



CONFERENCE REPORT
September 23rd & October 5th, 2020
Digitally Via Zoom

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

Agnes Tolmie, SWC Chair



Social care in Scotland has been undervalued for far too long. The impact of Covid-19 and the subsequent lockdown has shone a light on the lack of investment and other challenges in the sector. Of the 200,000 people who work in social care, women make up 85% of this number. These women have been at the frontline throughout the pandemic, continuing to do their jobs under immense pressure and risk.

The Scottish Government have commissioned an independent review of adult social care, chaired by Derek Feeley. The Scottish Women's Convention (SWC) are incredibly disappointed to find that the panel of experts involved includes only two women. We are further concerned that there is no worker representation on this panel. For this process to be effective, the SWC believes it must include more representation of women's voices and perspectives.

There has been an increasing rise in the use of private services within the social care sector. Women are telling the SWC that 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.

Over the course of the Covid-19 pandemic, our organisation has been gathering first-hand evidence and information from women across Scotland in a variety of ways. The SWC will use their contributions to inform this paper.

6 Key Points

- Public services need to be delivered by public service workers. These must be secure, valued and well-paid jobs.
- Women within the social care sector should be valued for the work that they do. There needs to be protection of worker's rights, guaranteed hours of work and sick pay.
- The Independent Review of Adult Social Care must listen to grassroots worker's experiences.
- The current appointment system, which regularly gives workers just 15 minutes each day per service user, must be fixed urgently.
- Care and women are deeply intertwined. Our relationship to care and the fundamental place of care in our society is essential for women's equality.
- A lack of high-quality training is a serious problem, leaving family members to show care staff how to do tasks for service users.

LILIAN MACER

Employed within NHS Lanarkshire, Lilian has served as Employee Director since 2009. She is a convenor for Unison Scotland and the Chair of the Health Branch. Lilian also sits on the STUC General Council and is a member of the Fair Work Convention. She co-chaired the 2019 Fair Work in Scotland's Social Care Sector Inquiry.



- Social care is a mixed economy in the sense that care providers are in the private, public and third sector. The majority, however, is delivered by the private sector. This means that there is a huge amount of work to do if we want to achieve publicly delivered and owned services.
- 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. 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.

“A question that needs to be asked to the Parliament is: ‘what have we been doing over the last twenty years to make sure we have a system that supports staff and service users?’ One thing Covid-19 has done is shine a light on social care. The system is broken. There is no doubt about that.”

- In May, Unison Scotland launched the Fair Work and Care Strategy. This puts workers and service users first. Our strategy focuses on three elements: organising the workforce so workers voices are heard; bargaining for decent terms and conditions; ensuring politicians understand the need for a fair social care environment.
- This builds on the Fair Work in Scotland's Social Care Sector Inquiry. This work was about having a real conversation with staff delivering social care. Research commissioned from Strathclyde University gathered all voices, with focus groups talking with frontline workers, managers and supervisors. We asked them to explain how principles of the Fair Work Convention were being met. The findings told us that this was not being consistently delivered within the social care sector.

“The women interviewed told us how much they liked being involved in people’s lives and saw their work as delivering a very positive influence within communities and for service users. Many of the stories were difficult to hear but made us more determined to make a difference.”

- There are over 200, 000 people working in the sector – 7% of the total workforce in Scotland. Of that, 85% are women. We also found that zero hours contracts were an immensely popular format used by employers. By doing this, workers are tied to an employer's delivery model, then expected to work excess hours at the drop of a hat.

“Workers felt 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.”

- This is not unconnected to care being women's work. Failure to address these dynamics within the sector will continue to suppress women's voices. If we want to succeed in eradicating low pay and removing one sided contracts in social care, we need to ensure we advocate to close the gender pay gap in Scotland.
- The Report's first recommendation was to establish a sector-led body which brought together all key stakeholders in Scotland. That means workers, trade unions, care providers, the Scottish Government and Local Authorities, as well as commissioners and procurers of services. We established a framework to look at a minimum contract of employment to ensure people were treated fairly and that a living wage was part of that process.

“We need to make sure we open up the social care environment with voices that can articulate the concerns of workers. Our strategy does that in terms of organising the workforce.”

- Demand within social care is continuously rising due to an ageing population and the needs of individuals becoming more complex. Budgets are decreasing, yet more health services are looking to social care in terms of discharging patients into the community.
- The impact of Covid-19 has shown the inadequacy of the market driven system. There are issues with providers only giving statutory sick pay when there is a public health need for people to isolate. That is a breach in the public health agenda.
- What have Unison done about this? We fought for the need to carry out the full and appropriate risk assessments. We looked at the lack of PPE. Now, every Local Authority and Health Board have hubs in place to deliver PPE to all services whether in the third, public or private sector, no matter who the employer is. As a worker, you have the right to be protected. That happened because the trade union movement campaigned and demanded these terms.

“We need to advance the cause of the social care workforce within our communities. Doing so advances women and ensures women's pay and the gender pay gap is tackled. It ensures women's voices are heard in the world of work and I can only see good coming out of that.”

JENNIFER McCAREY

Jennifer is Chair of Glasgow Trades Council. She has been a full-time trade union officer for 20 years. Previously, Jennifer was a community worker, spending much of her time working with people with disabilities.



- 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, as well as workers, to create better services.
- Women are deeply connected with care and how care works. 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.
- For many migrant workers in the care sector, they often work for private companies on precarious contracts with poor terms and conditions. It has been found that many of these workers are qualified nurses. They continue to be paid low wages whilst having huge responsibilities within their roles.

“When your status as a citizen is linked to your status as employee, it creates an incredibly precarious situation, and this isn't talked about enough.”

- The last six months have been particularly difficult for women, especially social care workers. They faced the fear of Covid-19 in their working lives, and then went home with the fear of taking the infection with them.
- In Glasgow, much of the publicly run homecare has been put out to arm's length organisations. Thousands of women were re-employed by Cordia. Workers then saw pay and conditions reduced, hours of work attacked, and the introduction of shifts that were extreme.
- Often if the trade unions managed to protect pay, then hours and shifts were changed, resulting in much more precarious work. As funding got tighter, we saw a severe deterioration in service delivery. In Glasgow in May 2017 alone, 85,000 care visits happened that were 15 minutes or less. These occasions were not just medicine checks. Sometimes four different tasks were undertaken within those 15 minutes, then workers had to rush to their next appointment.

“Social care is a job of value and had a good status in communities. That was turned into something extremely stressful and difficult. This economics of care was replicated all over

the country. We must address this as these changes were not made in other types of work in Local Authorities. That's fundamental to the inequality that exists for women workers."

- We also saw similar patterns in residential care. There was the marketisation and expansion of private care homes, resulting in a financialisation of care. The reality is, we are talking about a market that exists purely to create profit.
- The quickest way for these companies to increase profits is to cut the highest cost - that being employee's wages. The way workers experienced their employment changed, becoming susceptible to zero hours contracts and reduced staff to client ratios.
- There are several ways we could immediately intervene: we could talk about terms and conditions of workers. Stability of employment, financial security and secure working environments are all ways to keep people safe.

"We have to secure those workers experiences and rights and that is an absolutely essential first step in making care a safer environment for all of us."

- 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.
- We should also think about where improvements have failed to take place. If we have a regulatory framework that does not intervene when we give details of wrongdoing, then there is a failure to regulate. Often, they are without the power to act. We need to look at this vigorously.
- We must look at how important care work is to the local economy of the community. If we can make this decent and good work then a huge difference is to be made at a local, grassroots level.

"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."

Question & Answer Session

Q: I work in a social enterprise set up over 20 years ago to train local women. We do not do this 15 minute per client process. We pay our staff the best wages we can, we pay for training and cover travel time. These big companies can bid and put in contracts and we cannot compete. The whole issue around procurement and how you value local services is crucial.

Lilian Macer (LM): “One of the recommendations from the Fair Work in Scotland's Social Care Sector Inquiry was a radical overhaul of the commissioning process. The next step was to piece together procurement plans in a way that is appropriate and delivers for the population. In South Lanarkshire, our conversations locally note that it is right for Fair Work to be in commissioning and procurement strategies. But I also think that conversation needs to take place at a central level. Unless you have trade union voices in there, that message isn't getting through. Those big companies know every trick in the book. We need someone in there advocating for members and those receiving services to create a level playing field. We must ensure commissioning and fair employment contracts are on the agenda and taken to the heart of government.”

Jennifer McCarey (JM): “During the 1990s, many people started getting involved in creating and designing new, innovative services that were more person-centred. People were establishing services all over the city. One of the challenges is that now those services are more vulnerable to cuts. A procurement structure was brought forward that hit those bodies harder. This was all dressed up in the name of delivering innovative strategies. We saw it in Glasgow – a new innovative mental health strategy which actually had a £600, 000 cut in the budget. We had the Group Alcohol Recovery Services Review 5 years ago – there was £2 million cut, but again it was all about innovative services linked to recovery models. The reality is that many of these organisations that were advocates became providers, so the relationship with funders changed. If you spoke up, it might have become detrimental to funding. This means that when services are cut, no one is there to call out the Council. Many innovative and progressive local organisations are having to take the brunt of these issues.”

Q: Essentially, the economy of Self-Directed Support (SDS) is that you have a package and money that you use to hire and pay people. Since the living wage was brought in, many people have told us they can't afford to pay their personal assistant's living wage and are worried about breaking the law. They can't afford to pay for training, whereas people working for decent voluntary sector providers do get this. There is a lot of inequality in there and this affects disabled people as employers and also as service users.

LM: “Cutting Local Authority budgets means cuts then get passed onto those individuals who commission their own services. There isn’t that same collective approach to organising as there is in other social care services. It’s about how we can collectively pull together those workers to do that training and give support to individuals commissioning services too. There needs to be a mechanism in place to understand the needs for Fair Work and training, as well as employment practices that are supportive of this. To do that as an individual is often complex and that is why we’re saying there needs to be a collective approach.”

JM: “SDS is meant to be an opportunity for people to have more control over their way of life. The whole sector must have an honest conversation as we’ve all got these things in common – we all want better services and dignity in the workplace. There is enough space for us all to work together, space for innovation and for individual’s experience to be represented in the care packages that they get. Employment could work for all with a national set of conditions for workers that would eliminate competition. We could then have an honest conversation about what you get out of that for workers.”

Q: It’s important when discussing these issues that we talk about inclusivity and minority care workers who are disproportionately employed in low paid jobs and can also face racial abuse. Women who are in the care sector from different backgrounds are also vulnerable - this needs to be highlighted. Care needs for ethnic minority older people often aren’t being met because of these barriers. The impact of Covid on these communities, the need for resources and how we get this right – this is hugely complex. We need to keep equality and inclusivity at the forefront.

LM: “There is a step before that as well, I think. Access to work and opportunities into the world of work is a big issue. We know there are huge barriers in this respect. It’s all well to say when a BAEM member of staff enters the workplace there needs to be equality-proofed systems in place but access itself is a huge issue. In terms of Covid-19, much of the BAEM community was on the frontline being exposed with a lack of PPE. It’s unbelievable and unacceptable that this was happening. We knew in early March that these communities were disproportionately disadvantaged as a consequence of working on the front line. Employers, including health services, were not given appropriate support. In Lanarkshire, we set up networks and several sessions to engage with the workforce at this stage. It is our plan to go out and also engage with the BAEM communities that we serve health through.”

JM: “We’ve found a hierarchy in the most precarious and private sector employment – these places are much more likely to employ BAEM workers. That’s not because it’s where people want to be –it’s a complex combination of resident status and access to public sector jobs. We have to be honest, BAEM workers are not getting access to these jobs in a way they should, nor in the way that truly reflects the make-up of our city. There is a lot of work in NHS England around ethnic minority leadership and making sure the workforce is

representative. I see much more dynamic and interesting work than we've done. Not to single out one specific public body, it is the same across all public services in Scotland. We need to have an honest conversation based on analysing facts and statistics - getting better at looking at them and producing them. This is vital to understand what communities' needs around social care are. Part of the plan for recovery is to understand how Covid has affected certain communities and this should be done urgently."

Q: I am in a remote and rural part of the country, but the experience of care is something we all have in common. I live in a small community where power really does sit with one council and there are no alternatives for care. Even with SDS, there are a limited number of people to employ and an aging population means it's hard to get carers. This can be bad if you are maybe younger and have quite a complex illness. Scotland is a diverse place. It's a small country and we should be supporting each other.

JM: "The rural experience is also affected by the market. In rural communities, the market isn't big enough for the private sector to be interested in it, so they ignore it or don't see a profit in it and abandon these communities. This should be about the quality of care rather than marketisation and profit. That's what the competitive tendering process is weighted upon; we want diversity and complexity, and that model of procurement stands in the way."

Q: I think a key thing to recognise in this conversation is the need for transparency about the cost of care, and where that money goes. It costs twice as much for a local authority as it does for an independent provider to deliver care. The workforce are the ones caught out, hence the need for good working practices and procurement. Social care is a place where innovation happens and where lots of women go into leadership. I think as things progress, there is a need to create more opportunities for innovation to happen and to celebrate women in the sector and the great things that they do.

LM: "Let's be under no illusion, the workforce is not unskilled. This is hugely complex work and that can get lost. When we look at discharges from clinical care into social care— people don't come out of hospital with everything resolved. They may be medically fit but they're not clinically fit. Some of our care at home workers are dealing with extremely complex issues. The Scottish Government and policymakers need to understand we are not talking about an unskilled workforce. The spotlight is on social care at the moment. With the upcoming Independent Review and parliamentary debates around social care, we need to use these opportunities to ensure our message from the workforce gets across loud and clear. In terms of economic recovery, we need to have social care firmly embedded within that. Our workers have delivered huge contributions during this pandemic and we should not forget that. No one should forget that."

Q: Today, there are still organisations that would push staff to come to work. How can we work together to make other organisations understand what is going on and support their own staff?

LM: “The first port of call is to offer substantive contracts to colleagues. We have asked the sector-led body to look at a model contract of employment to address issues like training, turnover, and the lack of morale and status. Fulfilment is also a significant area where you may have workers with no voice or opportunities. We need to get to the heart of the Government and talk to policymakers. If we are in a vacuum and not having voices heard in policy, then policy will not change. I think in regard to the forthcoming Independent Review, they’re talking about undertaking a radical overhaul of social care. I am hoping there are radical recommendations for the Government to take notice of.”

JM: “The impact that a lack of training and care can have on someone’s experience as a service user can be awful. I’ve seen many times where training is a module on the computer or a piece of paper to read. This is very poor quality and there are human consequences of that when taking care of vulnerable adults. There is also a real under value of care and that is deeply gendered - undervaluing what is seen as a female role. In my experience as a trade unionist, the way women’s work is viewed as opposed to men’s in society is infected by this. Care is just an extension of what we do as women. It’s not seen as professional, despite the complex needs humans have in order to be cared for.”

Q: Most people see zero hours contracts as bad, but I know a lot of carers who are trying to get these contracts and are not allowed. Many want these due to shift patterns. In some ways, zero hours can work well if you have a family. What is lacking is security within these contracts and only being entitled to Statutory Sick Pay. This can be a huge detriment to women.

LM: “When we look at the Fair Work Convention, there is a commitment to no inappropriate use of zero hours contracts. It’s not saying don’t use them. This is hugely important. Within the NHS, we operate a staff bank - people can come in and out when they want to take a shift but there is no obligation. A lot of people like that flexibility, but it’s a two-way flexibility. It’s that ability to choose.”

JM: “There are models for flexible options whose objective is to maintain decent and respectful relationships between the employer and worker. Another issue is that of minimum hours. I have seen a number of public services contracts less than what someone needs to get by. Even in Glasgow City Council Residential Care, they have contracts with hours in the mid-20s range. This assumes you don’t need to work full time to survive. This can create an unequal relationship and employers can use this to court favour, giving extra

hours to those they think are complying and aren't complaining about conditions or raising issues."

Q: Will they close care homes due to the lack of proper care during the Covid-19 pandemic?

JM: "The Scottish Government had to intervene to take over the running of certain residential homes. This is an incredibly complex area. But this was also life-saving action in some instances where companies showed they could not effectively protect the vulnerable people they are responsible for. Those actions have highlighted the powers of Government to intervene. The Government had to act, and we shouldn't forget that this was done. There is a discussion that needs to be had about whether some organisations are fit to provide a service and we have to think about this carefully but quickly."

Q: The current emergency has exposed the need for a universal and integrated health and social care service. Radical action is needed to bring staff under government control in a national and public accountable system. It does feel a million miles away from where we currently are now. Speaking of the forthcoming Independent Review, I wondered what speakers thought that we as individuals could do to influence this review and how the Government takes this forward?

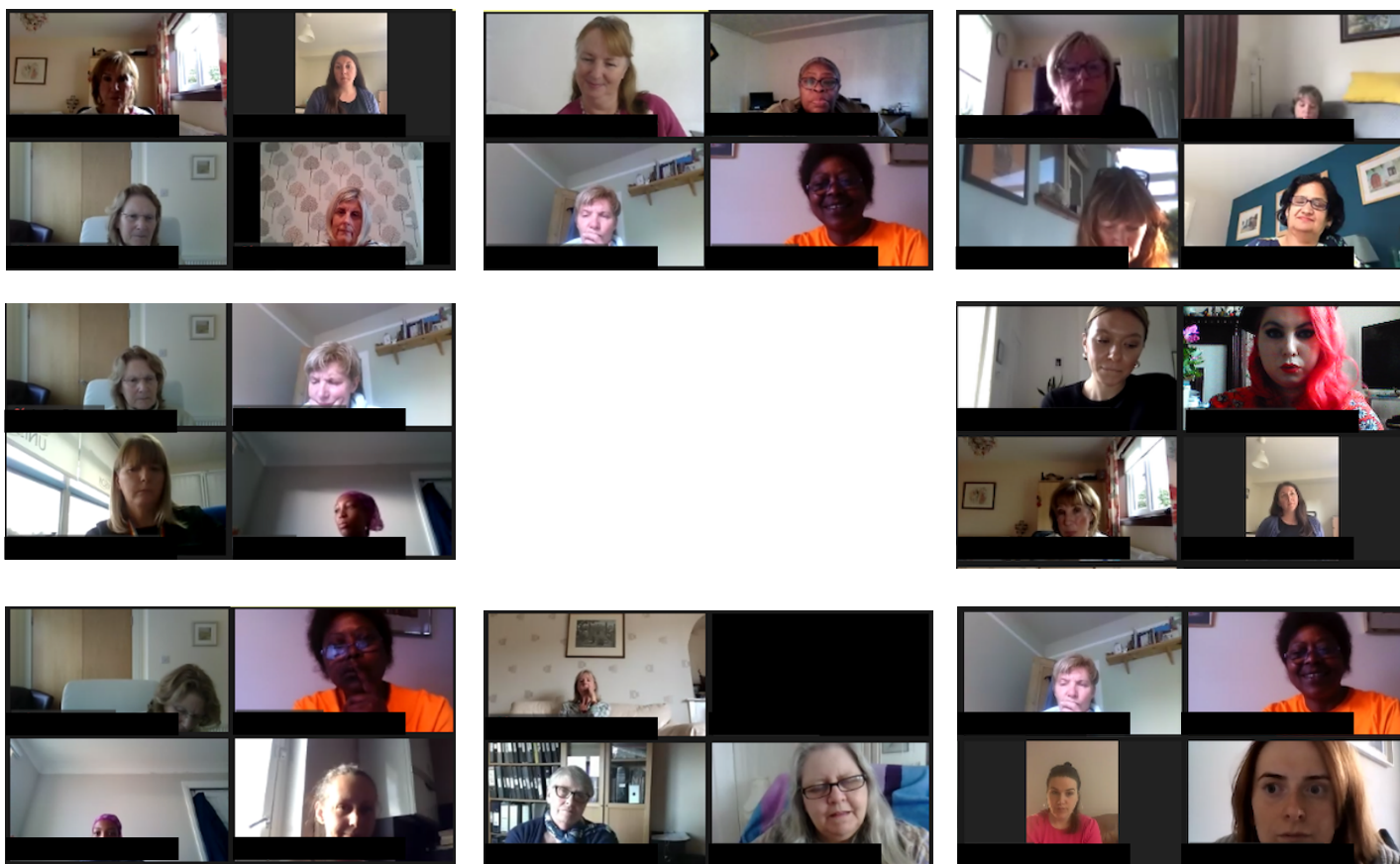
JM: "It does seem an enormous task. I think that a roadmap wouldn't be hard to put in place. For instance, if a lack of sick pay is a major contribution to infections raging through care establishments, the Government could put everyone on a national pay scale. This would include guaranteed hours of work and sick pay that matches normal pay. This would be immediate action around those principles that would reduce the risk factor. It's a public health intervention. This is an issue that politicians are not taking responsibility for. We also need to allow trade unions into care establishments to do workplace inspections for health and safety issues. Lastly, I think everyone needs to have a difficult conversation about the value of women's work in care and how we can labour some movement around that. We all have a common conclusion and need to take action."

LM: "The Independent Review will most likely have a call for evidence, so that becomes our opportunity as individuals and organisations to contribute. We need a strategy on organising and bargaining to really get the whole workforce organised. We need to get trade unions into workplaces. Human rights and employment rights are one and the same. We need to advocate for service users, and we need Fair Work Frameworks at all levels to ensure working voices and conditions are explicit within any contract whether private or public."

Closing Statement

The ongoing issues in social care need a radical overhaul to protect the human rights of the most vulnerable in our society. Current research has shown the extent to which privatisation has affected the sector.

Significant resources need to be allocated to the care sector and this includes ensuring mechanisms are in place that provide accountability and maximum transparency. Only with a major rethink of our care system and its impact on Scotland's economy can we truly begin to improve the quality of social care for workers and users.



Thank You!

The Scottish Women's Convention would like to thank all of those who attended our Conference and contributed to our evidence gathering through the Survey. We would also like to thank our speakers for providing their wealth of knowledge and experience, as well as brilliantly answering questions from women who attended. The SWC will use all of the voices gathered to feed back to policy makers regarding this timely and vitally important subject.

We have provided three supporting documents to this Report; A Survey Findings Overview, The Voices of Women, and Further Information, which includes an overview of key terminology and lots of further reading. All documents are available on our website.

SWC CONTACT DETAILS

2nd Floor, The Albany Centre
44 Ashley Street, Glasgow
G3 6DS
Tel: 0141 339 4797

Please note our staff are working from home in current circumstances.

www.scottishwomensconvention.org

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