

Health and Social Care Alliance Scotland (the ALLIANCE) Briefing and Initial Reflections - Audit Scotland 'Self- directed Support - 2017 progress report' 24 August 2017



Introduction

This briefing sets out some initial thoughts and recommendations from the Health and Social Care Alliance Scotland (the ALLIANCE) in response to the key messages in Audit Scotland's 'Self-directed Support - 2017 progress report'. These are informed by [recent research into people's personal experiences of accessing Self-directed Support \(SDS\) in Scotland](#) and '[Social Work and Social Care in Scotland](#)'.

Audit Scotland key message #1

"Our evidence shows many examples of positive progress in implementing SDS. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy. Most people rate their social care services highly and there are many examples of people being supported in new and effective ways through SDS, but not everyone is getting the choice and control envisaged in the SDS strategy. People using social care services and their carers need better information and help to understand SDS and make their choices. More reliable data is needed on the number of people choosing each of the SDS options. Data should have been developed earlier in the life of the strategy in order to measure the progress and impact of the strategy and legislation."

The ALLIANCE comment and recommendations

The ALLIANCE's [recent research project which examined around 100 people's experiences](#) indicated a mixed picture for those accessing SDS and we are concerned that it is not being implemented according to its underlying rights-based values and principles. As such, it will therefore not achieve transformational change in social care culture and services or help improve people's lives.

Like Audit Scotland, the satisfaction levels of most people we surveyed increased after their SDS package was introduced, but our findings suggest dissatisfaction amongst some groups depending on their SDS option, age, gender and social care requirements. As with Audit Scotland's audit, our research also indicated people not getting the choice and control envisaged by SDS, or being as aware or informed about SDS as they should be.

We also agree that more and better data is needed, particularly robust national research into people's qualitative experiences of SDS to complement current statistical and financial data. The changes required in statistical data collection due to the introduction of SDS should not lead to poor or incomplete information being gathered or prevent the establishment of a strong base level against which progress can be monitored.

We encourage the Scottish Government and local authorities to acknowledge the issues with SDS funding and delivery and work with other relevant stakeholders, including people who access services and the third sector, to develop solutions. This could be done as part of a wider national conversation about the future of social care and SDS.

Audit Scotland key message #2

“Social work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people’s outcomes, or do not feel they have the power to make decisions with people about their support. Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.”

The ALLIANCE comment and recommendations

The ALLIANCE was encouraged to find that a substantial majority of our research participants who had engaged with social work staff had discussed SDS. However, in line with Audit Scotland’s report, people also described feeling that SDS was not properly explained to them. As one person noted, this can have repercussions when making a choice between the four SDS options: “We didn’t know what we’re doing and it was never really explained to us in the first place but if I had known then what I know now, you would be more on the ball about what to ask for.” We also found concerning evidence that some people were actively persuaded through such discussions not to take up SDS. One person interviewed said that, “Whilst our social worker advised us of SDS up-front she made it clear we did not want to have it and obstructed up-take.”

Most people would appear to find out about SDS through personal interaction, therefore social work departments should prioritise direct discussions about SDS with people who access services during any contact about reshaping their support. Particular attention must be given to this in mental health settings. A targeted national campaign co-produced with people who deliver and access SDS would help increase everyone’s awareness and understanding.

Audit Scotland key message #3

“Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities’ approaches to commissioning can have the effect of restricting how much choice and control people may have. In particular, the choices people have under option 2 are very different from one area to another. Authorities’ commissioning plans do not set out clearly how they will make decisions about changing services and re-allocating budgets in response to people’s choices.”

The ALLIANCE comment and recommendation

The restrictions on the options available to people who require SDS, highlighted by Audit Scotland, are supported by the ALLIANCE's research. We found that the more autonomy people have over their choice, the more likely they are to take more direct control of their SDS. This in turn has implications on people's satisfaction levels with their SDS (our research showed greater satisfaction among participants who feel they had the most input in choosing their SDS option.) We therefore support Audit Scotland's view that there is still some way to go for people to be fully in charge of choosing their SDS option, using, where required, supported decision-making rather than substitute decision-making approaches, and thereby putting into practice the principles of choice and control that underpin SDS law and strategy.

Social work departments should introduce regular review processes for everyone in receipt of SDS, designed to encourage people to fully explore all four options to best establish the most appropriate arrangement that meets their outcomes. The Scottish Government and local authorities should substantially increase investment in and promotion of local independent advice and independent advocacy, as distinct but equally important services. We also encourage the Scottish Government, Integration Joint Boards and local authorities to work with people to develop long-term strategies for those services that are organised, provided and funded by social work departments. Consideration must be taken of all the available resources across the piece and the proportion allocated to social care and SDS.

Audit Scotland key message #4

“There are tensions for service providers between offering flexible services and making extra demands on their staff. At the same time, there are already challenges in recruiting and retaining social care staff across the country owing to low wages, antisocial hours and difficult working conditions.”

The ALLIANCE comment and recommendations

While we recognise the fiscal and workforce challenges for local authorities and other providers, the ALLIANCE would also emphasise the impact that reduced budgets have had on people who require SDS to live independently and participate equally in society. The shortage of qualified and experienced staff also directly affects the quality and availability of services for people who access social care services and their families.

Many local authorities have responded to financial difficulties by concentrating social care services at people assessed as at critical and substantial risk. But this means much-needed resources aren't directed at early intervention and prevention. Because people don't get the best support at the right time, they are unable to live the lives they choose, experience worsening conditions and too often end up in crisis. Furthermore, when people don't meet the current tight eligibility criteria, often families and friends must step in to provide unpaid care and support, whether willing or not. Unpaid carers already provide most social care in Scotland, saving services an estimated £10.8 billion a year [according to Carers UK and the University of Sheffield](#).

But many unpaid carers – most of them women – are at breaking point and have their own unmet support requirements.

We acknowledge that the language around SDS has shifted from one focused on hours of support to a more personal outcomes approach. However – as Audit Scotland also recognise – in practical terms people still use their SDS package as an individual budget to meet day-to-day support requirements (to achieve their outcomes). When asked if the support they receive enables them to meet their requirements, and thus outcomes, fifty per cent of our research respondents said no. This can have profound implications, with one participant stating, “There are 7 days in the week, my son gets 4 days support and [the local authority] say I’m lucky to have this. I watch the clock constantly as I take my son to his services and pick him up again. The stress is unbearable.”

We encourage the Scottish Government, Integration Joint Boards and local authorities to instigate frank and wide-ranging debates with communities about the long-term future for social work and social care, including what we should invest and disinvest in. To support ongoing improvement to SDS we recommend creating (a) a pro-active feedback loop system whereby local authorities regularly seek people’s views and report back on how these have been responded to; and (b) a national independent ‘whistle-blowing’ mechanism for those delivering and accessing SDS to raise concerns.

Audit Scotland key message #5

“SDS implementation stalled during the integration of health and social care services. Changing organisational structures and the arrangements for setting up, running and scrutinising new integration authorities inevitably diverted senior managers’ attentions. Some experienced staff are also being lost through early retirement and voluntary severance schemes as the pressures on budgets mount.”

The ALLIANCE comment and recommendations

In acknowledging the structural barriers that have limited SDS implementation, the ALLIANCE supports Audit Scotland’s commentary on the current prioritisation of health and social care integration. Going forward, as Audit Scotland suggests, the ALLIANCE would like to see a more joined up approach between health and social care in enabling people to use their budgets to live independently and effectively self manage any long-term conditions they may have. Action is also required to address the further uncertainty that is looming due to Brexit and its implications, particularly for the social care workforce if no deal is secured in relation to freedom of movement. In some areas, social care is dependent on EU migration for recruitment, particularly for specialist posts. Reducing the pool of available workers could lead to further pressure in meeting demand and possible increases in agency costs.

Integration Joint Boards and Health and Social Care Partnerships should instigate greater collaboration between health services and social care colleagues to promote integrated and preventative approaches through SDS. Partnerships and others should make SDS information and support more readily available and accessible in health settings like GP practices and hospitals, and through Allied Health

Professionals. Public bodies should trust and work with people who access services and unpaid carers to explore and develop new models for funding, designing and delivering social care.

Audit Scotland report, 'Self-directed Support 2017 progress report', available through the Audit Scotland website: <http://www.audit-scotland.gov.uk/>

The ALLIANCE, 'Personal experiences of Self-directed Support: research report May 2017', available at: http://www.alliance-scotland.org.uk/download/library/lib_5926d6e2977e1/

The ALLIANCE, 'Social Work and Social Care in Scotland: working with people to achieve transformational change', available at: http://www.alliance-scotland.org.uk/download/library/lib_59411344f1018/

About the ALLIANCE

The ALLIANCE is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has over 2,000 members including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals. Many NHS Boards and Community Health and Care Partnerships are associate members.

The ALLIANCE's vision is for a Scotland where people who are disabled or living with long term conditions and unpaid carers have a strong voice and enjoy their right to live well.

For More Information

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