

Self-directed Support Project

Dr Jane Kellock
Donna Murray
Noleen McCormick
Calum Carlyle

<https://www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/>

SDS Team sds.team@socialworkscotland.org

What is Self-directed Support ?

Human
Rights
(UNCRC,
UNCRPD)

The Social Care (Self-directed Support) (Scotland) Act 2013

Self-directed Support is intended to support, promote
and protect the **human rights** and
independent living of care and support
users in Scotland.

It aims to ensure care and support is delivered in a way
that supports **choice** and **control** over one's
life and which **respects the person's
right to participate in society**

Converging legislation:
Social Work (Scotland)
Act 1968

Children (S) Act 1995
Adults With Incapacity
(S) Act 2000

Mental Health
(C&T)(S)Act 2003 & 2015

Adult Support &
Protection (S)Act 2007

Carers (Scotland) Act
2016

Integration
(GIRFEC, GIRFE)

Self-directed Support is the way Social Care is delivered in Scotland



Everyone wants there to be good outcomes for supported people and carers

BUT the implementation of Self-directed Support (SDS) is inconsistent

Supported people and carers tell us that the **system** is not delivering what is promised by SDS policy and legislation

What we hear is....

What isn't working for supported people and carers

- Wait is too long – eligibility criteria
- Lack of choice in services, supports and breaks
- Lack of supportive professional relationship
- Not getting control over a personalised budget

“Be prepared for a nightmare of paperwork.”

“The process is frustrating and time consuming.”

“Wait ages for social worker.”

“Very restrictive in terms of what SDS can and can't be used for.”

BUT when people get choice and control through SDS, it works well.

- Supported person's needs are understood and carers get breaks
- Flexibility and choice in how budgets can be used
- Improved life experience
- Trusting relationship with social worker
- Beneficial to mental wellbeing
- Cost effective

“I'm now living my life to its full potential.”

“The flexibility and choice it gives is priceless.”

“Passport to independence.”

“I get more for my payments.”

Implementation gap

Aim and scale – personalised, outcome focused social care delivery – is challenging. It takes transformational, adaptive change to achieve.

Multiple factors are involved that are systemic, not linear.

Level of resource to undertake systemic, transformational change across Scotland not (yet) available.

Implementation gap – knowing what good looks like AND how to achieve it.

National collaboration



COSLA



Scottish Government
Riaghaltas na h-Alba
gov.scot



ihub

in  **Control**[®]
Scotland

**CARERS
TRUST**
SCOTLAND

 **coalition**
of carers in Scotland
from recognition to rights

INSPIRING

SCOTLAND


**Self Directed
Support Scotland**
the organisation of choice

 **ALLIANCE**

social work



scotland
leading the profession



personal
assistants
network
scotland



**Inclusion
Scotland**

Disabled People's Organisation

Our voices ■ Our choices

Key ingredients

The SDS standards* reflect the **key ingredients** required for SDS to work well:

1. Access to independent support and advocacy
2. Early help and support
3. Strength and asset-based approaches
4. Outcome monitoring
5. Accountability
6. Risk enablement
7. Flexible and outcome focused commissioning
- 8. Worker autonomy**
9. Transparency
10. Early planning for transitions
11. Consistency of care
12. Access to budgets

*<https://www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/documents/>

Standard 12. Access to Budgets and Flexibility of Spend



People are involved in the development of their budget and have maximum flexibility to use this in the way that they choose to achieve agreed outcomes.

The available funding is allocated in a way that is transparent, fair, equitable and sufficient, across all communities and for all individuals.

12.14 People can be flexible about spending different amounts on their support from one week to the next, and at different times of the year, within limits which are agreed between the worker and the supported person. People also have flexibility to move between options on request

Better outcomes for people

Reliable benefits

“I am now living my life to its full potential.”

Consistent use of innovation

“It has been the best decision. I now have a lot more freedom to go out and about. My PAs understand my needs and how to help me.”

Fidelity

“If properly and appropriately carried out it can make a huge difference in people who want to direct their support.”

Competency/ Workforce drivers

People highlighted that good, consistent, trusting relationships with social workers and clear lines of communication are all essential for positive and effective experiences of SDS.

Organisation/ systems drivers

“Once you get through the initial paperwork and setup, it gets easier.”

Adaptive leadership

“Keep your eyes on the outcome that you are hoping to achieve.”

“For us, Self-directed Support is the perfect solution.”

Standard 11: **Consistency of Practice**

Standard 1: **Early help & support**

Standard 2: **Independent Support & Advocacy**

Standard 4: **Strength and asset-based approach**

Standard 10: **Early planning for transitions**

Standard 8: **Worker Autonomy**

Standard 7: **Flexible and outcome-focused commissioning**

Standard 3: **Meaningful and measurable recording practices**

Standard 12: **Funding Availability & Flexibility of Spend**

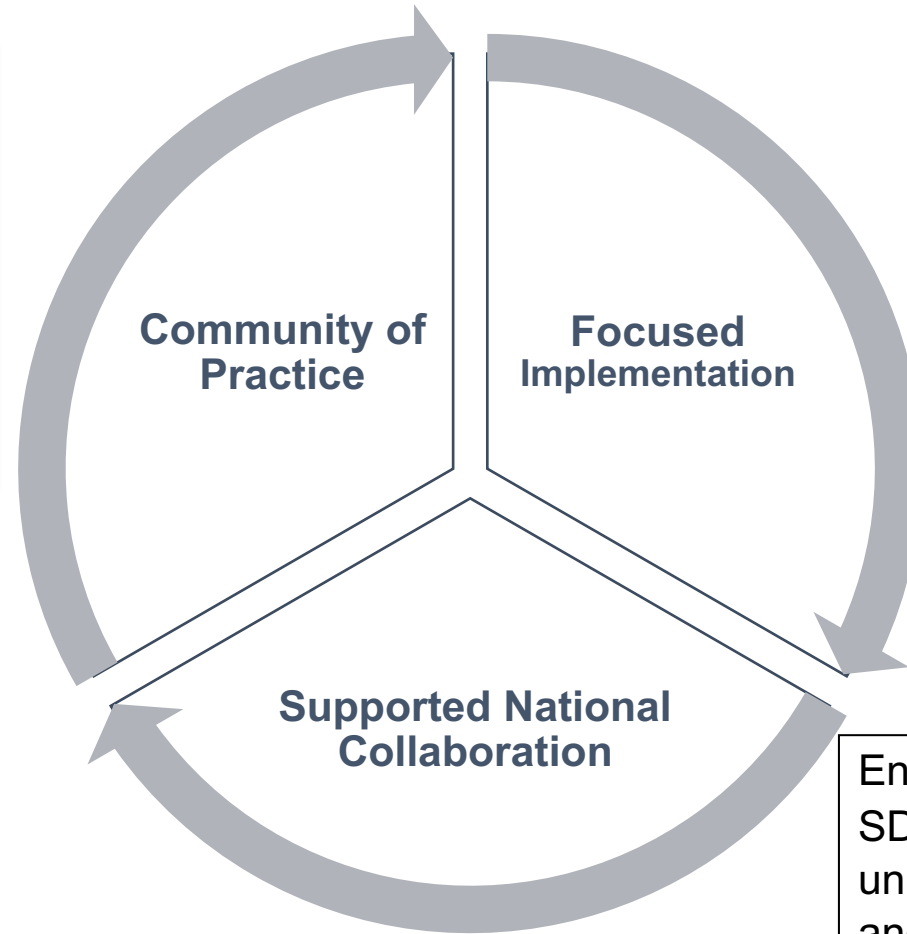
Standard 5: **Accountability**

Standard 6: **Risk enablement**

Standard 9: **Transparency**

SDS Project approach

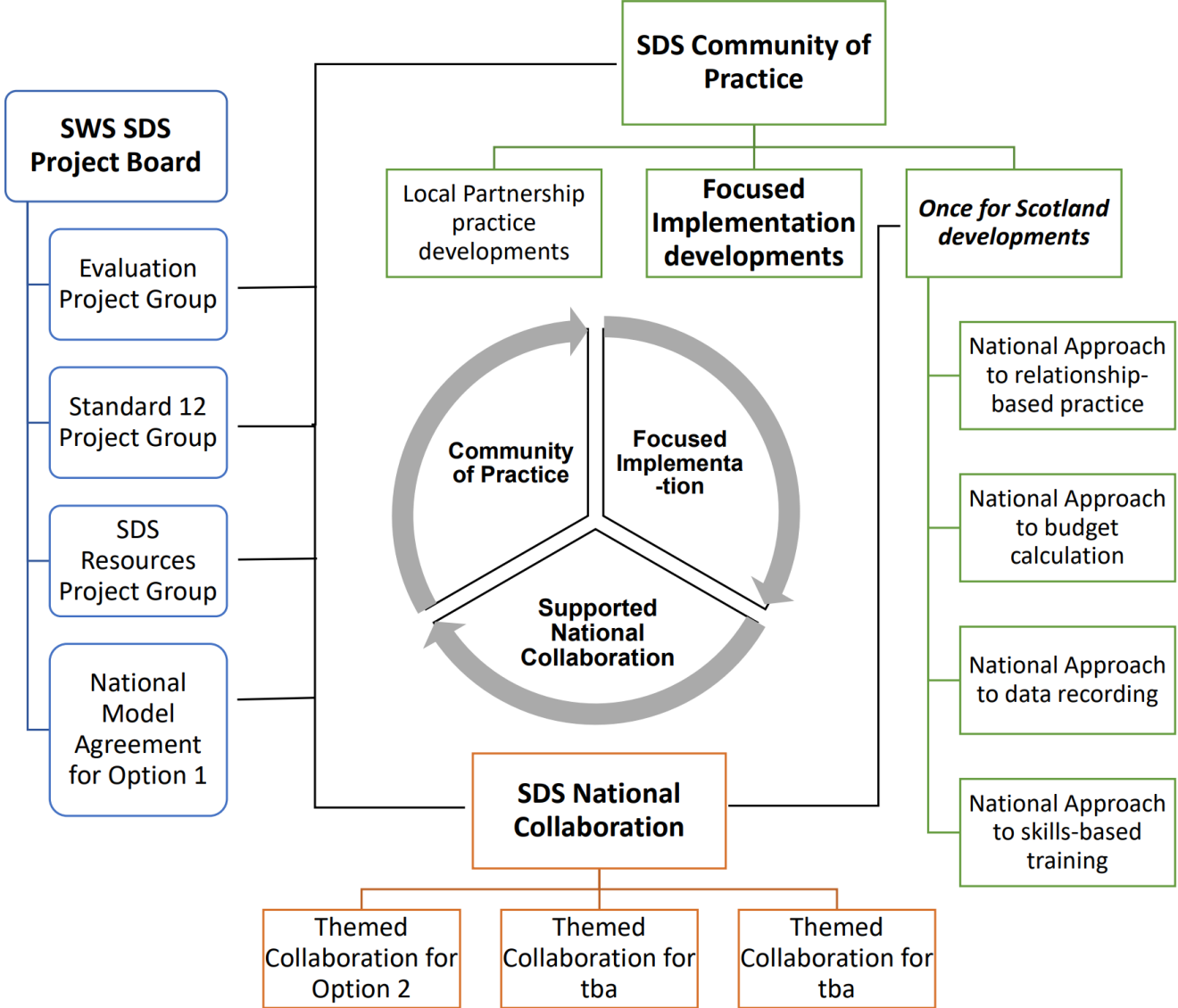
Iterative learning across all local partnerships; identifying and generating solutions; developing nuanced understanding of what it will take to fully implement SDS policy; aligning national and local resources.



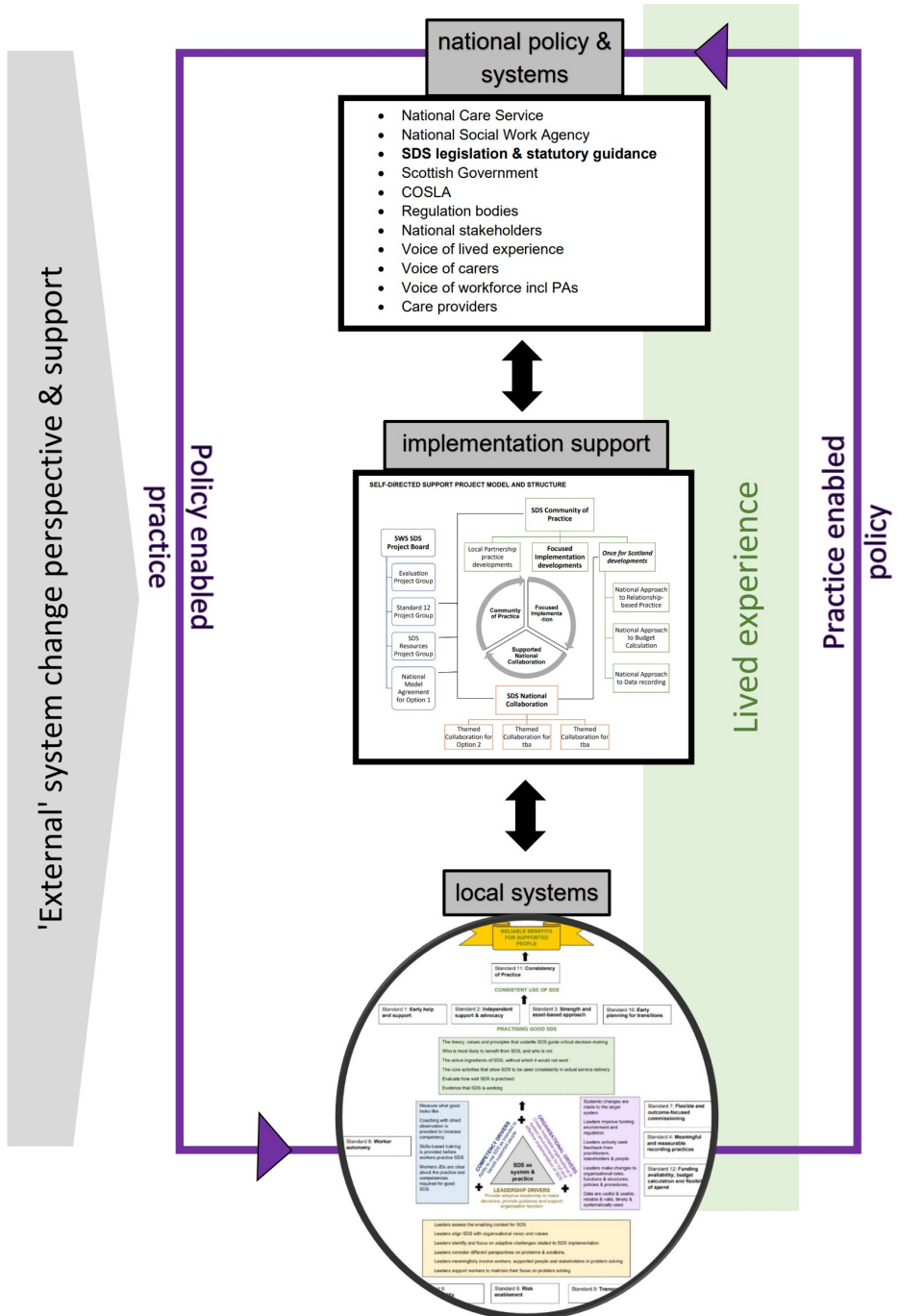
Selected local partnerships, supporting leadership and implementation groups; identifying strengths and areas for development; action planning; challenge resolution; identifying solutions.

Engaging with national leaders and key SDS partners to steer project activities; unblocking resources, and provide content and implementation expertise to the emerging NCS and NSWAs.

SDS Project approach



Creating a national enabling context



Key Developments

- **Update of the Statutory Guidance**
- **Update of the National SDS Implementation Plan**
- **Practitioner Guidance**
- **Practitioner Training**

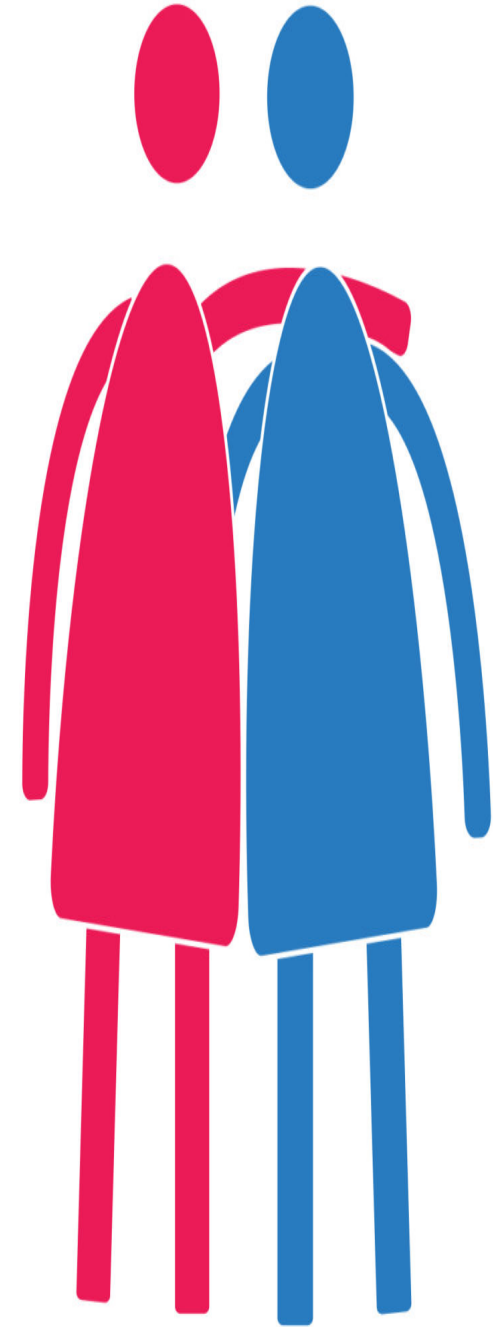


Statutory Guidance

- Statutory Guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013
- To help duty bearers fulfil their duties under the Act
- Support improved implementation and practice
- Update roles and responsibilities
- Incorporate pandemic guidance
- Incorporate Self-Directed Support Standards
- Clarify legislation like flexibility of spend and employing Family members
- Remove out of date references
- Clarify SDS is the way Social Care is delivered in Scotland

Statutory Guidance - Carers

- choice and control
- access preventative support
- listen to carers
- help sustain caring relationships
- rights to personalised adult carer support plan
- duty to provide support (local eligibility)
- opportunity to choose one of SDS options
- information and advice



Managing expectations

Complex change takes time

Learning from practice and learning from living experience

Without **implementation support**, change will be partial, will stall or will be abandoned

National Care Service – is SDS, health and social care integration, the Carers Act and the Promise scaffolding the bill?

GIRFE is multi-agency approach to support and services, from young adulthood to end-of-life care, and aims to provide a more personalised way to access help and support when it is needed and placing the person at the centre of all decision making that affects them to achieve the best outcomes.