



**Consultation Response**  
**A National Care Service for Scotland**  
**November 2021**

ARC Scotland are committed to helping to shape a National Care Service where people who need additional support can live the lives they choose.

We believe that:

- People who need support must be at the heart of decisions about their lives.
- Support, training and information must help to make rights real.
- Change happens when people come together to share knowledge, ideas, experiences- and take action.

Our response is quite long and detailed. Here are the page numbers for the main sections

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Thanks to everyone who took part in our consultation events. We hope what we set out is a fair reflection of what you told us.

If you would like to speak to us about our response, please contact [james.fletcher@arcuk.org.uk](mailto:james.fletcher@arcuk.org.uk)

## 1. Improving care for people

### **What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services?**

Thank you for the opportunity to respond to this consultation.

We agree that change is needed to Scotland Social Care system. ARC Scotland's survey of 623 front-line social care staff in August 2020, published as 'We're all in this together: the impact of Covid-19 on the future of social care in Scotland' concluded that:

'There is now an opportunity to use learning from the 'lockdown experience' to re-appraise the way the social care workforce functions, in particular how to make use of more flexible, autonomous, and creative ways of working.'

We believe the focus of the NCS should be to simplify social care and release the capacity and potential of local partners, including those with lived experience, to help them develop and deliver practical and person-centred solutions to improving lives. We agree that improvement

methodology provides a helpful way to achieve this through scaling up good practice, and that the NCS should have overall responsibility for this.

However, this consultation is a missed opportunity for the Scottish Government to model evidenced based improvement practice to stakeholders, for example by presenting this proposal using its own 'Changing the World; The 3-Step Improvement Framework for Scotland Public Services.' We note the absence of any data or qualitative research to support the need for any of the recommendations proposed or any data about projected costs.

We broadly agree with the problems you and the IRASC have identified. However, in the absence of any data or a clear methodology to underpin the proposals we do not have enough information to form an opinion as to whether all the solutions you propose are the best way solve them. In addition, we have found it challenging to respond to such a far-reaching consultation within the limitations of the questions set out in the consultation response.

To begin with, we believe it is not possible to design or evaluate systems change of this scale without first having a clearer understanding of who it seeks to benefit and its intended impact on their lives. We need to see stories of impact and change in people's lives in order to understand the difference this seeks to make.

For example, we are currently unsure to what extent and how it is proposed that the NCS will seek to address issues that we believe should be core to its purpose, such as equality, independence and social inclusion (in line with the values and principles of Self-directed Support) or whether it will pursue a medical or 'deficit' model to social care.

We know these are critical concerns to many people who need support and their families: In a recent survey of 198 young disabled people (14 to 25 years) we learned that that stigma and discrimination are the biggest barriers they experience in their quality of life. Similarly, the Charter for Involvement, written by people who receive social care support, states that 'We must be involved in our communities; It is our right to be treated the same as everyone else.'

The answers to this, and other questions, will have a significant bearing on any response to the consultation. In particular how we achieve 'more flexible, autonomous and creative ways of working' through striking the right balance between centralised governance, standards, regulation and oversight, with localised accountability planning and decision making.

We would question strongly whether the word 'care' is the best way to describe what people are asking for. In our many consultations and surveys of people who receive support and their families (mostly with people with learning and other disabilities, autism and other additional needs), no one has told us they want to be 'cared' for. Instead, people speak about the life they want to live, and the support that needs to be in place to help them to do that. A NIN member commented: 'National Care Service isn't the right name. The word 'care' makes us think of care homes.'

Professionals who work alongside people with additional support needs are also much more likely to use words like 'support' or 'enable.'

'Care' therefore places the focus in the wrong place, and aligns the national service with a medical, needs-based approach; 'support' speaks to the support we all need to lead a full and meaningful life. The focus needs to be on what's important to people, rather than what's wrong. This distinction matters; we need to set the right tone from the start for the long-term vision of the national service we want to create.

We believe that further work is required with all partners, including people with lived experience, to review and re-assert the core vision and values of social care and create a more coherent public message about what social care is and is not, and who it is for.

This needs to come before we dive into the details of how it should be organised, to orientate our collective thinking.

ARC Scotland's work with the Scottish Government Children and Young People's Improvement Collaborative to trial 'Principles into Practice' is a good example of improvement methodology in practice. This is a framework to improve transitions for young people with additional support needs that is being trialled in 10 local authority areas. Quality Improvement approaches are helping our partners to better understand what matters

most to young people and their families, to work collaboratively to achieve shared aims and to target their interventions in areas that will have the most significant impact and evaluate the difference made. A digital application for young people, parents and carers called 'COMPASS' is part of the trial. This enables them to have a better understanding of their rights and entitlements and feed-back their experiences to help inform local planning decisions.

**Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?**

Yes.

We risk diverting time, effort and resources away from the challenges that are facing supported people, families and professional social care in Scotland right now. We are worried that a systems change on this scale will delay us achieving practical solutions to immediate challenges such as the recruitment crisis, long-term underfunding, unmet needs, unpaid carer burn-out and a lack of services. Many providers we have consulted have told us that they are worried that the Scottish Government have not recognised the pressures they are under and that they 'are not convinced the seriousness of the current situation is reflected at national level.'

The current recruitment crisis is a particular risk. Without enough of the right staff in place the sector will remain in crisis, and it will not be right, fair or possible to implement the systems change on this scale. Already in our consultations with providers, the overwhelming response has been that people do not have the time or capacity to be able to engage with this consultation, much as they recognise its importance.

Similarly, feedback from the members of the National Involvement Network (NIN) strongly indicates that the approach taken to the consultation so far is inconsistent with the intent of people with lived experience being at the heart of these changes. ARC Scotland has facilitated discussions with NIN members on some aspects of the consultation; details of this will be submitted by separate response. However, the late arrival of the easy read version, the length of the easy

read and the complexity of both the ideas and questions detailed within it, along with the shortness of the consultation period, have restricted the extent of their involvement in the consultation process.

There are risks that that the voice of people using services, the most important voice to be heard, will be largely missing from this consultation. Members of the NIN, which is facilitated by ARC Scotland, have met to discuss how consultation could be better in the future; we would be more than happy to share our learning from this to inform future national engagement.

There are risks that that the drive to national minimum standards of care places too much of an emphasis on a medical or 'deficit' model of social care rather than a whole person approach and may lead to a lowering of standards and aspirations for supported people and under-estimating their contributions to society.

Providers we have consulted noted the need to move away from time and task-led ways of working (such as the disgrace of 15 minute visits) to focus on being person-centred, in order to improve care and support: *'at the moment social care is more task-led, it needs to move back to being more person-centred. Person centred is more expensive, but at the moment we're focussed on physical support rather than all the other parts.'*

As we set out in Q1, we believe the focus of the NCS should be to release the capacity and potential of local partners, including those with lived experience, to help them develop and deliver practical and person-centred solutions to improving people's lives. From the Covid experience we have learned that one way to achieve this is to place more trust the workforce to do a good job, to be able to work innovatively and creatively around what matters to people, to simplify systems and to reduce regulation and 'red tape'. We are concerned that the NCS may do the opposite of these things.

Of particular importance are the risks of losing the capacity for swift innovation and flexibility that particularly third sector partners are capable of, and that we de-value the value of the community-based assets that are so important to many people.

While it is true that it has been difficult to scale up local initiatives, such actions remain one of the strengths of the Scottish social care system. Much of the difficulty in scaling up stems from short-term funding arrangements, an under-estimation of the perseverance, time and effort needed to deliver change within the complexity of the social care system, and ever shifting national policy and funding priorities.

However, there are numerous examples of successful 'bottom up' innovations from within the work of ARC Scotland and many other organisations. For example, the NIN 'Charter for Involvement', 'Principles of Good Transitions' and the excellent local collaborative work between providers of all sectors, including through the pandemic, that have been facilitated through local Provider Forums.

We are concerned that the NCS takes a 'top down' approach to innovation and decision-making and a barrier to the creativity and the appetite for partnership working within the social care sector, supported people and families that is one of its great strengths. One person we consulted said *"Will we have to get agreement from the top (of the NCS) to get anything done?"*

This risk of failure at national, as opposed to local, scale presents greater risks to the population ('Getting it Wrong for Everybody') and will be more difficult and costly to undo.

It may be possible to legislate for these risks through a careful examination of how decision-making authority is delegated by NCS to CHSCBs. However, the willingness of the NCS to delegate, collaborate and stimulate rather than stifle new innovations and put people at the heart of their support will be mostly shaped by its leadership and culture rather than its policies. It is much harder to legislate for that.

We believe that many of the challenges that the Scottish Government seeks to address have their roots in organisational cultures, not systems. 'Reshuffling the pack' will not in itself solve them. We are concerned that the Scottish Government has under-estimated the cultural barriers to delivering change and has not considered strategies to address them. We set out some examples of how we believe this can be done in Q57.

**The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?**

We agree there should be a single model that uses common and agreed language. This requires to be done to provide clear information to people who require support and their families about what they are entitled to, which we address in Q8.

The use of different and complex language, and professional jargon, is an indication of a deeper problem- that that provision of additional support to people across the various professional sectors involved is far too complicated. The language we use to describe it (including in this consultation) tends to speak to the concerns of individual professional sectors, rather than the people we support and their families. We need to change that so people with lived experience know what we are talking about.

Many people require input and support from different professional sectors (health, education, employability, housing etc) which have their own policy and legislative frameworks which use different terminology. To further confuse things, sometimes the same term, such as 'person-centred', 'rights based' and 'outcome focussed' mean different things to different professionals. This is a fundamental barrier to clear communication and joined up working.

Many Scottish Transitions Forum members have told us that 'the lack of agreed and common language is one of the most fundamental challenges in achieving a shared understanding of transitions and joined-up approaches'

So, work to standardise language both within social care and across other professional sectors is required. In doing so we should be careful to use normal, simple language that respects people and treats them as equal partners in their support. As we say in Q1, we should also be careful that we are ensuring language does not adopt a medicalised, needs-led approach, but keeps the focus on the whole person and what matters to them. The NCS should not be viewed as a total solution to this and will

require to work with other partners to achieve this. As we set out in our response to the next question, this is easier said than done.

**The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?**

We agree people should have a single plan, mirroring the GIRFEC approach, that there should be a national approach to this that involves everybody, that people should be able to move between areas without re-assessment and there should be a 'no wrong door approach' to people accessing the support they need.

However, much will depend on the value-base that underpins the planning process. We are concerned that standardisation of planning risks undermining innovation amongst professionals and opportunities for supported people to have choice and control over how their plans are made and what is in them.

The Charter for Involvement (written by people who receive support) states that 'We should be at the heart of any plans about our lives' and goes on to set out what this should look like, for example 'We must know what a 'person-centred plan' is and have one if we want one' and 'Our plans must be made in ways we can understand, like using pictures, easy read and DVDs.' NIN members consulted on this felt that being listened to, having choice, being in control of decisions about their plans and support, and having flexibility built into plans about their life were all key.

In a recent survey we conducted of 198 young disabled people (to be published shortly) we found that professionals were not asking them the simple questions you would expect to provide them with encouragement and inspiration about what they would like to do in future, such as 'What are your hopes and dreams for the future?' and 'How can we help you with the future?'

We therefore agree that planning should ‘put the person at the centre,’ be ‘rights based’ and ‘strengths based.’ However, these ideas are not new, should be happening now and effective approaches (such as person-centred planning) to achieve it are already well known and evidenced.

Despite innovative ideas, such as ‘Talking Points,’ planning too often becomes reduced to professional concerns (allocation of services and resources) and often limits, rather than expands, the choices available to people. This is because the tendency to populate existing services where delivery can be guaranteed will remain, rather than exploring how unique aspirations can be in line with the values and principles of SDS, and the flexibility this legislation already supports.

We require further exploration of the barriers to having a shared commitment and understanding to person-centred approaches to planning, from the perspectives of professionals, supported people and their families. For example, we know that many professionals worry that person-centred planning ‘raises expectations’ amongst supported people and families that they will be unable to deliver.

We welcome plans to remove eligibility in its current form. We also believe that planning should be available to everyone who are identified as having additional support needs and not only those who meet eligibility criteria. This is because good planning should not solely be concerned with allocation of social care services and resources. People who currently usually fall out with eligibility criteria, for example some autistic people, but may require support to achieve their aspirations and potential, should be within the scope of the NCS (who should gather data about levels of unmet need and develops strategies to address service deficits). In our survey of 740 young disabled people and their parents and carers published as ‘Facing the Future Together’, 76% of carers told us the young person they cared for did not have a written down plan to support their transition.

The Independent Living Fund Person Centred Planning Grant, which makes funds available to help all young disabled people plan for their future with person-centred planning, is an example of the kinds of innovations that we should learn from and scale up.

We believe the single plan should include contributions from diverse professional sectors, beyond health and social care, such as education, employability, housing and further education. The 'Principles of Good Transitions' states:

'Young people should have a single plan. Where there is no shared planning process in place, professionals will make separate plans for different but overlapping aspects of the young person's life. This means that young people, parents and carers have to tell their stories multiple times to different professionals. This is frustrating for those involved, involves a duplication of work and is inconsistent with person-centred approaches.'

However, Local Authority leads tell us that 'lack of joined up working' (between professional sectors) is the biggest challenge they face, followed by lack of resources. We believe the real and imagined barriers to achieving effective joined up planning and delivery of support between different professional sectors, and time/ effort required to overcome them, are often greatly under-estimated in Scottish Government Policy initiatives and change programmes. We cannot assume it will just happen: it requires external facilitative support, time, and investment to achieve.

We need to learn from examples of where this has worked (for example the trials of Principles into Practice) and not worked to help us develop clearer approaches and interventions that foster collaborative practice.

**Do you agree or disagree that a National Practice Model for adults would improve outcomes?**

A national practice model may help to improve outcomes. However, at present we are not sure what this model will include and what outcomes it seeks to improve.

There is an urgent need to simplify our adult social care system. New legislative and policy frameworks sit on top of older ones without clarity about how they interlink. As a result, too many people who need support,

and their families, feel confused and disempowered by their experiences of social care, often at difficult and distressing times in their lives.

Most professionals do not fully understand the full extent of the rights and entitlements of the people they support either. Many feel constrained and demotivated by the many requirements placed upon them, despite an overwhelming motivation to do the right thing for the people they support.

Any new practice model will require to take the above into account and be sure to solve, rather than add to, these problems. The model as set out in the proposal does not, we think, offer any radical alternative to what should already be happening and risks further adding to existing confusion.

If the national practice model is seen as being an extension of the existing GIRFEC model within children's services, then we would suggest that attention needs to be given to the successes, shortcomings and learning from this approach before extending its reach.

The term 'National Practice Model' itself suggests an attention to professional concerns, rather than the experiences of those we are responsible for supporting. This risks further adding to existing confusion about rights and entitlements and imbalances in knowledge and power between professionals and supported people, and their families.

We welcome the increased focus on prevention and accessing community-based services and supports, in addition to formal social care services, as detailed in the National Practice Model description. However, we note that the recommendation within the IRASC related to an increase in independent advocacy, brokerage and peer services does not seem to be referenced in the proposed model. This early and continued informal support is crucial if we are serious about people feeling empowered to take control of planning processes, and their lives. Through our work with both the NIN and the Divergent Influencers transition group, we know that some of the most impactful experiences and learning occur between peers. We cannot lose a focus on people supporting each other to live the lives they determine and choose.

We propose an alternative, that new models are instead developed from the perspective and experiences of people who require support and their carers. In basic terms; What do people want and expect from social care? What are the features of positive social care experiences? And only then 'How can we design systems that best deliver and evaluate them?' These questions are not new and there are many people and organisations (including ARC Scotland) who can help the Scottish Government to connect with people with lived experience and other stakeholders to answer them.

A first step should be to review and improve the availability of public facing information about the rights and entitlements of people who require support and their families and the services available to them. This should not be limited to social care concerns.

Supported people and their families have been calling for this basic information for years. For example, in 2017 we conducted a major survey of young disabled people and their parents and carers about their experiences of transitions that received 740 responses. We published the findings as 'Facing the Future Together.' We found that most young people and their carers were not getting the basic information they needed about their rights and entitlements once they leave school. This included information concerning health, social care, employability, further education and voluntary sector provision.

The absence of coordinated public-facing information contributes to a general confusion and frustration which permeates many people's interaction with social care and other services, and how systems respond to them. We believe that as a first step the NCS should be responsible for working with other sectors to make sure that people who require support and their families have access to the basic information they need. This should:

- Show what support is available and who is responsible for it
- Clearly state what they are entitled to
- Describe what to do if you are not happy
- Be inclusive of different communication needs
- Use common and agreed language
- Be produced in partnership with people with lived experience.

We have found that working with partners to produce clear information and guidance to end users is an effective way to understand where further clarity, change and intervention is required. If we are not able to explain it in simple terms that people can understand then it is the system, not people, that needs to change.

**Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data**

Please record our answer as 'Don't know.'

NIN members we have consulted with have largely been in favour of an integrated health and social care record, particularly in terms of not having to 'keep giving your information over again' to different people. There was hope it would mean people could get the right services more quickly and that people were met with better understanding.

However, there was concern that the record may reduce people to their needs: 'information must not be used to label us. We are people first', and around people's access and control over information such a record may contain. There was also significant concern around proportionality; not everyone in people's lives needs to, or should, see everything, and people spoke strongly about the need to have a level of control over this: 'should be on a 'need to know' basis. Some things you wouldn't need to tell your support worker if it's not relevant to your support: Need a private life as well. My choice.'

The NCS should be responsible for collecting and analysing data to inform and evaluate improvements to social care at national and local levels and better understand levels of unmet need.

However, we require further information to be sure if legislation, and the time and expense of producing it is justified to achieve this. We are concerned that additional data gathering responsibilities will place further burdens on providers at a time when we should be reducing them. As

expressed by one provider: ‘worry it’s a managerial, structural change, not people on the ground. This has been seen in the daily return requests for data – it’s not thinking about people on the ground. Is this just ‘feeding the beast’?’

As we set out in Q12, we believe that, as part of delivering person centred support, people who receive support should have, wherever possible, control of their own data. This was strongly supported by members of the NIN we have consulted with: ‘we must be able to see what information is about us’.

We know that, despite considerable data gathering activity, the resulting intelligence is not routinely used to inform or evaluate local and national decision-making process in any meaningful way. Consequently, policy and other important decisions are typically made using limited and inadequate data, for example number of complaints, personal opinions or in response to a vocal minority of supported people or their families.

A change is therefore required to how and why data is gathered, moving from data for reporting to data for informing. This requires us to be clearer about what data is most useful to inform improvement. We believe that, as a first step, the value of existing data should be therefore reviewed and simplified, before any new requirements are put in place.

The key measure for success of social care interventions should be people’s experiences. Quantitative data is therefore of limited value. In this way social care is fundamentally different from health, where quantitative data provides more reliable indicators. We say more about this in Q15.

**Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?**

Yes.

We believe there are now opportunities to explore models of citizen-controlled data. Here, individuals will have access and control over their

own records and the ability to share this with whoever they choose. This would enable people to communicate directly with those who support them, prevent them having to repeat the same things to different professionals, make and request changes to how they are supported as their circumstances and personal goals change and feedback their experiences to inform continual improvement of social care and other systems. NIN members have told us about the importance of being able to access and change their own data, and of being able to control who sees which elements of information about them.

Giving supported people control over their own data would also help overcome some of the challenges that professionals experience in achieving joined up planning and working that we have previously mentioned.

We believe there are opportunities to explore with supported people how this information can be presented in accessible and interactive ways for those with different communication needs, including use of film and audio content.

Innovating in this way would be consistent with delivering the person-centred values which we believe should underpin social care, such as promoting choice, control and independence.

### **What elements would be most important in a new system for complaints about social care services?**

Please mark our response as ‘Don’t know.’

All of the above look like useful options, however any new complaints system should be developed by people who receive support, not professionals.

The Charter for Involvement (written by supported people) states ‘We have the right to make formal complaints if we want to.’ They go on to say *‘Some people will feel bad about complaining. People have said that they*

*would feel 'terrified' 'worried' 'horrible' 'sick' 'scared.' People are sometimes worried that they will not be believed, or will get a row.'*

We believe that the proposal underestimates the fear and uncertainty that many people who receive social care experience in relation to making complaints- and the power dynamics of the provider / client relationship that underpin these. These aspects require to be explored with people with lived experience.

Of course, it is difficult for anyone to know whether to make a complaint if you have not been made aware of what you ought to be entitled to in the first place. As we have previously pointed out, we first need to be clearer about what people are entitled to so they can then decide whether they think it has or has not happened and they have justifiable grounds to complain. Significant support and training may need to be put in place to address this, both with people receiving and delivering support, to enable a common understanding of rights and entitlements, and to enable people to feel comfortable and confident to feedback on supports and services that may be fundamental to them.

**Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?**

Yes.

The NCS should be informed by the experiences of people who receive or require social care support and their carers. Digital technology provides us with an opportunity to do this at scale, given the right support to people to access this.

This is the best way to understand to what extent Social Care services are achieving intended aims, where investment and improvements are required and how they can be evaluated. This is needed because success in social care is mostly subjective, related to quality of life, so outcomes are far less easy to measure than in Health services.

We have previously mentioned the digital application “COMPASS” which is an example of this approach. This asks young people who require additional support and their parents and carers questions about their experiences to better inform local planning and decision-making. We consulted extensively with them about which questions they would most like to be asked. Examples include:

We ask parents and carers to rate the following statement using a scale of 1-5: You are satisfied with the support your young person is experiencing, everyone involved is working well together, you have the information you need about the options and support available.

We ask young people to indicate if they agree with the following questions: Do you have a say in what happens in your life? Are people working together well to help you overcome your challenges? Do you feel listened to when talking about your goals and dreams?

We should also be routinely asking the workforce about their experiences in a coordinated way. In Principles into Practice, we ask staff to rate a range of statements on a 1-5 scale. Examples include: You are enabled to work in a person-centred way, you clearly understand your roles and responsibilities, there is joint transition planning documentation which is comprehensive and effective.

As we stated in Q1, we believe work is first required to clarify the intended impacts of social care on people lives before we can begin to develop systems to measure to what extent they are being delivered.

## 2. National Care Service

### **Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?**

While we broadly agree with the problems identified by the Independent Review of Adult Social Care (IRASC), we currently do not have the information we need to be sure that all of the services and functions proposed for the NCS are the best way to solve them.

Whatever services and functions are ultimately given to the NCS we believe that these should sit within an easily and clearly definable purpose, which is so far not clearly evident. While we require to consult and consider this further, we are inclined to think this purpose should be governance, standards, data gathering, regulation and improvement. Operational decisions should be devolved to CHSCBs and local partners.

We believe options should be explored, in line with the Independent Review of Adult Social Care (IRASC), where social care systems are simplified by fully incorporating the functions currently carried out by the Care Inspectorate and SSSC into the NCS.

As we have stressed in our response, we believe we first need greater clarity about the intended impacts of social care on people's lives before we can design systems that will best deliver them.

However, from our consultation and engagement with many professionals, supported people and families, we have strong indications of high-level priorities which may inform the scope of the NCS.

Our survey of 623 social care staff in August 2020, published as 'We're all in this together: the impact of Covid-19 on the future of social care in Scotland' identified an appetite for change as a result of the Covid experience. They told us that the priorities for how social care should function in the future should be to:

- Re-assert the core vision of person-centred care

- Take a person-centred approach that does not just focus on hours of support
- Simplify how we work by cutting out needless red tape
- Increase flexibility in how people are supported
- Trust the social care workforce to work in a more flexible, autonomous and creative way
- Ensure people have choice and can exercise control over what is meaningful to them.

We are concerned that the addition of the NCS alongside the SSSC and CI may serve to add to the ‘red tape’ and over-regulation that we know is a barrier to the flexible and person-centred ways of working that supported people consistently ask for and the workforce wants to deliver. We therefore require further information about what will be changed or removed from the current system in order to accommodate the addition of the NCS.

**Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?**

We are inclined to think that NCS should not be responsible for the delivery of community health and social care provision for people whose needs are complex or in custodial settings, including prisons. In the case of people whose needs are complex we are inclined to think this should be delegated to CHSCBs. Support for people in custodial settings is more complicated. We address this in our answers in the Justice Social Work section.

We think this because stepping into the role of provider risks creating confusion about the core functions of the NCS, limits its ability to have governance, regulatory, oversight and complaint functions (as this would be a conflict of interest), complicates arrangements between local providers, commissioners and other partners, removes local decision making in important areas and may create uncertainty amongst supported people and families about who is responsible for providing their support.

## **Should the National Care Service include both adults and children’s social work?**

Please mark our response as ‘don’t know.’

As you point out, unlike adult social care, this has not been subject to an independent review. We believe that no decision should be made until a review similar to the IRASC has taken place, for children’s services.

In broad terms, we can see the opportunity for a more cohesive, ‘whole person’ approach with adult social care which may bring significant advantages (particularly around transition), however this requires to be balanced with consideration of risks to existing relationships that are not proposed to fall under this extended remit, particularly Education.

## **Do you think that locating children’s social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?**

### **For children with disabilities**

Please record our response as ‘don’t know’.

We agree that reducing complexity of the systems and services that young people and their families are required to navigate should be a priority. However, without further information we cannot be sure that locating children’s social work and social care services within the NCS is the best way to achieve this. Unfortunately, our previous experiences of systems change have led to increased complexity rather than simplification, as new approaches tend to sit on top of older ones, rather than replacing them. The impact of culture change in bringing these services and worlds together should not be underestimated, and consideration of how to bridge this should be a priority were this to proceed.

Of course, for many young people and families this complexity extends beyond social care to other services such as further education, health,

housing and employability, so the NCS alone cannot provide a full solution to this problem.

We risk distracting our time, resources and efforts away from what matters most to people. Our survey of 740 young people and parents and carers published as 'Facing the Future Together' found that the changes they are seeking are relatively modest and deliverable without change on this scale:

1. Support should be more joined up and consistent with a single point of contact
2. Skills Development Scotland, colleges and charities should be more pro-active with young people with additional needs and their parents and carers.

Through the trials of Principles into Practice we are currently working with the Scottish Government and partners across professional sectors in 10 local authority areas to make these things happen.

### **For transitions to adulthood**

Please record our response as 'don't know'.

In our response to Q22 we propose that a review, similar to the IRASC is conducted before any decisions are made about including children's services in the NCS. We believe this review should be an opportunity for us to move from the mistaken belief that people are either 'children' or 'adults'. There is a period in between of being a young person, or in professional jargon, 'in transition.' Our failure to recognise that this as a distinct and critical period in people's lives has led to the well documented 'cliff edge' and 'black hole,' as overnight young people and their families face the bottleneck of services, resources, cultures, legislation and approaches that exist between children's and adult services.

Common sense suggests that proportionately greater investment in young people who require additional support, to enable them to identify what a meaningful future looks like to them and support to move into this, will

improve longer-term outcomes and costs. This was recognised and reflected in the shift of focus with the Independent Living Fund, to provide additional support and funding to young people with additional support needs in transition to adult life. However we need better data to evidence this.

ARC Scotland lead the Scottish Transitions Forum and so are well paced to provide an informed contribution to this. We published the 'Principles of Good Transitions' and are deeply engaged with many professionals, young people, parents and carers in finding and implementing solutions to this problem.

**Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?**

Please record our response as 'Don't know'.

Again, we believe there should first be a consultation and a more detailed proposal for us to consider.

**Do you think there are any risks in including children's services in the National Care Service?**

Yes.

It risks disrupting relationships with existing services, particularly with Education, and we are currently unsure if the benefits outweigh these risks. We are particularly concerned about risks to child protection. Effective joined up approaches between education and social work are essential to ensure the safeguarding of children and young people. If children's social work and social care services are to be included in the NCS there requires to be very clear guidance and lines of accountability to ensure child protection and safeguarding processes are robust.

**Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?**

We agree in principle that, if social work were to become part of the NCS then justice social work services should be included. This is because Criminal Justice social workers are currently registered with the SSSC as are all social workers, and Justice Social Work (JSW) services are regulated by the Care Inspectorate. This means JSW abides by the same values and codes of practice as the rest of social care.

We note that JSW was not part of the IRASC therefore we do not have the information we need to judge whether a NCS can address problems that exist in JSW and in the wider criminal justice context. Like our response related to the incorporation of Children's Services, this is a complex area and a similar review to the IRASC needs to take place before decisions are made.

ARC Scotland leads the SOLD network in partnership with People First Scotland. This is a network of over 250 professionals who work in a range of criminal justice agencies who are working with us to improve support and reduce offending amongst people with communication difficulties. SOLD also includes a user group of people with lived experience of criminal justice.

Given the competing priorities of our justice partners, we have found it difficult to fully engage them in this consultation so far. We invite the Scottish Government to connect with us to extend consultation about changes to justice social work through the SOLD network.

Many underlying causes of offending behaviour are social care issues, such as communication difficulties, addictions or mental health problems. People in these groups are over-represented in the criminal justice system, so strategies to prevent offending must be firmly linked with social care interventions.

The Scottish Government's paper, *What works to reduce reoffending: a summary of the evidence, 2015*, highlights that a CPO is more likely to be effective when a holistic approach is taken that is inclusive of all the factors that might be an influence on a person's offending behaviour. This is

reinforced by involving all the various relationships in that person's life, professional and personal. .

If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

If JSW joins the NCS later, it risks missing out on foundational principles from which processes and technical arrangements should follow.

At present the range of services coming under JSW (which includes support workers, unpaid work supervisors and others, as well as social workers) are mostly overseen by IJBs and as you suggest, introducing governance arrangements whereby local delivery boards have accountabilities for all social care services may improve consistency by bringing them all within the same structures.

We would be concerned that a decision to add JSW later could be detrimental, as JSW would have to fit in with arrangements that have become embedded in the NCS. Local authorities have historically struggled to determine local governance arrangements for JSW due to its relatively small scale but specific statutory responsibilities, and if it joins the NCS later than other services it may again be treated as an add-on, rather than an integral and critical part of our social care and support services.

More concerning is the risk that the NCS may move so close to an NHS model, while JSW continues with community justice priorities, that it is not included in the future. This would risk a shift in JSWs positioning in the delicate balance between care and control, if it moved away from the social care system.

A question to consider would be, what interim governance arrangements would be in place if JSW is not included in the NCS with the rest of social work?

**What opportunities and benefits do you think could come from justice social work being part of the National Care Service?**

This should lead to improvement in the recognition of additional needs among prisoners, particularly those with hidden disabilities, help ensure they have access to appropriate social care support and make it easier to co-ordinate a joined-up approach across social work services, particularly between prison and the community, particularly at points of admission and release.

Members of the SOLD user group have said they were unable to access social work before they left prison. They have experience of leaving prison with no one to support them to find housing, apply for benefits or look for work. There have been some good projects such as Shine which supports women on release, and throughcare from HMP Greenock, but practical support for people with additional needs and “hidden disabilities” can be lacking.

Many people with additional needs who may be at risk of offending do not meet the current eligibility criteria for adult social care support, including those with autism and ‘mild to moderate’ learning disabilities. We are concerned that the needs of people in these groups are currently overlooked, leading to victims of crime and expensive criminal justice interventions, including prison, that could be avoided.

We believe the NCS should be responsible for establishing data and a better understanding of the connection between the availability or absence of social care interventions on rates of offending. This would provide a better evidence base for the NCS to ensure provision of social care support to those at risk of offending behaviour who might not otherwise meet eligibility criteria.

In our experience breach of bail is one of the main ways many with additional support needs end up on remand, because they have either not understood, or been unable to meet, conditions. We would hope that by incorporating support to vulnerable people at risk of prison in the NCS will encourage better use of resources to improve outcomes for these individuals and wider society.

**What risks or challenges do you think could come from justice social work being part of the National Care Service?**

As you point out, major structural changes to Community Justice will be complex and some unintended consequences are inevitable. We believe further work is required to fully explore risks before any decisions are made.

Our main concern is the risk of disconnecting JSW from local partners and essential local services such as housing, education, community learning and development.

**Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland?**

As far as we understand, a new model for community justice came into effect four years ago, making community justice the responsibility of local community justice partners based around a national body, Community Justice Scotland. Whilst local authorities have responsibilities, our understanding was that statutory partners work together.

The most sensible option would appear to be that the proposed Community Health and Social Care Boards take the place of IJBs as statutory partners to Community Justice.

**Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?**

Please records our response as 'Don't know.'

We agree that community justice partnerships should be aligned with Community Health and Social Care Boards to produce a nationally coherent approach. But we are not clear what is meant by "under" these Boards, since currently we understand they report to Community Justice Scotland.

**Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?**

Please mark our response as 'Don't know.'

As we have stated in our response to Q21, we are inclined to think that the NCS should not be directly responsible for the provision or commissioning of social care in custodial settings and that responsibility for this should be held locally.

However, assuming JSW is included in the NCS, it should be responsible for supporting the improvement of social care in prison settings by ensuring that professionals with specialist skills and knowledge to take the lead social care support for prisoners.

**Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?**

Yes

Just because someone is in prison does not mean that their basic support needs will change. There is an opportunity here to ensure better coordination of support prior, during and after a custodial sentence.

While providing support in prison may be complex, the evidence is that outcomes-based approaches are effective, then we should be seeking to replicate that in prisons. We believe this provides the best opportunities for rehabilitation and reducing re-offending.

### **3. Reformed Integration Joint Boards: Community Health and Social Care Boards**

**Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?**

We agree that change is required to IJBs to address the challenges identified and that one model of integration should be used throughout the country.

We agree that CHSCBs should have responsibility and authority for, planning, commissioning and procurement of community health and social care. However, further work is required to clarify the nature of the relationships and delegated decision-making authority between the NCS and CHSCBs in order to achieve the right balance between national governance, quality standards and operational frameworks whilst encouraging flexibility and innovation at a local level.

We are concerned that many of the challenges that this reform seeks to address have their roots in organisational cultures, not systems. These include cultural barriers to joint working and leadership, involvement of people with lived experience, continuous improvement and a greater focus on people who need support.

All of these are long-standing challenges despite, often, the hard work and commitment of those involved. It is not yet clear to us how the proposed reforms will solve these problems.

We believe that the Scottish Government has under-estimated the effort, time and resources required to overcome cultural barriers. 'Reshuffling the pack' is not in itself a solution - and may make barriers worse. We believe that the following interventions will help challenge and re-shape cultures:

1. Clearer information to supported people and their families about their rights and entitlements and how to exercise them

2. A renewed focus on promoting understanding of SDS as the mechanism by which people can take greater control over their support, and life
3. Investment in supported people to develop the skills, confidence and experience to shape change processes
4. Use of digital technologies (and necessary training to support this) to gather lived experiences at scale, using this to inform where change is needed and to evaluate impact
5. Values based learning opportunities for all stakeholders that includes the voices of people with lived experience
6. External facilitation of local networks that bring all stakeholders together with a shared aim
7. Resources to support the application of improvement frameworks and methodology that involve all stakeholders equally.

All of the above could fall within its scope of responsibility or oversight of the NCS.

### **Should all Community Health and Social Care Boards members have voting rights?**

We agree, particularly in relation to people with lived and living experience and carers. The National Involvement Networks' Charter for Involvement statement 3 says: 'We must be involved in our communities', explained as 'we must have the choice to get involved in how decisions are made in our communities'. However, in order for such involvement to be meaningful and not tokenistic, much consideration will need to be given as to how CHSCB can be made accessible for everyone, including people with varied communication and learning support needs.

This may involve significant support to people to understand the context for decisions to be voted upon, and boards should be open to the possibility of working differently, as informed by people themselves. ARC Scotland has experience in this area and would be happy to share our learning.

**Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?**

As we state in Q57, we believe that the cultural challenges to achieving effective partnership working in CHSCBs have been under-estimated and will require dedicated time, effort and investment to overcome.

For example, effective involvement from people with lived experience and social care providers in CHSCBs cannot be legislated for and neither will it happen overnight. In each case it should be viewed as a learning process that will have imperfect beginnings. We must be careful about imposing ridged expectations and structures that do not work for people in practice. Instead, we should be open to and allow for continual learning, review and improvement and not view challenges and set-backs as 'failures.'

However, we think that the NCS should require CHSCBs to report on action they are taking to include these stakeholders, ensure guidance, support and expertise is available to them to do it and to intervene where sufficient progress is not being made.

In the 'Charter for Involvement' members of the National Involvement Network say:

'Being involved in how organisations are planned and run can take time to understand. Everyone that plans our support must make an effort to make involvement work.'

It is over-simplistic to assume that 'having members with lived experience' on CHSCBs is the answer to effective involvement. It risks the views and experiences of those least able to contribute (for example people with learning and communication difficulties) not being heard, and a vocal minority having dis-proportionate influence.

This may involve significant support to people to understand the context for decisions to be voted upon, and boards should be open to the possibility of working differently, as informed by people themselves. ARC Scotland has experience in this area and would be happy to share our learning.

Other ways of involving people with lived experience in CHSCBs should be considered. This can only be done by consulting with supported people and carers about what will work best for them. We must learn from previous failed attempts to involve people (such as this consultation) and be sure to not repeat mistakes by imposing top-down and overly complicated solutions that do not work. We believe it is likely that people's views on how involvement will best work for them will vary from person to person, and this should be OK.

We therefore suggest the Scottish Government to refer to the 'Charter for Involvement' and connect with members of the National Involvement Network and other self-advocacy groups before making any decisions about involvement of people with lived experience in CHSCBs.

Similarly, effective involvement of social care provider organisations requires careful consideration if it is not perceived to offer unfair advantages to organisations who become members of the CHSCB, and therefore undermine trust and confidence from the wider provider community. We must learn from experiences of IJBs where collective representation from intermediary bodies has met with varying degrees of success.

From our experience, there is an overwhelming desire for providers from all sectors (voluntary, independent and statutory) to set aside commercial and organisational concerns to work together in the best interests of the people in their communities. This is one of the great strengths of Scotland's social care sector. ARC Scotland's facilitation of local Provider Forums in nine local authority areas is, we believe, a good example of how trust, understanding and collaboration can be achieved.

We believe that similar external facilitation should be made available to providers from all sectors in all local authority areas to enable them to work together to make best use of their collective resources - and to decide themselves how representation on CHSCB will work best for them, allowing for local flexibility and differences as to how this is best achieved.

## **Would you remove or include anything else in the Structure of Standards and Processes?**

We agree with the issues and problems identified concerning commissioning and procurement and that the NCS should be responsible for development of a structure of standards and processes for ethical commissioning and procurement of services. We are supportive of the principles of ethical commissioning and procurement, including fair work practices, support to transition to net zero, financial transparency and full involvement of people with lived experiences.

In our report ‘We’re all in this together: the impact of COVID-19 on the future of social care in Scotland’ social care providers told us that current arrangements are driven by *“meeting outcomes, outputs and activities that have no meaning for the people we support”* and are a barrier to taking a person-centred approach. This is echoed in our consultation with NIN members, where people felt the focus can be on ‘the paperwork workers have to do’ resulting in people feeling ‘workers are too busy to get to know people properly’.

In broad terms we believe there is currently under-regulation and accountability of commissioning and procurement processes (coupled with over-regulation of frontline social care provision). This has a direct impact on the motivation of the workforce and their ability to provide person-centred support.

However, we do not agree that ethical commissioning should be ‘driven by national minimum quality outcome standards’ (whatever they may be). We should be more aspirational than that. Commissioning and procurement should be driven by the highest outcome standards towards supported people having maximum choice, control and independence in their lives.

We are concerned that consideration of Self-directed Support has been largely overlooked within the proposed vision for ethical commissioning and procurement. Given this is the mechanism by which support and care is currently delivered this seems a major omission.

We believe that there is now major opportunity to support people to move beyond the limited choice offered by ‘framework agreements’, to make

informed decisions themselves as to how their support and choices for living can best be delivered.

Currently the key conduit to people accessing this provider marketplace is via Care Managers within the local authority, which can have the effect of limiting choice. There should be a greater investment in connecting people who require support with people who deliver support. People themselves should be given support to understand some of the principles behind the 'structure of standards and processes' in order to be able to make ethically –informed decisions for themselves.

At present the proposed solution doesn't release the potential for doing things differently, and for the increased independence, informed choice, involvement, participation, risk-enablement and innovation as embedded in the principles of Self-directed Support.

The importance of data gathering, and evaluation of commissioning and procurement decisions has also been greatly under-stated in the structure of standards and processes. Currently, important policy and commissioning decisions are made with little or no evidence base. We suggest that commissioning and procurement should be both ethical and *informed*.

For example, data questions local authorities have told us they wish to answer in 'Principles into Practice' include: 'How many young people with additional support needs are due to leave school in our area in the next two years?' and 'How many young people have asked for support but not received it?' We are concerned that basic data of this nature is not available. More systematic and intelligent use of data will be required if we are to shift our emphasis to prevention.

We believe individual case studies and 'best practice examples' should be used to add value to more substantive intelligence gathering, rather than as a key source of evidence.

Along with improving gathering and use of quantitative data, CHSCBs should be responsible for gathering and collating the lived experiences of supported people and their families at scale. We should test and invest in digital technologies to do this. This data should be used to generate real-

time evidence for where further interventions should best be targeted and improvement is required.

**Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?**

We require further information and evidence to form a firm view about whether the NCS should establish a national commissioning and procurement team to commission complex and specialist services, and would want clarity on how this will benefit supported people and their families. However, we are inclined not to agree the NCS should do this and this should be the responsibility of CHSCBs.

We think this because it may add complications to having clarity of function of the NCS (which we believe should be governance, not operational), relationships between providers and commissioners and the understanding of people and families about what they are entitled to and who is responsible for providing it. We believe that if the NCS holds responsibility for service procurement and delivery it will disproportionately limit its ability to carry out other functions, such as complaints and regulation (as these would become a conflict of interest).

However, we are very aware of challenges in this area, in particular the barriers associated with implementing the recommendations from the 'Coming Home' and share frustrations that these have not been overcome.

However, it is not clear to us how this proposal will specifically address these barriers. As we understand them, these arise from a lack of centralised authority to drive improvements, inflexibility in local commissioning procedures and a concern amongst providers about being able to recruit and retain suitably experienced staff. All of these can be addressed through the NCS's other functions. Given the launch of the Community Living Change fund in February 2021, it seems appropriate to delay any decision about this proposal until learning and impact from this can first be fully evaluated and analysed.

**Is there anything you would add to these core principles (for regulation and scrutiny)?**

Regarding the core principles for regulation and scrutiny: We believe that the view of the IRASC that existing statutory bodies should be under the NCS should be given further consideration. This includes much needed regulation of commissioning and procurement, along with the functions of SSSC and HIS. Doing so may help to simplify and coordinate the overly onerous regulatory requirements placed on front-line providers from multiple sources, which we know are a barrier to staff motivation and flexible and person-centred ways of working.

In Q74, we set out why we believe that the principles require to be re-drafted in their entirety. This should include a recognition of the importance of balancing trust in front-line providers to do their jobs with the necessary requirement for regulation and scrutiny. One of the key messages in 'We're all in this together: the impact of Covid-19 on the future of social care in Scotland' was that the perceived relaxation of regulatory oversight during the early stages of the pandemic contributed to improvements in staff motivation and practice and helped them to move from 'deficit or tick box models of support' to a 'flexible approach to working differently to improve lives.'

We require a national approach to commissioning and procurement that encourages less restrictive practices that build on this capacity and encourage greater autonomy, creativity and innovation.

**Are there any other changes you would make to these principles?**

Yes.

While we support the intent, the principles as written over-use professional jargon, lack clarity and it is difficult to picture how their implementation can be evaluated.

The principles set out use many vague terms that will be interpreted in different ways by different professionals- and are likely to be difficult to

understand for most people with lived experience. For example, what exactly is meant by 'human-rights based care', 'focussed on outcomes', 'intelligence led,' 'proportionate', 'risk based' and 'an emphasis on people, prevention, partnership and performance'?

In using language that alienates the people services are set up to support, we risk professionalising and making impenetrable the systems upon which people depend. We should be setting out these and other principles, frameworks etc. in plain language, to create greater transparency and increase the possibility of engagement for anyone who has an interest in trying to understand the social care system.

Although we would support the impetus of taking a values-based approach to setting up core principles, there needs to be real consideration given to explaining what they mean to people's lives and professional practice, and how they can be measured. Unchanged, it is difficult to see how they will contribute to ensuring 'consistent high standards of care.'

We invite the Scottish Government and other national partners to connect with members of the National Involvement Network to develop a set of principles that are meaningful and understandable by everyone.

### **Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?**

Before forming a firmer view, we require further information about what decisions will be made using this information, on what basis these decisions will be made and what range of actions may be taken by the as a result. .

Depending on the answers to these questions, we are concerned that the risks may outweigh the benefits.

Any market oversight should be approached with sensitivity and understanding, replace all existing market oversight functions and not place unnecessary bureaucratic burdens on providers.

The requirement for providers to submit financial data is likely to test the trust and relationship they have with the regulatory body. Due to austerity and Covid, many social care providers live with financial insecurity, but continue to operate- driven by their commitment to the people they support. We are concerned that increased market scrutiny- and potential decisions associated with this- may precipitate the market failures that we seek to avoid.

**How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?**

In order to simplify the social care system, we believe that further consideration should be given to regulatory bodies becoming part of the NCS in line with the recommendations from the IRASC.

**Do you think a ‘Fair Work Accreditation Scheme’ would encourage providers to improve social care workforce terms and conditions?**

Please record our response as ‘Don’t know’.

We strongly agree that the Fair Work framework should be used to shape improvements to valuing the social care sector. But most providers already wish they could pay their staff more. Introducing a Fair Work accreditation scheme without providing the resources to deliver it will not help workers to feel valued. As our consultation with social care providers highlighted: ‘social care has to be adequately funded and resourced’ to ‘prevent the same issues coming up’.

A strong response in our consultation with providers within the third and independent sectors has been around their hope that changes to pay would lead to a greater parity with those doing the same or similar work in the NHS and local authority, and therefore allow them to compete on a more equal footing in terms of recruitment and retention of staff. Quotes include ‘we need to address the major staffing crisis. Staff are walking out to the NHS for better pay, but it’s also about the conditions.’; ‘would

welcome greater parity of pay, terms and conditions, compared to public sector colleagues.'

### **What do you think would make social care workers feel more valued in their role?**

We will leave individual social care workers themselves to prioritise the above. However, our consultations with providers indicate the areas of importance to them and are set out in the separate Provider Forum (ARC Scotland) response to the NCS consultation. From the list above, improved pay, terms and conditions, visibility of the value of social care, career progression, development opportunities and opportunities for progression all featured as areas which providers felt would make them feel more valued.

We have recently consulted in detail through our nine local Provider Forums about their experiences of being valued in their role. We published what they told us in the discussion paper: 'We're all in this together: Staff Motivation and Commitment.'

They told us the most important things that make them feel valued, not already included in the list above, are;

- Positive feedback from supported people and their families
- Trust and autonomy to work differently and creatively
- Managers and senior staff show their appreciation
- Peer support
- Public support
- Attention to well-being and working conditions
- Digital connectivity.

We wish to note that from our consultations, key factors in staff feeling valued is the positive difference they make to people's lives and being trusted to do their job. These should be important considerations when considering how the NCS and other partners can best value the workforce.

Our report recommends that to better value the workforce the Scottish Government and other national bodies should:

1. Raise public awareness of the vital role played by Scotland's social care sector
2. Capitalise on the motivation, commitment and appetite for change evident in Scotland social care workforce by pursuing policies that nurture autonomy, creativity and innovation- in the best interests of supported people- as opposed to regulation and inspection
3. Provide support for providers from all sectors to connect at local levels to foster collaboration, peer support and sharing of knowledge, innovations, and resources
4. Improve pay and conditions by fully implementing the Fair Work framework.

### **How could additional responsibility at senior/managerial levels be better recognised?**

Again, we will leave individual social care workers to prioritise the areas which they feel to be most important in this regard. However, learning from across our regular Provider Forum meetings in 9 local authority areas has shown that this is a major issue that needs addressing, with the reducing pay differential between front-line and supervisory / managerial staff leading to a 'squeezed middle' that does not accurately reflect the increased responsibility required.

Much concern has been expressed that this disincentivises these enhanced roles, particularly as rates for front-line staff increase. It should be noted that there is a very real and imminent risk of burn-out in the wake of COVID-19 at supervisory / managerial level within social care.

## **What would make it easier to plan for workforce across the social care sector?**

There is a pressing need to address the crisis in recruitment to the social care sector right now. Without enough of the right staff in place the sector will be placed in an unsustainable position. As one provider recently reflected: 'I've never known it to be so difficult for all of us; these are very testing times, and if we're not careful we'll get to a point where good people will leave which will result in potentially catastrophic consequences to the people we all support. I don't know how we convey that to those that have the power to change it, but change it now, not two / three years down the line'.

We believe that it is not right, fair, or possible to implement the systems change on the scale proposed before this crisis is addressed.

Through our nine local Provider Forums, we have consulted with providers from all sectors about how this can best be done and published the findings in the discussion paper: 'Were all in this together: Recruitment.' This identified solutions at organisational, local and national levels. Recommendations for Scottish Government and other national bodies are:

- Capitalise on the improved public awareness to raise the profile of working in social care.
- A second national campaign focussed on the job satisfaction and pride experienced by most social care staff.
- Simplify and streamline registration requirements for new staff. This includes retaining on-line PVG checks and developing a nationally recognised specialist training accreditation which travels with workers across organisations.
- Improve pay and conditions through implementation of the Fair Work framework.

**Do you agree that the National Care Service should set training and development requirements for the social care workforce?**

Please record our response as 'Don't know.'

In principle we agree that the NCS should set training and development requirements, however, we have not been provided with the information we need to be sure about this.

There are already substantial requirements for mandatory training placed on the workforce by regulators. We are concerned that these will be added to, not replaced by, those of the NCS.

We agree that there should be reform of the requirement for training and development, including the functions of the SSSC and Scottish Qualifications Authority. We also agree that workers should be able to transfer training and induction between jobs, rather than having to do them again.

However, standardisation of training will not necessarily lead to improved care and support. As one provider we consulted put it 'The essence of good care is hard to capture- you can't apply skills and values to paper and grade it.'

We are concerned that the 'read-across' for 'shared and reciprocal learning with the NHS workforce' as indicated in the IRASC could indicate the wrong direction of travel for the standardisation of social care training. This undervalues the specificity of the social care sector, and the difference between providing social care support and meeting healthcare needs.

We believe the emphasis of the NCS should be on supporting and enabling learning and continual improvement to knowledge and practice rather than simply setting requirements, which can be a barrier to workforce recruitment, retention and morale, and which can alienate people who may be well suited to the work: 'we lost a lot of good staff when SVQs became mandatory'.

We know there is considerable potential to improve the knowledge, motivation, and practice of the workforce through providing creative learning opportunities, including those that help embed reflective practice, human rights and person-centred ways of working. As recognised by a NIN member we consulted, training needs to be: 'more human focussed than

just task focussed'. The limiting factor is lack of time and money, not an appetite for learning.

For example, we know from our evaluations that the most impactful learning experiences include the voices of people with lived experience. In a recent survey of 200 social care workers, parents and supported people we found strong support for training that is developed and delivered in partnership with supported people and carers and is delivered to delegate groups that include professionals and people with lived experiences. This is reflected in our consultation with NIN members: 'supported people can train new workers on what they need to know'; 'no point in the staff and professionals without the person who knows the best way'.

Enabling learning should include ensuring that everyone who works in social care has the resources, time and support for their learning and development. It is unacceptable that low paid front line social care workers are expected to pay for their mandatory training to meet registration requirements.

**Do you agree that the National Care Service should be able to provide and/or secure the provision of training and development for the social care workforce?**

No.

While we believe in principle that the NCS should set training standards and expectations we do not believe that the NCS should secure or provide them. This would, in our view, be contrary to the governance function of the NCS by straying into operational decision-making. Instead, this should be delegated to CHSCBs, provider organisations and individual workers. They are best placed to decide themselves where time and investment in their learning is best spent. While they may choose to work collectively to provide or commission training, they should not be, or feel, compelled to accept training from the NCS or any other provider.

Nor are we sure what problem this proposal seeks to solve. We are unaware of there being issues with the quality of training currently

provided to the workforce. The issues concern resources to invest in training, transferability of learning between jobs and setting standards where they do not already exist. These can all be solved without the NCS providing or commissioning training.

We declare an organisational interest here as a major independent sector provider of training to the health and social care sector. We believe that there is a conflict of interest in the NCS both setting training requirements and providing and securing training to meet them. This risks monopolising the market in social care training and risks undermining the diversity of learning opportunities available to the workforce provided by independent organisations such as us.

It also risks a reduction in quality of learning experiences. It is difficult to see what recourse customers who attend training provided or commissioned by the NCS would have if that training is of inferior quality, where else they could go, or what incentive there would be for those delivering training to continually improve their offer.

A simpler (and most likely cheaper) solution would be to increase the resources available to the workforce to invest in meeting their learning and development needs, along with factoring in time for workforce development as a standard expectation in the commissioning and costing of services, and trust organisations to invest this wisely (within limits). This would stimulate the market for diverse, bespoke and creative training and learning products that we and other training providers are well placed to meet.

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