



THANKS TO STAFF PAST AND PRESENT
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Independent Review of Adult Social Care **Submission from Turning Point Scotland**

Turning Point Scotland (TPS) works with adults who are experiencing a range of support needs in relation to learning disability, autism or acquired brain injury, fluctuating mental health or physical disabilities, problematic alcohol and/or other drug use, involvement in the justice system and homelessness. We work from the belief that people matter, that they are the experts on their support needs and that it is for us to work creatively with them and with partners to ensure that those needs are met.

We welcome the opportunity to contribute to the Committee's inquiry. We have worked with Coalition of Care and Support Providers (CCPS) and the Drug Death Task Force (DDTF) on the development of their submissions, and we support the points that have been made. Rather than repeat what has already been said, this brief submission is intended to add Turning Point Scotland's particular perspective and some practice examples for your consideration.

A system built around people, not labels

People are complex and multi-faceted. We know it is not effective nor efficient to attempt to address one support need in isolation with others. We have accepted the need to integrate health and social care, and while we still have a long way to go before that integration is experienced consistently by the people using these services, we believe that we must go further still.

We aspire to an adult social care system that coordinates all support required to enable people to live full, healthy and meaningful lives. When we consider the parts of the system in which TPS works – learning disability, justice, alcohol and other drugs, homelessness – there is remarkable consistency in the outcomes people want to achieve, in the barriers that they identify as standing in the way and in the enablers that they believe would help. Maintaining such segregated structures is of no value – not for the people who need input from multiple agencies, not for the services whose impact is limited because they can only

work with one piece of the puzzle, and not for the separate systems that are each working to develop their own answers to questions that are shared across the whole system. This structure is inefficient, ineffective and stands in the way of the prevention, early intervention and integration demanded by Christie and promised by every government since.

This interrelation of support needs is clear from our own experience of service delivery and is supported by the evidence, particularly the Hard Edges Scotland report (2019) on severe and multiple deprivation. Operating as partners with, but independently of the public service system, we have had the freedom to find ways to adapt and build our support and our expertise around the needs of the people we support. Consequently, we have developed services that make connections across ‘types’ of support need that are kept quite siloed in the wider public service system – adult care and support at home that connects to social enterprise, justice services that connect to alcohol and other drug services, homelessness services that connect to adult care and support.

We acknowledge that we are calling for a fundamental shift in the way in which our adult social care system operates, but this review should be the opportunity to make such an ambitious call. We acknowledge that this is a big ship to turn around, but we in the third sector have been making these changes at the service delivery level, often with public sector partners. We have some of the answers, and we ask those responsible for the systems around these services to acknowledge us and the expertise we can bring to this challenge.

This discussion needs to move forward

So many of the elements we would prioritise for the future of adult social care have already been accepted and prioritised. We’ve accepted that people must have choice and control over their support, and we have the Self Directed Support Strategy and underpinning legislation. We know that support is most effective when it is built on collaboration and communication between agencies and around the needs of the person, and we have committed to facilitating these connections through the Health & Social Care Integration agenda. The report from the Christie Commission set out the elements needed for effective public services that are equipped to respond to future demands. Yet, in 2020, we still need a wholesale review of the adult social care system in order to work out our way forward.

We hope that in establishing this review, and in its wider thinking, the Scottish Government has learned from the reasons why the Adult Social Care Reform Programme, the Health & Sport Committee Social Care inquiry and all other preceding efforts to grasp this nettle in recent years have failed to deliver the desired impact. We hope that the contributions made, the evidence gathered and the ideas generated by these efforts have not been lost, and that this review and the Government’s planning will build on this foundation. Most

importantly, we hope that real and honest consideration will be given to understanding and removing the barriers that have got in the way of progress over the years; barriers that have prevented the kind of innovation and radical thinking that we need.

We are confident that the evidence you receive will illustrate the many barriers that prevent the existing social care system from operating as we would wish, and from driving the change that we know is needed – commissioning and procurement, short term funding, a vulnerability to cost saving measures, a lack of resources across the system – so we will not repeat them here. However, it is clear that this is no time for defensiveness or protectionism. There remains a significant gap between policy aims and commitments and the reality experienced by people using and working in adult social care services. We do not believe that we need new answers, rather we need to understand and be honest about what is standing the way of us delivering what we have committed to. This is where we believe this review must deliver.

Structures must support innovation

While we might not need new answers, we do need to find new ways to deliver the answers we've agreed, because what we've tried hasn't worked. We must look at each stage of the process – understanding need, demand and best practice, assessment and resource allocation, service design, commissioning, monitoring and evaluation – and consider what we can do differently.

The change we need can only come through innovation, so our systems must support and not hinder that innovation. It is clear that if we want a different outcome, this review must do something that has not been done, or at least has not been followed through, before.

We must be open to radical thinking. CCPS have developed a suite of 'Big Ideas', distilled from conversations with third sector care and support providers, to guide conversations around how we can change, what a new system could look like, how it could be structured. We hope that this review will engage in and encourage such conversations, and that these Big Ideas will be used to stimulate thinking around how we build supportive and enabling systems that allow us to innovate.

The third sector are leaders in innovation

Turning Point Scotland is built on values. The sole reason we came in to being was to deliver the best possible support to the people we work with and to make a positive contribution to our communities. We are here because the people we support matter, and we know this to be true across the sector.

Engaging with and learning from the people we support is fundamental to what we do. They are the voices that shape our services, that tell us what is needed and where the gaps are in our own practice and in wider public service provision. Our values drive us to continuously improve, to question and consider how we can do this better, to explore and invest in new approaches. These two elements add up to the ability to find answers to the kind of intractable problems being considered by the review, and it is this approach, and our experience of putting it in to practice, that we believe can support the development of a more effective, more sustainable adult social care system.

Example: Near Fatal Overdose Response – TPS are leading on a test of change in Glasgow, commissioned through the DDTF, to challenge the way in which we respond to near-fatal overdoses. This was identified in the evidence as an indicator of high risk of a future drug related death, and by people with lived and living experience of problematic drug use and by the staff who support them, as one of the key opportunities to intervene and prevent a future death. Working with people and staff teams we have developed a new approach that removes the barriers that previously prevented a more rapid response, to strengthen our response and ensure that people access the right support at the earliest possible opportunity to reduce their risk of a drug related death.

Example: Housing First – Over 10 years ago TPS invested in the UK's first Housing First pilot project. This was in response to the clear evidence that there was a small highly visible population who were being failed – and worse, increasingly traumatised – by the homelessness system that was supposed to help them. We undertook a scoping exercise to explore ways in which other countries responded to people who faced multiple and enduring support needs, and reviewed the evidence on what makes an effective homelessness intervention for people who need so much more than a home. And we learned that this is exactly where we have to start – with a home.

Over the course of the last 10 years we have seen awareness of and belief in the Housing First model grow across the country, and we have seen it adopted as the standard response in Scotland to people who are homeless and experiencing multiple and enduring support needs. To see the model embraced in this way has been remarkable, a real validation of the vision and the gamble we took in trying it out. But the real proof of this pudding is seen in the people we support. The Housing First approach finally allowed the system to adapt and respond to what this group of people really needed, people who had spent years stuck in a revolving door of rough sleeping, hospital admissions, hostels, prison, attempts to help that failed to see or understand what they were asking for; people who are now safe, secure and flourishing in their own home.

Example: Forensic Learning Disability support – TPS forensic learning disability services support people who present considerable risk to themselves and to others to live safely and

independently within their community. Many people we support will have offended in the past and be involved in the criminal justice system, and the risk they present is often rooted in a learning disability, a mental health condition and/or in trauma they themselves have experienced. The level of support required to manage risk, and the level of the risk presented, has meant that these people were among the last to leave secure hospital accommodation as their peers were supported to establish their homes within their community. They have often been supported in specialist out of area placements at considerable cost to the individual, their family and to the local authority responsible for their care and support. Dr. McDonald's 'Coming Home' report (2018) illustrates the scale of demand for this kind of support and clarifies the Government's commitment that no-one should be excluded from the outcomes delivered by the Keys to Life strategy.

Turning Point Scotland have developed an exceptional reputation among public sector colleagues in this area, working in partnership with them to develop service models that meet the needs of the person – they have the independence that they are entitled to, in their community and close to their family, with the support that they need to stay safe – and the needs of the wide range of agencies involved in that person's care – including social work, psychologists and law enforcement.

These needs seem to be diametrically opposed – the person being supported wants freedom, independence and autonomy, the agencies involved are largely focused on preventing harm to the person or to the wider community. However, we know that we are all working towards the same goal – safe, secure and sustainable support that minimises risk and enables the person receiving support to live a full life as part of their community.

TPS has learned how to deliver this goal, we have developed an approach that delivers for all involved. It is based on values of respect and empathy and developing trust and strong communication between partners, and it is successful. People are living safely and securely in their community, risk is managed and support is proportionate and sustainable.

In this field we have demonstrated our ability to work from a values base to find solutions that seemed to be out of reach. We are demonstrating the kind of partnership, respect and trust between the various agencies playing a part in this support, built on strong and honest communication and sharing of information, that needs to be replicated across the adult social care system. It can be done, we have done it, and everyone involved is in a better place as a result. This experience can support our ambition.

Example: Citizenship – The success of any social care intervention is underpinned by a complex, multi-faceted and hard to pin down resource that is variously described as mental wellbeing, community connection, resilience, recovery capital and social inclusion. It is hard to distil into an easily grasped concept, and so it does not fit neatly into any one area of

responsibility, but we see its importance across our services. People are much more able to prevent homelessness if they feel connected to their community. People are in a much stronger position to make progress in their recovery from problematic alcohol and drug use if they have a sense of purpose and value. People's physical and mental health is improved when they have a clear sense of themselves and meaningful relationships with others.

Again, facing the challenge of seeing something as important but having no clear approach available to act, we invested in creating that approach. Through a partnership with the University of Strathclyde and Yale University we are developing a Citizenship approach, based on a model and philosophy originating in America. Defined as 'an innovative and holistic model for community integration and social inclusion' this approach considers the strength of an individual's connection to the elements that define citizenship - rights, responsibilities, roles, resources, and relationships (the 5 R's). Alongside these elements our approach also considers a sense of belonging and feeling part of your community, and is designed to address disconnection.

We have integrated this concept into every element of our support at every stage of a person's journey with us. It is not aftercare, nor is it another type of intervention; it is designed to enhance the work that we do and support people to redefine themselves and build an identity away from the reasons that brought them into services and realise that they have a life beyond those issues.

We are able to share our experience of innovation and of problem solving with the review as you develop your recommendations, and with the Government and other decision makers as those recommendations are delivered. Importantly, we have strong engagement networks with the people we support, through TPS Connects, and with our staff teams through the People Matter forum – two groups of people whose experiences and ideas are essential to the future of our adult social care system. These networks are available, alongside our wider experience of service design and innovation, to support thinking, planning and action as we move forward.

If you require any further information, or would like to discuss any part of this submission in greater detail, please do not hesitate to contact

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