Scottish Care
Voice of the independent care sector

TIME FOR CHANGE

CONCEPTUALISING A NATIONAL CARE FRAMEWORK

July 2021

Introduction

The [Independent Review of Adult Social Care](#) called for the creation of a 'National Care Service' to address the challenges in social care, or what is being called the 'implementation gap.' This would involve central leadership, organisation and management which is sensitive to, informed by and oriented around the needs of those who access care and support. For almost a decade, Scottish Care and other organisations have documented the need to invest in and recognise the contribution of social care in providing care and support to people across Scotland that enables choice, independence, and quality of life. The perpetual lack of investment and tightening budgets have impacted across the sector leading to challenges such as the ability to recruit and retain the workforce. The lack of parity with the National Health Service (NHS) in relation to pay, terms and conditions, and an inequity of opportunities for career development have compounded the perception of social care as the 'lesser' of the two, negatively impacting societal perceptions, often exacerbated by the media.

In our [2021 Care Manifesto](#), we highlighted that the concept of a 'National Care Service' - what we will refer to herein as a 'National Care Framework' - can drive consistent, high quality social care support if its role and remit is clear and it is developed in partnership with people who have a right to access that support, the social care workforce and providers. We are presented with an opportunity to improve relationships and understanding, and to rightly elevate social care to equal status with NHS Scotland in terms of leadership and accountability. We believe the creation of a National Care Framework would provide the appropriate national quality needed while maintaining local flexibility and retaining the strength in Scotland with having a diversity of providers.

In parallel to the Independent Review, Scottish Care has been progressing a programme to explore the future of social care in Scotland. The '[Collective Care Future](#)' programme began in June 2020 to capture the experiences of social care during COVID-19 to build on this learning towards developing a positive vision for the future social care. The programme has seen engagement from a wide range of perspectives, and the findings have produced '[Coileanadh](#)' - a future change landscape for social care. The change articulated in this future landscape embodies the contributions of a diverse set of expertise and experiences from providers, staff, people supported, families and wider partners in care and support in Scotland. The landscape includes eight concepts for change with 39 actions which roadmap the ways in which practice-based change can be achieved, implemented, and sustained, resulting in a more equal, rights-based and wellbeing focussed society. These are organised by three priority areas of focus, relating to the overarching philosophy and culture, the policy and partnership enablers, and the ways in which change can be enacted in social care practice and the mechanisms through which change can be enacted in social care practice.

In this paper, we review the recommendations of the Independent Review of Adult Social Care and the actions emerging from 'Coileanadh' to explore the synergies and areas of opportunity that can help to overcome the implementation gap and articulate the key requirements of a National Care Framework. In doing so, we aim to offer a more holistic perspective on a National Care Framework and the resulting implications for how work in this context could be taken forward. Of critical importance is the need to demonstrate the authentic value of the social care sector to wider society and the relational interdependence that social care has with health – one cannot thrive without the other. A broader view of social care that considers and encompasses key concepts around positive ageing, a life course approach, and shared language are all part of this shift. We propose that in the first 100 days of the new parliament, the actions articulated in 'Coileanadh' are adopted as complementary to the recommendations of the Independent Review, and that our work is included as part of the consultation process that the Government is planning to carry out.
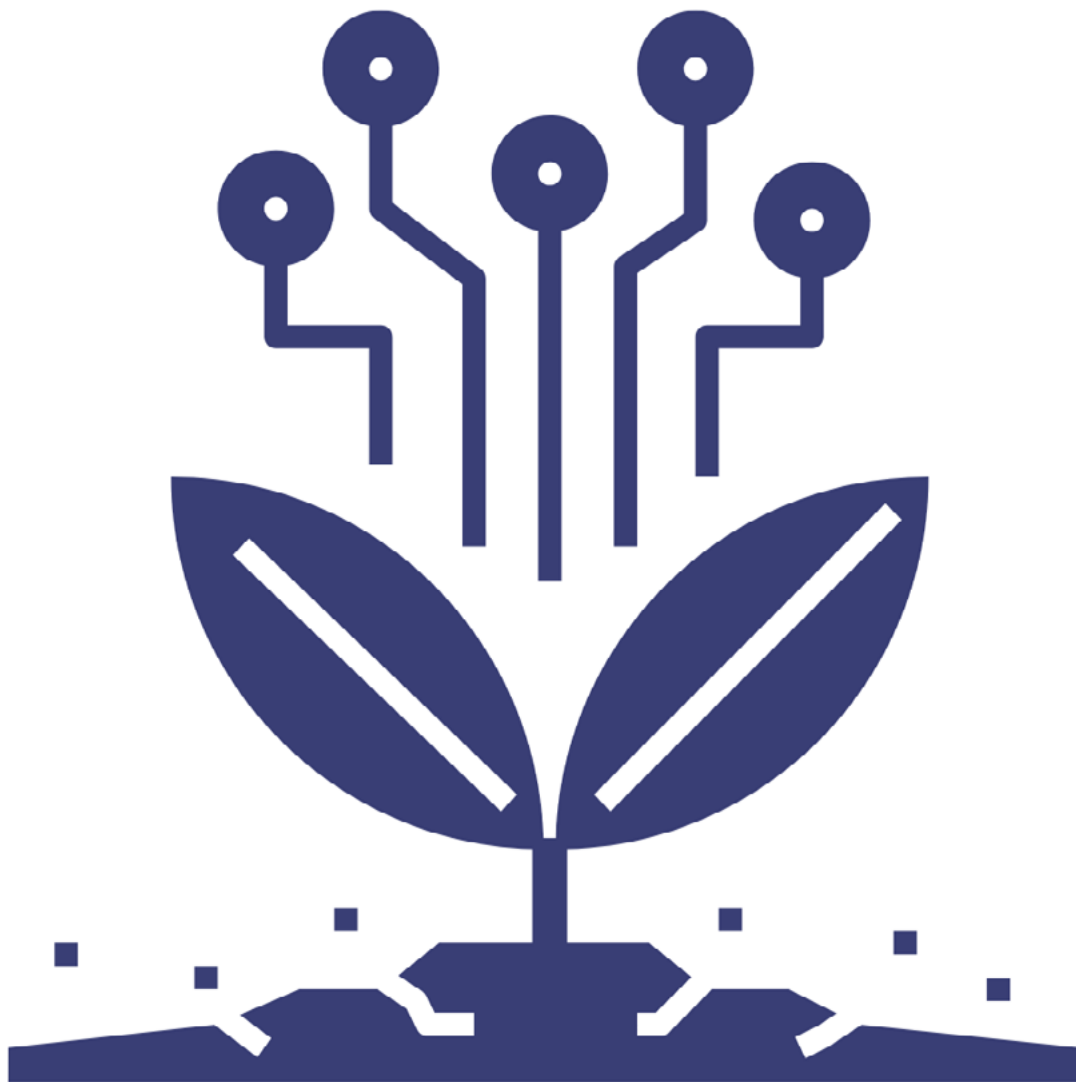
Conceptualising a National Care Framework

What's in a name?

The connotation of language has huge implications for how people understand or conceptualise proposed change. The use of the word 'service' implies a relationship and role of providing and receiving, perpetuating transaction between people providing and people accessing support. In defining and describing the conceptualisation of a future of social care, there is a need to carefully select language that emphasises the mutual, relational and outcomes-focused mindset to set a precedent for how people may interact with such a concept. As has been reinforced in many policies related to health and social care over the years, there is a need to shift away from transactional models of care and support towards collaborative, relational approaches which are developed in true partnership with the people they are designed to support. From a rights-based perspective, people have a right to be informed about the options and choices they can make with regards to decisions about their own health, social care and wellbeing.

In addition, the term 'National Care Service' may also lead to comparative interpretations and a danger of creating a similar system to the NHS which would be unhelpful given the very different ethos, principles, structure and systemic challenges faced by health. Social care requires a framework that is designed from the ethos, principles and mindset it is founded on and to make direct comparisons or port structures and methods directly from the NHS would be wholly inappropriate.

Instead of the word 'service', we have opted to use the word 'framework' throughout this paper to help shift mindsets from paternalistic and traditional forms of accessing support and to align with the key action from 'Coileanadh' resulting from engagement with a diverse range of perspectives on the need to develop principles of quality and value for social care, a national framework for leadership and a holistically redefined understanding of access to care and support.

Learning from tradition and resisting the default

In the creation of a National Care Framework that sees the Scottish Government taking a greater role in accountability for social care -with service aims to improve standards, training and staff pay and conditions while giving support for unpaid carers- we do not aim to be critical of the NHS and create unnecessary divides. The NHS has a long and established history which makes it hard to change, however, with a new National Care Framework we have an opportunity to formalise, integrate and be cohesive in our approach. Tradition is therefore both a challenge and an opportunity – where lessons can be learned and practices that work well can be shared. However, care should be taken not to default to what we know and ensure we avoid creating another system that becomes entangled with the bureaucracy and long-evidenced, 'wicked' systemic challenges as experienced by the NHS. We aspire for a system that rightly prioritises placing the workforce with the same recognition and conditions that are offered to NHS colleagues to have inclusive and sustainable growth, and importantly, have recognition that social care is distinct and does not simply provide services to people – it enables people to live their lives in the way they wish.
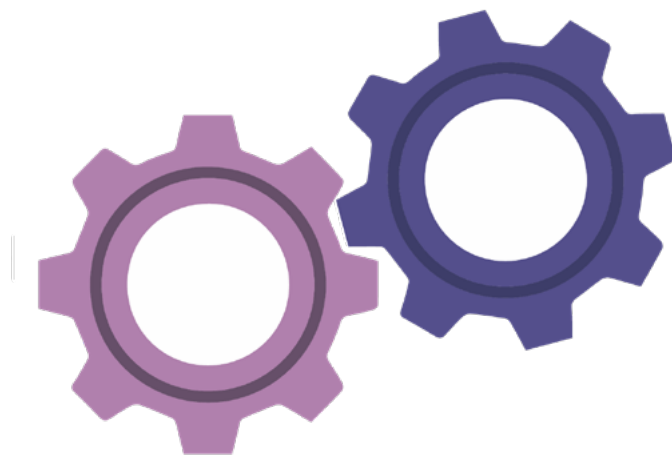
Interdependence, Mutuality, and Integrated Partnership

A key criticism of the Independent Review is the lack of integrated vision in relation to the interdependence of social care and health. Perhaps the partnership and integration of both systems is implied given the legislation of the integration of health and social care in 2016. However, it is important to recognise that genuine integration remains pocket-based with practice-based examples featuring in many different areas of Scotland. Therefore, any conceptualisation of a National Care Framework must be designed in collaboration with all partners to understand interdependencies, areas of mutuality and distinctiveness. This requires a mindset, culture and practice of respect, and most of all investment from all partners to support transformation of ways of working to provide care and support.

Overcoming the implementation gap: from recommendations to actions

There are several areas of synergy between the concepts and actions identified in Coileanadh and the recommendations of the Independent Review of Adult Social Care. Together, we propose that the combination of these actions and recommendations offer the key ingredients towards future engagement on the creation of a National Care Framework. In the following section, we articulate the synergies of recommendations and actions, and the additional actions identified in Coileanadh which complement and enhance the Independent Review to offer a more holistic conceptualisation of a National Care Framework. We structure this position based on the eight concepts identified through our engagements (see Appendix A).

Putting the foot down

There is mutual recognition that now is the time to make change through building on the momentum around seeing the true importance and intrinsic societal value of social care. In 'Coileanadh' we propose the action to develop a national framework for leadership of social care, including articulation of responsibilities around accountability, language and knowledge exchange - leading to improved application, implementation and links between national and local levels across different organisations. This action aligns with both the call for improved commissioning for public good, developing core requirements and standardisation of practices that are agreed at a national level and delivered locally, as well as leadership (and therefore accountability) achieved through the creation of a Minister of Social Care post rather than a post, jointly covering other portfolios, to oversee a National Care structure.

However, we highlight that the recommendations of the Independent Review fall short in articulating the need for a set of shared principles for social care with definitions of quality and value. These are necessary to understand the philosophy of social care. Further, while there are calls in the Independent Review for the care system to be participative, rights-based and collaborative, especially with respect to commissioning, we propose national engagement and conversation be the mechanism through which people across Scotland take an active role in how we want future service provision to look.

Although the government has committed to holding a consultation on a 'National Care Service', we stress the vital importance that this process begins now and not at the point where decision-making around structures has already taken place. We must move beyond consultation in order to drive change from the expertise of lived experience of both people who access support and the people that provide care and support and all those with a role in the system, as we outlined in 'Coileanadh.'

A social care mindset

The Independent Review rightly recognises the importance of wellbeing in social care – as it applies to the workforce, people's individuality, and their mental health and the extent to which it has been affected over the past year. Wellbeing is greater than a moment of happiness; it is fundamental to the overall health of an individual and what enables them to successfully overcome difficulties and achieve what they want in their life.

The Independent Review calls for better workforce representation at multiple levels of the system with person-led drivers to enable change. In addition, the Independent Review states that decisions should focus on the person's needs and not be solely driven by budget limitations. As services should support individual choice, these points align with the findings of 'Coileanadh', including the recognition for improved terms and conditions for those that work in the care sector.

As part of a human rights-based approach to care, the Independent Review acknowledges that community-based services must appropriately meet the needs of local citizens, including at a preventative and low-level support capacity. This is also strengthened with our proposed action to promote local social care leadership through facilitating opportunities for Local Authorities to engage and develop their understanding of individual social care services in their area.

We must promote leadership and dialogue where community engagement is not happening. Detailed plans are needed to better engage the community as a National Care Framework is developed. We have proposed the need to incentivise community engagement with social care services by strengthening community investment and relationships to promote understanding. We believe that undertaking this action would support development and foster innovation to ensure future services meet individual and community needs.

An opportunity absent from the Independent Review is the need to develop consistent positive language when describing and discussing social care. In 'Coileanadh' we describe the importance of positive language and tailoring this to different audiences. We also stress the need to identify acceptable and appropriate terminology and promote this across all levels including service, organisation, system, government, media and societal.

Reframing the way in which we discuss and use language when promoting social care is integral in shifting mindsets to in turn better support understanding, access to support and wellbeing.

Instilling a life course approach

Enabling people to have awareness and understanding of social care, as well as navigate services and support as they need, requires promotion and education from an early age. Instilling a life course approach to the ageing experience that we have outlined in 'Coileanadh' is a distinct yet vital concept that needs to be embedded to enable a holistic approach to any conceptualisation of a National Care Framework. Normalising how we view ageing so that it is seen as a natural journey is an essential component of ensuring people consider age and the opportunity to age as a positive process.

Enabling a life course approach to designing care and support is not included as part of the recommendations of the Independent Review. This runs the risk of developing a framework that perpetuates care and support as a crisis option, only to be explored when situations and needs necessitates, rather than developing a 'care-aware', engaged and age-valuing society. To instil this approach, we must first address the philosophy behind this through promoting visibility of the diversity of experiences and preferences of older people to promote positive ageing, what it means to embrace ageing, as well as the supports that are available to enable individuals. In 'Coileanadh' we propose two mechanisms to achieve this: 1) providing information and promoting awareness that is structured around life course stages that builds on information early in life (such as through national education curricula) and at key life events and transitions to ensure equality of information and support across all stages of the life course, and 2) developing opportunities for mutual learning across generations building on the knowledge and evaluation of intergenerational projects and approaches to increase the value of the contribution of older people and address some of the 'taboos' around ageing and later life.

The choice is yours

Social care must be led by the needs and wishes of the individual citizen and not designed based on the needs of any system. Decisions on accessing care and support will be different for everyone, and it is our responsibility to uphold informed choice that meets the needs and wishes of anyone requiring care and support.

There are recommendations throughout the Independent Review that encourage a renewed focus on individual choice with human rights placed at the core. This is demonstrated not least through calls for more independent advocacy and brokerage services, including peer support services to help prepare people for participation in planning and organising their support. However, navigation of the system to understand care and support options is critical to ensure people are supported to access the services that meet their needs and wishes. We respond to this in 'Coileanadh' with a key opportunity to enable a Self-Directed Support (SDS) informed society with the right mechanisms to feedback positive and negative experiences of SDS in practice to help remedy areas where implementation continues to be challenging and to enable consistency of approach. By understanding how people navigate and gain information about social care, we can inform the development of information-sharing strategies to ensure access and enable informed choice.

A key opportunity highlighted in 'Coileanadh' that is distinct from the Independent Review is the proposal to develop practical and sustainably funded opportunities where people can experience services (e.g., a 'Try me' room in a care home). We suggest that such opportunities can help to support informed decision-making when making choices around the best ways to meet individual needs and wishes.

Valuing expertise of all sectors and perspectives

The expertise and perspectives of all those that work in social care are invaluable and should be rightly valued. There is consistent acknowledgement for utilising a localised approach as outlined in 'The Case for a National Care Service' section of the Independent Review, where this is designed to oversee local commissioning and procurement and reformation of Integrated Joint Boards (IJB) with services procured from Local Authorities, as well as the third and independent sector providers. However, there is little mention throughout of the significant role that the independent sector play in not only contributing to the set of recommendations ('What if and why not?' report and Priority areas of focus submission), but their part in providing care and support for the population of Scotland. We also iterate IJB reformation in 'Coileanadh' with the action to redefine IJB membership and responsibilities and ensure consistency across all Health and Social Care Partnership areas with representation from *all* sectors.

Within the theme of valuing the expertise there is ample opportunity for the recommendations to better understand effective models of support for staff wellbeing and how to access these with support that is tailored to different staff roles, needs and backgrounds. We highlight this as a key action in 'Coileanadh' as well as the need to embed support in the culture and practice of all sectors at all levels. In addition, we stipulate the need for collaborative and courageous leadership on the part of key decision-makers to acknowledge that resource and investment must be about the individual and not to satisfy the needs of the system.

Pathways of learning through mutual experience

The Independent Review lacks explicit mention of career pathways for people that work in social care. In order to showcase a career in social care as the rewarding and meaningful sector that it can be, there must be more demonstrable opportunities for people to progress within the field.

In 'Coileanadh' we focus on how parity of access to training and development with NHS is crucial and thus an integral part of a National Care Framework – a point not explicitly mentioned in any of the Independent Review recommendations. Opportunities available to staff in the NHS should be available to social care staff and and vice versa, which we believe is a key policy action. The Independent Review describes workforce development and improvement programmes in relation to raising the standards of care and support, however, a meaningful and balanced approach to health and social care cannot occur until care is seen on par with the NHS.

Distinct from the recommendations of the Independent Review is the concept of instilling a philosophy of promoting opportunities for mutual learning across health and social care roles and contexts to build shared understanding, trust and respect. In 'Coileanadh' we propose that this can be accomplished through policy action by understanding and articulating the diversity of career possibilities and pathways that social care offers to support recruitment and engagement by communicating the breadth of opportunities to wider society.

Additionally, the mechanisms through which social care can be seen as a worthy career pathway involve developing placement opportunities for students with diverse research interests. This also complements and shifts beyond recommendations of the Independent Review by supporting the development of research capacity in social care contexts and providing a resource equivalent to that.

Empowering regulatory practices and people
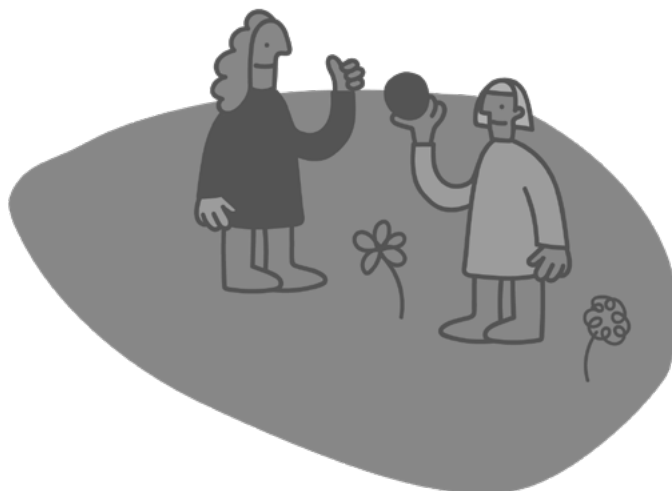
A pre-requisite of oversight and regulation of social care is the need for a shared understanding and definition of quality, as well as how we can enable and sustain quality. The Independent Review identifies areas of collaboration within the commissioning process that maintain a clear sense of purpose and value, such as the call for a '*decisive and progressive move away from time and task and defined services...commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.*' Alongside this there is also the need to develop regulatory practices that empower and support a culture of quality and learning. In 'Coileanadh' we propose that regulation could be more empowering by using the mechanisms and levers of regulators to promote the sharing of good practice examples that allow providers to learn from each other, as well as informing wider audiences and shaping an understanding of quality.

Reclaiming and renewing, not reinventing

The actions and concepts identified in 'Coileanadh' do not seek to reinvent, but instead renew and reclaim areas where change in adult social care is necessary and achievable. It is not our ambition, nor within our remit to reinvent social care, but instead recognise where we can effect change, reorientate and re-establish the existing structures in the ways that are most effective to ensure the rights-based, person-led vision we wish to fulfil. We need to ensure we have quality ingredients and follow through all the steps of the recipe to ensure a quality outcome, rather than modify the recipe to fit the quickest route – change is not easy, nor is it fast. Simple fixes are quick but do not tend to solve the challenges or lead to sustainable change.

We have identified two mechanisms where the recommendations could go further to put into action in terms of placing value and driving aspiration while utilising our existing resources: 1) involving all social care stakeholders in exploring all cost model options to

fully understand the preferred and most effective ways in which services can be contracted that allows for flexibility and tailored options (e.g., General Practice style arrangements) and 2) building an understanding of where technology and digital is most valuable and enabling in social care through evaluation as well as sharing examples of innovations in working practices where technology and digital have enhanced experiences.

We need a shift towards a preventative and more holistic model of social care that prioritises and invests in health and wellness. The Independent Review rightly recognises models of care that support the choices and wishes of people accessing support and meet local needs; existing models are highly medicalised and promote clinical interventions which align more with paternalistic rather than social care mindsets. Greater collaboration and balance must be struck between the NHS and the National Care Framework. Rightly or wrongly, the Independent Review has failed to address the interdependence and mutuality of the NHS and the creation of a National Care Framework. The connections, collaboration and integration of these systems and the way they will work together is what will ensure a promising future for care and support for the health and wellbeing of people in Scotland and a Scotland where everybody thrives. This is where efforts should be concentrated as part of the development of a National Care Framework to ensure this does not perpetuate silos and this process will require courage – to do things differently and shift the resource to enable this, trust – in each other and in the processes we create, and transparency – across everything we do so that decision-making is clear and evidenced.

Conceptualising a National Care Framework

In conceptualising and designing a process to support the development of a National Care Framework, it is important to build an understanding of the current context. The Independent Review has achieved part of this in capturing the lived experience of people who access and people who provide care and support (which is the most important part). However, there is still work required to build an understanding of: 1) the structures, processes and mechanisms of how the current system 'operates', and 2) what areas of this 'operation' are currently impacted by the recommendations as they stand. The Independent Review provides a high-level diagram of a proposed 'National Care Service' structure; however, it fails to articulate the complexity involved and the process of how this can be achieved. The following diagram (Figure 1) aims to provide a starter for this work by visualising the complexity of the current system and the disconnect that exists in the adult social care system in Scotland.
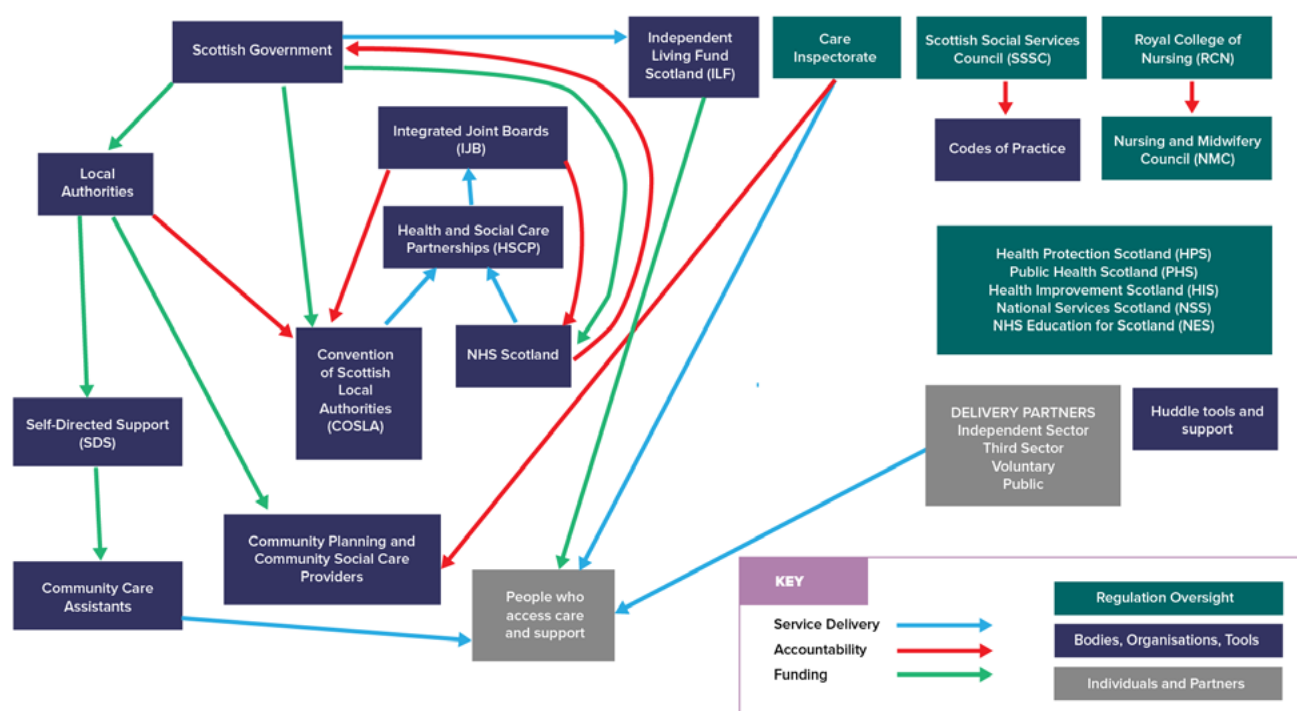

Figure 1. Visualising the complexity of the current adult social care system in Scotland

The visualisation aims to show the complexity of the current system, communication gaps and points of disconnect. There are many oversight groups and parts of the system that while accountable to one another and receive funding, do not communicate in a streamlined manner – notably in ensuring that people who access care and support are fully supported by the parts of the system designed to help them. The visual is not intended to be a complete representation of every aspect of the system, however it is evident that greater citizen involvement needs to be prioritised and that vision, innovation, improvement, regulation, workforce, national contracts, complex care and set national requirements and budget distribution need to be determined in a more coherent manner.

The recommendations of the Independent Review provide an idea of what a 'National Care Service' would involve, with greater oversight provided to the Scottish Government and Ministers, regulatory authorities such as the Care Inspectorate (CI), Scottish Social Services Council (SSSC) and the Independent Living Fund (ILF), as well as greater involvement of partners in delivering planning, commissioning and procurement and local planning and engagement. While this provides an idea of how collaborative working may be supported and services might be streamlined, there are still many questions including what a reformed IJB will look like and more specifically, what mechanisms, processes and policy enablers will be developed to support changes and implementation in practice.

If we are to adopt what the Independent Review proposes, we need to determine how each of the elements of a future system will work together - what are the principles and mindsets of organisations, what policy enablers will be developed, and what mechanisms will exist to support implementation of change? It must be resoundingly clear how citizens will be involved and included going forward, with assurance of empowerment and support. Robust processes are needed to carefully design what this future National Care Framework will look like and how it will work. Therefore, before any decision-making takes place around structures and conceptualisation, we urgently call for engagement and involvement in a national conversation.
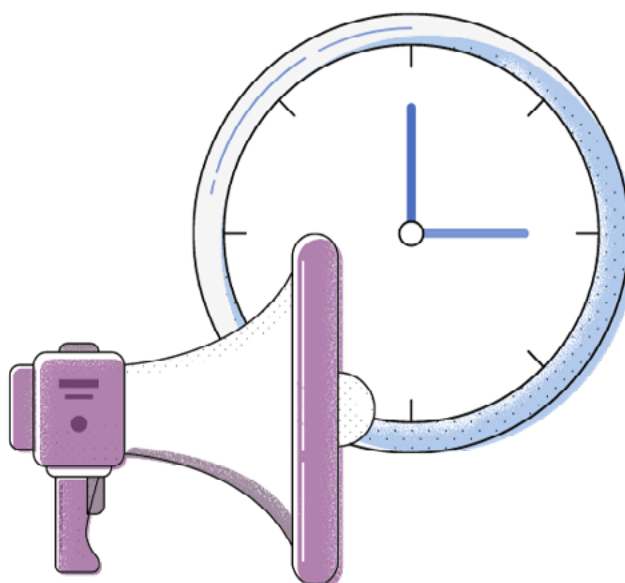
Some of the elements of a National Care Framework that we outlined in the Care Manifesto included:

National Accountability

- The creation and appointment of Social Care Minister role at the earliest opportunity. Such title would enhance the status of this sector and provide parity of social care with health care. The appointment of a Minister of Mental Wellbeing and Social Care is a welcome first step in recognising the significant role of social care in society.

- A systematic approach to implementation and improvement in social care support to provide appropriate national quality and accountability with local flexibility. Such approach must be sensitive to, informed by and oriented around the needs of those who use care and support.

Role of Local Authorities

- Overcome the role national and local government failure to ensure consistency of approach, equity of provision regardless of geography or local circumstance and ensure the success and longevity of approach.

- Local authorities should continue to have a key role, second to that of those who use services and supports.

Addressing the Implementation Gap

- A National Care Framework must be a vehicle for collaboration, transformation and bridging the implementation gaps that currently exist.

- Build on the learning from Health and Social Care Integration and the establishment of IJBs and learn the lessons of what enables true effectiveness, engagement, and partnership, including retaining a focus on people and individual outcomes. Only from understanding this can we begin to redesign the system.

- Moving away from satisfying the system, health-designed approaches and clinicalised social care support, with recognition that care is to help people live their life in the way they wish with individual choice and independence.

- Continuous improvement must be linked to commissioning processes, contractual arrangements, resources, and wider support.

Representation of the Independent Care Sector

- The independent sector must be fairly represented at all levels to improve fair work, collaboration, and procurement. Recognising the diversity of care and support providers across Scotland as a key strength is crucial.

A National Care Framework deserves a national conversation

Taking forward work to create a National Care Framework requires engagement at a national level across our society. Social care and health affect all of us and ensuring people understand and have opportunity to contribute to the development of future ways of working and systems is key to building momentum and empowering individuals and communities. In this paper we have provided a more holistic perspective on a National Care Framework and propose the actions articulated in 'Coileanadh' are adopted alongside the recommendations of the Independent Review. We call for the Scottish Government to shift beyond traditional consultation approaches to enable meaningful engagement on a national scale around the creation of a National Care Framework.

We welcome the development of a Social Covenant Steering Group and the commitment to avoid tokenism and follow through on involving a diversity of perspectives in shaping the conceptualisation of a National Care Framework. Alongside the inclusion of lived experience expertise, we also recommend undertaking a 'review of reviews' that helps shift recommendations into pathways of action and implementation and ensures that the actions and recommendations of complementary work (e.g. the complementarity that we have discussed in this paper between the recommendations of the Independent Review and the concepts and actions of 'Coileanadh') are also incorporated within wider planning. As we stated in the introduction, we propose that many of the key ingredients to guide the development of a robust and successful process for designing a National Care Framework are already documented. We urge the appointed Steering Group to rigorously pursue an approach that values lived experience of people accessing and people providing care and support as critical expertise that will ensure we accomplish, achieve and fulfil.

As always, Scottish Care welcome the opportunity to support progress through engagement, influence and leadership, and will continue to strive to produce robust evidence, ideas and inspiration through working with our membership and engagement in research, innovation and transformation.

Acknowledgements

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Appendix A: The concepts and actions of 'Coileanadh'

'Putting the foot down' ... harnessing the moment and wider climate that currently exists to make significant change.

Momentum and desire have been building over a number of across the social care sector to better recognise and articulate its own value, setting out the parameters of acceptable standards of interaction with wider stakeholders. Developing a commonly accepted 'hallmark' of non-negotiable 'conditions' was suggested where everyone is held to account for upholding these and working to ensure that these are supported. This would give assurance and confidence to all people involved, both in terms of quality and recognition.

Actions for change

1. PRINCIPLES OF QUALITY AND VALUE FOR SOCIAL CARE

Collectively developing a set of principles for social care that articulate ways of working, conditions and shared definition of quality and value.

2. NATIONAL FRAMEWORK FOR LEADERSHIP OF SOCIAL CARE

Developing a national framework for leadership of social care, including articulation of responsibilities around accountability, language and knowledge exchange - leading to improved application, implementation and links between national and local levels across different organisations.

3. NATIONAL ENGAGEMENT ON SERVICE PROVISION

National engagement on the meaning and value of health and social care to the people of Scotland that can build understanding and contribute to the shape of future service provision.

To read the full future landscape for social care please visit:
https://scottishcare.org/wp-content/uploads/2021/03/Coileana dh-SocialCare-FutureLandscape.pdf

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'A social care mind set' ... a more supportive approach to understanding people's experiences, needs and preferences from a wellbeing perspective that emphasises individuality where there is not a hierarchy in terms of prioritising health needs or settings.

Shifting the balance of power that clinical models are believed to hold in relation to decision-making and recognising the unique contribution of social care can enable a mindset shift, though success involves meaningfully embedding change across all aspects of health and social care. There are also implications that arise related to drivers for change, resulting measures and wider policy agenda, including the need to ensure social care expertise is respected and not medicalised. This requires a shift in where value is placed across the system and how success is defined. At the moment value is largely from a system-oriented perspective e.g., relieving pressure on hospitals, prioritising settings of support such as the drive for people to remain in their own home and a focus on 'beds', 'placements' and 'packages' as forms of measurement.

The language and imagery used to describe social care must also shift, with recognition of how this plays a significant role in shaping people's perceptions and agency, i.e. changing language from 'treated' to 'supported' and not saying 'putting' someone in a care home or 'maintaining' someone at home. Though the sector must seed the change, there are also opportunities that can be better utilised to shape positive perceptions and support understanding. The media have an important role to play, as well as wider society to enable this shift and support awareness from an early age.

Actions for change

1. HOLISTICALLY REDEFINING ELIGIBILITY CRITERIA

Collectively redefining eligibility criteria based on a wider understanding of needs based on the person, their relationships, context and situation.

2. REVIEWING EXISTING POLICY DRIVERS

Reviewing existing policy drivers to understand the rationale and impact on local practice and provision.

3. CO-PRODUCING PERSON-LED DRIVERS FOR CHANGE

Co-producing a set of person-led drivers for change that underpin the organisation and development of service provision and inform outcomes and policy direction.

4. PROMOTING LOCAL LEADERSHIP TO UNDERSTAND SERVICE PROVISION

Promoting local social care leadership through facilitating opportunities for Local Authorities to engage and develop their understanding of individual social care services in their area.

5. DEVELOPING CONSISTENT POSITIVE LANGUAGE

Developing consistent positive language for social care and tailoring this to different audiences, including identifying acceptable and appropriate terminology and promoting this at service, organisations, system, government, media and societal levels.

6. 'INCENTIVISING' COMMUNITY ENGAGEMENT

'Incentivising' community engagement with social care services and building community investment and relationships to promote understanding, support development and foster innovation to ensure future services and improvements meet individual and community needs.

To read the full future landscape for social care please visit:
https://scottishcare.org/wp-content/uploads/2021/03/ Coileanadh-SocialCare-FutureLandscape.pdf

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'Instilling a life course approach' ... *normalising the ageing experience to view this as a natural journey.*

Empowering people to have choice as they age and preparing society with information and awareness of support available. A focus on opportunities within the education system and enabling earlier conversations about the value of age and the celebration of wisdom, experiences and richness that comes with the journey of life would foster open and transparent conversations when reflecting on the life course and personal growth. Instilling a value for 'levelling up' will support the profile of older people and social care to the extent that people feel privileged to make choices, have options, and encourage people to work in a sector that is rewarding and with opportunity. All stages of life should be viewed with equal importance, e.g., later stages as important as birth, and people should be equipped with the knowledge to prepare for and navigate each stage and life event positively.

To read the full future landscape for social care please visit:
https://scottishcare.org/wp-content/uploads/2021/03/Coileanadh-SocialCare-FutureLandscape.pdf

Actions for change

1. 'NORMALISING' AGEING TO PROMOTE DIVERSITY OF EXPERIENCES

Promoting visibility of diversity of experiences and preferences of older people to 'normalise' ageing and expectations of what it means to age, as well as the supports that may be accessed.

2. LIFE COURSE STAGE INFORMATION AND SUPPORT

Providing information and promoting awareness that is structured around life course stages that builds on information early in life (including through the Curriculum for Excellence) and at key life events and transitions to ensure equality of information and support across all stages of the life course.

3. MUTUAL LEARNING OPPORTUNITIES ACROSS GENERATION

Developing opportunities for mutual learning across generations building on the knowledge and evaluation of intergenerational projects and approaches to increase the value of the contribution of older people and address some of the 'taboos' around ageing and later life.

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'The choice is yours' ... *enabling informed choice tailored to needs and experiences.*

Availability of information shouldn't equate to a standardisation of support but should have the richness of choice that meets individual needs and preferences of how people choose to live within their circumstances. Enabling people to understand the options and types of support that are most appropriate for their experience is important. This can be enabled through thinking differently about how people are informed and interact with supports, and where there could be additional opportunities to genuinely allow people to try things and make decisions for themselves. Ensuring a consistent approach to implementing Self-Directed Support is a mechanism that would enable people to have their needs and choices respected.

To read the full future landscape for social care please visit:
https://scottishcare.org/wp-content/uploads/2021/03/Coileanadh-SocialCare-FutureLandscape.pdf

Actions for change

1. ENABLING A 'SELF-DIRECTED SUPPORT' INFORMED SOCIETY

Enabling a SDS informed society with the mechanisms in place to feedback positive and negative experiences of SDS in practice to help remedy areas where implementation continues to be challenging and to enable consistency of approach.

2. INFORMATION SHARING STRATEGIES FOR ACCESS AND CHOICE

Understanding how people navigate and gain information about social care to inform the development of information sharing strategies to ensure access and enable informed choice

3. LOCAL LEVEL SUPPORT IN DECISION-MAKING

Developing a specific role consistent at the local level who provides support in relation to types of services and support available and works with individuals/families to facilitate discussions, support decision-making and help with anticipatory care planning.

4. ENABLING CHOICE AND CONTROL THROUGH ACCESSIBLE TECHNOLOGY

Developing more accessible technology and understanding where technology can enable choice and control in terms of access to support and how support can be enhanced.

5. DEVELOPING PRACTICAL OPPORTUNITIES TO EXPERIENCE SERVICES

Developing practical opportunities, sustainably funded, where people can experience services (e.g., a 'Try me' room in a care home available continuously) to support informed decision-making when making a choice around the most appropriate support for their needs and wishes.

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'Pathways of learning through mutual experience'

Roles and experiences in social care need to be better understood and recognised with mutual respect of individual expertise. Practical ways, such as placements and shadowing, provide routes to building knowledge, understanding and respect for roles and environments. Regardless of education or training pathway, there is a need to embed shared opportunities for learning and understanding of the mutuality of health and social care disciplines, achieved through shared classes, training and development sessions, and formalised volunteering or placements.

Ensuring appropriate training and career opportunities in the sector which provide consistency and assurance whilst also prioritising the flexibility in individual interests, pathways and ambitions is necessary. Wider organisations need to have effective means of recognising prior experience so that the focus remains on development and avoids unnecessary duplication.

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Actions for change

1. MUTUAL LEARNING ACROSS HEALTH AND SOCIAL CARE ROLES

Promoting opportunities for mutual learning across health and social care roles and contexts to build shared understanding, trust and respect.

2. ARTICULATING THE DIVERSITY OF CAREER POSSIBILITIES

Understanding and articulating the diversity of career possibilities and pathways that social care offers to support recruitment and engagement with the sector and communicate the breadth of opportunities to wider society.

3. PROMOTING SOCIAL CARE SECTOR AND EXPERTISE

Facilitating more joined up approaches across organisations to promote awareness and understanding of the social care sector and expertise, including workforce recruitment campaigns and career development pathways.

4. EQUIVALENT ACCESS TO TRAINING AND DEVELOPMENT FOR ALL SECTORS

Ensuring equivalent access to training and development opportunities available to benefit all sectors (e.g., training and opportunities available to NHS also available to Social Care and vice versa).

5. DEDICATED STAFF TRAINING BUDGETS

Exploring mechanisms to provide resource for training and development to ensure dedicated budget is available to staff and services specifically for this purpose (e.g., an SDS approach to staff development to enable individual development aligned with person-centred service aspirations).

6. NATIONAL APPROACH TO HEALTH AND SOCIAL CARE PLACEMENTS

Developing a national approach to health and social care placements that promotes the development of expertise in a diverse range of contexts to evidence a balance of health and social care experience.

7. DEVELOPING RESEARCH CAPACITY THROUGH PLACEMENT OPPORTUNITIES

Developing placement opportunities in social care for students with diverse research interests that develop research capacity in social care contexts.

8. PROVIDING SECONDMENT OPPORTUNITIES

Providing a resource equivalent to that available for innovation in health to allow the social care workforce to take up secondment opportunities in 'innovation champion' style roles enabling capacity building across the sector.

'Valuing expertise of all sectors and perspectives'

Respecting choice and achieving person-centred care requires prioritising relational working where hierarchies are removed, focusing on identifying together the most appropriate support and ways to provide this. Building trust in roles and relationships, valuing perspectives and individual expertise in shared decision-making creates a culture of openness and shared responsibility, contributing positively to wellbeing and morale through feeling valued and respected. Facilitating choice can be extended to collaborative commissioning processes where consistency, working in partnership, enabling flexibility and asset-based approaches are key. This all requires 'letting go' of traditional ideas of roles, control and power to enable tailored and proactive support, with meaning to individuals.

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Actions for change

1. COLLABORATIVE LEADERSHIP FOR PERSON-CENTRED CARE

Courageous and collaborative leadership to reorganise resource and investment to follow needs of the person not the needs of the system, engaging widely about the role of all sectors and services in achieving the biggest impacts for person-centred care.

2. COLLABORATIVE ASSESSMENT, PLANNING AND DECISION MAKING

Adopting a genuinely collaborative approach to assessment, planning and decision making that prioritises dignity and respect and values the contribution of different sector expertise in identifying appropriate forms of support and the way this is curated.

3. CONSISTENT LOCALISED APPROACHES FOR COLLABORATIVE COMMISSIONING

Reviewing the expertise and skill requirements of social care commissioning to ensure a consistent localised approach that can facilitate collaborative commissioning processes to ensure diverse representation in decision-making.

4. REDEFINING IJB MEMBERSHIP - REPRESENTATION OF ALL SECTORS

Redefining IJB membership and responsibilities and ensuring consistency across Scotland in all partnership areas with representation from all sectors.

5. INTEGRATED COMMUNITY PLANNING FOR IJB DECISION-MAKING

Including services and support as an integrated part of community planning processes to address local needs and inform decision-making within IJBs ensuring a sense of shared responsibility.

6. EFFECTIVE MODELS OF SUPPORT FOR STAFF WELLBEING

Understanding effective models of support for staff wellbeing and how to access these to provide support that is tailored to different staff roles, needs and background, and embedding this in the culture and practice throughout all sectors and levels.

'Pathways of learning through mutual experience'

Roles and experiences in social care need to be better understood and recognised with mutual respect of individual expertise. Practical ways, such as placements and shadowing, provide routes to building knowledge, understanding and respect for roles and environments. Regardless of education or training pathway, there is a need to embed shared opportunities for learning and understanding of the mutuality of health and social care disciplines, achieved through shared classes, training and development sessions, and formalised volunteering or placements.

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'Reclaiming and renewing, not reinventing'

Costs, finance and funding have implications for choice, understanding and profile of social care. Cost is part of the existing challenge, yet also part of enabling the solution and future direction. However, people's ideas about a positive future are not automatically premised on more resources or the creation of 'new' supports/services/models. It is about recognising the assets and enablers and supporting wider understanding of social care. There is a need to make cost transparent in relation to building a sense of trust and quality to enable choice and planning as well as to understand wider impacts of not investing, or investing differently. Further, there is a need to consider the potential of existing resources beyond their current form and remit. Where there is additional investment and cost, these should reflect where we truly want to place value and drive aspiration, rather than continue to be based on raising the minimum (e.g., living wage as the basis for workforce value).

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Actions for change

1. MOVING BEYOND THE 'WAY WE'VE ALWAYS DONE THINGS'

Developing a holistic vision of health and social care integration that prioritises the choices and wishes of people accessing support and replaces the dominant discourse of medicalisation and clinical intervention, moving beyond the 'way we've always done things'.

2. COLLABORATIVE EXPLORATION OF PREVENTION AND SPECIALIST SUPPORT

Facilitating collaborative approaches in partnership areas to explore ideas with care homes and homecare around developing different forms of support that could be offered to meet local needs, particularly in relation to prevention and specialist support.

3. EVALUATION TO UNDERSTAND PREVENTION AND EARLY INTERVENTION

Prioritising evaluation to understand prevention and early intervention to identify areas of further investment that build on existing knowledge and value in its widest sense beyond purely financial measurement.

4. EXPLORING COST MODEL OPTIONS WITH ALL SOCIAL CARE STAKEHOLDERS

Involving all social care stakeholders in exploring all cost model options to fully understand the preferred and most effective ways in which services can be contracted that allows for flexibility and tailored options (e.g., General Practice style arrangements).

5. EVALUATING WHERE TECHNOLOGY ENHANCES EXPERIENCE

Building an understanding of where technology and digital is most valuable and enabling in social care through evaluation and sharing examples of innovations in working practices where technology and digital have enhanced experiences.

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