

SELF-DIRECTED SUPPORT

A National Strategy for Scotland



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FOREWORD

The Scottish Government and COSLA are committed to driving a cultural shift around the delivery of care and support in Scotland, with self-directed support becoming the mainstream approach.

We are pleased to have worked closely with people who direct their own support and those who design and deliver support, in developing this strategy's proposals. Consultations showed strong endorsement of the 10-year agenda which we will now begin to take forward. We know how important it is to work together and we will embed co-production in our approach to the delivery of self-directed support locally and nationally.

The strategy sets out a clear message about individuals and families having real choice and control, and the key challenges that we need to work on over the next ten years to deliver that. The focus is on delivering better outcomes through focused assessment and review, improved information and advice, and a clear and transparent approach to support planning. The strategy is part of a wider reform agenda, and reflects the common goals of current health and social care policy to deliver better outcomes for individuals and communities. These include recent developments in Reshaping Care for Older People, Caring Together, and the National Dementia Strategy. Implementation will also bring a focus to the development of self-directed support for children and young people alongside GIRFEC. This will also make a significant contribution to our Shared Vision for Independent Living.

We know this strategy is being published in a difficult economic climate. Both national and local government have to deal with significant reductions in resources over the next three years. It is recognised that demographic change is driving costs across most areas of social work. But we also know more of the same will not work, and it is abundantly clear that those economic pressures have not stifled people's willingness to be innovative and solution focused.

The Scottish Government and COSLA hold that self-directed support should be available to everyone but imposed on no-one. If we are serious about enabling people to exercise choice and control over their lives, then they should be able to maximise choice and control over any formal support they require too. That is our shared ambition.

We believe this strategy represents an important step forward to delivering support that is fit for the future.

Shona Robison
Minister for Public Health and Sport

Councillor Douglas Yates
COSLA Spokesperson for Health and Wellbeing

Getting a life back

Linda is a 51 year old lady who lives with her husband, Bob. She worked in full time employment until last October when she had to stop working due to her health issues. Linda suffers from Multiple Sclerosis and requires a high level of support. She had received 22 hours of support from the traditional home care services and was also given two day place in a day service. These arrangements however did not work well for her or Bob. Bob, suffers from COPD and also has problems with his joints which sometimes restrict the help he can give to Linda.

Now, Linda manages her own budget and employs her own Personal Assistants to support her on a daily basis to meet her social care needs. Having a SDS budget not only means that Linda can receive the services to meet her needs in a more flexible way, but it also means that she can have greater control of her life. The cost of the support package Linda put in place herself was also lower than the cost of her previous services provided.

Linda remembers the day she opted to direct her own support as the day she got her life back:

On the first day I took control of my own budget, I celebrated by doing lots of things like going out for lunch and doing some shopping. All that was possible because I had my PA with me to help with things like going to the loo. I know these are pretty ordinary things to do, but I can't convey what joy they brought me. I literally felt as though I had my life back. When I was receiving standard home care it was like being a prisoner in my own home. I can't go anywhere without a carer, and they couldn't take me outside my own four walls.

The worst part of the old system was that they treated Bob as a non-person. The carers would come in to make my lunch but they weren't allowed to cook for Bob. Then they would only wash any dishes they had dirtied themselves. So even if Bob scrambled up something so we could eat together, it was like apartheid for dishes and his had to be kept separate from mine.

I also had to be ready for bed at 8.00 pm because that was the latest the carers would call. That was really awful. Sometimes it made me want to cry. They would come in through the back door and shout out cheerily: 'Time to be in your jim-jams' It didn't matter if I was in the middle of a meal or entertaining friends. I had to drop what I was doing because I can't get ready for bed on my own.

I have only been on self-directed support for a couple of months, and already those days are like a distant memory. I am sure this will be a generational thing in that children growing up now will find it hard to believe that care regimes were so rigid and impersonal, in the same way as my daughter who is only 21 finds it difficult to comprehend that in the past we locked mildly disabled people away in mental hospitals.

The difference is absolutely amazing. And of course it was great for Bob because he was free to do whatever he wanted without worrying about me. Thanks to self-directed support I've got people I know and like coming into help me, and they do it on my terms because their payments come through me as I now control my own budget. I don't go to bed till 10.30 pm and they will even help me take Mandy our Labrador for a walk, or they will take her out if we can't for any reason. It's just such a delight. I wish I could have done it years ago.

I am definitely living a much fuller life thanks to the independence and confidence that having my own budget has given me. I still love swimming, but I have also taken up tai chi, going to the athletics track, and boccia.

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Section one: Introduction

1.1. What do we mean by self-directed support?

Definition

Self-Directed Support (SDS) is the support individuals and families have after making an informed choice on how their *Individual Budget* is used to meet the outcomes they have agreed. SDS means giving people choice and control.

The process for deciding on support through SDS is through *co-production*.

Co-production in SDS

Support that is designed and delivered in equal partnership between people and professionals.

Before agreeing a support plan, supported self-assessment is used to help people think about their important outcomes. As part of the assessment people will discuss the budget available towards meeting these outcomes. The main purpose of the process is to give people more control over how their support needs are met, and by whom.

The mechanisms for getting support through SDS can be through a *Direct Payment (DP)*, or through the person deciding how their individual budget is allocated by the council to arrange support from a provider. This is sometimes referred to as an Individual Service Fund. Support can be a combination of these. Direct payments can also be managed by a third party.

Some people may choose to leave the decision on how their support is provided to the council. Self-directed support allows people to make an informed choice not to take control of all of their arrangements. The strategy throughout promotes self-directed support for all, but it should not be imposed on anyone. There is a duty of care on local authorities, and self-directed support does not dilute that.

1.2. Core values and principles of self-directed support

Fundamental principles

SDS and all public services are subject to Human Rights and Equalities legislation.

The fundamental principles of SDS are **choice** and **control**. Choice is evident where people are able to choose how they live their life, where they live and what they do. People have control of their support by determining and executing the who, what, when and how of the provision.

Human Rights Principles

Equality and Non-discrimination: All individuals are **equal** as human beings and by virtue of the inherent **dignity** of each human person.

Participation and Inclusion: All people have the right to participate in and access information relating to the decision-making processes that affect their lives and well-being.

SDS demonstrates the Human Rights Principles above through:

➤ **inclusion**

Everyone, no matter what level of impairment, is capable of exercising some choice and control in their living, with or without that choice and control being supported by others

➤ **dignity**

Everyone is treated with dignity at work, at home and in the community

➤ **equality**

Everyone is an equal citizen of the state and has the right to live life as fully as they can, to be free from discrimination, and to be safeguarded and protected.

The Scottish Government proposes to introduce a Self-directed Support Bill to the Scottish Parliament, and the Bill will include guiding principles. Should a Self-Directed Support Act be passed by the Scottish Parliament, implementation of this strategy will be guided by the principles within it.

Social care research has shown that the **values** that need to be sustained in any reconfiguration of social services are those which have a consensus among stakeholders.

Core Values

Successful implementation of this policy depends on a clear values framework that is commonly understood and that reflects a co-production approach. The operation in practice of these values needs to be determined by the end user of SDS. As such, a final values framework needs to be developed to inform the implementation action plan and the work that flows from it. The following values are considered to apply to the overarching principles and are examples of what might be included in the framework to be developed under Recommendation 1:

➤ **respect**

Everyone is treated with respect

➤ **fairness**

Everyone is provided with unbiased information about the choices available to them; and is treated in a manner which befits and benefits their individual circumstances. Fairness is in terms of the individual, not the group or society at large

➤ **independence**

Everyone is supported to maximise their aspirations and potential.

Support focuses on the prevention of increasing dependence and enablement, or re-ablement

➤ **freedom**

Everyone is supported to participate freely in all aspects of society, in the same way as other citizens

➤ **safety**

Everyone is supported to feel safe and secure in all aspects of life, including health and wellbeing; to enjoy safety but not be over-protected; and to be free from exploitation and abuse.

RECOMMENDATION 1

The National Implementation Group should produce a values framework which articulates how to achieve effective co-production of both individual and collective outcomes for the policy. A communication strategy should include specific action to make information about eligibility criteria available to all.

1.3. Terminology

SDS is often described as the *personalisation* of social and health care. There are three Changing Lives Reports which defined the Scottish Government's position on personalisation. These are:

- 'Personalisation: A Shared Understanding'
- 'Commissioning for Personalisation' and
- 'A Personalised Commissioning Approach to Support Care and Services'.

The Association of Directors of Social Work (ADSW) paper on Personalisation¹ sets out their position on the personalisation of social work services. Personalisation was defined by the Changing Lives service Development group as:

'enabling the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.'

¹ Personalisation: principles, challenges and a new approach; a statement by the Association of Directors of Social Work

The growing terminology used to describe this shift in culture and practice, from the earlier development of direct payments to more recent SDS approaches, has given rise to confusion on what is intended. Indeed there has been a separation of long-standing direct payments practice from personalisation activity in some areas, adding further to the sense that they are distinct and disconnected. Critically the debate needs to be about improving outcomes for citizens, by providing choice, control and independence, through safe, sustainable and economically viable responses to support planning and provision. Ironing out the substantial current barriers to uptake of direct payments will need to form a key part of that debate.

A literature review² of the barriers and facilitators to SDS identified the variety of definitions of personalisation, self-directed support and individual budgets currently in use. This strategy therefore includes definitions of the key terminology that is relevant to SDS development in Scotland. These and other terms are set out in the Glossary at Annex 1.

Direct payments were the first step in giving individuals real control by allocating a budget which can be used to either purchase support or to employ a personal assistant. Scottish Government statistics show that in the year to 31 March 2010, 3,678 people in Scotland had direct payments. Research evidence shows that taking responsibility for the financial management of the budget is a deterrent for some people, particularly where there is no support system to help with this responsibility.

This strategy therefore aims to build on the improved outcomes for users of direct payments. It sets goals for a shift to a system where there is broader choice and control for people accessing health and social care and support, with or without taking direct control of the cash. The Action Plan for the implementation of this strategy will need to address the strategic planning, workforce development recruitment and retention, and regulatory implications for this shift.

ADSW acknowledges the crucial role of SDS in personalising social work services through processes that transfer power to citizens. The processes will evolve over the 10 years of this strategy, and will be adapted and refined to keep up with the technological, legislative and the policy developments. Implementation therefore has to constantly review practice to ensure the key aims of SDS (choice and control) are central to the systems and processes that develop around it.

1.4. Policy context

Policy and legislative developments in Scotland (and elsewhere) have increasingly focused on the personalisation of services, reflecting the shifting expectations of people in society today, where they will be able to exercise choice and control over any support they may need.

² Self-Directed Support: a review of the barriers and facilitators November 2009

Direct payments for social care have enabled people who use them to achieve greater independence. The origins of direct payments are in the Independent Living movement in the US and were led by a group of disabled activists in Hampshire in a UK context. Significant steps have been made since then to deliver very flexible direct payment packages.

The Independent Living movement remains a driving force for equality amongst all citizens and empowerment of individuals. The *Convention on the Rights of Persons with Disabilities* which came into force in 2008 marks a "paradigm shift" in attitudes and approaches to people with disabilities. It views individuals with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. The Changing Lives report³ considered the role of social work in supporting this change, not just for disabled people, but for all who require care and support.

Details of current legislation providing for direct payments in Scotland are set out in Annex 4. In summary, Scottish local authorities have a duty to offer a direct payment to eligible people assessed as needing community care services, and can be used to purchase all defined community care services and support, except long term residential accommodation.

Research evidence⁴ demonstrates the benefits of direct payments, and over recent years the Scottish Government has promoted these to a wide range of individuals. Targeted consultation lead to comprehensive guidance highlighting the benefits of direct payments to children and families, older people, and people with mental health problems.

Recent developments in self-directed support have extended the options for individuals to exercise choice, through new approaches to agreeing individual outcomes and assessing and allocating individual budgets. As yet, legislation has not been specifically developed in relation to self-directed support, beyond existing legislation for direct payments. Some recent amendments to legislation have been made in England, primarily to provide for piloting of personal or individual budgets in specific sectors.

In addition there is a recognition that individuals are best placed to say what would make a difference to them and their families or carers, and a desire to move away from the strict definitions of what can and cannot be funded to achieve social care objectives. This correlates with the preventative agenda which suggests through cost/benefit analysis the cross cutting nature of desired outcomes between health, social care, education and housing, and the benefits of the economic and social benefits that can be derived from a joint outcomes based approach.

³ Changing Lives: Report of the 21st Century Social Work Review Group. Edinburgh 2006
<http://scotland.gov.uk/Publications/2006/02/02094408/0>

⁴ Tony Homer; Paula Gilder; A Review of Self-Directed Support in Scotland June 2008. ISBN 9780755971251

The Scottish Government has demonstrated its commitment to self-directed support with significant investment in test sites and projects. The projects address the barriers to direct payments, a number of which will remain as barriers for a broader approach to self-directed support, unless addressed in revised policy, practice and possibly legislation. The test sites are referred to throughout the strategy and the learning from them will be crucial in taking forward this major agenda for change.

There are various barriers to direct payments. These include assumptions and attitudes about the characteristics of people who may benefit from them, limitations on the use of the allocated budget, and to some extent a vested interest in the status quo. Self-directed support must be available for everyone but imposed on no-one, and existing direct payments legislation is currently being reviewed to address some of the exclusions.

1.5. Why a strategy now?

The increasing numbers of people accessing social care and support and the range of individual needs mean that services and supports will have to continue to become much more flexible and responsive in the future. This strategy responds to increasing interest in reshaping care and support in Scotland. It aims to set out and drive a cultural shift around the delivery of support that views people as equal citizens with rights and responsibilities. It recognises that for consumers and providers alike, tighter financial pressures, and demographic changes mean that improved outcomes cannot be delivered with more of the same. A 10 year vision is needed now to deliver social care that is fit for the future.

Independent Living is one of the four areas which Scottish Ministers have set as priorities for co-ordination of action across the public sector, and against which they will be required to report on progress. They have also set up a cross Governmental group, with representatives from central and local Government, health, trade unions and the *.Independent Living movement*. They have signed up to a vision that states:

*“based on the core principles of **choice, control, freedom and dignity**, disabled people across Scotland will have equality of opportunity at home and work, in education and in the social and civic life of the community”*

To apply these principles in practice there has to be a clear understanding of what independent living means: disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.

The principles of SDS are also strongly linked to those of recovery, rehabilitation and re-ablement. It is a shift to doing things with people who require support, patients and carers, rather than to them, within the framework of outcome planning and co-production. At the heart of this is good personalised and co-produced assessment, service design and care management and review. Shared messages within such approaches are:

- A change in culture of service provision from task and time approaches to better outcomes and on focussed goals.
- Doing with the service user/patient/carer rather than doing to or for.
- Maximising people's long term independence and quality of life.
- Appropriately minimising ongoing support - and thereby minimising the whole life cost of care.

Scottish Ministers' commitments to these principles are reflected in:

- the Reshaping care and support for older people programme
- Scotland's dementia strategy, which sets out the Scottish Government's vision and key actions to transform dementia care and treatment in Scotland.⁵
- Caring Together –the carers and young carers strategy for Scotland⁶
- Ensuring our children have the best start in life and are ready to succeed, and improving the life chances for children, young people and families at risk
- Equally Well
- Changing Lives

Health policy on Shifting the Balance of Care, Anticipatory Care, the Long Term Conditions Strategy, Palliative Care, and the Quality Strategy reflect similar themes of co-production, personalised service and support design, and connection to wider community planning agendas. Work on social return on investment, and the supported employment strategy give emphasis to better outcomes from goal focussed community care activity.

Self-directed support clearly has a role in meeting all of these objectives. It has a role in supporting the Government's overarching aim of growing the Scottish economy. It supports the empowerment of individuals to gain equality of opportunity and sustain their citizenship. It also contributes significantly to improving health and well-being and tackling health inequalities.

The overarching aims of all of these agendas is to increase all citizens' participation in, and choice and control over, key aspects of their lives. Some strategies and policies focus on discrete client groups, to raise the awareness and understanding of their distinct needs. These include the learning disability strategy *The same as you?*⁷, the draft strategy⁸ for people with autism spectrum conditions and other client group specific policy and guidance relating to, amongst others people with a sensory impairments and adult survivors of childhood abuse. These and others are discussed in Section 4 of the report. The consultation "Fresh, Thinking New Ideas" and the pressures and shifts in housing provision, suitability, and support are also necessary considerations in developing and safeguarding choice and independence.

⁵ <http://www.scotland.gov.uk/Publications/2010/09/10151751/0>

⁶ <http://www.scotland.gov.uk/Publications/2010/07/23153304/35>

⁷ <http://www.scotland.gov.uk/Publications/2000/05/12778/File-1>

⁸ <http://www.scotland.gov.uk/Publications/2010/09/07141141/4>

The national performance framework focuses on delivering better outcomes, which is fundamental to self-directed support. In doing so, SDS also strives for best value, putting the individual at the centre; but with a transparent discussion on the use of the public purse. The strategy reflects the common goals of current health and social care policy to deliver better outcomes for individuals and communities. Evidence to the Health Committee in 2006 suggested a lack of cohesion between Government policies relating to health and social care. This strategy provides an opportunity to consider the delivery of SDS in parallel with these other commitments.

At individual level, SDS aims to acknowledge and respond to the support needs of all, regardless of characteristics, to allow equal access to outcomes. In doing so it will rely on a trained and committed workforce. SDS allows people to make purchases from outwith the traditional provider market and to spot purchase for more general goods and services. The development of SDS will therefore require a cultural shift that recognises the impact on commissioning strategies, and to some extent procurement practice. This is discussed in Section 5.

At present, SDS development in Scotland is bedded in social work and SDS through direct payments has mostly been for social support, which is to fulfil the duty of care in the Social Work (Scotland) Act 1968. Further development of self-directed support is dependent on a number of contributory factors, but there is growing evidence of the contribution SDS can make to keeping people healthier and more independent for longer. There is limited practice where it includes funding from the NHS where the outcomes include health needs. As the strategy develops, it will look to opportunities for applying the approach to other funding streams that collectively support people to live independently.

The strategy therefore addresses the role of universal services, workforce skills and competencies, protection and safety, employment law and training. It identifies national and local responsibilities for providing guidance, information, and support for those who rely on services, and those who deliver them. It also identifies and seeks to address gaps in evidence on what works.

Section two: Instilling the values- the way forward for self-directed support

Vision

The lives of people who require support are enriched through greater independence, control, and choice that leads to improved or sustained health and well being, and the best outcomes possible.

Self-directed support should become the mainstream approach to the delivery of personal support. Building on the success of direct payments, every person eligible for statutory services should be able to make a genuinely informed choice and have a clear and transparent allocation of resources allowing them to decide how best to meet their needs. The choice should be available to all but imposed on no-one.

2.1. Shifting the balance of power

Co-production and citizen leadership

The definition of SDS relies on co-production in identifying and agreeing outcomes and support plans. There has been a gradual shift in this direction, and social care policy generally reflects the inappropriateness of seeing people as 'users' of a public service which is delivered, relegating them to a passive role which adds little social value, and provides no opportunity for equal participation in our services.

Understanding that people have skills, capabilities, knowledge and experience to contribute unleashes huge potential for co-producing better outcomes across public services.

Co-production redefines the relationship between public service professionals and their clients: from dependency to mutuality and reciprocity. Citizen leadership is also based on these values.

*Risk- enablement **and** protection*

Working to achieve outcomes that promote independent living will inevitably involve risk. Risk averse practice can lead to over protection and can unnecessarily inhibit ambitions and aspirations. Risk aversive practice can also significantly inhibit the choices and empowerment of individuals and families who are denied the opportunity for self-directed support, particularly for reasons relating to perceived legal barriers to uptake. It is important to identify and manage risk in a way that is shared among the person, family and friends, the Council and the provider(s).

The shift to co-production, outcomes monitoring and risk enablement will require training for staff across the social care and health sectors, and leadership from all levels of management. It will be all the more important that individuals and families

understand risk and the responsibility for accepting levels of risk, if a culture that focuses on the failure of social work to intervene is to give way to enabling people to have control.

Enabling risk in adult social care has no simple answer. No guidance or toolkit can outweigh the skilled judgement of practitioners who understand the balance between protecting individuals who need support while applying the values and principles of SDS.

There will of course be some individuals who are subject to harm and exploitation. SDS sits within the framework of social and health care in Scotland where the principles of legislation require a proportionate response in situations where a person may require some protection from the State. Since 2000, such legislation has included Adults with Incapacity (Scotland) Act, the Mental Health (Care and Treatment) (Scotland) Act, the Adult Support and Protection (Scotland) Act, and most recently the Protecting Vulnerable Groups (Scotland) Act.

SDS does not operate outwith these statutory obligations. Along with the inspection and monitoring of the new bodies created by the Public Service Reform Act, there should be sufficient opportunity to assess whether a person's chosen SDS package is delivering agreed outcomes whilst fulfilling social work's duty of care.

One challenge to the growth of SDS is the issue of capacity to consent. Social care policy emphasises the presumption of capacity, and the processes that apply to SDS should include ways of establishing the wishes of the individual. There are various approaches to doing so, and there will be many examples where it is clear that family members know best and are clearly acting in the best interest of the individual, such as Circles of Support. The statutory limitation of direct payments for adults to those with capacity to consent is currently being considered as part of the Scottish Government's proposals for a Self-directed Support Bill. Consultation on these proposals shows that some believe current AWI processes are overly bureaucratic and burdensome. Clearly, implementation of this strategy has to comply with the law, and unless this changes, direct payments will not be available for adults who clearly require but do not have, a welfare guardian to make decisions about their care and support.

The work of Adult Protection Committees and guidance and procedures should recognise the shift to self directed support models, and the forthcoming Protection of Vulnerable Groups Act will add new measures for protection through employment practice.

Risk in SDS practice is most often raised in relation to the employment of personal assistants (PAs). This is discussed in Section 4.

2.2 Leadership

Implementation of significant reform requires strong and effective leadership within and across stakeholder organisations. A shared vision is not enough to shift from rhetoric to reality. Leadership is required at all levels, from national and local government, delivery partners and from citizen leaders. A commitment to a joint approach to delivering change and co-production is needed.

SDS should involve partnership between those who require support and those who commission and provide it. At present this can be an unequal partnership – indeed it is not perceived as a partnership at all by some citizens who have said they often feel powerless and dependent. Experience of local authorities that refused direct payments, for instance, on differing grounds across Scotland has added to this. This will only change with meaningful engagement at a policy and planning level with those organisations that are led by and represent people who use services and a cultural shift in attitude by those who provide and commission services. Investment is essential in sustaining and growing self-help and representative organisations at local and national level. It will also be needed to ensure adequate training and development of key people in commissioning and services. The emphasis on co-production is important for training too, with evidence that training delivered by people who have experience of using services is often the most effective.

One of the conclusions of a review of self-directed support⁹ in Scotland was the need for effective leadership in enabling growth of flexible, personalised care. This is reinforced in the ADSW statement on personalisation, which stated the need for personalisation to be driven by Elected Members and Chief Executives.

The Social Work Inspection Agency (SWIA) overview report on social services identified leadership as a key factor in delivering improved services and Scottish Government sees improving leadership as a key priority for 2010 and beyond. SSSC and Scottish Social Services Learning Networks are developing a national action plan from 2010 to improve leadership across the sector.

Improving leadership in social services is also a key theme of Changing Lives which has delivered a Leadership and Management Framework - a dynamic model that provides a set of diagnostic tools which allow users to reflect on, and assess, where they are as an individual, as a team, as an organisation, and/or as a social services community.

A cohort of leadership champions already exists in the form of people who have undergone the Leading To Deliver programme supported by Scottish Government. The Scottish Social Services Council (SSSC) in its role of looking at national leadership issues and addressing priorities through a National Leadership Framework is looking to see how best this group of champions can be used to support national priorities. To support this at a local level the 4 Scottish Social Services Learning Networks, as delivery partners in the national framework are

⁹ A review of self-directed Support in Scotland; social research

focussing on leadership communities and among other things the development of action learning sets. This broader leadership work provides a framework within which to support improvement of leadership around SDS thus avoiding the need to create and sustain new infrastructure.

Leadership is one of the themes of the Government funded local authority *Test Sites* and the learning from these should inform improved practice across Scotland. More specifically, it has been suggested that leadership in promoting self-directed support could be achieved through champions who spread the vision, dedicated teams in each local authority, and a national forum to share best practice. There is a risk to identifying named leads for SDS that it will be seen as a specialist area, and the availability of experts in the field needs to be in parallel with whole systems change that delivers outcomes focused assessment and review as the gateway to support.

The shift to SDS will need political buy in as well as partnerships at individual, local and national level. A key task for the national implementation group for this strategy will be to develop a communications strategy that engages all relevant partners in debate and discussion about the role of SDS in the development of both specialist and universal support.

Recommendation 2

The national implementation group should develop a communications strategy that addresses the overarching goal to increase knowledge about SDS. This should address the need for people who use services to understand their rights and responsibilities.

Training

These developments require staff at all levels to be trained in the values and principles of self-directed support. This needs to include senior and middle managers, finance and commissioning staff, and of course front line staff. Individuals too and families that provide support should also be able to access training, especially in becoming commissioners of services or becoming employers. PA training is discussed in Section 4

Training also needs to go beyond social care to include staff in partner agencies who have a role in making SDS available – Health being a key one. The level of training required by different stakeholders will be varied but a key element for all will be the key principles and values of SDS – and of co-production. Training delivered by people with experience of directing their own support should build on Citizen Leadership and other models, providing peer support and case studies to illustrate what can be delivered in practice as opposed to theory.

As a central pillar for the future success of SDS, training will be a priority for implementation.

RECOMMENDATION 3

The national implementation group should develop a training strategy for SDS that sets some clear targets for the development and delivery of appropriate training to relevant groups. SSSC and NES and other national social care, social work and health training and qualification accreditation bodies should participate in this work to ensure self-directed support teaching is integrated into curriculum and assessment at the earliest opportunity.

2.3. Access to social care and support – prevention and intervention

Pressures exist on local authorities to provide Best Value while achieving improved outcomes, and financial pressures will continue to make policy shift challenging.

National Eligibility Criteria

The 1968 Social Work (Scotland) Act recognises the central role of the local authority in determining where there is a need for the provision of community care services and how such need should be met. The legislation describes assessment as a two-stage process: first the assessment of needs and then, having regard to the results of that assessment, the local authority shall decide whether the needs of that person call for the provision of services. The use of eligibility criteria applies to this second stage of the assessment process; they are used by councils to determine whether a person assessed as needing social care requires a service to be put in place in order to meet those needs.

While the advent of self-directed support requires a broad interpretation of the legislation (it is not necessarily for the local authority to provide a *service* in response to assessed need) it remains the case that local authorities should operate eligibility criteria to determine whether or not an individual assessed as having a social care need can access formal support.

The current position in Scotland is that a national eligibility framework exists which was developed in response to Lord Sutherland's Review of Free Personal and Nursing Care for older people. However, councils are able to apply to all adults assessed as having community care needs as councils hold that eligibility criteria have to be applied equitably across all social care groups in view of public bodies' equalities duties. The national eligibility framework employs a four criterion approach, categorising risk as being critical, substantial, moderate or low:

- *Critical Risk*: Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate or imminent provision of social care services.
- *Substantial Risk*: Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for the immediate or imminent provision of social care services.

- *Moderate Risk*: Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review.
- *Low Risk*: Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.

It remains the statutory responsibility of each local authority to assess the needs of each individual, consider whether those needs call for formal support and manage access to that support on a priority basis. While councils undoubtedly value the ability to set eligibility thresholds in line with local priorities, a key concern amongst people who use services is the fact that provision can vary in different council areas in Scotland. To that end, further work will be undertaken by the Scottish Government and COSLA to assess whether there is merit in establishing national thresholds for access to formal support across all client groups.

It is also important that councils and their partners consider whether the provision of services or other interventions might help prevent or reduce the risk of an individual's needs becoming more intensive. Indeed, councils should ensure that they have in place clear arrangements for meeting, managing or reviewing the needs of individuals who are not assessed as being at greatest risk, including:

- adopting a strong preventative approach to help avoid rising levels of need;
- embedding preventative strategies at every level of the social care system, informed by assessment of local needs and created in partnership with relevant agencies;
- timely investment in re-ablement services, therapy, intermediate care and assistive technologies to reduce the number of people requiring ongoing social care support to live independently;
- active management and review for those who are intended to but are not provided with support;
- a clear timescale for review of needs arising from the assessment;
- provision of advice on alternative sources of support and request to contact relevant referring agent if needs change.

It is recognised that the use of eligibility criteria as a means of managing demand for social care is imperfect and can result in resources being narrowly focused on individuals with acute needs. Self-directed support aims to give people control of their lives, to sustain independence and prevent escalation of need where possible. It is vital that resource allocation takes into account the important role that this level of support has in preventing crisis and a loss of independence and control. At the same time, councils need to be able to manage growing demand for social care and support, and if balanced with enhanced community capacity and appropriate early intervention options, eligibility criteria can play a role. What is important is that eligibility criteria do not impact disproportionately on any specific client group.

RECOMMENDATION 4

In 2010 the Scottish Government in conjunction with COSLA and the National SDS Implementation Group will review the application of the national eligibility framework in order to establish the need for national eligibility thresholds for all adults with social care needs.

2.4. Ownership

The role of universal services

Agreeing budgets

Tightening resources are a reality for all agencies and the challenge is to develop self-directed support in a way that offers people real choice whilst recognising that social work budgets may not meet all of the demands. There is growing evidence of the financial efficiencies of a focus on early intervention, prevention and (re)-ablement. Good information and advice, practical support, appropriate housing options, and joint working between health and social care can assist people in living fulfilled and independent lives, thereby reducing the number of people entering or requiring ongoing support from social and/or health care.

Some evidence of the developing use of individual budgets in self-directed support suggests that the dialogue with individuals and families can lead to more effective support that will meet people's outcomes at lower costs. IBSEN¹⁰ found little difference between the average cost of an individual budget and the costs of conventional social care support. Clearly, the main aim of self-directed support is not to cut costs, but the extent of its success will be limited by financial constraints, and social care budgets cannot meet all of the demands. It is therefore crucial that resources from all responsible sectors are combined effectively. Local authorities need to work in partnership with the NHS to share investments that improve outcomes for individuals. Work on **the Integrated Resource Framework** may assist in addressing the interface between health and social care costs, strategic planning and service redesign. This work is underway with four partnerships (four health boards and their 12 local authority partners) established as test sites in September 2009. The objective of the IRF, which is being developed in partnership between the Scottish Government, COSLA and NHS Scotland, is to enable resources to move across the system to best meet the needs of citizens.

The responsibilities and targeting of other service agencies should recognise the principles of person centred approaches, and co-production. Citizens should be supported to sustain or regain their independence, and have the right to support that at least maintains and, where possible, improves their health and well being and promotes independent living.

More economic analysis is needed, to assess the extent of investment needed – from social work and community planning partners –to achieve the right balance

¹⁰ The National Evaluation of the Individual Budget Pilot Programme (IBSEN October 2008)

between lower level and critical and substantial supports. As discussed above, many authorities have introduced eligibility criteria in an effort to manage budgets, to bring some transparency and clarity to their services and to address the feeling that there is an inherent lack of fairness. A cost benefit analysis is needed to identify the financial and other benefits of the focus on prevention, reablement and self-care across all sectors and workstreams.

RECOMMENDATION 5

Beginning in 2010, the Scottish Government should work with COSLA to apply economic analysis to developing strategies for councils to lead the shift towards self-directed support. The focus should be on a shift to commissioning for individuals rather than for groups, and in investing in prevention.

The direct purchase of services by individuals is mostly through social care at present, and the longer term aims of the strategy will be to extend this to other sectors. But some services and supports need to be available throughout communities, to enable active engagement, empower citizens and promote inclusion. Information and advice on mainstream and specialist services should enable citizens to access wider supports more easily.

This responsibility does not rest solely with social care. Social care is one of a range of resources that can play a part in bringing that about. For independent living to be a reality, people need to have access to housing, transport, new technology, and telehealth care, education, jobs and leisure and recreation in the community. It needs the combined efforts of people themselves, their personal networks, their communities, universal services and other sector providers. Education, transport, Department for Work and Pensions (DWP) and employment agencies are the primary resources with which social care and health need to engage.

Community Planning

Guidance for Community Planning following the *Local Government (Scotland) Act 2003* states: 'Building social capital - the motivation, networks, knowledge, confidence and skills - within communities should be an integral part of achieving more effective community engagement. Local authorities, in conjunction with their other Community Planning partners, should provide support to community and voluntary bodies to facilitate community engagement in the Community Planning process to those communities most in need.'

Community planning has three main aims:

- Making sure people and communities are genuinely engaged in the decisions made on public services which affect them; allied to
- a commitment from organisations to work together, not apart, in providing better public services, and
- providing a vehicle for the development, by stakeholders, of Single Outcome Agreements that capture the priority policy aims of local communities to be delivered by stakeholders.

Community planning partnerships therefore have a clear strategic role in delivering the level of change required to support the growth of self-directed support. Communities can develop the use of social capital, including through disabled people's organisations, so that people can meet their needs with the most appropriate recourse to statutory services. They should provide a coordinating role in relation to key activities on the environment, public safety and security, access issues, and community services and activity. For example, Passenger Transport Authorities and their local authority partners, the Scottish Ambulance service and private and community transport operators could examine how better to reach people with mobility issues.

There is a need to raise the profile of co-production in public services with community planning partners, both nationally and locally, and COSLA, ADSW and National Government should make use all opportunities to do so. Community planning groups should also seek appropriate representation from individuals and representative groups to reflect the diversity in the community. The engagement should also focus on capturing the evidence of improved outcomes, to inform Single Outcome agreements and other targets specific to some CPP partners.

RECOMMENDATION 6

The Scottish Government should encourage community planning leads to support social work and other local authority departments and agencies to work together and combine their funding to achieve better outcomes for people who have personal and social support needs. This should be reflected in Commissioning and strategic planning frameworks where the place of SDS is clearly modelled and planned for.

The development of local area co-ordination (LAC) is growing in Scotland, with evidence¹¹ of the positive outcomes it delivers for individuals and families. Currently local area co-ordination is funded principally by social work budgets, mostly learning disability budgets. Local authorities and Community Planning partners should consider the broader contribution local area co-ordination can make to communities, and consider combined resources to extend availability to all client groups. The LAC National Development Team should share their practice framework with Community Planning partners.

RECOMMENDATION 7

Community planning partners should be provided with information on the potential of local area co-ordination, with a view to considering pooled resources to support the development of this approach for all client groups.

¹¹ National Guidance on the Implementation of Local Area Coordination
<http://www.scotland.gov.uk/Publications/2008/03/27092411/2>

2.5 Health and wellbeing

Case study

Jasmine lives with her parents and 2 teenage siblings. She is 3 years old and was born with auto immune deficiency requiring hospital treatment over a long period. She has had bone marrow treatment, the second time more successful, and has been able to return home. She requires a very high level of care and supervision.

Due to the immune deficiency and need to protect her from infection while her system builds in strength she is unable to attend nursery or any respite resource. Her parents are in need of regular breaks from caring and to have time to spend with the older children. An agreement has been reached between social work and the NHS for health to fund 6 hours per week, which the family take as a direct payment to employ a nurse who can come into the family home and offer a break in a very flexible way.

Health services need to be an integral part of the overall effort to increase self-directed support, through single shared assessment practice, anticipatory care, and robust discharge planning. In particular, health improvement and complex care provision need to come together and build on preventative, enablement/reablement and rehabilitation approaches.

A few existing direct payment packages, managed by the council, are funded entirely by health monies, but it has been suggested that health partners' understanding of and engagement with the development of self-directed support needs to be developed. The Government has provided funding to NHS Lothian to build on the existing, limited practice of health monies contributing to self-directed support packages.

NHS Lothian pilot

The first phase of NHS Lothian pilot is focusing on;

- individuals living with complex care needs, in particular focussing on increasing the uptake of jointly funded SDS packages;
- those living with one of three long term neurological conditions namely MS, First Stroke & ABI, with a focus on supporting individuals in the self - management / self -maintenance of their health.

The purpose of the pilot in the first phase is to;

- capture baseline knowledge of the SDS approach with both individuals and staff
- capture the numbers and data of people opting for SDS
- capture the individual experience of opting for SDS
- capture carers perceptions of the benefits to the cared for individual of opting for SDS.

capture staffs' perceptions of the benefits to engaging with individuals through SDS, and the benefits for the individual of opting for SDS.

One of the short term goals of this strategy is to increase the contribution of health monies to SDS packages, and the lessons from this project will be an important factor in achieving that commitment.

RECOMMENDATION 8

The Scottish Government should disseminate the findings from its health-related pilot in Lothian to all NHS Boards so that this learning can be put into place across all of Scotland by 2012. In the interests of shared awareness, the findings should also be sent to local authorities and providers.

2.6 Housing Support

Housing support services help promote independence and choice for the individual, with an ethos of working with those individuals to help them achieve their own goals or aspirations, and regain or maintain their independence, as far as is practical, in a stable supportive environment. Services can be provided in the individual's own home or linked to specialist supported accommodation, for example for older people or homeless people.

The removal of ring fencing around "Supporting People" funding was designed to make it easier for local authorities to develop more flexible support packages, tailored to the personal circumstances of individuals, and reduce accounting burdens on local authorities and service providers.

Housing support services provide a range of assistance, including help to maximise income and manage a household budget, maintain a tenancy, keep safe and secure, assistance with shopping, laundry and other daily living tasks or getting help from specialist addiction services. Levels of support can vary; from low level preventative services to more intense daily assistance, and can be on a short or long term basis. Support is tailored to suit the specific needs of the individual, but focussed on helping them maximise their independence. These services are regulated by the Care Commission and routinely use support planning as a method for engaging individuals and agreeing outcomes to focus on.

Personalisation and choice are core values within housing support, and providers are encouraged to work with clients to help them set their own objectives and measure progress towards these objectives, for example through the use of the "Better Futures" outcomes tool. This tool can be used by providers to help individuals define their own short and long term goals and measure progress towards them.

At present, some people have direct payments that include funding for housing support, allowing them to take a holistic approach to arranging their personal and housing support. Implementation of this strategy should therefore consider how the broader options for SDS will allow a co-ordinated approach to delivering personal and housing support, building on direct payments experience and allowing those who do not wish to manage the resources to have the same level of choice and control. In relation to housing support we encourage shared assessment processes

alongside consideration of social care and other needs, but it can be carried out separately.

2.7 Employment and education

Recent policy work has recognised the central importance of employment to well being, and Equally Well¹² highlighted a need to strengthen education and skills, income and employment status as factors which can combat inequalities in health.

Just under half (48.1 per cent) of disabled people in Scotland are in work, compared to around 75 per cent of the general population. There is considerable variation in the employment rates for different health problems or disabilities, with less than one in five people with severe learning difficulties in paid work.

The Scottish Government in conjunction with Cosla produced a Supported Employment Framework for Scotland that aims to:

- Raise awareness about the contribution supported employment can make to economic growth, to employment, to social inclusion and to the health and wellbeing of disabled people.
- Ensure that supported employment is seen by local authorities and their partners as a valued and integral part of local mainstream employment services.
- Help agencies work together to make sure that individuals are not caught in a 'training cycle' but make the transition from training to paid employment.

To support some of this activity, the Government created an **Employability Learning Network**¹³. The network is aimed at partners in local employability networks, including local authorities, NHS Boards, CHPs, and Third Sector organisations. The employability learning network's website has toolkits, learning points and other employability resources.

Stimulating young people to remain in education, employment or training post-school is the best way of ensuring their long-term employability and contribution to society. Partnership between national and local government, colleges, universities, the voluntary and private sectors, is essential to achieve this. Partnership Matters¹⁴ sets out the key partnership roles in providing support for students with additional support needs, whether it is to a university student needing support to stay within halls of residence or for a further education student with complex needs wishing to improve their independent living skills.

¹² Equally Well Implementation Plan <http://www.scotland.gov.uk/Publications/2008/12/10094101/5>

¹³ <http://www.employabilityinscotland.com/>

¹⁴ <http://www.scotland.gov.uk/Publications/2009/05/08155445/1>

Case study¹⁵

Laura is a young woman in her early 20s who was diagnosed when she was 18 as having Asperger's syndrome. She had now been receiving a direct payment for 3 years and she uses it to employ a PA for an average of 20-25 hours a week. However this average conceals a wide range since Laura can use the time for brief catch up meetings after classes and for longer periods of support at weekends and during holidays, where there would otherwise be less structure to her life. Like all younger women of her age Laura wants to be independent and she is hoping that the university degree which SDS has supported her to achieve, together with continuing access to SDS, will help her to do this. She is now beginning to look beyond university and is currently trying to identify the sort of work she would like to do after she graduates.

Self-directed support should enable more people to tailor their support to access education, training and work. The Implementation Action plan should specifically address opportunities for SDS and employability activity to bring this about.

2.8 Services for children: Getting it Right for Every Child (GIRFEC)

SDS is relevant to all ages. Whilst much of the focus of the strategy has been on support for adults, implementation activity will need to build on the limited progress to date in providing direct payments for children and families.

Getting it right for every child is a national programme that aims to improve outcomes for all children and young people in Scotland. It seeks to do this by providing a framework for all services and agencies working with children and families to deliver a coordinated approach which is appropriate, proportionate and timely.

The fundamental idea behind *Getting it right* is that an integrated and seamless network of support, coordinated at the point of delivery, should be built around the child or young person's needs rather than that the child and family should have to adapt to the requirements of the system. Evidence from the pathfinder to date suggests that many service users are getting a more appropriate, timely and proportionate service.

Social work services have reported a marked reduction in referrals to them from universal services for general support for individual children and families, which would indicate a gradual shift to more children with needs being held within universal services. This has also been noted by the universal services.

It is apparent that a significant shift towards the single planning process has taken place. There is also emerging evidence that resources are being used in a more planned and targeted way. However, this depends on three key factors:

¹⁵ Extract from A Review of Self Directed Support in Scotland ISBN 978 0 7559 71251

- that the Child's Plan is a genuinely multi-agency one and not a social work plan or health care plan with bolt-on extras;
- that, in the most complex cases, the Lead Professional has the support and guidance of senior managers across the agencies;
- that the plan is outcome-led rather than output-led.

An analysis of potential savings arising from the implementation of the new *Getting it right* processes in the Highland pathfinder area is still being carried out in order to explore to what extent either net savings are being achieved through more streamlined pathways and planning processes or whether costs are being redistributed across services.

There are many parallels between GIRFEC and SDS. Direct payments are already available for children's services provided under the section 22 (1) of the Children (Scotland) Act 1995. In 2009, 471 direct payments were made for people under 18 years of age.

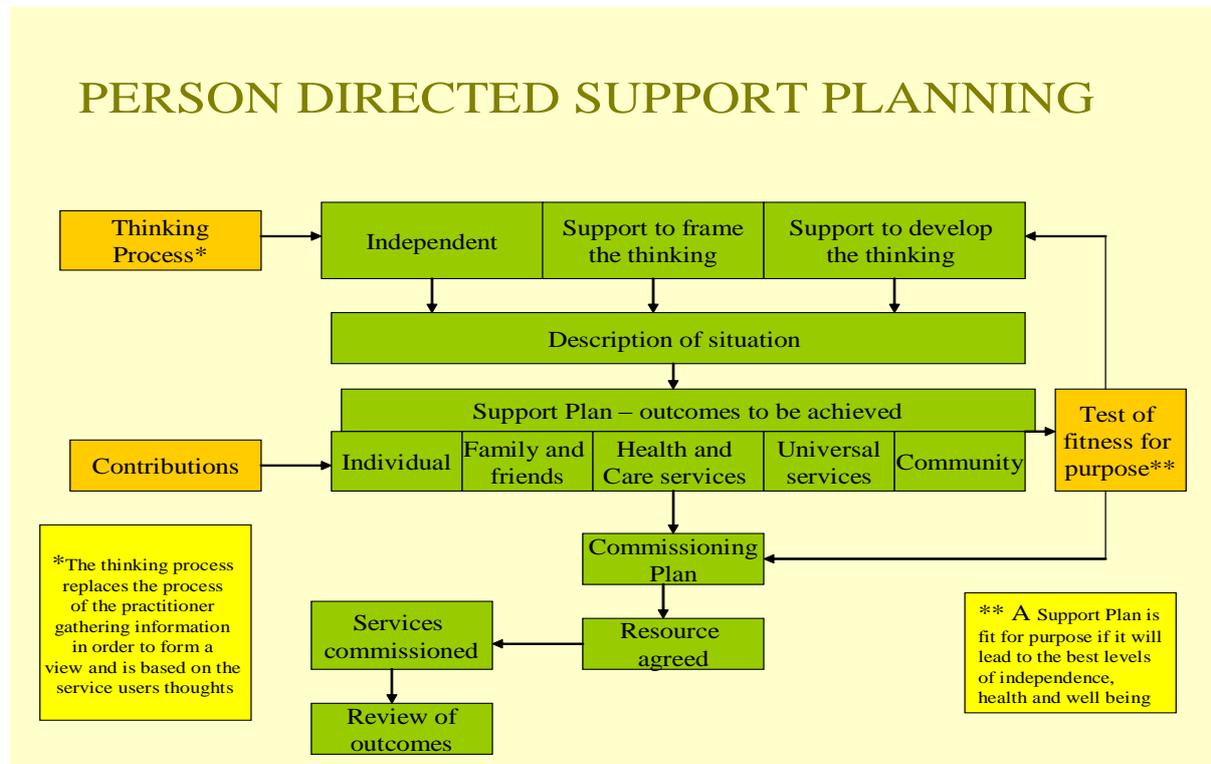
Implementation of this strategy should therefore include specific activity to consider how both agendas can be integrated, with a specific focus on the opportunities to improve the transition to adult services for young people.

Section Three: SDS - The Processes

3.1. Information and advice - supporting individual choice and control - the role of support organisations

Vision

Support organisations are able to offer first class accessible advice and support to people to make genuine individual choices, and to effectively promote self-directed support and independent living.



The Local Government (Scotland) Act 2003 provides that local authorities have a duty to involve service users in the services they provide. This can take the form of local support organisations, either as a user led organisation or directly through a local authority.

The current provision of local support organisations varies across Scotland. These can be broadly divided into local authority support, user led support and other representative voluntary organisations. Local authority support provision tends to be focused on direct payment recipients and is pan-client group. These services do not offer independent advocacy or a campaigning voice for people and user involvement may be limited.

The *Centre For Independent Living (CIL)* is a successful user led model which offers direct payment support, advocacy and a campaigning voice for improving services and for the principles of Independent Living. However despite recent efforts, they are perceived by some client groups as being primarily focussed on people with physical disabilities. Other voluntary organisations may or may not include staff or Board members who are services users, and some have a stronger focus on campaigning than on providing specialist direct payment advice.

When I was offered direct payments, I panicked. I had been told that they were difficult to manage. My family were worried about their responsibilities. They were already doing a lot. They did not want to have to take on more. Having only used traditional services, I had no way of knowing how things could be better with direct payments.

When I met my advisor, she had used direct payments before and still used them now. She told me how she did it. She also told me how all the hard bits, like payroll and knowing the law, could be taken care of. Hearing her story and getting her help, gave me the confidence to take a direct payment.

Research suggests that each model of support organisation is workable and acceptable in its local context. Each is highly valued and provides effective support to SDS clients, resulting in them being considered by all parties as representing a valued model¹⁶. However, consultation responses from this strategy indicated a strong desire from individuals that support provision is best provided and more trusted, when done so by a user led organisation.

A review of self-directed support in Scotland highlighted the need to ensure that local support services are sustainable to achieve further development of self-directed support. These services are valued by their clients in particular for the support they can provide to the individual in their role as an employer.

At a national level, user led support mirrors provision at a local level, in that some organisations are client specific where others such as SDSS specialise in direct payments for all groups. This focus tends to be provided on a client group basis despite efforts by some to be more inclusive of others. These national organisations often share the same principles as the local organisations, and the development of SDS should provide opportunities for working together to improve effectiveness.

SDSS represents user led organisations and provides a network to share experiences and good practice. Local Authority provided support for direct payments practice also offers a similar network through ADSW, but there is currently no shared learning between the two networks.

¹⁶ "A Review of Self-Directed Support in Scotland" Tony Homer and Paula Gilder.

SDSS

Time to think

The first year of this project aimed to capacity build the member organisations by offering training opportunities to all member organisation staff including boards and committee members.

Three main areas were explored. The first was Ethos which gave member organisations a deeper understanding of the Independent Living Movement, Models of Disability and practical aspects of operating within the social model, including the implications of not using a shared core language.

The second workshop explored Shared work practice which enabled member organisations to identify key components vital to their role, share examples of good practices and identify area of common working they would like to take forward. The final workshop, Strategic Thinking explored the current climate member organisations are working in and barriers to survival.

Three sets of workshops were run in 4 locations with the exception of Strategic thinking which was run in 3 locations due to the target audience of managers and team leaders etc, reducing the overall numbers.

All the sessions were well received, made a positive impact on thinking as well as being well attended. The information and material gathered has informed the second year programme 'Preparing for Change'.

In the Know

The project has two main targets, Advocacy Organisations and Local Authorities (LAs)/Health Boards (HBs). It's aim is to promote and provide training on SDS to so that all parties have a full understanding of SDS, not just as a community care service but also as the key tool to Independent Living. In order to maximise the impact on LAs and HBs a partnership approach with SPAEN was designed so that SDSS could raise awareness whilst SPAEN could explore issues of compliance.

Topics covered within the project include the basics of Personalisation, the rise of ILM, the role of Disabled Peoples Support Organisations, Implications of implementation for LAs and health boards.

Advocacy organisations have responded very positively. The geographical area covered by the project has been expanded and ranges from Glasgow and the Lothians area, to the Highlands.

Feedback from advocacy organisations clearly indicates that they value the opportunities which SDS can provide for the individuals they assist. They are keen to increase their knowledge and awareness of this area in order to signpost individuals more effectively to sources of help and advice.

RECOMMENDATION 9

By summer 2010, the Scottish Government should begin work with national and local organisations to review their capacity to deliver support - that includes peer support - for other forms of self-directed support and independent living whilst maintaining their focus on direct payments.

RECOMMENDATION 10

Beginning in 2010, the National Implementation Group should evaluate existing models of support provision to inform a more efficient, sustainable and joined up approach, at both local and national level, suitable for all client groups.

3.2. National outcomes and minimum information standards

Vision

People will feel confident in identifying and agreeing the outcomes they want. Assessment and review processes will focus on these outcomes and will take a holistic, human rights based approach to individuals and family carers.

Social care is at its best when it helps people to be independent and to feel safe. This works most effectively when people control for themselves the support they may need. Local Authorities have a duty to assess, and must therefore ensure that people are assessed, under section 47 of the *NHS and Community Care Act 1990*; and that the assessment complies with binding policy and guidance; that qualifying carers are offered a carers assessment; that relevant local eligibility criteria are operated, and that all needs that are considered eligible are met by service provision or direct payments; that financial resources are not used as a reason for not meeting an eligible need; financial contributions are assessed; and that services and support meet minimum human rights standards – most importantly, the dignity standard.

Local authorities and their health partners work within a framework where National Information standards define the nature of information used, and collected for national and local information purposes. Current assessment processes, shared or otherwise, have led to needs being responded to in time units (“Task and go”). This, in turn, has limited individuals, carers and assessing staff, compromising the provision of services focussed on outcomes, in particular those elements of soft but necessary support (contact, relationships) which mean so much to individuals.

Recent reports have consistently indicated the need to change the way in which services are provided. In particular, the Changing Lives report indicated the need to significantly change the relationship between assessor and user and carer; to enable the provision of more personalised services; and to co-production¹⁷ of services with disabled people, their families and wider communities. There needs to be further development of alternative assessment models, including supported self assessment styles, models of co-production and e-solutions; giving more choice and control at this point, as well as when deciding on what support should be provided.

The Association of Directors of Adult Social Services (ADASS) in England have published a paper¹⁸ confirming that self-assessment is not legal, and local authorities cannot legally contract out eligibility, resource allocation and support planning decisions. There is however a clear role for supported assessment and pre-assessment in taking forward the principles of self-directed support.

3.3. Agreeing outcomes

The National Performance Framework and the Concordat between national and local government moved away from measuring outputs to a focus on outcomes. The *Talking Points Framework* developed from research into user and carer outcomes provides a means of looking at the desired personal outcomes for individuals and for family carers within the context of the Community Care National Outcomes, while ensuring best value in the use of resources:

- Improved health
- Improved wellbeing
- Improved social inclusion
- Improved independence

The Talking Points framework is now being used, albeit in different ways across all Scottish local authorities, in some at assessment and in others in review processes.



Service user defined outcomes

Quality of life	Process	Change
Feeling safe	Listened to	Improved confidence
Having things to do	Having a say	Improved skills
Seeing people	Respect	Improved mobility
As well as can be	Responded to	Reduced symptoms
Life as want (including where you live)	Reliability	

¹⁷Co-production and personalisation in social care; Pete Ritchie and Susan Hunter (http://books.google.com/books?id=Dfh8PlarEEgC&printsec=frontcover&dq=susan+hunter+pete+ritchie&source=bl&ots=fspeU83aU6&sig=2Lqi1Dvpxg8W_aj_YkqVjkDITnc&hl=en&ei=3XIXS8XTIpi60gSb87H1BA&sa=X&oi=book_result&ct=result&resnum=1&ved=0CAcQ6AEwAA#v=onepage&q=&f=false)

¹⁸ Personalisation and the law: Implementing Putting People First in the current legal framework; October 2009

The change outcomes, identified by individuals as being central to their needs, together with process and quality of life outcomes provide a template whereby people's needs and aspirations can be met more fully. This process effectively engages individuals in setting their agenda based on their perception of the situation. The shift to an outcomes focus is central to the vision of SDS and will be one of the main elements of the training strategy in the action plan.



Carer defined outcomes

Quality of life for cared for person	Quality of life of carer	Coping with caring	Process
Quality of life for cared for person	Health and wellbeing A life of their own Positive relationship with person cared for Freedom from financial hardship	Choices in caring including limits Feeling informed/skilled/equipped Satisfaction in caring Partnership with services	Valued/respected Having a say in services Responsive to changing needs Meaningful relationship with practitioners Accessible and available and free at the point of need

Carers' assessment should similarly move to support planning and co-production models, having greater attention to the outcomes that carers require, including partnership, training, information, skill level, but especially the limits to the role they are able to fulfil and the support available. There is a danger that self assessment models and the right of carers to a separate assessment may be bypassed if the relationships and limits in support are not approached through a model of co-production. A co-production approach should assist the normal or natural relationships between the carer and the person for whom they care.

3.4. Resource allocation

At present, legislation provides for assessment of need and provision of services, and not to assessment of financial payments. Direct payments legislation does not specify the amount of payment, other than a payment that secures a service that meets assessed needs.

There are a number of approaches to setting direct payment rates, some through a fixed rate system for DP's and others through meeting the agency rate for the direct service provided. This in effect means that rates are often determined by agency market forces and available resources.

To move towards the personalisation of services in a measured way, local authorities will need to consider the use of a mechanism such as a *Resource Allocation System (RAS)* to determine the resources available to the individual that is transparent and sustainable. IBSEN describes how in pilot sites in England there were mixed views on the RAS approach and devising new processes for allocating resources was particularly challenging, with no consensus on the best method. In Scotland the experience of developing and using the Indicator of Relative Need, albeit a tool designed to meet a different set of purposes, might offer one avenue for improving the design of systems for the allocation of resources based on a more objectively rigorous approach. A fusion of the current approaches, if this could be achieved through detailed research and development, might be capable of delivering a method that has both technical rigour and a personalised, transparent and outcomes focus.

The Government does not recommend any particular resource allocation system and believes more evidence is needed of the most effective means for delivering outcomes.

Whatever system or tools are used, local authorities are expected to develop up-front and transparent methods for the allocation of resources to eligible people. To do so, they will need to understand patterns of spend and costs for services; manage resources to deliver good quality outcomes; and be able to meet predicted demands.

The *Joint Improvement Team (JIT)* developed a capacity planning toolkit which allows agencies to draw together this type of information. Along with data gathering at individual level, such as the E-say learning disability database, local authorities can more readily predict future demand and agree strategic frameworks for the development of future service commissioning, redesign or decommissioning.

A system for allocating resources should be used as a means of giving an approximate indication of what it may reasonably cost to meet a person's particular needs according to his/her individual circumstances. It is important for councils to ensure that their resource allocation process is sufficiently flexible to allow individual circumstances to be taken into account when determining the amount of resources they are allocated in their individual budgets.

In estimating the reasonable cost of securing the support required, councils should consider associated costs that are necessarily incurred in securing provision, without which the support could not be provided or could not lawfully be provided. The particular costs involved will vary depending on the way in which the support is secured.

Fairness and equity have to be built into Local Authority SDS arrangements to ensure that rates for SDS packages of support are fair and fit for purpose, taking into account key quality factors such as training and the outcomes desired from the SDS, by the individual. Concerns over short changing time allocations need to be managed and monitored.

Some councils have found it helpful to include a one-off start-up fund within the current direct payments to meet these costs as well as other forms of support that

might be required, such as brokerage, payroll services and Disclosure Scotland checks on employees and prospective employees.

RECOMMENDATION 11

Beginning in 2010 the SDS Implementation Group should gather and interpret information on resource allocation models and systems to see which approaches best deliver the outcomes for all groups and levels of need. The group should consider whether research and development is required to recommend a method that has both technical rigour and a personalised, transparent and outcomes focus.

RECOMMENDATION 12

Building on recommendation above, the Scottish Government, in conjunction with COSLA, should commission a Scotland-wide cost analysis of the rates offered for individual budgets and existing direct payments and the costs for provider equivalents in local authorities and the independent sector with a view to assessing how funding levels for individuals meet the outcomes.

Choice and Control.

Following on from an outcomes based assessment – or review- choice in how to reach the desired outcomes is more transparent. The respective roles and responsibilities of individual and carer, and responses from the assessing and provider agencies are clearer as part of a negotiated agreement. It is at this point that individuals and their carers can exercise choice about the way their support needs are to be met and how support will be provided to them.

Here, there is a clear opportunity to consider the implementation of alternative forms of provision, taking as much control as the individual chooses. Maximum control would be through an individual budget taken as a direct payment. For those who prefer not to manage the money, the IB can be through an individual service fund lodged with a provider. For others, the choice might be to select a commissioned service, albeit with greater involvement from the service provider in designing how the support will be delivered in the context of the agreed support plan.

The shift to genuine informed choice for the individual will be significantly influenced by the power and knowledge of the assessor to deliver that choice. Implementation of the strategy will therefore need to include some activity to review assessment and support planning systems and processes.

Case Study

JM had lived at home with his family before his admission to hospital where he was diagnosed with Korsakoff's Syndrome. As a result of a change in family circumstances, it was decided that JM should move back in to the community in to his own home with a package of support paid for with an individual budget. JM was assessed as not having capacity to manage his own affairs and his family felt unable to do this on his behalf.

The Council asked C-Change for Inclusion to work with JM and his family and manage his Individual Budget using an Individual Service Fund (ISF). The expressed aim was for JM to have access all the benefits of a direct payment without the responsibility for directly managing the budget.

C-Change and the Local Authority worked closely with JM and his family discussing ways in which he could use his ISF. JM is a gentleman who enjoys his own company and was well known within his local community. Living in hospital for a prolonged period he had lost many of his contacts and connections. The initial outcomes identified in JM's plan were to support him to move back home and to re-establish his old networks and relationships.

JM moved back home at the beginning of 2010. Initially he received a high level of paid support, managed through his Individual Service Fund. C-Change has worked with JM and his family and with the Council to develop his support arrangements. The plans are that with the introduction of assistive technology and the re-establishment of his connections and relationships in his community JM's reliance upon paid support will decrease and he will use his money differently to achieve other goals.

Section Four: The Mechanisms

4.1. Individual budgets and direct payments

In order to provide greater clarity on the range of options for directing support, we propose to use the following terminology to differentiate between emerging tools and legislative provisions.

Individual budgets are an indicative allocation of funding given to users after an assessment for support. The assessment of the budget should be through a transparent process that demonstrates compliance with community care and other legislation. Where there has been a joint assessment, the budget may include money for health and educational/training needs. Individuals have a choice on how the budget is processed.

Individual budgets provide greater clarity about the financial contribution to meeting their needs. The individual budget may combine a collection of funding streams, to support the delivery of agreed outcomes. In practice, this has included *Supporting People*¹⁹, *Independent Living Fund (ILF)*²⁰, and *Access to Work*²¹.

The implementation of SDS should be genuinely personalised and the funding streams it brings together, and makes available for users to make decisions about, should include ALL that are relevant to each individual – for social services, education, housing, employment and health.

Direct payments are defined in legislation and are payments in lieu of services provided directly to eligible individuals assessed as being in need of community care services. Any arrangement whereby the council allocates the budget to an individual – or to third party to manage on behalf of the individual – is a direct payment. Direct payments can be used to purchase services from a provider, including from the council, or it can be used to employ a personal assistant (PA).

An individual service fund or trust can be used to commission the service directly with providers. The contract for such an arrangement is in effect the same as a spot purchase, albeit with a focus on delivering the agreed outcomes in the individual's support plan. Inclusion Glasgow did some early work on the development of individual service funds and provides examples of a contract used to commission support in this way.

People may opt to leave councils with the responsibility to commission the services. Or they can have some combination.

What is crucial in the implementation of self-directed support is that all options are given equal weight, preventing some existing attitudes and practice that limit access

¹⁹ <http://www.spkweb.org.uk/>

²⁰ <http://www.ilf.org.uk/>

²¹ http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347

to direct payments. The drive to increase the uptake of direct payments needs to be sustained, and Individual Budget pilots show this can be achieved. Information from discussion with most local authorities suggested that there is still significant scope to increase the numbers of direct payment recipients, and many areas have strategies and policies in place for doing so.

In some areas, development of personalisation programmes or self-directed support projects have been disconnected with direct payments activity. Apart from missing out on the opportunities to harness the knowledge and expertise of teams promoting direct payments, this separate focus risks diminishing the drive for real choice for citizens.

Some of the barriers to direct payments will apply equally to other uses of individual budgets, and implementation of this strategy will need to address issues such as flexibility in how budgets can be spent. Local authorities generally found existing Scottish Government and *The Chartered Institute of Public Finance and Accountancy (CIPFA)* Scotland guidance helpful in relation to direct payments, and these should continue to be applied.

Using the budget flexibly

An issue of significant debate is the balance between innovation in meeting outcomes and accountability for the use of public funds. The need for financial prudence was often raised in discussions with staff at all levels in local authorities. These discussions revealed quite polarised views on what purchases should and shouldn't be permitted.

Stories that may attract unwelcome media attention travel faster than those that aim to promote SDS. The purchase of holidays abroad, a caravan for short breaks, and golf club memberships were cited by some as innovative and open minded approaches and by others as abuse of public funds.

An area attracting greater consensus on the flexible use of direct payments was respite. Indeed this was identified as the most likely service to enable short term growth in direct payments. The City of Edinburgh Council has published a leaflet²² to encourage new short breaks opportunities for older people through direct payments.

The Homer and Gilder evaluation of the benefits of direct payments includes a number of personal stories highlighting the positive outcomes that flexible use of direct payments has brought.

In Control Scotland²³, and other organisations, have worked with a number of councils in Scotland to pilot their system of self assessment and resource allocation.

²²

http://www.edinburgh.gov.uk/internet/attachments/internet/social_care/about_social_care_and_health/references_and_resources/OP_short_breaks_DP_leaflet.pdf

²³ <http://www.in-control.org.uk/site/INCO/Templates/GeneralChild.aspx?pageid=454&cc=GB>

A review of such a pilot in North Lanarkshire²⁴ found people had used their individual budgets for a wide range of purposes:

- People to help (Support worker, employment of live-in carer, personal assistants)
- Cleaning and laundry
- Holidays
- Equipment (e.g. computer, iPod)
- Transport (Travel to/from college, taxis, electric scooter)
- Education (Courses e.g. film making)
- Access to leisure (Museums, exhibitions, cinema, music, entertainment, clubs, shopping)
- Improving health (Gym membership, acupuncture, physio at home)
- Social life and seeing friends.

No person using individual budgets in North Lanarkshire reported a negative impact of their individual budget on any area of their life. In most areas of life, people reported highly encouraging levels of positive impact that are similar to information collected from almost 50 adults in two English counties.

It is too early to identify how the range of SDS options deliver more flexible outcomes than direct payments. The earlier discussion on the unnecessary separation of the 2 mechanisms needs to be borne in mind, since the shift from process-focused to outcomes-focused support planning and review should in itself drive up autonomy and control.

Systems and processes to measure and monitor progress, locally and nationally, need to be reviewed to take account of self-directed support.

Reducing bureaucracy and cutting red tape

The shift to self-directed support, and thereby the promotion of independent living, should aim to reduce the multiple business processes associated with current activity to bring together different funding streams. It should be possible to achieve efficiency savings by streamlining some overlapping activity of the agencies involved.

There may also be opportunities to give the citizen a single entry point into funding for independent living, and current activity to streamline ILF processes should be built upon.

A deterrent to direct payments for some individuals has been the prospect of onerous processes to manage resources and account for the budget. The Edinburgh card can make money management more straightforward for individuals and families. It is a VISA card which direct payment budgets are paid into, and from which payments are made to providers.

²⁴ Way Ahead; Lancaster University, in Control Scotland; June 2009

Carers also have concerns about the expectations on them to manage budgets. In agreeing to opt for a direct payment of an individual budget, it is important that:

- assumptions are not made about the carer's contribution, rather this is jointly agreed through the process of carer assessment and support planning
- assumptions are not made that the carer will administer and manage the SDS
- a combination of arranged services and SDS are made available, as necessary
- DP set up time is kept to a minimum
- contingency planning is in place to address any breakdown in SDS arrangements
- larger packages of care and support factor in adequate management costs
- carers are supported in any employment and administrative activities
- adequate support and advocacy is in place to support people to manage, drawing on the experience of those who direct their own support.

Short Breaks SDS project

Background

The numbers of people using flexible breaks in the Scottish Borders has increased yearly. Despite this the number of people with mental health needs using a flexible form of break remained low.

Most people taking a break continue to take this in a care home; for young adults this means travelling out of the Borders – and this journey can be difficult for some people.

There can be difficulties in providing robust, individualised packages of support for people with high support needs wanting a flexible break, and arranging a flexible break can be time consuming and complex for client, carer, care manager and provider.

The project aims to:

**Increase the number of breaks that are flexible and individualised – and in particular increase the number of breaks for people with mental health issues
Provide a range of different models and support arrangements including alternatives for people who traditionally take a break within a care home.
Explore joint funding arrangements.**

Update on what has been achieved to date

The number of flexible individualised breaks in 2009/10 increased by 96 weeks from the previous year. Most of these breaks have been purchased through a direct payment and there has been funding from social work, ILF and NHS. Examples of how people have taken a break are featured in the personal stories section below.

Following promotion and information about short breaks there was an increase over one year from 1 person to 9 people with mental health needs

using a direct payment for their short break and an overall increase in people taking breaks including people arranging their break with a 'virtual' budget e.g. to a local hotel. An independent evaluation is being undertaken based on talking points outcomes.

Accessible self catering accommodation has been developed in the east and west of the Borders through partnership with two RSLs. People using the accommodation can take a break on their own or with family, friends and/or paid carers and the support is arranged as required. Margaret Blackwood Housing Association adapted a flat for short breaks use and Berwickshire Housing Association has built an accessible house in Duns which became available this month. This type of accommodation has been used by people who want an alternative to a care home and require regular breaks within their local community. The break can assist people to develop or regain skills and confidence – and can be part of a plan for young people to move from the family home.

The involvement of local providers has been crucial to achieve the robust, individualised packages that are required for most people using this accommodation and developing a partnership approach between providers is part of this approach.

The carebreaks website has been updated and will shortly be launched. This will provide local information including availability and booking information for the self catering accommodation mentioned above, with links to information and breaks nationally for example through Shared Care's website.

Support has been provided to individuals and care managers through increasing capacity in the short breaks development worker post. However, the success of the short breaks approach in meeting individual's needs has encouraged care managers themselves to directly promote and support flexible approaches.

Further work includes

A resource allocation system has been developed and will be piloted through the SDS project.

Reprovisioning a care home for older people and providing an alternative short breaks approach

Fairness

The growth of self-directed support should lead to greater equity of provision, and whilst local authorities will continue to apply different resource allocation formulae, their focus on outcomes and clarity about available resources should aid those who move to another area, for example in order to live or work in another area.

Equally, there is a need for clarity about the contribution of personal income to meeting agreed outcomes, and the need for clarity in how charging policies will relate to developments in SDS.

RECOMMENDATION 13

The Scottish Government should work with COSLA and the Independent Living movement on simplifying Charging Policy to make this more compatible with the outcomes associated with self-directed support.

The issue of waiting lists for direct payments will also need to be addressed in taking forward a strategy for self-directed support. Some people who are currently on waiting lists have been refused a direct payment because of a lack of available resources. Some receive a commissioned service, others receive no support. Generally, demand for social work services has exceeded available budgets

As implementation of self-directed support progresses, the impact on waiting lists for delivering agreed support plans will need to be considered, with a view to working towards a clear target. As a matter of priority, people on current waiting lists should have the opportunity to undertake supported assessment, and to explore the range of options for directing their support.

4.2. PA workforce

The PA workforce is a significant contributor to social care provision, within SDS users, yet is arguably the least developed. Currently, the majority of people use a direct payment to employ a Personal Assistant (PA). Over 51% either employ only a PA or a PA and another service²⁵. This sector therefore has a key role to contribute to increasing the uptake of Direct Payments as a key option of self directed support. Evidence suggests that the employment of PAs does not impact on the recruitment and retention of workers in other areas of social care. Despite both employers and PAs valuing the training that a PA receives, nearly half of PAs do not receive any training. Providing training of PAs is a key to being a good employer, *SPAEN* have a role to ensure that employers promote best practice. Most PAs would like to access training but there are a number of barriers including availability and accessibility, there is no dedicated support service for PAs.

Local Authorities, Support Organisations, Providers and the third sector could all have a role in ensuring that PAs can access training. Training should be provided in a co-produced manner that ensures a balance between developing skills of a PA, whilst an individual has their own requirements met.

The PA workforce is unique within the Social Care workforce, in that it is not regulated by the Care Commission. This offers individuals additional flexibility and responsibility that some people prefer. However this is perceived as being unfair by some organisations that believe there is more risk to individuals using a PA, although there is no clear evidence of this. The regulation of individual PAs as a service is not proposed. The routes to ensuring adequate protection of individuals should be through effective inspection of social work services to ensure due processes for establishing they are following their duty of care. However, as SDS grows there may

²⁵ Self-Directed Support (Direct Payments) Scotland, 2009

be new models of support, and providers may offer PA banks, taking on the employer responsibilities but giving individuals more control over their support. These would be regulated services, and only self-employed individuals would not be expected to register as such.

Whilst the current workforce is stable, recruiting suitable individuals provides direct payment recipients with some difficulties. Appropriate support is also important during the recruitment process to ensure a better experience for the individual and help resolve any concerns. Common concerns exist about the requirement to become an employer to the PA. There are gaps in support with regards to employment advice. For a significant number of direct payment recipients, there needs to be an attitudinal shift towards providing training for their PAs and embracing their responsibilities as an employer. It is vital that local authorities and NHS Boards fund the DP recipient to be a responsible employer and factor in elements of good practice such as training and indemnity insurance. Whilst direct payments are mostly used to employ PAs, there is often no relationship between a DP rate, PA wages and an annual uplift for the direct payment rate. As a result over time it becomes more difficult to recruit and retain PAs at a competitive rate.

Scottish Government / SPAEN project

The aim of a **Scottish Government / SPAEN project** was to raise the awareness of Social Work staff and NHS professionals of the benefits of Self Directed Support while focusing particularly on what needs to be in place for recipients who become employers running their own support package.

This was achieved by providing a framework of training that linked National Guidance on Self Directed Support, Local Authority policies and procedures and Community Care Assessment, incorporating sessions surrounding recruitment and retention of Personal Assistant staff and how the documents mentioned previously impinge upon and impact from an employment law perspective on the service user's contracts of employment. Following consultation, it was noted that each authority had its own unique interpretation of the National Guidance and three key areas were identified that would benefit from training to increase the skills and knowledge base of front line Social Work and Community Health professionals. Armed with this information the following plan was produced recognising that each authority required a customised package to take account of an authority's guidance, policies and procedures. To date the training has been delivered to 361 Social Workers in 12 local authority's over 32 sessions with bookings through to February 2011. We have also delivered to one Area Health authority and have 4 bookings with another:-

1 SDS Start Up Requirements – Employment Law Considerations

- look at the assessment process and the early stages of setting up the SDS package and what responsibilities come by making the commitment to managing the SDS package.
- emphasis on the need for a structured process to be in place providing a clear and transparent audit trail that establishes the boundaries of ownership and responsibility of the employer, thereby safeguarding the Local Authority from being cited as the employer
- potential discrimination issues
- where gender exemptions can be used.

2 Basic Employment Law

- issues which have historically caused the most problems for social work staff contacting SPAEN: namely, contracts, dealing with absenteeism and grievance and disciplinary issues
- what should be in place and what safeguards are out there to deal with these issues.
- raises the question: how to ensure a person (with or without support) is 'willing and able' (not capacity) to take on the employer role and how this is established (compulsory Coaching & Development?)
- clearly define the roles of the interested parties in the triangular relationship with the person centre to all decisions

3 Employment Law in Relation to Self Directed Support

- understanding the anomalies and contradictions that can arise between SDS and employment legislation.
- developing an awareness of how these differences might be overcome (best value, thinking outside the box, not always by providing more funding)
- how Local Authorities and Support Organisations can work in partnership to ensure people are supported through the transition of being a community care service user to become the manager of their own SDS package
- overview of problematic issues that re-occur needlessly
- Judicial Review
- look at the problem prevention strategy approach

Participants through training achieved an understanding of:-

- The policy context, including the key concepts underpinning self directed support, direct payments, and independent living
- The relevant legislation, eligibility criteria and permitted uses of direct payments
- The role of the Independent Living Fund
- The role of support services
- The Scottish Government's guidance on self directed support
- The difference between self directed support, direct payments and Individual Budgets
- How implementing effective self directed support can meet a variety of national and local policy objectives
- Best value, qualitative and quantitative assessment
- Judicial processes
- Where to get additional advice and information

As a result of the project closer links have been developed between SPAEN and Social Work Departments and three NHS Boards. There are a number of authorities with whom SPAEN regularly share information and conduct problem solving sessions. This highlights the need for joint working which could have benefits nationally.

RECOMMENDATION 14

The Self Directed Support Implementation Group with other organisations should consider the support provision needed for PAs.

RECOMMENDATION 15

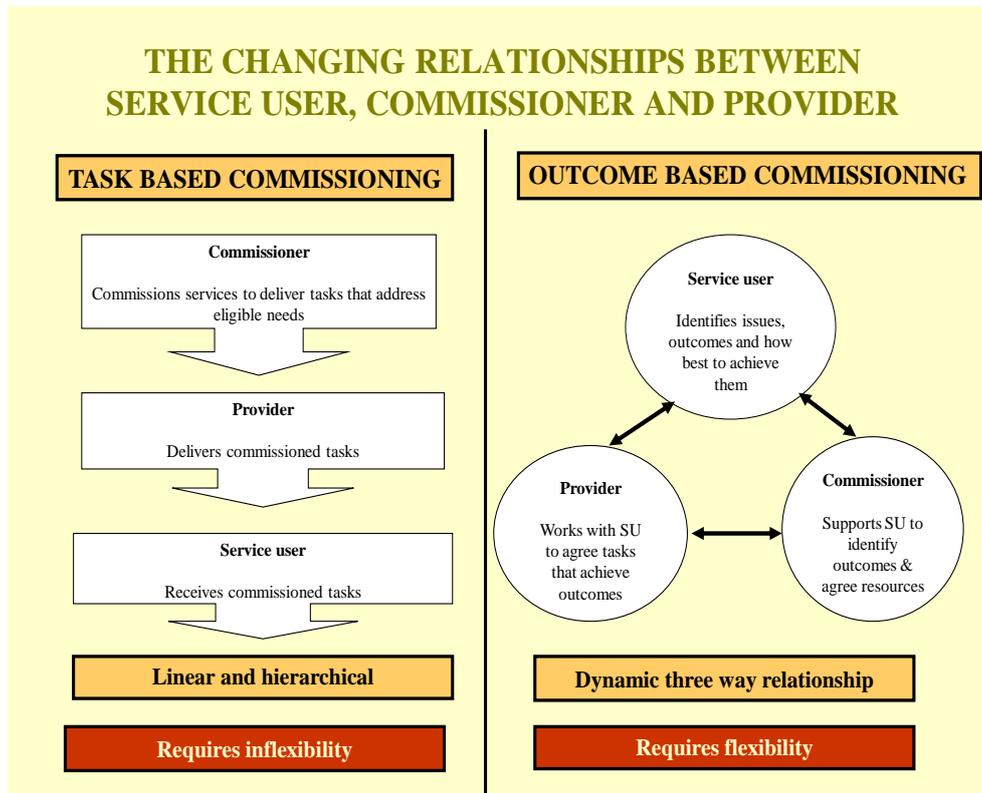
The Scottish Government should co-ordinate work that ensures a system of support is provided to individuals, suitable training for PAs and proportionate local authority monitoring to ensure that individuals are aware of their responsibilities.

RECOMMENDATION 16

The Scottish Government should work with local authorities and support services to ensure PA employers can be assisted to proactively to comply with employment law, social service workforce regulatory requirements/Codes of Practice and best practice.

In addition to these specific recommendations, implementation of the strategy will need to consider how to develop a competitive PA workforce sector that provides a real alternative, whilst offering choice and flexibility to individuals.

Section Five: The Shift



5.1. Providers and the social care market

Services and support are provided by local authorities or contracted out to private and voluntary organisations, with a significant proportion contracted out. The current provider market is substantial, significant, skilled and ensures essential and valuable services are delivered. This includes the combined membership of Community Care Providers Scotland, which supports approximately 220,000 people and their families, and managed a total annual income in 2008-2009 of nearly £1.1 billion, of which an average of 70% per member organisation relates to public funding. It employs approximately 36,700 staff and works in all 32 of Scotland's council areas.

The *Social Care Market Place* has been a focus of substantial change in recent times. This arguably has been driven by a number of factors and drivers such as:

- Procurement practices
- Delivering efficiencies and cost savings
- Delivering to high volume
- Delivering to high expectations
- Increasing complex support needs
- Person centred, empowerment and personalisation approaches
- Regulation, scrutiny and monitoring

The management of the social care market is crucial to ensuring that services develop and maintain the capacity to meet and respond to identified needs within local communities.

5.2. Strategic commissioning

Among the known barriers that need to be overcome are resources tied up in buildings and block contracts, which limit the resources available to individuals. Block purchasing of respite care, for example cuts against the GIRFEC approach particularly in regard to children's disability. This approach limits flexibility, pushing respite as a catch-all solution, rather than tailoring individual solutions, as it appears more efficient to deploy already purchased time.

The shift to self-directed support requires strategic commissioning that focuses on outcomes for individuals, and that ensures a good supply at an affordable cost. Some tools have been developed in Scotland to support this.

'Commissioning for Personalisation' looks specifically at the commissioning process and the implications of developing a personalised services approach and 'A Personalised Commissioning Approach To Support and Care Services' which seeks to explore the issues identified by 'Commissioning for Personalisation' in more detail and from a wider public sector approach through outcome-based commissioning and improvements to public and provider partnership working.

*The SWIA Strategic Commissioning Guide*²⁶ is designed to help councils working with key strategic partners to evaluate their performance of strategic commissioning of care and wider support for adults, children and young people. It advocates the adoption of a long term view which considers the needs of the whole community.

Commissioning should be seen as a cross-cutting activity with councils linking strategic and financial planning with assessment and care management and making decisions about how to use resources most effectively to achieve desired outcomes for people. Commissioners should be planning at least 10 – 15 years ahead and considering what mix of services and support will best meet predicted needs and self-directed support choices, whilst delivering the best value.

Procurement

The success of a care package depends on service providers and individuals having responsibility for agreeing the approach to meeting quality of life outcomes. This can only be achieved by commissioning for outcomes. Current practice has boxed both assessor and provider into inflexible time and cost based activity with more emphasis on the process inputs and outputs.

Re-ablement, recovery, and rehabilitation services are demonstrating how this co-production of outcomes can, and is, developing improved and valued services. A shared outcomes focus should be through changing the relationships between provider and commissioning staff, and to better include and facilitate the lead voice

²⁶ SWIA: Guide to strategic commissioning ISBN 978-1-905501-99
<http://www.scotland.gov.uk/Publications/2009/09/17112552/0>

of the individual service user. Better tri-partite co-production partnership relationships are required. A culture change has to happen with key emphasis on trust enablement, sustainability, reward and incentive built in for all partners. This will be the key to achieving innovation and ensuring consistency.

Traditionally the means to securing stability and certainty of service provision has been through the procurement of block contracts of services. Undoubtedly this has helped grow an experienced, diverse and able provider sector. However, the positioning of the individual within large block contracts can impact on the development of personalised and individualised service response solutions. The development of individual budgets, and processes that include individual service funds, and self managed service funds offer alternative means of achieving co-produced service and support plans, and the potential for different organisational structures and support models and relationships. Equally there is the potential for individuals to be more involved in the commissioning of services in order to design the outcomes that are wanted on a local community level.

A challenge exists over how to best manage and ensure the provision of responsive support services whilst moving to more person led solutions. The move away from block contracting arrangements to “spot” arrangements can enhance the positioning of the person within the service. In doing so, there needs to be care taken to avoid unintentionally destabilising services. The loss of valuable services can have dramatic distressing impact on service users. Price awareness and price sensitivity are key issues that service users need to be supported on so that expectations are not lowered and remain realistic in terms of achieving quality of outcomes.

Local authorities need to plan for and commission services in an effective way and have robust systems in place to monitor and review the effectiveness of procurement, mindful of both the needs and choices of individuals and the ability of providers to deliver good quality care. They need to put systems in place that identify and respond to regulatory bodies’ assessments of the performance of regulated services. Procurement practice will need to take account of the principles of self-directed support in that it will need to consider:

- The extent and measurement of quality of life outcomes and service level satisfaction;
- The provision of information about procurement to citizens;
- Involving service users and carers in the development of commissioning strategies, procurement policies and individual procurement plans;
- Development of the social and health care market;
- New forms of financial planning and financial management;
- Balancing risks and responsibilities;
- Systems to deliver direct services or purchase other services in line with personally determined support plans;
- Aggregating data from support plans to inform procurement exercises;
- Means to support service purchase by service users if this option is chosen;
- Maintaining quality standards and ensuring cost-effectiveness;
- Flexibility in service specifications and contracts;
- Contract monitoring and review.

Recently developed Social Care Procurement Scotland Guidance²⁷ outlines useful ways to structure and conduct social care procurement activity. The guidance is based on a set of guiding principles which, taken together, are intended to govern all social care procurement activity. The guidance considers the ways in which the developing National Strategy, and existing National Guidance²⁸ for self-directed Support will influence social care procurement. It highlights the need for each council to consider the development of their social care procurement policy and their commissioning strategy in the context of advancements in self-directed support.

RECOMMENDATION 17

In applying Scottish Government guidance on procurement, local authorities should implement the values and principles of self-directed support, and in turn promote independent living

There is clearly a need for councils to work closely with providers in developing responsive models of support. This is being achieved in some areas, with provider networks at local level, in addition to the national focus that CCPS has.

Glasgow Social Care Providers Forum

Glasgow Social Care Providers Forum (GSCPF) established the Self Directed Support (SDS) Capacity Building Project within Glasgow in 2009, called the 'Festival of Ideas- Crafting Innovative Responses to Self Directed Support', with over 35 partnership workshops and 5 collaborative mini projects involving around 1000 people (social care providers and associates, public sector social work and health, service users and carers) in networking, peer learning exchanges and action progression on key SDS themes.

Perspectives and information gathered from key stakeholders involved in the Festival was captured in an SDS newspaper called 'On the Record' and a dedicated SDS resource website, www.selfdirectedsupportideasfactory.co.uk

In 2010 the Self Directed Support Ideas Factory was launched to take the issues and learning needs identified during the Festival of Ideas and focus on creating 7 specific SDS themed projects.

1. **Working Together** – models for collaboration, user led organisations, peer provider and service user models, people leadership, brokerage & provider pathway models.
2. **SDS budgets for Children, Young People & Families s-** an exploration of the issues and the practice of involving children, young people and their families in self directed support

²⁷ [Social Care Procurement Scotland Guidance - Consultation](#)

²⁸ <http://www.scotland.gov.uk/Publications/2007/07/04093127/29>

3. **SDS- a changing marketplace** – practical supports on marketing, branding, e-marketplaces and getting your message across to the new ‘customer’, in print and online. How to construct an effective marketing strategy, ways in which personalisation affects the way provider organisations market their services, developing brand, new, innovative techniques to market services to whole communities, utilising the strengths of new media to create social networks and reviewing the effectiveness of your marketing
4. **Personalised Technology** – Assistive technology, Telecare & personalised technologies that encompass all high/low tech devices to increase real outcomes for people. Focusing on case studies, ethics, individual rights, policy initiatives and practice.
5. **Practitioner Skills-** outcomes based support planning, input into supports with assessments, how to spend your budget, risk and safeguarding
6. **SDS Ideas Factory website-** The unique website providing SDS resources to practitioners, managers and those keen to build Provider capacity (collectively and organisationally) to deliver effective, quality responses to meet the expansion of Self Directed Support (SDS) and Individual bud

The aim of these projects will be to move beyond information intake to action, with practice that impacts significantly on the progression of the SDS agenda for all stakeholders. Through this project we aim to build on the innovative and active network of self selected Glasgow Social Care Providers who are eager to progress their understanding, knowledge and practice of SDS models and systems in Glasgow. With onsite and open events to inform, create learning exchanges and aid practical planning with peers in a safe, supportive environment.

RECOMMENDATION 18

During 2011, local authorities should work in partnership with providers to develop provider networks in each area. These networks should look at ways of supporting citizens to individually or collectively commission services and examine the impact of self directed support within services.

5.3. SDS for specific groups

For self-directed support to develop as a mainstream choice, the needs of some client groups will have to be better understood so that support plans adequately address the specific impact of some conditions on interaction and communication. Some disabled and older people still face stigma and discrimination in society and have concerns about access to high quality care services. Awareness raising campaigns to increase public understanding are beginning to change attitudes and current and developing national policy and guidance address some of these. A key issue relates to people who are considered to lack capacity and individuals need to be aware of the various laws and safeguards that exist to both protect them and to allow them to manage as many aspects of their own lives as possible. Consideration of Guardianship under the Adults with Incapacity Act, consent to treatment and financial measures require careful attention, as do legal requirements through the Human Rights Act and Disability Discrimination Act.

This list is not exhaustive and does not attempt to prioritise any group over others – decisions on self-directed support should not be based on a particular diagnosis or label.

The **learning disability** review *The same as you?* was instrumental in bringing about a focus on individuals having more control over the care and support that they receive, and highlighted the role of direct payments in achieving this. People with learning disabilities have been well represented in pilots to trial individual budgets, both in Scotland and elsewhere. The development of self-directed support must ensure that people with learning disabilities have access to the same opportunities as other people to have choice and take control of their lives.

Scottish Government guidance on commissioning services for people with **autism spectrum conditions** (ASD) describes the need for better identification of people with ASD and suggests models of support that may deliver better outcomes. Self-directed support clearly contributes to support being tailored to the individual's needs. Knowledge and understanding of ASD in Scotland is growing, with a range of training now available for professionals. The Scottish Autism Service Network provides practitioners with much needed information and on the specific features of ASD.

National guidance on community care services for people with **sensory impairment** in 2007 sets out the key outcomes for people who have a visual or hearing impairment, or dual sensory impairment. The guidance describes the need for a specific response to sensory needs at the point of assessment, and particular attention to the impact of sensory loss on other groups. Outcomes focused assessment and support planning should enable individuals to tailor support to their particular needs.

The Ministerial Strategic Group on Health and Community Care, chaired by the Minister for Public Health and Sport, is sponsoring a major review of care of **older people**. The main aim is to foster a philosophy of co-production to support a mutual care approach as mainstream practice, with broad community support. Health and

social care will be organised in integrated teams to provide personalised support based on outcomes/goals which focus on recovery, rehabilitation and re-ablement.

In 2009, the Government brought together a working group to consider how the needs of people who require **Alternative and Augmentative Communication** (AAC) support could be better addressed. The group identified a number of common problems with the provision of AAC equipment and support, including: long waits for equipment; poorly maintained equipment and difficulty replacing old equipment; lack of clarity about funding responsibilities, and lack of training in using equipment –for users, families and staff in mainstream services. Communication is a fundamental human right, and poor service provision means that some people are denied that right. Self-directed support may be particularly relevant to young people who require AAC support at the point of transition from child to adult services.

It will be important to ensure people with **complex needs** do not fall through the net in being able to access self-directed support due to the challenges faced in meeting their needs, not least of which is the potential cost attached to individual packages of support.

The self-directed support (Direct Payments) survey indicates that 471 of the 3017 direct payment recipients in 2009 were **children and young people** aged 0-17. The current Scottish Government national guidance on self-directed support describes the flexibility direct payments can already provide for families. In developing a broader approach to self-directed support, there will be opportunities to consider the contribution of education and employment agencies to individual budgets. Such a broader approach would also need to actively address barriers to uptake for families with disabled children, in order to rectify historical anomalies and inconsistencies in service provision.

People with dementia and their carers should also be able to access the right support to enable them to continue to live their normal lives in the community for as long as possible. People with dementia and their carers (family members and friends) have the same human and other legal rights, to enjoy the same freedom, choice, dignity and control, as every other citizen. However, it is widely recognised that, in addition to the impact of the illness, they face cultural, social and economic barriers to fulfilling these.

Throughout much of the illness people with dementia continue to be able to indicate their preferences and wishes about decisions which affect them. Nevertheless, over time dementia affects the capacity of individuals to make some or all decisions about their everyday lives, including decisions about their money, health and welfare. The illness gradually affects their ability to communicate, reason and act in their own interests; severely compromising their ability to protect their own rights; because of this people with dementia are often at greater risk of violence, injury or mental abuse, neglect or negligent treatment, maltreatment or financial exploitation.

Caring for someone with dementia can be stressful because of the complex, unpredictable and progressive nature of the illness and may have a profound social, emotional, physical and financial impact on carers, including increased risk of stress related illness such as depression. Many carers feel that their views and needs are

overlooked by health and social care professionals and that their right to support as partners in the provision of care is not well recognised.

Figures show that direct payments have not previously been accessible to **people with mental illness** less than 3% of direct payment packages in 2009 were for people with a mental illness. This may reflect the complex and fluctuating nature of some mental health problems, which mean that people's needs may vary substantially over time. Increasing the availability of self-directed support to people with mental health problems will therefore need to be based on an awareness of the specific issues involved.

Local authorities will need information and reassurance about safeguarding systems if they are to offer self-directed support to people with mental health problems more widely. Education, information and choice will be vital for people with mental health problems: in consultation, many people said they were worried about becoming an employer and needed more information about self-directed support.

The shift towards commissioning for individuals rather than groups needs to recognise that traditional commissioning methods cannot be simply imported. These are often based on the number of hours of support provided to a group or individual, allowing for little flexibility to take into account the varying needs of the individual. This is particularly relevant in mental health, where people may need very little support one week but a great deal the next. Commissioning for self-directed support should focus on the needs of the individual: this will also need to take into account the fact that many people will have both physical and mental health problems.

People with mental illness are more likely to be socially isolated than others. While a shift to increased self-directed support will be positive for many people, allowing them to expand their social circle, for others they may prefer to receive services in a group setting. It will be particularly important for people with mental health problems to be given accurate information about their choices in self-directed support and traditional service commissioning, and supported to make whatever choice they prefer.

5.4. Unpaid Carers

There are an estimated 660,000 unpaid carers in Scotland, providing support and care to family members, friends and neighbours affected by illness, disability, frailty or substance misuse.

Unpaid carers make a significant contribution in supporting individuals to live safely and independently in their own homes, to enjoy a quality of life and to maintain links with their families, friends and local communities. However, unpaid caring can impact on the natural relationship between the person receiving and the person giving the care. It can also affect the carer's own quality of life, their health, employment and financial situation, and relationships, ambition and opportunity.

Appreciating the importance of unpaid caring and also the extent to which it relieves health and social care services of significant demands, the Scottish Government recognises carers as "partners in care" - partners who require to be acknowledged,

supported and equipped to continue to provide unpaid care. SDS provides an effective means of delivering more flexible support to individuals and also to their unpaid carers. Involving unpaid carers in the assessment process and assessing them in their own right can help identify and deliver support that is personalised, preventative, responsive and sustainable. This involvement can also lead to greater satisfaction with the process and can contribute to improved outcomes for the service user, as well as for any unpaid carer. The earlier discussion on co-production and a holistic approach to identifying outcomes addresses the need for partners to agree rights, roles and responsibilities. In doing so, it is important to identify, and respond to, the support a carer may need to enable them to continue in that role. The action plan for this strategy should set out specific links with the delivery of *Caring Together*, the national strategy for carers.

Support

There are many situations where a traditional, arranged support service meets the service user's assessed needs. This, in turn, can benefit the unpaid carer, by supporting them to care, or by providing a break from caring. However, these services can lack flexibility and there can be limited opportunity to influence when the service is delivered, by whom and how. This in turn limits the benefit to the service user and their carer, who have to manage their lives around the service, rather than vice versa.

SDS can improve outcomes for service users by giving them greater control, flexibility and choice in their support. Unpaid carers report that they too can derive benefits from the service user having SDS, for example; where this allows them more flexibility about the care they provide; where it provides fewer support staff with greater continuity, communication and consistency; where it enables them to achieve a better balance in their life outwith caring, sustaining the carer in employment, or; where they see the service user enjoying greater opportunity and an enhanced quality of life, as a result of the SDS.

However, recognising the significance of unpaid carers' contribution, understanding that their needs can be distinct from the service users' and that their views on the effects of caring can be different, carers are also entitled to receive an assessment in their own right.

Carer assessments consider the contribution made by the unpaid carer to the individual's care and support. They also take into account the demands that this places on the unpaid carer. Agencies responsible for agreeing and delivering on support plans should take account of voluntary contribution unpaid carers wish to make to support individuals. In doing so, they should ensure the carer's support plan considers the outcomes that allow him or her to continue in that role.

Direct payments that enable flexible use of resources – perhaps more for respite care – can be an effective means of supporting carers. Legislation in Scotland at present does not provide for direct payments to carers in their own right, although carers can clearly benefit from SDS for the person they support where it takes account of their needs too.

Unpaid carers also benefit from having their own health needs considered and from being able to have interests and opportunities that enable them to have a good quality of life outwith caring.

Unpaid carers often highlight that their priority need is for a break from caring or “respite”. Reflecting this priority, the Scottish Government and COSLA jointly produced “Guidance on Short Breaks (Respite)”²⁹ in 2008. This guidance seeks to shift the balance towards more preventative support, that is more personalised and which delivers improved outcomes for both the service user and the carer.

Unpaid carers’ needs can be met in a variety of ways and by a range of service providers. Social Work and Health services have an important role to play. Additionally many carers receive vital support from dedicated carer services, particularly from the network of Carers Centres across Scotland.

Direct payments for individuals have been used for

- a short break away, where the service user is supported and the carer enjoys a break
- driving lessons and test to enable the carer to transport or visit the service user
- taxi fares to visit or go out with the service user
- swimming lessons to be able to then accompany the service user in the pool
- the purchase of a mobile phone to facilitate emergency contact
- a gardening, laundry or cleaning service to allow the carer to focus on personal care
- club membership to access leisure and recreational facilities, to improve fitness
- complementary therapies, relaxation classes, therapeutic massage
- a sitter service to provide flexible short breaks when required
- the purchase of a washing machine to reduce trips to the laundrette
- a personal assistant to accompany the carer and service user on holiday

Supporting unpaid carers provides benefits to the service user as well as to the carers themselves. Timely intervention can also help to reduce the demands that local authorities and their health partners would otherwise have to respond to. As such, supporting and sustaining unpaid carers, particularly through SDS, can contribute significantly to preventative strategies and assist community partnerships in their efforts to develop more personalised and effective interventions that prevent individuals from developing more acute needs. However, local authorities and their health care partners already recognise that some carers reach a point when, even with respite, they no longer feel able to continue to provide the level of care needed.

The Scottish Government proposals for a Self-directed Support Bill include a proposal to introduce a power to allow councils to make a direct payment where it

²⁹ <http://www.scotland.gov.uk/Resource/Doc/245982/0069419.pdf>

would help the carer to continue in the caring role. These proposals will depend on the outcome of the Parliamentary process.

Employing Family Carers as Personal Assistants

Current direct payment legislation only allows DPs to be used to employ a close family member in exceptional circumstances, "...where securing the service from such a person it is necessary to satisfactorily meet the service user's assessed needs." Family carers highlight that this provision is used less in some local authorities than others, despite there being particular circumstances when applying it could bring significant benefit to the service user.

Whilst there is no drive to remove this legislative limitation on employing family members as personal assistants, it is important that this facility at councils' disposal is used where this could provide best outcomes.

The following are examples of local authorities using this power to deliver the best outcomes for all concerned.

- a person requires end-of-life care
- there are limitations in the availability of suitable service providers in a rural or remote areas
- it is considered to be the most appropriate way of meeting an individual's cultural needs
- a feature of the person's disability is challenging behaviour towards strangers

The list is purely illustrative and there will be many examples of using the power in to enable individuals and carers to achieve the best outcomes.

Section Six: Conclusion

6.1. Next steps

The Scottish Government and Cosla will work with the National SDS Implementation Group to help bring about the changes in the strategy.

The remit of the Group is to:

- help make all the recommendations of this strategy happen
- advise on and plan the way forward
- agree priorities and when they will happen in an action plan
- find out how the strategy is making a difference

This will be done in co-production with all members, who will also gather and disseminate information amongst their representative organisations.

The first step for the group will be to agree an action plan with targets and milestones for delivery of the high level objectives. There may be a need to update or develop guidance on specific issues. Some of the milestones are already set out in recommendations. Others will need to be agreed, and will depend on related policy and legislative opportunities.

Implementation of the strategy should adopt the co-production approach at the heart of self-directed support theory and practice, and milestones will therefore be collectively agreed.

6.2. Delivering change

Short term goals - 2010-2011

Given the organisational and infrastructural changes that will be necessary for individual councils to more fully develop SDS, we would expect public finances to affect the pace of implementation as well as the level of individual budgets offered. As such, the development of SDS may be evolutionary rather than revolutionary.

The shift to self-directed support as a mainstream approach relies on an early shift to outcomes focused assessment and review. Some of the barriers to self-directed support are already known as the same barriers that have prevented growth of direct payments. National evaluation of the test sites will provide useful information for implementation of this strategy, particularly with regard to timescales for delivering change.

The Test Sites (Glasgow, Dumfries & Galloway, Highland) running across 2009/2011 have evidenced the level of challenge in shifting into SDS from traditional services. The 3 themes: bridging /invest to save; reducing red tape, and leadership have each in turn tested current practice.

Leadership has proved to be a positive theme as knowledge of SDS, and buy in, has clearly grown in each site. The effect has been evident in making SDS a central part of overall Council strategy, at political and officer level, and through the necessary engagement with individuals, carers and providers. The dedicated project teams with support from senior management are likely to be a key factor in providing the necessary impetus for this change agenda.

Bridging funds, with their sense of meeting temporary double running costs, are more often used as change funds allowing an investment in new delivery. This process can however lead to a positive shift in Council resources, although this is likely to be over longer timescales than the Test duration itself. The importance of aligning this process with the commissioning (and decommissioning) strategies, service delivery models, training and staff development, and workforce planning requires careful long term commitment. Links to other policy are also important if an outcomes agenda is to be pursued. These are described earlier in the strategy.

Red Tape has proved particularly resistant to streamlining at this stage, especially as newer supported self- assessment, resource allocation, and support planning approaches have been developed alongside existing assessment and direct payment systems. The challenge of producing simple systems to align resource allocation against needs, while eligibility criteria and resource demands impact, have proved challenging to commissioning and provider organisations. It is also clear that the development of support organisations is required to enable individuals to have real choice and control.

Again however, reduced business processes are likely to be identified over timescales that may be beyond the funding period for the test sites.

Whilst the evaluation report will not be available until summer 2011, the progress in each area gives a sense of the range of activity needed to take SDS forward.

Highland Council Test Site

The Highland test site is now operating well and results are encouraging.

This can be demonstrated through the following achievements in the pilot's funding period from 1 April 2009 to 30 Sept 2010.

- The number of Direct Payment recipients has increased from 165 to 200 (including the 16 described below). This represents a 17% growth rate in the Highland DP program during this period, and a change from the previous years' picture which was showing a slight decline in the number of people taking a DP.
- There are now 16 people who have received SDS packages in Highland and a further two people whose packages are very close to finalisation bringing the total to 18. Of this group 15 are young people in transition to adult services who are the primary target group in the Highland pilot project. Work is currently underway to develop SDS packages with a further 6 young people in transition and these are expected to be in place by Christmas 2010.

- Planning is presently underway for phase two of the pilot project which will target people facing delays in discharge from hospital. This phase of the project will operate in two community hospitals in Highland: Invergordon and RNI hospitals. The second phase is expected to commence at Invergordon Hospital on 1 October and at RNI on 1 November 2010.

In addition to the above the Highland SDS project team have also completed the following to date:

- Development of Highlands SDS communications strategy which is currently being implemented.
- Training of 30 practitioners working with younger adults in the development of SDS packages.
- Awareness raising workshops delivered across Highland for over 200 people from a variety of professions working with young people.
- Jointly conducted training with SPEAN to promote awareness of employment issues with over 70 practitioners.
- Planning and construction is well underway for the SDS Highland Website which will include video content from local people using SDS.
- Two workshops on SDS conducted for over 100 providers from across Highland with speakers from across Scotland.
- SDS service user network established which has now met 3 times and work is being done with the group to ensure that it is self sustaining beyond the life of the project.
- Financial modelling work is close to finalisation in the use of bridging funds to secure the long term future of the SDS program in Highland.

RECOMMENDATION 19

The Scottish Government in conjunction with the test sites, should publish and disseminate the findings from all its local authority pilots so that this learning can be offered across Scotland by 2012.

RECOMMENDATION 20

The Scottish Government and COSLA should use the learning from the research undertaken in the test sites in both local authorities and health settings to begin to identify how best existing resources can be used to support the delivery of self directed support, and the timescales for development.

As the forerunner to broader self directed support, direct payments have demonstrated the financial constraints that limit uptake, despite the duty on local authorities to offer these. There is a view that one way to shift power to the

consumer and to remove the structural bias in favour of service provision, is to adopt a default position of opt out rather than opt in.

The Government has consulted on proposals for new primary legislation to address some of the gaps in current eligibility for direct payments, and to bring self-directed support into statute. In taking forward these proposals, the Government is gathering evidence on their impact and deliverability. Legislation is sometimes perceived as a negative route to enforcing change. However, it can also provide an opportunity to bring statute up to date with the significant developments in social care over recent years, and to meet the demands for clarity about rights and responsibilities. A draft Bill will be issued for a further round of consultation by the end of 2010. The progress of the Bill through the Scottish Parliament and the evidence gathered in doing so, will be key to the Action Plan

The Community Care Outcomes Framework allows partnerships (local authorities and their NHS partners) to understand their performance locally, at a strategic level, in improving outcomes for people who use community care services or support, and their carers. It also allows partnerships to share this information with other partnerships in Scotland and mutually compare performance directly on the basis of consistent, clear information. The Community Care Outcomes Framework underpins the national performance framework.

The Scottish Government and COSLA should ensure that these policy changes are reflected in the National Performance Framework in addition to developing clear national targets for years 2011 onwards.

RECOMMENDATION 21

The Scottish Government and key stakeholders should work together to review and update the Community Care Outcomes Framework by summer 2011 in order to ensure that all client groups and forms of community care support are adequately represented in data collected for Local Outcome Agreements.

At national level, progress with direct payments is currently measured through an annual survey.³⁰ The shift to measuring outcomes as opposed to outputs should be reflected in the framework above. Data collection should also be updated however, to provide quantitative information on progress with the agenda.

RECOMMENDATION 22

The Scottish Government should review current data collection on direct payments to measure the approach to self-directed support

³⁰ Self-directed support (Direct Payments) Scotland 2010

Medium term goals: 2012-2015

The next phase of change should include evidence of a shift in resources and analysis of the implications of the information gathered in line with the above recommendations.

Learning from and evaluation of test sites will inform practice across Scotland, and there should be evidence of a clear increase of health resources to support appropriate packages.

The emphasis on co-production in self-directed support will require the development of a framework that gives all relevant parties a clear understanding of what this means and how it can be delivered.

Among the outcomes identified as important to individuals and families is keeping safe. Self-directed support needs to be developed within the broader duty of care, and does not override legislation that safeguards people from harm. Some restrictive practice is attributed to scrutiny and regulation. Scrutiny bodies too are focusing more on outcomes, and on co-production in their own activities.

RECOMMENDATION 23

Scrutiny bodies should devise a method to measure the incremental progress of the policy in collaboration with individuals, carers and other interested parties.

The early goals seek to grow self-directed support in social care. Individual budgets are being trialled in other sectors too. The Scottish Government should consider key findings of the evaluation of both the personal health budget trials and Right to Control trailblazers in England, to apply that learning to developments in Scotland.

RECOMMENDATION 24

The Scottish Government should discuss with Education leads whether and how Disabled Students Allowance and other relevant funds in Further and special, and Higher education can be included in self-directed support packages.

Long term goals: 2015 onwards

By 2015, there should be significant progress in addressing the current barriers to self-directed support. Implementation should be reviewed at this stage to reflect on progress in:

- the provision of independent support
- the development of universal services
- the role of self-directed support in taking forward the Independent Living agenda beyond health and social care.

6.3. Measuring success

Progress should be recognised in the following ways:

- A better quality of life for individuals, where they can live in a way that they choose, being in control of their own life, free to do so how they wish and do this with dignity.
- A radical increase in the uptake of self-directed support (SDS), utilising the funding of individual budgets and the consequent increase in take up of DPs; and resulting in a shift in the balance of care from more traditional service provision to SDS;
- A sustainable network of advocacy and peer support organisations that support individuals to exercise choice and control
- A sustainable SDS national network of independent support organisations, which is recognised as an authoritative source of expertise and proficiency in the training and support of personal assistant employers, by both local and central governments
- A proficient body of trained and experienced personal assistant employers; such training given by the SDS national network of independent support organisations
- A workforce of appropriately trained personal assistants, with regulated employment conditions; such training also given by the SDS national network of independent support organisations
- Working in partnership to achieve this shift

Annex 1: Glossary

1. Access to Work

Access to Work offers help to individuals with a disability or health condition that affects the way they do their work. Access to Work advisers can give the employee and their employer, advice and support with extra costs that may arise because of the individuals needs.

Access to Work might pay towards equipment, adapting premises or a support worker. It can also pay towards the cost of getting to work if the individual is not able to use trains or buses.

2. Charging Policy

Each council determines charging policy for services within a framework designed by COSLA that aims to maintain local accountability and discretion while encouraging councils to demonstrate that in arriving at charges they have followed best practice.

3. Centre For Independent Living (CIL)

A Centre for independent Living provides support, advice and consultancy and aims to enable people to be equal citizens with choice, control and rights and full economic, social and cultural lives.

4. The Chartered Institute of Public Finance and Accountancy (CIPFA)

The Chartered Institute of Public Finance and Accountancy is the professional body representing people in public finance.

5. Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted on 13 December 2006 at the United Nations Headquarters in New York, and was opened for signature on 30 March 2007.

The Convention marks a "paradigm shift" in attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

6. Convention of Scottish Local Authorities (COSLA)

The Convention of Scottish Local Authorities is the representative voice of Scottish local government and also acts as the employers' association on behalf of all Scottish councils.

7. Direct Payment (DP)

Direct payments are defined in legislation and are payments in lieu of services provided directly to individuals assessed as being in need of community care services.

8. Disabled Living Allowance (DLA)

The Disabled Living Allowance is a UK-wide tax free living allowance for children and adults who need help with personal care or have walking difficulties because they have a physical or mental disability. It is not available for people who are over 65 years of age when they claim. DLA has two components - a care component (3 levels according to need) and a mobility component (2 levels according to need). Claimants may be eligible for one or both, depending on their needs.

9. Department for Work and Pensions (DWP)

The Department for Work and Pensions is the government department responsible for welfare. It works with people of working age, employers, disabled people, pensioners, families and children, providing services through a number of executive agencies and non-departmental public bodies.

10. Independent Living

Independent living means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.

11. Independent Living Fund (ILF)

The Independent Living Fund is designed to enable people who are severely disabled to live independently at home rather than in residential care. It is available to people who are over 16 years old and under 65 years of age when they apply. It is a discretionary payment that is managed within rules set by Trustees of the Fund.

12. Independent Living movement

A number of disabled people have come together to form the Independent Living movement. The movement promotes the idea of independent living; along with a number of entitlements, which, if met, would enable disabled people to participate fully and equally in society.

13. Individual Budget

Individual budgets are an allocation of funding given to users after an assessment for support. The assessment of the budget should be through a

transparent process that demonstrates compliance with community care and other legislation. Where there has been a joint assessment, the budget may include money for health and educational/training needs.

14. Indicator of Relative Need (IoRN)

The Indicator of Relative Need (Indicator of Relative Need) is a standardised method of classifying older people into broad groupings based on certain specific characteristics and the cost of the resources (including unpaid carer time) that were found to be committed to people on average in each group. The specific characteristics, carefully selected during the course of the development of the method, cover five domains - ADL & Mobility, Personal Care, Food/Drink Preparation, Mental Well-being and Behaviour, and Bowel Management. These relate to what the person does, not what they might do in the future. The combination of characteristics and a 'decision tree' assigns the person into one of nine groups – from largely independent (group A) to largely dependent on support (group I). Completion of the IoRN normally follows and draws on information gathered within a comprehensive assessment – it is not a substitute for an assessment. Repeating the IoRN at intervals provides one indicator of functional outcome.

15. Joint Improvement Team (JIT)

The Joint Improvement Team was established in late 2004 to work directly with local health and social care partnerships across Scotland. Its main focus is to provide practical support and additional capacity to partnerships so as to help address the issues and challenges they face.

16. Local Government (Scotland) Act 2003

The Local Government in Scotland Act 2003 provides a statutory framework for the Community Planning process. The Act makes provision for Ministers to issue guidance about participation in Community Planning.

17. National Performance Framework

The National Performance Framework has been introduced to underpin delivery against the government's agenda. The National Performance Framework is designed to encourage the delivery of real and meaningful improvements in public services and quality of life for people in Scotland.

18. NHS and Community Care Act 1990

The NHS and Community Care Act 1990, is the cornerstone of community care legislation. The Act gave local authorities the lead responsibility for the planning and co-ordination of community care services in their area and radically altered the structural framework for delivering care.

19. Resource Allocation System (RAS)

A Resource Allocation System is a means of deciding how much money people are entitled to, to be able to purchase the support they need.

Scottish Government to work with Local Authorities and support services to be able to assist employers to proactively to comply with employment law and best practice.

20. Self-Directed Support (SDS)

Self-directed support is a term that describes the ways in which individuals and families can have **informed choice about the way support is provided** to them. It includes a range of options for exercising those choices. Through a co-production approach to agreeing individual outcomes, options are considered for ways in which available resources can be used so people can have greater levels of control over how their support needs are met, and by whom.

The choice may include taking a **direct payment**, having a direct payment managed by a third party, or directing the **individual budget** to arrange support from the local authority or from a commissioned provider. The choice can also be for a combination of these.

21. Self Directed Support Scotland (SDSS)

Self Directed Support Scotland provides a forum for self-directed support organisations throughout Scotland to work together to promote better outcomes for people receiving or considering direct payments. As a membership organisation, SDSS has a wealth of experience and knowledge of personalisation, self-directed support and its attendant tools, such as direct payments, to call upon.

22. Social Care Market Place

The Social Care Market Place describes the range of possible care providers, such as local authorities, independent agencies and PAs from which an individual can choose the means of care which they feel would most suitably meet their needs.

23. SPAEN

SPAEN is a membership organisation and its members are all people who have made the transition from having their care needs organised by the state to taking over the management and control of their own assistance. SPAEN offers support and advice to personal assistant employers in Scotland.

24. Supporting People

Until 1 April 2008 this UK wide policy and funding framework provided housing related funding and support to vulnerable people to enable them to maintain a stable environment and thereby retain greater independence. It has now been incorporated into the overall envelope of local authority funding allocated by the Scottish Government.

25. Talking Points Framework

The Joint Improvement Team has developed a framework of outcomes for carers and service users called Talking Points. Talking Points builds on good practice in health and social care in engaging with people to focus on the outcomes that they wish to achieve from the assessment and care planning processes. This supports a move away from service-led responses

26. Test Sites

After discussion with COSLA, the Scottish Government has designated three test sites (Glasgow (urban), Highland (remote rural), and Dumfries and Galloway (rural)) which are working to increase the uptake of self-directed support by focusing their work on three themes of intervention: bridging finance; cutting red tape and leadership and training. The test sites are due to conclude their work in January 2011. A fourth test site hosted by NHS Lothian will investigate the use of health monies in SDS packages.

27. VOX (Voices of eXperience)

VOX are a National Mental Health Service User Led organisation, who work in partnership with mental health and related services to ensure that service users get every opportunity to contribute positively to changes in the services that serve them.

28. Young Carers Steering Groups

The Carers Strategy is currently being developed by the Scottish Government in partnership with the Convention of Scottish Local Authorities (COSLA) and this work is being informed by the work of a Steering Group. As the Carers Strategy will have a specific "lift-out" section on young carers, a Young Carers Steering Group has also been convened. This comprises representatives from the Scottish Government, COSLA, the Scottish Young Carers Services Alliance, The Princess Royal Trust for Carers, Carers Scotland, Children 1st, the Social Work Inspection Agency, Barnardos, the NHS in Scotland and the Association of the Directors of Education.

Annex 2

List of recommendations

RECOMMENDATION 1

The National Implementation Group should produce a values framework which articulates how to achieve effective co-production of both individual and collective outcomes for the policy. A communication strategy should include specific action to make information about eligibility criteria available to all.

RECOMMENDATION 2

The national implementation group should develop a communications strategy that addresses the overarching goal to increase knowledge about SDS. This should address the need for people who use services to understand their rights and responsibilities.

RECOMMENDATION 3

The national implementation group should develop a training strategy for SDS that sets some clear targets for the development and delivery of appropriate training to relevant groups. SSSC and NES and other national social care, social work and health training and qualification accreditation bodies should participate in this work to ensure self-directed support teaching is integrated into curriculum and assessment at the earliest opportunity.

RECOMMENDATION 4

In 2010 the Scottish Government in conjunction with COSLA and the National SDS Implementation Group will review the application of the national eligibility framework in order to establish the need for national eligibility thresholds for all adults with social care needs.

RECOMMENDATION 5

Beginning in 2010, the Scottish Government should work with COSLA to apply economic analysis to developing strategies for councils to lead the shift towards self-directed support. The focus should be on a shift to commissioning for individuals rather than for groups, and in investing in prevention.

RECOMMENDATION 6

The Scottish Government should encourage community planning leads to support social work and other local authority departments and agencies to work together and combine their funding to achieve better outcomes for people who have personal and social support needs. This should be reflected in Commissioning and strategic planning frameworks where the place of SDS is clearly modelled and planned for.

RECOMMENDATION 7

Community planning partners should be provided with information on the potential of local area co-ordination, with a view to considering pooled resources to support the development of this approach for all client groups.

RECOMMENDATION 8

The Scottish Government should disseminate the findings from its health-related pilot in Lothian to all NHS Boards so that this learning can be put into place across all of Scotland by 2012. In the interests of shared awareness, the findings should also be sent to local authorities and providers.

RECOMMENDATION 9

By summer 2010, the Scottish Government should begin work with national and local organisations to review their capacity to deliver support - that includes peer support - for other forms of self-directed support and independent living whilst maintaining their focus on direct payments.

RECOMMENDATION 10

Beginning in 2010, the National Implementation Group should evaluate existing models of support provision to inform a more efficient, sustainable and joined up approach, at both local and national level, suitable for all client groups.

RECOMMENDATION 11

Beginning in 2010 the SDS Implementation Group should gather and interpret information on resource allocation models and systems to see which approaches best deliver the outcomes for all groups and levels of need. The group should consider whether research and development is required to recommend a method that has both technical rigour and a personalised, transparent and outcomes focus.

RECOMMENDATION 12

Building on recommendation above, the Scottish Government, in conjunction with COSLA, should commission a Scotland-wide cost analysis of the rates offered for individual budgets and existing direct payments and the costs for provider equivalents in local authorities and the independent sector with a view to assessing how funding levels for individuals meet the outcomes.

RECOMMENDATION 13

The Scottish Government should work with COSLA and the Independent Living movement on simplifying Charging Policy to make this more compatible with the outcomes associated with self-directed support.

RECOMMENDATION 14

The Self Directed Support Implementation Group with other organisations should consider the support provision needed for PAs.

RECOMMENDATION 15

The Scottish Government should co-ordinate work that ensures a system of support is provided to individuals, suitable training for PAs and proportionate local authority monitoring to ensure that individuals are aware of their responsibilities.

RECOMMENDATION 16

The Scottish Government should work with local authorities and support services to ensure PA employers can be assisted to proactively to comply with employment law, social service workforce regulatory requirements/Codes of Practice and best practice.

RECOMMENDATION 17

In applying Scottish Government guidance on procurement, local authorities should implement the values and principles of self-directed support, and in turn promote independent living.

RECOMMENDATION 18

During 2011, local authorities should work in partnership with providers to develop provider networks in each area. These networks should look at ways of supporting citizens to individually or collectively commission services and examine the impact of self directed support within services.

RECOMMENDATION 19

The Scottish Government in conjunction with the test sites, should publish and disseminate the findings from all its local authority pilots so that this learning can be offered across Scotland by 2012.

RECOMMENDATION 20

The Scottish Government and COSLA should use the learning from the research undertaken in the test sites in both local authorities and health settings to begin to identify how best existing resources can be used to support the delivery of self directed support, and the timescales for development.

RECOMMENDATION 21

The Scottish Government and key stakeholders should work together to review and update the Community Care Outcomes Framework by summer 2011 in order to ensure that all client groups and forms of community care support are adequately represented in data collected for Local Outcome Agreements.

RECOMMENDATION 22

The Scottish Government should review current data collection on direct payments to measure the approach to self-directed support.

RECOMMENDATION 23

Scrutiny bodies should devise a method to measure the incremental progress of the policy in collaboration with individuals, carers and other interested parties.

RECOMMENDATION 24

The Scottish Government should discuss with Education leads whether and how Disabled Students Allowance and other relevant funds in Further and special, and Higher education can be included in self-directed support packages.

Annex 3 : Members of the Reference group

Aberdeen City Council	Pete Richmond Jim Currie
Age Concern Scotland	Ann Ferguson Douglas McLellan
Alzheimer Scotland – Action on Dementia	Kate Fearnley Henry Simmons
Association of Directors of Social Work	Margaret Petherbridge Janice Toner
Camphill Scotland	Sam Sinclair
Capability Scotland	Kathleen Donnelly
Carers Team (Scottish Government)	Moira Oliphant Gordon Patterson
City of Edinburgh Council	Jack Blaik
Community Care Providers Scotland	Annie Gunner Logan
COSLA	Cllr Tim Brett Duncan Mackay
Direct Payments Caledonia	Raymond Strachan Joanne Scott
Dumfries and Galloway Council	Judith Proctor
ENABLE Scotland	Peter Scott Norman Dunning Jacqui Reid
Glasgow Centre for Inclusive Living	Maureen McPeak
Glasgow City Council	Ann Marie Monaghan Margaret Wheatley
Highland Council	John King
Improving Delivery and Workforce Delivery (Scottish Government)	Catherine Rainey Ben Cockburn

In Control Scotland	Keith Etherington John Dalrymple Frances Brown
Independent Living Team (Scottish Government)	Margaret Allison
Joint Improvement Team	Alex Davidson
Joint Outcomes Team (Scottish Government)	Chris Bruce
Key Housing Association	Malcolm Matheson
Penumbra	Nigel Henderson
Richmond Fellowship	Austen Smyth
Scottish Association for Mental Health	Lorraine McGrath Sarah Smith
Scottish Borders Council	Susan Henderson
Scottish Care	Peter Millar Gloria McLoughlin
Scottish Commission for the Regulation of Care	Heather Dall
Scottish Consortium for Learning Disability	Lisa Curtice
Thistle Foundation	Diane Paton

Annex 4: Existing Legislative Context

Note that self-directed support is termed **direct payments** in statute. The definition is historical and focused on a system of delivery rather than the flexible independence outcomes that individuals can achieve when they choose and control support to meet their assessed needs.

1. Introduction

The legislation that enables direct payments is contained within:

- The Social Work (Scotland) Act 1968
guidance on the sections relating to direct payments can be found at:
<http://www.scotland.gov.uk/Publications/2003/03/16777/20192>
- The Community Care (Direct Payments) Act 1996
<http://www.opsi.gov.uk/acts/acts1996/1996030.htm>
- Regulation of Care (Scotland) Act 2001
<http://www.opsi.gov.uk/legislation/scotland/acts2001/20010008.htm>
- Community Care and Health (Scotland) Act 2002
<http://www.opsi.gov.uk/legislation/scotland/acts2002/20020005.htm>
- The Community Care (Direct Payments) (Scotland) Regulations 2003 (SSI 2003 No. 243)
<http://www.opsi.gov.uk/legislation/scotland/ssi2003/20030243.htm>
- The Community Care (Direct Payments) (Scotland) Amendment Regulations 2005 (SSI 2005 No. 114)
<http://www.opsi.gov.uk/legislation/scotland/ssi2005/20050114.htm>
- The Mental Health (Care and Treatment) (Scotland) Act 2003 (Modification of Subordinate Legislation) Order 2005 (SSI 2005 No. 445)
http://www.opsi.gov.uk/legislation/scotland/ssi2005/ssi_20050445_en.pdf
- The Disability Equality Duty (DED)
www.drc-gb.org/disabilityequalityduty/
- National Health Service Reform (Scotland) Act 2004 (asp 7)
<http://www.opsi.gov.uk/legislation/scotland/acts2004/20040007.htm>
- Adult Support and Protection (Scotland) Act 2007
<http://www.opsi.gov.uk/legislation/scotland/acts2007/20070010.htm>
- The Community Care (Direct Payments) (Scotland) Amendments Regulations 2007 (SSI 2007 No. 458)
http://www.opsi.gov.uk/legislation/scotland/ssi2007/ssi_20070458_en.pdf

The Community Care (Direct Payments) Act 1996 ('the 1996 Act') inserted sections 12B and 12C into the Social Work (Scotland) Act 1968 ('the 1968 Act'). These sections were further amended by section 70 of the Regulation of Care (Scotland) Act 2001 ('the 2001 Act') and section 7 of the Community Care and Health (Scotland) Act 2002 ('the 2002 Act'). They now place a duty on local authorities, to offer direct payments to people other than those not eligible as specified in regulations made under section 12B, enabling them to arrange and purchase the community care or children's services they have been assessed as needing.

2. The Social Work (Scotland) Act 1968

Sections 12B and 12C of the 1968 Act place a duty on local authorities to make direct payments available to certain adults and children who wish to receive them. This includes disabled people.

Direct payments are an alternative to local authority arranged community care and children's services and therefore need only be offered at the point where the local authority would normally have agreed to provide the services. They must not put people who choose to receive local authority services at a disadvantage.

3. Which services direct payments can be used for

Direct payments may only be offered to eligible adults who under section 12A of the 1968 Act, have been assessed as needing community care services. They can be used to purchase all community care services and support except long term residential accommodation. For the purposes of the direct payments legislation 'community care' services are defined by section 5A of the 1968 Act as '...services, which a local authority are under a duty or have a power to provide, or to secure the provision of, under Part II of the Act or section 25 (provision of care and support services for persons who have or have had a mental disorder), 26 (provision of services designed to promote well-being and social development of such persons) or 27 (assistance with travel in connection with such services) of the Mental Health Care and Treatment (Scotland) Act 2003. This definition includes housing support services and equipment and temporary adaptations. Since December 2001 direct payments have also been available for services for children in need provided under section 22(1) of the Children (Scotland) Act 1995 ('the 1995 Act') ⁶⁹. Part 2 of the 2002 Act allows delivery of health services and some continuing health needs by direct payments if the local authority and NHS Board have arrangements to allow this to happen. The choice of support people can use to meet their assessed needs is covered at [sections 4](#) and [5](#).

Further information on who is eligible to receive Direct Payments under existing legislation can be found in the national guidance on self-directed support.

Annex 5: Independent Living

Independent Living – A Shared Vision

This statement is jointly signed by the Scottish Government, COSLA (Convention of Scottish Local Authorities) and the Independent Living in Scotland (ILiS) Steering Group. It sets out our agreed vision, based on the core principles of **choice, control, freedom and dignity**, that disabled people across Scotland will have equality of opportunity at home and work, in education and in the social and civic life of the community.

The Scottish Government, local government and the Independent Living in Scotland Steering Group are committed to working together, as equal members of the Independent Living Core Reference Group. Our commitment to independent living for all disabled people in Scotland is founded on our belief that it is the right thing to do, and it is in Scotland's interest:

- It is right for the individual – to be free from prejudice and discrimination; and to participate within society as full and equal citizens;
- It is right for society as a whole – a more equal society will have greater strength and social cohesion; and
- It is right for our economy – the more diverse an economy, the more innovative and high growth it is; and the more successful it will be at attracting talent.

We have much to learn from one another, and our working partnership is based on a model of co-production and inclusion. We recognise that there is scope to deliver lasting change for disabled people living and working in Scotland. This can only be achieved by thinking and acting aspirationally and by ensuring that all voices carry equal weight and are well respected. This approach will help deliver our shared vision across our respective areas of responsibility.

Our vision and objectives fits strongly with the National Performance Framework and with the Single Outcome Agreements, agreed by Community Planning Partnerships across Scotland. We will work to make these outcomes inclusive of independent living principles and practices, so that disabled people can be an integral part of Scotland's future development as a country of equality of opportunity and quality of life for all of its citizens.

We believe that by working with disabled people, the Scottish Government, local authorities and their community planning partners across Scotland will be better equipped to identify the best approach to achieving agreed outcomes, making the most effective investment of resources and taking account of the priorities and needs of all of local communities.

Our overall objective is to deliver real choice and control for disabled people in all areas of life and all parts of Scotland. We recognise that this will require continued effort by all partners. It will take time to achieve this vision, but this joint statement is an important milestone in developing the shared strategic approach that will make it a reality.

Jim Elder-Woodward
Convenor, Independent Living
in Scotland Steering Group



Cllr Ronnie McColl
COSLA Spokesperson
for Health and Wellbeing



Alex Neil MSP
Minister for Housing and Communities



8 December 2009

Annex 6: Useful resources

Contact list:

Capability Scotland

11 Ellersly Road
Edinburgh
EH12 6HY
Telephone: 0131 337 9876
Email: [ascsc@capability-scotland.org.uk](mailto:ascscapability-scotland.org.uk)
Website: <http://www.capability-scotland.org.uk>

Care Commission

Compass House
11 Riverside Drive
Dundee
DD1 4NY
Telephone: 01382 207100
Telephone: 0845 603 0890 (Local rate applies)
Website: <http://www.carecommission.com>

Contact a Family Scotland

(For families with disabled children)
Craigmillar Social Enterprise and Arts Centre
11/9 Harewood Road
Edinburgh
EH16 4NT
Telephone: 0131 659 2930
Email: scotland.office@cafamily.org.uk
Website: <http://www.cafamily.org.uk>

HM Revenue & Customs

New Employer Helpline

Helpline: 0845 6070 143
Monday-Friday 8.00am-8.00pm
Saturday-Sunday 8.00am-5.00pm
Text phone: 0845 602 1380 (for employers who are deaf or hard of hearing)

In Control Scotland

Room 16
Adelphi Centre
12 Commercial Road
Glasgow
G5 0PQ
Telephone: 0141 418 5933
Email: incontrolscot@sclid.co.uk
Website: <http://www.in-control.org.uk>

Mental Welfare Commission for Scotland

Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE
Telephone: 0131 313 8777
Email: enquiries@mwscot.org.uk
Website: <http://www.mwscot.org.uk>

Scottish Consortium for Learning Disability (SCLD)

Room 16
Adelphi Centre
12 Commercial Road
Glasgow
G5 0PQ
Telephone: 0141 418 5420
Fax: 0141 429 1142
E-mail: administrator@scl.co.uk
Website: <http://www.scl.co.uk>

Scottish Helpline for Older People (SHOP)

Scottish Helpline for Older People
Age Concern Scotland
Causewayside House
160 Causewayside
Edinburgh
EH9 1PR
Helpline: 0845 125 9732 (Monday to Friday, 10.00am - 4.00pm)
Textphone: 0845 226 5851

Scottish Independent Advocacy Alliance

Melrose House
69a George Street
Edinburgh
EH2 2JG
Telephone: 0131 260 5380
Email: enquiry@siaa.org.uk
Website: <http://www.siaa.org.uk/>

Scottish Personal Assistant Employers Network (SPAEN)

Suite G.4
Dalziel Building
7 Scott Street
Motherwell
ML1 1PN
Telephone: 01698 250236
Email: info@spaen.co.uk
Website: <http://www.spaen.co.uk>

Scottish Public Services Ombudsman (SPSO)

Freepost EH641
Edinburgh
EH3 0BR
Telephone: 0800 377 7330
Email: ask@spsso.org.uk
Website: <http://www.spsso.org.uk>

Self-Directed Support Scotland

Self Directed Support Scotland
c/o Inclusion Scotland
5a Sir James Clark Building
Abbey Mill Business Centre
Paisley
PA1 1TJ
Telephone: 0141 887 0117
Website: www.sdsscotland.org.uk

UPDATE

(Disability Information Service)
Hays Community Business Centre
4 Hay Avenue
Edinburgh
EH16 4AQ
Telephone: 0131 669 1600
E-mail: info@update.org.uk
Website: <http://www.update.org.uk>

Voices of eXperience (VOX)

(National mental health service user led organisation)
c/o The Mental Health Foundation (Scotland)
5th Floor Merchants House
30 George Square
Glasgow G2 1EG
Telephone: 0141 572 1663
Email: voxscotland@yahoo.co.uk
Website: <http://www.voxscotland.org.uk>

Further Information:

National guidance on self-directed support (2007)
www.scotland.gov.uk/Publications/2007/07/04093127/0

A Review of Self Directed Support in Scotland (2008)
<http://www.scotland.gov.uk/Publications/2008/05/30134050/3>

Scottish Government Website www.selfdirectedsupportscotland.org.uk



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