**Scottish Labour Party: First stage consultation paper on Health and Care**

**Scottish Care response – August 2019**

Scottish Care welcomes the opportunity to contribute a response to the Scottish Labour Party's first stage consultation paper on Health and Care. Our response will address a number of the specific questions posed in the paper but we also wanted to provide a general overview of who Scottish Care is and what we see as the future priorities and direction for health and care in Scotland.

## About Scottish Care and the independent social care sector

Scottish Care is a membership organisation and the representative body for independent sector social care services in Scotland. For the purposes of clarity and understanding, the independent sectors covers private, charitable and not for profit social care organisations. We represent over 400 organisations, which totals almost 1000 individual services, delivering residential care, nursing care, day care, care at home and housing support services. Our membership includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and family run services. Our members deliver a wide range of registered services for older people as well as those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

Working on behalf of this range of providers, Scottish Care speaks with a single unified voice for both members and the whole independent care sector. This includes staff working in and those who access independent sector care services.

In Scotland, the independent social care sector contributes to:

- The employment of over 103,000 people, which is more than half of the total social services workforce, including approximately 5,000 nurses
- The provision of 88% of care home places for older people
- The delivery of over 55% of home care hours for older people

Any night of the year, there are nearly 33,000 older people in care homes across Scotland, 65% of whom will require nursing care and 62% of whom will have a form of dementia. This is compared to an average of just under 22,000 available staffed beds for all specialities in the NHS in Scotland.

Nearly 60,000 individuals receive home care support, which totals almost 705,000 hours of care delivered annually. The independent sector contributed to the support of 31,173 of these clients, and 68% of the total care hours.

Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. Our aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities and citizens require and deserve. We welcome opportunities for dialogue, discussion, collaboration and partnership with any and all who share our values.

## Social care and its role within human rights

In any consideration around future health and social care policy, it is Scottish Care's strong contention that a rights-based approach is the foundation of decision making, direction and articulation. Human rights are intrinsic to social care and at their heart, prioritise citizen control, independence, choice and autonomy.

In Scottish and international debate, we are seeing a maturing conviction that the right to health - a universal minimum standard of health to which all individuals are entitled without discrimination - is not solely the right to physical and clinical health but to psychological, emotional and societal well-being.

Yet within national policy and practice debates, there is often a conflation of what health and social care services are and what they seek to deliver which is both damaging and unhelpful. For social care in particular, there needs to be clarity about what it is and what it is not.

There are many definitions, both legal and aspirational, as to what social care is. Importantly, for instance, social care whilst it may contain services and behaviours which are clinical or medical in nature is not primarily about one's physiological health.

Our suggested definition of social care is:

*'The enabling of those who require support or care to achieve their full citizenship as independent and autonomous individuals. It involves the fostering of contribution, the achievement of potential, the nurturing of belonging to enable the individual person to flourish.'*

In essence social care is about enabling the fullness of life for every citizen who needs support whether on the grounds of age, disability, infirmity or health. Social care and support is holistic in that it seeks to support the whole person and it is about attending to the individual's wellbeing. It is about removing the barriers that limit and hold back and the fostering of conditions so that individuality can grow, and the independent individual can flourish.

Social care is not about performing certain functions and tasks alone for it is primarily about relationship; the being with another that fosters individual growth, restoration and personal discovery. It is about enabling independence and reducing control, encouraging self-assurance and removing restriction, maximising choice and building community.

Therefore, as Scottish Care has sought to illustrate over the last few years, social care is not equivalent to health but is a critical component to the realisation of health. Social care is profoundly about human rights. It is about giving the citizen control and choice, voice and agency, decision and empowerment. These sentiments are well reflected in the international literature both on the role and purpose of social care.

## Self-directed Support (SDS)

Within the Scottish context, the distinctive role of social care is well expressed within the Self-directed Support legislation and its accompanying Statutory Guidance.

The SDS legislation in Scotland formalised the replacement of a one size fits all approach with the need to develop and offer bespoke individual services and supports yet the pursuit of citizen control, independent living, autonomy and choice is not a recent one.

The SDS Act is a direct continuation of earlier work on personalisation and seeks to enshrine in law and social care practice the core values of inclusion, contribution and empowerment through real choice and respect.

The accompanying guidance reflects the conviction that the provision of social care and the facilitation of choice as part of this, is a way of protecting human rights.

Informed choice is therefore critical to the implementation of a human rights-based approach to SDS and to health and social care in general. However, choice is very different within the social care context compared to the health environment.

If someone has a medical emergency then they would rightly want the best clinical care but are unlikely to want to have much say on who delivers that care as long as they are trained, suitably qualified and supervised. A short term stay in a hospital is very different from the place and people with whom someone spends their life. If an individual is living with a lifelong condition or needs support in any way because of life circumstances or age, then they should expect to have much more choice and control both over who is in their life as a carer and what the nature of that support and care might be. The critical importance of legislation like Self-directed Support is all about embedding that control and choice, building those rights with the citizen including fiscal and budgetary control.

This has implications for the social care 'market.' At the moment within the legislation there is a requirement to ensure the diversity and reality of this 'choice' of provision for citizens:

1. A local authority must take steps to promote the availability of the options for self-directed support.
2. For the purpose of making available to supported persons a wide range of support when choosing options for self-directed support, a local authority must, in so far as is reasonably practicable, promote:
    - a variety of providers of support, and
    - the variety of support provided by it and other providers.

Scottish Care would therefore have significant questions and concerns around where it is possible to fulfil this requirement and Statutory Duty if there was a move towards entirely in-house social care provision, as proposed in the consultation document. This would ultimately constitute a substantial risk to the promotion and protection of citizens' rights as they pertain to health and, as we have distinguished, social care.

Scottish Care believes strongly that there is real potential to significantly reform and reinvigorate what is currently a fragile and over-stretched health and social care sector. The suggestions we will go on to outline in our response would, in our view, represent changes with far more positive and meaningful impact and outcomes for citizens and provide far more assurance that we can achieve a vibrant and diverse health social care sector that is fit for the future and the needs and preferences of Scotland's population.

A social care system for the many not the few means upholding choice for the many, not the few.

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## NHS

***How can we strengthen the long-term future of health and care services and would an independent review, as suggested by the former PM, Gordon Brown be a useful approach?***

Scottish Care whole-heartedly agrees that the long-term future of health and social care services must urgently be strengthened given the known short and medium-term challenges regarding capacity, suitability and viability the sector is facing. However Scottish Care and its members believe it would be of limited value to address this through a large-scale independent review for two reasons. Firstly, the time required to undertake a comprehensive review is extensive and unsuitable in an environment whereby more immediate solutions and

actions must be identified to secure a sustainable health and social care sector into the future. Secondly, the challenges facing the sector are already well known and articulated by Scottish Care and other organisations. We believe it would therefore be an inefficient use of time and resource to present these again through an intensive review process when that could be better directed towards supporting new ways of working and investing in the types of services required to secure that future.

Instead, Scottish Care suggests that a more focused and time limited review or commission is undertaken focused on action around particular elements of health and social care services:

- Best value across health and social care, in terms of what services, supports, sectors and ways of working can ensure quality care and positive and personalised outcomes for people whilst maximising what will continue to be a limited resource pot
- Funding of health and social care and how funding models can be made equitable, sustainable and transparent for the future. This includes how external services are commissioned and procured
- The success or otherwise of existing policies including Self-Directed Support and the implementation of the Scottish Living Wage

For each of these areas, any review or commission must absolutely ensure that it considers health and social care in their entirety and examines the whole system in terms of someone's journey through it. Too often, health and social care are treated as separate entities without a clear understanding of their interdependent relationship and therefore attempts to strengthen an element of the system undermines another part. The only way to strengthen the long term future of health and social care services is to prioritise comprehensive understanding of the system and to not shy away from bold decisions about what is required to deliver quality, cost efficiency and support in the right place at the right time.

***Are governance and scrutiny arrangements adequate for the challenges facing NHS boards and integration authorities*?**

Broadly, we believe that existing governance and scrutiny arrangements are sufficient and additional mechanisms do not need to be introduced into what is already an often cluttered and confusing landscape with multiple reporting structures. What does need improved, however, is how they are used to improve practice and systems, particularly in terms of the actions and outcomes associated with this scrutiny. In other words, we have the ability to report on what is happening and for others to remain updated as to what is happening, but what are we doing about it? Part of this involves reviewing what we are governing and scrutinising which, we would argue, remains predominantly and sometimes unhelpfully focused on historic targets rather than outcomes or effectiveness. For instance, we focus heavily on figures around delayed discharge from hospital without joined up reporting of what leads to someone being in hospital in the first place and what could be changed or improved to prevent someone requiring a hospital stay in instances where alternative routes might be better for them. This approach, we believe, would not only support more effective and efficient use of NHS resources but would also lead to better outcomes for an individual.

We therefore need to reorient governance and scrutiny arrangements and what 'teeth' exist to follow through on identified pressures and challenges. For instance, much of the policy narrative around health and social care integration is focused on the balance of care and resource transfer from acute to community services. However, in reality we do not see much evidence of this happening and there is a perceived imbalance in how health services are scrutinised around this compared to social care services, with the latter subject to much more rigorous scrutiny and subsequent obligations in relation to how the overall service works and how it can be improved. We therefore need to better utilise existing arrangements in way that prioritises meaningful action towards an overall vision for the future of health and social care, which will undoubtedly include brave approaches to addressing issues.

***What service delivery changes are required to help the NHS meet future challenges?***

Scottish Care and our members believe the critical change required in order to meet future challenges is a focus on anticipatory and preventative care approaches and tying this focus into more integrated ways of working which prioritise a whole, holistic system rather than perpetuate a siloed mentality to service delivery. There are many ways in which this anticipatory, preventative approach can be realised, many of which involve better recognition of the social care sector and its relationship to the NHS. These include:

- Investing funds into trying new approaches that use social care services differently, in a way that also promotes sustainability. The issue with previous approaches to innovation is that once dedicated funding runs out, the success, replicability and sharing around such approaches is restricted or lost.
- Upskilling the third and independent sector workforce to undertake and support tasks which are predominantly seen as the domain of the acute sector. In reality, the social care workforce is highly skilled, already delivering complex care and ready to work in an integrated way. They are also often the people who have existing knowledge, expertise and relationships around the people being supported. This would enable more individuals to be supported in the locations that best suit their needs and preferences, which often won't be a hospital.
- Better understanding of existing pathways available for people's journeys through health and social care services in order to better identify opportunities for change. For example, there are currently no routes to admit someone into a social care service in the same way that someone would be admitted in an emergency or out of hours situation to an acute setting. This involves working with all parts of the system, including NHS24 and GP services, to change both culture and practice towards a more person-centred approach to support options rather than risk aversion based on data and information gaps or a lack of trust across different parts of the system.
- Using care home services differently to support step up and step down care in a more planned, consistent and sustainable way. By placing the emphasis on their ability to support someone to return home rather than a focus on the filling or discharge of beds, this could alleviate both the pressure and focus on delayed discharge.

By reviewing provision from the perspective of assessment rather than admission, and what services and skills can be employed at this stage, many of the existing and future pressures could be eased. However, it must be noted that to achieve this still requires investment of resources and value in the whole system and does not just happen whilst the existing targets, resource routes and ways of working prevail.

***How can we reduce the pressure on A&E services? Would more 24/7 minor injury units in communities be a practical contribution?***

We believe that the delivery and culture changes outlined above would reduce the pressure on A&E services, particularly in terms of unplanned admissions of older people. Through an integrated approach to the use of social care services including homecare and care homes, many unnecessary admissions could be avoided and where admissions are necessary, better planning around discharge could take place. For this to be successful, there needs to be better understanding and recognition of the role of social care services. There must also be a joined up, whole systems approach to elements such as a national Falls Strategy, data sharing, the use of technology in people's homes and better use of the tools of integration such as the set aside budget as a means to enabling alternatives to A&E admission.

***What measures are needed to help integration authorities deliver the significant changes required in the way services are provided?***

Whilst we can and have suggested a myriad of ways in which service provision could be significantly and positively changed, none of this will happen in a meaningful and effective way unless integration authorities are informed of and engaged with services in their local areas. This can be best achieved by giving the independent and third sectors an equal voice

within Integrated Joint Boards, providing the opportunity to utilise their expertise and ability to innovate. Where we already see this happening, there are clear ways in which these areas are already taking positive steps towards addressing the changes required to meet future needs, in a way that showcases best practice in integrated partnership working. There therefore needs to be strengthened legislation or guidance to ensure there is a consistent approach to cross-sector involvement in local planning and decision making.

***How can we reduce the number of services purchased from the private sector?***

Scottish Care is not clear whether this question refers to private sector services delivering health care or whether it also includes social care. If it is the latter, we would query the rationale and evidence base for this proposed policy direction. In Scotland, the private sector delivers 77% of all care home places, supporting more than 27,000 residents, and contributes to the delivery of home care to 55% of all citizens who receive it, amounting to nearly 33,000 people. It also employs more than 83,000 individuals, serving as a significant economic contributor. Yet rather than representing any domination or monopoly of social care, the strength and uniqueness of the private sector is that it is made up of a wide range of service providers from larger organisations to very small, family run services. Not only does this sector offer the ability to innovate and change to suit the needs of citizens but it also supports the upholding of the principles of choice and control for individuals in relation to their care, as enshrined in legislation through the Self-Directed Support (Scotland) Act 2014. To shrink the market so significantly and subsequently restrict the choice of providers available to individuals would not only require a retraction of the rights available through this legislation but would also prove to be extremely expensive for the public purse.

The private and voluntary social care sectors consistently prove their ability to deliver high quality care despite operating at a far lower cost base than services delivered directly by the public sector. The eradication of this sector would also inevitably place a far greater strain on the NHS and public resources It would instead, we suggest, be more helpful to consider how we can best utilise the assets and opportunities of the private sector to support a more efficient, productive, high quality and person-centred health and social care system. Relatively small scale investment, in comparison to the costs associated with substituting private for public social care provision, in the likes of preventative social care approaches could in fact result in less demand on acute settings and subsequently less need to outsource elements of acute care.

***How can we make the best use of technology to improve our health and care system?***

We need to support individuals, providers, planners, developers and commissioners to view and utilise technology as a means to empower rather than restrict, and to reinforce rather than replace. This means adopting a human rights-based, ethical approach to the development and utilisation of technology, which priorities person-centredness and building trust. Scottish Care has recently developed a Human Rights Charter for Technology and Digital in Social Care which outlines key principles and has been created in partnership with service providers, individuals who receive care and leading figures and organisations in social care and technology arenas In order for technology to meaningfully improve health and social care provision, there needs to be focus on the inter-operability of systems, appropriate information sharing, suitable data collection and the use of such data to continuously inform and influence change.

***What more can be done to invest in NHS staff, including pay, training and staffing levels?***

No comment to make.

***Are the changes to the GP contract working across Scotland? What other measures are needed in primary care to help tackle the current GP crisis?***

No comment to make.

***How can health boards more effectively influence local policies on the health aspects of housing, education, employment etc.?***

No comment to make.

***Is the focus of hospice care the right one and what further support does the sector require?***

Whilst hospices provide invaluable support to individuals and their families, there needs to a broader focus on community palliative and end of life care needs. There are 245 adult hospice beds in Scotland. In comparison, there are nearly 38,000 care home beds for older people and approximately 30,000 people supported at home with care needs relating to frailty and dementia. The vast majority of these individuals will be supported by these services up to and including palliative and end of life care and as the population ages, the number of individuals who will be supported at the end of life will likely increase further.

It is therefore impossible for hospices to support the vast majority of these individuals, and they instead represent one important area of palliative and end of life care provision within a much broader support sector. In order to ensure that all of Scotland's citizens are supported to live and die in a setting of their choice with high quality support and their needs and wishes met, we need to prioritise equal investment across all areas of palliative and end of life care provision. The aspiration should be that anyone who requires this type of intensive and sensitive support should have a range of options available to them in their local area, where they can access high quality care including in hospices, care homes and at home. This involves broadening learning and development opportunities for staff across different care settings and investing in community supports, including care home and home care services alongside hospices.

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## Mental Health

***How could the current Mental Health Strategy be improved upon?***

What both the current Mental Health Strategy and the Labour Party consultation paper lack are an acknowledgement and commitment to the mental health needs of older people, which includes but extends far beyond dementia.

Too often, the particular needs of older people and the ways in which their mental health can be impacted in later life are overlooked and under-resourced.

We believe there needs to be more work undertaken to understand the various life stages and changes which can impact on older people and their mental wellbeing. There are particular factors relating to older people which may prompt or exacerbate poor mental health and loneliness. For instance, older people are more likely to experience bereavement

through the loss of friends, spouses and relations. Additionally, individuals who go through transitions such as moving into a care home or another care setting may experience difficulties in adjusting to a loss of home or a perceived loss of identity, particularly if this involves moving to a different town or local community, if adequate support is not present. The impact of living with dementia, frailty and other conditions also needs to be considered as these very much relate to social connectedness and mobility.

Risks of poor mental health, social isolation and loneliness must therefore become a more explicit part of the assessment process for social care for older people through social work and commissioning departments to ensure that these are recognised as important areas of concern which can directly impact on someone's access to and required intensity of other health and social care supports. By recognising older people's mental health in conjunction with life changes and physical health needs, a more effective preventative approach to support can be enabled with likely financial benefits to the health and social care system but even more importantly, better outcomes for older individuals.

There also needs to be stronger focus on dementia as a distinctive mental health challenge. The number of people being diagnosed and living with dementia is increasing, particularly as the population ages. We need to determine what is required for the future in terms of dementia support in order to ensure that the desired and required services are available and fit for changing needs.

Finally, the role of social care services in preventing, addressing and supporting mental health challenges in citizens of all ages must be better recognised. We must value the 'social' component of social care, which involves building relationships with individuals and using the key workforce skill of emotional intelligence to recognise and flag declining mental health. We have a huge preventative mental health resource at our disposal in the social care workforce but who are not currently recognised as such or valued in terms of this core element of their roles. What's more, social care services are already supporting thousands of individuals with mental health needs, often without regular support from other health and care services and professionals. We need to highlight and share the experiences and expertise of these services in positively supporting mental health as well as provide more opportunities for cross-sector learning and development in this critical area.

***What preventative services in schools, workplaces and other community settings should be developed?***

Investing in early intervention is extremely important, as well as better recognition that mental health is just as important as physical health. In terms of social care workplaces (but also more broadly), issues of workload, stress, burnout and bereavement need to be identified and addressed at an earlier stage in order to ensure we have a workforce well enough to care for others into the future. At the moment, the pressures on the system are resulting in expectations that more can continue to be done for less which is having severe implications for the health and wellbeing of the workforce and the people they support, as highlighted in Scottish Care's 2017 *Fragile Foundations* report. In terms of the workplace, this can be addressed through better commissioning processes which do not prioritise time and task oriented care delivery and instead allow space, time and resources for workers to be adequately supported in their complex and inevitably emotionally intensive roles. Initiatives such as the development of Human Rights Bereavement Charter, which Scottish Care has been closely involved in, should also help provided there is political support to ensure consistent and widespread implementation.

In terms of community settings, which include care settings, the availability of dedicated mental health advocates and counsellors would be beneficial. We would also wish to see the introduction of mental health care plans, in the same way that individuals have support plans relating to their physical, clinical and personal care needs. There also needs to be easier access to occupational health services and other specialist mental health supports, particularly out of hours.

***What more can be done to strengthen suicide prevention services?***

No comment to make.

***What can be done to raise awareness and address mental health in the workplace?***

See previous response.

***The third sector plays an important role in providing innovative mental health services. What further support is required?***

As with all community mental health services or those that have a mental health component, longer term funding, focus and sustainability must all be prioritised if these critical supports are to be secured for the future.

***How can we address the challenges that social media and the digital age create for mental health?***

The digital age provides many opportunities for connection and support around mental health, particularly for individuals and groups such as older people who are already at risk of isolation due to age, condition, geography or other factors and circumstances. However, as Scottish Care has already highlighted, technological and digital advancements must be treated as additional rather than replacement supports. We are at real risk of seeing technology as an all-encompassing solution to challenges such as social care workforce shortages, hospital pressures or societal challenges such as loneliness. Technology can help to ensure that support delivered by people and services is better targeted, timed and person-centred but it cannot offer compassion, empathy and love which we must value and preserve in our health and social care system.

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## Social Care

***Can we make social care free at the point of need and what would this mean for funding, taxation and the social contract between the citizen and the state?***

Scottish Care agrees that efforts to make health and social care services more equitable in terms of access, pathways and costs would be ultimately desirable. However, the reality of achieving this is extremely complex and perhaps impossible in the current financial climate. Firstly, the costs associated with such an ambition would be very significant, not least because many people will be supported for an extended period of time by social care services in a way that looks quite different to the time limited way in which most people engage with health care. There would need to be very careful consideration given to how this was funded and inevitably this would require substantial increases to taxation.

Secondly, there would need to be an extremely clear definition of what constitutes social care particularly at a time where the priority is a person-centred approach and so many routes exist to accessing and purchasing social care, including individual budgets to use in a personally determined way. In a system where there is already a significant amount of 'gatekeeping' for access to social care through social work departments, including tightening

of the eligibility criteria, the risk is that a fully publicly funded model would again increase the required level of care needs for access which would risk stripping out preventative support and diverting more people into upstream services.

Finally, there would be considerable complexities and challenges with standardising a system which is premised on its ability to adapt, innovate and deliver bespoke care. For instance, it would be challenging for national politicians and policy makers to implement a system which can be meaningful, effective and fit for purpose in a local context where factors such as geography, rurality, demographics and the local economy significantly impact on what social care services are required.

However, Scottish Care would absolutely support attempts to open up a national dialogue around how we fund social care into the future and how we create more equitable access across health and social care. It is essential that we engage with citizens around future priorities for care and have honest discussions about how we make this achievable and affordable for the country. We should also be promoting early consideration of future care needs and implementing proactive and anticipatory planning and funding processes to ensure that individuals can have their needs and wishes met when they reach a time when additional support is required. This will include the need for some substantial myth busting around what social care is, leading difficult national conversations around ageing, death and dying, and supporting opportunities for individuals to experience these services earlier in life through, for instance, working or volunteering in community services.

***Would a national care service improve the delivery of social care? If so, how should it be organised?***

For the reasons outlined above, Scottish Care believes there would be significant challenges associated with a national care service not only in its inception but in what type of care it would deliver. The creation of such a service, premised on the NHS model, fails to fundamentally understand the differences between care and health which whilst integrated and linked require to be recognised as quite distinct elements of support. Furthermore, the Labour Party consultation document advocates that 'a human rights approach should underpin all care support' which Scottish Care whole heartedly agrees with. The creation of a national care service would risk a contravention of such rights, not least because citizen choice and control are at the heart of a human rights-based approach. By removing options for individuals in relation to their social care, we would ultimately be removing positive opportunities for competition based on quality and distinctiveness of the care offering with negative personal and economic consequences. As the consultation document outlines, there are significant issues to be resolved in terms of the NHS delivery and funding model and we are not convinced that the factors which contribute to these challenges would be avoidable in a national care service model. One size does not, can not and should not fit all within an outcomes-focused social care system.

***Should we promote collaboration between service providers and how should this be achieved?***

Collaboration between service providers already takes place and there are a multitude of examples whereby this partnership approach has led to improved outcomes for individuals and communities. Where this works most effectively is where there is positive engagement and inclusion of the independent social care sector at local level, including through representation on Integrated Joint Boards. However, there is still work to be done on sharing these examples and in ensuring collaboration is possible in a consistent way across the country. To achieve this requires investment – in terms of resource, time and value – in providers across the social care sector and the removal of systems which promote competition based on cost. For example, collaboration is far more difficult across home care providers where commissioning and procurement processes prioritise the tendering for care delivery on the basis of lowest cost. We must also look more meaningfully at the

opportunities presented by integration for integrating job roles and balancing terms, conditions and pay across the health and social care sector. This would meaningfully and powerfully improve collaboration between providers, including on areas of staff development, as it would lessen the challenges associated with staff retention and the pattern of staff being trained in one service and then moving to another part of the sector. This practice has extremely negative consequences for care consistency and service sustainability.

***How can more services be brought in-house and still provide an element of personalisation?***

For the reasons outlined above, Scottish Care believes this would be extremely difficult to achieve and would likely result in diminished personalisation, responsiveness and resource efficiency than is currently available through a diverse health and social care market. Instead, the focus should be on sector-wide investment in developing integrated systems which can demonstrably achieve best value, high quality and personalisation.

***How is self-directed support operating for all care groups and are changes required?***

As Scottish Care has long highlighted, Self-Directed Support continues to be implemented poorly especially for older people where in some areas, it continues to be denied to them as an option. It should be the premise on which all working in the social care sector undertake their roles yet it remains marginalised and poorly understood, often not even being recognised as a significant factor in care assessment and provision. In order to address this, there needs to be focused support to roll out and embed SDS in a consistent manner, with strong governance and scrutiny mechanisms. It remains compromised by the lack of resource available to local partnerships in relation to social care, and until this larger issue is addressed and social care funding is made more sustainable and decision making more transparent from the point of assessment, it will continue to be piecemeal at best to the detriment of citizens who deserve to have SDS work for them.

***What measures are needed to value the social care workforce, tackle gender segregation and encourage recruitment and retention?***

A significant range of measures are required to address the social care workforce challenges. There needs to be a cross-sector, cross-party national workforce strategy which aims to meaningfully and urgently change the profile of care work. This involves resourcing better pay, terms and conditions to support a stable and motivated workforce, insisting on fair commissioning of services to enable fair work, publicly articulating what the role of modern care work really looks like and the high levels of skill, expertise and dedication that go into it and ensuring that we have a proportionate regulatory and qualifications system which professionalises without being restrictive or disincentivising. Consideration should also be given to what wider range of benefits could be made available to care workers such in relation to areas such as transport and housing, as well as meaningful recognition that many care workers have other caring responsibilities and must be supported to achieve a positive work/life balance.

***What further support can be given to informal carers, including access to education and benefits?***

No comment to make.

***How can we provide for different levels of social security support to reflect more significant levels of caring demands?***

Whilst Scottish Care represents the paid social care workforce, we fully recognise the critical role of unpaid, informal and family carers in supporting an individual's health and wellbeing. It is again an area where a preventative system of support premised on early intervention would be hugely beneficial in enabling those with caring demands to live well and support others to live well. There also needs to be more widespread and equitable access to respite services, short breaks and carer support services all of which the existing social care sector could support with if this is sufficiently prioritised and resourced.

***What more can be done to ensure that the needs of groups with protected characteristics are fully reflected in the social care system?***

Again, the availability of a wide range of services and informed choice about these services is essential in meeting the needs of a diverse society. We must better understand and recognise cultural and personal differences in how individuals are supported and ensure that services are invested in in order to meet these, for instance the availability and suitability of home care supports for those where traditional caring roles are undertaken by family members. We also need a more joined up and inclusive approach to addressing factors such as sex and sexuality, race, ethnicity and inclusion in social care by opening up a positive and risk enabling dialogue. Scottish Care is working across a number of these areas, all of which are positively supported by adopting a truly human rights based approach to social care at national and local level.

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Scottish Care is happy for our response to be shared and to be contacted for further information or dialogue:

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