender competent minimum standards of employment which aim to improve the terms and conditions across the sector.**

The minimum standards of employment must be gender competent if they are to address the most pressing issues in the social care workforce and drive the system-wide reform that is desperately needed. This means they must respond to women's and men's differential engagement with the labour market and their different experiences of employment, unpaid caring, education and skills acquisition. These are clearly evidenced in social care work, which is economically undervalued precisely because it is overwhelmingly done by women.

Providers in receipt of public funding should be required to meet the minimum standards of employment. The standards should include:

- Pay;
- Job security;
- Training and development;
- Progression pathways; and
- Flexible working.

As part of our response to the Independent Review of Adult Social Care, Close the Gap was asked to provide recommendations on the detail of gender competent minimum standards of employment. These can be found on our website.²⁵

Meeting these standards will not only deliver for the workforce, it will have a multiplier effect through improving care standards and increasing recruitment and

²⁵ <https://www.closesthegap.org.uk/content/resources/Supplementary-submission-to-the-Independent-Review-of-Adult-Social-Care.pdf>

retention of skilled and experienced workers (thus reducing the associated recruitment and retraining costs associated with current vacancy and attrition rates). The minimum standards will benefit all social care workers however, as the majority of social care workers, women will be the biggest beneficiaries.

Integrating gender competent minimum standards of employment into the social care commissioning and procurement process is necessary to lever employer action and realise Scottish Government’s ambitions on fair work²⁶, child poverty²⁷ and gender equality at work²⁸.

ACTION TO TACKLE THE GENDERED UNDERVALUATION OF SOCIAL CARE WORK

Close the Gap is concerned that the consultation does not contain a question on job evaluation. IRASC recommendation 43, calls for “a national job evaluation exercise for work in social care, to establish a fair and equitable assessment of terms and conditions for different roles” which takes account of skills, qualifications, responsibilities and contribution²⁹. Done correctly, using a gender-sensitive job evaluation framework, the result would be **the essential and overdue revaluing of care work and a pay increase for social care workers**. It is concerning that the consultation has neglected to include this, particularly given the IRASC’s explicit recognition of the gendered undervaluation of the workforce as a key factor in the social care crisis.

Close the Gap calls for a gender-sensitive job evaluation of social care work and a pay rise for its female-dominated workforce to be a central priority of a National Care Service. This work should be designed and led by job evaluation experts. The revaluing of social care work would contribute to wider Scottish Government commitments on women’s labour market inequality. The social care sector could prove to be a test case for tackling the undervaluation of women’s work, enabling Scottish Government to expand action on this into childcare and other sectors.

INVESTMENT IN SOCIAL CARE

²⁶ Scottish Government (2021) *Fair Work: action plan* <https://economicactionplan.mygov.scot/fair-work/>

²⁷ Scottish Government (2018) *Every child, every chance: tackling child poverty delivery plan* <https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/documents/>

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

²⁹ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

Evidence from Scotland and internationally finds that investment in care infrastructure, including investment in high quality childcare and social care, stimulates job creation, community regeneration, and increased opportunities for under-employed women. As recognised by the IRASC, research by the Women’s Budget Group found that investment in care in the UK would produce 2.7 times as many jobs as an equivalent investment in construction³⁰. 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.

As discussed earlier in this submission, Scotland’s care sector contributes **£5.1 billion Gross Value Added (GVA)** to the national economy and supports 297,020 jobs.³¹ Biggar Economics notes that “social care is one of the most significant sectors of the economy with great potential to contribute to [Scotland’s Purpose and National Outcomes] and be of even more benefit to the population of Scotland as well as increasing Scotland’s economic performance”.³² Despite this, care is commonly framed as current consumption rather than capital investment.

Further, care work is excluded from the current framing of green jobs in Scotland, despite care jobs being valuable low carbon work. While there is not a single agreed definition of green jobs, the [Scottish Government and Skills Development Scotland’s Climate Emergency Skills Action Plan](#)³³ identified five broad areas of economic activity that are core to the net zero economy. The sectors are heavily male-dominated such as energy, transport, construction, agriculture, and manufacturing. Analysis by Close the Gap found that women account for less than one-quarter (22%) of people employed in these priority green sectors in Scotland. More specifically, men account for 84% of those employed in construction, and 77% of those employed in transport and storage in the Scottish labour market.

These priority sectors highlight that green infrastructure continues to be understood by the Scottish Government in traditional terms, focused on physical infrastructure such as transport and housing. [Caring jobs are low carbon jobs](#)³⁴ and data analysed by the Women’s Budget Group suggests that investment in the care industry is [30%](#)

³⁰ 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>

³¹ Biggar Economics (2021) *Scotland’s Care Sector: An Economic Driver. A report to Enable Group.*

³² Biggar Economics (2021) *Scotland’s Care Sector: An Economic Driver. A report to Enable Group.*

³³ <https://www.skillsdevelopmentscotland.co.uk/media/47336/climate-emergency-skills-action-plan-2020-2025.pdf>

³⁴ <https://www.engender.org.uk/news/blog/guest-post-a-recovery-plan-which-works-for-women-also-works-for-the-planet---/>

[less polluting than the equivalent investment in construction](#)³⁵. As yet, however, little consideration has been afforded to the importance and opportunities of implementing large scale investment in all forms of green social infrastructure, including childcare and social care.

Recognising care as infrastructure is critical to realising gender equality, not only for those accessing services but also for the predominantly female workforce. This would drive the policy focus and allocation of resources necessary to grow the sector, and address the systemic undervaluation of ‘women’s work’. Care is critical infrastructure which enables women’s labour market participation, and is a necessary step in realising women’s wider economic equality.

It has been a long-standing call of Close the Gap to designate care, including both social care and childcare, a key growth sector. This has been reiterated in Close the Gap and Engender’s joint paper, Gender and Economic Recovery, which sets out nine principles for a gender-sensitive economic recovery³⁶. In its gender pay gap action plan, A Fairer Scotland for Women, Scottish Government has committed to “[d]evelop an approach to treat investment in childcare and social care as economic infrastructure”.³⁷ It is simply not possible for a National Care Service to deliver on its aims without adequate investment to address the crisis in the social care workforce. **Close the Gap calls on Scottish Government to designate care a key growth sector and to ensure the funding settlement for a new National Care Service reflects the costs of delivering gender competent minimum standards of employment and a national job evaluation exercise.**

GENDER COMPETENT DESIGN

The consultation makes only marginal reference to equality and does not mention the gender segregation of the workforce. This does not reflect the findings of the IRASC, which explicitly recognises that the crisis in the social care workforce is driven

³⁵ 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>

³⁶ Close the Gap & Engender (2020) *Gender & Economic Recovery* <https://www.closesthegap.org.uk/content/resources/Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf>

³⁷ Scottish Government (2019) *A fairer Scotland for women: gender pay gap action plan* <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2019/03/fairer-scotland-women-gender-pay-gap-action-plan/documents/fairer-scotland-women-gender-pay-gap-action-plan/fairer-scotland-women-gender-pay-gap-action-plan/govscot%3Adocument/fairer-scotland-women-gender-pay-gap-action-plan.pdf>

by the gendered undervaluation of social care work and the acute and chronic occupational segregation that characterises the workforce. Further, in its discussion of the laws applying to procurement, the consultation does not mention the Scottish Specific Duties of the Public Sector Equality Duty (PSED), which require public bodies to give due regard to equality in procurement decisions.³⁸ This indicates a lack of consideration of equality at this crucial stage in the development of a National Care Service, which is a significant concern.

It is essential that equality is built into the foundations of a National Care Service. In order to do this, intersectional gender equality must be mainstreamed at every stage of the development process, with equality impact assessment guiding every aspect of the Service design, in line with the requirements of the PSED. This will require that officials engaged in work around the creation of the Service have sufficient intersectional gender competence to undertake equality impact assessment, and crucially leadership must take account of equality in their decision-making.

While a National Care Service should be subject to the PSED, the inclusion of equality at the heart of the Service is not guaranteed by the duties alone. Reviews of public bodies' compliance with the duties have identified poor and declining performance and found that the duties have failed to advance equality and tackle discrimination.³⁹ A significant issue identified by equalities experts is that the duties lack specificity and are open to interpretation making it more difficult for public bodies, the majority of which have insufficient or no equalities competence, to effectively perform them. This lack of specificity also enables public bodies to avoid scrutiny on performance and inhibits enforcement action that leads to improvements on advancing equality. This is important learning for the creation of a National Care Service. **Equality and non-discrimination must be on the face of the Bill to ensure its prioritisation in the development and delivery of the Service and ensure Ministers can be held to account on this.**

COMMISSIONING OF SERVICES

³⁸ <https://www.legislation.gov.uk/sdsi/2012/9780111016718/regulation/9>

³⁹ Close the Gap (unpublished) Internal PSED assessment 2017; Close the Gap (2015) *Making Progress? An assessment of public sector employer performance of the public sector equality duty*; Close the Gap (2014) *Monitoring Scottish public bodies' compliance with the public sector equality duty*; Coalition for Racial Equality and Rights for EHRC (2018) *Effectiveness of the PSED Specific Duties in Scotland* available at https://864a82af-f028-4baf-a094-46facc9205ca.filesusr.com/ugd/7ec2e5_37ea60592ef145b8887a5b7ec473e130.pdf

Q67. Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes?

Yes.

Close the Gap would welcome a structure that would introduce consistency and standards in commissioning and procurement in social care. However, this is contingent on such a structure embedding standards and processes that ensure improved pay and conditions for the social care workforce. Ethical commissioning standards should include equality objectives designed to realise the rights of social care workers, people receiving care, and carers.

The IRASC was clear on the problems with the current social care commissioning and procurement processes which have worked to reinforce and sustain poor pay and conditions in the sector. The creation of a National Care Service presents a once in a generation opportunity to create a Structure of Standards and Processes with a central aim of tackling the undervaluation of social care work and delivering gender competent minimum standards of employment, with National Care Service oversight of commissioning and procurement processes reinforcing this.

In order for Standards and Processes to achieve this they must be gender competent and include explicit asks on gender equality in social care work. If this is not embedded from the outset of the design process it is likely to significantly inhibit or prevent effective action to tackle the gendered undervaluation of social care work and work to achieve equality elsewhere in the National Care Service.

As the delivery arm of the National Care Service, reformed IJBs, in the form of Community Health and Social Care Boards (CHSCBs), will require significant support to deliver ethical commissioning and procurement at the local level, particularly in relation to the delivery of equality requirements, including gender competent minimum standards of employment.

In its response to this consultation, the Equality and Human Rights Commission (EHRC) highlights its work to assess the performance of IJBs on meeting their legal obligations under the Public Sector Equality Duty (PSED) to help eliminate discrimination, advance equality and foster good relations⁴⁰. The EHRC found significant gaps in their performance and as a result are undertaking further work on this concern. The poor performance of IJBs on meeting their obligations under

⁴⁰ <https://www.equalityhumanrights.com/sites/default/files/consultation-response-a-national-care-service-for-scotland-26-october-2021.docx>

equality law demonstrates that reformed IJBs will require clear direction and support on delivering the equality requirements of ethical commissioning and procurement.

While the causes of IJBs' poor performance of the PSED are at present being investigated, it is likely that the design of Scottish Specific Duties is a contributing factor. As discussed earlier in this submission, successive reviews of public bodies' compliance with the duties have identified poor and declining performance⁴¹ and the Scottish Government is due to begin a full public consultation on reform of the regulations. A significant issue identified by equalities experts is that the duties lack specificity and are open to interpretation. This has resulted in a failure of public bodies to adequately mainstream equality and has enabled public bodies to avoid scrutiny on performance, inhibiting effective enforcement action. As part of initial consultation on PSED reform, public bodies themselves requested more specificity in the duties to enable them to better perform them.⁴²

As an integral part of a National Care Service this is a critical lesson for the creation of Standards and Processes. Public bodies require clear direction and support on matters of equality. This further demonstrates that the Standards and Processes must be explicit on how they must be used to advance equality, including through ensuring gender competent minimum standards of employment as a requirement of provider funding. CHSCBs will also require support and guidance to enable them to deliver on their obligations. **Close the Gap calls for a National Care Service to bring in gender competence to develop a gender-sensitive set of Standards and Processes, and to build gender competence in the new Community Health and Social Care Boards.** The development of the Standards and Processes should be informed by a full equality impact assessment as required. These Standards and Processes should be developed as a priority to ensure they are ready to be implemented from the outset of a National Care Service.

In their joint statement of intent, Scottish Government and COSLA committed to publish by May 2021 outline plans to deliver shared ethical commissioning principles. As at (2 November 2021) these are still not published. It is essential that the development of ethical commissioning principles is also informed by gender

⁴¹ Close the Gap (unpublished) Internal PSED assessment 2017; Close the Gap (2015) *Making Progress? An assessment of public sector employer performance of the public sector equality duty*; Close the Gap (2014) *Monitoring Scottish public bodies' compliance with the public sector equality duty*; Coalition for Racial Equality and Rights for EHRC (2018) *Effectiveness of the PSED Specific Duties in Scotland* available at https://864a82af-f028-4baf-a094-46facc9205ca.filesusr.com/ugd/7ec2e5_37ea60592ef145b8887a5b7ec473e130.pdf

⁴² Scottish Government (2021) *Review of the Operation of the Public Sector Equality Duty in Scotland: Learning from Mainstreaming Equality during the Covid-19 Pandemic*

expertise to ensure the principles are fit for purpose and align with the spirit of the IRASC recommendations on tackling the gendered workforce issues.

Q68. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

Yes, it is possible.

The ability of the Structure of Standards and Processes to support people to meet their individual outcomes will be contingent on their addressing the fundamental causes of the crisis in social care, which in large part relates to the gendered undervaluation of social care work. **Delivering quality social care and ensuring provision meets need requires delivering high quality pay and conditions to the social care workforce.** This will have a multiplier effect through improving care standards and increasing recruitment and retention of skilled and experienced workers (thus reducing the associated recruitment and retraining costs associated with current vacancy and attrition rates)⁴³. It is impossible for the Standards and Processes to support people to meet their individual outcomes without this.

Q69. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

Yes, it is possible.

Again, the ability of the Structure of Standards and Processes to contribute to better outcomes for social care staff will be contingent on their addressing the causes of the crisis in the social care workforce, in particular through the inclusion of gender competent minimum standards of employment as a condition of funding for providers.

The consultation document describes the core criteria as including an “**emphasis** on workforce terms and conditions that support, develop, empower and value their staff”. Evidence shows that employers are unlikely to voluntarily take action on gender inequality in the workforce unless they are explicitly required to do so⁴⁴, therefore an “emphasis” is unlikely to drive improvements in terms and conditions.

FAIR WORK

⁴³ <https://wbg.org.uk/wp-content/uploads/2020/06/Care-led-recovery-final.pdf>

⁴⁴ Close the Gap (2013) *Missing out on the benefits: Summary of research on the reporting of the gender pay gap in Scotland*; and IFF Research (2015) *Company Reporting: Gender pay data*, Government Equalities Office

Q87. Do you think a “Fair Work Accreditation Scheme” would encourage providers to improve social care workforce terms and conditions?

No.

Fair Work is a flagship policy for the Scottish Government, but it is not well-gendered. The Scottish Government’s Fair Work Action Plan is characterised by a lack of gender analysis and it also does not make use of gender-disaggregated data⁴⁵. While links are made to the Scottish Government’s Gender Pay Gap Action Plan, gender is not mentioned in the Fair Work Action Plan actions. During the pandemic, the visibility given to gender equality within fair work has also been limited, with neither the joint statement on fair work nor the refreshed fair work principles having a focus on gender equality.

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. Despite this, the recently published Findings and Recommendations of the Fair Work in Social Care Implementation Group⁴⁷ do not mention gender or women. This is a significant concern, in particular because the IRASC recognises the gendered undervaluation of the social care workforce as a primary cause of the low pay and poor terms and conditions in the sector.

The Fair Work First initiative aims to improve employment practice by applying fair work criteria to grants, other funding and contracts being awarded by and across the public sector “where it is relevant to do so”. The criteria includes “action to tackle the gender pay gap and create a more diverse and inclusive workplace”. The melding of a specific requirement on the pay gap with a more generic ask on a diverse and inclusive workplace diminishes the effectiveness of the criterion. It dilutes the original intention of the requirement to take action on the pay gap, and will very likely confuse employers.

In Close the Gap’s experience, employers respond to specificity not generic asks on diversity and inclusion. The Fair Work First guidance lacks the detail that is needed to enable employers to take action on women’s equality at work. A focus on generic equality and diversity for all does not benefit any women or any other protected group. Further, Fair Work First does not reference equal pay or job evaluation, which

⁴⁵ Close the Gap (2019) *Close the Gap briefing for Scottish Government debate: Fair Work Action Plan* available at <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-briefing-for-Scottish-Government-Debate---Fair-Work-Action-Plan.pdf>

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

⁴⁷ Fair Work in Social Care Group (2021) *Findings and recommendations*

is the method for addressing the gender undervaluation of jobs typically done by women.

The limitations of the Fair Work framework and its associate initiatives, indicates that **a “Fair Work Accreditation Scheme” will be insufficient to motivate providers to improve social care workforce terms and conditions and increase pay to address the gendered undervaluation of care work.** The Living Wage accreditation scheme has been successful in increasing the number of employers paying the Real Living Wage, demonstrating that it is possible to influence employer practice through such schemes. However, as with Fair Work, payment of the RLW is not sufficient to tackle the undervaluation of care work.

Close the Gap’s Equally Safe at Work (ESAW) project is an innovative employer accreditation programme that was developed to support councils to develop improved gender-sensitive employment practice and prevent violence against women. The ESAW pilot has been effective in engaging with councils on VAW and gender equality and has enabled positive changes to employment practice which contribute to the advancement of women’s equality.⁴⁸ The programme has built capacity in councils to better understand, respond to, and prevent VAW. It has also enabled councils to progress work on gender equality by developing improved employment policy and practice; gathering data that are critical to gender equality at work; and developing initiatives to address occupational segregation. A key success factor of Equally Safe at Work is the prescriptiveness of the programme.

Accreditation schemes rely on individual employer responses and individualised action is not a solution to a sectoral problem. Employer accreditation is not a sufficient mechanism to drive the systemic change needed to address undervaluation of social care work.

Close the Gap is concerned that the consultation document does not include proposals or a question on job evaluation. The IRASC report explicitly recognised the gendered undervaluation of the social care workforce as a primary cause of the low pay and poor terms and conditions in the sector. Recommendation 43 calls for “[A] national job evaluation exercise for work in social care, to establish a fair and equitable assessment of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution”.⁴⁹ Trade unions have called on Scottish Government and local government to use their position as social care funders to ensure social care employers recognise trade unions for

⁴⁸ <https://www.equallysafeatwork.scot/resources/Successes-from-the-pilot.pdf>

⁴⁹ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

collective bargaining purposes or to agree sectoral bargaining arrangements so that all workers in the sector are raised up to a certain standard.⁵⁰ The GMB is campaigning for a £15 per hour minimum wage for social care workers to reflect the value of the work.⁵¹

Close the Gap supports these calls and urges Scottish Government to fulfil its commitment to implement all of the recommendations of the IRASC, including on job evaluation. Without tackling the chronic low pay and gendered undervaluation of social care work itself it will not be possible to attract and retain a quality workforce or to deliver substantive improvements in the quality and provision of care.

Q88. What do you think would make social care workers feel more valued in their role? (Please rank the following in order of importance.)

1. Improved pay
 2. Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
 3. Removal of zero hour contracts where these are not desired
 4. Progression linked to training and development
 5. Effective voice/collective bargaining
 6. Better access to training and development opportunities
 7. Clearer information on options for career progression
 8. Registration of the personal assistant workforce
- 1. Other: Addressing the gendered undervaluation of social care work.**

Addressing the gendered undervaluation of social care work is a necessary step in achieving all of the elements listed in Q88 above and in tackling the root cause of the crisis in social care. The concept of undervaluation underpins gendered experiences of low pay, occupational segregation and the gender pay gap.⁵² In economics, the undervaluation of ‘women’s work’ means that there is evidence of

⁵⁰ STUC (2019) *Scotland’s Social Care Crisis* available at

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

⁵¹ GMB Scotland (2020) *Show You Care: Voices from the Frontline of Scotland’s Broken Social Care Sector*

⁵² Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women’s Work*, Equal Opportunities Commission

lower returns to women's productive characteristics.⁵³ 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.⁵⁴

The undervaluation of the social care workforce is sustained by stereotypes around gender roles and assumptions and women's and men's capabilities and interests. There is a widespread assumption that caring and other unpaid work done in the home is better suited to women because historically it has been their role. This drives the undervaluation of this work 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 to justify the low pay attached to care work in the labour market, with perceived job satisfaction a substitute for fair pay.⁵⁵ The designation of care as low-skilled contributes to the economy-wide undervaluation of care work more broadly.

A key factor in the sector is that **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.⁵⁶ The invisibility of women's skills is a major cause of undervaluation⁵⁷ 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 workers is especially undervalued, and rarely is it adequately captured in pay and grading systems, where these exist.

A critical tool to make women's skills valued and visible is job evaluation. Analytical job evaluation free from sex bias ensures that pay is determined by objective factors such as the skills, knowledge, effort and responsibility associated with the job. However, not all job evaluation systems are analytical and free from sex bias, with many characterised by in-built assumptions around the value of one job relative to another based on gender stereotypes and norms.

Pay modernisation programmes in the public sector, including Single Status in local government and Agenda for Change in the NHS, were intended to address pay

⁵³ Ibid.

⁵⁴ Scottish Parliament Information Centre (2017) *The Living Wage: Facts and Figures 2017*

⁵⁵ Folbre, N (2012) *Should Women Care Less? Intrinsic Motivation and Gender Inequality*

⁵⁶ Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*

⁵⁷ Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

discrimination, but the undervaluation of ‘women’s work’ remains, with many stereotypically female jobs remaining low-paid and low-status. During and after the implementation of Single Status local authorities received tens of thousands of equal pay claims by female workers, including homecare workers. There were many reasons for these including claims against pay and bonus protection given to predominantly male workers and discrimination in job evaluation schemes.⁵⁸ Some of the approaches taken by local authorities when implementing Single Status failed to prioritise pay equality and were later found to be discriminatory.⁵⁹ Importantly Single Status has not addressed the systemic undervaluation of homecare work, or other types of ‘women’s work’ in local government.

The undervaluation of women’s work in Scotland is recognised in A Fairer Scotland for Women, but the Plan contains no specific actions to address it. The Scottish Government has commissioned research to gather evidence on the international mechanisms to revalue women’s low-paid work in sectors such as social care, early learning and childcare, retail, and cleaning. **A National Care Service must take account of this work in order to support wider Scottish Government commitments on tackling women’s labour market inequality.**

Close the Gap welcomes the increase in the hourly pay rate of social care staff to match new NHS band 2 staff⁶⁰, however this is at best a temporary response to a more strategic and substantive solution. It is essential that the National Care Service pay and grading structures are based on a gender-sensitive job evaluation framework that adequately recognises the skill, complexity and demands of social care work. There must be sufficient expertise on job evaluation to effectively deliver this. Job evaluation expertise in public sector employers and in trade unions has diminished in recent years, and investment should be made that will build capacity in key personnel in the National Care Service to so that a job evaluation exercise which is free from sex bias can be delivered.

Early in the pandemic social care workers were designated key workers by Scottish Government, reflecting their essential role in society and in the response to the COVID-19 crisis. The pandemic rendered social care work more visible and a marked shift in societal attitudes around the low pay and poor terms and conditions associated with this work. The report of the IRASC notes that there is strong support from a broad coalition including people who access social care support, advocacy

⁵⁸ Accounts Commission (2017) *Equal Pay in Scottish Councils*

⁵⁹ Ibid.

⁶⁰ Scottish Government website news (5 Oct 2021) [Over £300 million new winter investment for health and social care](#)

groups, disabled persons organisations, and trade unions to improve pay, valuing and conditions of workforce.

It is clear people already recognise the value of social care. While this recognition is welcome, it is not enough. The status, esteem and recognition accorded to work strongly correlates with gender: the vast majority of low-paid, low-status jobs are done by women. Social care workers themselves recognise this⁶¹.

For social care workers to be truly recognised, addressing the gendered undervaluation and increasing the pay of social care work must be a core aim of a National Care Service. In order to achieve this a gender-sensitive job evaluation exercise for the whole sector must be undertaken, designed and led by job evaluation experts. This would result in **the essential and overdue revaluing of care work and a concomitant pay increase for social care workers.**

The central argument of the Living Wage campaign is that the Real Living Wage should be the national minimum wage. **If social care work is to be valued it cannot continue to be paid at the wage floor.** It is worth substantially more than this, both in terms of the work itself and its contribution to the economy. Care is as essential to our economy as bricks, steel, and fibre optic cable.⁶² As discussed earlier in this consultation response, 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.⁶³ In its recent report, Biggar Economics describes Scotland’s social care sector as “a source of inclusive sustainable growth for the Scottish economy”.⁶⁴

It is a concern that the consultation itself echoes the gender stereotypes underpinning care work, stating “The desire to do a job that makes a difference is the main reason why people are motivated to take up a career in social care”⁶⁵. This ignores the gendered factors that channel women into low-paid, female-typed jobs, such as in social care, such as the stereotype that women are more altruistic than men and more suited to care work. This is an indication of a lack of consideration of the gendered factors at the root of the crisis in social care in the development of

⁶¹ GMB Scotland (2020) Show You Care: Voices from the Frontline of Scotland’s Broken Social Care Sector

⁶² <https://www.closesthegap.org.uk/content/resources/Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf>

⁶³ 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>

⁶⁴ Biggar Economics (2021) *Scotland’s Care Sector: An Economic Driver. A report to Enable Group.*

⁶⁵ <https://www.gov.scot/publications/national-care-service-scotland-consultation/documents/>

early thinking on a National Care Service. Women are channelled into low-paid work, including care work, as a result of persistent gender stereotypes that influence their education and career pathways. A lack of part-time and genuinely flexible working in senior and better paid jobs means women must look elsewhere for jobs that enable them to balance paid and unpaid work, which social care offers. Assumptions that women are more altruistic and more suited to care work than men also influence women's over-representation in the sector. The consultation's statement on what motivates people to work in social care also suggests that there is a trade-off to be made between job satisfaction and good quality, fairly paid work. This is a well-worn stereotype that is often used to justify the low pay associated with care work.

If the gendered undervaluation of social care work is not acknowledged and tackled in future development work there is a significant risk that the structure of the Service will simply recreate and sustain gender inequality in the social care workforce, limiting the ability of the Service to address the wider social care crisis.

Q89. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance.)

1. Improved pay
2. Improved terms and conditions
3. Improving access to training and development opportunities to support people in this role (for example time, to complete these)
4. Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
5. Other:

The Fair Work in Social Care report identified that the sector has 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.⁶⁶ Social care staff, indeed workers in any sector, are unlikely to be motivated to take on extra responsibility or apply for promoted posts for little extra pay. Even for entry level roles, social care staff are increasingly being expected to dispense medication, with no corresponding uplift in pay or status.⁶⁷

⁶⁶ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

⁶⁷ Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*

Research by the Resolution Foundation found that social care workers are among the least likely to escape from low pay⁶⁸, a problem contributed to by the lack of progression in the sector. Women's concentration in low paid work causes women's higher levels of in-work poverty which is a direct contributor to child poverty. **The additional responsibility that comes with senior and managerial roles must be recognised through appropriate pay increments: this must be a priority for a National Care Service if it is to properly value social care work.**

Q90. Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

Yes, if this national forum is gender competent and accompanied by substantive work to increase collective bargaining.

Trade union coverage in the social care sector is limited. The Labour Research Department's (LRD) survey of Scottish collective bargaining shows that social care is one of the sectors with the lowest collective bargaining coverage.⁶⁹ 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.⁷⁰ Currently, only 19% of social care workers have their pay and conditions affected by agreements between employers and trade unions.

The Fair Work Action Plan commits the Scottish Government to increasing collective bargaining in social care. The Scottish Government and local government directly fund social care, either through direct provision or through commissioning. The STUC asserts that this should make it easier to ensure social care employers recognise trade unions for collective bargaining purposes or to agree sectoral bargaining arrangements so that all workers in the sector are raised up to a certain standard.⁷¹

The development of new ethical commissioning and procurement standards as part of a National Care Service presents an opportunity to build such a model. The creation of a forum may facilitate this, but the form suggested in the consultation suggests the forum's role will be "advisory". The IRASC recognised the need for

⁶⁸ D'Arcy C and Hurrell A (2014) *Escape Plan: Understanding who progresses from low pay and who gets stuck*, Resolution Foundation.

⁶⁹ Labour Research Department (2021) *Scotland's collective bargaining 2021: A report for the STUC*, Scottish Trade Union Congress.

⁷⁰ Ibid.

⁷¹ STUC (2019) *Scotland's Social Care Crisis* available at http://www.stuc.org.uk/files/Policy/Research_Briefings/Scotland%27s%20Care%20Crisis.pdf

worker voice to have meaningful influence in the development of collective bargaining in the sector. It is important that there are mechanisms to ensure worker voice is given adequate weight and influence on this.

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.⁷² Unison Scotland have advocated 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.⁷³ 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.⁷⁴

WORKFORCE PLANNING

Q91. What would make it easier to plan for workforce across the social care sector?

A national approach to workforce planning

Consistent use of an agreed workforce planning methodology

An agreed national data set

National workforce planning tool(s)

A national workforce planning framework

Development and introduction of specific workforce planning capacity

Workforce planning skills development for relevant staff in social care

Something else (please explain below):

⁷² STUC (2019) *Scotland's Social Care Crisis* available at

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

⁷³ 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>

⁷⁴ Close the Gap response to Scottish Labour's consultation on the National Care Service available at <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-response-to-Scottish-Labour---National-Care-Service-August-2020.pdf>

Close the Gap would welcome a strategic approach to workforce planning, but it must be informed by a gender analysis that recognises and addresses the barriers faced by women in employment. For example, staffing requirements differ by region with rural areas facing particular issues due to the geographical spread of care recipients. Women are less likely to have access to a car and thus more likely to have to rely on public transport, meaning those working in domiciliary care may have longer travel time between visits. Issues around payment for travel time and the number of clients a care worker is able to visit in a day will therefore be particularly salient in rural areas. There should therefore be sufficient intersectional gender competence in those responsible for workforce planning.

Building an agreed national data set is welcome. This must include gathering employee data that is gender sensitive and able to be disaggregated by protected characteristic in order to identify gendered patterns in the workforce. This data should include employee composition, occupational segregation, working patterns, contract type, recruitment, development and retention.

Prioritising sustainability in workforce planning presents an opportunity to improve security of employment in the sector by reducing or eliminating the need for agency workers. There is also an opportunity to raise standards across the sector in, however these outcomes are not guaranteed and rely on the deeper workforce issues being addressed. Without raising pay, providing genuine flexible working and ensuring care workers have secure jobs the recruitment and retention challenges affecting the sector will remain. A strategic approach to sustainable workforce planning is not possible while these issues remain.

TRAINING AND DEVELOPMENT

Q92. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Yes.

The establishment of standard training and development requirements could create a welcome level of consistency and create a driver for improved access to training and development in the sector. A critical consideration for the development of these requirements is that they should be accurately linked to and reflected in pay and grading structures that appropriately reward the attainment of relevant qualifications. The Fair Work Convention's report into social care highlighted that

while the skills and qualifications necessary for social care work have increased, this has not resulted in a pay rise to reflect these additional requirements of the job.⁷⁵

Q93. Do you agree that the National Care Service should be able to provide and/or secure the provision of training and development for the social care workforce?

Yes.

Access to training and development for the social care workforce has been inconsistent and unequal for some time. The Fair Work in Social Care report noted that “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.”⁷⁶ 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 especially problematic in light of the well-established gendered barriers to training and development. Women are less likely to receive employer training than men, in particular training that will enable them to progress or secure a pay rise.⁷⁷ This is reflected in gender differences in outcomes; with men 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.⁷⁸ Low paid, part-time women workers are the least likely to receive any type of training.⁷⁹ Across the labour market, more women than men 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.⁸⁰ 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. Finally, budgetary constraints and financial pressures experienced by social care providers, particularly

⁷⁵ Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

⁷⁶ Ibid.

⁷⁷ 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

⁷⁸ Ibid.

⁷⁹ House of Commons Women and Equalities Committee (2016) *Inquiry into the gender pay gap*

⁸⁰ 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

in light of increasing demand during COVID-19, can be expected to result in freezes on non-essential training, further reducing opportunities for progression.

Close the Gap would welcome centralised provision of high quality, accessible training and development for all social care workers. Training and development should be fully funded and delivery should be flexible to enable women with caring responsibilities and/or on shift work or non-standard working patterns to be able to access it. In line with the PSED, the National Care Service should gather intersectional gender-sensitive data that is able to be disaggregated by sex and analysed to identify any gendered patterns in relation to access to overall opportunities and opportunities most linked to progression and promotion. An adequate data gathering system should be accordingly developed.

PERSONAL ASSISTANTS

Q94. Do you agree that all personal assistants should be required to register centrally moving forward?

Yes.

Personal assistants are care workers and should have access to the same standards of work afforded to workers across the sector. Their work is subject to the same gendered undervaluation that affects care work as a whole, however this is likely to be exacerbated by the even greater invisibility of the work done by personal assistants. Their employment profile's proximity to that of jobs in domestic service is likely to further undervalue the essential work they do.

Personal assistants should be entitled to pay and conditions that reflect the value, skills and complexity of their work. The pay rates that personal assistant employers are able to offer are constrained by funding, therefore investment in social care must be sufficient to ensure personal assistants are paid at least the Real Living Wage. Close the Gap would welcome harmonisation of standards of employment for personal assistant that delivers gender competent minimum standards of employment for this workforce.

Q95. What types of additional support might be helpful to personal assistants and people considering employing personal assistants?

National minimum employment standards for the personal assistant employer.

Regional Networks of banks matching personal assistants and available work.

Career progression pathway for personal assistants.

Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities.

The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package.

Other (please explain):

Self-employment, which is often casualised and precarious work, is becoming increasingly common in the social care sector, with many women in the sector accessing work through online platforms and apps.⁸¹ Due to their model of employment, personal assistants are likely to be over-represented in this section of the social care workforce.

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 and other 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.

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. It is argued that this enables greater flexibility and reliability for both the worker and the client. However, this flexibility is often one-sided, resulting in greater pressures on workers, including those who are self-employed or on an insecure contract.

This one-sided flexibility is amplified by the 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.⁸² Any time programmed not spent with the service user is deducted

⁸¹ 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>

⁸² Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*

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 flexibly.⁸³ This prevents any autonomy of engagement between the worker and the individual⁸⁴ while also fostering a culture of surveillance which can ultimately erode trust and lower morale. As it is likely that platform working will become increasing common, a National Care Service should be cognisant of this in its consideration of workforce and commissioning issues.

The lack of supervision and complaint mechanism for personal assistants is a significant risk to their safety and leaves them unprotected and at risk of exploitation. Care workers more broadly have to manage challenging behaviour from care recipients, however the environment in which personal assistants work means they may face greater risk in such situations. Workplace sexual harassment is a significant issue across the labour market and working in a setting where there is only the client present places personal assistants at higher risk. A free self-directed support advice helpline is unlikely to be sufficient to address these issues. **A National Care Service must prioritise work to improve the protections available to personal assistants.**

⁸³ Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

⁸⁴ Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*