

Self-directed support: A national strategy for Scotland
Response from Community Care Providers Scotland
May 2010

Community Care Providers Scotland is the national association of voluntary organisations providing care and support services across Scotland. In 2008/09, the combined membership of CCPS supported approximately 220,000 people and their families, and employed around 36,700 staff, giving them a considerable stake in social care and support provision in Scotland.

CCPS members very much welcome the Scottish Government's focus on self-directed support, and the ideas it has set out for the next ten years of social care in the draft strategy. It is heartening to see choice and control for individuals at the heart of a policy document, and members are keen to work with the Scottish Government and others to ensure that the ideas and principles expressed in the draft strategy become a reality.

Choice and control have always been important elements of voluntary sector support. Voluntary organisations have in many ways been at the forefront of this agenda, playing a key role in the move away from institutionalised support, and pioneering personalised approaches to care and support. CCPS members work in a variety of ways to ensure that the people they support are enabled and encouraged to exercise choice and control over the support they receive and in their lives more generally, and we would welcome recognition of this in the strategy.

In the current draft, there is the suggestion that support provided by service providers is always organised on a block contract basis, implying that the support provided is not personalised and that individuals will wish to move away from this type of support. While this may be true for some services or individuals, we feel it is important that the document should also recognise the focus which increasing numbers of voluntary organisations place on providing a personalised support package and encouraging active citizenship. We believe that this is important because self-directed support, in its widest sense of people having choice and control over their support, is essentially a continuation of the direction of social care for many voluntary organisations, and the future success of self-directed support will benefit from building on this experience.

Taking choice and control as the central aspects of a system of self-directed support, the key choice that we feel is currently lacking for the majority of people is choice as to which organisation (or indeed individual) should provide the support they need. We welcome the range of self-directed support options described in the document, which we believe will assist in making greater choice and control a real possibility for many more people than under the traditional direct payment option. In places, however, the strategy seems to focus heavily on Direct Payments and on the role of personal assistants (PAs), and we would like to see more emphasis within the document given to the range of other choices open to individuals, including the options to arrange support directly with a service provider organisation, or to have a local authority commission a service on your behalf from a service providing organisation.

We would like to see the strategy contain more information on options other than using a Direct Payment to purchase the services of a Personal Assistant for three main reasons. Firstly, we believe that the services offered by existing provider organisations is in most cases person-centred and of high quality, and that many people within the self-directed support system will wish to choose to access this type of support; the more information which

is available to individuals about the different options available to them, the more this supports their opportunity to exercise choice and control within the market. Secondly, any expansion in self directed support will have to include an expansion in purchasing from provider organisations in order to meet demand. Thirdly, we think it is imperative that the strategy is integrated with existing policies such as re-shaping care, *Changing Lives* and *Getting it Right for Every Child*, all of which consider the role of service providers within the social care system.

Against this backdrop, we offer a number of comments on the strategy overall, relating to a vision for self-directed support; the importance of maintaining choice; and a need to provide support to existing service providers. We also provide detailed comments on the recommendations contained within the strategy.

Vision

We welcome the inclusion in the draft strategy of a range of values and principles to inform thinking around self-directed support. In addition, we feel that the strategy would benefit from a clear statement of vision as to what the government hopes self-directed support will achieve, for example, more choice and control for individuals and the achievement of better outcomes for individuals. The inclusion of a vision would allow a full range of options for self-directed support to be included in the strategy and assessed as to the extent to which they help in realising this vision. It would also provide a clear focus for commissioners, to ensure that commissioned services also facilitate individual choice and control.

While we have provided a suggestion as to what the overall vision might be, it would be important to have a wide-ranging debate with stakeholders about the nature of this vision. The debate might wish to consider, for example, how the vision fits in with other visions for care and support, such as those articulated in *The Same As You* and *Changing Lives*. We note that a Shared Vision for Independent Living has already been agreed by the Scottish Government, COSLA and Independent Living in Scotland, and believe that this may be a good starting point for involving other stakeholders in the development of a vision of self directed support.

The debate could also usefully encompass the issue of how providers develop the balance between individuals exercising choice and control other considerations, such as the need to ensure that the supporter (be that a provider organisation or a PA) retains some ability to challenge and stretch the individual, where this is appropriate. Voluntary sector providers have become skilled in developing this balance, and it is important that the further development of self directed support takes that experience on board.

Choice

There is a danger that, in times of financial constraint, limited resources will act as a restriction on the level of choice that individuals can exercise. Under the current direct payments system, we are aware of incidents where 1) the hourly rate set for a direct payment is considerably lower than was paid for the service the individual was previously receiving and/or 2) there has been an expectation from the local authority that the direct payment should be accounted for in terms of numbers of hours service provided. Where authorities maintain a focus on hourly rates and number of hours of service delivered as a way to apportion and account for service delivery, they risk serious underfunding of important elements of good quality social care, such as training, and management support. There is also the risk of a reduction in the availability of good quality and robust social care providers, (as the lower hourly rates which often accompany a move to direct payments may be lower than they can/are willing to provide services for and/or because PAs seem a more attractive option

if they can provide a greater number of hours of service for less money) which would reduce the choice available to individuals.

We would argue, then, that the strategy, and the vocabulary of self-directed support in Scotland, should stop referring to rates, and change the focus to what can be achieved for the individual with the resources available. The current direct payments guidance states that the direct payment should 'meet the cost of providing a service which is of an equivalent standard to that which the local authority would provide'; where equivalence is considered in terms of hourly rate/the number of hours of service provided, it is becoming apparent that this can only be achieved by PAs, whose overheads are lower than organisations that are required to meet service and workforce regulations.

By shifting the focus to outcomes, individuals would have a greater choice without the imposition of an hourly rate that may not, as current experience of Direct Payment hourly rates suggests, adequately reflect the costs of training, management support, care standard and workforce regulations. The focus would be on how support providers can help individuals meet their own goals, rather than how many hours of support they will provide. In such a system, 'quality' would play a key role (in effect the introduction of Best Value principles) and the choice for individuals would relate to the form of support that would best support them to achieve the outcomes they had identified.

We would add at this point that for many individuals the ability to exercise this choice will depend on the provision of some kind of support to navigate the market. Many people report that their personal experience of seeking, for example, a care home place for an elderly relative can be bewildering, and we are anxious that the strategy should not assume that giving an individual control over finances is enough to provide them with meaningful control. The provision of this support infrastructure is likely to require significant investment, and we are not confident that the draft strategy fully addresses the cost implications of this.

We would also argue that support in helping individuals to consider the options available should not only be offered to those who are still to undergo a community care assessment, rather than this choice should be extended to all those currently using services, including those using services provided directly by the local authority. Encouraging and enabling choice amongst those currently using these relatively high cost services may also help to ensure that their outcomes are met in the most cost effective manner.

Support for service providers

We are keen that the important role that voluntary organisations can play in the roll out of self-directed support in Scotland should feature more prominently in the strategy. We have outlined above our contention that by including voluntary sector service providers more prominently as part of the range of options available under self-directed support the amount of choice offered to individuals is increased.

There is also, however, a very practical reason for involving and supporting voluntary sector providers in this process: CCPS members supported 220,000 people and their families in 2008/09, meaning that any significant increase in the numbers of people taking up self-directed support is bound to involve the individuals that they currently support. While some of these individuals may indeed choose to take a direct payment to employ a personal assistant, recent experience (especially in Edinburgh) suggests that a significant proportion will wish to continue to be supported by their existing provider and will therefore wish to purchase a service from that organisation; alternatively they may prefer to exercise choice in the market by moving to a different provider, or indeed to have the council commission an organisation to provide a service for them.

Providers will require practical, and possibly financial, support if they are to adapt their systems to be able to respond to both individuals and local authorities as commissioners/purchasers. For example, administrative systems may need to be adapted, staffing structures will change and procedures for cost control may need to be further developed. Several organisations have started to make some of these changes, but report that they would value assistance in taking this forward. In the changing market place, providers will also need to adapt towards marketing their services directly to individuals, and this new way of working may also be an area where they would benefit from support.

It may also be that existing voluntary sector providers could play a role in supporting individuals who choose to employ a PA in their new role as employers, by providing training, supervision etc for PAs. This is an area where further detailed consideration would be required to delineate the parameters of such a role(s), and where additional support would again be required.

Comments on recommendations

1. In 2010, the Scottish Government, in conjunction with COSLA, should review and clarify the use of eligibility criteria for adults and older people as it applies to self-directed support.

The government is now rightly focusing on the importance of early intervention and prevention in care and support (for example in its Reshaping care for older people programme). We are concerned that, in tightened financial circumstances, local authorities are increasingly introducing higher eligibility criteria, leaving those with low-level needs without support until they reach crisis point, which effectively runs counter to current government thinking. We would therefore support the need for discussion to reconcile the government's strategic direction with the financial reality local authorities are facing.

We have argued in other submissions, for example our evidence to the Scottish Parliament Finance Committee and the Independent Budget Review, that low-level early intervention can in fact result in longer term savings to other budget headings such as health and criminal justice. For example, support services for people with mental health problems can assist in preventing hospital admissions, while housing support and care at home services can reduce the amount spent on more costly residential care. As many of these low-level services are provided by voluntary sector providers, we would be keen to be involved in discussions on eligibility criteria, in considering how best use can be made of limited resources in a way that preserves a focus on early intervention and prevention.

3. The Scottish Government should encourage community planning leads to support social work and other local authority departments and agencies to work together and combine their funding to achieve better outcomes for people who have personal and social support needs.

CCPS members support this development. As noted in relation to recommendation 1 above, we believe that there is a case to be made that social care support, particularly if delivered at an early stage, can result in long term savings to other budget headings such as health and criminal justice. Research into this area could be useful in encouraging community planning partners to realise the overlapping nature of the work and come together to combine funding.

4. Community planning partners should consider pooled resources to support the development of local area co-ordination for all client groups.

We have stated above our belief that significant levels of support will be necessary to help people to navigate the range of support options available and consider which option might best meet their individual needs. We would be keen to see this support provided by a body or individual independent from organisations providing services (including the local authority) and would be interested in exploring, alongside other options, the role for local area co-ordinators in this regard. If local area co-ordinators were to take on this 'care management' role, we would certainly support their being funded by a range of community planning partners, so that they are not part of the local authority structure.

6. By summer 2010, the Scottish Government should begin work with national and local organisations to review their capacity to deliver support for other forms of self-directed support and independent living while maintaining their focus on direct payments. A joint forum between ADSW and Self Directed Support Scotland should be encouraged in this regard.

We welcome moves to increase the range of options presented to individuals under a self-directed support system to more than direct payments, and in particular a move away from the implicit assumption that direct payments are best used to employ a PA. We would be keen to see support organisations providing information on the option to use a direct payment to arrange support with a service providing organisation, and we believe that it is essential that the bodies mentioned in this recommendation ensure that they are aware of the types of support that voluntary organisations can offer.

Voluntary sector service providers are also keen to explore whether there is a potential role for them in supporting individuals who chose to employ a personal assistant, for example in offering training and supervision which individuals could purchase for their PAs.

7. Beginning in 2010, the Scottish Government, with others, should evaluate existing models of support provision to inform a more efficient, sustainable and joined-up approach, at both local and national level, suitable for all citizens.

Voluntary sector service providers are keen to explore whether there is a potential role for them in supporting individuals who chose to employ a personal assistant, for example in offering training and supervision which individuals could purchase for their PAs.

In their role as service providers with whom individuals could contract, members would also welcome discussions with support bodies to ensure that they are aware of the types of support that voluntary organisations can offer, and to explore how the provision of information to individuals might be best facilitated.

8. Beginning in 2010, the Scottish Government should work with COSLA in using economic analysis to identify the best strategies available to local authorities so that they can shift towards self-directed support focussing on a shift to commissioning for individuals rather than groups.

A wider roll out of self-directed support would create two roles for commissioners: commissioning for individuals, and managing the market to ensure that those who wish to arrange their own support have a suitable range of providers from which to choose. This is likely to be a significant departure from current practice, in particular from the type of procurement activity which has developed rapidly over the past three to four years.

On behalf of those wishing the local authority to arrange their support, either with a particular provider or with a provider of the local authority's choosing, commissioners will, as the

recommendation suggests, have to change their focus to commissioning for individuals rather than groups. We would hope that, if our suggestion that the strategy should contain a vision is taken forward, commissioning would take place in line with the agreed vision, ensuring that, for example, commissioned services still enable individuals to exercise choice and control over their support and achieve the best outcomes for individuals. We believe that this will require a considerable programme of training for commissioners and others within social work.

The other role which commissioners will have to play under the new system is in ensuring that there are a range of options (in terms of service type and service providers) with whom individuals who choose to develop a self-directed support arrangement can work. This will be an entirely new role for commissioners and may require extensive training.

9. In 2010 the Scottish Government and COSLA should gather and interpret information on the evaluation of resource allocation models and systems to see which approaches best deliver the outcomes for all groups and levels of need, and whether and how systems can provide the best possible outcomes for both younger adults and older people.

We support the need for evaluation in this area. While we know that finances are tight, and that some budgets may face considerable cuts, we are anxious that a move to self-directed support should not be seen as an opportunity or an excuse to cut costs in social care without regard for outcomes.

10. By autumn 2010 the Scottish Government should meet with DWP officials to ensure that the self-directed support strategy and the benefits system funding streams fit together in an appropriate and cost effective way, to the full advantage of those using self-directed support. An aim of this should be to seek a reduction in business processes around charging policy and SDS.

We support this proposal. In addition, we would urge the Scottish Government to keep in mind the impact which any changes to the benefits system in England and Wales (for example changes to the Disability Living Allowance) might have on the allocation of resource to Scotland.

13. Building on recommendation nine above, the Scottish Government in conjunction with COSLA should commission a Scotland-wide analysis of the rates offered for individual budgets and direct payments, and the costs for equivalent services provided by local authorities and the independent sector, with a view to assessing how these meet individual outcomes.

We support the recommendation for a full and fair discussion of costs, and their relationship to outcomes. We would, however, issue a few notes of caution around this recommendation.

As noted above, we are concerned that using hourly rates and number of hours of service as ways to apportion and account for self-directed support packages effectively limits individuals' choices, in that the lower hourly rates which have historically accompanied direct payments effectively limit the individual to employing a personal assistant, and generally do not reflect the costs of training, management support, workforce and care standard regulation. We would instead encourage the Scottish Government and local authorities to focus on the outcomes aspect of the recommendation, and what can be achieved for the individual within the pot of money available in terms of outcomes, not volume of service.

That said, we appreciate that our collective understanding of how to measure outcomes is still developing, and that hourly rates are still likely to feature significantly in the proposed analysis. We would however caution that the rates analysed must compare like with like in including all costs associated with that service: for example, where local authority services are considered, it will be necessary to consider hidden overhead costs such as IT and HR, which are provided by different council departments and not included in the revenue rates cited by service departments; and in considering the employment of a personal assistant, costs such as training and supervision should be added to the hourly rate cost of employing the PA. It will also be important to consider in this research whether organisations providing services will be able to provide them for an individual at the same rate as they do in an existing large contract, particularly if that organisation is to remain subject to regulatory requirements.

14. The Scottish Government should consider with SPAEN and support organisations and PAs the need to develop a national organisation to support PAs.

15 The Scottish Government should consider the ways in which PAs can access training, how a direct payment can be used to provide training and the range of responsibilities placed on local authorities to ensure a sufficiently trained PA workforce.

16. The Scottish Government should disseminate the findings of the research on the PA workforce commencing in 2010. Other organisations should assist in making it readily available thereafter to potential employers and employees.

17. The Scottish Government will work with local authorities and support services to be able to assist employers to proactively comply with employment law and best practice.

As noted above, we are concerned that the draft strategy focuses too heavily on the employment of PAs, almost as if this were a default position for someone in receipt of a direct payment. We believe that for some people, other options within the self-directed support range, including arrangements with an existing support provider, will be their choice, and we hope that the final version of the strategy will give more attention to these options.

With this in mind, we believe that more emphasis should be given within the strategy to protecting training and development funding for workers across the social care system, not only PAs. The focus on PAs raises concern about the potential creation of a two tier workforce operating outside the regulatory framework, and possibly receiving lower salaries and less training, supervision and support than staff employed by organisations. In addition, should the focus on PAs drive down Direct Payment rates, as some have suggested, provider organisations may find themselves with even less funding available to support workers to gain qualifications, in direct opposition to the policy agenda of developing a qualified workforce.

18. In applying the Scottish Government guidance on social care procurement, local authorities should take account of the values and principles of self-directed support, and in turn promote independent living.

We believe that a move to self-directed support represents an alternative to traditional ways of social care procurement, rather than being part of it. Instead of procuring services through large-scale competitive tendering and then ‘allocating’ individuals within the contract, the role of the local authority changes to that of facilitating the choice of individuals with regard to the support they require, and in particular, ensuring that there is a range of options (in terms of service type and service providers) with whom individuals who choose to take a direct payment can contract.

19. During 2011, local authorities should work in partnership with providers to develop provider networks in each area. These networks should look at ways of supporting citizens to singly or collectively commission services.

We are not clear whether this recommendation relates to citizens who may wish to commission services from an organisation or from a personal assistant.

In relation to the former, a new role for providers in a self-directed support marketplace will be to market themselves to individuals, and providers are interested in considering with other stakeholders how best to take this forward. In relation to the latter, some providers are starting to think about how they might provide support to individuals who choose to employ a PA, for example through offering training or supervision for PAs, which individuals could purchase. Again, providers would be interested in exploring with others how this might best be done.

The specifics of this recommendation need further consideration by providers as their thinking around self-directed support progresses, in particular in relation to how this network might work for individuals seeking support, and commissioners seeking to develop the local social care infrastructure in the marketplace. In relation to either scenario, the sensitivities of working together with competitors are likely to come into play.

21. The Scottish Government and COSLA should use the learning from research undertaken in the test sites in both local authorities and health settings to begin to identify how best existing resources can be used to support the delivery of self directed support and the timescales for delivery.

We support this recommendation, but can additionally see a key role for service providers in these discussions, in looking with local authorities at how funds might be used creatively to achieve better outcomes for individuals within the system of self-directed support.

23. The Scottish Government and key stakeholders should work together to review and update the Community Care Outcomes Framework by summer 2011 in order to ensure that all client groups and forms of community care support are adequately represented in data collection for Local Outcome Agreements.

In acknowledging some of the limitations of the first iteration of the Community Care Outcomes Framework, we support this recommendation and would be keen to be involved in this process.

That said, we express some reservations as to the value of trying to aggregate individual outcomes data to more general national outcomes and/or of trying to impose general outcomes onto individuals, and feel that the relationship between individual and general/national outcomes needs to be further discussed.

25. The Independent Living in Scotland group in conjunction with key academic interests should produce a values framework which articulates how to achieve the effective co-production of both individual and collective outcomes for the policy by 2010

We are not entirely clear what this recommendation refers to. We would reiterate here our suggestion that the strategy would benefit from the inclusion of a vision for self-directed support.

26 .Scrutiny bodies should devise a method to measure the incremental progress of the policy collaboration with individuals, carers and other interested parties and commence a scrutiny programme by 2012.

CCPS has for some time expressed concerns about the increasing anomaly between support that is provided within the regulatory framework by provider organisations, and support that is provided by PAs entirely outside that framework. The implications for SCSWIS are enormous and we are concerned at the absence of any specific strategy to address this. The widening of self directed support is likely to make the need for such a strategy more acute and we would urge the government to move rapidly on this.