

Self Directed Support- A National Strategy for Scotland

Response to the Scottish Government from ADSW

Responses to questions

1) Values and Principles-The strategy sets out the values and principles of self-directed support.

Do you agree with the values and principles? If not:

- What would you remove?
- What would you add?

ADSW response: ADSW welcomes the opportunity to comment on this document. The values and principles are largely consistent with those contained within ADSW's position statement '*Personalisation: principles, challenges and a new approach*' published in 2009, i.e. the right for self-determination through choice and control; the importance of corporate ownership to ensure shared responsibility for the development of inclusive environments that prevent, reduce or delay the need for formal support; the sharing of the values that underpin the approach across all sectors of society.

We would prefer the word 'support' to replace 'care' within the report, thereby emphasising the principle of citizenship and participation for all. There are, of course, limitations on 'inclusiveness' - on the right to choose - that are articulated in legislation, such as the Adults with Incapacity Act, the Adult Support and Protection Act, and some Direct Payments guidance. Similarly, when considering 'fairness' as a principle, it is important to acknowledge that some people may require support to balance issues of choice for individuals and a consideration of the wider good. Capacity and control are relative terms.

Self-directed support should lead to skills being learned, retained and reclaimed. It is not simply an issue of sustaining what exists. ADSW welcomes, therefore, the recognition that preventative and early intervention services require to be resourced. The difficulty to date lies not in a failure to agree with the argument for prevention, but in a reluctance to divert scarce resources away from the most vulnerable who ultimately are most often the responsibility of the statutory sector. Cross service/sector ownership of the agenda and building community capacity may provide solutions in the middle to long-term, but such activities require resourcing in the interim.

The exercise of judgement around risk and self-determination/minimum necessary intervention is already part of the core functions of social work. ADSW supports the view that existing social work skills in this area need to be more widely applied so that there is a presumption of capability until facts, assessment and judgement indicate otherwise.

In particular, ADSW welcomes the clear statement within the strategy that direct payments are only one method of achieving self-directed support. Whilst direct payments are an important element of this approach and one that should be considered for all who require support, self-directed support can also be achieved in other ways. Self-directed support, within a wider personalised approach, must present a flexible, fluid alternative to traditional 'off the shelf' organisational solutions to human need. We must ensure that staff retain a creative approach to self-directed support.

2) Ownership and Leadership – the strategy demonstrates the need for broad ownership of this agenda and leadership at all levels.

- What do you believe should be done nationally and locally to promote self-directed support?
- What are the priorities for a training strategy to take self-directed support forward?

ADSW response:

ADSW supports the statement that Chief Executives (and elected members) must drive forward this agenda, raising expectations that services should step outside of agency boundaries to deliver more inclusive environments jointly.

ADSW also agrees that the Scottish Government should approach academic bodies to ensure self-directed support is included in social care, social work and health training. The inclusion of health staff is welcomed and should include occupational therapists. ADSW's support for early discussion and learning is evidenced by its ambition to provide training on personalisation to every final year social work student before 2011. This programme is underway.

Personalisation and a commitment to self-directed support require a shift in organisational and societal culture. Many of our staff have been taught to allocate existing, off the self services that best match needs following assessment. Self directed support involves more than person- centred planning. Opportunities for existing staff to discuss and understand the purpose behind the change is essential. ADSW has delivered 'Conversations with the Frontline on Personalisation' events in every area of Scotland over the last two years and experience suggests that the inclusion of personal stories of change is often effective and Citizen Leadership programmes are

useful. Mandatory requirements will not deliver the shift in practice required. Hearts and minds need to be won.

The ADSW/Self-Directed Support network has existed for 10 years and is an effective national arrangement with the ability to influence the development of self-directed support and directed payments. This may be an effective conduit for promoting the implementation strategy locally and nationally.

3) The strategy describes the role of universal services in supporting inclusive communities. Community Planning Partnerships are currently charged with taking a strategic overview for their localities.

- How could they be more involved in ensuring that provision across all the services is co-ordinated so that not only social care budgets contribute to desired outcomes?

ADSW response: ADSW agrees that self directed support is not an agenda for social work alone. This recommendation should be reflected in Single Outcome Agreements and the positive work that is taking place should be shared widely. Self directed support involves ‘quality of life’ issues and the emphasis should rightly be on outcomes rather than on process and access to formal services. The involvement of Community Planning Partnerships is a useful suggestion. Ownership at Chief Executive and elected member level is essential.

4) One recommendation is that local area co-ordination should be developed and funded by community planning partners.

- What are your views on how this could be implemented?
- Are there other specific recommendations for universal services you would suggest?

ADSW response: ADSW acknowledges that local area coordination provides a valuable prevention and support service that promotes social inclusion. However, this is also the case for other services. Choice in local delivery is a well established principle. It would be more helpful for the strategy to focus less on specific recommendations in preference for an emphasis on outcomes.

ADSW believes that ‘personalised’ support must include both informal and formal services, which, together with communities and families, provide a more inclusive environment for all people. Whilst, in the case of some universal services, it may be difficult to justify expectations of a direct contribution to individual budgets, nonetheless, they have an important role to play as joint architects of inclusive communities. Engagement at national, as

well as local level, is essential to engage services. Public understanding and ownership must also be increased.

ADSW agrees that individual budgets should include a range of funding streams. Benefits arising directly from the disability or frailty resulting in the need for support (e.g. Attendance Allowance) should be considered for inclusion. The current financial situation faced by councils makes this a necessity.

5) Supporting Choice and Control – The strategy recommends that the government explores the ways of supporting people to have more choice and control, right through from assessment to support, and including review.

What are your views on

- the different types of support needed
- who should provide the support
- who should fund it
- assessment processes and how they should change
- how current services and supports can work more directly to individuals and families who use them
- how providers should be supported to ensure quality support in a changing marketplace

ADSW response: It is difficult, and not within the spirit of the agenda, to be prescriptive on the issues raised above. Strategic commissioning will play a central role in developing a new framework for delivering support that encourages staff and individuals to take a role in assessment of need; support arrangements; in monitoring outcomes, etc. at a level appropriate to the individual's ability and wish to be involved. In some respects, it will not be possible to anticipate with accuracy the types of support that will be in demand. Rather, commissioners, providers and users need to be engaged in the task of communicating, recording and monitoring shifts in market demands. ADSW has begun this process through joint discussions and training with Community Care Providers Scotland.

Statutory services may well be the preferred option of individuals if support can be delivered more flexibly. Many people benefit greatly from the skill and commitment of our staff. It is our delivery that requires more consideration. Part of this transformation will necessarily involve engagement with staff on the change they must make as a result of different organisational expectations. No amount of guidance can take the place of this commitment to change. It is essential that people who do not choose to take a direct payment also benefit from more choice and control over how their support is delivered.

Transitional funding is required to meet the expectations laid out in the document. Whilst the ambitions may lead to immediate benefits for people, organisations will depend on stability in funding in the middle to longer term.

6) The strategy recognises that local government is responsible for identifying and allocating budgets for social care and support. It suggests that different methods and tools for allocating resources should be reviewed to see which approaches deliver better outcomes for individuals.

Do you have any comments on:

- The setting, and bench marking, of current direct payment rates
- The IoRN(indicator of relevant need) and how it might be adapted for care groups other than older people?
- Resource Allocation Systems (RAS)
- Any other approach for establishing resource/ payment levels?
- The use of non-social work budgets as part of self-directed support funding?

ADSW response: It is not possible to set national rates for direct payments. Local authorities must take into consideration local market conditions, for example, the additional costs of transport in rural areas. In addition, people who chose to purchase support from a commissioned provider as part of their support plan, rather than using an informal contact as a Personal Assistant, may require an additional allocation in order to achieve their outcomes. Allocations must, therefore, take into account both market conditions and personal choice. Some local authorities have suggested it would be helpful to have a notional list of relevant costs to be considered when allocating a direct payment.

The Indicator of Relative Need (IoRN) tool does not have a sufficient focus on skills and positive outcomes and is too directed towards deficit. It is not, therefore, compatible with the underlying principles of self-directed support. The CIPFA guidance will provide some direction.

7) Measuring success: The definition of self-directed support includes a range of options for exercising choice, including both direct payments and indicative budgets that remain with the council. At present, the Scottish Government only gathers data on the numbers of direct payments processed each year.

What are your views on:

- Recording the numbers of people who direct their own support?
- Providing evidence of real choice and control?
- Any other relevant information that should be gathered?

ADSW response: It is important that reporting requirements are not designed in such a way as to discourage flexibility in support provision. Many of the

most innovative plans do not readily fit into prescribed categories. Poor returns, despite achievements, discourage local authority staff. Many people self-direct without receiving direct payments, and information on such good practice should be made available with support from learning organisations (e.g. IRISS). It is important not to burden local authorities with data collection exercises that detract from delivering better outcomes whenever possible. Achievement on outcomes can be measured through the use of the Talking Points tool. This information can be supported through the collection of quantitative data around numbers of individual budgets, sub divided into use of direct payments and virtual budgets.

8) GENERAL. What are your views on the overall vision and aims of the strategy?

ADSW response: ADSW supports the overall vision and aims of the strategy. They are largely consistent with those detailed in the Association's position statement on personalisation.

9) Do you think there are any major gaps in the strategy?

ADSW response: The issue of risk management is not sufficiently covered within the strategy. There should be a more obvious consideration of the importance of joint ownership and of the involvement of health colleagues.

The strategy should focus more on commissioning, including the relationship between commissioners and providers. The strategy should not presume a direct, uncomplicated path, but should include situations where people change from direct payments to a formally commissioned service for example.

10) What do you believe are the priorities for future development?

ADSW response: National support is required to assist local authorities to make the significant change to organisational practices that are required. Decommissioning, risk management, accounting, staff training, etc. are all issues that local authorities will face together. Transitional funding, shared learning and partnership planning at central level should be part of this support. ADSW would welcome the opportunity to engage in such activities.

General comments on recommendations.

ADSW welcomes the strategy, its underpinning principles and the emphasis on direct payments being only one element, albeit an important one, of self directed support. It is only through a wider approach can we hope to deliver choice and change, promote prevention activities and manage costs.

Perhaps surprisingly, the strategy promotes a particular method of service delivery (e.g. local area co-ordination) yet fails to make essential connections with key policies/strategies – for example within the field of dementia.

It is essential that local discretion is retained in relation to such matters as setting direct payment levels and whilst transparent resource allocation systems are very important, it is acceptable that different tools are applied across Scotland.

ADSW welcomes the recommendation (7) that better sharing of good practice is supported at national level. This is likely to be more effective, in terms of best use of resources, than imposing additional performance measures. Any such measures developed must allow for the reporting of creative, unique support plans.

The constrained financial circumstances that provide the context for delivery of this strategy are an unavoidable consideration for local authorities. The tension between a self directed approach and the application of national eligibility criteria or achievement of hospital discharge timescales (as only two examples) can not be ignored. ADSW welcomes the emphasis on shared funding across services, wider planning to create more inclusive communities and alignment of self-directed support with the benefits system funding streams (recommendation 10 and 11). A reduction in business processes with regard to charging policy and self-directed support is welcome.

ADSW also welcomes the intention to provide national support for personal assistants in co-operation with SPAEN (Scottish Personal Assistant Employers Network) (recommendation 11). There are also issues in relation to learning for people appointing personal assistants in order that they have the skills to self-manage as appropriate and the ability to make best use of available support and minimise risk. Similarly, support for local authorities in this area is welcomed. Related to this issue of support and training is that of funding of such activities (including the use of brokerage services). It is important that a realistic assessment be made of the resulting diversion of funds from direct payments/support services and the impact upon individuals. The issue of transitional funding should not be inadvertently addressed in this way.

ADSW is willing to be involved in future national discussions and planning.

ADSW will respond separately to the recommendation for legislation on self directed support.