

Proposed National Framework for Self-directed Support

Introduction

This paper provides an update on work to date in relation to the development of a national framework for Self-directed Support (SDS). This framework will consist of a set of standards written specifically for local authorities to provide them with an overarching structure, aligned to legislation and statutory guidance, for further implementation of SDS. The framework will model detailed elements, actions and behaviours that require to be evidenced in order for SDS to work well. Further developments of the framework will align best-practice resources that have been developed to date by key partners to support the implementation of SDS. The proposed framework and standards have been developed to reduce the inconsistency of experiences that have been reported by people who receive or have received social care in Scotland.

Purpose

1. It is widely acknowledged that the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 has been variable across Scotland with the Adult Social Care Reform Programme seeking to redress this. The terms of reference for the recently announced Independent Review of Adult Social Care reflect that this remains a priority. The [Scottish Government Self-Directed Support Implementation Plan 2019-2021](#) set out that Social Work Scotland would work with local authorities and senior decision makers to design and test a framework of practice for SDS across Scotland. Social Work Scotland's SDS project team has been engaged in widespread consultation with key national and local stakeholders in 2020 including local authorities, national partner organisations and supported people (see Appendix A) in the development of a national SDS framework. The framework will provide a set of co-produced standards, helpful resources and action statements, building on the Change Map, to assist local authorities in further implementation of SDS.

Background

Context

2. The standards and action statements have been developed to ensure consistency of outcomes and approaches in SDS practice across Scotland experienced by supported people (children and adults) and carers, building up a framework of good practice in assessment for support, support planning and in provision of care and support resources. Engaging with a wide range of national and local stakeholders (Appendix B), this work builds on the [SDS Change Map](#) developed in 2019.
3. The standards align with both the Children's Charter and the Health and Social Care Standards, both of which express what people can expect from their care and supports in terms of them being personalised, and the level of involvement they can expect to have at all times from assessment through to the delivery of care and support.

4. Local authorities have been central in the development of the material. Local authority SDS leads represented on the Social Work Scotland SDS Subgroup have supported and advised the project team throughout the project. In addition, a survey questionnaire followed by two short-life reference group meetings in September asked a range of key local authority stakeholders to reflect on the appropriateness and relevance of the draft standards, and what would be required to implement them. Seventeen local authorities contributed their comments. The general consensus was that the standards are timely, inspiring and supportive.

Underlying assumptions

5. Three underlying assumptions underpin the Change Map and the standards and are supported by the national and local authority stakeholders involved in the SDS project. They set a national direction of travel for SDS, based on current evidenced best practice.

Assumption 1: Assessment and the identification of resources is all part of the same process, and should not start with a budget but with the 'good conversation'.

6. Assessment and the identification of resources is all part of the same process, and should not start with a budget but with the 'good conversation'. Having a good conversation should identify all of the things that matter to a person in their life and should result in the identification of their personal outcomes.
7. This conversation should take a strengths- and asset-based approach to assessment, and should support the person's right to choice and control. This involves identifying natural supports (friends, family and carers), exploring suitable technological supports and available financial and community assets. Budgets should only be costed once the assessment has been undertaken, available assets and strengths have been identified and personal outcomes have been agreed.
8. All eligible outcomes should be considered for funding, as long as they are legal and cannot be met by other supports or funding streams. If a budget is required to purchase registered social care services, a personal assistant or bespoke support, then this should be costed up and agreed with the person

Assumption 2: Community supports offer early help and support to people.

9. Locality based, community models have demonstrated their value in supporting people who do not meet high levels of eligibility for social-care supports (e.g the Three Conversations model, Community-Led support models, Brokerage Networks). Community support models offer a universal approach where everyone is welcome to have a 'good conversation'. Early help and advice can be offered to anyone who needs it, and the process can serve as a gateway into more formal assessment and access to services including social work, social care, housing, health, welfare advice and third sector. A community support approach should not be regarded as a replacement for registered statutory services, and does require investment.
10. Evidence suggests this way of working increases staff satisfaction as they have an improved local knowledge and feel more autonomous and empowered. Community-based early intervention has been shown to support people to maintain their

wellbeing and remain independent, to reduce loneliness and to increase their knowledge of technological supports and adaptations. In areas that have piloted the model, the approach has resulted in a reduction in waiting lists for health, social care and social work services.

Assumption 3: All social care processes need to be designed to meet the values and principles of SDS.

11. All social care systems and processes need to be designed to meet the values and principles of SDS. These include assessment, review and outcome planning, IT, finance, contracts, procurement and commissioning systems and processing. Redesigning systems and processes to support SDS and, over time, developing IT systems that enable effective recording, flexible person-led commissioning, and personal budgeting.

The Standards

12. The standards have been written for local authorities, outlining a direction of travel for effective implementation of SDS. They have been designed to be helpful, be measurable, provide more accountability to people who want more choice and control over their social care, provide the basis for a self-evaluation framework for local authorities.

Area of Relevance	SDS Standards
Access to independent support and advocacy	1. Adults, children, young people and their carers are offered independent advice, support and advocacy to have choice and control over their social care and support and to exercise their human rights.
Early help and support	2. Early help and support is available to all people who need it.
Strength and asset-based approaches	3. Assessment, support planning and review systems and processes are personalised, recognising people's strengths, assets and community supports, and result in agreed personal outcomes.
Outcome monitoring	4. Agreed personal outcomes are monitored through ongoing review processes. Reliable outcome data is captured routinely, is used for continuous improvement and demonstrates the extent to which SDS practice is carried out as intended.
Accountability	5. Clear and supportive processes are in place for SDS decisions to be challenged and appealed.
Risk enablement	6. Workers and supported people work together through shared decision making to plan for positive risk enablement whilst balancing the responsibility of statutory protection of children, young people, adults and carers.

	Consideration should be given to supported decision making in relation to capacity.
Flexible and outcome focused commissioning	7. Commissioners shape the local markets to support people to live their lives in ways which evidence choice and control over their care and supports.
Worker autonomy	8. Workers are enabled to exercise professional autonomy in support planning and setting personal budgets within agreed delegated parameters.
Transparency	9. Processes and decisions that affect a supported person's social care budget and options are recorded and/or explained in ways that make sense to the supported person. This includes helping the person understand what direct care and support they are eligible for, their level of contribution and how a budget can be spent.
Early planning for transitions	10. The Principles of Good Transitions are embedded within SDS policy, planning and practice across all sectors as a framework to support young people and families. Transition planning processes have the person's wellbeing, aspirations and personal outcomes at the centre. Young people and their families are given the time, information and help they need to make choices and have control of their care and support as they move into the next phase of their lives.
Consistency of care	11. Supported people moving from one local authority to another can expect their agreed personal outcomes to be met in a comparable way.

Active Implementation approach

13. The model of implementation that has been taken for SDS relies heavily on regulation, organisational change, technical processes and stand-alone training, all of which, typically have a low return on investment and poor effectiveness. Without a national implementation strategy, local authorities have interpreted legislation and guidance differently, and this has led to the inconsistencies reported by supported people and reflected in inspections.
14. Acknowledging that SDS implementation has achieved only partial success since its inception, Social Work Scotland has sought a structured and evidence-based approach to determining and contextualising recommendations for further development. Implementation science, utilised in Scotland most notably in children's services¹, provides a set of interconnected frameworks that can support successful implementation of complex social policy.

¹ <https://www.celcis.org/about-us/implementation/>

A framework for local authorities

15. The standards form part of a wider framework, designed to assist local authorities with the next steps in their implementation journeys. Drawing on evidence-based practice, the framework will incorporate and signpost to helpful tools and resources that have been developed since the inception of the 2013 Act by key SDS partners.
16. A model of essential elements of SDS is in development, expanding on the action statements laid out in the Change Map to provide the detailed actions and behaviours that will support the implementation of SDS as it is intended to be delivered. Appendix A provides a high level illustration around an element of what makes up an effective SDS system – further detail will be worked out for the whole system. Action statements will be developed for each standard and will be linked, in due course, with best practice resources to enable local authorities to make best use of what is currently available to support the further implementation of SDS.

Synergies with the Independent Review of Adult Social Care and The Promise

17. The SDS project findings correlate with the scope of the Independent Social Care Review and the commitments of The Promise (See Appendices C and D for table identifying the synergies).

Consultation

18. Social Work Scotland is launching a consultation on the draft material from **2 November 2020** through to **8 January 2021**. The consultation is focused on the appropriateness and relevance of the framework approach, including the assumptions, standards and action statements. The consultation is seeking principally the views of organisations whose responsibility it is to deliver SDS.
19. In tandem, we are putting out an open 'Call for Comment' seeking ideas from individuals - people, workers and leaders - about what needs to happen next in their area to make the standards a reality.

Next Steps

20. Social Work Scotland's project will complete its development phase by March 2021, reporting to COSLA's Health and Social Care Board in early 2021 with final proposal for the framework of practice. The remainder of the project's development phase will consider implications and recommendations for implementation.

Social Work Scotland

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Appendix A

An illustration of SDS where processes and boundaries are usable and transparent, and workers are trusted to practice within them.

worker confidence increases

Leaders value social work activity and actively trust workers' professional opinions.

Frontline workers are encouraged and enabled to exercise professional autonomy.

facilitative relationships are made

Leaders are trusting of workers' professional judgement and allow them suitable autonomy in care planning.

Workers enable and empower people to make informed decisions about their social care support

Workers engage in good conversations which respect what matters to people & the outcomes they value

People know the budgets & resources available to them & can direct them creatively & flexibly.

systems & processes are clear and effective

Workers follow a sequenced process of identifying assets, and natural and community supports, financial maximisation, adaptations and what technology can offer before determining what can be offered as directly funded/provided care and support.

Workers support the person to identify their own needs and assets including family and community assets.

The supported person is enabled to participate in and understand processes and decisions that are made, including decisions about support budget.

Definitions and descriptions of processes that affect a supported person's social care budget and options are written down and/or explained in ways that make sense to the supported person. This includes helping the person understand what direct care and support they are eligible for, level of contribution and how a budget can be spent.

When a decision is made to refuse funding for a care and support request, leaders provide detailed reasons to workers, so this can be recorded formally and communicated to the supported person.

Outcomes are well-defined and achievable, with clear milestones and timescales. It is clear how the worker and the supported person will know that outcomes are met.

Appendix B - Project Contributors

Advocacy Western Isles
Association for Real Change (ARC) Scotland
Audit Scotland
Ayrshire Independent Living Network
British Association of Social Workers (BASW/SASW)
Care Inspectorate
Carers Trust
Carr Gomm
Centre for Excellence for Children's Care and Protection (CELCIS)
Chartered Institute of Public Finance and Accountancy (CIPFA)
Coalition of Care and Support Providers in Scotland (CCPS)
Coalition of Scottish Local Authorities (COSLA)
Community Brokerage Network
Dundee Carers' Centre
Enable Scotland
Encompass Borders
Equal Say Advocacy
Glasgow Caledonian University
Glasgow Centre for Inclusive Living
Health and Social Care Alliance Scotland (The Alliance)
Healthcare Improvement Scotland
Helen Sanderson Associates
In Control Scotland
Independent Living Fund (ILF) Scotland
Inspiring Scotland (SIRDs)
Integration Joint Board Chief Finance Officers Network
Iriss
Lothian Centre for Inclusive Living
Minority Ethnic Carers of Older People (MECOPP)
Neighbourhood Networks
People-Led Policy Panel
Personal Outcomes Network
Radical Visions
Scottish Care
Scotland Excel
Scottish Government
Scottish Personal Assistants' Employers Network (SPAEN)
Scottish Social Services Council (SSSC)
Self-directed Support Forth Valley
Self-directed Support Scotland (SDSS)
Social Work Scotland Adult Social Care Standing Committee
Social Work Scotland SDS Practice Network
The Advocacy Project
Voice of Carers Across Lothian (VOCAL)
Workers' Educational Association Scotland

Local authority contributors

Aberdeen Council
Aberdeenshire Council

Angus Council
Argyll and Bute Council
City of Edinburgh Council
Clackmannanshire Council
Comhairle nan Eilean Siar
Dumfries and Galloway Council
Dundee Council
East Ayrshire Council
East Dunbartonshire Council
East Lothian Council
East Renfrewshire Council
Falkirk Council
Fife Council
Glasgow City Council
Highland Council
Inverclyde Council
Midlothian Council
Moray Council
North Ayrshire Council
North Lanarkshire Council
Orkney Islands Council
Perth and Kinross Council
Renfrewshire Council
Scottish Borders Council
Shetland Islands Council
South Ayrshire Council
South Lanarkshire Council
Stirling Council
West Dunbartonshire Council
West Lothian Council

Appendix C

Lines of synergy between the SDS Project findings and the Terms of Reference of the Independent Review of Adult Social Care.

Scope of the Independent Social Care Review	Findings of the SDS project
How equitable and non-discriminatory enjoyment of rights can be achieved.	<p>The SDS project has found that current eligibility criteria for people accessing social care interpreted locally contributes to inconsistencies in allocation of the supports people need to help them achieve their personal outcomes.</p> <p>Community support models offer a 'no one is a no' approach offering, advice, information and lower level supports. Focusing on community wealth.</p> <p>The principle of equity should support the achievement of what matters to each person, demonstrated in different ways. There should be equity in the processes of assessment and review, and in how the values and principles of SDS are enacted in practice.</p>
How decision-making, participation, independent living and control can be maximised by people using adult social care services.	<p>Action statements supporting the standards detail practices and behaviours necessary for people to have choice and control:</p> <p><i>People have access to good quality information, advice & practical assistance in understanding creative support options & how they might work. Workers collaborate with the supported person, and with others who have responsibilities towards the person, in respect of helping the person understand and make choices about care and support; in so far as this is compatible with SDS legislation and protective of the person's welfare. Supported people receive all the support they require to engage in the assessment and support planning as much as they want. Advocacy is specific to their age and developmental needs. Workers put the supported person at the centre of the process, supporting them in a way that makes them feel confident, informed, included, respected, treated with dignity.</i></p>
People's experiences of adult social care support and outcomes achieved.	<p>SWS recommends to the wider review that a National Outcome Focused Reporting Framework is required for adults that is similar to the GIRFEC model. This approach to allow personal outcomes data to be routinely captured & systematically used for continuous improvement to demonstrate that SDS practice is carried out as intended.</p>
How individuals' social care "needs" are assessed by social work, social care and health professionals.	<p>The SDS project has mapped out the essential elements of a sequential approach to assessment and care planning:</p> <p><i>Frontline workers are encouraged and enabled to exercise professional autonomy. Workers take a strengths-based approach to supporting people. Workers follow a sequenced process of identifying assets, and natural and community supports, financial maximisation, adaptations and what technology can offer before determining what can be offered as directly funded/provided care and support. Workers engage in good conversations which respect what matters to people & the outcomes they value. Workers support the person to identify their own needs and assets including family and community assets. The support plan focuses on what the person wants to achieve taking account of any welfare or risk factors. Definitions and descriptions of processes that affect a supported person's social care budget and options are written down and/or explained in ways that make sense to the supported person. This includes helping the person understand what direct care and support they are eligible for, level of contribution and how a budget can be spent. Outcomes are well-defined and achievable, with clear milestones and timescales. It is clear how the worker and the supported person will know that outcomes are met.</i></p>

<p>The overall quality, and sustainability of current social care services and supports.</p>	<p>SWS recognises that local authorities' budget constraints have and will impact on the delivery of quality social care and should be examined within the independent review. The use by the SDS project of implementation science helps to demonstrate the essential factors to embedding a sustainable model of social work and social care.</p>
<p>The need to develop a skilled, purposeful and sustainable adult social care workforce.</p>	<p>Implementation science points to what is essential in recruiting, preparing and supporting a skilled social work workforce, undertaking person-led assessment and care planning so crucial to achieving personal outcomes. One key focus is on coaching workers to deliver on the values and principles of SDS. This requires leaders to create the right environment for this to happen and to be willing to trust the professional judgement of the worker.</p>
<p>The effectiveness of the statutory environment within which adult social care is commissioned, procured and delivered.</p>	<p>All key processes within social work and social care system need to be aligned with the values and principles of SDS if SDS is the way by which all social care should be delivered across Scotland. Legislation across social work needs to be aligned to enable workers to practice seamlessly to support human rights and keep people safe.</p>

Appendix D – Relationship with the Promise

SDS STANDARDS	THE PROMISE
1. Adults, children, young people and their carers are offered independent advice, support and advocacy to have choice and control over their social care and support and to exercise their human rights.	Appropriately prepared independent advocacy services should be made available to all children, it is imperative that all approached to care delivery are underpinned by rights-based approaches.
2. Early help and support is available to all people who need it.	The Promise indicates a commitment to supporting natural and existing networks of support wherever possible. The strategy advocates for supports to be situated in the locality of an individual and promotes the concepts of inclusion, person/family centred planning, assets and rights-based approaches.
3. Assessment, support planning and review systems and processes are personalised, recognising people's strengths, assets and community supports, and result in agreed personal outcomes.	
4. Agreed personal outcomes are monitored through ongoing review processes. Reliable outcome data is captured routinely, is used for continuous improvement and demonstrates the extent to which SDS practice is carried out as intended.	Considerations must be made on the quality and type of data that is routinely collected. A shift in focus to the collection of qualitative data relating to outcomes and reflections of experiences will enable a deeper understanding of the lived experiences of people within the care system.
5. Clear and supportive processes are in place for SDS decisions to be challenged and appealed.	Approaches to regulation and inspection of care services should be based again in the rights of the person and should consider all of the needs of the person and those who support them.
6. Workers and supported people work together through shared decision making to plan for positive risk enablement whilst balancing the responsibility of statutory protection of children, young people, adults and carers. Consideration should be given to supported decision making in relation to capacity.	Risk management and mitigation must be balanced with the exposure to experience and the capacity for children to develop their resilience. The importance of positive risk taking to support resilience should be reflected in the preparation of practitioners and leaders, as well as in the ethos of care agencies.
7. Commissioners shape the local markets to support people to live their lives in ways which evidence choice and control over their care and supports.	How services are commissioned must change so that children and their families are at the centre of decision making, as too often the system takes precedence over their needs. Services and provision must be designed on the basis of need supported by clear evidence. Competing for contracts encourages competition not collaboration, can lead to the duplication of services and may stifle good practice.
8. Workers are enabled to exercise professional autonomy in support planning and setting personal budgets within agreed delegated parameters.	Workers must be supported to work more autonomously so that they can make decisions that fall naturally from their work with children and young people. Developmental training and ongoing professional development should give workers the tools and confidence to exercise effective judgement.
9. Processes and decisions that affect a supported person's social care budget and options are recorded and/or explained in ways that make sense to the supported person. This includes helping the person	Budgets must be responsive to families' choices, and there should be no unnecessary barriers to families' wishes being carried out. The workforce must listen to the view of children and families, and decision making must be honest and transparent so that

<p>understand what direct care and support they are eligible for, their level of contribution and how a budget can be spent.</p>	<p>everyone understands what has been decided and why.</p>
<p>10. The Principles of Good Transitions are embedded within SDS policy, planning and practice across all sectors as a framework to support young people and families. Transition planning processes have the person's wellbeing, aspirations and personal outcomes at the centre. Young people and their families are given the time, information and help they need to make choices and have control of their care and support as they move into the next phase of their lives.</p>	<p>Significant transitions should be: limited, relational, planned and informed.</p>
<p>11. Supported people moving from one local authority to another can expect their agreed personal outcomes to be met in a comparable way.</p>	<p>The bedrock of how Scotland cares must be consistent.</p>