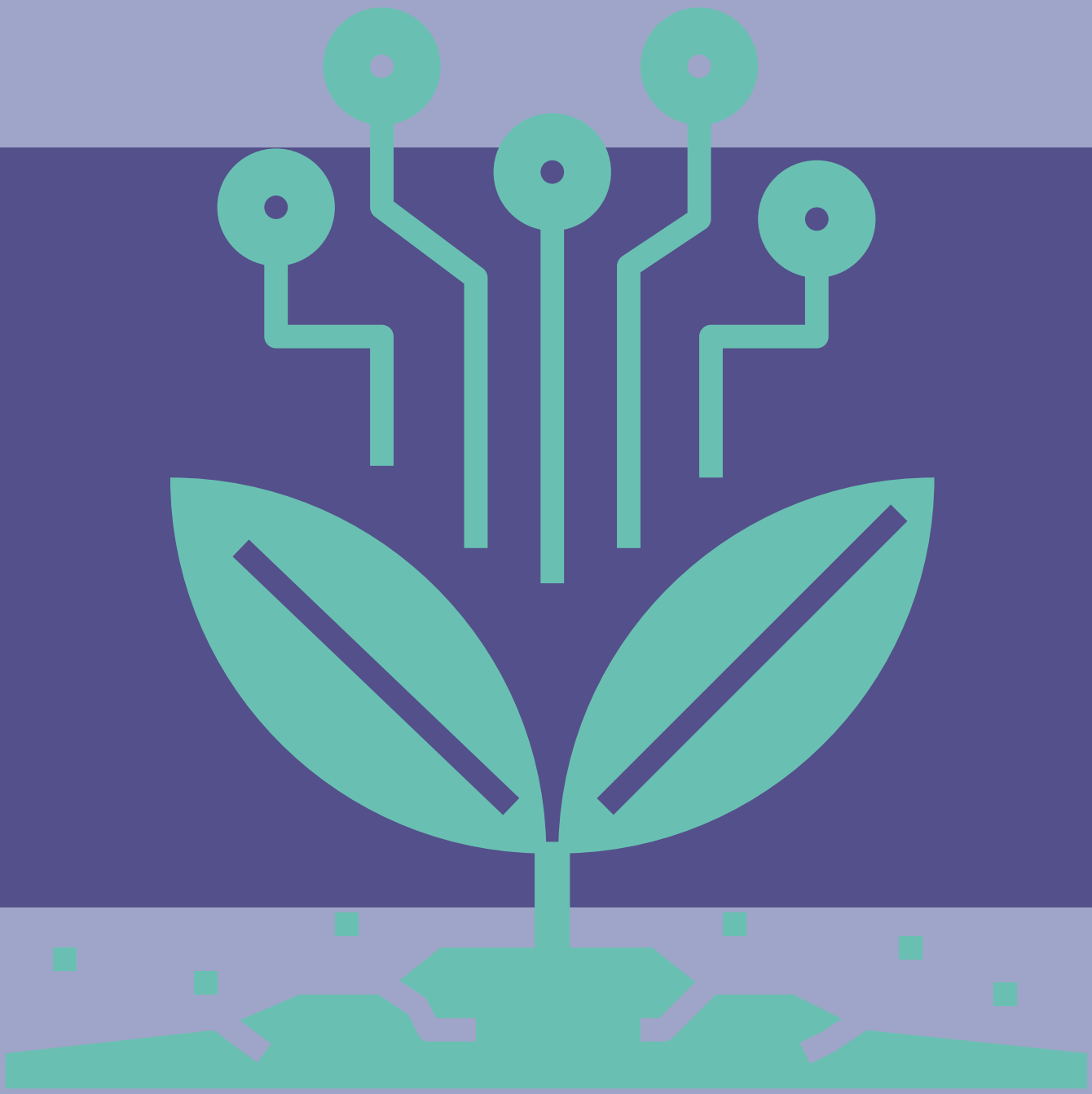
Scottish Care
Voice of the independent care sector

'WHAT IF AND WHY NOT?'

MAKING THE FUTURE OF SOCIAL CARE A REALITY



COLLECTIVE CARE FUTURE

NOVEMBER 2020

INTRODUCTION

In September 2020, Scottish Care developed a submission of key recommendations to inform the Independent Review of Adult Social Care. The need for adult social care reform has been widely recognised for a number of years, but despite attempts to progress this process, the momentum and collective vision required to drive this forward at pace and scale has been limited. Given that the challenges and barriers that exist in a social care context have been articulated and documented at length, we recognise the need for any work in a review to move beyond recommendations towards action and commitment to enact change. This paper is designed to be complementary to the engagement sessions as part of the Independent Review of Adult Social Care which have provided a direct opportunity to present the challenges and experiences of the social care reality from the perspective of social care providers and other stakeholders. The paper reframes the challenges that are documented extensively in previous research and reports to present these as possibilities to inform the review process. Building on our previous submission, in this paper we offer a collection of social care narratives underpinned by a Scottish Care evidence review as a way to engage imaginations across all sectors and stakeholders towards creating a positive future for social care in Scotland.

THE ROLE OF SOCIAL CARE IN AN INTEGRATED SYSTEM

Social care must not be treated as a separate system. It must be developed and any consideration of the future be cognisant of the wider elements of all 'actors' who play a role in the integration of health and social care. We need to see integration as a multi-relational, multi-sector partnership, working together to support health, social and wellbeing needs and the aspirations of our communities and population. When we look to the future of social care and the role of social care in this integrated partnership, we need to understand the layers of complexity, contextual nuances and the relationships that exist within its own individual ecosystem. By starting at the point of people and communities, we can begin to understand the needs and aspirations for health, social care and wellbeing, and work together with people, communities and partners to identify the preferable and most appropriate ways to support these. We must shift beyond the mindset of existing systems and services to embrace individual and community capacities, and collaborative opportunities to enable innovative support mechanisms. If we wish to achieve a transformational vision for health and social care in Scotland, we need to reimagine the whole system and go through a careful process of understanding the contributions, capacities and potential of every element. Further, this needs to happen at a societal level involving individuals, communities, partners at every step of the journey.

Each layer of the social care ecosystem (Figure 1.) illustrates the involvement that is required to reimagine the future. The visual highlights the importance of working outwards and inwards to have a positive impact at each level.

Building relationships within and across the layers is crucial to enable support to be designed with people by a workforce that are empowered by the partnerships and enabling policy conditions underpinning their practice. At the meta level, realistic perceptions and understanding are promoted to enable the media and public to have an informed perspective of social care, supporting members of the public who may interact with social care in the future to have an awareness and understanding of the context and services appropriate to their needs.

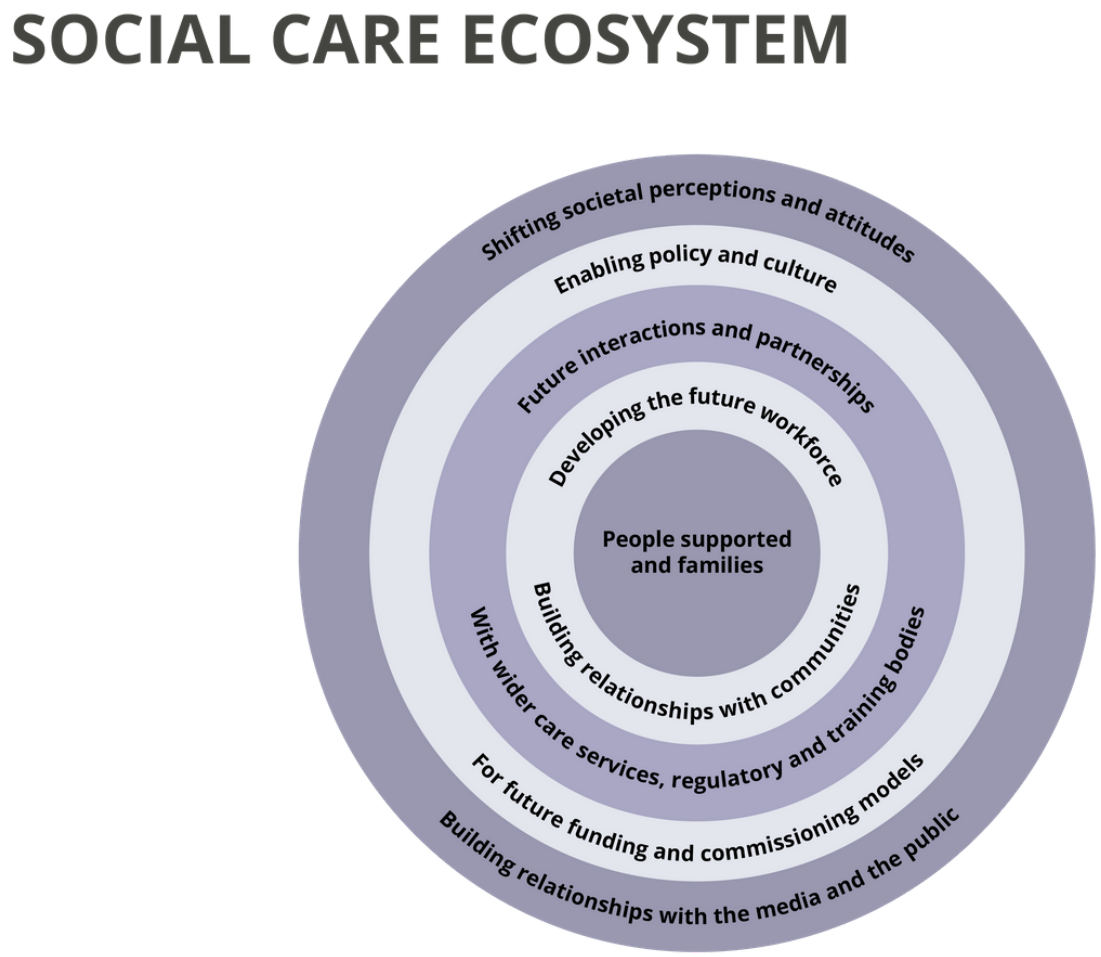


Figure 1. An overview of the social care ecosystem

In this paper we outline the theme recommendations from our original submission to the review and map findings and recommendations from our existing body of knowledge (Appendix A) generated through key policy and research activities undertaken with our membership. Informed by this evidence, we pose a series of 'what if' questions on the future of social care as a mechanism for exploring key themes emerging during the review process. The questions aim to encourage dialogue, debate and critical reflection on the implications of these, both in terms of the practicalities in context and the consequences if these questions remain unexplored. We illustrate the potential realities of what 'could' be through a collection of future social care narratives that intend to inspire creative perspective and critique on what the future 'should' be through engaging in national dialogue with wider partners.

‘WHAT IF’: A COLLECTION OF FUTURE SOCIAL CARE NARRATIVES

THE ESSENCE OF CARE: PRIORITISING MY CHOICES AND WISHES

John and I have been together for fifty-five years. I know it sounds soppy but we have never fallen out of love, but these last few months have been really hard. He had his first stroke three years ago and we managed well but John’s homecare specialists had started to pick up changes and had a conversation with us about our choices for the future and we all agreed we wanted to get things in place. The local Care Connector based in John’s homecare service helped us start the process of creating our multi-relational team. It’s made up of lots of different experts, doctors, nurses, care professionals and technologists and also our daughter who’s an expert on us. We can bring different people into the team as our needs change. The team have asked what’s important to us and together we’ve made sure that John is able to continue the highlight of his week which is taking our granddaughter Amy to the park.

I never thought of myself as needing support but this team made me think about changes in me. Supporting John is so important to me but at our last MRT meet up we spoke about my needs. I never imagined we would be talking about my human rights and how they can be supported through budgeting. We spoke about how I can have control over any support I get through Self-directed Support. They told me about the Full-Life Centre as they offer a programme that the local community can join. It’s got lots of great things like dancing, crafts but also is a place to catch up and meet people. In fact Amy also goes there and takes part in activities with people who live there.

I’ve now recruited my favourite person from the Full-Life Centre onto our multi-relational team. They know all about gadgets for keeping you well and I’ve been asking them about what kinds of technology might be good for me. I'm going to get a smart watch through my support budget and this will help me to look after myself a bit more. I feel able to do this because John has now also got smart technology in our house and this links up to the homecare service systems so we both feel safe and confident in the support around us. Having the technology has enhanced our relationship with our team because we’ve had more quality time and now it feels like we’ve really got to know them, and them us. We’re all learning new things and John and I are enjoying life a lot more. In fact, John now also goes to the Full-Life Centre with one of our relational team. It’s been a new lease of life for us both.

Fast forward 10 years. John died 2 years ago and my daughter has recently moved but we are keeping in touch through Facetime. I kept active and busy but recently I have had to come to the realisation that I don't want to be on my own and that I am missing the company of people. I want to be sure that I'm not going to 'dwindle away'. I worry that as I get older I will lose my ability to influence things. I have always been very clear and able to argue my case, I don't want to lose my voice and not be heard as I get older. So, I decided to move into the local Full-Life Centre. Everything is built around what you want, and people are able to have their views and voice heard. If you need support through care or counselling, through motivation or nursing then it is there for you if you want it. You basically get allocated points and a budget, and you can supplement these, but you have a lot of freedom to build your package for yourself. Their motto is 'We are here to help you live your life to the full.' When I moved in, I shared my personal data backpack with them that I'd been building up since I met the Care Technologist and got my smart watch and I was able to 'plug' into their system! So, all the personal information about my health and wellbeing, my likes and dislikes are all there. I can control who sees it but if I ever need to go to hospital then everything anyone would need to know about me to help me is all there. In the Centre I have my own room; I can get involved in anything I want to and be with who I want. I can come and go as I please. I have the reassurance that as things change in my life right there on hand there are people to support me and facilities to meet my needs. I intend to live fully until the last moment of my life.

EXPERTS OF HUMAN NUANCE: SKILLS, SATISFACTION AND SUPPORTING SOLACE

I look into his grey eyes which have seen so much. I hold his hand and can trace the story of his life from the lines. There is a moment of still, nothing but warmth between us, then I ask if he knows what happens when someone dies. It's not the easiest part of my job, but one of the most important.

People used to think that palliative care was for the last few days of life, but now it's widely valued as something that helps people to live their life as they want to for the years they have left in front of them. Two years ago I joined the Scottish Government on a secondment as a 'Social Care Innovation Lead' to support them in developing their next strategy for end of life care. I think it really opened people's eyes, many of them said they thought most people die in a hospital. Things have improved so much since the strategy was launched: policy has changed, NHS colleagues ask care professionals for advice which is improving the lives of the people we support and I get paid more too. People really understand now the role that care professionals play as experts in human nuance, enabling people to retain their independence and supporting them on their pathway through health and social care support.

Through this work, I was also involved in developing the Living Plan concept. These days people start to create their Living Plan at school and it travels with them throughout their life. They describe it as a record that they can keep coming back to that helps them to tell their story about their own health and wellbeing, the things that are important to them and what their preferences and wishes are in different scenarios they may find themselves in as they live their life. The idea was borne out of the way social care has personal care plans and uses our expertise and approach in extending person-centred care. This has really helped us as a society to get more comfortable with talking about difficult subjects.

I've been doing this for 25 years in care homes and homecare, but I'm always finding new ways to develop my knowledge as there so many opportunities now to learn from other colleagues through peer learning credits and also online specialist training. The latest training development is virtual reality which my colleagues are really enjoying as a way to practice experiential learning to understand environments where care and support is provided. I use it a lot when mentoring newer members of staff and we can then watch back together as part of our reflection. Next week I am speaking to experts from Japan. They are coming over to visit one of the sites that is part of the Care Academy, which is a newly established blended learning approach focused on sharing and learning from good practice. They specifically want to learn more about our world-renowned support system for palliative and end of life care.

I am proud of what we do for people here in Scotland. I am proud to work in social care. I know as a society and in social care we are committed to making sure everyone will be able to live and die well on their own terms, in their chosen space, and with those who matter most around them.

CONNECTING FOR PEOPLE AND COMMUNITIES: THE VALUE AND VALUES OF A SOCIAL CARE MINDSET

I've wanted to work in social care since I heard about the opportunities in a citizenship class at school. Someone from a local independent sector organisation came into class and presented a whole range of career pathways and options. But the thing that struck me most of all was his sense of enthusiasm and commitment. He worked for a company where the workers were the owners and where there was a real commitment that any additional finance generated by the work was ploughed back into the local community through the workforce. I simply had no idea about the range of career opportunities and that it was so easy to move between roles. I have now worked in the community, in a Care Connection centre, and in the local hospital. Right now, I'm a Care Navigator and I use my skills in data and management which I have learned over the years to make sure that the data in someone's home which shows their movement, nutritional intake and vital signs can help us identify additional support needs earlier. I work with the person and their chosen care circle on how they would like this support to be provided when there are indications that they might need more help, navigating our hands-on support to where it is most needed. It is great to be able to be able to support someone to achieve their wishes and be flexible in our approach to adapt this as their needs and preferences change. Even if they deteriorate, I am connected into the hospital at home service and the care home outreach community team which means that for the person involved all the care and support they need is delivered to them rather than expecting them to fit into what we want for them.

Recently, I had my induction as a member of the local Integrated Joint Board, joining my other colleagues from across social care, health, housing, the third sector and also community representatives. It's great that there is equal representation of all sectors as well as the voice of members of the community. It was incredibly rewarding to give my perspective on the vision behind the integration legislation from a human rights-based lens grounded in my experience of social care. The role is more important than I had imagined – it's not only about supporting delivery, but really understanding the context within which it sits. Our health and wellbeing affect our ability to be part of society, to learn, to work and contribute to the economy.

With my skills in care data and intelligence, as a collective we are able to track impact and outcomes across a person's journey and being able to correlate this with the impact across the wider system is invaluable. Combining our knowledge and skillsets, I feel we are prepared to make decisions about the way that health and social care should be delivered in the local area, particularly its role in prevention and enabling people to contribute to society for longer. It really showed that value is not solely about finance, but actually that best value is about a wider vision encompassing compassion, dignity and enabling choice. That innovation and investment are important in future-proofing not only health and social care, but our wellbeing as a society. There is a strong and diverse set of services and supports in our local communities that have been designed based on the needs of the people that live here. I am confident in the skills and expertise of the board to support the HSCP who have developed a new approach to commissioning based upon trust and wellbeing.

‘THE FLOURISHING SOCIAL CARE GARDEN’: CREATING AND CULTIVATING OUR LANDSCAPE

The sign on the open gate reads ‘The flourishing social care garden’ and as I walk through I immediately feel relaxed and surrounded by warmth. I’ve passed this garden many times but now feels like the right time to visit and explore what it means to me. There are lots of routes I can take with a clear sense of direction for each path. I walk through the garden and with each step I better understand the foundations of social care, the basis and solidity of how it can nurture and support life through relationships, meaning and fulfilment. I’m intrigued by what makes up this supportive grounding and when I pick up a handful of earth I realise it’s not one single thing. In that one handful there are lots of different elements telling their own story but together they are rich with possibility in creating the conditions for growth and potential.

I notice an array of different flowers and plants, each offering their own form of beauty that show the diversity and richness in the provision of different forms of support. They are all at different stages of growth, some are newer, some are well established and they have been planted based on what the community want to see in this garden. In the flowerbeds there are still spaces for more planting to enable creativity and innovation in the garden, flowers and plants none of us have seen before. There are seeds for me to choose from to grow my own social care garden. I know there are social care gardens in other communities. I’ve heard people speak about them and I can see how they look different to ours because they are created bespoke to the people and the things that exist in that community.

The people tending the garden and the people that visit, they are the value and constant energy that keeps the garden renewed. They take care of it and without these people and the community’s appreciation of this space, the garden would be overcome with weeds, overgrown, unwelcoming and difficult to navigate. Instead, everyone in the community feels a sense of responsibility for the garden, to take care of this space because of what it offers to them and their families. It provides opportunities to learn, to be connected, and is a place of solace for our fears and pains.

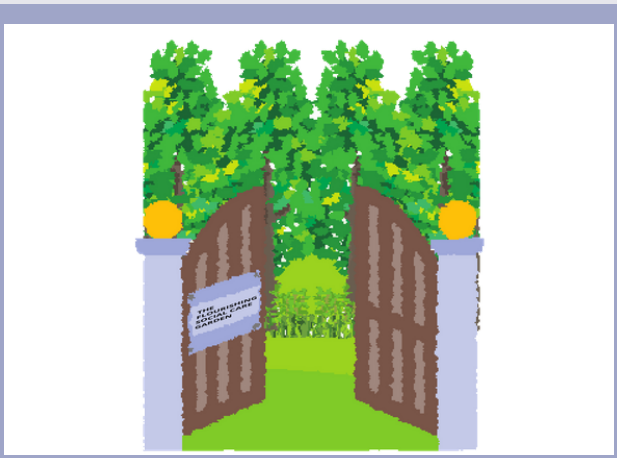
There’s also a specialist team of gardeners and landscapers who support the garden to thrive through nurturing conditions and nourishment. The gardeners are the regulators and they tend to the plants through pruning things that grow in an unwanted direction but largely through watering and feeding to encourage

continual growth and renewal. The landscapers are the commissioners. They don't work on the plants themselves but they prepare the ground and develop new structures and pathways within the garden that provide flexibility and options for moving around to get a different perspective. They are also experts in companion planting, knowing that there has to be a symbiotic relationship in the community.

People write about the social care garden, they take photos and share stories of what it means to them. The stories and the imagery helps to make visible the positive experiences the garden offers and the way it is open to everyone at any time. It inspires people to visit and explore, to connect and share, to be part of the garden and to imagine how they might create their own flourishing social care garden - what might they like to plant and when?

As I go to leave the garden, I see the wishing well overflowing with gratitude from others whose lives have been touched by the social care garden through the value it brings and those who want to see the garden continue to flourish in the future. The investment by all parts of society provides nourishment and sustenance that helps to cultivate and replenish the garden and all its elements.

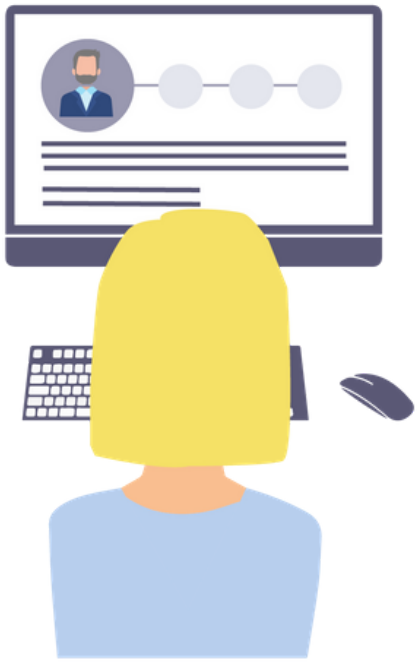
I realise we need more people to visit the social care garden, not just gaze from afar, but to pick up a handful of the soil and study the beauty of the landscape.



SCOTTISH CARE EVIDENCE REVIEW

The narratives presented in this paper are not radical. They are achievable with the right conditions and support built around them. The perspectives and scenarios illustrated in these narratives are reflective of and have been informed by the themes and recommendations emerging from Scottish Care reports and publications spanning a range of topics and subjects, involving a diversity of perspectives and experiences, over a number of years.

In the following section, we present a review of this body of evidence accompanied by a series of 'what if' questions to stimulate dialogue and critical thinking on the future of social care.



1.THE DISTINCTIVE ROLE OF SOCIAL CARE

Any vision and plan for the future has to articulate how and why social care is distinctive from health care. Social care cannot simply seek to replicate the NHS. Models which progress the medicalisation of care to the detriment of the wider focus of social care support – which includes prevention, reablement and wellbeing in a much broader sense, often across a much longer period of someone's life - would be extremely harmful. However, the review must also be sensitive to the interdependency of health and social care and recognise that changes within social care will inevitably impact health care. It has to be appreciative of the community dimension of care, across both care homes and homecare, as opposed to a national, one-size fits all, generic approach which is top-down. It must recognise the flexibility required within social care to adapt and tailor support to meet people's needs and wishes in the short, medium and longer term, including at end of life. This requires the enablement of a proactive approach to care and support, rather than the reactive approach that the current system often dictates. It has to use evidence of what works in the meaningful integration of health and social care to consistently embed ways of working which mean citizens have a continuum of care and contact of high quality and consistency, regardless of which part of the sector they interact with and when.

RECOMMENDATIONS

Integration & inclusion

Understanding of the role of social care starts from its visibility within an integrated health and social care landscape, including ensuring the social care voice is present and heard within Health and Social Care Partnerships and Integrated Joint Boards as called for in *A Care Twilight Zone*. Understanding of this sector then supports increased recognition and appreciation of its distinctive elements and contribution, including through its unique resources and workforce skills in supporting the needs of an older population through, for instance, mental health support, advanced dementia care and palliative and end of life care as outlined in *Fragile Foundations*, *Care Homes: Then, Now & the Uncertain Future*, and T*rees that Bend in the Wind*. As further highlighted in *Fragile Foundations*, a greater emphasis on multi-disciplinary working will be required into the future and therefore an integrated and inclusive approach to resource awareness and maximisation will be important. This includes appreciation not only of existing assets but how new design and development can be centred around and originated from the specificities and distinct requirements of social care rather than imported or translated from a health-oriented context, as set out in *A Vision for Technology & Digital in Social Care*.

Prevention focus

A Care Twilight Zone highlighted that prevention must be the space in which we re-balance our care and health system through partnership working and proactive local social care-based solutions in order to refocus support on people starting from their own home rather than on acute settings. *Bringing Home Care* emphasised the importance of care at home and housing support settings specifically in having an essential and constructive role to play in the reorientation of planning, costs and delivery of proactive support, whilst *TechRights: Human Rights, Technology & Social Care* called for the prioritisation of the potential of technological innovation in the preventative space.

Workforce

As highlighted in *The 4Rs: The Open Doors of Recruitment & Retention in Social Care*, there is a continued confliction of a health or social care workforce where a redesign of systems and thinking is required to ensure that these critical workforces are truly integrated: distinctive yet complimentary. *Qualifying Care* called for this to include closer and more strategic alignment of workplace qualifications to facilitate and encourage more cross-sector working. Within this, *The Experience of the Experienced* pointed out that there is a need to ensure that any workforce reforms are fully appreciative of the realities of modern-day delivery of care and support, including the advanced skills required to provide social care, and to align these reforms with a vision and ambition for consistent, person centred care regardless of setting.

Perceptions and understanding

Understanding of the distinctive role of social care has tended to be limited and constrained by wider issues of stereotyping, negative perceptions and limited exposure. These are consistent themes highlighted across care home and home care contexts in *Care Homes: Then, Now & the Uncertain Future* and in *Bringing Home Care*, with greater societal appreciation and respect required in relation to social care generally as well as in relation to particular forms of support. This must stem from supporting greater public awareness of their contributions and of a re-orientation of value and prioritisation of relationship-based supports.

'WHAT IF' SOCIAL CARE WAS RECOGNISED FOR ITS DISTINCT CONTRIBUTION?

What if social care was the mindset and vehicle, with appropriate investment, to achieve early intervention in supporting health and wellbeing?

What if prevention and community needs were prioritised as a starting point for rebalancing budgets and developing services rather than fitting needs into existing services and resources?

What if homecare provided collaborative leadership for a prevention agenda and through SDS people curated their own care and support teams?

What if every IJB and HSCP senior leadership team was underpinned by a social care mindset?

What if care homes provided community-wide leadership on palliative care and dementia that was mutually respected as part of regular shared practice sessions?

What if care homes were viewed as an approach and model of lifelong care planning and delivery rather than a setting and place of care?

What if social care secondment opportunities existed such as 'innovation champions', 'transformation leads' and 'social care leads' within boards, partnerships and national bodies as part of transformation programmes for adult social care?

What if empowering language became universal across health and social care that supported shared understanding and meaningful outcomes?

2.CHOICE AND SDS

The future of adult social care has to be centred around the needs and wishes of the citizen and not the system, workforce, the acute sector NHS or indeed providers. It has to embed rather than remove the principle of informed choice, individual control and autonomy which lie at the heart of the self-directed support legislation. It is not the ideology which has prevented SDS from embedding but challenges in culture and traditional power dynamics, reinforced by a fear of change and vested interest, which must be overcome. It has to interrogate how assessment, eligibility and communication processes directly impact on citizen choice, including how these can create barriers to accessing care and support services. The review has to achieve the aims of openness, transparency and fairness without directing the future of social care in such a restrictive way that unintentionally, choice for citizens is limited or removed by a general, national approach. There has to be recognition of the fact that some people may wish to acquire additional services and supports, including at personal expense, and that this can be acceptable and desirable providing that openness, transparency and fairness are prioritised in all decision making and contractual processes.

RECOMMENDATIONS

Meaningful choice and control

A person-centred approach to social care support must be premised on ensuring citizens are able to fully exercise autonomy and choice in the supports available to them, which includes clear and defined resources directly available to citizens and a strong, healthy and diverse suite of support options tailored around the needs of local communities as advocated for in *A Care Twilight Zone*. This includes ensuring equitable access to choices, regardless of setting, as called for in *Care Homes: Then, Now & the Uncertain Future* in relation to the options available to care home residents which are often limited by current assessment and care planning processes. *Trees that Bend in the Wind* also stressed the importance of choice in its wider sense, made possible through supporting societal discussions on subjects such as death and dying which can enable people to have their needs, wishes and preferences upheld even in difficult circumstances.

Realisation of SDS

The main route to real choice and control for citizens must be through addressing the barriers to the full realisation of the Self-directed Support legislation in practice, as detailed at length in *Rights at Home: The Care Home Sector & SDS*. This includes identifying and developing practical measures and resources to support the full implementation of SDS in care home contexts, constructive and collaborative work on understanding experiences of SDS from different perspectives and establishing clear monitoring processes regarding the fulfilment of legal duties of various parties in relation to the legislation. *A Human Rights-Based Approach to SDS for Older People* also called for a clear and consistent communications strategy to support better dissemination of information so that people can exercise their rights under SDS. Further work is also needed into the cost benefit analysis of Self-directed Support in order to change related cultures, systems and processes and shift the balance of power towards the citizen and those directly supporting them. This cultural and practical shift can help people to use SDS to access the sorts of resources and supports that are tailored to their own lives and needs, such as mental health supports as called for in *Fragile Foundations*, and more innovative uses of technology as highlighted in *TechRights: Human Rights, Technology & Social Care*.

‘WHAT IF’ PEOPLE WERE EMPOWERED THROUGH CHOICE AND SDS?

What if the budget was determined by people’s needs and aspirations for support?

What if integration was more aspirational and developmental, with a focus on prioritising people’s wishes and reinforcing their capacities to live more independently?

What if there was a dedicated role developed to identify, through collaborative conversation with the person, the most appropriate forms of support (services, activities, products etc.) to meet their aspirations for their own wellbeing and everyday life?

What if social care was understood beyond traditional categories of support options where a diversity of local innovation was led by community needs?

What if there were many ‘routes in’ to SDS and it became the first thing people think of when having a conversation about care and support?

What if a collaborative implementation process was designed that provided guidance and tools to support all staff in facilitating SDS in their practice, and that supported people to understand SDS?

What if SDS became a national ethos to understand choices and engage in services and support related to health and social care, applied at every interaction?

3.COMMISSIONING AND BUSINESS MODELS

A review of social care has to address the competitive model currently in place for social care commissioning which in homecare, has driven prices down and in care homes, has resulted in a failed Cost of Care Model where local authorities end up spending twice as much for in-house services. Both result in waste by creating an unstable market and disrupting continuity of care and support. It has to address the 22 different approaches to social care charging which currently exist across the country. It has to evidence the strength of diversity in business and delivery models in social care, within the development of a framework which promotes and provides assurance of transparency, fairness and citizen benefit.

RECOMMENDATIONS

Calls for commissioning reform are not new. *A Care Twilight Zone* emphasised the need for a shift from time and task commissioning to processes based on relationship and trust, with a preventative, time-flexible, outcomes focused approach prioritised. This flexible, proactive and sustainable shift in practice was also called for in *Bringing Home Care*. The limitations of traditionalist commissioning processes were also highlighted in *TechRights: Human Rights, Technology & Social Care*, with additional scope required to enable innovative and creative care packages to be offered which make use of technology.

TechRights also indicated that a more responsive approach to commissioning, reflective of the modern realities of social care provision, would enable more small scale, bespoke and person-led delivery of support. This would also support specific and specialist provision, for instance in relation to palliative and end of life care (*Trees that Bend in the Wind*) or older people's mental health (*Fragile Foundations*), to be planned for and developed at local level informed by the needs of communities. Grounding commissioning practice and guidance in care realities and shifting away from purely cost-based decision making also requires overcoming current failings regarding the appropriate evaluation of people's needs and arranging supports accordingly, for instance in distinctions between residential and nursing care home placements highlighted in *Care Homes: Then, Now & the Uncertain Future*.

Commissioning is also at the core of workforce reform and valuing. *Qualifying Care* reinforced the need for the rebalancing of commissioning processes in ways that better support and sustain the development of the workforce, including through the resourcing of learning opportunities. The registration, regulatory and continuous professional development expectations upon the social care workforce must also be reflected in commissioning, with time, support and mentoring appropriately built in as recommended in *Experience of the Experienced.*

‘WHAT IF’ COMMISSIONING WAS ENABLING RATHER THAN RESTRICTIVE TO SUPPORT PERSONALISATION, INCLUDING TAILORING AND FLEXIBILITY OF BUSINESS MODELS?

What if commissioning was always a collaborative process that involved local authority/health service commissioners, social care providers, people with lived experience of accessing support and other key people and groups in designing and contracting?

What if social care commissioning was recognised as a specialism, shaping the market and driving service provision by translating population needs?

What if commissioning was redefined as a care pathway guide, with a clear role in enabling resources to support outcomes to be achieved through person-led service design?

What if all parts of the system focused on understanding the outcomes people want to achieve through their care and support, agreed these at the outset and commissioned based on the needs, wishes and aspirations as a starting point to identifying with the person the most appropriate form of support?

What if national commissioning principles were developed which guided the creation of local commissioning frameworks and processes that strengthen diversity of delivery models and tailored responses to delivery of support?

What if there was a transparent cost model that was mutually agreed and accepted that still allowed for a degree of contextual flexibility and that was understood by the people providing and the people accessing support?

4.COST AND RETURN

An adult social care review has to offer proposals which are seriously costed rather than hypothetical. It has to instigate a national dialogue on how a society with an ageing population and a declining workforce is able to pay for the social care it wants, requires and deserves. It has to articulate a clear and fair position on the issue of return within social care in a way that ensures investment in and sustainability of high quality services whilst addressing concerns, regardless of provider, of inefficiency, value for money and profiteering. It has to address the fundamental inequalities inherent in the funding of social care compared to funding of the NHS. The current system sets out to deliver what people want, but only provides funds based on what is deemed affordable, without effective routes to challenge inadequate funding or adjust service delivery in an equitable way. The review must look at current systems for funding and be clear about how they must be reformed, regardless of who is delivering the service.

RECOMMENDATIONS

A number of recommendations have been proposed with regards to addressing the long-standing contentions around cost and return within social care. These include the need for a national conversation regarding the role, extent and limitations of the public purse in supporting high quality care provision, as called for in *Care Homes: Then, Now & the Uncertain Future*. It also included a call for a Social Care Commission with a particular focus on how social care staff are paid and rewarded within a broader financial envelop, whilst *A Care Twilight Zone* featured a similar recommendation that a cross-party, independent Commission on the Future Funding of Social Care be established with urgency. *Bringing Home Care* highlighted the ways in which supporting increasingly complex care needs and a growing older population requires additional levels of financial resource for the adult social care workforce.

All of these solutions should be underpinned by a human-rights based approach to both national and local resource allocation and budgeting, as outlined in *The Human Right to Social Care: A Potential for Scotland*, which supports the identification of resources to fully enable the realisation of citizens' rights. These rights extend beyond specific care needs to the support of positive mental health and general wellbeing, which requires further prioritisation and resource as per a *Fragile Foundations* recommendation. *Putting Human Rights into the Commissioning Cycle* highlighted how the introduction of a mechanism for assessing the impact of commissioning decisions using a human rights PANEL approach would provide enhanced assurance, accountability and citizen empowerment in relation to ensuring non-discrimination, inclusiveness and equitable access to support.

‘WHAT IF’ LEVELS OF COST AND RETURN WERE UNIVERSALLY UNDERSTOOD AND ACCEPTED?

What if all exemplary and positive practices that successfully demonstrate integrated working across health and social care were mapped and it was possible to track the impacts and implications on funding and budgets to understand value created?

What if social care was genuinely understood as the ‘keeping well’ foundation of the system, as an economic contributor and the balance was shifted accordingly to invest in wellness and prevention?

What if value was measured and placed beyond finance and cost to include compassion, relationships and values e.g. 'what does it cost us to not do this'?

What if society became much more comfortable with ageing and the associated planning and investment that is required, with high value placed on older people’s contribution to society?

What if care planning became part of the education curriculum to support understanding and enable personal responsibility and investment in shaping future care choices and decisions?

5.HUMAN RIGHTS AND EQUALITIES

A review has to be undertaken from the position of the upholding and advancement of human rights for all, adopting principles of inclusion and participation in its workings. There is a need for significant consultation at every stage of the inquiry process. It has to address the inequity of diagnosis-dependent financial support across health and social care which is creating a two-tier system. It has to tackle the issue of access to support – and choice of support - based on cost assessments and urgency of need, as eligibility criteria becomes higher and more subjective. It has to articulate and reinforce the requirement for equality and fairness of approach and treatment across all partners in the social care sector, including different providers and informal carers. In so doing, it must address the underlying myths, stigmas and misinformation which colour how different stakeholders are engaged with and accounted for in both policy and practice terms.

RECOMMENDATIONS

The Human Right to Social Care: A Potential for Scotland articulated how the consideration of social care as a fundamental human right, crucial to the achievement of other rights, would significantly advance how it is perceived, planned for and resourced. Supported by a human rights budgeting process, suggested in *A Care Twilight Zone*, social care would be correctly considered as a powerful and positive contributor and innovator in both economic and social terms. *TechRights: Human Rights, Technology & Social Care* called for an ethical and human rights-based foundation for technological design, development, implementation and use both within social care and wider contexts. The establishment of a Scottish Centre for Human Rights and Technology, introduced in the same publication, would also support such developments and position Scotland as world-leading in terms of human rights.

This fundamental shift in how human rights are embedded would also require to be underpinned by specific actions in a social care context. These include *Fragile Foundations*' call for recognition of older people's mental health as a human rights issue and the introduction of planning and reporting duties around addressing this nationally and locally becoming a key component of integration. Those under 65 who require social care support must also be better recognised and their needs and choices reflected more strongly in planning and provision. For all ages, *Trees that Bend in the Wind* stated that there must be prioritisation of equal pathways of support in relation to palliative and end of life care, as well as equitable access to bereavement support and counselling services for social care staff and families of people supported. For the social care workforce, *Experience of the Experienced* emphasised that regulatory processes and their accompanying qualification, learning and development requirements must better reflect a non-discriminatory approach to funding and access routes for what is predominantly an older workforce.

‘WHAT IF’ SOCIAL CARE WAS CONSIDERED AS A FUNDAMENTAL HUMAN RIGHT?

What if the right to health was understood as access to care and support to remain well instead of the right to clinical intervention, where social care was understood as the core component to enabling mental and physical wellness?

What if social care became an exemplar for a rights-based budgeting process that was adopted by all levels and aspects of public finances?

What if parity was given to our older population in terms of their needs in all aspects of the design, planning and access to support?

What if all policy and legislation was reviewed from a human rights perspective and through the lens of an older person?

6.CONSISTENT REGULATION

Any review of adult social care has to focus on the need for clear and consistent regulatory oversight and practice rooted in the National Standards and in a non-clinical approach to care. It has to articulate the appropriate role and balance of regulation in providing assurance and scrutiny as well as driving and supporting improvement. It must recognise the inextricable nature of inspection and improvement in a way that prioritises development and progression within the social care sector, both for services and the workforce. It has to consider the role of different regulatory bodies in the health and social care landscape and consider how duplication and confusion can be avoided and the assets of all maximised.

RECOMMENDATIONS

Service regulation

Care Homes: Then, Now & the Uncertain Future explicitly called for the development of proportionate and flexible scrutiny models which are underpinned by robust resourcing, but this need for closer alignment of care delivery, regulation and funding has been a clear requirement in many findings. This also extends beyond service-focused to system-level regulation through the scrutiny of legislation implementation such as SDS, which *Rights at Home: The Scottish Care Home Sector & SDS* recommended should be implemented through the inspection of assessment processes and people's experiences to ensure appropriate accountability and compliance.

Workforce regulation

As outlined in *Qualifying Care*, regulation of the social care workforce has to be sufficiently flexible in enhancing the attractiveness and diversity of a career in care, upholding professionalism and being sensitive and responsive to needs of the workforce. This requires a person-centred approach to regulation rather than one oriented around existing systems, providing proportionality and choice in developing new skills and recognising existing ones. As this report as well as *A Care Twilight Zone*, *Experience of the Experienced*, *Bringing Home Care* and *Care Homes: Then, Now & the Uncertain Future* all reinforced, regulatory frameworks including qualification systems must value diverse learning experiences, promote parity of recognition and encourage opportunities for mutual development across different parts of the health and social care sector in order for it to be fit for purpose for the future. It is also crucial that regulatory models are supportive of the mental health needs of the adult social care workforce and are reflective of its diverse profile (outlined in *Fragile Foundations*), including a significant proportion of females, older workers and individuals from outwith the UK (which *Experience of the Experienced*, *The Human Right to Social Care: A Potential for Scotland* and a range of workforce data reports draw attention to).

‘WHAT IF’ REGULATION WAS CONSISTENT, PROPORTIONATE AND DRIVEN BY PEOPLE?

What if regulation was a collaborative, relational process not only between the regulator and the service, but among regulators and wider services – where contextual awareness and relationships of services enable proportionate and consistent review, and continuous development and learning?

What if regulation was also co-designed with the person to identify categories of what is important to them - in terms of what should be regulated, enabling choice and control, and how this should be done in terms of process and timings?

7.WORKFORCE VALUE

An adult social care review has to provide clear solutions as to how to better recognise, value and reward the criticality, skills and commitment of the social care workforce across all roles. This has to be cognisant of ongoing recruitment and retention challenges, further compounded by Brexit and immigration plans, and provide attractive career pathways. It has to consider how workforce planning can be effectively undertaken in an integrated context, including the development of the role of nursing and clinical staff in care homes. It has to address the demand for consistent and national terms and conditions that advance Fair Work. This includes meaningful review of the role of pay and training in valuing staff and supporting staff retention, recognising that the inadequate funding within the existing system directly contributes to the devaluing of the social care workforce.

RECOMMENDATIONS

Fair work

As made clear in *A Care Twilight Zone*, fair work requires a wider system of commissioning, contracting and valuing within social care that is conducive to and supportive of positive practices. This also needs to account for the current gendered nature of social care work and meaningfully drive change towards equality of treatment. *A Human Right to Social Care: A Potential for Scotland* recommended a human rights lens through which to examine and address this issue. As a core component but by no means an end goal for fair work, *A Care Twilight Zone* also called for the implementation of the Scottish Living Wage in social care to be externally reviewed, with priority given to its resourcing, ringfencing and prompt roll out.

Job roles, profile & career pathways

Workforce value requires both radical and easily realisable solutions in how careers in the social care sector are portrayed, communicated and experienced. *Bringing Home Care* endorsed the need for a national media campaign focused on the skill levels and opportunities within a career in care, whilst *The 4Rs: The Open Doors of Recruitment & Retention in Social Care* suggested working directly with experienced workers in the sector in order to understand career pathways and subsequently target recruitment routes at older individuals who can add real value in social care work. More boldly, *Trees that Bend in the Wind* called for a total rearticulation of the role of front line social care workers: a call also echoed in *Bringing Home Care* in terms of focusing on the people skills, autonomous decision making and reflective practice which are central to social care work. In practical terms, *Experience of the Experienced* made similar recommendations around reviewing registration categories, job titles and broader terminology in order to reposition social care work as the high skilled and diverse career that it is in reality.

Additional suggestions in these publications as well as *Qualifying Care* included reviewing routes into and through social care employment, including the suitability of the Modern Apprenticeship framework, qualification redesign and mapping organisational infrastructures against the needs and realities of the workforce.

Skills development

A truly autonomous and respected workforce requires recognition of existing skills and ongoing support for the development of new skills, stated *Bringing Home Care*. The need to better map what these skills are in the modern reality of social care was underlined in *Qualifying Care* but requires much more partnership working and connectivity between and across different providers and sectors, especially at local level. More specifically, *Trees that Bend in the Wind* highlighted the skills of the social care workforce in supporting people to access high quality palliative and end of life care. If these skills were better understood and recognised, training and development could be better targeted and resourced to improve the planning and delivery of such important and specialist support across communities. This could include the more widespread use of anticipatory care plans, opportunities for cross-sector learning and education, and promoting these skills and specialisms as part of career pathways in social care.

Support

Meaningful workforce value is experienced rather than talked about, which is why consistent and accessible practical support for the social care workforce is crucial. The importance of protecting the physical and mental health and wellbeing of a workforce who are so critical to the health and wellbeing of others was made clear in *Fragile Foundations*, with the need for mental health resilience systems, extension of existing mental health initiatives to social care and better understanding of coping strategies and supports all required with some urgency. It also highlighted the importance of contextual social care understanding to inform the development of bespoke supports for this workforce, including for instance how employers can better support workers and wider care networks through grief, bereavement and trauma as outlined in *Trees that Bend in the Wind*.

‘WHAT IF’ THE SOCIAL CARE WORKFORCE WAS VALUED AND RECOGNISED?

What if the social care workforce was reconceptualised through early education, language, presence and visibility to be recognised as experts of human nuance?

What if a ‘Care Academy’ was developed that attracted international students and was recognised as world leading in developing experts in relational care?

What if volunteer opportunities and youth engagement were promoted that highlighted the learning, skills and positive impact on individual wellbeing that can be experienced through spending time in social care?

What if social care was recognised in a way that is equivalent to professionals with similar skillset and working conditions, and registration and learning requirements?

What if social care roles were redefined based on expertise leading to specialisation in particular domains e.g. Social Care Data Informatician, Palliative Social Care Specialist, Wellbeing Practitioner?

What if mutual training opportunities existed whereby health professionals and other practitioners undertook periodic learning in practice to build social care experience, knowledge and understanding, and develop transferable skills?

8.CREATIVITY AND INNOVATION

The future direction of adult social care has to consider the role of social care data in shaping the future direction of services and planning. It has to leave space for the social care entrepreneurship which has been at the heart of care development and improvement, and which is essential in a digital and technological age. It has to direct the future of social care in a way that encourages and empowers social care providers to work together and to develop effective partnerships with the health sector to the benefit of those who require care and support. This includes a focus on funding to enable investment and innovation in technology, learning and staff development without these being curtailed by restrictive commissioning and tendering processes and dynamics.

RECOMMENDATIONS

As technological interventions and innovations become increasingly commonplace throughout society, including in social care contexts, *A Vision for Technology & Digital in Social Care* highlighted the importance of the role of technology being centrally informed by the person's needs, wishes and preferences and assessments regarding appropriateness of use being taken on this basis. As *A Care Twilight Zone* stressed, this requires detailed and nuanced understanding of care practice in different, often individual, contexts and therefore design, development and implementation must include social care providers and people supported as key partners in these processes.

TechRights: Human Rights, Technology & Social Care also recommended the establishment of national planning processes and oversight measures, including the creation of a human-rights based Ethical Charter for Technology and Digital in Scotland, a national awareness and information strategy around the positive use of technology for social care, and the development of a technology strategy for the social care workforce which embeds practical skills to enable them to be innovators and co-designers.

These solutions would support a shift from improvement to the required levels of transformation and innovation required for the future. Additionally, *TechRights* reiterated the need for developments on the creation of a single data platform with social care providers and the people they support fully included in this work.

The opportunities presented by technology, digital and wider opportunities for innovation must be underpinned by effective routes which promote and encourage collaboration and creativity. *A Care Twilight Zone* called for targeted resource to enable the social care sector and providers within in to innovate and re-design person-centred, rights-based solutions, whilst *TechRights* suggested that a dedicated Scottish fund would attract further innovation in the social care sector.

‘WHAT IF’ SOCIAL CARE WAS RECOGNISED AS LEADERS IN CREATIVITY AND INNOVATION?

What if all parts of the system focused on transformation rather than pursuing an improvement agenda, where funding was made available at local level to directly drive forward transformational change based on contextual and situational understanding of people, communities and local needs?

What if innovation was driven by the aspirations of people and communities rather than services and systems, acknowledging existing assets and local partnerships and using these more effectively for the benefit of those communities?

What if personal data shaped the design of services and planning and the associated indicators of performance and measurement of success?

What if social care innovation was seen as a route to creative fulfilment through change leadership, where social care entrepreneurship became part of our vocabulary and was synonymous with creativity and innovation?

CONCLUSION: 'WHY NOT?'

We have developed this paper to offer a way of conceptualising the future of social care to support critical evaluation and informed decision-making in relation to system and practice-based reform. In exploring the future of social care we have highlighted eight areas where we believe there to be broad consensus in the aspirations for change.

The context and timing of the Independent Social Care Review prompts us to consider the consequences of continuing in a system that is increasingly precarious yet is now experiencing societal awareness of the need for fundamental change. Therefore, we must question 'why not?' in relation to progressing the positive future we seek to create and finding the collaborative and tangible solutions that will move us beyond the current challenges.

We hope that the Independent Social Care Review will provide a clear set of actions and begin to develop pathways towards a collective and preferable future integrated ecosystem of social care that supports its diversity and values its relational approach to person-centred care. In strengthening and sustaining this ecosystem, there is an urgent need for energy and collective action to make the shift from recommendations and principles to enact change in practice. We hope that the social care narratives presented in this paper will inspire reflection, dialogue and ultimately transformation.

APPENDIX A

SCOTTISH CARE EVIDENCE REVIEW

The following Scottish Care reports were included in the review of findings and recommendations to inform this paper:

A Care Twilight Zone (2019)

A Human Rights Based Approach to SDS for Older People (2017)

A Vision for Technology & Digital in Social Care (2020)

Bringing Home Care: A Vision for Reforming Home Care in Scotland (2017)

Care Homes: Then, Now and the Uncertain Future (2018)

Experience of the Experienced: Exploring Employment Journeys of the Social Care Workforce (2018)

Fragile Foundations: Exploring the mental health of the social care workforce and the people they support (2017)

Independent Review of Adult Social Care: Scottish Care Priority Areas of Focus (2020)

Putting Human Rights into the Commissioning Cycle (2019)

Qualifying Care: An Exploration of Social Care Registration Qualifications in Scotland (2019)

Rights at Home: The Scottish Care Home Sector & SDS (2020)

TechRights: Human Rights, Technology and Social Care (2018)

The 4Rs: The Open Doors of Recruitment and Retention in Social Care (2018)

The Human Right to Social Care: A Potential for Scotland (2019)

Trees that Bend in the Wind: Exploring the Experiences of Front Line Support Workers Delivering Palliative and End of Life Care (2017)

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