Devaluing Values?

The Impact of Social Work’s Approach to SDS

Event Note
21\textsuperscript{st} August 2015, Tayside Deaf Hub, Dundee

The Health and Social Care Academy event - “Devaluing Values” - invited people from all sectors to explore ways of embedding the principles of Self-directed Support into the agency empowered to enact them. Delegates heard from experts in social care from third and public sector perspectives, and engaged in constructive conversations about the future of SDS in Scotland.

The fundamental values of social work, to enable and empower people to participate equally in our society, are encapsulated in the Social Care (Self-directed Support) Act 2014. Yet many people requiring support to live independently feel that those aspirations are being constrained. This event considered how aspiration and experience can be brought together.
Introduction

“Never has anything so simple been complicated to such an extent. Individuals are just meant to be given a choice of provider but then we have a talent for complicating the obvious.”

The Health and Social Care Academy event - “Devaluing Values” - arose from a discussion between the Health and Social Care ALLIANCE and Glasgow Disability Alliance about the implementation of Self-directed Support across Scotland. While the Social Care (Self-directed Support) (Scotland) Act 2014 had the intention of increasing people’s choice, control, dignity and participation, there is concern that its implementation is struggling to ensure these principles are upheld.

“It feels like a test case for our times, not just about policy and implementation, but that big question about what our service is for, about humane values versus bureaucratic system. I understand that social workers came into the profession with values around inequalities and empowerment, yet they have been put into the role of gatekeepers. How do we all work to retain those values and vision?”

The “Devaluing Values?” event, held on 21st August 2015, gave people a safe space to consider the effects of social work’s approach to implementing SDS upon the lives of people requiring support to maintain a good quality of life. To ensure there was an open and frank discussion among delegates, it was promised that no comments would be attributed to those who shared their views. Therefore, the following report gives an overview of the discussion using quotes from delegates.

Experience of SDS

The event, Devaluing Values was rooted in the lived experience of disabled people who have a right to be in control of their own social care outcomes. The first session of the event focussed on the results from a tester site in Glasgow facilitated by the Glasgow Disability Alliance, which gave disabled people the resources and opportunity to experience Self-directed Support. The following comments demonstrate the impact that attitude and approach can have on supporting people to achieve positive outcomes.
“Most powerful is hearing directly from disabled people. It is powerful to hear from them about what it is to be involved and participate in their own lives. Disabled people frequently do not participate in directing their own lives. Building connections and social capital, peer support, participation for us is not about consulting and giving information but also enabling disabled people to make contributions in controlling their own lives.”

“People felt able to contribute to the community and became less depressed or no longer depressed, becoming more motivated and less reliant on NHS services. Cathy found a local fitness class locally and stopped going to the NHS one. People went from being isolated to being happy and alive.”

“People told us that the different relationships people had was vital. There were barriers along the way, a lot around services. The young girl who wanted to learn Spanish, but she has learning difficulties and the class was disruptive for her. We stopped that and found a tutor to learn one to one and instead she went to Salsa classes with a native speaker. That shows that you can change direction when necessary.”

However it was acknowledged that there is a gap between the possible and the reality. While the achievements demonstrate the possibilities available through Self-directed Support, delegates recognised the reality that people engaging with social services were less likely to get a personalised approach that secured outcome focused support.

“I would say that it is easy to sit here and say we have abundant funding to do things for disabled people, but social work departments do not have this funding. A lot of what we learned from the project was how to treat people and not necessarily about the money. If we could get into conversation with social work professionals then maybe we could get some movement on that.”

“There is a huge issue about the empowerment of staff. We are talking about senior officers who do not have the power or confidence to make decisions. We need to be realistic but we are not saying we need to give up Human Rights. People are entitled to know them even if difficult to achieve and secure them.”
There is a perception by social workers that everything will cost a lot of money but in our research proves that it is not always about money. There are two older people on the project who had never been taught to read and write. All they needed was the transport to get them to classes. That is all they needed to move on. Sometimes the disabled people have sustained it themselves. The guy with the glasses has been a recluse in his own house but now teaches guitar. It is the knock on effect stuff and we would love social work to hear about it. Taking that risk and leap of faith to create a package that we can work together with. It does not necessarily mean that there is more money needed.”

The Values of Social Work

The discussion that followed turned to the consideration of the reasons behind an approach taken by social services which denies people the options presented through SDS to design the right support to meet their lifestyle. This, as the following comments show, is damaging the relationship between people who require support and social workers, it is at odds with the ethical conduct that all social workers entering the profession aspire to uphold, and is fundamentally undermining the human rights based agenda of independent living for disabled people in Scotland.

“Fear is driving a huge part of it. The economic situation is causing people to shut down. I think there is cognitive dissonance where people believe one thing but act in a way that opposes those beliefs. So they deny the need. The danger is that no one is catching it and thinking about the value and code of ethics and who is going to stand up for marginalised and vulnerable people. Human Rights are not only the business of social work but who else is it the business of?”

“Social workers have said that they are fearful of speaking out. It is considered old fashioned if you speak out for clients. Human Rights are no longer affordable and this is considered a luxury. Social work is not responsible on its own for delivering Human Rights. Social work needs to ask who then is responsible for that?”
“Training is not the panacea, but to make a plea for collective responsibility. Over 30 years involvement in the Health and Social Care field, I think we have become more tolerant of inadequate work. We are also more tolerant of individuals who do not take responsibility for their own learning. If you work in this sector whether as an employed person or volunteer, you have a personal responsibility to not lose sight of your own values and remind yourselves constantly about why you are doing it. Why do we expect less of each other and allow service users to be given a crap service - we don't give them enough voice and when we do it is tokenism. We try to repackage what they do say. I am making a plea for us to be more obnoxious – to challenge poor service. Do not blame someone else for what you have not willing to do yourself. Legislation is written by people, but how you interpret it is up to us which is why you getting different interpretations of it.”

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“I think the leadership is important and when we are led by a poor moral compass - politicians who say things and do not mean them - it stops people taking responsibility. We need to work together and ensure that the workforce is competent but fundamentally driven by values. There is a lack of moral compass in the bigger systems and that trickles down, and that is why people do not want to take individual responsibility.”

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“I would love to think that people could take more individual responsibility but we need to be realistic and have an analysis of power dynamics. If you look at social work departments and the amount of money they spend - they have employed many people who are not social workers as managers. They do not share the values. It is hard to change a culture when people who are leading the departments do not hold the values. They don't revert back to their [social work] training.”

During this session, delegates heard the personal reflections of a social worker with vast experience, who delivered a scenario that challenged the learned practice of social workers. The central tenet from recounting this scenario was that if a support arrangement is working for an individual and their family/carers then that alone should satisfy social service's role.
Considering the perspective of social work alongside the experience of people requiring support triggered a discussion regarding the implementation of the Social Care (Self-directed Support) (Scotland) Act 2014. It became apparent from the views expressed that while it is recognised that social workers have intentions akin to the objectives of the legislation, the structural culture inhibits creativity and personalisation of social care.

“Our culture is driven by management and trying to do more with less. With self-directed support you see more positive outcomes as people can spend their budget themselves. There was the figure of 20% passing around as budget cuts. The route of that was the recognition that if people had the money themselves they could make the money go further. The 20% figure came from research that may or may not have been flawed but it was used as evidence to say that giving individuals control of the budget, the budget could go 20% further. We are working in a situation where the money is tight. It is difficult when people who are in positions of authority do not fall back on the same ideology that we do. We will never have enough money to meet the needs of everyone but how do you stop things escalating out of control.”

“Putting people or other disabled people at the heart of self-directed support is not hard, but needs dialogue, reflection and resources which means that there are less resources elsewhere. How do we persuade budget holders to distribute money differently.”

“It is back to basics. I don’t think that social workers have been well enough informed of the powers of the act. It is not flinging a leaflet at someone. They are legally obliged to give information about the pros and cons. Then people do not have the information to make an informed choice. It is totally back to basics that is needed.”

“The Scottish Government has to take some responsibility. It is alright bringing in all this new legislation but how are they going to empower that to happen. There are not enough social workers or time spent with individuals. There are pockets of good practice but only pockets. It needs to get back to the Scottish Government that they need to enforce the councils.”
It was made clear throughout the Devaluing Values event that the role of social work and the approach of some social workers will have to change if SDS is going to have a positive impact on people’s independence. Delegates were presented with five potential directions of social care:

1. A consumerist model of social care where everyone requiring support is a purchaser and the market matters above state provision.

2. A resource led model where population support need continues to grow but resources are limited. This pushes social care towards a home-care market in order to get more care for less money.

3. A policed model whereby ever tightening eligibility criteria determines who gets support and how much. Here, decision are financially based.

4. A kindness model where family, friends and neighbours are providers of alternative support to the state. This decreases demand on the state but undermines the independency and autonomy of people requiring support.

5. A resilience model where more demand is put on people working as social workers/personal assistants/support workers to meet rising support needs and skill them up to cope with additional pressure.

In any of these scenarios, the values of social care continues to be eroded and the objectives of self-directed support, which significant parts of the disabled people’s movement campaigned, are not met. Instead, social care becomes an industry or a basic preservation process, in which values are reverted back to sustaining people’s lives rather than ensuring they have their rights under the UN Convention on the Rights of Disabled People preserved and access to inclusion through the Equality Act 2010. The challenge, therefore, is to maintain a value based approach as Self-directed support continues to be implemented.

“What today has brought to my mind is that the values system is more fluid than I thought in terms of the political perspective from which you come from… In terms of social care there are so many different people working in it so you cannot expect everyone to have the same values when putting values into action. We have to use other measures like Human Rights and get far more upskilled with the idea of highlighting poor practice or going to court over people’s rights being abused. That is an area that I think we could explore more when we are looking at self-directed support in the future so that we don’t have to continue creating the values. Instead argue that this is our Human Rights.”
Results

At the beginning of the event, all delegates were asked to vote on the following question:

Are the values of self-directed support being enacted?

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<th>Yes</th>
<th>No</th>
<th>Undecided</th>
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Thanks

The ALLIANCE would like to thank the following contributors to the event:

Dr Lisa Curtice – Chair
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Jack Blaik – Speaker
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