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## Health and Sport Committee

# The Future of Social Care and Support in Scotland



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# Background to the inquiry

1. During this Parliamentary session we have heard through evidence consistent themes of funding and staffing issues affecting social care and support. This led us to wonder if urgent work was needed. In 2019 we agreed to undertake an inquiry into social care and support for adults over 18 years.
2. We wanted to ensure our inquiry took a forward-looking strategic approach and encourage an exploration of how social care and support can be co-ordinated, commissioned and funded differently in the future.
3. We would like to express a sincere thank you to those who took the time to share their views and experiences to this inquiry. We heard directly from those accessing and delivering social care and support. This has provided valuable insight into how it is experienced in Scotland. We heard through evidence this voice is not currently part of the system or decision making processes.
4. Social care and support must have well-being outcomes for both individuals and communities at its heart. This report makes recommendations to ensure the future delivery of social care and support in Scotland is:
  - person-centred with improved public involvement
  - prevention-focused
  - valued by society, sharing equal status with the NHS.

## Initial inquiry

5. On 16 November 2018, we held an event in collaboration with Scotland's Futures Forum, 'Scotland 2030: A Sustainable Future for Social Care for Older People'. During this we considered the general proposition of how social care could/should look (and be financed) in 2030.
6. On 5 December 2019 the Committee clerks, supported by SPICe, held a roundtable session on our behalf. They heard from key professionals working in social care and support in Scotland. The purpose of that session was to gather views to inform our thinking about how to take the inquiry forward.
7. In December 2019, we launched a call for views to hear from:
  - people with lived experience of receiving adult social care and support
  - people caring for adults in receipt of care
  - people responsible for delivering adult social care and support.

The call for views ran until February 2020 and we asked questions relating to experiences of social care and support in Scotland and its future delivery. We received 225 written responses from a range of individuals<sup>i</sup> and organisations<sup>ii</sup>.

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<sup>i</sup> [Initial social care inquiry responses from members of the public](#)

## Impact of COVID-19

8. Following this initial evidence gathering, our scrutiny of social care and support required to be put on hold due to the COVID-19 pandemic. This was necessary due to the impact on those we wanted to hear from. We were also required to consider and prioritise the actions and responses to the pandemic.
9. The pandemic brought several issues to the fore in relation to care homes and wider social care and support and we wanted to examine these issues further. This included the distinction between NHS and social care services in access to PPE and issues relating to ease of implementing infection control measures. What has been highlighted, improved or made worse and how can those lessons be applied in the future to improve social care and support systems and delivery in Scotland?
10. During May 2020 we ran additional surveys aimed at care managers<sup>iii</sup> and staff, families and residents<sup>iv</sup> of care homes. We wanted to hear their experiences of care homes during the pandemic.
11. On 4 June 2020 we took evidence from the Cabinet Secretary for Health and Sport on this issue. During the meeting we heard that, before COVID-19, the Scottish Government had started its review of adult social care to look at the sustainability of the sector, and that learning from the pandemic was to be factored in to how the review would continue.
12. Following this we identified gaps in our evidence in relation to care and support at home. We sought answers by survey in relation to:
  - Changes to care and support during the pandemic
  - Additional support and help provided during lockdown
  - The extent to which recipients felt they and the people they care for had been protected from COVID-19
  - What would be most important if there was a second wave or further outbreaks.
13. Our engagement team carried out follow-up conversations on our behalf with some of the respondents. We wanted to add extra insight to the wealth of written material we received. We learned about the impact of the reduction in care and support services and the additional strain faced by family members and increasing staff workloads.

## Revised inquiry

14. In September 2020 we agreed the aim that the outcomes of our inquiry should add
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ii [Initial social care inquiry responses from organisations](#)

iii [COVID-19 care home inquiry responses from care home managers](#)

iv [COVID-19 care home inquiry responses from public, staff and relatives](#)


value to the Scottish Government's independent review of adult social care, announced on 1 September 2020<sup>v</sup>.

15. At this point we agreed a new approach to complete the inquiry. We would continue to scrutinise what the future model of social care and support should look like and include lessons learned from the pandemic.
16. We agreed our revised inquiry would draw on all of the evidence already received and we would continue to hear from individuals on what changes are needed to happen in social care and support in Scotland.
17. To discuss potential positive actions and explore possibilities of how social care and support can be reimagined we took oral evidence in three round-table sessions during October and November 2020 as follows:
  - 6 October 2020 - three social care experts from academia, third sector and health and social care partnerships
  - 17 November 2020 - six individuals in receipt of care or support or with caring responsibilities
  - 24 November 2020 - three social care professionals involved in the delivery or commissioning of services.
18. Links to the evidence received throughout the inquiry, including summaries of the survey responses, written submissions and details of the oral evidence sessions, can be found in Annexe A and B of this report.

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<sup>v</sup> [Review of adult social care](#), news release, Scottish Government website

# What should adult social care look like in the future?

19. At the 'Scotland 2030: A Sustainable Future for Social Care for Older People' event in November 2018, hosted jointly with the Scotland's Futures Forum, we heard planning for the future of social care and support should involve a whole system and community approach. It should focus on reconnecting people and communities. We also heard, crucially, we have to change society's value of social care and support.
20. From the responses to our initial surveys, a significant theme emerged. The existing strong legislative and policy basis covering social care and integrated services was being undermined by poor implementation. This was considered to be due mostly to a lack of adequate resourcing coupled with embedded structural problems. This is leading to outcomes that appear counter-intuitive and work against sustainability, innovation and equity. The Coalition of Care and support Providers in Scotland (CCPS) talk about commissioning and procurement as one example:  
  
 Competitive tendering processes are overly complex, driven by risk avoidance for the contracting authority, rather than risk enablement for the supported person, often highly prescriptive in terms of time and task. <sup>1</sup>
21. Put simply, we heard the problem of the rising demand for social care and support is being brought into sharp focus due to the lack of sustainable funding. Despite commissioning and procurement policies designed to improve the current system some aspects are still not working. However, we also heard about fantastic examples of what can be achieved when the current system is utilised effectively.
22. In the evidence gathered to examine issues that came to light as a result of the COVID-19 pandemic, people told us the issues highlighted in our earlier evidence had been further amplified and compounded within the context of the pandemic.
23. What has become clear to us is that the problems with social care and support are well known and have been written about extensively. We intend for this report, driven by the public, to add value to the Scottish Government Adult Social Care Reform Programme. Our recommendations, intended to encourage the change and action that is needed for the future of adult social care and support in Scotland, are driven by the thoughts, needs and wants of those closely engaged in receiving support.

## User participation and engagement

24. A key message came through in the evidence gathered for this inquiry. We heard care recipients and unpaid carers must be more involved and listened to in relation to individual care and support packages. We also learned there is a significant issue with not just how people are involved, but in the awareness individuals have of their right to be involved.
25. In addition, it has become clear it is vital those with direct experience of care and support are involved in decisions about individual care packages. Their first-hand



experiences mean they must also be involved in wider decision-making about future development and delivery of social care policy.

26. We are aware people's experience of the social care and support system is, in part, dependent on when they enter it. We acknowledge that older people and their carers may be less able to easily navigate the system. This is because they usually arrive at it in a moment of crisis, rather than in a planned way.
27. Consulting with front-line care staff and the importance of involving them in decision making was frequently raised during our inquiry. Cassie Hersee, Nursing Home Manager, perhaps summed this up when she told us at our meeting on 24 November:

” I ask the Scottish Government, please, do not just go away and decide the changes that it will put in place. It needs to involve us: we know and we are the experts.”<sup>2</sup>
28. However, we agree with the view of COSLA that we need to be mindful of 'the impact of consultation fatigue among the public'. Where appropriate, "engagement should be done on a multi-agency, partnership basis and through the lens of community planning."<sup>3</sup> We agree with the evidence which suggests involving people in decision making is not easy. For it to be done properly people should be engaged with on their own terms according to their own needs. Failing this there is a danger of engagement being viewed as tokenistic.
29. Further to this, for engagement to be successful and sustained people must not only be listened to, but also told how their views have impacted and what change has been introduced as a result. Proper feedback mechanisms need to be developed in any engagement approaches to ensure trust and transparency.
30. We acknowledge getting engagement right will not happen overnight, but we firmly believe that there must be a commitment from all partners to making this happen. Contributors to this inquiry consistently demonstrated how they can provide invaluable insights to strategic planning. This is shown through their combined experience, knowledge and consideration of issues beyond their own circumstances.
31. The COVID-19 pandemic has further highlighted the importance and value of the voice of those with care and support experience. Our survey on the impact of COVID-19 on care and support at home found that many families felt they were "left to get on with it"<sup>vi</sup>.
32. This is contrary to a Care Inspectorate report<sup>vii</sup> based on evidence from Health and Social Care Partnerships (HSCPs) and service providers indicating that people were declining their usual support in favour of family members. This divergence of findings demonstrates how crucial it is to gain insight from those accessing services. We are pleased that the Care Inspectorate acknowledged this both in its report and subsequent correspondence<sup>viii</sup> with us.

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vi [How has Covid-19 impacted on care and support at home in Scotland? survey results](#)

vii [Delivering care at home and housing support services during the COVID-19 pandemic](#)

viii [Letter from Peter Macleod, Chief Executive, Care Inspectorate to Lewis Macdonald MSP,](#)

33. We heard that HSCPs acknowledge and strive towards the ideals of meaningful public engagement. However, evidence also suggests that many third sector organisations felt this was tokenistic. We believe local partnerships need to improve how they involve the third sector and users of services in their creative endeavours. This is particularly needed when it comes to local planning and prioritising of services.
34. We agree that a 'one size fits all' approach to engagement would not work. However, we believe existing legislation and policy does have person-centred planning as a starting point. If used effectively, this can and should achieve meaningful two-way engagement.
35. We learned from third sector submissions about their approach to supporting people. This places the person at the centre of their care and how they are supported. We believe much more needs to be done to involve and value the third sector, building on the effective participation and engagement being achieved by them. We believe they are an important conduit between those experiencing care and support and decision-makers.
36. We acknowledge the engagement work that has been carried out as part of the Scottish Government Adult Social Care Reform Programme and the Independent Review of Adult Social Care in Scotland. This includes the Inclusion Scotland People-Led Policy Panel<sup>ix</sup> and the work of the Health and Social Care Alliance as detailed in their Independent Review of Adult Social Care Engagement Report<sup>x</sup>.

37. The experiences of paid and unpaid carers and care and support recipients must be listened to. We recommend their voice should be central to the development and implementation of national policy going forward. We ask the Scottish Government for an update on the engagement work mentioned at paragraph 36.
38. We recommend sharing best practice engagement with communities. This should focus on building on existing successful engagement being delivered across the third and voluntary sectors, as well as through community councils and other community initiatives.
39. We recommend Health and Social Care Partnerships are supported to fully and meaningfully involve those with care and support experience in their strategic planning and commissioning. We expect all future strategic planning and commissioning work to state explicitly the role played by those with direct and current care and support experience in its development and evaluation.

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[Convener of the Health and Sport Committee - 27 November 2020](#)

ix <https://inclusionScotland.org/what-we-do/policy/people-led-policy/>

x <https://www.alliance-scotland.org.uk/blog/resources/independent-review-of-adult-social-care-in-scotland-engagement-report/>

## Public awareness

40. The importance of raising awareness of adult social care and support with the wider public, both nationally and within local communities, was also raised with us during our inquiry. We believe more needs to be done to educate and inform the wider public about adult social care and support more generally. We need to challenge the assumption that exists in society that the state will look after us free of charge when we are elderly, when this is not always the case. This means raising public awareness about how adult social care and support is funded and delivered. The Kings Fund noted:

” The public has little understanding of how social care operates and even less understanding of how it is funded. Although some people have direct or indirect experience of arranging social care, this does not give them insight into the system as a whole.

Many people think the current funding system is more generous than it actually is, with many assuming social care will be free when they need it. Any proposed solution that is not free will be viewed negatively while this remains the case. When people are given more detailed information about how social care works, they recognise that there is a significant problem and believe the current system is not fit for purpose.<sup>4</sup>

41. Evidence told us the existing system is crisis-driven. People do not think about the type of care and support they might need in the future, rather there is a tendency to wait until crisis hits. We heard this reflects the lack of information and awareness available in communities.
42. We believe it is possible to realise the flexibility and person-centred approach current legislation and policies set out to achieve. For this to happen, people must be educated about adult social care and engaged in conversation about future need and potential costs at an early point.
43. We heard about successful community initiatives seeking to facilitate these conversations. Joanna MacDonald, Chief Officer Argyll and Bute HSCP, and Chair of Social Work Scotland Adult Social Care Committee, told us at our meeting on 24 November 2020:

” There are some fantastic examples across Scotland, including in the Borders, Dumfries and Galloway and Falkirk. We have examples in south Argyll and Bute of people being able to access advice and guidance not in a traditional social work office, but in community cafes or even supermarkets. They can drop in, have a cup of coffee, have a discussion and not feel that they are being judged in any way. Huge benefits have come out of that.<sup>5</sup>

44. We recommend there needs to be greater public awareness of adult social care and support. There must be a shift from a crisis-driven system to a more flexible, preventative one. Delivery of information and education about adult social care and support should be freely and widely available at a community level.

## A prevention-focused approach

45. Evidence has shown increased public awareness of adult social care and support is crucial to achieving a more prevention-focused approach<sup>xi</sup>. This includes involvement in related discussions and decision-making processes. However this is inextricably linked to other key issues we believe must also be considered.
46. We considered building on the logic of integration and shifting the balance of care across policy areas throughout this inquiry. We also considered this in other work we have carried out this session. Planning for the future of social care and support is about more than just social care itself. It includes housing, environment and community planning. A prevention-focused approach should incorporate all services that contribute to the health and wellbeing of communities.
47. What has become clear is that there is a need for both budget and activity to be mobilised from health spend (and focus) to preventative, person-centred, community-based health and social care. This must happen to support a change in mindset away from crises and to prevent crisis situations happening. Again, our earlier recommendations relate to and contribute to improvements in this area. We believe more needs to be done to ensure that a prevention-focused approach is properly embedded.
48. Evidence suggests that this can be achieved when HSCPs are supported to focus on collaboration and public involvement. We heard from East Ayrshire HSCP about the numerous ways they focus on prevention, including:
  - participatory budgeting
  - locality groups
  - peer-mentoring
  - running proactive campaigns on loneliness.<sup>6</sup>

49. We recommend that Health and Social Care Partnerships be required to develop prevention-focused strategies. To prevent crisis situations there should be a focus on a neighbourhood approach to the planning of health and social care services. Better collaboration and relationship building across sectors and policy areas is required. Locality planning must be required and measured against its success in achieving this shift.

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<sup>xi</sup> A prevention-focused approach is about supporting people to live longer, healthier lives at home for as long as possible. This is covered in more detail in our 2020/21 Pre-Budget Report - <https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2019/10/3/Looking-ahead-to-the-Scottish-Government---Health-Budget-2020-21--When-is-Hospital-bad-for-your-health-/HSS052019R10.pdf>

## Technology

50. Much of the evidence presented to us recognised the value and potential of improved use of technology and innovation to social care and support. Again, this aligns with what we have learned across other pieces of work this session. We have heard technology can not only be used to improve engagement and data gathering, but also to contribute to prevention. This can be something as simple as adapting homes with a ramp, grab rail or wet room. Technology does not need to be high tech to make a difference. As Blackwood Homes and Care suggest:

” There is major scope to use design and technology to give people and communities better tools to live as independently as possible, preventing or reducing the need for social care in many cases.<sup>7</sup>

51. Housing is one area in which it is clear technology and innovation can have an impact to contribute to future needs, prevention and integrated communities. We learned the housing sector is a crucial element in the successful provision of social care and support. Homes should be designed with future needs and accessibility in mind, adapted for life-long living. However, it is apparent that issues exist with what developers are currently prepared and able to build. Social Work Scotland highlighted problems with the planning system and financial pressures on housing associations, alongside a need to review industry standards for accessibility and improve best practice<sup>8</sup>.
52. We heard in evidence about the successful use of technology during the COVID-19 pandemic. This includes creative approaches to deliver alternatives to care and support services. However, we have also heard a message of caution telling us technology is not a substitute for human contact.

53. We recommend development of a strategy for widespread use of technology to improve the future delivery of social care and support. This should include measures to improve sharing best practice and increased investment in technology. HSCPs must be required to explicitly report on progress in this area and be benchmarked against each other.

## Sustainable funding and data

54. One of the key questions to be considered for the future of social care and support is how it should be funded, and whether it should be free at the point of use to everyone. This is not something we specifically sought views on during this inquiry. However, given the underlying nature of this issue, it is one that several respondents commented on. This was particularly the case when considering how social care and support can be delivered equitably across the country.
55. We highlighted the policy implications of a prevention and person-focused approach in the previous section. We believe this approach should be central to any consideration of how social care and support should be funded. Again, other work we have carried out this session on primary care and pre-budget scrutiny has

highlighted the financial benefits and cost-effectiveness that follows through shifting the balance of care from the acute to the community.

56. Evidence suggests that creating a sustainable system of funding for social care and support is about addressing the overarching and growing demand for social care and support. We have heard this can be achieved through the creation of a fair and risk-sharing sustainable funding mechanism. Indeed, the issue of funding is inextricably linked to the rising demand for adult social care and support:

” The assumption that Scotland can continue to fund long-term care solely from the public purse is not tenable unless there is a significant increase in public spending and/or taxes and/or user charges ... Why will it be necessary to raise additional funding? Largely because of demographic change, particularly the projected growth in the number of the oldest old.<sup>9</sup>

57. Some respondents made suggestions about how social care and support funding should be designed and delivered, including:

- long-term funding settlements
- invest to save
- mainstreaming of participatory budgeting
- a national debate (such as a Citizens Assembly)
- taxation
- insurance.

58. What has also become clear throughout our inquiry is the significant lack of Scotland-specific data on adult social care and support. This includes data on current needs, future needs or outcomes and unmet need. Without this information, as the Scottish Centre for Administrative Data Research suggest, we do not have data on unmet need and we do not have the basic information to ensure equity. Any sustainable funding model which has equity at its heart cannot successfully be implemented without better data collection. As Ed Humpherson, Director General for Regulation, explains:

” Users of social care statistics told us that too much emphasis is placed on counting system outputs, such as the number of hours of care delivered, costs of services and numbers of staff, and would instead like to know more about the outcomes achieved for the people using those services.<sup>10</sup>

59. Improvement in data collection will not only assist with adopting a sustainable system of funding. It will also assist in the successful development and implementation of policy through a focus on better, and data-driven, outcomes. Ed Humpherson states:

” For outcome evaluation and measurement data to be published as official statistics, this will require that they are developed by an official statistic producing body in line with the Code<sup>xii</sup>. In our view, this will likely require some form of standardised data collection across the 31 Integration Authorities.<sup>11</sup>



60. The Scottish Government must find ways to address funding of social care and support. We recommend any decision relating to how social care is funded should be a national conversation involving both stakeholders and the public.
61. We recommend that data is used to inform future policy development and outcomes. This should include setting measurements for success, and for monitoring and evaluating progress. We acknowledge and agree with the Audit Scotland briefing Planning for Outcomes<sup>xiii</sup> produced to support public bodies on measuring outcomes.

## Self-directed support

62. Self-directed support (SDS) is the means by which those eligible for social care and support are able to be given greater choice and control over how they receive these services. It is intended as a way of involving people as an equal partner in assessing their care needs in planning support. This planning is done by individuals along with local authority social care departments. The focus is on outcomes and how these can be achieved, through community and/or funded support.<sup>xiv</sup>
63. Individuals can decide how much support they would like to organise for themselves via four options:
  - option 1 - a direct payment, which is a payment to a person or third party to purchase their own support
  - option 2 - the person directs the available support
  - option 3 - the local council arranges the support
  - option 4 - a mix of the above.
64. Individuals can then choose to get support by:
  - using a service provider, like a voluntary organisation
  - using council services
  - employing a personal assistant
  - a combination of all of these.
65. Throughout our inquiry we have heard that SDS is a popular and understood route to accessing support. This is especially the case for younger people who have already had contact with services. The underlying principles of SDS should enable

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xii The [Code of Practice for Statistics](#) sets the standards that producers of official statistics should commit to

xiii [https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing\\_190603\\_planning\\_outcomes.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing_190603_planning_outcomes.pdf)

xiv Care Information Scotland - [Self-directed support](#)

those requiring care and support to be involved in all decisions relating to this, with varying levels of autonomy. However, statistics tell us that the majority of people do not choose options designed to give them more control of their budget and the services provided<sup>xv</sup>.

66. Evidence has also told us that problems exist with implementation and inertia within local systems, which results in unnecessary delays, bureaucracy and confusion. There is an over-focus on the system itself, rather than well-being outcomes and care planning for individuals. This is at direct odds with the person-centred approach intended to be at the heart of SDS.
67. Put simply, evidence suggests care and support organisations place responsibility for the lack of full involvement of individuals in SDS options with commissioners and procurers, local authorities and health and social care partnerships. We do not understand why this is not being addressed.
68. On the issue of commissioning and procurement, we have learned that price is the main driver. We have heard loud and clear that the current system is leading to risk aversion and the stifling of innovation. Local authorities are in fact the key decision-makers about provision of care, rather than individuals themselves. This is also in direct contrast to the principles of SDS and further contributes to its ineffective implementation.
69. It is understood that this is linked to financial pressures on local authorities who have seen a real terms decrease in funding, albeit a cash terms increase, over the past seven or eight years<sup>xvi</sup>. It appears adjusting eligibility criteria is the only lever local authorities have to control social care spending within their statutory duties.
70. The provisions of the Procurement Reform (Scotland) Act 2014 permits and enables authorities to put services in place without obligation to award contracts through competition. We heard examples of local authorities making use of the opportunities offered by this Act to develop creative alternatives, such as Public Social Partnerships, as well as the exploration of alternative models of commissioning and procurement. CCPS state:  
  

” We believe that a fundamentally different approach is required in order to give full effect to SDS principles of involvement, choice and control, and we have in recent years turned our attention as an organisation to supporting providers and councils to develop and design more flexible, collaborative approaches focused on outcomes and based on the development of trusted relationships rather than contractual obligations. <sup>12</sup>
71. Questions have also arisen about how the implementation of SDS fits into wider community level planning alongside innovation and creativity. We believe SDS must be a key focus for public awareness and community engagement. The experiences and needs of those accessing SDS have to be taken into consideration.

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<sup>xv</sup> [Insights into Social Care in Scotland](#)

<sup>xvi</sup> Using outturn data, between 2013-14 and 2019-20, the local government total revenue settlement decreased by -4.7%, or -£517.7 million in real terms. In cash terms, the equivalent figure is an increase of 5.7% or +£552.7 million. Source: <https://digitalpublications.parliament.scot/ResearchBriefings/Report/2020/6/24/Local-Government-Finance--Facts-and-Figures-2013-14-to-2020-21>



72. We recommend the Scottish Government takes action to raise awareness of self-directed support and the options available.
73. We recommend the Scottish Government monitors and evaluates alternative models of commissioning and procurement currently being explored.
74. Action must be taken by the Scottish Government to address eligibility criteria being adjusted by local authorities as a means to control social care spending.
75. We recommend to the Scottish Government the current role of the third sector, as both providers of services and advocates, is addressed. We believe the advocacy role of the third sector must be strengthened.

## Status of sector and staffing

76. Commissioning and procurement is an issue we have heard is also inextricable from the issues around poor pay for social care and support staff and the status of the sector. Evidence suggests this is largely due to the risk-averse nature of current framework agreements and the impact of market forces as a result of local authorities acting as the main purchaser.
77. We have heard that wages, overheads and other costs cannot be covered by the average commissioning rates from local authorities, and the standard rates for residential and nursing care do not cover the actual costs of care. Evidence also suggests staff shortages and high turnover are a significant issue, alongside increasing workload demands with insufficient support and training.
78. We agree with the importance of qualifications and registration with the Scottish Social Services Council. We can see benefits to this such as the potential for career progression. Equally, we are well aware that, for the same pay jobs are available in other sectors that do not require the same obligations. This adds to the challenge of recruitment and retention within social care. Qualification and Registration needs to be widely seen and understood as being of value.
79. We also heard about the lack of value placed by society on social care and social care staff. This is particularly evident when compared with NHS staff. This is also resulting in issues in attracting staff to the sector and in retention. We have heard how demoralised and under-valued social care staff feel. This has been amplified by the COVID-19 pandemic. NHS staff have been celebrated and praised in a way that their social care colleagues have not. We are clear that given better understanding of the work of social care staff the public would appreciate the invaluable contribution they make. Again, improved public awareness and understanding is required.
80. We believe our earlier recommendations relating to user engagement and public involvement will contribute to improving society's understanding of adult social care and support. We believe this will contribute to increased awareness of the role and value of the sector. Social care and support staff must be given the same status as NHS staff. This is a crucial step towards improving recruitment and retention.

81. However, it is not just paid social care staff who deserve additional support and recognition. We heard much throughout our inquiry about the significant and crucial role played by unpaid carers. This role is carried out while receiving little practical support or respite from caring responsibilities. This is an issue that has worsened significantly as a result of the COVID-19 pandemic, as highlighted in the results of our survey on the impact of care and support at home.<sup>xvii</sup>
82. Much of what we have said in this report also applies to unpaid carers. We believe this is even more significant when we consider the hidden costs of care to society covered by unpaid carers. They need to be listened to and involved in planning and decision making. They need support and assistance to carry out their care and support roles. There needs to be greater public awareness of and value for the role of unpaid carers.
83. We recommend the Scottish Government ensure social care staff at all levels are listened to. The needs of and issues facing staff must be addressed in the development of new policy and in decision making.
84. We recommend the status and value of all paid and unpaid carers must be addressed. This includes addressing issues of how all carers are treated, such as poor pay and public awareness.

# Conclusions

85. The views and experiences of service users, and front-line staff delivering social care and support services, have been central throughout our inquiry. We heard consistently that care and support experienced individuals and front-line staff want to be listened to. They have valuable and insightful views to share. We believe all partners involved in developing and delivering the future of adult social care and support in Scotland must do so with, and alongside, the individuals who are most impacted.
86. More needs to be done to establish a prevention-focused approach towards adult social care and support. In order to support people to live longer, healthier lives at home any change in the way social care is planned and delivered must have prevention at its core.
87. There needs to be a national conversation about the future of social care and support in Scotland. We need to increase public understanding of the role of social care and support, to increase society's value of the sector and the recruitment and retention of staff. We need to improve the status of carers and the way they are treated.
88. To create a fair and equitable system of social care and support in Scotland, local partnerships must be supported to deliver creative, innovative solutions. These solutions should focus on well-being outcomes for both individuals and communities. This requires the creation of an agreed strategic aim and measured outcomes, along with improved data collection and monitoring of progress.

# Annexe A

## Extracts from the Minutes of the Health and Sport Committee Meetings

### 30th Meeting, Tuesday 17 December 2019

**4. Social Care Inquiry (in private):** The Committee considered its approach to the inquiry. It agreed:

- To hold a call for views;
- Its approach to information gathering and briefings, including local visits; and
- The themes for each session and its approach to witness selection.

### 7th Meeting, Tuesday 17 March 2020

**4. Social Care Inquiry (in private):** The Committee further considered its approach to the inquiry.

### 8th Meeting, Tuesday 24 March 2020

**6. Social Care Inquiry (in private):** The Committee further considered its approach to the inquiry.

### 15th Meeting, Thursday 04 June 2020

**1. COVID-19 Scrutiny:** The Committee took evidence from—

Jeane Freeman, Cabinet Secretary for Health and Sport, Donna Bell, Director for Mental Health and Social Care, and Professor Fiona McQueen, Chief Nursing Officer, Scottish Government.

**3. COVID-19 Scrutiny (in private):** The Committee considered the evidence heard earlier in the meeting.

### 20th Meeting, Tuesday 25 August 2020

**9. Pre-Budget Scrutiny:** The Committee took evidence as part of its Pre-Budget Scrutiny from—

Peter Macleod, Chief Executive, and Kevin Mitchell, Executive Director of Scrutiny and Assurance, Care Inspectorate.

**11. Pre-Budget Scrutiny (in private):** The Committee considered the evidence heard earlier in the meeting.

### 25th Meeting, Tuesday 29 September 2020

**5. Social Care Inquiry (in private):** The Committee considered and agreed its approach to the inquiry.

### 26th Meeting, Tuesday 06 October 2020

**1. Social Care Inquiry:** The Committee took evidence from—

Eddie Fraser, Chief Officer, East Ayrshire Health and Social Care Partnership;

Annie Gunner Logan, Director, Coalition of Care and Support Providers in Scotland;

Professor David Bell, Professor of Economics, University of Stirling.

**5. Social Care Inquiry (in private):** The Committee considered the evidence heard earlier in the meeting.

### 29th Meeting, Tuesday 10 November 2020

**3. Social Care Inquiry (in private):** The Committee considered and agreed its approach to the inquiry.

### 30th Meeting, Tuesday 17 November 2020

**1. Social Care Inquiry:** The Committee took evidence, in a roundtable format, from the following individuals in receipt of care or with caring responsibilities from—

Jim Aitken;

Julie Cuzen;

Susan Dumbleton;

Ron Goldie;

Steve Sinclair;

Dr Ann Wilson.

**7. Social Care Inquiry (in private):** The Committee considered the evidence heard earlier in the meeting.

### 31st Meeting, Tuesday 24 November 2020

**4. Social Care Inquiry:** The Committee took evidence from—

Joanna MacDonald, Chief Officer Argyll and Bute Health and Social Care Partnership, and Chair of Social Work Scotland Adult Social Care Committee;

Viv Dickenson, Chief Executive Officer, CrossReach;

Cassie Hersee, Manager, Isle View Nursing Home, Aultbea.

**6. Social Care Inquiry (in private):** The Committee considered the evidence heard earlier in the meeting.

# Annexe B

## Written submissions

- [Call for views: Social Care Inquiry](#), published responses
- [Initial social care inquiry responses from members of the public](#), summary of evidence
- [Initial social care inquiry responses from organisations](#), summary of evidence
- [COVID-19 care home inquiry responses from care home managers](#), summary of evidence
- [COVID-19 care home inquiry responses from public, staff and relatives](#), summary of evidence
- [How has Covid-19 impacted on care and support at home in Scotland?](#), summary of evidence

### Additional evidence received

- [HS/S5/20/SOC/1 - Marie Curie](#)
- [HS/S5/20/SOC/2 - RCOT](#)
- [HS/S5/20/SOC/3 - Scottish Womens Convention](#)
- [HS/S5/20/SOC/4 - RCOT](#)
- [HS/S5/20/SOC/5 - Age Scotland](#)
- [HS/S5/20/SOC/6 - Shared Lives Plus](#)
- [HS/S5/20/SOC/7 - Inclusion Scotland](#)
- [HS/S5/20/SOC/8 - Scottish Care](#)
- [HS/S5/20/SOC/9 - Unison Scotland](#)
- [Letter from Ed Humpherson, Director General for Regulation, Office for Statistics Regulation - 1 December 2020](#)

### Supplementary written evidence

- [Scotland 2030: A Sustainable Future for Social Care for Older People](#), event report
- [Letter to the Cabinet Secretary for Health and Sport from Lewis Macdonald MSP, Convener of the Health and Sport Committee - 11 November 2020](#)
- [Letter to Peter Macleod, Chief Executive, Care Inspectorate from Lewis Macdonald MSP, Convener of the Health and Sport Committee - 11 November 2020](#)
- [Letter from Peter Macleod, Chief Executive, Care Inspectorate to Lewis Macdonald](#)

[MSP, Convener of the Health and Sport Committee - 27 November 2020](#)

## Official Reports of meetings of the Health and Sport Committee

- [Tuesday 4 June 2020](#) - evidence from the Scottish Government
- [Tuesday 25 August](#) - evidence from the Care Inspectorate
- [Tuesday 6 October 2020](#) - evidence from social care experts
- [Tuesday 17 November 2020](#) - evidence from individuals in receipt of care or with caring responsibilities
- [Tuesday 24 November 2020](#) - evidence from individuals involved in the delivery or commissioning of social care

- 1 Written Submission - [Coalition of Care and Support Providers in Scotland](#)
- 2 Official Report of the Health and Sport Committee - [24 November 2020, COL 32-33](#)
- 3 Written Submission - [COSLA](#)
- 4 A fork in the road: next steps for social care funding reform -  
<https://www.kingsfund.org.uk/publications/fork-road-social-care-funding-reform>
- 5 Official Report of the Health and Sport Committee - [24 November 2020, COL 14](#)
- 6 Written Submission - [Eddie Fraser, East Ayrshire Health and Care Partnership](#)
- 7 Written Submission - [Fanchea Kelly, Blackwood Homes and Care](#)
- 8 Written Submission - [Social Work Scotland](#)
- 9 Written Submission - [David Bell and Elaine Douglas, University of Stirling](#)
- 10 [Letter from Ed Humpherson, Director General for Regulation, Office for Statistics Regulation - 1 December 2020](#)
- 11 [Letter from Ed Humpherson, Director General for Regulation, Office for Statistics Regulation - 1 December 2020](#)
- 12 Written Submission - [Coalition of Care and Support Providers in Scotland](#)



