



National Care Service Consultation Scottish Women's Budget Group Submission

November 2021

The move to establish a National Care Service in Scotland is a welcome step in the recognition of the role of care in our society. This response provides some overarching views from the Scottish Women's Budget Group recognising that how a national care service is delivered has the opportunity to transform our society in recognising the role care plays within it. To reach this ambition it must be adequately funded, seek to build equality across the country and centred in the needs of those who use it and the paid and unpaid carers who provide a range of care.

The importance of a caring economy – why gender analysis is critical

Feminist economic models recognise that care is the backbone of society.¹ Care work is overwhelmingly carried out by women and is one of the largest employment sectors in our economy. Yet, it is undervalued and has suffered from chronic underinvestment. This lack of investment must be recognised as both a cause and consequence of a patriarchal society. The women who are working in the care economy have been underpaid and under-protected, migrant women are over-represented in this low-paid work, and the majority of unpaid carers are women. Adequately investing in care helps tackle gender, income and ethnic inequalities.

The majority of adults who need care are women; the majority of those responsible for organising care for family members are women.² In Scotland 83% of the care workforce identify as female,³ many are migrants or from black, Asian and minority ethnic groups, and the majority of unpaid carers are women.⁴ Clearly issues relating to social care are highly gendered and require a strong gender analysis as part of the response in policy making and budgeting. This analysis will be crucial to the design, delivery and implementation of a future National Care Service in Scotland. As part of the process of developing the National Care Service the Scottish Government should make explicit the requirements of the Public Sector Equality Duty to mitigate and eliminate existing inequalities, this should include a specific requirement for a gender mainstreaming approach to the design of the proposed National Care Service and in the formulation of policy and resourcing decisions. To achieve this analysis better quality data is needed on both care recipients and care work provision if Scottish Government is to understand, assess and monitor the gendered impacts of changes in public policies, service provision and public spend.

The Covid-19 pandemic and resultant lockdown and economic crisis have highlighted and sharpened existing inequalities within our society. Women, black and ethnic minority communities and disabled people are economically the hardest hit by the crisis and the risk of deepening existing inequalities is high. As highlighted by the Women's Budget Group (UK) and feminist organisations in Scotland, women have been on the frontline of the Covid-19

¹ European Women's Lobby (2020) [Purple Pact](#) & UK Women's Budget Group (2020) [UK Commission for a Gender Equal Economy](#).

² Women's Budget Group (2020) Creating a Caring Economy

³ Scottish Social Services Council, Scottish Social Service Sector: Report on 2020 Workforce Data (31 August 2021): <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>

⁴ Carers Scotland - <https://www.carersuk.org/scotland/news/facts-and-figures>

crisis, making up the majority of health and care workers and the majority of workers at high risk to exposure to Covid-19. But all too often in jobs that are underpaid and undervalued. The lack of investment in social care reached life threatening levels. As key workers, social care staff had to battle to have access to appropriate levels of personal protective equipment (PPE), and there is evidence of higher mortality rates among care staff than the rest of the population.⁵

Perceptions of care work have changed through the course of this pandemic. Highlighted as key workers, continuing to work while many other sectors of the economy had to be brought to a halt. People across Scotland stood at their windows or on their doorsteps to clap for all carers. Yet this has brought little real change for those working in social care who continue to feel undervalued in the workplace.⁶

At the same time people relying on these services have faced cuts to provisions, uncertainty and, as Glasgow Disability Alliance (GDA) have stated, pre-existing inequalities are becoming supercharged by the pandemic.⁷ 47% of the people GDA spoke to were worried about their social care support during the pandemic and approximately 2000 disabled people in Glasgow had their care reduced or completely withdrawn.⁸ People still do not know if their care will be reinstated. The fragility of the social care system could not cope and demonstrates the urgency of reform to the system.

The current challenges facing social care services and the impact of the pandemic on these services, demand for health and social care services is expected to increase by 18-29% by 2030.⁹ The challenges to our care services are long-term and predate the Covid-19 pandemic and the impacts of Brexit. However, the pandemic has made the cracks in the system all the more visible. There is an urgent need for reform and investment that cannot be delayed.

Alongside this consultation and resultant work on the National Care Service, we also call on Scottish Government to make critical investment now on the structural, financial and human elements of providing quality care within Scotland's economic and social recovery from Covid-19, centered on building a caring economy. As made clear by the Commission for a Gender Equal Economy *a substantial increase in funding is urgently needed but ultimately, the sector needs to be reconfigured to fully meet all social needs, with well-trained and well-resourced workforce.*¹⁰

It is vital the transformation of care services recognises the increase in unpaid care since March 2021, as services have been withdrawn and more people have come to rely on care. There are 1.1million unpaid carers in Scotland according to Carers Scotland, 61% of whom are women.¹¹ Access to Carers Allowance remains limited. Alongside increasing access and value of Carers Allowance there is an urgent need to reopen services, including respite services to give carers a break. A Carers Scotland survey found that 71% of unpaid carers

⁵ The Guardian (2020) Social care workers at increased risk of death from coronavirus, ONS finds. 26 June. <https://bit.ly/33Ujl7u>

⁶ GMB Scotland (2020) Show You Care

⁷ Glasgow Disability Alliance (2020) Supercharged: A Human Catastrophe

⁸ Ibid

⁹ Audit Scotland (2020) Transforming health and social care in Scotland. <https://bit.ly/3j0aCw4>

¹⁰ Women's Budget Group (2020)

¹¹ <https://www.carersuk.org/scotland/news/covid-19-pandemic-392-000-become-unpaid-carers-in-scotland-in-a-matter-of-weeks>

have not had a break from their caring roles during the pandemic.¹² An inadequate social care system has a huge impact on unpaid carers, a majority of whom are women. If people have to drop out of employment or reduce hours to carry out unpaid care, it reduces their ability to earn and save for the future. As recommendations are made into the delivery of social care it is necessary to be conscious of where care is not provided, what is not part of the national care service, and the impact that has on the need for unpaid care. These decisions, in turn, are clearly gendered in nature and require analysis of the impact they have.

Principles for delivery equality through care

A principled approach to developing a national care service is needed that underpins development and delivery through a human rights approach that seeks to tackle inequality and deliver high quality services with universal access.

There are different models and understanding that could be taken from the phrase National Care Service. We would like to share some key principles we believe are important for considering the appropriate model for sustainable delivery:

- Developed and delivered with a human rights approach at the heart of decision making must be fundamental to ensuring the human rights of those in receipt of all forms of social care and for this to be delivered with dignity and respect;
- Gender analysis is central to decision making within this highly gendered sector;
- Care is valued and invested in, with a sustainable and reliable funding model;
- Universal access to quality services;
- Participation of service users, unpaid carers and local people in decision making;
- Local flexibility to take into account the variety of needs in different places across Scotland;
- Transparency and accountability in governance and financial arrangements with flexible approaches to commissioning that meet the principles laid out above.

In practice we believe these principles would lead to the creation of a National Care Service that provides universal access to care, free at point of use.

This care would:

- Meet people's needs in a way that supports wellbeing and ensures self-determination;
- Ensure care is focused on enhancing capabilities and access would ensure availability of social care to all those who meet current eligibility criteria;
- Support the provision of unpaid care as genuinely voluntary;
- Improve pay, conditions and training for those working in care with ambition to move towards standards similar to those currently met in Scandinavia;
- Anchor the ambition to expand eligibility to include people with more moderate care needs, investing in preventing conditions getting worse.¹³

¹² <https://www.carersuk.org/scotland/news/worn-out-unpaid-carers-in-scotland-uncertain-the-services-they-rely-on-will-continue-post-pandemic>

¹³ These principles have been adapted from UK Women's Budget Group (2021) Social care, gender and Covid-19

Were Scotland to invest in care as essential to our economic and social infrastructure, and economic and social wellbeing, a range of economic and social benefits would be realised.

Funding to care

We recognize the scale of the task at hand for the social care sector to deliver for 21st century Scotland. At the heart of this response is the call for investment in the sector to deliver for people all across Scotland. This investment must be seen as investment in people and the economy. Analysis by the UK Women's Budget Group demonstrates **that investment in care would produce 2.7 times as many jobs as the equivalent investment in construction**¹⁴ acting as both a way to stimulate employment and reduce the gender employment gap. Furthermore, care workers must be better paid and better trained as part of this investment to avoid reinforcing occupational segregation and pay gaps.¹⁵ Investment in care as social and economic infrastructure leads to better facilities and increases in provision and jobs in the short term, and to better outcomes in the future. By investing in people who receive care and who give care we unlock potential that exists within our society.

Tentative steps have been made to increase investment in the sector, for example the Scottish Government commitment to increase pay for social care workers to the Real Living Wage and then move care workers on to NHS level 2 band.¹⁶ This must be maintained and built upon through the creation of a National Care Service to recognize the value that should be placed on care work.

At present staff retention in social care is low, impacted by poor wages, zero hours contracts and little training or opportunities for career progression.¹⁷ The Independent Review of Adult Social Care in Scotland found that while the workforce is "motivated" and "resilient", serious concerns exist about the "casualisation" of the largely female social care support workforce, which is both undervalued and underpaid as a result."¹⁸ The Review heard concerns that workers 'could earn more working in a supermarket', and about the absence of support and training. It concludes that social care staff "do not feel valued".

The Fair Work Convention has reported that fair work is not consistently delivered in social care and often the failure to deliver fair work is driven by funding and commissioning systems.¹⁹ Highlighting that 13% of the workforce work over 50 hours per week; 15% work unpaid overtime; 20% are not on permanent contracts; and 11% are on zero-hour contracts.²⁰ A survey last year of GMB members in the care sector found that 77% of respondents had seriously thought about leaving their social care job with 60% giving the reason of not feeling valued by management.²¹ A valued and well-paid workforce is more likely to keep staff in their job and keep skills within the sector. It is vital the social care workforce is invested in, and professionalised, improving its status, working conditions and pay, implementing training programmes and developing career pathways.

¹⁴ Women's Budget Group (2020) Care-Led Recovery from Coronavirus

¹⁵ Women's Budget Group (2020) Creating a Caring Economy

¹⁶ <https://www.gov.scot/news/over-gbp-300-million-new-winter-investment-for-health-and-care/>

¹⁷ Women's Budget Group (2020) Creating a Caring Economy

¹⁸ Scottish Government, Adult social care: independent review (February 2021):

<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/pages/3/>

¹⁹ Fair Work Convention (2019) Fair Work in Scotland's Social Care Sector 2019

<https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/>

²⁰ Ibid

²¹ GMB Scotland (2020) Show You Care

Investing in fair wages, delivering fair work principles including access to decent sick pay, paid breaks, unsocial hours payment are a vital element of Scotland's future care services. We agree with the need to establish Fair Work practices and principles as crucial to bringing care work in line with these overarching principles. Proposals to a national forum that includes workforce representation could be important steps in regularly understanding the challenges faced by those working in social care. Ultimately steps to support the workforce must be adequately funded and there is a lot that can be learned from international examples, particularly in Scandinavia.

Scandinavian countries, generally accepted to have some of the best care systems in the world, have about 10% of their employed population working in care, for Sweden it stands at 9.9%, for Denmark 11.2% in FTEs (Full Time Equivalents).²² In Scotland social care sector directly employs just over 209,000 people, approximately 8% of the country's workforce in terms of headcount,²³ however, closer to approximately 6% of the country's workforce in WTEs (Whole Time Equivalent).²⁴ Wage costs in care relative to national average stand at 86% in Sweden and 81% in Denmark.²⁵ In Scotland, using 2018 wage figures, care workers stands at 71% of the median.²⁶

In order to provide the investment needed to deliver a social care service to meet Scotland's needs additional funding mechanisms will need to be adopted. Polling conducted in 2020 for the Women's Budget Group found that 87% of respondents in Scotland said they would pay more tax to support investment in free social care for all adults who needed it. The same percentage also said good provision of care was a mark of a good society. A variety of tax options would be available and need to be given due consideration to ensure they are progressive, redistributive and take the opportunity to build towards gender equality. What is vital is that a sustainable model for funding is developed that provides reliability to ongoing investment in social care.

Audit Scotland predicts that responding to the Feeley Review will require an additional 0.4% GDP investment in care.²⁷ This would bring Scotland's investment to around 2.66% of GDP. It is worth repeating that investment of 2% of GDP would produce 2.7 times the number of jobs than in construction. This is a modest investment in comparison to some other northern European countries. Again, examples from Scandinavia provide interesting comparison as Sweden invests 4.81% GDP in care and Denmark 3.75%.²⁸ It is important to see this as an investment that has economic as well as social returns and steps must be taken from this budget cycle to meet these ambitions. Care must be seen as a key economic sector over the next ten years and beyond. Work on the National Strategy for Economic Transformation, and the implementation of the Covid Recovery plan, economic strategy is taking place as the same time as this consultation, the contribution of one to the other is an important part of turning this into reality.

²² De Henau, J. & Himmelweit, S. (2020) [Stimulating OECD economies post-Covid by investing in care](#)

²³ Scottish Social Services Council, Scottish Social Service Sector: Report on 2020 Workforce Data (31 August 2021): <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>

²⁴ Own calculations based on Scottish Social Services Council, Scottish Social Service Sector: Report on 2020 Workforce Data (31 August 2021): <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>

²⁵ De Henau, J. & Himmelweit, S. (2020) [Stimulating OECD economies post-Covid by investing in care](#)

²⁶ Own calculations based on Scottish Social Services Council data and Earnings in Scotland 2018 report

²⁷ Audit Scotland (2021) <https://www.audit-scotland.gov.uk/report/social-care>

²⁸ De Henau, J., Himmelweit, S. (2020) *Stimulating OECD economics post-Covid by investing in care*, IKD Working Paper No. 85, The Open University

While it is clear investment is needed where the investment goes is another element for the complex provisioning around social care. 58.6% of Scotland's care homes are private for profit organisations,²⁹ while many of these are small family run businesses there are a growing number of large organisations involved in the care sector. The Women's Budget Group discussion paper³⁰ provides wider analysis of the privatization and financialization of the care sector and how this model of privatization is particularly unsuited to the social care sector. Where profits and shareholders are the underlying stakeholders in a system, quality provision and fair work get squeezed out. As private provision has increased funding to local authority led services has decreased, with local authorities now running only 14.3% of care homes in Scotland.³¹ Local authorities need to be properly funded to deliver a range of care service.

The myriad of social care providers and contractual arrangements has produced a complex commissioning and procurement process. As mentioned above, the commissioning process impacts on quality of work for those in employed in social care, the ability of services users to participate in decision making processes and creates a focus on outputs rather than outcomes. A more flexible approach to commissioning services and procurement within services is needed, part of this process should include the need for integration of gender equality to identify existing inequalities and opportunities to address these through service design. Vital within this, as highlighted through the Independent Review of Adult Social Care is that commissioning and procurement decisions focus on the person's needs and are not solely driven by budget limitations. Costing of services must genuinely reflect the cost of services to not exacerbate challenges to delivering on fair work, returning to the need for appropriate funding levels to ensure the National Care Service can deliver to its ambition.

With consultation and participation throughout the design process Scotland must set a clear ambition on what quality care looks like, it must then work to ensure provide the funding to make this ambition reality.

For further information please contact:

Sara Cowan
Scottish Women's Budget Group Coordinator
Sara.cowan@swbg.org.uk

²⁹ Bayliss, K. & Gideon, J. (2020) The Privatisation and Financialisation of Social Care briefing for the Commission on a Gender-Equal Economy available at: <https://wbg.org.uk/wp-content/uploads/2020/08/Privitisation-of-social-care.pdf>

³⁰ Ibid

³¹ Ibid