Self-Directed Support and Older People: a research report

Dr Donald Macaskill

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http://scottishcare.org/self-directed-support/

Self-Directed Support and older people:

About Scottish Care

Scottish Care is a membership organisation and the representative body for independent social care services in Scotland.

Scottish Care represents the largest group of Health and Social Care sector independent providers across Scotland delivering residential care, day care, care at home and housing support. 'Independent sector' in this context means both private and voluntary provider organisations. Our membership includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations.

Our members deliver a wide range of registered services for older people and those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems. These services include, but are not limited to, residential care, nursing care, care at home, day care, housing support, respite, intermediate, step-up and step-down care.

Scottish Care counts over 400 organisations as members, which totals almost 900 individual services across Scotland.

Scottish Care members (across the private and voluntary sector) operate 745 care homes, primarily being those which cater for older people. As at 31st March 2014 there were 902 care homes for older people[1] . This means that, as at 2014, Scottish Care through its membership represents 83% of care homes for older people.

The private and voluntary sectors are significant providers of social care - in 2014, these sectors provided 85% of care home places[2] and contributes to 53% of home care hours for older people[3]

Scottish Care is at the forefront of the national policy agenda and was closely involved in the development of the Self-Directed Support Act and its Statutory Guidance. We are committed to ensuring that the principles of **participation and dignity, involvement, collaboration and informed choice,** which lie at the heart of the SDS Act are embedded in provider practice across Scotland.

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[1] ***Care Home Census 2014 - Summary*** **, ISD Scotland** https://isdscotland.scot.nhs.uk/Health-Topics/Health-and-Social-Community-Care/Publications/2013-10-29/2013-10-29-CHCensus-Summary.pdf?28725832701

[2] ***Ibid***

[3] ***Social Care Services, Scotland, 2014*** *http://www.scotland.gov.uk/Resource/0046/00463974.pdf*

From 2012-2015 we ran the **People as Partners** project designed to build the capacity of the independent care sector to be responsive to the emerging self-directed policy and Act. Further details of the resources produced by that project are available to download at: http://scottishcare.org/self-directed-support/

Introduction.

The majority of the services supported by Scottish Care members are delivered to older people. We are convinced that for self-directed support to result in the desired change in practice and experience for supported individuals in Scotland, that it has to become an effective model of delivering social care support for older people in particular.

In the May-July of 2015 Scottish Care undertook two pieces of research to ascertain the relative uptake of and experience of self-directed support for older people in Scotland. This research is from the perspective of providers of older people's support and whilst not claiming to be exhaustive nevertheless provides an indication of the scope and challenges facing the implementation of this key Scottish Government strategy.

Methodology.

Stage One:

Research conducted in spring 2015

An online survey was developed and sent to providers in early 2015 asking them to reflect on their experience of self-directed support.

The survey was sent via email to all independent care home, care at home and housing support services in Scotland that work with older people. This encompasses all members of Scottish Care (the largest representative body of these services), crossing private and voluntary sector provision.

Emails were forwarded to the above services alerting them to this survey and inviting participation. In addition, the survey was featured on the Scottish Care and the Scottish Care (Workforce Matters) websites and in the Scottish Care hard copy Bulletin.

The total reach of the survey was approximately 1000 individual services.

263 responses to the survey were collected. It should be noted that at the same time as this survey, Scottish Care was conducting another two surveys with the independent sector and it is possible that this may have limited the level of response. However, we believe the return is likely to be sufficiently representative and reflective of the spectrum of experiences across the sector.

Responses were collected across independent sector care home, care at home, housing support and day care services. Of these, approximately 70% of responses came from care home services, with 30% of respondents from care at home and housing support services. Whilst most respondents represented individual services, included in these numbers are those who responded on behalf of a number of care services.

In terms of service size, responses were collected across the full spectrum of the independent care sector. In relation to care home services (both nursing and residential care homes), this ranged from services with less than twenty five beds to those over 300 beds. For care at home and housing support services, responding services extended from those delivering less than 200 hours of care and support per week, to those providing upwards of 10,000 hours per week.

All Local Authority areas were represented in provider responses except Orkney and Shetland, which is reflective of Scottish Care's membership coverage.

Stage Two

Structured interviews in summer 2015

A series of telephone interviews were carried out with 24 providers predominantly from the care at home and housing support sector in July/August 2015. They represented a significant level of provision across Scotland. Senior officers/CEOs were asked a set of structured questions on self-directed support and its uptake by older individuals whom they supported.

Findings.

Stage One:

The online survey asked respondents a total of 10 questions. The first was about the uptake of self-directed support through the allocation of personal budgets.

Question 17: **How many clients do you have who hold individual budgets under Self-directed Support?**

Of the total number of respondents to this question **73%** answered that none of the older people they supported were in receipt of an individual budget or were aware of the fact that they had been allocated an individual budget. The vast majority of the remaining providers indicated numbers of clients less than 10, the top score being 42 for a large care at home provider. All the identifiable providers who had one or two clients with an individual budget were from the care at home/housing support sector.

The evidence from this question's responses illustrates a disturbingly low level of allocation of personal budgets to older people, little awareness on the part of

providers as to whether clients have personal budgets, and the complete absence of individual budget allocation for those being supported in residential care.

Participants were then asked about the exercise of Option 2 within their local area.

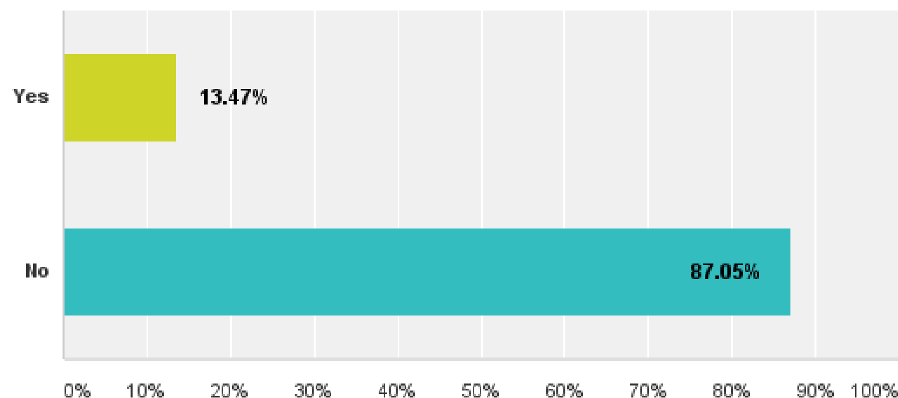
Question 18:

Option 2 is the most significant change to traditional models and offers real potential for individuals to manage their support in a more flexible manner. If an individual chooses option 2, they do not have to directly deal with the budget and money but rather the local authority will pay the money to one or more organisations that they have chosen. The aim of this option is to maximise the amount of choice and control an individual has without having to directly manage the budget for that support. As far as you know, what is your local authority's approach to option 2?

In response **28%** said their local authority was still developing a framework; **12%** said their local authority was not actively encouraging Option 2 for older people and over **60%** indicated that they had not been informed or were unaware of their local authority practice.

Given the statutory principles of involvement and collaboration these responses at the very least suggest a lack of robust engagement with stakeholders on the part of many local authorities and commissioning staff.

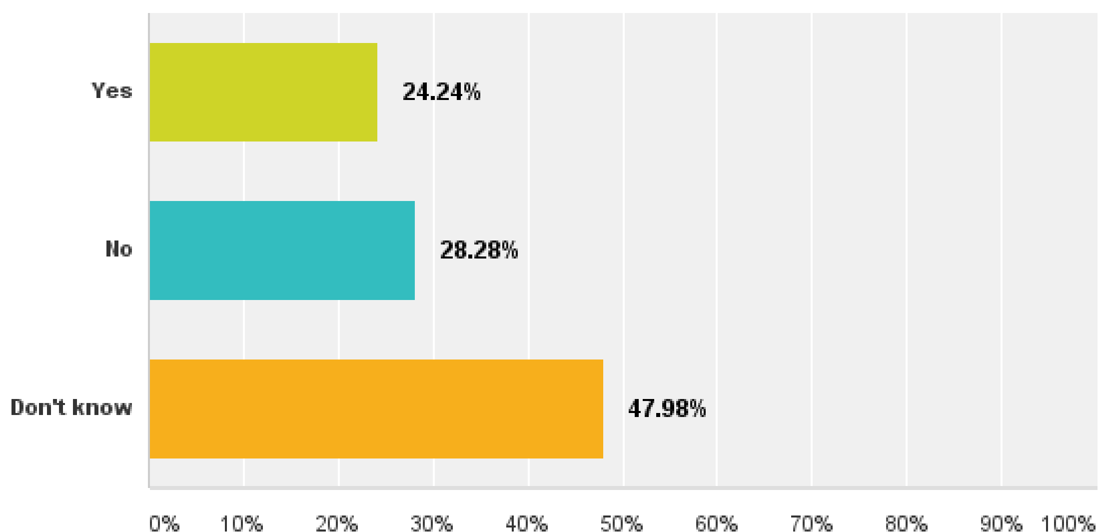
Again it has often been considered that Option 2 was the real creative heart of self-directed support but it would appear not for older people care and support providers:



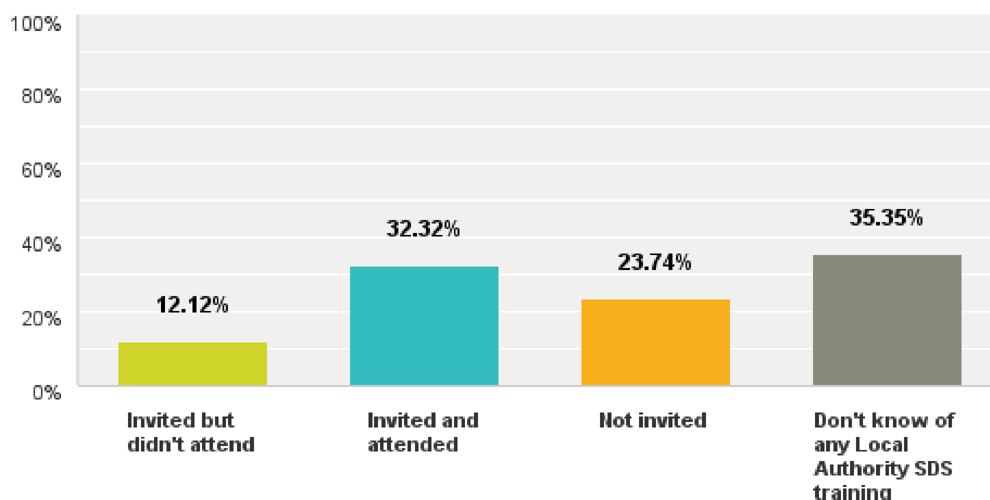
This is very reflective of the sense amongst providers, evidenced in written responses and comments, that the creative potential of funding the support of older

people under Option 2 has not been utilised to any extent whatsoever and that local authorities are 'not interested' in making SDS work for older people.

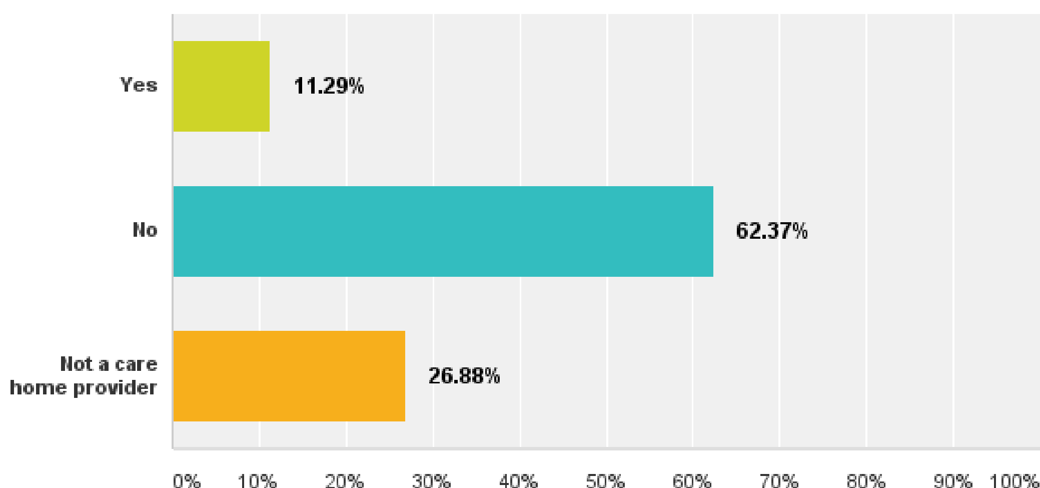
Respondents were then asked about whether the local authority was fully inclusive in the information they communicated to those seeking support. This is important given the duties placed upon local authorities to communicate information to those requiring support.



Collaboration and co-production are key to a partnership approach on self-directed support and again where local practice is occurring in a positive vein it is clear that this frequently involves sharing of training and learning opportunities, so respondents were asked whether this was occurring in their area. Again responses were disappointing though there has been clearly some engagement through training and awareness raising.

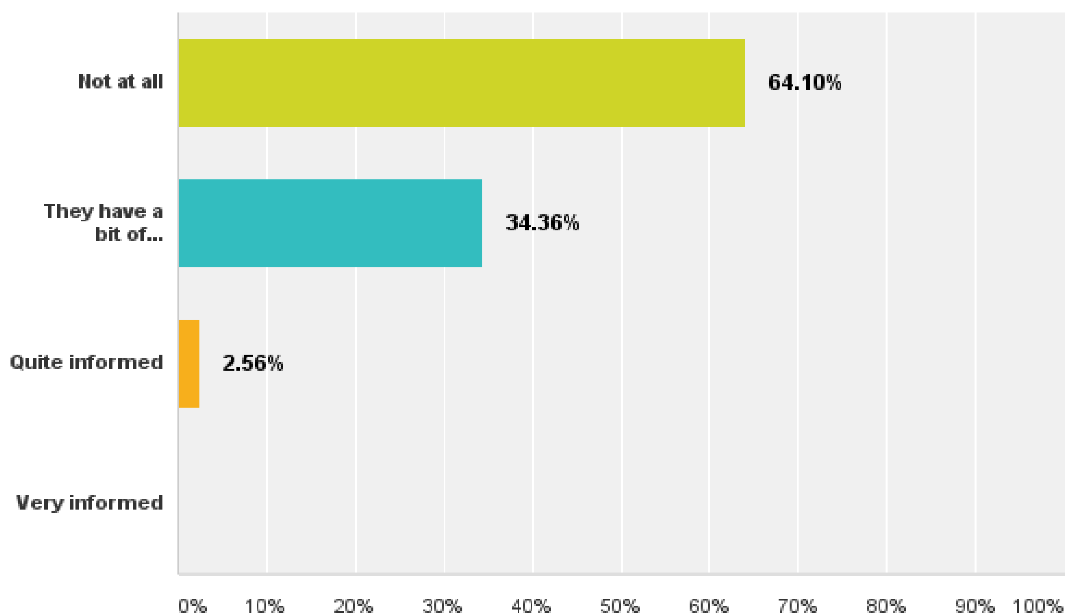


The survey then asked specifically about the uptake and awareness of self-directed support amongst residential care home providers:

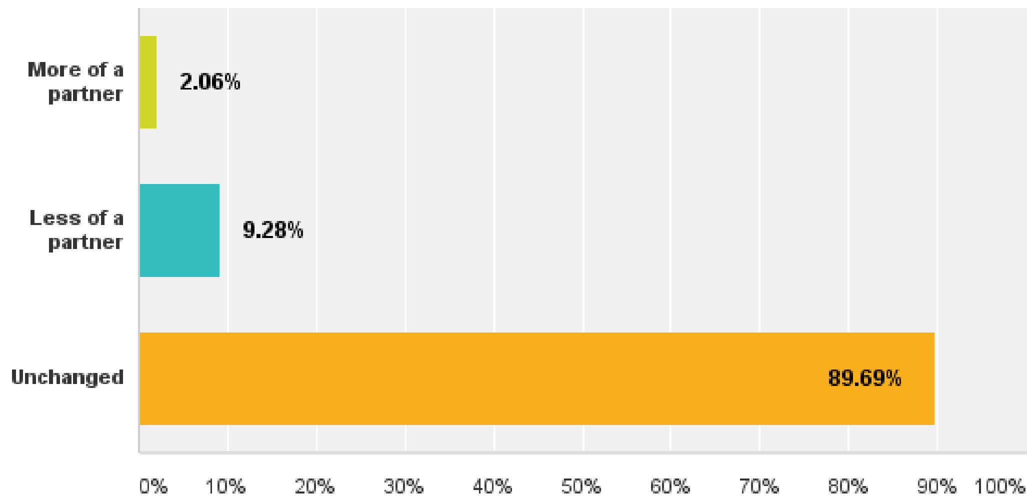


This question was reflective of the primary role as commissioner and developer of services which the local authority holds. Given the importance of robust and engaged relationships centred around partnership and co-production which lie at the heart of the SDS Statutory Guidance on SDS it should be noted that nearly **two-thirds** of care home providers had not been approached about self-directed support by their statutory partners. In part it is illustrative of the comments made by survey participants which generally indicated that the fact that option one (direct payments) was not available under self-directed support for those in residential care was considered by many in the local authority as meaning that options 2,3 and 4 were not available either.

In addition there was some evidence in the research that older individuals are themselves largely ignorant about self-directed support and the potential creative innovation it could foster.



The last question the brief online survey asked was in relation to whether or not providers felt they were more engaged and involved with their statutory partners as a result of the introduction of self-directed support.



The majority of respondents, whether care home or care at home/housing support providers, indicated that there had not been a significant change in their partnership relationship with the local authority. This might be indicative of strong partnership relationships already in existence, but possibly merits further exploration given the central importance of partnership for self-directed support implementation. Individual comments particularly highlighted what some considered to be a lack of real engagement, innovation and partnership working around those providing support to citizens in residential care.

Stage Two:

Following on from the online survey a structured question research process was undertaken with two dozen providers who were selected as broadly representative in terms of size, service type and scope. About a third had not taken part in the Stage One survey. In terms of scope the organisation represented through the telephone survey represented services delivered in 70% of the local authority areas. The organisations included larger, corporate providers and smaller enterprises.

Participants were asked a total of five questions

Q1. Has engagement with the local authority over self-directed support increased in the last 3-6 months compared to the previous year?

Of those responding, 60% indicated that there had been increase in engagement; 30% indicated a decrease on previous engagement, and 10% indicated that there had been an increase in involvement and collaboration.
What is a concern here is that whilst it might have been argued that local authorities were still bedding down practice and protocols over a year after implementation for there not to have been a significant increase in engagement with the independent sector is worthy of further exploration.

Q2. Has your local authority's practice in commissioning and procurement of housing support/care at home services been influenced by self-directed support?

One of the most consistent comments made during the structured interview related to the commissioning practice of local authorities which, not surprisingly, varied considerably across the country. However the majority (**72%**) indicated that they could not see any evidence that self-directed support had significantly altered the way in which commissioning was undertaken.

Many commented on the use of competitive tendering as an automatic recourse, on the existence of time-focussed contracts and monitoring which encouraged a time and task emphasis, and upon the complete lack of engagement and involvement of supported individuals in decisions around procurement and tendering. A typical observation was:

> "The words have changed so we have mention of self-directed support and choice, control and involvement ….but it will take more than the use of a tippex pen to change the practice of contracting which still makes vulnerable people feel as if they are pawns in a game of contracts rather than having real lives we are here to support.'

The failure to radically alter procurement to make it more rights based and person centred in focus is a major challenge to ensuring the effective implementation of older people's care and support.

Q3. As a provider are you engaged in the delivery of option two support under the Act?

As has already been noted in our Stage One research providers reported a failure to engage fully with them in introducing innovative support under option 2 was a major critique. In this latest telephone survey over **67%** of those asked indicated that they had not been engaged in the delivery of option 2 support. Indeed some **15%** indicated that despite requests from supported persons they had been refused

permission by the local authority to establish an option 2 arrangement as they were not a named and approved provider on the local authority 'framework'.

Q4. If you are a residential care provider are any of your residents in receipt of personal budgets? Have you had a distinct outcomes assessment undertaken for the residents you are supporting?

On both counts 100% of respondents indicated that they had not been informed that the supported resident had an individual budget nor that they had a distinct set of outcomes after any focused assessment was undertaken. The absence of a distinct supported pathway for residents in care homes is a major lack within the implementation of self-directed support. In particular providers commented upon the lack of an assessment process to identify clearly defined personal outcomes for a supported person entering residential care. The risk, they suggested, was the presumption that all residents required the same provision and support. Is it discriminatory, one might ask, to allocate the same funding to every older person in residential care whilst at the same time carrying out person-centred financial allocation to those under 65 and not in residential care?

Q5. If you support different client groups is it easier or harder for an older person you support to access self-directed support pathway, from an initial outcomes assessment through to review?

The response to this question was again illustrative of differential treatment. **92%** of those who responded said that in their support of diverse client groups individuals who were over 65 were not given the full range of options, were often told 'SDS is not for you', were frequently not assessed in terms of outcomes and found it harder to access any review or reassessment process.

Conclusions

Both of these pieces of research have served to highlight a fragmented and disappointing picture of the implementation of self-directed support for older adults across Scotland.

There is a real sense gained by reading the written responses which were garnered in this research both online and through telephone survey that many providers feel less than confident that self-directed support was making the difference to the lives of older individuals that the policy had envisaged. Providers commented on no real increase in choice, control, in partnership or co-production. They feel that there is a real dissonance between what is talked about and what is delivered especially for older people.

Specifically the research has highlighted that:

- There is evidence that those entering residential care are not being assessed in accordance with the Act, nor are they being offered options 2, 3 and 4

under the Act and that this it is suggested restricts choice and control for the individual;
- Care at home providers indicated that they believed that older people were being treated differently at the point of assessment in comparison to adults whom they supported;
- There is evidence that it at least uncertain whether there has been any increase in partnership working between providers and local authorities as a result of self-directed support;
- Providers feel that many of those they support are unaware of self-directed support and the benefits which it could lead to for the individual;
- There is evidence that current commissioning and procurement practice of older people's support is still oriented around a time and task paradigm rather than a personal outcomes framework.

Recommendations:

As a national organisation, Scottish Care believes that self-directed support and the changes it offers should be available to all citizens regardless of age, nature of support or geographical location.

One of the consequences of failing to properly focus on the importance of changing service delivery and articulating a pathway for supported older people is that older peoples' care providers in the independent sector will increasingly find themselves unable to respond to Scottish Government priorities and targets on delayed discharge and bed-blocking.

Scottish Care recognises that ensuring that self-directed support is fully implemented for our older citizens can only be achieved through strategic collaborative partnership working between local authorities, central government, the emerging joint health and social care partnerships and providers. This must be both an approach at local, geographic levels to take account of the specifics of local challenges and potential but also a national approach.

Scottish Care is eager to engage with partners to work together to achieve self-directed support for all regardless of age.

To achieve this we believe that:

- More structured and focused work needs to be undertaken with older individual support and caring groups at community level to make individuals and their family carers more aware of their rights under the Self-Directed Support Act;
- More work of a collaborative nature needs to be undertaken with colleagues in COSLA, Scotland Excel and the Joint Improvement Team to develop models of commissioning and procurement which are specifically sensitive to the needs of older people in communities across the country;

- More work needs to be undertaken with social work practitioners and others to develop appropriate, person centred models of assessment which are a better fit for older people;
- More work needs to be undertaken with all stakeholders to articulate a clearer and more age appropriate Supported Pathway for older people whether as a distinct pathway or not;
- More emphasis needs to be placed by all stakeholders on developing innovative practice on options 2,3 and 4 for those in residential care regardless of the ongoing residential pilot sites;
- More investment needs to be given to build the capacity of the older people's care and support sector to meet the potential of self-directed support. This is in part a recognition of the reality that this sector is further behind in such capacity building compared to the learning disability or physical disability sector.

Donald Macaskill

25th August 2015