



## **Close the Gap submission to the Independent Review of Adult Social Care**

**November 2020**

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.

### **1. Introduction**

Care is profoundly gendered. Women do the bulk of unpaid and informal care and comprise 85% of the social care workforce in Scotland.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> 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.<sup>4</sup> This research found that investment in care in the UK would 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

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

<sup>2</sup> Close the Gap and Engender (2020) *Gender and Economic Recovery*

<sup>3</sup> Ibid

<sup>4</sup> 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>

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”.<sup>5</sup> 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”<sup>6</sup> 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.<sup>7</sup>

The Independent Review of Adult Social Care (IRASC) must recognise 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 the Review makes recommendations that address the undervaluation of care workers as a central aim of reform.

Close the Gap welcomes the opportunity to contribute evidence to the IRASC. As Close the Gap’s area of expertise is gender and the labour market, our submission focuses on addressing the gendered undervaluation of the social care workforce and the importance of delivering fair work for women in the sector. We welcome the inclusion of the experiences of the social care workforce in the Review, but this must include their employment conditions if the Review is to address the social care system and the necessary reforms in its entirety. In doing so, we urge the Review to apply a gendered lens when considering evidence and making recommendations.

## **2. Care work and COVID-19**

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. However, from the outset, and prior to, the pandemic, government responses failed to adequately respond to the clear risks in the sector and effectively deprioritised the safety of social care staff in relation to NHS staff.

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

<sup>6</sup> Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

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

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,<sup>8</sup> and an analysis by National Records of Scotland identified that social care workers are more than twice as likely to die from COVID-19 as colleagues on the NHS frontline.<sup>9</sup> UK-level data revealed that 76% of all worker COVID-19 reports made by employers to the Health and Safety Executive and local authorities were in the Human Health and Social Work activities sector, with 34% of all reports located in Residential Care Activities.<sup>10</sup> Sectoral data is not available at a Scotland-level. Taken alongside the fact that women were 77% of all worker COVID-19 reports in the UK and 75% of reports in Scotland<sup>11</sup>, and women are the majority of the social care workforce, it is highly likely that women's concentration in social care work placed them at greater risk of the virus.

Exercise Cygnus, the 2016 cross-government exercise to test the UK's response to a serious influenza pandemic highlighted the potential for a devastating impact on social care. The report made recommendations including an audit of care home capacity, "ring-fenced" funds, provision of PPE and active engagement with providers on the vital issue of "surge capacity".<sup>12</sup> Despite this, no action was taken in response to the recommendations, with the report noting that "little attention paid to this sector by ministers during the [Cygnus] Cobra meetings".<sup>13</sup> Social care providers have stated that they were not contacted about pandemic planning.<sup>14</sup> The sector was therefore unprepared and its service users and workforce underprotected. For some time following the outbreak of COVID-19 hundreds of patients were moved from hospitals into care homes, including patients who had not been tested and those who had tested positive prior to transfer<sup>15</sup>. This ultimately resulted in rapid spreading of the virus in the sector and many residents dying from COVID-19, along with social care staff.

### **3. The gendered undervaluation of social care work**

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<sup>8</sup> 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>

<sup>9</sup> McArdle, Helen (2020) 'Social care workers twice as likely to die from Covid as colleagues on NHS frontline', *The Herald*, 18<sup>th</sup> June 2020, available at <https://www.heraldscotland.com/news/18524205.coronavirus-social-care-workers-twice-likely-ovid-colleagues-nhs-frontline/>

<sup>10</sup> <https://www.hse.gov.uk/statistics/coronavirus/april-to-july-2020-technical-summary-of-data.htm>

<sup>11</sup> Ibid

<sup>12</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/927770/exercise-cygnus-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/927770/exercise-cygnus-report.pdf)

<sup>13</sup> Ibid

<sup>14</sup> Ibid

<sup>15</sup> <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/discharges-from-nhsscotland-hospitals-to-care-homes/>

The concept of undervaluation underpins gendered experiences of low pay, occupational segregation and the gender pay gap.<sup>16</sup> In economics, the undervaluation of “women’s work” means that there is evidence of lower returns to women’s productive characteristics.<sup>17</sup> 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.<sup>18</sup>

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.<sup>19</sup> The designation of care as low-skilled contributes to the economy-wide undervaluation of care work more broadly. **Close the Gap urges the Review to ensure that tackling the undervaluation of the workforce is at the heart of its recommendation on social care reform in Scotland.**

#### **4. The link between the pay and conditions of social care work and the crisis in service delivery**

The social care sector has faced significant challenges for some time. Rising demand due to changing demographics and difficulty recruiting and retaining workers have combined with funding pressures to create a crisis in social care delivery. The sector faces challenges around recruitment and retention of staff and delivering a high standard of care. This crisis has clear implications for quality of care both now and in the future and is sustained by the gendered undervaluation of social care work.

Rising demand requires expanded provision, which can only be delivered with an expanded workforce. 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.<sup>20</sup> Care providers say that they struggle to fill these posts and foresee this getting worse.<sup>21</sup> One in five care workers were born outside the UK<sup>22</sup> which is likely to compound

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<sup>16</sup> Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women’s Work*, Equal Opportunities Commission

<sup>17</sup> Ibid.

<sup>18</sup> Scottish Parliament Information Centre (2017) *The Living Wage: Facts and Figures 2017*

<sup>19</sup> Folbre, N (2012) *Should Women Care Less? Intrinsic Motivation and Gender Inequality*

<sup>20</sup> NHS Scotland and COSLA (2019) *An Integrated health and social care workforce plan for Scotland*

<sup>21</sup> Ekosgen (2019) *The Implications of National and Local Labour Markets for the Social Care Workforce: Final Report for Scottish Government and COSLA*

<sup>22</sup> Engender (2020) *Women and COVID-19*

staffing pressures as the wage threshold set in the UK Government's immigration bill excludes the majority of social care workers.

The recruitment and retention challenges in the sector are primarily driven by the pay and conditions of social care work. **Care workers cite the low pay and poor conditions of the work as a primary reason for leaving their jobs.**<sup>23</sup> The average hourly pay in the wider social care sector is just £9.79<sup>24</sup>, with 43% of the Scottish social care workforce being paid less than the Real Living Wage.<sup>25</sup> Many social care workers report not being paid for travel time between appointments or for overnight stays<sup>26</sup>, effectively reducing their hourly pay rate, alongside highly compressed appointment times.<sup>27</sup> Evidence shows that social care workers frequently do not have enough time to deliver high quality care to service users.<sup>28</sup> This has a detrimental impact on service users, but also on workers' mental health and wellbeing because they cannot deliver the standard of dignified and compassionate care they would wish to. This is a significant issue in homecare settings but is also evident in care homes due to understaffing.<sup>29</sup>

These are further significant drivers of social care workers leaving the sector, but also of the standards of care it is possible to deliver within the current system. Practices such as not paying for travel time and insufficient appointment times are a major barrier to quality of care.<sup>30</sup> Evidence shows that pay is the primary determinant of care quality<sup>31</sup>. **Delivering quality social care requires delivering high quality pay and conditions to the social care workforce.** It is impossible to resolve these issues while maintaining low pay in the sector.

Additionally, if more men are to work in the care sector, which is necessary to meet staffing requirements, reduce occupational segregation and close the gender pay gap, there needs to be an economic imperative to do so, with appropriately remunerated jobs and clear progression pathways as evidence that it is a good career

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<sup>23</sup> 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*

<sup>24</sup> Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

<sup>25</sup> 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/>

<sup>26</sup> Briefing for care and support providers: Holiday Pay and Overtime Sleepovers and National Minimum Wage – CCPS (2015)

<http://www.ccpscotland.org/wpcontent/uploads/2015/03/CCPSsleepoverbriefing.pdf>

<sup>27</sup> Rubery, J. et al (2011) *The Recruitment and Retention of a Care Workforce for Older People*

<sup>28</sup> GMB Scotland (2020) *Show You Care: Voices from the Frontline of Scotland's Broken Social Care Sector*

<sup>29</sup> Ibid

<sup>30</sup> Rubery, J. et al (2011) *The Recruitment and Retention of a Care Workforce for Older People*

<sup>31</sup> Rubery, J. and Urwin, P. (2011) *Bringing the employer back in: why social care needs a standard employment relationship*

choice. Without action to tackle undervaluation and investment 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.<sup>32</sup> **It is critical that the Review recognises that investing in the pay and conditions of the social care workforce is central to a sustainable and high quality social care system.**

## 5. Fair work for Scotland's social care workforce

The Fair Work in Scotland's Social Care Sector report<sup>33</sup> 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:

- 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.<sup>34</sup>
- 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.<sup>35</sup>
- 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.<sup>36</sup>
- Problems with recruitment and retention, with the sector exhibiting the highest sectoral staff turnover rate in the labour market<sup>37</sup>, and more than a

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<sup>32</sup> Close the Gap (2020) *Disproportionate disruption: The impact of COVID-19 on women's labour market equality*

<sup>33</sup> Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

<sup>34</sup> Office for National Statistics (2017) *Labour Force Survey 2017*

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

<sup>36</sup> Scottish Government (2019) *Social Care Support Reform: Summary of discussion paper responses*

<sup>37</sup> Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

third of social care services reporting that they have had unfilled vacancies in the past 18 months.<sup>38</sup>

### 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.<sup>39</sup> The invisibility of women's skills is a major cause of undervaluation<sup>40</sup> 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, this has not resulted in a pay rise to reflect these additional requirements of the job. The 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." 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.<sup>41</sup> 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.<sup>42</sup> Low paid, part-time women workers are the least likely to receive any type of training.<sup>43</sup> 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.<sup>44</sup> Women's caring responsibilities also

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<sup>38</sup> Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

<sup>39</sup> Hayes, L.B.J. (2017) *Stories of Care: A labour of law – gender and class at work*, Palgrave: London

<sup>40</sup> Grimshaw, Damien and Jill Rubery (2007) *Undervaluing Women's Work*, Equal Opportunities Commission

<sup>41</sup> 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

<sup>42</sup> Ibid.

<sup>43</sup> House of Commons Women and Equalities Committee (2016) *Inquiry into the gender pay gap*

<sup>44</sup> 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

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

A critical tool to make women's skills valued and visible is job evaluation. Analytical job evaluation free of 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 of 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 discrimination, but have largely failed to tackle the undervaluation of 'women's work', 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.<sup>45</sup> Some of the approaches taken by local authorities when implementing Single Status failed to prioritise pay equality and were later found to be discriminatory.<sup>46</sup> Importantly Single Status has not addressed the systemic undervaluation of homecare work, or other types of 'women's work' in local government.

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.<sup>47</sup> 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 analytical free from sex bias job evaluation is therefore a critical aspect of action to address the sector-wide economic undervaluation.**<sup>48</sup>

### Increasing collective bargaining in the social care sector

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<sup>45</sup> Accounts Commission (2017) *Equal Pay in Scottish Councils*

<sup>46</sup> Ibid.

<sup>47</sup> Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

<sup>48</sup> 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>



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.<sup>49</sup> Currently, only 19% of social care workers have their pay and conditions affected by agreements between employers and trade unions. 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.<sup>50</sup>

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 as an aspect of work to strengthen the capacity and sustainability of the care sector.<sup>51</sup> 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.<sup>52</sup> 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.<sup>53</sup> 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.<sup>54</sup>

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<sup>49</sup> Ibid.

<sup>50</sup> STUC (2019) *Scotland's Social Care Crisis* available at [http://www.stuc.org.uk/files/Policy/Research\\_Briefings/Scotland%27s%20Care%20Crisis.pdf](http://www.stuc.org.uk/files/Policy/Research_Briefings/Scotland%27s%20Care%20Crisis.pdf)

<sup>51</sup> Ibid.

<sup>52</sup> STUC (2019) *Scotland's Social Care Crisis* available at [http://www.stuc.org.uk/files/Policy/Research\\_Briefings/Scotland%27s%20Care%20Crisis.pdf](http://www.stuc.org.uk/files/Policy/Research_Briefings/Scotland%27s%20Care%20Crisis.pdf)

<sup>53</sup> 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>

<sup>54</sup> 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>

## 6. The delivery model: sustaining low pay and poor conditions

A sustainable delivery, funding and governance model is crucial to the functioning of the social care system. The Scottish Government has made a number of commitments to review the current system of delivery and investment in social care in its social care reform programme<sup>55</sup>, its acceptance of the recommendations of the Fair Work in Social Care report<sup>56</sup> and in A Fairer Scotland for Women.<sup>57</sup> These commitments reflect that the current system is simply not delivering for service users, their families and carers, or the social care workforce.

### 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.<sup>58</sup> In addition, price has been viewed as the dominant factor in commissioning and procurement processes,<sup>59</sup> leading to a 'race to the bottom' culture.<sup>60</sup> These changes have had implications for the value afforded to the workforce. For example, Grimshaw and Rubery 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.<sup>61</sup> 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.

### Personalised support and workers' rights

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<sup>55</sup> <https://www.gov.scot/policies/social-care/reforming-adult-social-care/>

<sup>56</sup> Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

<sup>57</sup> Scottish Government (2019) *A Fairer Scotland for Women: Scotland's gender pay gap action plan*

<sup>58</sup> Fair Work Convention (2019) *Fair Work in Scotland's Social Care Sector 2019*

<sup>59</sup> 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>

<sup>60</sup> 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>

<sup>61</sup> Grimshaw, Damien and Rubery, Jill (2007) *Undervaluing Women's Work, Equal Opportunities Commission*

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.<sup>62</sup> 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 workforce.<sup>63</sup> 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 workers but not employers.<sup>64</sup> 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 realised for service users at the expense of the rights and dignity of the majority female social care workforce.

### 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.<sup>65</sup> Three-quarter of third sector providers use zero hours contracts, and four-fifths report using agency staff to cover shifts of support workers.<sup>66</sup> Self-employment is becoming increasingly common in the social care sector, with many women in the sector accessing work through online platforms and apps.<sup>67</sup> 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

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<sup>62</sup> 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>

<sup>63</sup> Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

<sup>66</sup> Coalition of Care and Support Providers (2019) *2018 Benchmarking Report for Voluntary Sector HR Network and CCPS – Executive summary*

<sup>67</sup> 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>

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.

### 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. 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 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.<sup>68</sup> 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 flexibly.<sup>69</sup> This prevents any autonomy of engagement between the worker and the individual<sup>70</sup> while also fostering a culture of surveillance which can ultimately erode trust and lower morale. As it is likely that platform working will become increasingly common, the Review should be cognisant of this in its consideration of workforce and commissioning issues.

### A national care service: the potential for change

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. However, without transformational changes to the current model of delivery these outcomes are not a given. 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. 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

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<sup>68</sup> Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*

<sup>69</sup> Fair Work Convention (2019) *Fair Work in Scotland’s Social Care Sector 2019*

<sup>70</sup> Dalrymple, J., D. Macaskill and H. Simmons (2017) *Self-directed Support: Your right, your choice*

sector and therefore is unlikely to deliver the changes necessary to tackle the crisis in social care.

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. This must be a priority for any recommendations made by the Review in relation to developing a national care service.

## **7. Recognising women's unpaid caring roles**

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.<sup>71</sup> 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.<sup>72</sup> 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.

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.<sup>73</sup> 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.<sup>74</sup> Women's disproportionate responsibility for unpaid care, along with their over-representation in paid care work, is sustained by persistent gender norms.

In the context of COVID-19, work by Glasgow Disability Alliance, Inclusion Scotland and the ALLIANCE has found that social care packages have been reduced during the crisis, with some Health and Social Care Partnerships increasing their eligibility criteria which has made it more difficult to access care, displacing responsibility for

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<sup>71</sup> Engender (2020) *Gender and Unpaid Work: The Impact of COVID-19 on Women's caring roles*

<sup>72</sup> Carers UK and Employers for Carers (2012) *Sandwich Caring: Combining childcare with caring for older or disabled relatives*

<sup>73</sup> Ibid

<sup>74</sup> <https://www.carersuk.org/news-and-campaigns/news/one-in-four-unpaid-carers-have-not-had-a-day-off-in-five-years>

care onto female family members.<sup>75</sup> 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.<sup>76</sup>

**Close the Gap calls on the Review to respond to the gendered nature of unpaid care in its recommendations. Recognising the intersecting rights of service users, the social care workforce and unpaid carers is essential in order to ensure the social care system is able to deliver positive outcomes for all stakeholders.**

## **8. Investment in care economy: recognising care as infrastructure**

Evidence from Scotland<sup>77</sup> and internationally<sup>78</sup> 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.<sup>79</sup> As mentioned previously in this submission, 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.<sup>80</sup> Care contributes an estimated £3.4bn to the Scottish economy, with a GVA greater than that of agriculture or the arts.<sup>81</sup> Despite this, care is commonly framed as current consumption rather than capital investment.<sup>82</sup>

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 recovery.<sup>83</sup> The Scottish Government's response to the Advisory Group on Economic Recovery affirms their commitment to develop an approach that will treat investment in childcare and social care as

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<sup>75</sup> The ALLIANCE (2020) *Response to the Equalities and Human Rights Committee inquiry on the impact of Covid-19 pandemic on equalities and human rights*

<sup>76</sup> Close the Gap (2020) *Disproportionate disruption: The impact of COVID-19 on women's labour market equality*

<sup>77</sup> Lapniewska, Zofia (2016) *Growth, Equality and Employment: Investing in Childcare in Scotland*, WiSE Research Centre

<sup>78</sup> De Henau, Jerome, Sue Himmelweit, Zofia Lapniewska and Diane Perrons (2016) *Investing the Care Economy: A gender analysis of employment stimulus in seven OECD countries*, ITUC Research Centre

<sup>79</sup> Lapniewska, Zofia (2016) *Growth, Equality and Employment: Investing in Childcare in Scotland*, WiSE Research Centre

<sup>80</sup> 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>

<sup>81</sup> The ALLIANCE (2020) *Response to the IJB Executive Group's questionnaire on adult social care*

<sup>82</sup> Close the Gap and Engender (2020) *Gender and Economic Recovery*

<sup>83</sup> Close the Gap and Engender (2020) *Gender and Economic Recovery*

infrastructure.<sup>84</sup> However, it remains a commitment to ‘explore options’ in this area, rather than to implement changes in the categorisation of spending on social care investment.<sup>85</sup> While this rhetorical commitment is welcome, there must be clear action if ambitions on developing this approach are to be realised.

Recognising 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 considered as necessary infrastructure for a sustainable wellbeing economy and a good society.<sup>86</sup>

## **9. A human rights-based approach**

Close the Gap welcomes the Review’s commitment to taking a human rights-based approach. This should also integrate gender equality ambitions. As outlined in this response, a social care system that delivers fair pay and conditions to social care workers and values and supports unpaid carers has the potential to contribute to a reduction in women’s labour market inequality and wider gender inequality.

Women’s human rights are specifically set out in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which was adopted by the UN General Assembly in 1979. The Convention “establishes not only an international bill of rights for women, but also an agenda for action by countries to guarantee the enjoyment of those rights”.<sup>87</sup> Article 11 of CEDAW includes “(d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work[.]” Tackling the gendered undervaluation of social care work would support progress towards the realisation of this right for women in Scotland.

High quality social care is also essential to realising the rights of disabled women. Women are more likely to be disabled or have long-term health conditions than men and are less likely to be able to afford private care.<sup>88</sup> As detailed earlier, the

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<sup>84</sup> Scottish Government (2019) *A Fairer Scotland for Women: Scotland’s gender pay gap action plan*

<sup>85</sup> Scottish Government (2020) *Economic Recovery Implementation Plan*

<sup>86</sup> Ibid.

<sup>87</sup> <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>

<sup>88</sup> Engender (2020) *Response to the Commission on Social Justice and Fairness consultation on Discussion Paper 2: Reform of Social Care*



pandemic has driven a reduction in social care packages.<sup>89</sup> This sits alongside an increase in eligibility criteria has erected significant barriers in accessing care and a challenge maintaining quality and provision with changing demographics and funding constraints. These issues are likely to have a greater impact on disabled women potentially denying their rights to dignified care and support services.

The rights of social care workers are not in conflict with the rights of service users; indeed, they are mutually reinforcing. The ALLIANCE states that “a rights based approach can be applied across all parts of the system: incorporated into law and guidance; embedded in financial, regulatory and commissioning frameworks; mainstreamed into employment conditions and workforce development; and service design and delivery”.<sup>90</sup> 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. **Close the Gap urges the Review to recognise the human rights issues inherent in the gendered undervaluation of social care work in its recommendations.**

## 10. Conclusion

COVID-19 has illuminated the importance of social care work in Scotland’s economy. Workers in social care have been rendered more visible and recognised as key workers, accompanied by a societal shift in views on the perceived value of social care. The Review is an opportunity to translate this into meaningful change by recommending improved pay, terms and conditions for social care workers. Investment in social care and addressing the gendered undervaluation of the workforce should be core to the recommendations of the Review.

Care is profoundly gendered, and COVID-19 has exacerbated the gendered patterns of care. Women are the vast majority of the social care workforce and the majority of unpaid carers and both of these groups have borne the brunt of the increase in care needs during the pandemic. Social care reform has clear implications for the predominantly female workforce, through enabling better pay and conditions, but also for unpaid carers through improvements in provision and wider support. As set out in this submission, 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. It also has the potential to tackle women’s low pay and in-work poverty in social care itself.

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<sup>89</sup> The ALLIANCE (2020) *Response to the Equalities and Human Rights Committee inquiry on the impact of Covid-19 pandemic on equalities and human rights*. Available at: [https://yourviews.parliament.scot/health/social-care-inquiry/consultation/view\\_respondent?show\\_all\\_questions=0&sort=submitted&order=ascending&q\\_text=ALLIANCE&uuld=828970470](https://yourviews.parliament.scot/health/social-care-inquiry/consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascending&q_text=ALLIANCE&uuld=828970470)

<sup>90</sup> The ALLIANCE (2020) *Response to the IJB Executive Group’s questionnaire on adult social care*



There is abundant evidence that the pay and conditions of social care work are the primary determinants of standards in social care delivery. The social care workforce is the foundation of the social care system. 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.

In order to create the transformational change needed the Review must tackle the failings of the current social care model. 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.

The Independent Review of Adult Social Care is a critical and timely intervention. The expectation of stakeholders of the Review to deliver real change is clear. The Review has the opportunity to help accelerate the implementation of existing Scottish Government commitments on social care, building the foundation for a social care system that works for service users, their carers and families, and the social care workforce. The vision for social care reform however must recognise that many of the challenges identified with the system, and particularly the workforce challenges, are a cause and consequence of gender inequality. Close the Gap calls on the Review to take a gendered approach to developing its recommendations.