

Response ID ANON-TTCD-CSBA-8

Submitted to Post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013
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About you

Please read the privacy notice below and tick the box below to show that you understand how the data you provide will be used as set out in the policy.

I have read and understood how the personal data I provide will be used.

What is your name?

Name:
Jim Carle

What is your email address?

Email:
James.carle@scottishcare.org

Are you responding as an individual or on behalf of an organisation?

Organisation

Organisation details

Name of organisation

Name of organisation:
Scottish Care

Information about your organisation

Please add information about your organisation in the box below:

Scottish Care represents over 350 organisations, which totals almost 900 individual services, delivering residential care, nursing care, day care, care at home and housing support services.

Our membership covers private, not for profit, employee owned and charitable provider organisations. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and voluntary organisations and associations.

Our members deliver a wide range of registered services for older people and those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

The Scottish independent social care sector contributes to:

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

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 require and deserve.

Demographic questions

1 Are you completing this call for views on behalf of yourself, or someone else?

Someone else

2 Which part of Scotland do you/ the person you represent live in? Please provide the first part of your postcode:

Please use this textbox to provide your answer:
We represent services across Scotland.

3 Do you/the person you represent have direct experience of self-directed support?

Yes

If you answered Yes, please use this textbox to provide further detail if you wish:

At a local level many providers will be funded through SDS care and support packages. Providers share concerns around implementation and the allocation or decision making process that considers the appropriate option (1-4) for individuals.

At a partnership level. Some partnerships are happy to share the challenges they face in implementation. These can be both cultural or financial. Culturally for example assessments are completed and then blocked at a higher level within social work departments therefore affecting the professional regard of assessors and the experience of those who are assessed; financially many partnerships cannot access the funding required to implement the appropriate option even though there may be an acceptance that the desired package is the optimum for the assessed individual.

At a national level Scottish Care sit on a range of groups such as National SDS collaboration meeting, in addition to a range of groups which connect to this agenda. At these and other fora we raise concerns from partners and providers, in addition to being party to supporting the SDS pilots.

4 What is your age/the age of the person you represent?

65 or over

Your views

5 Please tell us what you, or the person you represent, think about the implementation of self-directed support to date.

Please use this textbox to provide your answer:

The most positive thing we can say is that for some individual citizens, especially those with learning and physical disabilities, SDS has worked reasonably effectively and it has enabled a raising of autonomy and enabling a greater exercise of choice, albeit that financial constraints and austerity has affected the real depth and level of choice.

For the majority of citizens whose care and support our members are involved with, SDS has by in large (with some exceptions) been a failure. We do not accept that the reality for those over 65 is that they are encouraged and enabled to exercise choice, to take appropriate control and autonomy and to be provided with information which is sufficiently accessible, clear and independent to enable them to make meaningful decisions about their care and support. There is an ageist assumption that older individuals will accept the 'status quo' or 'whatever is on offer.' We are also aware that in some partnerships the statement is often made to older individuals that 'we do not operate SDS for older citizens.'

We have as an organisation regularly questioned why it is that a significant cohort of those who use social care services have never been able to exercise the choice and control envisaged by the SDS Act, namely those in residential and nursing care home provision. The pilots carried out after the launch of the Act (by Scottish Government, partnerships, Scottish Care and COSLA) have not been followed up and the resistance especially from some parts of local government have not been addressed. There has to date been no ministerial intervention to make the necessary legislative changes to enable SDS to happen for care home residents. We continue to believe that it is perfectly possible for there to exist on the one hand a national contract (the NCHC) and on the other hand to develop models that enable citizens to have greater control and choice precisely as the SDS Act envisages in residential care including budgetary control over parts of services. Such a move would address the current discrimination against older citizens but would require a significant commitment and resource investment by all stakeholders. After ten years the status quo is completely unacceptable. An analysis of the status quo before the pandemic can be found in our publication of early 2020. See

<https://scottishcare.org/wp-content/uploads/2020/02/Rights-at-Home-SDS-Report-7.pdf>

A further concern we and our members have is that there is a considerable lack of public understanding about what SDS is and there has developed over time a negative assumption that SDS is about saving money and limiting choice, sadly the diametric opposite of the legislative intentions of the Act. We believe that a national awareness campaign is urgently needed to explain the rights that citizens of all ages should be able to exercise when they require social care supports. It is important that people are aware of the systems and processes 'before' their moments of crisis.

We would support the Review of the SDS Standards. There is a lack of an equitable approach across partnerships, funding of SDS is inconsistent resulting from lack of equitable financial allocation and the cultural barriers we note above. Effective and meaningful input from social care providers and service users is also absent in many cases, and therefore what is in place both in terms of models, assessments and analysis tends to come from the partnerships which can only ever be part of the picture. If we are to see the true picture this needs to be addressed. The creativity envisaged within the initial Act and Guidance not least in terms of Options 2 and 4 has been largely stymied by procurement and contractual practices which make innovation impossible and place constraints on small micro-provision at local level. Paradoxically some would argue that there was more flexibility and diversity in social care provision before the Act than since its inception. When this is combined with a singular failure in some parts of the country to foster and promote market diversity the restriction of choice has resulted in retraction of provision rather than a development of it.

Guidance on implementation is being interpreted differently by partnerships, and individual officers within partnerships, often resulting in differing outcomes dependant upon where the service users reside. SDS really is a postcode lottery. This can be particularly acute when we are looking at services where the provision lies in another partnership area. The lack of a valid monitoring process which considers all aspects of the process, including critically the experience of providers and service users independently from the partnerships is a significant issue.

The proposed practice resources are welcome but we question whether the scope of these is wide enough to address the fundamental fault lines within the SDS implementation. Direct payments to personal assistants would be seen as a welcome move, but this should sit alongside, personal assistants well being and safety. The budget approval process needs significant improvement in order to address the aforesaid and to ensure the very real control of budgets (for all options) which the Act envisaged is carried through in practice.

The proposals for further training are also welcome but need to be implemented effectively and the hoped for improvements monitored.

SDS is the most progressive, citizen centric and rights based legislation for social care provision anywhere in Europe and in many instances beyond. Its current malaise is largely due to the failure to robustly implement it, the patchiness of its allocation to all citizens, and the exercising of cultural practices which have sought to retain control and power in the hands of commissioners and local authorities rather than (as envisioned by the ACT) to grant autonomy, control and choice to citizens themselves.