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Towards a Scotland that cares

A new National Outcome on care for the National Performance Framework

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- A series of Collaborative Research Reports, available from the Partnership's website – www.uwsoxfampartnership.org.uk.

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Executive summary

The Scottish Government introduced the National Performance Framework (NPF) in 2007. It measures, through eleven National Outcomes such as health, poverty, environment and education, 'how Scotland is doing' while at the same time describing 'the kind of Scotland' that the Scottish Government wishes to create. Each Outcome is measured by a number of Indicators and associated data sets.

The NPF will, in 2022, start to undergo a comprehensive review process. This process is a major opportunity for Scotland to anchor a new Outcome specifically on care in its performance framework – this would make Scotland one of the first countries to do so. Such a new Outcome would publicly and transparently measure whether Scotland is a 'country that cares' – with respect to its many care workers (including in adult social care and childcare), unpaid carers (including parents and guardians) and those experiencing care. This is particularly important within the context of the Covid-19 crisis and how it made visible the problems concerning care in its unpaid and paid forms.

Over recent years, a significant range of welcome policy has been developed in Scotland relating to diverse aspects of care, yet what is missing is an integrated National Outcome that pulls this together. In this report, we propose a detailed blueprint for a new National Outcome on care, using insights gained from research literature and existing practice from around the world. Importantly, we incorporated what stakeholders (unpaid carers; care workers; people experiencing care; representatives of organisations involved in providing, financing, monitoring care or in supporting care recipients or providers; and academic experts) – told us in consultative interviews about the desirable form of a new Outcome on care. Given the relatively small number of interviews, we make no claim that the views captured are representative of those groups we spoke to. However, we are convinced that our blueprint will be valuable for the review process of the NPF starting in 2022.

The National Outcome Statement on care we propose is:

'We fully value and invest in those experiencing care and all those providing it'.

To measure progress against the proposed new National Outcome, we propose a series of 'Beacon Indicators', with each linked to a more detailed set of 'Sub-indicators'. Monitoring of the Sub-indicators would allow an assessment of whether the Beacon Indicator is 'maintaining', 'improving' or 'worsening', as per the current approach in the NPF.

Beacon Indicator	Sub-indicators
1. Quality of life of carers, care workers, and those experiencing care	<ul style="list-style-type: none"> • Life chances of young carers • Mental wellbeing • Social connections • Life-care balance • Respite availability
2. Quality of care for all	<ul style="list-style-type: none"> • Access and affordability of social care and childcare • Adequacy of the quality of care experienced • Safety • Support for unpaid carers
3. Financial wellbeing of carers, care workers, and those experiencing care	<ul style="list-style-type: none"> • % of care workers, carers and those experiencing care in poverty • Cost of care as a % of household income • Lifetime earnings gap • The length and level of paid maternity and paternity leave • % of unpaid carers who feel supported towards and within decent work

Beacon Indicator	Sub-indicators
4. Voice and influence of carers, care workers, and those experiencing care	<ul style="list-style-type: none"> • Choice over the nature of the care and how it is delivered (those experiencing care and, in the case of children, their parents or guardians) • Unpaid carers' choice over the care they provide • Care workers feel their employers listen to them • Care workers, carers and those experiencing care have influence over care policy and spending
5. Access to education and training	<ul style="list-style-type: none"> • % of people experiencing care in education • % of care workers in vocational training • % of unpaid carers in education • % of unpaid carers who have received care-based training
6. Adequacy of funding for care	<ul style="list-style-type: none"> • Levels of funding of third sector care programmes • Level of funding committed to the new National Care Service (NCS) • Level of funded Early Learning and Childcare hours • Level of funding committed to social security entitlements for those with a disability, and unpaid carers for adults or children per recipient
7. Job quality of social care and childcare workers	<ul style="list-style-type: none"> • Pay levels for care and childcare workers • Job satisfaction • Unpaid overtime worked • Holiday entitlement

By adopting a new National Outcome on care, bolstered by a robust monitoring framework through the Indicators presented as above, Scotland would be in a significantly improved position to measure whether it is valuing, and investing in all those experiencing and providing care. The new Outcome should be seen in context with the proposed 'National Care Service' for Scotland with its focus on paid care and paid care workers. The Outcome as we propose it in this report encompasses all forms of care in Scotland and includes all who provide care and those experiencing care.

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Foreword

The public health crisis created by Covid-19 is very far from over. Yet across Scotland, those providing care already report being on their knees amid increased care needs, reduced support and deepening financial pressures. Even worse, despite their critical contribution, many carers feel badly undervalued.¹

This pandemic has shown us how much care, and all those who provide it, are essential to all of our lives. Each of us needs care at some point – as a child, in older age, or through ill health or disability. While greater appreciation of the importance of care is welcomed, ending the injustices faced by those who provide it, the vast majority of whom are women, is essential.

Of course, care is about so much more than any financial reward. Both paid and unpaid care work is a vital social good and an essential human right. It supports children to thrive and learn, the elderly to live with dignity, and people with an illness or a disability to have the help and comfort they need. Care enables people to contribute to society and, in turn, the economy.

Yet too often care work, the largely invisible hands that keep going despite incredible pressures, is not clearly captured within our measures of national success. This is one reason why those who deliver it remain systemically undervalued.² As a result, caring can mean significant personal and economic costs for individuals and their families, with carers more likely to live in poverty. Right now, at UK and Scotland levels, debates over the future structures and funding of adult social care are intense, yet the reality is that all forms of care require greater investment.

Encouragingly, Scotland's First Minister has said, referring to the impact of the Covid-19 crisis, that 'Scotland – and indeed the whole world – is heading for a period of change and renewal not seen in decades'.³ To us, a critical part of this renewal must be action to better value and invest in all forms of care and every person who provides it.

That's why Oxfam Scotland, Scottish Care, One Parent Families Scotland, the Scottish Women's Budget Group, along with the six National Carer Organisations in Scotland, including Carers Scotland, issued a joint call for a 'generation defining commitment' to the nation's carers to be placed at the heart of a new vision for Scotland.⁴ Together, the eleven National Outcomes within Scotland's existing National Performance Framework (NPF) are meant to capture the Scottish Government's vision for 'the type of Scotland we want to see'. Yet none of them are focused on those who experience care and provide care, whether paid or unpaid. Of course, care must be fully reflected in the delivery of the existing National Outcomes, but such is its critical importance, we believe the lack of a dedicated National Outcome is a glaring omission which must be rectified. Therefore, this report provides a blueprint for a new Outcome on care to be included in the NPF.

¹Pautz, H. (ed.) (2020) Caring in Difficult Times: Personal Testimonies From Those Who Care in Scotland. UWS-Oxfam Partnership: Collaborative Research Reports Series, No 7. Online <https://research-portal.uws.ac.uk/en/publications/caring-in-difficult-times-personal-testimonies-from-those-who-care>.

²Oxfam Scotland. (2020) Making Care Count in Scotland. Online <https://oxfamapps.org/scotland/wp-content/uploads/2020/07/Making-Care-Count-in-Scotland-Oxfam-Scotland-July-2020-1.pdf>.

³Holyrood Magazine. (2020) Exclusive comment by Nicola Sturgeon: Building back better for Scotland. Online <https://www.holyrood.com/comment/view-exclusive-building-back-better-comment-by-nicola-sturgeon>.

⁴Oxfam Scotland. (2020) Open Letter. Online <https://oxfamapps.org/scotland/wp-content/uploads/2020/12/National-Outcome-Joint-Letter.pdf>; also Oxfam Scotland. (2021) Scotland needs a New Year's resolution on care, say leading Scottish organisations. Online <https://oxfamapps.org/scotland/2020/12/30/scotland-needs-a-new-years-resolution-on-care-say-leading-scottish-organisations>. There are six National Care Organisations: Carers Scotland, Carers Trust Scotland, Coalition of Carers in Scotland, MECOP, Shared Care Scotland, and the Scottish Young Carers Services Alliance.

Scottish Ministers are legally required to consult on, draft and publish a set of National Outcomes for Scotland at least every five years. The next review must legally start by June 2023; however, the Scottish Government has confirmed that external engagement on the NPF will begin in 2022.⁵ The Outcome proposed in this report seeks to be a significant contribution to the consultation process and public debate when it commences next year. However, the Scottish Government could support the inclusion of a National Outcome on care immediately

A dedicated National Outcome on valuing and investing in care would help place it at the heart of Scotland's recovery, benefitting carers and those experiencing care, as well as Scotland's society and economy as a whole. It would build on existing momentum which has already produced a series of welcome measures to enhance support for those delivering care, both unpaid and paid, in Scotland. Yet progress remains too slow and too shallow, and a transformation in how care is valued and invested in remains an urgent priority.

A new National Outcome would set a clear trajectory for ongoing policy and spending action and the introduction of a robust set of linked National Indicators would enhance public scrutiny of the progress achieved. After all, it is the actions flowing from this new National Outcome that will improve the lives of those who experience and provide care in Scotland.

Proposing a new Outcome on care for the NPF now, as Scotland continues to emerge from the pandemic, is an attempt to make use of a unique window of opportunity to set Scotland on a path towards better valuing and investing in care. It would demonstrate a deep and long-lasting commitment to care in Scotland and reflect the strong public solidarity for carers during the pandemic.⁶ It would also build on the strong cross-party rhetorical commitment to carers, and the recommendations of the various platforms set up to shape Scotland's pandemic recovery.⁷

The creation of a dedicated National Outcome will not transform the lives of those who provide and experience care in Scotland overnight. However, this timely research seeks to capitalise on this moment for change. It has placed a blueprint for a new National Outcome on the table. Now all that's needed is the political vision to commit to it.

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⁶ YouGov and Oxfam GB. (2020) Survey Results (Scotland). Online https://docs.cdn.yougov.com/3wu6ggzr6k/Oxfam_Carers_200428_SCOT.pdf

⁷ Scottish Government. (2020) Towards a Robust, Resilient Wellbeing Economy for Scotland: Report of the Advisory Group on Economic Recovery. Online <https://www.gov.scot/publications/towards-robust-resilient-wellbeing-economy-scotland-report-advisory-group-economic-recovery/>; Scottish Government. (2021) Social Renewal Advisory Board. Online <https://www.gov.scot/groups/social-renewal-advisory-board>.

Introduction

The Scottish Government, in 2007, introduced the National Performance Framework (NPF) aimed at measuring, through (today) eleven National Outcomes such as health, poverty, environment and education, how Scotland 'is doing' while at the same time describing 'the kind of Scotland' that the Government wishes to create (Scottish Government, 2021a; for some background on the NPF see e.g. Wallace, 2019 and Heins and Pautz, 2021). For example, the National Outcome Statement on poverty declares that 'we tackle poverty by sharing opportunities, wealth and power more equally'. Progress – or otherwise – with respect to the ambition described in each Outcome

Statement is measured by between five and ten National Outcome Indicators. In combination, positive developments towards attaining the Outcomes would result in Scotland becoming a 'wellbeing economy' with sustainable and 'inclusive economic growth' – concepts literally at the heart of the NPF's ambition for Scotland (Scottish Government, 2021a; see Image 1). Outcomes, Indicators and statistical data are presented in relatively simple ways and are easily accessible online, and are, for that reason, laudable as instruments to hold the Scottish Government and Parliament to account.

Image 1: The National Performance Framework (Scottish Government, 2021a)



Children and Young People: We grow up loved, safe and respected so that we realise our full potential

Communities: We live in communities that are inclusive, empowered, resilient and safe
Culture: We are creative and our vibrant and diverse cultures are expressed and enjoyed widely

Economy: We have a globally competitive, entrepreneurial, inclusive and sustainable economy

Education: We are well educated, skilled and able to contribute to society

Environment: We value, enjoy, protect and enhance our environment

Fair Work and Business: We have thriving and innovative businesses, with quality jobs and fair work for everyone

Health: We are healthy and active

Human Rights: We respect, protect and fulfil human rights and live free from discrimination

International: We are open, connected and make a positive contribution internationally

Poverty: We tackle poverty by sharing opportunities, wealth and power more equally

The concept of 'societal wellbeing' has developed out of the recognition, globally, that a nation's prosperity is only insufficiently captured by levels of economic growth, commonly measured by Gross Domestic Product (GDP). Specifically, as a measure of aggregate wealth, GDP does not say anything about the distribution of this wealth and any resulting inequalities (Giovannini and Rondinella, 2018; Stiglitz et al., 2009). The debate about what really indicates societal wellbeing gained a degree of momentum internationally with the Global Financial Crisis of 2007/08. In Scotland this trend is often associated with the NPF. In fact, the Scottish Government is seeking to be considered as one of the global leaders in 'thinking beyond GDP' and in developing a wellbeing economy (Scottish Government, 2021b).

None of the Outcomes in the NPF have a specific and explicit focus on the care provided by the many unpaid carers and care workers in Scotland, nor do any of the Outcomes have an explicit focus on how care is experienced by those who need it. The Outcome on health does consider social care, but not sufficiently. Alongside a commitment to 'cherish and protect' the National Health Service (NHS), the Outcome on health commits to the provision of the 'necessary investment and planning to ensure our health and social care systems are viable over the long term' (Scottish Government, 2021a). For the Outcome on health, nine Indicators are identified. These are healthy life expectancy; mental wellbeing; healthy weight; health risk behaviours; physical activity; journeys by active travel; quality of care experience; work-related ill health; and premature mortality. But there is no Indicator which seeks to capture, for example, the financial and personal wellbeing of those who provide care in Scotland; investment levels in social care over time; progress in redistributing care between households and the state or, within the household, from women to men; and the social status of paid care workers and unpaid carers in Scotland.

In the remainder of this report we go beyond a narrow focus on paid social care and use the term 'care' to mean and include all paid and unpaid human engagement and welfare-related activity in what can also be called social care, long-term care, integrated care, or childcare. We therefore deliberately include the full spectrum of paid and unpaid activities and

engagement in relation to care for both adults and children, with and without additional needs. Such a cross-cutting yet concise definition is, we appreciate, connected to several complex areas of research where care is integral to, and touches upon, fundamental debates around wellbeing, social inequality, and economic growth.

The literature on care can be seen to involve four major themes (Daly, 2021). These are the labour and relationships involved in maintaining family life and connectedness in kinship; how the welfare state engages with care and in doing so adjudicates on what is considered deserving of public support; the service responses, in terms of functional, organisational and financial/funding particularities, often concerned with integration of care systems and measurement of outcomes; and inequalities and relations of care worldwide, conceiving of care as part of a gender, care and migration regime. The literature review, underpinning the research in this report and presented in Chapter 3, is primarily concerned with studies on functional, organisational, financial/funding particularities and measurement of wellbeing frameworks, as we considered these to be the most relevant for defining outcomes.

As we see it, insufficient consideration of carers, care workers and those experiencing care in the present NPF is indicative of the longstanding undervaluation of these groups. This undervaluation applies in Scotland as it does across the UK and internationally. Estimating the economic value of unpaid care in Scotland is complex. However, to give an indication, analysis for Oxfam Scotland has estimated that were the hours of unpaid household and caring work undertaken to be paid at the average wage rate of equivalent paid jobs, their value alone stands at around £37 billion per year (Oxfam Scotland, 2020a). The Covid-19 crisis – and its disproportionately stark consequences for carers, care workers and those experiencing care – has demonstrated again, we think, that those needing care and those providing care (paid or unpaid) have the right to a committed and concerted approach to dealing with the challenges they face as a consequence either of their care needs or their care responsibilities. If the NPF were revised to include a National Outcome specifically on care, perhaps the measurements of successes and failures on

the road to delivering a ‘Scotland that cares’ would contribute towards more adequate policy and spending choices in the future so that carers, care workers and those experiencing care no longer feel ignored and forgotten, as many currently report (Pautz (ed.), 2020). Certainly we think that if Scotland wishes to maintain its position as one of the ‘wellbeing world beaters’ (Fischer, 2019), as reflected by its leadership role within the Wellbeing Economy Governments initiative (Scottish Government, 2021b), and live up to the NPF’s underlying value of ‘treat[ing] all of our people with kindness, compassion and dignity’ (Scottish Government, 2021a), the inclusion of care in the NPF is a necessary and urgent step.

For that reason, this project set out to develop something akin to a blueprint for a new National Outcome on care and a set of associated Indicators to measure progress or failure. For doing so, we created a draft Outcome Statement and a ‘pilot list’ of potential Indicators and used these in a small-scale consultation process with experts, including experts by experience of using and providing care (both paid and unpaid, and for both adults and children with and without additional needs); experts within the third sector who work closely with and help to represent those who provide care; and with academic experts. Full detail on how the draft Outcome Statement and the pilot list were developed and on how the consultation was conducted can be found in the methodology chapter (Chapter 1).

The project commenced in spring 2021. More than a year into the Covid-19 pandemic, it seemed clear from numerous reports that carers, care workers and those experiencing care suffered disproportionately from the Covid-19 crisis (e.g. Pautz et al., 2020; Maclean and Hay, 2021). Within the Scottish context, efforts to reform the care sector – with a focus on social care and paid care work – came in the form of the February 2021 Independent Review on Adult Social Care (‘Feeley Review’), commissioned by the Scottish Government. As a consequence of the report, the Government is now intending to establish a ‘National Care Service’ (NCS) for Scotland. While this new approach may improve some matters, a new National Outcome on care would encompass all forms of care in Scotland, i.e. also unpaid care and also include those experiencing care. The joint advocacy for a National Outcome,

mentioned in the foreword and serving as the starting point for this project, was initially designed to secure cross-party political support prior to the May 2021 Scottish Parliament election to create a National Outcome on care. The Scottish Greens, together with Scottish Labour, voiced strong support for the proposal, with the Scottish Conservatives committing to giving it ‘serious consideration’ (Oxfam Scotland, 2021). Pre-election, the Scottish National Party (SNP) did not adopt a clear position on this proposal. However, since the election, Oxfam Scotland has briefed the Scottish Government about this project, and has received assurances that it will consider the proposal to add a new National Outcome on care to the NPF. In addition, the Scottish Government’s Programme for Government for 2021–22 has reinforced the Government’s commitment to the NPF and stressed that as Scotland seeks to recover from the pandemic, it is ‘more important than ever to be guided by the vision and values’ of the NPF to ‘help to create a greener, fairer and more resilient Scotland’. It adds that ‘it will be essential that we are guided by it [the NPF] to ensure that all of Scotland can flourish through increased wellbeing, and sustainable and inclusive economic growth’ (Scottish Government, 2021c).

We wish to support and nurture this growing momentum by providing detailed suggestions on what a new National Outcome on care could look like. We do so whilst recognising the parallel political focus on reforming social care specifically as a result of the Covid-19 crisis.

The legally binding periodic reviews of the National Outcomes, as required by the Community Empowerment (Scotland) Act 2015 (Scottish Government, 2017), are important windows of opportunities which we seek to use with this project. The next review must commence by June 2023. Positively, the Scottish Government has confirmed that ‘external engagement’ on the existing National Outcomes will already begin in 2022 (Swinney, 2021). It should be noted that the Scottish Government could indicate its willingness to integrate a new National Outcome on care well in advance of the required legal review of the existing set of National Outcomes. Also, current efforts of the Scottish Government to develop Indicators of some of the existing National Outcomes could be extended to the

Indicators which we propose as the basis for a new Outcome on care. We hope that this report, delivered in November 2021, comes at the right time to inform both the review of the NPF and current work on existing Indicators.

The report continues with brief chapters on methodology and background to the project before a literature review details if and how care is considered in performance frameworks similar to the NPF elsewhere in the UK and internationally. Following this, we present in detail our proposed National Outcome on care and its Indicators. In the short conclusion, we discuss our NPF proposal and how the entire NPF may require significant change – not only for our NPF Outcome proposal to be embedded within it, but also to become a better instrument to drive progress in Scotland.

1. Methodology

The project was, from inception to final publication, accompanied by an advisory group consisting of representatives from Oxfam GB, the Scottish Women’s Budget Group, Carers Scotland, One Parent Families Scotland, and Scottish Care. It was chaired by a representative of Oxfam Scotland. The advisory group met with the authors three times over the duration of the project and was kept informed about the project throughout its duration from April to November 2021. The advisory group contributed to the project by commenting upon the proposed methodology, proposed Outcome Statement, and potential Indicators. This feedback was used to shape the consultation process. Further feedback was received on draft reports.

To develop the new Outcome and its Indicators, two approaches were combined and executed consecutively. First, the authors conducted a wide-ranging literature review. The goal was to establish an understanding of whether and how care is included in performance frameworks similar to the NPF, elsewhere in the UK or internationally. Insights gained from this review informed the thinking about an Outcome and associated Indicators for the Scottish context. The review also established which measures could be used to inform the Indicators underpinning the proposed Outcome and which of these measures, in the form of, for example, existing statistical data or recurrent reviews, might already exist for Scotland. For the review, the researchers used search terms such as ‘social care AND performance framework’; ‘measuring social care outcomes’; ‘developing social care indicators’. Amongst others, the search engines Web of Science, Science Direct, Social Care Online were used.

The literature review was crucial for three reasons. First, it allowed the identification of a ‘pilot list’ of Indicators which could potentially be used to assess performance in achieving a new National Outcome on care for Scotland. Second, it produced a list of possible data sources for measuring these proposed Indicators. Third, the review helped the researchers to formulate the draft National Outcome Statement itself, emulating the style of the existing National Outcomes in the NPF. Both the list of potential Indicators and the draft National Outcome Statement informed

the second element of the research; a small-scale consultation. This consultation with a range of relevant stakeholders made use of the draft National Outcome Statement and the pilot list of Indicators. The interviews elicited what stakeholders thought of the proposed Statement and Indicators, and whether they had alternative proposals. The Outcome Statement formulated by the authors and used in the consultative interviews was ‘We value those needing care and those giving care’, and the initial list of Indicators is given in Table 1.

Table 1: Pilot list of Indicators as used in consultative interviews

Proposed Indicators
Funding levels
Voice of carers, care workers and those cared-for
Quality of life
Quality of care
Financial wellbeing
Safety
Life-care balance (time for one-self)
Social connections
Gender pay gap
Education and skills development
Fair Work and fair pay
Professionalisation
Suitable housing

The stakeholder consultees included four unpaid carers (parents and carers of siblings, spouses or older relatives), three care workers (working in care homes), and three people experiencing care. Researchers also interviewed eleven representatives of organisations – private, third sector or public – involved in providing, financing, monitoring care, or in supporting care recipients or providers. Lastly, via a focus group discussion the views of four independent academic

experts were sought. Altogether, 25 people contributed to the consultation. The consultees were identified by the research team and the advisory group on the basis of their role, position and interest in relation to the complex field of care. This sampling approach was in line with available time and resources and in recognition that while the project aimed at providing a blueprint for a new National Outcome, a larger-scale consultation would be required to further test and refine the Statement and Indicators.

Stakeholder views were captured through one-to-one interviews and through group discussions, all conducted either via the telephone or videoconferencing software. Given the small number of interviews, researchers make no claim that views captured are representative of the groups they spoke to.

2. Background and context

This chapter discusses the different forms of care – whether for adults or children, those with or without additional support needs, and whether paid or unpaid – by outlining the socio-economic situation of those providing and experiencing care. The quality of care is also considered, as is the quality of life of those providing care. When discussing care in all its aspects, it is important to understand the strongly gendered nature of all care work. While some UK-wide data is used, the focus is on Scotland. Data from before the Covid-19 crisis is contrasted with data from during the crisis. A comprehensive analysis of care and caring in Scotland is beyond the scope of both this chapter and report. It is, however, critical to recognise the varying and complex contexts in relation to each type of care, the scale of care work undertaken, the circumstances of those providing this care, and the impact of Covid-19.

The disproportionate role of women in caring

Care work is an often mentally and physically exhausting complex task, yet it tends to be viewed as low-skilled. This is partly explained by long-standing social norms which often define care as a role primarily undertaken by women. Across the world, paid and unpaid care work is disproportionately provided by women and girls (Coffey et al., 2020). This unequal distribution of care, as well as the under-valuing of it, impacts women throughout their lives. It perpetuates gender and economic inequalities, undermines their health and wellbeing, limits their economic prosperity, fuels gender gaps in employment and wages and amplifies existing vulnerabilities (Coffey et al., 2020). Women have less time to pursue paid work and career progression. This makes them more likely to have part-time or precarious work, earn less, and to live in poverty as they get older. UK data from before the Covid-19 pandemic shows that women carried out an average of 60% more unpaid care work than men (ONS, 2016). In Scotland, female carers undertaking paid and unpaid care work reported receiving relatively low levels of financial support and feeling undervalued for the significant contribution they make (Pautz (ed.), 2020).

Covid-19 has exacerbated the unequal distribution of care across the world (Oxfam GB, 2020). At UK level, data shows how the pandemic has intensified unpaid

caring responsibilities, with these falling disproportionately on women (Women's Budget Group, 2021). Research by the Women's Budget Group (2021) suggests the vast majority of women surveyed do not feel their specific needs have been considered and responded to well by the UK or devolved governments.

Unpaid carers for disabled and elderly people

Unpaid carers are those who provide support and care for family members with additional support needs without pay. Estimates suggest that, in the UK, around 3 in 5 people will be an unpaid carer at some point in their life (Carers UK, 2019). Prior to the pandemic, there were an estimated 788,000 carers, including 44,000 young carers, in Scotland (Scottish Government, 2018). In Scotland, unpaid carers are overwhelmingly women, with over 68.6% of Carer's Allowance Supplement payments in Scotland made to women (Social Security Scotland, 2021). Unpaid carers report facing significant financial hardship (Pautz (ed.), 2020) with Carer's Allowance and other benefits such as Universal Credit or Child Benefit not necessarily providing an overall income that allows their household to live free from the risk of poverty (Oxfam Scotland, 2020b). Some data on Scotland suggests that even before the pandemic, people in poverty care for longer: with 47% of carers in the most deprived areas caring for 35 hours a week or more – almost double the level in the least deprived areas (Scottish Government, 2019a).

The amount of time carers spend supporting others may adversely affect their employment outcomes as well as their income. Before the pandemic, 38% of carers reported they had given up work to care and 21% had reduced their hours (Carers Scotland, 2019). Despite these challenges, prior to Covid-19, around 270,000 people in Scotland combined work and care (Scottish Government, 2019b) – around one in eight – with this forecast set to rise as the population ages and people work longer (Carers Positive, 2021).

The pandemic increased the number of unpaid carers in Scotland, with reductions in social care and support packages, as well as respite care, and extensive closure of childcare and schools making caring more challenging (Scottish Women's Budget Group, 2021). Research from June 2020 showed around 392,000 people, 61% of who were women, had become unpaid carers due to the

pandemic, taking the total number of carers in Scotland to 1.1 million (Carers Scotland, 2020a). Unpaid carers reported significant challenges, including managing the stress and responsibility; negative impacts on their physical and mental health; not being able to take time away from caring; financial impacts of additional care costs; the impact on other personal relationships; the negative impact on their ability to do paid work; and not having anyone to talk to. There is also evidence that the pandemic significantly increased living costs – in Autumn 2020, nearly 30% of unpaid carers reported that they were struggling to make ends meet (Carers Scotland, 2020b).

An important group of unpaid carers are young people who provide care at home for family members or friends. Research found that young carers' and their families' financial difficulties had worsened with some household members being made redundant, having to work fewer hours, or facing a reduction in their income due to the furlough scheme (Maclean and Hay, 2021). Some family members had to put in more hours of care to cover the lack of support services available during the pandemic. Similarly, research suggests the pandemic dramatically impacted levels of wellbeing (Carers Trust, 2020).

Unpaid childcare

Those looking after children are more likely to live in poverty. While 13% of working-age couples without dependent children live in poverty, this rises to 17% for those couples with children, and to 38% for working-age single people with children (Scottish Government, 2021c). There are 144,000 lone parent families with dependent children in Scotland – 25% of all families with dependent children in Scotland (Public Health Scotland, 2020). Parent poverty is inseparable from child poverty. Even before the impact of the pandemic on household incomes, 24% of children in Scotland were in poverty in 2017–2020, up from 23% in the period 2016–2019 (Scottish Government, 2021e). More than two-thirds of these children lived in families in which at least one adult was working. At 38%, poverty rates are even higher among single-parent and multi-ethnic households, while 34% of households in which the youngest child was under one live in poverty (Scottish Government, 2021e). Paid work continues to be seen by many as the best route out of poverty, with this principle at the core of the UK's social security system

(e.g. Department of Work and Pensions, 2019). It is therefore essential for those with childcare responsibilities to be able to access employment, including through sufficient and effective employability support for people (One Parent Families Scotland, 2021). However, childcare costs in Scotland are amongst the highest in the UK, creating significant barriers for those looking after children, particularly those on low-incomes, to access education, training and paid employment (Engender, 2017). Analysis prior to the pandemic suggested that the high cost of childcare meant that 25% of parents living in absolute poverty in Scotland had given up work (Close the Gap, 2020). The pandemic has exacerbated financial pressures on many of those with childcare responsibilities. UK survey data highlights the disproportionate impact of the pandemic on parents on a lower-income with nearly twice as many mothers (15%) reporting having to take time off work with no pay due to school closures or a self-isolating/sick child compared to 8% of fathers. Some 13% of parents on lower incomes reported having lost jobs, compared to 9% of those on higher incomes (Fawcett Society, 2021).

Paid social carers and those employed in childcare

Scotland's social care sector directly employs 205,000 people, approximately 8% of the country's workforce. In 2019, women made up 83% of this sector (Scottish Social Services Council, 2020). The sector is estimated to contribute up to £3.9 billion to Scotland's economy (ICF, 2018). Prior to the pandemic, the sector was already stretched, with reports of local councils using their reserves to deal with financial pressures (BBC News, 2019) and concerns around increasing funding pressure on care services (Bell et al., 2020), including as a result of the rising and more complex demands placed on the system by an aging population (National Records of Scotland, 2019; The Scotsman, 2020).

Even before the full impact of the pandemic social care in Scotland was an 'increasing area of concern' with 'inadequate resourcing' (British Medical Association, 2020). Audit Scotland warned that more investment would be needed on top of almost £4 billion already spent each year on paid adult social care (Audit Scotland, 2021). Despite commitments to ensure that adult social care workers receive at least the Real Living Wage of £9.50 an hour (Scottish Government, 2020a), Audit Scotland

cites difficulties in recruiting staff due to low pay, antisocial hours, and difficult working conditions with over a third of services have staffing vacancies.

Being employed to deliver social care is not a guaranteed defence against poverty. The Scottish Government's 2020/21 independent Feeley Review on adult social care found that while the workforce was 'motivated' and 'resilient', serious concerns exist about the "casualisation" of the largely female social care support workforce, which is both undervalued and underpaid as a result' (Scottish Government, 2021f). The Review heard concerns that workers 'could earn more working in a supermarket', and about the absence of support and training. It concluded that social care staff 'do not feel valued', adding that this 'in no way correlates either with their skillset or importance to society' (Scottish Government, 2021f, 45). The findings of the Review echoed those of the Fair Work Convention which highlighted, in 2019, that 13% of the workforce work over 50 hours per week; 15% work unpaid overtime; 20% are not on permanent contracts; and 11% are on zero-hour contracts. The Convention found that working in the sector is 'fulfilling, but not always fair' (FWC, 2019).

While concerns around job quality are long-standing, research with people who care for adults in care homes highlight that pre-existing work quality issues have been compounded, including: a reported lack of management support; safety concerns, including access to trauma support; and inadequate pay, terms and conditions. This research points to a lack of sectoral bargaining and worker voice, staff feeling under-valued compared with NHS workers, and a sense that a cultural shift is needed to better value those who need care and those who provide it (Pautz et al., 2020).

In recommending the creation of a new National Care Service (NCS) in Scotland, the Feeley Review called for this to 'establish mandatory parameters within which adult social care is commissioned and procured', including 'minimum fair work standards for social care' (Scottish Government, 2021f, 83). It also called for a national organisation for training, development, recruitment and retention, and increased worker voice as part of sector-level collective bargaining of terms and conditions. It urged that the workforce

requires 'nurturing and strengthening' with strong and effective social care support being 'foundational to the flourishing of everyone in Scotland' (Scottish Government, 2021f, 4). Relevant to the context of this research, the Review both set out the economic case for increased investment in social care in Scotland and stressed how this would support wider the objectives of the National Performance Framework. Importantly, the Review said that an NCS would need to co-develop a set of 'outcome measures' with people using social care support, noting previous efforts to develop a single set of outcome measures were hampered by complexity and duplication (Scottish Government, 2021f).

While much of the focus vis-à-vis work quality issues in Scotland is on those employed in social care, there are also concerns around the quality of work for paid childcare workers. Women make up 96% of the paid childcare workforce in Scotland (Scottish Government, 2020b) and are systematically undervalued by the market (Engender, 2017). The Fair Work Convention has identified childcare as a sector in which action is required to expand collective bargaining (FWC, 2021).

3. Literature review

Care is increasingly recognised by policy makers and academics as essential for the functioning and reproduction of society (Bunting, 2020). Yet, there are only few countries with validated frameworks for measuring the performance of care provision. In order to inform our proposed NPF Outcome on care and Indicators for Scotland, we undertook a review of the literature on national and international developments in health frameworks, wellbeing frameworks, care policy, and care quality measurements. The rationale for including health and wellbeing frameworks in this review is that such frameworks often have elements of social care embedded within them. Care policy and quality measurements of care were reviewed to identify existing measurements that could be incorporated into a new National Outcome on care.

Measuring success or failure of health care systems – existing outcomes frameworks

Health care systems have long been expected to employ performance indicators (WHO, 2000; OECD, 2013). This is currently not the case for social care systems. However, even for health care there is only limited uptake of health performance frameworks and related indicators as tools for quality improvement internationally. Braithwaite et al. (2017) identified eight healthcare systems in OECD countries which use performance indicators. These were Australia, Canada, Denmark, England, the New Zealand, Scotland and the United States.

These healthcare performance indicators allow some lesson-learning for social care systems, bearing in mind that health and social care are very distinct, though increasingly integrated fields (Hendry et al., 2021). In Scotland, there are nine Health Quality Indicator Outcomes. Carers are mentioned in only one of these indicators, National Outcome 6 (not to be confused with the Outcomes of the NPF): 'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing' (Scottish Government, 2015).

In designing health outcome objectives and measurements, the focus is often on evaluating the cost-effectiveness of these interventions. For example, the 'quality-adjusted life year'

measure (QALY) is a widely-used health outcome measure that evaluates the cost-effectiveness of health interventions (Netten et al., 2012; Makai et al., 2014). However, such a measure neither captures the impact of care interventions nor the value of quality of life for carers.

Wellbeing frameworks

Some countries have experience of adopting wellbeing measurement frameworks as part of an evidenced-based approach to governmental decision-making and spending. The OECD has played a pivotal role in the concept of 'multi-dimensional wellbeing' as a measurement and analytical tool by developing instruments such as the Better Life Initiative (OECD, 2011 and 2020b), the Wellbeing Framework (OECD, 2020a), and the OECD Framework for Policy Action on Inclusive Growth (OECD, 2018). The Better Life Initiative considers what matters to people to achieve better lives, and measures these aspects through a set of wellbeing indicators (OECD, 2014; Durand, 2015).

Oxfam Scotland, in 2012, created a similar wellbeing analysis tool known as the Oxfam Humankind Index (Dunlop and Swales, 2012). The frameworks developed by the OECD and Oxfam propose similar outcomes to measure wellbeing, such as: income and wealth; jobs and earnings; housing conditions; health status; work-life balance; education and skills; social connections; civic engagement and governance; environmental quality; personal security; and life satisfaction.

Many countries have started thinking about such multi-dimensional approaches to measuring wellbeing or have already implemented them. For example, Germany's attempt at designing a national performance framework, called 'Our Lives, Our Surroundings, Our Country', was underpinned by twelve dimensions of wellbeing: healthy throughout life; good work and equitable participation; equal educational opportunities for all; having time for work and family; a secure income; living a life in security and freedom; acting with global responsibility and securing peace; living freely and equal before the law; preserving nature, protecting the environment; strengthening the economy, investing in the future; standing together in family and society; at home in urban and rural areas. Amongst its 46 indicators, only one directly measures an

important aspect of care, namely 'reduced working hours for care responsibilities' (Die Bundesregierung, 2017a).

New Zealand's Living Standards Framework features twelve domains of current wellbeing and four oriented toward future wellbeing, underpinned by 65 indicators (The Treasury New Zealand, 2018). While the OECD commended New Zealand's overall high standard of living, it criticised the Living Standards Framework for its lack of outcomes or indicators that explicitly relate to care (OECD, 2017).

The Netherlands began developing a composite indicator for wellbeing between 2013 and 2015. Drawing on the OECD's Better Life Index, Rijpma et al. (2017) included eleven dimensions of wellbeing: subjective wellbeing; health; work-life balance; education; housing; environment; safety; income; jobs; community; and civic engagement. In Italy, there are twelve domains of wellbeing: health; education and training; work and life balance; economic wellbeing; social relationships; politics and institutions; security; subjective wellbeing; landscape and cultural heritage; environment; innovation, research and creativity; and quality of services (Istat, 2019). Here, while indicators report on the number of beds in residential health care facilities or facilities supporting the elderly or those with disabilities and feature data on mental health and substance use issues, there is no mention of carers or care workers within the framework.

As a final and most recent example, the Canadian Government has begun developing a national performance framework centred on wellbeing. The move was precipitated by the Covid-19 pandemic which drew attention to a broad range of quality of life issues such as mental health, job security, the quality of long-term care, and gender imbalances in caring responsibilities (Department of Finance Canada, 2021).

What appears common across wellbeing frameworks is that their focus is often too wide to capture a sufficiently focused picture in relation to care systems, experiences of these systems, and success (or otherwise) of care interventions.

Approaches to measuring care

In the UK, Wales has been a frontrunner

in terms of the development of national outcomes focused specifically on unpaid carers. Its 2019 National Outcomes Framework for People who Need Care and Support (Welsh Government, 2019) is part of Wales' wellbeing strategy and uses outcome indicators clustered under eight tenets of wellbeing (rights and entitlements; physical and mental health and emotional wellbeing; protection from abuse and neglect; education, training and recreation; domestic, family and personal relationships; contribution made to society; social and economic wellbeing; suitability of living accommodation). However, the Welsh model omits care workers from its considerations.

As discussed earlier, Scotland seeks to establish a National Care Service (NCS). The 2020/21 Feeley Review, which recommended such an NCS, did not make any explicit recommendation vis-à-vis a new NPF Outcome on care or amending existing ones so that they incorporate care. However, the review urged that a future National Care Service would need to co-develop a set of 'outcome measures' with people using social care support, patients, unpaid carers, providers, clinicians and professionals, and then monitor their delivery. It also noted that previous efforts to develop a single set of outcome measures were hampered by complexity and duplication so that the creation of 'a single, clear set of outcomes' should now be deemed necessary (Scottish Government, 2021f). Despite these recommendations, the subsequent Scottish Government proposals on an NCS put out for consultation in August 2021 did not include an NPF element.

England has embarked on a journey toward measuring care outcomes through a performance management approach. One development towards such an approach was the inclusion of the Adult Social Care Outcome Toolkit (ASCOT), as proposed by Netten et al. (2012) in the annual national Adult Social Care Survey for England (Department of Health, 2017). Netten et al. were inspired by equivalent approaches with a focus on health care outcome measurement and included domains such as control over daily life; personal cleanliness and comfort; food and drink; accommodation cleanliness and comfort; safety; social participation; occupation; dignity; and living situation in their toolkit. These measures only include those

receiving care; however, further developments of ASCOT allowed inclusion of unpaid carers, too (Holder et al., 2009; Fox et al., 2010). In the ASCOT-Carer toolkit, attributes such as the effect of caring on carers' quality of life, control over daily life, self-care, personal safety, social participation, space and time to be yourself, and feeling supported and encouraged stand out. The Adult Social Care Outcomes Framework (ASCOF) used in England uses a version of the ASCOT-Carer.

In 2018/19, Northern Ireland's government published its Outcomes Delivery Plan, a plan with twelve outcomes and 49 indicators. It also generated, with the Outcomes Viewer, a platform where the public can easily view performance on outcomes. In a revised version, and put to consultation in 2021, Northern Ireland has increased the number of Outcomes to fourteen, including Outcome 8 which explicitly covers care: 'We care for others and we help those in need' (Northern Ireland Executive, 2021). If adopted, Northern Ireland may become the first nation to include a specific outcome on care within their national wellbeing framework. Northern Ireland's proposed outcome on care centres on those who receive care – children, people with disabilities, victims of abuse, those experiencing bereavement, and asylum seekers and refugees. In the consultation document, six indicators for assessing how well they are meeting Outcome 8 are suggested: poverty; mental health; quality of life for people with disabilities and their families; supply of suitable housing; support for looked after children; and support for adults with care needs. Within the consultation process, the outcome on care received strong support, with 90% of respondents agreeing to its inclusion as drafted, and a further 8% agreeing its inclusion with some modifications. Notably, the experience of those providing care is not measured within this outcome.

Care policy development has in other contexts come to use outcomes and indicators. In New Zealand, the Carers' Strategy Action Plan 2019–2023 places an emphasis on improving the wellbeing of carers. Examples of objectives are that carers can take breaks from their care role, that the health and wellbeing of carers will be improved, and that carers will have adequate financial assistance to cover the costs of caring (Ministry of Social Development, 2019). With regards to attempts to include care

in a national performance framework as an outcome, Germany tried to do so in its wellbeing framework. However, it does so only with regards to the balance of paid work and care responsibilities thus taking a very limited view on care under an outcome called 'Having time for family and work' (Die Bundesregierung, 2017b).

4. A National Outcome on care: our proposal

Based on the review of existing international frameworks surrounding care and the consultative interviews, we propose a National Outcome Statement and 'Beacon Indicators' (and subsumed 'Sub-indicators') below. We also provide justifications for the National Outcome Statement and Indicators as we proposed them.

Our proposed National Outcome deviates, to some degree, from the current format for NPF Outcomes as will be discussed in our concluding remarks. We also present a second option of a National Outcome on care that matches the current NPF format. However, our first option as presented immediately below is the one which we think would work best in terms of addressing the complexity of the field of care and the diversity of those providing and experiencing care.

We recommend that our proposals, as blueprints, are further consulted upon by the Scottish Government during their upcoming public engagement on the NPF.

Our proposed National Outcome Statement

Each National Outcome is described by a short Statement. This is our proposed National Outcome Statement on care:

'We fully value and invest in those experiencing care and all those providing it'

Our proposed Supporting Statement

In the existing NPF, each National Outcome is accompanied by a short 'supporting statement'. In relation to the above National Outcome Statement on care we therefore propose:

'We live in a country that fully values and invests in care in our society, including paid and unpaid carers as well as the adults and children they support. Everybody in their life needs care, and a society's character is determined by how it treats its most vulnerable members. We understand that caring is a difficult and often physically and emotionally challenging task and that it requires wide-ranging support, including to ensure those providing care have a sustainable income that fully protects them from poverty.'

Our proposed Vision

Each existing National Outcome within the NPF is accompanied by a statement which sets out the 'vision' which the relevant National Outcome will help to realise. In relation to our proposed National Outcome on care we propose:

'We live in a "Scotland that cares" for all those providing care, whether paid or unpaid, and for all those experiencing care. We have a sustainably financed care system in which people experiencing care exercise the widest range of choice. We have a care workforce that is recognised for the importance and difficulty of their profession and that works in 'decent work' conditions. Scotland's many unpaid carers – whether those looking after children or supporting adults – are recognised for what they do and are given the right level of support. This includes financial support that fully protects them from the risk of falling into poverty; support to access decent work for those who wish and have the available time to undertake it; and support to deal with health and mental health challenges, as required. Those experiencing care in Scotland – adults and children – know that they can rely on the best possible care system and on one that allows them the best person-centred care delivered in ways that provide them with meaningful choice over the care they receive and positive care relationships.'

Our proposed National Outcome Indicators

To measure progress against the new National Outcome outlined above, we propose a series of 'Beacon Indicators', with each linked to a more detailed set of 'Sub-indicators'. Monitoring of the Sub-indicators would allow an assessment of whether the Beacon Indicator is 'maintaining', 'improving' or 'worsening', as per the current approach adopted by the NPF. In turn, an assessment of progress against each Beacon Indicator would provide a sense of whether Scotland is making progress in delivering upon the overall National Outcome. We believe this two-tier model would reflect the breadth, diversity and complexity of care, and thereby create a robust model for monitoring progress against our proposed new National Outcome on care. It should be noted that both the Beacon

Indicators and Sub-Indicators proposed below relate to all forms of care, both paid and unpaid and for both adults and children, unless otherwise specified.

We recommend that each Indicator suggested should record data on the gender, age, socio-economic status, family type, and ethnicity

of the carer or person experiencing care that the data relates to. This would enable the Scottish Government, the Scottish Parliament and the Scottish public to examine the intersecting ways in which these characteristics are implicated within care provision and experience.

Table 2: Our proposed National Outcome Indicators

Beacon Indicator	Sub-indicators
1. Quality of life of carers, care workers, and those experiencing care	<ul style="list-style-type: none"> • Life chances of young carers • Mental wellbeing • Social connections • Life-care balance • Respite availability
2. Quality of care for all	<ul style="list-style-type: none"> • Access and affordability of social care and childcare • Adequacy of the quality of care experienced • Safety • Support for unpaid carers
3. Financial wellbeing of carers, care workers, and those experiencing care	<ul style="list-style-type: none"> • % of care workers, carers and those experiencing care in poverty • Cost of care as a % of household income • Lifetime earnings gap • The length and level of paid maternity and paternity leave • % of unpaid carers who feel supported towards and within decent work
4. Voice and influence of care workers, carers and those experiencing care	<ul style="list-style-type: none"> • Choice over the nature of the care and how it is delivered (people experiencing care and, in the case of children, their parents/ guardians) • Unpaid carers' choice over the care they provide • Care workers feel their employers listen to them • Carers and those experiencing care have influence over care policy and spending
5. Access to education and training	<ul style="list-style-type: none"> • % of people experiencing care in education • % of care workers in vocational training • % of unpaid carers in education • % of unpaid carers who have received care-based training
6. Adequacy of funding for care	<ul style="list-style-type: none"> • Levels of funding of third sector care programmes • Level of funding committed to National Care Service (NCS) • Level of funded Early Learning and Childcare hours • Level of funding committed to social security entitlements for those with a disability, and unpaid carers for adults or children per recipient
7. Job quality of social care and childcare workers	<ul style="list-style-type: none"> • Pay levels for care and childcare workers • Job satisfaction • Unpaid overtime worked • Holiday entitlement

Sustainable Development Goal matching

Each existing National Outcome within the NPF is linked to relevant Sustainable Development Goals. We propose the National Outcome on care is linked to:

Goal 1: No Poverty; Goal 3: Good Health and Wellbeing; Goal 5: Gender Equality; Goal 8: Decent Work and Economic Growth; Goal 10: Reduce Inequalities

Developing the proposed National Outcome Statement

Our proposed National Outcome Statement – ‘We fully value and invest in those experiencing care and all those providing it’ – was developed through the consultative interviews on the basis of the authors’ proposed pilot statement ‘We value those needing care and those giving care’. Interviewees suggested that the words ‘needing’ and ‘giving’ were problematic as they denoted a specific power relation:

“‘Giving care’ makes it [care] sound like a gift, rather than essential’
(Stakeholder interviewee)

‘I don’t like the word “needing”... I think it’s disempowering for disabled people – like we can’t do anything on our own. It makes it sound like care is a one-way thing, too’ (Person experiencing care).

‘Receiving’, ‘experiencing’ and ‘providing’ were suggested as alternatives that did not carry the connotations of a power-imbalance and left open the possibility of care to be provided by those who experience care also. We would, however, recommend this terminology is considered further. The term ‘value’ received mixed opinions. On the one hand, it was seen by many interviewees as a positive term to include within the outcome statement:

‘I really like the word “value”. I think a lot of the time disabled people can feel like a nuisance. It [the wording of the pilot statement] makes you feel valuable to society, (Person experiencing care).

The term ‘value’ was also seen to be limited in meaning:

‘It’s a bit woolly. Like, what does “value” mean? The Scottish Government can

say they value anything, but what will they do?’ (Unpaid carer)

‘The [pilot] statement isn’t strong enough. It needs words like “support”, “commit”, or “invest” – active words that ask for action’ (Stakeholder interviewee).

We opted to keep the word ‘value’ within the Outcome Statement and to include the word ‘invest’ to create a Statement that demonstrates both recognition of the social value of those providing and experiencing care and commits to improving care in Scotland through investment.

Developing the proposed National Outcome Indicators

In the following, we describe the seven new Beacon Indicators and associated Sub-indicators to underpin the new Outcome on care in some detail. Again, we use interview excerpts to explain how the consultation helped us arrive at the Indicators. Lastly, we provide suggestions as to where data for measuring the Indicators can be found. These sources include the Scottish Household Survey (SHS), the Scottish Health and Care Experience Survey (HACE), the Family Resources Survey (FRS), the ONS Labour Force Survey (ONS LFS) and the ONS Annual Population Survey (ONS APS). Some Indicators may be linked to more than one of these sources of data. For this report and for ease and clarity we have only indicated one source for each (see Appendix 1 for detail).

In our attempts to identify useful data sources for the Indicators, we met two challenges. First, we were not able to identify existing data for each of our Sub-indicators. We highlight such gaps in the below. Second, even where we were able to identify a data source related to a proposed Indicator, this data does not always come in the form which allows for disaggregation for care workers, unpaid carers, and those experiencing care. It is therefore recommended that further work be undertaken to match the proposed Sub-indicators to data sources, while recognising that some new data sources need to be developed where existing data sources are insufficient. This reflects the Scottish Government’s ongoing process to develop data sources for a number of the existing National Outcomes within the NPF.

Beacon Indicator 1: *Quality of life of carers, care workers and those experiencing care*
Quality of life is central to many international wellbeing frameworks. This Indicator was suggested most frequently (alongside the indicator of 'financial wellbeing') by interviewees before they were asked to review and comment upon the pilot list of Indicators. During the consultative interviews, quality of life was also most commonly suggested to be one of the most important Indicators. This Indicator encompasses a number of different aspects for interviewees:

'I think quality of life is most important. People need to be mentally well, feel supported, healthy, able to do things that they want to do... feel at least okay' (Unpaid Carer).

Mental wellbeing was seen as a key part of quality of life by many interviewees:

'I think wellbeing is really important – I guess that's covered in quality of life? Like having good mental wellbeing' (Person experiencing care)

'I suppose mental wellbeing isn't mentioned here, or stress and depression – could you put that in? Caring can be quite overwhelming, so stress and depression can be quite difficult and it is quite a challenging role' (Unpaid carer).

We suggest the Beacon Indicator Quality of life to have five Sub-indicators: life chances of young carers; mental wellbeing; social connections; life-care balance; and respite availability.

Social connections of those experiencing care, life-care balance, and respite availability could be measured through the HACE, SHS, and local authority social care departments' reports.

We have not been able to identify data sources to measure 'mental wellbeing' or 'life chances of young carers'. If adopted, these Indicators would require the development of new datasets. The SHS does include a question on mental wellbeing. However, it does not collect data on whether individuals are carers (including parents or guardians). We therefore suggest adding a question on care status to the SHS.

Beacon Indicator 2: *Quality of care for all*
Quality of care is highly important for the lives of both those who experience care and provide care. The literature suggests a number of items that impact the quality of care, such as personal cleanliness and comfort, availability of support, safety and dignity. Our interviewees also emphasised the importance of the quality of care, often in contrast to the 'quantity' of care:

'I think quality of care is really important because you might technically be receiving support or care, but, if it's not enough time, or not appropriate, or not done well then... then it's not really helping properly' (Person experiencing care).

Some of our interviewees also highlighted that high quality of care is only meaningful if it is actually fully accessible to those who require it. One interviewee suggested adopting the capabilities approach of the United Nations (UN):

'The UN uses a capabilities approach – how capable are people to access services that can mean that they can achieve their social rights. This often brings up gendered differences' (Academic interviewee).

Drawing on the quality of care aspects as discussed in the literature review and in our interviews, this Beacon Indicator is proposed to have four Sub-indicators: access and affordability of support; adequacy of care; support for unpaid carers; and safety. A new measurement would need to be developed for the Sub-indicator 'access and affordability of social care and childcare' as we have not been able to identify regular data collections of this. Data on adequacy of care experienced, safety, and support for unpaid carers is held by the Care Inspectorate and the HACE.

Beacon Indicator 3: *Financial wellbeing of carers, care workers and those experiencing care*

International wellbeing frameworks consistently have a measure of financial wellbeing. The NPF contains an Outcome on poverty; however, it does not specifically measure the financial experiences of unpaid carers, care workers, or those experiencing care. Our interviewees

suggested that the financial wellbeing of carers and those experiencing care would be an important part of a National Outcome on care:

'A most important indicator for me would be that people who choose to care are appropriately recompensed' (Stakeholder interviewee)

'Many of the care staff come from deprived areas and live in situations of poverty and debt. The low pay makes it difficult for them to escape from these situations' (Paid care worker).

Given the gendered division of paid and unpaid care work, it is also important to capture how gender impacts patterns of financial wellbeing. One interviewee suggested 'life-time earnings' as a good way to capture gendered differences:

'Life-time earnings as a measurement is an internationally increasingly used measurement. It's good for long-term policy planning and is more useful than gender pay gap. It shows financial inequality across the lifespan' (Academic interviewee).

We propose the Beacon Indicator 'financial wellbeing' to have five Sub-indicators: cost of care as a percentage of household income; percentage of unpaid carers and care workers and those experiencing care in poverty; life-time earnings gap; the length and level of maternity and paternity financial support; and unpaid carers feel support in and towards decent work. The Sub-indicator 'cost of care as a percentage of household income' and 'lifetime earnings gap' would both require the development of new measurements. While the Scottish Household Survey currently collects data on childcare costs as a percentage of household income, this only partially addresses the 'cost of care' indicator. An additional question on care costs for a household member with a long-term disability or illness would enable this Indicator to be fully measured.

The 'lifetime earnings gap' refers to the gap in earnings between women and men across the life-course. Given that women disproportionately take on unpaid caring roles at various points across their life, this

measurement can go beyond hourly, or annual, gender pay gap measurements to identify the impact of gender on pay across a lifetime. Examples of how the lifetime earnings gap can be measured are outlined by Boll et al. (2017).

The remaining Sub-indicators can be measured through the FRS, Wealth and Assets Survey, and Department of Work and Pensions Annual Benefit Expenditure tables, with the exception of 'unpaid carers feel support in and towards decent work'. The latter would require a new measurement undertaken, ideally through a qualitative approach.

Beacon Indicator 4: *Voice and influence of carers, care workers and those experiencing care*

In line with human rights principles underpinning wellbeing frameworks, we recommend a Beacon Indicator to measure the opportunities which carers, care workers and those experiencing care have to inform and influence the parameters which structure their care or care providing experience at both the policy and delivery levels. A number of interviewees called for unpaid carers and care workers and those experiencing care to be included in the design of care policies, structures and processes:

'I like this indicator. It's really important that carers and those receiving care are listened to rather than decisions made for them' (Person experiencing care)

'Bringing carers and care workers into the design of Outcomes and Indicators would be important as care providers have a disproportionately loud voice in the debate' (Academic interviewee).

Regarding choice, interviewees suggested that this is highly important, but often overlooked with regards to those providing care on an unpaid basis:

'Do unpaid carers have a choice in their care situation? We need to get to a place where they can choose to care, and also choose time where they are not caring because the services are there to enable them to do so' (Stakeholder interviewee).

This Beacon Indicator has four Sub-indicators:

choice over the nature of care and how it is delivered (care recipients and, in the case of children, their parents/guardians); unpaid carers' choice over the care they provide; care workers feel their employers listen to them; and carers and those experiencing care have influence over care policy and spending.

The HACE has data that can be used to measure 'choice over the nature of care and how it is delivered'. The LFS can be used to measure workplace voice. New measurements would need to be created to measure 'unpaid carers choice on the level of care they provide', and 'carers and those experiencing care have influence over care policy and spending'.

Beacon Indicator 5: *Access to education and training*

Interviewees discussed the educational training provided for paid and unpaid carers. It was felt by many that there are gaps in carers' knowledge and skills that could be addressed via an Indicator on education:

'We are given the training that we are legally required to, but if you are providing good support to complex needs there can never be enough training or too much education, and there is a lot missing. We need upskilling so we can achieve better outcomes for those we care for' (Care worker)

'I think it would be really good for unpaid carers cause it would help them feel better able to know what they should definitely do, and feel less... like... out there on their own in terms of working things out' (Care user).

In addition to discussing care-related education and training, interviewees also discussed unpaid carers' opportunities to engage in formal education or paid work:

'Better support for student carers would be good, too. I don't have any routine with my studies. We always have to make sure someone is at home, so, when I am at home I try to keep him occupied with colouring or put the TV on for him and I try study' (Unpaid carer).

This Beacon Indicator has four Sub-indicators:

percentage of people experiencing care in education; percentage of care workers in vocational training; percentage of unpaid carers in education; and percentage of unpaid carers who have received care-based training.

These indicators can be measured through the ONS APS and the LFS, with the exception of 'percentage of unpaid carers who have received care-based training'. The latter would require a new measurement.

Beacon Indicator 6: *Adequacy of funding for care*

Whilst no international wellbeing framework currently measures the funding of care, many governments do measure the funding of health, or 'health and social care'. We recommend 'funding of care' as a Beacon Indicator for an Outcome on care to demonstrate and measure the financial investment in each of the different forms of care.

Interviewees suggested that financial investment in care is essential for delivering high quality care:

'The care system needs to be properly resourced so that care workers can consistently deliver compassionate and dignified care. This would mean care workers not being rushed, so enough funding to pay for adequate staff' (Stakeholder interview).

Interviewees also suggested that measuring the funding of care includes measuring more than the funding of the future National Care Service (NCS):

'The NCS is only one element, but also the third sector and community programmes that people benefit from' (Stakeholder interview)

'We don't know what the NCS will look like, so, where is that money going? What is it funding? Is it only care homes for the elderly? Cause that isn't the only type of care that's going on. Will it cover unpaid carers, too?' (Unpaid Carer).

The proposed Beacon Indicator 'Adequacy of funding for care' has four Sub-indicators: levels of funding of third sector care programmes;

level of funding committed to the NCS; Level of funded Early Learning and Childcare hours; and level of funding committed to social security entitlements for those with a disability and unpaid carers (for adults and children) per recipient.

Data for the funding of the NCS will be held by the Scottish Government, data on social security entitlements for those with a disability and unpaid carers for adults and children can be gained through the UK Government Department for Work and Pensions' Benefit Expenditure tables, data on early learning and childcare funding can be gained through the Scottish Government Early Learning and Childcare (ELC) census, and the funding of third sector care programmes can be collected via relevant third sector annual reports.

Beacon Indicator 7: *Job quality of social care and childcare workers*

The paid care workforce is a key component in delivering care. Research has demonstrated that care workers in Scotland experience significant issues affecting their job quality, such as long hours, unpredictable shift patterns, difficulty accessing sick pay, insecure contracts, and poor relationships with management (Pautz et al., 2020). These issues were mirrored in our interviews with care workers:

'It's an ever-shrinking pool of potential people being paid a pittance. The rotation of staff is phenomenal, and it affects continuity of care' (Care worker)

'It's difficult to say "no" to overtime but it's also difficult to accommodate it when you know you are working 12 days in a row with a few days off and then another 12 days so you don't want to give up those two days. Sometimes your shifts are 33 hours long if you work a sleepover shift with two day shifts on either side of it it's a lot. It's become the standard, and comes back to how difficult it is to find routine staff with companies paying less holiday pay, sick pay and pension' (Care worker).

This Beacon Indicator has four Sub-indicators: pay levels for care and childcare workers; job satisfaction; unpaid overtime worked; and holiday entitlement. All four of these indicators can be measured through the LFS.

A proposed Outcome on care to fit the existing NPF structure

Our model for a National Outcome, as proposed above, deviates from the standard NPF format in as far as we suggest seven Beacon Indicators, each with a set of Sub-indicators. We envisage each Sub-indicator being matched to a single source of data. In contrast, the current NPF only allows one measurement per Indicator (of which there are between seven and ten per Outcome).

The reason for our more complex proposed Outcome is that we believe this expanded way of measuring progress towards an Outcome is necessary because of the complexity and diversity of the field of care. However, we also recognise that implementing the National Outcome on care in the format suggested above may require reformatting the other existing National Outcomes, too. Therefore, we are providing an adaptation of our proposed list of Sub-Indicators, as outlined above, to match the current format of the NPF.

Table 3: Our proposed alternative National Outcome Indicators to fit the existing NPF structure

Beacon Indicator	Sub-indicators	NPF-style measurement	Data source
1. Quality of life of carers, care workers, and those experiencing care	<ul style="list-style-type: none"> • Life chances of young carers • Mental wellbeing • Social connections • Life-care balance • Respite availability 	<ul style="list-style-type: none"> • Unpaid carers' life-care balance 	Health and Care Experience Survey
2. Quality of care for all	<ul style="list-style-type: none"> • Access and affordability of social care and childcare • Adequacy of the quality of care experienced • Safety • Support for unpaid carers 	<ul style="list-style-type: none"> • Adequacy of quality of care experienced 	Care Inspectorate data
3. Financial wellbeing of carers, care workers, and those experiencing care	<ul style="list-style-type: none"> • % of carers and those receiving care in poverty • Cost of care as % of household income • Lifetime earnings gap • The length and level of paid maternity and paternity leave taken • % of unpaid carers who feel supported towards and within decent work 	<ul style="list-style-type: none"> • % of unpaid carers in poverty 	Family Resource Survey
4. Voice and influence of carers and those experiencing care	<ul style="list-style-type: none"> • Choice over the nature of the care and how it is delivered (care users and, in the case of children, parents/guardians) • Care workers feel their employers listen to them • Unpaid carers' choice over the care they provide • Carers and those experiencing care have influence over care policy and spending 	<ul style="list-style-type: none"> • Choice over the nature of the care (care recipients) 	Health and Care Experience Survey

Beacon Indicator	Sub-indicators	NPF-style measurement	Data source
5. Access to Education and Training	<ul style="list-style-type: none"> • % of people experiencing care in education • % of care workers and unpaid carers in vocational training • % of unpaid carers in education • % of unpaid carers who have received care-based training 	<ul style="list-style-type: none"> • % of care workers in vocational training 	Office for National Statistics Annual Population Survey
6. Adequacy of Funding of care	<ul style="list-style-type: none"> • Levels of funding of third sector care programmes • Level of funding committed to National Care Service (NCS) • Level of funded Early Learning and Childcare hours • Level of funding committed to social security entitlements for those with a disability and unpaid carers for adults and children per recipient 	<ul style="list-style-type: none"> • Annual investment in the National Care Service 	Scottish Government Annual Budget
7. Job quality of social care and childcare workers	<ul style="list-style-type: none"> • Pay levels for care and childcare workers • Job satisfaction • Unpaid overtime worked • Holiday entitlement 	<ul style="list-style-type: none"> • Pay levels for social care and childcare workers 	Office for National Statistics Labour Force Survey

The single measurements chosen have been distributed so as to give an equal number of Indicators to care workers, unpaid carers, and those experiencing care. This means that the single measurement chosen for each Indicator in most cases cannot measure for unpaid carers (including for both adults and children), care workers (including for both adults and children), and those experiencing care. The single measurements chosen would give, arguably, some indication of whether the Sub-indicators are being met positively (or not) for the given demographic (un/paid carer or those experiencing care). For example, data on 'life-care balance' touches upon the Indicators of respite availability, life chances of young carers, social connections, and mental wellbeing which we propose as crucial for measuring 'quality of life'. In other words, a positive life-care balance score suggests that some, or perhaps all, Sub-indicators are being experienced positively by the respondent.

Equally, a poorer life-care balance score suggests that some, and perhaps all, of the Sub-indicators are experienced negatively. However, including only one data set per Indicator cannot feasibly provide a detailed account of whether the Sub-indicators are experienced positively or negatively, but only indicate, in a limited way, whether there is progress or otherwise.

Therefore, we strongly recommend our originally proposed format – with Beacon Indicators and Sub-indicators – as we do not believe that the Indicator set as adapted to the current NPF structure can provide a sufficiently robust assessment of progress against the proposed new National Outcome on care. The adoption of such an approach would risk providing a false assessment of whether Scotland is fully valuing and investing in those experiencing care and all those providing it.

Conclusion

With this report we provide a fully formulated blueprint for a National Outcome Statement on care, a set of Indicators that are useful in measuring progress or otherwise in attaining the Outcome, and suggestions for data sources and ways to measure success or failure. Acknowledging both the complexity of the field of care and caring and the current shape of the NPF, we provide two options for Indicators and their associated measurements – first, a set of Beacon Indicators with Sub-indicators; second, a shorter list of Indicators to match the current NPF format.

We think that the approach which proposes Beacon Indicators and Sub-indicators will provide a fuller picture of care in Scotland. We propose also that an approach which uses Beacon Indicators and Sub-indicators more broadly across the NPF could improve the Scottish Government's understanding of how and where Outcomes are attained. No doubt, this approach is more complex as more data sources are needed to do justice to the Sub-indicators. However, most of these data sources exist and their inclusion across a revised NPF would provide a more comprehensive picture than is currently possible. Where data does not exist, changes to existing instruments could be made as we suggest in the report, and a number of new data sources would need to be developed.

We also encourage the Scottish Government to consider ways of including qualitative data in assessing an Outcome on care. There was a consensus amongst interviewees that a new Outcome on care requires such data to understand the complex lived experience of care:

'I feel like you can't understand care by looking at a statistic...I think it's too personal for that. I think that understanding of people's lives and experiences is needed' (Care user)

'Measures are often about [quantitative] inputs and outputs, and we struggle to understand outcome measures. But if you start to ask people "what does good look like for you?" or "what difference has this made for you?", the stories help you understand. Lived experience and stories about outcomes is what makes a difference. We back up metrics with stories' (Stakeholder interview).

We therefore recommend that the Scottish Government considers developing a new regular qualitative survey to supplement, and further make sense of, the quantitative indicator data. Such qualitative data would enable the complexities of providing and experiencing care to emerge and would, additionally, support the general shift towards a person-centred approach to care. By adopting a new National Outcome on care, bolstered by a robust monitoring framework, Scotland would be in a significantly improved position to measure whether it is valuing and investing in all those experiencing and providing care. Scotland would also be amongst the first countries to do so in such a comprehensive and explicit way.

No doubt, what is proposed in this report requires refinement, including that which those who experience and provide care can bring to it through a well-structured and meaningful consultation process. However, we are confident that our proposal constitutes at least a useful basis for the necessary discussion about expanding the NPF to accommodate a specific Outcome on care.

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Appendix 1. Indicator source map

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Quality of life	Life chances of young carers	New indicator needed	Not applicable	-
	Mental wellbeing	New indicator needed	Not applicable	Scottish Household Survey could be used if an additional question was included on care status
	Social connections	Scottish Household Survey	How often do you meet socially with friends, relatives, neighbours or work colleagues? By long-term physical or mental health condition	-
	Life-care balance	Health and Care Experience Survey	Q32 'I have a good balance between caring and other things in my life'	-
	Respite availability	Local authorities' social care departments	Not applicable	-

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Quality of care	Access and affordability of support	New indicator needed	Not applicable	-
	Adequacy of care	Care Inspectorate	Proportion of services graded 'good' or better	-
	Safety	Health and Care Experience Survey	Q26 'I felt safe'	-
	Support for unpaid carers	Health and Care Experience Survey	Q 45f 'I feel supported to continue caring'	-

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Financial wellbeing	% in poverty	Family Resource Survey	Household income disaggregated by disability and carer status	-
	Cost of care as % of household income	New indicator needed	Not applicable	Scottish Household Survey collects data on childcare costs: 'amount spent on childcare as % of household income during school term time'. An additional question on care costs for a household member with a long-term disability or illness would enable this indicator to be measured

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Financial wellbeing	Lifetime earnings gap	New indicator needed	Not applicable	Guidance on developing a life-time earning gap measure can be found in Boll, Jahn, and Lagemann (2017)
	Level and length of paid maternity and paternity leave	Department for Work and Pensions Annual Benefit Expenditure tables	Not applicable	-
	Unpaid carers feel supported towards and within decent work	New indicator needed	Not applicable	Requiring a new measurement undertaken through a qualitative approach with unpaid carers

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Voice	Choice over the nature of care and how it is delivered	Health and Care Experience Survey	Q25 Choice in social care	-
	Unpaid carers choice over care they provide	New indicator needed	Not applicable	-
	Care workers feel employers involve them in decision making	Office for National Statistics Labour Force Survey	'How good or poor would you say managers at your workplace are at involving employees and their representatives in decision making?'	-
	Carers and those experiencing care have influence over care policy and spending	New indicator needed	Not applicable	-

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Access to education and decent work	% of those experiencing care in education	Office for National Statistics Annual Population Survey	Disaggregated for disability or long-term health condition	-
	% of care workers in vocational training	Office for National Statistics Annual Population Survey	-	-
	% of unpaid carers in education	New indicator needed	Not applicable	-
	% of unpaid carers who have received care-based training	New indicator needed	Not applicable	-

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Adequacy of funding for care	Level of funding committed to the National Care Service	Scottish Government annual budget	Not applicable	-
	Level of funding of third sector care programmes	Third sector care organisation annual reports	Not applicable	-
	Level of funded Early Learning and Childcare hours	Scottish Government Early Learning and Childcare Census	-	-
	Level of funding committed to social security entitlements for those with a disability and unpaid carers for adults and/or children	Department of Work and Pensions Annual Benefit Expenditure tables	Not applicable	-

Beacon Indicator	Sub-indicators	Data Source	Survey Question	Additional Comments
Job quality for care workers	Pay levels for care workers	Office for National Statistics Labour Force Survey	What is your basic hourly rate?'	-
	Job satisfaction	Office for National Statistics Labour Force Survey	'Overall, how satisfied are you with your job?'	-
	Unpaid overtime worked	Office for National Statistics Labour Force Survey	'How many hours of unpaid overtime do you usually work?'	-
	Holiday entitlement	Office for National Statistics Labour Force Survey	'How many days of paid holiday are you entitled to each year?'	-



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