Reflections on Practice – Self-Directed Support Across Scotland

Supporting people to live good lives across Highland

The development of a new SDS Strategy for Highland was predicated on an understanding that much of the ethos of choice, flexibility and control had not been fully realised across the operation of our social care system.

We wanted to self-evaluate the quality of our practice in Highland in respect of our delivery of Self-directed support with a view to developing a set of Improvement actions.

An opportunity arose (as part of the National SDS Improvement plan) to deploy an Appreciative Inquiry approach guided by partners in Social Work Scotland and the iHub.

The opportunity was to self-evaluate practice against the SDS Framework of Standards

We commissioned high quality professional facilitation to run the Appreciative Inquiry sessions from In Control Scotland.

We conducted a self-evaluation of our social care system across all the SDS standards.

However, in the process of engaging staff in the process we did narrow our focus on those areas which staff identified as having the greatest room for improvement.

Therefore a particular focus was given to the following sub-set of standards:

SDS Standard 6: Risk enablement

SDS Standard 7: Flexible and outcome-focused commissioning

SDS Standard 8: Worker autonomy

SDS Standard 10: Early planning for transitions.

Overview of our Self-evaluation and Improvement journey

We employed a facilitated self-evaluation methodology initially - and are now seeking to implement actions to co-produce improved social work core processes. Within this, we engaged up to 40 participating professional staff across three sites (around 12 each). This included Children's Services and staff from NHSH Integrated District Teams, and professionals from our Carers Centre and our Support in the Right Direction (SIRD) partners. Staff involved were front-line workers and their immediate managers.

We considered the current operation and suitability of our core processes, including: identification, screening, engagement, assessment, care planning and approval processes for the provision of Self-directed Support for children and adults in need and their unpaid carers.

We did this with reference to the SDS Standards and we covered areas such as:

- The need for new, streamlined assessment tools; including their interface with other professional services and applicability in supporting access to social care services.
- The need for the delegation of budgets to workers and their managers to quickly and flexibly bring support to their working alliances.
- The need for streamlined approval processes to reflect delegated levels of authority.
- The need to support increased levels of autonomy with clear practice frameworks and supervisory support.

Our learning approach

Our approach was an open one, although we wanted to consider how well we were practicing against the SDS Standards. We wanted staff themselves to be involved in this determination.

We used the Appreciative Inquiry method because we believed it was an approach that did not pre-determine a problem – rather it allowed us an opportunity to explore and understand the operation of our system. This was probably one of the most exciting aspects of this work; and it was in stark contrast to the predetermined, solution-focused work with which we've tried to fix things as leadership groups in the past.

An Appreciative Inquiry model was used for this project, and work arranged was to achieve five cycles of learning:

- **Define** – asking the right question, and setting principles for decision making
- **Discover** – understanding the present
- **Dream** – envisioning an alternative future
- **Design** – developing experiments for change
- **Deliver** – putting the experiments into action

Our story of change

Key themes started to become apparent as the Appreciative Inquiry steps progressed.

We found that there are a great many conflicts at play for practitioners that affect their ability to fully support people in a way that reflects best practice in SDS:

- Eligibility criteria are often seen to be pitched needs against outcomes.
- Deficit based systems against asset-based ideals.
- Professional judgement against rigid systems.
- Rural and urban inequities.
- The need for creativity against the demands of a bureaucracy;
- Information systems are fragmented and do not allow access to information sharing for all relevant agencies.

There is a strong foundation of relationships across families, teams, services, organisations, and partners, however there is frustration across practitioners that they are part of an unnecessarily bureaucratic machine that prevents them from practicing what they see as 'real' social work.

There are pockets of great practice already in place in teams that we could/should learn from.

Taking these key themes together, one overarching reflection would be that:

- The core purpose of adult social care is often diluted to become a transactional process of 'assess to assist', and this is where practitioners spend the majority of their time. Within this, there was a question to answer about how we invest in workers' ability to advise, support, guide, and walk alongside people of all ages, needs, and abilities as a true partner in supporting them to live a fulfilled life, rather than concentrating our time on assessment, care-planning and review.

From these themes a small set of focused improvement actions (experiments) emerged. These were co-designed by participants in the process who had worked to develop that shared understanding of the system they worked within. The areas which have been identified for experimentation are:

1. Exploring team and worker autonomy, delegated budgets and collegiate decision-making

2. Exploring a different model of 'eligibility': considering the role of teams being to provide appropriate advice, guidance and assistance within their communities.

3. Explore place-based commissioning to meet local need across a defined geography.

Barriers and tensions

Given the explicit and clear adoption of a learning approach we were pleased to receive positive feedback from staff that they felt they could offer their opinions in what felt like a very safe space.

However it did take staff a little bit of time to get their heads into that space and there were times when there were conversations that drifted into traditional performance metrics or sought to outline a set of immediate improvement actions. We didn't attempt to curtail these, but rather tried to encourage a different idea of success in the system.

It also took some participants longer than others to try to think about the outcomes of the current system rather than relaying or focussing on some of its current stipulations and rules which limit its capacity for change. This was probably due to the different nature of people's experience, and their background and roles within the system.

Participants would provide examples of discretionary 'rules' within the system that they considered were immutable.

There is also no SMART action plan as a result of this work. The first outcome has been that we learned more about the behaviours within the system and how they impact the outputs of the system. We didn't rush to solutions as we traditionally would be expected to; rather we have been moving forward to define a small set of experiments aimed at trialling real change.

We recognised that a performance mind-set is a learned behaviour and an expectation - you have to tick the boxes to demonstrate that tangible points had been reached by the end of the day where you had something to show for your time. One of our learning points was that this has been exacerbated since remote working became the norm during lockdown.

Staff felt generally there was a higher expectation that they had to justify their time in ways they wouldn't have a few years ago. For example, it would previously have been tolerated more having a practice-development afternoon with everybody chatting together and spending time physically together. Simply being present at learning events was justified as legitimate itself - you don't have to come away with evidence of your impact.

Enablers

There was significant support from the leadership of NHSH to:

- Explore new ways to practice in accordance with the ethos of SDS.
- Make time and space for staff to engage in the issues from their perspective.
- Put governance arrangements around the project work to seek to ensure that learning arising could translate - via co-design and experimentation - to embedding and influencing change within the system.

We also had skilled facilitation provided by In Control Scotland to:

- lead staff across the system through the Appreciative Inquiry Steps.
- provide a "safe" environment which allowed staff to give us their perspective openly and honestly; and
- provide us with Learning Reports to consolidate what we heard.

iHub and Social Work Scotland also acted as a professional advisors for the work to:

- outline a high-level self-evaluation timescale.
- give regular tailored support and to discuss issues as they arose.

Staff from across the Adult Social Care System who:

- engaged in the Appreciative Inquiry with enthusiasm.
- provided their perspective freely and openly.
- worked to the learning principles which we sought to guide us; and
- provided constructive ideas for realistic changes we might trial within the system.

What we have achieved

The approach has provided us with a richness of data that surpasses our previous attempts at staff engagement and self-evaluation. It has set ambitions high, and staff have felt included, motivated, and most importantly safe to explore positive alternative futures for themselves and the communities they serve. Therefore:

- We have begun to build trust with practitioners across the adult social care system that their voices are important as we seek to shape change for the future.
- We have together started to create a shared understanding of where we are in Highland, both in terms of delivering SDS in such a way as to support people to live good lives across Highland; and meeting the SDS Framework of Standards.
- We are also now engaged in the co-design of changes to our system – changes that the staff themselves have determined to be necessary.

We believe, ultimately, that this process has given us the foundations on which to begin to build a different system, which learns from the best of what already exists and provides an opportunity to stop doing things that just don't make sense.

If you would like more information about our approach, contact Ian Thomson, Head of Service: Quality Assurance; Adult Social Care at NHS Highland on 07919 166 040 or at ian.thomson7@nhs.scot