

Notice of Meeting and Agenda Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 15 September 2017	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

To Follow Item

I refer to the agenda for the meeting of the Integration Joint Board to be held on 15 September 2017 at 10.00 am and enclose the undernoted reports relative to items 7, 8 and 12 of the agenda.

The report in relation to item 7 was not enclosed with the agenda and the reports in relation to items 8 and 12 were previously marked 'to follow'.

Items of business

- | | | |
|----|---|----------|
| 7 | Participation, Engagement and Communication: Annual Review
Report by Chief Officer. | 3 - 10 |
| 8 | Capability Scotland Update
Report by Chief Officer. | 11 - 18 |
| 12 | Self Directed Support: 2017 Progress Report
Report by Chief Officer. | 19 - 122 |

To: Renfrewshire Integration Joint Board

On: 15 September 2017

Report by: Chief Officer

Heading: Participation, Engagement and Communication: Annual Review

1. Summary

- 1.1 The Participation, Engagement and Communication (PEC) strategy was approved by the IJB on 20th November 2015 and an update on implementation was noted on 18th March 2016.
- 1.2 This report provides a further update on progress in implementing Renfrewshire HSCP's PEC Plan, detailed within Appendix 1.
- 1.3 This report also describes proposed actions for 2017/18.
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2. Recommendation

It is recommended that the IJB:

- Note the progress made to implement the PEC Strategy in 2016/17;
 - Approve the actions planned for 2017/18; and
 - Note that a regular annual update will be provided to the IJB.
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3. Background

- 3.1 Following the development and approval of the PEC Strategy in November 2015, and the preparation of the implementation plan in March 2016, a PEC group was set up to lead and implement the work. The group is co-chaired by two Heads of Service, and comprises a range of staff with an interest in communications work. This group of staff come from different areas of the HSCP and bring with them expertise in IT, publishing and communication. All members have full time commitments in the HSCP, and carry out this work with no additional resource. We use a strength-based approach, giving group members freedom to act. This has resulted in a very positive group of people with a 'can do' attitude, who can take forward change quickly and effectively.
- 3.2 In the first twelve months of meeting, the group has led a number of significant pieces of work which have progressed the HSCP PEC Strategy. A recent development session has been used to develop a plan for the next year. The detail of this activity is described in the appendix attached, but key achievements

are highlighted below. The group works in partnership with the communications teams from Renfrewshire Council and NHS Greater Glasgow and Clyde.

- 3.3 In December 2016, the HSCP logo and branding was launched. The symbol uses the teal colour which had already been associated with the HSCP and adds yellow for contrast. It was developed from an understanding that people are at the centre of our organisation (both staff and patients/clients) and the open arms and sunshine rays epitomise a welcoming and positive organisation. Very quickly, the logo and branding have become associated with our HSCP.
- 3.4 The HSCP now uses social media effectively, in particular Facebook and Twitter. We have established protocols for use and now have 453 followers on Twitter and 272 followers on Facebook. We used social media to promote working in our Care at Home services and reached 4,800 people.
- 3.5 Our first external facing newsletter, Bright Futures, was published in Spring/Summer 2017 and was widely circulated. The Autumn/Winter newsletter is already being prepared.
- 3.6 The HSCP website www.renfrewshire.hscp.scot is now set up and populated with information about our services, where to find them and how to access them. The site was tested with service users and continues to improve as information is added.
- 3.7 The monthly Team Brief for staff has evolved into a Team Bulletin with information about services, events and plans and priorities for the HSCP. Contributions are received from across the HSCP each month and the bulletin is delivered face to face at team meetings, or electronically.
- 3.8 In addition to activity listed above, the HSCP has organised regular Leadership Network events and opportunities for all staff to meet the Chief Officer and members of the senior management team. We communicate with staff representatives, through our Staff Partnership Forum (SPF) and with wider stakeholders through our Strategic Planning Group (SPG).
- 3.9 The Strategic Planning Group, and the networks represented through the membership of that group form the core of our public engagement mechanism. We also link closely with Engage Renfrewshire, our local Third Sector interface organisation, to inform our plans and policies.

4. Proposed Future Actions

- 4.1 Much of the activity from Year 1 is now 'business as usual', and will be incorporated into our regular working practice e.g. Team Bulletin, newsletter and social media. We are now seeking to recruit a dedicated part time Communications Officer to lead this work. This will be done from within existing resources, by bringing some of this activity together, and using an existing vacancy.

4.2 Priorities for 2017/18 include:

- Explore the development of an intranet function as part of our website.
- Create a web management group to lead the operational work in developing the website.
- Develop a communications/events calendar.
- Create a local photo library.
- Produce Autumn/Winter newsletter.
- Plan a public showcase event on 16th November 2017.

Implications of the Report

1. **Financial** – None.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None.
4. **Legal** – None.
5. **Property/Assets** – None.
6. **Information Technology** – None.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None.

List of Background Papers – PEC Strategy (20th November 2015) and PEC Implementation Plan (18th March 2016)

Author: Fiona MacKay, Head of Strategic Planning and Health Improvement

Ref	Agreed Actions	Lead Officer	Update
1. Building Trust and Relationships			
1.1	Establish systematic approach to improving staff communications, with priority given to reaching those with no/minimal email access.	Lead Officers Communication & Engagement	Monthly Team Bulletin produced and distributed. Electronic and hard copies are available.
1.2	Increase visibility of HSCP leadership to staff.	Organisational Development Advisor / Senior Management Team	IJB chair/vice chair visits have been organised.
1.3	Improve communications with the general public, prioritising Renfrewshire's hard-to-reach population and those with accessibility needs.	Equalities Leads / Lead Officers Communication & Engagement	First newsletter, Brighter Futures, circulated in Spring/Summer 2017. Website launched, with facility to translate into other languages.
1.4	Demonstrate the success of the HSCP Participation, Engagement & Communication work.	Lead Officers Communication & Engagement	Video of first year's achievements has been produced.
1.5	Ensure external communications are politically neutral and take into account political, economic, social and technological factors where necessary.	Lead Officers Communication & Engagement	Examples include newsletter and website.
2. Develop Participation & Engagement			
2.1	Ensuring every team has a schedule of regular team meetings in place.	Senior Management Team / Organisational Development Advisor	iMatters has been used to formalise these team meetings, and Team Bulletin can also be used.
2.2	Providing opportunity for staff to have regular 1-1 with line manager.	Senior Management Team / Organisational Development Advisor	Again, iMatters formalises this but managers are encouraged to have regular meetings in addition.
2.3	Maintaining monthly HSCP Team Brief production.	Lead Officers Communication & Engagement	Due to feedback, the Team Brief has been changed for a Bulletin, and is produced monthly.
2.4	Develop text messaging system.	Lead Officers Communication &	This has been tested with some operational services.

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		Engagement / Council Communication	
2.5	Develop staff intranet forum.	Lead Officers Communication & Engagement	This is a priority for 2017/18. Staff currently access the NHS Board on the Council intranet.
2.6	Improve staff engagement with Senior Management Team.	Organisational Development Advisor / Lead Officers Communication & Engagement	Regular Leadership Network events bring together all managers, including team leaders.
2.7	Provide ongoing support and opportunities for effective partnership working with independent contractors and other external stakeholders.	Senior Management Team	An example of this is the SPG, where a range of independent and Third Sector organisations are represented.
2.8	Develop Communication Toolkit for Managers and wider staff to develop service level communications.	Lead Officers Communication & Engagement	With the development of the new website now complete, a draft communications toolkit will be taken to the next PEC group for consideration and, once agreed, will be shared with all staff.
2.9	Consideration is given to the equalities impact of communications and engagement activities, working with equalities colleagues when appropriate.	Lead Officers Communication & Engagement / Equalities Leads	Equality Impact Assessment tool being used where required.
2.10	Ensure HSCP staff are aware of role and legislative function of the Integration Joint board and are up to date on national Integration messages.	Integration Joint Board	We have used the Leadership Network and Team Bulletin to achieve this.
3. Inform & Engage Local Communities			
3.1	Maintain Quarterly HSCP Newsletter.	Lead Officers Communication & Engagement	This will be done twice per year with a focus on electronic versions.
3.2	Provide opportunities for local communities to engage with Senior Management Team.	Senior Management Team	Public event is planned for November 2017, though SPG also offers this opportunity.
3.3	Develop plan for engagement of hard-to-reach service users giving consideration to accessibility needs and literacy.	Lead Officers Communication & Engagement / Equality Leads	Through Community Links team work with the third sector and community groups to engage with hard to reach service users.

Appendix 1

3.4	Develop communication methods in line with most up to date technologies.	Lead Officers Communication & Engagement	Social media now regularly used by HSCP.
3.5	Develop a process where key stakeholder and SPG have opportunities to monitor and review HSCP communication methods.	Strategic Planning Group / Lead Officers Communication & Engagement	PEC issues are regularly part of the SPG agenda for feedback.
3.6	Ensure people understand what Renfrewshire HSCP is and the services the organisation provides.	Lead Officers Communication & Engagement	Website fulfils this role.
3.7	Ensure key stakeholders are aware of role and legislative function of the Integration Joint Board and are up to date on national Integration messages.	Integration Joint Board	SPG fulfils this role.
4. Empower & Enable Local Voice			
4.1	Enable communities to continue to be listened to, to be involved in deciding on the care they receive and to be an active participant in how it is delivered.	Head of Strategic Planning and Health Improvement	We maintain strong links to Community Planning and Local Area Committees.
4.2	Ensure validity of HSCP participation in stakeholder networks and groups on an ongoing basis to support effectiveness.	Head of Strategic Planning and Health Improvement / Lead Officers Communication & Engagement	Participants on stakeholder networks and groups are encouraged to summarise and share with relevant people the output and discussion from the meetings to ensure validity.
5. Developing our Identity			
5.1	Continue to develop HSCP identity and house style.	Lead Officers Communication & Engagement	Logo and branding now launched an in use for stationery, presentations, pin badges, reports, etc.
5.2	Develop LearnPRO and iLearn module on integration.	Learning and Development	The module was developed and reflects the new HSCP policies, procedure and people. The module now required minor updating.
5.3	Include LearnPRO and iLearn module in staff induction.	Human Resources	The module is available as part of staff induction; there are a few minor IT issues in relation to all staff gaining access but a

Appendix 1

				resolution to the issues is in hand. The updated resource should be available to all by year end.
5.4	Develop public affairs process including escalation system for media and parliamentary responses.	Chief Officer / Lead Officers Communication & Engagement		Both partner organisations (NHS Greater Glasgow and Clyde and Renfrewshire Council) have protocols which we follow.
5.5	Develop HSCP website and agree content management users.	Lead Officers Communication & Engagement		Website now live.
5.6	Assist services to provide excellent care by supporting their Participation, Engagement and Communication objectives, gathering feedback where possible.	Lead Officers Communication & Engagement		We are supporting the extension of Patient Experience.
5.7	Work collaboratively to shape organisational culture through communication methods.	Lead Officers Communication & Engagement		The PEC Group leads by example in this area and has been nominated for a staff award.
6. Evaluation & Review				
6.1	Provide PEC Annual Report to the Integration Joint Board.	Lead Officers Communication & Engagement / Senior Management Team		Annual update provided for September 2017 IJB.
6.2	Ensure robust evaluation of all communication and engagement activities is undertaken, linking feedback to relevant HSCP work streams to implement.	Lead Officers Communication & Engagement Strategic Planning Group Workstream		Team Bulletin has been reviewed by survey, and changes made in response to feedback. Our Leadership Network engages regularly with 170 of the most senior staff in our organisation, providing opportunities to share information in both directions. The iMatters staff survey went out to all staff with a 65% response rate and an overall satisfaction rate of 77%. It included questions about the quality of communication and engagement and the results from this have been turned into actions at local team level.

To: Renfrewshire Integration Joint Board

On: 15 September 2017

Report by: Chief Officer

Heading: Capability Scotland

1. Summary

- 1.1 The purpose of this paper is to provide an updated position on Capability Scotland day care services for adults with learning disabilities in Renfrewshire.
- 1.2 Capability Scotland operate two day services in Renfrewshire for adults with a learning disability, Whitehaugh and West Lane Gardens, on behalf of Renfrewshire Health and Social Care Partnership (HSCP). These services are building based and remain popular with current service users.
- 1.3 In line with the Scottish Government's Learning Disability Strategies, 'The Same As You' and 'Keys to Life', Renfrewshire learning disability day provision has over recent years managed a planned move away from these traditional centre-based services towards a more inclusive, community-based services approach. As part of this work, both the Council, the former Community Health Partnership (CHP) and now the HSCP have worked closely with Capability Scotland, who operate community based service models elsewhere in Scotland, to explore all options for modernising these two day services.
- 1.4 In July 2017, Capability Scotland served formal notice to the HSCP Chief Officer on their intention to withdraw from their current contract on 20 October 2017, noting the current service model has accrued significant annual financial deficits and no longer is seen by Capability Scotland to be financially viable going forward.
- 1.5 Given this position, the Chief Officer has been working with the provider to discuss the continuation of this service within the terms of their contract, and to explore a viable longer term alternative service model. Capability Scotland have re-stated their intention to cease provision of this service but have agreed it will continue until 31 January 2018, subject to the IJB meeting the financial shortfall the provider would incur during this period. This arrangement will ensure the provider meets their contractual requirement to minimally provide 6 months notice. It will also allow the HSCP sufficient time to ensure a smooth managed transition for service users. The Chief Officer will also work with Capability Scotland to quickly explore if they can develop an alternative service model which is financially viable, in line with national policy direction and meets the needs of the service users.
- 1.6 In liaison with the Chair and Vice-Chair of the IJB, the Chief Officer will continue discussions with local service users, carers, and Renfrewshire Council to:
 - 1.6.1 quickly explore if Capability Scotland can develop an alternative service model in Renfrewshire which is financially viable in line with national policy direction and in a way that meets the needs of our service users;

- 1.6.2 progress planning to extend the existing HSCP community network services that would meet the needs of many of the Capability Scotland day centre service users; and
- 1.6.3 ensure smooth, managed transition arrangements are in place in advance of 31 January 2018, to support each service user to decide how they want to use their personal self directed support budget to secure alternative services.
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2. Recommendations

2.1 It is recommended that the IJB:

- Note Capability Scotland's intention to cease their current contract on 31 January 2018; the local and national factors which have led to Capability Scotland's view that their current service model no longer proving financially viable, and how this has been received by its service users and carers;
 - Agree that Renfrewshire IJB will meet the £34,500 cost shortfall identified by Capability Scotland to enable Capability Scotland to continue its current contract with the Council until 31 January 2018;
 - Agree that the Chief Officer, in consultation with the Chair and Vice-Chair of the IJB, will quickly progress discussions to explore if Capability Scotland can develop an alternative community based service model in Renfrewshire;
 - Agree that Renfrewshire HSCP will progress plans to extend the existing HSCP Learning Disability Community Network Service should Capability Scotland not be able to provide such a model that is affordable and deliverable by 31 January 2018;
 - Note that work will continue to ensure planned transition arrangements are in place as soon as possible that are person centred and fully reflect the needs of service users;
 - Note Renfrewshire Council's position on Capability Scotland's decision to end their current contract, formally agreed at a Special Meeting of Renfrewshire Council held on 30 August 2017;
 - Agree that the Chief Officer will write to Renfrewshire Council on behalf of the IJB to formally note their position and next steps; and
 - Note a further update will be brought to the next meeting of the IJB.
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3. Background

- 3.1 In July 2017, Capability Scotland served formal notice of their intention to withdraw from their current contract on 20 October 2017, noting the current service model was considered by Capability Scotland to no longer be financially viable.
- 3.2 Capability Scotland operate two day services for Adults with a Learning Disability, Whitehaugh and West Lane Gardens, in Renfrewshire on behalf of the Health and Social Care Partnership (HSCP). Whitehaugh offers up to 20 places per day and West Lane Gardens offers 12 places per day. There are currently 47 people in total who attend these services. Both premises are leased from Renfrewshire Council, with the lease for West Lane Gardens on 4th March 2018 and the lease for Whitehaugh due to expire on 25th May 2018.
- 3.3 The Scottish Government's Learning Disability Strategies 'The Same As You' and 'Keys to Life' actively promote a move away from traditional centre-based day

services towards a more inclusive approach which encourages greater integration and participation of people with learning disabilities in their communities. Renfrewshire Council endorsed this approach when it agreed its 'Modernisation of Day Services for Adults with Learning Disabilities' in 2013. This is evidenced by the design of new services such as The Mirin and Milldale day opportunities which are colocated and fully integrated within the Lagoon and ON-X Leisure centres and the provision of flexible community support through our Community Networks service. The current services at Whitehaugh and West Lane Gardens do not fit with this approach and that has been recognised for some time and this is also recognised by Capability Scotland.

3.4 Capability Scotland have therefore acknowledged for some time that their current model of centre-based services at Whitehaugh and West Lane Gardens needs to change in line with the national strategies and this has been part of ongoing discussions with them since 2013. As part of this work, both Renfrewshire Council and Renfrewshire HSCP have worked closely with Capability Scotland on person-centred plans that would ensure service users at Whitehaugh and West Lane Gardens can benefit from a more flexible, community-based approach such as Capability Scotland operate in other parts of Scotland.

3.5 Earlier this year Capability Scotland approached Renfrewshire HSCP to indicate their concerns and advise that they did not see a longer term future for their Whitehaugh and West Lane Gardens services in their current form, highlighting a number of local and national factors which they believe contribute to making the current service delivery model not financially viable:

3.5.1 The mix and age range of the adults attending Whitehaugh and West Lane Gardens varies considerably. For example there are younger adults mixed in with older adults including people aged over 65 who have significantly different needs and interests.

3.5.2 Younger adults in transition from schools into learning disabilities services for adults favour a model of day services that deliver a range of services to enable the full spectrum of the needs of adults with learning disabilities to be met. The model of Renfrewshire's modernised day services is represented in the following diagram and was agreed by the Council in 2013 and continues to provide the framework within which the HSCP are developing and delivering services.



- 3.5.3 Building maintenance costs at Whitehaugh and West Lane Gardens – both the maintenance costs and substantial costs to modernise buildings - are borne by the Capability Scotland. The two buildings are owned by the Council and are leased to Capability Scotland on a dilapidations contract which requires them to return the property to the Council in a relatable order. This is another factor in Capability Scotland's decision.
- 3.5.4 There is also a growing impact from the introduction of Self Directed Support (SDS) across our services, including Learning Disability services, with people making different choices as to how they utilise their personal budgets. This impacts on demand and we believe this may also be impacting on occupancy. SDS and the associated choices service user may make, also contribute to difficulties in planning with certainty for the ongoing financial viability of the service.
- 3.6 It is also important to recognise that Capability Scotland's intention to withdraw from their current contract has generated real concern amongst some of its current service users and their carers, who greatly value the currently service model and have expressed concerns about any change to the current provision.
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4. Capability Scotland Contract Extension

- 4.1 In light of Capability Scotland's financial position, the Chief Officer has worked with the provider to discuss the current situation. Capability Scotland, through these discussions has re-stated their intention to cease to provide these services. They have now agreed to continue provision until 31 January 2018, to allow the provider to meet their contractual obligation to minimally give 6 months notice and the HSCP sufficient time to ensure a planned and smooth transition for service users.
- 4.2 Capability Scotland has agreed to continue current service provision until 31st January 2018 on the basis the IJB will make a one off payment of £34.5k to avoid the provider incurring any further financial shortfalls during this period.
- 4.3 The Chief Officer is committed to continuing discussions with Capability Scotland, its local service users and carers and Renfrewshire Council to explore if Capability Scotland's can develop an alternative sustainable, modern and financially viable service model beyond 31 January 2018 in line with national strategy and that meets the person centred needs of our service users.
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5. Next Steps

- 5.1 In light of Capability Scotland's re-stated intention to cease their current contract with six months notice, Renfrewshire HSCP is now taking the necessary steps to ensure it is well positioned to support service users and carers. The Partnership will continue to take a person centred, needs informed approach to service planning; managing the transition for current service users to well designed and appropriate alternative services whilst minimising disruption to all service users and family members/carers involved.
- 5.2 The Chief Officer has written to all service users to acknowledge that this change will be unsettling for them, and to reassure them that Renfrewshire HSCP will work proactively with service users and their families. He has committed to ensuring service users and their families are kept updated on the position as we move

forward, regarding the outcome of ongoing discussions with the provider and preparations for the transition to alternative services.

- 5.3 In line with this commitment, Renfrewshire HSCP is now working with Capability Scotland to finalise individual client assessments for the 47 people who attend these services to ensure:
- 5.3.1 each individual service user will have a person-centred, needs assessed plan in place;
 - 5.3.2 we discuss each individual's assessed needs and also the services that are available that best meet their needs in line with established eligibility criteria that determine their Self Directed Support budget;
 - 5.3.3 we minimise the negative effects of any change in service and we support service users in the managed and planned transition to an alternative service/services;
 - 5.3.4 there is sufficient capacity within the HSCP's Community Network and other appropriate services to support the transition of service users if they wish to continue to use HSCP managed services;
 - 5.3.5 Community Network Service will seek to have a location in Johnstone from which they can work; and
 - 5.3.6 we recognise the importance of friendship relationships within the current services and we take these into consideration in planning future service user placements.

6. Renfrewshire Council Special Council Meeting on 30 August 2017

- 6.1 In light of the concerns raised by service users and carers, Renfrewshire Council called a Special Council meeting on 30 August 2017 to discuss on Capability Scotland's decision to withdraw from their current contract.
- 6.2 At this meeting, the Council unanimously agreed the following motion:

"Council notes with grave concern the decision by Capability Scotland to cease providing the learning disability service at West Lane Gardens Johnstone and Whitehaugh Day Centre, Paisley which they provide on behalf of Renfrewshire Council.

Council further notes the distress and anxiety this has caused to users of this much loved service and their carers who have benefited from the security, care and companionship it has provided over many years and who believe that it is in their best interests that the service continues in its present form. These centres of excellence are providing an encouraging environment from which service users fulfil their potential and are empowered and enabled to go out into the community.

Council accepts it is the choice of users to continue to meet as a group and to continue to benefit from the service and will therefore take the necessary action to ensure that the service continues to be provided beyond the 20th October.

The decision taken for the continuation of services at Whitehaugh and West Lane Gardens is to be Client and Carer led with any interruption to the client/carer

relationship kept to the absolute minimum. Any future outcome should include a minimum renewable three year working contract for the carer so as to establish some stability for the carer/client partnerships."

- 6.3 In light of this decision, Renfrewshire Council's Head of Corporate Governance has written to the Chief Officer asking him to consider the terms of the Council's decision and how this will be taken forward by Renfrewshire HSCP (see Appendix 1).
- 6.4 As outlined in this paper, the Chief Officer will work to reassure Renfrewshire Council on the proactive steps being taken to discuss the consequences of Capability Scotland's re-stated intention to cease their current contract on 31 January 2018.
- 6.5 The Chief Officer will also set out Renfrewshire HSCP's commitment to work with Capability Scotland, its service users and carers, and Renfrewshire Council to explore alternative service models which are financially viable, in line with national and local strategy direction and meets the ongoing needs of our service users.
- 6.6 In light of Capability Scotland's re-stated intention to cease their current contract with six months notice, Renfrewshire HSCP will advise the Council of its plans, as set out in section 5 of this report, to ensure it is well positioned to support service users and family members.
- 6.7 Following today's meeting, the Chief Officer will write to the Council indicating the IJB's decision.

7. Update Report

- 7.1 A further update report will be brought to the next meeting of the IJB.

Implications of the Report

- 1. Financial** – the IJB is being asked to approve additional funding to support the continuation of the current Capability Scotland contract until 31 January 2018.
- 2. HR & Organisational Development** – Nil.
- 3. Community Planning** – Nil
- 4. Legal** – proposes the continuation the existing contract to allow the required six month notice to be given
- 5. Property/Assets** – the report notes that Capability Scotland currently lease two buildings from the Council to deliver services in Renfrewshire
- 6. Information Technology** – Nil.
- 7. Equality & Human Rights** – this report relates to social care services provided for one care group - Learning Disabilities service users and their carers
- 8. Health & Safety** – Nil
- 9. Procurement** – proposes the continuation the existing contract to allow the required six month notice to be given.
- 10. Risk** – as highlighted within the report.
- 11. Privacy Impact** – Nil

List of Background Papers: None.

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Contact: Ken Graham

Date: 31 August 2017

David Leese
Chief Officer
Renfrewshire Health & Social Care Partnership
Renfrewshire House
Paisley

Dear Mr Leese

At the special meeting of the Renfrewshire Council held on 30 August 2017 the following motion was approved unanimously:

"Council notes with grave concern the decision by Capability Scotland to cease providing the learning disability service at West Lane Gardens Johnstone and Whitehaugh Day Centre, Paisley which they provide on behalf of Renfrewshire Council.

Council further notes the distress and anxiety this has caused to users of this much loved service and their carers who have benefited from the security, care and companionship it has provided over many years and who believe that it is in their best interests that the service continues in its present form. These centres of excellence are providing an encouraging environment from which service users fulfil their potential and are empowered and enabled to go out into the community.

Council accepts it is the choice of users to continue to meet as a group and to continue to benefit from the service and will therefore take the necessary action to ensure that the service continues to be provided beyond the 20th October.

The decision taken for the continuation of services at Whitehaugh and West Lane Gardens is to be Client and Carer led with any interruption to the client/carer relationship kept to the absolute minimum. Any future outcome should include a minimum renewable three year working contract for the carer so as to establish some stability for the carer/client partnerships."

I would ask you to consider the terms of the Council's decision and let me have your response on how this will be taken forward by Renfrewshire Health and Social Care Partnership.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Ken Graham".

Ken Graham
Head of Corporate Governance

To: Renfrewshire Integration Joint Board

On: 15 September 2017

Report by: Chief Officer

Heading: Audit Scotland Report – Self-Directed Support

1. Summary

- 1.1 In August 2017, Audit Scotland published a report evaluating local authority progress in implementing the Social Care (Self-Directed Support) (Scotland) Act 2013 (Attached Appendix 1). The Act came into force on 1 April 2014.
- 1.2 This is the second Audit Scotland report on Self-Directed Support (SDS). In June 2014 a report evaluating progress in implementing the national SDS strategy and their preparedness for the implementation of the legislation. Renfrewshire Council's Audit, Scrutiny and Petitions Board received a paper on that audit report in September 2014.
- 1.3 SDS is the term that describes the mechanism by which people can have choice and control over the social care they receive. It gives people control over an individual budget and allows them to choose how it is spent on support which meets their agreed social care outcomes. The Act places a duty on local authorities to offer four options to eligible people, at the point of assessment, to self-direct their support:
- Option 1 - Direct Payment
 - Option 2 - Directing The Available Services
 - Option 3 - Arranged Services
 - Option 4 - Mixed Package
- 1.4 Audit Scotland's methodology included interviews with 30 public, private and third sector stakeholder organisations, an online survey of social work staff which generated 170 responses, an online survey of supported people and carers which generated 104 responses, focus groups with 55 supported people and carers, and five case studies which include interviews.
- 1.5 In addition to the main report, Audit Scotland have also produced 3 supplements – a case study, the audit methodology and survey results, and a checklist for councillors and board members. These supplements are included as appendices to this report (Appendices 2- 4).

- 1.6 This report summarises Audit Scotland's findings and the 11 recommendations for authorities and details local progress in terms of implementing Self-Directed Support.
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2. Recommendations

It is recommended that the IJB:

- Note the key recommendations made by Audit Scotland report for implementation by Health and Social Care Partnerships and/or Councils;
 - Note the local developments in relation to implementing Self-Directed Support and the HSCP's work to develop an improvement plan subsequent to the completion of its current self-evaluation exercise;
 - Note the content of the supplementary 'Checklist for councillors and board members' which has been produced by Audit Scotland; and
 - Note that this report will also be presented to Renfrewshire Council's Audit, Risk and Scrutiny Board.
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3. Background

- 3.1 The Social Care (Self-Directed Support) (Scotland) Act, which came into force on 1 April 2014, places a duty on Councils to offer people newly assessed as requiring social care, a range of options for choosing and controlling (self-directing) their support. People who were in receipt of social care prior to 1 April 2014 were to be offered the options as part of a review of their needs. The four Self-Directed Support options are:

- **Option 1** (Direct Payment): the person chooses to take the budget as a direct payment
- **Option 2** (Directing The Available Services): the person chooses to select their support and have the local authority make arrangements to provide it on their behalf
- **Option 3** (Arranged Services): the person chooses to have the local authority select and make arrangements to provide their support on their behalf
- **Option 4** (Mixed Package): the person chooses a mix of these three options for different types of support

- 3.2 Local Authorities have discretion as to their approach to delivering the duties and principles of Self-Directed Support for example, to implement an appropriate method of calculating individual budgets and producing communications to support their local plans. The Scottish Government made transitional funding available to all local authorities to assist with planning and managing the implementation of Self-Directed Support.

- 3.3 Audit Scotland reported in 2014 on the early progress in implementing SDS and found that there were still many cultural and practical changes to be made in order for successful implementation. The aim of this follow-up audit was to establish whether councils, integration authorities, and the Scottish Government were making sufficient progress.
- 3.4 Auditors asked four key questions in relation to this:
- What progress have councils and integration authorities made in implementing SDS?
 - What impact is SDS having on people with support needs, carers, families and communities?
 - What factors are supporting or impeding effective implementation of SDS?
 - How effectively is the Scottish Government supporting implementation of SDS and evaluating its impact?
- 3.5 The key messages from the Audit Scotland report are highlighted below:
- Whilst there are many examples of people being supported effectively in new and different ways, not everyone with support needs is getting the level of choice and control envisaged in the legislation. Service users with mental health needs in particular may not have as much choice and control.
 - Social workers are positive about the ethos of self-directed support and the principles of personalisation but a significant minority report that they do not feel empowered to make decisions with people about their support and/or that they lack understanding or confidence in focusing on outcomes for service users rather than outputs. Adopting a more creative approach to support can introduce different types of risk for service users, carers, providers and staff. Authorities and staff must work with service users and carers to find an appropriate balance between risks and benefits and also to ensure appropriate use of public funds.
 - Service users and carers need more and better information about SDS to help them understand and make choices.
 - SDS Option 2 has not been fully developed, and changes to the type of support available to people are happening slowly.
 - Authorities do not have clear plans for identifying where and how money might be re-allocated as people choose alternatives to existing services. The report recognises that demand and budget pressures make this more challenging.
 - Flexibility is a challenge, both in terms of having provider agreements which allow for people to get personalised services and in terms of the possible flexibility required from staff.
 - The implementation of SDS stalled during the integration of health and social care services, as structural change necessarily diverted the attention of senior managers.

- Scottish Government policy in this area should be focused on ensuring SDS is a core part of how people with health and social care needs are supported to improve their quality of life.

3.7 The Scottish Government and COSLA have jointly produced a 2016/2018 Implementation Plan for the existing SDS strategy. This identifies six significant ongoing challenges to full implementation:

- Developing good flexible commissioning and procurement arrangements
- Supporting people to achieve their agreed outcomes creatively while balancing any associated risks
- Managing demand and expectations by using resources, such as money, people and buildings, effectively and developing a shared understanding of how to meet future demand in the context of reduced public funding
- Increasing awareness and understanding of SDS among the workforce, supported people, carers and communities
- Keeping SDS as a high priority within other public sector reform policies and strategies, especially the new integrated arrangements
- Making systems and processes easier and clearer so they work best for people who need support rather than the organisations who help to provide it.

4. Recommendations for Authorities:

4.1 As a reflection of structural arrangements within social care, recommendations are made in respect of 'authorities', recognising that councils and health and social care partnerships both have a responsibility to deliver SDS. There are 13 recommendations and these are listed below, alongside detail of local progress in relation to each. The recommendations are grouped under four themes.

Theme 1: Directing your own support

4.2 There are two recommendations for implementing authorities:

- Recommendation 1 - work in partnership with service users, carers and providers to design more flexibility and choice into support options.
- Recommendation 2 - review their processes for supporting children to transition into adult services.

4.3 Renfrewshire HSCP recently undertook an evaluation of SDS implementation locally and established focus groups with service users, providers and staff as part of this. Service users and providers both felt that SDS was encouraging and supporting more creative approaches to care planning.

4.4 The HSCP manager with a lead role for SDS considers the evaluation to have been a positive exercise with stakeholders expressing views about areas for improvement in constructive approaches. The evaluation sought to identify

possible responses and approaches to challenges and to support continuous improvements, which will be outlined in an improvement plan.

- 4.5 There is ongoing work to update the Multi-Agency Transition Planning Children to Adult Services document to fully reflect the implications and implementation of Self-Directed Support in the transition process.

Theme 2: Assessing needs and planning support

- 4.6 There are six recommendations within this theme:

- Recommendation 3 - provide staff with further training and help on identifying and planning for outcomes.
- Recommendation 4 - work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent.
- Recommendation 5 - establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice.
- Recommendation 6 - support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly.
- Recommendation 7 - ensure they are providing information on sources of support to those who are accessing SDS.
- Recommendation 8 - work with service users, carers and providers to review the information and help they offer to people during assessments, reviews and planning discussions.

- 4.7 Renfrewshire has a well-developed training programme for staff including an Introduction to Self-Directed Support; a one day course on SDS implementation including process and how to complete assessments; Assessing Risk and the Eligibility Determination Process; Outcomes in Assessment, Planning and Review – Using Talking Points: Personal Outcomes; and some staff have also completed the Open University course on Self-Directed Support.

- 4.8 The Training Officer responsible for Self-Directed Support was present at all the staff focus groups and future training needs and developments will form part of the improvement plan.

Theme 3: Commissioning for SDS

- 4.9 There are three recommendations in relation to commissioning:

- Recommendation 9 - develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another.

- Recommendation 10 - work with service users, carers and provider organisations to develop more flexible, outcome-focused contractual arrangements.
- Recommendation 11 - continue to work with communities to develop alternative services and activities that meet local needs.

4.10 Providers in Renfrewshire report that they consider SDS to be a positive approach but find the flexibility required can be particularly challenging for small providers who may not be able to adapt easily or quickly to new and changing patterns of demand. The local provider market in Renfrewshire would benefit from further development and there can also be challenges in recruiting staff, both for providers and service users with direct payments.

4.11 An online resource directory of local community assets, supports and services, Well in Renfrewshire (WiRe), is continuing to be developed and this is contributing to providing people with the opportunity for informed choice and activities that meet local needs.

Theme 4: Implementing the national SDS strategy

4.12 There are two recommendations in relation to the national strategy:

- Recommendation 12 - develop targeted information and training on SDS for healthcare professionals who have a direct or indirect influence on people's health and social care support.
- Recommendation 13 - monitor and report the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services.

4.13 The local Self-Directed Support training programme is available to all health staff within the Renfrewshire Health & Social Care Partnership and a specific course targeted for health practitioners has been established and well attended by community based staff.

4.14 Currently we do not have a standardised process for measuring the success of support plans in meeting personal outcomes and to date this has been monitored through feedback at reviews and meetings with service users. Development of performance indicators will form part of the action plan.

Other areas of local progress

4.16 Audit Scotland Report: Self-Directed Support reports on the number of people with a Direct Payment in Renfrewshire using information obtained from Social Care Services, Scotland, 2016, (Scottish Government, November 2016). However we are in the process of correcting this data as Self-directed Support information was under reported due to changes in the reporting system.

- 14.17 Currently Renfrewshire has 235 Direct Payments awarded which equals approximately 135 per 100,000 of the population and places Renfrewshire just below the national average.
- 4.18 Renfrewshire is currently undertaking an evaluation of Self-Directed Support involving a wide range of stakeholders. This will be completed by the end of October 2017. It aims to measure progress in embedding SDS into practice, to seek indications of the impact of SDS on stakeholders and engage stakeholders in identifying areas for improvement and suggestions on future action. The action plan will also take account of the recommendations arising from this Audit Scotland report as these relate to what we do and what we can do better in Renfrewshire..
- 4.19 The Renfrewshire evaluation process proved to be a positive and constructive exercise. Stakeholders will be invited to continue their engagement with the process through participation in the development of the local action plan for the HSCP's Senior Management Team (November 2017). As an output of this action plan we hope to continue to streamline business processes and the SDS required paperwork, continue to develop personal outcomes-focussed assessments and care planning practice, and identify clear performance indicators to form the basis of future reports.
- 4.20 New streamlined and controlled Self-Directed Support (SDS) business processes have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the agreed budget. The new processes have reduced the time required to agree an indicative budget for the service user's support plan from 16 days in 2014 to 4 days in 2016.
- 4.21 Negotiations have been successfully concluded to bring all contracted providers currently delivering services in Renfrewshire in line with the Living Wage from 1 October 2016.
- 4.22 These prioritised areas reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care. Service reviews challenge our current models of service delivery to ensure our resources are focused on greatest need and to deliver the best outcomes for our service users.
- 4.23 We are also improving and updating our contracts for Options 1 and 2 and Self-Directed Support Development workers are developing user friendly information to sit alongside the new contracts. Officers from Renfrewshire Council will also work with Scottish Government and Social Work Scotland to contribute to the development of national guidance that improves implementation of Self-Directed Support.

5. Recommendations for other agencies

- 5.1 The report sets out a further six recommendations for the Scottish Government, COSLA and partners, which are:

- Continue working together to develop the accuracy and consistency of national data on the number of people choosing each SDS option, and the methodologies to understand the impact of SDS on people who need support and their carers
- Review what independent information, advice and advocacy people will need in future, and how that should be funded after current Scottish Government funding for independent organisations comes to an end in March 2018. This review should fully involve users, carers, providers and authorities, and should conclude in time for appropriate action to be taken.
- Agree how any future financial support should be allocated, taking into account how authorities' local commissioning strategies will inform future spending priorities
- Seek solutions that address the problems of recruitment and retention in the social care workforce
- Ensure that the requirement to effectively implement SDS is reflected in policy guidance across all relevant national policies, such as health and social care integration, community empowerment, community planning, housing and benefits.
- Routinely report publicly on progress against the 2016-2018 SDS Implementation Plan and the SDS strategy.

5.2 There is also a recommendation for the Scottish Government alone, which is to report publicly on the outcomes it has achieved from the almost £70 million funding it has committed to support implementation of SDS.

6. Conclusion

6.1 This paper outlines the key messages and recommendations of the August 2017 Audit Scotland report on Self-Directed Support and details local progress made in relation to the report's recommendations.

Implications of the Report

1. **Financial** - Self-Directed Support has financial implications for the HSCP, particularly in relation to potential double running costs and service user moving away from established services. Performance information will be monitored as Self-Directed Support further embeds to assess the detail of the impact.
2. **HR & Organisational Development** - None.
3. **Community Planning** – None
4. **Legal** - None
5. **Property/Assets** - None
6. **Information Technology** – None
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following

implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

- 8. **Health & Safety** – None
- 9. **Procurement** – Corporate Procurement are involved in supporting the local Self-Directed Support approach. Any procurement activities will be carried out in accordance with Council policy in relation to contracts.
- 10. **Risk** – There are risks associated with the use of a Resource Allocation System (RAS) associated with the reliability of cost information and financial sustainability. These are closely monitored and the use of the RAS will be regularly evaluated.
- 11. **Privacy Impact** – None
- 12. **COSLA Policy Position** – None

List of Background Papers - None

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Self-directed support

2017 progress report



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
August 2017




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Easy read summary

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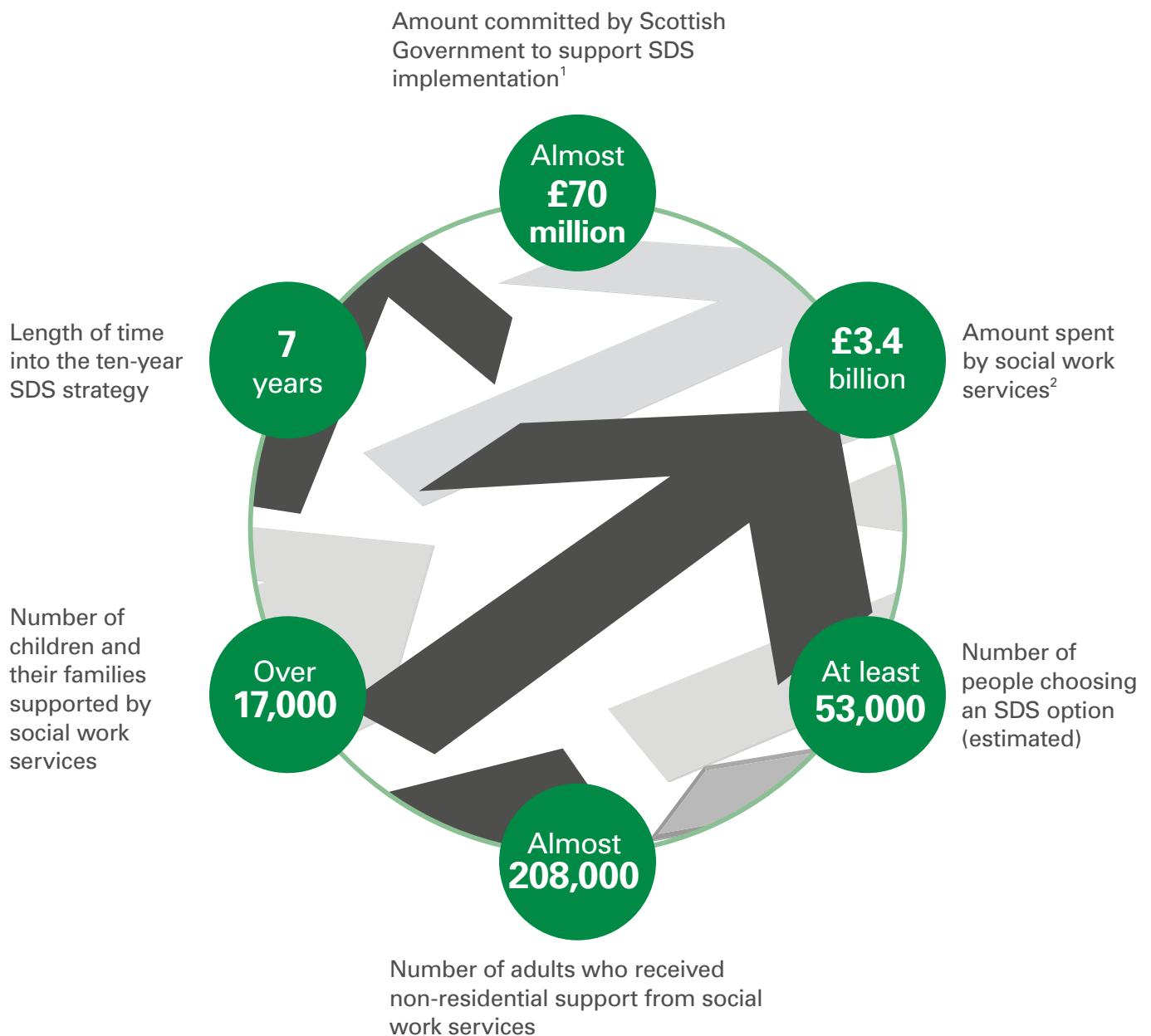
Exhibit data

When viewing this report online, you can access background data by clicking on the graph icon. The data file will open in a new window.

Key facts



In 2015/16:



Notes: 1. Amount committed from 2011/12 to 2017/18 by Scottish Government to support SDS implementation. 2. Councils' audited annual accounts, 2015/16.

Summary



Key messages

- 1 Our evidence shows many examples of positive progress in implementing SDS. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy. Most people rate their social care services highly and there are many examples of people being supported in new and effective ways through SDS, but not everyone is getting the choice and control envisaged in the SDS strategy. People using social care services and their carers need better information and help to understand SDS and make their choices. More reliable data is needed on the number of people choosing each of the SDS options. Data should have been developed earlier in the life of the strategy in order to measure the progress and impact of the strategy and legislation.
- 2 Social work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support. Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.
- 3 Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities' approaches to commissioning can have the effect of restricting how much choice and control people may have. In particular, the choices people have under [option 2](#) are very different from one area to another. Authorities' commissioning plans do not set out clearly how they will make decisions about changing services and re-allocating budgets in response to people's choices.
- 4 There are tensions for service providers between offering flexible services and making extra demands on their staff. At the same time, there are already challenges in recruiting and retaining social care staff across the country owing to low wages, antisocial hours and difficult working conditions.
- 5 SDS implementation stalled during the integration of health and social care services. Changing organisational structures and the arrangements for setting up, running and scrutinising new integration

despite many examples of positive progress SDS has not yet been fully implemented

authorities inevitably diverted senior managers' attentions. Some experienced staff are also being lost through early retirement and voluntary severance schemes as the pressures on budgets mount.

Recommendations

Directing your own support

Authorities should:

- work in partnership with service users, carers and providers to design more flexibility and choice into support options
- review their processes for supporting children to transition into adult services.

The Scottish Government, COSLA, partners and authorities should:

- continue working together to develop:
 - the accuracy and consistency of national data on the number of people choosing each SDS option
 - methodologies to understand the impact of SDS on people who need support and their carers.

Assessing needs and planning support

Authorities should:

- provide staff with further training and help on identifying and planning for outcomes
- work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent
- establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice
- support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly
- ensure they are providing information on sources of support to those who are accessing SDS
- work with service users, carers and providers to review the information and help they offer to people during assessments, reviews and planning discussions.

Commissioning for SDS

Authorities should:

- develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another
- work with service users, carers and provider organisations to develop more flexible outcome-focused contractual arrangements
- continue to work with communities to develop alternative services and activities that meet local needs.

Implementing the national SDS strategy

Authorities should:

- develop targeted information and training on SDS for healthcare professionals who have a direct or indirect influence on people's health and social care support
- monitor and report the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services.

The Scottish Government, COSLA and partners should work together to:

- review what independent information, advice and advocacy people will need in future, and how that should be funded after current Scottish Government funding for independent organisations comes to an end in March 2018. This review should fully involve users, carers, providers and authorities, and should conclude in time for appropriate action to be taken
- agree how any future financial support should be allocated, taking into account how authorities' local commissioning strategies will inform future spending priorities
- seek solutions that address the problems of recruitment and retention in the social care workforce
- ensure that the requirement to effectively implement SDS is reflected in policy guidance across all relevant national policies, such as health and social care integration, community empowerment, community planning, housing and benefits
- routinely report publicly on progress against the 2016-2018 SDS implementation plan and the SDS strategy.

The Scottish Government should:

- report publicly on the outcomes it has achieved from the almost £70 million funding it has committed to support implementation of SDS.

Background

1. Social care services provide personal and practical help to improve the quality of people's lives and support them to live as independently as possible. Social care support describes services and other types of help, including giving carers a break to help them continue in their caring role. Support ranges from assistance with everyday tasks such as dressing and preparing meals to helping individuals live fulfilling lives at home, at work and in their families and communities. In 2015/16, councils spent £3.4 billion on social work services, supporting almost 208,000 adults in non-residential care and over 17,000 children and their families.

2. Self-directed support (SDS) aims to improve the lives of people with social care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration.¹ This means social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes their human rights. It requires significant changes to the way social care has been provided in the past. Crucially, authorities should work in partnership with people and communities to design and deliver the services that affect them.

3. The ten-year SDS strategy was introduced jointly by the Scottish Government and COSLA in 2010.² It is one of a number of national policies designed to empower people and communities to become more involved in designing and delivering services that affect them. The Social Care (Self-directed Support) (Scotland) Act 2013, the Community Empowerment (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 were all introduced following the report by the Christie Commission in 2011.³ They were designed to encourage significant changes to how services were previously provided, and require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

4. This demand for change comes at a time when public sector budgets are under significant pressure owing to ongoing financial constraints, increasing expectations and rising demand for health and social care services, and social care workforce shortages. Councils and NHS boards have now created integration authorities, to which they have delegated their responsibility for planning and ensuring delivery of adult health and social care services.⁴ Some have also decided to delegate responsibility for other services, such as children and families and criminal justice. In this report we refer to councils and integration authorities jointly as authorities.

5. In 2010, when the SDS strategy was introduced, councils tended to provide or buy traditional services such as homecare, day centres, care home places and respite care. They would allocate these services to people assessed as being eligible for social care. Following the Changing Lives review of social work in 2006, councils were already aiming to personalise social care services, trying to match people's individual needs and circumstances to services that would suit them best, ie personalisation.⁵ Direct payments to enable individuals to buy their own social care services have been an option for many people for at least ten years, predating the SDS strategy.

6. The Social Care (Self-directed Support) (Scotland) Act 2013 was part of the SDS strategy. It gave councils responsibility, from April 2014 onwards, for offering people four options for how their social care is managed:

SDS options	
Option 1	The individual or carer chooses and arranges the support and manages the budget as a direct payment.
Option 2	The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
Option 3	The authority chooses and arranges the support.
Option 4	A mixture of options 1, 2 and 3.

7. Councils already had a legal duty to assess people's social care needs.⁶ If they assess someone as needing support and eligible to receive services, they provide, arrange or pay for services to meet these needs. They can require a contribution to the costs if the person has sufficient income. Councils do not have to offer the SDS options to people who do not meet local eligibility criteria. But in those circumstances, councils should inform individuals about where else they can find help, for example voluntary groups and charities, or the local community.

8. We reported in 2014 on councils' early progress in implementing the ten-year SDS strategy and their readiness for the SDS Act.⁷ We found that councils still had a lot of work to do to make the cultural and practical changes needed to successfully implement SDS. The report identified risks and benefits in the ways councils chose to allocate money to help individuals. It recommended working more closely with people who need support, their carers and families, providers and communities, to involve them in planning, designing and delivering local SDS strategies.

9. The Scottish Government continues to have a crucial leadership role to play in successful implementation of this transformational strategy. It should be working together with COSLA and other national partners to provide clear direction and guidance and targeted financial support if necessary. It should also be measuring and reporting on the progress and impact of SDS.

10. This is now the seventh year of the ten-year SDS strategy. Implementing the strategy is not just about authorities changing their social work processes and procedures, the way they plan and manage their budgets, and how they work with external providers and communities to ensure a balance of flexible, good-quality services. It is much more than that. Authorities must work in partnership with other people and organisations to transform the way they provide social care, so that individuals have as much choice and control as possible over the social care decisions that affect their lives. This transformation needs to involve not only social work services, but other people in the authority, including: elected members and board members; front-line healthcare and social work staff; other staff whose work affects social care services (eg, finance, commissioning and procurement); third and private sector organisations; and people who need social care support and their carers, families and communities.

About the audit

11. The aim of this follow-up audit was to establish whether councils, integration authorities and the Scottish Government are making sufficient progress in implementing SDS to achieve the aims of the ten-year SDS strategy. We set out to answer four key questions:

- What progress have councils and integration authorities made in implementing SDS?
- What impact is SDS having on people with support needs, carers, families and communities?
- What factors are supporting or impeding effective implementation of SDS?
- How effectively is the Scottish Government supporting implementation of SDS and evaluating its impact?





12. Our methodology included:

- interviews in five case study areas – East Ayrshire, Glasgow, Highland, Perth and Kinross and Western Isles. We met with elected members, chief officers, chief social work officers and senior managers, front-line social work staff, commissioning and finance managers, providers and supported people and their carers
- interviews with 30 public, private and third-sector stakeholder organisations, including providers
- an online survey of supported people and carers with 104 responses, and nine focus groups with 55 participants
- an online survey of social work staff, with 170 responses.

The online surveys were not designed to give statistically representative samples. We have changed people's names in our case studies to protect their anonymity.

13. The online surveys and focus groups provided us with evidence of people's experience of self-directed support. Quotes have been used throughout the report to illustrate examples of common themes from these sources.

14. We have produced four supplements to accompany this report:

- [Supplement 1: Case study of Thomas](#) 
- [Supplement 2: Audit methodology and survey results](#) 
- [Supplement 3: Checklist for councillors and board members](#) 
- [Easy read summary](#) 

Part 1

Directing your own support



Key messages

- 1** Self-directed support should be offered to people assessed as meeting local eligibility criteria for social care. More reliable data is needed on the number of people choosing each option and this is now being developed. The number of people receiving direct payments ([option 1](#)) has doubled between 2010 and 2016, although it is still only 7,530, less than five per cent of the people receiving non-residential social care services.
- 2** Most people receiving social care services rate them highly. The national *Health and Care Experience Survey 2015/16* found that 81 per cent of people receiving formal social care services rated their overall help, care or support services as either excellent or good. Two-thirds of people felt they had a choice over how their social care was arranged.
- 3** There are many examples of people being supported in new and effective ways through SDS, and this has greatly improved the quality of their lives. Even a relatively small budget can make a big difference to the life of someone with social care needs and their carers, family and friends. Information and assistance from third sector agencies and organisations is helping people and their families to make decisions and arrange their support.
- 4** Not everyone with support needs is getting the choice and control envisaged in the SDS strategy. This includes people with mental health problems, who often need more flexible support. There can be good reasons for lack of choice, including protection from harm or limited options in rural or remote locations, but some people feel they have been denied the opportunity to access more effective ways to improve their quality of life.

there are many examples of new and effective support with SDS but not everyone is getting choice and control

Self-directed support should be offered to people assessed as being eligible for social care

15. In 2016, nearly 208,000 adults in Scotland were receiving non-residential social care services through their local authority.⁸ This included people receiving direct payments or having a community alarm or telecare, or housing support. The largest group was frail older people (approximately 78,000), who have a decreased ability to withstand illness or stress without loss of function. The next largest groups were people with physical disabilities (60,000) and learning disabilities (12,000). In addition, there were just over 15,300 looked-after children in Scotland and 2,700 registered as being at risk.⁹

16. Not everyone who asks for social care or support is eligible to receive it. Each authority is responsible for setting local eligibility criteria for access to social care services. Authorities assess people's needs using a common framework of four levels of risk – critical, substantial, moderate and low.¹⁰ Most authorities now only consider people assessed as being at critical or substantial risk to be eligible for social care services. This is because there is a decreasing amount of money to spend and an increasing number of people needing support. Assessment should be done in partnership between the assessor, the person with social care needs and, if appropriate, a family member or carer. If a person is not eligible, they should be given information or advice about alternative types of support, for example in their local community.

17. Self-directed support gives options to almost everyone who is assessed as being eligible for social care. This includes children and families, people with physical, sensory or learning disabilities or mental health problems, and older people. The main exceptions are people receiving re-ablement services, which is short-term support to help people regain some or all of their independence, and people assessed as being at risk or lacking capacity to make decisions for themselves. In these circumstances a family member or friend may apply for power of attorney or guardianship so they can make decisions on the person's behalf. [Exhibit 1 \(page 13\)](#) shows the assessment process and the four options for arranging social care services.

18. Everyone assessed or reviewed as being eligible for social care can expect their social worker to discuss and agree with them:

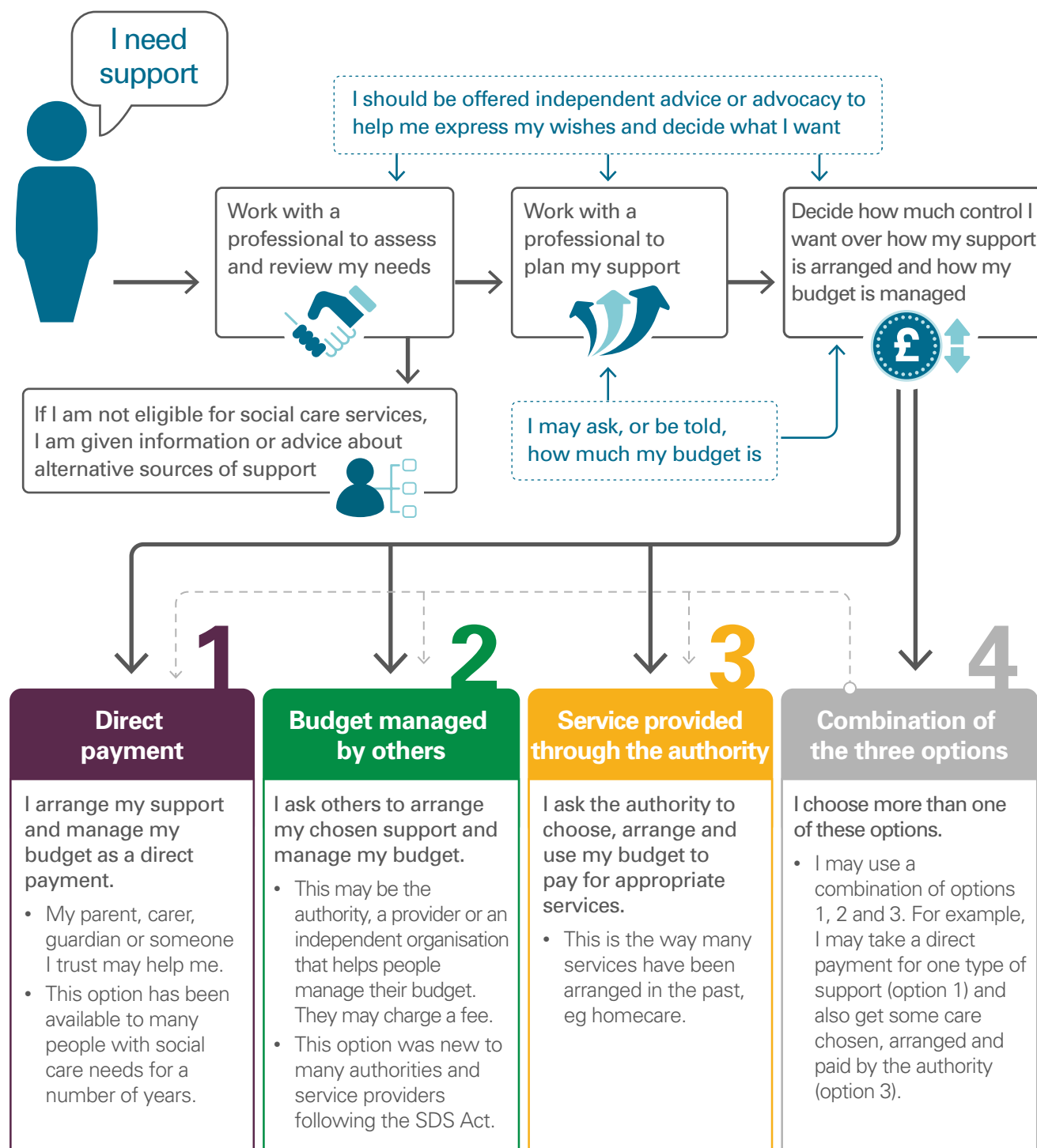
- their personal outcomes, that is how they want their life to improve
- what support would best help them to achieve their personal outcomes, which may be support or activities already run within communities, rather than formal services
- how much money the authority will spend on their services
- how much control they want over arranging and managing their support and budget.

19. Authorities may choose whether, and how much, to charge for services, or what contribution people should make to their budget. Social Work Scotland estimated that income from charging for non-residential social care services was nearly £51 million in 2013/14, less than two per cent of councils' total spending on social care services.¹¹

Exhibit 1

How authorities work with individuals to assess their needs and arrange support

Each person should be able to choose their support and how much control they want.




Source: Audit Scotland

20. Personal outcomes are individual so they can be a whole range of things. Some professionals talk about personal outcomes being ‘what makes a good life for you’. They include things like:

- being more part of the family and being able to do everyday things with the children
- being able to live at home
- getting help with personal care (for example getting into or out of bed, going to the toilet, washing, dressing, eating)
- keeping in touch with friends and family
- being able to work or to take part in the activities I’ve always enjoyed
- living independently by getting help with managing day-to-day tasks and finances
- feeling safe from harm
- getting the food I like, prepared the way I like it
- having some time to myself or getting a break from my caring role.

21. The best way to achieve personal outcomes is also very individual. Each of the outcomes above can be met in different ways. For example, given the choice over getting a short break, a carer may prefer to:

- have the person they care for supported by a support worker for a couple of hours a week so the carer can do something they can benefit from, like going shopping, having friends round or resting
- take the person they care for on outings or a holiday, with a personal assistant to help
- have a short break with friends while the person they care for is looked after by someone else
- have someone on overnight duty once a week to be able to get a full night’s sleep.

22. [Supplement 1: Case study of Thomas](#)  gives an example of how self-directed support might work when personal outcomes are identified and support is tailored to an individual.

More reliable data is needed on the number of people choosing each SDS option

23. To monitor progress in implementing SDS, national data is needed on how many people are being offered the SDS options, and how many are choosing each option. The Scottish Government and other national partners are working with authorities to develop this data and authorities are working to improve their recording systems. Authorities had to change how they collect and record the information and some have been slower than others to make the

changes, resulting in incomplete data. This work should have been part of the implementation plans for earlier in the strategy in order to understand progress and demonstrate the impact of the strategy and legislation.

24. The most recent data estimates that in 2015/16:

- at least 53,300 people made an informed choice regarding their services and support, resulting in an estimated 27 per cent of all adults receiving non-residential care services
- 11 per cent chose option 1 (direct payment), nine per cent chose option 2 (budget managed by others), 75 per cent option 3 (service provided through the authority) and five per cent option 4 (a combination of options 1, 2 and 3)
- the combined individual budgets for these 53,300 people amounted to £383 million.¹²

25. Progress with SDS should also be measured in terms of whether people are being offered choice and control, and how well their chosen options are helping them to achieve their personal outcomes and improve their quality of life. The national *Health and Care Experience Survey 2015/16* provides some information and SDS Scotland has pilot-tested a survey methodology in three authority areas to provide more detailed information.^{13, 14}

The number of people receiving direct payments (SDS option 1) is rising

26. Many people have been entitled to receive direct payments for at least ten years and data on the number of people receiving direct payments has been collected since 2000. It shows an increase of over 100 per cent between 2010 and 2016, from 3,680 to 7,530 people ([Exhibit 2, page 16](#)).¹⁵ Not all of these people had necessarily been offered direct payments as one of four SDS options, as some payments were arranged before the SDS legislation came into effect. In 2016, 38 per cent of people receiving direct payments were older people (aged 65 or over), while 75 per cent of adults receiving non-residential care were in this age group.

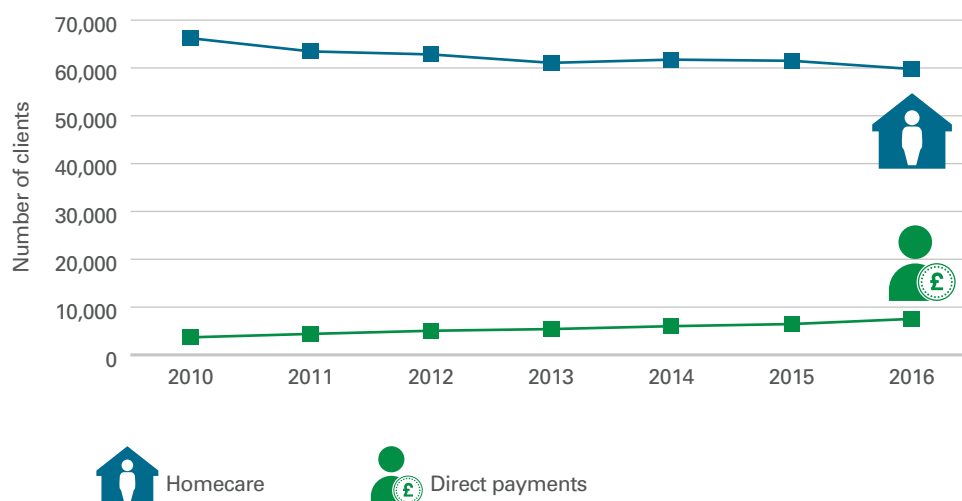
27. At the same time, the numbers of people living in care homes or receiving homecare services through their authority fell between 2010 and 2016. Across Scotland there was:

- a decrease of four per cent in the number of care home placements, to just under 35,000 ¹⁶
- a decrease of ten per cent in the number of homecare clients, to just under 60,000.

Exhibit 2

Number of people getting homecare and receiving direct payments, 2010 to 2016

The number of people using direct payments rose by 3,850 as the number of homecare clients fell by 6,450.



Source: *Social Care Services, Scotland, 2016*, Scottish Government, November 2016

28. The number of people using direct payments ranges from under 50 per 100,000 population (Angus, Dundee, Falkirk and Renfrewshire) to over 250 per 100,000 in some rural and island areas (Highland, Moray, Orkney and Western Isles) and in Edinburgh ([Exhibit 3, page 17](#)). This may in part reflect the nature of rural and island communities but there are other factors at play too.

29. The variation between authorities is not necessarily a clear indication of progress with implementing self-directed support because there can be many reasons for using direct payments. For example, people may choose direct payments because they get the information and advice they need to help them manage their budget and arrange their own support successfully. Or it could mean that the authority cannot provide the services they need under options 2 or 3, leaving people to employ personal assistants or make other specific local arrangements for themselves.

Most people receiving social care services rate them highly

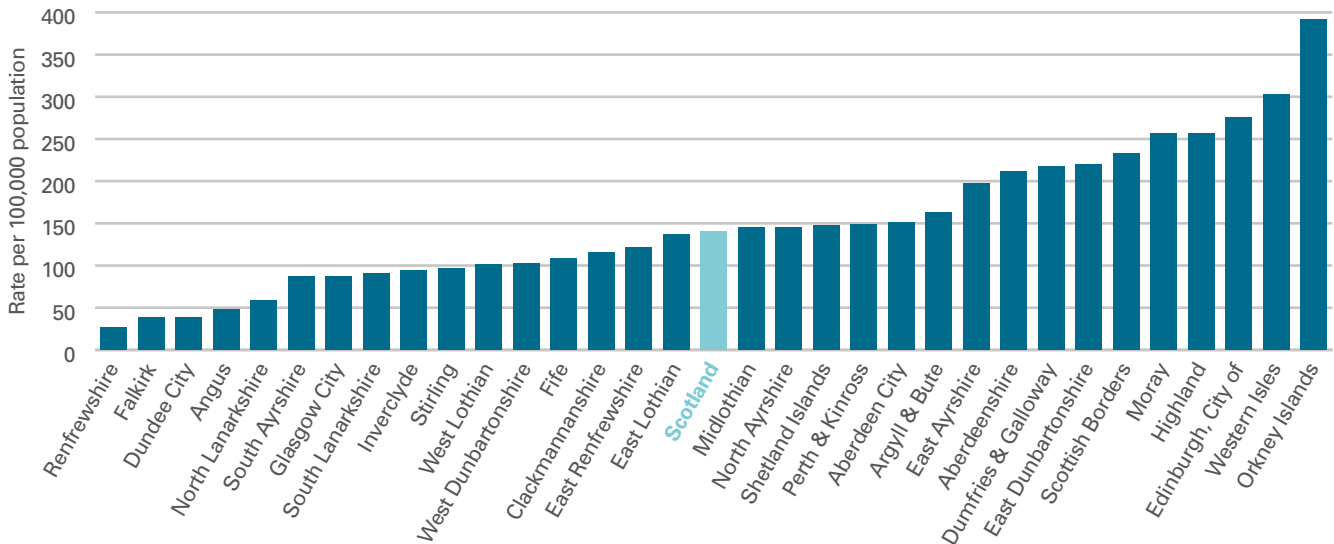
30. The national *Health and Care Experience Survey 2015/16* found that 81 per cent of people receiving formal social care services rated their overall help, care or support services as either excellent or good.¹⁷ In addition:

- 85 per cent said that people took account of the things that matter to them
- 84 per cent felt the help, care or support they received had improved or maintained their quality of life
- 79 per cent felt they had a say in how their help, care or support was provided.

Exhibit 3

Variation in number of people with direct payments per 100,000 population, 2015/16

The rate of direct payments varies between authorities from under 50 to over 250 per 100,000 population.



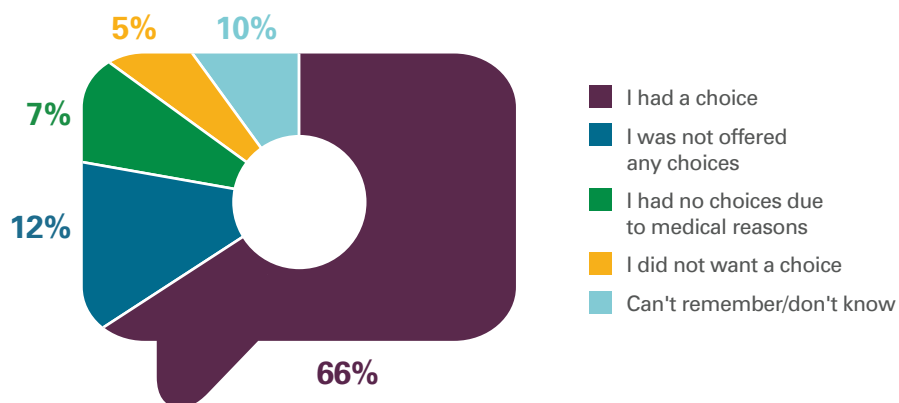
Source: *Social Care Services, Scotland, 2016*, Scottish Government, November 2016

31. The 2015/16 survey asked for the first time whether or not respondents had a choice in how their social care was arranged. Two-thirds said they did have a choice ([Exhibit 4](#)).

Exhibit 4

Choice in how social care was arranged, 2015/16

Two-thirds of people felt they had a choice about how their social care was arranged in 2015/16.



Source: *Health and Care Experience Survey 2015/16*, Scottish Government, May 2016

SDS is helping to meet people's needs in new and effective ways

32. There are many examples of people's needs being met in new ways as a consequence of self-directed support, and this has significantly improved the quality of their lives ([Case study 1](#)). New approaches to meeting people's personal outcomes should be possible within any one of the four SDS options, although most of the stories we found were with options 1, 2 or 4.

“ I am the boss.

Supported person employing three personal assistants with a direct payment

I can get rid of them if I don't like them.

Supported person choosing his support staff

It has given me independence, enabled me to feel productive and valued once again, and has improved my quality of life.

Supported person

”

“ We've already been able to have a more flexible relationship with the service provider we were using. I don't think this would have happened without SDS. Our service was always at their convenience before.

Family member of someone with support needs

”

Case study 1



Margaret has been able to arrange flexible support with a direct payment and help from a local agency

Margaret is an older person living in a house on a croft on the Western Isles. She needs some extra support as she has suffered two strokes and is no longer as physically mobile as she once was. She has two daughters – one lives on the mainland and the other lives a couple of miles away. The latter was helping to support her mother and taking her to appointments and shopping.

Margaret was assessed for social care assistance after her husband (who had previously been receiving support) passed away. She now receives seven hours' help a week from two personal assistants (PAs). One assistant spends an hour each Monday and Tuesday to help around the house. The second spends five hours on a Thursday to take her shopping and out to lunch. She has built up a good relationship with both PAs.

Margaret gets the support she needs. Although her daughter who lives locally still helps look after her mother, there is now less reliance, and therefore less stress, on her trying to fit this in while working full time.

Voluntary Action Harris charges an £18 a month fee to organise payslips and general employment of the two PAs, which has taken the burden from Margaret's daughter.

Source: Audit Scotland

33. A number of parents responded to our user survey with positive experiences of SDS.

“ My disabled daughter's life has changed completely due to SDS. She now has a healthy lifestyle which includes a timetable of fitness classes, gym and swim activities that she attends along with her carers. She attends clubs to socialise with friends, goes to the cinema and bowling etc. She now leads the life of other 30-year-old girls. Prior to SDS she stayed home and watched videos! The transformation in her life has improved her health and wellbeing massively.

Parent

”

34. There are many examples of where SDS has allowed a relatively small budget to make a big difference to the life of someone with social care needs and their carers, family and friends. A little support can also have a great impact in improving carers' lives.

“ We may not get loads of support, 15 hours a week, but it's good respite, at times that are good for my son and for us. He gets to choose what he wants to do.

Parent

”

“ My life as a carer has also changed for the better. Now that my daughter has SDS, I have free time to pursue a life of my own. I have time to meet with friends, catch up with household work, pursue some of my own interests and generally have time for myself.

Parent

”

35. Authorities and the Scottish Government currently fund agencies and organisations to help people find and employ personal assistants (PAs), or make other suitable arrangements. This help can make a big difference ([Case study 1, page 18](#)). Individuals and carers we heard from spoke about how helpful support organisations were in providing information and general support to those with budgets under SDS options 1 or 2.

“ Having a proper budget and being able to find a small organisation to manage the support has been a godsend. I don't have to worry about organising shifts etc and they are very creative and positive.

Carer

”

Not everyone is getting the choice and control envisaged in the SDS strategy

36. Different groups of people receiving social care services are experiencing different levels of choice and control. Our case study work, stakeholder interviews and a user experience survey in three authority areas, found two main groups of people who have less choice and control than other people over

the support and care they receive.¹⁸ These are people who do not have carers, personal assistants or friends and family to support them, and people aged 85 and over. These two groups can also overlap.

37. Evidence from our case studies and third sector organisations shows that people with mental health problems may also experience less choice and control over the way they receive social care services. Mental health conditions can fluctuate over time and more flexible approaches are therefore needed in order to provide the right support at the right time. With careful planning, SDS should be flexible enough to meet an individual's changing needs ([Case study 2](#)).

Case study 2

With careful planning, SDS can work well for people with mental health conditions




Matthew was very unwell for around five years and was eventually diagnosed with paranoid schizophrenia. At this time he was told he could not go back to his flat and so he moved in with his mum. As he began to feel better, he and his support team agreed he would move to supported accommodation, where he has continued to improve due to the different kinds of help he receives.

Matthew chose SDS option 2, with support organised and paid for through his provider. He now has his own flat which is quiet and in an area close to his mum. Support workers have helped him to get into a routine with paying his rent, keeping his flat tidy and ensuring he takes his medication. He also feels that he always has someone to talk to if he is feeling unwell.

Matthew is really interested in football and his support package has allowed him to go to Manchester as part of a supported group to watch Manchester United. He is also now a volunteer coach at a Scottish Premiership football club.

Matthew really feels that he is developing and achieving his goals. He is looking to cut down his current support hours of ten hours a week and planning an independent trip to Newcastle to watch a football match.

Source: Audit Scotland

38. In our 2016 [Social work in Scotland](#)  report we highlighted the challenge of ensuring smooth transitions from children's to adult services.¹⁹ In our focus groups and survey we heard from carers of young adults about difficulties in the transition between the two separate services with SDS, and in particular the different legislation and budget arrangements.

“ Transition has been stressful and the process has been drawn out and incomplete.
Parent

Transition to adult services is only a few months away and there is no plan.
Parent



39. Research carried out by Learning Disability Alliance Scotland (LDAS) looked at the difference that SDS made to people with learning disabilities. It found that people who had a self-directed support budget had more control over their support package and their plans but this had not yet led to significantly better outcomes.²⁰

40. It is up to individual authorities to decide the detail of their social care policies and this can lead to frustrations among individuals and carers about differences in the way that social care and SDS is implemented between areas. This includes both how assessments are made and what people's individual budgets can be spent on.

“ I also hear of other people who do get mileage and expenses paid in their budget. There does not seem to be one rule for all when it comes to what you can spend it on.

Parent

Depending on the level of support needs, where you live and what service you can find, it is a bit of a lottery.

Parent

”

41. Frustrations about lack of choice or flexibility are not exclusive to particular user groups. We heard through our focus groups and user survey that some individuals and carers in all user groups feel that they don't ultimately have choice and control over the support they get. Fewer than half of our survey respondents felt that they could change their support if they needed to.

42. Some people feel they have been denied the opportunity to access more effective ways to improve their quality of life. The ways in which people feel they are denied choice and control can be quite subtle, for example being told about SDS by their social worker then told: 'You probably don't want to do that'. Or people can feel they were pushed down a certain route to suit the local authority or to fit in with the provider rather than the person needing support.

“ The council were horrendous to deal with and at every point tried to talk us out of SDS.

Daughter of older person

”

43. It would be unrealistic to expect everyone to have choices in all circumstances. For example, some people may be unable to have the support they wish because:

- their social worker prevents it for good reasons, eg to protect the individual
- what they want does not exist or they cannot find it where they live
- the cost of what they want is more than their budget.

In these circumstances, people and professionals need to work together to find suitable, alternative solutions where possible.

Part 2

Assessing needs and planning support



Key messages

- 1** Social work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support.
- 2** People using social care services and their carers need better information and help to understand SDS and make their choices. Many of those we heard from in our survey and focus groups were not aware of SDS before they were assessed. People need the information in the right format and at the right time and place.
- 3** The process of getting access to SDS options 1 and 2 can be long and bureaucratic. When this happens people feel frustrated about the process.
- 4** Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.
- 5** Creative types of support can introduce some risks or uncertainty for supported people, carers, providers and staff. This means there can be difficult decisions to make. Authorities must also think about how they spend public money when people want to spend their budget on more creative types of support. People and professionals must work together to find an appropriate balance between the risks and the potential benefits in terms of a person's outcomes.

social
work staff
need more
support to
help people
be creative
about their
social care

Support is not consistently targeted at people's personal outcomes but this is improving

44. Social workers and social work staff have a pivotal role in assessing and reviewing people's support needs and planning the right support with them. If they do not identify, agree, record and review people's personal outcomes with them, staff cannot be sure that support is targeted at the right things or whether it is making the best difference to the quality of people's lives.

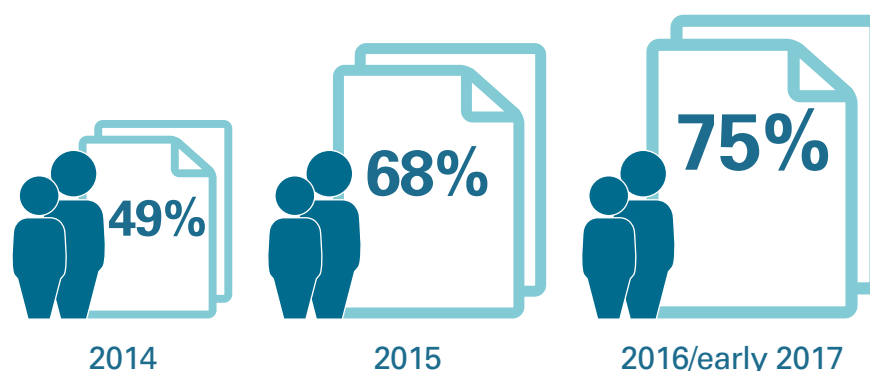
45. The front-line staff we met were generally positive about personalisation and SDS. However, several expressed concerns that not all staff understood what personal outcomes are, and therefore did not identify outcomes and use them to help develop individuals' support plans. For example, they might record something like 'needs five hours a week of homecare' as an outcome. What the person might actually need is to get help to live at home, and there may be other ways of achieving that besides homecare.

46. An increasing proportion of support plans set out the individual's desired outcomes ([Exhibit 5](#)). The Care Inspectorate reviewed 1,465 support plans across 15 authorities during its most recent programme of inspections of older people's services and found that in 2016 and early 2017, 75 per cent of plans set out the individual's desired outcomes. Our survey of social work staff shows that two-thirds of respondents felt confident or very confident supporting people to identify their outcomes.

Exhibit 5

Percentage of older people's support plans that set out the individual's outcomes, 2014 – 2016/17

An increasing percentage of support plans include the individual's outcomes.



Source: Care Inspectorate

People using social care services and their carers need better information and help to understand SDS

47. In the national *Health and Care Experience Survey 2015/16*, 76 per cent of people receiving formal social care services said they were aware of the help, care or support options available to them. Many of the individuals using social care services and their carers that we heard from in our survey and focus groups were not aware of their rights under SDS before they were assessed. In some cases their social worker explained it to them. Others were told about it through external support and information organisations or friends and relatives.

48. We also heard from a number of individuals and carers that, even at the point of assessment, there was a lack of information and support. Fewer than half of our user survey respondents said they had the information they needed to make decisions about their support. When asked what could be done to improve their experience of SDS, survey respondents said they wanted more information.

Authorities and national and local organisations have produced a range of information. However, this may not be available for people in the right format or at the time and place where it is needed. Some people say it is too much to take in all at once.

“ More information available about support services available, ways of using the direct payment and more help with support planning. I was given no information from my social worker and had to find out about services myself.

Supported person

More training for everyone – people using SDS, their families and social workers as there is still not enough informed information freely available.

Family member of service user with Alzheimer's Disease

We were given a list of organisations to select support from, when queried if we could use organisations not on the list, social worker did not know the answer!!

Family member

”

49. There are also some fears and misunderstandings about what SDS is. For some of the focus group participants and survey respondents, there was a fear that SDS would result in a reduction to services they were already getting. This came from a general awareness that public service budgets are decreasing.

“ It feels like a way of reducing costs.

Carer

Don't ask for it [SDS] as you will be reassessed and money and support taken away from you.

Supported person

”

The process of accessing SDS options 1 and 2 can be long and bureaucratic

50. Through our user survey, focus groups and discussions with third-sector organisations, we were told that people have to be determined and persistent to access SDS options 1 or 2 because the process can be lengthy, with many stages and forms to fill in. The amount of time taken to get an SDS budget and arrange the chosen support varies. There are many reasons for this, including the complexity of support needs, availability of suitable support, size of the budget to be approved, and whether people feel they have been offered an adequate budget or services. But if people applying for SDS are already at crisis point, any unnecessary delay in getting support puts added pressure on them, their carers and family members.

“ I manage an SDS budget for my son who has [severe physical and learning disabilities]. I found the process of getting a social worker and an assessment for my son to be laborious and the procedures invoked to be opaque. The whole process between initial calls to social work and payment of a small budget of £1,500 took almost two years.

Parent

”

“ It has been messy and over one year just filling the forms and completing the assessments and I still have yet to get a decision from the resource allocation group about budget for my son.

Parent

Applying for this took over a year and caused me more stress that I didn't need.

Parent

”

51. Many people who told us their stories through our survey and focus groups were happy with their final outcomes but found the process of requesting support and accessing SDS frustrating and bureaucratic. In some cases, they felt there was a lack of openness around the processes and felt that decisions were made behind closed doors.

“ You have to be knowledgeable about it and stand your ground about what you and your young person want from it as councils will be budget led rather than needs led. It was not easy getting the support for our daughter as we are aware it is a significant package however it has changed her life.

Parent

The process by the council is long, unwieldy and bound in secrecy, for example we are not told how the budget was calculated and how the budget decision was reached.

Parent

I feel voiceless and apologetic – that I should be grateful for getting anything.

Parent

”

Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them

52. We met front-line staff who are well informed about SDS. Over half of respondents in our social work staff survey felt confident or very confident in their understanding of self-directed support and explaining it to people. These well-informed staff feel confident about discussing with people what makes a good life for them, helping to identify outcomes, thinking creatively about how to achieve them, and discussing budget and SDS options. They:

- had attended training courses designed to inform them and give them space to reflect
- have team leaders, or SDS champions, or both of these, they can call on when they need help
- feel they have permission from their senior managers to think differently and use their professional judgement to be bold and innovative.

These staff feel equipped, trusted and supported ([Case study 3, page 26](#)).

Case study 3



East Ayrshire Health and Social Care Partnership is supporting staff to help people be creative

- Practitioners were regularly reminded by managers and directors that they had permission to do the right thing for people and be innovative.
- Good examples were shared with the Integration Joint Board and SDS steering group, often inviting people themselves to come and tell their stories.
- Peer mentors were in place to help staff who had less experience working with SDS.
- Two dedicated finance officers would help social work practitioners with the finance parts they were less comfortable with, and would meet people who use social care services to discuss their budget.

Source: Audit Scotland

53. We also met front-line staff who are well informed about SDS but do not feel so confident or feel a bit constrained. They feel their training has been good and have SDS experts to consult when they need. But they feel their team leaders and managers may override their recommendations if they try to be creative and some feel that financial pressures take precedence over creativity. These staff do not feel their senior managers are encouraging them to be creative. Some communicate this to the people or carers they work with:

“ In my view, social workers have become gate keepers for resources – they know the decisions being made at head office are wrong, and in some cases counter to the legislation, but they have no power to do anything.

Parent



54. Some front-line staff find it difficult to consider anything other than relatively standard services, such as homecare, because their priority is to make sure they keep people safe and well. But given the choice, people with support needs may opt for alternatives that have some risks but achieve better outcomes for them. Alternative solutions can also be cheaper in the long run. It is important therefore that staff consider not only the risks but also the benefits, both in terms of outcomes and costs.

Offering people choice and control is challenging authorities' position on taking risks

55. Creative types of support can introduce some risks or uncertainty for supported people, carers, providers and staff. Giving people more control over their budgets and support can also introduce risks. This means there can be difficult decisions to make and not everyone involved will necessarily agree. Social work staff must use their professional judgement but must also consider

a person's right to make their own decisions as they work together to balance the risks with the potential benefits. Being too cautious about taking risks can constrain people's choices disproportionately; not being cautious enough can go against authorities' duty of care to people. If something goes wrong, it is the authorities that are held responsible or have to meet additional costs.

56. Authorities are also responsible for spending public money properly. They are rightly concerned with how much they are spending on social care and what they are spending the money on. But as people choose more creative types of support to improve the quality of their lives with SDS, social work staff are often faced with difficult decisions ([Exhibit 6](#)). If people disagree with decisions, authorities may face negative media coverage or other public challenge.

Exhibit 6

Challenging scenarios in relation to risk

Authorities and staff face difficult decisions when balancing people's rights to choice and control with their other responsibilities.

- Asma is a lone parent with two children. Her son has complex support needs and requires round the clock supervision to keep him safe. A social work assessment concluded that Asma needed some respite to help her continue caring for her son. It also recommended that her son would benefit from regular contact with his extended family. However, none of the respite options available were suitable for her son, and Asma has no family living in the UK. A support agency had previously helped her use her respite budget to organise a trip overseas to visit her parents, siblings and extended family. She was able to spend quality time with her daughter while her family cared for her son and got to know him better. Asma wants to do the same again next year.
- Ruby is eight years old. She is diagnosed with autism and physical disabilities and attends a special school. Her parents receive a small direct payment to help them with holiday periods when she is not at school. They want to spend it on family visits to the cinema and going out for pizzas. It would only pay for Ruby's cinema tickets and pizza, not the other family members. Although it is not for care and support, they feel these family outings meet her outcomes of spending quality time with the family and expanding her experiences beyond her familiar routines, and it gives some respite to her parents.
- George is 78. He had a series of strokes which have left him less mobile and almost without the use of one hand. He lives alone and has homecare visits three times a day to help with personal care and meal preparation. George chose SDS option 2 because he wanted to choose his support but did not want to employ personal assistants himself. He has recently fallen a few times after tripping on his worn living room carpet. He wants to save his Saturday homecare budget, when his sister can help him instead, and spend the money on a new carpet.

Source: Audit Scotland

57. It is for councils and integration authorities to decide how best to meet their priorities and responsibilities. But there is a risk that the pressures from rising demand and limited budgets cause senior managers, councillors and board members to be more cautious about what they spend public money on. This is potentially at the expense of better outcomes for people, and possibly at more financial expense in the longer term. For example, a man with mental health problems found that playing golf helped him to manage his symptoms. Had the authority not been willing to pay for his annual golf club membership he is likely to have had ongoing crises, requiring professional help and possibly a hospital admission. But the authority risks being criticised in the local media for paying someone's golf club membership fee.

58. Authorities have developed their own local guidance on what people can spend their SDS budgets on, to reflect their own local circumstances and decisions ([Case study 4](#)). This means it depends where you live whether you get certain types of support.

Case study 4



NHS Highland and Highland Council issued letters to people using social care services, and carers, about what they can and cannot spend their direct payments on

They did this in response to what was considered inappropriate spending, and to achieve greater consistency of understanding about what is allowed. Staff explained that, previously, budgets could be used to buy items like iPads or garden equipment, to get help with cleaning, or to pay for transport. The letter clarifies that these are not normally permitted without very clear justification in terms of agreed outcomes. Staff and service users interpreted this as a change in the rules, although it was intended only to provide clarification.

For some front-line staff, this perceived tightening of rules has led to further confusion over what they can include in support packages. One front-line worker said: 'At the moment social workers think "I don't know if we can do that..." and the person thinks "I don't know if I can do that..." so we end up not doing it. We're not sure what we're allowed to do.'

Source: Audit Scotland

Authorities have chosen varying approaches to how they set and approve people's individual budgets

59. Our 2014 SDS report set out the risks and benefits of two main approaches to setting individual budgets. The majority of councils were using a Resource Allocation System (RAS), which allocates budgets based on a scoring system for people's assessed support needs. Each point scored is worth a fixed amount of money. Other councils were using an equivalency model, where people are given budgets based on the equivalent value of the services they would have got before SDS. Since then, some authorities have refined their RASs or equivalency calculations. Whatever the approach they use, they have approval processes to check and authorise each budget and support plan.

60. Authorities use team leaders, managers and panels – or a combination of these – to scrutinise and approve budgets and support plans. This is to ensure that budgets are spent appropriately and decision-making is consistent across the authority. In 2014, we found that Perth and Kinross Council was alone in its delegated approach to allocating budgets and the authority continues to do this now ([Case study 5](#)). One team in Highland is trialling a similar delegated authority approach to allow social workers to authorise packages costing up to £150 a week.

61. Having delegated authority for budgets makes front-line staff feel trusted and empowered to make professional judgements, seeking help or supervision only when they need it. Staff in Perth and Kinross were positive about this but were also very aware of the authority's limited budget and felt the pressure to be careful about how much spending they approve.

Case study 5



Staff in Perth and Kinross have delegated authority to approve individual budgets of up to £200 a week

In Perth and Kinross, social work staff agree a support plan with an individual and then calculate how much it will cost. If it falls within a low cost band, they approve the spending themselves:

- up to £200 a week – front-line staff are allowed to authorise
- between £200 and £400 a week – a team leader can authorise
- over £400 a week – a service manager must authorise, and may call a panel meeting to consider it before final approval.

Front-line staff reported feeling confident in being able to authorise care and support arrangements for their clients, and in ways designed to meet outcomes. Staff feel they can authorise spending on almost any type of support, activity or individual item that helps to meet an individual's agreed outcomes.

To monitor spending and manage the budget, the system provides team leaders with weekly statistics on budgets approved by staff in their team. This allows benchmarking and identifies any staff approving excessive packages.

Finance managers had initially feared that staff would approve packages just under the maximum level, but the average package approved is well below that. Front-line staff identified several factors which have helped them reach this position:

- team leaders have been checking work and outcomes to make sure they are outcomes
- good examples are constantly shared as they are developed
- a buddy system pairs people who are less confident about outcomes with people who have more experience
- team leaders challenge their staff about their decisions.

Source: Audit Scotland

Part 3

Commissioning for SDS



Key messages

- 1** Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Councils' total spending on all services decreased by five per cent in real terms between 2011/12 and 2015/16. At the same time, their spending on social work services alone increased by 8.6 per cent.
- 2** Within the context of these pressures, authorities' approaches to commissioning can restrict how much choice and control people may have. Authorities do not have clear plans for deciding how to re-allocate money from one type of service to another as more people choose alternative services. There also needs to be flexibility in provider contracts or agreements so that not everyone gets the same service, which may not be the best way to achieve people's outcomes.
- 3** SDS option 2 is not yet fully developed. Option 2 was introduced in the SDS Act as a new way for people to control their support without having to manage the money. Of all the options, it is the most different between authorities in the extent to which people can choose their support and their provider.
- 4** Changes to the types of support available to people are happening slowly. Day centres are the main type of service that has seen changes to provide more personalised support. While there is investment in developing new, alternative and preventative types of support within local communities, it is too soon to see the potential long-term benefits from this.
- 5** Choice and control within a support service can often mean demand for greater flexibility from staff. This can have an impact on their health and wellbeing and their work-life balance, making recruitment and retention, already difficult, even harder.

changes to
social care
provision are
happening
slowly

Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services

62. Councils spent £3.4 billion on social work services in 2015/16.²¹ We recently estimated that social work spending would need to increase by 16-21 per cent between 2015 and 2020 if councils and integration authorities continue to provide services in the same way as before.²² Authorities have responded to the pressures from rising demand and limited budgets in the following ways:

- Significantly reducing spending on other services. Social work spending increased by 8.6 per cent in real terms (taking account of the effects of inflation) between 2011/12 to 2015/16. At the same time, councils' total spending on services decreased by five per cent (in real terms).²³ Integration authorities now plan health and social care services with a combined budget.
- Reducing the workforce either by not replacing staff who have left or through voluntary severance and early retirement schemes.
- Tightening their eligibility criteria so that fewer people qualify for social care support. The proportion of older people supported in care homes in Scotland has decreased from 38.4 to 33.3 per 1,000 population between 2010/11 and 2015/16; the proportion of people receiving homecare has also decreased, from 60.8 to 49.0 per 1,000 population.²⁴
- Reducing the size or scope of people's individual budgets. This has been seen in Glasgow particularly, where the personalisation programme has met its targets of reassessing thousands of people and making overall savings of 20 per cent. This was not only through reducing individual budgets but by reviewing eligibility and doing targeted reviews of specific types of need and support.
- Decreasing the scale of their in-house services and expanding their use of services provided by the third and private sectors, which are generally cheaper to provide, often as a result of competitive procurement. In addition, three authorities have set up arm's-length external organisations (ALEOs) to run as separate service providers (Aberdeen City, Glasgow and Scottish Borders). In 2016, almost a third (32 per cent) of homecare hours were provided to people solely receiving authority services, compared to nearly half (47 per cent) in 2010. The proportion varies across authorities. For example, in Perth and Kinross the percentage of homecare hours provided to people solely receiving authority services fell from 44 per cent in 2010 to 11 per cent in 2016, in West Dunbartonshire, the authority has continued to provide over 80 per cent of services from 2010 to 2016.²⁵

Authorities' approaches to commissioning can restrict people's choices

63. Commissioning is at the heart of developing and delivering health and social care services. It is the process that determines what services are available to people when they need social care. However, it is about much more than authorities organising and buying services; it also involves planning services for ten to 15 years ahead that will:


- meet future demands
- give people the choice and flexibility to direct their own support
- make effective use of authorities' limited resources, such as money, skills and equipment.

This long-term, strategic approach can help provide joined-up health and social care services. Well-planned investment in social care can help prevent or delay admissions to relatively expensive hospital or residential care, or help people return to daily life afterwards, in line with Scottish Government priorities.

64. The SDS Act makes councils responsible for promoting a variety of types of support and a range of providers so that people have genuine choice about what social care services they receive. Authorities' actions to promote different types of support and a range of providers should be part of their approach to strategic commissioning. All integration authorities have produced strategic commissioning plans. However, the plans do not make it clear how decisions will be made about re-allocating money from one service to another as more people choose alternatives to existing services.²⁶ These decisions are especially difficult within the context of the demand and budget pressures. Changing or withdrawing services that some service users are happy with is also a challenge. But without clear criteria for making these decisions, there is a risk that social care services and support are not developed as planned and some people will not get the support they need in the future.

Contracts need to address personal outcomes

65. When authorities buy social care services or support they normally have a contract, service level agreement or grant agreement. As support is targeted at a person's individual outcomes, there needs to be flexibility in the contracts or agreements so that not everyone gets a standard service. An individual may want to vary the support they get, who provides it and when they get it. An example is choosing what time you want help to get up in the morning and go to bed at night.

66. A standard contracted service may not be the best way to achieve some people's outcomes. If authorities contract providers to successfully meet people's outcomes, rather than simply to provide a fixed number of support hours, people and providers would be able to work together more flexibly and creatively to personalise the support and target the individual's personal outcomes. Authorities, providers and service users would have to agree the best support within the budget available. Our case study of Thomas ([Supplement 1](#) ) shows how this can work.

SDS option 2 is not yet fully developed

67. If sufficient flexibility and choice is not available through SDS option 3 (the authority arranges the support, often as part of a standard contract), and someone does not want to take a direct payment (option 1), then option 2 may be the answer. Option 2 was introduced in the SDS Act as a new way for people to control their support without having to manage the money. Someone else arranges their chosen support and administers their budget on their behalf, usually a third sector organisation or the authority itself. There were few examples of option 2 when we reported in 2014, and we recommended further guidance on the practical issues relating to option 2. COSLA and the Scottish Government worked with CIPFA to produce further guidance on resource implications and management considerations of SDS for councils.²⁷

68. In practice, option 2 looks quite different from one authority to another. At one end of the scale it looks very like option 1 (direct payments) but without the responsibility for handling the money and arranging the services. At the other it is very like option 3 (services provided through the authority) except you get to choose the provider. The closer it is to option 1, the more scope there is for flexibility, choice and control over the type of support.

69. Many authorities have framework agreements with providers, which means they have a contract, with agreed terms, but no commitment to buy services. Contracts are often awarded through competitive tendering so that every provider with a framework agreement must offer their services at the agreed price per hour of support and to specified quality standards. People who choose option 2 can select a provider with a framework agreement and make an individual contract with that provider for the support they want. The individual contract must be within the terms of the framework agreement.

70. However, if people who choose option 2 want to use a provider that does not have a framework agreement, or arrange services that are not in the framework agreement, their choices may be constrained. Some authorities, for example Glasgow, confine people on option 2 to providers with framework agreements. Others, for example Perth and Kinross, use framework agreements but will arrange individual contracts with other providers that people choose, if appropriate. Authorities must be clear about both the benefits and constraints in the way they use framework agreements ([Exhibit 7, page 34](#)). They must also consider the need to sustain and develop a range of provision that gives people choices.

Changes to the types of support available to people are happening slowly

71. When we reported in 2014, councils were in the process of identifying exactly how much they were spending on different elements of their services, including both in-house and bought from the third and private sectors. Case study authorities reported more changes in the types of services and range of provision between 2010 and 2016. But changes are happening slowly and it is more difficult for authorities to allocate a budget to new developments within the current demand and financial pressures.

72. Day centres are the main type of service that has seen changes. This is happening in all five case study areas. To attend day centres, typically people are transported by bus or taxi from their homes or residential care. At the centres, staff help them to take part in a range of activities, often with other people receiving support. However, some people are choosing alternatives to day centres or are being referred to community-based activities instead. But not everyone chooses to stop attending a day centre. When day centres close altogether, it can be disappointing and disruptive for people who want to remain and do not want alternatives.

“ Things are better now than the day centre, better when you are out with your support. I am the boss of the support and tell them what I want to do.

Man with learning disabilities

Over many years, the council has worked well with service users and their carers...to provide first class services for the learning disabled in the area, including day centre and respite services. Recent developments, linked to the rollout of Self Directed Support, have led to the authority indicating that 'services will become less financially sustainable'...We are very concerned that the services will be closed or reduced significantly.

Parent

”

Exhibit 7

Flexibility of framework agreements for option 2

Authorities must strike a balance between the advantages of rigid framework agreements and the benefits of additional flexibility.

	Advantages	Disadvantages
Having framework agreements	<ul style="list-style-type: none"> • People have a list of providers to choose from, each of which has a contractual commitment to agreed quality standards and price • Having an agreement in place beforehand makes the process quicker and easier when people choose their providers/services • For an authority with large numbers of service users and providers, it can save a lot of administration time 	<ul style="list-style-type: none"> • It may be more difficult to develop flexible support or outcomes-focused contracts in future within a fixed framework agreement
Set minimum quality standards	<ul style="list-style-type: none"> • Authorities, and people who need support and their carers, have a contractual assurance about the financial stability of the providers and the minimum quality of services they can expect • Authorities can introduce standards into the agreement over and above the national care standards, eg length of time to reply to requests or complaints, frequency and timing of payments, or information that must be provided to service users 	<ul style="list-style-type: none"> • None
Set maximum price per hour	<ul style="list-style-type: none"> • Authorities, and people who need support and their carers, know the services will cost them no more than the maximum price 	<ul style="list-style-type: none"> • High-quality or specialist providers may not be able to provide a service for under the maximum price • Providers may use the maximum price even if they could provide the service for less • Having a price based on hours makes it hard to progress to outcomes-based contracts
Set a fixed price per hour	<ul style="list-style-type: none"> • Providers need not compete on the basis of price, leaving them to concentrate on the nature and quality of services when they tender for a framework agreement 	<ul style="list-style-type: none"> • There may be less incentive for providers to compete on quality if they are paid the same price whether the quality of service is at the minimum standard or higher
No set price limits	<ul style="list-style-type: none"> • Providers can strike their preferred balance of costs and quality and make this known. People can then choose a provider knowing what cost and quality is being offered 	<ul style="list-style-type: none"> • In areas where there is a shortage of providers, the prices may be higher than in other areas because there is little competition

Cont.

Exhibit 7 (continued)

	Advantages	Disadvantages
Offering framework agreements through competitive tender	<ul style="list-style-type: none"> Providers are incentivised to keep costs down because they are not guaranteed to be on the list, even if they meet minimum quality standards and maximum price requirements Authorities can choose to go through a regular, single tendering exercise, which saves on the costs of irregular, individual exercises 	<ul style="list-style-type: none"> Additional flexibility that allows people on option 2 to choose alternative providers incurs extra costs for the authority, mainly in staff time, to arrange a contract with a provider Providers not selected may go out of business, reducing choices for people
Open list of framework providers or frequent opportunities to apply	<ul style="list-style-type: none"> New providers or additional provision can be made available to people whenever it is created If people choose a non-framework provider, that provider can then apply for a framework agreement 	<ul style="list-style-type: none"> There is an administrative overhead for authorities each time a provider applies for a framework agreement Reduces the competitive element as there is not a single competitive tender
Closed list or infrequent opportunities to apply	<ul style="list-style-type: none"> Reduces the administrative overheads for the authority, which can be significant in areas with many providers Incentivises providers to keep their quality standards high and costs down, or risk being excluded from the framework with limited opportunity to get back on the list 	<ul style="list-style-type: none"> If people are only permitted to choose a framework provider under option 2, the only way they can choose a non-framework provider is to take a direct payment (option 1), with the additional responsibilities, as well as the flexibility, that entails May limit developments or innovation from providers if they cannot immediately apply for a framework agreement.

Source: Audit Scotland

73. Where day centres can be adapted or expanded to develop other community-based facilities, it can be a very positive move ([Case study 6, page 36](#)). Although this is not a new approach, personalisation and self-directed support are helping to encourage changes like this.

Authorities are developing more community-based activities and facilities

74. The SDS strategy intends that people who are assessed, whether they are eligible or not, should be signposted or referred to community-based supports, activities or facilities if these will meet their needs. Often, community-based services can help prevent or delay people from needing more health or social care support later. In all five case study areas, authorities were working to develop this type of preventative service. For example, in Glasgow, each of the three localities has local area coordinators. In Perth and Kinross, each locality has an early intervention team to put people in touch with community-based support before they reach the point of needing more health or social care support, or both of these. For example, there is a choir for people who suffer from chronic obstructive pulmonary disease (COPD). While it is a fun and sociable activity, it also alleviates the symptoms of participants' illness.

Case study 6

Expanding day centres into community-based facilities can benefit communities and supported people



In Brora, Highland, a day centre for people with learning disabilities lost a few service users when they chose other types of support or moved away. The community took over the centre and expanded its activities to include the whole community. It is now set up as a social enterprise, with some core funding from the authority to employ a coordinator. It is now a very inclusive centre where anyone is welcome, and is also open during evenings to give young people a place to go.

Perth and Kinross had a traditional day centre which transported people in from surrounding areas by bus. Staff now go out to provide support rather than having everyone transported to the centre. The authority is looking at how it can use the free space now available in the centre, for example by introducing community cafes.

Source: Audit Scotland

75. In some rural or remote areas, authorities are working closely with local communities. This is not necessarily to develop additional choices or preventative services, but to find ways of providing support to people who otherwise would have none. Individual, local solutions are being developed and greatly improving the quality of some people's lives ([Case study 7](#)).

Case study 7

Local solutions grow from local communities



Macaulay College is a company set up for the benefit of the community based on the Isle of Lewis. The project is run by a couple and started in 2010. It currently has 24 students – all adults with additional needs – aged 16 to late 50s. It provides various activities including animal care, a wood workshop and ceramics.

Boleskine is a rural village in Highland where a group of people were receiving no support services because the integration authority and independent sector could not recruit support staff. A small pool of potential carers wanted to help in their own community but didn't want to work for the council or a private or third-sector provider. The authority (NHS Highland) asked Highland Home Carers, an independent provider, to help by giving care workers help with employment administration. Now people are able to take a direct payment and buy their care services from local people. There is a similar initiative on the Black Isle in Highland.

Source: Audit Scotland

Providers are at different stages in changing their services to give people more choice and control

76. There is variation among providers in the extent to which they have prepared for SDS. A recent survey of third-sector providers found that 48 per cent had increased training in personalisation and many felt that their workforce also needed regular refresher training.²⁸ The most common and pressing skills shortage among their staff is a lack of understanding of outcomes.

77. Individual staff providing social care have a significant influence on the flexibility and quality of care that people who use the services experience. Choice and control within a support service can often mean demand for greater flexibility from staff. This can cause tensions, as it can mean unpredictable or fragmented shift patterns, rapid and unscheduled changes in rotas, or staff having to be on unpaid standby. These have implications for the staff, for their health and wellbeing and their work-life balance, making recruitment and retention, already difficult, even harder.

78. If providers do not become more flexible then people who need support may be prevented from choosing or finding the support that will improve their quality of life. Social care staff also have a right to reasonable working terms and conditions.

Workforce shortages are making it difficult to develop a range of services

79. Many authorities and providers have difficulties recruiting staff, either for in-house services or the organisations they have contracts with. Social care is not widely seen as a positive career choice for younger people, especially in areas where there are other better-paid jobs, such as working in a supermarket. This low pay along with antisocial hours and difficult working conditions are reasons why providers have difficulty in recruiting staff. The cycle of continually recruiting and training staff is costly and could potentially have an impact on the quality of services provided.²⁹ The Scottish Government and authorities recognised this problem and agreed to begin addressing it by jointly investing in the living wage for social care workers from October 2016, and this commitment has continued into 2017/18. But where employment rates are high, for example in Perth and Kinross where unemployment is 1.2 per cent, there are still difficulties in recruiting and retaining social care workers and the authority is trying new ways to make people aware of social care as a potentially positive career, including targeted advertising.³⁰

80. In the Western Isles, there is a relatively large proportion of older people in the population, therefore older people are looking after other older people. It is difficult to recruit younger carers, and also male carers, from these communities. This is not sustainable, and the authority is trying to recruit younger people into the caring profession through joint work with Skills Development Scotland.

Part 4

Implementing the national SDS strategy



Key messages

- 1** The Scottish Government took an inclusive approach to developing the SDS Act and guidance. Since 2011/12, it has spent £60.37 million on supporting SDS implementation and has committed another £9.51 million in 2017/18. When dedicated funding comes to an end, there is a potential threat to the provision of independent information, advice and advocacy, which helps individuals to choose and control their support.
- 2** SDS implementation stalled during integration of health and social care services. Changing organisational structures and the arrangements for setting up, running and scrutinising new integration authorities inevitably diverted senior managers' attentions. Some experienced staff are also being lost through early retirement and voluntary severance schemes as the pressures on budgets mount.
- 3** The Scottish Government and COSLA have produced a 2016-2018 implementation plan for the ten-year strategy, which they developed in collaboration with partner organisations following a period of consultation and review. It reflects the experience and lessons learned from implementing SDS up to that point. The plan sets out actions for the partners that target six significant remaining challenges.
- 4** Our evidence – from people who need support and their carers and families, social work staff and managers in authorities, and third and private sector organisations – shows many examples of positive progress in many different ways. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy.
- 5** The Scottish Government should provide joined-up, strategic leadership across the range of its policies to ensure that SDS becomes a core part of how people with health and social care needs are supported to improve their quality of life.

Scottish Government, COSLA and other partners are targeting six significant challenges

The SDS strategy set out an ambitious vision for changing social care by 2020

81. In the SDS strategy, the Scottish Government and COSLA set out a vision they shared with many people who need support and who provide support. Social care would be transformed so that people could choose how they live their lives and, if they want, control how their support is provided. The strategy set out seven success measures:

- Better quality of life for individuals.
- Radical increase in uptake of SDS and direct payments.
- A sustainable network of advocacy and peer support organisations.
- A sustainable network of independent support organisations for training and supporting personal assistants.
- A proficient body of trained, experienced personal assistant employers.
- An appropriate workforce of trained personal assistants, with regulated employment conditions.
- Improved partnership working between people receiving support, public bodies and third and private sector providers.

82. The SDS Act was part of the strategy and was intended to speed up some of the major changes required to successfully implement SDS. In 2014, we reported that at every stage of developing the SDS Bill, regulations and statutory guidance, the Scottish Government consulted with and involved:

- councils
- people who use services, and their carers
- organisations representing people who use services
- third and private sector providers
- other relevant organisations.

Participants saw it as a very positive and inclusive approach.

The Scottish Government has spent, or committed, almost £70 million to help implement SDS

83. The Scottish Government has spent £60.37 million between 2011/12 and 2016/17 supporting SDS implementation. It has committed another £9.51 million in 2017/18 ([Exhibit 8, page 40](#)). It is working with partners to monitor and evaluate the projects it has funded and has published evaluation reports. It has also contracted Inspiring Scotland, a third sector organisation that facilitates and supports innovative projects, to help funded organisations manage and evaluate their projects and share the learning, and to report back to the government.

Exhibit 8

Scottish Government funding for SDS implementation

The Scottish Government has spent £60.37 million and forecasts another £9.51 million in 2017/18.

(£ millions)	2011/12	2012/13	2013/14	2014/15 ¹	2015/16	2016/17	2017/18
Support in the right direction fund	1.00	1.50	2.60	2.30	2.90	2.86	2.96
Innovation fund	1.00	1.80	1.90	1.60	1.20	1.20	1.23
Local authority transformation	1.20	6.80	11.00	6.00	3.52	3.52	3.52
Other (including national strategic partners)	0.00	0.20	1.90	2.10	1.00	1.27	1.80
Total	3.20	10.30	17.40	12.00	8.62	8.85	9.51

Note: 1. The SDS Act came into force in April 2014.

Source: Scottish Government

84. The *Support in the Right Direction* programme funds 34 independent organisations to support people to identify their personal outcomes and make informed decisions about their support. The government reports that in the six months from October 2015 to March 2016:

- 3,200 people were supported to access their existing community resources
- 2,400 individuals received training and development support
- 1,000 people received brokerage support, ie support from an external agency to buy services.
- 950 people were helped to set up and manage their care packages
- 800 people were helped to employ and manage personal assistants.³¹

The *Innovation Fund* programme is helping 21 third sector social care providers to develop their ability to deliver flexible and creative support and develop their staff.³²

85. The Scottish Government has given no indication yet of what support, if any, it will give from 2018/19 onwards to further support SDS implementation. The third sector organisations involved fear that with no future funding they will be unable to continue supporting people, and authorities feel unable to take over the additional cost of funding them. This poses a potential threat to the provision of independent support for individuals. The Scottish Government should work together with COSLA, providers and people who need support to agree very soon what independent help people will need in future and how this should be funded.

86. When developing implementation plans for the remaining years of the SDS strategy, the Scottish Government should work with COSLA and other partners to agree how any future financial support should be allocated. As part of that process, they should take into account how authorities' local commissioning strategies will inform future spending priorities.

The Scottish Government and partners underestimated the scale of the changes needed and the challenges in implementing SDS

87. The Scottish Government and partners underestimated the scale of the changes needed and the challenges in implementation, some of which could not have been foreseen in the early years of the strategy. The underestimated work includes:

- the time and costs involved in reviewing and changing systems and processes, such as changing computer software to incorporate ways of recording and reporting individual outcomes
- developing resource allocation systems to allocate people their individual budgets
- training and supporting staff on SDS and on identifying outcomes with people who need support
- involving staff from finance, procurement, audit, and other council services
- developing new and more flexible service provision while demand for existing services was rising and budgets were decreasing, making it difficult to release money to pay for new developments.

88. Work that was not anticipated includes:

- training and supporting a range of health professionals who contribute to, or influence, SDS implementation within the new integration authorities
- having to tighten individual budgets and eligibility criteria as a result of sustained budget pressures
- working with a smaller workforce and losing experienced staff through voluntary severance and early retirement.

89. At the same time, not long after the SDS Act came into effect, the Scottish Government team began to have less direct engagement with authorities and third sector organisations in order to take a more strategic role in leading the implementation of SDS. This resulted in a feeling among those implementing SDS that it now had a lower profile in the Scottish Government and that implementation lost its momentum during integration. However, the team is now working with its partners to give a clear direction for the next stages of the strategy.

SDS implementation stalled during the formal integration of health and social care

90. The Public Bodies (Joint Working) (Scotland) Act 2014 required councils and NHS boards to integrate their health and social care services by April 2016. This meant that the senior managers who took the lead in implementing SDS in councils became involved in changes to organisational structures and arrangements for setting up, running and scrutinising the new health and social care integration authorities. The integration work had the effect of diverting the attention of managers already preoccupied with the challenges of increased pressure on budgets. In addition, some experienced staff have left, or are leaving, through voluntary severance and early retirement schemes, leaving gaps in knowledge and in relationships with supported people, carers, and third and private sector organisations.

91. With integration arrangements now in place, more professionals with healthcare backgrounds have only recently been introduced to social care and SDS. They will need training and help to understand the practicalities of SDS and its potential to help people avoid or delay hospital stays or return to daily life afterwards.

The Scottish Government, COSLA and its partners are targeting six significant challenges

92. The Scottish Government and COSLA have produced a 2016-2018 implementation plan for the strategy, which they developed in collaboration with partner organisations.³³ They include Self Directed Support Scotland, Social Work Scotland, Scottish Social Services Council, Coalition of Care and Support Providers in Scotland, Scottish Care, Care Inspectorate and Healthcare Improvement Scotland. The plan was developed following a period of consultation and review and reflects the experience and lessons learned from implementing SDS up to that point. It identifies four strategic outcomes and the actions partners will take to help achieve each outcome ([Exhibit 9, page 43](#)). The actions include specific activities to address six significant ongoing challenges:

- developing good flexible commissioning and procurement arrangements
- supporting people to achieve their agreed outcomes creatively while balancing any associated risks
- managing demand and expectations by using resources, such as money, people and buildings, effectively and developing a shared understanding of how to meet future demand in the context of reduced public funding
- increasing awareness and understanding of SDS among the workforce, supported people, carers and communities
- keeping SDS as a high priority within other public sector reform policies and strategies, especially the new integrated arrangements
- making systems and processes easier and clearer so they work best for people who need support rather than the organisations who help to provide it.

93. These are broad areas and they include addressing the challenges identified in this report. They also give a clear guide to help authorities, and third and private sector organisations, move forward after the recent stalling of progress.

Authorities have not yet made the transformation required to fully implement SDS

94. Our evidence – from people who need support and their carers and families, social work staff and managers in authorities, and third and private sector organisations – shows many examples of positive progress in many different ways, but there is no evidence that authorities have made the transformation required to fully implement the SDS strategy. More people need to be better informed and empowered to choose and control their support; a significant minority of social work staff need further training and support to help them develop their skills, knowledge and confidence; commissioning needs to drive changes in services to give people choices and flexibility.

Exhibit 9

Strategic outcomes 2016-2018

- **Supported people have more choice and control:** Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.
- **Workers are confident and valued:** People who work in health and social care have increased skills, knowledge and confidence to deliver self-directed support and understand its implications for their practice, culture and ways of working.
- **Commissioning is more flexible and responsive:** Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.
- **Systems are more widely understood, flexible and less complex:** Local authorities, health and social care partnerships and social care providers have proportionate, person-centred systems and participatory processes that enable people who receive care and support to live their lives and achieve the outcomes that matter to them.

Source: *Self-directed Support Strategy 2010-2020: Implementation Plan 2016-2018*, Scottish Government and COSLA, 2016

95. The four outcomes in the implementation plan are difficult to measure and monitor ([Exhibit 9](#)). Evidence needs to come from:

- people who receive social care support
- their carers and families and communities
- the workforce, including front-line staff and managers in authorities
- support providers and their representative organisations
- national and community-based organisations and groups who support and represent people
- the bodies that regulate and scrutinise health and social care
- research and evaluation.

96. In our 2014 report, we acknowledged that it was too soon to expect to see a major impact. We recommended that the Scottish Government and its partners develop a strategy to measure and report on progress towards the intended outcomes of the SDS strategy. The Scottish Government, COSLA and their partners now have detailed actions and success measures. These are set out in the implementation plan and should be reported regularly. Now that health and social care integration is established, and there are clear expectations on the new authorities to report on their performance, the Scottish Government and authorities should also agree how to report the progress and impact of the significant changes still expected in implementing self-directed support.

97. Councils, health boards and the new integration authorities are working on a number of national policies, targets and reviews. Consistent and coordinated policy guidance and expectations from the Scottish Government and COSLA will help them to deliver on these major policies. The Scottish Government should work with COSLA and other partners to provide joined-up, strategic leadership across the range of its relevant policies to ensure that SDS becomes a core part of how people with health and care needs are supported to improve their quality of life.

Endnotes



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- ◀ 28 *The enablers and barriers to voluntary sector organisations providing personalised support through Self-directed Support*, University of Strathclyde, 2016.
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- ◀ 33 *2010-2020 Self-directed Support Strategy: Implementation Plan 2016-2018*, Scottish Government and COSLA, 2016.

Self-directed support

2017 progress report

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ISBN 978 1 909705 35 5 AGS/2017/6

This publication is printed on 100% recycled, uncoated paper



Self-directed support

Case study of Thomas



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

The example below shows how self-directed support can work when personal outcomes are identified and support is tailored to an individual.

About Thomas

Thomas is a young man diagnosed with ADHD, autism and a mild learning disability. He was on an all-day, every-day, one-to-one support package with a specialist provider. Thomas was becoming increasingly frustrated and aggressive living within a heavily-controlled supported living environment. He was often awake at night, playing loud music and keeping his neighbours awake. He had stopped visiting his mum, whom he had previously seen almost every day.

What happened next?

Step 1: Thomas's provider and social worker were aware of SDS. They had a conversation with Thomas about what matters to him and they discussed with his mum what the possible risks were if they tried a different approach. They all agreed to try option 2 together. This means that the provider would manage Thomas's budget for him and Thomas would work with the social worker and the provider to develop a new support plan.

Step 2: Thomas's provider and social worker spent some time talking and listening to Thomas to find out what he wanted his life to be like. They agreed some outcomes with him:

- to be more independent
- to feel healthier
- to feel better about how he looks so he can make new friends and find a girlfriend
- to have a life like other young people by having a job
- to get on better with his mum.

Step 3: The provider and social worker helped Thomas to create a support plan. Together they arranged:

- a volunteering job
- having his flat sound-proofed
- joining the local gym
- working with a personal trainer
- getting help choosing healthy food
- meeting up with his mum at the provider's centre
- spending nights without a support worker.

Step 4: After a few weeks, Thomas, the provider and social worker met to review how things were going. Most things were working well, but Thomas was not keeping his flat clean when he was on his own and this was making him very anxious. Together they decided Thomas needed someone to help him with cleaning his flat.

Step 5: At the next review, Thomas was beginning to achieve some of his outcomes. He had lost weight through healthier eating and going to the gym. He had made friends with someone at the gym so they often went together. He was still making a noise at night but not waking his neighbours. And he had visited his mum at home a few times.

Thomas's support package was now costing 40 per cent less than it had before.

What might have got in the way

Step 1: The provider and authority may not have agreed to try option 2 if:

- the provider and authority had a poor relationship and did not trust each other
- the authority had an inflexible approach to its contractual arrangements with the provider
- neither of them understood how option 2 might work.

Step 2: They might not have identified his personal outcomes if:

- they could not find time to talk and listen to Thomas about what he wanted his life to be like
- they did not understand what personal outcomes are.

Step 3: They might not have developed a good support plan if:

- they could not think creatively or did not feel they had the power to find innovative solutions
- they were unwilling to take any risks, eg leaving Thomas without one-to-one support sometimes.

Step 4: They might not have found a solution to Thomas's anxiety about keeping his flat clean if:

- the authority's rules prevented spending on things other than care, support and respite, rather than whatever helps to achieve the outcomes.

Step 5: Thomas might not be achieving his personal outcomes and the authority might be spending more on his support if any of these things had got in the way.

Note: We created Thomas's story from a combination of real examples.

Source: Audit Scotland



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Supplement 2

Self-directed support

Audit methodology and survey results



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
August 2017


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Part 1

Audit methodology



Case studies at five authorities

1. We visited five authorities (East Ayrshire, Glasgow, Highland, Perth and Kinross, Western Isles), selected to ensure a mix of geographies and to include both urban and rural areas. We interviewed:

- Elected members
- Chief Officers and Chairs of Integration Joint Boards
- Senior social work managers for adult and children's services
- Finance and commissioning managers
- Social work staff, team leaders and managers
- Chief Social Work Officers
- People using SDS.

2. We also reviewed documentation:

- Committee and board papers
- SDS strategies and implementation plans
- SDS progress reports
- SDS materials for service users.

Stakeholder interviews

3. We interviewed people from 37 organisations, selected to include those working directly with a range of key service user and carer groups, as well as national organisations involved in implementing SDS. These included:

- Scottish Government, Convention Of Scottish Local Authorities, Social Work Scotland
- SDSScotland, the Alliance
- Scottish Social Services Council and the Care Inspectorate

- Coalition of Care and Support Providers Scotland, Scottish Care
- Other members of the audit advisory group ([Part 2](#)).

Views and experiences of service users, carers and families


4. When we conducted our interviews at the five case study authorities and the 37 organisations we asked for examples of SDS in practice. We reviewed the examples we heard and read about, and visited or telephoned a few people in their homes to hear first-hand their experiences.

5. We ran an online survey, which was promoted through social media by a wide range of organisations. There were 104 online responses and six email and telephone responses. This was not a representative sample but was used to understand the range of users' and carers' experiences and views. The survey results are presented in [Part 3](#) of this supplement.

6. We also ran nine focus groups involving 55 users and carers. These were arranged and hosted by organisations that represent users and carers and provide support. The people involved included older people, adults with physical, sensory and/or learning disabilities, young adults with mental health problems, people from minority ethnic groups, and carers of children with a range of physical or learning disabilities.

7. As part of our Social Work in Scotland audit, Research Scotland undertook a survey of service users and carers in five local authority areas (East Renfrewshire, Glasgow, Midlothian, West Lothian and Western Isles). They targeted:

- older people
- people with physical disabilities or sensory impairments
- people with learning disabilities
- young people with disabilities
- carers.

The consultants also completed 33 focus groups and 12 individual interviews, with 165 people in total ([Social work in Scotland](#) .

Online survey of social work staff and managers

8. We ran an online survey of social work staff, which was promoted through the Scottish Social Services Council and other relevant stakeholder networks. There were 170 responses. This was not a representative sample but was used to understand the range of views of social work staff and managers. The survey results are presented at [Part 4](#) of this supplement.

Desk research

9. Throughout the audit we reviewed documents and reports relevant to the audit and to providers' experiences of SDS.

Part 2

Advisory group membership



Audit Scotland would like to thank the members of the advisory group for their input and advice throughout the audit.

Name	Organisation
Ali Upton	Scottish Social Services Council
Ian Beattie	Scottish Local Government Partnership (and Renfrewshire Health & Social Care Partnership)
Beth Hall	Convention Of Scottish Local Authorities
Bobby Miller	Chief Officers Group for Health and Social Care Scotland (and Health and Social Care North Lanarkshire)
Carolyn Lochhead	Scottish Association for Mental Health
Catherine Garrod	Coalition of Care and Support Providers in Scotland
Colin Young	the Alliance
Donald Macaskill	Scottish Care
Elaine Torrance	Social Work Scotland
Julie Haslett	Social Work Scotland
Shona MacGregor	Social Work Scotland
Fiona Collie	Carers Scotland
Catherine Bingham	Carer
Florence Garabedian	Self-Directed Support Scotland (and Lothian Centre for Inclusive Living)
Jess Wade	Self-Directed Support Scotland
Laura Finnan Cowan	Alzheimer Scotland
Lorna Ascroft	Scottish Government
Sally Shaw	Care Inspectorate
Rosie Lawrence	Care Inspectorate
Suzanne Munday	MECOPP (Minority Ethnic Carers of Older People Project)

Note: Members of the advisory group sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Part 3

Survey of users, carers and families



Introduction

10. Self-directed support is about individuals having a right to choice and control over their social care support. The purpose is to help them find the best ways to achieve their personal outcomes. In carrying out this audit it was therefore essential to understand what impact SDS is having on people with support needs. We gathered people's views and experiences through surveys, focus groups and one-to-one discussions.

11. We carried out an online survey in January and February 2017 asking service users and their families and carers to tell us about their experiences of SDS. The survey was distributed via stakeholder networks and promoted on social media. Respondents could also complete the responses in hard copy or arrange to talk to one of the audit team on the telephone.

12. The survey is not a representative sample of those who have experience of SDS. Therefore the numbers and quotes reported below only give an indication of the range of people's views and experiences. The survey results should be read with this in mind and we have presented them as raw data with limited analysis. Quotes come directly from respondents and have been selected to give a representation of the types of things we were told about. We have only edited the quotes to ensure respondents' anonymity and to correct minor spelling mistakes.

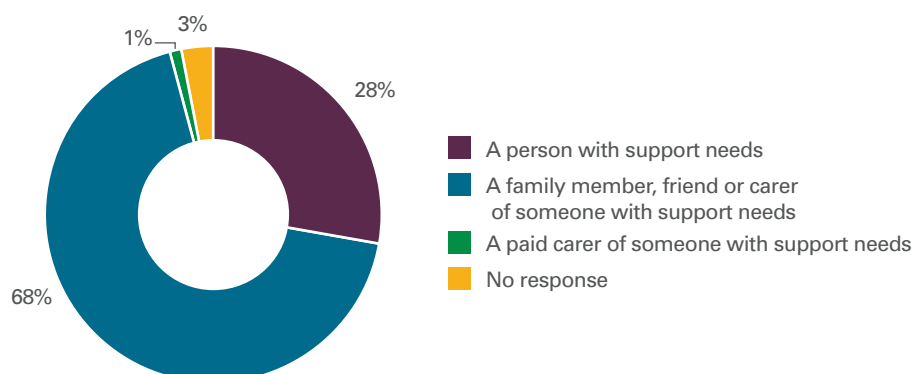
Who responded?

13. One hundred and four people responded to our survey. Of these, 29 were individuals with support needs, 71 were family members and one was a paid carer. Three respondents did not answer this question. We invited only those who had been assessed or reviewed within the last year to respond to the survey.

14. We received responses from 23 out of 32 local authority areas. There were none from Orkney, Shetland or the Western Isles.

Exhibit 1

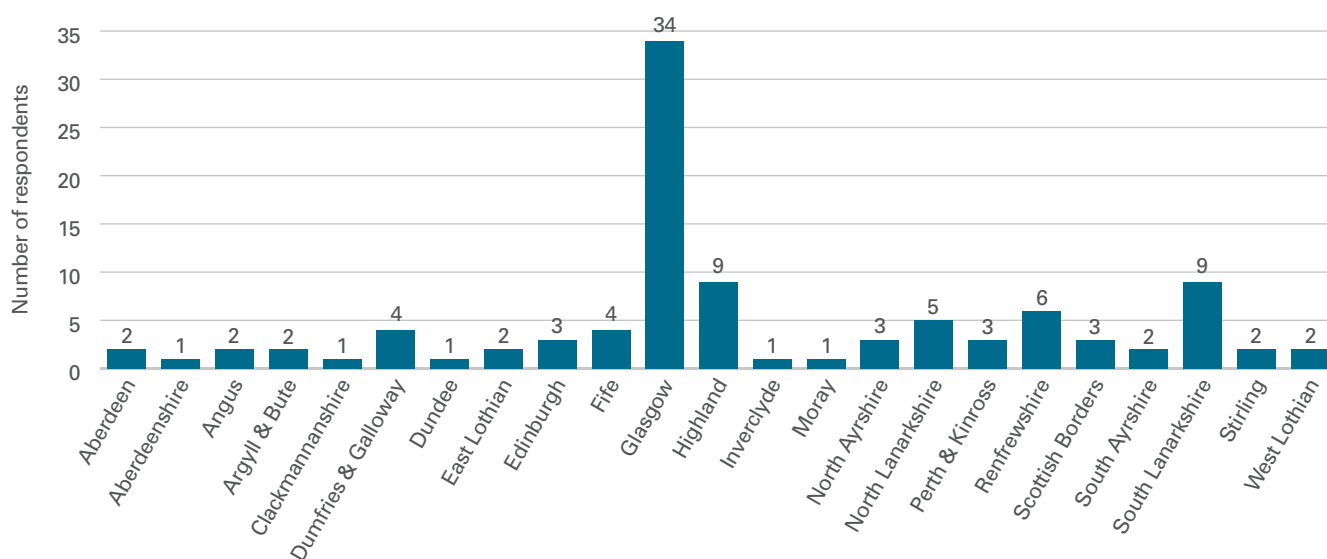
Are you...



Source: Audit Scotland

Exhibit 2

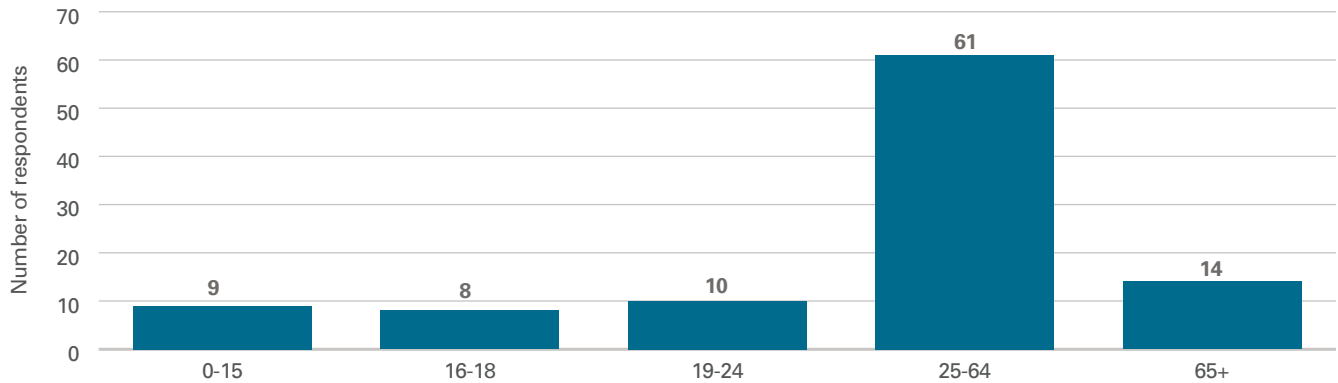
In which area does the supported person live?



Source: Audit Scotland

Exhibit 3

What age group is the supported person in?

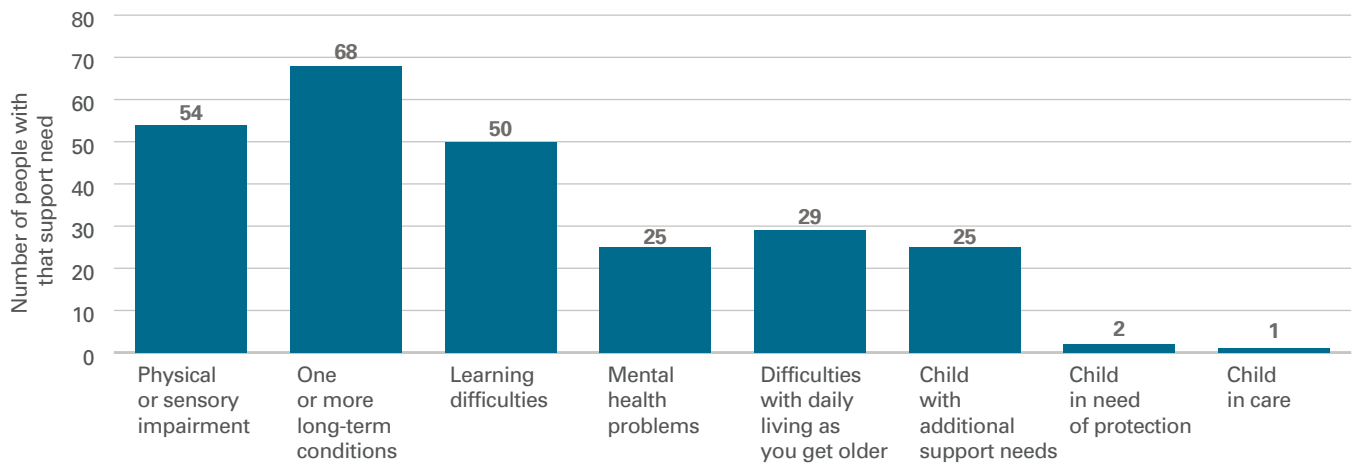


Note: Two survey respondents did not respond to this question.

Source: Audit Scotland

Exhibit 4

Reason for needing support



Note: Respondents could choose more than one reason.

Source: Audit Scotland

What support options were people offered and what do they have now?

15. We asked people what options they were offered but did not use the language of 'options' to avoid confusion.

Exhibit 5

Which options was the supported person offered the last time their needs were assessed or reviewed?

	Yes	No	Don't know	No response
To take a direct payment so you or your family could arrange your own support	74 (71%)	25 (24%)	2 (2%)	3 (3%)
For another organisation to arrange the support you have chosen and organise your budget	36 (35%)	52 (50%)	5 (5%)	10 (10%)
For the council to choose and organise your support and budget	48 (46%)	38 (37%)	7 (7%)	9 (9%)
All three of the above	28 (27%)	N/A	N/A	N/A

Note: Figures may not add up to 100 per cent due to rounding.

Source: Audit Scotland

Further comments

'I was told I don't qualify for self-directed support. I wasn't given any other information. Just told "You won't get it."

'All four options were on table but option for council to manage budget/arrange services was discouraged.'

'The four options were not presented to us. It was assumed that we would want and take a direct payment.'

'We told them we wanted SDS and how we wanted it to work – they agreed.'

'However I (for my father) was only offered options 1-3. Option 4, taking services from a variety of sources was never offered to me. In fact when I asked about it, I was told it was not possible. I only found out that option 4 actually existed when I googled social care and came across the official handbook. I was not given sight of this handbook from social services at any point in time. I also have to say that when options 1 and 2 above were mentioned it was always with the caveat "but they won't work" and social services were very keen to keep a tight leash on control. I felt that it was all lip-service and they were not interested in offering any kind of flexibility of service.'

Exhibit 6

How is support currently arranged?

You take a direct payment so that you or our family can arrange your own support	51 (50%)
You have asked an organisation to arrange the support you have chosen and to organise your budget	19 (18%)
The council chooses and organises your support and budget	23 (22%)
A combination of the above	10 (10%)

Note: One survey respondent did not respond to this question.

Source: Audit Scotland

Further comments

'The organisation explained the process, came and did planning and check in with me that my support is meeting my needs regularly.'
(Person receiving support through Options 1 and 2)

'I would have preferred to take a direct payment but there are many flaws in this option due to the level of support my son needs. It's very difficult to recruit staff and to support the staff in their induction and supervision as a mother/manager. There's no budget for training staff or shadowing shifts to get them up to speed with my son's needs.' (Person receiving support through Option 2)

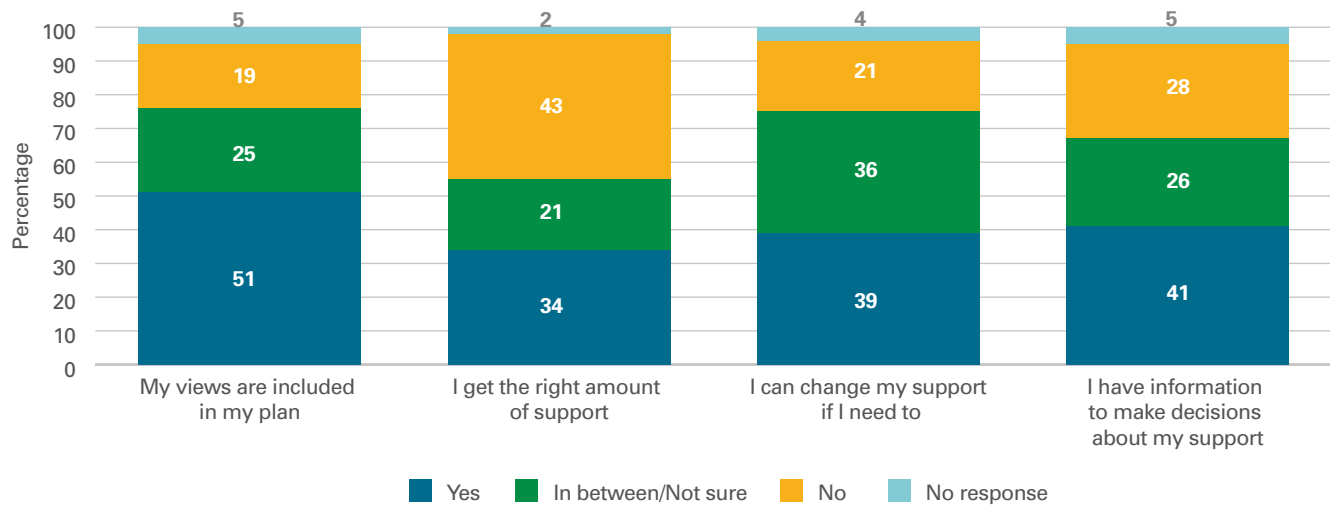
'There are many barriers to continue using a DP and in the area I live there is little support for managing a Direct Payment.'

'This was the best option so the budget could be accessed quickly.'
(Person receiving support through Option 3)

'As there are little or no respite services for the under 65s going down the direct payment route is a waste of time. If social work cannot organise respite due to it not being there, then how is the person to organise their own?'

Exhibit 7

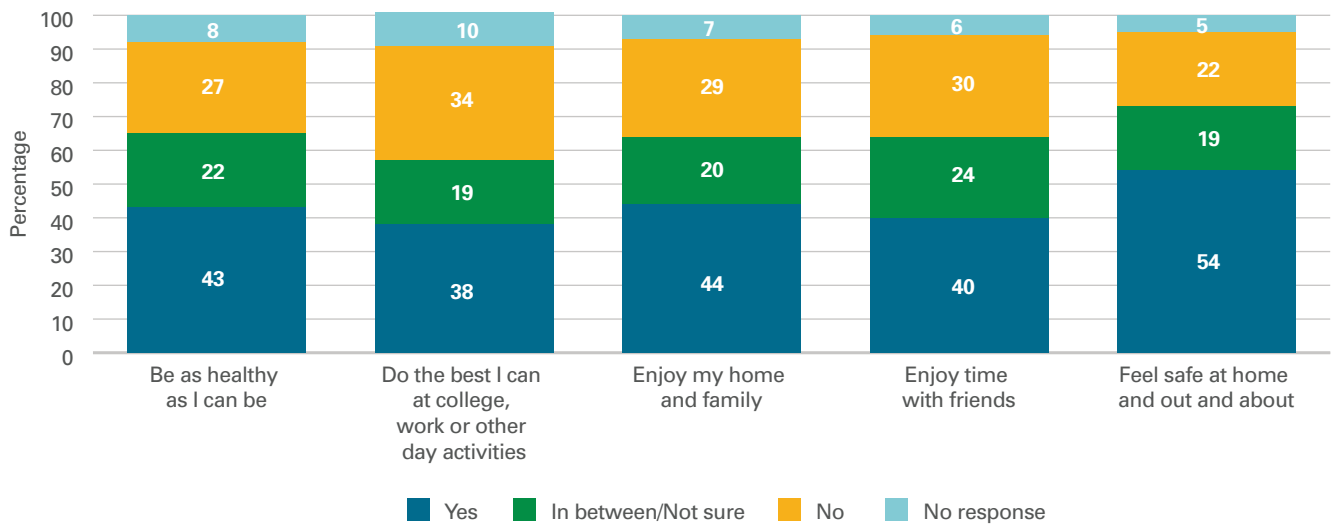
Over the past year, what do you think about these areas of your support?



Source: Audit Scotland

Exhibit 8

Over the past year, how well has your support helped you with the following areas of your life?



Note: Figures may not add up to 100 per cent due to rounding.

Source: Audit Scotland

Respondents' experiences with support

16. The survey also asked open text questions, designed to gather more detail and explanation about people's experiences of support and how they felt about it. We wanted respondents to have a free space to tell us in their own words what they thought.

Respondents told us about the process:

'It has been messy and over 1 year just filling the forms and completing the assessments and I still have yet to get a decision from the resource allocation group about budget for my son.'

'The whole process between initial calls to social work and payment of a small budget of £1,500 took almost 2 years.'

'This process was a long one. Mum was diagnosed with Alzheimer's Dementia, [ten months later] we received the first SDS payment.'

'Unfortunately although the package was agreed in around October last year and the payments were due to start on 1st December 2016 the direct payments are still not in place. I've been told this is a finance issue.'

'Our local authority has recently brought in loads of new rules and has handed control over to finance department to manage packages. It's been a total nightmare.'

'I don't feel listened to. At times I feel tremendous pressure with organising quite a large package. The [local authority] are so ill informed. You are spoken too like a poorly treated member of staff. Constantly compared to other families when you question things.'

'There was no transparency. They refused to tell us the budget allocated.'

'Mum's assigned Social Worker has been helpful when providing advice throughout the process.'

They told us about how much choice they felt they were getting:

'The process followed did not fully involve our views and we were under pressure to make changes to the current support plan that we did not consider appropriate.'

'With the budget left I asked for the supported employment to be the part I chose to spend my money on but was told that wasn't possible and had to use the 6 hours for care at home not a supported employment place.'

'Through SDS my mother was able to leave residential care and come to live with me at my home. My mother's needs were very extensive she had vascular dementia, poor vision & copd [chronic obstructive pulmonary disease] & limited mobility. Her needs were met at home due to assistance from various professionals including social worker, Community Psychiatric Nurse, Occupational Therapist, GP, carers & family. Her support was only for six months but she was so happy to be cared for at home. Her needs were met & everything went well.'

'Recent changes in what we can spend the money on has severely limited what I can do.'

'Managing my daughter's support myself has given us a greater degree of flexibility in her care and life in general. She has become more independent and outgoing and takes a greater part in her daily life because she is the boss and everything is focused on her and what she would like to do.'

'I had a hard time all the way with [Social Work] interference and I had to ask them for permission to use the budget to meet [my adult son's] needs and for items for staff to do their jobs, I was refused on many occasions and had to pay for things like a staff mobile phone for emergency contact the entire time he lived there...I was not allowed to use the budget for things I should be able to like fuel, outings, laptop for staff to keep records, etc, I paid for it all...When I tried to raise issues regarding these things I was only offered care providers to come in and do the job...I felt there was an immense amount of pressure on me to take a care provider, which would not have suited [adult son's] needs.'

They told us about the quality of support they felt they were getting:

'Support has no training in mental health and do not understand or make effort to understand my illness and how it affects me.'

'SDS support for my husband has created so much stress for me. This is due to inefficient Care Companies. Errors in invoices. Overcharging for hours that carers haven't worked. Providing carers who you are told have experience in dementia, but on the carer arriving at our home realising they don't have experience and are not even trained in dementia. Carers who were unwilling to provide the level of care I wanted for my husband.'

'The support we receive is suitable for my son, he has his day placement and transport to and from and he also has respite, however there is not enough left in the pot to also do 'fun activities' which sounds incredibly greedy but as I'm a single parent and physically disabled a little bit extra would maybe get him out and about more especially evenings and weekends.'

'I am writing on behalf on my mother who has dementia. The in home care provided on a daily basis is very good and the staff are lovely with my mum. Unfortunately where it has fallen down was

on discharge from hospital. The hospital discharged her without re instating and upping the care package despite me meeting with them the day before and warning them that this needed to be in place. Lack of communication from the hospital lets the system down.'

'Very good dad manages it for ensuring fully that the support is about me.'

'My plan works well.'

'I was unable to manage my PA due to my health conditions which is why I changed so I feel it is not right that I've not been able to get additional funding to allow me to continue to get [the same number of] hours support a week.'

'The Council has reduced the budget when moving from Traditional Direct Payments to SDS Direct Payments. This has meant my daughter has had less money to buy the services she is assessed as requiring. The council has told myself and my family that we will have to care for our daughter more than we stated we were willing and able.'

'I have SDS. Found the last year my support workers have been good but due to the lack of workers I am unable to have the life that I want. I have my own house however I only can stay in my own house [a few] nights a week.'

They told us about the impact the support has on their lives:

'My disabled daughter's life has changed completely due to SDS. She now has a healthy lifestyle which includes a timetable of fitness classes, gym and swim activities that she attends along with her carers. She attends clubs to socialise with friends, goes to the cinema and bowling etc. She now leads the life of other 30 year old girls. Prior to SDS she stayed home and watched videos! The transformation in her life has improved her health and well being massively. My life as a carer has also changed for the better. Now that my daughter has SDS, I have free time to pursue a life of my own. I have time to meet with friends, catch up with household work, pursue some of my own interests and generally have time for myself.'

'Without it [support package], I would surely be unable to function at the personal level, let alone the social, academic or civic ones.'

'SDS means that my child can attend activities outside of their home independently of a family member. It also means that we can get a carer to come to the house if we need/would like to go out somewhere without the child.'

'SDS has allowed us to source support outwith what the council provides. Our son attends a group two days a week where with support he mixes with others, shops for lunch materials, helps prepare said lunch materials (sandwiches, hotdogs, pizza) this group is building his self confidence and encouraging him to be as independent as he can be. He is out in the community and we

see a huge difference in him, SDS allows my husband and I the opportunity to have time together, in fact last year whilst [our adult son] was on a respite break our trust in the support he was receiving from his autism practitioner and the group as a whole meant that for the first time we were able to have a weeks break abroad ourselves, the first time since [our adult son] was born. He is [now over 20 years old].'

'Since taking on the SDS package my son has left school (he was unhappy there and not reaching his full potential). This was the best decision every [sic] the timetable that he works with ensures that all aspects of Independent Living Skills are met, healthy lifestyle is accomplished and being able to employ staff that work well with him is really important. The support is there when we need it and not when an agency can give it. He gets to do things he loves to do.'

'SDS has enabled our family to continue living and caring at home. It buys replacement care and much needed support. Our waking service allows me much needed sleep every week and some time away from caring doing things that are important for and to me. SDS enables us to keep going in very difficult circumstances.'

And how their lives have changed as a result of the support and SDS:

'I am more stressed, tired and unwell than I was before we started the SDS process. My daughter wants and needs time away from her family but the budgets don't allow for this as much as it used to.'

'We don't have social care support. This can be limiting and tiring but dealing with inflexible council services which do not seem to value my role as a carer would have been more stressful. We halted the assessment process. We also felt that it was intrusive because of the financial assessment process. We are not rich, I lost a good salary when I stopped work to care for my husband. We would have to pay for some services which would bleed us dry financially. It's a sorry state of affairs.'

'Very little. It gives the family 5 hours respite on a Friday afternoon. The rest of the time we support our son ourselves and it is putting a strain on the family.'

'None it's very hard to actually get it. Much documented and publicised but you can't obtain.'

'None. Is and continues to be a very negative experience.'

'Not seen any benefits to the introduction of SDS. The introduction of SDS will have a negative impact on support plan and respite has significantly reduced affecting number of hours respite per week. The weekly respite in total per week will be less than 3 hours.'

'Knowing that my mum is well cared for by the person 'we employ' during the [period of time] funded allows us time to work and deal with the processes involved in her care. She is happy to be at home

with family and friends supporting her which benefits us and helps us deal with the care she needs 24/7. The SDS package has eased the financial burden on us as I now earn less having had to cut my working hours.'

'Less reliance on my family members to do activities sometimes.'

'I am able to do things that interest me and I want to do. When I want too.'

'It has got me more active which is improving my physical health. My mental health is becoming more stable and I have help to monitor it so that I can get help sooner rather than later if I deteriorate.'

'Our SDS budget has kept our family going when there was a big risk that it would collapse. It means the children can pursue social activities outwith the home and I get the occasional bit of respite. It's made a huge difference to both kids, being able to access things they enjoy and make friends.'

'Immense! The difference between drowning and making it to a safe harbour! We wouldn't have coped and would not willingly be without SDS now!'

'My son has a purpose in life now instead of sitting 24/7 in a room regressing.'

'The self management of my sons package has given him a better quality of life and care. I don't need to put up with poor service, bad timekeeping, inappropriate services, lack of flexibility. I think it forces companies and organisations to up their game. Many agencies and charitable organizations have milked the system and become complacent. Now they have to sell themselves to you.'

'Support has made it much easier to manage my daughter's life and also our lives in general. As a carer, it gives me time to live my own life, knowing that she is happy and well looked after.'

'Having a clean and tidy house, having the use of my garden, having someone available to pick up the odd thing or two that I need, or to take a letter to the Post Office for me, or to give me lifts to appointments has made an enormous difference to my life. I no longer feel as isolated (though I do still feel isolated and stuck at home!) and am so grateful to have a clean and tidy (and hygienic!) home. Also being able to have a respite break once or twice a year has made a huge difference to my well being, as I'm very much stuck in the house day in day out.'

'Enables me go to college, participate in a horticulture project, attend a music class and drama class.'

'We've already been able to have a more flexible relationship with the service provider we were using. I don't think this would have happened without SDS. Our service was always at their convenience before.'

'Although it has been a very frustrating process one thing I do need to say about the Social Worker is that they were very supportive of the plan I had detailed for my daughter. However, there is a lot of misinformation out there and I have spent a lot of time researching SDS and what exactly the money can be used for. I feel there are contradictions and my daughter's money could be spent more wisely and is not 100% person centred due to restrictions.'

'A big difference, For [teenage son] it means increased independence as the group he goes out with twice a week sit all the lads down so they can discuss what they want to do for the day, be it bowling, or the cinema and as they have now invested in a mini bus they also go further afield to visit the likes of the zoo and museums. The boys all discuss and make choices on the options they are given, be it a day away or just what they're having for lunch. For us as his guardians/ parents we see a young man who is coming out of his shell, who is willing to participate in a conversation and who will voice his opinion - sometimes very loudly! [Teenage son] has become much less aggressive both verbally and physically since we chose to find the services he needed rather than make do with what social work wanted us to use. SDS has been a godsend.'

'Tremendous difference offered alternative activities holidays, supported social skills and promoted confidence.'

What would you say to other people about Self-Directed Support?

'I would definitely recommend it to others. Before you start do some research into services and what is out there for you to do. Think about what you want to do. Then go for it.'

'Find out all you can about it. Ask to be assessed. Get support so your voice is heard. Apply and use it in order to be able to make the most out of your life!'

'Right now it isn't a good time to try and request Self Directed Support in [my area]. People are only being given funding if they meet the critical eligibility criteria and urgently need help with personal care. A few years ago people got social hours but now social care is just how it was before the SDS Act came into force. People aren't getting much say over their support and aren't getting the help to become more independent and lead a normal life with things to do and able to keep relationships with family, friends etc. going.'

'The principal of SDS is good, but funding cuts and restrictions on how to spend your budget is not good. If you have a good local authority, who understands the ethos of SDS, go for it, if not stay clear if you can.'

'It's not working; its bureaucratic; its implementation does not match the vision underpinning the legislation and from speaking to many Carers in Scotland, decent packages of care are consistently being reduced, creating additional stress and pressure; families feel that their homes are being invaded when they have workers in their homes; significant carer deflators are being applied which leave families no better off than they were without help; valued day services are being destroyed.'

'Don't be afraid of making the change. We were afraid to risk the support we already had in place and move to SDS but once set up it's so flexible and supportive - we would not willingly be without it now!'

'I would say "Go for it" There is nothing to be scared of, and SDS allows you to be in control. Granted, some councils manage SDS better than others, but the main focus should be that you are in control and have an active part to play in what happens with the money. All outcomes should be entirely for the benefit of the recipient, and should be flexible enough to allow the care provided to fit in with your life, not the other way round.'

'I'd say that it's worth applying and seeing what can be offered to you. It can be tricky to manage, especially finding someone who suits the role and who you get on with and is trustworthy, but when it works out, it's great and can make an enormous difference to your life.'

'It is a total lottery, from social services to the carers who walk in through the door. Very difficult indeed.'

'In no way would I suggest to anyone that they apply for sds as the intrusion of sw into your life, the countless, endless meetings arguing about how you can possibly meet all the targets in the care plan on such a paltry sum are time consuming, stressful (and who is paying for childcare whilst you are attending all these stupid meetings????) and really not worth the hassle.'

'It is nice to get a little break and be able to make decisions about who is doing the care, but when it is only 4 hours a week it is quite difficult to manage pay, timesheets, insurance, finding carers can take a lot of hours of my time.'

'I would say to people that self direct support gives you much more choice over your support. It also gives you the freedom of picking the right support service which will suit your needs.'

'I honestly couldn't recommend SDS to anyone unless they have a good supportive SW department and that's a rare thing.'

'SDS is a very valuable resource for people with care needs as it can help keep them at home in their own environment surrounded by what they know best. For carers it relieves the financial burdens placed upon them due to the increased needs of the person they care for. I would advise that the award given will be significantly less than the amount needed to place their family member in a long stay establishment. They must be prepared to face delays, frustration and have a determination that this is the best package for their circumstances. I would also advise them to seek help throughout the process from their Social Worker and the health care professionals involved in their person's life. I would also advise that you need to be careful to follow guidelines and meet deadlines to ensure that this support continues.'

'Prepare to fight and for it to be a long battle.'

'It's not for everyone - councils do not make it easy to get the level of support you really need, and there are fewer and fewer organisations out there offering support. From our perspective the right ethos and attitude was very important as well - we wanted to be sure that the support staff had the same outlook as us and are about enabling rather than disabling.'

'It is easy to maintain after the initial setting up. It can be managed by somebody else if you are not keen to do it yourself. It gives the cared for person some valuable social time allowing them to do something they enjoy. Carers get a break and it help the whole family cope.'

'I would recommend it. It can be a bit daunting employing someone or working with an agency, and it can take time to get support workers that are right for you, but it is worth it in the end.'

'Persevere and be patient. Ask for help before it gets critical as it can take some time to be assessed and the process is not fast if not an emergency.'

'Do it, don't just rely on what your local council has in place. There are more options out there and whilst it might take time to source the correct support it truly makes all the difference.'

'It is good, but can be quite stressful to organise and find suitable care, and trying to stretch out a small budget.'

'Flexibility is the best thing, if you feel daunted by employing someone there are agencies and services you can use. e.g. I use an agency for respite at evenings and weekends and a cleaning service to do ironing, cleaning for my son.'

'I cannot recommend SDS highly enough - whichever option you choose. It can change lives and give independence where previously there were none. It gives carers a break from caring to recharge their batteries.'

'It only works if the resources exist already. Either the council or other companies need to have the resources available, or if you intend to take on direct payments ensure that there are resources available first. Recruiting staff is challenging unless you already know someone who can do the job, remember there will be no cover if your carer is sick or on holiday if you pay them directly and you will need to register as an employer with HMRC and meet the same employment legislation as other small businesses. It can be really stressful. Councils are very keen to pass over a budget as a direct payment because it takes the problem of organising support away from them. If you cannot find and resource the support your child needs, you end up giving the budget back. SDS can be exceptionally stressful.'

'It is important to have the right support in place for you and not just accept what is on offer.'

'It's is so much better than having people pop in for a short time four times a day. You get to develop a relationship with the Carers as there are only a few.'

What would change to make Self-Directed Support better?

Training and guidance

'Ensure all health professionals are trained in accurate assessment in Personal Outcome Plans.'

'More training for everyone - people using SDS, their families and social workers as there is still not enough informed information freely available.'

'More training for social workers and their managers as the ethos isn't reach[ing] the front line staff or if it is it's then being blocked by managers.'

'Social Workers need to be properly trained in concept of SDS. Support Organisations likewise need to be trained.'

'I would offer people training on SDS and managing a budget.'

'More advice and support from Social Work to help find the correct care and how to maximise the SDS budget.'

Transparency in budget-setting

'A more transparent, open process, particularly about how budgets are arrived at.'

'Make it more transparent; make scoring system available after assessment, explain how budget [is] calculated and how the decision was reached.'

'The process that is the assessment needs to be more inclusive and transparent and if it is then it won't feel like fitting within a cost envelope.'

More flexibility in how budgets can be used to meet outcomes

'I know people who have all sorts of "rules" applied to their package that makes it unusable.'

'I would like the SDS to be able to pay for things I can't afford, like a meal out, which can make such a difference to someone like me who is housebound.'

'Make the outcomes much more flexible.'

Easier and more efficient processes

'To make it easier for families as applying for this took over a year and caused me more stress that I didn't need, also the criterias need to be more clear, as far as I could see my son was in the high/severe category but I got second bottom, don't understand this at all!!!'

'The application process is a little clunky. It needs to be streamlined and made more efficient. Payments should be via a special card, so you don't have to faff about with separate bank accounts or keep accounts for each transaction. This can be particular tough on people with certain disabilities.'

Part 4

Survey of social work staff and managers



Introduction

17. We ran an online survey to gather the views of social work staff who are responsible for assessing and reviewing needs and helping people to plan their support. We had already conducted interviews and group discussions with staff, team leaders and managers working in social work departments in the five case study authorities. This survey was an opportunity to follow up with more people some of the issues we found during the interviews.

18. We ran the online survey in March and April 2017. The Scottish Social Services Council (SSSC), the Care Inspectorate, Social Work Scotland and case study authorities helped promote the survey, beginning with a news story on the SSSC website with an electronic link to the survey.

19. The survey gave us a self-selected sample of social work staff and managers. It is therefore not necessarily representative of the views of all social work staff and managers. Instead it gives us an indication of the range of their views and experiences of working with self-directed support. The survey results should be read with this in mind and we have presented them as raw data with limited analysis. Quotes come directly from respondents and have been selected to give a representation of the types of things we were told about. We have only edited the quotes to ensure respondents' anonymity and to correct minor spelling mistakes.

Who responded?

20. We received 170 responses to the survey. On the basis of their job titles, around one third described themselves as a 'social worker'. Others were mainly care managers, team managers/team leaders, occupational therapists, social work assistants, adult service coordinators and mental health officers. Approximately one in five described themselves clearly as a manager.

21. Respondents were working with a range of children and adults ([Exhibit 9, page 25](#)). Their length of experiences ranged from under a year to 40 years, with a median time of eight years. We did not ask respondents which authority they worked for as we felt they were more likely to take part and to respond more candidly if they were not asked to do so.

Exhibit 9

Which of the following client groups do you work with?

Adults with one or more long-term conditions	101 (63%)
Adults with physical or sensory impairments	99 (62%)
Older people	99 (62%)
Adults with learning disabilities	93 (58%)
Adults with mental health problems	89 (56%)
Children and families	22 (14%)
Other	14 (9%)

Note: Respondents could choose more than one client group.

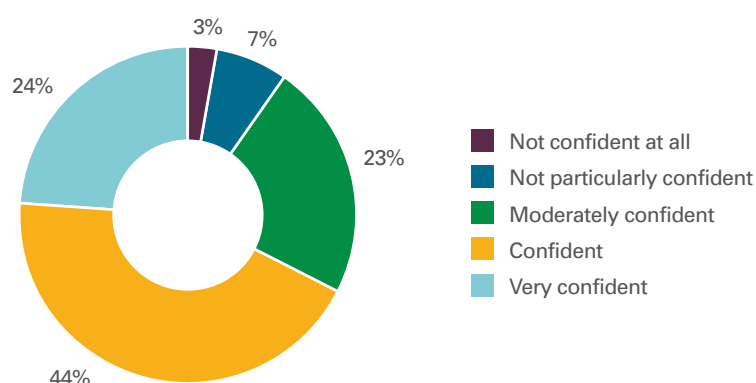
Source: Audit Scotland

Staff confidence in identifying outcomes and explaining SDS

22. This section looks at staff confidence in helping people to identify their individual outcomes and choose from the SDS options. 68 per cent of respondents were confident or very confident about identifying individual outcomes ([Exhibit 10](#)).

Exhibit 10

On a scale of 1 to 5, how confident do you feel about supporting people to identify their individual outcomes?



Note: Figures may not add up to 100 per cent due to rounding.

Source: Audit Scotland

What further guidance or training do you need to help people identify their outcomes?

Some respondents said they had received good training:

'I receive on-going training appropriate to service users I assess. I also know when to speak to my senior if I have any concerns or there is any conflict with families who are struggling to come to terms with their loved ones care needs; I am confident in arranging meetings and inviting the appropriate people in order to reassure families and explain the resources available in the community to support the service users; families and carers.'

Some suggested a need for further training:

'Training to be ongoing around outcomes to ensure continued focus on the supported person's goals and ambitions as well as assisting them to acknowledge the perhaps more mundane outcomes around safety and health.'

'I think within our organisation we need more training targeted at the process of helping people to develop outcomes as well as what an outcome actually is. I previously worked elsewhere so feel confident in this but current colleagues don't. I think this relates in part to the roll out and use of tools/assessment documents which are not fit for purpose and are currently being revised. Staff need support to adapt to a new way of working and there needs to be a shift in culture. Staff are unclear as to how to identify and support service users to meet outcomes in the context of eligibility criteria and resource cuts.'

'I'm aware that less experienced workers are still struggling with the difference between an output and an outcome and it's something I find difficult to support people with. Some more widely available coaching/ training resources would be good.'

'Better language around outcomes when the public have been conditioned to thinking about needs and what services can provide for them.'

Some staff found it difficult to work with specific client groups to identify outcomes:

'I work with older people, many struggle with the idea of individual outcomes.'

'Some of the people I work with find the forms confusing, difficult and not person centred.'

'it isn't about the need for further training - some of it is about people understanding and being able to articulate their wishes. I work with a lot of older people, and identifying outcomes can be difficult due to reduced cognitive function.'

Some staff said it was difficult to identify outcomes in the context of financial challenges:

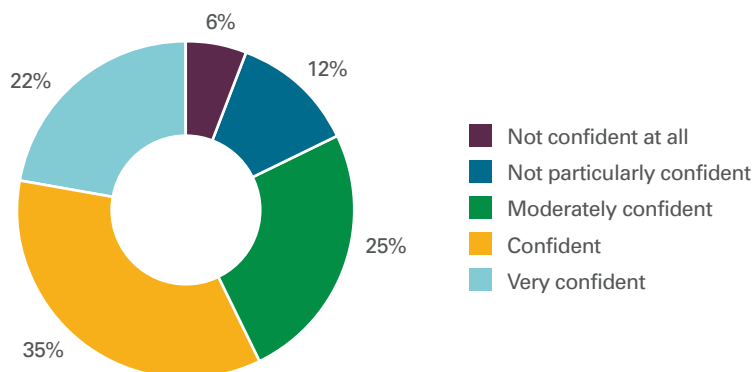
‘SDS is being sold as giving choice and control back to people about how their services should be. In reality this is not the case because of budget constraints so training is how to get across the reality of SDS and realistic outcomes would be useful.’

‘Outcomes can be very difficult to identify and a lot of workers tend to continue to identify goals and tasks. With ever increasing demands, changes and staff reductions time with clients is being squeezed as Managers focus on value and statistics.’

23. Fifty-seven per cent of respondents felt confident or very confident about understanding SDS well enough to help people choose from the SDS options ([Exhibit 11](#)).

Exhibit 11

On a scale of 1 to 5, how confident do you feel about understanding self-directed support so that you can explain it to people and help them choose from the options?



Source: Audit Scotland

What further guidance or training do you need to help understand self-directed support?

Some respondents were positive about the training they had received:

'Various training courses I have attended have explained the options available and the logistics required to initiate the service/complete paperwork. The SDS team have been helpful in providing additional information on an individual basis as required.'

'Most training has been useful, however some courses still used too much jargon, and were ran on the assumption that individual workers were already confident in their knowledge of SDS, this is not always the case.'

'Our team were part of a pilot scheme which was very successful incorporating service users and their family. This gave me a good insight into innovative uses. Some in house training which I learned the basics from and became more knowledgeable the more I used it in practice.'

Some respondents felt further training on the SDS options was needed:

'Staff need to be clear as to options, how these can be used, eligibility criteria, equivalency model etc. It is very difficult to convey all of this to service users and families when we are not clear about the processes internally.'

'This can be confusing for people, particularly choosing which option to choose. I find each case is different. I strive to explain the process. Option 1 can be difficult to grasp for families.'

'More information and guidance on the responsibility people have particularly in relation to direct payments as individuals can find this choice particularly daunting and complex.'

24. Advice and support from fellow social work staff, peer mentors and team leaders or managers is an important source of advice and support when staff are unsure about how to meet someone's outcomes or support choices ([Exhibit 12, page 29](#)). Only three per cent of respondents did not know where they would seek help.

Exhibit 12

Where would you get advice and support if you were unsure about how to meet someone's outcomes or support choices?

Fellow social worker or peer mentor	120 (75%)
Team leader/team manager	98 (61%)
Self-directed support lead/manager/team	76 (47%)
Written or online guidance	65 (40%)
Direct payments team	45 (28%)
Finance staff	33 (20%)
Don't know	5 (3%)
Other	18 (11%)

Note: Respondents could choose more than one client group.

Source: Audit Scotland

Views about the processes for getting support

Some staff were positive about the processes for arranging support:

'I think there have been big improvements in [this area] in the last two years. There is clearer guidelines and processes for staff and service users.'

'We would not be as confident without the team of Direct Payment workers who manage the financial side of things and their vast knowledge re employment laws for personal assistants etc.'

Respondents who were negative about the processes raised similar issues to those raised by service users and carers:

'There are still some staff who appear reluctant to encourage clients to consider Option 1 as this often involves more paperwork and/or they are less familiar with that process and stick with a directly provided/commissioned service as it's easier for workers overall.'

'Keep it simple! Everything is too complicated. It can be hard to understand, it can sound like a lot of work if you were to make all your own decisions, so people just let the Care Management decide and say it's fine, when maybe it's not really the service that they want.'

'Nothing, except the paperwork which can be extremely difficult for people to understand and in particular people who lack capacity or have communication difficulties. Carers do not wish to undertake such an extensive line of questioning is a comment which occurs most of the time.'

'The extent of the work involved in setting up option 1 for small packages of care appears to be self defeating and puts a lot of clients off.'

'At the moment I am unsure about the paperwork side of Option 2. Our policies and procedures have been behind in catching up with the change in legislation. Some procedure change as particular cases challenge the current procedures and this has led to unacceptable waiting times for some families.'

'There is no clear pathway for social work practitioner to follow, so each case may transition along the paperwork trail differently, until clear procedures are in place.'

'The main problem is the overly complicated paper work and processes of this council. To add to this, the council often gets payments wrong and their bills are wrong. This can take even skilled people weeks or months to sort out with the council not being helpful.'

'I have also had some training on using the Social Work recording for SDS (ie how to record the assessment and support plan on [our computer system]). It is a seemingly complex set of information which is needed and requires some speed to be prepared for the

panel to approve it all. I don't find it a particularly user friendly way of recording what 'practical' needs a person has for example if they are going into respite.'

'It is not so much about training it is all the other things that I have to do particularly the approval for funding which has to be presented to a panel. This Panel can stop or delay a request for funding and this adds stress to what is a stressful process for the client & the Practitioner. Once funding is approved the process goes into a kind of accountancy request which you only get proficient at if you are doing them regularly. If you get stuck there is online help and I have to use this often as I work in an isolated location with few requests coming over my desk to build up my competencies.'

'The current SDS assessment process and the tools we have been provided with to follow this process are too long. The amount of paperwork is overwhelming and the style and terminology used in the assessments is not user friendly. The contracts for support as equally as horrendous - [they are very] long and [multiple] copies have to be generated - everyone knows the vast majority of supported people will never read this contract yet we still need them to sign it. Frequently our assessments bring the supported person significantly under budget and this is often just for a relatively small package of support at home. The assessment tool does not seem to capture any client group's needs. Despite all this being highlighted we are still having to use the documentation.'

Some respondents felt there was a lack of information for people seeking support:

'Direct Payments often offer individual's more control over accessing appropriate supports. However, many family members are reluctant to take on this responsibility due to a perceived lack of on-going support and advice specifically in managing Direct Payments.'

'Most of the useful training has been given after the start of the process. Training was given regarding the options and what these were. This was clear but it remains difficult to make these fully understood to service users/carers/parents.'

'Brief and concise written information to give to families about the options and what they mean for them would be helpful to back up verbal discussions about the options.'

'It will be good to have something visual or examples to show the options of SDS to support the service users to be able to understand the differences of the options and able to make their own choice.'

Some thought there was a lack of information for staff:

'Clear in house guidance, flowcharts etc. that explain processes relating to SDS to staff and also more detailed public information (we have one little leaflet that explains briefly the 4 options and that is it)'

'Better literature, better understanding of processes, better support through the process - a central call centre to support staff. Access to a self-directed support team lead for supervision. It's very difficult to find someone who has an expert level of understanding within the organisation.'

Offering people choice and control

25. Staff who responded to our survey had positive stories about support arranged using the SDS options. The most commonly-mentioned way of doing things differently was by helping people employ their own personal assistants. There were also examples of finding respite for carers, pursuing hobbies and interests, and arranging for people to take holidays or trips away.

‘Promoting independence for a young person and allowing them to be more independent of their parents by employing a PA of a similar age and similar interests.’

‘I have one service user who has always been resistant to support as he does not like meeting new people and a provider would be unable to guarantee the same worker every day. He now has a direct payment and works with an ex nhs employee whom he used to work with and is getting fitter and more involved in his community.’

‘A client that I had was using a provider to deliver the large care package under Option 3 but the family and the provider clashed on a number of occasions, not least because the provider proved to be inflexible and were often unable to deliver the hours. The client decided to move to an Option 1 which was a big undertaking given the hours required however it was a great move and the client feels much more in control as they can decide on the staff and exactly how the hours are delivered.’

‘SDS has allowed more creative thinking out of the box and this has been more cost effective for the LA and has provided the service user with a service that has met identified need and has provided benefit.’

‘What social workers often feel is that they have to choose options for people to fulfil outcome criteria. Often this is not tailored to the individual but methods from experience. Listening to those we work for has changed my opinion on the significance of outcomes. It no longer needs to be earth shatteringly significant but relevant to the child's needs and wants. This has seen me move from using a day centre to care for needs to self-directed support being used to allow the child to attend their chosen activities with support.’

26. Our survey asked about barriers to offering people choice and control through SDS. The most common barriers identified by staff were a lack of services or options to offer people and budget pressures. Staff also told us about cases where people did not want to take Option 1 because of the work involved, and occasions when staff felt they had to manage the expectations of service users. Several respondents mentioned difficulties finding staff, for any of the options, or a lack of providers.

Barriers to offering choice and control

Shortages of staff or lack of providers, especially in rural areas:

'Unfortunately due to our location we have very little to offer in regards to care providers. I understand this is an ongoing process and this will eventually improve, however lack of care providers in the area has caused a lot of distress to people.'

'Lack of a supply of PAs [Personal Assistants]/agency workers. In the [two] parts of the country I've worked recently, there's an acute shortage of people who are prepared to work at the rates offered, either as PAs or as carers employed by an agency. The biggest problem affecting people's choices in my opinion isn't anything to do with the application of the policy it is the lack of availability of care staff / PAs. Where families have the funds to top up the DP [Direct Payment] rates the policy has assisted those families by subsidising the overall care costs but this isn't an arrangement that every family / client can afford.'

'The main issue is the sheer volume of cases trying to access a smaller number of resources. We are assessing and submitting our paperwork to the panel. The packages are getting approval but there is no availability for care providers. At times, people can wait many months to get even a small care package. There literally are no other care providers we can use so I don't really see what else can be done to achieve our outcomes of providing a package of care.'

'The shortage of trained carers in both local authority and agency creates major problems. Opportunity in third sector is now rare. Too many mainstream alternatives are unprepared and don't engage well.'

'Assessment is not the issue, offering alternative ways to deliver service is not an issue, service options (resource) is a major major issue.'

'Shortage of capacity amongst care providers in [this area], and allocation of particular providers to particular areas usually means in reality that people don't really have any choice under Option 2 over who will provide their care.'

'Lack of available care workers due to agencies' ongoing recruitment issues.'

'Small local authority so less options for people to access/tap into.'

'Due to working within a rural community, there are not enough resources available to provide the type of support people need, especially overnight respite.'

'Lack of services, particularly in rural areas. Transport in rural areas can also be an issue and can take up a disproportionate amount of someone's budget.'

People feel reluctant to choose option 1 (direct payments) because of the amount of work involved:

'Often people really want ordinary local authority provided services - no complications and no management of staff. However, there is a shortage at times which forces people to use option 1 or 2 to get the support they need.'

'Majority of supported people are choosing option 3 but there is not enough support availability under this option so to get support supported person is being forced to choose either option 2 or direct payments to get support. Forcing people to take another option to the get support they need is NOT meant to be part of the SDS process.'

'I have found that most people are reluctant to move from Option 3; unless their disability is physical and they are quite capable of managing their SDS budget; or they have very active families.'

'Direct Payments often offer individual's more control over accessing appropriate supports. However, many family members are reluctant to take on this responsibility due to a perceived lack of on-going support and advice specifically in managing Direct Payments.'

'Families often struggle to find a friend or a person they trust or know well enough to undertake the role of Personal Assistant therefore they usually default to option 3. Social work then take on board the task to find a professional service provider at a higher cost to the service - It is my experience that often family members who are looking for support are at crisis point and they do not want to start processes of advertising and interviewing personal assistants as this causes them further stress.'

'The time scale and processes affects people having choices. If they feel they have to advertise for staff, interview etc they are usually put off as this takes a great deal of time. If they are unable to locate a friend or such like then they will not be able to have a personal assistant.'

'Families I have worked with are willing to have discussions about all 4 options and weigh up the pros and cons. Overall, the consensus amongst younger adult families with disabilities is that they do not want the responsibility of organising a Direct Payment.'

Budget restrictions can affect people's choices:

'Funding cuts within my local authority is having a real effect on people's budgets. Without an increase in community based (unpaid) resources, I believe there will be many families struggling to meet the needs of their children.'

'The obvious one is budget restrictions of which we have been very affected - so lack of resources in terms of money to spend and what people can and can't spend their money on. Three years ago budgets were much more generous - now cuts and the people with care needs are most affected as they were used to what they had,

now have less but needs have not changed (even when outcomes are met, needs may stay the same.)'

'I think people have a fairly wide choice generally and I feel most of the limitations people come up against relate to a lack of funding/resources.'

'SDS is good in principle. Difficulty is the budgets awarded still outstrip the required care locally required as our older and disabled population continue to increase in number and complexities. Unless health and social care is funded to enable people with care needs to be cared for at home then this principle will not work in the long term. As a manager who is responsible for carrying out reviews of new and existing care plans I am aware that the hope is my staff will reduce budgets however the reality is we just as frequently have to increase supports as older relatives start to struggle to care for their family member.'

Lack of clarity about how budgets may be spent:

'No clear guidelines from SDS Scotland as to outcomes and no clear info to Service Users, parents and carers as to what the money can be spent on.'

'Having clearer guidance regarding what is accepted and what is restricted via Self Directed Support as the term outcomes is very subjective especially in relation to mental health as many different things can be used to promote positive mental health ie holidays, attending social activities such as concerts, sporting events etc, physical exercise (gym membership), massage, holistic therapies, alternative therapies etc, meaningful activities (again this is wide). However, there is unclear guidance as to whether these things can or should be used via an SDS budget which is fundamentally public funds.'

'I feel that the introduction of SDS has highlighted the cost of care to supported people and their carers and this has not been a bad thing. However, clearer guidelines on the use of the direct payment for Carer's would alleviate a great deal of stress for workers who often find themselves in an 'I don't know' situation when faced with disagreements around their use. This also causes problems of inequality as carers differ in their ability to research and present intelligent arguments to justify usage that may not be, to us as workers, totally appropriate. We are aware that there is always a grey area but it would be helpful to have clearer guidelines around the use of the Carer's DP budget.'

'Feel confident enough but concerned about moving goal posts as to how it can be spent.'

'Lack of clarity from SDS team about what money can be used for.'

'There is much disparity between generating an Indicative budget (My team uses a scoring system) and what management actually agree to fund. I find that even if a family choose to utilise their entire indicative budget and I agree that this meets the family's outcomes, management will often reduce the care package to some extent in order to save money.'

'The training has been quite poor at times and there is still a large difference between what SDS as a department tells us we can use payments for and what our managers will allow.'

'Older people may identify outcomes such as going to church, visiting family, having company etc. as well as their personal care and support needs. The priority of needs framework adopted by most councils means funding is only being released for essential support which is task orientated and covering basic needs like medication, feeding, washing and dressing.'

'Identifying outcomes is easy...getting funding for anything more than basic care needs (which can result in quarter of an hour home visits) is much harder.'

'There needs to be a greater focus on providing funding for preventative measures focused on good transport, social/emotional stimulation and better opportunities for access to the local community.'

Issues with client contributions to their budget:

'Some people still struggle with having to pay a contribution towards their care costs, which has resulted in debts accruing.'

'Lack of services - or availability of services at the times requested.
- Barriers around charging policy and the impact that this has on worker/service user relationships.'

'In Mental Health there is a huge issue over charges as this Council charges for these supports. Occasionally the person will give up on the request when the charge element becomes clear to them, this is an unfortunate by-product of that Policy!'

'Person was unable to use their preferred Option 2 due to administrative failures. It had been stressed throughout the initial training that should the person choose a more expensive support than we would normally fund then, the person would have to pay the difference. Unfortunately the finance side paid out the higher amounts requested by some companies. This resulted in a clamp down on Option 2.'

'Issues with our LA not having a clear charging policy or clear guidance on differentiating between client and carer outcomes (charging) when the actual output (care required) is effectively the same.'

Other comments:

'I work with adults with learning disabilities and sometimes their lack of capacity and the lack of a legal framework for someone to act on their behalf can be a problem and can delay the process.'

'SDS favours those who are literate, well-supported and have additional resources such as friends and family. It is not a suitable option for those who are most vulnerable and may be illiterate, homeless, mentally ill or disabled or otherwise in crisis - ie those it is supposed to help!!!'

'People and other organisations need to be educated to the realities of Self Directed Support, it is a great concept, it has great potential, it is doing great work. However, it is failing to deliver the budget savings anticipated, the bureaucracy has got out of control and people have unrealistic expectations of the control and freedom they will have.'

'The main problem with that is we are chronically short of in-house services to facilitate timely hospital discharges...Additionally with integration we find our NHS colleagues appear to have little idea of what SDS is about both in theory and in practice and they can give wrong information to clients or raise expectations that the local authority cannot meet.'

'Some people have unrealistic expectations about how they can use their budgets; however, when it was explained to them they were fine.'

'People have been given expectations which are not practical to be met by Local Authority assessments. This leads to conflict and misunderstanding. The role of the LA, Legislation and limitations have to be better advertised and explained.'

'Again conflict arose due to families been given conflicting advice as to what can be purchased in the way of activities for example families been given a particular payment for say a holiday or to pay for a course this may have met particular needs for a family but other families assuming it is their right also to have a holiday paid for or a season ticket etc. not understanding budgets and assesses needs - Confusion with identified budgets and actual budgets for some families assuming that the whole budget is available for spending on demand !!'

'Yes, they wanted to manage their own budget and I didn't think it was something they could manage.'

'Their ability to manage a budget themselves, too difficult for them and unsure they would spend the money appropriately.'

'Domestic supports, cooking, cleaning, shopping etc. are considered private chargeable services. Often clients/families expect these services to be included in their supports, without charge.'

'Disparity between the 'sales pitch' of what SDS can be used for and what local funding panel will agree.'

Directing people to alternative sources of support if they do not meet eligibility criteria:

Our survey asked respondents about people they have assessed who do not meet the eligibility criteria for social care, and if they were able to direct them to alternative sources of support. Most people who responded to this question were able to identify some form of alternative service, mainly voluntary sector or community groups. Very few respondents were completely unaware of alternative services.

'I think this happens frequently in relation to signposting to alternative resources of which there are a variety. It is difficult to assess the success of this as we don't do follow up.'

'There is a wide range of community supports in [this area] where people can be supported - often through the Council for Voluntary Services.'

'Yes we operate an initial response team who provide short term support for individuals who do not require a budget and they are supported to identify and access natural supports and free resources in the community that are able to meet needs. Additionally, this team is very creative with assisting people through a range of free resources. Furthermore, we ensure that individuals' income is maximised and that they can budget their finances better, to enable them to have more options available to them regarding accessing resources that may require funding such as local yoga classes that may have a minimal charge.'

'Using Dial A Bus to get out to a weekly event rather than having a personal assistant to take them.'

'We are critical only for funding and I always request things under critical criteria given mental health issues are frequently a crisis for the person I am dealing with. I look to recovery pathways and use the review process to see what impact for change has occurred and at that point it may become a lower level or cease dependent on the progress the person has made. I also have the advantage of NHS support pathways which are free at the point of contact and again we tap into this as/when necessary.'

'For this locally we have:...Rural charitable transport service - Meal delivery services (LA & private) - Befriending Service - Third Sector Interface - Benefits Welfare Rights Officers - Young peoples' housing support project - Homelessness Officer - Skills Development Scotland - Job Centre Plus - Charitable orgs who provide employment training through volunteering (mainly charity shop work)...I have a cause to refer people to all of these orgs in the last 2 years...However in the last 2 years 3 voluntary groups have folded due to lack of board participation and funding. New legislation/legal requirements for voluntary orgs and short term funding for projects that become unsustainable because rolling costs are not covered mean it is very difficult to maintain groups and orgs in the current climate...The same people trying to provide a workforce from an ever decreasing working age population.'

'Yes I assessed an individual and identified that their main areas of challenge were in relation to shopping and feeling lonely. The individual was directed to a local voluntary shopping service and provided with details of local clubs and lunch groups.'

Supplement 2

Self-directed support

Audit methodology and survey results

This report is available in PDF and RTF formats, along with a podcast summary at:

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Self-directed support

Checklist for councillors and board members

ACCOUNTS COMMISSION 

AUDITOR GENERAL 



The Auditor General and the Accounts Commission published their joint report, [Self-directed support, 2017 progress report](#), on 24 August 2017. This checklist accompanies that report and sets out some questions that councillors and board members might ask to seek assurance about progress in implementing self-directed support in their council or integration authority.

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required actions
How users, carers and families experience self-directed support in our authority			
Paragraphs 15-22, 65-66	<p>Do we now offer self-directed support (SDS) to all eligible people when we assess or review their social care needs?</p> <ul style="list-style-type: none"> In what circumstances are people not offered the four SDS options? What are we doing to give these people more choice and control? 		
Paragraphs 23-29	How many people do we support, how many people have been offered the SDS options, and how many people have chosen each option?		
	<ul style="list-style-type: none"> How do we expect these numbers to change in future, and why? 		
Paragraphs 8, 36-43	How do we involve service users, carers and providers to help design more flexibility and choice into support options?		
	<ul style="list-style-type: none"> What do they tell us about how we could improve? 		
Cont.			

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required actions
Paragraphs 36-43, 47-51	<p>Have we reviewed our assessment and support planning processes to make them simpler and more transparent?</p> <ul style="list-style-type: none"> • What do users and carers think about the processes? 		
Paragraph 38	<p>Have we reviewed our processes for supporting children to transition into adult services?</p> <ul style="list-style-type: none"> • Have we jointly agreed improvement actions between children's and adult services? 		
Paragraphs 35, 47-51	<p>Have we reviewed the information and help we offer to people during assessments, reviews and planning discussions?</p> <ul style="list-style-type: none"> • Do people understand our information? Does everyone who needs it get it? Do they get it at the right time? • How have we involved users, carers and providers in reviewing the information and help? • Do we offer people independent advice and advocacy when they need it? 		
Paragraphs 25, 36, 44-46	<p>What difference is SDS making to people's personal outcomes?</p> <ul style="list-style-type: none"> • How do we record and monitor this so that we know if things are improving across the board? • How are we using this information to plan future SDS processes and services? 		
Supporting social work staff to implement SDS			
Paragraphs 44-46, 52-54	<p>Do all our social work staff feel they have the time, information, training and support they need to be able to identify and plan for people's personal outcomes?</p>		
Paragraphs 44-46	<p>Do all our social work staff fully understand outcomes?</p> <ul style="list-style-type: none"> • Are they confident about working with personal outcomes? • Have they had sufficient training? 		
Paragraphs 52-54	<p>Do our behaviours and processes encourage and support social work staff to develop innovative solutions to meet individual needs flexibly?</p>		
Paragraphs 55-58	<p>Do social work staff have sufficient guidance and support on how to balance innovation, choice and risks with service users and carers?</p>		
Cont.			

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required actions
Monitoring and planning progress in SDS implementation			
	<p>Do we regularly review our progress in implementing SDS?</p> <ul style="list-style-type: none"> Do we review progress against our SDS implementation plans? Do we monitor and report on the SDS options chosen by people, ensuring this data is accurate and consistent? Do we monitor and report on the whether people's personal outcomes are being met with SDS? 		
Paragraphs 63-72	<p>Do we use national information, reports and tools to help us improve how we are implementing SDS?</p> <p>Do our strategic commissioning and related plans show:</p> <ul style="list-style-type: none"> how more choice and control will be achieved for service users? how decisions will be made about re-allocating resources from one type of service to another in response to people making their SDS choices? 		
Paragraphs 65-70	<p>Are we using flexible contractual arrangements that give supported people and providers the opportunity to be flexible about support?</p> <ul style="list-style-type: none"> Have we involved users, carers and providers in developing this? If we do not have outcomes-focussed contractual arrangements, how are we giving supported people flexibility, choice and control? 		
Paragraphs 73-75	<p>Are we working with communities to develop alternative services and activities that meet local needs?</p> <ul style="list-style-type: none"> How are these community-based services and activities helping to support people? Are there opportunities to develop more community-based services and activities? 		
Cont.			

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required actions
Paragraph 91	<p>Have we developed targeted information and training on SDS for healthcare professionals who have direct or indirect influence on people's health and social care support, including:</p> <ul style="list-style-type: none">• primary care professionals such as GPs, district nurses, occupational health professionals?• hospital staff who may influence decisions about discharging patients when they need temporary or permanent support?• managers and administration staff?		



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