

Awareness raising Module - Facilitators Notes

Slide 1 - Introduce facilitators and go through any local housekeeping arrangements.

- Advise (if appropriate) that these learning modules have been developed by Social Work Scotland with Scottish Government funding to support practice and the implementation of Self-directed Support and for local adaptation.
- This series of slides has been designed to encourage engagement and participation, to enhance learning opportunities and to share experiences.
- If you are using a “Post It” Board to collate ideas and learning or to acknowledge some questions will remain unanswered as practice continues to evolve. Explain the intention of the boards and encourage participants to use it throughout the session.
- Might be important to highlight that Self-directed Support is still in its infancy, and acknowledge there is some uncertainty over the timescale and logistics of implementation.

Slide 3 - Read over the intended learning objectives.

- Highlight to participants the session aims provide reassurance that some of this is not new.
- Aspirations of the Act sit well with the value base for frontline staff in both health and social care.
- Acknowledge that whilst many aspects of this approach are not new to frontline practitioners, it will require time for the reshaping of processes to support the approach.
- Advise the session will help to demystify some aspects of self-directed support and its implications.
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Slide 4 - Read over the intended outcomes for the session.

By the end of the session it is anticipated participants will have achieved the stated outcomes.

Slide 5 - Read out the quotes on the Vision for Self- directed Support

- Quotes taken from the Scottish Government **Self-Directed Support-A National Strategy for Scotland 2010**. This policy document was developed after widespread consultation with many stakeholders, including the lived experiences of people who use support.
- It further strengthens the person centred or “personalisation “approach and takes forward many of the themes within other policy documents such as the Changing Lives Report.
- Important to acknowledge this is a 10 year strategy which will involve ongoing development over many years to come and is continually being shaped and influenced by emerging learning/evidence.
- The vision and resulting legislation applies for all ages and in most circumstances where assessment and support are involved.

Slide 6 - Making connections - no hand outs required

Split the participants into pairs – invite them to discuss with their partner the following questions.

Questions on the slide:

- What does choice and control mean to you in your day-to-day life?
- What decisions about yourself do you make on a daily basis?
- What would you do if these choices were removed or restricted?

Purpose

- The aim of this exercise to get people thinking/ talking about what being in control or having choices means to them, important choices that should emerge include, where we live, who we spend time with, how we spend our money, choices around relationships, work and health.
- The group will start thinking about what it may feel like to have others decide or control what is important in day to day life and how that may make them feel.
- Important to highlight that people who use services or require support often feel/experience this loss of control on a daily basis but without opportunity to suggest what compromise would work best for them.

At the end of the 5 minutes invite the larger group to share some of the emerging themes that the conversations have highlighted.

Suggestion- If using a “post it board “might be helpful to record the group’s thoughts/ ideas. Title this - Choice and Control “What’s important to us” - Keep this visible throughout the session as a reminder of the importance of having choice and control.

Slide 7 – Legislative and policy background

- This slide highlights change has not come out of the blue, it is an inevitable evolution over many, many years.
- It puts in context why some of the processes while well intentioned might have developed a focus on organisations and process and less so on purpose.
- This slide shows just a sample of the policies, legislation and change that have influenced and changed relationship between public and public service over last 40 years.
- Some of this has been in response to where it was perceived we could do better and in response to demands for change
- Some unintended consequences include more accountability and scrutiny, more gatekeeping
- Social work decision making considered to be too slow and bureaucratic- (1999 White Paper)
- A sense for workforce and public alike of prove rather than improve?
- For people and for practitioners a loss of confidence, a sense of fitting people to services not services to people.

- Skills and expertise not effectively used
- To “do” for and not “with”.

Slide 8 – Evolving Policy Drivers

- The Independent Living Movement started in the 1970s was another early influence. People wanted to be in control of their own care and support. Services weren't fulfilling what was important to people, people wanted greater choice.
- Self-directed support requires a shift in power, collaborative practice and greater community engagement evidenced in LA and NHS policies.
- Some aspects of these changes have inevitably led to many more add-ons and data audits; the Joint Performance Indicator Assessment Framework for example counted numbers of assessments, not whether they led to a positive difference in quality of life for person?
- This has also had an impact on workforce who have had to follow processes more than perhaps they would have desired.
- Some of this possibly influenced or reinforced the use of deficit led models, (to get a service) and created a sense of dependency and was much less supportive of a strength and solution based approach to assessment and support planning which is core to the purpose of social work.
- For social workers it might be argued that the community care act and its emphasis on care management has unwittingly compromised the social work role.
- This has similar resonance for NHS partners especially where prominence of targets has compromised importance of better outcomes
- Practitioners have felt the need to emphasise negatives to meet eligibility and ensure access to support. Not being able to access services for a person can feel like a failure on their part.
- The **Same as You** review in 2000 of services for people with a learning disability and 2013 Keys to Life strategy both highlighted the need to develop inclusive and community based approaches and to involve people in the decision making that affected their lives.
- The 2010 NHS Quality Strategy emphasises what people want from NHS for example caring and compassionate treatment, clear communication and explanation and effective collaboration with the clinician. This is merely an example of the NHS policies being developing in NHS with similar themes to self –directed support. Placing people at the heart of decisions making about their care and support.
- This can also be seen as a recognition that there are wider complexities in how we fulfil our responsibilities; all mentioned above are indicators of a shift toward the individual and the focus on personal outcomes being a primary driver.
- Girfec also promotes a child centred holistic approach. Working in partnership towards a positive outcomes for everyone involved.

Slide 9 – Read over the slide

Remind participants that the Changing Lives Report was a result of consultation over 10 years ago, reflecting what social work practitioners, NHS partners and people across Scotland wanted then –

Quote Changing Lives Report;

“Doing more of the same won't work. Increasing demand, greater complexity and rising expectations mean that the current situation is not sustainable:

Tomorrow's solutions will need to engage people as active participants, delivering accessible, responsive services of the highest quality and promoting wellbeing.

Social work services don't have all of the answers. They need to work closely with other universal providers in all sectors to find new ways to design and deliver services across the public sector:

Tomorrow's solutions will involve professionals, services and agencies from across the public, private and voluntary sectors in a concerted and joined-up effort, building new capacity in individuals, families and communities and focusing on preventing problems before they damage people's life chances irreparably.

Social workers' skills are highly valued and increasingly relevant to the changing needs of society. Yet we are far from making the best use of these skills:

Tomorrow's solutions will need to make the best use of skills across the public sector workforce, refocusing on the core values of social work. Social workers will need to make effective use of therapeutic relationships and find new ways to manage risk.”

The SDS act gives us an opportunity to fulfil these aspirations so long as the organisational change required is at a similar pace.

Slide 10

Emphasise

- This is a clear direction of travel that reflects what most recognise as a positive direction
- Some of the early influences were aspirational and in general these policy ideals have had to be followed up by statute i.e. as a duty.

Slide 11

Self –directed Support is about supporting people to develop their potential, their own solutions and use their own resources as far as possible.

Self-directed support is the new way to deliver social care – It applies to all children and young people, carers and adults eligible for support.

Slide 12- Legislation overview. Read through slide

- Reinforce the important role assessment plays in helping people determine their outcomes and how this links to eligibility for funded support.
- The legislation applies to local authorities and anyone delegated by authorities to undertake Self- Directed support role in assessment.

Slide 13 - values & principles - go over the values & principles giving an explanation as to their meaning.

- **Principles** articulate the spirit of the Act and carry legal weight.
- **Participation & Dignity** – The person should be provided with the help they need to participate in and be part of the life of the community and wider society. Practitioners should facilitate the person's right to dignity
- **Involvement** – practitioners should involve the person as fully as possible or as much as the wish to be. The supported person should be enabled to define the outcomes that are most important to them and to be joint partners in the planning and delivery of their support.
- **Collaboration** – Professionals and the supported person should work together throughout the assessment, the support planning and in the provision of support
- **Informed Choice** – the person should receive as much information as possible to make choices or express their view. If necessary support to understand choices should be offered through access to advocacy or independent information services.

Values

- Values are established ideas, they are the fundamental things that define what we do
- Values are important to us all as people and in our professions.
- These values need to be incorporated into every day practice but this should not be a challenge since they resonate strongly with core social work values that have underpinned practice for many years.
- Shifts balance significantly and values and principles applies not just at the frontline but also through the development of processes and systems and at commissioning and strategic – supported people need to be involved at all these levels to determine how future support is shaped.

Slide 14 - How does SDS fit with existing legislation?

- This is a simple visual representation of the many (but not exhaustive) Acts that shape and inform social work policies, procedures and practice –some of these apply to the practice of NHS and other partners.
- Self-Directed Support is best seen as an **approach** in health and social care that can make use of the duties and statutes illustrated here to achieve **better outcomes** people.
- Statutory SDS values and principles complement existing legislative duties under other acts – some examples include:

AWI Act – no intervention unless it will, benefit the adult, least restrictive in relation to freedom account taken of present, past wishes, encourage adult to exercise whatever skills they have and develop new ones.

MHC&T Act - have regard to present, past wishes, gain views of relevant others, provide information and support of person to participate, encourage maximum benefit, respect diversity and ensure equality, consider needs of carers

Children's (Scotland) Act – the child at the centre, what is in their best interests leading all other activity and decision making.

Adult support and Protection (Scotland Act) intervene only when satisfied the intervention will provide benefit, least restrictive etc.

- The New act does not replace any of the duties that currently guide our practice, it is intended to compliment them by offering a different often more creative/flexible way of supporting people to achieve their outcomes
- The new SDS Act is a human rights based Act, it aims to empower individuals, protect rights and facilitate choice and control. There is little argument against the approach/aspirations of the SDS strategy. But there are times in practice that it may conflict with other duties to protect and safeguard both individuals and the wider public which remains a complex balancing act for practitioners.
- Our protective duties remain paramount. Helpful to consider that even people in crisis or where there is risk, the promotion of the underpinning principles still apply. Risk or crisis need not mean that an SDS approach cannot be considered for the person or their carers but this should be explored on an individual basis and through robust assessment with the person.

Slide 15 - Myth Buster Exercise

Facilitator can use 2 different methods of delivering this.

1. Give participants the SDS Quiz Hand-out and give them approx. 10 minutes to go through the questionnaire marking true or false. Then in the larger group go through the slides 1by 1 and give the correct answers.
2. Choose not to use the hand-out and in the larger group go through slides pausing at each statement to invite audience participation to shout out true/false.
- 3.

This exercise is intended to generate a lot of discussion and dispel some of the myths/fear around SDS.

Slide 16 – Read out question

Slide 17 - Provide answer to previous question

Whilst Self-directed support was originally driven by the independent living movement and disabled people. The Act aims to be as inclusive as possible therefore it relates to all people who require social care support, this includes children, people experiencing addiction, mental health, dementia, older adults etc..... there are only minimal exceptions.

Slide 18 - Read out question

Slide 19 - Provide answer to previous question – False

- No this is only one of the available options, it has created confusion as often Self-directed Support language and terminology has been used to describe Direct Payments and Individual Budgets e.g. I have used my Self- directed Support payment to pay for a personal assistant.
- It is not all about money it is about identifying the personal outcomes which matter most to supported person and agreeing the best means of achieving them.

- SDS is a vehicle for delivering personalisation; DPs are just one of four options for SDS

Slide 20 – Read out question

Slide 21 - Provide answer to previous question

Helplessness and hopelessness which can be associated with lack of control are central aspects of cognitive-behavioural explanations for the development and persistence of depression. Various pieces of research have been carried out within this area.

Reference to Harry Burns re. Scottish research on Passive recipients.

Emphasize the importance of having choice and control for all of us in our daily lives – remind participants about the key points from 1st exercise about how it feels to lose choice and control.

Slide 22 – Read out question

Slide 23 - Provide answer to previous question

Professional assessment remains the key means to exploring what solutions might or might not be appropriate – these will be undertaken jointly with people, and need to be outcomes focussed rather than service-led.

The Talking Points: Personal Outcomes Approach is helpful to guide conversations and agreements with person, or carer to ensure the assessment focusses on some the themes people find helpful to explore, but there are many more models.

Facilitator note - some areas do use supported self-assessment as a means of evidencing partnership and collaboration and informing the wider assessment.

- The [Talking Points: Personal Outcomes Approach](#) promoted by the [Joint Improvement Team](#) contrasts an outcomes-based with a service-led approach. The latter focuses on what people cannot do, and on doing things to or for them rather than with them. An outcomes-focused approach, therefore, marks a departure from traditional deficit planning associated with assessment based on need, which is typically professionally led.
- While the legal requirement for needs-based assessment remains unaltered by the Act, in a personalised system an assessment based on a professional's definition of needs becomes an obstacle to individual choice and control (Foster and colleagues, 2006).
- It requires a shift from form filling and ticking boxes to engaging with people and helping them find solutions that work for them.

Slide 24 - Read out question

Slide 25 - Provide answer to previous question

The myth of a 'SDS assessment' –There should not be a separate assessment for SDS. All assessments with children, young people, adults and carers should be consistent with the SDS approach – meaning anyone carrying out assessments needs to embed the statutory principles of the Act.

It is the aim of the Scottish Government's 10 year SDS strategy that the SDS approach is simply "the way we do things" and is simply the way social care is delivered to all.

Slide 26 - Read out question

Slide 27 - Provide answer to previous question

The offer of the 4 options is made once a full outcomes assessment has been undertaken which confirms the person is eligible for support. The assessment and support plan should recognise the assets and resources within the person, their family and their community.

Slide 28 - Read out question

Slide 29 - Provide answer to previous question

True – as people have greater choice and control, people may wish alternative more flexible support to help meet their individual outcomes. This will require services and provider to become more responsive and flexible. It will also require providers to be much more transparent with regards cost of supports, providing clarity of information regards costs and potential services they can provide. There is likely to be a move away from large group based activities such as day centres to more individualised support options.

Slide 30 - Read out question

Slide 31 - Provide answer to previous question

This can be a source of anxiety for some people. The Act recognises the need for on-going partnership. Some individuals made need more or less support than others as they take the steps to becoming more in control of their support. Practitioners will maintain a key role in helping making SDS work, supporting and monitoring support plans.

Slide 32 - Read out question

Slide 33 - Provide answer to previous question

- The principles of collaboration and involvement should support the development of relationships. Working alongside people and their families has the potential to create opportunities to monitor and manage risk.
- Monitoring and review systems need to be robust
- Supporting people, their carers, a child and their parent/s to be involved in defining and agreeing risk factors and in finding ways of mitigating against them, is a successful model, enabling a climate of openness and frankness that is valued.
- Ultimately local authorities still have a duty to protect. Many people involved with social work face challenges and often risk in their lives – there is no evidence to suggest that a self-directed support approach increases these risks for people.

Slide 34 - Read out question

Slide 35 - Provide answer to previous question

- Individual budgets still need to be based on achieving the agreed outcomes identified in the assessment. The aim is to ensure that whatever support arrangements are set up, they have a positive impact on the person requiring support.
- It is important that all 4 options offer clarity about how outcomes will be achieved. If the support plan will not meet the agreed outcomes the council retains power to decline to provide support under that option.
- If DP money is not used as agreed, then payment can be terminated.

Slide 36 - Read out question

Slide 37 - Provide answer to previous question

True – there has always been scope for a person to employ a family member in exceptional circumstances i.e. – when there is issues of remoteness. The new regulations offers further opportunity for family members to be employed but there are strict criteria that has to be meet. Ultimately all parties have to agree the family member is the best support solutions. Many council will still see this as an option only when all other alternatives have been explored due to the complex and changing nature of relationships with people when employer/employee dynamic is introduced.

Slide 38 - Read out statement

Slide 39 - Provide answer to previous statement

False – the Act encourages a collaborative approach to support planning which involves different relationships with people and providers. It is the intention is that all partners will share responsibility and accountability.

SDS requires a whole systems approach which includes greater partnership working with commissioning / finance, strategic partners, people and providers

Slide 40 - Read out question

Slide 41 - Provide answer to previous question

True – many are reassured that the new values and principles enshrined in laws are aligned with core values in both health and social work.

Slide 42 - Read out question

Slide 43 - Provide answer to previous question

Whilst the duties sit primarily with local authorities – there is a clear expectation that all partners need to understand that SDS is the new way of receiving social care support. All partners include, education, health, housing, providers and communities. This is not solely a social work function and for it to be successful everyone needs to have an understanding of the approach.

Slide 44 - Read out question

Slide 45 - Provide answer to previous question

There is many examples of different people with a variety of needs accessing their support using a SDS approach. The 4 options means that people can make choices on how much control they want to have over their support – ensuring there are a range of options suitable for all.

Slide 46 - Read out question

Slide 47 - Provide answer to previous question

- It is important to recognise and acknowledge that there are current and ongoing financial constraints for LA's and that the economic climate and demographic influences are real. SDS was not intended to be about reductions; it was always about better outcomes for people who have support needs and some evidence suggests that a consequence of people being in control of their own money is that the use less.
- There are opportunities for better , more personal and more effective ways of meeting outcomes that can be less costly and can enable resources to be spread more widely, but the key driver is to ensure that the support offered will make a positive difference
- Christie and public service reform advocate a need for better use of individual and community resources, being in control and sharing responsibility.

Slide 48 - Read out question

Slide 49 - Provide answer to previous question

- An outcomes focussed assessment is still required to determine eligible need.
- In many instances alternatives to funded support will be much more effective and desirable

Slide 50 - Read out question

Slide 51 - Provide answer to previous question

It shouldn't – SDS aims to provide a fair way to distribute the available resources. The resources will continue to remain limited. It's about being more flexible and creative about how the resources are used, which includes more than the financial resources

Slide 52 - Read out question

Slide 53 - Provide answer to previous question

There is acknowledgement there needs to be a streamlining of paper work, allowing practitioners to spend more time with the person rather than completing forms. SDS is still in its infancy and many areas are working hard to review existing paperwork and processes and develop new more responsive systems that support successful implementation.

Slide 55 – read off of slide – first duty

- Statutory principles (Collaboration, Informed Choice, Involvement, Participation and Dignity) must underpin practice in all assessments and provision of support.

What changes in practice?

- Assessments should be focused on what is important to the person, moving away from a deficit led approach (what people can't do or need) to a more strengths based approach, negotiating with the person what they can achieve
- More focus on building capacity in the individual and the community
- No longer focused on what "services" already exist and fitting needs and people into services.
- There is an explicit expectation that assessment will be co-produced if the person so wishes.

Slide 56 - Hand out of the 4 Options

Once an assessment is complete and determines a person is eligible for funded support the act places a duty of councils to offer the person the choice of 4 options as to how that support is delivered.

This is a legal requirement.

Slide 57

- Practitioners must explain the nature and effect of each option. They need to make sure people are clear about any potential benefits and consequences or responsibilities of all the options, they need to ensure that people fully understand the implications of their choice.
- Information must be provided in a way people understand. People must be supported to access independent sources of support and advocacy services to help make choices this is required. Clear methods of ensuring that the person's views are central to process must be sourced, and evidenced.

Slide 58

- This give local authorities the power to provide support to carers following their own assessment. This power enables authorities to explore possibilities for offering funded support that enables the caring role to be sustained. This is a power and not a duty and therefore will depend on local decision making. If the council decides the carer is eligible for funded support then the same duties apply and they should be offered access to the 4 options and provided with the information and support require to assist them to make informed choices.

Slide 59

- The new act has at its core the principle of being an **enabling** act- to use it to solve and create, not to restrict. This presents challenges for current service design and for local commissioning arrangements. Options to support choice with need to be supported in partnership with providers and communities.
- There is an expectation that partnerships will be developed with users, carers, providers and health to support future service design commissioning strategies and development of the market.

Slide 60

The Local authority retain the discretion to decline to provide support under certain options in certain circumstances. Presently anyone in residential care cannot access their support through a DP.

There are currently 2 test sites exploring use of Self- directed support in residential care.

The council also have discretion where the offer of a particular options would place the supported person at risk.

There is also no requirement to offer the options with regards to support that is being delivered under particular criminal justice orders for example a Drug Treatment Testing Order (DTTO) or when a particular support/intervention cannot be translated into an individual budget for example foster care or when support is the relationship with the social worker.

Slide 61

- Encourages flexible and creative planning, ensuring support is planned around the person and helps them achieve their agreed personal outcomes. Self- directed support offers greater opportunity for conversations to take place that values the assets of the person, the practitioner, the community and the support providers and access all the available resources to help people to determine their own personal outcomes and arrange support that seeks to achieve those outcomes.

Slide 62 - Read out the information on the slide – Self explanatory

Slide 63 – Recap on main themes

- Self- directed support is one of the biggest transformations for social work in over a decade. It is the intention that self- directed support becomes the new way to deliver all social care support and the values and principles are embedded in practice within local authorities, within health and in providers and communities.
 - It will require significant cultural change in the organisations we work but also in the communities we serve.
 - SDS is a key piece of the public service reform jigsaw.
 - There are three practice guides available as well as the statutory guidance which aims to support implementation. These are available to download online at -
 - Self-directed support, sits alongside many other policies and legislation which is intended to support, promote and protect human rights.
 - Care and support should be designed and delivered in a way that supports choice and control
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- Self-directed support encourages an honest dialogue with regards to all the available resources and values the contributions that peoples, their families and their communities can make.
 - Self –directed support requires a shift in the balance of power with greater shared responsibility and accountability.
 - There is continual emerging evidence to help inform practice and shape the strategic direction required. At times it will feel uncertain and often messy as people and organisations seek for solutions to keep the supported person at

the heart of decision making and create flexible, responsive support for the future.

Slide 64

Next Steps Exercise – Activity 1

No Hand - outs required only pen paper or post it notes

Invite the participant to write down what they feel would be help next steps. This may be for them as an individual, for their team, their wider organisations or from external sources such as Scottish Government, SSSC or Social Work Scotland,

Some examples to give to aid thinking may include, more training, speaking or reflections with colleagues, reading guidance etc.

Invite participants to record this on a post it note and have an area where they can leave it. This information may prove useful learning for the organisation on what further support is still required.