Self-directed Support Framework of Standards
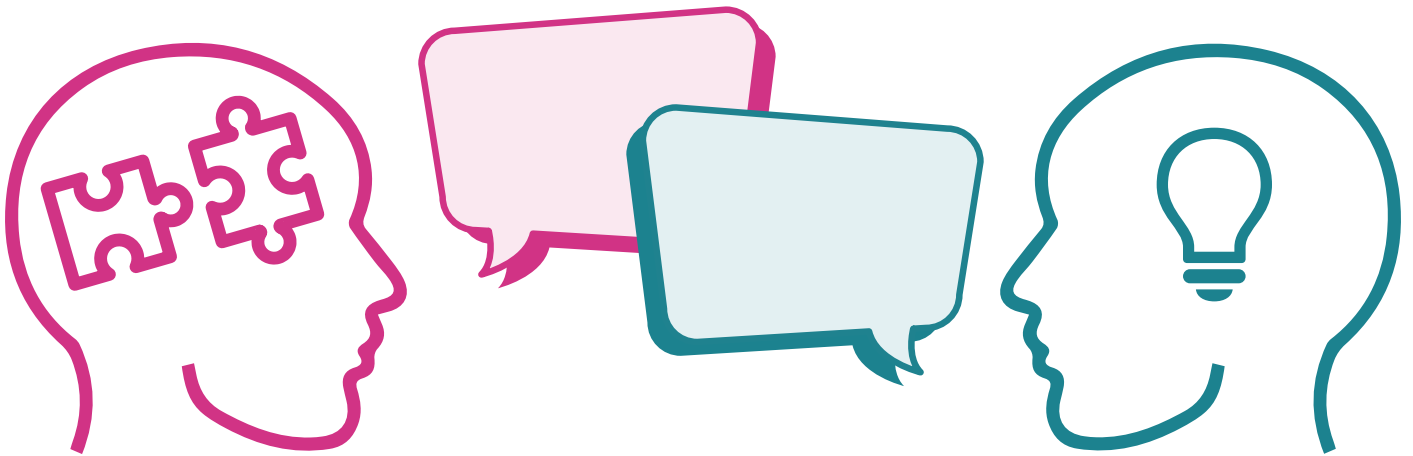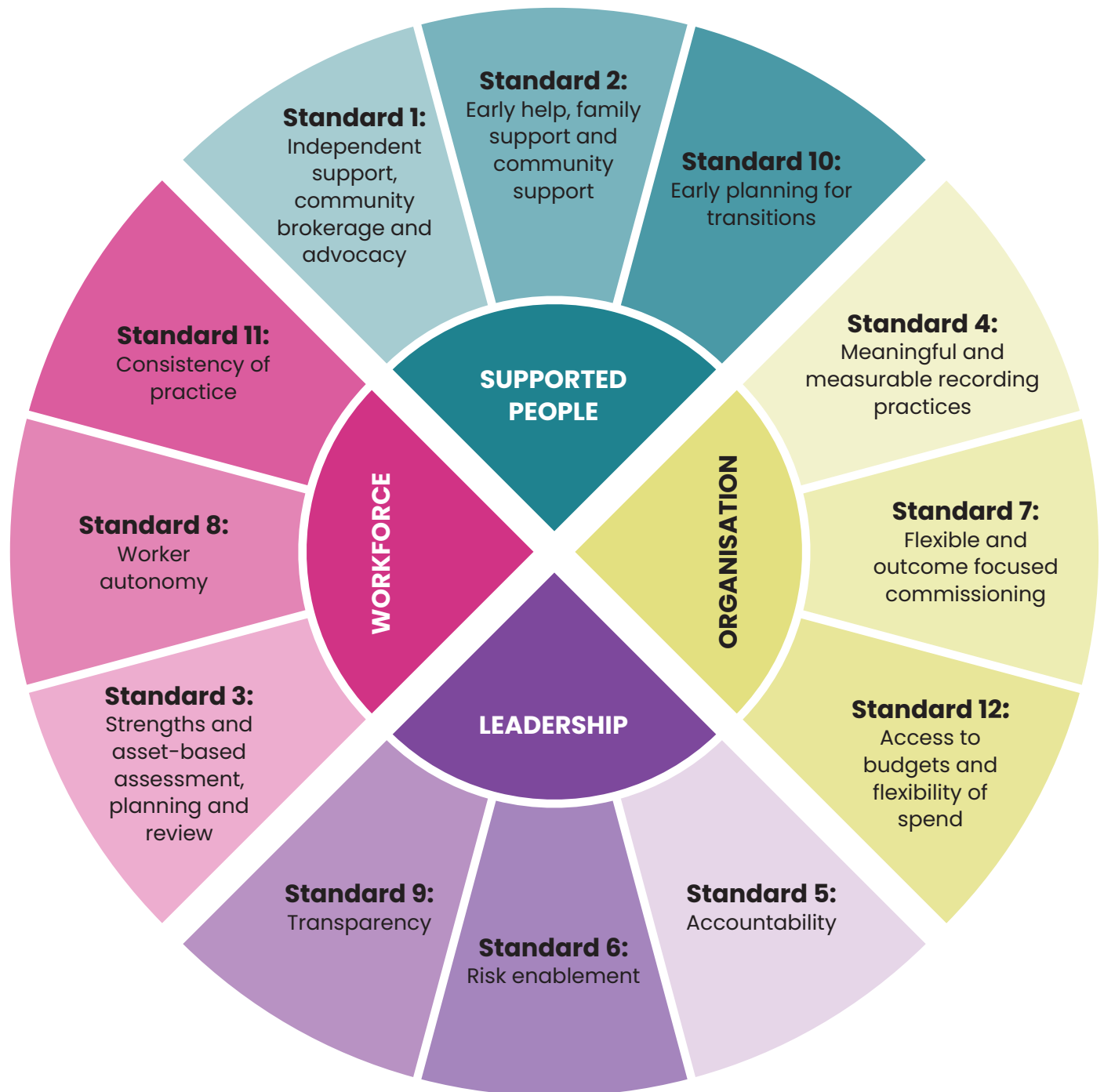
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Introduction

The Social Care (Self-directed Support) (Scotland) Act 2013 (the 2013 Act) sets out the duties of relevant authorities to offer choice when arranging care and support including community care services and children's services. The 2013 Act was intended to ensure that care and support is arranged, managed, and delivered in a way that supports choice and control for people and is underpinned by four statutory principles relating to a person's human rights: participation and dignity, involvement, informed choice and collaboration. All social care in Scotland should be provided in line with the principles set out in the 2013 Act. The 2013 Act together with the Carers (Scotland) Act 2016, create rights for people needing support in Scotland and their carers, as well as placing duties on social care and health professionals.

The Self-directed Support Framework of Standards

Statutory guidance on the provision of social care support, and related processes was originally published in 2014 to accompany the 2013 Act, and was updated in 2022. It is issued to local authorities in order to provide relevant guidance and to reflect the duties and powers of the 2013 Act. The aim of the statutory guidance is to help duty-bearers within the relevant authorities to fulfil their duties under the 2013 Act. The Guidance is intended to be a starting point for training and good practice.

Evidence[1] on the inconsistent implementation of Self-directed

Support and a need to ensure those responsible for enabling access to SDS are supported with the skills and knowledge to carry out their duties, led to publication of the Self-directed Support Framework of Standards (referred to as the Framework) in 2021, supplemented in 2022. The Framework, with twelve standards, and accompanying practice statements and core components, was designed to align with the Self-directed Support statutory guidance to support system change, implementation, practice and consistency of outcomes experienced by supported people (children and adults) and unpaid carers across Scotland. The Standards are not in themselves statutory, but aim to support best practice and demonstrate what good Self-directed Support implementation looks like. At the time of publication, there was a commitment to review and revise the Framework within the first three years.

In light of recent evidence on the implementation of Self-directed Support (including the Independent Review of Adult Social Care in 2021, the Care Inspectorate thematic report in 2019 and Audit Scotland report in 2017), the Self-directed Support Statutory Guidance was updated in October 2022 with the intention to support improved implementation and practice. It highlights the flexibility of existing legislation and regulations, incorporates the Self-directed Support Framework of Standards and emphasises the importance of enabling choice, autonomy, good conversations, and a mature and positive approach to risk enablement and risk management.

[1] Evidence included: Independent Review of Adult Social Care (2021); the Care Inspectorate thematic report (2019) on the delivery of SDS across six partnerships, and Audit Scotland (2017) on progress in implementing SDS, which highlighted there was no evidence that authorities had yet made the transformation required to fully implement the SDS strategy.

The Statutory Guidance affirms that Self-directed Support is the way that social care must be delivered in Scotland for children, adults, those in transition to adulthood and carers, and that authorities must take reasonable steps to uphold the rights of supported people and carers as described in the statutory principles. The update also incorporates policy and legislative changes relevant to the delivery of Self-directed Support which have taken place since the 2013 Act came into force including the Children and Young People (Scotland) Act 2014, the Public Bodies (Joint Working) (Scotland) Act 2014, the Carers (Scotland) Act 2016 and the guidance on Self-directed Support during the COVID-19 pandemic.

Policy and practice context

Since the integration of health and social care in 2016, Integration Authorities have been responsible for the planning and commissioning of adult social care. Some are also responsible for children's services and criminal justice services if the decision has been taken for local authorities to delegate these services. Social work and social care services in adults, justice and children & families are delivered by local authorities or are commissioned by local authorities from private or third sector organisations.

In June 2022, the Scottish Government introduced a Bill to establish a National Care Service (NCS) which will bring a significant change in how social care in relation to adult services is organised and delivered. At the time this revised Framework was published, decisions had yet to be made about whether children's and criminal justice services would be included within the scope of the National Care Service.

It has been a longstanding ambition of Scottish Government that every child in Scotland should grow up loved, safe and respected, so that they can reach their full potential. Scottish Government's commitment to this ambition includes incorporating the Rights of the Child (UNCRC) directly into Scottish law through the UNCRC Incorporation (Scotland) Act 2024; the implementation of Getting It Right for Every Child (GIRFEC) which is designed to support families to receive the right help, at the right time and from the right people; and The Promise which makes the commitment that all children and young people in Scotland to grow up loved, safe, and respected.

The Scottish Government is also proposing the introduction of Getting It Right For Everyone (GIRFE) as a multi-agency approach to health and social care support and services from young adulthood to end of life care building on the principles of GIRFEC. This is about providing a more personalised way to access help and support when it is needed, placing the person at the centre of all decisions that affect them, with a joined-up consistent approach regardless of the support needed at any stage of life. It will form the future practice model of all health and social care professionals and shape the design and delivery of services, ensuring that people's needs are met.

There are also significant challenges within the sector which are affecting the workforce and impacting on the delivery of children's and adult services. Budget restrictions, workforce wellbeing, challenges in the recruitment and retention of staff, the current cost of living crisis, the ageing population and the continuing impact of the COVID-19 pandemic all have a profound effect on social care services and how people receive their care.

Who is the Self-directed Support Framework of Standards for?

This Framework is for all people and organisations. This includes children, young people, supported people, families, carers, including young carers and relevant organisations including Local Authorities and Health and Social Care Partnerships, NHS organisations or Integration Joint Board staff.

It is relevant for social workers and for those who are critical to the successful implementation of Self-Directed Support, including:

- social work paraprofessionals
- social care and health practitioners
- Self-directed Support leads
- finance officers
- senior managers
- legal, commissioning, procurement and audit teams in individual local authorities
- supported people
- unpaid carers
- Personal Assistants (PAs)
- advocacy, community brokerage and independent support organisations
- care providers
- those who assess, approve or administer social work and social care and support.

Revisions of the Framework

The review of the Framework took place over a six-month period and adopted equalities and island communities impact approaches including extensive consultation with the range of stakeholders delivering and receiving services. Each standard was considered from the perspective of children, physical impairment, learning difficulties and autism, carers, older people and geography as well as sensory impairment, mental health, homelessness and substance misuse, and black, Asian and minorities communities.

The revisions were overseen by a core working group of national stakeholders, local authority and HSCP partners, and relevant experts. The key revisions made to the Framework were:

- Clarifying the meaning and simplifying the language of each standard including the practice statement and core components
- Reducing the number of core components
- Developing a new explanatory 'how to' section for each core component
- Adding a glossary of terms used.

Implementing the Framework

The approach to implementing the framework is that of progressive realisation, a concept originating in human rights policy describing the requirement for States to adopt appropriate legislative, administrative and other measures towards the full realisation of human rights. This means that governments must move forward and ensure that human rights are realised over time, through comprehensive and co-ordinated implementation programme and careful monitoring of progress.

In the context of implementation of the Framework, this can include making decisions about which of the core components are a priority in terms of implementation, the resources needed to implement fully across all populations, and developing a comprehensive and iterative plan to deliver on this. The concept of progressive realisation fits well with implementation science[2], which shifts the question from: *"What can we do with what we have?"* to: *"What will it take to do what needs to be done?"*

Each Standard contains:

Standard Descriptor
Describes the intention of the standard from perspective of people.

Practice Statement
States what the authority needs to do to in practice in relation to each standard.

Core Components
The essential associated elements that are necessary to produce the desired outcome of the standard.

And a new element has been introduced:

'How to' statements
Set out the issues or factors to take account of while working towards achievement of the core components.

Each standard within the Framework can be considered individually, but the standards can be grouped in relation to their relevance to different parts of the overall system:

Supported people's experience

Standard 1 Independent Support, Community Brokerage and Advocacy

Standard 2 Early Help, Family Support and Community Support

Standard 10 Early Planning for Transitions

Workforce competency

Standard 3 Strengths- and asset-based assessment, planning and review

Standard 8 Worker Autonomy

Standard 11 Consistency of Practice

Organisational systems

Standard 4 Meaningful and measurable recording practices

Standard 7 Flexible and Outcome Focused Commissioning

Standard 12 Access to Budgets and Flexibility of Spend

Leadership

Standard 5 Accountability

Standard 6 Risk Enablement

Standard 9 Transparency

The new approach above is designed to help with the implementation of the standards in practice and will be further aided by the development of a learning-based self-evaluation and improvement toolkit for local and integration authorities.

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

What drives the implementation of Self-directed Support

Overview

This diagram represents the drivers for consistent implementation of Self-directed Support as intended by legislation and policy.

Each of the headings in bold black or white is a driver category. Each of the twelve foundational Self-directed Support standards are aligned to one of the driver categories.

The standards are what good Self-directed Support practice looks like for everyone.

The drivers are what good Self-directed Support implementation looks like for every part of the system.

Explaining the drivers

Success looks like the supported person and/or carer living their life, the way they want to, in line with their human right to independent living (1). The person may have others who help them to articulate their views, and may have family and natural networks around them (2). The person has purposeful and meaningful conversations with a social work practitioner (3) to explore and develop their ideas and to reach a position about what arrangements and support is right for them to be able to live their life the way they want to.

The social work practitioner's primary professional focus is on supporting the person's self-determination while balancing risk, and enabling them to live their life the way they want to (4).

To be competent at this, the practitioner must be clear about what they are doing; have enough time with the person to understand their unique experience, views and needs and work together

The driver categories are each represented by a colour:

The perspective of the supported person is shown in **blue**; the social work workforce is represented in **pink**; systems and culture in **yellow**, and leadership in **purple**.

to develop a good support plan; be well trained and skilled in practicing Self-directed Support in line with other relevant areas of social work; have good professional support; and be able to self-reflect and get feedback on how well they are practising (5).

To realise the person's support plan, the practitioner must have the professional autonomy to interact with the complex systems of social work and social care (6).

For the practitioner to be able to do this, systems and culture within local government and partnerships need to be designed to make it easy for the practitioner to do their job efficiently and effectively (7) and for supported people to have their rights and needs met. Systems and processes include access to budgets and flexibility of spend, recording, digital infrastructure, and commissioning and procurement procedures. Engaging with these systems includes negotiating with other professionals such as health, finance, legal, commissioning and procurement.

It is the role of leaders within local government and partnerships to ensure that local systems and culture support their social work workforce (8). It is the job of leaders to understand the wider political and economic environment and to respond in a way that creates an enabling context for the progressive implementation of Self-directed Support. This includes acknowledging and building capacity for supported people and carers to be leaders themselves in the improvement and implementation journey.

My life, the way I want it.

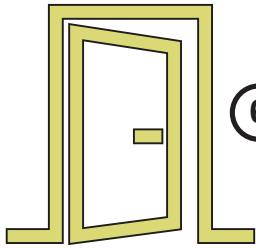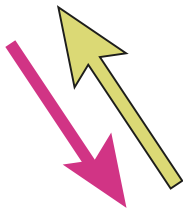**① Supported person and carer's choice over their support**

Standards
1, 2, 10

②

③

④

⑥

⑤ Standards 3, 8, 11

Enhanced worker skills, practice and autonomy
Job roles, workforce capacity, gold-standard training, job coaching, professional autonomy, evaluating quality

Better systems and culture
Personal budgets, delegated authority, recording processes, IT systems, digital solutions, data gathering

⑦ Standards 4, 7, 12

Better leadership
Learning organisation, including supported people and carers as leaders, supporting the workforce, solutions to adaptive problems, working with other professions.

⑧ Standards 5, 6, 9

Independent support, community brokerage and advocacy

Standard descriptor: People are offered independent support, community brokerage and advocacy to have choice and control over their own or their child's social care and support, and to exercise their human rights.

Practice statement: Every Local Authority/Health and Social Care Partnership provides information about independent support, community brokerage and advocacy for anyone who needs it, in ways which are accessible to everyone.

Core Components and Practice Guidance

▶ **1.1** The right to independent support, community brokerage and advocacy for people and carers who need it is upheld under Self-directed Support legislation and the Children and Young People (Scotland) Act 2014 and is supported through the articles of the UNCRC and principles of GIRFEC.

How to:

- Children, young people, families, supported people and carers have the right to express views and to be supported. All must be listened to and meaningfully involved in decision-making about their care.
- A compassionate, caring, person-led culture is one that is focused on people. Advocacy helps to make this a reality for those children, young people, families, supported people and carers who, for whatever reason, would not otherwise be able or allowed to share their views.

▶ **1.2** People feel confident that the independent support they receive is right for them and is tailored to their needs with specialist provision being available for specific vulnerable groups.

How to:

- Local partners should ensure that a range of independent support and resources are available which are flexible and easy to access to meet the needs and circumstances of children, young people, families, supported people and carers.
- Local partners should record when this provision cannot be provided and when independent support needs are not met, and how this will be addressed.

▶ **1.3** Independent support, community brokerage and advocacy are inclusive, accessible and addresses communication barriers.

How to:

- An inclusive approach needs to acknowledge the variety of ways that people communicate.

- It should also take into account a range of barriers including gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination, and should ensure that addressing one barrier does not create further inequalities.

1.4 Independent support, community brokerage and advocacy are provided as early as possible and for as long as is needed to support the processes of good conversation, assessment, planning and review, and to support Personal Assistant employers.

How to:

- Local partners should provide opportunities for all to access independent support, community brokerage and advocacy by setting up clear referral pathways.
- Everyone should recognise the role of independent support, community brokerage and advocacy in informing plans, assessment and review.
- Social work practitioners should consider provision of independent support, community brokerage and advocacy for people from the outset. This should be provided as early as people need it, and for as long as is required. It may be important for some people to be able to access this support anonymously.
- Independent support should be offered to Personal Assistant (PA) employers which supports the mutual relationship between PA employers and Personal Assistants.
- Partners should build capacity within peer support organisations, e.g. Centres for Inclusive Living (CILs), disabled people's organisations (DPOs).

1.5 Independent support, community brokerage and advocacy play a role in working with people, their carers and workers to identify outcomes and to help to inform or co-produce the person's plan.

How to:

- Partners should work together to produce a plan that is core to the principles of wider Adults' and Children's legislation, and is reflected in GIRFEC and GIRFE. This includes a child's or young person's plan, adult's support plan, young carer's statement, and adult carer's support plan.

1.6 Independent support, community brokerage, and advocacy operate within clear frameworks and guidelines to ensure consistent practice throughout Scotland.

How to:

- Independent support, community brokerage and advocacy organisations make evidence available on the quality of their provision.
- Local authorities develop clear referral pathways for those identified as needing independent support, community brokerage and advocacy, to ensure that people receive the support they need.
- Local authorities and independent support organisations provide opportunities to work collaboratively in the best interests of people and to develop trusting relationships and a shared understanding of roles and responsibilities. This should include the range of individuals and organisations providing support and advocacy.
- Independent support, community brokerage and advocacy providers have access to training on risk enablement, child and adult protection, adults with incapacity and mental health as well as opportunities to develop training collaboratively and to share learning. It's also important for providers to understand the full range of neurodiverse experiences, and the experiences of those living with dementia.
- Independent support, community brokerage and advocacy providers should be involved in strategic planning, including community action planning, review and commissioning processes.
- Independent support, community brokerage and advocacy providers should be involved in local Self-directed Support improvement planning so that they can work closely with locality teams to improve implementation of Self-directed Support in communities.
- Local authorities should view challenges made by independent support, community brokerage and advocacy organisations as opportunities to learn from people's accounts of their own needs, not as a threat to systems and processes.

2

Early help, family support and community support

Standard descriptor: Early help, family support and community support are available to all people who need it.

Practice statement: Providers of early help, family support and community support offer approaches where everyone is welcome to have a conversation about what matters to them, and to identify solutions to improve wellbeing.

Core Components and Practice Guidance

▶ **2.1** Early help, family support and community support are available to meet a range of needs before becoming critical. This helps to maintain people's independence and wellbeing, addressing loneliness and social isolation and helps people to feel connected.

How to:

● These approaches can serve as a gateway into more formal assessment and access to services. However, these approaches should not be regarded as a replacement for registered statutory services when these are needed. Community solutions do require investment and ongoing commitment from all spheres of government.

▶ **2.2** Supports identified build on a person's own strengths, talents and assets, wider family and natural networks, technological and digital supports and community resources.

How to:

● Children, young people, families, supported people and carers are at the centre of conversations, and are treated as experts in identifying their own needs and what matters to them.

▶ **2.3** Early help, family support and community support give people and communities a voice, and support the trusting relationships that are needed to co-produce the care and support that people want.

How to:

- Person- or family-based conversations should be ongoing as part of relationship-based practice.
- Ongoing engagement about the benefits of, and investment in, early help, prevention and community support is required.

▶ **2.4** Early help and community support is creative and responsive, and is adaptive to changing circumstances.

How to:

- Authorities and partnerships, people, carers, providers and communities build trusting relationships and maintain a dialogue to enable a rapid response when circumstances change.
- All parties recognise how the range of support and services available within communities, including universal services or those with minimum referral criteria, allow people to access help and support at an early stage.

Strengths and asset-based assessment, planning and review

3

Standard descriptor: Trust-based relationships and good conversations between workers and people are at the heart of assessment, planning and review. Outcomes are agreed on the basis of what matters to the person or in achieving a child and young person's potential.
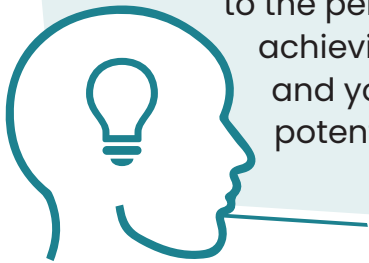
Practice statement: Assessment, planning and review systems and processes are personalised, recognising people's strengths, assets and talents, family and natural networks and existing community supports, resulting in agreed outcomes that meet their human rights.

Core Components and Practice Guidance

▶ **3.1** People's strengths, assets and talents, human rights, existing networks and community supports are recognised and included in a child or young person's plan, adult support plan, young carer's statement or adult carer's support plan.

How to:

- Communication is inclusive and accessible, and addresses any communication barriers.
- Relationship-based practice is at the heart of the assessment, planning and reviewing processes.
- The assessment process involves conversations combined with good practice tools, GIRFEC wellbeing indicators (SHANARRI), or other national or locally defined outcome conversational aides-memoir.
- There are a range of plans which reflect a child or adult's circumstances. This includes a child or young person's plan for when children are in need, require protection measures or are looked after. It also refers to a support plan, young carer's statement or adult carer's support plan.

▶ **3.2** What matters to a child, young person, family, supported person or carer is central to co-producing outcomes which are developed in the plan.

How to:

- It is important that people know that they have a plan and that they have ownership of their plan, and are able to access or to have a copy of their plan.
- Good conversations should take place regardless of whether there is a budget. This is achieved through working together

and relationship-based practice, and being honest about the challenges and difficult decisions throughout. This also includes consideration of how the person can access local community supports, natural networks, technology, aids and adaptations which may support achieving the outcomes identified in the plan.

- Processes involved in accessing Self-directed Support should be as clear and straight forward as possible to ensure that the person remains at the centre of planning.

▶ 3.3 When a child or adult is assessed as requiring an intervention or additional paid-for support then this must build on, protect and support existing networks and arrangements.

How to:

- Intervention or additional paid-for support must be designed to flex around or support existing natural networks and arrangements including their community supports, technology, aids and adaptations.

▶ 3.4 The Self-directed Support options are considered and explored with children, young people, families, supported people and carers. Decisions taken are based on how much choice and control a person or carer wants to have over their arrangements.

How to:

- An assessment and the identification of resources are all part of the same process, which should start with conversations and discussions with children, young people, families, supported people and carers. Where a budget is required to meet outcomes, this should result in the offer of four Self-directed Support options.
- Whichever Self-directed Support option is chosen, the person should have choice and control about how decisions are taken forward, including what support, who will support and when support is provided.

- Where it is not practicable and/or appropriate due to a person's individual circumstances to offer all four Self-directed Support options, an explanation must be given to the person and must be recorded.

▶ 3.5 Regular reviews ensure that people continue to be able to achieve their personal outcomes.

How to:

- All children, young people, families, supported people and carers are entitled to reviews regardless of their circumstances.
- Like assessment, reviews are about good conversations, and help children, young people, families, supported people and carers to reflect on their experiences, and to consider whether support is achieving what is intended.
- This process involves reviewing their budget to ensure the amount, and the way it is being used, is adequate to meet agreed outcomes.
- Reviews should ensure that where a person is using a budget to employ Personal Assistants that they have an adequate budget to be a good employer, that they have access to support to do this, and that the arrangements are working well.
- Local areas should clarify the frequency of regular reviews in the local context, and the process should be overseen to ensure that it keeps the person at the centre. A review should not focus on reducing the budget amount.

Meaningful and measurable recording practices

4

Standard descriptor:
Conversations about what matters to the person are clearly recorded, resulting in co-produced outcomes that are comprehensive and easy to understand. People's experiences and preferences are recorded, as well as how these have been acknowledged and expressed in the plan, connecting outcomes to their review.

Practice statement:
Recording practice and information systems demonstrate the extent to which practice is carried out in line with the values and principles of Self-directed Support. Recording systems are designed so that data can be aggregated and used for learning, continuous improvement, resource planning and commissioning purposes.

Core Components and Practice Guidance

▶ **4.1** Recording shows evidence that processes of assessment and planning, and decisions about Self-directed Support options and budgets are clearly explained and understood.

How to:

- The language and format of communication should be easy to read and to access so that people can take an active role in contributing to their assessment, plans and reviews and that outcomes are worded in a way that makes sense to them.

- Children, young people, families, supported people and carers can be supported by an advocate, or someone performing an advocacy role, in meetings and throughout to help support, explain and make sense of the processes and decisions.

▶ **4.2** Recording captures the narrative of the person's story.

How to:

- Recording captures the quality of conversations with people.

- Recording details the range of choices, Self-directed Support options and available budgets presented even if these are limited.

- Recording details the efforts made to support the person to make an informed choice, what choices and options the person has opted for, and why.

- Recording captures when the person's first choice of Self-directed Support option cannot be delivered, any alternatives that are offered, and any plan to progressively meet unmet need. This data should inform future commissioning.
- Recording captures different outcomes, recording strengths, and how risk is managed.
- Recording shows analysis, decision-making and different perspectives.
- Recording captures learning from the person's review.

4.3 Information systems have the functionality to support relationship-based practice and to record the difference Self-directed Support makes to people's lives.

How to:

- Leaders create the right organisational environment for outcomes-focused recording to be embedded.
- Local authorities' information systems should have the functionality to capture and evidence the person's story.
- Incorporate diverse ways of recording people's experiences and outcomes through use of technology such as digital passports, apps or video recordings, which are used to support good conversations.

4.4 Information systems ensure that aggregate data is meaningful, measurable and can be used for continuous improvement.

How to:

- Leaders ensure that data recorded is consistent across teams.
- Leaders ensure that what matters to people is recorded and progress towards achievement of personal outcomes is recorded.
- Aggregated data should be used for learning purposes and continuous improvement.
- Leaders consider how unmet need and the alternatives offered are routinely recorded for purposes of resource planning and commissioning.
- Recording information on unmet need and the alternatives offered is important to understand the needs of individuals and communities, and to understand workforce and resource requirements.

Accountability

5

Standard descriptor: People's legal rights are upheld, supported fully by the authority's processes. These include provision of accessible information, advocacy and mediation, the right to challenge a decision and to make a complaint.
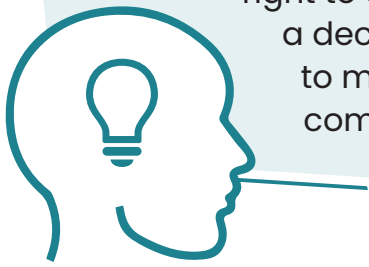
Practice statement: Practice, policy and processes ensure that people's legal rights are upheld including the right to challenge decisions which do not uphold their human rights or which affect their experience of social care support. Relationship-based practice provides opportunities for the voices of children, young people, families, supported people and carers to be heard including constructive feedback which informs learning and improvement.
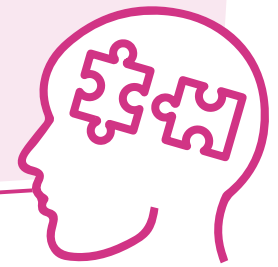
Core Components and Practice Guidance

▶ **5.1** Organisational cultures of respect and trust support relationship-based practice and allow people to engage with practitioners and services easily and meaningfully.

How to:

- Leaders create the conditions for a respectful and trusting culture within their organisations, including a positive environment for challenge and learning.
- Leaders recognise and allow the time it takes to build trust.
- Mediation is supported, facilitated and welcomed at all parts of the process.

▶ **5.2** People have the right to be heard and should be supported to query and challenge decisions throughout their assessment, planning and review processes, including decisions about outcomes.

How to:

- People are made aware of their human rights so they can challenge decisions on that basis.
- There are transparent and supportive processes for people to challenge and appeal all decisions which affect their experience of social care support.
- People are supported to challenge decisions which do not uphold their human rights, including escalating

complaints to the Scottish Social Services Council (SSSC), the Care Inspectorate and the Scottish Public Services Ombudsman (SPSO).

5.3 Local authorities actively seek constructive feedback from people as opportunities for learning and ongoing improvement.

How to:

- Systems of accountability are designed to promote responsibility, to protect people using services and form the basis of trusted relationships.
- There is an easy process in place for people to give feedback about their experiences.

5.4 Local authority appeals and complaints processes are easy and transparent for people to make appeals and complaints about their Self-directed Support.

How to:

- There are easy and transparent processes in place for making an appeal or a complaint.
- Local authority complaints processes are compliant with Self-directed Support legislation, values and principles, and Equalities and Human Rights legislation.

6

Risk enablement

Standard descriptor: People's views about their lives and how they wish to meet their own outcomes are listened to and responsibilities in relation to risk agreed. Self-directed Support is not separate from safeguarding and can be used creatively to enhance people's and families' preventative, protective and positive outcomes.

Practice statement: Social work practitioners and people work together to plan for positive risk enablement whilst balancing the responsibility of statutory protection of children, young people, adults and carers. Supported decision-making should be used where there are issues of capacity.

Core Components and Practice Guidance

▶ **6.1** Organisations and leaders are responsible for creating a culture based on positive risk taking to support workers to work in a risk-enabling way.

How to:

- Clear practice guidance should address the balance between innovation, choice and risks.
- Practitioners are encouraged, and have the information and the support that they need, to work in this way.
- Practitioners follow evidence-based positive risk management best practice and receive regular and effective reflective supervision.
- To reduce the incidence of substitute

decision making, practitioners are trained in supported decision-making.

- Practitioners work in a culture which supports them to identify and to deal with issues where there are conflicts in interest between Power of Attorneys' or Guardians' views and the wishes of the person.

▶ **6.2** Risk assessment considers both the positive risks where there is beneficial impact on mental and physical wellbeing, and negative consequences associated with certain actions or inactions and activities.

How to:

- A person's human rights should be considered as part of their assessment, which includes conversations on risk-enablement. Conversations may also

- consider the risks associated with taking no action.
- Effective, consistent, trusted relationships and good communication underpin effective risk assessment.
- Risk assessment follows the principle of least restrictive practice.
- The role of carers should be respected, particularly if the person does not have capacity.
- All decisions and actions to support risk are proportionate and defensible. Reasons for decisions are evidenced and recorded appropriately.
- It is recognised where opportunity and risk complement each other and contribute to a person's growth and enrichment.
- There is appropriate recognition of different types of risk (personal risk, risk to others, professional risk, organisational risk, financial risk, and reputational risk) and where risk lies.

Flexible and outcome focused commissioning

7

Standard descriptor: People have meaningful involvement in the development of support and services. People work together with commissioners, practitioners and communities to plan, design, and quality assure flexible local supports.
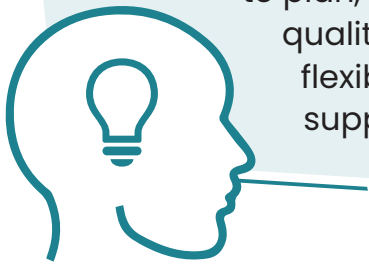
Practice statement: Social care support and services are planned, commissioned and procured in a way that involves people and offers them choice and flexibility in how they meet their outcomes, and in a way that builds community support. Commissioning of support and services starts with what matters to people and what they need to help them live life the way they choose.

Core Components and Practice Guidance

▶ **7.1** There is understanding of, and active commitment to, outcome focused, collaborative, community-based and ethical commissioning across all Self-directed Support options.

How to:

- Ethical commissioning is built on trusting relationships and dialogue between local authorities and partnerships, people, carers, providers and communities.
- Investment is based on a thorough understanding of the social care market, local geographical factors and unmet need.
- All should be involved in discussions about what services are needed locally, including in-house services, and time is allowed for disinvesting to reinvest in more support and services that better meet local need. This includes considering and developing new models of care and support to meet people's outcomes.

▶ **7.2** Local strategic approaches to commissioning will take account of local needs including the requirement for specialist support.

How to:

- Authorities should enable individual commissioning where people opt to manage a personal budget to commission their own supports under options 1 and 2 without overly complex processes. Commissioning for option 3 should mirror this approach.

- Commissioning processes involve the third and independent sectors, micro-enterprises and communities in discussions on commissioning and on developing personalised social care support services which are effective in meeting outcomes.
- Commissioning approaches are further developed for option 2. This might be based on a market position statement evidencing gaps, agreed in collaboration with providers.
- All attempts should be made to overcome procurement challenges to enable the person's choice to be exercised.

▶ **7.3** The experience of people who use and commission services is central to the design, delivery and quality assurance of services across all Self-directed Support options.

How to:

- During the commissioning process, it is particularly important to give attention to the range of views which need to be heard and included.
- Thought should be given about how to engage with people in their own communities.

▶ **7.4** Practitioners are supported to engage with communities, to build relationships and to gain understanding of community assets and networks.

How to:

- Within commissioning processes, it is important to involve social work practitioners, and to build on their knowledge of the assets and needs within communities.
- This could be through the adoption of a Community Social Work approach.
- This could include different local approaches such as locality coordinator models, community brokerage and community link workers.

▶ **7.5** Community Planning Partnerships, in conjunction with Health and Social Care Partnerships and Children's Services Planning Partnerships, actively engage with communities to support the identification and development of local community support.

How to:

- The potential for sectors (including housing, culture and community planning) to collaborate and practice community-based commissioning is taken forward in partnership with community involvement.
- Communities and community groups are supported to understand their contribution to people's wider support network.
- Training should be developed and offered to workers from across finance, legal, contracts, and procurement teams, to support the outcome of getting it right for communities.

▶ **7.6** Fair work remuneration is in place across the social care sector.

How to:

- Authorities should take account of up-to-date national policy for fair work practices.
- Authorities should consider local payment structures across different parts of the workforce, different groups of people requiring support, and across the four Self-directed Support options, taking account of locality.

▶ **7.7** Accurate local intelligence including unmet need is gathered through regular engagement, and assessment and review processes.

How to:

- Reviews, including reviews of unmet need, are recognised as an important mechanism to drive improvement.
- Reviews are opportunities to reflect on what is working to meet personal outcomes, as well as to ensure financial best value.

Worker autonomy

Standard descriptor: Social work practitioners can exercise their professional judgement, and use their own knowledge, skills and abilities to the benefit of those they are working with and supporting.
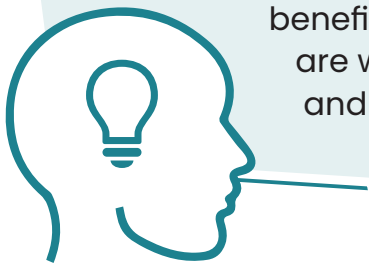
Practice statement: Social work practitioners feel trusted, confident and resilient, and are enabled to exercise professional autonomy in assessment and planning and, where appropriate, to set personal budgets within agreed delegated parameters.

Core Components and Practice Guidance

▶ **8.1** Leaders create the conditions for social work practitioners to be able to exercise their autonomy with confidence and to develop the skills needed for relationship-based practice.

How to:

- Social work practitioners are supported to feel trusted, confident and resilient, and are made aware of how and where they can access support if required.

- Social work practitioners work in environments where they can feel safe, confident and supported when they take managed risks.

- Social work practitioners have protected time for learning and continuous professional development.

▶ **8.2** All social work practitioners are skilled in practising Self-directed Support.

How to:

- All social work practitioners are fully informed and knowledgeable about Self-directed Support.

- All social work practitioners receive skills-based training in Self-directed Support and integrate this into their working practice.

- Managers offer opportunities for ongoing skills-based training, learning and development.

▶ **8.3** Social work practitioners are supported to work in a relationship-based way with children, young people, families, supported people and carers.

How to:

- Social work practitioners have clear and accessible local policy in place to support them in exercising professional judgement.
- Caseloads are manageable and allow for the development of relationships between social work practitioners and people.
- Social work practitioners have regular and high-quality supervision which encourages relationship-based practice, focused on people's rights and outcomes, which goes beyond care management.
- Managers offer safe and supportive opportunities to discuss managed risks.

▶ **8.4** Social work practitioners have the confidence to use their knowledge, skills and abilities to empower children, young people, families, supported people and carers to have choice, creativity and flexibility in achieving their outcomes.

How to:

- Social work practitioners understand their duties and remit in relation to Self-directed Support and the different populations they are working with.
- Social work practitioners are creative in their use of flexible commissioning approaches, and are not limited to matching people with existing commissioned services on framework.
- Social work practitioners and managers have the authority to plan support and to set personal budgets within locally agreed parameters.

9

Transparency

Standard descriptor:
People are supported by organisations that are open, honest and accountable for decisions, actions and their consequences. These qualities of transparency can help build trust, credibility and respect as well as avoid conflicts and misunderstandings.

Practice statement: Practice, systems and processes are clearly understood and are explained in ways that make sense to everyone involved. Discussion between practitioners and children, young people, families, supported people and carers makes clear the options and services, short term and long-term support, finance and budget that are available. All decisions, including decisions about risk, that affect a person's choices, support, and personal budget are recorded and shared with them.

Core Components and Practice Guidance

▶ **9.1** Leaders create a culture which supports relationship-based practice, and design systems which support timely responses and promote transparency.

How to:

- Leaders need to be transparent about the rationale for decision-making including discussions around eligibility criteria, financial contributions, budgets, service provision and workforce capacity.

▶ **9.2** Good conversations support transparency in communication and create the conditions for relationship-based practice.

How to:

- Good conversations are recognised as an intervention and should not be mechanistic or transactional.

- Consideration should be given to whether people need support, or someone to facilitate conversations, so that they can articulate how they feel about the support that they receive, including how that could be different.

- Good conversations need to be facilitated in a way that gives enough time to hear people's voices fully.

9.3 People are told the likely level of the budget available irrespective of the option they choose.

How to:

- It is important to have transparency about available budgets before support planning takes place. This allows people to exercise creativity and autonomy.
- If there is a decision-making panel in place, it has a responsibility to communicate with the person and the practitioner the reasons behind all decisions that are made regarding funding.

9.4 It is recognised that different people with similar circumstances may require different budgets depending on their own strengths, assets, and family and community supports.

How to:

- Different levels of funding may be available in different situations, so it is important to explain policies, procedures, financial decisions, any offer of services and how the Self-directed Support standards are implemented locally.
- Practitioners including social workers, community care workers, occupational therapists and community link workers have knowledge and awareness of technology, aids and adaptations and what is available in the community to help people direct their support.

9.5 In the course of accessing support, people can see what is written about them and there is a timely response in providing access to this information.

How to:

- What is written in assessments, plans and reviews should be produced collaboratively. Relationship-based practice supports this.
- People should be able to see information written about themselves whenever this is requested through an easy and timely process.

9.6 Children, young people, families, supported people and carers have a voice in the development of policy and practice.

How to:

- People are allowed to have a central role in shaping policy and practice.
- Regular engagement is needed to ensure their voice helps to shape ideas and developments as well as reflect on current policy and practice.
- People should be supported to have a voice which may include a range of support being offered and a variety of approaches being taken, such as community-based engagement, to encourage participation.

10

Early planning for transitions

Standard descriptor: People are given the support, time and information they need to plan for their transitions and make decisions as they adjust to new or different phases in their lives.

Practice statement: Transitions happen throughout a person's life. Planning starts early or when it is appropriate for the individual and has the person's wellbeing, aspirations and outcomes at the centre.

Core Components and Practice Guidance

▶ **10.1** Planning and decision making should be carried out in a person-led way with a shared understanding and a commitment to person-led approaches across those services that are involved in the transition.

How to:

- Children, young people, families, supported people and carers should be leading, or at the centre of, planning and decisions made about their health or social care support since they are best placed to know what they need as they transition from one service to another.

▶ **10.2** People should have access to information stating what support they are entitled to and what they can expect during different transitions across their lifespan.

How to:

- Children, young people, families, supported people and carers should be given time to plan their transitions and to explore all available options.

- People should be given the help they need to make transitions as efficient and effective as possible, and for supported people to make choices and to have control of their care and support during periods of transition.

10.3 Transition planning and support is proportionate to need and, where appropriate, there is a coordinated and collaborative person-centred approach across services or between supported people and those providing their support.

How to:

- Some transitions such as moving into young adult life, or moving into residential care, will require a coordinated, multiagency approach, whilst others will be managed sufficiently between the person and their support staff.

Consistency of practice

11

Standard descriptor: Children, young people, families, supported people and carers can expect a consistent quality of practice within and across local authority areas regardless of age, stage and circumstances.

Practice statement: Consistent high-quality social work practice is required in assessment, early help, planning and review and the delivery of support so people have confidence that their agreed outcomes will be met no matter where they live.

Core Components and Practice Guidance

▶ **11.1** Practice focuses on exploring what matters to the person although available services and support may be different across local authorities depending on availability and geographical variation.

How to:

- A consistent approach across the authority area to eligibility criteria, charging and contributions criteria (where these exist), commissioning, procurement and budget allocation and calculation, including levels of delegated authority for workers and managers.

- Budgets can be spent on activities and support that are legal and to the benefit of the person in meeting their outcomes. There should be consistency in how this principle is applied across the Self-directed Support options and across the local authority area.

▶ **11.2** There is commitment locally to a consistent approach to early help, family support and community support that shifts focus from crisis intervention towards what matters to the person and their quality of life.

How to:

- Local authorities should take a consistent approach to early help and assessment through GIRFEC and GIRFE that is asset- and strength-based which takes account of natural supports and technological supports.

▶ **11.3** Local authorities work collaboratively to ensure that people can move residence from one local authority area to another while retaining a level of provision sufficient to meet their agreed outcomes.

How to:

- Local authorities work collaboratively to ensure that there is minimum bureaucracy when people move residence from one local authority area to another.

- Local authorities acknowledge the challenges facing those who live on the boundary between local authorities, and collaborate to ensure that there is agreement between the local authorities to maintaining a level of provision sufficient to meet agreed outcomes.

- Where the person moves residence from one local authority area to another and is defined as having become Ordinarily Resident in the new area, there is a duty on the new local authority/partnership to provide services to meet their assessed needs.

Access to budgets and flexibility of spend

12

Standard descriptor: Children, young people, families, supported people and carers have flexibility and choice in how budgets are spent to meet their agreed personal outcomes. Available funding is allocated in a way that is transparent, fair, equitable and sufficient for all individuals and across all communities.

Practice statement: Local authorities and partnerships have clear and fair systems, and transparent and accessible processes in place to involve people in developing their budgets. Budgets are calculated and expressed in a way which demonstrates that outcomes will be met for all individuals in a fair and equitable way, taking account of strengths, assets and community resources available. Practitioners support and set personal budgets within agreed delegated parameters.

Core Components and Practice Guidance

▶ **12.1** Children, young people, families, supported people and carers are informed and involved in decisions about how budgets are agreed, allocated, reviewed and spent.

How to:

- Make finance processes as transparent and easy to use as possible so that children, young people, families, supported people and carers are as fully informed as possible.

- People are given as much involvement as they wish, or as is possible depending on age and circumstances, in the development of plans and when budgets are agreed, allocated and reviewed.

- Acknowledge that individuals have the right to choose not to be involved in discussions about their budgets, but make sure that opportunities to allow them to be included have been explored and are revisited at the point of review.

- The person's practitioner is involved in financial decisions made about their budget allocation, including having delegated authority to access budgets up to agreed levels, budget allocation and any changes to budget amount/spend.

12.2 People are told the relevant amount or indicative budget available to achieve their personal outcomes for each Self-directed Support option.

How to:

- This is underpinned by a fair and equitable assessment process, a shared understanding of the resources available, and how the budget is held by, or on behalf of, the person.
- In certain circumstances, it may not be appropriate to calculate indicative budgets for each option if there is concern that it would put the safety of the person at risk, or in a time of acute crisis.
- It is important to take account of a person's wishes and to respect their decisions, including when they choose not to be involved in discussions about their budgets.
- Organisational systems and processes need to be aligned so that practitioners have delegated authority to access budgets for individuals, up to an agreed level.
- Systems and processes align with workers' statutory duties and bureaucracy is minimised for workers and for individuals managing their budgets.
- Decisions about budgets should be taken in a timely manner, and communicated swiftly, minimising delays in the provision of support, with timescales being set and monitored.
- Local authorities should have clear procedures for how each person's financial contributions are calculated and made. A clear distinction is made between chargeable and non-chargeable supports.
- Financial assessments consider the person's circumstances and the impact of charging and contributions policies where these apply, and this is explained clearly to the person, family or carers.
- The method by which a budget is calculated is transparent and is understood by people and by workers.

12.3 Budget spend should be fair, proportionate, legal, equitable and auditable, and necessary for meeting agreed personal outcomes.

How to:

- The budget allocated under the chosen Self-directed Support option should be sufficient to meet agreed outcomes identified in the assessment.
- Personal budgets can be spent in any way that is legal and that is related to meeting agreed personal outcomes.
- Personal budgets cannot be invested to generate income.
- The personal budgets of more than one supported person may be pooled to meet their collective personal outcomes.
- Allowable spend is not limited to purchasing traditional 'on framework' commissioned and contracted services.
- Where budgets are being used by a supported person to employ Personal Assistants, they should be adequate to enable the supported person to be a good employer and to be able to recruit, retain, train and support their Personal Assistants.

12.4 People can be flexible about how they spend budgets to meet their agreed personal outcomes.

How to:

- Social work practitioners should encourage and support people to think creatively and flexibly in how their budgets can be spent.
- People can be flexible about spending different amounts of money each week and at different times of the year, within agreed limits.
- At their request, people have flexibility to move between Self-directed Support options. For Personal Assistant employers, changing support options has legal and contractual implications and Personal Assistant employers have access to the relevant advice.
- Systems should support flexible spending.

Standard 12 continues over the page

- Processes for administering budgets are transparent, efficient and minimise bureaucracy while meeting statutory requirements for monitoring and best value. Issues in relation to administration must be resolved in a timely and compassionate manner to avoid stress and breakdown of trust.

12.5 Local authorities and partnerships balance their duty to meet outcomes and give flexibility of spend with their duty to ensure budgets are spent appropriately.

How to:

- Leaders ensure that there is collaboration between finance colleagues and social work practitioners that supports a realistic risk-enabled approach to managing personal budgets.
- Any change to a person's budget should have a sound rationale which is clearly communicated to them via their social work practitioner.
- Recoupment from a person's budget should not be undertaken without the person being consulted, potentially through a review or reassessment. This should take account of bills yet to be paid, or challenges recruiting personal assistants or securing provider support services.

12.6 Local authorities can administer health budgets if the cost is transferred from the NHS to the local authority.

How to:

- NHS funds can be incorporated into a person's Direct Payment or Option 2.
- NHS funding transfer may provide flexibility when a young person is transitioning to adult services.
- All systems and processes across

organisations must be streamlined to reduce bureaucracy and to minimise delays.

12.7 There is mutual understanding of the roles and responsibilities across social work, finance, audit, legal, commissioning and procurement to ensure that people have maximum flexibility to use their budget in the way that they choose, to achieve their agreed outcomes.

How to:

- Leaders create and support collaborative working relationships between social work and professionals in finance, audit, legal, commissioning and procurement to achieve mutual understanding of the roles and responsibilities each has to ensure that people have choice and flexibility in using their budgets.

12.8 Finance, audit, legal, commissioning and procurement processes align with SDS values and practice, enabling worker autonomy and allowing for fairness and parity.

How to:

- Leaders ensure that finance, audit, legal, commissioning and procurement processes align with SDS values and practice, enabling worker autonomy and allowing for fairness and parity across all SDS options. Feedback from supported people is included in the review of finance and audit processes.

Glossary

Advocacy	Advocacy is about speaking up for and standing alongside individuals or groups, and not being unduly influenced by the views of others. Fundamentally it is about everyone having the right to a voice: addressing barriers and imbalances of power, and ensuring that an individual's human rights are recognised, respected, and secured.
Assessment	The initial purpose of the assessment is to identify the person's needs with a view to determining how the person can best be supported and whether the authority has an obligation to meet those needs. Assessment is an intervention as set out in Section 12 of the Social Work (Scotland) Act 1968, Section 23 of the Childrens (Scotland) Act 1995, Sections 6 and 12 of Carers (Scotland) Act 2016.
Authority	Where the term authority is used, it is meant to include all organisations that have duties and powers described in the standards. It includes local authorities (or local councils) and Integration Authorities such as Health and Social Care Partnerships, NHS Boards and Integration Joint Boards.
Carers (including young carers)	Some carers provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill-health, frailty or substance use. A carer does not need to be living with the person they care for. Other types of carers can include kinship or foster carers.
Children's Services Planning Partnerships	Children's Services Planning Partnerships (CSPPs) are key to delivering ambitions for children, young people and families, bringing together all those organisations that have a part to play in improving outcomes. CSPPs were established through the Children and Young People (Scotland) Act 2014 (Part 3). Children's Services Plans set out how partnerships will work together collaboratively to improve outcomes for children and young people in their area.

Choice and control	Self-directed Support helps supported people and carers to make informed choices about their support and to have choice and control over how that support is arranged, managed and delivered. Self-directed Support applies across all ages and user groups, including unpaid carers and children. For children and young people, this may include the parents or carers having choice and control, but decisions should be made in discussion with children and young people.
Commissioning	Commissioning refers to activities involved in assessing and forecasting needs, linking of investment to agreed outcomes and consideration of the options available. It also describes activities being taken to plan the nature, range and quality of future services and the steps that are taken by the relevant authorities and health boards working in partnership to put their plans in place. Joint commissioning is where these actions are undertaken by two or more agencies working together.

Ethical commissioning has a person-centred care first/human rights approach at its core, ensuring that strategies focus on high quality care. |
Community Brokerage	Community brokerage is a model of independent support that helps people to direct their own social care support. The purpose is to help people and carers who may need support to make informed decisions about the help they need and how best it can be delivered. It is provided by a range of brokerage, independent support, and disabled people's organisations across Scotland. It focuses on making the best use of what is available in the community to help people but also assists people who require more formal support arrangements through any of the four Self-directed Support options via their local health and social care partnership.
Community Planning Partnerships	There are thirty-two Community Planning Partnerships (CPP) across Scotland, one for each council area, which come together to take part in community planning. Each Community Planning Partnership focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality.
Community social work	This approach to social work seeks to work preventively, alongside people within the communities where they live, to address shared underlying problems as well as individual issues in their lives.

Co-production	Co-production occurs when a person influences the support and services received (by them or by others), or when groups of people get together to influence the way that services are designed, commissioned and delivered.
Delegated authority	A local authority will set out the level of assessment and personal budget that can be approved by different levels of worker and manager. This forms part of worker or professional autonomy.
Early help or intervention	Early help and early intervention are forms of support aimed at improving outcomes or preventing escalating need or risk. Because of this they are also sometimes referred to as prevention or preventative services.
Eligibility	Eligibility criteria are used by local authorities to deploy resources in a transparent way that ensures that those resources are targeted to adults in greatest need. A national framework for eligibility criteria for social care for older people was agreed by the Scottish Government and COSLA in 2009. This framework is used by local authorities to determine whether an adult assessed as needing social care support requires resources to be provided to meet those needs. It is currently being reviewed.
Equity / equitable	Equity refers to fairness and justice and recognises that we do not all start from the same place. This requires identifying and overcoming intentional and unintentional barriers arising from bias or systemic structures. Something that is equitable is fair and reasonable in a way that gives equal treatment to everyone.
Family support	Family support helps families to access a broad array of supports and services, including formal supports (such as paid respite care), informal supports (such as parent-to-parent connections) and a community system of services which promote the well-being of families and their children with additional needs.
GIRFEC	Getting it right for every child (GIRFEC) is Scottish Government's commitment to provide all children, young people and their families with the right support at the right time. This is so that every child and young person in Scotland can reach their full potential.
GIRFE	Getting it right for everyone (GIRFE) is Scottish Government's proposed multi-agency approach to health and social care support and services from young adulthood to end of life care.

Self-directed Support Framework of Standards

Good conversations	Good conversations are when social work practitioners and other professionals build relationships with people through time by listening well, building trust, being respectful of the person and honest about processes and decisions. Good conversations can help build relationships between social workers, supported people, families and unpaid carers, and help keep people at the centre of assessment, support planning and review practice and processes. Through good conversations, people are informed of their rights and responsibilities, and what to realistically expect from the Self-directed Support process. Having a good conversation is recognised as an intervention in its own right, and should not be mechanistic or transactional.
Health and Social Care Partnerships	Health and Social Care Partnerships were established under the Public Bodies (Joint Working) (Scotland) Act 2014 which came into force on April 1, 2016. A Health and Social Care Partnership is one type of Integration Authority under the Act[3]. All Partnerships are responsible for adult social care, adult primary care and unscheduled adult hospital care. Some are also responsible for children's services, homelessness and criminal justice social work.
Human Rights Act 1998	This sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000. The Self-directed Support (Scotland) Act 2013 Act states that local authorities must take reasonable steps to facilitate a human rights-based approach.
Inclusive communication	Inclusive communication means sharing information in a way that everyone involved understands. For service providers, it means making sure that you recognise that people understand any information provided and are able to express themselves in different ways. For people who use services, it means getting information and expressing themselves in ways that meet their needs. Inclusive communication relates to all modes of communication.
Independent living	Independent living means people having freedom, choice, dignity, and control, and fulfilling their rights to participate in society and live a full life. It does not mean living by yourself or fending for yourself.

[3] All but one of Scotland's integrated authorities are HSCPs. Highland is the sole example of a lead agency model.

Independent Living Fund Scotland	Independent Living Fund Scotland (ILFS) provides funding and support to help disabled people in Scotland and Northern Ireland live independently. Whilst the funding that Independent Living Fund Scotland disseminates is separate from social care budgets, their values and principles align well with Self-directed Support. The ILF is reopening in 2024.
Independent support organisation	An independent support organisation (ISO) provides independent, impartial information, support and advocacy for supported people and carers, to help them make informed decisions about their social care support. They provide people with information on Self-directed Support and help them to exercise choice and control over their social care arrangements. An example of an ISO is a centre for independent living.
Independent support and advocacy worker	Independent support and advocacy workers can assist the supported person to understand and realise their rights, and can help ensure that support plans are co-produced with the supported person and others they wish to involve, including families and carers. Independent support and advocacy workers can help mediate when there are difficulties or differences of opinion.
Indicative budget	An indicative budget is a figurative amount calculated immediately following the assessment. It estimates the amount of money it may take to meet a person's eligible needs and is based on information gathered during the assessment process. Section 4 of the 2013 Act refers to a 'relevant amount' and defines this as the "amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person." An indicative budget will change when the actual cost of the support plan is calculated.
Intersectionality	Intersectionality acknowledges that everyone has their own unique experiences of discrimination and oppression, and we must consider everything and anything that can result in people being marginalised such as gender, race, class, sexual orientation, physical ability, mental health, and neurodiversity.

Leadership/ leaders	Leaders exist at all levels of an organisation, and include frontline managers, middle and senior managers. There are different models of leadership in social work and social care. In integration authorities, leadership is often distributed, or devolved across a wide group of leaders. This may mean that a manager in social work has an NHS background and may have little working knowledge or experience of Self-directed Support. Leadership in Self-directed Support needs to be adaptive to emerging demands and able to respond agilely and flexibly.
Natural networks	An individual or family's natural networks builds on supports available to them via family, friends and community and in their locality. It promotes inclusion, person/family centred planning, and assets and rights-based approaches. The plan for paid-for support should be built around a person's natural network so that it is supported and cherished.
Other professionals	Where the term 'other professionals' is used, it covers the wide range of professions involved in a person's care and support, including social care workers and providers, health professionals, advocates and independent support workers.
Personal Assistant	People in receipt of Self-directed Support Option 1 (Direct Payment) or Independent Living Fund budgets can employ Personal Assistants to provide the specific support they need to be an active citizen and be included in their communities.
Personal outcomes	Personal outcomes are defined by the person as experiences and qualities of life that are important to them. Personal outcomes are developed by engaging with individuals using services and carers about what is important to them in life, and why.
People	Where the term 'people' is used, it is meant to include all those for whom Self-directed Support is relevant i.e. children, young people, supported people, families and carers, including young carers.
Plans (including support plans)	Effective plans should demonstrate a shared understanding and agreement of how personal outcomes will be achieved and which resources will be used to achieve them. Plans should be written or communicated in a format that makes sense to the person and should describe arrangements for what should happen if things go wrong and what would happen in a crisis. Types of plan include a Child's Plan, Supported Person's Plan, Adult Carer's Support Plan or a Young Carer's Statement.

Procurement	Procurement is the funding route to secure social care service provision. The Statutory Guidance accompanying the Public Bodies (Joint Working) (Scotland) Act 2014 sets out guidance for effective commissioning and procurement processes, including the putting in place of procurement plans providing specific detail to direct those responsible for contracting services.
Relationship-based practice	Relationships are the means through which social work practitioners and other professionals work collaboratively with individuals and families to establish a shared understanding of what needs to be done to support and protect the wellbeing of children and adults.
Review	Reviews give the social work practitioner, other professionals, and the adult, child, young person, carer and family an opportunity to discuss what is working well in their support plan and what may need to be changed. A significant change to a supported person's needs or a request for a further assessment should prompt a review. In addition, the supported person or the authority can also request a review of the choice of options under the 2013 Act.
Risk enablement	Risk enablement is the process of exploring the nature of risk, whose risk it is to hold and the risks of inaction as well as action. Risks can be viewed as opportunities for personal growth and enrichment.
SDS	SDS is a commonly used abbreviation for Self-directed Support. We have chosen to use the full term so that readers remain aware of the intention of the 2013 Act to bring personalisation into practice. It should also be noted that the abbreviation can also stand for other policies in other contexts (i.e. Structured Deferred Sentences) and organisations (i.e. Skills Development Scotland).
Social Care (Self-directed Support) (Scotland) Act 2013	The 2013 Act is the law that tells local authorities what they must do to give access to Self-directed Support in a way that supports people's rights to choice, dignity and being able to take part in the life of their communities.
Skills-based training	Skills-based training goes beyond the processes and mechanisms of Self-directed Support options and budgets by developing practitioners' skills in relationship-based practice.

Social work practitioner	Social work practitioners are workers in social work teams or multi-disciplinary teams that carry out social work duties and activities, including registered social workers, family support workers, and social work paraprofessionals.
Strategic Planning Groups	Each Integration Authority must have a Strategic Planning Group, responsible for developing three-year plans that state how services will work together to improve health and wellbeing. Strategic Planning Groups include representation from health and local authorities, as well as people with lived experience of using services, support providers, health and social care staff and housing.
Substitute decision-making	Substitute decision-making is a means of making decisions on behalf of people in relation to welfare and finance. It is based on the ethical principle of respect for autonomy. Substitute decision-making on behalf of an adult should only happen where there are the appropriate legal powers.
Supported decision-making	Supported decision-making has no formal definition, and different people use it differently. It can refer to any process in which an individual is provided with as much support as they need to make a decision for themselves or to express their will and preferences within the context of substitute decision-making (for example, guardianship or compulsory treatment for mental disorder). In both cases, the purpose of supported decision-making is to ensure that the individual's will and preferences are central to and are fully respected in decisions which concern them.
Support planning	A collaborative process involving supported people and authorities to agree personal outcomes and how these will be achieved. A support plan says how people will spend their budget to get the life they want. The plan is agreed between the individuals involved and the local authority.
Transitions	Transitions of care involve people across their lifespan moving across the boundaries of existing care provision, for example the transition to adult services, a change in a person's health or mobility, or a move to a new residential area or type of housing. To make sure that transitions are successful, organisations need to connect and collaborate with other services to provide a seamless transfer process.
Unmet need	Where it is not possible to meet all of the needs that have been identified as part of a co-produced support plan, these should be captured and reflected into the strategic commissioning process.

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