

SOCIAL CARE SUPPORT

An investment in Scotland's people, society, and economy

SELF-DIRECTED SUPPORT
IMPLEMENTATION PLAN 2019 - 2021



Scottish Government
Riaghaltas na h-Alba
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Joint Ministerial and COSLA Foreword

Self-directed support implementation plan 2019-2021

Social care support is essential for many people in Scotland to be able to fulfil their human rights. That means being able to participate in communities, make choices about work and study, and live as independently as possible for as long as possible. It means having a life beyond caring if you are an unpaid carer.

Both Scottish Government and COSLA are committed to self-directed support: people's right to direct their own social care support, across all age groups and regardless of the reason that support is needed. People must be fully involved in all decisions about their care support, and their expertise should shape the system itself.

At the local level, councils, third and independent sector organisations and hundreds of thousands of professionals continue to work together to realise this vision for self-directed support in effective and innovative ways.

There is, of course, much more to be done.

This requires strong leadership, effective systems and skilled workers, drawing on expertise and experiences from all parts of the system as we seek to transform the way in which social care support is understood.

The broad engagement programme undertaken to develop this implementation plan highlighted much good practice. It also reaffirmed that more needs to be done to successfully embed self-directed support.

We have listened to this feedback and the implementation plan that follows reflects what we have heard. It has been developed in partnership, setting out a range of national actions to build on and transform current practice.

The plan enlarges on previous work to test approaches and explore what is possible. It strengthens the practical steps needed to change systems and promote a culture that increasingly understands and values people's right to direct their own social care support.

This plan comes at a time of wider change. We continue with the integration of health and social care, supporting citizens to receive the support they need at the right time and in the right setting. While many more people are living at home or in their local communities through older age, we are seeing greater complexity and intensity of care needs. Demands for care and support are growing faster than many of our traditional services were designed for. This plan forms one part of the changes required to social care support as part of a twin approach of investment and reform.

As representatives of central and local government in Scotland, we fully accept the need for a broader transformation of social care, with self-directed support at its core. We understand our responsibilities to deliver the necessary changes in partnership with others and remain committed to listening, valuing and acting on people's experiences of social care support.



Jeane Freeman
Cabinet Secretary
for Health and Sport



Cllr Stuart Currie
Spokesperson,
COSLA Health and Social Care Board

Introduction

Self-directed support implementation plan 2019-2021

Self-directed support is Scotland's approach to social care support. It applies across all ages and user groups, including unpaid carers. Exceptions are few and are in relation to crisis or re-ablement support (as these can precede assessment), or the assessed support is prescriptive (such as compulsory treatment or criminal justice orders).

The Social Care (Self-directed Support) (Scotland) Act 2013 was established to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes (including where they receive social care support commissioned or delivered by the public sector); and respects the person's right to participate in society. The legislation and this implementation plan form part of a [10 year strategy](#).

This document sets out a guide for the local planning and delivery of social care support services (see the change map on page 9). It sets out the actions that national public and voluntary sector organisations will take to support authorities to build on their progress towards more flexible and responsive social care support, co-produced with communities and supported people.

It offers both support and challenge to local systems as they remodel the way they understand, plan and deliver social care support (including carer support) within an integrated health and social care landscape.

This plan will be of interest to anyone involved in, delivering or using social care support in Scotland. It is designed to enable professionals within health and social care to change the ways in which they work, enabling greater flexibility, choice and control for people using support.

It builds on [the learning from implementation 2011-2018](#) and the findings of the [2017 Audit Scotland progress report](#). It is informed by the voices of supported people and professionals, including the local authority leads for self-directed support, who responded to a range of engagement opportunities to share their challenges in making self-directed social care and support a reality.

We expect that national partners will work in a collaborative manner with local systems and each other, sharing learning and building on progress in an iterative way. They will also work closely with people who use support, frontline workers and social care support providers. Scottish Government and COSLA will convene advisory groups (which will include people who use social care support) for each of the workstreams of the adult social care reform programme and use these to support this collaborative process.

We expect that local partners will embrace these changes at local level, drawing on the national support available to them and building on their existing implementation of self-directed support and other agendas. Local adoption of the change map framework by authorities will be a key factor in the success of this plan.



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How is social care support changing?

The integration of health and social care is beginning to deliver real benefits for the people of Scotland. [Audit Scotland](#) recently recognised that despite the extremely challenging environment that Integration Authorities are working in, progress is being made. The Ministerial Strategic Group for Health and Community Care's [Health and Social Care integration: progress review](#) sets out the next steps required to increase the pace and effectiveness of integration.

Self-directed support forms a key part of this integrated landscape. Free personal care now extends to people under 65; unpaid carers have rights to support under the Carers (Scotland) Act 2016; there is greater demand for support as people live longer lives with more complex needs; and there are significant workforce and labour market challenges.

East Ayrshire have created a peer mentor model and Thinking Differently Programme Board to lead and oversee transformational change in social care. This approach has encouraged staff to be innovative in the implementation of self-directed support. SDS Finance Officers play a lead role, supporting the completion of finance documentation, calculating detailed costs of support plans and maintaining personal budget records. Carer Peer Mentors with lived experience of caring for a family member are also key members of the Thinking Differently Team.

The peer mentor model provides coaching and support to frontline practitioners. This dynamic leadership approach allows the workers to 'think differently', gives individuals more choice and control and ultimately improves outcomes for supported people and their carers.

Supporting reform of adult social care

Demand for social care support is growing faster than our traditional services were designed for. Despite much good practice and high levels of service satisfaction, there remain areas for improvement in people's experience of care and support.

The Scottish Government and COSLA are developing a national programme to enhance local reform of adult social care support. This plan forms part of that programme.

The programme is being designed using the expertise and experiences of: people who use social care support, their families and unpaid carers; those who work in social work and social care; and those responsible for regulating and leading integrated health and social care systems.

During 2018, the Scottish Government and COSLA worked with a wide range of people to gather views and evidence on the key challenges in adult social care and what needs to change. From that evidence, the People-led Policy Panel and Leadership Alliance have developed a shared vision, blueprint and workstream themes. Further information can be [found here](#).

The full implementation of self-directed support is integral to the programme of adult social care reform, and will be considered across all of its workstreams.



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This national programme will seek to support authorities, the wider sector and communities in planning and taking forward the changes that they identify. It will advise Scottish Ministers if national changes or interventions are required and raise awareness of the role and value (both social and economic) of social care support. The co-production approach employed so far will continue to shape the design, delivery and monitoring of the programme.

Local reforms must lead to a consistent outcome: the realisation of our [vision for health and social care support](#) across Scotland, regardless of location. The way in which each local system achieves that outcome will vary according to local strengths, infrastructure, demographics and preferences.

There are particular issues around choice and control of support within remote and rural settings and for specific user groups that it will be important to understand and reflect as the programme of reform develops.



About this plan

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The change map

The change map at the heart of this implementation plan was initially developed through [co-production and research](#) with people from local authorities, health and social care partnerships (HSCP), providers, carer organisations, national bodies and disabled people's organisations.

Two workshops were held, one with participants in a strategic role and one aimed at those in operational roles (including disabled people's organisations). The workshop discussions considered the existing evidence and data collection and then identified a series of key changes that were required for the effective delivery of self-directed support.

This initial version was then further refined through engagement with over 350 people (including local authority – HSCP staff) October – December 2018 to create the version used here.

The purpose of a change map is to provide a simple description of complex changes that need to happen, in this case the steps required at local level to make self-directed support the mainstream approach to social care support in Scotland.

It includes all stages of a person's social care journey, including first contact; assessment; and advice, assistance and guidance where someone is not found to be eligible for formal support at this time. An easy-read version covering the outcomes relating to People and Workforce is [available](#).

At the roadshow events in 2018, there was substantial debate over whether the People column should go first on the diagram (as it was in the initial version under discussion) to reflect that people are at the heart of this policy and their own social care, or whether that implied that the onus was on them to change, rather than systems and professionals. We have moved People to the third column in order to reflect that the changes people should expect will not occur without substantial system and culture change.

The change map is already informing national work on understanding and improving social care support in Scotland. It provides a foundation for measuring how well self-directed support has been embedded in Scotland. A web version will enable a simple, visual way of organising access to all the many good practice tools and resources developed to date.

Each of the actions agreed with national partners as part of this plan specifically supports one or more of the changes that need to happen at local level.

At a local level, the map is a tool to review progress, shape the next stage of implementation of self-directed support in an area, or influence planning at a strategic level. It has already been found useful in stimulating discussion across a range of partners, particularly where opportunities to work together have been infrequent.



About this plan

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The four sections of this plan follow the structure of the change map:

Involvement

(a process outcome applicable to all others)

The views and experiences of people, workers and social care support providers must inform and underpin these changes

Workforce

Workers enable and empower people to make informed decisions about their social care support

Workers in all aspects of the delivery of social care support exercise the appropriate values, skills, knowledge and confidence

Leaders and systems

Senior decision makers and systems create the culture and conditions for people to have choice and control over their social care support

People

People have choice and control over their social care support

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People's social care support outcomes are met

Leaders & Systems

- **Senior decision makers & systems create the culture & conditions for choice and control over social care support**
- Statutory authorities undertake effective strategic planning for improvement
- Communities & supported people shape the planning, commissioning & monitoring of support, & are enabled to create & sustain the full range of community resources
- Decision making structures enable a creative, flexible & timely approach to the delivery of support
- Procurement & commissioning processes promote a diverse range of flexible, personalised & creative support
- All contractual & monitoring arrangements between local authorities, providers & supported people are flexible, proportionate & outcome-based
- The relationship between public, independent & third sector health & social care organisations is trusting & collaborative

Workforce

- **Workers enable & empower people to make informed decisions about their social care support**
- **Workers across all aspects of social care support exercise the appropriate values, skills knowledge and confidence**
- Workers receive clear & consistent information, training & capacity building in supporting and delivering self-directed approaches
- Workers engage in good conversations which respect what matters to people & the outcomes they value
- Workers take a strengths-based approach to supporting people
- Frontline workers are encouraged and enabled to exercise professional autonomy

People

- **People have choice & control over their social care support**
- People are fully involved in decisions about their support
- People have access to good quality information, advice & practical assistance in understanding creative support options & how they might work
- People have access to good quality advocacy, if they feel it is required
- People know the budget & resources available to them & can direct them creatively & flexibly
- People understand how & why decisions about budgets & support are made

Dots allow for easy referencing

The views & experiences of people, workers & providers must inform & underpin these changes

People includes supported people, unpaid carers and families

Workers includes all professionals whose work impacts on social care: planning, provision, administration, advice, accountability

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Involvement of people, workers and providers in change

The views and experiences of people, workers and social care support providers must inform and underpin these changes

The importance of co-production is a growing emphasis across all Scottish policy at both national and local level. It ensures that systems and procedures are fit for purpose, proportionate, and make sense for people's lives.

All planning for change and measurement of progress across social care must involve the people, workers and organisations affected. This is a process outcome that applies across all other outcomes of the change map.

National developments since 2016

- The new [Health and Social Care Standards: my support, my life](#) are human rights-based and ensure the person is at the heart of all care. They set out what people should expect when using health, social care or social work services in Scotland and reinforce the values and principles of self-directed support across all settings.
- A national programme of work to support local reform of adult social care is being co-developed with supported people and carers. The Scottish Government and COSLA have supported the establishment of a new engagement framework – the People-led Policy Panel - whose objective is to be actively involved in the creation, testing, and early development of policy before ideas/proposals are fully formed. Users of social care support are instrumental in any decisions that are made. They have reaffirmed the importance of flexible support that centres on a person's life.

“ I am really enjoying being a part of the People-led Policy Panel. Being able to use my lived experiences of adult social care and to be able to work alongside the civil servants and policy-makers has been such a life affirming experience. I've realised that I can give something to society and I have a purpose. I am excited to see in the future young people with disabilities using self-directed support to live the lives they choose and not just existing. To know that I may help that change by being a part of the process is empowering! It now leaves me wondering what other ways can I give back.

Julia-Ann Smith ”

- The [Carers \(Scotland\) Act 2016](#) established rights for carers to have an adult carer support plan or young carer statement and access self-support in their own right; to be involved in planning services; and to have their views taken into account in assessing the needs of the person they care for.

What national partners will do 2019-2021 to support involvement in change

- The Care Inspectorate will publish a thematic review of people's experiences of self-directed support (expected summer 2019). It is anticipated that the six areas inspected and the national overview will provide evidence of good practice and a focus on improvement. Any national recommendations from this review will be considered through the programme of reform to adult social care, of which this plan forms part.
- Working in partnership, Self Directed Support Scotland and The ALLIANCE will provide evidence from people who use social care to shape local and national improvements. This activity will build on user survey work carried out in eight HSCP areas in 2018-19.
- A regional leadership and development programme building on the success of [Partners in Policy Making](#) will be developed by In Control Scotland. Open to a mix of disabled adults, families, and professionals, this will develop a shared understanding of self-directed approaches among participants and support change at local level.
- The Care Inspectorate will change inspection methodologies to reflect the Health and Social Care Standards. They will also develop a self-evaluation approach which focuses on people's experiences and outcomes. The voice and experience of supported people, their families and carers will be critical in this work.
- Glasgow Disability Alliance will support the collective voice of disabled people using social care in Glasgow to share learning and lived experience in order to influence local and national partners and leaders.



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Leaders and systems

Senior decision makers and systems create the culture and conditions for choice and control over social care support

- Statutory authorities undertake effective strategic planning for improvement
- Communities and supported people shape the planning, commissioning and monitoring of support, and are enabled to create and sustain the full range of community resources
- Decision making structures enable a creative, flexible and timely approach to the delivery of support
- Procurement and commissioning processes promote a diverse range of flexible, personalised and creative support
- All contractual and monitoring arrangements between local authorities, providers and supported people are flexible, proportionate and outcome-based
- The relationship between public, independent and third sector health and social care organisations is trusting and collaborative

Scotland is integrating health and social care so that people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support as described in the [Health and Social Care Standards: my support, my life](#).

We are also looking to the future. Integration requires services and support to be redesigned and improved, with a strong focus on prevention, quality and sustainability. We will continue to maintain our focus on reforming and improving people's experience of care.

National developments since 2016

- In 2017-2018, 70% of people using social care made choices over their support¹.

¹ <https://www.gov.scot/publications/self-directed-support-scotland-2016-17/>

- The recent [Review of Progress with Integration of Health and Social Care](#) covered many of the areas of the Change Map and should be read alongside this Implementation plan.
- A human rights-based approach is now encouraged across procurement activity, and with specific reference to health and social care, under the [Procurement Reform \(Scotland\) Act 2014](#), and the [Guidance on the Procurement of Care and Support Services 2016 \(Best-Practice\)](#).
- Social Work Scotland expanded on this approach in [Self-directed Support and procurement best practice: Key points and myth busting](#).
- Personal care is now free at the point of use for people under 65. Adults assessed as needing personal care will not pay charges for it, regardless of their income or assets.
- A [model contract for Option 2](#) support (the person directs the support and the budget is held by a third party) has been developed through CCPS. This aims to be as short and accessible as possible while meeting minimum legal requirements, and is available as a template that can be adapted and changed to suit local needs.
- Increasingly, areas are working collaboratively with communities, partners and workers to shape pathways into and around social care within an integrated landscape. Those areas which have formally adopted a [Community Led Support](#) model are beginning to see [significant reductions in waiting lists and times](#). Key factors for success include devolving financial decision making to community teams and frontline practitioners, leading to timely decisions; and staff and communities developing solutions together.

In Falkirk, the local authority is in the process of developing a points based resource allocation system based on outcomes, so that every person assessed as eligible for social care support will receive a clear indicative budget.

What national partners will do 2019-2021 to support leaders and systems

- Social Work Scotland will work with local authorities and senior decision makers to design and test a framework of practice for self-directed support across Scotland. This will identify shared challenges and include approaches to assessment and resource allocation. It will produce greater consistency in experience for people, making it easier for supported people to move from one area of Scotland to another. Local flexibility will ensure authorities can work with their communities to develop systems that suit local strengths and needs, particularly in remote and rural areas.
- Scottish Government will continue to invest a total of £3.52 million per year into local authorities to move their social care support towards a self-directed model. Scottish Government and COSLA will gather evidence against the change map on the impact and learning gained from this investment to inform future work at local and national level.
- Healthcare Improvement Scotland will work in eight HSCP areas to develop a [Community Led Support](#) approach to health and social care based on good conversations and what matters to people.
- Scotland Excel will continue developing a national framework agreement for both purchased and commissioned care and support services. This will increase consistency in the way in which support is commissioned, purchased and delivered across the country, and will strengthen the focus on person-centred and outcomes-focused practice.
- Coalition of Care and Support Providers Scotland (CCPS) will support contracting authorities to improve the way they enable a range and diversity of providers and types of support. Better commissioning and development of the provider 'market' will increase the choice and diversity of provision available for supported people.
- CCPS will promote and develop social care provider led collaboration through the [Building Collaboration Fund](#). Better collaboration leads to more co-ordination of services and a more seamless experience for people who use support.
- Option 2 of self-directed support (the person directs the support and the budget is held by a third party) will be the focus of dedicated activity designed to resolve some of the implementation challenges systems and workers have experienced.
 - CCPS will continue to promote their suite of resources for implementing Option 2.
 - In Control Scotland will facilitate practical demonstration work in six local authority areas to develop and embed Option 2 as a practical choice for supported people, including carers.
- In Control Scotland will work with leaders, managers and practitioners to take forward a programme of activity around self-directed support in children's services to encompass the wider group of 'children in need' as well as disabled children and their families.
- Healthcare Improvement Scotland and the Care Inspectorate will continue to embed the Health and Social Care Standards across the health and social care workforce, with a particular focus on engaging with health regulators to raise awareness and increase the focus on person-centred support.
- COSLA and Scottish Government will work with partners through the Charging Guidance Working Group to revise the existing national guidance on Charges Applying to Non-residential Social Care Services so that it further reflects the move to an outcomes-focused approach and personal budgets for care support.

What national partners will do 2019-2021 to support leaders and systems

- The Scottish Government and the Care Inspectorate, working closely with the Scottish Social Services Council, will review care service definitions as set out in the Public Services Reform (Scotland) Act 2010 to ensure that definitions are less restrictive and better enable the more flexible and holistic approaches that are increasingly being adopted across health and social care.
- In addition to the actions noted above, the recent [Review of Progress with Integration of Health and Social Care](#) and the commitments within it will contribute towards the achievement of the Leaders and Systems outcomes of the change map. The most relevant commitments are reproduced on the following page.



What national partners will do 2019-2021 to support leaders and systems

All commitments from the Ministerial Strategic Group for Health and Community Care's [Review of Progress with Integration of Health and Social Care](#) are interconnected and of relevance to social care. The following are most relevant to this implementation plan. All commitments will be completed in 2019-20.

All leadership development will be focused on shared and collaborative practice.

An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.

Relationships and collaborative working between partners must improve.

Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.

Relationships and partnership working with the third and independent sectors must improve.

Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.

Improved strategic planning and commissioning arrangements must be put in place.

Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.

Effective, coherent and joined up clinical and care governance arrangements must be in place.

Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors. The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, coordinated and utilised fully.

A framework for community based health and social care integrated services will be developed.

The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.

Social Care Support

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Workforce

Workers enable and empower people to make informed decisions about their social care support

Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence

- Workers receive clear and consistent information, training and capacity building in supporting and delivering self-directed approaches
- Workers engage in good conversations which respect what matters to people and the outcomes they value
- Workers take a strengths-based approach to supporting people
- Frontline workers are encouraged and enabled to exercise professional autonomy

People working in health and social care are making successful and creative improvements in the experience of care every day, and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration, or for self-directed approaches to social care support.

There are significant challenges across Scotland with regard to recruitment and retention of staff within social care. Work is being undertaken through the actions in the [National Workforce Plan for Health and Social Care](#) to address these challenges, including a campaign promoting social care support and social care settings more widely as a positive and attractive career choice. The availability and training of sufficient workers in social care support is a critical factor to the success of this implementation plan.

An enormous variety of workers have an impact on the way people experience social care. In addition to social workers, care workers and Personal Assistants, people who need some understanding of self-directed social care include anyone whose work relates to the planning, provision, administration, advice or accountability of social care, such as:

- social care providers
- workers in health or multi-disciplinary settings
- community-based organisations
- finance professionals (designing and delivering individual budget processes and payments)
- audit professionals (ensuring public money is spent against agreed outcomes)
- commissioners (considering what support will be required in the future)
- procurement officers (ensuring best value and adherence to best practice)
- people designing relevant IT systems
- those who work with people who may need social care support such as social security, housing or education staff.

The change map includes all of these within the phrase “workers”.



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National developments since 2016

- There is a continuing shift towards outcomes-focused and relationship-based work within social work settings.
- The Standards in Social Work Education which underpin all social work qualifying programmes have been revised to strengthen their focus on the use of self-directed approaches; positive risk taking; personal outcomes; and participation/co-production. An increased emphasis is placed upon “strengths and assets of people and communities”.
- The Scottish Social Services Council (SSSC) have published an [e-book learning resource](#) for outcomes focused support planning. It articulates knowledge and skills for personal outcomes, good conversations, innovation, and creativity in support planning, both for unpaid carers and those needing social care support.
- The Scottish Government has provided funding to cover the extension of the real Living Wage to adult social care workers since October 2016. This commitment now includes sleepover hours.
- Relevant training tools and resources created since 2010 (including a Better Conversations tool and videos of good conversations) are available at the [Care Inspectorate hub](#).
- The SSSC will shortly launch a website to help people plan and develop their social services careers.

Perth and Kinross Council reviewed their operational process to give staff permission and encouragement to work collaboratively with service users to develop support plans that meet people’s outcomes.

It was agreed to shift power to the front line and staff now have delegated authority to approve individual weekly care packages as follows:

<i>Social Work Assistant & Occupational Therapist Assistant</i>	Up to £100
<i>Social Worker & Occupational Therapist</i>	Up to £200
<i>Deputy Team Leader</i>	Up to £300
<i>Team Leader</i>	Up to £400
<i>Service Manager</i>	Over £400

Staff have responded positively to this, and regular monitoring and scrutiny by local managers has ensured that resources have been utilised appropriately.



What national partners will do 2019-2021 to support the workforce

In addition to the implementation of recommendations within the [National Workforce Plan for Health and Social Care](#) (publication of a fully integrated plan is expected summer 2019):

- Healthcare Improvement Scotland will work in three HSCP areas to develop their skills, knowledge and confidence to develop commissioning practice and relationships which enable more flexible and person-centred models of support.
- The Scottish Government will take action through the National Dementia Strategy and the two national dementia workforce frameworks to ensure that workers supporting those diagnosed with dementia are aware of self-directed support and have access to the right training on it.
- Social Work Scotland will review the training and support that the workforce have access to around self-directed approaches in social care. This may include updating existing resources such as the Open University [course](#) and the Chartered Institute of Public Finance and Accountancy's [guidance](#).
- The SSSC will build knowledge and confidence in personal outcome and risk-enabling approaches across the social services workforce.
- The Scottish Government will explore methods for reflecting Personal Assistants within national workforce planning and data to ensure a full understanding of our workforce resources, skills and career pathways.
- The Personal Assistant Network will support Personal Assistants, enabling people in this unique workforce role to network, share information, access appropriate training and strengthen their collective voice.

- The Scottish Government will work with partners to clarify guidance and build a shared understanding of the legal powers required to manage a social care budget on behalf of an adult who lacks capacity to take some or all decisions for themselves.
- The ALLIANCE will work with Minority Ethnic Carers of People Project to deliver self-directed support masterclasses on relevant topics (such as transitioning from children's to adult services), supporting audiences to engage with experts to consider their practice.

The SDS Champions in Aberdeenshire Council are HSCP staff who volunteer their time to be a point of contact for other practitioners.

The champions' role includes staff induction using Aberdeenshire Learning and Development Online to support new workers to understand the process. There is an online platform where practitioners can post questions and the Champions respond.

Monthly meetings enable them to keep up to date with new developments, share good practice and identify issues. There are regular updates from finance, carer's support and [independent support provider] Cornerstone SDS.

“ I find the champions meetings and the forum really useful. Even if you haven't posted a question on the forum you can learn from others' queries.

Isabel Addison
Enablement and Support Co-ordinator



Social Care Support

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People

People have choice and control over their social care support

- People are fully involved in decisions about their support
- People have access to good quality information, advice and practical assistance in understanding creative support options and how they might work
- People have access to good quality advocacy, if they feel it is required
- People know the budget and resources available to them and can direct them creatively and flexibly
- People understand how and why decisions about budgets and support are made

In each case, use of the word “people” is intended to encompass people who use social care support, unpaid carers (both in collaboration with the person they are caring for, and in their own right if they are eligible for support under the Carers Act) and family members.

“ I don't think any of us realised how many different options were available beyond the normal support methods. ”

East Renfrewshire carer, after taking part in anticipatory care planning. This test of change reported the benefits of providing small amounts of money for carers of adults with a mental health condition to spend on things to make their caring life easier.

National developments since 2016

- A [Review of Independent Support](#) based on projects funded by Support in the Right Direction 2015-2018 found that supported people were very positive about the quality of independent support. They felt that this support was critical in obtaining good outcomes and projects enabled people to develop creative and flexible solutions for their care support.
- Two small scale pilots completed in 2017 explored the potential of Option 1 (direct payments) in care home settings, something currently prohibited under *The Self-directed Support (Direct Payments) (Scotland) Regulations 2014*. The findings demonstrate that engaging in a collaborative, person-centred process improved outcomes for participants. For some people, use of a direct payment was critical for this. For others, good conversations and involvement in outcomes-focused planning was effective in itself.
- The Audit Scotland [progress report on self-directed support](#) (2017) and responses to the joint Scottish Government COSLA discussion paper on adult social care reform both reinforced that supported people continue to seek greater choice and control over their support. They endorse the direction of travel and recognise the need for change across social care.
- The Carers (Scotland) Act 2016 has strengthened support for unpaid carers, putting in place a system of carers' rights designed to listen to carers; improve consistency of support; and prevent problems – helping sustain caring relationships and protect carers' health and wellbeing. The accompanying statutory guidance emphasises that self-directed support options apply to carer support as they do for all social care support.

What national partners will do 2019-2021 to support people's choice and control

- Scottish Government will continue to fund independent support and advice for people navigating social care through Support in the Right Direction funding. Thirty voluntary sector organisations covering 31 authority areas will receive a total of £2.9million per year until March 2021 to offer face-to-face advice, advocacy and other forms of support, including for people not currently eligible for formal support.
- Self Directed Support Scotland will continue to build the capacity of independent support organisations and:
 - develop and test Quality Standards that focus on improving practice and building confidence in independent information and support;
 - refresh the [Personal Assistant Employer Handbook](#) to ensure people have good quality information on directly employing support staff; and
 - maintain a [searchable database](#) of independent support organisations so that people can access the right information and support at the right time.
- The Scottish Personal Assistant Employer Network (SPAEN) will continue to offer national support and advice about employing Personal Assistants. This will include support around employment advice, insurance, payroll services and managed bank accounts. This will equip people with the information and tools they need to be able to undertake their responsibilities as good employers and manage their direct payments effectively.
- Glasgow Disability Alliance will build on the success of the 'Future Visions' model of coaching, capacity building and peer support to enable disabled people and their families to set their own outcomes, secure the support needed to achieve them, and to build resilience and social capital.
- Self-directed support will be fully embedded in the Scottish Government's approach to older people. Through [A Fairer Scotland for Older People: framework for action and Age, Home and Community – The Next Phase](#), the Scottish Government will raise awareness of self-directed social care amongst older people. This will help tackle barriers people may face to independent living.
- Scottish Government and COSLA are progressing a substantial review into the future role and support of care homes, in view of a growing care home population with increasingly complex needs and ongoing challenges around stability and sustainability. Delivered as part of adult social care reform, this will also include an emphasis on person-centred and outcomes-focused planning.



Social Care Support

Self-directed support implementation plan 2019-2021

Understanding our progress

The impact and learning of each project in this plan will be identified, aggregated and reported on to ensure that the desired progress is being made and to inform other workstreams within the reform programme.

Project and programme goals have been identified for each strand of activity. Progress will be tracked through the reform of adult social care programme management and governance structures, and self-directed support will be considered across all of its workstreams.

We aim to collect data which demonstrates the impact of the reform programme as it develops. In the short term this will focus on structural and organisational changes and system adaptation, including investment patterns. In the longer term, focus will shift towards impacts on outcomes for local and national populations and infrastructure.

This work will be informed by [research](#) commissioned by Scottish Government in 2017 to:

- review existing evidence on self-directed support and similar policies, internationally, highlight significant gaps in Scottish evidence, and propose effective ways we could fill these in the future;
- assess of the feasibility of establishing the resource implications of self-directed support; and
- document a number of case studies of standard examples of self-directed support in practice, from the point of view of service users and their families and of service providers.

Both this review and the evidence from the joint Scottish Government – COSLA discussion paper on adult social care reform highlight that more requires to be done to ensure that nationally collected data captures the outcomes and measures that matter to people and enable system improvement.

Under the reform programme, we will move towards a data and evidence framework that recognises the purpose of social care support. This will be underpinned by process and systems measures that track progress towards the shared vision for adult social care. This will be linked to the health and wellbeing outcomes.

Ongoing development of policy and practice and the data and evidence framework will draw on a wide range of evidence, including:

- Social Care Survey
- Health and Social Care Experience survey
- Support in the Right Direction six-monthly programme reports
- SDSS and ALLIANCE surveys of supported people's experience
- Audit Scotland scrutiny
- Care Inspectorate and HIS Service Inspection Reports
- Care Inspectorate and HIS Strategic Inspection Reports
- Evaluation of specific projects and programmes
- Health and Social Care Partnership Strategic Commissioning Plans
- Health and Social Care Partnership Performance Reports
- Ongoing learning from activity contained in this implementation plan





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Any enquiries regarding this publication should be sent to us at
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