

Scottish Care SDS Guidance and Regulations Consultation Response

Scottish Care represents over 1000 Care Inspectorate registered services with over 350 members. They deliver a range of care and support services with a capacity of approximately 31,000 care home places and 300,000 hours of care at home and housing support per week. We welcome the consultation on the Social Care (Self-Directed Support) Scotland Act 2013 Draft Guidance and Regulations.

This response takes into account the views of Scottish Care members whose comments have been sought on the questions posed in the consultation. In addition, we raise a number of issues represented to us by our members. In order to ascertain the views of our members we undertook eight consultation meetings across the country and also launched an online comment exercise. The feedback from these events and the online feedback are reflected in this response.

Overall, our members welcome the direction and substantial content of the Draft Guidance and Regulations and the emphasis on encouraging and enabling the 'professional' at local authority level to facilitate more choice and control for people who need and use services. As providers we see much of the Guidance will support in their continued work of moulding services to the needs of the individual user of services.

Scottish Care members are committed to self-directed support and offering meaningful choice, increasing collaborative working and ensuring care and support of a high quality.

This report responds to the specific consultation questions which we consider were most relevant to our members and presents additional comments at the end.

Section 1: The Supported Person's Pathway

Question 1a: Was this section of the guidance clear and easy to understand? (please tick)

Yes

Question 1b: How useful did you find this section of the guidance? (please tick)

Quite Useful

Question 1c: Do you have any further comments on this section of the guidance?

The Pathway is a helpful indicator of the steps which an individual accessing services will need to go through. There is always a danger that its depiction might be viewed in a linear and progressive manner and our experience of support planning is that there needs to be considerable flexibility to enable the user of services to flit between different stages. Perhaps a circular diagrammatic format would better represent this nature of flux.

Further, a number of our respondents suggested that there are major challenges at the stage between decision time and implementation, not least at the point of various transitions. These would include transition from hospital to care at home support and from home to residential care amongst others. In addition there is major transition between children's and adult services. There might be a helpful additional stage inserted at this point to indicate the additional support required and likely challenges experienced.

In addition, the Guidance would benefit at this point in some acknowledgement of what would happen if an individual after they had started their support plan decided that they had made a wrong or inappropriate choice. Does the individual have to go back to the beginning or start at some point in the pathway? Is there sufficient flexibility to enable a change of mind and re-focus? In addition, providers are rightly concerned at the challenges for business sustainability which would be brought about were an individual to start, but shortly after cease a package of support.

The section on roles and responsibilities helps to clarify respective input but is it necessary given the whole ethos of the document to start with 'the professional' and why, some have said, is that term only given to a statutory 'professional' and not to other third or independent sector 'professionals'?

In addition we are not sure the description of responsibilities is sufficiently strong in recognising the significant culture change which needs to take place for the local authority 'professional' in order to achieve the outcomes of the Act, which in practice will mean a change in the dynamic of power and control.

Section 2: Values and Principles

Question 2a: Was this section of the guidance clear and easy to understand? (please tick)

Yes.

Question 2b: How useful did you find this section of the guidance? (please tick)

Quite Useful

Question 2c: Do you have any further comments on this section of the guidance?

Scottish Care values the prominence given throughout the document to the underpinning values and principles of self-directed support. We welcome the clear linkage between the actions envisaged in the Guidance and the principles and values described in the Act. The principles of participation and dignity, involvement, informed choice and collaboration must indeed be at the heart of all social care and health provision. However, we are concerned that the justified emphasis on the values and principles is not always reflected throughout the document. In particular, we would wish to highlight that the document often refers to the experience of those with a physical or learning disability and its language is rightly illustrative of the influence of the independent living movement. Whilst this is to be applauded, we would ask for sensitivity to be shown to older people and those with mental health conditions who for instance would in many instances not perceive themselves as disabled or see their conditions as a disability.

Section 4 : Eligibility and Assessment

Question 3a: Was this section of the guidance clear and easy to understand? (please tick)

Yes

Question 3b: How useful did you find this section of the guidance? (please tick)

Not very useful

Question 3c: Do you have any further comments on this section of the guidance?

Scottish Care's consultation highlighted significant concern amongst our members in relation to the role of eligibility criteria and their relationship to achieving the successful implementation of self-directed support. We value what has been described in the Guidance in relation to the desire on the part of Scottish Government to ensure the inclusion of those who use services and those who provide them in the establishing and setting of eligibility criteria. We are also pleased to see the emphasis on the use of the principles and values in the developing of such eligibility criteria. However we are concerned that the process by which this will be achieved is not sufficiently explicit and are therefore concerned that this inclusion risks becoming nothing more than a paper exercise rather than potentially a real driver for cultural change and partnership working. A **right** to be included rather than a **desire** would assist in this regard. The pressures of fiscal austerity are inescapable but we would argue that a more explicit partnership approach between local authorities and those who provide services as well as those who use them would ensure a more proactive approach.

We are especially pleased to see throughout the document, and specifically in this section, an emphasis upon outcomes planning and upon what might be termed the 'universal' needs of association, relationship, independence and community engagement. This is well expressed when the professional is asked to:

'take a well-rounded approach, recognising that risks to participation in society (living an ordinary life, engaging with others) are valid alongside risks to dignity (personal care, "life and limb" support). (Guidance p15)

However, a significant number of our members expressed their concern that given financial constraints, resources would not be sufficiently available to ensure that the wider outcomes identified through the assessment process would be funded and thus met. We are concerned that the emphasis on ensuring quality of life might be lost in the face of harsh financial choices and that as a result the expectations of those who use services and those who support them might be inappropriately raised only to be disappointed.

In addition some providers are concerned that the outcomes noted in the Guidance are not sufficiently reflective of the breadth of outcomes which older people may desire to achieve.

The Guidance contains much which is positive and creative in relation to assessment, especially the emphasis on collaboration and co-production, on individual choice and exercising control. Again the manner in which the assessment process is envisaged as embedding the values of the Act is helpful. However, some

of our members expressed concern that in practice when faced with challenges of immediacy and resource constraint that the collaborative, engaged and self-determining approach may not be prioritised.

Further, we are disappointed that the whole tenor of the assessment section of the Guidance assumes that the lead and the direction will be taken by the 'professional'. There is little of substance said about self-assessment or assisted assessment and for self-directed support to work it must be a support mechanism which originates in a change of control and an elevation of choice right at the start of the person's pathway.

Section 5 : Support Planning

This section of the guidance covered:

- general guidance on support planning
- risk
- resources
- the choices that must be made available to the supported person and
- information and support

Question 4a: Was this section of the guidance clear and easy to understand? (please tick)

No

Question 4b: How useful did you find this section of the guidance? (please tick)

Not very useful

Question 4c: Do you have any further comments on this section of the guidance?

In general, given the critical nature of support planning after an individual has been assessed, we are somewhat disappointed that there are not more good practice examples and illustrations of how this can be best achieved. The balancing of the assessed needs with outcomes is a critical stage of the pathway and frequently one where decisions can be challenging or challenged. More needs to be said here about how an individual can be supported to identify the link between the two.

Risk:

In recognition of the unique challenges of balancing the individual exercise of choice and control over and against the statutory duty to support and protect those who may be vulnerable to harm and who might be at risk, we feel that this section of the Guidance needs to be strengthened. The Guidance both here and later when it refers to Adult Protection rightly emphasises the importance of developing a 'proportionate' approach to risk. We would like to see a fuller description of how such an approach would work in practice and in particular would suggest the Guidance would benefit from examples of risk enablement models. It would be unfortunate if the implementation of the Act was resisted on the one hand by those who were inappropriately risk averse or on the other was damaged by decisions which were made and support organised which did not adequately protect an individual.

Resources:

We recognise that there needs to be optimum flexibility available to those who will have to make decisions on allocating increasingly rare resources. Thus our members welcome the recognition that resources are not just limited to financial contributions but that we need to increasingly adopt a holistic and asset-based approach to social care and health resources. However, we are concerned that a stress upon assets, whilst appropriate, should also take into recognition that many of those whom our members support and provide services for are individuals who because of age and lack of community engagement are likely to have a much more limited range of resources to fall back upon than might others. We would be concerned that the balance is struck between individual contribution and statutory obligation to adequately resource social care provision for those who are older in our communities. In particular we would be concerned that the outcomes identified in assessment for older people should be no less 'universal' in nature than for those who are younger. Older people deserve the same quality of life as other users of social care and should be adequately resourced to achieve these.

In specific we have significant concerns with the section in the Guidance which details the 'way' in which a local authority might seek to allocate resources following an assessment process. The Guidance rightly states that:

Where the person is eligible for support, the authority will wish to consider a fair and transparent means by which to determine the appropriate level of funding. (Guidance: page 25, section 48)

In particular we would question how the principles of equality, transparency and fairness will be achieved by a model which is either an equivalence model or by consideration being given on a case by case basis or indeed by professional judgement? Whilst mention is made of decisions on budgets being made in accordance with the values and principles we feel that this is not sufficiently robust. The whole emphasis of self-directed support is to remove the inconsistencies and injustices of some previous budget allocations. Every woman and man in Scotland deserves to be treated equally and to ensure that they are funded in order to achieve their assessed and identified needs; only a neutral, fully transparent process can achieve this. We would also strongly suggest that the development of such a resource system whilst critically the responsibility of the local authority should, in terms of the principles and values of the Act, involve from the earliest opportunity those who use and those who provide services.

It is important that there is recognition within the Guidance that good resource allocation is based upon an awareness that it is only possible to commission outcomes by fully funding the inputs necessary to deliver these on a case by case basis. Equally, a provider alone, regardless of budget allocation, cannot solely deliver a supported person's outcomes. Both commissioning and inspection processes should acknowledge this reality. Every individual is unique and will bring their own contribution and assets to achieving a set of outcomes. What providers can do is offer the inputs and outputs which together with other contributions enable outcomes to be better achieved.

The options:

The description of the four options is a keystone to the Act. The Guidance goes some distance to describing what these are and the duties incumbent upon a professional to ensure that an individual understands what they are and what they mean for him or her as a potential user of services. We feel that some of the language in this section is overly complicated and at times unbalanced. There should be no assumption that one option is better than or is more likely to be used than another, thus the phrase 'Large numbers of individuals will continue to select their support under Option 3.' (Consultation: page 29: para 60) is presumptive at best and unhelpful for some. There needs to be due balance given to the relative merit of each option, thus we would like to have seen more evidence of creative solutions for option 4 instead of what at times appears to be an add on. Further, given the significance of direct payments we wonder if for ease of reading and clarity whether the section on direct payments should not properly come at this point of the Guidance.

Section 65 of the Guidance also highlights the challenges for professionals in exercising a 'duty of care' where they believed that the choice of support was inappropriate. We fully understand such a challenge and feel that it would be helpful for both the user of services and their families if there was greater clarity within the Guidance at this juncture in relation to circumstances where such a duty might be exercised. In particular there might be benefit in citing cases regarding adult protection concerns and choice of support which might increase risk, and potential use of public monies for actions/activities which might be deemed illegal.

Information and support

Throughout our consultation process members of Scottish Care expressed concern as to the degree of independence that it would be possible for a local professional to achieve if communicating information to someone selecting one or other of the options. This is not to question professional integrity but rather to highlight the inevitable challenge to independence of information communication if the professional (of any service organisation) is seeking to give information about services which might include in-house provision. Limited choice is no choice.

Trust and transparency in the provision of independent information is important and regrettably our consultation highlighted that for many providers such trust in the independence of the 'professional' is at best limited. We would like to see the Guidance describe any process of appeal which an individual user of services may have recourse to if they are given inadequate information and also any appeal process which would be open to a provider should their services be inappropriately represented or not represented at all.

Given that the right to independent advocacy was not inserted into the Act we would nevertheless like to see within the Guidance a strong encouragement for local authority professionals to encourage the access to and use of independent information and support services.

The Section 9 duties are a cornerstone to the successful implementation of the Act and there should be greater emphasis in the Guidance not only on the duties within the Act upon local professionals (which are clear) but upon the 'how' this will be

achieved. How will a professional construct appropriate local dialogue to ensure that she/he has sufficient information about what services are available? What will the mechanisms be to enable local providers to have confidence that they will be included and that there will be an 'equal' playing field?

During our consultation we continually came across providers who were describing situations where local authority officers were encouraging the use of one or other of the options rather than explaining the range of options available.

Further, we also know of a large number of local authorities where preferred provider lists and framework agreements are being used or being planned. It is difficult to imagine that the creation of a list of providers (for any other reason than simply communicating what is available locally) serves to do anything other than limit choice for local people. It is further difficult to articulate a justification that such lists are in accord with the spirit of choice and market diversity within the Act. Indeed, our members are particularly concerned when the inclusion or exclusion of providers from such lists is based not on performance criteria e.g. through Care Inspectorate grading, but on cost terms. We would urge the inclusion of clear guidance within the Guidance on the role of such lists and how if they exist they are in accordance with maximising choice and control.

Section 6: Monitoring and Review

Question 5a: Was this section of the guidance clear and easy to understand? (please tick)

No

Question 5b: How useful did you find this section of the guidance? (please tick)

Not very useful

Question 5c: Do you have any further comments on this section of the guidance?

Given the central importance of monitoring and review we were very disappointed that there was such a limited amount within the Guidance on these two areas. For many older people receiving social care services reviews have traditionally not been very frequent and all our members would want to see improvements in this area continue. Self-directed support has to be a process which is flexible and thus monitoring which is person-centred and outcome focused has to become a regular process. Further, the control and direction of such monitoring and review has traditionally been in the hands of the local authority and 'professional' we would like to see such control much fully in the hands of the individual user of services and their carers. We would have liked to have seen here a clearer indication of the partnership role of the Care Inspectorate in advancing best practice around monitoring and person centre evaluation.

There is an additional need to ensure that the role of the 'professional' and the independence of the local authority is adequately monitored and inspected. In order to ensure the transparent fairness of both the assessment and support planning process it would be helpful for the Guidance to give an explicit indication of how this will be achieved.

Greater recognition needs to be given to the uncertainty and unease which such processes and reviews can result in particular for individuals with fluctuating conditions. It would be helpful if the Guidance contained some description of how these can be achieved in a manner which is enabling and positive.

Section 7 : Facilitating genuine choice for individuals

Question 6a: Was this section of the guidance clear and easy to understand? (please tick)

No

Question 6b: How useful did you find this section of the guidance? (please tick)

Not at all useful

Question 6c: Do you have any further comments on this section of the guidance?

Perhaps more than at any other point in the Guidance our members were particularly disappointed with this section. For choice to be real and for there to be the creation of appropriate market diversity - recognising the challenges of geography and cultural contexts - there needs to be a transformation in present commissioning practice. There also needs to be a recognition of the mutual and collaborative nature of good commissioning where all partners share risks and benefits. We are also concerned that recognition is made to ensure that providers are adequately resourced to enable them to develop the sort of innovative and creative services and supports envisaged in this model and thus enable greater independence and autonomy, not least for older people who have often been marginalised in terms of choice and control.

What is offered here in the Guidance is a model of community-oriented commissioning with people who use services at its heart. What is not present in the Guidance is the 'how' that this might be achieved. No one could dispute the aspiration but we are extremely concerned that without any reform of commissioning practice that there will simply not be the diversity of provision locally to meet changing aspirations and needs across Scotland. Where is the encouragement for innovation and the incentive to be creative going to come from unless there is a truly collaborative partnership approach at local level which engages and involves providers, people who use services and those who care for them alongside those who commission services?

Section 8 : The role of the NHS professional

Question 7a: Was this section of the guidance clear and easy to understand? (please tick)

Yes

Question 7b: How useful did you find this section of the guidance? (please tick)

Quite Useful

Question 7c: Do you have any further comments on this section of the guidance?

In general terms our members reacted positively to this section of the Guidance. It illustrates a progressive approach to joint working and the sharing and pooling of resources and budgets. Our members in Highland affirm their positive experience of the lead role taken by NHS professionals in embedding SDS in practice in that area of the country. We welcome the emphasis upon integration and on real attempts to move to shared assessment in practice. The Guidance is also strong in the use of case studies and these helped to bring alive the particularities of joint working and joint assessment in this section. We hope that this section can be built upon and that the positive trends towards embedding self-directed support in integration of services can be advanced.

Section 9.2 : Supported decision-making and circles of support

Question 9a: Was this section of the guidance clear and easy to understand? (please tick)

Yes

Question 9b: How useful did you find this section of the guidance? (please tick)

Quite Useful

Question 9c: Do you have any further comments on this section of the guidance?

This is a section which has much to commend it but there are times at which there is confusion both in relation to terminology and intent. For instance there is rightly much mention of 'circles of support' but no definition or description of what that term means. The use of the term varies considerably e.g. from person-centred planning contexts to its use in criminal justice. There needs to be clarity. There is much emphasis on the role of the professional but little emphasis on how an individual can be supported to make decisions.

Of more fundamental concern is what this section says or does not say in relation to capacity and choice. Sections 105 and 106 rightly emphasise maximising the involvement and inclusion of individuals in making decisions for themselves about their own care and support. However, it would help those in difficult circumstances for there to be a more explicit indication of the responsibilities for engagement and involvement not only upon professionals where an individual lacks capacity but upon decisions made by a guardian or attorney.

In particular paragraphs 112 - 113 on the supported person lacking capacity also need serious examination. The text here leads to the presumption that people lacking capacity are excluded from utilising circles of support. Cross referencing to the Adults with Incapacity legislation would be greatly beneficial.

Section 9.4: Direct payments

Question 11a: Was this section of the guidance clear and easy to understand? (please tick)

Yes

Question 11b: How useful did you find this section of the guidance? (please tick)

Quite Useful

Question 11c: Do you have any further comments on this section of the guidance?

We have already stated above our belief that this section properly belongs in a description of the four options and that to separate it out both risks highlighting it in a negative manner or giving an over-emphasis to its role. In more detail we believe that there should be a greater emphasis in this section, perhaps through use of case study, on the use of third parties to manage direct payments and also on the non-employment use of direct payments.

Section 9.5: Wider legal duties and strategic responsibilities

Question 12a: Was this section of the guidance clear and easy to understand? (please tick)

Yes

Question 12b: How useful did you find this section of the guidance? (please tick)

Quite Useful

Question 12c: Do you have any further comments on this section of the guidance?

As has been highlighted above we would like to see evident in the Guidance a more positive and proactive approach to adult protection which is human rights based and proportionate in nature. Self-directed support is potentially full of real opportunity for individuals and it would be unfortunate if risk aversion or alarmist approaches to adult safeguarding prevented these from being achieved.

The Guidance document as a whole

Question 13: Do you have any further general comments on the guidance?

Overall Scottish Care members during the Consultation responded positively to the Guidance. As a whole document they felt that the language was broadly accessible and the tone of the document was enabling, positive and permissive of creative change. However, that said, there were times when the language was not sufficiently sensitive to the needs of older people and those in receipt of social care support how would not term themselves as disabled. On occasions the tone changes becomes more formal but we recognise that these can be amended during final editing. Overall the feeling from our members was that this Guidance was a good starting point but that its vision will only be achieved if the 'professional' who seeks to put the Guidance into practice recognises the statutory nature of its content.

The costs and benefits arising from this guidance

Question 14: Do you have any comments on the financial costs or benefits of the requirements set out in the guidance?

As has been mentioned throughout this response, Scottish Care members are profoundly aware that if self-directed support is to achieve all that it seeks to, namely the placing of the needs and outcomes of the individual at the heart of social care provision – that this will only be achieved with a re-alignment of resources. In such critical financial circumstances we recognise the movement towards maintaining independence in the community for all who would seek to achieve this. We believe that this will singularly fail unless there is a radical realignment in health and social

care spending to follow this policy change. In addition there has to be a concurrent recognition of the workforce and infrastructure challenges on the independent sector to be able to meet a diverse and growing demand for community based services in the medium to near future.

The equality and human rights impacts of the guidance

Question 15 (a): Do you have any views on the impact of the guidance on any or all of the following equality categories:

- i) age;**
- ii) disability**
- iii) gender;**
- iv) lesbian, gay, bisexual and transgender;**
- v) race, and;**
- vi) religion and belief**

As an overarching policy we believe that the Guidance and Regulations for self-directed support will have a positive impact upon many discriminated against individuals as its central tenets of increasing control and choice, enabling collaboration and involvement and supporting independence and inclusion, all serve to break down actions and behaviours which treat others in a less favourable manner. However, we are aware in our consultation that there are particular challenges for those who are older and who are frequently victims of both conscious and unconscious discriminatory practices not least in decisions on resource allocation.

We are also aware as a result of our consultation that there are particular challenges for our services which support individuals with profound and multiple disabilities where there are real communication and capacity challenges. It is our hope that the Guidance will seek to ensure equality of treatment for all, but that in no small part demands changes to systems of eligibility and commissioning. There is a further concern regarding equality and that is reflective in the prospect that allowing local diversity risks developing systems which whilst they reflect local diversity may also be affected by negative criteria, such as geographical and social poverty.

Question 15 (b): Do you have any views on the impact of the guidance on human rights?

As we have stated above we feel that the embedding of human rights is at the heart of self-directed support, not least in relation to the principles and values of the Act. The Guidance gives due weight to these principles and we have indicated above where we feel that further weight might be added, not least in relation to the potential role of human rights practice in developing models of risk enablement.

Re-ablement Consultation issue:

The Guidance details the reasoning behind making the position clear in relation to re-ablement and intermediate care services and viewing them as forming part of the assessment process, as opposed to an ongoing form of support. The Guidance asks

whether it would be desirable to clarify that Options 1 and 2 under the 2013 Act should not apply to re-ablement and intermediate care services, even where they are provided under the 1968 Act.

We feel that the Guidance does not recognise the reality that re-ablement is in itself a service which is delivered; it is not inherently part of an assessment process. Further if re-ablement was to become clearly part of an assessment process as is suggested in the Guidance we believe that this would be contrary to the principles of choice and control which are at the heart of the Act. An individual would not be free to choose which service they desired to deliver the re-ablement process if it was part of a statutory assessment process. This is an important issue for older people who use our services. They, we would suggest, have the right to choose which service they want to be supported by. This might also include an individual's desire to enter step-down residential care from hospital as part of their re-ablement support.

Residential care

As will be appreciated, Scottish Care members had strong views in relation to the non-inclusion of residential care as an option for direct payments under the Regulations. The lack of clarity on this issue has significantly affected the preparedness of the sector for the implementation of self-directed support. Whilst we welcome the emphasis on self-directed support options 2 and 3 being offered to an individual assessed as requiring residential care and the awareness that self-directed support should not be equated to direct payments, the omission of the right to access option 1 is concerning.

Scottish Care would argue that the whole spirit of the Act is to be as inclusive as possible. Indeed the values and principles within the Act and the Guidance are solidly based in equality and human rights legislation and utilise terms such as dignity, informed choice, involvement and collaboration.

We would suggest that to remove the right of access to one of the four options from one group of individuals is inherently discriminatory and lacking in fairness. This is potentially age discrimination, for the effective result of an on-going restriction would be such, given that the overwhelming proportion of people who use residential care are older individuals. We see no reason why someone who was appropriately assessed as meeting the requirements of the direct payment option could not utilise such monies for either the purchase of equipment to be used within a residential setting or for the payment of part or the whole of their residential charges. Whilst recognising that there would need to be changes in current practice we would argue that such changes would enhance flexibility and choice for older people and their families. Our members would also challenge the resource restrictions currently placed upon residential care compared to other forms of social care and support. Again this appears to be discriminatory and restrictive.

In addition, to prevent an individual from using direct payments for residential care or residential care with nursing effectively limits their ability to exercise option 4, an option which many of our members perceive as one which opens real potential for older individuals in particular.

Further, our members whilst aware of the challenges to systems and support that direct payments would bring would warmly welcome the equal treatment of their

service provision along with all other social care service options available to individuals. We are increasingly recognising that whilst many wish to remain independent for as long as possible there are some for whom residential care is a choice which they strongly and willingly select. Providers would accordingly welcome support and funding for the development of models of care which provide greater independence within a residential care setting.

On the wider issue of restrictions for excluded individuals and groups, such as those fleeing domestic violence or those living with the challenges of alcohol or drug addiction, should the starting point not be one of acceptance for all and only after an assessment was undertaken should any restrictions be placed on the grounds of risk and legality of conduct? To do other than that is to risk categorising an individual by labelling them as belonging to a group and effectively removing from them the capacity and ability to change and develop and thus address the challenges they are living with.

Additional comments:

- The Guidance calls for appropriate innovation in service re-design and we would applaud this desire. However, there are clear resource implications for providers in such re-design and there are clear implications in addition for Care Inspectorate registration and inspection which will demand a greater flexibility and willingness to respond to mixed service delivery models
- We would in addition have liked the guidance to have reflected on the relationships between all those involved in ensuring person centred outcomes, in particular the relationships between local authority professional, the supported person, the provider and the Care Inspectorate. What are the avenues of appeal open to an individual who is unhappy with the agreed support plan? What is the process of appeal open to a provider if he or she feels that the local authority officer has not adequately presented their service to a person seeking support?
- Self-directed support will usher in significant changes for the care at home and residential care sector. We welcome the opportunity as providers to rise to the challenge of continuing to design and deliver services around the person into the 21st century. However, it would be irresponsible and naïve not to record that providers are concerned about the sustainability of the sector during a period of significant transition, not least with the concurrent integration agenda.

On behalf of care providers, Scottish Care would be committed to working with the Scottish Government and other stakeholders on the further shaping of the Guidance and regulations in response to this consultation. We are also happy to provide further clarification of any of the points raised.

Signed:



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