Health and Sports Committee – Social Care Inquiry

SAMH Response

Summary

- Social care is viewed as positive and supports people with mental health problems recovery
- Social care in Scotland can be challenging to access, with complicated application processes and a lack of choice over the type of support received
- Factors which are seen as positive in regards to social care include: People being involved in their own care, having their views listened to; and developing good relationships with staff delivering their support
- Challenges include: a lack of community support being available; difficulties in navigating a complex system of care and a lack of support in moving on from social care to independent living
- People have told us they want more choice in the type of support they receive, more opportunities to self-refer, and more opportunities to receive peer support

Introduction

Around since 1923, SAMH is Scotland's national mental health charity. Today, in over 60 communities we work with adults and young people providing mental health social care support, services in primary care, schools and further education, among others. These services together with our national programme work in See Me, respectme, suicide prevention and active living; inform our policy and campaign work to influence positive social change.

SAMH is pleased to respond to the committee's inquiry on social care. SAMH is a social care provider supporting people with mental health problems across Scotland. All support delivered by SAMH is person centred and recovery focused. In 2018-19 we supported 6,574 people through our community services.[1] Our social care services include supported accommodation services, outreach services supporting people in their own homes, horticultural services and self-directed support.

Our submission focuses on part 1 of the Inquiry: experiences of social care in Scotland. To inform our response we spoke to 15 people supported by SAMH at three different SAMH community services: a supported living service in Glasgow; an outreach service in Fife; and a combined supported accommodation and outreach service in Fife. We also ran a survey to inform this submission. The survey was circulated to the general public and to people using SAMH services. Forty eight people completed the survey, including 17 people supported by SAMH services.

Your story and experience of social care in Scotland

Overall experience of social care

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[1] SAMH SAMH Impact Report 2018-19 2019

We asked participants how helpful their social care had been. Overall a majority of survey respondents and focus group participants felt their social care had been helpful. Seventy-nine per cent of survey respondents stated their support had been extremely helpful or very helpful. Only 4% felt their support had been not so helpful or not at all helpful. Comments from participants included:

"I always used to put my anxiety and depression to one side, thinking I'm not needing help, but I did... It was really easy coming to SAMH, there wasn't a long waiting list. It's the best thing I ever did coming here. It's helped me a hell of a lot. Its helping me move forward." (SAMH Service User Fife - Outreach)

"The support I have been getting off SAMH for the last six months has been better for me, has done more for me than [hospital] *has ever done ... I remember being in hospital and the freedom was very limited. The freedom I have now is great. The support from SAMH has been second to none. The flat I have now, I am dead chuffed with it. I can't believe I have such a nice flat now."* (SAMH Service User Glasgow – Supported Living)

Accessing Support

While support was overwhelmingly felt to be positive, our survey highlighted significant challenges in accessing social care. Thirty-one per cent of people who completed the survey said this was the most challenging thing about the support people received. This was followed by being assessed for support, which was chosen by 25% of respondents.[2]

When asked directly about accessing support 31% of people surveyed said it was difficult, with a further 17% saying it was very difficult. Thirty-five per cent said accessing support was easy or very easy. Barriers to access included the complexity of the social care system, the length of waits for help and general lack of availability:

"The lack of information from social work regarding how to find the support by yourself. [It is] very difficult if you are not familiar with the system and how it works" (Survey respondent)

"It's hard to get any help and has taken 4 years so far" (Survey respondent)

A number of people discussed challenges in accessing support, including a lack of information about what services are available locally and how to be referred:

"I only found out about SAMH through the doctors. I didn't realise they did self-referrals.... [accessing support] is kind of word of mouth at the moment. I feel these things shouldn't be word of mouth; you should just be able to turn up. Instead of going to the doctors it should be there constantly and advertised" (SAMH Service User Fife – outreach)

While most people require a Community Care Assessment to access adult social care,[3] some social care services allow self-referrals; this was regarded as very positive.

Accessing social care on discharge from hospital is a frequent route into social care. For example most people using SAMH's supported accommodation service in Fife were referred directly after a long stay in a psychiatric hospital. Here people discussed the importance of supported and phased transitions from a hospital setting to the community. This included SAMH staff delivering support to people while they are still in hospital to develop a positive relationship with their SAMH key worker prior to discharge from hospital.

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[2] Survey respondents could choose up to 3 options
[3] CAS How to get social care services [accessed February 2020]

People using our services highlighted bureaucratic hurdles to getting help. For example, people from our Glasgow supported living service discussed the challenges and long wait to get allocated a Care Manager from the local authority. To access the service people require a Care Manager and an assessment:

"Everyone who is put forward for our service[has] *to have a Care Manager. It's very difficult to get into services like this*[supported living service] *without a Care Manager."* (SAMH Service Manager Glasgow- Supported Living)

"And it's hard to get a Care Manager. Not everyone can have a Care Manager; you have to go right off the boat to get yourself signed in as mentally ill. Unless you go into hospital or you're in your GP on your knees and beg him, there is no support." (SAMH Service User Glasgow - Supported Living)

Many people in receipt of social care will be working with a variety of service providers across both the health and social care systems. Good communication between care providers and importantly with the person receiving support was highlighted as key to reducing the stress of moving into a service or between services. Issues raised by people we spoke to include: the loss of health/care records; the need for people to re-tell their story, which can be very distressing, and breakdowns in communication between providers:

"There were a lot of communication issues. From one support to the other they didn't communicate. I was told I was moving[into a new social care service] *on the Monday, but it was changed to the Wednesday. So I came on the Monday and there was no bed, no couch or anything. It was the communication. They didn't know anything. It was sad and stressful."* (SAMH Service User – Supported Living)

Involvement in own social care support

The Scottish Government's Health and Social Care Delivery Plan states that people, and where appropriate their families, should be at the centre of decisions that affect them.[4] We asked people how involved they felt in planning their own social care.

When ranking positive aspects of their social care, 46% of people who completed the survey stated that their views were listened to and acted on. This was the most frequently selected option, alongside their relationship with the staff delivering support. While this is positive, 13% of respondents stated that their views were not listened to or acted on and 31% felt that in the future more must be done to ensure that people are more fully involved in planning their social care support.

"My goals weren't taken as important to my key worker but were the most important to me" (Survey respondent)

People who had experience of both hospital care and social care support in the community clearly indicated that they felt they had more agency when being supported in the community, compared to when they were an inpatient. All those who attended the focus group at one of our Fife services spoke about being involved in planning their support with staff, with this actively encouraged:

"In hospital it was all rules and regulations. Here they take you as you are, it's more relaxed." (SAMH Fife – supported accommodation)

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[4] Scottish Government Health and Social Care Delivery Plan 2016

"I was in hospital for 5 years; I was treated like a bairn in hospital …. Now I can do what I want, I can watch what I want on telly, I can do what I want now. I'm an adult again" (SAMH Fife – supported accommodation)

"I was awfully anxious when I first came up. I was anxious and crying, what's going to happen to me here? Because you're not in the hospital, it's so different. Then you come in here and you're painting or decoration or writing, you're talking, making friends. It's like if you went through the same stuff as me you can talk about what the problems are. It's good to talk. And it's also okay not to be okay." (SAMH Fife – supported accommodation)

Staff and people from our Supported Living service in Glasgow stressed that user involvement is key to the person's journey. Prior to placement people do a "Support Needs Assessment" jointly with their Care Manager. This covers areas such as identifying practical daily skills, vulnerabilities, and social interaction skills. People placed in the service then have an initial four week phased entry to the service. During this time staff members meet the person and support them to move into the service gradually:

"We have our own assessment with the individual, to see what they are capable of and what areas they need support in. they will identify themselves which areas they need support with." (SAMH Manager Glasgow – Supported Living)

Once the person has a place at the service they are supported to manage their tenancy. Importantly people are provided with the opportunity to decorate their flat and personalise it. This was seen as very beneficial to their recovery and sense of ownership and pride:

"You get a decorating package when you move in, if you need it. I got one and my flat looked [a mess] as the guy before was smoking. But now that I have it painted it looks like a brand new flat. See when you walk into it when its clean you feel so much better. The flat looks awesome … I am getting into the routine of keeping it clean, having a clean flat helps me have a clean mind." (SAMH Service User Glasgow – Supported Living)

People's involvement in planning their own care was can be facilitated through a number of tools or processes. For example, people at two of the services we visited discussed the value of the outcomes focused planning tool "My Life My Way". This outcomes focused support planning tool is led by the person receiving care and allows them to identify strengths goals and track progress against them:

"We use evaluation tools, like the "My Life My Way" tool starting when you first come [for support], to make sure that the support and outcomes are going to fit …. The tool is really important for us to see if the support is having a positive effect. The tool shows where someone is, rather than an assessment, and we repeat that regularly [to check progress]." (SAMH Staff member Fife - Outreach)

Good quality person-centred care was not the universal experience of people who completed our survey. A number of respondents discussed their views not being taken into account, both at initial assessment and during their social care. Thirty-eight per cent also stated that they were given no choice over the care they received. Comments included:

"I don't think the way support is offered is suitable for everyone as an individual as it is very much used in the same way for everyone receiving. When everyone's needs and goals and the support need is different and unique to them." (Survey respondent)

Relationship with staff

The quality of relationships with social care staff was found to be to beneficial to social care.

People who attended the three focus groups at SAMH services frequently highlighted the importance of good relationships with staff, particularly the person's key worker. Factors such as mutual trust and respect between staff and people using the service, as well as staff being empathetic were cited as good examples:

"The service I had with SAMH was really good. They were all nice, kind and helpful. Easy to talk to as well. You can tell them anything and they try to take your mind off things and put a positive spin on it" (SAMH Service User Glasgow – Supported Living)

"The staff approach has a lot to do with it [success of the service]. *We listen to people, we don't punish them. Nothing is punitive …. We will listen and discuss things."* (SAMH Service Manager – Supported Living)

"Staff have a lending ear, they make themselves available to have a chat with" (SAMH Service User Fife – Supported Accommodation)

Issues raised in the survey by members of the public that can undermine the relationship between staff and people using services included high staff turnover, low staff numbers and reliance on bank or agency staff:

"Inconsistencies of staff [is a problem] *and high staff turnover (perhaps due to low pay) and reliance on bank staff makes it hard to build relationships."* (Survey Respondent)

1. **What you would change about your experience of social care**

We asked people with whom we engaged what changes they would like to see to social care in Scotland. Those who completed the survey ranked the desire for more choice in their type of support highest, with 48% choosing this option. Thirty-five per cent of respondents chose more opportunities to self-refer, with 31% saying that people should be able to be more involved in planning their support. More opportunities for peer-support were also popular, with 35% choosing this option.[5]

Choice and availability of support

A common theme from all our engagement was the need for more choice and a greater variety of services to support people with mental health problems in the community. While not strictly social care services, a large number of the people highly valued and spoke about the need for more community facilities, such as community centres open to all. These were regarded as lacking and difficult to access without support.

"We have a women's centre [locally] where you can do all different groups, but we need to build more of them. If you have something every week, or the next day to do, it makes it much better, instead of sitting in the house doing nothing. It's good to engage with other people." (SAMH Service User Glasgow – Supported Living)

"Most of the groups are in Maryhill, but lots of people can't get to Maryhill, I can't get to Maryhill. [Centres] should be put in areas like the city centre so everyone can get to it, by train, bus, so it's not just in a scheme … See if it's the city centre it changes people's mind frame because they go 'I'm not going to be watching my back" (SAMH Service User Glasgow – Supported living)

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[5] Survey respondents could choose up to 3 options

People supported by our Fife outreach service spoke about the need for community mental health services and 'hubs' which people could drop into or self-refer, without having to go through referral and assessment processes which were viewed as bureaucratic:

"There should be places people with mental health problems can go, everyone can go there and meet up instead of phoning through 10 different numbers just to get to someone to speak to. You should just be able to go there, just turn up, and there is someone to talk to, even if it's just for five minutes. It would make a big difference, make you happier and you could save a lot of lives that way." (SAMH Service User Fife – Outreach)

The need for greater access to community activities and community support, including physical activity was also raised. Ideas included funding social care services to provide vans and transport to facilitate trips and activities within and out with local communities:

"Need more opportunities to go for walks, and days out. If we [the service] *had a van we could do that ... They could take us to the sports centre, or put money towards us going swimming."* (SAMH Service User Fife - Supported Accommodation)

Changes to social care assessments

A number of people completing the survey highlighted the need to change social care assessment practices – including waits for assessments. A common theme was the need for people with mental health expertise to be included in initial social care assessments and coordination between the persons existing health professions and assessors. Comments included:

"[There is a need to] *Include mental health professionals in social care assessments and review meetings*" (Survey respondent)

"A one-time visit with me doesn't prove that I do or do not need care. More time should be spent speaking to parents/carers/partners of unwell people ... People are left struggling to care for a loved one with complex needs that need psychological intervention and people fall through the cracks as assessment is nowhere near thorough enough." (Survey respondent)

Continuity of Support and Information Sharing

An area for improvement that was raised by people who took part in the SAMH focus groups was the need to better coordinate care and share information. Many people living with mental health problems will be receiving care and treatment from a number of different organisations including NHS mental health services as well as social care providers. We were told that at times there was a lack of high quality coordination. One person we spoke to discussed the often contradictory approaches of addictions and mental health services and lack of communication between agencies involved in their care:

"I was put in addiction services... we get drilled drilled drilled [by addiction services]*, but when we see you guys* [mental health service] *you are like 'What? What have they just been drilled about?' And you here aren't told anything about it."* (SAMH Service User Glasgow – Supported Living)

Another common concern raised by people was the need for them to often retell their story whenever their care changed or new agencies were involved. This was described as upsetting and distressing and not helpful to their recovery. Ideas raised by participants to better support information sharing included greater digitalisation of peoples' information, with it owned by the individual, allowing it to be shared with their knowledge and consent.

To support continuity of care and reduce the need for people to retell their stories, SAMH's supported living service in Glasgow works with people it supports to develop a "hospital/service passport". These are completed with the individual and include information such as the person's medication, their behaviours and likes and dislikes. This is particularly helpful for people who may require frequent hospital admissions due to their mental health, so are moving back and forth between hospital and social care.

Support to move on

Another key issue highlighted both in comments left on the survey and visits to SAMH services was the need for improvements and greater support regarding 'move on' (discharge) from social care services. As a recovery focused organisation a key aim for SAMH as a care provider is to support people to develop the skills to live as independently as possible, with as little intervention as possible. Move on is therefore seen as a positive goal. Despite this the prospect of moving on from services or transitioning between services can be distressing.

"The one thing that scares me is the fact that, while I still keep up with my 1-1s [with SAMH] *there will come a time where I can't, due to work or family or something. You haven't then got* [support]... *What scares me is the minute you are discharged from one place you are left on your own ... Its when you leave these safe environments and are out there, that's where most of the problems lie."* (SAMH Service User Fife – Outreach)

Services that accept repeat referrals (including self-referrals), and allow more informal contact following periods of care were regarded as helpful in supporting move on. Phased move on over a period of time was also seen as less distressing and more conducive to successful independent living. A lack of less intensive support available in the community was highlighted as a barrier to successful move on and recovery:

"Supported accommodation has been hugely beneficial, but the process of referral, assessment and being assigned a place was very drawn out, with little input from me. I am now ready to move on and am finding the same situation again - I feel like I'm bed-blocking as I no longer need the intensity of input that supported accommodation provides, but cannot move out until alternative support is arranged. This is proving difficult due to a) the limited choice of services available and their ability to meet my needs, and b) the amount of other people on the same waiting lists." (Survey respondent)

Conclusion

People we engaged with, both in the general public and in SAMH services, generally had positive experiences of social care in Scotland. Key factors that contributed to positive experiences included clear integration and pathways between services; good and compassionate relationships with social care staff; and people having ownership and involvement in the support they received. Good practice from a number of SAMH services was also highlighted including: person centred assessment; and support at transitions into and out of services.

 Despite the positive experience of people when in receipt of social care, getting into the most appropriate service was highlighted as a key challenge. Too often people told us they struggled with complex assessment processes or a general lack of service availability. Incidents were discussed where communication between services had broken down or been inconsistent leaving the person receiving support confused and distressed.