Community Contacts' response to the Scottish Parliament Post Legislative Scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013- January 2024

Community Contacts is an independent project offering impartial advice and support about Self-Directed Support, with teams in Argyll & Bute and Highland. Community Contacts is a part of Carr Gomm, which is turn is a leading Scottish social care and community development charity. As long-standing practitioners advising people including carers on SDS processes and practice, we have a deep understanding of how self-directed support currently does, and doesn't, work to promote choice and control, pivoted on a human rights approach.

What we think regarding the implementation of self-directed support to date

How self-directed support (SDS) *has* worked:

Where SDS works, it can be transformational; for people, families, and carers and it can really change lives. Where SDS works, it can give people their lives back, including control and independence, and the joy of having for example the person who you choose to give you a shower at the time that you want, that then gives a person dignity, that *is* quality-of-life.

Before the introduction of SDS people were already entitled to choice and control in their care and support; however, many people remain unaware of these rights, that have been enshrined in SDS law since the Act received Royal Assent in 2014. In the ten years of Community Contacts' operation, we have supported an increasing number of people to challenge HSCP decisions and to highlight the times when their rights have not been

realised, using SDS, human rights and carers' legislation to support individuals with their assertions.

When it works well, SDS enables people to match their needs with, for example, a personal assistant (PA) with similar interests to the person being supported and can therefore encourage and/or mentor a person to flourish. In other situations, people can choose for their local authority to establish support via a registered provider, who in turn can offer professional, person-centred support. People have the option to take on as much, or as little responsibility as is appropriate to their preferences and circumstances.

What is not clear, is whether this is solely due to SDS, or to a constellation of different factors. Beyond this, it is clear that not everyone receives genuine choice and control regarding social care and support - and this is where many third sector organisations, like Community Contacts, support people to challenge their local authority because they are being denied their rights to real choice and control regarding their social care and support.

What needs to improve

There are thirty-two local authorities across Scotland, and effectively thirty-two different ways of doing SDS. SDS practice mechanisms needs to evolve to offer genuine choice and control for everyone.

In our experience, SDS is currently a postcode lottery, with seismic differences in the quality of service across different areas. We know this because we have gathered evidence and see variables, for example:

1. With equity of access to registered support provision for those living in remote and island communities often not having access to Options 2 or 3 at all. This is further backed up by the statistics, from Highland and Argyll & Bute showing the proportion of the population using SDS Option 1 is 20 times higher than for Glasgow[1].

A level social care playing field is urgently needed. People often don't even know that they are entitled to independent advice and support for SDS, or the range of support that is available for them - including the four SDS Options.

[1] SDS Option 1 recipients, Highland – 0.3% of population; Argyll and Bute, 0.4% of population; Glasgow – 0.02% of population. Statistics from NHS Highland, Argyll & Bute Health and Social Care Partnership, Glasgow Centre for Inclusive Living, September 2023.

How SDS decisions are made is often sighted as unfair and even unkind by supported people. Decisions are currently made at a distance from the supported person by remote panels. Community Contacts is in full support of SDS Standard 8 (SDS Framework of Standards) in increasing 'worker autonomy' and in supporting and equipping social workers to use their professional, relationship-based skills to inform decisions into the future and closer to the supported person.

We know that supported people value independent SDS support (Review of Independent Information and Support Services 2017 and My Support, My Choice, 2020). People particularly value independent support as they navigate SDS and to be fully involved in making decisions alongside the HSCP. When there is transparency and inclusion in the decision-making process, everyone is working from the basis of compassion and this in turn increases accountability and the potential for effective and transformative SDS for people. .

People, including carers currently accessing social care and support, have radically different experiences across geographical boundaries, such as between Argyll & Bute and Highland. It is easy to say that bureaucratic processes need to be responsive, but the reality is that people often sink deeper into crises directly as a result of institutional delays that could be mitigated. Furthermore, responses to social care are often based on dangerous presumptions that people are "coping," whilst we, as frontline workers, have seen numerous examples of people effectively being forced to pay for their own care due to the delays in SDS decisions and approvals. This exacerbates existing structural inequalities.

Lengthy delays in accessing SDS assessments and reaching associated conclusions and agreements further exacerbates the very real struggles supported people are facing. For example, the lack of equitable access to Option 2 and 3 often leads to people effectively being told to "just go recruit a personal assistant." For example, of the 72 people supported by Community Contacts with Option 1 in Highland in December 2023, 50% had accepted (not chosen) Option 1 even though their preference was for Option 2, 3 or residential care.

In our professional experience, SDS is currently riddled with inequalities, including needs-based, financial, and geographical inequalities. For example, we have witnessed many people in receipt of SDS funds topping-

up their social care payments with their own money in order to recruit and retain personal assistants, especially in remote rural areas.

The SDS legislation states that people should be supported to utilise Option 1 with the least restrictions; to use their budget towards their personal outcomes in anyway, as long as it is legal. In practice, people are not trusted and HSCP micro-management approaches are used to ensure the supported person only spends their fund on a very limited range of pre-approved services and equipment. We need to return to trust, and the freedoms Option 1 affords to realise the ambitions of SDS.

We note radical HSCP internal inconsistencies, with, for example, some social workers agreeing to support people with the additional set-up costs of Option 1 and the associated employment responsibilities including payroll and insurance, whilst others refuse to do so. At the moment, the institutional lack of understanding regarding the value of independent and advice and support ricochets across Scotland, depriving people of valuable knowledge.

We need to see more openness from social workers regarding person centred planning, as opposed to a social care bureaucracy that focuses only on keeping people "clean, dry and fed". It is insulting to any person to be reduced to the lowest common denominator of the basic needs to keep them alive.

The Scottish Government is often heard saying, 'SDS is the way we do social care in Scotland.' In contrast, we note that social work undergraduate students are currently often given less than one day's training on SDS during the entirety of their training. Equally, access to ongoing CPD to help ensure quality social work provision is lacking, including in the area of SDS. Members of our team have met newly qualified and experienced social workers who have pleaded for support from us saying that they "don't have a clue" about SDS. Team leads need to be better informed, and better trained, in order to make sure that this knowledge trickles down effectively.

Regarding Option-1, people need to be allowed to be employers – i.e. to enjoy the rights as well as the responsibilities. They need support and consistency from SDS in order to become good employers. However, we have frequently seen a "one size fits all" approach" which, in the words of one support worker "keeps pushing people through the social care sausage machine".

Many people we support are fearful of SDS Option 1 because they do not understand the legal complexities of being an employer, nor the liabilities. Within SDS there needs to be a budget for training social workers and potential employers including those who may manage Option 1 on behalf of another person. Otherwise, we will continue to see a social care system that is institutionally gas lighting Scottish citizens.

For further information:

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