

Introduction

The COVID-19 pandemic has laid bare many of the issues that have long dominated discussions between carers, service users, service providers and national and local government. COVID-19 brought about unique circumstances and significant challenges, but whilst there are lessons that can be learned, and a groundswell of support for ‘building back better’, responding to these challenges should not be the primary driver, nor should it be the framework for subsequent decision-making or solutions.

We say this because it is clear that the issues the pandemic has uncovered and brought to public attention are long standing: social care has become increasingly fragmented, rationed and lacking in choice. Many people are left with little or no support – or support that is not the right fit for them – and too often carers are left exhausted and in poverty in trying to fill the gaps that exist.

It appears to many carers and people that use services that, *for the first time*, a consensus is emerging across Scotland of the *value* of social care and the need for change. Consensus on what these changes may be has yet to emerge but what is clear is that fundamental change is needed and a clear vision for the future must be articulated and delivered.

The National Carer Organisations are clear that the social care review and what emerges from it must involve carers fully as equal and expert partners in care. Without their involvement and the involvement of disabled and older people, the review will lack the expert knowledge and experience of social care, which is crucial to understand what changes are needed. It is worth remembering a key statement in “Changing Lives: Report of the 21st Century Social Work Review”, a previous review published in 2006, which says “People who use services can be both inspirational and visionary”.

This briefing sets out our initial thinking around the key elements of social care that the review must include and it suggests discussion points for carers and key partners to consider.

National Care Service

When the Scottish Government set out its programme for government on the 1st September and announced it would be establishing an independent review of adult social care, included in the remit for the review was ‘[consideration of a national care service.](#)’

So far no further details have been forthcoming about the design and scope of such a service, so it is therefore difficult to determine whether this would be a positive development for unpaid carers or not.

For it to address some of the deficits and inadequacies of the current social care system it would need to centre people with lived experience of social care, along with unpaid carers and understand and value the role of the third sector in the design and delivery of social care. We are therefore currently undecided about the merit of this proposal and instead have set out the key principles and features that we believe

Discussion Point

What are your views on a National Care Service?

Key Principles & Features of Social Care

PROTECTING & PROMOTING A HUMAN RIGHTS BASED APPROACH

Social care should be framed in the principles of human rights, with tangible and enforceable rights enshrined in statute. Individuals should have redress when their rights are not met, beyond what is seen by many as a toothless complaints system or complex and expensive legal action. Particular attention should be given to how access to social care will meet the needs of those with protected characteristics.

CHANGING LIVES, REDUCING BUREAUCRACY

Change must be focused on making a real difference to the lives of disabled people, older people and carers and not on lengthy (and often costly) structural change. We also emphasise that changing the structure of how social care is delivered must not be framed by the reaction to the COVID-19 pandemic, but must be focused upon the whole person, providing choice over what services and support will meet their outcomes and their aspirations. It is not enough to only offer services that meet, for example, personal care needs. We must seek to develop an approach that enables people to fulfil their potential, and to be part of their communities: to work, volunteer and study if they wish and to have strong community, family and social connections.

SUFFICIENT FUNDING

Social care must be funded sufficiently. It must have equal status with health provision and be funded accordingly. Resourcing should also recognise the additional costs faced by remote, rural and island communities and in meeting the needs of diverse communities. Without additional investment, real change cannot be delivered.

The current framework for funding social care has created a system fraught with inequalities, and the rationing of services through eligibility criteria consistently set to meet only the highest or critical level of need. There is an opportunity to expand the role of social care as a key part of reducing both health and income inequalities and, as such, should be seen in the same way as corresponding policies to increase investment in targeted areas such as early years. This is as an investment in Scotland's people.

FULL IMPLEMENTATION

Any changes arising from the review must be fully implemented and the organisations responsible for implementing changes must be held accountable for doing so. There are many examples of good legislation and policy that are simply not implemented consistently across Scotland. There must be oversight and the ability for the Scottish Government to intervene where required

CONSISTENCY AND PARITY

Across Scotland people with social care needs must enjoy equality of entitlement and rights. There should be consistency of provision across Scotland with support not determined by local authority resources, but by people's needs. This does not mean that exactly the same services should be provided everywhere, but that people should have an equal entitlement. For example, a carer should know that they have a right to a break or a right to services to support them to remain in employment. It is essential that regardless of where in Scotland someone lives, they are confident they will be able to make choices about how their support is delivered, and that their needs will be met.

INVESTMENT IN UNPAID CARERS

Many people have rightly drawn attention to the need to invest in the paid care workforce. But we cannot discuss investment in paid care work without also underlining the crucial need to invest in unpaid carers as equal partners in care. The value of care provided by unpaid carers in Scotland is greater than that of the health and social care workforce combined. Investing properly in our unpaid carers is an essential part of preventative support. This ranges from a Carers benefit that properly compensates carers financially for their contribution and loss of earnings, to support services that enable carers to work, study, access leisure opportunities and maintain social connections alongside their caring role. Caring should not drive carers into poverty and poor health.

INVESTMENT IN THE PAID CARE WORKFORCE

Investment in social care staff is also critical. The value Scotland places on social care must be reflected not only in the quality of services it provides to carers and those they care for, but also in the employment conditions of staff that support the delivery of care. Whilst work has been undertaken with SSSC to enhance the professional standing of social care workers, this is not yet reflected consistently in wages, terms and conditions or career development. Poor pay and conditions has an impact on the ability to recruit and retain staff, with staff turnover meaning the loss of valued relationships that are important to people receiving care.

VALUING COMMUNITY AND THIRD SECTOR ORGANISATIONS

Many unpaid carers rely heavily on the services they receive from third sector organisations, such as carers centres. This has never been illustrated so starkly as during the pandemic where community and third sector groups rallied across Scotland to meet the needs of disabled people, older people and carers, while the public sector stepped back services, or could not respond and innovate quickly enough.

Any review of social care must place equal value on our voluntary organisations and community groups as public sector partners. Their crucial role and the trust that they have earned, not just during the pandemic, should not be lost in “the need to do something”. Giving people choice and control within a social care system also means having a sustainable market available that can deliver on the choices that they make. The role of the third sector in delivering services is critical and must not be secondary to the statutory sector. For a level playing field and a relationship of equals, the statutory sector must be subjected to the same scrutiny and accountability as the voluntary sector. Current commissioning practice must be reformed and power must shift from the statutory services to community provision, ensuring that third sector organisations receive adequate, long-term, sustainable funding.

Discussion Point

Are these the right principles and features? What else would you include?

Three Key Tests

Any new systems or models for delivering social care, must pass the following three tests:

1. **Is it person centred?** Are the people who use services and their carers at the heart of decisions about social care and are their views paramount, strategically and in their day-to-day lives?

2. **Is it adequately resourced?** Is our 21st Century social care system funded to a level that will truly improve the lives of people who use services and their carers? Will it meet not only their daily needs but also their ambitions and aspirations and will it reduce the inequalities they experience - or is it simply moving the deckchairs?

3. **Does it deliver choice?** Does any new social care service deliver choice to individuals and their carers? The choice to be independent, to choose how much care they are willing and able to provide, to have services that fit around their lives not around time slots, contracts and tasks? Does it place individuals and their carers in the driving seat rather than as passengers in an unresponsive system?

Discussion Point

Do you agree with these 3 tests?

Models of Support

Over the next two months we will be engaging carers and carer organisations in discussion about how social care should be structured and delivered and what models of support would produce the best outcomes for carers. In illustrating these models we will be using a human rights approach, based on the PANEL principles. Included are three examples below

Preventative Support Budgets for Carers Centres

In 2018 The Carers Act brought in new rights for carers, including the right to support for carers who meet local eligibility criteria. However, the majority of carers still rely on local community and third sector organisations for support. We propose that local carers centres should hold a preventative budget in order to respond to the needs of carers identified through Adult Carer Support Plans in a flexible way, allowing carers to choose what support best meets their outcomes and preventing them from reaching crisis point.

P articipation	This model will allow carers to choose the right support for them. It would build on the principles of SDS, extending choice and control to carers who do not meet local eligibility criteria
A ccountability	Carers centres are trusted organisations with expertise in supporting carers. They already manage Time to Live which provides one-off interventions for carers and which is highly evaluated by carers
N on-Discrimination	Carers centres support carers from all caring communities, including carers with protected characteristics
E mpowerment	Carers centres are carer-led orgs who involve carers at all levels of decision making and recognise carers as equal and expert partners in care. On an individual level, carers will be supported to identify the best options to meet their individual outcomes
L egality	This proposal supports the duties in The Carers (Scotland) Act 2016 and the Social Care (Self-directed Support) (Scotland) Act 2013

Minimum Entitlement to Short Breaks, including a right to replacement care for carers in employment

Although the Carers Act introduced new rights to carers in 2018, it did not include the right to a break from caring. Short breaks are critical to the health and wellbeing of carers and their ability to maintain a life alongside caring and remain active citizens.

In addition, investing in replacement care for carers looking after disabled people and older people should be viewed in the same way as investment in childcare. Replacement care is essential to enable carers to remain and return to employment.

P articipation	This model would allow carers greater access to short breaks, choice in the type of provision they access and would enable them to participate in the workplace and in their local communities
A ccountability	There are already measures in place in relation to the inspection and monitoring of short break providers. Most are carer-led and involve carers in the design and delivery of their services
N on-Discrimination	This model would be available to all carers, including those with protected characteristics. A range of providers would be required to ensure services were available to meet individuals needs and to ensure there were no barriers to people accessing support
E mpowerment	Rather than relying on local provision and local eligibility criteria, all carers would have an entitlement to short breaks and replacement care, allowing people greater rights and autonomy
L egality	This proposal supports the duties in The Carers (Scotland) Act 2016 and the Social Care (Self-directed Support) (Scotland) Act 2013

More Choice & Control through Self-directed Support

As a response to Covid-19, the Scottish Government issued temporary guidance in July 2020 to reduce bureaucratic processes and enable Direct Payments to be used more flexibly, including for the employment of relatives. We believe this guidance should be made permanent and work should be undertaken to increase the take-up of direct payments by unpaid carers

P articipation	This model would allow carers greater Choice and Control in line with the principles of SDS.
A ccountability	There are already measures in place in relation to the monitoring of direct payments. This approach of reducing bureaucracy would reduce the barriers to people accessing support
N on-Discrimination	By introducing greater flexibility in the support people can access, this would enable carer from all communities to have their needs met.
E mpowerment	As part of this approach carers would be supported to identify support solutions to best meet their outcomes
L egality	This proposal supports the duties in The Carers (Scotland) Act 2016 and the Social Care (Self-directed Support) (Scotland) Act 2013

Discussion Point

What other Models of Support for carers should we include?