OFFICIAL REPORT
AITHISG OIFIGEIL

Health, Social Care and Sport Committee

Tuesday 20 February 2024

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 20 February 2024

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HEALTH, SOCIAL CARE AND SPORT COMMITTEE

5th Meeting 2024, Session 6

CONVENER

*Clare Haughey (Rutherglen) (SNP)

DEPUTY CONVENER

*Paul Sweeney (Glasgow) (Lab)

COMMITTEE MEMBERS

*Sandesh Gulhane (Glasgow) (Con)
*Emma Harper (South Scotland) (SNP)
*Gillian Mackay (Central Scotland) (Green)
*Ruth Maguire (Cunninghame South) (SNP)
*Ivan McKee (Glasgow Provan) (SNP)
*Carol Mochan (South Scotland) (Lab)
*David Torrance (Kirkcaldy) (SNP)
*Tess White (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Becs Barker
Michael Collier
Lucy McDonald
Peter McDonnell
Ryan Murray
Dr Pauline Nolan (Inclusion Scotland)
Ann Marie Penman
Julia Smith

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Health, Social Care and Sport Committee

Tuesday 20 February 2024

[The Convener opened the meeting at 09:01]

Decision on Taking Business in Private

The Convener (Clare Haughey): Good morning, and welcome to the fifth meeting in 2024 of the Health, Social Care and Sport Committee. I have received no apologies.

The first item is a decision on whether to take items 5 and 6 in private and a decision on whether a briefing session by Scottish Government officials on the Abortion Services (Safe Access Zones) (Scotland) Bill on 27 February will be taken in private. Do members agree to take those items in private?

Members *indicated agreement.*

Subordinate Legislation

Official Controls (Import of High Risk Food and Feed of Non-Animal Origin) Amendment (Scotland) Regulations 2024 (SSI 2024/12)

09:01

The Convener: The next item is consideration of three negative instruments.

The purpose of the Official Controls (Import of High Risk Food and Feed of Non-Animal Origin) Amendment (Scotland) Regulations 2024 is to amend Commission Implementing Regulation (EU) 2019/1793, which imposes a

> “temporary increase of official controls and emergency measures governing the entry into the Union of certain goods from certain third countries”.

The policy note states that the instrument is required to give legislative effect to the minister’s decision with respect to the outcome of a review of the Commission implementing regulation, which lays down provisions that apply to certain high-risk food and feed commodities of non-animal origin on entry to Great Britain.

The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 30 January 2024 and made no recommendations in relation to it. No motion to annul has been lodged in relation to the instrument.

Do members have any comments?

Emma Harper (South Scotland) (SNP): This is to get clarity regarding consultation on the instrument. The policy note says that a six-week public consultation was launched on 17 July and closed on 28 August. Food Standards Scotland did not receive any responses to the consultation, but the Food Standards Agency received 13. I would be interested to know why Food Standards Scotland did not receive any responses and why the Food Standards Agency received 13. I know that the agencies work closely together to obtain information, but I would be interested to know how they publicise consultations. Do agencies write to the people whom they expect would respond? I would be interested to get a wee bit of clarity on why zero responses were received to Food Standards Scotland’s call for information.

The Convener: I propose that the committee writes to the agencies involved and asks about the consultation process and how they intend to publicise consultations in the future. Do members agree?

Members *indicated agreement.*

The Convener: Thank you. I propose that the committee make no recommendations in relation to the negative instrument. Does any member disagree?

Members: No.

National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2024 (SSI 2024/21)

The Convener: The purpose of the National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2024 is to increase the value of savings credit disregard from £7.70 to £8.15 for a single person and from £11.45 to £12.10 for a couple and to increase the lower capital limit from £20,250 to £21,500 and the upper capital limit from £32,750 to £35,000.

The policy note states that savings credit disregard is increased in line with the increase in average earnings, which is currently forecast at 5.7 per cent, and that annual capital limits are increased in line with the consumer price index, which is forecast at 6.7 per cent.

The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 6 February 2024 and made no recommendations in relation to it. No motion to annul has been lodged in relation to the instrument. Do members have any comments?

Members: No.

The Convener: I propose that the committee does not make any recommendations in relation to this negative instrument. Does any member disagree?

Members: No.

National Assistance (Sums for Personal Requirements) (Scotland) Regulations 2024 (SSI 2024/22)

The Convener: The purpose of the National Assistance (Sums for Personal Requirements) (Scotland) Regulations 2024 is to increase the value of the personal expenses allowance in line with average earnings, which is an increase of 5.7 per cent.

The policy note states that the allowance is usually increased each April at the same time that social security benefits are uprated. The allowance amount is the same whether an individual is resident in a local authority or independent sector home.

The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 6 February 2024 and made no recommendations in relation to it. No motion to annul has been lodged in relation to the instrument. Do members have any comments?

Members: No.

The Convener: I propose that the committee does not make any recommendations in relation to this negative instrument. Does any member disagree?

Members: No.

The Convener: We will briefly suspend for the witnesses to come in.

09:06

Meeting suspended.

09:12

On resuming—

Social Care (Self-directed Support) (Scotland) Act 2013 (Post-legislative Scrutiny)

The Convener: The next item is the first of two oral evidence sessions as part of our post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013. This morning, we will hear from representatives from five workstreams that have contributed to phase 1 of the committee's scrutiny. The workstream meetings took place in December and January and provided the opportunity for a wide range of key stakeholders to discuss in depth their experiences of self-directed support. That included how SDS is currently working, how that differs from the policy intentions of the act and areas for improvement.

The committee tasked the workstreams to come up with recommendations for where we should focus our scrutiny during phase 2 of the inquiry. We will hear a summary of those views at today's meeting.

Before we start, I thank everyone who has taken part in the five workstreams. We are hearing from only a few representatives today, but we appreciate the time and commitment from everyone who has been involved in helping to inform our scrutiny.

For our first evidence session, I welcome to the meeting Becs Barker and Michael Collier, who are representing the social care providers workstream; Peter McDonnell, who joins us remotely and is representing the social work staff workstream; and Ryan Murray, who is representing the social care staff workstream. Thank you all for joining us today.

I understand that you will each give a short opening statement to set out your respective workstream's recommendations. Following that, we will have a wider discussion and questions from members. Please note that you do not need to turn on your microphones when you speak; broadcasting staff will do that automatically for you. We will start with Ryan Murray and work our way along the panel.

Ryan Murray: I work as an area lead for C-Change Scotland. I have worked for C-Change for about 10 years, and I have quite a bit of experience of SDS in terms of family and commission packages. I was also employed as a personal assistant. I am here to speak for the workstream on what we thought the committee should focus on next. Thank you for creating the opportunity for us to do this.

09:15

As part of the workstream, we met staff who work across Scotland to discuss what recommendations we felt should be focused on. We thought that there should be a focus on training for social work students. The workstream felt that some of the university courses do not cover enough detail and that there should be more of a focus on outcomes rather than on just teaching the legislation. From my experience as a social worker, the training on outcomes was just one afternoon session; basically, there needs to be more focus on outcomes.

We recommend wider training and education for care managers and social workers to shift the balance of power back to the people receiving SDS and to ensure that the principles of SDS are better put into practice so that people feel confident about the options that are presented to them.

There should be a plan to address the disparity in salary and terms and conditions across the social care sector. At the moment, there is quite a significant disparity between what can be offered by third sector providers and local authorities, which is affecting staff wellbeing, recruitment and retention.

We felt that the committee should focus on ensuring that the legislation is delivered and interpreted by health and social care partnerships in the same manner.

During the workstream, we identified that all the local authorities that the providers worked with at the time delivered SDS slightly differently, leading to quite a bit of disparity in what people can access and the support that is received. Remedies should involve a focus on local authority leadership within a consistent framework being followed across all areas, with associated monitoring and scrutiny of that.

On funding and budgetary processes in relation to SDS, people have different restrictions on what can be accessed using their SDS package across the different health and social care providers.

Again, I thank you very much for today.

Michael Collier: Good morning. Becs Barker and I have split the four sectors that our group looked at.

I am the managing director of Plus Homecare and Cairllum Care. We help to support individuals who wish to remain in their own home but who require various levels of support.

The first thing that I will speak about is pressure on the sector. We think that the committee should focus on section 19 of the SDS act and the sustainability of the sector, particularly in terms of the workforce, because that urgently needs to be addressed.

The committee should focus on why we are not taking a whole-system approach in which health and social care are valued in the same way.

The committee should focus on ensuring that we have the workforce that we need for the future, which includes thinking about fair work and fair pay across all sectors, because a lot of pressures are created by disparities between providers—both external and internal—and sectors.

There needs to be a focus on the human rights of the whole workforce, so that we do not drive it into the ground by trying to deliver everything for as little cost as possible.

The committee should focus on a move away from time and task in SDS, because a different approach can be transformational for people's lives. Sadly, the current reality is that the significant increase in 15-minute visits by local authority staff creates huge pressure on the staff, who often have to do 20 or more visits in a single shift. The increased time restraints lead to potential compromise in delivering good-quality, respectful and dignified support.

The committee should focus on financial pressures on providers, because all funding is paid per hour, yet the amount that is paid to external providers is significantly less than the in-house cost for each local authority.

On choice, the committee should focus on ensuring that social workers and their teams understand SDS and inform people about their choices, because, without that, there is no chance of SDS succeeding.

The committee should focus on the infrastructure of support around SDS, because people either do not know what it is or see it as a complicated thing. At the point that their care and support is being assessed, people need clear and accurate information so that they can make informed decisions.

Finally, the committee should focus on developing the understanding of rights around choice, because SDS should be used as a tool to deliver on people's human rights and to treat one another with respect and dignity.

Becs Barker: I work for Carr Gomm, which is a third sector provider that offers person-centred, human rights-based approaches to support people in their communities across Scotland.

I will share our group's recommendations across two themes, the first of which is consistency. We all know that SDS came about to help to uphold the human rights of people who require support. So far, success in that regard is patchy. We talked a lot about consistency under a number of different themes and about the number of ways in which inconsistency affects people.

I want to share one insight. We compared the approaches of two local authorities that have had an impact on the lives of two people whom we support. Both people live in urban local authority areas, which are almost neighbouring. The first person is a woman whose local authority pays for support to keep her alive. She does not have quality of life. She does not get out and about. The woman is in her 60s and, last year, she left her home town for the first time in her life. She had not had the opportunity to do that before.

The second person is a man who has a learning disability. He lives in another town, not far away, but he is supported with a much larger budget to be part of his community, to make choices, to volunteer, to make friends and to have a life. In effect, his human rights are being taken care of.

We would like the committee to explore the inconsistency of the roll-out of SDS. We have plenty of other examples and evidence if that would be helpful.

The second theme that I would like to talk about is ethical commissioning. As support providers, we want to work in collaboration with local authorities as equal partners. That rarely happens, and we are often pushed into competitive tendering, despite there being ample evidence that shows that that does not need to be the case, and the law supports that. When we have competitive tendering, there is often a race to the bottom or the person who is best at writing tenders wins the contract, but that does not necessarily mean that they are the best-placed person to provide support. Competitive tendering does not necessarily result in a quality service.

I would like to present an alternative. This time, I will name the local authority, because my comments are positive. Dundee City Council has embedded a system of collaborative commissioning for people experiencing severe and enduring mental health problems and people with learning disabilities. Those people have often been in long-stay institutions. Dundee City Council brought together providers, who set their own ground rules for how they would collaborate to meet the needs of the city's citizens. They now work constructively and support one another. When people who require support come forward, the providers agree which of them is best placed and has the capacity to provide support that suits the person's individual needs.

The Convener: I will bring in Peter McDonnell, who joins us remotely.

Peter McDonnell: Good morning. I have been a qualified social worker for almost 35 years. Over the past 20 years, I have managed a children with disabilities team, have been the implementation lead for self-directed support and have managed adult social work services. Currently, I am service leader for children, families and justice at Angus Council, and I am the lead for children's self-directed support. I have also been a member of the Social Work Scotland practice network and the national self-directed support project board.

I recognise many of the issues that Michael Collier, Becs Barker and Ryan Murray raised. Ryan Murray touched on social work training. We also discussed that and the need to increase the footprint of self-directed support as an essential part of delivering social work and social care.

Our group discussed the issue of resources and how to make self-directed support a reality for people. We discussed finances and budgets and, as others have touched on, the impact of workforce issues, particularly recruitment and retention of staff. We talked about providing social work staff with the confidence to deliver self-directed support, particularly given workforce capacity and case loads, because there needs to be the time to build relationships with the people whom we support. That will make the difference in assessing needs and delivering outcomes for them.

We felt that we should go back to the beginning and revisit the initial premise of cost neutrality in the 2013 act. Delivering a system of change requires additional funding for a period, because we need to invest, disinvest and circulate moneys differently in order to deliver self-directed support in the way that we want it to be delivered.

We also felt that there was perhaps a lack of understanding about the impact of integration. We went straight from the implementation of self-directed support to integration and, for a number of us, that meant that we took our eyes off the ball in truly embedding self-directed support.

We recognise the issues about procurement and commissioning that have been mentioned. Rather than repeat the points that were raised by others, I will leave it at that for now.

The Convener: Thank you, everyone, for your contributions so far.

We will move to questions about the issues and themes that you explored in your workstreams.

Tess White (North East Scotland) (Con): Good morning. My first question is for Becs Barker. You talked about the good example of Dundee City Council. More than a year ago, the committee visited Granite Care Consortium in Aberdeen and heard about some good practice there.

Obviously, Dundee and Aberdeen are cities, and your recommendations recognise that there are more issues in rural areas. Some submissions that we received highlighted that people who live in rural areas are particularly disadvantaged, especially in relation to option 3. Could you expand on your thoughts about geographical disparities?

Becs Barker: That issue is close to my heart. I live in Argyll and Bute, and I do much of my work there and in the Highlands. Every day, we work with people who are unable to access support from a registered provider through any option, but especially through option 3. In practice, people are given a direct payment to recruit their own personal assistants. When people freely choose to do that, it is brilliant. That is absolutely right for people who have the resources to manage a direct payment and who freely choose to do that.

However, for an older adult with dementia, for example, who does not have a family or whose family lives overseas, that is really difficult if they live in an area where, to quote a colleague, there are more sheep than people. That is definitely an issue for our remote communities in huge swathes of Scotland. There is also an impact in rural towns, where there are often competing demands for people of working age, with supermarkets, restaurants and other hospitality businesses paying higher wages. Some of the issues are definitely associated with rurality, but some of them affect other areas, too. Rurality is definitely a massive issue.

Sometimes, there is no support for registered support providers to work in rural, remote and island communities. It costs a lot more to provide services in those communities, so we need to think about doing things differently. For example, homecare runs in Wester Ross need to operate very differently from how they operate in Falkirk. Support providers and local authorities need support to be able to do things differently and creatively.

Michael Collier: One of my businesses is in South Ayrshire, where there are some fairly remote villages. Becs Barker has mentioned the challenges.

For me, the fundamental problem is that the local authority is the gatekeeper to care for any individual. We are not allowed to assess people; the local authority does that and then chooses how to commission the care. In the past 12 months, we have lost 12 staff to the local authority, which can offer better wages and better terms and conditions. By my best calculations and estimates, the cost to the local authority of providing care is about £45 an hour, but it pays us £20.11 an hour to deliver the same care. When we lose a member of staff to the local authority, they ask their former colleagues, "Why are you doing that when you could come here and earn more money?" Given that local authorities are all trying to cut budgets because they are on a difficult financial journey, I cannot understand how they can justify spending more to deliver less care. We would have a far more robust system if we met somewhere in the middle.

09:30

Becs Barker alluded to travel times. We provide domiciliary care. Some of our staff spend half their time travelling between houses to deliver care. At £20.11, we are not paid for any travel time. We pay mileage, which increases if staff have to make more visits, and that compromises the viability of the business. It is becoming more and more challenging.

As I said to someone earlier, last year was the first year that our business in Ayrshire paid no corporation tax. Four years ago, I paid £100,000 in corporation tax. If I had shareholders to answer to—instead of it just being me and my wife—the business would be in a state of jeopardy. Just over a year ago, I was forced to close a business in East Lothian because I could not retain staff, given the margins that we are all trying to work within.

There is definitely an issue with rurality but, fundamentally, the biggest challenge that we face relates to how care is delivered and commissioned.

Tess White: Thank you. My second question is for Peter McDonnell. Submissions to the committee included an anecdote about waiting from one individual and I know of other examples of individuals waiting for years. In the example in the submission that we received, a person had been waiting for two years to have a care plan signed off by a social worker. What is an individual supposed to do about their care arrangements in the interim?

Peter McDonnell: It is difficult to comment when I do not know the particulars of the example, but it is concerning that an individual has waited that long to have a package signed off. I would certainly not expect that action to take so long in the local authority that I work in.

I also want to comment on some of the issues that Michael Collier and Becs Barker raised. I currently work in a rural area, although I have worked in a city and in an island authority. A range of factors might impact on services. You mentioned option 3. The in-house services of the island authority I worked in were very good and were the go-to for a lot of individuals who were looking for support. That is what I was talking about at the beginning of the meeting. If we are looking to enable individual choice, there needs to be some disinvestment in in-house services in order to free budgets to deliver on options 1 and 2, for example.

I also recognise what the others were saying about the impact on pay and conditions for social care staff. I remember when a new Tesco opened in Aberdeen and one care provider had to close almost overnight because they lost staff to Tesco, where there were better pay and conditions. The complexity of issues across the social care sector are challenging for finance, commissioning and pay and conditions. Recruiting workforce for social work and social care is challenging.

The issue about long waiting times that you raised, Ms White, is concerning. I would need to know more about the case to be able to comment properly, but that should not be happening.

Tess White: Are such cases measured and monitored? You say that you do not know about them, so are they measured in your area?

Peter McDonnell: I do not know about them in my area and I would need to know about the capacity issues in the area you are talking about. There are pinch points right across the sector at the moment. Our workstream group discussed the impact of the budget cuts in local authorities that have led to a reduction in senior management teams and leadership as well as in the social work staff that are our main resource for undertaking assessments and delivering support plans. The budget cuts could be having an impact but it is difficult to comment when I do not know more about a particular situation. We are struggling right across the sector to recruit and retain social workers and that has a knock-on impact on other by increasing their workloads.

Others have talked about time and task. If we are to support people to make their choices within SDS, we need the time to get alongside them to build the relationship, confidence and trust to work together to deliver on assessment and support planning. If we do not have the time because of workload pressures, we cannot deliver SDS in the way that we want.

The Convener: We are very tight for time, so could committee members and contributors keep their questions and answers sharp and to the point? Emma Harper has a brief supplementary question.

Emma Harper: Michael Collier talked about time and task; I am thinking about rural areas where it might be better for councils to do one one-hour visit rather than driving to four 15-minute visits. I know that Dumfries and Galloway Council did a pilot on that. How would you see that being rolled out more widely to give more choice to people who are receiving SDS?

Michael Collier: It sounds as though it would give them a choice.

The difficulty is that 15-minute visits are generally for meal preparation, medication visits or toileting, or some combination of two of the three. Unless someone else was going in at other times to cook or prepare meals or assist with toileting, a one-hour visit would not be possible. At the moment, however, people are not even given that choice. They are just told, “You will get four 15-minute visits a day or two 15-minute visits a day” or whatever it is. From a staff member point of view, it would be better to be able to deliver a better level of care and get to know that person in a longer visit.

The Convener: Thank you. Ivan, do you want to come in?

Ivan McKee (Glasgow Provan) (SNP): No, it is okay.

The Convener: Thank you. Carol Mochan is next.

Carol Mochan (South Scotland) (Lab): There was a great hope when self-directed support came in, but it is probably not doing what we hoped it might do for people. Your opening statements were very helpful, but I want to confirm that you said that the committee needs to look at training social workers with a full understanding of the potential for SDS. The pressures in the sector are a major reason why it cannot be delivered in the way that everybody here would want and the relationship between resources that are required for the assessed need and what we can provide is a real problem in the sector.

Is that a reasonable summary of things that we should look at? Are there any other major issues that we should pick out to tackle in order to ensure that SDS can move forward?

Becs Barker: I agree with you, absolutely, but I also think that we need to look at things differently. The current model does not work, so we need to look at whole communities and community planning processes. How can we free up and support people to support each other in their communities, as well as through the traditional mechanisms that we currently have? What other ways could we do this that we have not tried because we are still stuck in a system that has not moved with the times? That is a key area that we need to look at.

The other point is about getting back to everybody working together. There are great resources within our social care providers and our local authorities, but our structures, systems and culture do not support good human connection, good interactions and thinking together. There is still very much a “them and us” culture much of the time. It is about looking at things differently and making best use of the resources that we already have within our communities.

Carol Mochan: Great. That was very helpful. Thank you.

Gillian Mackay (Central Scotland) (Green): I will go to Ryan Murray first, because you raised in your opening statement the variability of implementation of the different SDS options. How can we raise awareness among older people in particular of the options under SDS? For many families, this might be the first time that they have had to access the care system at all and many—mine included, when we came to that point with elderly grandparents—just took what was offered rather than looking into the other options that were available. What should we do to address that, and the variability of the way in which different local authorities implement different SDS options?

I am very aware that, on the other end of things, for many young people, SDS is also quite difficult in certain local authorities.

Ryan Murray: Part of the workstream that I was in was a group of people who work with a number of different local authorities. I am pretty sure that everybody who was there said that every local authority that they worked in worked differently. Some did hourly rates. Some went with what I think SDS is about, which is giving people a budget that they can use as they wish.

I have personal experience of elderly parents in another local authority and how it works is also very different. For me, it is about training social work staff in what SDS really is and what it means for providers on the ground, not just the legislation behind it. As Becs Barker said, providers have a great knowledge of how SDS works and what it can bring to somebody’s life at the same time, which is the principle of the legislation.

Doing that work to scrutinise how SDS is delivered within local authorities and making sure that they are all doing the same thing will provide everybody with the human rights relational support that SDS should be providing.

Gillian Mackay: Do you think there is a tendency for local authorities to go with the default option rather than looking into other more creative ways of providing services? Are they all so stretched across the board that that is standing in the way of their capacity for thinking differently about how they come at things?

Ryan Murray: It is probably a bit of a mixture. Part of my workstream thought that social workers should have a bit more time to be involved in the community that they work in. There are some amazing social workers out there who are very involved in their community, but the time pressure of social work in general means that social workers are not given the opportunity to focus on what the community assets are, on planning and on being that community connector for people that they are assessing as requiring support. That would also make a bit of a difference.

Peter McDonnell: Gillian Mackay has touched on capacity to enable folk to progress in the way that you identified. The other issue is confidence, which relates to what Ryan Murray identified at the beginning about how SDS should be central to the training and learning that students get at university. It is about consistency of staff induction across local authorities and confidence across the piece in finance and procurement systems within local authorities that enable folk to think creatively to deliver SDS in the way that it was initially imagined it would be delivered. Gillian Mackay has touched on what some of the issues are.

Gillian Mackay: In having the opportunity to do things differently, is there an element that is potentially adding more risk to an already overburdened system by looking at how things could be done differently? Maybe exploring them and giving them a try with certain people is just too much for some social workers, given their case loads when dealing with that, and giving people space is one of the things that can open up creativity across the piece.

09:45

Peter McDonnell: Yes. The workstream group that I was in had an interesting discussion, because a number of us who have been around for a wee while feel that this is the most challenging period that we have faced in terms of recruitment and retention of staff. My understanding is that there has been a reduction in the number of people applying to university to do social work, and that certainly impacts on where we are. Things are challenging right across the piece. The development of framework standards for SDS identified the need for worker autonomy and I suppose that people need a sense of what that looks like.

Some areas increasingly feel as though there is almost a move back to care management where people want something quite prescriptive in terms of how they go about their day-to-day role rather than being freed up to do the relational social work that we have all identified is required across the piece. There was a discussion in our workstream about whether we would want to take into other areas of practice the work that is sometimes done within children's social work, in which social workers have the time to get alongside the individuals whom they support and to work very much in collaboration with them, as Becs Barker said, as well as working with providers on delivery of what we see as good options within SDS.

Emma Harper: In May 2023, the Government published its plan, "Self-Directed Support Improvement Plan 2023-27". One of the chapters is entitled "What is different about this Plan" and another is entitled "How will we know the Plan is working?" I would be interested to hear your thoughts on the Government committing to doing an annual report to look at what has been taken forward, because there are a lot of extremely complex areas when it comes to SDS. An idea that I had was that SDS could be embedded in the education of social care workers.

What are your thoughts on the improvement plan? How can we measure how successful we have been in addressing the complexities of care, whether people are at home, in the community or in a community hospital?

Becs Barker: I was involved in the development of the improvement plan. One idea was about everybody working together as a whole system, which involves bringing together people who work in social work and social care. The independent support project, which the Scottish Government has invested in for the next three years, will look at SDS and the extent to which that collaboration and bringing together of everybody has brought about improvement. At the root of it is the cultural shift and the relationship-based practice that all of us need to develop to ensure that people get the best that they can get from SDS.

We already have mechanisms for looking at how well SDS is doing, but we need to use that learning to put plans in place for practical changes. The independent support project is already reporting back to the Scottish Government, and local authority social work teams are reporting back to the Scottish Government on how they have utilised improvement moneys. We have those things in place, but there is an issue to do with the people in the organisations having the will to make it happen. There needs to be an improvement in relationships and communication to enable that to happen.

Paul Sweeney (Glasgow) (Lab): I want to turn to some of the concerns that have been raised in relation to personal assistants. Do you have a view on what qualifications and upskilling personal assistants should be able to undertake?

Ryan Murray: Personal assistants can complete Scottish vocational qualifications and various kinds of training. When I was a personal assistant, which was many moons ago, it was at the point at which SDS was being implemented. In working with children and families, it was really interesting to be see how that could be used creatively, but it was largely down to the personal assistant to look at that. Without the right training and qualifications, it was sometimes difficult to do that. A lot of people who are employed as personal assistants would probably have difficulty in knowing where to go to get the right qualifications or what training they would need, on top of doing their day job. I was fortunate enough to do that through my social work degree, so I knew about a lot of what was out there.

There was a personal assistant on the workstream whose knowledge of the legislation was perhaps missing. I mean no disrespect to that colleague—I think that she does an amazing job—but I think that people need to be given training so that they understand the 2013 act. It can be difficult to implement that on top of doing their job, so I think that investment in that should be a focus. We need to ensure that personal assistants have the training, the skills and the support that they need, because they are often on their own, without employer support. In a family context, that can be quite difficult. I hope that that answers the question.

Paul Sweeney: Do the other panellists have any thoughts?

Becs Barker: Through the PA programme board, some work is being done to look at personal assistants and their terms and conditions. Self Directed Support Scotland is currently working on a brokerage award that has been rolled out over a number of years. It is starting to look at that becoming a recognised SVQ.

As far as personal assistants are concerned, it is a complex issue from the point of view of the rights of the employer and how those are different when somebody is employed through a registered support provider. Very careful lines need to be drawn to ensure that the rights that the employer has are taken care of. Personal assistants have a different responsibility to their employers. Yes, they are there to provide them with care, but at the same time, the duty of care sits with the employer, rather than it lying with the personal assistant. It is a very complex area, and it would absolutely be worth our while to tap into some of the expertise and knowledge that have been gathered through the PA programme board.

Paul Sweeney: Thank you for that suggestion. I would like to give Mr McDonnell an opportunity to respond. Do you have any thoughts on the issue?

Peter McDonnell: I think that Becs Barker has covered the complexities really well.

Ryan Murray touched on the accessibility of training, which is an area that partnerships and local authorities could look at. In one area that I work in, the independent support service that was available locally was keen to enable personal assistants to tap into some of the training that was available from the council. That was difficult to access because of what folk perceived to be red lines with regard to the ability of independent personal assistants to do that.

It is a very nuanced and complex issue, as Becs outlined, but I think that partnerships and local authorities could do more to enable people to access the training that they deliver for their own staff.

Paul Sweeney: One of the people who responded to our call for feedback suggested that it should be compulsory for personal assistants to register with the Scottish Social Services Council. Do you agree with that?

Michael Collier: We do not employ personal assistants, but I have had employees who have, let us say, been suspended on suspicion of inappropriate behaviour, who have subsequently left and have become personal assistants. They are not required to have SSSC registration. An SSSC investigation ceases the minute someone is no longer employed by an organisation that is governed by the SSSC and that needs its employees to be registered. Although we might be talking about a tiny percentage, that is still a significant concern that I have.

Paul Sweeney: That is interesting. Becs Barker expressed dissent, so it would be interesting if she would like to elaborate.

Becs Barker: Again, it is a complex issue. Personal assistants came about through the disability rights or independent living movement. Where people have chosen to employ personal assistants, there is a strong feeling that their autonomy would be undermined if personal assistants had to be registered. However, a complication comes in. Earlier, I used the example of somebody in Wester Ross who is living with dementia, who has no choice but to employ a personal assistant. In that case, there would be an argument for it, but perhaps registration is not the answer to a complicated system that is not working.

Maybe we need to get back to a position in which people who want to, and who freely choose to, employ personal assistants have that option, and people who need to have their support provided through a registered support provider are able to choose that option. Requiring personal assistants to be registered might be a sticking plaster for part of the system that is not working at the moment, but the underlying problem is that we do not have enough registered support provision to cover everybody who would prefer to access their support via that mechanism.

Paul Sweeney: I see that Mr McDonnell is nodding. Mr Murray, do you have any thoughts?

Ryan Murray: Registration is a complex issue for personal assistants. There is also a cost involved for some of them. Consideration needs to be given to who would meet that cost. Personally, in looking at care packages for family members, I am really aware that I would want such a person to be SSSC registered. I would want them to have protection of vulnerable groups certification. However, someone who does not have that knowledge in becoming an employer under option 1 might simply not know about that, so there is a bit of a risk there, as Mike Collier mentioned, with regard to who a person who is employed as a PA is. We are talking about a very small percentage, but that is definitely something that I would be looking for.

Paul Sweeney: Thank you for your thoughts.

The Convener: Sandesh Gulhane has a brief supplementary question.

Sandesh Gulhane (Glasgow) (Con): Thank you, convener. I declare an interest as a practising national health service general practitioner.

I was very interested in Michael Collier's comments about pay. Peter McDonnell went on to talk about how staff left to work in Tesco. As a GP, I know of reception staff who have left to join the agenda for change programme in the NHS, which leaves a gap in primary care. My question is twofold. How does the pay for social care roles compare with the pay for NHS agenda for change pay for people on similar bands? Do you think that there should be equivalence with regard to pay and conditions and to pensions?

Michael Collier: Healthcare assistants who work in the NHS, who do a very similar job to the one that is done by the care workers whom we employ, do not need to have an SVQ qualification and do not have to have SSSC registration, yet they get paid about £3 to £4 an hour more at the starting point.

Sandesh Gulhane: The NHS staff get paid more.

Michael Collier: Yes. Unless we have something close to parity, we will continually lose staff to that sector.

The pensions issue is less relevant, because I think that people do what they do because they love it or like it. Anecdotally, I know from meetings that I attend that other companies say that their staff are sacrificing their income to do the job that they love. However, there comes a point when they reach breaking point. Many people have already reached and passed that point, and I do not see that improving in the future.

As I said, South Ayrshire Council has recruited about 50 care-at-home staff to its team. The council has increased its provision, but all that it has done is poach staff from us and other providers, which is just counterproductive. It is costing the council more to deliver the hours of care that we were delivering for it. It has legal responsibility for the delivery of that care, and it defends that action by saying, "If you're handing work back because you can't cope with it, we need to have those staff." It is a difficult problem, but we need to address it, otherwise we will be having this conversation forevermore.

The Convener: I thank the members of the panel for coming along today and for the work that they have done previously, as it will really help the committee in progressing our inquiry.

We will have a brief suspension to allow for a changeover of witnesses.

10:00

Meeting suspended.

10:01

On resuming—

The Convener: Welcome back. Joining us for our second session as part of our post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013 are Lucy McDonald, who is joining us remotely, and Julia Smith, representing the individuals workstream; Ann Marie Penman, representing the carers workstream; and Dr Pauline Nolan, head of leadership and civic participation at Inclusion Scotland, who is here supporting the individuals workstream. Thank you all for joining us today.

I understand that Lucy, Julia and Anne Marie will give short opening statements to set out their respective workstreams' recommendations and then we will have a wider discussion and questions from members. You do not need to turn on your microphones, as that will be done by broadcasting automatically. Can I invite representatives to give their feedback, starting with Lucy?

Lucy McDonald: I am from the health panels in the Western Isles. I joined the people-led working panel a few months ago and it is good to be involved in its vital work. This issue is very important not only to me but to the many people depending on their local authority for their needs who experience inequitable service. Very few, unless they have been through the system, understand how it can impact service users. What should happen and what happens in reality can be very different. It has been a four-year struggle for me, hitting constant road blocks. I hope through such discussions today we can evaluate the Social Care (Self-directed Support) (Scotland) Act 2013 . Thank you.

Julia Smith: Hi, I am Julia and I have come from Arbroath. I have been on the people-led policy panel since 2018 and I have written just a little bit to explain the people-led policy panel to you.

The people-led policy panel has worked for the Scottish Government and other stakeholders since 2018 to co-produce and reform adult social care. The main aim is to ensure that the experiences and views of disabled people and unpaid carers are at the heart of shaping policy, and it uses the lived experience of disabled people and unpaid carers to shape policy areas and services that directly affect them.

The people-led policy panel is made up of people with a wide range of experiences of using adult social care support both as supported people and as unpaid carers. There are people in the panel who have never given their views and ideas before as well as people who are already very experienced in giving their views. Panel members come from across Scotland and from different backgrounds. Some members of the people-led policy panel met with the participation and communities team to prepare for this, first in December and then in January. At the most recent meeting, we prepared a list of recommendations for the committee to consider in its post-legislative scrutiny of SDS. Those covered items such as finance and budgeting, equitable access and a fair assessment process, independent advocacy, recording met and unmet need, person-led SDS, consistency, accessibility, co-production, trust and transparency of decision making. Thank you.

Ann Marie Penman: Good morning. I am here today both as an unpaid carer for my disabled teenage daughter, who requires 24-hour care and support, and as a participant in one of the five informal engagement workstreams, specifically focusing on carer perspectives in the context of SDS in Scotland. Throughout the 10 years that I have spent trying to access SDS for me and my daughter, I have encountered an overwhelming number of challenges. It is evident from connecting with other carers that they have all faced similar difficulties in accessing support both for themselves and for the person they care for.

The challenges persist at every stage of the SDS process from initial inquiries to post-assessment follow-ups, making it incredibly difficult to access the necessary support. Whether it is the absence of independent support organisations or inconsistencies and lack of transparency in health and social care partnership processes, the difficulties deprive people of the empowerment and independence that SDS was designed to improve. Within our workstream group, we share the frustrations that we have all experienced and put forward recommendations that we believe would lead to meaningful improvement.

One key recommendation emphasises the importance of independent support organisations throughout the SDS process. Independent support alongside advocacy is a necessity and not a luxury. Independent support organisations offer essential information and services such as person-centred outcome planning, community brokerage guidance and one-to-one support throughout the entire process. The lack of independent support is even more challenging when HSCP staff lack knowledge of SDS processes and entitlements. Without the proper independent support, individuals and carers struggle to make informed decisions. We think that the availability of independent support is crucial for proper choice and control.

Another recommendation highlights the need for a more consistent and transparent approach to various aspects of the SDS process including referral, the application process, waiting times for assessment, resource allocation, eligibility criteria and decision making. The inconsistency not only creates confusion but restricts a carer’s ability to effectively access the support that they need. The failure by councils and HSCPs to fulfil their statutory obligations, combined with the absence of an objective and independent complaints system, further exacerbates the situation. Carers and individuals are left unsupported and unheard, with their concerns unaddressed and their rights unacknowledged.

I want to thank the committee for valuing the voice of those of us with lived experience in SDS. I hope that, by listening to us and others, you can ensure that the full potential of SDS is finally realised. Ultimately, we want SDS to do what it has always promised to do: empower individuals to lead more independent and fulfilling lives while receiving the care that they need or, to put it another way, just to live a good life.

The Convener: Thank you and thank you all for your contributions this morning. We will move to questions from members. I will start with Paul Sweeney.

Paul Sweeney: I want to raise with you an issue that was raised in some of the responses to our call for views. The theme that came back was variability in eligibility criteria. Does the panel share the concern that the eligibility criteria are quite changeable, and do you have any insights about that from your experience?

Julia Smith: On a personal level, eligibility criteria at the moment allow only for the most critical need, so basically I can get up and I can get washed and dressed, but if I want to go to a social event, I cannot; that is not part of a lot of people's packages at the moment. It is literally just about getting people up, washed, dressed and fed, rather than looking at us as a whole person—we want to join in society, but we cannot do that if we do not have the support.

Ann Marie Penman: From my discussions with other carers, I know that there is inconsistency in the eligibility criteria, but there is also a lack of transparency about what they actually are. Sometimes it is difficult to know whether they are inconsistent, because we do not know what is there. There is also the issue that they do not address the unmet need, which is a point that was raised by somebody else as well. Often, if local authorities and HSCPs are assessing only on substantial and critical need, the needs that fall outwith that tend not to be addressed. They will then become substantial and critical needs, whereas an earlier intervention could stop that.

I would certainly agree that there is inconsistency, not just across local authorities but within local authorities and HSCPs, depending on who is doing the assessment.

Lucy McDonald: I completely agree with what has been said and will just add that there are major inconsistencies. Another experience I have is the way in which they compare risks in order to decide what is critical and what is substantial. Basically, we are compared with people with other issues, such as someone who would be in danger of starting a fire if they turned on a cooker. I do not have that risk, but I have been compared to people who have such risks and told, "Well, you do not have that risk, so you do not meet that level of risk." You try to get across to them that people have different types of needs, but it does not mean that it is any less critical when it comes to needing support. Even within local authorities there seems to be a misunderstanding about that.

Paul Sweeney: It must be frustrating. Thank you very much.

I want to ask about the respondents who came back to us saying that funding that has gone unspent—for example, because desired services have been at capacity or funds are being saved for a later point in the financial year—is often clawed back by councils and HSCPs to balance budgets. Is that something that you recognise? Is that a behaviour that you have seen?

Julia Smith: Yes. Every year when I have a social work department review and an independent living fund review, I get given a money-back form. My care manager and the person from Independent Living Fund Scotland will sit and work out how much of my budget I have to give back. Whether or not I have an idea for using that money, they ask for that every year—and we are talking hundreds of pounds. I suppose that the Government thinks that hundreds of pounds is not a lot of money, but to an individual hundreds of pounds is quite a substantial amount.

10:15

Paul Sweeney: Absolutely. I see Lucy McDonald was nodding to that as well.

Ann Marie Penman: I have not experienced clawback, because I have argued very strongly against it. For me it is a case of taking a step back and looking at what the outcomes are in somebody's plan. If the outcomes are broad enough, it is straightforward to argue the case for taking any money that has been unspent in one area and using it in another, and that is what I have always done. That has been very challenging, but I have usually been able to do that.

If the outcomes are written in such a way that they are not really person centred but are more time led—hour by hour—and they have not been used specifically for that purpose, it creates a difficulty and it is hard to argue against clawback. Therefore, it is about the outcomes being accurate and also allowing the creativity that is within the legislation to ensure that people are able to use those funds for anything else that would support them to meet those outcomes.

Dr Pauline Nolan (Inclusion Scotland): Inclusion Scotland is a member of Scotland against the care tax. It did some work a few years ago when I think that £100 million was passed by the Scottish Government to local authorities to fund the new free personal care policy. That money was not ring fenced or accounted for. We know that some local authorities and HSCPs did not spend that money on its purpose, so it was moved into other areas. I have evidence of that somewhere. I do not have it to hand right now, but we know that that happens. We know that local authorities have an issue with ring fencing money for social care support, but that has an impact on spending where it is needed for preventative social care support, which we have spoken about.

Lucy McDonald: It is also about the way in which it happens. There is no communication. I am aware of it happening to other people in local authorities—invoices have just been sent out with no explanation. There seems to be a lack of communication—certainly, in my experience—between finance and the social workers to understand what is going on. People should not be getting final notices when the issue is an underspend that is being resolved, as has been said. The money is there to meet the outcome. Sometimes they can be very critical and question everything, even though it comes under an outcome. That needs to be looked at.

Gillian Mackay: Coming back to Ann Marie Penman's comment about the broad nature of care plans, do you think that there is a willingness to write those plans in a broad way in order to give people the creativity to spend money as they wish? Is that happening in some places and not in others? Is it the luck of the draw, depending on which local authority you are in, who your social workers are and so on?

Ann Marie Penman: I can speak only from my own experience and discussions with other carers, but I would say that there are pockets of good practice across Scotland with regard to SDS, but they are the exception rather than the rule. As for writing plans with person-centred and person-led outcomes, I would say, again, that they are the exception rather than the norm.

When people have support from independent support organisations, the plans are much better, because they tend to be broader. My experience, though, is that that is not the case when they are written directly with social work staff, because they are very time led. In my daughter's care plan, for example, one of the outcomes is that she is supported to live independently in the family home. The social work equivalent, before we discussed and changed it, was that she would get five hours of support from an agency. That is not an outcome—it is an action. Those are the differences, and I think that they arise frequently.

Gillian Mackay: Thank you—that was really useful.

I have a somewhat wider question for Dr Nolan. With the previous panel, we discussed variability in implementation of SDS, in particular for different age groups. Does awareness need to be raised about the different options that exist? Again, I highlighted to the previous panel the fact that, for my family, the default provision was a 15-minute visit for an elderly relative; that was what we were given, and we never questioned it. I know that care happens in local authorities in different ways and that some local authorities treat different age groups differently. Does more awareness need to be raised in that respect?

Dr Nolan: There are multiple issues in that respect, including rurality. Indeed, in rural settings, the 15-minute visit is not an option, because there are just not enough staff. That can affect all age groups; someone will be sent miles and miles to support one person in their house, then the same person gets sent back somewhere else. It is a massive issue in the Highlands and the Western Isles, where Lucy McDonald is from, as it is across the whole of the northern part of the country and the southern uplands, too.

The other issue affecting certain age groups is young people transitioning into social care support. Young people have been telling us for years and years about how support drops out when you turn 18, and you have nowhere to turn. I have seen that, too; families are desperate for support and advice, but the children's social worker just disappears without any transitional plan being put in place or with planning happening too late in the process. It is a big issue for older people, too, but I do not think that they are the only age group that is affected by a time and task approach.

Gillian Mackay: Absolutely. Thank you.

The Convener: I think that Lucy McDonald wants to come in.

Lucy McDonald: On how strict the plans are, how assessments are written and how fair they are, I would say from my experience—this has been said by others on the panel—that assessment should be about the person's needs, regardless of what the plan will be. However, what can happen in practice is that the assessment gets tailored and things get changed to influence what comes next, so that things do not go down as unmet need.

I am going through the assessment process at the moment, and I am noticing that things are being taken out or changed that should not be. Having spoken to people, I think that social workers get a lot of pressure put on them to make sure that what goes into a plan can be met. However, it should not be that way, and I really think that that needs to be looked at.

Gillian Mackay: That was great. Thank you.

The Convener: I call Carol Mochan.

Carol Mochan: I just want to quickly thank the panel for coming along. I mentioned to the previous panel the hope that there was for self-directed support when it was put in place, but I think that you have already answered that question by saying that it has just not reached its full potential.

I suppose that what I have, then, is not so much a question as a request for some homework. What would be the one thing that you think that we should tackle to try to move things on to the next step towards delivery?

Ann Marie Penman: I thought that somebody might ask that question, and I do not think that there is any easy answer to it, as there are so many issues to deal with.

When you set out to improve something, the first thing you should always do is start at the beginning and think, "How are we doing?" and "How do we know that?" At the moment, I do not think that we know how we are doing, because we have no way of capturing that, and we have 31 or 32 different experiences.

That said, although I do not think that there is an easy answer, I would say, after looking through the recommendations and themes that have come through, there are certain commonalities that you will be picking up. I suppose that that, for me, is the starting place.

As far as carers are concerned, I picked up two issues: first, the need for independent support organisations, which I think will be crucial; and secondly, the need for a more transparent process. Those two things would make a huge difference to unpaid carers and supported people.

Dr Nolan: The principles of the SDS legislation promised choice, control and the right to independent living, but they have not been delivered. Disabled people's organisations, independent support organisations and centres for inclusive living are trying to support people with advice and information, but they do not have enough resources to do that.

Moreover, disabled people are not necessarily being given the choices. At the national forum, I heard about someone being told, "We need to wait until you have guardianship before we can assess your daughter for SDS." That goes against not just one but two laws—it is unbelievable. Barriers are literally being put in place to people's ability to access support and to have the choice, control, dignity and respect that are crucial to independent living.

Self-directed support should enable people to be part of their communities and, as Julia Smith has said, to do things that they want to do. They should not have to get out of bed when somebody else wants them to, and they should be able to meet friends, do their civic duties, go to work and so on. There are many outcomes that people might want, but they are not happening. Indeed, they are not even close to happening throughout the country. As Ann Marie Penman has said, the issue is the inconsistency across the country—that is, the 31 ways of doing things.

Carol Mochan: Do you want to add anything, Julia?

Julia Smith: I kind of agree with everything that has been said so far. The one thing that I would say to you is that, when you are look at recommendations, you must remember that every single one of us is an individual. Across the 32 local authorities there are thousands of individuals, and each one of us has different needs, different wants, different likes and different aspirations. It will be easy, I know, just to look at the legislation itself, but behind it are thousands of individuals with everyday needs who are counting on what you guys do next.

10:30

Lucy McDonald: I agree with what has been said. There is never going to be a one perfect quick fix; I think that there will need to be a multitude. I also agree that there needs to be individuality.

At the moment, a lot of what is in the act is being left to the discretion of local authorities. That will have an effect on individuality, but I also think that certain things are happening that should not be happening, such as a person's budget being cut without due process. There should be things in the legislation to ensure that that does not happen and that there is accountability and transparency in the process. There also needs to be advocacy so that people can get support.

As Julia Smith has said, we are people with aspirations. When I was asked what my goal would be, I was told that some people said "A good quality of life." I said, "I don't believe that should be a goal—it should be a given." To me, the legislation is there to support me in participating and meeting my own aspirations. We all have things that we want to achieve in life; having a good quality of life should be a given, not something that we have to ask and plead for. Unfortunately, that is what is happening. We are struggling to get the basics, and we need so much more than that.

Carol Mochan: Thank you.

The Convener: I call Emma Harper.

Emma Harper: Good morning. From quickly looking at the data on people choosing option 1 to option 4, it looks like option 1, which involves a person being an employer and having someone coming and supporting them with care, is chosen least. Option 3 is basically a mixture of choices from option 1 through to option 4. In our papers, there are issues relating to stress that might be caused by being an employer. I would be interested to hear your thoughts on that. I will go to Julia Smith first. Option 1 seems to be chosen least, and it looks like option 3 involves the local authority choosing. Is there stress associated with having a personal assistant?

Julia Smith: The short answer is yes, there is. I know that you said that option 1 seems to be chosen less than option 3. I think that that is because many people are not told about option 1 and many people are excluded from it. I will give an example. I know a young person who has autism who has been told that, because they are not able to be the employer, they are not allowed to take option 1, even though they have appointees who could do that for them. Option 1 is also very much discouraged by local authorities.

The option is difficult, but that is only because we are not given the information and support that we need as employers to be good employers and to know employment law. We are expected to go and find out those things for ourselves. We do not get any signposting or training; we are just told, “Here’s your budget. Enjoy your life.” Does that make sense?

I get a review once a year. People come in and say, “How are you doing? How much money have you got? How much can we take back? Okay, we’ll see you next year.”

Emma Harper: Do you think that the lack of uptake of option 1 might be because information on it is not provided? Does wider information need to be put out about the four options and how people can make their personal choice in order to decide for themselves and have more empowerment and control? I will look at the details of the age information. It looks like people between zero and 17 have a higher uptake of option 1 and people between 65 and 75 choose option 3. It might be about how the options are sold to people.

Julia Smith: I think that a lot of it has to do with the transition from childcare and young people’s care to adult social work. I think that those in adult social work have a lot less time to spend with each individual because adult social work is short of staff and money, and I think that social workers’ enthusiasm is not there because they do not have the time or the money or the autonomy to make choices. Even though they know best the individual with the disability, they do not have the autonomy to make choices with that person, because things have to go back to their finance people, who have very little idea of a person’s individual needs, as they have never had any training on disability or anything like that.

Ann Marie Penman: On option 1, it is not only about being an employer. Essentially, a person gets their budget as a direct payment and they manage it, but there might be other outcomes that are not fulfilled just by employing somebody. For example, accessing the community might involve paying to be in a club or being part of an organisation. There are different ways to spend the money. Therefore, it is not just about being an employer. One of the misconceptions is that people think that it is only about being an employer.

I suspect that, if you dig deep into the data, you will find that, although it looks overall like option 1 is chosen least and option 3 is chosen most, things might vary across different local authority areas. Again, that goes back to geography, rurality and population spread issues—all of those different things. In some places, it is much easier to find PAs if people choose to be an employer. In other areas, that is much more difficult. As you have rightly said, there is really good data, and there is a wealth of information in that.

We employ three PAs, and we have also used option 2 in the past. We have identified an agency that we have wanted to use. In our group workstream, we have found similar variations and experiences. From personal experience and from speaking to others in the group and other networks, I would say that being an employer is stressful. Anybody who has ever been an employer will know that it brings lots of challenges. However, if you get the right PAs, really special relationships build and develop between them and people who need support, and it is well worth that effort.

That goes back to the point that I made about the crucial need for independent support. People do not just wake up one day knowing how to be an employer and how to manage that. It is crucial that they have support from people who are experienced in doing that.

With option 3, the local authority chooses and arranges the support. Option 4 is a mixture of options. I wonder whether option 3 happens most often because people do not know that they can have self-directed support. That is what has happened in my experience and that of people whom I have spoken to.

Situations have been mentioned in which people say, “I need support,” and it is said, “Right, we’ll organise it for you. Here you go. This is what you’re getting.” They still get self-directed support. However, generally, when I speak to people in such situations, they say to me things such as, “No, we don’t want self-directed support because we don’t want to employ somebody.” They see option 1 only as being an employer. They have no understanding that they are still receiving self-directed support and therefore they should still have the same opportunities for choice, control and personalisation, and the support that they want in the way that they want it.

Dr Nolan: I could not have put that better myself. Inclusion Scotland and other members of the policy panel—including Julia Smith, I think—are on the personal assistants programme board. They have been working with the Scottish Government and putting together a handbook for personal assistants and employers of them. There are people with lived experience, including PAs, on that group working together to improve things. That came about because of the extra payment for the social care workforce during the Covid pandemic—at that point, it was not known how to contact that specific workforce.

So, we are working on that, but there are lots of administrative issues. Although employing PAs is not the only outcome, some people have a whole team of PAs, and they have to ensure that those PAs' rights are met, that they have holiday pay and can take holidays. People have to get PA cover for holidays or when multiple PAs go off sick. That can be a real administrative burden for which there is very little support from the local authority and the health and social care partnership.

Although there may be some information for PA employers when they become an employer—although it is not enough, which I will come back to—during the process, things can go catastrophically wrong, and a person can be left in bed without anybody in the house to support them if PAs go off sick.

One reason why social workers do not give the right information, or proper choice and control for people, at the beginning of their journey is that most social workers have not been trained in self-directed support. They have not had that education at university. They may have had an hour or two in year 1 or 2, but it is not a statutory part of social workers' education, because they cover so much, and they may not end up delivering self-directed support. That is a real problem because, as well as social workers not having the time and resources to properly deliver, they do not have full and proper awareness. We also hear of people on option 3 saying, "I don't get self-directed support—I just get social care." However, there is only self-directed support—that is social care support.

As has been mentioned, there is a lack of availability of PAs, including in rural areas. For example, when a young woman who used to be on the people-led policy panel moved areas, she applied for self-directed support and wanted to go on option 1. However, she was told that there was no availability of PAs in her area and was advised to move into a care home. She was in her early 30s, and that was the only option that she was given.

Lucy McDonald: I agree with what has just been said. Unfortunately, things like that have been happening in my local authority. There is an issue with a lack of PAs in my area. Also, I find that, if you have a level of need like me—I have been recommended for 18-hour to 24-hour care by professionals—the local authority has an issue and says that it cannot support that. That is when residential care comes up. That should not be the only option for people. If they are able to stay in their own homes and be supported, that should be worked out, but unfortunately that is not an option for many people.

10:45

Becoming an employer is a massive learning curve, as Julia Smith said. You are left on your own to get care and to set up everything. If there is ever any error, it is my responsibility. Yes, I can hire admin people to do it, but the buck still stops with me as an employer. With any question that I have had, it has been difficult to get simple answers from the local authority. I agree that social workers need training on self-directed support. There needs to be support for service users to become employers.

On transition, I waited a long time to be assessed. I have family carers and my idea was to start the transition to bring in other people. There have to be family carers but, unfortunately, that can be taken advantage of, because they are seen as unpaid carers. There needs to be consideration for people who are building up a PA workforce, because there is a lot to do. Particularly in rural areas, it is difficult to find people, and you cannot go out to find them unless you have the budget in place to begin with. However, it is hard to get that when you use family carers, because you are told, "You could just use unpaid carers." No—I am sorry, but the system is there for me to start the process of hiring people in order to be as independent as possible. Having PAs allows me to be independent.

A lot needs to be done to support people with option 1. People are not informed about it, and they are not given support with running it.

The Convener: I apologise to Tess White, who was about to come in with another question, but we have run out of time.

I thank the panel members for joining us, and for the work that you have done in the workstreams. The discussion will help to inform the next part of the committee's inquiry. I am sure that, like me, all committee members have found your contributions to be very valuable.

At our meeting, on 27 February, we will begin taking evidence as part of the committee's stage 1 scrutiny of the Abortion Services (Safe Access Zones) (Scotland) Bill.

That concludes the public part of our meeting.

10:49

Meeting continued in private until 12:22.

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