

SHOW YOU CARE

VOICES FROM THE FRONTLINE OF SCOTLAND'S BROKEN SOCIAL CARE SECTOR



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The Women's Campaign Unit is dedicated to organising women workers in order to end pay injustice and inequality in Scotland. It aims to challenge employers and the Scottish Government to truly recognise the value of women's work.

Foreword from GMB Scotland Secretary Gary Smith

Since the emergence of COVID-19 we have called Scotland's social care sector "the crisis within a crisis", the scandalous treatment of these key workers and their service users over the last six months is arguably one of the most shameful episodes in our country's modern history.

This report is released against that unprecedented backdrop. "Show You Care – Voices from the frontline of Scotland's broken social care sector", produced by Dr Eddie Donaghy, social scientist and health services researcher at the University of Edinburgh, and GMB Scotland's Women's Campaign Unit, is the presentation of a significant engagement with over 1,600 of our members in Scotland's social care sector employed across our local authorities and privately operated residential care homes.

The numbers are shocking but the testimonies from the workers are searing; their voices bring emotion and personal experience to the reader of life on the frontline of our social care sector while describing many challenges that must be overcome if Scotland ever hopes to be a nation of fair work. Some of those contributions reinforce what the industry and politicians already knew about our care sector pre-COVID but others are more sobering evidence of how an already exhausted and disenfranchised workforce have been treated like an afterthought in the face of this pandemic.

Like COVID-19, the underlying diseases in our social care sector haven't gone away. Care workers today remain mired in chronic exploitation – low pay, excessive working hours, unpaid working time, precarious contracts, under-staffed and under-resourced – and the balance of power is massively weighted towards the employer's interests, not the workers or service users.

Earlier this year when discussing economic and social reform in this COVID era, Scotland's First Minister Nicola Sturgeon said, "when things come apart...there is an opportunity to put them back together differently and see a new way of doing things." The existing model of care is broken in many places but despite continued threats affecting our social care sector, the opportunity to change this is within our reach.

That's why GMB Scotland is calling for government and industry to work with us towards a £15 an hour minimum wage as part of a comprehensive national plan for care. "Fight for Fifteen" isn't a lofty aspiration, it is a realistic objective and an important statement of intent. It should motivate anyone who recognises that the status quo in our care sector is no longer acceptable and that change is both possible and necessary.

Most importantly, I would also like to take this opportunity to directly express my gratitude to our members across the social care sector, not just for everything you are doing for all of us but also for your participations and testimonies in this report and also in the media over the last six months. I am under no illusions about how difficult it is for you to make your voices heard in this industry. You have displayed immense courage in so many ways and you represent the very best of our union and society.

Your dedication to your profession and your service users is both inspiring and humbling, and it is driving our union's absolute determination to deliver proper value for the work you do and to bring long overdue change to Scotland's social care sector.

A handwritten signature in black ink, appearing to read 'Gary Smith', with a large, stylized initial 'G' and 'S'.

Gary Smith

GMB Scotland Secretary

SHOW YOU CARE

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1.0 Introduction

1.1 Social care in Scotland before COVID-19

Before the COVID-19 crisis and the government lockdown, it was widely recognised that there was something seriously wrong with social care in Scotland. Social care in Scotland faces a “*fundamental crisis*”, stakeholders warned after a Care Inspectorate report in 2017 found more than a third of care services in Scotland had unfilled staff vacancies the previous year (Care Inspectorate, 2017). This against a backdrop of rising demand for adult social care services both currently but especially in the future.

In January 2017, the Fair Work Convention (FWC) established an inquiry into fair work in Scotland’s social care sector. Their 2019 report concluded that in the wider context of health and social care integration (a cornerstone of Scottish Government policy) social care stakeholders perceive their sector as secondary and at a disadvantage to the NHS, particularly because, unlike health, it is more exposed to markets and competition.

The FWC report highlighted a number of other stark contrasts with NHS Scotland staff when compared with social care staff, notably on low pay and support for training and professional development. The report concluded that Scotland is in need of a system that sees social care support as an infrastructure investment in the social and economic well-being of Scottish society as a whole (Fair Work Convention Report, 2019).

1.2 Social care in Scotland and COVID-19

Since the publication of the Care Inspectorate, the FWC and numerous other reports, the emergence of COVID-19 catapulted the troubles of Scotland’s social care system up front and centre.

As the COVID-19 pandemic unfolded and the announcement of lockdown measures were introduced, social care stakeholders in Scotland and Scottish families raised serious concerns about the impact of the virus on the vulnerable citizens receiving social care. Social care workers themselves began to voice their deep personal concerns over the impact of COVID-19 on the safety of the people they cared for.

Understandably, social care workers also raised concerns about their own personal safety and those of their immediate family members they were going home to after delivering social care in care homes and people’s own homes.

The reason for these concerns is clear: the people receiving social care were the group most vulnerable to COVID-19.

1.3 Hospital discharges to care homes

Following the start of the COVID-19 outbreak in March 2020, in order to increase NHS bed capacity, nearly 1,000 hospital patients in Scotland were discharged directly to care homes – without being tested for the virus. The announcement of a policy to test all hospital patients twice before discharge to care homes was made on 22nd April 2020.

In the week ending 19th April 2020, almost half, 46% of all COVID-19 deaths in Scotland were in care homes. On June 3rd 2020, National Records of Scotland (NRS) announced the statistic that more people had died of COVID-19 in Scotland's care homes than in the country's hospitals. NRS recorded 1,818 deaths linked to the virus in Scotland's care homes since the outbreak began (National Records of Scotland, June 2020)

Yet, this was the very group of vulnerable people that government measures were supposed to protect from the virus.

As the reality of the pandemic unfolded, a fundamental question posed by social care workers and social care stakeholders in Scotland was: *what about the protection for social care workers delivering care, especially those working in care homes?*

Estimates as of 11th June 2020, were that only around one quarter of care home staff in Scotland had received testing for COVID-19.

Three months into the COVID-19 pandemic, the majority of Scottish care workers were left to survive on statutory sick pay of less than £96 a week if they fell ill with COVID-19 or had to isolate. This for some of Scotland's lowest paid workers, many earning less than £10 per hour.

1.4 The lack of guidance and PPE for social care at the beginning of the pandemic

At the start of the lockdown social care workers complained about the lack of guidance from management and government on protocols for addressing the COVID-19 outbreak and the implications for the recipients of social care and social care staff themselves. Social care workers spoke of their fears, and anger, over the lack of Personal Protective Equipment (PPE). They have continually expressed

concerns over the lack of testing both for themselves and care home residents throughout the outbreak.

In some way, therefore, PPE for care workers, advice and guidance on managing the outbreak in Scotland's social care sector, most notably in care homes, got lost in the initial initiatives that were Scotland's response to COVID-19.

Against this backdrop, the last three months of the lockdown has seen numerous newspaper editorials and opinion pieces on the perilous state of social care and the plight of social care workers. One piece in the *Times* newspaper sums up the views expressed:

Everyone applauds the doctors, nurses, emergency staff, teachers and shelf-stackers but the care workers are too easily shunted to the side and neglected. Many work long hours as "unskilled" workers. ...The workload is exhausting, turnover is rapid and vacancies were already running at 20%. Care staff have often been the last to receive personal protective equipment (PPE) despite dealing with serious cases. The Times 8th April 2020.

Editorials and opinion pieces on the state of social care following COVID-19 are understandable. However, for some years now, concerns over the plight of Scotland's social care system have been voiced *ad nauseam*. Specifically, the sector's ability to meet current and future social care demands, alongside the very poor terms and conditions of its workforce and the sector's recruitment and retention problems.

It was for this reason, in 2019, prior to the emergence of COVID-19 and the lockdown, that GMB Scotland launched its project Show You Care. The project's findings published in this report are an account of the experiences of front-line adult social care workers delivering social care to some of Scotland's most vulnerable citizens prior to and during the COVID-19 crisis.

1.5 Show You Care – The largest survey of frontline social care staff in Scotland

GMB Scotland's Show You Care research project is the largest and most comprehensive engagement with front-line social care workers undertaken in Scotland to date. In our questionnaire survey, we heard from over **1600** frontline social care workers from the Scottish Highlands and Islands, all of Scotland's major towns and cities, through to the Scottish Borders.

Show You Care has given a voice to social care workers; some of Scotland's lowest paid workers, overwhelmingly women and the majority also unpaid carers to wider family members.

The findings from over **1600** social care workers (prior to COVID-19 and the lockdown) and 24 semi-structured interviews with a wide-range of social care workers from across Scotland (conducted in March/April) highlight a social care workforce dedicated to providing quality social care to some of Scotland's most vulnerable citizens.

1.6 Summary of key findings from questionnaire survey and interviews

- The overwhelming majority, **83%** of GMB social care workers surveyed reported feeling undervalued by their management/employer
- Almost half, **45%** reported they could not easily raise concerns with their manager/employer, with over three quarters, **80%** reporting they didn't feel they'd be listened to
- A large majority, **70%** of social care workers said they felt valued all or most of the time by service users
- The majority, **55%** found the social care role very stressful due to the high demands of the job, with over half, **60%** citing stress as a reason for thinking of leaving their social care job
- Nearly half of social care workers, **46%** reported they worked unpaid hours to fulfil their allotted caring duties
- More than three quarters **81%** of home care workers and **74%** of care home workers reported frequently having to rush their jobs due to the lack of sufficient time allotted to service users.
- Over three quarters, **84%**, of home care workers and **74%** of care home workers believed a lack of time allocated to clients compromised the quality of care provided
- Over three quarters, **78%** of home care workers and **74%** of care home workers reported that they frequently did not have enough time with clients to deliver compassionate and dignified care.
- Over three quarters, **79%** of care home staff surveyed reported understaffing in their workplace with over half, **73%** stating this impacted negatively on the quality of care delivered
- Worryingly, **64%** of home care workers and **55%** of care home workers reported experiencing concerns over their personal safety.
- Over a quarter, **30%** of home care workers felt they received insufficient training

- The majority, **73%** of home care and care home staff reported they frequently had to do training in their own time. This for a job that entails working with some of Scotland's most complex and vulnerable citizens.
- Unsurprisingly, the vast majority, **77%** had thought about leaving their current social care job at some point (more than half, **60%** gave the reason for thinking about leaving as not feeling valued by management/employer).
- An overwhelming majority, **89%** believed that social care in Scotland is not properly funded.

For people who are the cornerstone of Scotland's social care system, the above statistics are unacceptable and of deep concern.

The findings from the semi-structured interviews replicated the above findings details. The key difference with the social care workers we engaged with in Show You Care was that the semi-structured interviews (n=24) occurred during the COVID-19 lockdown.

1.7 GMB Scotland social care workers reflect on the under-preparedness for COVID-19

In the semi-structured interviews social care workers spoke of their fear, through being under-protected, of contracting the virus, not just for the impact that the illness could have on themselves and the vulnerable people they cared for, but also the impact on their immediate and wider family members (most were working mothers and also unpaid carers for elderly relatives). Yet they also spoke, movingly and bravely, about their desire and sense of responsibility to keep working to support the vulnerable people who needed their care.

Social care workers reflected on being under-prepared by management/employers in two ways (i) a lack of new guidance and protocols to protect them and service users in light of COVID-19 and (ii) a lack of PPE at the beginning of the pandemic.

Angie, a care home worker in Glasgow, recalled:

"At the start of the COVID-19 lockdown we heard nothing from our care home management on new guidance. There was no contingency plans. When we did get information it was in dribs and drabs. At the start of the outbreak a care home colleague, who has asthma, started wearing a surgical mask, she was in the vulnerable group. She was told by management to stop wearing it because it would scare the clients. Later, we got

paper masks, not the proper surgical masks, paper. We were only allowed one a day and they were useless."

Ross, a care home worker in Tayside, spoke of concerns for the potential consequences to his family given the lack of PPE at the start of the outbreak:

"I'm a healthy person but my wife and daughter are in the vulnerable group, my wife has a long-term condition and I have a child with quite severe asthma. At the start of the outbreak there was no PPE and no advice about what our new plans would be as a result of the virus. I was fuming. I was potentially putting my family at risk by working without PPE".

1.8 The initial impact of COVID-19

COVID-19 has shone a blinding light on Scotland's social care system. The pandemic has exposed and exacerbated many of the long-standing problems facing Scotland's adult social care sector. The lasting consequences of COVID-19 are unclear. What is clear, however, is that without funding, improved terms and conditions for its workforce and more fundamental reform, service users and their families, and social care workers will continue to suffer unnecessarily.

The long-term impact of COVID-19 on recruitment and retention in the adult social care workforce is also unclear. However, given the treatment of social care workers over PPE, as one interviewee stated *"back of the queue as ever"* and being categorised as *"unskilled"* by the UK government, this can't be helpful to future recruitment and retention in the sector.

This June 2020, The Health Foundation, a leading UK health and social care charity and research institution, submitted a paper to the UK Parliament's Health and Social Care Select Committee - *Inquiry on social care: funding and workforce*.

Their submission noted that, *"in the short-term, the social care workforce has been disproportionately affected by COVID-19. The high proportion of people on zero hours contracts means that incomes are precarious as a result of the need to self-isolate due to COVID-19 and may dissuade people from self-isolating, which is vital to controlling the spread of COVID-19"*. (The Health Foundation, 2020; p. 8). Show You Care found that very low pay within Scotland's social care sector was also a factor contributing to this scenario.

1.9 Social care in Scotland before and during Covid-19

A key conclusion from Show You Care is that the experiences reported by over **1600** front line GMB Scotland social care staff in our questionnaire survey, prior to COVID-19 demonstrated that to routinely deliver quality, dignified and compassionate social care – there are simply too many barriers. Above all underinvestment – in both care workers themselves and the care system they work in.

Yet crucially, and positively, Show You Care also highlighted the dedication, bravery and tremendous skillset of frontline social care workers in Scotland to deliver quality social care in very demanding circumstances, prior to, but especially during the COVID-19 crisis.

Scottish society needs and deserves a robust social care system not one that is in permanent crisis. It needs investment. It needs a social care workforce better valued, with better training opportunities for them to continue developing their remarkable skills and, above all, to be better paid.

2.0 Background

2.1 Improving Scotland's social care system: taking stock to move forward

To understand why the care home crisis and social care in general came to prominence during the emergence of COVID-19 in Scotland, we need take stock of the state of Scotland's social care system prior to the pandemic.

To do this we need firstly to understand why social care is crucial to the well-being of Scottish society. We also need to recognise the challenges that faced Scotland's social care system prior to COVID-19 and the lockdown.

2.2 The importance of social care to the health and well-being of Scotland's communities

Social care is about supporting the fullness of life for every citizen who needs support regardless of age, disability, infirmity or health. It is a basic human right. Adequately funded social care supports people in Scotland to participate fully in society – to attend work, to pursue an education, to engage with family and friends, to take part in community activities, and to stay in their own home or to be looked after in community settings. Furthermore, an appropriately funded social care system can prevent isolation, exclusion, illness, and poverty (Scottish Government, 2018; King's Fund 2018; Engender, 2017).

In 2019, the Fair Work Convention's final report concluded that Scotland is in need of a system that sees social care support as an infrastructure investment in the social and economic well-being of society as a whole.

2.3 Service users' views on receiving social care

In 2016, Audit Scotland published research that involved discussions with people receiving social care services and their carers. Their findings showed that social care mattered fundamentally to the lives of people getting this care.

Social care services allowed many service users to remain in their own homes as an alternative to residential care. This allowed service users to maintain a level of independence and social life, which they perceived as very important.

"I just think it [having home care support] is keeping me out of residential care. It would horrify me if I had to go into residential care. I want to live independently." Service user

Social care services also impacts on carers' quality of life. Without social care, several carers reported that they would not be able to cope, or function with the demands placed on them by the service user's needs.

"Without the respite services we receive, we would not be able to cope and would be very unwell as a result of the strain." Carer (recipient of respite care).

Audit Scotland (2016)

2.4 Scotland's social care workers provide skilled care and support

The people receiving social care in Scotland has changed significantly over the last 15-20 years. They are older and have more complex care needs. Today most recipients of social care are people with complex health and social care needs e.g., those living with long-term illnesses (diabetes, COPD, heart disease, dementia), and people who are frail and have mobility problems. The role of social care workers in supporting these people in their own homes and community settings is central to helping some of Scotland's most vulnerable citizens.

These are just a few examples from stakeholders that reflect the observation that the role of social care workers in Scotland have, by necessity, become more skilled given the complexity of their clients. Yet the role of a care worker remains undervalued as the following statements from different stakeholder testify;

“Because it is associated with work done for free in the home, mainly by women, paid (social) care roles can be undervalued, both in pay and working conditions. This is despite the work being both highly demanding and requiring increasingly higher levels of skill due to the growing frailty of those needing cared for and the enhanced focus on service quality” (Oxfam Scotland, 2019).

“This is a skilled and highly regulated workforce, expected in other ways to act in a professional manner in undertaking what is undeniably a highly responsible role. The lack of status and chronic undervaluing of social care is not unconnected to perceptions of care as ‘women’s work’ ” (Fair Work Convention, 2019).

“This is a workforce which, in reality, provides the largest proportion of palliative and end of life care in Scotland – but whose voice is often unheard and unacknowledged. A workforce which, sadly, is all too often associated with a “shopping and mopping” service – and which is not recognised or appreciated for the complex support delivered by them day in, day out”. (Scottish Care, 2017).

Despite being undervalued, and poorly paid, most stakeholders would agree – Scotland’s frontline social care workers are the greatest asset in Scotland’s social care system.

2.5 Key facts on Scotland’s social care sector

- Social care is a major part of Scotland’s economy – £3.92 billion of economic value stems from the adult social care sector alone
- 148,000 people work in adult social care in Scotland – 6% of the Scottish workforce
- 83% of adult social care workers in Scotland are women
- 75% of social care users are aged 65 and over
- 48,920 older people received care at home and 36,00 adults are in care homes
- 13% of the social care workforce work over 50 hours a week
- 20% of the workforce are not on permanent contracts
- 15% of social care workers work unpaid overtime
- 11% of the workforce are on zero hours contracts
- The average hourly pay is £9.79
- Less than a fifth, 19%, of social care workers have their pay and conditions affected by agreements between employers and trade unions

Figures for Adult social care only. Skills for Care and Development, ICF Consulting. The Economic Value of the Adult Social Care sector in Scotland, June 2018

<https://www.gov.scot/publications/social-care-services-scotland-2016/pages/4/>

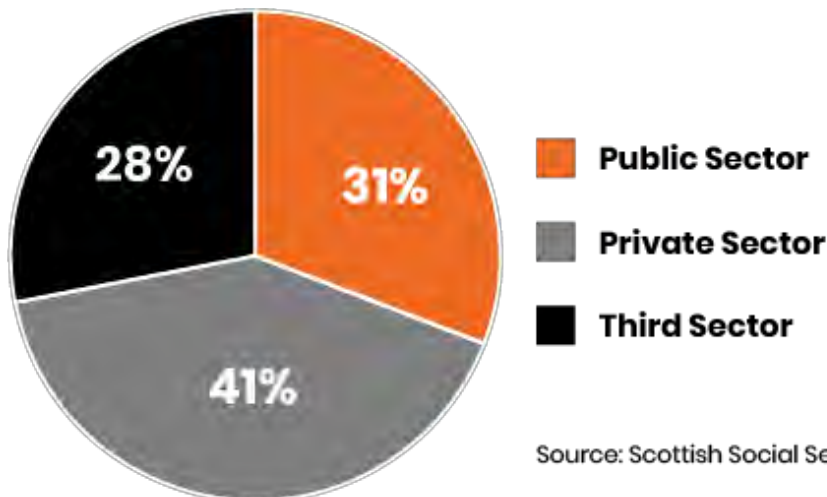
<https://www.audit-scotland.gov.uk/reports/e-hubs/transforming-health-and-social-care-in-scotland>

Source: Labour Force Survey 2017, ONS

2.6 Who Delivers Social Care in Scotland?

Delivery of social care in Scotland is through a mixture of private sector companies, the third sector (often called voluntary sector) and local authorities.

Figure 1: Social care workforce by employer type



Source: Scottish Social Service Council, 2017

3.0 Scottish Government Policy on Social Care

In December 2018, NHS Scotland published the Chief Executive's Annual Report 2017/18. The report assessed the performance of NHS Scotland and detailed key achievements and outcomes. In Chapter 2 under the section *"Health and Social Care Standards"*, the report noted *"there is an important relationship between health and social care. These two areas must work together in order to improve people's outcomes and provide person-centered care"*.

The report cited *The Health and Social Care Standards* published in June 2017 and introduced on 1 April 2018. The Standards were under-pinned by five principles:

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Well-being

The Standards aim to provide better health and social care outcomes for everyone, and to ensure that basic entitlement to human rights are met. Importantly, the Standards were applicable across the whole of health **and social care** (our emphasis). The report also noted that **the standards are relevant to those involved in care delivery** (our emphasis).

Every fair-minded person in Scotland would welcome the above five standards. However, in 2019, when the Fair Work Convention (FWC) published their final report *"Fair Work in Scotland's Social Care Sector"* the report concluded that in the wider context of health and social care integration, social care stakeholders perceive their sector as secondary and at a disadvantage, particularly because, unlike health, it is more exposed to markets and competition.

The report highlighted a number of other stark contrasts with NHS Scotland staff. These being the contrast in support for training and professional development available for NHS workers, and greater investment in appropriate terms and conditions for NHS workers when compared with social care staff (Fair Work Convention Report, 2019).

Launching the report, co-chair of the Fair Work Convention (FWC), Professor Patricia Findlay stated, *"Enhancing fair work for social care workers is crucial to ensuring that some of our most vulnerable citizens receive a high quality of care. It is concerning to see that this is not currently being realized, mainly due to issues caused by existing funding and commissioning systems. The findings highlight the urgent need for policy makers, commissioners and leaders in the social care sector"*

to work together to set minimum fair work standards for the social care workforce.
(The Herald newspaper 26th February, 2019).

3.1 Why the increasing focus on Scotland's social care system?

The FWC report is just one of a growing number of reports over the last decade focusing on the urgent need to address the challenges facing Scotland's social care system.

A key question to ask therefore is –

Why has Scotland's social care system come under such scrutiny even prior to COVID-19 and the lockdown?

The answer is two-fold:

The Scottish population is growing older

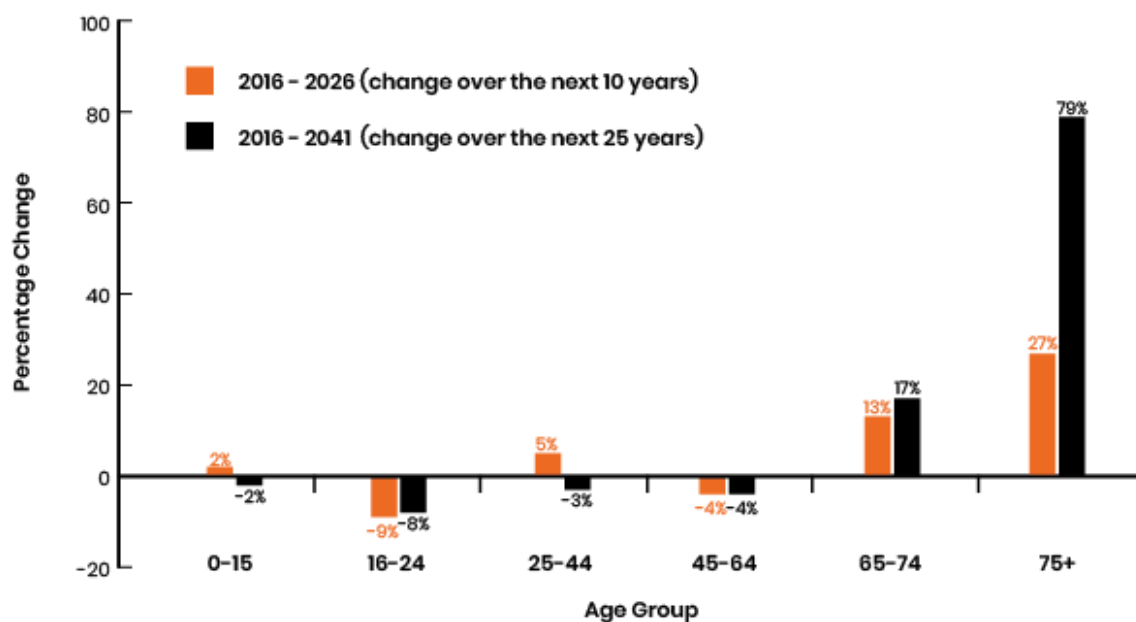
- (i) Demographic change means Scottish society is changing, with the number of older people rising and projected to rise significantly over the next 10-15 years. Consequently, demand for adult social care is increasing.

Scotland's social care workforce faces gendered low pay discrimination

- (ii) Scotland's social care workforce are overwhelmingly women and are some of the lowest paid workers in Scotland, many work with very poor terms and conditions causing high staff turnover and staff vacancies. This is both unfair and a gendered inequality. It also negatively affects workforce retention and recruitment

3.2 The Scottish population is growing older

Scottish society is changing more than at any point in its history. Our population is ageing, and more people are living with poorer health into older age. This will increase demand for social care. Figure 2 shows at a glance the predicted increase in numbers of older people in Scotland.

Figure 2: Scotland's ageing population

National Records of Scotland (2017), Projected Population of Scotland

- In 2035 Scotland will have more than 1.7 million people aged 60 years and over – a 31% increase on 2015.
- By 2035 there will be almost 740,000 people aged 75 and over – a 68% increase on 2015. (Health Scotland, 2018a).

Our ageing population is to be welcomed given the valuable contribution older people make to Scottish civic society and the valuable role older people play in wider family support. Yet whilst life expectancy and healthy life expectancy are increasing for both men and women, the length of time spent in poor health for many is also increasing as the rate of health problems increases with age.

3.2.1 Inequalities in Older Age

In Scotland, we have a social gradient in healthy ageing that is rooted in inequality. The lower a person's socio-economic status, the more likely they are to enter older age in poor health and die younger than people from higher social classes (Health Scotland, 2018b). There are currently growing numbers of adults in Scotland with complex health and social care needs due to increasing levels of long-term illness (e.g. diabetes and COPD) and multi-morbidity (two or more long-term illnesses). Scotland is also witnessing an increase in the number of people becoming frail and who struggle with their mobility. Both long-term illness and frailty are associated

with an ageing population (Barnett et al, 2012; Hanlon et al, 2018). Additionally, you are more likely to have long-term illness and multi-morbidities at an earlier age if you live in a socially deprived area of Scotland (Barnett et al, 2012).

Research also indicates that in Scotland a person is more likely to be in receipt of adult social care if they live in a socio-economically deprived area than an affluent area (Henderson, 2019).

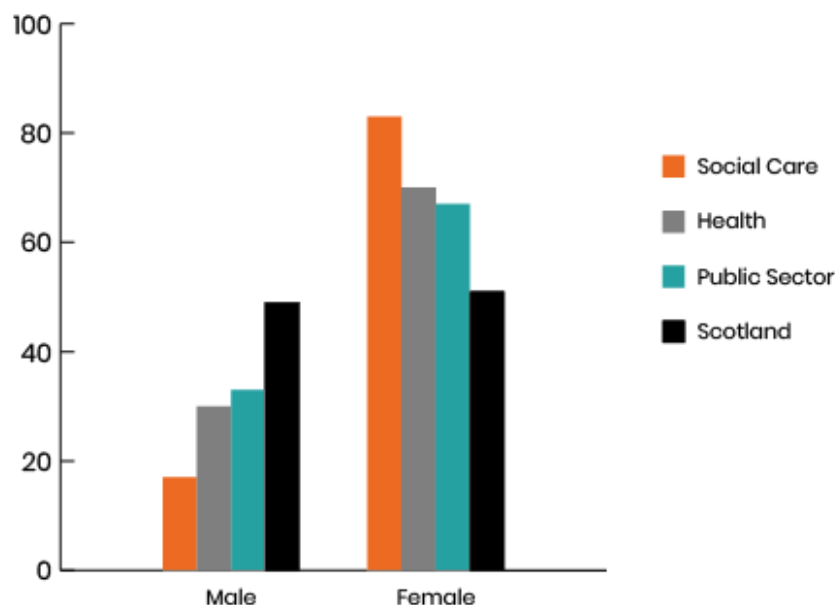
This means front line adult social care workers are providing vital support and care for some of Scotland's poorest, sickest and most vulnerable citizens.

Put simply, the needs of people needing social care services are more complex and challenging than ever before. This is likely to increase in the coming years, not least in respect of people living with multi-morbidities and in dementia care, palliative and end of life care. Audit Scotland has already reported an estimated increase of 18-29% in need for health **and social care services** (our emphasis) in Scotland by 2030 (Audit Scotland, 2018).

3.3 Scotland's gendered social care workforce and women's inequality

A key finding from the Fair Work Convention report in 2019 was that the failure to challenge the low pay culture in Scotland's social care sector and its one-sided flexibility, significantly adds to women's poorer quality of work. Additionally, given the importance of social care to Scotland's economic well-being, this failure notably contributes to Scotland's gender pay gap.

This unacceptable and unfair situation is occurring at a time when social care workers are required to be registered with the Scottish Social Services Council (SSSC). It takes place at a time when social care workers' roles are more complex and demanding given the growing complexity and frailty of people receiving social care. Yet, pay and terms of conditions have not improved with the growing demands of the job.

Figure 3: Gender split in Scotland's social care sector

Source: Labour Force Survey 2017, ONS

3.3.1 Women's discrimination: caring jobs are undervalued and underpaid

Women make up 83% of Scotland's social care sector. In 2017, Oxfam produced a discussion paper entitled *Why is Women's Work Low-paid?* The paper argued that jobs associated with traditional and outdated notions of 'women's role in the home' extends into the jobs market. As a result, this influences attitudes towards pay in professions such as caring (Rubery, 2017). This is discriminatory.

As part of their review into fair work in Scotland's social care sector, the Fair Work Convention set up the *Social Care Working Group*. The view of this group was that part of the failure to value social care was principally due to its status as women's work. Consequently, reviewing how Scotland's social care sector and its workforce is valued is central to delivering on the opportunity of fair work in Scotland's social care sector.

Put simply, discrimination occurs when one group or segment of society are treated in a way that is less favourable than the way another group or segment of society are treated. Scotland's social care workforce faces discrimination in their pay and terms and conditions – because the workforce is overwhelmingly female and the roles they perform are still seen as 'women's work'. This is unequal, unfair, is discriminatory and has to stop.

4.0 Inadequate social care provision affects the NHS

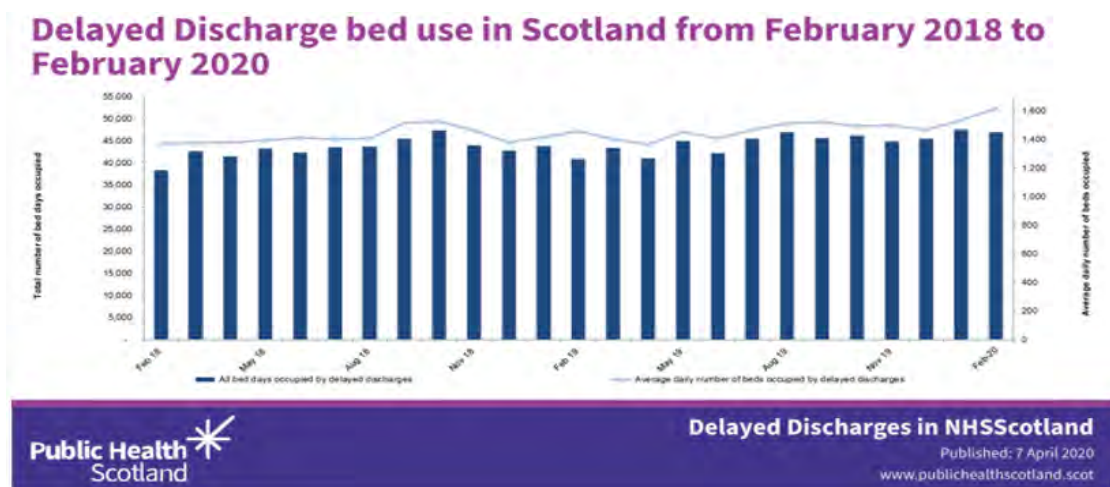
Recent evidence has emerged on the impact of social care funding on the NHS, including studies that have found a positive connection between appropriate spending on social care and reduced hospital use and vice versa (Institute for Fiscal Studies, 2018; Spiers et al, 2018). Additionally, another study found that unplanned acute hospital admissions were identified as higher in residential care homes in comparison with nursing homes, many of which were deemed avoidable (Wolters et al, 2019).

However, the consequence of inadequate social care provision on the NHS is most apparent in the delays in people discharged from hospital when they are well enough to go back home or to community care homes.

NHS Scotland figures showed that in the month before the coronavirus outbreak, Scottish hospitals recorded new levels of unavailable beds due to delayed hospital discharges. The average number of delayed discharges in February 2020 was the highest since current records began in 2016, with a total of 46,875 days spent in hospital by people able to return home or to community settings.

At the February 2020 census point, there were 1,627 people delayed in hospital. This was an increase of 15% compared with the number of people delayed at the census point in February 2019. Of those delayed at the February 2020 census point, 74% of those delayed included those for social care reasons (Public Health Scotland: Data and Intelligence, 2020). The major reason being no care home place or package of care at home being available.

Figure 4



Reflecting on the delayed discharge figures published in February 2020 just prior to the lockdown, Age Scotland, the national charity for older people, the most likely group to be affected, warned of the negative health consequences older people face when delayed unnecessarily in hospital.

“It is once again extremely disappointing to see how many older people are being kept in hospital because of the failure to get to grips with the lack of available social care in the community... We urgently need more recruitment and investment in our precious social care services” (Age Scotland, 2020).

This observation was only one of many regarding the problems in social care affecting the NHS and poses the question:

How well equipped is Scotland’s social care system to meet current demand?

A selection of reports and statements from key stakeholders across Scotland’s health and social care system suggests Scotland’s social care system is not effectively equipped to meet current demand.

5.0 Scotland’s Social Care Crisis

Recent years have seen a plethora of reports and statements from key stakeholders highlighting the crisis in Scotland’s social care sector, to such an extent that, worryingly, the crisis has almost become *‘normalised’*. A number of stakeholders interviewed for this project believed this is concerning, as it has led to an almost unconscious acceptance that Scotland’s social care crisis is just a fact.

For social care workers participating in this project and key stakeholders, this acceptance must be challenged. To do this we need to revisit what key stakeholders have said about Scotland’s social care system. The following reports and statements highlight why Scotland’s social care system is in need of urgent government action.

5.1 Unsustainable

In 2016, Audit Scotland (an independent public body responsible for auditing most of Scotland’s public organisations including the Scottish Government, local councils and NHS Scotland) produced a report for the Accounts Commission. Noting that social work departments provide and fund social care, the report observed that *“current approaches will not be sustainable in the long term”*. (Audit Scotland, 2016b; p.5).

5.2 Urgent action needed on funding social care

In 2018, Age Scotland, the national charity for older people, issued the following statement to a debate on investing in social care for Scotland's future *"It is essential that the Scottish Government resource social care properly. Lack of social care has a direct impact on other vital services, such as the NHS. The Scottish Government must urgently take action and ensure social care is adequately funded for every older person who needs it"* (Age Scotland, 2018).

5.3 Serious recruitment and retention problems

Also in 2018, Scottish Care (the independent body that represents private and voluntary providers of social care) published their research report *"Workforce retention and recruitment"*. Writing on the report's launch, the organisation's CEO stated in a blog posting, *"We need to stop deluding ourselves into thinking that paying the minimum (wage) is enough and start attempting to pay with respect for a job well done. The survey published today is the last in a long line of research we have produced in 2018 and illustrates that we are way beyond the point of crisis in terms of recruitment and retention in Scotland's social care sector"* (Scottish Care, 2018).

5.4 Third sector withdrawal from social care

In 2019, the Coalition of Care and Support Providers in Scotland (CCPS) produced a research report *"Handing Back Contracts: Exploring the rising trend in third sector provider withdrawal from the social care market"*. The report highlighted a growing number of third sector agencies pulling out of social care contracts due to local authority cutbacks, threatening to leave many vulnerable people without social care. Their report noted, *"This research has come at a time of increasing concern regarding the sustainability of organisations (both voluntary and private) that have been involved in contracting public services from government in the social care sector"* (CCPS, 2019; p.5).

5.5 Scottish Doctors are concerned about our social care system

Most recently, in April 2020, the Scottish section of the British Medical Association (BMA), the trade union and professional body for doctors in the UK, published a statement on its website on social care in Scotland. It included the following observation, *"Social care is an increasing area of concern for the BMA. We believe that significant pressures in social care are a direct result of inadequate resourcing. To look after patients well, doctors need social care to be well-funded and adequately staffed"* (BMA Scotland, 2020).

Stakeholders' comments on Scotland's social care crisis

Social care stakeholders spoke to Show You Care on what they feel must be done to address the fundamental problems facing Scotland's social care system.

Professor Patricia Findlay is a professor of Work and Employment Relations at Strathclyde University and a co-chair of the Fair Work Convention (FWC). She highlighted the importance of improving terms and conditions for social care workers not just for the workforce itself but for the sustainability of the sector.

"One of the things we've learned from the lockdown is that social care can't be a poor relation to the NHS, not least because of the knock-on effect it has on the NHS. Good government is about providing good services efficiently, and cost does matter. However, controlling costs and spending shouldn't be based on squeezing the terms and conditions of social care workers because that's inconsistent with fair work which we have a commitment to in Scotland. It's inconsistent with providing a quality care experience and ensuring the sustainability of that sector...Commissioning as it currently happens inevitably pushes down cost, it pushes down investing in peoples' training and development it does all of those things".

Becca Young is Policy and Research Manager for Scottish Care. Becca emphasised the importance of valuing social care and that means investing in social care workers terms and conditions. She also addresses the issue of commissioning social care services as they currently exist in Scotland.

"We believe social care is undervalued and under-recognised and the profile it does have doesn't recognise what that sector provides. How social care is valued and how that impacts on commissioning and procurement processes - we believe these processes have not worked effectively in developing social care models that value the right things - quality, innovation and development. We need to overhaul existing models and those assessment and delivery models. They have focused very much on driving down costs and fitting people into existing structures and categories rather than being person-led.

A similar issue was highlighted by **Dr Jim Marple**, a GP with twenty years experience in general practice care. Like the other stakeholders above he highlighted the importance of appropriate funding and why poor investment in social care staff is a barrier to delivering quality of social care.

"The barriers to delivering quality social care include the way that the current system is set up and financed. It needs redesigned to increase its capacity. The

terms and conditions under which social care staff are currently employed are not good enough to attract a sufficient number of social care workers. Improving the terms and conditions under which care workers are employed would facilitate the delivery of quality social care in Scotland”.

Clearly, from the perspective of a wide range of key stakeholders, Scotland’s social care system is not in a good place.

What about Scottish social care’s strongest asset- social care workers themselves? What do they think?

6.0 The need to hear from frontline social care workers in Scotland

The above reports and statements suggest that Scotland’s social care system requires fundamental change.

Yet one key voice often goes unheard in discussions about the current and future state of Scottish social care. That is the voice of frontline social care workers themselves. Overwhelmingly women, frequently working unsocial hours including over weekends and evenings. It is time Scotland heard their voice.

That is why GMB Scotland launched the research project Show You Care.

7.0 Show You Care - An investigation into the experiences of GMB Scotland members working in adult social care

7.1 Aims

The key aims of the project were

- (i) To explore the experiences of GMB Scotland members working in Scotland’s adult social care sector
- (ii) To gather the views and experiences of GMB Scotland members working in Scotland’s adult social care sector on the barriers and facilitators to delivering quality social care in Scotland.
- (iii) To speak with key social care stakeholders on the state of social care in Scotland.
- (iv) To review key literature and policy documents related to adult social care in Scotland and the UK.

7.2 Methods

We used a mixed methods approach to our data gathering, using both quantitative (questionnaire survey) and qualitative (semi-structured interview) approaches. We firstly conducted a large-scale questionnaire survey of GMB social care workers and then followed this with more personalised semi-structured interviews with social care workers.

7.3 Questionnaire survey of GMB Scotland members working in adult social care

We conducted a questionnaire survey of GMB social care staff working in all sections of adult social care (home care, residential care homes, nursing homes and day centres). In preparing for this, we conducted a series of pilot interviews and discussion groups with over 30 social care workers from across Scotland to discuss the key issues facing social care workers. We organised meetings in Dundee, Edinburgh, Glasgow and Kilmarnock.

We launched the questionnaire survey in November 2019, prior to COVID-19. The questionnaire surveys were emailed to GMB social care staff unless people requested receiving the questionnaire by post. In total, over **1,600** GMB social care workers completed the questionnaire survey.

7.4 Semi-structured interviews with GMB Scotland members working in adult social care

We originally planned to conduct a series of focus groups and face-to-face interviews across Scotland. Due to COVID-19 and the subsequent lockdown, the interviews took place over the telephone. The GMB workers selected for telephone interviews were a sample of those who ticked the yes box on the questionnaire survey asking if they were willing to take part in an interview. Over 250 care workers made themselves available for interview. Our goal was to get a representative cohort from across all of Scotland (cities, towns and rural areas), and from all of Scotland's social care settings (home care, nursing and residential homes and day centres). In total, 24 semi-structured interviews were completed and analysed. The interviews commenced in March 2020, just at the introduction of COVID-19 lockdown and continued into April.

We also interviewed key stakeholders from a range of organisations directly and indirectly involved in social care in Scotland (n=8). These included academic researchers, GPs, representatives from Scottish Care, the Fair Work Convention and representatives of the third sector.

7.5 Literature review

We reviewed key literature and policy documents relating to social care in Scotland and the UK.

8.0 Key Findings from the questionnaire survey and Interviews

8.1 Key details of survey participants

- Average years of service: 15.16 years
- Age ranges: 16–29yrs (5%); 30–49yrs (34%); 50+yrs (61%)
- Gender: Female (92.5%); Male (7%); Non-binary/prefer not to say (0.5%)
- Ethnicity: White Scottish (83%); White British (12.5%); BAME (1.5%); Other (0.5%)
- Average weekly hours worked: 31 hours per week
- Average hourly rate of pay: £10.64
- Providing unpaid care for family: 54%

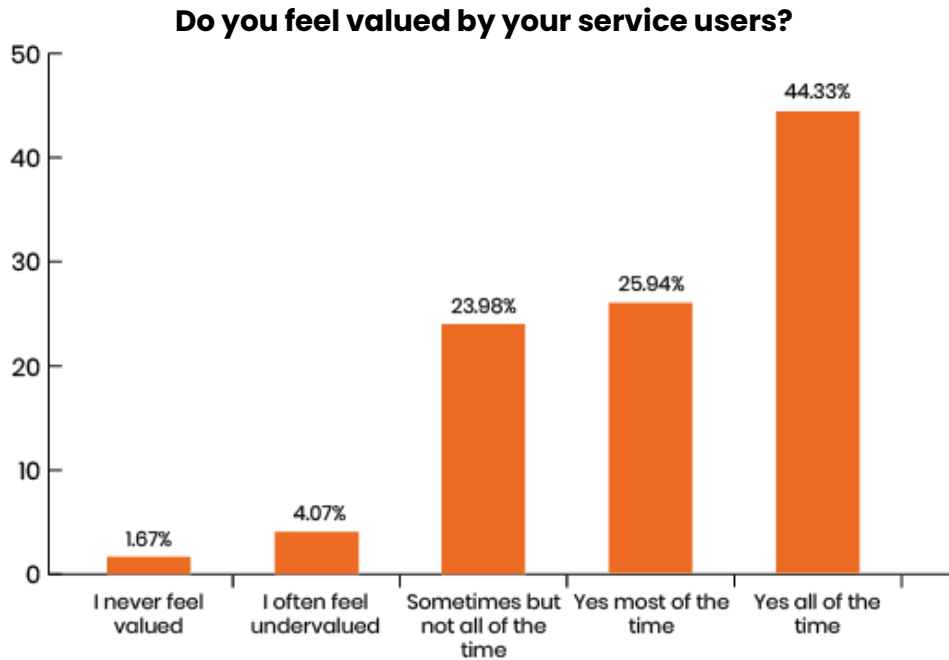
8.2 Summary of key findings

- The key finding from GMB Scotland’s social care workers surveyed in Show You Care was that as things currently stand in Scotland, there are simply too many barriers in front of them to continuously deliver quality social care.
- The survey findings reveal a workforce that frequently lacks the time needed to deliver compassionate and dignified care (often to service users with very complex needs) due to chronic understaffing, high staff turnover, and unrealistic management expectations about the time needed to deliver quality social care.
- The survey findings highlight a workforce that feels undervalued by management and the care system as a whole.
- Being woefully underpaid for the skilled job they do underlined care workers feelings of being undervalued.
- The lack of training opportunities and having to do training in their own time underpinned feelings of being undervalued.

9.0 Social care staff feel valued by service users and under-valued by management/employers

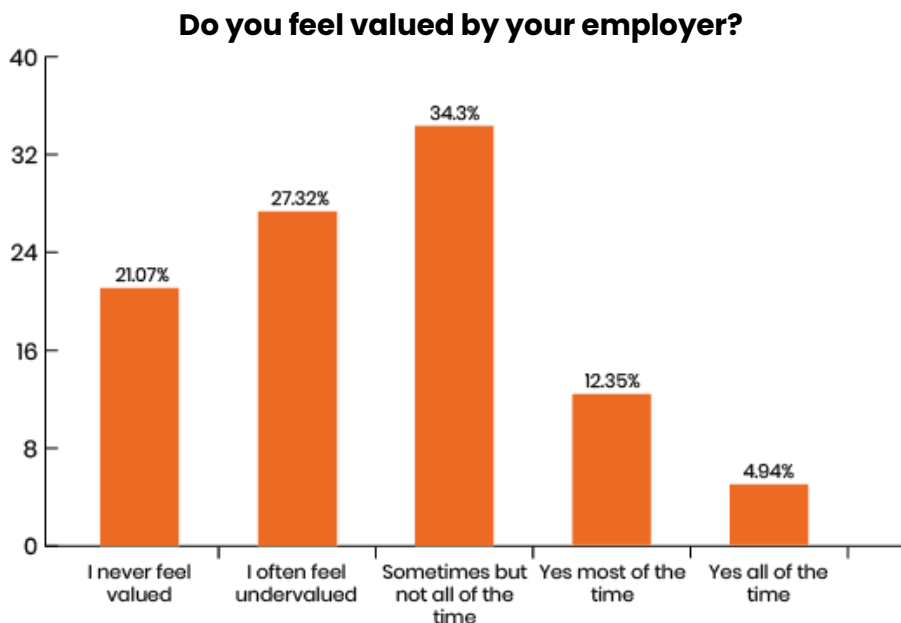
The importance of feeling valued by your management/employer is important in any job, but especially one as stressful and demanding as a frontline social care worker, delivering care to some of Scotland’s most vulnerable citizens.

Show You Care respondents to the questionnaire survey revealed social care workers feel overwhelmingly valued by the service users they care for. A large majority, **70%** of social care workers said they felt valued all or most of the time by service users.



However, this was not the case when it came to social care workers feeling valued by management/employer.

From the survey responses, almost half of social care workers, **48%**, replied that they felt under-valued by their employer **all or most of the time**. Over a third, **34%**, reported they sometimes felt undervalued by their employer. Less than one fifth, **18%**, replied that they felt valued by their employer all or most of the time.



When we asked in the survey if social care workers had ever seriously thought of leaving their social care job, of the **77%** who replied yes, **more than half, 60%**, gave the reason as not feeling valued by management.

Not feeling valued by management was a theme that strongly emerged in the semi-structured interviews. The following quotes are representative of the views expressed.

Julie a care home worker in Falkirk stated

"I work with a lot of very committed carers in our unit. We often go the extra mile to support the clients most of whom are very vulnerable dementia patients. I work 12-hour shifts, often without a break. It is exhausting but rewarding work.

We're never asked our opinion and hardly ever consulted by management. We are just told about any changes, never consulted. The company I work for are a big care home company. The level of communication from management is terrible.

Jean a home care worker in Lothian for over 25 years stated

"I think management need to value us more. For example, when you're told by management 'someone's off sick you've five extra clients to see'. It's never 'can you manage five extra clients?' I don't think they appreciate the knock-on effect that has. It means rushing the visits to fit in everyone. There is never a- 'thanks for doing that'. The difference in being valued by clients compared to management is like night and day".

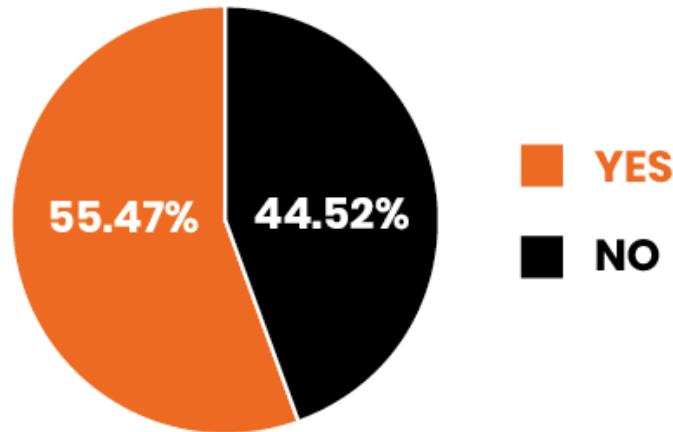
Sharon a Glasgow home care worker summed up what many care home workers felt about how they believe

"It can't be 'want' 'want' 'want' all the time from the management side. There's got to be a bit of giving back. Like listening to what we think about clients. We know the clients very well given the time we spend with them. We have a voice, and it should be listened to given our experience. But we're hardly ever listened to".

9.1 Unable to raise concerns with management/employer

We subsequently asked social care staff in the survey if they felt that they could easily raise concerns with their manager/employer. Nearly half, **44.5%**, replied no that they couldn't easily raise their concerns.

Do you feel you can easily raise concerns with your manager/employer?



This figure is disturbing given the stressfulness of the social care role. When we asked if practical or emotional support was available from their management/employer if social care workers experienced something stressful, for example a service user being abusive, **over half, 52%** replied no.

10.0 Lack of support from management/employer for training

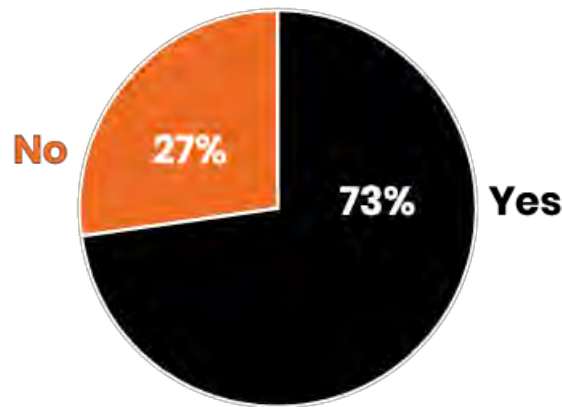
Regardless of the workforce or workplace, it is an established fact that having workers fully trained and equipped with the appropriate knowledge and skills to do their job efficiently is essential.

Employees who receive training and development from their employer are more likely to feel satisfied in their job. In turn, this can lead to an increase in retention rates, which is beneficial for the employing organisation and their workforce. Investing in training and development is a key way to fill skill gaps and address skill shortages within organisations (EduCare, 2017; CIPD, 2019). In the context of social care, a study by the University of Kent in 2011 found that more training for social care staff could lead to better outcomes for service users. Their study specifically found a positive link between trained staff and the quality of life for care home residents (Netten et al, 2011). This is a key reason for ongoing staff training.

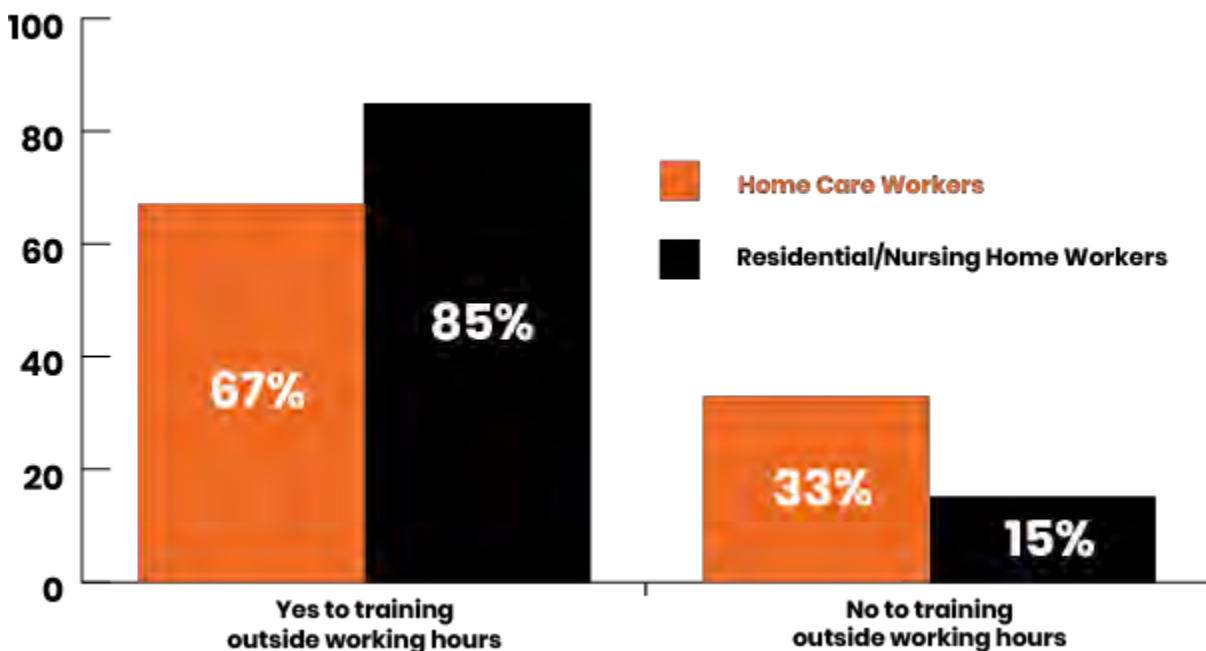
Investment in training for Scotland’s social care workforce is therefore vital for delivering high quality care and improving retention rates– a major problem in Scotland’s social care sector.

Given the increasing complexity of service users’ needs, GMB Scotland members working in adult social care who participated in Show You Care identified the importance of a continual need for training. Despite this, many social care workers, indeed **30%** of home care workers reported that they did not feel they had received adequate training to do their social care job. **Nearly three quarters, 73%**, of social care respondents in the survey stated they had to carry out training in their own time.

Are you ever required to complete training outside of working hours?



Home Care vs Residential/Nursing Homes



Home care, of which the majority of the GMB Scotland social care membership are employed by local authorities, are much more likely to not have to complete training outside of working hours. On the flipside, residential/ nursing home members, most of which are employed by private providers, are more likely to be required to complete training outside of working hours by 84% residential to 67% home care.

In the semi-structured interviews social care workers felt ongoing training was important given the complexity of service users' needs.

Diane, a manager with responsibility for social care staff in the Highlands stated:

"Care workers in all sectors need continual training to do the job effectively. They need first aid training, trained in manual handling, food handling, using equipment, safety issues, all kinds of training. I struggle to get the time allocated for social care workers to access this training. I think there is a hierarchy in management in who they see as worthy of proper training. Social care workers are always near the bottom and that's wrong".

Shona a home care worker in Aberdeen for over 10 years said:

"I think training over the years has gone backwards. It was only after we got a visit from the independent care regulators and they asked us about training that it got the priority it needed. They asked us about training and we told them about the poor quality. I think it's one of the biggest barriers to delivering quality care, poor training levels especially for new people coming in".

Social care workers complained about having to do training in their own time.

Liz a care home nurse in the West of Scotland stated

"I need to do the training in my own time. However, I think training is best done face to face and in the employer's time. They have a responsibility for staff training after all. Training is much better when it's done with colleagues rather than on your own".

Angela who works in a care home with dementia patients in Fife believed

“We should be trained on the job about dementia care. It is not fair that we have to do it in our own time. I come off a double 12-hour shift knackered and then I’m expected to do a training programme in my own time. Why don’t management invest in training us properly?”

Sarina a care home worker from Ayrshire said

“I have to come in on my days off for training. I think that’s wrong”

Whilst our Show You Care survey highlighted that completion of training responsibilities in their own unpaid time was very common among care home workers the survey also found an alarmingly high rate of training unpaid in their own time among home care workers. This was across all sectors of the service, private and public. Our finding underscores the lack of serious investment in training social care workers in Scotland.

11.0 Understaffing means a lack of time with clients, affecting the quality of care delivered and makes the job stressful

A key finding from Show You Care from both the survey questionnaires and the interviews was that social care staff felt they frequently **did not have enough time** to spend delivering quality, compassionate and dignified social care to service users. Whilst this was especially the case with social care staff working in people’s own homes and having to walk between people’s homes, it also applied to care workers in nursing and residential care homes.

Our findings reflect similar findings from Audit Scotland’s research on people who receive social care. Their 2016 report noted, *“Our focus groups had a number of concerns about homecare, such as shorter visits”* (Audit Scotland, 2016b).

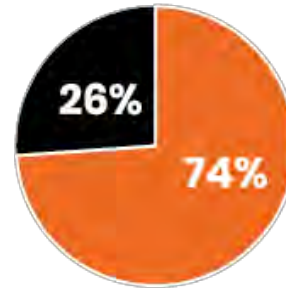
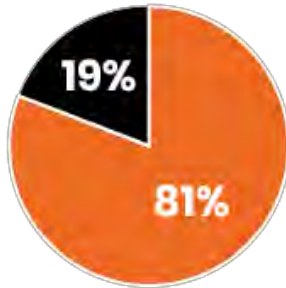
Social care workers reported this meant rushing between clients, which made the job extremely stressful. **High levels of stress in social care roles and a lack of time to deliver the best care possible were the two biggest reasons in the survey for social care workers thinking about leaving the social care sector.**

Time matters when delivering quality social care. Yet, more than three quarters of home care workers, **81%**, reported that they had to rush or leave a service user early

to get to their next home visit on time. At the same time **74%** of care home workers reported they did not have enough time to deliver dignified and compassionate care to service users.

Is your time with a service user ever arranged so that you have to rush or leave a service user early to get to your next service user on time?

Have you ever felt that you did not have enough time to deliver dignified and compassionate care to service users?



■ YES ■ NO

Three key reasons cited for social care workers not having sufficient time with clients were;

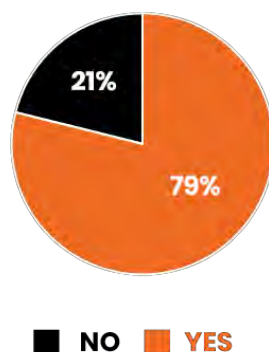
- (i) Understaffing and/or high sickness levels in social care
- (ii) Unrealistic expectations from management in delivering quality care in the time officially allotted
- (iii) Users of adult social care services having more complex care needs than ever before.

11.1 Understaffing in care homes

Over three quarters, **79%**, of care home staff surveyed reported that their workplace was understaffed. Well over half, **67%**, reported that they were unable to take their allotted break due to understaffing and the complex needs of care home patients.

In our survey, we asked care home staff - *have you ever felt that you did not have enough time to deliver dignified and compassionate care to service users* - **74%** of respondents replied yes. When we asked why this was the case, over half, **73%**, reported "not enough staff".

Is your workplace understaffed?



Ross, a care home worker in Tayside for 10 years, spoke of the difficulties getting enough time with clients due to understaffing:

"I work in a 20+ bedded unit with older people with various disabilities, different stages of dementia, some receiving end of life care. Peoples' needs vary. Some people need 10 minutes to get ready in the morning others 25 minutes. But that can change if the person is having a bad day. We are always under-staffed so I'm basically rushing from when I start my shift to when I finish. In a job like this, you need to spend time with people to deliver quality care. Which is what I want to do!"

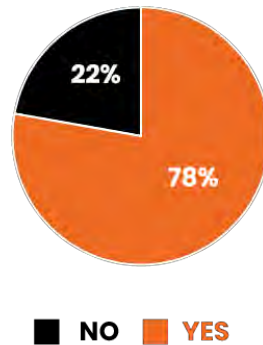
Julie-Ann, a care home worker in Falkirk for 29 years, said:

"I think there's a need to really look at how people are being looked after in care homes. I think the care home gets by managing these people by the skin of their teeth. Staffing problems are the issue. We have a core team of committed people who have been here years and that's what keeps things going - just"

11.2 Understaffing in the home care sector

When asked in the survey, **78%** of home care workers responded yes to the question "have you ever felt that they did not have enough time with a service user to deliver care in a dignified and/or compassionate way". When we asked why this was the case over one third, **40%**, reported "not enough staff".

Have you ever felt that you did not have enough time with a service user to deliver care in a dignified and/or compassionate way?



Jean, a home care worker in Lothian for over 25 years said:

“There’s a big problem with staff retention and that’s because the job is so demanding. Don’t get me wrong it’s very rewarding as well. But vacancies are common and that increases the demands of the job in terms of the less time you have with clients. This makes the job more stressful, so people leave. It’s a vicious circle”.

12.0 Unrealistic expectations from management over the time to deliver quality care

Over three quarters, **78%**, of home care workers and **74%** of care home workers surveyed reported that they frequently did not have enough time with a service user to deliver care in a dignified and/or compassionate way.

Over three quarters of home care workers, **83%**, reported that they had raised issues with management over lack of time they had with service users and the impact this has had on the care delivered. Of this number, **64%** believe their concerns weren’t listened to by management/employer.

In our multiple-choice options on the reasons for lacking sufficient time with service users, over half of home care workers surveyed, **71%**, selected insufficient time allocated by management for travel between service users’ homes as a reason. Over half, **63%**, selected time allocated by management for each home visit was not realistic.

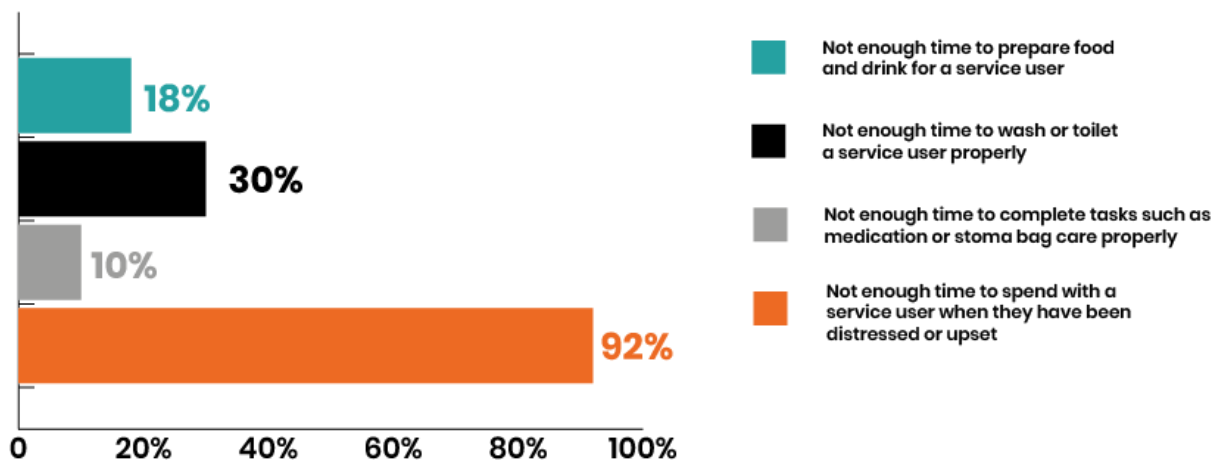
Over three quarters of home care workers surveyed, **81%** reported that they had to rush to get the job done or leave early to get to the next client.

Sharai a home care worker in Glasgow stated

“You always have one eye on the clock in this job and when you get additional clients on your roster then you really are rushing and frantically checking the time. You’re always up against the clock.”

Of this the overwhelming majority of home care workers who reported having to rush or leave service users early well over half, **92%**, reported that this resulted in not having enough time to spend with a service user when they had been distressed or upset.

If you haven’t had enough time with a service user has this resulted in any of the following? (Tick all that apply)



Ella, a home care worker in Dumbarton, spoke about the challenges of having her roster of clients frequently increased due to understaffing and staff sickness related to the stresses of the job:

“It happens regularly, management adding clients to your roster. Someone leaves their job or calls in sick and then you have four or five more clients to see. That affects the quality of care I can deliver because I then have much less time. This by the way when I might go into a client’s home and they’ve had a fall or they’ve soiled themselves and I have to deal with that. You just can’t leave someone like that who’s struggling. But that’s often never taken into account by management.”

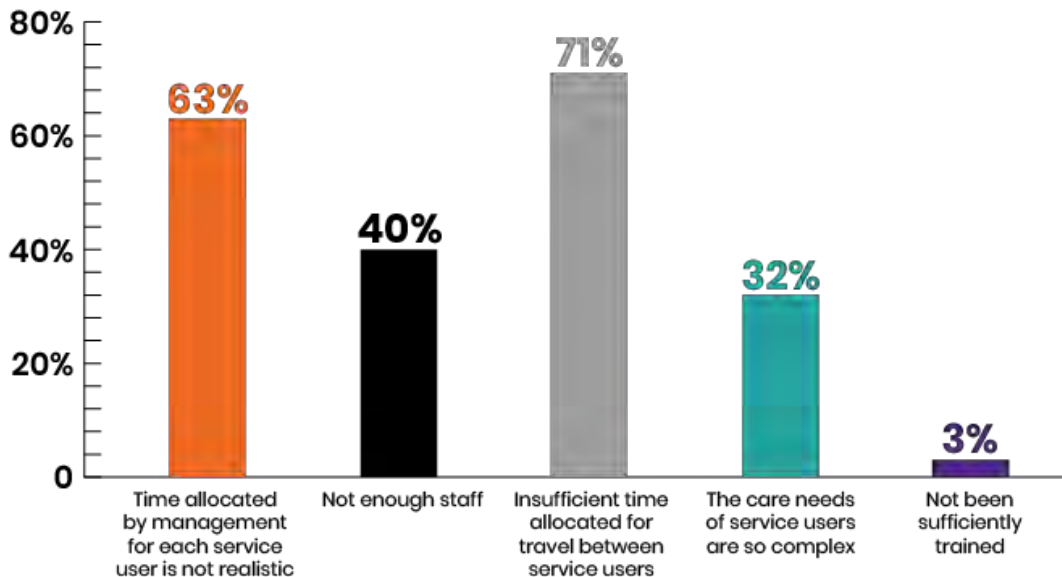
Alison a care home worker in Glasgow stated:

“You can look at your phone first thing in the morning and you’ve got 12 clients but by the afternoon that’s gone up to 17 or 18. That happens a lot. That’s why we are always rushing. It is stressful. That’s why sickness levels are so high”.

13.0 Time is precious as service users’ needs are more complex than 15-20 years ago

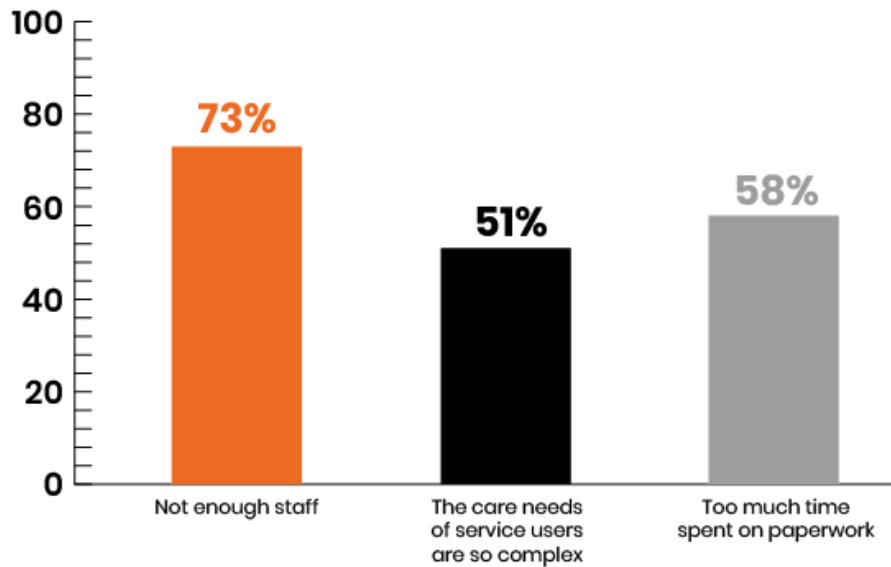
When asked in the survey, **78%** home care workers and **74%** of care home responded yes to the question *have you ever felt that they did not have enough time with a service user to deliver care in a dignified and/or compassionate way.* When we asked why this was the case nearly one third, **32%**, of respondents recorded that this was due to the complex care needs of service users (home care). When we asked care home workers, the response was over half, **51%**, felt they did not have enough time to deliver dignified and compassionate care due to the care needs of service using being so complex.

Why do you feel you didn’t have enough time with a service user to deliver dignified and/or compassionate care? (Choose all that apply).



Home Care Respondents only

Why do you feel you do not have enough time to deliver dignified and compassionate care to service users? (Tick all that apply)



Residential and Nursing Home Respondents Only

When we spoke with care workers in the interviews about the lack of time with service users, a number of long-standing home care workers said that over the years the time allocated to clients was less despite the care need of clients being greater than ever.

Alison, with over 25 years experience as a home care worker in West Dumbarton, outlined the changes she has seen in terms of the job becoming more demanding due to increasing complexity of service users:

“When I started out, social care was more of a home help type of service. Now it has totally changed. Home care workers now see a lot more people with dementia. I’m no longer just preparing meals and getting people ready for their day. There are important things like fluids to prepare – vital for people with dementia. We do palliative care now, change stoma bags, medication checks, toileting, showering. Yet years ago, we actually had more time with the client”.

Susan has nearly 30 years’ experience in Tayside as a social care worker, mostly as a home care worker. She also drew attention to the increasing complexity of clients:

“I think the general public still see us as cleaners. But I’m going into peoples’ homes who are very frail, with mobility problems.

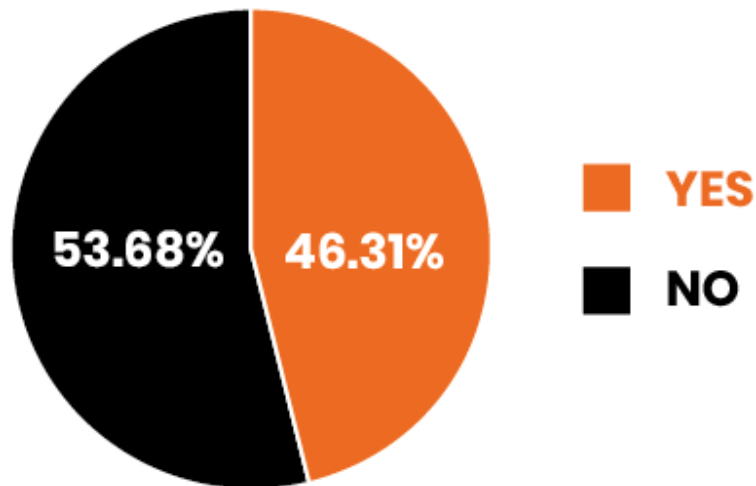
I'm checking their safety around the house and the equipment. There's more specialist equipment used in the home now. I see dementia patients. People with incontinence issues. Many clients are on oxygen. We do end of life care as well now. I think some of them need nursing care, but we are doing it. Home care is a totally different job now than when I first started working."

14.0 Working unpaid and poor terms & conditions in Scotland's social care sector

Since the 1980's Scotland's increasingly marketised model of social care provision placed pressure on service providers and drove changes in work organisation and employer practices. This introduced an increasing potential to degrade social care in terms of the pay and terms and conditions of those employed. Most notably, but not exclusively, in the private sector. GMB Scotland uncovered evidence of the negative impact on the pay and terms and conditions of frontline social care workers.

In the questionnaire survey, almost half, **46%** of social care workers reported that they had worked unpaid hours in order to complete their allotted social care tasks.

Have you ever had to work more than your allocated contracted hours (i.e., unpaid)?



Of those answering yes to having to work unpaid to complete their caring tasks in the time allotted, almost half, **48%** reported that they frequently had to work unpaid, with just over half, **52%**, stating that they had to work unpaid "only sometimes".

In the semi-structured interviews, social care workers raised issues around managements' capacity, and willingness, to change their terms and conditions,

frequently without consulting them. Local authority social care workers commented about the disparity in pay and terms and conditions that exist between different local authorities in Scotland, yet people are doing the same job. This was seen as unequal and unfair.

Alison, a care home worker in the West of Scotland for over 25 years, works for a local authority. She spoke of the changes in terms and conditions that regularly occur:

“We’re the only people who don’t get a full-time contract anymore. Not one of our new girls have been taken on with a decent contract for years and years. Most people are on 25 hours a week, contracts with no holiday pay and stuff like that... it’s a fly move! The job demands are high, wages are low, and contracts are terrible. That’s one of the reasons people keep leaving. They see a better paid job with less hassle and a better contract elsewhere.”

Eve, a home care worker in the West of Scotland, spoke about returning from maternity leave only to see her terms and conditions had been altered:

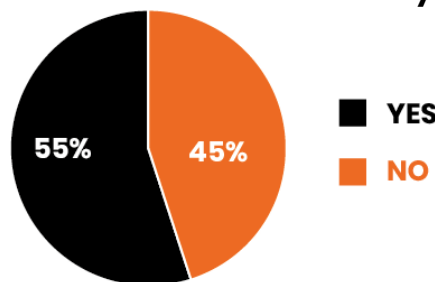
“I came back from maternity leave with totally different terms and conditions. Not just me all my home care colleagues. It seems they can do that with a click of the thumb.”

15.0 Workers' personal safety must be protected when delivering social care

Like any group of workers engaging with the public, the personal safety of social care workers should be paramount. In care homes and nursing homes, social care workers usually operate as part of a team and, even though they might be dispersed based on their responsibilities, they generally have support from staff members and supervisors for most of their time when working.

Yet when we surveyed GMB Scotland members working in care homes and asked - *have you ever felt unsafe or threatened in your workplace?* More than half, **55%**, reported yes that they had felt unsafe or threatened.

Have you ever felt unsafe or threatened in your workplace?



In home care services, lone working is much more common. Home care staff often carry out their job tasks alone in service users' homes without immediate support from colleagues or supervisors and many are classified as lone workers. From a health and safety perspective, all domiciliary care organisations should have policies and protocols in place covering the safety of staff working alone in service users' homes.

We asked GMB Scotland members who worked in care homes- *have you ever felt unsafe or threatened when delivering care to service users?* More than half, **64%**, reported yes that they had felt unsafe or threatened.

Worryingly, when we asked all social care workers - *do you feel comfortable raising issues of your personal safety with your management/employer?* Over one third, **39%** replied no.

Social care workers who participated in the semi-structured interviews spoke of their experiences of feeling unsafe or threatened. We spoke to home care workers in Tayside who in 2018 were told by management to continue working during the blizzards of snow and ice when Scotland was hit by terrible winter weather labelled "*the beast from the east*". Despite no public transport, home care workers had to walk in the evening during snow blizzards to deliver care. No funding for taxis was available. This was, in their opinion, unsafe and unacceptable.

We also heard from home care staff who felt their safety was compromised by working alone in the evening, especially in winter when it was dark outside. Sue, a care home worker in Tayside, spoke about this:

"Sometimes you'll be in quite a difficult housing scheme at night and you go into the tower block and the lift's not working, You take the stairs and the stair lights are off, you've got young people hanging around they might start shouting at yousomething to do with your uniform usually. It can feel quite threatening.

Ella, a care home worker in Dumbarton, spoke about her safety concerns that she had experienced as a lone home care worker delivering care in the evenings.

"I don't feel safe doing lone work at night in some areas, especially in winter. I think that stems from when a stranger followed me into a client's house. I work on my own and I'm expected to walk four miles between client's houses because I can't claim for fuel. There was a woman sexually assaulted

in one of the streets I worked in. So I spoke to management and they basically said 'well we can't do anything'... I felt let down over that."

Supporting the safety of all workers is an essential component of employers' responsibilities in all social care workplaces. It especially applies to women workers, working alone, in the evening, when delivering social care to people's own home.

16.0 Conclusions

16.1 End low pay and poor contractual arrangements

Scotland's social care workers have shown their skills and bravery during the COVID-19 crisis. Yet these skilled workers remain undervalued and underpaid. The average hourly rate of pay of the over 1600 who participated in our questionnaire survey was £10.64 an hour.

The average hourly wage in the UK is £14.80 (Statista, 2019). The Show You Care report makes it clear that the levels of skill, training and responsibility social care workers undertake must be properly valued and reflected in their pay. GMB believes that there needs to be a minimum care wage of £15 per hour.

Further recommendations:

- (i) Have uniformity of terms and conditions across Scotland which include, but are not limited to, permanent and full time contracts where desired, flexible working arrangements, good pension contributions and drive for workers to join the pension scheme, better staff ratios, an equality proof job evaluation scheme, opportunities for progression, permanent full sick pay across the entire sector;
- (ii) Establish an independent National Care Service which recognises trade unions and national collective bargaining. This should involve discussions on the future role of the Scottish Social Services Council (SSSC) and the Care Inspectorate;
- (iii) The Scottish Government to ensure trade unions are included throughout all aspects of development and implementation of changes in the social care sector.

Social care workers in Show You Care also highlighted frequent changes to their contracts, sometimes without any notification from their employers. Low pay and workers' contractual rights must be improved if we are to solve Scottish social care's recruitment and retention problem.

16.2 Social care workers need time to deliver dignified and compassionate care

Two of the five standards the Scottish government cites as key components when delivering health and social care are dignity and compassion (Scottish Government, 2018). The social care workers surveyed in Show You Care desperately wanted more time to deliver dignified and compassionate care continuously. Service users certainly deserve this. Put simply, social care workers are looking after too many service users with not enough time allocated to their often complex care needs.

The reason? Understaffing and high staff turnover. Add to that the high levels of sickness due to the stresses involved in delivering social care - "*always up against the clock*" - as one social care worker put it, and one understands the barriers to providing quality social care. The lack of enough time with service users affects the quality of care provided. High levels of stress in social care roles (caused by having to constantly rush to complete tasks) and a lack of time to deliver the best care possible were the two biggest reasons in the survey for social care workers thinking about leaving the social care sector.

- (iv) The Scottish Government should set a figure for improved investment in Scotland's social care sector that meets the needs of the sector;
- (v) Any future commissioning to be driven not by profit but in order to ensure a high quality of care, delivered by a professional and properly valued and rewarded workforce.

On 3rd June, First Minister Nicola Sturgeon said, "I am in support of the establishment of a National Care Service that is on par with our National Health Service with a focus on not for profit care. I do not want care services run like hospitals with councils cut out of the loop, but I want a clear national plan and infrastructure that builds services around the everyday needs of people in their own homes or in their own community, with clear lines of accountability and redress." (Daily Record, 2020)

16.3 Improve training for professional development and support safety of workers

Scotland's social care sector already has a skilled workforce and, as with all workforces caring for vulnerable people, they require ongoing training. However, training, development and career progression emerged as a problem for GMB Scotland members working in adult social care. These skilled workers deserve the opportunity of better training, and the opportunity for professional development. This training should occur in their employer's time, not during a social care worker's time off. Crucially, no worker should be unsupported when feeling unsafe or threatened delivering adult social care in Scotland.

16.4 Value and reward social care workers to secure Scotland's social care future

Scotland needs and deserves a social care system based on rock solid foundations. The fulcrum of these foundations is its workforce, Scottish social care's greatest asset. A **valued** social care workforce should be rewarded in their pay and terms and conditions for the vital job they do. This would also make a statement about how Scotland views the rights of low paid women and the importance of gender equality in the workforce and wider Scottish society.

It is an old adage, but the phrase '*a fair day's wage for a fair day's work*' has never been more apt in the context of Scotland's social care workforce. Especially given their responsibilities in caring for some of Scotland's most vulnerable citizens. Notably during the lockdown.

Writing in the Sunday Herald on 26th April 2020, First Minister Nicola Sturgeon stated that Scotland "*should look seriously at social and economic reform*" in its planning for recovery from the COVID-19 crisis. She reflected that "*when things come apart... there is an opportunity to see them put back together differently and see a new way of doing things*".

16.5 Urgent action and real change is needed now

The frontline GMB Scotland social care workers who participated in this project and the many social care stakeholders quoted in this report would agree with the First Minister's sentiment. They would all concur that urgent investment in Scotland's social care system, especially in improved terms and conditions for its workforce should be the place to start. As one social care stakeholder told Show You Care, "*It's time for the Scottish government to stop talking the talk and start walking the walk on real change in Scotland's social care sector*".

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