Post legislative Scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013

SUBMISSION FROM SOCIAL WORK SCOTLAND TO THE SCOTTISH PARLIAMENT'S HEALTH, SOCIAL CARE AND SPORT PARLIAMENTARY COMMITTEE

12 January 2024

1. INTRODUCTION

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We very much welcome the Committee's scrutiny of the Social Care (Self-directed Support)(Scotland) Act 2013 (the Act), at this critical juncture in the development of social work and social care policy in Scotland.

The reflections within this response are drawn from consultation with our membership, which covers senior leaders, including Chief Social Work Officers, service and team managers from across Scotland's local authorities, and from consultation with our Self-directed Support project partners which include a wider representation of frontline social work views than our core membership.

In the following paper, we address the question:

> *'Please tell us what you, or the person you represent, think about the implementation of self-directed support to date.'*

and a three further subsidiary questions asked in the stakeholder engagement sessions:

> *'The current picture of Self-directed Support – What does Self-directed Support looks like to individuals in receipt of care in 2023, considering the pandemic and cost of living?*
>
> *Improvement plan 2023 to 2027 – How does the Government's new improvement plan deliver the original aims of the Act where earlier plans have not?*
>
> *Monitoring and evaluation - How is Self-directed Support currently monitored and evaluated?'*

We work closely with colleagues from all local authorities / HSCP who are implementing Self-directed Support locally within a Community of Practice, and equally closely with national stakeholders who have come together voluntarily to form the National Self-directed Support Collaboration. Amongst colleagues there is a strong sense of purpose and a shared understanding of the implementation gap between the legislation and policy as it was originally envisioned and intended, and the practice as it happens today.

Social Work Scotland has contributed to several consultations – notably the Social Care Inquiry (20 February 2020), and the Independent Review of Adult Social Care (6 November 2020)[1] – in which we expressed our continued commitment to Self-directed Support, and laid out our concerns arising from the experience of social work leadership and practitioners about system constraints and failures.

Collectively, we have mapped the implementation gap. We broadly know what is and is not in place, what is working well and where, what parts of the system need to change and what improvement work needs to be supported. But the environment in which we are trying to realise Self-direct Support is very complex, and over the years attempts to simplify the issues have often further compounded the complexity. The Act is a progressive policy that seeks to give more choice and control to those receiving services by transferring control over decisions about support and personal budgets to supported people / carers. We should not underestimate the significance, and scale of challenge, or what such a change represents for local government and integration bodies, with cultures based on decades of different ways of working. A Self-directed Support approach to people's healthcare, by means of comparison, seems many years away.

The different roles of social work and social care in Self-directed Support should be made clear at the outset. The transfer of choice and control is mediated through professional social work practice undertaken by registered social workers or social work paraprofessionals (collectively referred to as social work practitioners) working within social work teams or multi-disciplinary teams within local authorities or integration authorities. Social work practitioners undertake assessments of need and the development of support plans which may include paid-for social care provision. Social care encompasses a range of services to meet needs, including personal care and other support to uphold the human right to independent living[2], is provided by a mix of providers, including some in-house local authority social care but is usually commissioned by the local authority from third sector or private sector providers. Social care can be provided under all the options in the Act. Personal assistance is the term

[1] We refer the committee to the SWS response to the Feeley Review which also emphasises many of the points contained herein.
[2] Article 19, United Nations Convention on the Rights of People With Disabilities

used to refer to the direct employment of workers by supported people under option 1 of the Act.

2. ENABLERS OF SELF-DIRECTED SUPPORT

Within the National Self-directed Support Collaboration and the Self-directed Support Community of Practice, we work with our model of Self-directed Support implementation from a social work perspective. This model is built on evidence based best practice in the implementation of complex social policy (Active Implementation[3]), which in turn provides the foundation for the activity sections of the national Self-directed Support Improvement Plan 2023-2027[4]. We have included an illustrative graphic of the implementation drivers for Self-directed Support (Appendix 1).

Drawn from extensive experience, our position is that choice, control and personalisation is the foundation of social care, and must be based on a model of relationship-based practice led by supported people's own experiences and insight. Policies, processes and structures should be based on subsidiarity, pushing power down the system into the hands of supported people (or their guardians), mediated by their social worker operating with professional respect and autonomy within the local authority or partnership systems. Social work and social care should be working proactively to give human rights meaning and effect[5]. Reform of adult social care should be based on remedying the deficits of the existing governance and delivery structures, with a focus on enabling the social worker to do the right thing by the supported person by reducing the administrative burden (e.g. form filling), giving them greater discretion on the use of public funds, and encouraging a more risk-enablement approach. In other words, giving more autonomy and power to individual social work professionals. Only when so empowered can professionals then empower supported people. Leaders should have the time and focus to lead from the front in developing systems that are fit for purpose.

There are crucial elements of the complex system of Self-directed Support implementation to achieve what is required to do Self-directed Support well. In the following sections, we outline key elements of a social work practice model within an enabling context that is necessary to deliver the intent of Self-directed Support legislation and uphold the human rights of supported people and carers.

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[3] https://www.activeimplementation.org/

[4] https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/06/self-directed-support-improvement-plan-20232027/documents/self-directed-support-improvement-plan-2023-27/self-directed-support-improvement-plan-2023-27/govscot%3Adocument/self-directed-support-improvement-plan-2023-27.pdf

[5] A Fairer Scotland for Disabled People

Supported person and carer's choice over their support

For supported people across Scotland to have choice and control[6] of their support arrangement (or in the case of children, where their parents/guardians have choice and control and the child's views are central), there needs to be sufficient provision of services and social care across all geographies, providing the type of support relevant to people's need. This involves an understanding of local need which is kept under continual review, and matching that need through strategic commissioning, strengths-based and collaborative procurement practices, and workforce planning across the sector including the personal assistant workforce. Geography, local economies and demographics all matter in this respect, and while we believe that it is possible to secure in every part of Scotland the breadth and depth of services required, it is wrong to assume that such provision exists already, or that it will spring into being just because a plan identifies its need. Establishing services takes time (consider for instance recruitment), and concerted, sustained effort. In some parts of Scotland, due to size and spread of their populations, services will be fragile. Realising Self-directed Support in Scotland relies, in part, on us owning such realities, and calibrating our implementation plan accordingly.

Separately, the practice around Self-directed Support must give human rights meaning and effect. This requires putting supported people and carers at the heart of the system, as leaders in their own support arrangements and involving them meaningfully at the centre of local implementation. Supported people and carers need access to independent support and advocacy to enable them to make informed decisions and to manage their support arrangements.

Social work is the gateway profession to social care. In our diagram (Appendix 1), the social work practitioner is shown at the top left, holding open the door and gaining access to system resources to actualise the support plan which is designed by the supported person and their worker. The social work practitioner's role will be bespoke depending on the responsibility that the supported person wants to have over their care arrangements, and the worker needs to exercise clearly defined professional autonomy.

A relationship-based practice model is necessary for personalisation to be actualised. This involves the social workers using their professional training within a relationship centred on what matters to the supported person and how they communicate their lived experience. Practice is paced to suit the supported person. Practice is also family and community orientated, understanding the person's natural support system and making best use of community-based support. Where the person has complex needs, the social

[6] Taking account of any safeguarding measures that might pertain in individual circumstances.

worker may need to navigate a range of legislative responsibilities including adult and child protection, mental health, adults with incapacity, and justice.

Worker skill, practice and autonomy

There are several elements of the workforce that makes up the social work and social care system. Social work practitioners usually work within local authority or partnership arrangements to assess need and help the supported person to design their support plan. Social workers practice within a wide range of statutory duties that include safeguarding and protection of vulnerable adults and children, and are concerned with equality and upholding human rights.

Practice will look different depending on age and care group. For example, children may have less control over their support plan, but will be meaningfully involved commensurate with their development. Most social work services have specialist teams based on care groups, such as learning disability, older people, mental health, physical disability, children with disability, aftercare, family support, child protection, fostering, kinship and adoption teams. Social workers may be part of multidisciplinary teams, but will retain their unique professional and statutory duties and their core value base in social justice, and should be a respected role within an integrated space.

There needs to be sufficient availability of the social work workforce to practice in a relationship-based way which includes conversational engagement (not an assessment checklist) and the giving of information to allow the person to make an informed choice. Within social work teams or within multi-disciplinary teams, there needs to be the right balance of qualified and registered social workers and paraprofessional support roles[7].

Job roles need to be clearly defined, and each worker's caseload needs to be manageable with a sensible balance of complexity and risk. Workers need good quality skills-based training in Self-directed Support, protected time to learn, and post-training job coaching and evaluation so that they can be supported in exercising their professional autonomy. Social workers must have access to managers who are social work qualified.

Unfortunately, the requirements above are not present for all social work teams across Scotland. We have identified these components as critical to the realisation of Self-directed Support, but for a variety of reasons they are proving difficult to secure everywhere. As with the provision of support services, we believe, on the basis of the evidence, that it is possible to secure such an environment for the social work workforce, if there is genuine agreement that such components are needed, and a determination to achieve them.

[7]See Setting the Bar research commissioned by Social Work Scotland

System and culture

Systems and processes must be designed so that workers can easily access the resources that are needed. This includes personalised and flexible budgets, bureaucracy-light recording processes, intuitive and accessible IT systems, digital care solutions, and a way of gathering data which is useful for practice learning.

Wider system actors within local government and integration authorities play a key role in creating an enabling system for Self-directed Support to flourish. Finance and commissioning must enable self-direction by being flexible and responsive to supported people's choices and desired control. Commissioning should be governed by outcomes rather than hours of care, and local authorities should involve supported people in strategic commissioning. There is an assumption that procurement is inherently restrictive, but we recognise there is evidence of where procurement best practice can allow for flexibility.

Leadership

A crucial role of leaders in the implementation of complex social policy is to pave the way for the frontline workforce to do their jobs well. Senior managers need to create learning organisations, where the lived experience of supported people and carers is recognised, and where they are included as leaders in their own right.

Leadership need to ensure that the frontline workforce has the conditions and the support they need to do the job of implementing multiple legislative duties within many national policy contexts across adults and children's services. Social work leaders need to focus on finding solutions to adaptive problems and to uphold the social work professional identify in a multi-disciplinary space. In many cases the focus of leaders' efforts will need to be outward, with other parts of the local authority or partnership, holding the space for individual social workers to do their job with confidence (free from interference).

3. WHAT GOOD LOOKS LIKE – THE SDS STANDARDS

The Self-directed Support standards[8] were developed by Social Work Scotland during the pandemic. Online working afforded parity of involvement in their development of the full range of SDS stakeholders ensuring that the standards brought different system actors together in a common understanding of what good looks like in the implementation and practice of Self-directed Support. The standards have broad

[8] https://www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/documents/ Please note these are currently under review.

support and are being used by colleagues from independent support organisations through to local authorities.

We are currently reviewing the standards by gaining insight as to how the standards are being used and how to make them more relevant to all care groups. The aim is to bring them to life by linking to the new statutory guidance, and emerging practice guidance.

The standards for the first time in the history of Self-directed Support paint a detailed picture of what good looks like. They bridge the gap between legislation and practice, and provide a reference for the range of activities in the Self-directed Support Improvement Plan 2023-2027.

4. SYSTEMS ISSUES

As noted above, current conditions do not support the best practice described in section 2. The following section lays out the main system failures that have been reported to us. These are multiple, varied and complex, and can result in extremely poor outcomes for many supported people. Despite this, we also see much good practice that supports choice and control, and considerable and unwavering commitment to the principles and practice of self-direction.

Chronic underfunding across social work and social care

The Act's 2013 financial memorandum[9] stated that "*in terms of long-term recurring costs, self-directed support is expected to be cost neutral*". This reflects a gross misunderstanding of what the transformational intent of the legislation was, and of the realities of demography and socio-economic development. Experience over the past decade has also shown that implementation of Self-directed Support is, in itself, a costly exercise, with impacts on pre-existing controls for service delivery and social care spending.

Whilst the pandemic and the cost-of-living crisis have undoubtedly exacerbated the situation, the current crisis in social work and social care had been gaining momentum for many years prior to 2020. In our response to the Social Care Inquiry in February 2020, we said:

> *The social care model in Scotland was not designed or funded to meet the current expectation of provision or demand. Social Work Scotland members increasingly experience the effect that real-term spending reductions is having on*

9 https://archive2021.parliament.scot/S4_Bills/Social%20Care%20(Self%20directed%20Support)%20(Scotland)%20Bill/Ex_Notes_and_FM.pdf

their ability to sustain levels of service, maintain quality and provide non-statutory early help to prevent escalation into crisis. Social services (social work and social care) as a whole system within the integration environment with health must be sufficiently funded to meet its statutory duties. [10]

Recent research conducted by the University of Strathclyde on behalf of Social Work Scotland reports that social work caseloads have become unmanageable, and one in four newly qualified social workers will remain in the profession for less than 6 years.[11]

We see the current crisis impacting on eligibility across social work and social care. Due to entrenched issues in recruitment and retention, access to social work assessment has become limited, meaning that people must look elsewhere for initial advice. This would ordinarily be provided by independent support organisations, but they too are seeing an increase in demand that they cannot meet.

Once the assessment and support planning is completed, there is often a delay as the support plan is passed on internally for funding approval. Due to the social care crisis, we are hearing of restrictive directives being put in place locally, in attempts to manage finite, limited resources. Although we cannot quantify the extent of this, we are concerned of the impact of ill-considered policies put in place, albeit to meet local authorities' statutory requirement for a balanced budget. We hear that there is too much interference and questioning of the professional decisions made by the social work practitioner resulting in the approved support plan too often bearing little resemblance to what was sought, and the eventual approved provision inadequate to meet needs.

Eligibility criteria for social care support sits at critical level[12] for most if not all local authorities, making access to early help almost impossible, and rendering choice and control largely moot as most people just want immediate help at the point of crisis. Pressure on frontline social work means that timely reviews are less likely, and we are told that many supported people don't want to risk losing their care by tampering with fragile arrangements by asking for a review and consequently don't pursue their preferred options.

Where there may have been issues with the range of locally commissioned services previously, we are hearing that now there are major problems with social care providers unable to fulfill support arrangements, with significant problems in certain geographies notably rural and island, and a shortage in the personal assistance workforce. This means that the full range of choice of options is not available to supported people. Local authorities are sometimes restricting what options they offer depending on local availability, and this runs contrary to the Act.

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[10] https://socialworkscotland.org/consultations/social-care-inquiry/#more-6527
[11] https://socialworkscotland.org/reports/settingthebar/
[12] National Standard Eligibility Criteria p8

Social work practice model

At its simplest, the purpose and aim of the Self-directed Support Act is to:

- transfer choice and control from the 'system' to the supported person
- to meet their assessed needs
- in the way that they prefer
- to allow them to live their life the way they want to live it.

There is a pivotal role for the social work practitioner in being the agent of change in this process. The purpose of Self-directed Support aligns well with the professional values of social work which is, at its heart, an enabling profession, focused on social justice.

However, the prevalent model of adults' social work – care management (which dates back to the National Health Service and Community Care Act 1990[13]) – is not the right foundation to enable strengths-based practice that supports human rights.

For Self-directed Support to work well, the worker and the supported person need to have time to explore what matters in the life of the person, and to have the autonomy to develop a plan of support that lets the person have their support in the way that they prefer. Success under care management looks like a funded support plan; success in a relationship-based practice model looks like whatever works for the supported person - bolstering family supports, making use of community services, nurturing independence, navigating systems to get the best outcomes, and only if then needed, funded support. The benefits of relationship-based practice is that the resulting support plan is more likely to meet the supported person's needs in the way that they want, therefore to be sustainable, and to meet local government requirements for best value.

In children's services, assessment and support planning is carried out under the multi-disciplinary Getting It Right For Every Child (GIRFEC) practice model which emphasises child-centred planning, and there is a similar development underway for adults' services called Getting It Right For Everyone (GIFRE). For relationship-based practice to become the working practice model for social work within GIRFE, then attention needs to be paid to the workforce and system pressures currently experienced in social work.

The role of finance and commissioning

Key to achieving the personal control of budgets is flexibility and involvement by supported people in the commissioning and procurement processes. Existing strategic

[13] https://www.legislation.gov.uk/ukpga/1990/19/contents

commissioning practice makes it difficult for social care providers to be personalised and responsive in their approach to service delivery. To get onto procurement frameworks or approved provider lists is cumbersome and bureaucratic and doesn't encourage the growth of local social care providers.

The effects of poor commissioning practice have been highlighted in sharp relief by the Coalition of Care and Support Providers in Scotland (CCPS) in a report[14] following the Independent Review of Adult Social Care. Commissioning is complex but progress is being made, and there are some good examples of outcome-focused commissioning in some local authorities.

We hear that some local authority finance departments are restricting what the supported person can spend their personal budgets on, curtailing the flexibility of spend that is so crucial to Self-directed Support, and not identifying the supported person as a commissioner with the right of choice. We have seen good practice too; in a recent example, local authority social work and finance services worked together to gain a better understanding of how to marry up good financial management with choice and control for supported people.

Unnecessary variation

Whilst Social Work Scotland accepts the principle of 'local by default, national by agreement'[15], we are concerned at the extent of the variation in structures and practice across Scotland that results in inconsistencies in the delivery of Self-directed Support.

Despite prevailing conditions there are still many people who are being assessed and receiving services in a manner which is relationship based, includes them and meets their needs and wishes for involvement and control. That is good implementation of the Self-directed Support legislation. However, implementation is patchy across Scotland and has been made exponentially more difficult to achieve due to the care crisis and the cuts made to social work and social care budgets.

There are many, many moving parts that underpin effective implementation of Self-directed Support. These are mapped on the diagram in Appendix 1 behind the 'door' (representing entry into the system of social care), and these are just the parts that exist in an individual local authority. Each local authority does things differently with different interpretations of the rules, different service configurations and budget flows, and different leadership arrangements.

[14] https://www.ccpscotland.org/wp-content/uploads/2022/06/CCPS_Collaborative_Commissioning-Background_to_Principles.pdf
[15] Verity House Agreement, June 2023

Self-directed Support can only work as it is intended in an enabling context where there is the right range and quantity of social care resources available across the country. In the current climate those conditions are almost impossible to create.

Fragmented leadership

At the commencement of the Self-directed Support Act in 2013, social work leaders set up local implementation groups to oversee the implementation of the Act. These groups were multidisciplinary including finance, legal, commissioning and health colleagues. Very soon, leaders realised that Self-directed Support was more complex to deliver than expected, particularly in the extent to which it challenged local culture and systems. Leaders time however was swifty diverted to implementing the 2014 integration legislation[16], and we have heard evidence that the implementation of Self-directed Support somewhat stalled at this point. Pressures on leaders over the last decade has further constrained the time they have available to devote to Self-directed Support implementation, despite their continued commitment to its principles. The evidence is clear that implementation takes time, and concerted, sustained leadership. That is not possible if new, equally complex changes are introduced every couple of years. Stability and continuity of environments are key.

Another factor that complicates improvements at a national level is that social work leadership models across Scotland are different in each local area. This is not necessarily a problem in and of itself. But as a result of this diversity, in some areas we lack sufficient seniority in integrated systems. We see that integration with health often results in health colleagues taking management of social work services, and this can be problematic where a medical model of disability prevails, as this is at odds with the social model of disability[17] that underlies the Self-directed Support legislation. It could be noted here that while CELCIS[18] found no evidence that structural integration improves outcomes for children, they did find that relationship-based practice, amongst many other conditions, is necessary for good outcomes.

In recent local work that we have supported, we see that local authorities can only realistically improve the system to the level at which leaders lead from the front. In many cases, system improvement is driven from a frontline or middle management level, sometimes sitting at arms length from social work services, and while limited effective improvements are being made, it requires senior leadership to lead from the front to achieve the systemic and cultural change necessary for full implementation of Self-directed Support. Our frequent engagement with Scotland Chief Social Work Officers

[16] Public Bodies (Joint Working)(Scotland) Act 2014
[17] Social Model of Disability, Inclusion Scotland
[18] Children's Services Reform Research, December 2023, p31

confirms their commitment to Self-directed Support, but also illustrates their collective challenge in leading on it, with their local and national agenda often split across several priority items, and squeezed by unforeseen demands (e.g. COVID-19, Ukraine re-settlement, Unaccompanied Asylum Seeking Children.)

5. SDS IMPROVEMENT – A JOURNEY

Our perspective on improvement

It is our view that implementation of complex social policy is not achieved using improvement methodology alone. In our response to the Feeley inquiry in September 2020[19], we said:

> *Whilst there is much widespread agreement across national and local, public and independent sector, and national partnership organisations, as to what good social services look like (enshrined in the Social Care (Self-directed Support) (Scotland) Act 2013), the question is what will it take to design and implement the changes necessary to meet these aims for everyone in all areas of Scotland?*
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> *It is critical that we come to a collective understanding of the essential elements that contribute to successful implementation of whole-system change, including the roles and remits of regulatory bodies, improvement agencies, and vehicles of service delivery. This is what has been missing in the implementation of recent ambitious and transformative social policy in Scotland.*
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> *Our view has been shaped by our experience progressing implementation of self-directed support in Scotland. Approaching this through the structure and insight offered by implementation science, we have made progress in identifying the essential, non-negotiable components which need to be in place for a publicly funded social care system to enable a person and/or their families to be in control of their life, regardless of their disability (visible or hidden) or life circumstances. Among those core components are established practices, which when reliably delivered by a well-trained and supported workforce, consistently deliver desired results. We also know what infrastructure needs to look like (including upstream community assets, accessible housing, case management IT systems, technology, administrative support, commissioning and procurement, eligibility policy, finance and budgeting systems), and what leadership needs to look like (and have as skills) in what are highly adaptive environments.*

[19] SWS response to the Feeley Review, p9

Learning versus performance approaches

Findings from our recent work (not yet published) on developing an approach to self-evaluation and improvement at a local level, we find that shifting from a performance driven culture to one that supports learning is the most effective means to meaningful local improvement. We are adopting principles and practice from Human Learning Systems[20] to enhance our offer to local authority colleagues. According to Human Learning Systems:

> *In complex environments, continuous learning drives performance improvement. In complex environments which are characterised by variety and change, it is not possible for management to specify what 'good' looks like from above, and in advance, and to monitor performance against those criteria. Continuous learning enables workers' practice to improve – through experimentation, gathering data, sense-making and reflective practice.*

We identified six critical factors relating to the wider conditions for organisational learning on Self-directed Support. These were: agency of workers in improvement; confidence of self-evaluators; leadership; pace of self-evaluation activity; role of critical friends; and importance of peer support. We found that leaders were vital in providing permission, support and governance for a learning approach; and that improvement activity needed to be paced to take account of organisational and resource factors. We are keen to explore the concept and practice of system stewardship[21] as a role for leaders.

Current performance measures for Self-directed Support relies too heavily on counting the number of options[22]. As Self-directed Support gives choice across four options, it is not logical to assume that options 1 and 2 are somehow better than option 3. This misrepresents the concept of informed choice across all options. Performance data for Self-directed Support cannot tell us why certain numbers and percentages are what they are, and how to support better practice.

Making improvement happen

Social Work Scotland has been a lead partner, along with Scottish Government, COSLA and the National SDS Collaboration, in developing the Self-directed Support

[20] https://www.humanlearning.systems/overview/
[21] https://www.humanlearning.systems/blog/systems-stewardship-in-practice-what-it-is-and-how-to-get-started/
[22] https://publichealthscotland.scot/our-areas-of-work/social-and-community-care/social-care/self-directed-support/what-data-are-available/

Improvement Plan 2023-2027[23], and one of our contributions has been our understanding of implementation science in the area of personalisation. The graphic in appendix 1, for example, represents the multiple drivers of effective implementation at a local authority level, and the headers in red form the activity areas within the Plan, ensuring that there is improvement work underway across the whole system. The Plan is in its early stages, and we are working with colleagues to embed a learning approach at the national level, as well as the local.

The Self-directed Support standards create a framework on which to base progress, at both a local and national level. Scottish Government grant funding enables key organisations to work together to create national best practice based on local priorities. This is making a difference now, and will enable Self-directed Support to become the practice model for the delivery of social work and social care under the National Care Service and National Social Work Agency in the future.

The current Plan embodies a maturity of understanding that we have not had before now, and a noteworthy degree of collaboration based on trusting relationships developed amongst stakeholders over time. All partners – supported people organisations, people with lived experience, carers, social work, social care providers, subject experts, researchers, health improvement, national and local government – hold a continued deep commitment in realising the benefits of Self-directed Support, despite the prevailing economic and workforce conditions.

[23] https://www.gov.scot/publications/self-directed-support-improvement-plan-20232027/

APPENDIX 1 – Implementation drivers