Independent Review of Inspection, Scrutiny and Regulation

Scottish Care response

January 2023

Scottish Care welcomes this opportunity to contribute to the Independent Review of Inspection, Scrutiny and Regulation. Through our response and other forms of engagement with the Review, we seek to act as a constructive partner and are happy to provide further information should this be required at any stage. We believe it is essential that the Review engages closely with those who provide social care services and those who work in them and listens to their experiences, and we are happy to support further opportunities for connection.

Whilst the Review doesn't explicitly focus on Assurance and Oversight as a related component of inspection, scrutiny and regulation, we believe that this should be considered further not least because of substantial changes in this space in recent years. Due to it not being included at this stage, we have not responded with information specifically pertaining to these processes (though a number of the Scottish Care resources we reference relate to these also) but would be happy to provide further detail should this be required.

1. **How can we ensure that people with lived and living experience of care and support services are able/supported to contribute to inspection, scrutiny and regulation processes?**

Change and continuous improvement to ensure people who access social care support can live safely and live well must be informed by real experiences, in-depth knowledge of the complexities of the sector and a co-created vision for the future. Therefore, the voices and views of those accessing care and support need to be central to understanding the experience and impact of support, and in turn to inform inspection, scrutiny and regulation processes. Meaningful mechanisms to enable this need to be prioritised and whilst there have been positive steps taken in the regulatory landscape to support this, for instance the development of human rights-informed Health & Social Care Standards in 2017 which use much more person-focused language, as in many other areas of social care policy and practice there remains a gap between aspiration and consistent implementation.

Part of the challenge in achieving this is in developing tangible and meaningful ways to embed voices of experience throughout these processes, not solely linked to time limited inspections. Whilst many services have developed effective mechanisms and forums for listening to those they support and their loved ones, these are premised on giving sufficient time, space and flexibility to people in how and what they wish to contribute. It is this building and embedding of relationship to enable effective contribution that must be developed further within regulatory, inspection and scrutiny processes. This includes the need for consistency of inspection relationships with services. Where inspection personnel and those in similar scrutiny roles can foster regular connection with a service and its diverse stakeholders, they are better placed to support contribution tailored to individual needs and

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preferences, and to contextualise these within a broader understanding of a service's community, performance, ambitions and development journey.

Effectively supporting diverse contribution must also take cognisance of different communication needs and styles. This includes recognition of and adopting appropriate and informed approaches to non-verbal communication, hearing, visual and cognitive impairments, as well as preferences such as setting, support and accompaniment, different mechanisms for contributing, opportunities for preparation and time flexibility. Again, processes such as unannounced inspections do not necessarily lend themselves to these considerations.

It is also important to be conscious of what is being asked and why, including what or whose purposes particular processes or questions serve. It is only possible to begin to assess quality and individual outcomes through conversations that are meaningful to people, and that again requires the building of relationship and flexibility and choice embedded throughout engagement.

In Scottish Care's report 'What Does a Human Right to Social Care Look Like?', we highlighted three key questions for any system or intervention which aims to help people realise their human rights. These questions could also be applied to help people with lived and living experience of care and support services to effectively contribute to this process. This is because these questions create a framework which gives primary control and agency to the individual person who is being supported. These are:

> 1. Does the process strengthen the capability of the person to participate and to secure the outcomes to which they are entitled?

> 2. Does it improve the ability of 'duty bearers' to deliver?

> 3. What does it say about implementation of a rights-based approach and the realisation of rights?

2. **Do you feel there are services that are not currently subject to inspection, scrutiny and regulation that should be? Yes, no maybe?**

Maybe

3. **If yes, please tell us which type of services?**

As the scope of care and support extends and people are rightly able to exercise more choice over what arrangements fit their needs, preferences and circumstances, consideration may well be given as to how to facilitate diversity of provision whilst providing assurance of quality and safety.

However, Scottish Care believes that the immediate priority for the Review should be to explore and identify clear, fit for purpose and codesigned definitions of inspection, scrutiny and regulation. The purpose and objectives of these processes can help stakeholders and policy makers better understand their value and subsequently support identification of required changes and additions to how and what services are part of these processes.

It needs to be recognised that the social care sector is one of the most highly regulated and scrutinised sectors. Regulation and scrutiny are important, particularly in a sector focused on

care and support of vulnerable people (although that term is of itself often disempowering and inaccurate in defining an individual and their rights and capabilities). However, the cluttered landscape that currently exists is both confusing for individuals and their loved ones to understand and navigate, and often has the counterproductive effect of detracting from care and support delivery and consistency due to the time, processes and sometimes contradictory information and outcomes of regulation, inspection and scrutiny demands. Focus should be given to how to maximise the value and effectiveness of these processes in ways that are streamlined, conducive to care planning and delivery and make best use of relevant expertise at the right time. Over-regulation does not produce better outcomes for individuals, staff or services.

There are recognised benefits of access to personal assistants (PAs) such as access to the expertise particularly of friends and family members undertaking the role, as well as the flexibility of and control of access that it gives to people accessing care and support. However, Scottish Care have heard anecdotal concerns raised from stakeholders in adult social care around how the system ensures quality of care and support, and adult support and protection where a PA model of delivery is in place. This suggests that there is benefit in exploring whether there is a need for the registration and regulation of PAs. Fundamentally, should it be deemed that any change occurs, this must not inhibit opportunities that this model of care and support offers.

4. Why you think they should be inspected/scrutinised/regulated?

We have used this space to outline what additional changes should be considered in relation to the regulation of existing services.

These include examination of how regulatory powers and associated processes can be better utilised to take a more holistic and whole systems approach to the care and support planning and delivery landscape. Consistent feedback from Scottish Care members highlights how these processes, often centred solely on what exists within a particular service, seem to remain detached from the wider climate in which services operate. Regulation must be able to take a whole systems approach and highlight where failures within the 'system' lead to poor outcomes for people who access care and support. For example at present, the regulator can only effectively challenge poor outcomes if they are a result of poor practice in service provision. If the poor practice is a consequence of how the system is designed or operated by public bodies, the Care Inspectorate is poorly placed to identify and force correction as its powers are extremely limited. For example, they must be enabled to take a clearer view on the commissioning of services and how this impacts on a service's ability to deliver care. Other contextual factors must also be better recognised and addressed strongly, such as geographical challenges, issues and trends in particular types or areas of service, and critical workforce shortages. The Care Inspectorate must have mechanisms through which they can identify and raise concerns across any part of the social care sector without bias, influence or compromise if they are to play a meaningful role in driving change and improvement for Scotland's citizens. At present, the Public Services Reform Act doesn't permit the Care Inspectorate to inspect market forces.

Scottish Care also believes it is important to review currently regulatory categories for service registration. Premised on a very traditional understanding of different social care services, these do not adequately reflect or support the diversity and innovation that exists within the sector informed by the needs and choices of people and communities. Instead, these

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categories can serve to limit innovation, create unnecessary bureaucracy and delays in service design and delivery, or create additional confusion where support does not neatly fit into a pre-determined box. Given the shared aspirations for a choice-based, flexible and adaptive social care sector, regulation has an important role to play in facilitating this. The experience of the pandemic, as well as particular sector pressures in recent months, have served to further highlight the need for responsiveness in what services can and are empowered to deliver to support individuals, best deploy the workforce, and contribute to the wider health and social care system.

5. **Who should be responsible for this?**

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6. **Would a system work where the same regulator inspected all services? Yes, no, not sure**

   No

7. **If yes, why? And if no, why not?**

What Scottish Care strongly believes is important is ensuring that regulation is consistent and wholly informed by suitable experience and expertise within regulatory bodies. In Scottish Care's 'What does a human right to social care look like?' report, we explained the need to avoid duplication of information and confusion for social care providers being regulated in the health and social care landscape. This streamlining and clear articulation of regulatory roles will be essential in shaping the future of inspection and scrutiny. However, we also recognise that the diversity and complexity within the social care sector may necessitate the knowledge and contribution of different bodies in particular circumstances and where appropriate and that a partnership approach, critically including services themselves, can achieve positive outcomes.

What is absolutely essential is that the distinctive and unique role of social care services is understood, valued and protected within the regulatory landscape. This requires a markedly different approach to regulatory processes than those found in, for example, a clinical, acute or other health-based setting. The obfuscation of this in particular circumstances through examples of multiple scrutiny and inspection inputs, including during the pandemic, has proven to have a direct and detrimental impact on how services have been monitored, scrutinised, supported and experienced. Scottish Care therefore believes that the future of regulation must feature the Care Inspectorate, as the distinct social service regulator, retaining a central role due to its knowledge, expertise and building of relationships with the social care sector. Over-regulation is not compatible with assuring high-quality care and consistency of approach, yet it is also unrealistic for regulation to exist in isolation from other bodies within a complex, integrated landscape. A suitable balance with clearly articulated roles and parameters must therefore be sought.

8. **Should there be different regulators for inspection (the organisation that looks at how things are working) and improvement (the organisation that supports things getting better)? Yes, no, not sure.**

   No

9. If yes, why? If no, why not?

Continuous supported improvement should be the aim of inspection processes, in order to ensure that services continue to develop and deliver care and support in a way that meets the evolving needs of people and communities. By their very nature, inspection and improvement are inextricably linked and both must prioritise development and progression within the social care sector, both for services and the workforce.

To detach the two key strands of regulation from each other would not only be extremely complicated and likely costly without clear benefit, it would be damaging to the future direction of the social care sector. To effectively create a 'compliance and enforcement' body alongside another to drive change which is disconnected from the intricacies and relationships within a service would be ineffective, in Scottish Care's view. It would also fail to account for the wider factors that must be more effectively built into considerations within regulatory processes, such as funding, commissioning and workforce, as highlighted throughout this response, and detract from much of the good work developed in this space in recent years not least by the Care Inspectorate through programmes such as CAPA, Arts in Care and work around staffing. It is our position that inspection and improvement need to be more closely linked than ever with an almost indistinguishable line between the two, not driven further apart.

10. How can we ensure that regulation and inspection processes are underpinned by a commitment to improving services?

It is essential that the improvement arm of regulation is prioritised and that regulators play a much more central role in supporting the positive profile of the social care sector, not only in facilitating engagement and learning between sectors and services but in enabling wider understanding of what social care is, what it contributes and why these services play such a vital role in caring for people and providing developmental career pathways. Whilst undoubtedly important, the often disproportionate and exclusive focus on highlighting instances of poor-quality care or practice, not least through media reports, fails to acknowledge and value the need to promote the abundant and everyday instances of compassion, leadership, innovation and commitment in social care.

11. Should regulation, inspection and scrutiny have an emphasis on services continually improving? What might that look like?

Yes.

It is important that this improvement emphasis is gained through developing a culture premised on assisting and encouraging service providers to improve their practice in partnership, which is reliant on the afore mentioned relationship building and the identification and continuous development of comprehensive skills and knowledge about the social care sector amongst regulatory, inspection and scrutiny colleagues. In our 'Towards a Partnership for Improvement' report we had highlighted that providers shared a sense of regulation serving as a 'policing' force, as opposed to acting in an encouraging assistive role. Whilst progress has undoubtedly been made in this area, significant work still needs to be undertaken and reform progressed to fully enable an approach which evidences a focus on continuous improvement, which is also grounded in reality and tangible support.

12. What should happen if something goes wrong in a service?

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'Wrong' can mean many things. What is most important is how these instances, of any scale, are responded to in ways that prioritise openness, proportionality and proper understanding of the circumstances and factors which have contributed in order to address these appropriately. Undoubtedly, there needs to be the ability to take robust action in extreme cases of harm or where there is a serious risk of harm. However in everyday instances where relationships are nurtured, a culture of collaboration is embedded and an improvement focus is prioritised, this should reduce instances where things go wrong and provide transparent, easily identified steps to address them if they do. It is important to note that social care is a 'people' sector – there is likely to always be instances of 'wrong' where mistakes are made, a breakdown in communication occurs, or expectations are not met but what is crucial is instilling approaches whereby these are addressed constructively, meaningfully and with learning prioritised. We should not be seeking to achieve less reporting of instances of 'wrong' but to enable people to feel empowered and enabled to share these and have confidence that they will be addressed effectively.

Unfortunately, Scottish Care members continue to report experiences of a regulatory culture which appears to 'punish' services or to define them by an instance of wrongdoing rather than to support learning and improvement. For instance, the experience of downgrading services for something identified at inspection without often providing opportunities for rectification and re-assessment within reasonable timescales, as well as the practice of defining a service's overall grade by its lowest component score points to this. In reality, such practices can be demoralising for staff and service morale and counterproductive to supporting change, given the wider impacts they can have on support, funding and service reputation. This can create a downward spiral which inhibits improvement and further negatively impacts a service and the people it supports.

13. Who should be responsible for making improvements to services?

Improvements require shared accountability and collaborative practice. Currently focuses on services through very narrow lens and responsibility tends to fall almost exclusively on provider to make improvements. Whilst they have a crucial and often lead role in this, wider factors inc funding, commissioning arrangements, workforce, geography, wider societal pressures. Improvements have to be contextualised within reality of landscape/climate. Regulators have vital and underutilised role in advocating for social care sector and what is required to enable continuous improvement, for all services, to ensure consistently high quality provision.

In Scottish Care's 'Care Homes: Then, Now & the Uncertain Future' report, we explicitly called for the development of proportionate and flexible scrutiny models which are underpinned by robust resourcing, but this need for closer alignment of care delivery, regulation and funding has been a clear requirement in many findings. This also extends beyond service-focused to system-level regulation through the scrutiny of legislation implementation such as SDS, which 'Rights at Home: The Scottish Care Home Sector & SDS' recommended should be implemented through the inspection of assessment processes and people's experiences to ensure appropriate accountability and compliance.

14. How do we make sure regulatory bodies are doing a good job?

Scottish Care has long highlighted the need for a more effective regulatory feedback loop whereby the quality and consistency of inspection practices and wider engagement with

regulators regarding scrutiny or improvement can be measured alongside assuring the quality and consistency of care provision.

Organisations such as Scottish Care should play a part in intelligence gathering, not least because the current system suppresses sources of intelligence which could be beneficial to regulators. In particular, there are no current ways to measure the performance of Care Inspectorate inspectors or a methodology for ensuring consistency. New ways of gathering data and intelligence, in collaboration with partner organisations, would help to redress this balance.

There requires to be effective mechanisms whereby services and staff can raise concerns regarding regulatory practice, including inspections, and have confidence that these will be investigated appropriately without fear of perceived or actual negative consequences through subsequent interactions. As is often asked by Scottish Care members, 'who regulates the regulator?'. This requires a degree of independence from regulators themselves in order that determinations can be made fairly and without bias. Much in the same way as complaints and mediation processes exist to support people to raise concerns and issues with a service, directly or through regulatory bodies, there needs to be a clear process through which service providers and regulators can resolve issues with proportionality built in but escalation and independent assessment available when required.

15. How can we ensure that people and their families who require care and support, have the information they need about how providers are performing to support their decisions about care and support?

We believe that people and families will be best placed to answer this question. However from a Scottish Care perspective, the quality, accessibility and clarity of information plays an important role in order to support choice and informed decision making. Scottish Care and others have long highlighted the complexity that exists within the social care system and the confusion that this can cause for people trying to navigate it, make important life decisions, advocate for others and know their rights often at at time of already considerable upheaval and distress.

16. What information might that be?

The content of such information should also form part of the Independent Review. As previously outlined, the current system of reporting on inspections creates a disproportionate focus on highlighting any negative findings and reducing diverse information to a numerical grade. Whilst highlighting instances of inadequate performance are important to know when making choices, what is needed is the ability for such information to tell the fuller story of a service and what it offers. It is important to acknowledge that what is important to one person and what they want from care and support may look quite different to someone else's wishes and priorities. In fact, anecdotal feedback often highlights that a lot of decision making is premised on how someone is made to feel and what 'feel' someone gets from a particular environment or interactions with others. This is why regulation of the future needs to also support people to experience and access services in different ways. For instance, Scottish Care's 'What If and Why Not?' report suggested more opportunities for people to trial and experience services before committing to them, for instance in relation to moving to a care home.

This long-standing recommendation for clear information was also made in Scottish Care's 'Towards a Partnership for Improvement' report, which highlighted the importance of inspection reports to give people accessing care service an accurate representation of service's abilities. It suggests the Care Inspectorate could improve the methodology of their reporting to make inspection reports more accessible and that by doing so 'they would empower individuals who access services and their families to support the inspection process through their improved ability to understand a service's practices and values and therefore identify and challenge where a service falls below optimum standards'.

Scottish Care's response to the Health & Sport Committee's 2020 Call for Evidence on 'How Well is the Care Inspectorate Fulfilling its Statutory Roles?' highlighted the responsibility of the Care Inspectorate – but in reality all regulators - should do more to provide a 'reliable and accessible main point of access for routing of information to services'. Theer needs to be collaborative working with across regulatory bodies to 'ensure the guidance and information they communicate is more joined up and easily accessed.'

17. How can we make data collection and sharing better?

Consideration must be given to how data and intelligence can be better used to inform both service provision and inspection methodology and improvement.

It is widely recognised that significant data gaps exist within the social care sector, especially real time data, and this is equally applicable to regulation. At the same time, reporting and monitoring requirements have dramatically increased. It has created a reality of significant data demands but with little to no effective routes to translate this into meaningful, responsive intelligence with clear benefits to different stakeholders. Measures which have been introduced or been highlighted as necessary during for instance the pandemic must be evaluated, in collaboration with the sector and those in regulatory, scrutiny, inspection and oversight roles, to determine what is useful and necessary for the future.

The unprecedented pace of change and take-up of technology within the social care sector in the last three years must also be considered in the context of its future role in inspection and regulation. It presents new opportunities to gather intelligence, enable capturing of experiences and collect feedback which can provide new ways of working. The development and increased use of tools such as social media and vlogs to share information and experiences must also be considered in the future landscape of how and where data is valued and utilised.

At a time when bold and innovative decisions will be required in terms of how care is planned and delivered, the role of technology in enhancing and even replacing some elements of traditional regulation should be considered also, particularly where it can enable consistent and regular regulatory support and minimise duplication.

Scottish Care's 'Towards a Partnership for Improvement' report highlights the collection of both quantitative and qualitative data to make accurate care recommendations. It also makes the recommendation that 'by jointly reviewing the annual return and self-evaluation framework, data collection could be made more valuable and duplication could be minimised'. The second edition of Scottish Care's 'Care Practice: Emerging Insights Series' report supports this point, in which care providers expressed frustration at data duplication. In the findings from our member survey which informed the 2021 'Ingredients for Growth: Regulation and Oversight Report', nearly 72% of respondents reported duplication in data

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reporting obligations, but with significantly less (51%) understanding the value and use of that data to those requesting it.

As recommended in Scottish Care's 'What if and Why not?' report, there is strong support amongst Scottish Care members for a single reporting tool where data is shared, integrated and accessible to all. The development of such a single shared data platform needs to be created with social care providers and the people they support, incorporating important considerations such as interoperability with existing tools and prioritising citizen data ownership.

Other providers suggestions from that report in terms of how to better collect and use data include:

- Reducing reporting frequency
- Reducing the amount of information being requested
- Evidencing how information is used and closing the feedback loop
- Supporting easy access and developing user-friendly guidance
- Consulting directly with the care sector regarding data, not just bodies such as the NHS as imposing a health-based model does not work
- Employing government statisticians to gather information rather than giving managers additional data responsibilities, or compensating managers for this work. Consideration must also be given to skills development and support in this area in terms of the workforce.

18. How do we make sure regulation, inspection and scrutiny supports good practice for people accessing care and support?

Ultimately all mechanisms and approaches suggested throughout this response are provided with the intention of improving the care and support experience for those who access it and that should be the key focus for all reform. The 'system' needs to fit people, and not the other way around. To ensure this is the case, the voices of those who access care and support, their loved ones as well as those who provide care need to be built in to all planning and practice processes and ways to ensure their views and experiences are heard need to be prioritised at all stages.

19. How do we make sure regulation, inspection and scrutiny supports good practice for providers delivering care and support?

Scottish Care has made a number of recommendations in recent years aimed at supporting this, all of which are ultimately premised on mutual respect, shared understanding, valuing social care and facilitating responsiveness to different circumstances. These include the following:

In Scottish Care's 'Manifesting a flourishing social care sector for Scotland', Scottish Care highlighted the importance of empowering regulatory practices and people – 'the current role and practices of regulators needs to adapt for compatibility with a shift toward a social care mindset that is aligned to aspirations for support provision'. This report also suggests 'supporting open dialogue between regulators and providers can facilitate consistency in where value is placed when developing regulatory processes'.

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In Scottish Care's 'What Does a Human Right to Social Care Look Like?' report we question whether the 'system of inspection and scrutiny is as independent, reciprocal and mutual as it might be', advocating for a more 'dynamic relationship between scrutiny and inspection with improvement support and quality development of supports and services is as resourced and developed as it might be' as part of a move towards a 'fully reciprocal system of scrutiny and improvement'.

Scottish Care's 'Review of Adult Social Care: Priority Areas of Focus' describes consistent regulation of the sector in these terms – 'it [the Independent Review of Adult Social Care] has to focus on the need for clear and consistent regulatory oversight and practice rooted in the National Standards and in a non-clinical approach to care', with technology being used to standardise different documentation and reporting formats used by different regulatory bodies.

Scottish Care's 'Care Practice: Emerging Insights Series' discussed opportunities and challenges in care regulation. It suggests some improvements, such as the importance of 'avoiding duplication across the different regulatory bodies and in providing clear access to information to support improvement'.

20. **How do we ensure there is compliance and consistency with workforce registration requirements?**

Scottish Care has clearly stated our support for regulatory mechanisms which seek to professionalise the social care workforce and build the required value into these roles, reflective of the skills and dedication required to work in social care.

However, we are also concerned about a focus on 'compliance' and the ways in which workforce regulation appear to have become synonymous with, from feedback from our members, poor practice in terms of Fitness to Practice and those being 'struck off' the register.

As we have long highlighted, workforce regulation has to seek to drive the sector forward in ambitious and aspirational ways whilst also remaining firmly grounded in supporting the existing workforce, including being sensitive to workforce pressures and realities in order to ensure that regulation is again a mechanism for supporting quality, improvement and professional development.
It is impossible to consider workforce registration and regulation requirements in isolation from the wider policy, practice and contextual factors which have recently impacted and currently impact the social care sector. It is clear that workforce challenges, not least recruitment, retention and workforce burnout, are amongst the most significant challenges facing social care in Scotland today.

Scottish Care has made a number of suggestions which can support alignment of workforce regulation with wider challenges and reform plans. These include the following:

- In Scottish Care's 'What does a Human Right to Social Care Look Like?' report, we highlighted the need for 'equity and fair work principles with regard to employment terms and conditions'.
- In the 'Review of Adult Social Care: Priority Areas of Focus' we highlighted the demand amongst care staff for 'consistent and national terms and conditions that

advance Fair Work'. This is mentioned in regard to providing fair pay to care staff as part of a strategy to improve retention and avoid further devaluing of the social care workforce.

- Scottish Care's ''What if and Why Not?'; Making the Future of Social Care a Reality' report discusses how 'The registration, regulatory and continuous professional development expectations upon the social care workforce must also be reflected in commissioning, with time, support and mentoring appropriately built in as recommended in *Experience of the Experienced.'*
- The report also notes that 'in practical terms, *Experience of the Experienced* made similar recommendations around reviewing registration categories, job titles and broader terminology in order to reposition social care work as the high skilled and diverse career that it is in reality'.
- Furthermore, the report states 'that regulatory frameworks including qualification systems must value diverse learning experiences, promote parity of recognition and encourage opportunities for mutual development across different parts of the health and social care sector in order for it to be fit for purpose for the future'.

Very recently, Scottish Care has also called for a number of additional workforce regulation flexibilities which can support the workforce. The experience of the pandemic and recent pressures have highlighted the need for adaptability and responsiveness within regulation to support the existing workforce, as well as identified practices which are experienced as unhelpful or unequal in their application. These changes and others will require to be monitored and adapted into the future:

21. How can we ensure that people who work in care and support services are able to contribute to inspection, scrutiny and regulation processes?

Similar to our previous responses, if we properly develop an inclusive, collaborative system which is truly embedded and consistent then all with a role to play in it should be able to contribute in a way that is meaningful for them and have assurances that their voice will be heard. We firmly believe, as with other recommendations, that this is about understanding the realities facing the workforce and ensuring that opportunities to contribute are streamlined with their practice, accessible regardless of circumstances, setting, geography or engagement preferences, and experienced as beneficial and meaningful in positively shaping the future. This includes much more clear connection between the different aspects of regulation, such as workforce and service-focused bodies. The overall intention needs to be about making regulation much more focused on collaboration and not compliance, given the latter's consequences of reinforcing fears associated with these processes (such as anxieties around inspections and feeling 'policed') which can drive staff to feel like a recipient of regulation and not a key partner in it.

About Scottish Care

Scottish Care is a membership organisation and the representative body for independent sector social care services in Scotland. We represent over 400 organisations, which totals

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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, employee-owned 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 a 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. For the purposes of clarity and understanding, the independent sector covers private, charitable, not for profit and employee-owned social care organisations.

In Scotland, the independent social care sector across day care, care home, care at home and housing support services for adults contributes to:

- The employment of 100,590 people, which is over 48% of the total social services workforce, including over 4,000 nurses

- The provision of 90% of care home places for older people

- The delivery of over 55% of all home care support hours provided to adults

Any night of the year, there are over 33,000 adults in care homes across Scotland, 62% of whom will require nursing care and 59% of whom will have a form of dementia (this number is higher amongst older people). In 2020/21, 44,000 people received funding towards a long stay care home place. This is compared to an average of just over 13,000 available staffed beds for all acute specialities in the NHS in Scotland.

Nearly 68,000 adults received home care support in the last financial quarter of 2020/21, which totals almost 9.2 million hours of care delivered during this quarter. The independent sector contributed to the support of 37,905 of these clients.

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.

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