



Response from the National Carer Organisations SDS Improvement Plan 2023 to 2027

Summary of Views

We understand that once the draft plan is developed further detail will be added. However, without information on the timescales, areas of responsibility, evaluation and resourcing, it is difficult to comment on the actions set out in the plan.

Overall we feel the improvement plan is very system orientated and high level. It is primarily focussed on mechanisms and processes and does not centre the experience and needs of supported people and unpaid carers. We are concerned that the plan has not been co-produced with unpaid carers and does not reflect their views or needs. We believe in order to strengthen the plan, the working group should ensure unpaid carers play a greater role in its development and that the primary focus should be on improving the lives of supported people and unpaid carers, rather than improving systems.

We have not been able to consult with unpaid carers directly on the plan, partly due to the short timescale for consultation, but also because the document is not presented in an accessible format for unpaid carers. Much of the language is opaque and some phrases are unfamiliar and are not defined. For example 'Ethical data gathering' and 'Natural conversations.'

We would recommend that the plan is paused while further work is undertaken to fully involve unpaid carers and supported people in its development and to greater reflect their ambitions for Self-Directed Support and social care as a whole .

In terms of unpaid carers' experience of SDS, we are aware that there are several areas that unpaid carers would prioritise and would wish to see progress. Some are mentioned in the plan, but require more detail, other areas are currently omitted. They include:

- Recognition of unpaid carers as equal partners in care, both in terms of decision making, strategic planning and individual care planning. There is also very little reference to unpaid carers' use of SDS to support them in their caring role and to have a life outwith caring.
- The employment of relatives as a support option is not mentioned within the improvement plan. This is the best option for some families and is an option which needs further guidance and information for families and carers, particularly given the current workforce issues which will not be resolved in the short term. At present access

to this option is restricted by authorities. True choice and control would give equal weight to all options.

- The full and consistent implementation of the SDS Statutory Guidance and SDS Standards must be a greater priority. This is being inconsistently applied across Scotland, with many local authorities still making blanket decisions about the use of Direct Payments for the purchase of some forms of support.
- Access to independent advocacy for unpaid carers needs to be addressed
- The plan does not currently address the need to ensure that there is a broad range of services and community support to enable supported people and unpaid carers to exercise choice.
- There is little recognition of the role of the third sector and the need for a collaborative approach to the improvement agenda.

Four Outcome Areas

We broadly agree with the four outcome areas, but would make the following suggestions to improve them.

Firstly, the Number One priority should be improving lives and enabling supported people and unpaid carers to exercise choice and control in the support they access. We believe the fourth outcome should be re-worded to reflect this principle.

Secondly, we would like to suggest that two additional outcomes are added as follows:

Developing the marketplace and promoting variety.

Currently many people, even with a support package, cannot access support, because services are not available to meet their needs. This must be a priority in the improvement plan.

This would fit with many current workstreams, including the work around promoting variety and community brokerage. For example, Shared Care Scotland and iHub have produced a series of resources to help local authorities and Health and Social Care Partnerships work through some of the challenges around commissioning and establishing the conditions in local communities to provide carers with good and improving opportunities to access breaks from caring. [More information can be found here.](#)

Equality and Human Rights

We would like to see the addition of an outcome area specifically on the realisation of equality and human rights. It is our sense that having a distinct outcome area would reinforce the context in which SDS is to be delivered within and would strengthen the monitoring and accountability function. This should be underpinned by specific actions relating to the realisation of equality and human rights.

Leadership

In this section we would suggest the following amendments to strengthen the improvement plan.

- The priority for this outcome area should be the full and consistent implementation of the SDS Statutory Guidance and standards. We know from feedback that we have received from carers that implementation of any SDS guidance varies considerably across Scotland. We carried out a survey with carers in 2021 to gauge how well the SDS Covid Guidance had been implemented across the different local authorities and whether supported people and carers had been able to use their SDS budgets in a more flexible way. Only 10% of carers in Glasgow had been allowed to use their SDS budgets flexibly during the pandemic, compared to 43% in South Lanarkshire. [More information can be found here.](#)
- An action for leadership should be to strengthen partnership working and collaborative working, both by involving unpaid carers as equal partners in care and also including the third sector as equal partners. This includes unpaid carers and third sector partners taking on leadership roles themselves. For example, Clackmannanshire and Stirling HSCP have set up a SDS Steering Group to oversee the implementation of their local SDS plan and this group is co-chaired by the head of Strategic Planning and a carer with lived experience of SDS.
- We agree with the principle of positive risk taking. So often supported people and unpaid carers are prevented from making choices about their own lives because of the perception of risk. Often this caution is more about risk to the system, such as resource management and adhering to systems and processes than it is about safeguarding. Unless there are actual safeguarding concerns then we support the principle that as long as it meets people's outcomes and is legal, then people should be free to choose. This principle still requires a culture change, strong leadership and a willingness to trust supported people and unpaid carers.
- In enabling supported people and unpaid carers to agree their needs and outcomes and think innovatively about what support they wish to choose, we believe that the focus needs to be on a 'good conversation.' Good work has already been done in this area which can be built on, such as the work of the Personal Outcomes Network. The improvement plan seems to focus more on discussing the SDS options with people, as a 'natural conversation' whereas a good conversation centres the individual and their needs, rather than the delivery mechanism for services. The community brokerage model aligns well with this approach.

Systems and Culture

In this section we would suggest the following amendments to strengthen the improvement plan.

- One of the actions in the plan is to record good conversations about the four options. This is a very narrow focus to having a good conversation with people. As mentioned before, the primary focus should be on the person's needs, outcomes and choice of support not on the four options as the delivery model.

- The action to ‘Develop ethical data gathering about whether individuals are able to access their preferred choices and options’ is not clear in its intention and should be broken down into two distinct areas. Firstly, there is a need to record where people have not been able to access their preferred choice of service due to a lack of availability and failure of the marketplace. Secondly, where people have been told their choice is not suitable this should also be recorded. It is our view that where someone is denied choice, such as being told they cannot use their Direct Payment to purchase a service or alternative form of support, then the onus should be on the local authority to explain this decision to them. This should be recorded with data being collated to identify any patterns in decision making and to avoid blanket decision making.
- Further, ‘ethical data gathering’ should entail an improvement of equalities monitoring/data capture and be used to inform all four outcome areas.
- There is an action in the plan relating to reviewing local RAS systems and also an action on overhauling eligibility criteria. These two actions would appear to be in opposition. With a move away from eligibility criteria, towards a more rights-based approach, this would also necessitate a move away from RAS systems, which is a move unpaid carers are in support of.
- We agree with the ambition to embed community brokerage as a consistent model across Scotland. It is important that the third sector is included in this development, as carer organisations play an important role in supporting people in a preventative way and while they often adhere to the principles of brokerage, few staff have had the opportunity to access training on this. The Coalition of Carers in Scotland have recently funded community brokerage training for a small group of carer support staff from local carers centres. The evaluation has been extremely positive with evidence of benefits to both unpaid carers and staff. However, this was on a very small scale and needs to be rolled out to greater numbers of third sector staff.
- We agree with the ambition to review the involvement of supported people and carers in planning social care services and make improvements where identified. However, we recommend that supported people and carers with one or more protected characteristics are mentioned explicitly in this context.
- When developing best practice in relation to resource allocation systems for SDS, we recommend that the flexible use of budgets to meet specific cultural preferences in a non-judgemental way is recognised.
- The action ‘Social workers have the authority, and are enabled to exercise professional autonomy, to plan support and set personal budgets within agreed parameters’ should include an ambition to improve the understanding of resources required to provide services in a culturally appropriate manner.
- The plan should facilitate an annual review of SDS with regard to people with protected characteristics to identify any remedial actions necessary, ie. to address the lower take up of one or more options by BAME communities.

Worker Autonomy, Skills and Practice Model

In this section we would suggest the following amendments to strengthen the improvement plan.

- We agree wholeheartedly with the action to increase workers skills and autonomy, enabling them to allocate resources without having to refer decisions up the chain. The less bureaucracy in the system and the closer decision making sits to the individual the more likely they will be able to exercise choice and control and have their outcomes met. In our consultation with unpaid carers in relation to the NCS, this came across strongly.
- We recommend developing a peer support approach to share and embed equalities best practice locally and nationally. Further, introductory SDS training should include an input on developing a culturally competent approach for BAME communities and other protected characteristics.
- The plan mentions that Self-directed Support will be enabled and improved by appropriate use of digital technology. It should be recognised that digital tools are offered as an option and not at the expense of face to face interactions.

Supported Person and carers' choice and control over their support

In this section we would suggest the following amendments to strengthen the improvement plan.

- As mentioned previously, we believe that this outcome should be Priority One and should be reworded to reflect the outcome of improving lives and in the case of unpaid carers, supporting them in their caring role and enabling them to have a life outwith caring.
- Critical to enabling unpaid carers to exercise control over their support is recognising them as equal partners in care. The improvement plan includes as an action 'Review the involvement of supported people and unpaid carers in planning social care services' We strongly support this action. The Coalition of Carers in Scotland has been scoping the involvement of carer representatives in strategic planning over several years and producing recommendations, as well as best practice resources. We would like to recommend this as a template for reviewing the involvement of unpaid carers. [Information on these resources can be found here.](#)
- Best practice in relation to SDS should be evidenced and should move from 'best practice' to consistent practice. Best practice should be defined and informed by supported people and unpaid carers.
- Access to independent advocacy is essential to enable unpaid carers to access their rights. It must be noted that there can be a conflict of interest between supported people and unpaid carers, meaning unpaid carers require their own independent advocacy services. Very few areas in Scotland currently offer this service. Cognisance should be given to the [Scottish Government's guidance for independent advocacy for unpaid carers.](#) Independent advocacy for people who use services should be offered more consistently to support decision making by those who have reduced or fluctuating capacity to enable them to express their wishes and make choices.
- As well as having access to brokerage services to enable them to decide what support best meets their needs, unpaid carers have often asked for examples of how Direct payments can be used in more innovative ways. This should be looked at locally and could be achieved by refreshing and extending local Short Break Statements. For

example, it would be helpful to include additional information on support that can be purchased through DPS, employing a relative and pooling budgets.

- As mentioned before, we believe that local authorities should not limit people's choice and where they do not agree to a person's choice of service, or form of support, they should have to set out in writing explaining why their choice is not suitable. Once they have done so the person should have the option to challenge the decision and this review should also have a written explanation.
- Young carers are not mentioned in the SDS Improvement Plan. This does not support young carer awareness raising and recognition, assist with young carer identification or help young carers get the support they are entitled to and need. It is vital that young carers are recognised in the plan and that they are regarded as equal partners in care, both in terms of decision making, strategic planning and individual care planning, as appropriate.
- Considerable improvement is needed to ensure that older people can benefit from SDS. Too often their choices are limited to standard home care services (whether in house or commissioned) rather than a wider "good conversation" on how support can enable them to make positive choices, not just relating to care provision, but retaining connection with their wider community. To effect change it is important to embed this in hospital discharge planning.
- We agree with the action in relation to supporting underrepresented groups. However, we believe that the plan should put in measures to develop a workplace culture that actively works towards compliance with the requirements of the Equality Act 2010 and the Public Sector Equality Duty with regard to the implementation of SDS for people with one or more protected characteristics.

About the National Carer Organisations

The National Carer Organisations are brought together by a shared vision that all Scotland's unpaid carers will be valued, included and supported as equal partners in the provision of care and will be able to enjoy a life outside of caring.

They are Carers Scotland, the Coalition of Carers in Scotland, Minority Ethnic Carers of Older People Project (MECOPP), Carers Trust Scotland, the Scottish Young Carers Services Alliance, Crossroads Caring Scotland and Shared Care Scotland.

Further information

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