

# **SOCIAL WORK SCOTLAND**

# **SELF-DIRECTED SUPPORT PROJECT**

## **INTRODUCTION**

## **About Social Work Scotland**

Social Work Scotland is the professional leadership body for the social work and social care professions in Scotland. Our main aim is to promote the unique contribution and role of professional social work within an integrated context, balancing the responsibilities to promote social justice and empowerment with those of public protection. The key objectives of our organisation are to influence and shape legislation and policy relating to social work and social care, to champion research and evidence informed approaches, to provide professional leadership and increase leadership capacity across social work and social care, to support the development of the social work and social care workforce, and to support continuous improvement in the delivery of services.

Social Work Scotland supports a number of focused committees bringing together strategic and operational leaders from across Scotland. The Children and Families Standing Committee supports partnerships across sectors and with children, young people and families to improve outcomes for children. The Adults Standing Committee provides the voice of adult social work leadership and is committed to promoting personalised support, social justice and protection for Scotland’s vulnerable adults. The committee hosts a national practice network supporting the implementation of Self-directed Support (SDS) across all client groups.

**Self-directed Support Project**

Previously, Social Work Scotland delivered several pieces of work to support the implementation of the [Social Care (Self-directed Support) (Scotland) Act 2013](https://www.legislation.gov.uk/asp/2013/1/contents/enacted), including guidance to support the Act and the development of training and self-evaluation guidance. Social Work Scotland has added to the growing evidence base around Self-directed Support (SDS) with research into what best practice looks like[[1]](#footnote-2) and a focus on best practice in procurement[[2]](#footnote-3). Since 2019, Social Work Scotland has hosted the national Self-directed Support project, employing a team of four to develop a framework for SDS. In spring 2020, the project team supported the development of [national guidance on the flexible use of SDS during the pandemic](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-self-directed-support/).

Social Work Scotland used the intelligence gathered by the SDS project to inform its response to the [Independent Review of Adult Social Care,](https://www.gov.scot/publications/independent-review-adult-social-care-scotland/) chaired by Derek Feeley (the IRASC) and we were heartened to see many of our points reflected in the review recommendations. We have subsequently used ongoing learning from the SDS project to shape our response to the [National Care Service (NCS) Consultation](https://www.gov.scot/publications/national-care-service-scotland-consultation/).

Reflecting the views of people with lived experience as expressed in the adults’ and children’s independent reviews, access to care and Getting It Right Together (GIRT) were included as core elements of the NCS proposals. It is beholden on all partners to now create structures and environments where doing the right thing is straightforward. Self-directed Support is a fundamental vehicle for accessing social work and social care, and the legislation[[3]](#footnote-4) provides important legal rights for people to exercise greater choice and control over how their assessed needs are met.

## **ABOUT THE SDS PROJECT**

## **Years 1 and 2**

It is acknowledged by all parties that the SDS agenda is subject to a significant ‘implementation gap’. Policy, legislation, guidance, funding and inspections have failed, individually and together, to bring about the change sought. Social Work Scotland’s conjecture at the start of the SDS project, reflecting on own history of work on this agenda, was that new approaches to affecting change must be deployed. Approaches that take account of the extensive academic and practice-based literature on how to generate and sustain specific changes in highly complex social systems. Fortunately, Scotland has broad experience of implementing complex change programmes

From November 2019 the Self-directed Support Team at Social Work Scotland initiated a comprehensive learning review, working in collaboration with partners and stakeholders to assess information about SDS in Scotland through an implementation science lens. This provided a rich insight into what stimulates and sustains best practice, as well as what stymies progress. With this understanding in place, the team moved onto the development of a national framework for the implementation of Self-directed Support, which was published in March 2021 (Appendix A).

The objective of the national framework is to reduce the inconsistencies observed across Scotland, in respect to people’s experience of accessing support. Built around the SDS Change Map[[4]](#footnote-5),the framework provides a set of national standards, accompanied by actions covering the range of implementation drivers that support good quality practice and delivery.

The national framework consists of a set of eleven standards, linked practice statements, and a range of core components that need to be in place for Self-directed Support to happen. It also includes a series of action statements that have been generated for each of the actors within the system outlining:

* What senior decision makers need to do to create the culture and conditions for people to have full choice and control over their social care support
* How workers can work autonomously, empowering people to make informed decisions about their social care support
* What other professionals (e.g. finance, health, commissioning, third sector) need to do to create the culture and conditions for SDS to flourish

An additional twelfth standard focusing on budgeting was proposed.

Crucially, the framework, and the Social Work Scotland project in general, is focused on enabling partnerships to develop and weave together *all* the discreet strands of process and practice which are needed to realise SDS in a consistent and sustained way, across localities, communities and time.

Towards the end of this development phase of the SDS project, the Independent Review of Adult Social Care engaged with SDS stakeholders across the country, and reassuringly it not only came to similar conclusions about why SDS continued to be difficult to realise in all areas and for all people, but it prescribed a set of actions aligned to the plans of Social Work Scotland’s SDS project. In particular, it noted the need for concerted, long-term implementation and improvement support for the organisations responsible for making SDS real.

**Year 3**

In 2021-22 Social Work Scotland’s SDS project moved into a new phase, providing practical implementation support to three local partnerships (one city, one island and one mostly rural). The support consists of providing an evidenced-based structure for developing the policies, systems, practice models and cultures necessary for SDS to be realised. The team also provide content expertise to local leadership and implementation teams, in line with Active Implementation[[5]](#footnote-6) (which encourages the application of expertise to avoid repeating ‘innovations’ which have been proven to be unsuccessful). This approach is enabling each local authority to define and develop their own internal governance for SDS development and improvement, while benefiting from a standardised methodology and connectivity across other local authority areas and national stakeholders. This, in turn, is providing the SDS team with learning about the similarities and differences associated with implementing SDS in city, island and rural geographies.

In all three areas the SDS team’s implementation methodology is prioritising the Worker Autonomy standard (Standard 8) of the SDS framework. This decision was informed by the Implementation Drivers framework from Active Implementation (appendix C), and the work includes supported learning activity with frontline workers, managers and leaders, and practical conversations on what is needed for change in each local area (in order for frontline workers to enjoy greater autonomy in their co-production of support plans for people). The team also provide consultancy over the necessary action planning, and solution-focused research on best practice.

In addition to the local activity, the SDS team has developed a dynamic Community of Practice, open to all local partnerships, with the following aims: to present the framework, the standards and action statements, and the tools and resources evaluated as most useful; to provide advice on the key elements for successful implementation; to support peer learning and improvement across local partnerships; to share learning from work with individual local partnerships, and to support learning through self-evaluation.

The SDS Project have three additional workstreams

* Standard 12: Addressing the challenges of personalised budgeting
* Evaluation: Addressing national approaches to evaluating SDS and engaging with national partners in the development of a learning through self-evaluation process to determine readiness to adopt the SDS standards, and to support SDS-focused inspection. This will be facilitated by the SDS team using Teams and Miro to facilitate discussions with all of the key actors in the system.
* Resources: Updating national SDS resources hosted on the Care Inspectorate’s Learning Hub

**Year 4**

For this current year (2022-2023), Social Work Scotland has further refined its approach with the aim of making a significant contribution to meeting the key recommendations relating to SDS set out in the Independent Review of Adult Social Care and the subsequent National Care Service (NCS) consultation document. We have also included actions for children’s services, in concert with the Promise’s change programme (appendix B).

Our implementation model of SDS incorporates two broad perspectives – SDS as a wider enabled system, and SDS as practice that takes place between the social worker and the supported person (and parents/carers).

The system of SDS includes a trained and valued social care workforce sufficient to meet demand, effective data systems, availability of personal budgets, a social work workforce that has manageable caseloads and time to engage relationally with supported people, leadership that is committed to making this a reality. The practice of SDS is where the enabling system gets behind the worker creating the space to engage in effective social work. A social work assessment involves developing a trusting relationship, taking time to understand the person’s perspective, life experience, their natural supports, what matters to them and what makes a good life. Where the person has complex or fluctuating circumstances and needs, choice and control has to be informed by social work’s statutory duties to safeguard and manage risk. The social work assessment ensures that care and support planning is relevant, appropriate and sustainable.

Social Work Scotland supports the SDS project to have direct engagement with senior social work leaders in local partnerships to engage in a programme of supported learning and implementation of evidence-informed practice. The project builds on three components whose interplay will support improvement work across all local partnerships.

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**Project Deliverables**

1. Focused Implementation
	1. Provision of implementation consultancy to three local partnerships

The Self-directed Support team will continue engagement with the three representative local partnerships, providing ongoing implementation consultancy to ensure a) that their action plans can be realised in practice, and b) that valuable transferable learning is generated for other local partnerships.

Action plans are being developed in line with what we know workers need in relation to good practice for worker autonomy, effective practice in relation to the wider schema of SDS standards, understanding the barriers to good practice, effective implementation of change; and are contextualised and baselined for each local partnership.

Emerging themes from analysis of the three action plans include developing policy for delegating budgetary authority, reducing bureaucracy, streamlining processes (including assessment), reviewing budget calculators, improving access to community supports, developing and delivering mandatory SDS skills training to relevant workforce including social work, finance, commissioning, procurement and audit professionals.

Focusing on implementing the actions plans, the project team will:

1.1.1 provide mentoring and coaching to the local implementation teams

1.1.2. provide helpful contacts and resources (learning and training materials, national resources etc) aligned with the participating LAs action plan and in line with implementation science

1.1.3. enable the local partnership to carry out learning through a self-evaluation process

In line with best implementation practice, continuous assessment of local progress will determine when intensive implementation support can be tapered away. Where capacity within the team is freed up, identification of other local partnerships requiring support will begin.

1.2 Once for Scotland developments

We consider that elements can be identified where it would make sense to develop a ‘once for Scotland’ solution. Areas which will be explored for their viability are:

1.2.1 national approaches to relationship-based assessment

1.2.2 budget calculation

1.2.3 data recording

National policy agreement on the constituent parts of a Direct Payment (contained within separate grant proposal) will be pursued under grant funding from SG Workforce Directorate.

Further elements emerging from ongoing project learning and review will be put forward during the year.

* 1. Identification of elements of an enabling context for SDS

Through the focused implementation work, we will develop an understanding of the wider system context for SDS, identifying key elements necessary for the effective practice of SDS and communicating these to the Scottish Government.

1. Community of Practice

The SDS project team will continue providing support to the dynamic Community of Practice, facilitating the flow of learning and innovation from national and international research, national stakeholder learning, local experience and from the expertise of those with living experience of SDS and social care into local partnerships. The CoP brings together and supports implementers (senior decision makers and workers from local partnerships) to assess and redesign their processes and systems. This will be achieved from drawing on all captured effective evidence-based practice, and drawing on national implementation science learning and expertise.

The SDS team will consider optimal ways to support knowledge and skills exchange between the three focused local partnerships and more widely with other partnerships in the Community of Practice with a view to impacting on local delivery of SDS.

Building on the foundation of effective and respectful professional relationships, further development of the Community of Practice will include:

2.1 Refresh CoP model from ‘learn’ to a ‘learn and do’ mode. The project will promote a rapid improvement approach to encourage and support CoP members to design and test effective practice in their own areas based on evidence generated from the three focused implementation partnerships.

2.2 Encourage each of 32 local partnerships to field a team of three+ representatives on the CoP, with remit to implement changes determined from learning from the three focused implementation partnerships. Membership will be reviewed to ensure that includes senior leaders and relevant decision makers across all local partnerships.

2.3 Facilitate connections for other grant funded national stakeholders requested through the National Collaboration.

2.4 Effective methods to share and disseminate learning, including seminars and development sessions.

2.5 Identification of relevant hot topics and hard questions, and methods to break down issues into manageable chunks for solution focused action.

2.6 Connecting topics and issues to the core components of the SDS Standards to enable solutions to be utilised.

2.7 Identifying how to use facilitative related legislation e.g. Community Empowerment Act, mental health law etc.

2.8 Considering the most effective digital platform for sustained dissemination of learning.

2.9 Considering how social work can be re-envisaged with the principles and standards of SDS at its heart.

1. Supported National Collaboration

In addition, Social Work Scotland will engage with local SDS leads and other key stakeholder from across Scotland on the following activities within asupported national collaboration. National stakeholders understand that there are many complex elements required to be in place and aligned for SDS to function as intended. National partners have expertise in individual pieces of the jigsaw; collectively their contributions can be enhanced and duplication of effort reduced.

* 1. The existing steering group will be supported to develop into a National Collaboration bringing together all relevant SDS stakeholders including those funded by Scottish Government in order to assist one another to promote SDS policy and to achieve completion of project deliverables. SWS SDS project team will provide secretariat support. It is anticipated that national partners will contribute to leadership and professional support.
	2. The National Collaboration will correlate to emerging national governance, and will focus on the practicalities of how local partnerships can best deliver SDS in the context of the NCS (including the National Social Work Agency) and the Promise.
	3. In line with the IRASC, to work with Scottish Government to ensure that policy, legislation and funding streams are facilitative to an SDS approach. Along with SWS senior members, contribute to development of NCS and delivery of key objectives.
	4. With Scottish Government support, to access and attend key meetings (jointly identified between SWS, SDS project team and SG) where the design and development of the NCS will need to reflect actions that make the system conducive to successful SDS delivery.
	5. With national partners, to identify and prioritise project activities in line with NCS and the Promise developments, and task members of the collaboration to develop relevant elements. To recommend to the SG/NCS where ‘Once for Scotland’ activities could be considered to avoid duplication and streamline implementation.
	6. To identify challenges to implementation, work with mental models of change to develop a share perspective on SDS as practice and as system, and identify the enabling context for SDS to be successful.
	7. Through engagement with local partnerships to support them in their ongoing implementation of Self-directed Support, the SDS team will test out the standards on the ground, and make any further adjustments to be debated with the national collaboration. It should be understood that this will be focused through the lens of the Worker Autonomy standard of the SDS framework, as identified and agreed with local areas as priority.
	8. Implementation test Standard 12 focused on accessing and calculating budgets in flexible and creative ways. Follow through on how the budget standard can be implemented in the three partnerships and consider potential improvement activities that can be undertaken through the Community of Practice.
	9. To work with partners, including the Care Inspectorate, to continue development of learning through self-evaluation approaches for local partnerships to benchmark themselves against the standards, facilitating better and more consistent implementation.
	10. To work with partners to develop and update national resources to ensure that they are easily accessible and aligned to the SDS Framework.
	11. Promote the sustainability of a national SDS portal/website for workers and agencies to house helpful tools and workforce development resources that support local ongoing implementation of the standards.

**DIRECT PAYMENT/OPTION 1 WORKSTREAM**

In line with the Scottish Government PA Programme Board outcome to enable PAs to be fully recognised as part of the adult social care workforce, and in accordance with the national SDS standards, Social Work Scotland proposes to undertake the following work within the PA programme board workplan:

1. To lead on the development of a co-produced national model agreement for Option 1 Direct Payment to employ PAs to ensure greater consistency in practice and better outcomes for people and Personal Assistants. Activities to be considered:
2. Survey evidence of current and best practice throughout Scotland.
3. Capture learning from regulatory bodies, independent living movement and other agencies.
4. Agree a shared definition and principles of an effective Option 1 for employing a PA, to provide the foundation for a national model agreement.
5. Identify the key components required to achieve the definition and principles of a national model agreement which will include fair work practice (including training budget) and other specific areas agreed with the PA Programme Board; and agree responsibilities for development of component sections.
6. Test a national model agreement with a focus group of senior leaders, social workers, legal and finance professionals, independent support organisations, independent living movement, PA employers and PAs.
7. Seek approval of a national model agreement from Scottish Government, COSLA, independent living movement and organisations representing supported people, carers and PAs.
8. To develop approaches supporting social workers to increase their confidence in delivering option 1 Direct Payments to employ PAs. This may include helping local partnerships to appreciate the value of independent support, advocacy and brokerage, and understanding of the values of the Disability Living Movement; support for social workers to enact their statutory duties to maintain welfare and financial monitoring of the Direct Payment, and in understanding relevant aspects of employment law, employment practice, safe and effective recruitment, contingency planning, monitoring function and risk enablement.
9. To support the improvement of local systems and processes to set up and administer option 1 so that they are flexible, proportionate and enable workers to practice in a relationship- based way with reduced bureaucracy and autonomy.
10. To support the outcome of the Training subgroup of the PA Programme Board.

**APPENDIX A.**

**SELF-DIRECTED SUPPORT STANDARDS, PRACTICE STATEMENTS AND CORE COMPONENTS**

| **SDS Standard** | **Practice Statements** | **Core Components** |
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| 1. **Independent Support & Advocacy**

People are offered independent advice, support and advocacy to have choice and control over their social care and support and to exercise their human rights.  | Within every Local Authority/ Health and Social Care Partnership area there are independently funded organisations able to provide independent advice, support, information and advocacy for anyone who needs it and in ways which are accessible to everyone. | * 1. The right to independent advice, support and advocacy for people and carers who need it is upheld under Self-directed Support legislation.
	2. Independent advice, support and advocacy is sufficiently funded to ensure people feel confident that the support they receive is right for them.
	3. Independent advice, support and advocacy is tailored to the people’s needs, and specialist provision is made for specific vulnerable groups.
	4. Independent advice, support and advocacy is provided as early as possible to support the processes of good conversation, assessment, support planning and review, and to support personal assistant employers.
	5. Independent advice, support and advocacy is inclusive, accessible and addresses communication barriers faced by particular people.
	6. Opportunities are provided for local partnerships and independent support organisations to work collaboratively and to develop trusting relationships and a shared understanding of roles and responsibilities, to share learning and to work together in the best interests of people.
	7. Independent advice, support and advocacy organisations have access to local authority training on procedures for managing risk, child and adult protection, adults with incapacity and mental health.
	8. Independent advice, support and advocacy providers are included in strategic planning, including community action planning, review and commissioning processes, and work closely with locality teams to improve implementation of Self-directed Support in communities.
	9. Challenges made by independent advocacy are viewed by the authority as opportunities to learn from people’s accounts of their own needs, not as a threat to systems and processes.
	10. Independent advice, support and advocacy providers operate to clear national principles and guidelines, to ensure consistency of practice throughout Scotland.
	11. Providers provide evidence of the quality of independent support and advocacy. In addition, local partnerships provide evidence that all those identified as needing independent support and advocacy are referred to relevant providers, and subsequently receive the support they need.
	12. Independent support and advocacy play a critical role in working with people, their carers and workers to negotiate and mediate, where it is necessary, to agree the personal outcomes of the cared for person.
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| 1. **Early help & support**

Early help and community support is available to all people who need it. | Early help and community support offers a universal approach where everyone is welcome to have a good conversation about what matters to them, and to identify solutions to improve their quality of life. This approach can serve as a gateway into more formal assessment and access to services. However, this approach should not be regarded as a replacement for registered statutory services when these are needed. Community solutions do require investment and ongoing commitment and support from national and local government.   | * 1. Everyone in a community has access to relevant information, early help and community support. There are no eligibility criteria for this.
	2. Solutions identified build on a person’s own strengths, assets, natural networks, technological supports and community resources. The person and their carers are listened to and treated as an experts in identifying their own needs.
	3. The administration involved in accessing early help and community support is minimised.
	4. Early help and community support is part of holistic provision to reduce crisis demand, as people are supported to find help before their needs become critical.
	5. Early help and community support models work for people, unpaid carers and communities by supporting the trusting relationships that are needed to coproduce the kind of care and support that local people want.
	6. Early help and community support is creative, and responsive and adaptive to changing circumstances.
	7. Early help and community support increases workforce satisfaction through greater worker autonomy, cross sector working and collaborative decision-making in community settings.
	8. Ongoing engagement about the benefits of and investment in early help, prevention and community support models is required.
	9. Early help and community support helps to maintain people’s independence and wellbeing addressing loneliness and social isolation and helping people to feel connected.
	10. Strategic commissioning incorporates early help and community support models.
	11. National support is provided to develop early help and community support models throughout Scotland and to reinforce the benefits of community-led support.

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| 1. **Strength and asset-based approach**

Assessment, support planning and review systems and processes are personalised, recognising people’s strengths, assets and existing community supports, and result in agreed personal outcomes. | Trust-based relationships and good conversations between workers and people are at the heart of assessment, support planning and review practice and processes, recognising people’s strengths, assets, human rights, community and funded supports. Personal outcomes are agreed on the basis of what matters to the person.     | * 1. Trust-based relationships and good conversations between workers and people and unpaid carers are at the heart of assessment, support planning and review practice and processes.
	2. People’s strengths, assets, human rights, existing community supports and funded social care supports are recognised and included in their support plan.
	3. What matters to the person is central to agreeing personal outcomes which are then recorded in their support plan.
	4. The assessment and the identification of resources are all part of the same process, which starts with the good conversation and ends in a budgeted support plan and the offer of the four Self-directed Support options.
	5. The administration involved in accessing Self-directed Support is minimised and there is a greater focus on relationship based, personal outcome-focused practice.
	6. All staff, including workers, managers, finance and commissioning staff, receive high quality training in Self-directed Support. Workers are continuously supported through coaching supervision to practice a strengths-, assets-, and outcome-focussed approach grounded in human rights.
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| 1. **Meaningful and measurable recording practices**

Good recording practices clearly capture conversations between people and workers identifying what matters to the person, resulting in agreed personal outcomes that are clear and comprehensive. This information is used for ongoing review as well as for continuous improvement and planning of future supports.  | 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. Records show how the person’s lived experience and preferences have been acknowledged and expressed in their support plan, and connect personal outcomes to the subsequent review process. Recording systems are designed such that data can be aggregated and used for continuous improvement, resource planning and commissioning purposes.  | * 1. Recording practices capture the detail of conversations between workers and people.
	2. A national approach to recording practice is developed and in place across Scotland.
	3. National key indicators for choice and control are developed and in place across Scotland.
	4. Recording practices demonstrate the extent to which practice is carried out as intended including the difference Self-directed Support makes to people's lives.
	5. Recording practice and information systems demonstrate how the person’s lived experience and preferences have been acknowledged and expressed in their support plan, and connect personal outcomes to the subsequent review process.
	6. Recording practices ensure that aggregate data is meaningful and measurable, and can be used for continuous improvement. Unmet need should be routinely recorded for purposes of resource planning and commissioning.
	7. Recording practice captures where conversations are undertaken with people to ensure that processes of assessment, support planning and decisions about Self-directed Support options and budgets are clearly explained and understood.
	8. Recording practice evidences that a range of choices has been put to the person, and details what choices and options the person has opted for, and why.
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| 1. **Accountability**

Clear and supportive processes are in place for people to challenge and appeal all decisions affecting their experience of social care support.  | Processes ensure that people’s legal rights are upheld. Human rights underpin practice, policy and processes, and actively provide opportunities for constructive feedback, learning and improvement.  | * 1. Systems of accountability are designed to promote responsibility in the social work role, to protect people using services and to form a basis for public trust.
	2. Processes ensure that people’s legal rights are upheld. These include provision of accessible information, advocacy and mediation, the right to challenge a decision and to make a complaint.
	3. People get accessible information about what they can expect and the level of choice that can be offered, including an honest description of any local limitations existing for each option.
	4. People are supported to query and challenge decisions throughout their assessment, support planning and review processes, including their agreed personal outcomes.
	5. There is a greater focus on kindness and trust built into the system where people can meaningfully engage with workers
	6. The local authority actively seeks constructive feedback from people as opportunities for learning and ongoing improvement.
	7. Local authority complaints processes are compliant with Self-directed Support legislation
	8. There is an easy and transparent process in place for making a complaint.
	9. Mediation is supported, facilitated and welcomed at all parts of the process.
	10. 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).
	11. National information is aggregated and reported on complaints in relation to Self-directed Support.
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| 1. **Risk enablement**

Workers and supported 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.  | People will be regarded as experts in their own lives and how they wish to meet their own personal outcomes. This needs to be taken into account and a shared responsibility to risk agreed.Self-directed Support is not separate from safeguarding. Self-directed Support is used creatively to enhance people’s and families’ resilience towards preventative, protective and positive outcomes.  | * 1. Workers have clear practice guidance to address the balance between innovation, choice and risks.
	2. Practice culture is based on positive risk taking to support workers to work in a risk-enabling way. Workers follow evidence-based best practice and receive regular and effective reflective supervision.
	3. Risk assessment considers both the negative consequences associated with certain actions and activities, and positive risks where there is beneficial impact on mental and physical wellbeing.
	4. Risk assessment follows the principle of least restrictive practice.
	5. All decisions and actions to support risk are proportionate. Workers ensure their decisions are defensible, and the reasons for decisions are evidenced and recorded appropriately.
	6. Effective, consistent, trusted relationships and good communication underpin effective risk assessment.
	7. To reduce the incidence of substitute decision-making, workers are trained in supported decision-making.
	8. Workers need to be able to identify and deal with issues where there are conflicts in interest between Power of Attorney or Guardians’ views and what the person wants.
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| 1. **Flexible and outcome-focused commissioning**

People and commissioners work together to plan, design, and quality-assure flexible local supports, to ensure that people have choice and control over what matters to them. | Social care services and supports are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes. Provision of services and supports start with the good conversation that has been had with the person, what matters to them and what they need to help them live their best life.  | * 1. Local approaches to commissioning will take into account strategic commissioning of local needs, including the requirement for specialist supports, and will enable individual commissioning where people opt to manage a personal budget to commission their own supports under Options 1 and 2.
	2. The third and independent sectors and communities are meaningfully involved in developing personalised social care support services which are effective in meeting personal outcomes.
	3. Trusting relationships that go beyond the merely transactional are built between authorities and partnerships, people, carers, providers and communities.
	4. Funding, support and time is allowed for a process of disinvestment in order to reinvest in more personalised supports. Investment is based on a thorough understanding of the social care market, local geographical factors and unmet need.
	5. There is understanding of, and commitment to outcome-focused, collaborative, community and trust-based commissioning.
	6. Fair work remuneration is in place across the social care sector.
	7. Ensuring the lived experience of people who use services is central to the design and quality assurance of services.
	8. Community Planning partnerships, in conjunction with Health and Social Care Partnerships and Children and Young People’s Services, actively engage with communities to support the identification and development of local community supports.
	9. The potential for sectors (including housing, culture and community planning) to collaborate and practice community-based commissioning is taken forward with an understanding of local community need.
	10. Workers are supported to engage with communities, to build relationships and gain understanding of community assets and networks. This could be through the adoption of a Community Social Work approach.
	11. Training is developed to support the outcome of getting it right for communities, and is offered to workers from across finance, legal, contracts, and procurement teams.
	12. Commissioning approaches are further developed for Option 2.
	13. Accurate local intelligence including unmet need is gathered through regular engagement, as well as assessment and review processes.
	14. There is further national development of collaborative commissioning for very specialist supports.

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| 1. **Worker Autonomy**

Workers are enabled to exercise professional autonomy in support planning and set personal budgets within agreed delegated parameters.  | Workers feel trusted, confident and resilient, and are enabled to be autonomous in exercising their professional judgement, and using their own knowledge, skills and abilities, in partnership with supported people. Workers have the authority to plan support and set personal budgets within agreed delegated parameters  | * 1. Local policy and procedures should be flexible enough to allow workers to be autonomous in exercising their professional judgement.
	2. Workers and their managers have delegated authority to access budget up to nationally agreed amounts.
	3. Workers feel trusted, confident and resilient, and know how and where to access support if required.
	4. Workers feel safe and confident when they take managed risks.
	5. Workers use their knowledge, skills and abilities in order to empower people to exercise maximum choice, creativity and flexibility in achieving their personal outcomes.
	6. Workers are creative in their use of the full range of flexible commissioning approaches, and are not limited to matching people with existing commissioned services on framework.
	7. Team leaders must provide workers with regular and high-quality reflective supervision which encourages relationship-based practice, focused on people’s rights and personal outcomes, which goes beyond caseload management. This will offer a safe and supportive opportunity to discuss managed risks.
	8. Leaders should ensure that caseloads are manageable and allow for the development of relationships between workers and people.
	9. Decision-making panels should only be consulted where the total cost of care, after all strengths and assets have been considered exceeds a national agreed amount. This might be comparable to the national care home rate.
	10. People should not have to wait longer than a set period of time, agreed nationally, for approval from panel to authorise supports which meet agreed personal outcomes.
	11. Decision-making panels have a responsibility to communicate with the person about the reasons behind all decisions made regarding funding.
 |
| 1. **Transparency**

Practice, systems and processes are clearly understood and are explained in ways that make sense to the person. All decisions that affect a person’s choices, support, and personal budget are recorded and shared with them. | People are helped to understand that Self-directed Support allows for maximal choice and flexibility in using a budget to achieve what matters to the person in the form of agreed personal outcomes. The process leading to decisions about a person’s social care budget and support, and their level of financial contribution, is recorded, shared and explained in ways that make sense to the person.  | * 1. All people are entitled to have a good conversation and to access community-led supports.
	2. Local partnerships develop transparent systems whereby community supports, technology, aids and adaptations are considered and provided seamlessly to support people before considering the provision of a budget to pay for direct supports.
	3. All frontline workers, including social workers, community care workers, occupational therapists and community link workers, will have knowledge and awareness of technology, aids and adaptations and what is available in the community in order to help people direct their support.
	4. The offer of a range of options and the choices made by the person will always be clearly recorded, to provide evidence that the person has been listened to and their preferences supported.
	5. It is recognised that different people with similar circumstances may require different budgets depending on their own strengths, assets, and family and community supports.
	6. Having a good conversation is recognised as an intervention in its own right, and should not be mechanistic or transactional.
	7. People are told the likely level of the budget available irrespective of the option they choose.
	8. Systems are designed in such a way as to encourage trust and support timely responses.
	9. There is regular engagement with supported people to ensure that the voice of lived experience helps to shape policy.
	10. People are able to see what is written about them without having to resort to Freedom of Information (FOI) requests or court action to access their records.
 |
| 1. **Early planning for transitions**

People are given the help and support they need to plan for, and adjust to, new phases of their lives. | Transition planning processes have the person’s wellbeing, aspirations and personal outcomes at the centre. People are given the time, information and help they need to make choices and have control of their care and support as they move into new phases of their lives. | * 1. [The Principles of Good Transitions](https://scottishtransitions.org.uk/7-principles-of-good-transitions/) are embedded within social work and social care policy, strategic planning and practice across all sectors as a framework for all people as they move into new phases of their lives.
	2. People are given the time, information and help they need to make choices and have control of their care and support during periods of transition.
	3. Transition planning and support is proportionate to need. 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.
 |
| 1. **Consistency of Practice**

People can expect a consistently high-quality experience of practice, as articulated in these standards, regardless of their local authority area.  | To reduce inconsistency of experience across the country, a consistently high-quality approach to practice is required, including assessment, support planning and review; eligibility; charging and contributions; commissioning and procurement, and the process by which budgets are calculated. | * 1. Practice must focus on exploring what matters to the person. There is a recognition that services and supports may be different in different local partnerships, depending on availability and geographical constraints.
	2. There is a nationally consistent approach to prevention, early help and anticipatory forms of support that shift focus from crisis intervention towards what matters to the person and their quality of life.
	3. There is a nationally consistent approach to assessment that is asset- and strength-based, takes account of natural supports and technological supports, and includes income maximisation.
	4. There are nationally consistent approaches to eligibility criteria; charging and contributions criteria; commissioning; procurement and budget allocation and calculation, including levels of delegated authority for workers and managers.
	5. There are nationally consistent guidelines on what budgets can or cannot be spent on.
	6. Supported people can have confidence that their agreed personal outcomes will be met in a comparable way to others in similar circumstances across Scotland.
	7. Local partnerships work collaboratively to ensure that people can move from one local authority area to another while retaining a level of provision sufficient to meet their agreed outcomes.
	8. Local partnerships work collaboratively to ensure that there is minimum bureaucracy when people move from one local authority area to another.
 |
| 1. **Funding Availability, Budget Calculation and Flexibility of Spend**

In development |  | * 1. Nationally consistent approaches are developed for
* eligibility criteria,
* charging and contributions criteria,
* commissioning and procurement,
* budget allocation and calculation, including levels of delegated authority for workers.

The outcome of recent consultation[[6]](#footnote-7) indicates the need for a further standard regarding budget calculation and flexibility of spend. This standard is currently being co-produced with national partners, people, carers and local partnerships. |

**APPENDIX B**

|  |  |  |
| --- | --- | --- |
| **Relevant standard**  | **Feeley Review recommendation**  | **The Promise** |
| 1. Independent Support & Advocacy

People are offered independent advice, support and advocacy to have choice and control over their social care and support and to exercise their human rights.  | 4,8, | Appropriately prepared independent advocacy services should be made available to all children, it is imperative that all approaches to care delivery are underpinned by rights-based approaches. |
| 1. Early help & support

Early help and community support is available to all people who need it. | 3, 6 | The Promise indicates a commitment to supporting natural and existing networks of support wherever possible. The strategy advocates for supports to be situated in the locality of an individual and promote the concepts of inclusion, person/family centred planning, assets and rights-based approaches. |
| 1. Strength and asset-based approach

Assessment, support planning and review systems and processes are personalised, recognising people’s strengths, assets and existing community supports, and result in agreed personal outcomes. | 1, 2, 7, 11, 13 |
| 1. Meaningful and measurable recording practices

Good recording practices clearly capture conversations between people and workers identifying what matters to the person, resulting in agreed personal outcomes that are clear and comprehensive. This information is used for ongoing review as well as for continuous improvement and planning of future supports.  | 5 | Considerations must be made on the quality and type of data that is routinely collected, a shift in focus to the collection of qualitative data relating to outcomes and reflections of experiences will enable a deeper understanding of the lived experiences of people within the care system. |
| 1. Accountability

Clear and supportive processes are in place for people to challenge and appeal all decisions affecting their experience of social care support.  | 9,12, 24 | Approaches to regulation and inspection of care services should be based again in the rights of the individual and should consider all of the needs of an individual and those who support them. |
| 1. Risk enablement

Workers and supported 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.  | 45 | Risk management and mitigation must be balanced with the exposure of experience and the capacity for children to develop their resilience. The importance of positive risk taking to support this should be reflected in the preparation of practitioners and leaders as well as within the ethos of care agencies. |
| 1. Flexible and outcome-focused commissioning

People and commissioners work together to plan, design, and quality-assure flexible local supports, to ensure that people have choice and control over what matters to them. | 11, 14, 23, 26, 27, 30, 32, 33, 34, 35, 37, 38, 39, 40, 41 | How services are commissioned must change so that children and their families are at the centre of decision making, as too often the system takes precedence over their needs. Services and provision must be designed on the basis of need and with clear data, rather than on an acceptance of the how the system has always operated. Competing for contracts encourages competition not collaboration, leads to the duplication of services and stifles good practice. |
| 1. Worker Autonomy

Workers are enabled to exercise professional autonomy in support planning and set personal budgets within agreed delegated parameters.  | 45 | The workforce must be supported to work autonomously so that they can make decisions that are natural and thoughtful. Developmental training and ongoing professional development must give the workforce the tools and confidence to exercise effective judgement. |
| 1. Transparency

Practice, systems and processes are clearly understood and are explained in ways that make sense to the person. All decisions that affect a person’s choices, support, and personal budget are recorded and shared with them. | 21, 25 | Budgets must be responsive to families’ choices, and there should be no barriers to families’ wishes being carried out. The workforce must listen to the view of children and families, and decision making must be honest and transparent so that everyone understands what has been decided and why. |
| 1. Early planning for transitions

People are given the help and support they need to plan for, and adjust to, new phases of their lives. |  | Significant transitions should be: limited, relational, planned and informed. |
| 1. Consistency of Practice

People can expect a consistently high-quality experience of practice, as articulated in these standards, regardless of their local authority area.  | 10 | The bedrock of how Scotland cares must be consistent. |
| 1. Funding Availability and Flexibility of Spend

In development | 49 -53 | Budgets must be responsive to families’ choices, and there should be no barriers to families’ wishes being carried out. |

**APPENDIX C SDS STANDARDS ALIGNED WITH IMPLEMENTATION DRIVERS**

|  |  |
| --- | --- |
| **IMPLEMENTATION DRIVERS[[7]](#footnote-8)** | **SDS STANDARDS[[8]](#footnote-9)**  |
| **Reliable benefits****Consistent use of innovation****Fidelity** |  | **Standard 11: Consistency of Practice**People can expect a consistently high-quality experience of practice, as articulated in these standards, regardless of their local authority area.  |  |
| **Standard 1: Early help & support**Early help and community support is available to all people who need it. | **Standard 2: Independent Support & Advocacy** People are offered independent advice, support and advocacy to have choice and control over their social care and support and to exercise their human rights.  | **Standard 4: Strength and asset-based approach**Assessment, support planning and review systems and processes are personalised, recognising people’s strengths, assets and existing community supports, and result in agreed personal outcomes. | **Standard 10: Early planning for transitions**People are given the help and support they need to plan for, and adjust to, new phases of their lives. |
| **Competency drivers:*** **Coaching**
* **Training**
* **Selection**
 |  | **Standard 8: Worker Autonomy**Workers are enabled to exercise professional autonomy in support planning and set personal budgets within agreed delegated parameters. |  |
| **Organisation drivers:*** **Systems**
* **Enablers**
* **Data systems**
 | **Standard 7: Flexible and outcome-focused commissioning**People and commissioners work together to plan, design, and quality-assure flexible local supports, to ensure that people have choice and control over what matters to them. | **Standard 3: Meaningful and measurable recording practices**Good recording practices clearly capture conversations between people and workers identifying what matters to the person, resulting in agreed personal outcomes that are clear and comprehensive. This information is used for ongoing review as well as for continuous improvement and planning of future supports.  | **Standard 12: Funding Availability, Budget Calculation and Flexibility of Spend** In development |
| **Leadership drivers:*** **Technical**

**Adaptive** | **Standard 5: Accountability**Clear and supportive processes are in place for people to challenge and appeal all decisions affecting their experience of social care support. | **Standard 6: Risk enablement**Workers and supported 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. | **Standard 9: Transparency**Practice, systems and processes are clearly understood and are explained in ways that make sense to the person. All decisions that affect a person’s choices, support, and personal budget are recorded and shared with them. |

1. <https://socialworkscotland.org/wp-content/uploads/2018/06/BestPracticeandLocalAuthorityProgressinSelf-DirectedSupport.pdf> [↑](#footnote-ref-2)
2. <https://socialworkscotland.org/wp-content/uploads/2018/09/Self-directed-Support-and-Prcocurement-Best-Practice.pdf> [↑](#footnote-ref-3)
3. [Social Care (Self-directed Support)(Scotland) Act 2013](https://www.legislation.gov.uk/asp/2013/1/contents/enacted) [↑](#footnote-ref-4)
4. <https://www.sdsscotland.org.uk/wp-content/uploads/2018/12/SDS-Change-Map-narrative-and-map-August-2018.pdf> [↑](#footnote-ref-5)
5. <https://nirn.fpg.unc.edu/ai-hub> [↑](#footnote-ref-6)
6. Scott (2021) Self-directed Support National Framework: Responses to consultation, January 2021, Social Work Scotland [↑](#footnote-ref-7)
7. Active Implementation <https://www.activeimplementation.org/frameworks/implementation-drivers/> [↑](#footnote-ref-8)
8. <https://www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/> [↑](#footnote-ref-9)