



CONFERENCE REPORT
ADDITIONAL MATERIALS
September/October 2020

- The Scottish Women's Convention -
**WOMEN AND SOCIAL
CARE IN SCOTLAND**

THE VOICES OF WOMEN

It is so important that the voices of women are heard by decision makers. Below are some key statements made by women attending both SWC Social Care Conferences. There is also a case study from an adult social care worker, explaining her experiences of working in the sector.

The Voices of Women

“As a carer for my son I would say that, as a society, we do not value care. Therefore, if we don’t value it, the workers in the sector won’t be valued, nor will the people who need the care. This can be seen with regards to what we pay our carers by way of Carers Allowance. Some full-time carers are only paid £67.25 per week by the UK government for the role they do. This saves the government millions of pounds and does not reflect the fact that this job is 24/7 for some individuals. The value of care is therefore not appreciated by those in positions of power. Until this view changes, workers in adult social care will not get the recognition or pay they deserve.”

“I believe that inequality runs through the heart of this. It is because of societies views of people with disabilities, women and ethnic minority groups, and the blatant disregard of rights of these groups, that we have such an issue. The majority of carers are women. The majority of the workers are women. And the lowest paid are women. It is this inequality that drives the value of the work. That is why the social care network is on its knees and paid less than less skilled jobs.”

“We have had twenty years of the Scottish Parliament in Scotland under the control of different parties. Despite this, we have seen the most vulnerable in society be subjected to the vagaries of the market. At the same time conditions and pay have been driven down to the lowest common denominator.”

“I care for others and do voluntary work as well as being someone who has received care. When you’re in that position, your vulnerability is exposed, your voice is minimised, and your opinions are no longer important. Somehow because I am ill, I’m not heard.”

“COVID-19 has caused difficulties for home care workers. They are anxious going into communities. They are then going back to look after their own families and are worried about spreading the virus.”

“My experience with care was regarding my mum. The private home care was pretty bad. I found myself showing staff how to move my mum as they had not had any proper training on moving or handling. There seemed to be a real lack of status and low morale.”

“The rural economy is worse as the options for care providers is even more reduced so the quality is further affected. It’s really important we hear workers experiences.”

“When you privatise services, then there will be consequences.”

“One of the main issues at the moment is the need for investment in care and support so that people accessing – and providing – care are valued. Their economic, social and cultural rights need to not only be protected but realised. Consistently research has demonstrated that investment in care brings significantly higher returns on that investment than in other sectors.

“Care is a relatively green industry: investing in care is three times less polluting per job created overall than the equivalent investment in the construction industry. We need to see investment in care in Scotland as part of our economic and social renewal and the realisation of rights and wellbeing.”

Case Study from Social Care Worker

“The need for support and supervision is crucial in this type of role, as mostly we are lone working. There seems to be more focus on money and numbers, at least in the private care sector. Compassion and understanding are not valued by management. When the carer works in favour of client’s needs and wishes, they are penalised.

The systems within the company I work for make it difficult to provide real care to clients. There is often no travel time built in to the time we provide care. That time is therefore taken away from the client.

For example, I arrived at a client who had a 30-minute visit time. But unfortunately, he had a bowel accident and I spent an hour with him. I had to clean everything up, wash him, prepare breakfast, attend to medication and catheter care. When I told my manager, he told me I should have logged out after 30 minutes. As I logged out after 1 hr, the system didn’t recognise that as I was still with my client and not with the next one.

I was really upset and I tried to explain to my manager that I could not leave my client in the middle of personal care just to run to the phone to log that I was still at the same place. Care always comes first for me but my manager is not on the same page.

Regarding 15-minute visits, they are OK for administering medication but are damaging in most cases. Short visits are also used to cover colleagues' sickness or annual leave. When someone is off work, their clients are added to other carers, resulting in less time being spent with clients.”