

## Response ID ANON-DVZH-75VP-E

Submitted to **Social Care Inquiry**  
Submitted on **2020-02-20 18:20:38**

### About you

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I have read and understood how the personal data I provide will be used.

### How would you like your response to be published?

I would like my response to be published in its entirety

### What is your name?

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### Are you responding as an individual or on behalf of an organisation?

Organisation

**Organisation:**  
Lothian Centre for Inclusive Living (LCiL)

## The future delivery of Social Care in Scotland

### How should the public be involved in planning their own and their community's social care services?

#### Please enter your answer in the text box below:

For the purpose of clarity we will make the assumption that 'planning for one's own social care services' means 'planning for one's support/care'. Based on this assumption, implementing the Social Care (Self-directed Support) (Scotland) Act 2013, successfully co-produced between disabled people and their organisations, carer organisation, care providers, local authority practitioners, Scottish Government and others, is the answer to this question. When applied, the statutory guidance accompanying the Act, and underpinned by clear principles, provides the framework for involving individuals in their care, meaningfully and for positive outcomes. The statutory guidance stipulates clearly a number of statutory principles that aim to ensure that people are involved in the planning of their care. These statutory principles are important because they carry legal weight. They are:

#### Involvement

This is the principle that the supported person must have as much involvement as the person wishes in both the assessment and in the provision of support associated with that assessment. This recognises the importance of involving the adult, carer or child in determining their needs and developing appropriate solutions in order to meet those needs.

#### Informed choice

This is the principle that the supported person must be provided with any assistance that is reasonably required to enable the person to express views about the options available to them and to make an informed choice about their options for support. This is a key principle, essential to ensuring that the person can be fully involved in designing and implementing their support.

#### Collaboration

This is the principle that the professional must collaborate with the supported person in relation to the assessment of the person's needs and in the provision of support or services to the person. A collaborative approach can help to stimulate new or alternative solutions. It supports an equal partnership between the professional (able to bring their expertise, knowledge and statutory and professional responsibilities) and the adult, child or carer (aware of and expert in their personal outcomes, supported to articulate and develop those outcomes and how they wish to achieve them)."

The guidance then provides clear details on how to involve people in their care at different stages of the process and for different groups, depending on the capacity of the individuals.

The whole Section 6 of the guidance clearly describes the legal duties in relation to support and information services that enable a meaningful involvement of the person and that are imposed on the authority by the 2013 Act. It describes clearly how this applies to adults, children and carers of all ages. The section emphasises that "support information should be provided at an early point in the process as well as throughout the process of assessment, support planning and the provision of support. It should be considered alongside all other sections of the guidance in particular in relation to assessment and the local authorities duty to offer choice and the four options under the Act. "

In short implementing the existing 2013 SDS Act and applying its guidance, as it should be in any case, is the best way to enable the public to be involved in planning their own care because both have been co-produced by members of the public and other representative groups towards this very aim.

The 'Our shared ambition for the future of social care support in Scotland' [ the Shared Ambition] (<http://new2.ilis.co.uk/uploads/documents/Shared%20Ambition%20for%20social%20care%20-%20final.pdf>) co-produced by 16 organisations, including LCiL, provides a clear framework for involving the public in planning their community's social care services. It also offers a clear relevant and co-produced answer to the question.

If considered seriously, all of the above implies an investment in people's capacity building, individual and collective, so that Disabled People's Organisations (DPOs) are in a position to offer information, support and peer-support which in turn enable people to build their capacity and have a voice.

Meanwhile the current work done by Scottish Government around social care reform seems to overlap with this call and add to the disjointed reality between Scottish Government, Scottish Parliament, Local Authorities and the public. It is fair to say that many of us working in the voluntary sector, at local and national levels, are concerned that resources and time invested into the current social care reform programme are diverted from the work we do, reducing even more our capacity to engage with issues and to deliver the quality of social care we advocate for.

### **How should integration authorities commission and procure social care to ensure it is person-centred?**

#### **Please enter answer in the box below:**

Our experience is that although originally welcomed by disabled people, people with long term conditions and older people, the health and social care integration process is neither delivering the joint approach to social care that it was hoped to deliver, nor it is enabling the shift of resources from one sector to the other. Subsequently, due to lack of resources and focus, this missed opportunity prevent many prevention initiatives to take place and add momentum to the original aim.

Cash constraint Integrated Joint Boards struggle to develop and implement strategic plans that could maximise the integration process by defining clear pathways for people moving from one sector to the other involving third sector organisations and community services meaningfully.

Our experience is that commissioning and procurement are not necessarily connected to a strategic joint approach and that social care is still not seen as an opportunity to actively support self-management, reduce health crisis and maintain well being.

Working with parents of younger disabled people we are very aware that the critical transition period from childhood to adulthood is one of the most difficult and stressful time for families precisely because joint approaches between sectors and services, that could enable person centred support, simply do not happen. Without addressing the above it is difficult to see a sustainable person-centred approach to commissioning and procurement.

The combination of reduced budgets, shrinking eligibility criteria, and care workforce recruitment at its most difficult level, is not conducive to a person-centred approach or creative solutions. Telecare and adaptations have certainly a role to play but policy and decision makers have to accept that care is about people being supported by people, whether this is at home or within the community. Within that context the human rights underpinning principle of the SDS Act is currently simply none-existing.

### **Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?**

#### **Please enter your answer in the text box below:**

Once again, as for question 1 ideas, and framework to implement them, do not need to be reinvented. The Scottish Government and COSLA have agreed a SDS implementation plan 2019-2021

(<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2019/06/self-directed-support-strategy-2010-2020-implementation-plan-20>

The plan contains a road map (p.9 of the plan) or national framework, with 3 clear areas of focus or essential elements for an ideal implementation of self direct support (the default system to deliver social care) .

- Leaders and Systems
- workforce
- People outcomes

The plan, again developed in partnership with with a number of organisations, , if implemented across all the local authorities consistently, could already address the post code lottery issues faced by people, and enable the implementation of a programme of work toward shared outcomes for the benefit of people, proper monitoring, accountability and clarity. This would already go a long way towards an effective 21st century social care that would indeed enable disabled people, people with long term condition and older people to live more independent lives

An ideal model of social care would be holistic, person centred and enable self empowerment for people to 'have the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself, or fending by yourself. It means rights to practical assistance and support to participate in society and live an ordinary life' . To this end social care would support the person to build his/her own capacity and resilience while supporting him/her to create the supportive environment that can help him/her to develop the latter.

Independent living, as defined above by CoSLA and the Scottish Government in their 'shared vision for Independent Living in Scotland' (2010), and the Article 19 of the United Nations Convention of the Rights of People with Disabilities (CRPD 2008) place social care as a crucial, but not only, rights for people toward Independent living .

All elements in an ideal model of social care will be interconnected and relevant to the whole. The elements perhaps underpinning the whole care system are:

- well trained and paid care workforce
- access to independent information and support
- accessible housing
- access to peer support
- access to advocacy when social care arrangements do not work

If all of the above were met, however, but education was not accessible or, as it is in many ways presently, if people unable to work or work enough hours were not supported adequately, it is fair to say that the successful development in social care would be greatly undermined by the negative impact of another part of the whole system.

## **What needs to happen to ensure the equitable provision of social care across the country?**

### **Please enter your answer in the text box below:**

One of the biggest barriers to an effective and modern social care system is the same barrier preventing equitable provision of social care across the country. The self directed support (SDS) legislation, that is supposed to be at the heart of social care and enable choice and control, has been co-produced at government level . Its implementation, however, is the responsibility of local authorities which , whether they do well or not, are not accountable to anyone. This major disconnect is the most fundamental reason for the current situation and slow or lack of progress in social care.

As we observe the shrinking of eligibility criteria , the reduction of care packages, and the increase of social care contribution, while not seeing the positive impact of SDS on the scale it should be, we as a Disabled People Organisation (DPO) and the people we support feel powerless to even challenge this at local level.

Similarly it is difficult to see how cross country issues such as portability of care, care contributions, commissioning and procurement, or creative use of funds can be addressed strategically, and in a consistent manner, within the current disconnect between Scottish Government and local authorities.

Slightly different but relevant to the question, it is also difficult to see how the difficulties specific to rural area,s or to areas deprived of public services, can be effectively tackled through local input only.

Many disabled people, people with long term conditions, older people and their supporters/carers would welcome a national social care system, yet flexible and sensitive to local settings. Once again Scotland has experience in managing, very successfully, the development and management of a national set up. Both the actual transformation from the UK Independent Living Fund to the Independent Living Fund Scotland (ILF-Scotland) in 2015, and the way it is currently successfully managed, present us with an effective model of social care delivery toward Independent Living.

## **Evaluation**

### **Was this Call for Views submission tool easy to use?**

Extremely easy to use

### **Why did you feel it was, or was not, easy to use?:**

### **Were the questions easy to understand?**

Not Answered

### **Why do you feel the questions were, or were not, easy to understand?:**

The first question is ambiguous and had to be reframed in the provided answer to clarify the basis of this response.

### **Do you think this Call for Views submission tool provides a good way for you to get involved in the work of Parliament?**

Yes

### **Please explain the reasons for your answer?:**

### **Would you use this Call for Views submission tool again in future to engage with the Scottish Parliament if there was a topic you were interested in?**

Yes

### **Please explain the reasons for your answer?:**

