



Social Care - the recording and outputs from the 2021vSRP Session on 16th March 2021

Session curated by the [Outside the Box](#) and [Growbiz Scotland](#) and chaired by **Anne Connor**, Chief Executive, Outside the Box.

This session forms part of a series of conversations that will be ongoing for some time to come as we collectively grapple with the question of how to deliver good social care in Scotland. Rural communities face particular challenges and are called on to be creative in their approaches to overcoming those challenges. Learning from the projects delivered by Outside the Box, Growbiz, Kirrie Connections and the Islands Wellbeing Project has application within both the rural and urban context.

Summary of Presentations

Jackie Brierton, GrowBiz CEO, began her presentation explaining that around 20 % of people who access GrowBiz services are micro-enterprise owners in the care and wellbeing sector. GrowBiz set up the [Care and Wellbeing Community Interest Company](#) (CAWCIC) as an umbrella body to support these micro-enterprises operating within rural Perthshire. Jackie introduced a video, featuring **Jane Ward**, a self employed carer and member of the CAWCIC.

Jane described the benefits of using [Self Directed Care Option 1 \(SDC1\)](#) - a direct payment to the care recipient enabling them to purchase their own support package. SDC1 can give people great flexibility and control over the care they receive but, at the same time, the option is fraught with challenges including negotiating the complexities of managing a support budget and contending with workforce shortages in rural areas. On the latter point, Jane emphasised that care needs must be met holistically with options for people to engage with different specialisms and activities from personal assistants to specialist dementia care, befriending, dental hygiene, chiropody and art therapy. The CAWCIC model offers a very local and very accessible register of care professionals that care recipients can draw on to create tailored packages.

Nikki MacPhee, self employed speech and language therapist, described the importance of the rural 'community' as an integral part of each individual's care journey. Since joining the CAWCIC, she has found more opportunities to use her skills in different contexts within the community, including helping to set up a communication-friendly café. The café was already physically accessible and making it communication-

accessible involved creating different menu formats and offering staff training. Nikki suggested there was huge potential to apply speech and language skills to improve the accessibility of transport, health services and shops enabling people to live independently for longer. She also noted that many young people face barriers to pursuing employment or learning opportunities because they require support with literacy and language skills. Organisations like the CAWCIC can help practitioners to extend their networks beyond the usual referral routes, opening doors for their skills to be used in creative endeavours that can make a huge difference to people's lives.

Lorna McCurrach from GrowBiz summarised the points raised in the above two presentations and emphasised that getting social care right involves giving care recipients choice and control. Crucially, it also involves attracting a creative and committed workforce. A thriving care and wellbeing sector has enormous potential to revitalise rural communities.

Anne Connor launched a video outlining the work of Outside the Box and highlighting the following points:

- Getting social care packages that work for the individual is difficult in many places
- It can be hard to get information about what is possible
- People do not feel they have much choice or control
- Small local support providers struggle to get contracts and become known to those seeking care solutions

But she emphasised this is not the picture everywhere. Some places are getting it right. People look for a mix of local community support and formal social care. During Covid-19 the local community support increased and diversified, and more people got in touch with community organisations, either to volunteer or ask for assistance. As a result of learning from the pandemic, local authorities and Health & Social Care Partnerships appear more committed to involving the third and community sector in care service planning and delivery.

Anne was followed by **Graham Galloway**, Chief Officer of [Kirrie Connections](#). Kirrie Connections has adopted a [Meeting Centre model](#) developed in Holland for people living with dementia and their carers – an evidence based programme which fosters grassroots community cooperation as well as offering outreach services to both dementia sufferers and those close to them. The meeting centre is a social place with activities designed by those who use it and supported by volunteers from the community. It successfully moved online during the pandemic. Funding was secured to purchase devices for households and craft packs and hardcopy newsletters were distributed on a regular basis. The meeting centre model is currently being considered in rural areas from the Borders to Orkney.

Finally, delegates heard from **Harry Johnson** from Voluntary Action Orkney who outlined the [Island Wellbeing Project](#), a partnership between Voluntary Action Orkney and the Development Trusts of Hoy, Sanday, Shapinsay, Stronsay, and Rousay, Egilsay and Wyre. Each Development Trust employs a Community Wellbeing Coordinator. The project's definition of wellbeing is holistic and intersectional covering economic, social and health related needs. Under this definition each island community sets its own priorities and the projects that are supported can range from one-to-one befriending services to cafes, social activities, mobile dentistry services or skills sharing sessions.

The project has pioneered the **I.N.C.A.** approach. INCA stands for **Innovator** - developing new ways of working, **Navigator** – raising awareness of services and providing one-to-one support, **Connector** – being a link for mainland service providers and between local agencies and **Advocate** – representing the community and holding other services to account.

Alison Meason, Wellbeing Coordinator for Shapinsay, described how, before the project, there was a shortage of carers on the island. Alison, through the Development Trust worked with Crossroads to advertise

Crossroad's services while at the same time also speaking to people living on the island who might be thinking of becoming carers. As a result, Crossroads was able to recruit two home carers and the success of the initiative meant that individuals who were thinking of moving to the mainland were able instead to receive the right kind of support to remain in their own homes.

Discussion Points from breakout sessions

- What does **good social care** look like in rural and island Scotland? Essentially:
 - receiving the right kind of support to enable you to live a good life in your community
 - having 'Triple A' (accessible, affordable and available) transport options to get you to appointments or engagements further afield when necessary
 - being able to organise social care packages that provide for the whole person and are flexible to accommodate changing needs
 - benefiting from a mix of professional support and community-based activities with respite opportunities for family members
 - ensuring there is adequate financial, emotional and practical support for carers with significant investment in the wellbeing of young carers
- **Covid-19 restrictions** have had devastating impact on carers and people receiving care. The past year has been particularly difficult for people living with dementia, for young carers and for families with children who rely on statutory support linked to schools. Thousands of people have had to take on additional caring responsibilities and thousands of care home residents have experienced months of physical isolation from their family and friends.
- Yet, at the same time, the Covid-19 pandemic response has made communities more aware of hyperlocal dimensions of poverty, health inequality and social exclusion. A legacy of the pandemic funding streams is the accelerated establishment of **community-based activities** – food provision, befriending, transport, safe social opportunities, digital connectivity projects etc. These form the cornerstone of **prevention** and enable people to live independently for longer and with minimal support.
- Delivery of rural and island social care is currently a vexed issue but rather than a crisis, it presents multiple opportunities. A strong social care sector would **revitalise and repopulate** rural and island areas ensuring residents remain healthier for longer, offering great employment and enterprise prospects and helping to build more inclusive communities. Self-Directed Care could become a flagship in **community wealth-building** and a source of revenue for community-based prevention activities. Achieving this would be helped by building on the **health and social care integration agenda**, creating more localised Health & Social Care Partnerships and ensuring that third sector and small & micro enterprises are recognised for their contributions as both planners and delivery agents especially in a rural and island context.
- **Co-production** must form the basis of future health and social care design, learning from exercises like the options appraisal coordinated between the Sir Lewis Ritchie Implementation Group, NHS Highland and communities of North Skye and the Isle of Raasay.
- A diverse range of practitioners make up the social care workforce – carers, assistants, mindfulness instructors, mobile hygienists, personal tutors and creative entrepreneurs such as writers and photographers who can help people chronicle their lives and gain new skills. Many are **self-employed** either full or part time. There should be a national drive to **incentivise this broad workforce** through free access to skills development, start-up grants, rural relocation grants, business support and

simplified procurement processes for statutory contracts. In addition, a national drive to ensure that social care jobs, whether self-employed or salaried, are **not seen as 'second class'** will not only improve social care provision but will also lift workers out of poverty and address gender inequality as, let's face it, most of these jobs are held by women.

- Rural **care homes** find it very difficult to attract and retain a workforce with agency staff an expensive option. This expense is passed onto care home residents so a week's stay in a care home can be far more expensive in Aberdeenshire than it is in Glasgow.
- People are confused by their options and their lack of options. Access to social care should be a universal right and not subject to a postcode lottery or the seemingly inconsistent application of eligibility criteria. Individuals and families in rural areas would benefit from having a **hyperlocal advocacy service** able to make a holistic assessment of their situation and enable them to negotiate the support and resources they need through Self Directed Care. Such a service would also have a role to advise Health and Social Care Partnerships on local gaps in provision.
- Advice and advocacy should be delivered in partnership with organisations that have roots in **harder to reach communities** including communities for whom English is not a first language, Travellers and asylum seekers and refugees.
- When planning to test or roll-out **digital solutions**, sufficient resources must be allocated to overcoming connectivity barriers and ensuring equal access for all. Digital solutions must be presented as a choice to rural and island residents rather than the only pathway to services. Digital solutions can also be used to alleviate some of the pressure on care staff for example by making recording faster and more efficient. It was suggested that self-employed practitioners should receive free access to software and training to use it.
- There needs to be an urgent across-the-board review of the **Carer's Allowance**. The review should be rural-proofed in line with recognition of the higher cost of living in remote areas and the difficulties in procuring transport, specialist support and respite support. The Carer's Allowance continuation after caring comes to an end must be extended to at least 6 months and this should apply equally in situations where the care recipient has gone into full time care.
- Finally, ongoing monitoring of the impact of **Brexit** on care provision in rural and island Scotland is necessary to respond effectively to potential workforce shortages.

Session output and recommendations

The session output and recommendations are available as a separate document.

Documents and initiatives mentioned during session:

- Health Improvement Scotland's [iHub portal](#) has a wealth of resources and case studies covering different aspects of care provision.

- The Scottish Government's Independent review of adult social care (also referred to as the Feely review) was published in February 2021: <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>
- Social care standards developed by the Scottish Government and Care Inspectorate: https://otbds.org/wp-content/uploads/2020/06/VP_Care_Standard_Principle-1.pdf
- Social Care – the Voice of the Independent Care Sector Manifesto 2021 - <https://scottishcare.org/wp-content/uploads/2021/04/Scottish-Care-Manifesto-2021.pdf>
- Alliance Scotland - Implementing the Framework for Community Health and Social Care Integrated Services: Third and Independent Sectors as Partners <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/03/Exploring-Third-Sector-Report-Final-.pdf>
- National Carers Association – A Manifesto for Unpaid Carers and Young Carers 2021 <https://carers.org/downloads/scotland-pdfs/nco-carers-manifesto-for-scottish-parliament-election-2021.pdf>