

Health and Social Care Alliance Scotland (the ALLIANCE)



ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Consultation on Scotland becoming a Fair Work Nation – ALLIANCE response

15 December 2021

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the Consultation on Scotland becoming a Fair Work Nation. The ALLIANCE welcomes the commitment in the consultation to ensuring that Scotland is “more inclusive and more equal”, and that “people and communities feel valued, included and empowered.”¹

A significant number of the ALLIANCE’s third and independent sector members engage in public procurement processes to provide social care support – a sector where fair work policies are much needed to improve people’s working conditions. The Fair Work Convention summarised the situation as follows in a 2019 report:

“Our overarching finding is that fair work is not being consistently delivered in the social care sector. Despite some good practice and efforts by individual employers, the wider funding and commissioning system makes it almost impossible for providers to offer fair work. We found that this mainly female workforce has limited meaningful collective voice. Effective voice is highlighted in the Fair Work Framework as vital to delivering fair work, providing the mechanism for workers to pursue other dimensions of fair work, such as security, fulfilment and respect.”²

Our members have long highlighted difficulties in engaging with local and integration authorities’ commissioning processes. In addition, the ALLIANCE has direct experience of the procurement process from delivering the Links Worker Programme in more than 63 GP practices across Glasgow and West Dunbartonshire.³ In responding to this consultation, we are also drawing on evidence gathered from the experiences of health and social care that disabled people, people living with long term conditions, unpaid carers, and third sector organisations have shared with us over the course of several years, including most recently *My Support My Choice: People’s Experiences of Self-directed Support and Social Care in Scotland*, our extensive engagement activity for the Independent Review of Adult Social Care, and our work on the proposed National Care Service.

Section 1: Fair Work in your sector

1. What is the main sector you work in or represent?

- Human health and social work activities
- Third sector

2. What are the main opportunities for adopting fair work practices in your sector?

Social care in Scotland is currently undergoing extensive scrutiny and a range of significant proposed changes, as a result of both the impact of the COVID-19 pandemic, and the proposed National Care Service. This public attention – and potential for transformative change and sustainable funding – offers opportunities for much-needed support to embed fair work practices in the sector, and to improve the standing of care work more broadly.

More specifically, there is increasing awareness and acceptance of the role of human rights based approaches and co-production – both of which have strong overlaps with fair work principles, as outlined in the *Fair Work Framework 2016*.⁴ The ALLIANCE welcomes the Scottish Government’s commitment to ensure that human rights are “at the heart” of the social care system.⁵ To achieve this, it is imperative that rights are referenced and embedded throughout policy, including actions on Scotland becoming a fair work nation, and that all proposed changes take an explicitly human rights based approach (HRBA), including improvement.

This can be done, for example, by using practical tools like the five-point PANEL Principles to assess work and identify priorities for improvement against “participation”, “accountability”, “non-discrimination and equality”, “empowerment”, and “legality”. The rights based “AAAQ” framework can also be functionally adapted to design and measure social care systems and services against indicators of whether they are “available”, “accessible”, “acceptable” and of good “quality”. The United Nations and World Health Organisation have identified indicators and created toolkits that can be used to measure progress and improvement against specific human rights – like the right to health – and whole treaties, like the UN Convention on the Rights of Disabled People (CRPD).

The equality framework provided for by the provisions of the Equality Act 2010, Public Sector Equality Duty, and Scotland Specific Duties, forms an important element of the human rights based approach. Improvement should therefore also be planned and measured in alignment with equality, including use of Equality Impact Assessments (EIAs) and Human Rights Impact Assessments (HRIAs). The Scottish Human Rights Commission and Equality and Human Rights Commission have developed a means to combine EIAs and HRIAs, called Equality and Human Rights Impact Assessments. This is a practical tool that should be used both at the early stages to inform policy, and after the policy has been implemented to assess its impact.

The above tools and approaches provide practical examples of how to embed the recommendations in the *Fair Work Framework*, and respond to known problems within the social care sector – particularly concerns around the gender pay gap (when an estimated 85% of people working in the social care sector are women, and 96% in particular subsectors),⁶ and that women are disproportionately likely to be unpaid carers and take up part-time work. Furthermore, Close the Gap estimate that:

“Part-time jobs are more likely to be found in the lower grades of all organisations, and concentrated in undervalued work such as care, admin and cleaning. Three-quarters of part-time workers are women, and disabled women are significantly more likely to work part-time compared with disabled men, and non-disabled men and women.”⁷

As such, there is both a pressing need and real opportunities for fair work practices to improve working situations for people in the health and social care sector.

3. Please explain how you think these opportunities can be maximised in your sector?

Within commissioning and procurement processes, Scottish Government, local authorities and Health and Social Care Partnerships (HSCPs) should commit to giving explicit priority to employers who evidence compliance with the following actions:

- Cover travel costs connected with work, including paid travel time. This latter point is particularly important for people providing care at home to several people a day across different locations.
- Give care workers access to a range of higher pay grades across different spine points on the NHS Access for Change Bands, as appropriate to their experience and expertise, with clear options for career progression.
- Recognise and offer increased pay to people with specialist skills within social care work – e.g. Deafblind guide communicators, people with advanced paediatric first aid qualifications, and those with other specialised knowledge and training.⁸
- Do not use zero-hour contracts (or equivalent).
- Support workers to make autonomous judgements if people’s care and support requirements (e.g. care at home) need to take longer than originally scheduled.
- Support flexible and part-time working requests.
- Support employees and contractors who request caring leave.
- Provide employees and contractors with appropriate training and development opportunities (where people are paid during their attendance at any training etc.).

Scottish Government, local authorities and Health and Social Care Partnerships (HSCPs) should also commit to embedding human rights based approaches in their practices, including publishing EQHRIAs.

4. What are the main challenges to adopting fair work practices in your sector?

Care workers and unpaid carers are the backbone of Scotland's social care system – it could not exist without them. However, there are ongoing and long-established issues with workforce recruitment, retention, training and quality (as discussed in MSMC). With 85% of the workforce identifying as female, and the majority of unpaid carers also women, issues related to social care are highly gendered.⁹ Despite the competencies, expertise and dedication required of its workforce, social care is often referred to as an undervalued and underpaid job, with low pay and poor terms and conditions. Despite the competencies, expertise and dedication required of its workforce, social care is often referred to as an undervalued and underpaid job, with low pay and poor terms and conditions. As Lindsey Millen, Policy and Development Manager at Close the Gap summarised for the ALLIANCE in *Future of Social Care: an anthology* (2021):

“This undervaluation is sustained by gender stereotypes and assumptions about women’s and men’s capabilities and interests. There’s a widespread assumption that caring and other unpaid work done in the home is better suited to women because historically it has been their role. This drives the undervaluation of this work when it’s done in the labour market, with jobs such as cleaning, catering, childcare and social care paid at, or close to, the minimum wage as a result. Additionally, the stereotype that women are intrinsically more caring is used to justify the low pay of care work in the labour market, with perceived job satisfaction a substitute for fair pay.¹⁰ This undervaluation of women’s work underpins occupational segregation, the gender pay gap and women’s poverty.”¹¹

Without systematic and wide-spread change to value care work, and response to the intersectional inequalities in the current system, it is not likely to prompt substantive change.

The Fair Work Convention reports that fair work is not being consistently delivered in Scotland's social care sector and that this is often driven by funding and commissioning systems. There are ongoing concerns about the differential pay and conditions for third and independent sector workers compared to those employed by local authorities. Research for the Scottish Government and COSLA notes that “the main reason why people leave the workforce is for better terms and conditions, particularly pay levels and another driver is to do a less demanding job for similar or better rates of pay.”¹² The Fair Work Convention have highlighted that failure to

address these issues will have broader consequences, for example low pay will significantly contribute to inequality in women's working conditions and Scotland's gender pay gap.

ALLIANCE members and contributors to our IRASC engagement events and *My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland* recognised that people receiving care and workers providing care have rights, and those rights do not have to be in conflict. Participants remarked that while the social care workforce is expected to act with dignity and empathy, as well as with some technical expertise and skill, this is not rewarded in the level of wage. People stressed that the sector needs to be better rewarded and supported in order to reduce the high staff turnover rate, noting that 20% of the workforce is experiencing in work poverty. One participant summarised the situation as follows:

“One of our staff has decided to work for the NHS as a cleaner for £13 an hour, rather than the £9 we pay to work with most complex needs in the communities. How do we value this workforce when you have disparity of pay like that?”¹³

Third and independent sector providers have long highlighted difficulties with funding models and in engaging with local and integration authorities' commissioning processes. Some of the issues raised with the competitive tendering is that it hinders, rather than helps, partnership working and can contradict the values of personal choice and control embedded in SDS and social care legislation.¹⁴

In the 2019 Coalition of Care and Support Providers in Scotland (CCPS) Business Resilience Survey of third sector providers, just under 50% of respondents stated that they had abstained or withdrawn from a procurement process in the 12 months preceding the survey.¹⁵ Respondents reported that “financial sustainability of services was a primary consideration [...] when considering whether to bid for a service”, especially when competing against private companies for contracts. More broadly, CCPS warned that for two years running an increasing number of providers “required additional funding to be sustainable [...] using reserves and cross-subsidising to fund service deficits and maintain services.”

They concluded the report as follows:

“Providers are well aware of the financial difficulties that Local Authorities and Integrated Joint Boards (IJBs) face. However, it is not sustainable to continue to expect social care providers to pick up this cost for unsustainably funded services. [...] The recent Accounts Commission report that local authorities and IJBs are facing similar challenges with their own funding suggests that this situation is unlikely to improve without intervention.”¹⁶

Sustainable funding and flexible approaches to commissioning, focused on equalities, human rights and personal outcomes – and designed to encourage innovative practice – are essential to the ensuring that Scotland is a fair work nation.

5. Please explain how you think these challenges might be overcome, including your ideas on any specific interventions and support needed in your sector?

At our engagement events for the Independent Review of Adult Social Care and the National Care Service consultation, participants stated that there needs to be an increased involvement of communities in commissioning; with the encouragement of community partnerships and a shift towards an enhanced asset-based approach. It was described that by involving communities more in the commissioning of services and support that it would be possible to make better use of the range of resources available to support a person to live their life.

It was shared that participants felt that the role of the third sector is one of the biggest strengths of our social care system – its ethos of person centred support provides high quality, diverse support. Those who took part felt “totally different” services could be procured if the third sector had an earlier and meaningful input to the commissioning process. It was suggested that an opportunity and additional duty for third sector organisations could be to get involved in collaborative commissioning, taking shared ownership of the commissioning process. Increasing the role of the third sector and local communities could help to change the narrative of social care if the current commissioning processes were overhauled.¹⁷

Participants felt that if the third sector was properly resourced and valued, it could spend less time on locating and competing for funding, concentrating on working better collaboratively, “pulling together a synergy of specialisms” which could be commissioned. In practice, this means a radical overhaul of the current system of short-term funding models (often via grants and one-year funding schemes) for third sector providers, in favour of long-term sustainable funding – which, in turn, would allow people within social care to be employed on permanent or longer-term contracts, with better career progression opportunities, more stability, and continued access to training and development.

One attendee at a consultation event on the National Care Service summarised their perspective as follows:

“As a point of clarification about funding for the third sector: I don’t think it’s about funding, it’s investment in the third sector. That’s a really important distinction. Funding is about meeting unplanned need, stimulating the economy. What you’re describing in the National Care Service is a network of systems and support that prevent crisis, and the third sector is a key part of that. If we’re not careful, we will rely on the same old methods for procuring

services, and you are going to lose the smaller organisations that provide support. We will only know once we've lost those groups and organisations what we've lost. Grant funding is not sustainable, and it's not meant to be sustainable.”

Another participant agreed, stating that, “longer term funding is really important if we're getting the third sector to fill gaps and be key part of social care. You can't expect them to spend hours filling in funding applications each year.”

At our Independent Review of Adult Social Care engagement events, participants stated that the third sector is one of the biggest strengths of our social care system – its ethos of person centred support provides high quality, diverse support. Those who took part felt “totally different” services could be procured if the third sector had an earlier and meaningful input to the commissioning process. It was suggested that an opportunity and additional duty for third sector organisations could be to get involved in collaborative commissioning, taking shared ownership of the commissioning process. Increasing the role of the third sector and local communities could help to change the narrative of social care if the current commissioning processes were overhauled – including that of complex and specialist settings.

The ALLIANCE proposes the following actions as part of work to ensure Scotland is a fair work nation:

- Embed human rights PANEL principles throughout the design of the commissioning and procurement processes (both in health and social care and more broadly).¹⁸
- Ensure that co-production is embedded throughout commissioning and procurement models (during design, implementation, and review) – again, both in health and social care and across other sectors.

Within commissioning and procurement processes, Scottish Government, local authorities and Health and Social Care Partnerships (HSCPs) should commit to giving explicit priority to employers who evidence compliance with the following actions:

- Cover travel costs connected with work, including paid travel time. This latter point is particularly important for people providing care at home to several people a day across different locations.
- Give care workers access to a range of higher pay grades across different spine points on the NHS Access for Change Bands, as appropriate to their experience and expertise, with clear options for career progression.
- Recognise and offer increased pay to people with specialist skills within social care work – e.g. Deafblind guide communicators, people with advanced

paediatric first aid qualifications, and those with other specialised knowledge and training.

- Do not use zero-hour contracts (or equivalent).
- Support workers to make autonomous judgements if people's care and support requirements (e.g. care at home) need to take longer than originally scheduled.
- Support flexible and part-time working requests.
- Support employees and contractors who request caring leave.
- Provide employees and contractors with appropriate training and development opportunities (where people are paid during their attendance at any training etc.).

Partnership working and co-production – with both people with lived experience and the third sector that delivers much of the tailored support to people – are key to the successful development of the proposed new systems.

As mentioned earlier, it is important to acknowledge and respond to the gendered nature of care work when discussing action around improving the status of care work. Women make up the majority of care recipients across Scotland, they fill an estimated 85% of social care jobs,¹⁹ and there are an estimated 1.1 million unpaid carers in Scotland, of whom 61% are women.²⁰

In *We Need to Talk About Integration*, Emma Ritch, Executive Director of Engender, summarised the need to better consider women's lives and rights. Her comments in that anthology refer to integration, but are equally relevant to care work more broadly:

“To succeed for women, integration boards need to have gender-competent governance that is not undermined by conflicts of interest. Strategic plans need to explicitly include equality outcomes for women, including care workers, health workers, and carers, and enable action that will realise them. Locality and workforce planning must engage with the question of gender equality, including occupational segregation and women's propensity to engage in unpaid care. Failing to count can mean failing to plan for or manage, and we are concerned both at the lack of gender-disaggregation in the core suite of indicators, and in the content of the indicator around unpaid care. We have greater ambitions for carers than that they 'feel supported to continue in their caring role'.”²¹

The above suggestions for improving the value of care work need to ensure that co-production with care workers is embedded throughout the models developed and used in the National Care Service (during design, implementation, and review).

Wider systems change should also include greater use (and public acknowledgement) of Equality and Human Rights Impact Assessments (EQHRIAs).

Section 2: Fair Work in the current economic context

6. What do you believe are the barriers to delivering Fair Work given the current economic challenges in Scotland?

The health and social care sector was under considerable strain pre-pandemic; now there is both more public awareness of the importance and challenges facing the workforce – particularly with regard to social care – but substantially more need for care and support. To reform the working conditions of a vital, overworked and under-resourced sector is a significant challenge – and one that must be met, if progress is to be made.

At present, an estimated 20% of the social care workforce are not on permanent contracts (with 11% on zero hour contracts), on generally low rates of pay.²² There are ongoing concerns about the differential pay and conditions for third and independent sector workers compared to those employed by local authorities. Research for the Scottish Government and COSLA notes that poor pay and working conditions are the main reasons why people leave the social care workforce.²³

The Fair Work Convention have highlighted that failure to address these issues will have broader consequences, for example “voice deficit” (e.g. having no appropriate spokesperson on behalf of the care workforce) and low pay will significantly contribute to inequality in women’s working conditions and Scotland’s gender pay gap.

In 2016, the First Minister announced that social care staff in Scotland would receive the Scottish living wage (then £8.25) for all daytime hours worked from 1 October 2016. In one move, this increased the level of public spending per capita in adult social care in Scotland to above any other area of the UK. This was, however, limited initially to daytime hours worked – and did not recognise that many social care providers support people overnight, often referred to as “sleepover shifts”.

Announcements later followed from Ministers that Health and Social Care Partnerships would work with care providers to deliver the living wage for overnight support. A survey of Coalition of Care and Support Providers in Scotland (CCPS) members in August 2019 highlighted that 54% of the rates offered for sleepovers by local authorities were considered insufficient to cover the full cost of implementation.²⁴

The ALLIANCE welcomes the recent rise to a £10.50 minimum rate for social care workers. However, more remains to be done to ensure that social care work is

appropriately valued, with access to a range of higher spine points for care workers, as appropriate to their experience and expertise, and full parity with healthcare.

7. What do you believe are the opportunities for delivering Fair Work in the current economic climate in Scotland?

Ensuring paid carers receive at least £10.50 for every hour worked remains the right thing to do. It is also important that care workers access to a range of higher pay grades across different spine points on the NHS Access for Change Bands, as appropriate to their experience and expertise, with clear options for career progression.

To achieve the best social care, we must prioritise paying social care staff better and must avoid rolling back to the institutionalised settings of the past to meet the financial challenges of today – and this action must be a key part of any work to develop Fair Work in Scotland.

It is also important that the funding available is sufficient to promote Fair Work practices, beyond the £10.50 social care minimum wage and use of the real Living Wage (£9.50). In a number of roles, such as Community Links Practitioners, £10.50 per hour or the real Living Wage would be inappropriately low for the work delivered, and there are often no measures in place to account for cost of real Living Wage pay increases, pay progression, or promotions. Additionally, the use of short-term contracts acts as a barrier to fair work, as they cause insecurity and stress, and can deny access to employment tribunals, statutory redundancy rights, and pension payments.

The ALLIANCE believes that at the core of issues related to fair work, the career progression, and pay are the rights of people who access support and services, as well as the rights of people who provide them. Commissioners of social care services, care providers and regulators must understand their human rights duties and promote accountability for human rights in social care. Rights strengthen accountability by ensuring that the practices and procedures of commissioners and providers are grounded in human rights law, and regulators use rights in inspections. Rights should be monitored, and a good starting point to be built upon is the Care Inspectorate's use of the rights based Health and Social Care Standards to frame an independent evaluation of SDS implementation in six Health and Social Care Partnerships.²⁵

More could be done to improve the awareness and understanding amongst public sector commissioning teams of the challenges facing third sector organisations. Some of these challenges directly arise from commissioning practices, such as frequent changes in points of contact, insufficient or short term funding being offered, excessive reporting requirements, short bidding timescales, and payment in arrears.

The ALLIANCE would suggest this might be done through training, research on the impact of funding schemes on communities and organisations, and by seconding staff to third sector organisations to gain a better understanding of how they operate and the impact of these challenges.

COSLA's "Guidance for Commissioned Services during COVID-19 Response" demonstrates that public bodies can take a more flexible approach to commissioning, particularly in comparison to models that reduce care to "time and task" calculations. Other examples of positive changes are highlighted by iHub's "COVID-19: Health and Social Care Learning in Scotland" initiative,²⁶ and substantial information and guidance about what good social care commissioning looks like is available from CCPS.²⁷

A reduction in bureaucratic requirements would be extremely helpful and make it easier for third sector organisations to bid for public sector work. Practical examples of where this could be done include: reducing the length and complexity of forms; asking the right questions; not requiring unnecessary accreditation (e.g. ISO Certification); providing feedback on the assessment of bids.

Sustainable, ongoing, adequate funding and flexible approaches that avoid onerous and bureaucratic commissioning, focused on equalities, human rights and personal outcomes – and designed to encourage innovative practice – are never more needed. Longer term partnership relationships with providers should be embedded into a collaborative commissioning methodology, underpinned by a fresh approach to improvement, development and progressive service redesign.

Section 3: Further actions to deliver Fair Work

8. Please set out any further actions you think the Scottish Government should take to deliver Fair Work for everyone. This may include for example any further support you think is needed.

As above.

9. Please set out any other actions you think are required to deliver Fair Work for everyone, including who should take this action

As above.

Section 4: Fair Work and employment powers

10. If Scotland had full control over employment law, which issues would you like to see addressed as a priority in order to deliver fairer work in Scotland?

The ALLIANCE recommends action on the following priority areas in order to deliver fairer work in Scotland:

- Scottish Government, local authorities, and HSCPs should give priority in commissioning to employers who cover employee and workers' travel costs connected with work, including paid travel time.
- Scottish Government, local authorities, and HSCPs should give priority in commissioning to employers who give care workers access to a range of higher pay grades across different spine points on the NHS Access for Change Bands, as appropriate to their experience and expertise, with clear options for career progression.
- Scottish Government, local authorities, and HSCPs should give priority in commissioning to employers who do not use zero-hour contracts (or equivalent).
- Recognise and offer increased pay to people with specialist skills within social care work – e.g. Deafblind guide communicators, people with advanced paediatric first aid qualifications, and those with other specialised knowledge and training.
- Support workers to make autonomous judgements if people's care and support requirements (e.g. care at home) need to take longer than originally scheduled.
- Support flexible and part-time working requests.
- Support employees and contractors who request caring leave.
- Implement redundancy protection for unpaid carers who have taken caring leave.
- Implement redundancy protection for new parents (including people who have taken adoption leave).
- Embed human rights PANEL principles throughout the design of the commissioning and procurement processes (both in health and social care and more broadly).
- Ensure that co-production is embedded throughout commissioning and procurement models (during design, implementation, and review) – again, both in health and social care and across other sectors.
- Provide employees and contractors with appropriate training and development opportunities (where people are paid during their attendance at any training etc.).

Section 5: Further ideas

11. What is the most important thing that you or your organisation can do to help Scotland become a Fair Work Nation?

The ALLIANCE will continue campaigning for the rights of disabled people, people living with long term conditions, and unpaid carers, alongside ongoing work to assess our own policies and procedures in line with fair work principles.

12. Please use the box below to tell us about anything else relevant to Scotland becoming a Fair Work Nation and any further ideas you might have on the action that will be needed to achieve this.

Action to implement fair work within the social care sector could help achieve a much-needed cultural shift so care is seen as an investment in people, society and economy and an essential part of Scotland's public services alongside health and education. A key part of actions to implement fair work within health and social care – in addition to those items mentioned above – is to ensure that any changes do not adversely affect unpaid carers, and that explicit, targeted efforts are made to provide better support for unpaid carers. Meaningful consultation with disabled people, people living with long term conditions, unpaid carers, and social care workers should be a core part of the proposed reforms, to ensure equitable access to good working conditions and care and support.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology. Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

Contact

Hannah Tweed, Senior Policy Officer

Email: hannah.tweed@alliance-scotland.org.uk

Rob Gowans, Policy and Public Affairs Manager

Email: rob.gowans@alliance-scotland.org.uk

Telephone: 0141 404 0231 (switchboard)

Website: <http://www.alliance-scotland.org.uk/>

References

- ¹ Scottish Government, *Consultation on Scotland Becoming a Fair Work Nation* (Oct 2021), p. 3. Available at: <https://consult.gov.scot/fair-work-employability-and-skills/fair-work-nation/>.
- ² Fair Work Convention, *Fair Work in Scotland's Social Care Sector 2019* (2019), p. 7. Available at: <https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland%E2%80%99s-Social-Care-Sector-2019.pdf>.
- ³ The ALLIANCE, "Links Worker Programme". Available at: <https://www.alliance-scotland.org.uk/in-the-community/national-link-programme/>.
- ⁴ Fair Work Convention, *Fair Work Framework 2016* (2016). Available at: <https://www.fairworkconvention.scot/wp-content/uploads/2018/12/Fair-Work-Convention-Framework-PDF-Full-Version.pdf#:~:text=FAIR WORK FRAMEWORK 2016 The FITwork model summarises,create positive outcomes for individuals%2C employers and society>.
- ⁵ Kevin Stewart MSP, "Ministerial foreword", *A National Care Service for Scotland – Consultation* (2021), p. 2. Available at: <https://www.gov.scot/publications/national-care-service-scotland-consultation/documents/>.
- ⁶ SSSC, *Scottish Social Service Sector: Report on 2018 Workforce Data* (Nov 2019). Available at: <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>. See also Fair Work Convention, *Fair Work in Scotland's Social Care Sector 2019* (2019), p. 5. Available at: <https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland%E2%80%99s-Social-Care-Sector-2019.pdf>.
- ⁷ Close the Gap, *Close the Gap briefing for Scottish Government debate Fair Work Action Plan* (March 2019), p. 2. Available at: [Close-the-Gap-briefing-for-Scottish-Government-Debate---Fair-Work-Action-Plan.pdf \(closethegap.org.uk\)](https://www.close-thegap.org.uk/wp-content/uploads/2019/03/Close-the-Gap-briefing-for-Scottish-Government-Debate---Fair-Work-Action-Plan.pdf).
- ⁸ Isabella Goldie, "Specialist Services", *Future of Social Care: an anthology*, eds. the ALLIANCE (2021). Available at: <https://www.alliance-scotland.org.uk/blog/opinion/future-of-social-care-national-care-service-work-to-be-done/>.
- ⁹ SSSC, *Scottish Social Service Sector: Report on 2018 Workforce Data* (Nov 2019). Available at: <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>. See also Fair Work Convention, *Fair Work in Scotland's Social Care Sector 2019* (2019), p. 5. Available at: <https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland%E2%80%99s-Social-Care-Sector-2019.pdf>.

-
- ¹⁰ Close the Gap and Engender, *Gender and Economic Recovery* (May 2020). Available at: https://www.closesthegap.org.uk/content/covid-19/1621248138_Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf.
- ¹¹ Lindsay Millen, "The value of social care", *Future of Social Care: an anthology*, eds. the ALLIANCE (2021). Available at: <https://www.alliance-scotland.org.uk/blog/opinion/future-of-social-care-the-value-of-social-care/>.
- ¹² Pamela Reid et al., *The Implications of National and Local Markets for the Social Care Workforce: Final Report for Scottish Government and COSLA* (Nov 2019), p. 5. Available at: <https://www.gov.scot/publications/implications-national-local-labour-markets-social-care-workforce-report-scottish-government-cosla/pages/1/>.
- ¹³ The ALLIANCE, *Independent Review of Adult Social Care in Scotland – Engagement Activity* (Sept – Nov 2020), p. 9. Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2020/12/SCR_report_WEB-compressed.pdf.
- ¹⁴ SCVO, "The future delivery of social care in Scotland" (March 2020). Available at: <https://storage.googleapis.com/scvo-cms/wp-content/uploads/2020/03/The-Future-Delivery-of-Social-Care-in-Scotland.pdf>.
- ¹⁵ CCPS, "Business Resilience Survey 2019: Summary of results" (2019). Available at: <https://www.ccpscotland.org/wp-content/uploads/2018/12/Business-Resilience-Survey-2019.pdf>.
- ¹⁶ CCPS, "Business Resilience Survey 2019: Summary of results" (2019). Available at: <https://www.ccpscotland.org/wp-content/uploads/2018/12/Business-Resilience-Survey-2019.pdf>.
- ¹⁷ The ALLIANCE, *Independent Review of Adult Social Care in Scotland – Engagement Activity* (Sept – Nov 2020), p. 4. Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2020/12/SCR_report_WEB-compressed.pdf.
- ¹⁸ Scottish Human Rights Commission, *Human Rights Based Approach*. Available at: <https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/>.
- ¹⁹ SSSC, *Scottish Social Service Sector: Report on 2018 Workforce Data* (Nov 2019). Available at: <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>.
- ²⁰ Carers Scotland, "Facts and figures" (2021). Available at: <https://www.carersuk.org/scotland/news/facts-and-figures>.
- ²¹ The ALLIANCE, *We Need To Talk About Integration* (2018), pp. 11-12. Available at: <https://www.alliance-scotland.org.uk/wp-content/uploads/2018/06/We-Need-to-Talk-About-Integration-Anthology.pdf>.
- ²² Fair Work Convention, *Fair Work in Scotland's Social Care Sector 2019* (2019), p. 5. Available at: <https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland%E2%80%99s-Social-Care-Sector-2019.pdf>.
- ²³ Pamela Reid et al., *The Implications of National and Local Markets for the Social Care Workforce: Final Report for Scottish Government and COSLA* (Nov 2019), p. 5. Available at: <https://www.gov.scot/publications/implications-national-local-labour-markets-social-care-workforce-report-scottish-government-cosla/pages/1/>.
- ²⁴ CCPS, "Business Resilience Survey 2019: Summary of results" (2019). Available at: <https://www.ccpscotland.org/wp-content/uploads/2018/12/Business-Resilience-Survey-2019.pdf>.
- ²⁵ Scottish Government, *Health and Social Care Standards: my support, my life* (2017). Available at: [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-and-social-care-standards-my-support-my-life/pages/1/).
- ²⁶ Healthcare Improvement Scotland (iHub), "COVID-19: Health and Social Care Learning in Scotland". Available at: [COVID-19: Health and Social Care Learning in Scotland | ihub - Applying strategic planning and commissioning guidance](https://www.ihub.scot.nhs.uk/covid-19/health-and-social-care-learning-in-scotland).
- ²⁷ CCPS, "What does good social care commissioning look like?". Available at: [What does good social care commissioning look like? - Coalition of Care and Support Providers in Scotland \(ccpscotland.org\)](https://www.ccpscotland.org/what-does-good-social-care-commissioning-look-like/).

ENDS.