

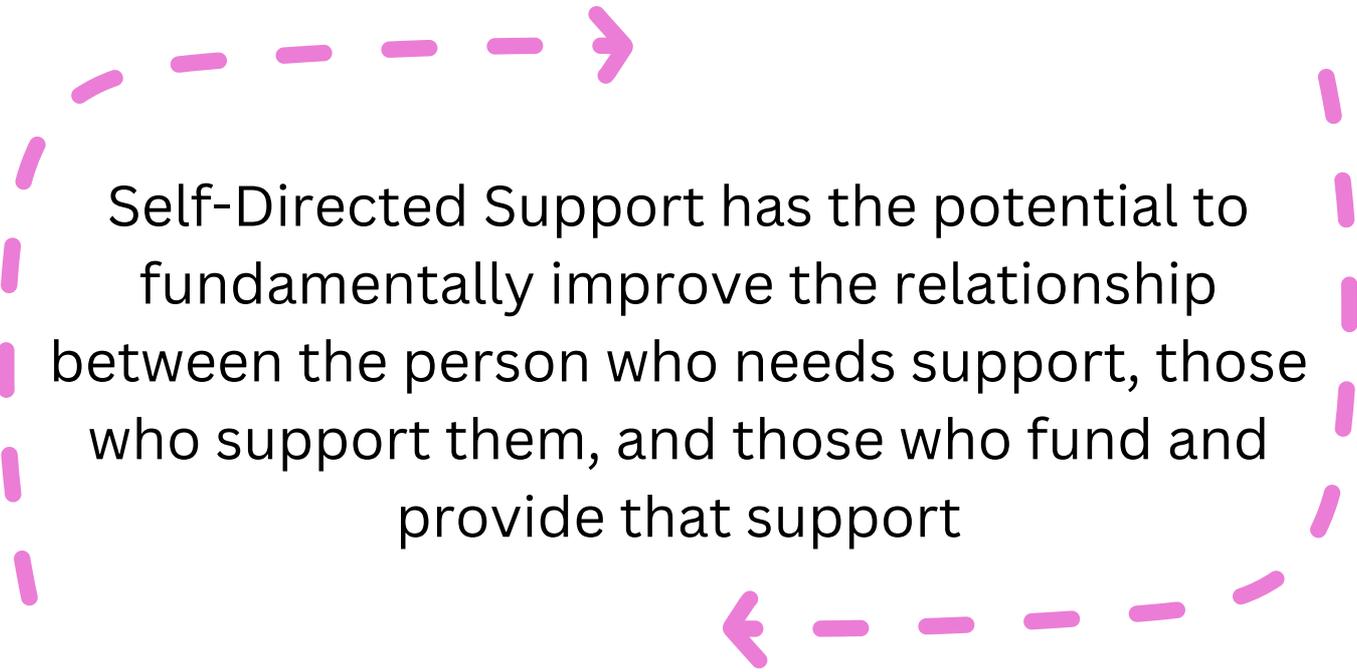


Self-Directed Support as
**THE FOUNDATION OF A NEW
RELATIONSHIP**

for the new National Care Service in Scotland

Nic Crosby, 2022





Self-Directed Support has the potential to fundamentally improve the relationship between the person who needs support, those who support them, and those who fund and provide that support

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Acknowledgements



The content within this document draws on the hard work of many people in the UK and elsewhere, it brings together learning from effort to implement self-directed support for many different people in different situations.

We thank, acknowledge and pay tribute to the work of everyone within this community of disabled people, families, allies, advocates, professionals and practitioners; all of whom are working hard for better lives for those who need additional support to live independently and be included in their community.

Thank you.

The Foundation for a New Relationship

Self-Directed Support as the foundation for a better, and much improved, relationship between those in need of social care support and those providing and funding it

In 2012, In Control England published a paper [1] that set out how Self-Directed Support (SDS) provided the foundation for a ‘much improved’ relationship between children, young people and families in need of support and those in local authorities and others who are charged with funding and providing that support.

This paper sets out to revisit the core elements explained in 2011, adds learning from work over the ensuing years and reflects on the potential that is still to be realised. This paper centres on the core elements and concepts that underpin Self-Directed Support as In Control Scotland understands it, and that draws heavily on a large bank of work in Scotland, the rest of the UK and globally focused on self-determination, and the need to change the way disabled people are supported to live independently and to be included in the community.



[1] Building a New Relationship, Crosby, N. Donkin, M. Lazarus, C. Tyson, A. In Control England, 2011

Why do we need a new relationship?

No more battles and argumentswe have to work together!

The [Social Care \(Self-Directed Support\) \(Scotland\) Act](#) came into force in 2014 and since then local authorities with support from the Scottish government have been introducing SDS as the way they provide social care. This introduction has led to wide variances in practice across Scotland [2] and even within local areas as documented most recently in the Independent Review of Adult Social Care. In 2020 [a set of standards](#) underpinning SDS in Scotland were published that have since been tested and trialed. More recently a national consultation on the development of a National Care Service (NCS) has been held. Self-Directed Support is the delivery approach for social care so it can, will, and should be at the core of this new national service.

For In Control Scotland this is a major opportunity to restate the values and underlying principles of Self-Directed Support. The development of a National Care Service will mean a new relationship between those needing support and those providing and funding it. This quote from the Independent Review of Adult Social Care in Scotland [3] that provided a base for the development of a new National Care Service is clear in its ambition for social care:

'Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity' (Feeley, 2020)

Self-Directed Support is the approach across all ages and sectors of social care; much effort has been put into developing SDS for adults, and for disabled children and young people in some parts of Scotland.

[2] Self-Directed Support Progress Report, Audit Scotland 2017

[3] P18, The Independent Review of Adult Social Care, Feeley, D. 2020

Practice when it comes to SDS for children, young people and families is very inconsistent and in need of greater attention. A new National Care Service, built around a single approach, that of SDS, can become a whole life service operating alongside a child, supporting them into adulthood and into older life. Whilst there is ongoing debate about the inclusion of children and families social care services in the NCS In Control Scotland would advocate strongly that the NCS is ‘whole life’ i.e. a person/people centred social care service as opposed to a service split by statutory service regulations. The relationship between child, family, young adult, working age person and older adult with the social care service will be of maximum importance. Trust, transparency, honesty, inclusion will (hopefully) all underpin this relationship, in the same way that In Control Scotland would say SDS works well.

Families and many others report that their experience of getting support and of Self-Directed Support is not like this. They talk of battles to get support, or arguments and long delays in the making of decisions, of not understanding how decisions have been made and seeing money ‘clawed’ back without really understanding why. In short, a new National Care Service is an opportunity for improvement; the potential for a better relationship already exists in SDS, and can shape an NCS offer that is welcoming, that values, that respects and that does its best to support people of all ages to live independently and be included in the community. To work well SDS requires a much improved relationship, this paper explains the core of this relationship, the building blocks for SDS and the way it can mean better (with better support) lives for people.

Setting out the core of Self-Directed Support in 2022, illustrating with examples, providing exercises, questions and opportunities for discussion, we at In Control Scotland hope this paper will provide a valuable contribution to improving the lives of people needing additional and individual support. The National Care Service is an opportunity to refresh, renew and restate our commitment to SDS; In Control Scotland sees Self-Directed Support as the core of our ongoing work to support people, and improving relationships is an imperative to ‘better lives’ with or without a national care service.

The Foundation - Values, Approach, Process

A strong and solid base of values shape everything we do as we implement Self-Directed Support

Self-Directed Support is not simply a system but a values-based approach to how people needing additional support are able to have control over that support, enabling them to live independently and be included in their community.

In Control Scotland, using a graphic designed by one of our colleagues Heather Simmons, explain this as:

- **Values** – Inclusion, equality, respect, honesty, transparency
- **Approach** – Self-Directed Support, person centred, human rights based
- **System and process** – Assessment and eligibility, allocations, planning, support provision, and learning and review

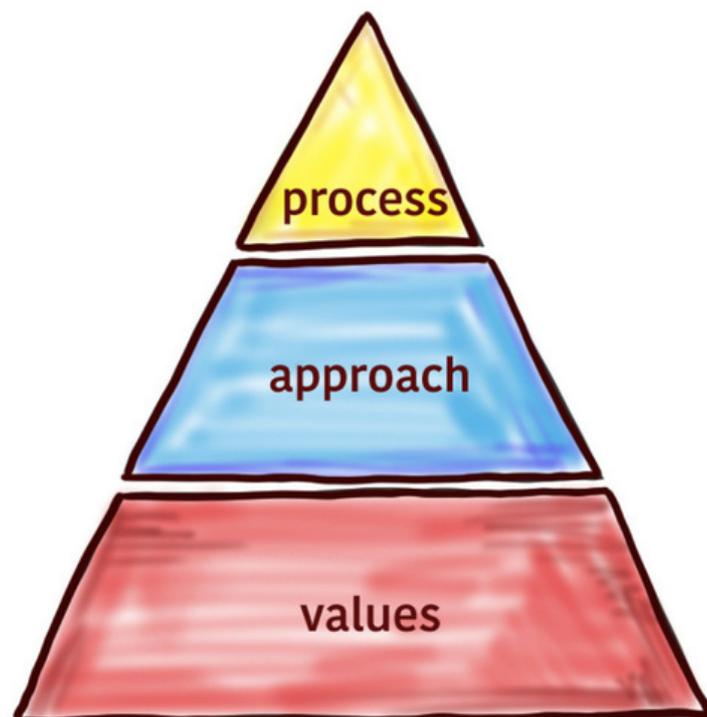


Figure 1: Heather Simmons - 'The Simmons Triangle' of Values, Approaches and Process

The strength in the triangle is being able to see a direct relationship between Values (the base) Approach and Process. There has to be a clear relationship between the values stated, the approach and the process, if not there is a need for attention and work to revise local practice.

This graphic works well when considering Self-Directed Support, however it is not solely about Self-Directed Support, once identified 'any approach' can be inserted and the graphic worked through in a similar way.

Example:

This graphic has been used by In Control Scotland to develop a workforce survey that has, once completed by a local area, informed a programme of development and improvement. For example: Shetland Islands 2020-2022 [4].



This graphic can be used as an inclusive way of co-producing a review of practice, a review of the support received by people and/or a strategic review of Self-Directed Support.

The graphic can be shared with a whole group, people invited to add 'values' and a 'description of process' and then to begin discussing what this tells everyone about the local practice of Self-Directed Support.

[4] Self-Directed Support - Children, Young People, Families and Social care Services on the Shetland Islands, A Review of the first six months, January - June 2022, Crosby, N. In Control Scotland, July 2022

Purpose - the Goal, the Outcome... what can SDS achieve for a person?

Effort, energy, time and resources should have a clear focus. What will self-directed support achieve for a child, family, adult, older person?

As national policy, enshrined in legislation, Self-Directed Support in Scotland underpins the delivery of social care. [Seebohm, writing in 1968](#) said social care should enable 'the greatest possible number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community', In Control Scotland would say that SDS is the vehicle to making this real in Scotland in 2022.

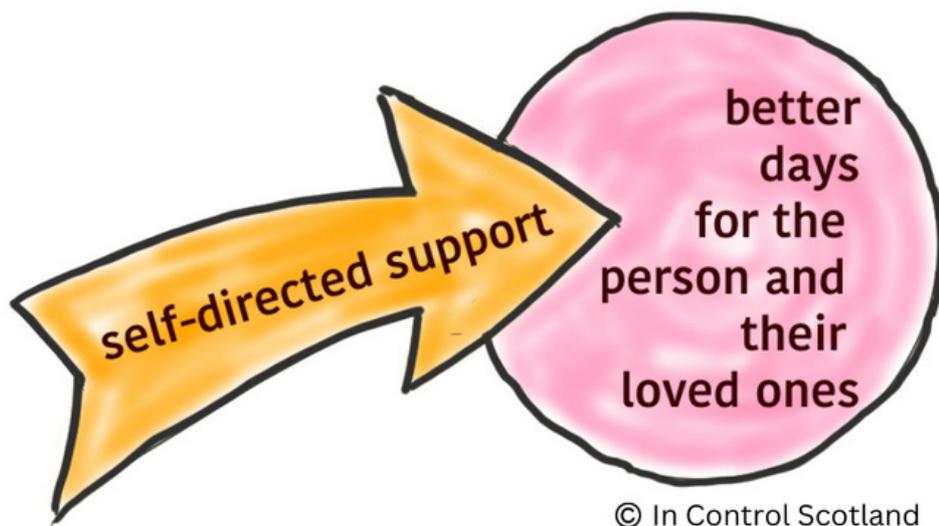


Figure 2: The purpose of Self-Directed Support

Self-Directed Support is an approach to supporting an individual and those who love them to have more control and choice in their life. The key is always 'better days for the person and their loved ones', this is the 'purpose' that really matters, however there are more strategic ways also of understanding what SDS has the potential to achieve for a whole population of people who need additional and individual social care support.

Delivering Human Rights

Self-Directed Support is often called ‘rights-based’; when we say this we are specifically referencing article 19 of the United Nations Convention on the Rights of People with Disabilities ‘the right to live independently and be included in the community’. This article sets a challenge to those delivering social care that clearly reinforces the values and purpose of Self-Directed Support.

Article 19 states:

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;*
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;*
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.*

READ MORE



[Article 19 – the Right to Live Independently and be Included in the Community](#)

Delivering Citizenship for All

Self-Directed Support grew from a number of different strands of activism and work, all addressing the need to give people more chance to have a say and to have choice and control over how they were supported.

At the core of this, and why Article 19 is so important, is the global independent living movement. A key piece of work that set a foundation for understanding what SDS can achieve was the publication 'Keys To Citizenship' (Duffy, S. Centre for Welfare Reform, 2010). The 'Keys' are seven different parts of a person's life that together describe citizenship; SDS being the way this can be realised for people with additional and individual support needs.



Figure 3: The Keys to Citizenship, Duffy, S Centre for Welfare Reform 2009

READ MORE



[The Keys to Citizenship](#)

Child and Young Person at the Centre

From the start Self-Directed Support is person-centred, child-centred, family-centred.

There are many different ways of explaining the relationship between a child, their family and the practitioners and providers who are supporting them. Often a triangle is used to describe the three 'partners' and then to think separately about what each brings and what each needs to do.

Self-Directed Support would describe itself as a 'person centred way of supporting someone'. Instead of a triangle this can be most easily described thus:

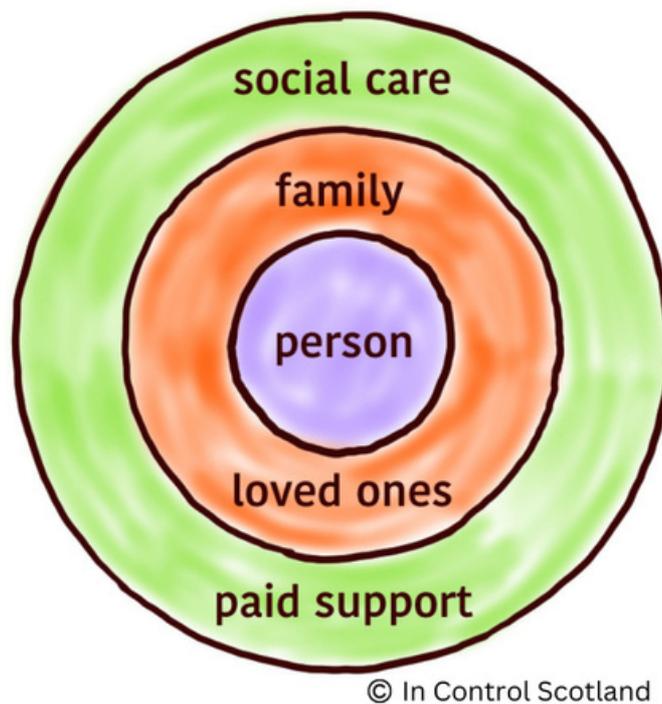


Figure 4: SDS - a person-centred approach

Self-Directed Support sees the child and those closest to them as the expert, as the voice that should guide, inform and shape offers of support and how that support can be realised.

The use of concentric circles in this graphic also sets a priority: the priority is the child and the family, the outer circles of paid-people whether therapist, support worker, nurse, teacher or social worker have to see themselves as provider of knowledge and support that centres on better lives for the child and those who love and care for them.

Example:

In work the excuse that ‘people can’t agree on funding’, or ‘people are arguing about funding’ is often heard as an excuse for a delay. This is a simple example of where a focus on the child has been forgotten and energy is being diverted into arguments that simply detract and slow down the effort needed to support a child to have a better life. This is an example of where services have ‘forgotten’ about the purpose of all their combined efforts and have become distracted by process and an unreal notion of their importance.

A whole local offer of opportunity, activity, and support

Self-Directed Support delivers social care support to those with additional and individual support needs. Self-Directed Support is one part of a wider local offer.

Self-Directed Support describes one part of a local offer of opportunity, activity, and support. For an individual that asks their local authority for help, an assessment will be completed and eligibility will be established. It is however important to set SDS within the wider offer. alongside opportunities, activities, and support available to us all, to specific groups, and also to acknowledge the wealth within local communities.



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Figure 5: A whole local offer of opportunity, activity, and support [5]

[5] Originally the Quadrants of Personalisation, developed by Clive Miller for 'Putting People First', Dept of Health England, 2007. Revised with permission.

Mainstream and universal services: Open to all; schools, doctor's surgeries, shops, leisure centres, libraries, open spaces/parks, roads and transport, citizen's advice. Often people with additional individual support needs feel excluded from this world; access, language, noise, environment can all mean they may find it hard to make the most of these opportunities. Local strategic groups should be addressing how they can forever welcome a more diverse group, including those who are self-directing their support.

Community wealth: Opportunities to participate, be included, contribute and belong. Often informal, the core to community is participation and the experience of being included and belonging. All important for well-being community wealth can be overlooked however it is a rich and abundant source of support. Clubs, hobby groups, sharing social spaces, allotments are all examples of community wealth, more importantly is what comes from belonging and the feeling of being connected.

Targeted services and support: Services commissioned and/or delivered to a cohort or group of people with a common factor that binds them together. This could be a teenage pregnancy group, a mental health support network for people from black or minority ethnic groups or a young carers support network. These services are commissioned as a block contract, or fundraised for by charities and community groups, and can include specialist / segregated support to people with additional and individual support needs.

Additional Individual Support: For those people of any age in Scotland who are deemed as needing additional and individual support from social care services they will be able to self-direct the way they are supported, who by, and when. Each eligible person will be allocated an indicative amount of funding which will, with support to creatively plan, be used to get the support needed to enable a person to live independently and be included. In many cases, this individual/additional investment in support will enable the person to make better use of the other three parts of the local offer.



When planning, using this graphic as a prompt to think about *everything available locally* and not only individual hours of support can promote creative ways of fostering inclusion, participation and activity.

SDS is only one part, and often described as the fuel for the vehicle of the plan, facilitating a better life through seeking opportunities to engage, participate and be included in activity. The whole local offer provides a whole range of opportunities, SDS is only one part.

This graphic can provide a very simple way of mapping local opportunities, activities and sources of support and inclusion. Particularly when used as part of a co-produced review and strategy as it is a very simple way of identifying different services and also starting a discussion about its use, who it is for and how accessible it is.



Wealth - individual and community, thinking strengths, seeking solutions

Self-Directed Support is an investment in strengths, solutions, an individual's wealth of connections.

Strengths provide a start to having support that works; start with 'what is strong' not 'what is wrong'.

Wealth is not only financial, a person may have little money but a wealth of friendships, connections, skills, abilities and resources. This approach to thinking of the wealth of an individual or of a community shares many similarities to that of strength-based working and the quote 'it is what is strong not what is wrong'.

These explanations of individual and community wealth grew from work with children and families and supporting them to take up Self-Directed Support, in part it came from a reaction to the overwhelming use of deficit-based assessments for disabled children and their families.

You will note the similarity between the notion of individual wealth and community wealth. This is not accidental, communities are networks of people, much of the wealth within communities comes from the people who make up that community; the sum of the whole is greater than the individual parts.



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Figure 7: Individual real wealth

Assets: what the person and their family own, material goods, capital investments, a house, car etc

People: the people connected to the person and their family, the networks formal and informal, the friends, neighbours and extended family

Inclusion: the way the person and their family interact / participate and actively feel they belong to their local community

Skills and knowledge: the skills the person and family bring to the plan of support, the skills and knowledge used in daily living and that enable people to contribute through work and employment

Resilience: the ability of the person to stay strong in face of challenge, to keep calm, to participate, their inner strength; a combination of all four above factors.

Community Wealth:



Figure 8: Community wealth

Assets: What the community owns (town hall? community centre? allotments?)

People : the people who make up the local community

Inclusion: how the community does or doesn't reach out to all local residents and seek to build inclusion for all (a wealthier community will always be a more inclusive community)

Environment: the physical environment, the investment in the local environment, the road network, pavements, physical accessibility, pollution, air quality

Resilience: the strength within a community, often seen if there is a crisis, exceptional challenge to cohesion, a combination of all the above four factors.

These concepts have been explored a number of times since their development in 2008/2009 [6].

Useful links are shared for interest, these papers take these concepts and explore in much greater detail and include a complete case study of how this approach to support can invest in relationships and succeed:

READ MORE 

[A Life not a Service – A Guide to a New Public Offer, Crosby, N. and Tyson, A. In Control 2015](#)

[Investing in Resilience and Inclusion – Briefing 1, In Control, 2015](#)

[Investing in Resilience and Inclusion – Briefing 2, In Control 2015](#)

[6] Self-Directed Support - Children and Families, Briefing 1 - Crosby N and Duffy S, 2009 In Control

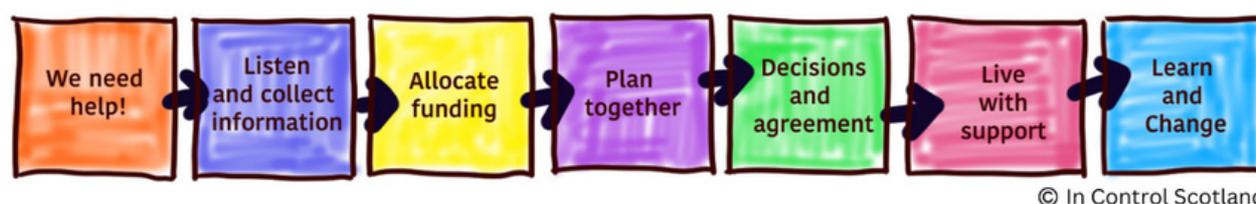
Self-Directed Support: Seven Steps in 2022

First versions of the seven steps were published in the early 2000's as part of work by Simon Duffy and others at In Control England to start setting out how self-directed support could and should work.

The 'Seven Steps' were a core part of all the early work about establishing SDS in Scotland and England and remain central to the explanation of what the process can look like, it may though, be unfamiliar to many now working in social care.

This version of the Seven Steps amends some terms and offers slightly different interpretations based on work alongside children and families and also almost 20 years of experience of those still involved in working for In Control Scotland.

At their heart though these seven steps respect all the early work by many across the UK.



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Figure 9: Seven Steps of SDS in 2022

A set of steps describe how a person and those closest to them can seek the support they need to live independently and be included are set out:

1. We need help! (Referral) ...who can I ask for help, who can put me in touch with someone who can help us?

2. Listen and collect information? (Assessment and eligibility) ..what is your story? Why do you need help? Tells us all about everything!

3. Allocate funding for additional and individual support (Allocate and Agree) ...how do we make simple estimates of available funding that can form an individual budget? Transparent, participative and 'up front'

4. Planning together, making best use of everything that is available to us? (Child Plan)person centred support and life planning, a different conversation

5. Everyone agrees this is the best way forward (Decisions and agreement)good decision making

6. Go live with supportliving life with the support I need in the home that works for me ...living independently and being included in the community (Support provision)ways to provide support, manage funding and make best use of all resources/wealth

7. Learn, change and improve (Review)review as a learning process, what is and what isn't working, what needs to change, what have we learnt?

Self-Directed Support: Seven Steps in More Detail

1. We need help! (Referral) ...who can I ask for help, who can put me in touch with someone who can help us?

Any number of professionals / practitioners who will be in contact with a family with a young child can provide an introduction or support a referral to social care services.

First Stop / multi-agency hubs, child development centres, nurseries, health visitors, portage workers; there will be many points of access to social care for families and/or those supporting a family.

An example is the work titled 'No Wrong Door', that has been implemented in many parts of the world, the Children's Commissioner in Wales explains what it means for children and young people.

READ MORE



[No Wrong Door](#)

Questions and discussion:



What information about Self-Directed Support is available to families and those working alongside them?

Is the information backed up with an offer of discussion or face-to-face meetings and talk?

What level of knowledge do those working alongside children and families have of SDS, can they have a detailed discussion?

Is there a 'peer support' offer of linking families with those with lived experience of SDS?

What local informal networks exist to link families with? Or is the offer very much tied to social care services, social workers and their links to other services such as health or early years education?

2. Listen and collect information? (Assessment and eligibility) ..what is your story? Why do you need help? Tells us all about everything!

In Scotland Self-Directed Support is part of a much wider offer to a whole local population. Self-Directed Support is the approach to the provision of social care support; to establish whether a child, young person, adult or family need social care support information needs to be gathered. Information gathered will help people decide how best to respond to an 'ask for help' from a family, and will begin to inform the development of the 'Child's Plan' as set out in 'Getting it Right For Every Child' (2016)

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[Getting it Right For Every Child](#)

Assessments should be focusing on strengths as well as difficulties, although using different terms much of the assessment will be informing a picture of the individual and family's wealth of connections, assets, skills, knowledge and links to their local community.

Information gathered will inform a decision about how best to respond. Decisions should involve wherever possible the child and family and decisions explained in ways that all parties can understand. If it is deemed that a child and family are eligible for Self-Directed Support, i.e. they need additional and individual support then they, with their social worker, will take the next step of working through how much funding and support they will need.

If not eligible for Self-Directed Support it would be hoped that those seeking support are signposted to local services or groups; this would be an ideal opportunity to make the most of formal and informal peer support, linking the person with others in similar situations, or it may be about seeking discussion with health or education colleagues.

Most important is that those seeking support are not simply 'dropped' but linked into local networks that can have a positive

impact on well-being and in tackling isolation. This is another illustration of how SDS is only one part of what we term ‘The Whole local offer’, signposting people to ‘targeted services’ linking them with local mainstream services or using knowledge of the local community to introduce people are all actions that should follow a decision that someone is not eligible.

Questions and discussion:



What information is available to support a family in understanding the assessment and how information gathered will be used?

Are there peer support networks that families can be introduced to?

How are families involved and informed about decisions about social care and/or other support?

3. Allocate funding for additional and individual support (Allocate and Agree) ...how do we make simple estimates of available funding that can form an individual budget? Transparent, participative and ‘up front’

A key element of Self-Directed Support and one that makes it very different to previous approaches to the provision of social care support is that of an ‘upfront indicative allocation of funding’, or, an ‘indicative individual budget’. Indicative meaning it as an estimate that informs the next step of making a plan of support.

In Control Scotland has published a number of key discussion papers and examples of allocation systems. Models proposed by In Control Scotland share a focus on ‘the amount of support’ to realise a certain number of outcomes in an individual’s life, for children and young people the model uses the structure of SHANARRI.

READ MORE >>

[Upfront: The Benefits of a Resource Allocation System and knowing your budget upfront in a system of Self-Directed Support, Dalrymple, J and Etherington, K, In Control Scotland](#)

[A Model Resource Allocation System for Children, Young People, and Families, Donkin, M and Etherington, K, In Control Scotland](#)

Two key features define good practice in allocating resources;

- **Transparency** – everyone who needs to, understands how decisions are made and the basis for the making of these decisions
- **Participation** – everyone who needs to, is able and supported to take part in the process

Example:

Work in Shetland with a long-term focus on SDS being the default approach across all children's social care identifies a number of actors that shape allocations. This work will extend SDS well beyond the usual focus area of children and young people with disabilities and is still in its infancy. For example, exploring how small amounts of budget can be used flexibly to enable 'care experienced' children and young people to have some elements of control over how they are supported to reach for their hopes and dreams.

Timescale: the length of time support or investment needs to be maintained to achieve the agreed outcomes

Short term (up to 3 months), Medium term (3 – 12 months), and Long term (12 months to life-long)

Level of support: The amount of support likely to be needed to achieve agreed outcomes

No support – Some Support – Lots of Support – Exceptional Support

Where exceptional support relates to those individuals with multi-agency investment and support across health, education and social care and where their support needs are deemed as ‘exceptional’ and needing an individual allocation of funding.

Linking ‘timescale’ with ‘level of support’ provides a base for making allocation transparently and where needed moving to a more detailed information gathering exercise where there is an overlap or ‘long term’ with identified support needs.

Questions and discussion:



How are upfront allocations of funding made in your local area?

Who is party to the discussions and completion of the questionnaire (or tool)?

Is the questionnaire (or tool) publicly available?

How are families involved?

Is there support available to them to help them take part and understand what is happening?

4. Planning together, making best use of everything that is available to us? (Child Plan)person centred support and life planning, a different conversation

Making sure you have the information and knowledge needed to build the plan:

Planning support with all the information 'on the table' in front of you becomes a very different process than that experienced by families and adults in the past. An upfront indicative allocation of funding, with good knowledge of the wider local offer, good understanding of local networks and wealth within the community and for the individual all come together in the making of a creative and highly individual support plan.

The principles of good planning:

The base for good planning is all drawn from person centred planning. Different and better conversations that:

- Build on strength,
- Facilitate flexible, creative and individual solutions, including opportunities to be adventurous and try new things
- Make best use of all the resources available, not only the money but connections, community, family
- Give all participants the chance to share their ideas and feel valued
- Centre on outcomes for the child and family
- Acknowledge the importance of thinking about brothers, sisters, parents and other family members
- Centre on making outcomes real for the person and those who love and care for them.

Example:

Often providing respite means offering overnight or day care, this is about meeting a 'need'. However if the outcome is 'people have a break and a rest' then all sorts of possibilities can be explored. Starting with, what does having a break and a rest mean to the person and those who share their lives with that person? One is prescriptive, whilst an outcome focused approach is permissive and encourages new ways of thinking.

Building outcomes together.

For children and young people (and their families) there is a national set of outcomes:

Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (SHANARRI)

READ MORE



<https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>

A local social care service is responsible for making these outcomes the focus of all activity for the local population of children and young people including those needing additional and individual support through SDS. A Child's Plan will focus on the outcomes within the SHANARRI group that are viewed as essential for that child. What they mean though at an individual level will be informed by the different conversation.

Example:

Healthy will mean very different things to individual children. For some it may mean eating good food, and living in a warm and dry home, whilst for another child it can mean support that complements health services who ensure the child has oxygen and skilled input to enable them to live at home.

Maximising Risk, Minimising Risk:

Risk is a day to day experience for us all. For some people it will be important to make sure they are supported to be adventurous, try new things and sometimes learn from mistakes. For others their support will be centred on minimising risk, this may be as their history means they may be a risk to themselves or others.

Either way, it is important that discussions about risk are part of the plan, and that these discussions, if needed, are honest, open, inclusive and transparent.

Risk is a healthy part of all our lives, as adults we can manage it ourselves, if we are parents then we will be ‘managing’ it for our children and doing everything we can to minimise the chances of accidents and unforeseen things going wrong. Planning together means having an open and honest discussion about risk, or more likely things that can go wrong and that with thought and discussion can be mitigated.

We should start our plan thinking about how support can help a child or young person get out into the world, be adventurous, take part in new activities, have excitement, challenge and new experiences in their lives; at the same time we need to be thinking about what support or other measures can be built in to the plan to minimise things that could prove difficult or distressing.

The plan needs to focus on a healthy life, such a life will include adventure and new experiences, however, for some people the emphasis will be on minimising risk, especially where their history may indicate they can pose a risk to themselves and/or others in some way.

Example:

Support for a young man who is active, likes to run fast and be out and about needs to be provided by similarly active people. This is a very simple way of thinking about ‘mitigating risk’.

Managing the budget.

The final proposed plan will include decisions about how best to manage the money and support. In Scotland there are four options:

1. Direct Payments (by the person and/or family member)
2. Individual Service Funds (by a support provider / independent organisation)
3. An arranged service (by the local authority)
4. A combination of the three options.

Investing resources to do this well:

The planning process should provide time, space and information about the different options and a chance for all parties to decide which may be the best way to manage funding and support.

The plan will clearly explain how the support outlined will deliver, over time, the outcomes agreed by all parties.

Questions and discussion:



What training have those who will be planning with families had? How can quality planning and support to plan be ensured?

How will people see the difference that SDS is making to the support children and families are choosing?

Is there independent peer support available to aid families in the planning process? What alternative sources of information and support may be needed and what is available locally?

What information is available about the four options for budget and support management?

Is there a genuine local choice of all four options? What plans are in place to address gaps in information and provision of all four options?

5. Everyone agrees this is the best way forward (Decision making)

...good decision making

Transparency and participation not only underpin the allocation of resources but the wider decision-making process; from decisions about eligibility and how best to respond to a referral to the agreement of a support plan that utilises a considerable amount of public funding to support a child and those who love and care for them these factors will shape the relationship between person and support funder/provider.

The agreement of an individual support plan, the way this plan has been written, the way that people get together to agree and the way all parties are informed of decisions will evidence whether or not the 'better relationship' that SDS can support is actually in place.

In Control Scotland, with its many members and allies across Scotland representing families, would advocate strongly that these decisions are made with family members participating in the discussion and not being left outside. Family members talk of the feeling that decisions have been made behind closed doors, this cannot continue, if it does then it will not be a better relationship but rather 'same old same old'.

Questions and discussion:



How are decisions made about plans, support, eligibility and allocations?

Are parents involved? If parents attend how are they included and made to feel welcome?

Is the person invited to be part of the meeting? Is there peer support available should a parent want support prior or in attending the meeting?

How many people are involved in making decisions? What happens when there is disagreement?

6. Go live with supportliving life with the support I need in the home that works for me ...living independently and being included in the communityways to provide support, manage funding and make best use of all resources/wealth

Some people and families may choose to manage their funding and support themselves, to take the funding as a direct payment and recruit and employ their own team; sometimes they may pay an agency to do this. Personal Assistance is at the heart of independent living for the disabled people movement and direct payments have made this real for many. For some though they may not wish to take on this responsibility, for some families it is enough in their words to 'get through the day' let alone take on more. It is therefore necessary that a variety of ways (including the four options) are available locally. This will include support provider services, in-house services, charitable/voluntary organisations, information and community services.

Option 1 relates to direct payments, the recruitment and employment of an individual team, the provision of direct payment services that can help manage and provide payroll services. This offer is common across Scotland as it is in many parts of the world. There may need to be variations and there will be differences between this offer in the centre of Glasgow or Aberdeen and rural communities in Caithness or Sutherland. The offer though is well known.

Option 2, where the individual budget can be managed by a support provider on behalf of a child, family or adult is not so well known and is often a missing part of the local offer. Research from In Control Scotland recently published evidences the disparity in provision of option 2 and Individual Service Funds across Scotland and highlights the need for attention at a national level.

READ MORE 

[How Are We Doing With Option 2? Close, L, In Control Scotland](#)

[Individual Service Funds: A guide to making Self-Directed Support work for everyone, Smith, S and Brown, F, In Control Scotland](#)

Option 3, an arranged service, where the local authority identify support is most likely the least person centred of the three options. Most often an arranged service will be delivered by in-house services, for example overnight short stays for a child or young person.

For the person and those whom love and care for them they need information to help make the best decision, they need to know their upfront allocation of funding and they need to be able to talk to others with lived experience.

With a plan agreed and support in place and 'going live' there are a simple set of key agreements that will form part of the plan:

- What contingencies are agreed and what happens to underspend that exceeds any contingencies?
- Who the family contact about any difficulties or changes?
- When the review will be and what information about spend, plan etc will they need to produce?
- What flexibilities are agreed in the plan regarding monthly expenses for example or around other areas of spend?

Questions and discussion:



Are there three clear offers set against Options 1-3 in your area?

What information is available to families?

What peer support offer is in place to provide families with someone with experience to talk to?

What work is underway (if needed) to address gaps in the Options 1-3?

7. Learn, change and improve (Review)review as a learning process, what is and isn't working, what needs to change, what have we learnt?

The child's plan will include dates for review. Depending on the individual child's situation these dates will reflect the need for oversight and support from the social worker. Reviews can be called at any time, if there is a change in need or crisis then a review can be held at short notice.

The review will follow the same approach as the different conversation that underpins making good plans. Simple questions such as 'what is working?' and 'what is not working, or, needs to change?' will set the discussion up. The agreed outcomes can be discussed and whether support is successful in making these real or needs to be changed.

Ideally financial review will be held at the same meeting. In line with earlier points, it will be clear what agreements there are about contingency or 'carry-over' along with accounts, statements and records that need to be provided if the family have chosen Option 1.

Reviews can be celebrations, a chance to learn and share success, and build on the 'better relationship' that started with a referral some time ago.

Questions and discussion:



How are reviews held that celebrate what works and that can change what isn't working? Where is the information available to all about contingencies, carry over funding and any repayments of excess funds?

How often are reviews held?

Is there a process for gathering all the 'lessons learnt' from across all annual reviews? Is there a feedback loop for parents and young people to share experiences, views and thoughts about the support they have received and how it could be better?

Conclusion – A Strong Foundation

Revisiting these components of SDS, setting them out with a strong foundation of values in a graphic generously shared by a colleague, reviewing the seven steps, challenging our languagewhen we have lived alongside these for many years has been reassuring. Although language has changed and parts of it have seen additions and changes to text the core stays the same as it was when first mapped out.

What was never foreseen when we and many others across the UK started to introduce SDS to local areas; to families, social care services, community groups and politicians was the way that it would be implemented that has led to huge variances of experience and satisfaction for people needing additional and individual support from social care.

What initially appeared a simple set of steps in a process of giving over power, choice and control has become something very different and complicated; generally there has been little evidence to show local areas and social care services giving genuine choice and control to people of all ages, especially to children, young people and those who love and care for them.

There continue to be shining lights of practice evidencing that it does work, these shining lights need to be the building blocks of a new relationship.

We, at In Control Scotland, hope that in re-stating the elements of Self-Directed Support, by centering on the better and improved relationship this can foster, advocating strongly for a similar all age service in line with SDS legislation, we make it very clear why SDS has to be at the core of the National Care Service.





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