



**Scottish Women's Convention Response to:
A National Care Service for Scotland
November 2021**

Premise

Social care is there for people of any age who need help with day-to-day living for a range of reasons including illness, physical disability, learning disabilities or mental health conditions. Social care may be provided in people's own homes, including through remote care and technology enabled care, in residential accommodation and care homes or in the wider community, including many advice and support services. The population receiving social care and support is diverse, with wide ranging needs and circumstances.

The proposed reforms around social care represent one of the most significant pieces of public service reform to be proposed by the Scottish Government and have the potential to be the biggest public sector reform in Scotland for decades.

This consultation is focused on exploring the suggestions for significant cultural and system change that will need to be supported by primary legislation, new laws, to ensure the governance and accountability across the system to deliver successfully for people.

The Scottish Women's Convention (SWC)

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at both a Scottish and UK level.

The Scottish Women's Convention engages with women using numerous communication channels including roadshow events, thematic conferences, and regional contact groups. This submission provides the views of women and reflects their opinions and experiences in several key areas relevant to women's equality.

The SWC is currently engaging with women through digital roadshows, online surveys, asking women to comment by email and by telephoning those who want to talk. We are also using our wide network to ask women to collate views in their local communities and forward these to us on a regular basis. We are continuing to review innovative ways of engaging with women throughout Scotland using whichever medium is appropriate to them.

IMPROVING CARE FOR PEOPLE

IMPROVEMENT

Q1. What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

- Better co-ordination of work across different improvement organisations
- Effective sharing of learning across Scotland Intelligence from regulatory work fed back into a cycle of continuous improvement
- More consistent outcomes for people accessing care and support across Scotland
- Other
 - *“It should be to take marketisation away from the care of people. Care should be people-centred, not about money.”*
 - *“Being able to access services wherever you live in Scotland.”*

Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

- After what has happened during the pandemic, with contracts such as Track and Trace going to private companies, many women are sceptical about who contracts for care will go to in any new system.

ACCESS TO CARE AND SUPPORT

Q3. If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

(We have used the majority opinion as expressed in the survey we put out to women.)

- Speaking to my GP or another health professional – **Very likely**
- Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation - **Likely**
- Speaking to someone at another public sector organisation, e.g. Social Security Scotland – **Not at all likely**
- Going along to a drop-in service in a building in my local community, for example a community centre or cafe, either with or without an appointment - **Likely**
- Through a contact centre run by my local authority, either in person or over the phone – **Neither likely nor unlikely**
- Contacting my local authority by email or through their website - **Likely**
- Using a website or online form that can be used by anyone in Scotland - **Likely**
- Through a national helpline that I can contact 7 days a week - **Likely**
- Other – Please explain what option you would add

Q4. How can we better co-ordinate care and support (indicate order of preference)?

(We have used the majority opinion as expressed in the survey we put out to women.)

1. Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.
2. Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care but would not have as significant a role in coordinating their care and support.
3. Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

Q5. How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option.

(We have used the majority opinion as expressed in the survey we put out to women.)

A) How you tell people about your support needs

- Support planning should include the opportunity for me and/or my family and unpaid carers to contribute – **Strongly agree**
- If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning – **Agree**

B) What a support plan should focus on

- Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views - **Disagree**
- Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life – **Agree**
- Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life – **Agree**

C) Whether the support planning process should be different, depending on the level of support you need:

- I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex – **Strongly agree**
- If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation - **Agree**
- However much support I need, the conversation should be the same - **Agree**
- Light touch and/or more detailed support planning should take place in another way – please say how below

Please add any comments below:

- Autonomy and empowerment are vital to supporting people holistically.
 - Where possible, it is vital that individuals receiving care are given autonomy in planning their support.

- While family and carers undoubtedly have a role to play in decision-making, this cannot be used as an excuse to ignore or overrule the choices made by the individual.
- Especially for individuals who have additional support needs for communicating, it is important the extra time and work is invested to enable them to feed into planning processes for their care. We need to stop dismissing their input or saying they are incapable of making their own decisions because it is easier.
- *“We cannot talk about care without listening to the people that use these services. They have an important role in sharing the way they experience care and having their voices heard. We must stand alongside these people.”*
- Voluntary organisations have a role to play, but they should not have to pick up where public sector services are failing.
 - Voluntary organisations can supplement many services:
 - For people with rare conditions or complex needs
 - For people who have built up a relationship with a specific group
 - For people from specific communities or with protected characteristics
 - However, any national care should not inherently rely on the existence of external voluntary organisations to provide the services the public sector should take responsibility for.
 - We have spoken several women’s voluntary organisations during the pandemic who run support groups, befriending services, or other forms of social support. They have all noted that they have had increased workloads because of the rapid decline in care services.
 - *“We are currently too reliant on voluntary services as volunteers are already stretched too thin.”*
- The care system is very complex, and many people rely on voluntary organisations for signposting, advice, and advocacy. Public sector care providers should respect choices families and individuals have made with the support of voluntary organisations and not dismiss them as interfering.
 - Individuals should also be able to ask for someone from their chosen voluntary organisation to accompany them in discussions with care providers or decision-makers if they feel this will help them to achieve the outcomes they need.

Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

Agree

- Avoid confusion
- Ensure continuity of support
- Manage expectations of the person being supported

However, the language used needs to be meaningful to the people being supported, not just jargon.

There also needs to be enough terms to represent the real lived experiences of all people being supported and that people are not put into boxes that are not actually relevant to or representative of their needs for the sake of uniformity.

Q7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

Agree

Q8. Do you agree or disagree that a National Practice Model for adults would improve outcomes? Please say why.

Neither agree nor disagree

- The women we spoke to were torn on this issue, with the majority unsure about whether it would improve outcomes.
 - They felt more information about a National Practice Model would need to be known to be able to pass this judgement.
 - Women called for a trial period or pilot in a particular area to be able to evaluate the success of the model.
- Women are clear that there does need to be more consistency across services and raised concerns about the current lack of co-ordination in services. They are concerned about how hard it is to get an appointment, especially for those who are digitally excluded, and a lot of them experienced difficulties with their information not being passed between different services.
 - *“You get referred round the circle, back into the web and, if you don’t have the digital skills, you have a problem.”*
 - *“You’re dealing with so many people you can’t even reach, and it’s frustrating when the algorithms don’t deal with the questions that you actually need answered and there’s nobody to talk to.”*
 - *“You’re passed from pillar to post and sometimes, out of sheer frustration, people just hang up.”*
 - *“Being passed around between different people and it may exacerbate someone’s problems to keep having to tell their story again and again to get access to the service they need.”*

RIGHT 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’.)

(We have used the majority opinion as expressed in the survey we put out to women.)

Standardised support packages versus personalised support - Personalised support to meet need

A right for all carers versus thresholds for accessing support - Universal right for all carers

Transparency and certainty versus responsiveness and flexibility - No preference

Preventative support versus acute need - Provides preventative support

Q10. Of the three groups, which would be your preferred approach? (Please select one option.)

Group C – Hybrid approaches

Please say why.

The women we spoke to had a range of views on this issue.

- There should be a minimum level of entitlement that is afforded to all carers. This would help to demonstrate a cultural shift in valuing the work of unpaid carers as you would have entitlement to breaks in any paid work.
- However, some women felt that since personal circumstances vary so much, there does need to be room to account for individual situations so some people can get access to more entitlement.
- The nature of the breaks from caring also need to be considered.
 - There needs to be active consultation with carers about what they need from their breaks e.g.:
 - Frequency of breaks
 - Length of breaks
 - What alternative support is put in place for the person they care for (if this is not reliable or of high enough quality, the carer is unlikely to get any benefit from their break as they will be worrying too much)
 - Any support they may need for their own physical or mental needs that result from their caring role
- The number of breaks for unpaid carers needs to be increased as women are getting too burnt out.
 - Older women in particular are currently having to pick up the burden where care services are failing.
 - Many women take on unpaid caring responsibilities for multiple generations of their family, including children, grandchildren, and also their own parents.
 - *“Older women have been left to deal with it, and they’re not looking after themselves. It’s an absolute mess and it has to be addressed.”*

USING DATA TO SUPPORT CARE

Q11. To what extent do you agree or disagree with the following statements?

(We have used the majority opinion as expressed in the survey we put out to women.)

- There should be a nationally-consistent, integrated and accessible electronic social care and health record - **Agree**
- Information about your health and care needs should be shared across the services that support you - **Agree**

Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

Yes

Please say why

Effective and compliant sharing of data will hopefully improve consistency of care and save women from having to put so much work into keep telling the same information to different services. However, women have shared some concerns about how their data is used:

- Some women are concerned about the way in which their data is used, and would like reassurances that they know what is happening to the information held about them.
 - Women may be wary of how their data is used if they have experienced abuse.
 - Support needs or mental and physical health conditions are sometimes used against women.
 - To deny women in precarious employment enough shifts as they are called 'unreliable'.
 - To deny women promotions or training because they are seen as 'incapable' or 'inefficient' if they have additional support needs.
 - To call women 'bad mothers', scaring women that they will have their children taken away or they will not get the support they need.
 - When women are faced with fear of all these issues, they may withhold information about their real needs and refrain from seeking the support they need.
- People should be given some level of agency over how this sensitive information about them is used – e.g., who would be considered 'relevant parties'?

COMPLAINTS AND PUTTING THINGS RIGHT

Q14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

(We have used the majority opinion as expressed in the survey we put out to women.)

- Charter of rights and responsibilities, so people know what they can expect
- Clear information about advocacy services and the right to a voice
- Consistent model for handling complaints for all bodies

Q15. Should a model of complaints handling be underpinned by a commissioner for community health and care?

Yes

Please say why

- It is vital a National Care Service is given parity with other public sector departments to ensure complaints are treated seriously.
- There needs to be ultimate accountability.
- Some women suggested there should be a committee responsible for dealing with complaints.

Q16. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

Yes

Please say why

A National Care Service needs to put people first, and that means committing to meaningful, empowering, and consistent dialogue with those using the service.

- *“Ask people who have used service what they felt the downfall was. Like appointments not being given for their nearest hospital or clinic, and maybe better timings for appointments so not one at 10am then you have to go back at 3pm if you have no way to be able to travel home.”*
- *“Get patient’s families to fill out surveys as they are the ones who often have to deal with the issues, not the patient themselves”*
- *“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.”*

NATIONAL CARE SERVICE

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

(We have used the majority opinion as expressed in the survey we put out to women.)

No, current arrangements should stay in place

Q21. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Palliative care should be considered.

Along with drug and alcohol services, the support offered for dealing with other addictions such as gambling should be taken just as seriously.

The main comment women had was that it is important not to see the different services in silos, but rather think about how the different functions interact to provide holistic care.

- *“These services are all about providing very vulnerable people with health and social needs and should interact with each other on various things to provide help.”*

Q22. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

Nursing, justice social work and prisons.

Women also had mixed opinions on whether children’s services should be included.

- There were concerns trying to spread a National Care Service too thinly from its inception is setting it up to fail.
- Including children's services will dilute many of the recommendations made in the Feeley report about adult social care.
- It is not clear how children's services run through a National Care Service will fit in with education services which are run at a local authority level.

SOCIAL WORK AND SOCIAL CARE

Q32. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply)

- Better outcomes for service users and their families
- More consistent delivery of services
- Stronger leadership
- More effective use of resources to carry out statutory duties
- More effective use of resources to carry out therapeutic interventions and preventative services
- Access to learning and development and career progression

Other benefits or opportunities, please explain below

- The expert panel for the Feeley Review only involved two women and no workers representation whatsoever, despite the fact that 85% of workers in the social care sector are women who have the real-life experience and expertise of the system.
 - Any National Care Service needs to be better represent women in the planning and decision-making processes in the care sector.
- Reworking the care system should be treated as an opportunity to address the value that is placed on social care work by our society.
 - *"When I look at home carers in our city, I see people in Glasgow who prop up so many families, often with complex needs, and they keep these families strong and secure. We need to start thinking about care as part of the economic recovery."*
 - Care jobs should be viewed as vital green jobs in our strategy to tackle climate change.

Q33. Do you see any risks in having social work planning, assessment, commissioning, and accountability located within the National Care Service?

- *"Loss of local decision making, causing a step down in levels of service. A one size fits all approach is wrong."*
- *"Losing locally developed services that (already) meet local people's needs & also losing these types of services in the future."*
- *"The downside of all national organisations is they become too big to manage and lose the whole idea they were set up for."*
- *"If it becomes like a business and more about management and staff, which is very important, but patients tend to become the bottom end of the service."*

MENTAL HEALTH SERVICES

Q52. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

- Primary mental health services,
- Child and Adolescent Mental Health Services,
- Community mental health teams,
- Crisis services,
- Mental health officers
- Mental health link workers

Other – please explain

- Some women suggested that there should be a distinct National Mental Health Service.
 - *“There should be a proper national mental health service, like we have a national health service, and there should be a national care service.”*
 - This would show that the Government and society take mental health as seriously as physical health, and ringfence more funding for these much-needed services.

Q53. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

- More consideration needs to be given to the linking up between mental health services and domestic abuse services.
- Women want to see that lived experiences of mental health are taken into consideration in the design and planning of services.
 - *“It all depends on what your condition is. It could be anxiety and you’ll talk to everyone, and you’ll blurt it out, but someone who has depression may not be quite so open... You may be okay to talk one day, but if they’re then phoning you back the next day, you may not want to talk... and if you can’t take the call, you’re put to the bottom of the list again.”*
 - *“For the Asian community, counselling and being depressed and mental health is very taboo, it’s an issue in our community... none of the mainstream services provide multilingual counselling and many women cannot get counselling without voluntary organisations.”*
 - *“More often than not, when I ask for things, I’m either the wrong age group or it costs me money, or because I’m not a single parent and I’ve not got kids, it rules me out, so I’m very much in the middle of not being able to access a lot of services.”*
 - A lot of older women shared that they have been belittled by health and care professionals because of their gender and are routinely told “it’s just your age” or “it’s just your menopause” as a way of denying them the support and medical intervention they need.

NATIONAL SOCIAL WORK AGENCY

Q54. What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

- Raising the status of social work
- Improving training and continuous professional development
- Supporting workforce planning

Other – please explain

- If all care workers had the same employer, it would hopefully improve collective bargaining and improve the rights and working conditions of care workers.
 - *“Trade unions need access to care environments, particularly for health and safety inspections. They can carefully look at social care provision and see whether policies and procedures are being adhered to on the ground.”*
 - It would also prevent the discrepancies in pay that currently exist between those on precarious contracts and those on permanent/full-time contracts, or between those in the public sector compared to the private sector.

Q56. Do you think a National Social Work Agency should be part of the National Care Service?

Yes

Please say why

- A single employer for all care workers will only be feasible and bring around the much-needed benefits if it is within the public ownership of the National Care Service.
 - *“Care should be in the control of public services. It should be delivered by well-paid and well-trained staff. It is not something that should be subject to the free market.”*

Q57. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

- Social work education, including practice learning
- National framework for learning and professional development, including advanced practice
- Setting a national approach to terms and conditions, including pay
- Workforce planning
- Social work improvement
- A centre of excellence for applied research for social work

Other – please explain

- It would depend on whether it was part of the National Care Service or not. More information would be required to make an informed decision on what role any National Social Work Agency should take.

VALUING PEOPLE WHO WORK IN SOCIAL CARE

FAIR WORK

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

No

Please say why

- If this was an optional scheme, there are a lot of unscrupulous providers in the care sector who would not bother with this – any potential benefit to their PR would not be enough to outweigh the hit it would take on their profits to pay their workers properly.
 - *“Workers feel isolated, vulnerable and voiceless. Without a trade union and an effective voice mechanism, those workers will never be heard, and poor practice goes on unchecked. The reality is policymakers in Holyrood are not hearing these workers as nobody is advocating on their behalf due to the limitations in the sector.”*
- Improvements to workforce terms and conditions need to be statutory and the Government has a responsibility to ensure they are adhered to – it cannot be left up to providers as they have no incentive to make life better for workers.
 - *“The current climate is absolutely market driven with a clear focus on financial profit. It places workers and service users secondary to money. That should be a real concern for all of society.”*

Q88. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3...)

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. Effective voice/collective bargaining
5. More publicity/visibility about the value social care workers add to society
6. Consistent job roles and expectations
7. Better access to training and development opportunities
8. Clearer information on options for career progression
9. Increased awareness of, and opportunity to, complete formal accreditation and qualifications
10. Progression linked to training and development
11. Minimum entry level qualifications
12. Better access to information about matters that affect the workforce or people who access support
13. Registration of the personal assistant workforce

Please explain suggestions for the “Other” option in the below box.

- There needs to be better mental health support for carers, especially after the trauma of the pandemic.
 - *“It’s the women who are 50+ who are the ones that have been keeping us all going, keeping us alive, and doing all the services on the frontline and care... The impact on these women and their mental health is something we may not see until further down the line and we need to put that support in place.”*
- Carers need to be given more say in the running of the care system and more agency over their work.
 - *“Staff have little power or choice in terms of their work and their working environment. In many cases, there are appallingly poor employment practices and workers have no control over the agenda within which they are operating.”*
- The disproportionate number of women working in the care sector and the high rates of zero-hours contracts and low pay are very closely related. This links into the broader issue of the gender pay gap and the fact that work that is still viewed by society as ‘women’s work’ is systemically undervalued.
 - *“Often, the reason women go into this type of work is because they do it in so many other places- children, grandchildren and relatives with chronic illnesses or disabilities. The social burden of care and care work is undervalued, as it is women’s work. That is fundamental to the nature of pay and conditions in this sector.”*
- Attention should be given to UNISON Scotland’s Fair Work and Care Strategy. This puts workers and service users first, ensuring workers’ voices are heard and fighting for politicians to understand the necessity for a fair social care environment.
- Migrant workers need to be given consideration in any plans. They make up a large part of the workforce in the care sector that we rely on, but they are often exploited, overworked, and underpaid. Post-Brexit, their position has become even more precarious, and there need to be protections in place.

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

Please say why or offer alternative suggestions

- This needs to be alongside strong trade union representation. Effective collective bargaining cannot happen if the only people round the table are bosses and those with vested interests against the workers.

TRAINING AND DEVELOPMENT

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

Yes

Please say why

- It is important that care work is seen by society as the highly skilled work that it is. This will help care workers to be appreciated and valued as they should be.
- It will help with consistency of services across different regions and across different sectors.
- It will help people using the services be more confident that they are getting the high quality of service that they deserve.
 - *“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.”*

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

Conclusion

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on A National Care Service for Scotland. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

For further information, please contact

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