



SUPPORTING CITIZENSHIP

Self Directed Support

Workbook for Frontline Workers



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Introduction

This toolkit has been developed by in Control Scotland in collaboration with its partners in the Erasmus+ SKILLS Project. It is designed to provide frontline workers in education, health and social work, social care and community development with the basic information they require to make self-directed support a reality for the people they work for.

The toolkit has four chapters:

- Chapter 1 is about the **purpose** of self-directed support;
- Chapter 2 is about the **values and principles** that underpin self-directed support;
- Chapter 3 is about putting self-directed support into **practice**; and
- Chapter 4 is about the **specific role** of the frontline worker.



Each chapter has four elements:

- things you will **need to know**;
- things you will **need to be able to do**;
- the **learning outcomes** you will need to achieve;
- **Activities** to help to you to achieve the learning outcomes

Chapter 1

Purpose

The **need to know** section of this chapter contains information about the purpose of self-directed support. It offers two different, though related ways of understanding that purpose: as a means of achieving “**independent living**”; and/or as a means of attaining full ‘**citizenship**’.

As a result, in this chapter, the thing you **need to be able to do** is simply to understand what it is that self-directed support is driving at, and to make a personal commitment to help make those things happen.

The **learning outcome** for chapter one is that you should be able to describe the legal basis for self-directed support within your own country.



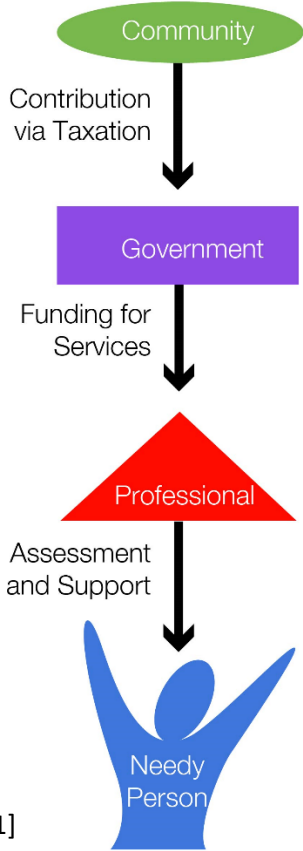
NEED TO KNOW

You need to know that self-directed support is not an ‘end in itself’, it is a method adopted to make sure that people enjoy “**independent living**” and full “**citizenship**” on the same basis as everyone else. At its simplest, the purpose of self-directed support is to ensure that the individual person who requires help has as much control as possible over how that help is organised and delivered. In order to illustrate the fact that it

provides a new and important perspective, it is often necessary to contrast self-directed support with how support is usually organised. Many systems of support are not rooted in the idea of human rights. Instead of relating to people as active citizens who have the right to shape their own lives, they often treat people as passive recipients of support or ‘service users’ (Duffy, 1996).

This more traditional approach can be thought of as the ‘Professional Gift’ model of service delivery (see fig 1), where:

1. the community funds the state through taxation
2. the state funds local government professionals
3. local government professionals decide what people need
4. people receive support as if it is a gift, not a right



Professional Gift Model

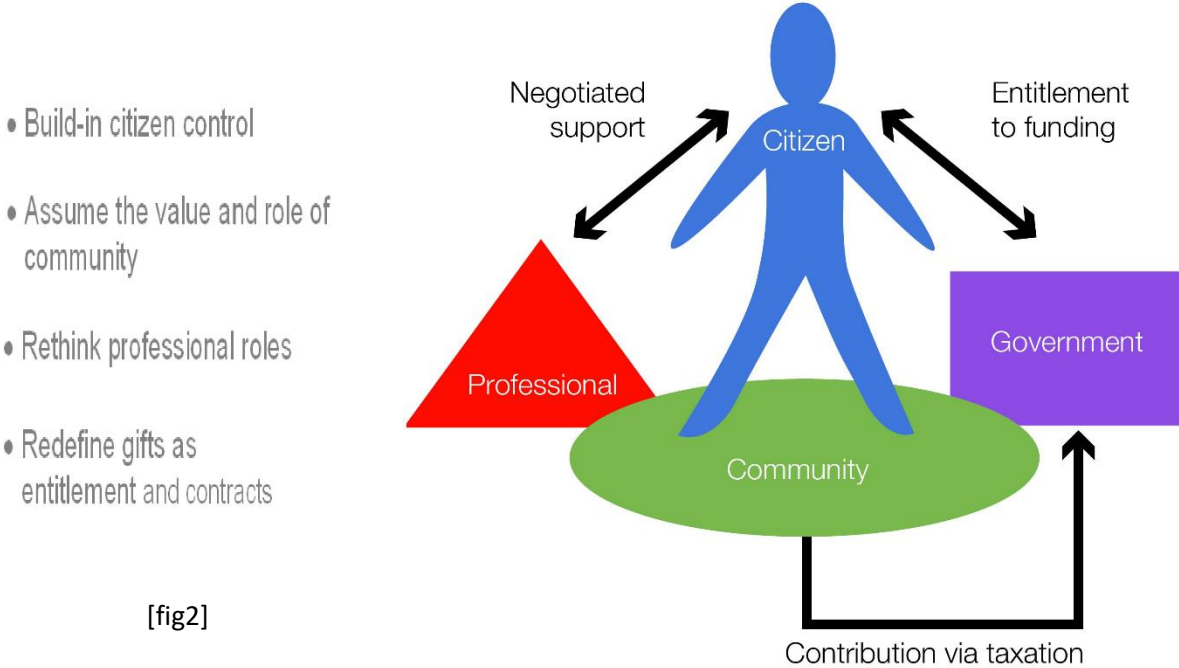
- No entitlements – *help provided as a ‘gift’ not a right*
- No freedom – *solutions dictated by professionals/commissioners*
- No community – *taken for granted or excluded*
- No partnership – *services not accountable to people*

[fig 1]

Self-directed support, by contrast, assumes a 'Citizenship' model of service provision and is organised differently (see fig.2)

1. citizens are in control of their own lives
2. citizens live as part of a community
3. citizens have entitlements to support
4. citizens shape the support they need

Citizenship Model



The aim of the journey towards self-directed support is the deconstruction of the old model and the construction of a new system grounded in active citizenship. When a person is dependent on assistance from others it is only logical that the assistance provided should fit the aspirations and needs of that person, with the person at the centre of the decision-making system. This drive towards self-directed support is also part of a commitment to human rights generally and, specifically, to the right to independent living described in the United Nations Convention on the Rights of Disabled Persons (UNCRPD) (Chetty, Dalrymple & Simmons, 2012; Dalrymple, Macaskill & Simmons, 2017.)

The promotion of citizenship through self-directed support is relevant in almost every area of human rights, but is certainly essential in relation to:

- **article 14** - liberty and security of the person
- **article 19** - living independently and being included in the community.
- **article 22** - respect for privacy
- **article 23** - respect for home and family

You can view the full UN Convention of Rights here:

https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf

Rights are often taken away or watered down wherever disabled people are concerned

In addition, self-directed support is a powerful means of overcoming the problem of institutionalisation and in helping disabled and older people enjoy full citizenship and inclusion. Often the drive to close long-stay institutions led to the creation of smaller institutions. So, the challenge is to create a second wave of deinstitutionalisation, to transform institutional community services into real community services.

It does not necessarily mean living by yourself or fending for yourself

Independent Living is about human rights. Rights that disabled people ¹ share with the rest of the community. But rights that are often taken away or watered down wherever disabled people are concerned. Self-directed support tries to ensure that these rights are protected and asserted wherever possible. The following definition of independent living was developed by disabled people working in the agency “Independent Living in Scotland” (ILiS):

¹ Throughout the workbook we use the term ‘disabled people’ in reference to the social model of disability, where people are disabled by the way society is organised rather than by their abilities and/or impairments

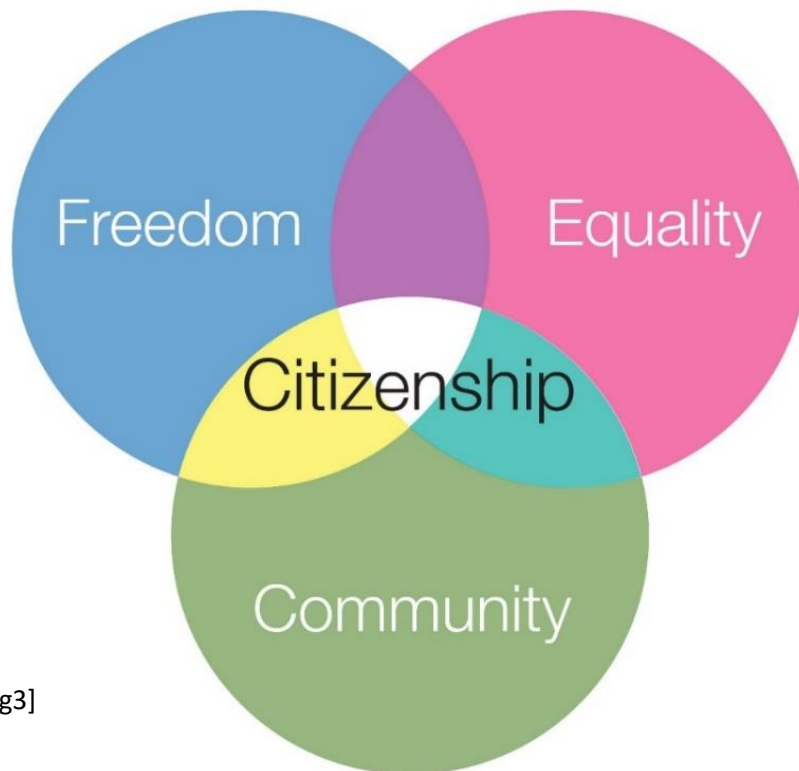
“Independent living means all disabled people having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not necessarily mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.”

So independent living is not just about the social care people receive in their homes. It includes all aspects of a person's life and requires that each person should have:

- full access to **the environment** - including buildings, parks and pavements
- fully accessible **transport**
- readily available and reliable technical aids and **equipment**
- accessible and adapted **housing**
- **personal assistance** when and where it is needed
- **inclusive education** and training at all ages and stages
- an **income**, including income from the state-benefits system for those unable to work
- equal **employment** opportunities
- accessible and readily available **information**
- **advocacy** and **self-advocacy**
- **counselling**, including peer counselling
- accessible and inclusive **healthcare** provision
- communication and **appropriate support for communication**

Another way to think about the purpose of self-directed support is to view it through the lens of “**citizenship**”. The underlying ideology of self-directed support stresses how important it is that individual men or women live freely and independently; whilst simultaneously participating in communities of place and interest with friends and neighbours; on a basis of equal adult status under the law, and within the framework of universal human rights (see fig.3).

What Citizenship means

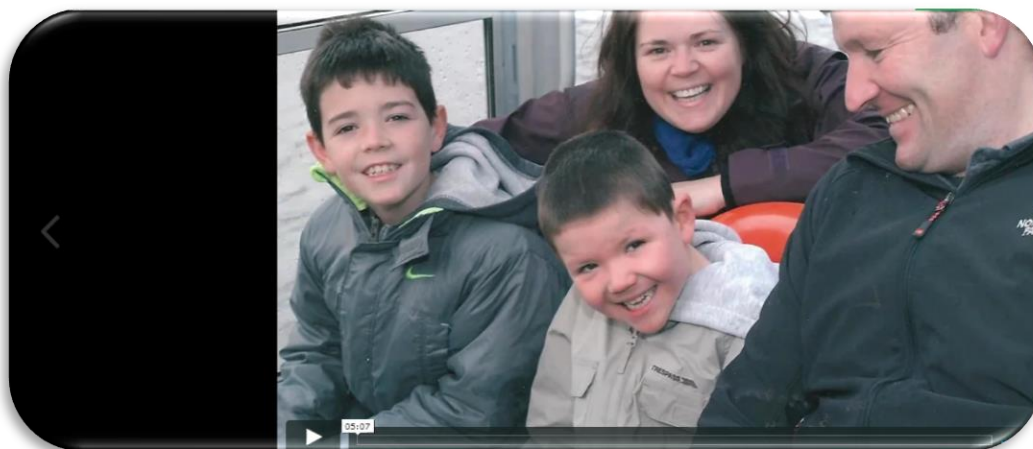


[fig3]

ACTIVITY

1. View the video on page 9 about Grant and his family to gain further insight into:
 - what this toolkit means when it talks about self-directed support
 - the fundamental importance of the issues it addresses, and
 - the radical transformations it can achieve when properly understood.

You can view the film here: <https://vimeo.com/126601352> or by clicking on the image below:



2. Take a few minutes to think about and write down what citizenship means to you and the person you work for.
3. Research the legislation around self-directed support within your country and the legal rights that people have to make choices and be in control of their own support.

Chapter 2

Values and Principles

The **need to know** section of this chapter contains information about the values and principles that underpin self-directed support.

This chapter also describes two things you **need to be able to do** on account of these values:

- (1) you need to be able to see the person you are working with as a unique individual person with gifts and identifiable assets, and be able to help them use their personal resources to have a good life that is not defined by any disability they may have;
- (2) you need to be able to facilitate conversations that will allow the person you are working with to make informed choices about the correct balance between risk and opportunity in their own life.

The **learning outcome for this chapter** is that you should be able to describe the fundamental human rights principles that underpin self-directed support.

NEED TO KNOW

Because disabled people are frequently viewed negatively and their basic human rights are persistently under threat it is important that self-directed support should have as its foundation a clear set of values and principles that challenge distorted perceptions and uphold fundamental rights.

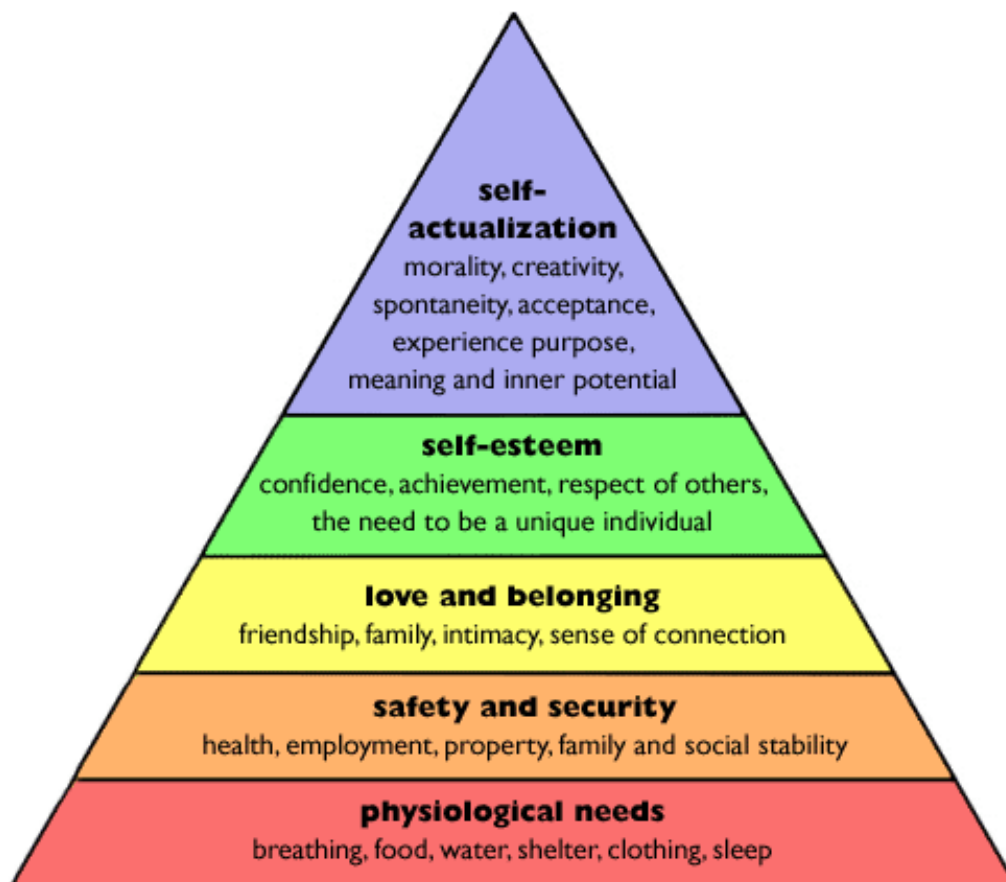
These values and principles can be summarised as follows:

- we all share a set of common human needs
- we are all unique and individual
- we all have equal status and value
- we must all make decisions about our own lives
- we all live life in and through our relationships

We all share a set of common needs

Our starting point is that, universally and without distinction, human beings share a set of common needs. Throughout our lives we all need security, love, relationships, and a sense of purpose. The most famous definition of our common human needs was offered by **Abraham Maslow**, (see fig. 4) who identified:

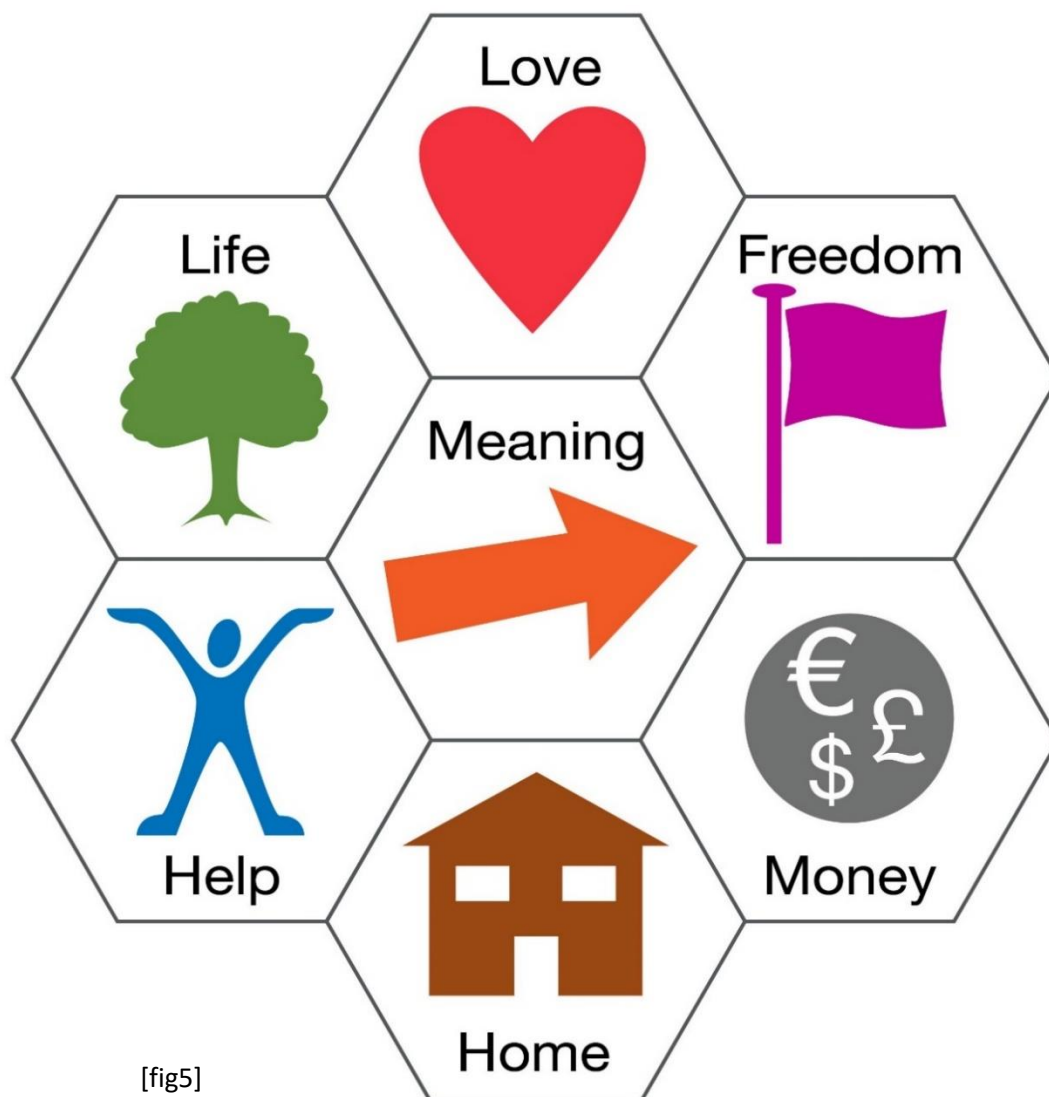
- our basic physiological needs (for food, water, warmth and rest);
- our need for security and safety;
- our need to belong and to experience love through intimate relationships with other people;
- our need for self-esteem—to be able to be confident in our own achievements and to have the respect of other people;
- the need for a sense of fulfilment and purpose in our lives.



[fig4]

One practical application of Maslow's definition is the framework devised by **Simon Duffy** in Keys to Citizenship (see fig.5). It describes seven conditions that need to be met in order for any of us to live fulfilling lives as citizens in our communities:

- Direction -purpose and meaning in our lives
- Freedom -personal control of our own affairs
- Money -enough cash to sustain our independence
- Home -a private place where we belong
- Help -the support and assistance of others
- Life -opportunities to contribute to our communities
- Love -reciprocal friendships and intimate relationships



[fig5]

These are not things that some people need, and others can do without. And there certainly isn't a set of special needs reserved for disabled people. What is different for disabled people is that they very often need additional amounts of help from others in order to ensure that their basic human needs are met. And sometimes this translates into the specialist type of paid support that some disabled people require to help sustain their lives. In the same way, disability is not a condition that people carry about within themselves. It exists in the space where the person interacts with the social world and the physical environment. Disability is not an illness to be cured, therefore, but rather disabled people often need assistance to reduce the restrictions they encounter in the world as they seek to live their lives.

We are all Unique and Individual

While we all share a set of common needs, we are each at the same time unique people. We are all the same and yet we are all different. These are not opposing ideas, but instead they are complementary. Each of us is human; each of us, without exception, is genetically and biochemically unique. Psychologically, we are all different too.

We develop our own personal preferences, our likes and dislikes, our own personal dreams and ambitions for our life. We take joy and satisfaction from distinct aspects of life but can also identify those things for which we have no appetite.

If I love jazz but can't abide pasta it may at times feel as though I have little in common with my neighbours and friends, but these expressions of my individuality do not render me any less human.

Maslow suggests that we all seek to develop and preserve a '*psychological freedom*' that does not require validation by someone or something out with ourselves. We dare to be different even if that means we come into conflict with the various communities we live within.

The uniqueness of each person, and the great diversity this implies, sits in opposition, therefore, to the tendency to view disabled people as a

homogenous class of human beings with undifferentiated needs, wants and aspirations, people who can be 'grouped' or 'clustered together', and whose personal preferences are of little account. At each stage it will be important to ensure that the individuality of the person you are working with is fully reflected in all that it is done.

Each of us has equal status and value

As unique people sharing a common humanity, we all share an equal status and value as human beings. Considerations of gender, wealth, sexuality, age, etc., cannot diminish the value and status of the person as a person, nor make one person, subordinate to another.

International law supports and defends this position by means of landmark agreements such as the **Universal Declaration of Human Rights (1948)** and the **European Convention on Human Rights (1953)**. It is therefore not acceptable for any actual or perceived limitation of a disabled person to be used as a justification for denying that person:

- the right to life
- freedom from torture and Inhuman or degrading treatment
- freedom from slavery and forced labour
- the right to liberty and security
- the right to a fair trial
- the right to no punishment without law
- respect for private and family life, home and correspondence
- freedom of thought, belief and religion
- freedom of expression freedom of assembly and association
- the right to marry and start a family



Click on the image to see a larger version

Indeed, Article 14 of the *European Convention on Human Rights* specifically states that people have the right to be protected from discrimination in respect of all these rights and freedoms.

We must all make decisions about our own lives

Reasons of intellectual capacity are also sometimes used to justify the practice of making choices and decisions for disabled people. An assumption is often made that disabled people lack the capacity to make decisions for themselves and so require others to make decisions for them.



This type of blanket generalisation is seriously misguided and simply unacceptable. Yet even in those instances where a person's capacity *is* reduced, that person's common humanity, unique identity, equal status and equal value demand that he/she takes as many of the decisions that affect his/her own life as possible. At the very least, to have as much input as possible into the decisions that affect his/her life.

The United Nations Convention on the Rights of Persons with Disabilities sets a clear expectation that signatories "*shall take appropriate steps to provide access by persons with disabilities to the support they may require in exercising their legal capacity.*" In this sense it is important to realise that '**legal capacity**' is not the same thing as **decision-making capacity**.

A person's decision-making capacity relates to their ability to make decisions about things that affect their life. To have decision-making capacity means that the person can understand a decision, the available choices, the consequences of any decision they make and can communicate this decision. 'Legal capacity' on the other hand is the ability to hold rights and to make decisions that are respected and capable of being enforced under the law (e.g. signing contracts and agreeing to medical care and treatment).

Some people have impaired decision-making capacity or, in extreme cases (for example, a person in a coma) may have no decision-making capacity at all. But **the UNCRPD, 2006 states that everyone with a disability should enjoy “legal capacity on an equal basis with others in all aspects of life”**. For that to happen, they need support –either to help them make a decision for themselves or, if that is genuinely not possible, to ensure that a decision is made on their behalf which respects their rights, will and preferences. This concept of supported decision-making can be used to refer to any process in which a person is provided with as much support as they need in order for them to be able to: make a decision for themselves; and/or 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 person’s will and preferences are central to and fully respected in decisions that concern them. In all of this it is important to understand that each disabled person is different and needs to be seen in the context of a continuum that reflects a greater or lesser need for support in decision-making.

It is also the case that different people will sometimes require differing levels of support for different types of decisions (e.g. making decisions about financial matters may require more support than making decisions about what to eat and drink)

We all live our lives in and through relationships

As unique individuals of equal value and status, our need for personal control over the decisions which affect our lives is counterbalanced by our need to have rewarding relationships of give-and-take with each other. The quality of our human connection, one to another, forms the basis of our sense of security in the world and is the source of our emotional fulfilment –the place where we give and receive love, affection, nurture and support. This is true at the intimate level of one-to-one personal and family relationships and also at the less intense, more social level of our relationships with people in our local

neighbourhoods and communities: we make sense of the world, and our place within it, through other people. So much so that, as studies have shown, the more limited our range of relationships with other people - the more isolated we become and the more lonely we feel - the more likely we are to die prematurely (Holt-Lunstad, 2015).



Click on the images to see larger versions

For disabled people, who for various social reasons are from the outset of their lives much more likely than the average citizen to be isolated within their communities, or segregated from them, this issue is thus all the more acute. Not only must we do everything in our power to prevent their removal to long-stay institutions in the first place; but we must also make sure that in helping people plan their journey home we pay full and proper attention to the range and quality of relationships they are able to enjoy on their return.

Often there is a significant focus on the technology and practical changes to the systems that are required by Self-Directed Support. However, the best test of whether Self-Directed Support is really working is to look at whether it is meeting the rights of the person.

NEED TO BE ABLE TO DO

The values and principles of Self-Directed Support help us define a series of universal principles which frontline workers must be willing to promote and able to evidence in their practice:

1. **Independent living** - we have the right to be citizens with full access to ordinary lives - I have a right to live my life in a way that makes sense to me.
2. **Entitlement** - we are each entitled to enough support to achieve citizenship - I have a right to enough support and also the right not to be over-supported.
3. **Freedom** - we should be in control of our own lives - I have a right to make decisions about how I live my life and, if needed, I have a right to be supported by people who know me and love me to make those decisions with me.
4. **Openness** - we should be clear about any rules or systems - I have a right to be told clearly and simply how the system of entitlement works and how the rules affect me; including how much money I am entitled to for my support.
5. **Flexibility** - we should be free to use our own entitlements as we see fit - I have a right to use my money in any way that helps me to live my life; including the freedom to take risks, make mistakes and learn from them.
6. **Learning** - we should share what we are learning to help everyone - I have a responsibility to share with others what I have learnt, what works for me and what doesn't work for me.
7. **Contribution** - we have a responsibility to contribute and to build stronger communities - I have a right and a responsibility to use my skills, talents and knowledge to play a full part as a citizen in my community.

ACTIVITIES

1. Watch this short YouTube film by Heather Simmons which will help you to reflect further on the underlying values of self-directed support:
<https://www.youtube.com/watch?v=pK-daA6giRA>



2. In your role as a frontline worker:
 - Think of a person you are currently working with. Describe that person's unique individual gifts and assets. And tell us how you have been able, or plan to assist them in future, to use these gifts and assets to have "a good life" that is not defined or restricted by any disability she or he may have.
 - Describe how you have been able, or plan in future, to facilitate conversations that allow this person you are working with to make informed choices about the correct balance between risk and opportunity in their life.
3. Discuss with a trusted colleague what you think your responsibility is to contribute to and build stronger communities and how you think you might do this.

Chapter 3

Putting self-directed support into practice

The **need to know** section of this chapter describes things that you need to know in order to be able to play your role in putting self-directed support into practice. Dependent on the role you have as a frontline worker, you may not have a direct involvement in all the areas described, though of course it is helpful to have an awareness of these. This section provides a model of the different stages (or steps) that people will have to go through in order to direct their own support. It also includes descriptions of different aspects of these steps that you should know about including:

- Assessment and resource allocation
- Thinking and planning about what is the right support
- The options that are possible to make this happen
- Reviewing and adapting support

The section that describes what you **need to be able to do** to put self-directed support into practice includes information about support planning and person-centred planning and the ways that a person can take control, make choices and access flexible and dynamic support. It starts from the premise that the essential thing that a frontline worker needs to be able to do is to support the person to take as much control as they would like.

The learning outcomes for chapter three are:

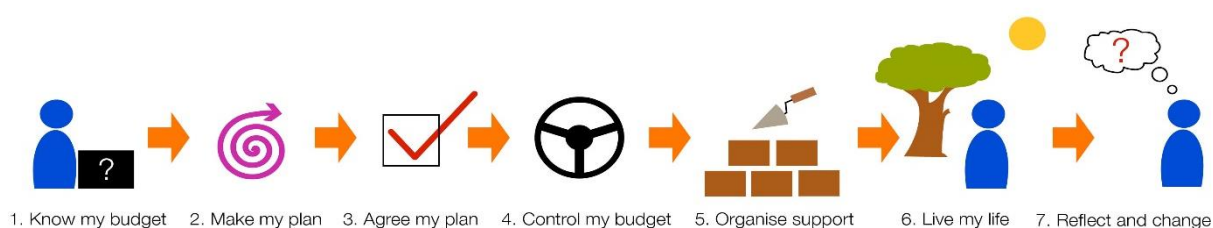
- you should be able to describe the things you need to know and to do that will support the person you work for to be able to direct their own support
- you should be able to access different tools that can be used to help people to plan, organise and direct their support and know how to use them.

NEED TO KNOW

We start from the premises described in the previous chapters about the purpose and the values and principles of self-directed support and in particular:

- Self-directed support is essentially about a shift of power and achieving greater social justice, so when we are working to put self-directed support into practice, we should keep this at the forefront of our mind
- People themselves are likely to be the most informed expert in their own life and those who love and care for them need to be heard too. When we are putting self-directed support into practice, we should ensure that these voices are the loudest.
- Self-directed support is not a concrete thing that people are given, but it is an active process that people engage in and something that people do. The person themselves should be supported to understand the ways in which they are directing, or can direct, their own support.

There have been numerous models that have been developed and adapted to show the stages or steps that that a person needs to go through to be able to direct their own support. The seven-step model of self-directed support below (see fig. 6) shows these steps in a graphic format. This model shows a process that starts with the person finding out the budget that is available for them to direct their own support (through some process of ‘assessment’) and ends with a step that involves reflecting and reviewing how things are working so that the person can then make changes.



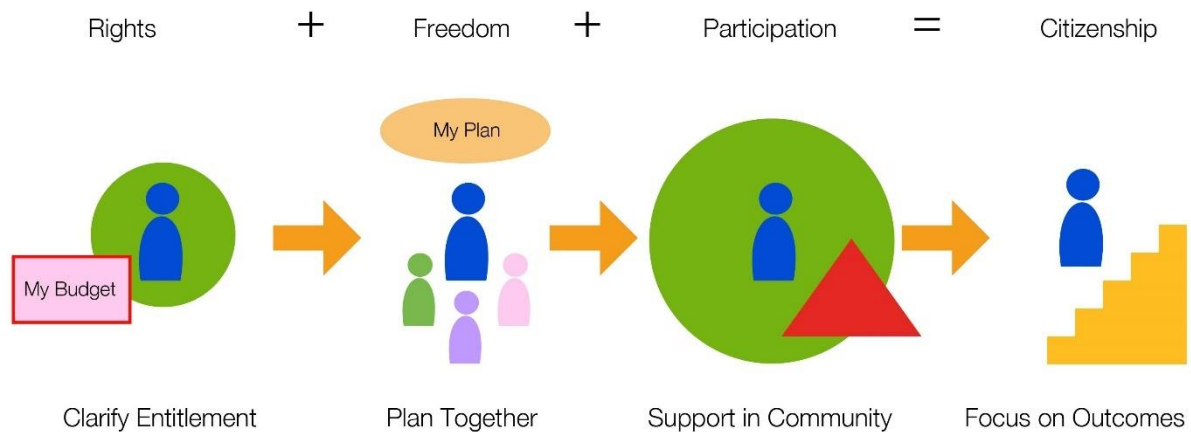
[fig6]

Although it is important to think about and consider all these steps when putting self-directed support into practice, not all steps will require the same attention or will be equally important for each person. For example, the step described as ‘make my plan’ where the person is thinking about and planning what they want to achieve, using the knowledge they have about the budget available to them and the other things that will help in their life (their other resources) will be likely to take most time and is crucially important.

Other visual representations have been developed to further simplify and emphasise the most important aspects - the core elements – involved in putting self-directed support into practice.

Figure 7 shows the four core elements that need to be in place for a system of self-directed support to really achieve the purpose we describe in chapter 1. These are:

- **Clarifying entitlement**, having information ‘**up front**’ about of the indicative amount of budget that is available and can be used by the person to develop a plan to get the right support
- **Planning together**, working out a plan with the help of people that the person wants to be involved that describes what they want to achieve and how they will achieve it
- **Accessing support in the community**, developing the right support that facilitates ways that the person can participate, contribute, do ordinary things, be included, be supported to have relationships and connections and to live the life they want
- **Keeping a focus on outcomes**, maintaining a focus on using resources in whatever way makes most sense to achieve the desired outcomes and that encourages maximum flexibility, choice and control by the person



[fig7]

Assessment and resource allocation

Any process of self-directed support will start with some sort of assessment.

The term assessment can cover both:

- a formal process of assessment that is completed by a public official, most often a social worker, to determine if a person is able to access financial resources from a public body to meet their need for additional support
- a less formal process where an assessment is made either by a person themselves (or someone else acting on their behalf) of their own situation that leads to a decision that they need some additional support.

A formal process of assessment is likely to do two things:

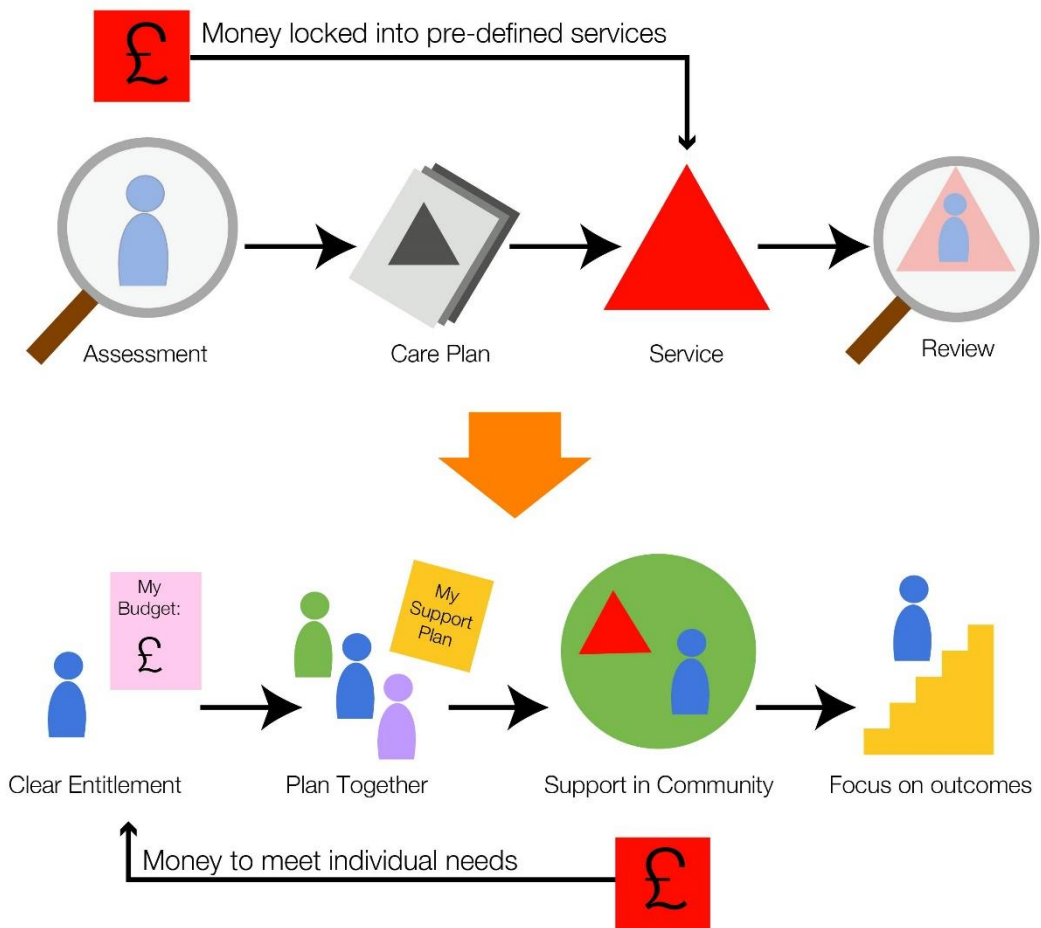
- 1 clarify if there is an entitlement to financial resources that can be used to get support, and
- 2 provide an indication of the level of resource that is available.

The term 'eligibility' is often used alongside the idea of assessment – the assessment is a judgement of whether the person is 'eligible' for paid support using the criteria that are used to determine this in an area. If

the person is not judged to be eligible for support, they have a right to be told why this decision has been made and have the reasons explained to them. For many people, even if they are assessed as not being eligible for paid support, it can be helpful to be given information and/or connected with relevant community groups and resources in the area. Often the assessment processes in an area vary, dependent on factors such as the age and presenting need of the person requiring support. For example, assessment processes are different for disabled children and disabled adults.

The way in which the level of resource that might be available is decided will be through some process of resource allocation. Resource allocation simply describes the process that has been set up to decide the likely level of budget that a person can access in an area, based on the assessed level of additional support required. Resource allocation systems are always a balance between rules, or 'criteria', and the professional judgement of those implementing the rules. Whatever the process that is used, however, it is important that this leads to the person finding out the level of indicative budget that is available to them - often described as the 'upfront indicative allocation of resources'. This information is required to allow the person to make choices and use the budget in the best way for them when making their plan of support.

Figure 8 emphasises how this approach is a shift from the default way of doing things that focusses on managed service delivery, where the funding is tied up in pre-commissioned services, to a way of working where what someone wants to achieve – their personal outcomes and living the life they want – is the main purpose of support and the available resources can be used flexibly to achieve this.



[fig8]

The process of assessment, however, should not just lead to an indication of the level of budget available, but also contribute to helping the person identify **all** the resources that are available to them. These include the natural family, and community resources that the person can use to achieve their personal goals. These are sometimes described as the ‘real wealth’ of the person, as they describe all the resources a person can access to help them achieve the things they want.

Thinking and planning about what is the right support

Whatever way that self-directed support has been arranged in your area, it will be vital that people get the right support to help them to think and plan. The first question that should be asked in any support planning process is: ‘*Who are the people that you want to help you develop your plan?*’. Some people will be able to, and will want to, develop a plan just with those who love and care for them; other people will prefer to have some additional support to do this. There should be a range of ways people can get the help and support they need when

developing a plan, including having access to peer support and talking to other people who are already directing their own support.

A support plan is simply a plan that describes what a person wants to achieve and how they are going to use the resources available to them to get the right support to do this. It should answer the following essential questions:

- What matters to you? What do you want to achieve?
- What is important to you? What is important for you?
- How will you be supported – when, where and how?
- How are you going to use the resources available to you, including the available budget, to achieve the things that matter to you and the outcomes that have been agreed?
- How will you manage, organise and direct your support, including managing the money?
- How will you stay in control and make decisions? Who else might be involved in decisions and choices and when will they be involved?

A process of support planning should not be prescriptive, but it should be a way to explore possibilities, keep options and opportunities open, and really think about how best to achieve the personal outcomes that have been identified and agreed. As a frontline worker, if you are involved in support planning, your role is to help the person who you work for to take as much control as they would like and make the decisions that they can about how they want to direct their own support. For some people who need additional help expressing their views, it will be helpful to develop a 'decision making agreement' to be clear about when and by whom decisions will be made. This will also be helpful if the person's capacity to make decisions varies according to circumstances and/or their wellbeing.

The options that are possible to make this happen

As a frontline worker, you should know the options that people can choose in your country or area when directing their own support. This might mean the formal options that are laid out in law and/or simply just the ways that people can in practice choose to be involved in 'personalising' their own support, so that they can have more choice, control and flexibility in their lives. This would mean ensuring that the person you work for can make more choices and have more control about the how, when, where and in what way they are supported irrespective of the formal option of self-directed support they have chosen. For example, even if the person you work for is living in a residential or group setting you can work with the person to really understand what really matters to them and ensure that the support you and others provide reflects this.

You should also find out if there is accessible information available in different formats that can be used when talking about and explaining self-directed support. Whatever the circumstances in your country or area, however, as a frontline worker you should keep the principles of self-directed support at the forefront of how you engage with people. The legal, cultural, social and community context may vary, but your role as a frontline worker is always to respect and uphold the essential human rights of the person you work for to have maximum choice and control over their support.

Reviewing and adapting support

Putting self-directed support into practice includes being able to reflect on and review what is working well and what is not; and being able to make changes and improve things after having thought about these questions. This should be a dynamic process that includes the person looking again at what they wanted to achieve, checking how well the ways they currently direct their own support do this, and thinking and planning again to see if there are different and/or better ways they would like to do things in the future that help them to achieve their personal outcomes.

NEED TO BE ABLE TO DO

As a frontline worker, you need to be able to talk to the person about self-directed support and to help them decide the level of control that they want over their support. When you know this, you should always ensure that your support is organised and provided in such a way that it helps the person to take as much control as they would like. It is important in your role that even if you don't have all the information about how self-directed support can work in your area or country, you do know how and where you can help someone to get information, advice and support.

You may also be involved or have a specific responsibility for certain aspects of a person's support. This means, for example, you might be involved in helping the person to research the supports and community activities available locally; or thinking about the assistance required to arrange the right support for a particular activity; or how the person may keep in contact with important people in their life; or how to develop and/or review their plan of support.

As we have described in the need to know section of this chapter and we will describe later in chapter 4, thinking and planning with the person about what matters to them and how they will use all the resources available to them to achieve what matters is a particularly important aspect of putting self-directed support into practice. We describe the essential elements to be included in a plan in the need to know section of this chapter and there are numerous care and support planning tools that have been developed to help this process.

ACTIVITIES

1. Watch the following short film about putting self-directed support into practice:

<https://www.youtube.com/watch?v=F3RpntXzhml>



2. Find out about the processes of assessment that a disabled person would need to go through to access self-directed support in your area. Describe this process as simply as possible.
3. Research the different options in practice that a person could choose to direct their own support in your area or country and if information about these is available in accessible formats. Write down your thoughts about the advantages and disadvantages of each different option for someone you know well.
4. Look up the planning tools we have shared at www.selfdirectedsupport.eu . Think about someone you know well and how these tools could be used to make sure the support they access is really based on what matters to them. What do you think their support plan might look like?

Chapter 4

Role of the frontline worker

The **need to know** section of this chapter describes the role of a frontline worker and what you need to know about self-directed support. This includes having knowledge of local resources and where people can access more information, advice and support as necessary.

In this chapter, the things you **need to be able to do** are:

- help people to understand and navigate the local system of self-directed support and describe the options that are available to people locally
- use the skills that are needed to help people direct their own support and develop an effective relationship appropriate to your role and involvement with the person
- be able to help people think, plan, organise and access the right support

The learning outcome for this chapter is that you should be able to describe your role as a frontline member of staff and the ways that you can effectively support people to be able to direct their own support. You should understand some of the key skills you need and be able to demonstrate them in your contact with people who need some additional support

NEED TO KNOW

We describe a frontline worker as any worker in education, health and social work, social care and community development who has direct contact with people. We are using the term frontline here simply to identify that you have regular contact with people and where you have some responsibility to ensure that they get the right support for them. The first thing you need to know as a frontline worker, however, is that you don't have to think that you need to know everything!

What you need to know about self-directed support will depend to some extent on your exact role, though everyone does have an important part to play to ensure that people can get the support and services that are right for them. Your job is to make it as easy and simple as possible for the person to make informed choices, to work out the degree of choice and control they want and how they want to exercise it. In your role, you may not be the best person to share detailed information about self-directed support, or be the right person to help organise planning with the person, but if this is the case, you should know where the person you work for can access more information, advice and support as necessary.

NEED TO BE ABLE TO DO

Help people to understand and navigate the system and describe the options available

To do that you need to know about and understand the local system for self-directed support and the different options that a person could choose. It is also knowing about local sources of independent support and advice **and** the different types of support that may be available in your area to help people develop a support plan. It does not of course mean you should feel you need to know everything about the local system and practices, but simply that you should be able to make it easier for the person to understand and navigate the system and facilitate ways the person can get in touch with other people if this is helpful to them

Use the skills that are needed to help people direct their own support and develop an effective relationship with the person you work for

As a frontline worker, you need to be able to demonstrate the following skills in your contact with people that you work for:

Active listening

Active listening means listening fully to what the person is trying to tell you - paying full attention to the person with whom you are communicating; paraphrasing; summarising; reflecting thoughts and

feelings. It is more than simply using your ears but is listening that uses all your other senses too: using your eyes and your relationship with the person to better understand what they are communicating. When listening actively you also need to show the person you are with the verbal and non-verbal signs of listening e.g. by mirroring the mood of the speaker, giving eye contact, smiling, as appropriate.

An ability to really get alongside the person

This means really understanding the person you work for and the things that are important to them, and like when listening actively, also showing them that you understand and empathise with them. It is also about developing a relationship, based on trust and honesty, where the person can believe what you say to them and trust that things that you say you will do will be carried out and/or, of course, that you will explain when other things get in the way.

Showing respect and being thoughtful and reflective

Showing respect means listening fully to the person and getting alongside them in the ways we have described. It also means being positive and encouraging with the person and helping them to recognise their strengths, talents and gifts and the things that they contribute to those they know, their communities, and to the wider world. Being thoughtful and reflective means really considering the person and the likely impact of what you do and what you say to them, as well as making the opportunity and taking time to think things through and really considering other ways to do things.

Being engaged and interested

Being engaged and interested means giving the person your proper attention in the best way you can and not being distracted by other things that are happening in work or life generally. In order to be able to demonstrate this as a frontline worker, you will need to be aware of the things that easily can get in the way of you being fully engaged and interested and have a plan of the ways that you can change how you are interacting, if things are distracting you.

Help people think, plan, organise and access the right support

Your involvement in helping someone to think, plan, organise and access the right support for them will vary according to your role. You may be someone who simply points the person you work for in the right direction to places and people who can provide the right information, advice and support; or you may be someone who has developed a relationship with the person through your role which means that you will be involved in helping them think through how, when, with whom and in what way they want to be supported.

The art of conversation and dialogue

The ability to have a 'good conversation' is at the heart of engaging with people about achieving their personal outcomes by directing their own support. A good conversation can mean many things, but it is likely to involve using the key skills we have described above to facilitate and support opportunities for the person to really think and plan about what matters to them and how to achieve this. As well as using this conversation to identify and clarify what the person wants to achieve, however, the process itself can build confidence and improve wellbeing when the person begins to believe that they are really being listened to and that their voice matters.

ACTIVITIES

1. Watch the short film that has been developed alongside this workbook as part of the Skills project about the role of the frontline worker

http://in-controlscotland.org/skills_animation-english/



After watching the film, have a think about the role you currently have and how you think the skills that are mentioned relate to your job? Watch the film again and see if there are any you have missed!

2. Talk to a trusted colleague and tell them you want to try out ways that you can use your skills as a frontline worker. If you are feeling brave, ask another person to join you whose role it is to observe and feedback what they see. Find a comfortable topic to talk about with your colleague, perhaps actually asking them some of the essential questions for developing a plan of support. Deliberately try to use some of the skills we have described in this workbook when talking to your trusted colleague. Write down what you thought about doing this task and the skills that you found easy to demonstrate and those that were more difficult. Ask for constructive feedback from your colleague too and any observer about how they felt.
3. At the end of the workbook, take a few minutes to think about what this all means to you. What are the challenges to you in your role and what opportunities does it present to you to do something different? Think of a positive first step you can commit to taking that will enhance the choice, control and flexibility of support available to someone you work for. Write down your first step, keep it safe and put a note in your diary to look at it again in one month's time to see if you have been able to carry it out.

Finally, we hope you have found this workbook useful in your role as a frontline worker! Thank you for taking the time to think about self-directed support and how you can contribute to putting it into practice.

Don't forget to check out all the other resources:

www.selfdirectedsupport.eu



SKILLS Partners



Kehitysvammaisten Palvelusäätiö (KVPS)- The Service Foundation for People with Intellectual Disability is a national Finnish service provider and developer with its roots set in parent-led governance.



The Centre for Welfare Reform is a community of independent Fellows who are thinkers, innovators and leaders who have demonstrated a real commitment to equality and diversity.



Anffas Onlus is one of the major associations of parents, relatives and friends of people with relational and intellectual disabilities in Italy for over 50 years.



EASPD – European Association of Service providers for Persons with Disabilities - is a European wide network with 130 members representing around 15.000 services across Europe and across disabilities.



In Control Scotland (ICS) is a not-for-profit company that works to campaign for, promote and implement the principles and practices of self-directed support in Scotland



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