

Consultation Questionnaire

Draft Statutory Guidance on Care and Support

Consultation Questions

Section 2 : Values and Principles

**Question 1a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Question 1b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 1c: Do you have any further comments on this section of the guidance?

Some advice to help you to answer this question – Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

The notion of the supported person's pathway is positive and ensures the focus remains on the supported person.

Step 2 should make reference to re-ablement and intermediate care to address urgent need or times of crisis.

Step 3 of the person's pathway – should include mention of risk assessment.

Step 4 of the person's pathway – bullet point that mentions resources that will help deliver the person's support plan should specifically mention inclusion of personal and community assets, including strengths and actions which can be utilised to achieve outcomes.

Step 7 – only describes the process of review. It should also indicate the ongoing monitoring of the plan, both financial and in terms of how the plan is achieving the outcomes. This should be re-emphasised in the roles and responsibilities.

It is felt that section 2 should acknowledge the wider legislative context e.g. Adults with Incapacity (S) Act 2000 and Mental Health (Care and Treatment)(S) Act 2003.

It would be useful to include a description of independent advocacy services in

Table 2 – Roles and Responsibilities. There is a statement that The Professional may give voice to a supported person’s wishes but this does not represent the independent advocacy role. The role of the professional suggests that the professional is only involved at assessment stage and does not highlight their role in relation to the other parts of the pathway.

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Consultation Questions

Section 3: Values and Principles

**Question 2a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Question 2b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2c: Do you have any further comments on this section of the guidance?

Some advice to help you to answer this question – Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

Clearly articulates statements of values and principles and the relationship between the two.

Greater clarity is required on the difference between collaboration and involvement as the definitions in the guidance are very similar.

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Consultation Questions

Section 4: Eligibility and Assessment

Question 3a: Was this section of the guidance clear and easy to understand? (please tick)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 3b: How useful did you find this section of the guidance? (please tick)

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 3c: Do you have any further comments on this section of the guidance?

Some advice to help you to answer this question – Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

It was felt that this section did not clearly establish the relationship between needs, outcomes and risks and used these terms interchangeably. Suggest a diagram to aid understanding of this relationship.

Paragraph 23 – Not clear what is meant by 'hidden needs'.

Paragraph 30 should cross reference intermediate care/re-ablement.

Paragraph 31 may read as though practitioners have permission to offer funding or resource to achieve outcomes which are beyond their eligible needs – this requires clarity.

See above for comment about the difference between collaboration and involvement.

Table 5 – bullet point 4 ‘views the supported person as a supported person in their own right with skills abilities and a role to play’, etc. Should this read ‘views the supported person as a citizen/individual in their own right’? Or something similar?

Section on self assessment should be linked more closely to collaboration/involvement and emphasis should be about self assessment contributing to full assessment, not as a starting point. Using terminology like ‘undertakes an assessment of their own needs’ suggests that this is a formal process with a recognised mechanism for doing it. This section should clarify that self assessment is about the individual formulating their own views and opinions about their needs, strengths, weaknesses, resources, etc which will all contribute to full assessment in collaboration with the practitioner.

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Consultation Questions

Section 5 : Support Planning

This section of the guidance covered:

- general guidance on support planning
- risk
- resources
- the choices that must be made available to the supported person and
- information and support

**Question 4a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Question 4b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 4c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

The guidance describes and encapsulates what would generally be regarded as good practice in provision of information and support by the professional.

It might be useful to include reference to the SSSC Codes of Practice.

Para 49: It would be useful to have further guidance from the Government on the different approaches to "resource allocation", and in particular a summary of the advantages and pitfalls of each. The three suggestions in the guidance are an equivalence model, a Resource Allocation System and a case-by-case approach. There have been cases in England where the RAS approach has been criticised for failing to provide a realistic indicative sum. If this model is one of the options for authorities, we should enquire whether there will be further guidance on how it should operate in practice?

The discussion of Option 2 appears to describe a process that is more complicated than it needs to be. Given that through an ISF the supported person can direct proportions of their budget to other providers would it not make more sense to see the ISF provider as a singular body. Doing so should not have any adverse impact on the supported person's ability to exercise choice, control, flexibility and so on. The concept of the supported person nominating an independent body (i.e. not the LA) is important, but as it stands the guidance seems to muddy rather than clarify the exercising of that option.

As previously noted the relationship between needs and outcomes or the distinction between these is not clear particularly in paragraphs 64-66.

It is felt that further guidance and clarification is required on the differences between a 3rd party direct payment and an Individual Service Fund.

There is nothing in the guidance to address the potential procurement and

employment law implications of local authorities administering a budget and appointing employees/providers on an individual's behalf. Information regarding this should be provided, or at the very least, the issue flagged up in the Guidance with advice on the approach authorities facing this problem should take.

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Consultation Questions

Section 6 : Monitoring and Review

**Question 5a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Question 5b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 5c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

Clarity is required in relation to the distinction between reviewing and monitoring, although often packaged together these are two different processes with different mechanisms.

This section should provide guidance on frequency of reviews (i.e. that it should be determined and agreed by the level of risk , complexity of situation, etc)

This section should emphasise that where other formal reviews are required for a service user (CPA, CTO, AWI, ASP, etc) efforts should be made to integrate the process to reduce volume of reviews and ensure effective transfer of information.

Emphasis should be placed on the inclusion of other involved parties (family, carers, health providers, etc) in the monitoring and reviewing process.

Further guidance is required on how to build flexibility into the support plan and also more in depth information is required about financial monitoring requirements.

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Consultation Questions

Section 7 : Facilitating genuine choice for individuals

**Question 6a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Question 6b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 6c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

The guidance could be enhanced by discussion of the shift towards commissioning for outcomes and examples of best practice in that respect. Despite the initial statement that section 7 deals with the challenge of providing genuine choice, the actual 'challenges' are not discussed or addressed to any real extent.

The guidance suggests that local authorities should promote a variety of providers and should play the role of a facilitator of choice for individuals. What is not clear (and this links to para 59 as well) is whether it is permissible under option 3 in the 2013 Act (where the local authority arranges support for the supported person) for the authority to continue to procure services only from an agreed list of providers. The guidance in section 7 on commissioning of services suggests that that might be appropriate, and from discussions, this seems to be the approach of other local authorities. If this could be clarified, that would be helpful.

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Consultation Questions

Section 8 : The role of the NHS professional

**Question 7a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Question 7b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 7c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

that are more appropriate for statutory guidance rather than Regulations?

Comments

This section of the guidance appeared to simplify what are very complex issues and did not address key tensions. Whilst clear and easy to understand the guidance leaves more questions than answers and appears somewhat removed from frontline practice.

Guidance on how to complete a support plan whilst identifying health care components would be helpful, if it is intended to monitor that part of the plan, as the guidance suggests.

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Consultation Questions

Section 9.1 : Children and Families

Question 8a: Was this section of the guidance clear and easy to understand? (please tick)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 8b: How useful did you find this section of the guidance? (please tick)

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 8c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

If we are not identifying any child/young person who is "automatically" ineligible to receive a service, with regard to "Professional discretion to limit choices available to individuals" (Para 62), is it appropriate for the professional judgements as described above to be taken within the context of Para 66 which relates to the exercise of a "duty of care" to refuse to fund a particular type of support where it is clear that the support choices in question will fail to meet the supported person's needs, or does the Guidance need to be more specific in regard to children/young

people? It should perhaps identify the professional's obligation to exercise their duty of care and exercise professional judgement in relation to children deemed to be at a risk of harm (child's needs taking precedence over parental rights and responsibilities), and in doing so, to determine whether or not it is appropriate (taking into account the individual circumstances of each case) to offer the options available through self directed support?

Given the primacy of Education in the lives of children and young people, and the fact that an education professional will act as Named Person, it is surprising that Education were not addressed in the guidance in the same way that NHS professionals have been (e.g. discussion about joint funding). Should this section also mention parental responsibilities in relation to young people in full time education? The brief discussion of incapacity in the Children and Families section should be linked better/ referred to other parts of the guidance which address this issue e.g. 9.2 – otherwise the discussion in 9.1 is so limited as to be unhelpful.

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Consultation Questions

Section 9.2 : Supported decision-making and circles of support

**Question 9a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Question 9b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 9c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

The role of independent advocacy should be included with this section. There seems to be an artificial separation between use of circles of support and appointment of people through AWI routes – there might be both in place for supported individuals. The guidance places a very strong emphasis on agreement of the supported person to a circle of support. We would not wish to minimise the importance of this but in practice circles of support have been used where people may not be able to give that agreement. Potentially this creates a tension between following the guidance and working with practice on the ground. This section places a stronger emphasis on pursuing formal routes through AWI which does not fit other interpretations e.g. use of Section 13ZA or the principles of the AWI (S) 2000 Act, particularly in relation to considering the least restrictive options. There is concern about the lack of clarity here and local authorities require statutory guidance to clearly outline the interface between the 2013 Act and the 2000 Act.

Paragraph 113 should be amended to highlight that a formal assessment of capacity and application for formal proxies may require assessment by a medical practitioner; it implies that this is a straight forward part of the social work process.

Concern around lack of clarity in relation to what could be considered 'reasonable steps' in paragraph 107.

Where there is 'informal' support with decision making it is good practice to have some sort of working agreement which outlines roles, responsibilities and limits to this arrangement. The guidance does not appear to be detailed enough in relation to this.

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Consultation Questions

Section 9.3: Carers

**Question 10a: Was this section of the guidance clear and easy to understand?
(please tick)**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Question 10b: How useful did you find this section of the guidance?
(please tick)**

Very useful	Quite Useful	Not very useful	Not at all useful
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 10c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

The Act identifies that there are duties to both consider the assessment conclusions and to consider whether the carer would benefit from some form of support; however, the type of support provided is a power which LAs can exercise. In this respect there is likely to be significant variation in what forms of support LAs across Scotland deem appropriate to provide. In this context guidance on “funded services or support” could be enhanced so that there is potentially more equity with regard to discharging the spirit of the guidance (it is acknowledged that this is fleshed out a little further in Table 9). A version of the ‘coming alive’ discussion of the options might be useful to include in Section 5 as well as here. Whilst there would be agreement with the last sentence - “Carers need not, therefore, undertake a formal assessment in order to receive some kind of support from the authority” – the guidance should make more explicit what forms the support outwith assessment should reasonably take.

Should there be some reference to young carers and risks to carers?

Draft Statutory Guidance on Care and Support

Consultation Questions

Section 9.4: Direct payments

Question 11a: Was this section of the guidance clear and easy to understand? (please tick)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 11b: How useful did you find this section of the guidance? (please tick)

Very useful	Quite Useful	Not very useful	Not at all useful
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 11c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

Lack of clarity around third party direct payments and how these differ from Individual Service Funds; is a third party direct payment therefore Option 2?

Paragraph 125 does not appear to make sense, in particular the use of 'supported person' as underlined: 'the supported person can ask for their direct payment to be paid to a third party – a supported person or an organisation – and administered on the supported person's behalf.'

Paragraph 127 – use of holiday and respite implies specific types of service when the other bullet points remain fairly open and flexible. The feeling is that this should use terminology such as 'creative break' or equivalent.

It would be helpful if financial monitoring guidance is provided for all options as surely the LA will have to monitor all expenditure - not just Direct Payments. This section refers to the CIPFA Guidance which was last updated in 2007 – we would question if this reflects the light touch financial monitoring required in terms of SDS. This guidance was used as the basis for current direct payments.

Paragraph 130 does not clarify which responsibilities sit with the practitioner and which sit with the DP recipient.

We think we'd need to be careful in our definition of 'penalised' here. It's already noted that a DP is not a benefit or a gift - it's there for provision of agreed services to meet defined needs. It would not be penalising them to withdraw the DP if equivalent services continued to be provided, but it may impact on their ability to

make a choice. That shouldn't necessarily be seen as a penalty if it's in their best interests.

Draft Statutory Guidance on Care and Support

Section 9.5: Wider legal duties and strategic responsibilities

Question 12a: Was this section of the guidance clear and easy to understand? (please tick)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 12b: How useful did you find this section of the guidance? (please

Very useful	Quite Useful	Not very useful	Not at all useful
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 12c: Do you have any further comments on this section of the guidance?

Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?

Comments

Re-ablement, urgent and intermediate care services should be excluded from options 1 and 2; there are concerns about delays in care provision and poor decision making. These services should be seen as an interim measure allowing for recovery/rehab or full assessment, followed by the choice of all 4 options if still eligible for support.

We acknowledge there are a number of complexities around extending direct payments into care homes, however we cannot make sense of how residential care can be exempt from SDS, when residential care is a service which, in an outcome focussed system, would not be considered until near the end of the process. We feel it is misleading to state that residential care is excluded or exempt from SDS, when in fact it is the individual requiring residential care that is excluded from the 4 SDS options. Stating that residential care is excluded or exempt forces us back into a position of identifying a service or resource at an early stage – a service led approach. Fundamentally we feel that people should be able to purchase residential care with their individual budget but cannot see how this could be possible while we have the current National Care Home Contract and existing charging policies. We also would have concerns that Care homes may consider the individual to be self funding and charge them more, putting pressure on local authority budgets.

Guidance on how to produce a creative support plan that includes an element of

personal and or nursing care that is exempt from charge should be developed. An alternative may be for the Scottish Government to provide guidance on a % allocation or flat rate amount of an individual budget that may be in respect of FPNC similar to the flat rate set for self funders in care homes.

We also feel that greater clarity and guidance is required in relation to how other shared living services are dealt with – such as supported accommodation, very sheltered housing. These services bring complexities and risks associated with economies of scales and housing support.

Draft Statutory Guidance on Care and Support

Consultation Questions – General Questions

The Guidance document as a whole

Question 13: Do you have any further general comments on the guidance?

For example, are there any gaps in terms of the topics covered by the guidance? Are there any major changes that you would recommend? Do you have any comments on the style and layout of the guidance, or the language used in the guidance?

Comments

Reference to all care groups which community care services are obligated to provide services to should be included and made explicit throughout the document. This currently reads as a Scottish Government initiative which is predominantly aimed at disabled and older people; this is not in the spirit of Self-directed Support. The statement of intent (para 5) should be reconsidered as it suggests this is aimed at disabled people.

Perhaps there should be a statement about responsibilities on the LA to consider best value when considering support plans and recognising the pressures on LA budgets.

Positive risk taking is mentioned throughout the guidance but there is a lack of clarity around what this means.

The costs and benefits arising from this guidance

Question 14: Do you have any comments on the financial costs or benefits of the requirements set out in the guidance?

Can you identify any financial costs or benefits to individuals, local authorities, health boards, providers or any other person or organisation affected by the guidance. In considering the costs and benefits you may wish to consult the Business Regulatory Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act available at the following hyperlink:

<http://www.scotland.gov.uk/Publications/2012/03/5525>

We plan to update the BRIA in light of the comments and information from this consultation.

Comments

If there were to be a blanket policy around allowing employment of family members we would expect to see significant pressure on local authority budgets. We feel the guidance should be clearer around this issue and what might be considered exceptional circumstances.

Costs associated with transformation, dual running costs as traditional services destabilise.

The equality and human rights impacts of the guidance

Question 15 (a): Do you have any views on the impact of the guidance on any or all of the following equality categories:

- i) age;**
- ii) disability**
- iii) gender;**
- iv) lesbian, gay, bisexual and transgender;**
- v) race, and;**
- vi) religion and belief**

Some advice to help you to answer this question - By “equality impacts” we mean whether or not the guidance will affect certain groups in a positive or a negative way. In considering the impacts you may wish to consult the Equality Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act available at the following hyperlink:

<http://www.scotland.gov.uk/Publications/2012/03/9876>

We plan to update the Equality Impact Assessment in light of the comments and information from this consultation.

Comments

The guidance will have, broadly speaking, a positive impact on protected groups.

There may be a negative impact, financially and in terms of true choice, on older people. Until further clarity is provided on exemptions from SDS and charging policy the extent of this is unknown.

Question 15 (b): Do you have any views on the impact of the guidance on human rights?

For more information about human rights please see the Scottish Human Rights Commission’s website at:

<http://www.scottishhumanrights.com/abouthumanrights/whatarehumanrights>

Comments

The guidance will promote various aspects of the UNHCR.

Consultation Questionnaire

Draft Regulations

Consultation Questions

Question 1: What are your views on Part 2 of the draft Regulations (calculation, payment and termination of direct payments)?

Comments

Reg 3(1): allows for means testing in relation to direct payments. Local authorities can assess a direct payment user's "ability to contribute to the cost of securing the support". The wording of this provision is too vague, and there is no guidance to support it. What does "ability to contribute" mean? Is there scope to consider the means of people other than the direct payment user in "ability"? To what extent does this provision overlap with the existing power given to local authorities under the 1968 Act, to charge service users as long as it is "reasonably practicable" for them to pay? "Ability" seems wider than "reasonable practicability", but it is not clear if that was intended.

We welcome the move towards contributions as opposed to charging. We also welcome the ability to pay net of contributions but unsure of the ability for the supported person to elect to receive the payments gross. We feel this would be open to abuse and gives no incentive for the supported person to make the contribution. Further detail is needed on what happens if a service user receives a gross payment. For example, when do they need to pay back their contribution? What happens if they don't?

Payments by instalments – feeling that this should clarify both options (lumps sums and instalments) or a mix of options (some lump sum with the rest paid in instalments)

Clarity required on the difference between third party direct payment and ISF.

Reg 7(1)(b): enables a local authority to terminate a direct payment where it has been used (wholly or partly) for some purpose other than to secure the provision of the support to which it relates. The statutory guidance makes it clear that support plans will be outcome based, therefore it appears that service users have quite a high degree of freedom in choosing how to spend their direct payments. But how broadly/narrowly should this provision be interpreted? E.g. could a service user use a direct payment for a holiday to Disneyland, where one of their outcomes was exposure to greater opportunities away from home? The guidance suggests that the supported person can use the resource in whichever way they wish, provided that it will secure the provision of support agreed with the council and provided that it meets the outcomes contained in the support plan (para 55). At para 124 of the guidance, direct payments are described as being "flexible", while also relating in some way to the outcomes set in the support plan. However, local authorities do retain some discretion to refuse to fund particular types of support, albeit that it is recommended that they take care in doing so (paras 64-66). It may be useful to

have some case study examples of when expenditure was deemed to fall out with a support plan. Particularly given that the repayment provision is triggered where even part of the direct payment has been used inappropriately.

Question 2: What are your views on Part 3 of the draft Regulations (appropriate/inappropriate circumstances for the employment of close relatives)?

Comments

Clarity required around the terminology in g, h, and i. Particularly definition of palliative care.

Local authorities need to have some discretion around the exemptions of family members, specifically Welfare Guardians, powers of attorney, etc. It is suspected that in many cases the only person who could provide care to an individual may well also be the only person able to take on the role of proxy.

We felt this part of the regulations were unbalanced, with section 9 seemingly vague and open to interpretation, and section 10 being overly prescriptive.

It is not clear whether the Government has considered the impact of this on section 12A(3) of the 1968 Act, which removes from the scope of the duty to carry out a carer's assessment carers who are working under a contract of employment. Would there need to be a specific carve-out?

Question 3: What are your views on Regulation 11 which deems individuals who are placed under a variety of criminal justice orders to be ineligible to receive direct payments?

For example, is it appropriate to impose the exclusions listed in Regulation 11? Are there any persons not listed in regulation 11 to whom it would be inappropriate to offer the option of a direct payment?

Comments

Ineligibility for direct payments no longer applies to people subject to Compulsion Orders or Compulsory Treatment Orders, or people incapable of management of a direct payment with/without assistance. This may cause problems in practice if a service user who is unable to manage direct payments and who lacks capacity is entitled to this SDS option.

Question 4: What are your views on restricting access to direct payments for those who are homeless, those who are fleeing domestic abuse or those who require support in relation to drug or alcohol addiction?

Comments

Services for which direct payments are not available – the feeling is that there should be some discretion here and that decision making should be based on risk

assessment of individual situations. Particularly in relation to individuals fleeing domestic abuse, whereby the provision of a direct payment may be helpful and there is low risk and support in relation to drug or alcohol dependency.

There may be exceptional circumstances where someone would require residential care in excess of 4 weeks that is not long term residential care (e.g. informal carer becomes temporarily incapacitated).

Question 5: What are your views on restricting access to direct payments in relation to the provision of long-term residential care?

This question was raised during the initial consultations on a draft SDS Bill. The Scottish Government would like to invite detailed views before making a final decision prior to the laying of the Regulations before the Scottish Parliament. Should the restriction be removed from the final regulations, thereby allowing direct payments for residential care? Or should it be retained? Please provide reasons as to your support or opposition to requiring authorities to provide direct payments for residential care.

Comments

To enable true choice and control it appears incongruent to exclude a specific service 'type'; this creates inequity for a particular group of people requiring support. However, it is acknowledged that attempts to include it would present significant challenges in practice, some of which relate to national care home contracts and free personal care.

Question 6: The draft Regulations do not specify circumstances where the direct payment option should be unavailable for care and support to children/families. *Should* there be specific restrictions on choice of support in relation to children/families support (i.e. support provided under Section 22 of the Children (Scotland) Act 1995) and should these restrictions apply to the direct payment only, or to other options as well?

Comments

It may be unhelpful to identify a description or set of circumstances of a child/young person that should indicate ineligibility to receive a direct payment or to identify services for children, young people and their families for which direct payments should not be available. However there are clearly circumstances in which it would not be appropriate to enable the parents/carers of a child to direct services whether through a direct payment or an individual service fund.

Typically in such situations, a child/young person (with/without disability) may have been placed on the Child Protection Register and/or may become subject to Compulsory Measures of care under Sec 70. C (Sco) Act 1995 and it is likely that a parent/carer's failure to discharge their parental responsibility in respect of their child, whether through omission or commission has been a relevant factor in the assessment of need/risk of harm.

In such circumstances as described above, it would appear more appropriate to enable professional judgement in determining the extent to which the different options for self directed support are made available. Any such judgement would need to be taken to promote and safeguard the child's interests which are of paramount importance and would be required to take account of the appropriateness or otherwise of enabling a parent/carer to exercise "control" in regard to the commissioning and directing of services. In this context, where there is demonstrable evidence that parent/carers have failed to protect their child's best

interests, the provision of services as per Option 3 is likely to be necessary.

Although reference is made to the provision of services under Sec 22 C(Sco) Act 1995, there are frequently situations where early in the assessment process a child may not (yet) be subject to compulsory measures but where there are concerns relating to a risk of harm, therefore it would not be viable to identify that only children subject to Compulsory Measures of care should be excluded for the options available through self directed support.

Question 7: Do you have any further comments on the draft Regulations?

For example, are there any gaps in terms of the topics covered by the Regulations? Are there any major changes that you would recommend? Are there any topics that are more appropriate for statutory guidance rather than Regulations?

Comments

Draft Regulations

Consultation Questions – General Questions

The costs and benefits arising from these regulations

Question 8 : Do you have any comments on the financial costs or benefits of the Regulations?

Can you identify any financial costs or benefits to individuals, local authorities, health boards, providers or any other person or organisation affected by the Regulations. In considering the costs and benefits you may wish to consult the Business Regulatory Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act available at the following hyperlink:

<http://www.scotland.gov.uk/Publications/2012/03/5525>

We plan to update the BRIA in light of the comments and information from this consultation.

Comments

The equality and human rights impacts of the regulations

Question 9 (a): Do you have any views on the impact of the Regulations on any or all of the following equality categories:

- i) age;**
- ii) disability**
- iii) gender;**
- iv) lesbian, gay, bisexual and transgender;**
- v) race, and;**
- vi) religion and belief**

By “equality impacts” we mean whether or not, and in what ways, the Regulations will affect certain groups, and whether they will impact on those groups in a positive or a negative way. In considering the impacts you may wish to consult the Equality Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act 2013, available at the following hyperlink:

<http://www.scotland.gov.uk/Publications/2012/03/9876>

We plan to update the Equality Impact Assessment in light of this consultation.

Comments

Question 9 (b): Do you have any views on the impact of the Regulations on human rights?

For more information about human rights please see the Scottish Human Rights Commission’s website at:

<http://www.scottishhumanrights.com/abouthumanrights/whatarehumanrights>

Comments



In Control (Self-directed Support) Pilot
Evaluation

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Introduction

Since the inception of Direct Payments in 1997 the Scottish Government has promoted and encouraged the development of Self-directed Support. This is further supported by their 10 year Self-directed Support strategy and the introduction of the Social Care (Self-directed Support) Scotland Bill to Parliament. In preparation for the implementation of this legislation, Aberdeenshire Council has been running a Self-directed support pilot. This report is the presentation of the findings from this pilot.

Terminology

For the purposes of this document the following terminology is used:

Direct Payment. Payments made to an individual following a community care assessment in lieu of services.

Eligibility Criteria. Eligibility criteria provide the framework used to determine who is eligible for social care services from the local authority.

Indicative/Individual Budget. An indicative budget gives a rough idea of the level of funding that will be allocated to an individual, in their personal budget, to meet their eligible needs.

Individual Service Fund (ISF). An Individual Service Fund is a sum of money managed by a service provider on behalf of an individual. The money is restricted for use on providing care and support services for that individual which meet the criteria set out in their support plan.

Outcomes. An outcome is the impact of a service or resource on an individual's life. The service or resource is not the outcome but the means of achieving the outcome.

Resource Allocation System (RAS). The Resource Allocation System calculates how much money an individual is likely to need from adult social care for their social care and support needs.

Support Plan. A support plan is a document highlighting how an individual will spend their personal budget to best meet their support needs and achieve their identified outcomes.

Scene Setting

The concept of personalisation derived nationally from a report entitled 'Putting People First' in 2007 and from 'Changing Lives - 21st Century Review of Social Work' in 2006. Self-directed Support is a mechanism whereby individuals with care needs and their families can exercise greater choice and control on how their care is arranged and delivered, using an *Individual Budget*. Self-directed Support focuses on helping people to identify and achieve their personal outcomes and goals.

A meeting with Scottish Government in August 2009, to discuss Aberdeenshire Council's position in relation to Self-directed Support, established that the existing Direct Payments process was complex and overly bureaucratic. Although uptake of Direct Payments in Aberdeenshire was better, in comparison to many authorities, the uptake of Direct Payments nationally had remained relatively poor since inception in 1997. Due to this the Scottish Government advised that they had provided funding for 3 test sites in Scotland; Highland, Glasgow and Dumfries & Galloway to develop and implement models of Self-directed Support which addressed some of the weaknesses of Direct Payments. Specifically the test sites had to address 3 key themes, bridging finance, bureaucracy and training/leadership. Ultimately the aim was to develop a system which was person centred, user friendly and, therefore, more appealing to service users. These sites were selected as they represented 3 types of local authority with differing demographics, geography and challenges (rural, city and remote).

Aberdeenshire Council had already begun its journey towards developing Self-directed Support when, in June 2009, council officers undertook a trip to North Lanarkshire. North Lanarkshire had received funding from the Scottish Government to undertake a demonstration project using the 'In Control' model of Self-directed Support and were in the process of evaluating this. This visit allowed Aberdeenshire Council the opportunity to hear about this approach and to develop networks.

In Control Scotland was set up to promote the development of self-directed support and individual budgets in Scotland. In Control Scotland originated in 2006 as a partnership between ALTRUM, a federation of organisations and individuals working in partnership

committed to fostering creativity, community and citizenship for all, and the Scottish Consortium for Learning Disability who came together to promote the In Control approach and system of Self-directed Support in Scotland. The In Control system is an outcomes focussed approach to assessment and support planning. The approach advocates that the service user's views are central to decision making and the outcomes to be achieved should be, as far as possible, defined by the service user themselves. North Lanarkshire was the first local authority in Scotland to pilot this approach and become members of In Control Scotland.

As a result of the Scottish Government meeting and the findings from North Lanarkshire, SMTe agreed a proposal in September 2009 that Aberdeenshire Council would join In Control Scotland and conduct a small scale pilot. The proposal was for the pilot to include 20 people and was expected to include approximately 5 older people, 1 person with mental illness, 1 recovering substance misuser, 3 people with physical disabilities and/or sensory impairment, 4 with learning disabilities, 2 carers and 4 children with disabilities. Membership of In Control Scotland included 9 days Leadership & Change training for 3 council officers (project officer for self directed support, senior finance officer and senior SW practitioner) and unlimited consultation throughout the membership period. Many other local authorities had signed up to In Control and the training and subsequent network meetings provided links to examples of practice in other parts of the country.

In order to govern and guide the pilot project, an In Control steering group was established, chaired by a social work manager and consisting of council officers from finance, commissioning, systems, accountants, operational team managers and the 3 'In Control' trained staff. In addition, this group would serve the function of agreeing support plans and authorising expenditure. This group met for the first time on October 2009.

Pre-pilot

The training provided by In Control Scotland provided officers with invaluable guidance for running the pilot. However, there was a great deal of planning required prior to the launch date.

Assessment

A new assessment, which would also function as a scoring tool for calculating individual budgets, had to be developed. In Control Scotland provided a template 'Self Assessment' and scoring tool. It was agreed within the steering group that service users would need to be supported to complete these assessments and so the name was changed to 'Self-directed Assessment' to reflect this.

The assessment is very basic. It is made up of questions with a pre-defined set of answers relating to the needs of the individual, and two questions relating to informal carers, one of which indicates their ability to continue in their caring role. The assessment form records the agreed outcomes that the service user wants to achieve.

A short term working group, made up of practitioners and the project officer, met to refine the In Control template. They decided that the allocation of points In Control had given to each area of the assessment did not seem to reflect needs which were considered a priority. The spread of points across sections was therefore altered. According to the In Control training, the assessment process had to be transparent so service users could understand how their budget had been allocated. The template document showed the allocated scores for each question next to the answers, in order to be fully transparent. The working group felt that this would be a distraction for service users and the focus may then be on the scores and not on the content of the answer. The decision was made to remove the scores and have them available on a separate scoring sheet. It was agreed in the group that only one answer would go onto the document and this would be an answer agreed between the service user and the practitioner. However, if agreement could not be reached, the practitioner's assessment should be recorded with a description of the service user's views and explanation for disagreement.

For the Pilot, the individual being referred required an up to date Single Shared Assessment or Care Management Assessment of Need. It was recognised that there was still a need for this level of detailed assessment and the Self-directed Assessment was never intended to replace or remove the need for this. It also ensured that any referrals had already been deemed eligible for community care services in accordance with Aberdeenshire Council's Eligibility for Community Care Services.

Desktop exercise

The next stage of pre-pilot work comprised a desktop exercise. The purpose of the desktop exercise was:

- a) to determine a 'price point' for the calculation of individual budgets. This was based on current spend and assessed needs. This price point would be the value associated to each point achieved in the Self-directed Assessment.
- b) to engage with staff and raise awareness
- c) to test the self directed assessment

Staff were briefed in advance and trained to use the Self-directed Assessment. They were then asked to apply the assessment to at least 5 live cases they knew well. This was purely a paper exercise and was non-intrusive for service users. All cases were anonymised. 23 practitioners were involved from all the client groups identified in the pilot proposal.

Staff then attended an event to report back on the use of the assessment, scores and cost of current care packages. The data was collated using the RAS4 spreadsheet developed by In Control Scotland. The RAS4 uses the data to determine a price point, which should ensure that all service users receive a fair and equitable share of the available funding in proportion to their assessed needs. This is represented as an indicative budget, an approximate sum which they would be entitled to, which they then build their support plan around.

The RAS also allows the opportunity for Local Authorities to apply a 'deflator'. This aims to accommodate an expected increase in referrals as the system becomes more user friendly and attractive. It also provides flexibility in the budget for changing demographics (such as an ageing population), increase in diagnosis, and awareness of certain conditions such as Dementia, Autistic Spectrum Disorder, etc. Taking advice from In Control Scotland,

the steering group agreed that a 25% deflator was appropriate, this being adopted by many other local authorities. The use of this type of deflator had been tried and tested by local authorities using the In Control approach and it was found that, in general, this was successful as individual budgets were used much more efficiently than the cost of traditional services.

It quickly became evident throughout these sessions that the Self-directed Assessment that had been developed was not suitable for substance misuse; this was evidenced by the fact that all the sample cases scored zero. All substance misuse data was therefore removed from the sample.

It also became apparent that the calculations did not suit children with disabilities, due to the additional funding/support they receive from education and the disparity between adult services, where support is generally 365 days per year, and children's services, which vary according to school terms. Therefore a separate SDA and RAS was developed for this group.

Support Plans

Following the ethos of In Control, the steering group took the decision to avoid standardised support plans. The rationale was that support plans should be individualised and in any format that the service user chooses.

In Control offer guidance on 7 essential criteria that all support plans must meet regardless of their format. The criteria are as follows:

1. What is important to you? (e.g. living at home, relationships, employment, health, feeling safe, independence, community involvement, having things to do, having choice and control, being able to value support network)
2. What do you want to change or achieve?
3. How will you be supported? (including consideration of any risk factors)
4. How will you use your individual budget? (costed breakdown)
5. How will your support be managed? (How will budget be held? Direct Payment, Individual Service Fund, Local Authority, or a mixture)
6. How will you stay in control of your life? (advocacy, guardianship, how views and wishes are ascertained)

7. What are you going to do to make this plan happen? (action plan must identify how the agreed outcomes are going to be met).

Through the In Control network, the group had access to a number of different examples of support plans which were made available to practitioners for inspiration.

The steering group only agrees plans that are balanced and clearly show how the outcomes, identified at assessment stage, are going to be achieved. It was agreed that plans which exceeded the indicative budget would still be considered and agreed as long as these criteria are satisfied.

Staff training

The training delivered to the 3 council officers ran from November 2009 until March 2010. These officers were able to identify and inform the steering group of the steps required to develop the In Control process.

The steering group recognised that the process of support planning promoted by In Control was a departure from the traditional care plans which practitioners were familiar with. In response to this, Support Planning training was sourced and delivered jointly by In Control Scotland and Helen Sanderson Associates. This training was funded through the Housing & Social Work Employee Development Team and the 2 day course has run twice during the pilot period, with another one planned. Approximately 30 practitioners attended each course. Many of these practitioners had been involved in the desktop exercise and went on to make referrals into the pilot.

It was fortunate that alongside the development of the In Control pilot, a new programme of core care management training was being developed, which all care managers and local area coordinators would be obliged to attend. Officers involved in developing the In Control pilot were heavily involved in developing this programme, allowing the key messages of outcome focussed work and Self-directed Support to be embedded throughout this compulsory 5 day training programme.

Practitioner guidance

Care management guidance was developed in consultation with the steering group and direct support was available to practitioners from the project officer for Self-directed Support.

Internal audit colleagues were consulted during the development of financial guidance, which was undertaken in partnership with finance colleagues. All guidance was published on Arcadia.

Systems

Due to the relatively small scale of the pilot it was agreed by the steering group that no resource would be committed to developing IT systems to record and manage individual budgets.

The Carefirst team was involved in developing mechanisms for recording individual budgets on the existing Carefirst financial system. The tasks required for recording budgets on Carefirst were completed manually by the senior practitioner on the steering group, and all tasks associated with the financial assessment and payment of budgets were completed manually by the finance officer on the steering group.

Charging

One of the challenges in developing the financial guidance was how Self-directed Support would fit with the charging policy. Aberdeenshire Council's current policy relate directly to hours of care which is not always possible within the In Control process. This was an area that many local authorities struggled with and there was little in the way of examples from other Scottish local authorities. Given that our English counterparts had some 2 years' more experience than Scotland, the steering group looked to them for examples of how they had addressed it. The approach adopted by a consortium of London Boroughs was to calculate an average charge, to be applied consistently to all who are financially assessed as being able to make a contribution. Applying this to the sample group from the desktop exercise the figure of 27% was calculated.

Pilot

The pilot was launched in October 2010, and practitioners were invited, via e-mail, team brief and care management training, to make referrals which they deemed to be appropriate to the pilot. Initially it was thought these referrals would be screened and selected for the pilot by the project officer and the senior practitioner. The uptake was slower than anticipated with the first referral being received in November 2010. The first budget to be agreed by steering group was paid in April 2011.

From the date of launch to July 2012 the pilot received 61 referrals. 30 of these have had support plans agreed and are now having these delivered through a mixture of methods. The original proposal had been for 20 service users but it was agreed that the pilot would continue accepting referrals in order to maximise the learning.

21 service users chose to receive their entire budget as a Direct Payment in order to implement their support plan and achieve their outcomes, either independently or with support from family.

5 service users received some of their budget as a Direct Payment, but requested that care management retain some of their budget in order to purchase in-house services which would achieve their outcomes. Current Direct Payments legislation does not allow individuals to purchase in-house services with a Direct Payment.

3 service users wished to use an Individual Service Fund. One service user's wish was to have her budget delivered via a direct payment. However, this service user had a history of failing to manage direct payments under our existing scheme. The steering group therefore agreed that an individual service fund would be a more appropriate way of allowing her to retain choice and control without the responsibility of financial management.

Of the 61 referrals the spread across the client groups was as follows:

- Physical Disability – 26
- Learning Disability – 8

- Dementia - 7
- Children with disabilities – 5
- Mental Health – 4
- Older People – 3

The remainder of the referrals had a dual diagnosis:

- Older People/Mental Health – 1
- Learning Disability/Mental Health – 2
- Learning Disability/Physical disability – 2
- Physical Disability/Visual Impairment – 2
- Physical Disability/Children & Families - 1

Geographical spread:

- 24 of the referrals came from teams in Central Aberdeenshire.
- 24 referrals came from teams in North Aberdeenshire.
- 13 referrals came from teams in South Aberdeenshire.

19 referrals have not progressed for a variety of reasons including:

- death of the service user
- satisfaction with traditional service provision including Direct Payments - no benefits to changing to In Control
- rapid progression of disability or illness resulting in need for long term care/inability to get support plan developed and delivered in time
- financial disadvantage due to service user being a current recipient of Free Personal Care (see key learning).
- In one case the NHS was the main provider of care due to the complex nature of the individual's health needs and there was no mechanism for jointly providing an individual budget in this situation.
- In one case, the support planning process empowered the family to identify how they could utilise informal resources better to meet the needs of the service user, thus eliminating the need for an individual budget.
- Service user refused to engage in the process in one case, despite their family and power of attorney being supportive.

Reasons for coming on to the pilot - key themes:

- Breakdown of traditional residential care and return to family home

- Existing DP users, where more flexibility, and the freedom to be more creative, was required
- Sustaining informal care without sacrificing family relationships – e.g. alternatives to residential respite or residential care
- Traditional services not appropriate or desirable – e.g. young stroke victim.
- Traditional services not catering for cultural differences.
- Traditional services not flexible enough to adapt to fluctuating conditions.
- Scope to use budget to address needs of informal carers in order to sustain their caring role.
- Service users in transition from children's LD services to adult LD services where traditional services are not desirable.
- Suspicion that a few referrals were made because the charging policy for In Control means that clients who would normally be self-funding will only be required to contribute a maximum of 27% of their total budget.
- Unmet need due to traditional options being unattractive and not achieving the service user's desired outcomes.
- Scope to access mainstream services or services not previously funded by social work.
- Crisis situation – current situation no longer sustainable.

Reviewing

In addition to regular care management reviews, all service users and/or their families were interviewed within the first 4 months by the SDS project officer to gather their views and opinions in relation to the process and outcomes. The purpose of this was to inform this evaluation. Template documents from In Control Scotland and Lancashire University were used for this purpose. The guidance for these documents stressed the importance of keeping the information quite broad in terms of key outcomes. This should make it easier to collate information about outcomes achieved. At the time of writing, 10 service users have completed the first of these interviews and 6 have had their plans established for longer and have therefore completed a second interview.

Some of the key information from these interviews is below:

1. A number of questions in the interview related to how the service user/family felt about different parts of the process. None of the respondents identified any areas of difficulty, with a majority stating that the various parts of the process were either easy or very easy. Some of these respondents were previous recipients of Direct Payments via the existing scheme. It was interesting to note that they found the In Control process easier than the Direct Payment process. All 6 respondents knew how much their support was costing, what their budget was and all 6 reported being well supported by family, friends and social work to develop their support plan. One respondent, in addition to support from family and social work, indicated that they had some input from NHS staff in the development of their support plan.

'I felt I was very much at the heart of what we were trying to do. I found my care manager had clearly worked out a range of possibilities I might want to consider so I felt very confident with her.' - Service user B

'Care Manager gave us some case studies which helped us to think about outcomes.' Family member - Service user C

'Needed a lot of discussion, this was a different way of thinking about things. Input from the care manager was invaluable we felt we had landed lucky to be honest.' Family member – Service user D

'At first I found it hard but it got easier as it progressed. The care manager was very positive and good at explaining, she is on the ball and keeps us informed.' Service user E

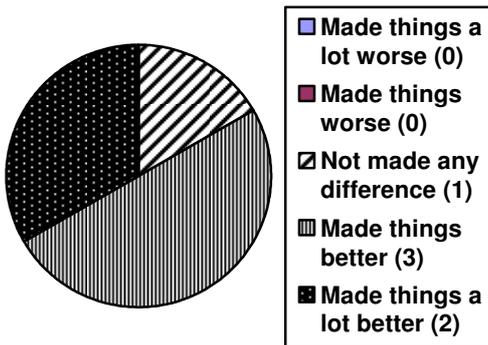
'Deciding on outcomes was difficult at the start. Helpful to look at the year as a whole and it helped us to find out about short breaks and opportunities available.' Service user G.

'A set plan (template support plan) may be easier but would not have got my message across in the same way.' Service User I
'Daunting initially but once set up, not so bad. We were well looked after. Worried about employment side of things. At the start thought this would be difficult.' Family Member – service user I

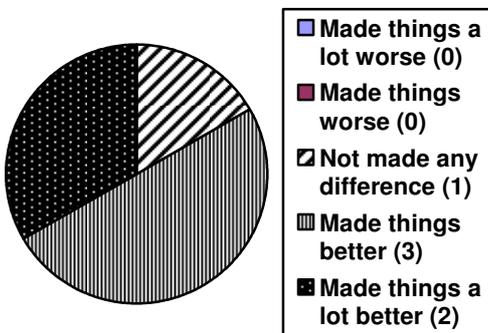
'Found it straight forward. Scary at first but seeing another plan was a great help. Needed to see other plans knowing what was realistic to ask for and did not want to seem greedy' Family member – service user J

2. Service users/families were then asked if the personal budget had brought about change in different areas of their lives, again the response choices were kept quite broad, as per the guidance:

Physical Health



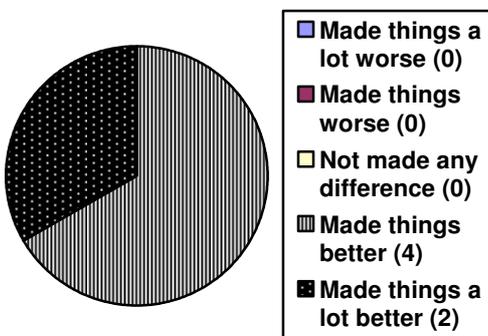
Mental Well-being



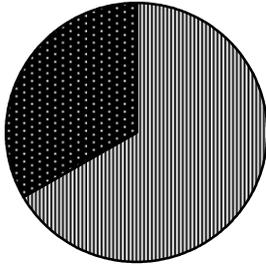
'First break in ten years, this was so beneficial. Feel better able to cope' (Service User A)

'My family member did not need to use the money allocated for counselling because her mood had lifted because the plan was working so well' (Family Member – Service User B)

Being in control of what's important to you

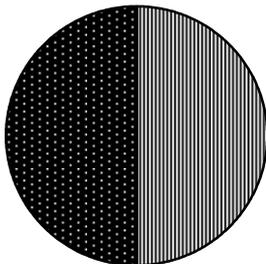


Staying independent



- Made things a lot worse (0)
- Made things worse (0)
- Not made any difference (0)
- Made things better (4)
- Made things a lot better (2)

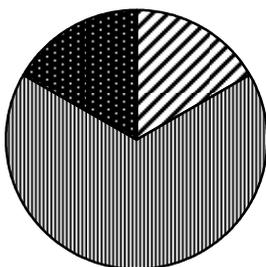
Being in control of your support



- Made things a lot worse (0)
- Made things worse (0)
- Not made any difference (0)
- Made things better (3)
- Made things a lot better (3)

'Managing the budget was a bit daunting but separate bank account helps.'
 (Family member – service user C)

Getting the support you need when you want it

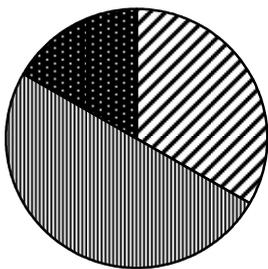


- Made things a lot worse (0)
- Made things worse (0)
- Not made any difference (1)
- Made things better (4)
- Made things a lot better (1)

'My first break away was a complete success' Service user F

'Very happy with how things have gone and appreciate what we have been given.' Service user H

Being supported with dignity and respect

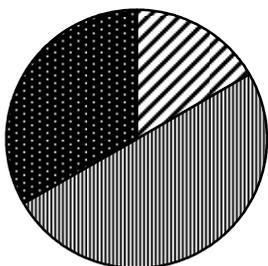


- Made things a lot worse (0)
- Made things worse (0)
- ▨ Not made any difference (2)
- ▨ Made things better (3)
- Made things a lot better (1)

Those who replied that it had made no difference also commented that this was due to the fact that they had always been supported with dignity and respect.

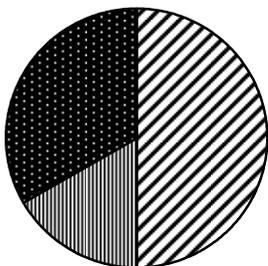
'Care manager was very aware of my needs.' Service user F

Feeling safe



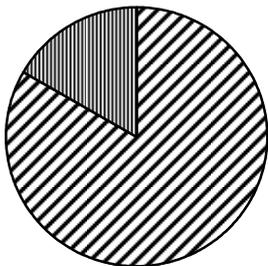
- Made things a lot worse (0)
- Made things worse (0)
- ▨ Not made any difference (1)
- ▨ Made things better (3)
- Made things a lot better (2)

Choosing where you live or who you live with



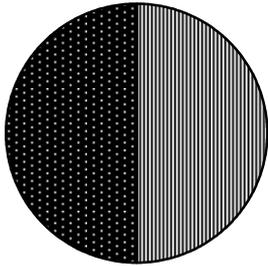
- Made things a lot worse (0)
- Made things worse (0)
- ▨ Not made any difference (3)
- ▨ Made things better (1)
- Made things a lot better (2)

Getting and keeping a paid job



- Made things a lot worse (0)
- Made things worse (0)
- ▨ Not made any difference (5)
- ▨ Made things better (1)
- Made things a lot better (0)

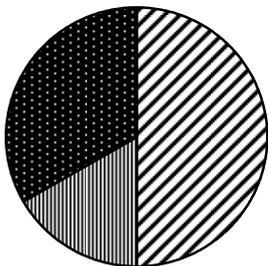
Relationships with your family



- Made things a lot worse (0)
- Made things worse (0)
- Not made any difference (0)
- Made things better (3)
- Made things a lot better (3)

'At first my wife felt that this would be another task for her (managing the budget) on top of everything else. But now much more confident.' Service user E

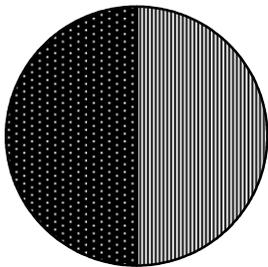
Relationships with your friends



- Made things a lot worse (0)
- Made things worse (0)
- Not made any difference (3)
- Made things better (1)
- Made things a lot better (2)

'We went to Falkirk to visit old friends. We stayed in Glasgow for two nights. My daughter drove – it was so nice to catch up with these old friends.' Service User H

Relationships with people paid to support you



- Made things a lot worse (0)
- Made things worse (0)
- Not made any difference (0)
- Made things better (3)
- Made things a lot better (3)

3. The respondents were asked to identify the 3 most important things they wanted to achieve with their budget and then comment on whether or not they managed to achieve these. The majority of respondents had either achieved what they set out to or had done some of what they wanted. Only 1 respondent had failed to make any progress towards achieving their most important goal. Others had prioritised their goals and had achieved one and were on their way towards achieving their 2nd or 3rd.

Where the service user had received some of their budget as a Direct Payment there had to be a degree of financial monitoring to

ensure that the budget was being used according to the agreed support plan. However, the In Control training advocated that this is kept to a minimum and is proportionate to the amount of resource the individual is responsible for. It was also agreed that the financial monitoring currently in place for existing Direct Payments was overly time consuming and detailed. In an attempt to get some guidance, the SDS project officer and senior support services officer (finance) met with colleagues from internal audit. The proposal for a minimalistic approach to financial monitoring was accepted by them for the duration of the pilot.

Financial Analysis

At the time of writing, the 30 agreed plans have identified budgets and the financial aspects of this can be analysed. Other local authorities have reported differing outcomes when using this method of Self-directed Support. Some have reported a cost saving and some report a cost pressure. Table 1 below attempts to illustrate the difference between the collective cost of care packages for service users prior to using In Control with the budgets identified during the pilot.

	Total cost of packages pre-pilot (Per Annum)	Total Indicative Budgets (Per Annum)	Total Agreed Budgets (following steering group) (PA)	Package costs after client contribution (Per Annum)	One off costs (non-recurring) (Per Annum)
Adults with existing care package/funding (17)	£298,459.50	£407245.32	£413,767.63	£403,065.04	£13047.10
Adults new to the service (no existing funding) (10)	0	£126,778.82	£120,951.95	£93,779.97	£1000
Children (2)	£4781.40	£26204.64	£25047.30	£25047.30	£0
High Cost(1)	£109867.16	£109867.16	£109867.16	£109867.16	£0

Table 1

10 of the adult cases were new to the service and so appear as an increased budget pressure as they had no budget previously. The total agreed budget for these 10 cases is £120,951.59. This can be taken into account when considering the difference between the pre-pilot cost above and the agreed budgets.

Direct comparison of existing expenditure and the budget allocated via the RAS is not sufficient to determine the financial impact of this pilot on Social Work budgets. The other factors which need to be considered are:

- Shadow costs. Internal social work services, such as home care, day services, etc have 'shadow costs' attached to them in order for care management to reflect resource allocation within their budget. These shadow costs are complex and do not realistically reflect the true unit costs of providing these services to an individual. The impact of this, when we compare existing package costs to individual budgets, is that existing costs appear significantly lower than they really are. Significant amounts of funding are tied up in these services and incorporates the cost of buildings, staffing, etc. Because of the amount of money tied up in these services, they have been promoted historically and in many cases have been the only option for service users to have their needs met. With In Control, there appears to be an increased pressure on care management budgets as people use their individual budgets for more creative day service solutions that are more personalised to their needs.

'If it wasn't for the pilot, the service user would likely have been given a service at the Day Centre and the additional support she requires would have come from the Day Centre budget. Although this is still council funding, it is tied to the building and would have had no impact on the Care Management budget. However, as she is on the SDS pilot and receiving a very different service, all of the funding allocated to her will come from the Care Management budget. While this is fine in terms of the pilot, it has essentially shifted the budget pressure from day services to Care Management budget as there has been no transfer of money. Unless funding is released from day services, which at the moment is tied up in the buildings and staff, or there is provision of transitional funding for such cases while day services reconfigure and money is released from the buildings, the implementation of SDS will add considerably to the pressure on the budgets of the Care Management Teams on many occasions.' Team Manager

Recommendation 1

Detailed analysis and calculation of 'shadow costs' in order to provide real costs for our in house services.

- One-off costs. Many support plans feature one-off costs in year one for items such as equipment, etc. This means the

first year's budget will be higher than in subsequent years. At this stage in the pilot, only the first year's costs can be analysed, so in some cases will appear higher than the ongoing annual budget would be. The table above indicates how much of the agreed budgets were for one-off non-recurring costs.

- This method of service provision appeals to people who had previously rejected 'traditional' services or where current services were not suited to them, resulting in unmet need. This may appear as a cost pressure as their current expenditure is zero, or they are receiving some low level service which is not meeting need or achieving outcomes. Often these situations are putting families or informal carers under enormous pressure and are not sustainable long term, frequently leading to more expensive crisis interventions. One example from the pilot is of a young man who had been in residential care. This was not achieving his outcomes and had broken down, resulting in a return to his family home and an emergency interim package being put in place. Initially his care manager was seeking an alternative residential placement as his parents could not cope with having him home. At this point he was referred to the In Control pilot. His previous residential placement cost £54,217.68 per annum and did not achieve the desired outcomes. The interim measure at home was costing £10,015.20 per annum, but was insufficient to meet his needs, achieve his outcomes or sustain the family's ability to have him at home. This was provided in a traditional care plan based around set hours of care and days at a day service. With In Control his indicative budget was £27,700.40 per annum, significantly less than the cost of an alternative residential placement. The family and care manager developed a support plan with this budget in mind and it was agreed by the steering group. The cost of this was £26,840.08 per annum, £25,602.48 per annum after client contribution. Technically this could be viewed as a saving of approximately £29,000, however this is not reflected in Table 1 as the cost of the interim measure was included in the figures, rather than the original cost of his residential placement. This makes it appear like In Control was a more expensive option than his existing package. The more important note of interest is that the flexibility, choice and control he and his family have gained

from this means that this package is meeting his needs and achieving his outcomes better than any previous, more expensive package. Within the pilot this case was not unique in this sense. Several other cases had existing packages which cost less than their final individual budget but were failing them in terms of meeting their outcomes. In most of these instances the situation was not sustainable and had reached crisis point. Referral to the In Control pilot actually diverted them from a more expensive crisis response.

- For many cases which were new referrals to social work they will appear as a cost pressure as there was no existing spend for them.

Key learning

Working with Partners

- It was agreed by the steering group that existing Direct Payment support providers would be made available to those on the In Control pilot. This cost was deducted from the individual budget. This was in contrast to existing Direct Payment recipients who received the cost of these services on top of the funding they received to meet their needs. However, they did benefit from the economies of scale because of the way in which the local authority had commissioned these services.

Recommendation 2

Consideration to be given to the most effective way of providing payroll support, employment law support and general advice & support for those in receipt of their budget via a direct payment. This should be done in conjunction with commissioning colleagues and in line with current contractual obligations.

- One of the advantages of In Control over existing Direct Payments is the ability to have an individual budget managed by a third party, including an independent organisation or provider. In the existing system, many people were excluded from having the increased choice and control of a Direct Payment because they were unable to manage the budget themselves. In Control refer to this third party arrangement as an Individual Service Fund. As mentioned previously, 3 participants on the pilot wished to make use of an Individual Service Fund. To date this has not been possible and it has become evident throughout the pilot that there is a role for our Contracts and Commissioning colleagues in developing the market for this type of support. We have engaged with some of our provider agencies to explore this, however those agencies have expressed a lack of experience and knowledge and the need for further guidance in this area. Quotes from staff feedback questionnaire:

'I feel that it will bring positive changes for clients who are able to manage self-directed support but the majority of my clients would not be able to manage, or have the support from family/friends to manage receiving self directed support.'

Respondent, Staff Feedback Survey, April 2012

'Some older clients are hesitant and worried about it and don't want the perceived responsibility'

Respondent, Staff Feedback Survey, April 2012

Recommendation 3

Continue to engage with colleagues in the Commissioning Unit in order to develop Individual Service Funds.

- As mentioned previously, one service user was unable to progress through the pilot as his needs were predominantly health related and currently funded by the NHS. There was no mechanism for us to discuss joint funding or enabling a Direct Payment to this family. In many other support plans, it appeared that an individual's outcomes were going to be achieved via a health solution. This created a great deal of debate within the steering group about whether it was an appropriate use of social work funding. For the pilot this was dealt with on a case by case basis. This may have led to some inconsistencies.

Recommendation 4

Clear guidance/policy to be developed around what is an appropriate use of social work funding and what is not. This relates particularly to solutions which are perceived to be of a health related nature.

- It became apparent throughout the pilot that our partner agencies in health, education, etc require a degree of training and information about SDS in order for us to continue working effectively with them as we strive for the best outcomes for our mutual service users.

'It would be my view that service users receiving support for a drug and/or alcohol problem are not aware or not fully aware of SDS and what this can potentially offer. Initial response from

our clinical colleagues appeared to be one of disdain and disbelief and it would be my view that work should be undertaken to fully inform our partners, particularly health of what SDS is and how it'll likely work in practice.'

Respondent, Staff Feedback Survey, April 2012

- Many of the support plans presented to the steering group were quite traditional in terms of the types of resources people were planning to access. It appeared that there was a lack of information in the public domain about what was available in the community. English local authorities have well established databases accessible for everyone. In some cases the development of these is advanced and they can offer a virtual market place which can be used to inform support plans for service users. Engagement with Aberdeenshire Council community planning colleagues highlighted that there is a need for easily accessible, well publicised information for all.

Recommendation 5

Further engagement with community planning colleagues, Grampian Caredata, Signposting service and other relevant parties in relation to developing easily accessible database of resources and services in the community.

Recommendation 6

Continued engagement with and education of our partner agencies.

Tools

- The questions in the Self-directed Assessment were too focussed on physical and cognitive disabilities for it to be meaningful for service users whose predominant difficulty was substance misuse. Attempts were made to seek guidance in relation to this from the In Control network and other local authorities but it became apparent that this is a client group that is generally excluded from Self-directed Support throughout the country. It is acknowledged that this was a missed opportunity within the pilot.

- The pilot provided the opportunity to compare cases with similar needs and which, traditionally, would have received similar service solutions to meet these needs. This allowed some analysis of the Self-directed Assessment. This highlighted that the scoring attached to the assessment used in the pilot was too sensitive. This related particularly to the questions in the carers section. This section asks the informal carer to state how much their caring role impacts on their life. The answer selected can make a substantial difference to the indicative budget. It was therefore recognised that the care manager's assessment of this situation was incredibly important. In the pilot there were instances where the care manager felt that the carer was over-stating their ability to continue to provide care. This could be for various reasons such as a feeling of responsibility and duty. Other examples were the opposite, where the care manager felt that the carer was over stating the impact of the caring role on their lives in order to maximise their budget. Clearly this was a sensitive issue to address and required good assessment skills and careful consideration of the outcomes to be achieved.
- The notion of personalised non-standardised support plans was welcomed by service users as identified in some of their feedback. However the steering group found it difficult to ensure that all the appropriate information was available to it to make a decision about whether or not the support plan was suitable. It would appear that service users benefit and engage better from a personalised approach to support planning but that a standardised document for recording the support plan was essential. It is important to differentiate between the process of support planning and the recording of a support plan.
- For the pilot, changes were made to support plans and budget allocation via the steering group on an ad hoc basis or at the point of review. Although this was helpful in terms of gathering experience and learning, this is not sustainable or effective on a larger scale. In order for the individual's budget to remain relevant to their needs and identified outcomes, it will need to be recalculated from time to time. There was no mechanism for doing this in the pilot other than to adjust the support plan. Care managers could re-assess using the Self-directed Assessment but this was not done during the pilot.

Recommendation 7

Develop guidance and policy in relation to review and re-assessment. Decision required in relation to how frequently individual budgets are re-calculated. This needs to be well supported by IT/support systems otherwise this will be unmanageable.

- It was felt that the review form used in the pilot was not useful. It did not identify barriers to achieving change or outcomes. Existing care management review forms were also insufficient for this purpose and did not focus enough on outcomes.

Recommendation 8

Review form to incorporate mechanism for capturing and measuring outcomes.

Recommendation 9

Develop a suite of standardised assessment, review and support planning documentation which supports staff to record appropriately.

Risk

- Risks to service users. Despite a degree of concern over increased vulnerability as a result of service users having more choice and control, it became evident throughout the pilot that our duties in relation to protection of vulnerable adults and adults with incapacity were no different than the current position.
- None of the plans presented during the pilot period contained any activities or arrangements which were considered high risk. However, if this had been the case we had no identified specific method of risk assessment. This is in line with the current care management process where risk is assessed as part of the service users overall assessment of need and specific risk assessment is carried out using various different formats.

Recommendation 10

Adopt a consistent standardised risk assessment mechanism based on principles of positive risk taking – such as Steve Morgan’s ‘Working with Risk’ format.

- Financial risks. On a number of occasions throughout the pilot support plans were presented to the steering group which contained errors in relation to the use of the budget or failed to display consideration of the other funding streams available to the service user, such as DLA mobility component, etc.

Recommendation 11

Development of a method of checks and balances throughout the pathway which ensure that budget is being used appropriately and prompts the consideration of all other elements of resource available to the service user.

- There were discussions around several support plans in relation to risk of the budget being mismanaged. This was addressed by exploring options other than a direct payment, rather than excluding these cases from the pilot.

Financial

- The pilot was carried out within existing resources. Some additional funding from the Scottish Government was used to employ the part time senior practitioner/development officer, which increased the SDS team from 1 full time member of staff to 1.5. This was an insufficient resource to achieve all that was desired from the pilot. For example there was not enough resource to develop the RAS, and Self-directed Assessment and process for substance misuse. This was a missed opportunity for some important experience to be gained. There was also some delay in getting support plans in place and agreed as the amount of time spent supporting care managers was limited by the resource available. There was also no resource to allow a structured review process to be developed for care managers to follow.
- As mentioned previously, there were a number of cases referred to the pilot who were currently in receipt of services and were assessed as being ‘self-funding’. The different charging policy for the pilot meant that if they took the In

Control option they would only have to contribute 27% maximum. This appeared to be a loop-hole which creates inequality and could be exploited. This raises questions about the charging policy for any future method of Self-directed Support. Again, this was an area which was under researched or tested nationally so guidance and experience was limited.

Recommendation 12

Uniform charging policy to be developed which does not create inequality or vulnerabilities for the social work budget.

- Transition from children's services to adult services can happen at any time between the ages of 16 and 19. It was not always clear which RAS and price point should be used and this was determined on a case by case basis for the pilot.
- During the pilot a number of support plans included buying into resources that the council currently block fund. This became time consuming and complicated to work out what unit cost should be deducted from the individual's budget.

Recommendation 13

Commissioning Unit to continue developing unit costs for resources or services which the council currently block funds.

- Care managers required support and guidance around how to carry out financial monitoring.
- Through the financial monitoring there was no evidence of any misuse or mismanagement of funding.

Recommendation 14

Financial monitoring to remain simple and avoid unnecessary or disproportionate scrutiny.

- At the beginning of the pilot, budgets were back-dated to when they were agreed at the steering group. It quickly became evident that this invariably resulted in unspent monies building up in service users' bank accounts, as they took time to get their support plans in place. This was reviewed mid-pilot and the funding started to be paid on a date agreed with the service user to avoid this.

- A decision was made that any unspent money or accrued budget would not be reclaimed by the council but would be carried forward to the next year and topped up to cover the agreed support plan cost for the next year. This appeared to be more efficient than reclaiming the money and reduced anxiety for service users/families.

Recommendation 15

Unspent money should be taken into account when reassessing to establish the reasons for this and the appropriate action to be taken. This could be repayment to the local authority or deduction from following year's payable budget. It may result in the need for changes to the support plan.

- Unlike existing Direct Payments where hourly rates are increased to reflect market changes, the RAS does not allow for these increases. In order to keep the RAS relevant and defensible, it would need to be adjusted from time to time so the price point can reflect market changes.

Recommendation 16

Financial guidance required in relation to adjusting RAS and price point to reflect market changes.

Process

- Mid-way through the pilot it was identified that existing procedures for authorising high cost packages had potentially been by-passed. Steps were taken to ensure that social work managers were kept informed of any high cost expenditure authorised. However this is an area which will require clarification and guidance.

Recommendation 17

Existing delegated spend levels should continue to apply with authorisation levels and process for decision making remaining as they are, for example, resource allocation group, high cost applications, etc.

- Several ILF users were referred to the In Control pilot. There was no clear guidance available on how to deal with this and whether or not the ILF funding should be added to the indicative budget or deducted.

Recommendation 18

Clear guidance and policy is required relating to the use of social work funding to fund things which the service user receives other resource for such as ILF, DLA mobility, etc.

- It became clear in the early stages of the pilot that the maximum indicative budget that the RAS would allow was insufficient to meet the needs of some of the most complex cases. It was agreed that these cases would not be excluded and the care manager should work with the service user to develop a costed support plan. The steering group then considered the plan in relation to the agreed outcomes and decided if it was appropriate or not.

Recommendation 19

It is suggested that there should be no maximum indicative budget with any future system of allocating funding. This facilitates equality and means that everyone who is eligible can access self directed support.

- There were instances on the pilot where an individual's situation was at crisis point and needed a quick solution. It was acknowledged that the nature of Self-directed Support meant that an individualised support plan could not always be put in place with such immediacy and interim measures were required to maintain the situation until a support plan could be developed.
- Mid way through the pilot it was agreed that care managers should present their service user's support plans to the steering group. This avoided unnecessary delays with issues of clarifying information, etc. However, this also highlights a need for peer support and guidance for care managers.

Recommendation 20

Development of a peer support group which would collate the learning in the early stages of implementation and build a body of

expertise and positive practice examples to inform staff and build confidence.

- Carers could not be included in the desktop exercise as we do not currently provide services directly to carers in their own right. This meant it was not possible to calculate a price point. Although no carers were referred to the pilot in their own right, the steering group did agree a support plan which allowed payment to be made to an informal relative carer. This was done because one of the key outcomes concerned sustaining this informal support. Several other support plans contained 'legal gifts' for carers, these are reciprocal arrangements which avoid the informal carer from having to be employed by the service user. For example a friend or neighbour may agree to provide the support someone needs to go to watch a football match if they get their ticket paid out of the individual's budget. Other examples were simply token gestures of appreciation to the carer such as a beauty treatment. It became evident that in most cases these were positively received by carers and the outcome of this was that they felt valued and able to continue with their caring role. The new legislation gives local authorities the power to make payment directly to a carer in their own right and the authority may need to be prepared for dealing with this.

Recommendation 21

RAS and assessment for informal carers should be developed and consideration given to removing current restrictions on employing family members.

Recommendation 22

Development of streamlined consistent care management process/pathway, in line with impending legislation, which has Self-directed Support and the outcome focussed approach at its core, thus removing the tendency to treat Self-directed Support as an additional piece of work on top of the traditional care management process.

Staff attitude and awareness

- It became apparent that staff who had attended the support planning training were more likely to make referrals to the pilot. In addition the care management training appeared to prompt practitioners to consider or enquire about the use of the pilot for their service users. This clearly demonstrates the importance of training and awareness raising.
- In a few cases it appeared that practitioners were confused about the level of involvement they should have, particularly in the support planning process. Some staff appeared to find it difficult to achieve a balance between promoting service user/family choice and control and providing adequate support. This resulted in lengthy delays where the support plan presented to steering group did not meet the criteria. In cases where timescales were tight this caused anxiety and frustration to service users and families.
- Statement 5 in the staff feedback questionnaire was 'I am aware of Aberdeenshire Council's In Control pilot.' 18.3% Strongly Agreed, 52.3% Agreed, 5.2% neither Agreed nor Disagreed, 16.3% Disagreed and 7.8% Strongly Disagreed. One comment suggested that the publicity could have been better.

'Not publicised enough'

Respondent, Staff Feedback Survey, April 2012

- Statement 9 of the staff feedback questionnaire is 'I feel positive about the changes Self-directed Support could bring about for me as a practitioner'. The responses indicate that staff have anxieties about the potential for changes to their role. 5.4% Strongly Agreed, 23.8% Agreed, 61.2% Neither Agreed nor Disagreed, 7.5% Disagreed and 2% Strongly Disagreed.

'I think it will bring a lot more work which may mean my case load would have to be reduced' 'There is a lot of work involved in setting up a support plan and package, which is a challenge to manage with a high caseload where other processes of assessment are involved.'

Respondent, Staff Feedback Survey, April 2012

'I feel it will enable us to get back to the roots of social work, however do have concerns with time constraints and being able

to offer it to our clients and being able to carry out the work it requires effectively.'

Respondent, Staff Feedback Survey, April 2012

'Positive to some degree, concerned about – will it increase my work load, will there be enough training and also there are a lot of changes going as well out with SDS. It is the process that I would need to do/guide the client through that I am apprehensive about rather than the general principles of SDS.'

Respondent, Staff Feedback Survey, April 2012

- Staff, in general, do not appear confident in relation to discussing SDS with service users, although involvement in the In Control pilot appears to have improved this for some practitioners. Statement 5 of staff feedback questionnaire 'I feel confident enough to discuss Self-directed Support with service users and their families/carers' – 8% Strongly Agree, 25.3% Agreed, 19.3% neither Agreed nor Disagreed, 32% Disagreed and 15.3% Strongly Disagreed.

'I feel better placed to do so since being involved in the In Control Pilot'

Respondent, Staff Feedback Survey, April 2012

Of 157 respondents to the Staff Feedback Survey, 42 had been involved in the pilot to some extent.

'I attended the Support Planning Training which I found to be excellent and have currently a few clients using the Pilot and it has been a very rewarding piece of work for me.'

Respondent, Staff Feedback Survey, April 2012

47.6% of those involved Agreed that their experience had been positive, 21.4% Strongly Agreed, 21.4% neither Agreed nor Disagreed, 9.5% Disagreed and 0% Disagreed Strongly.

Recommendation 23

All assessing staff to receive intensive training on new pathway/process.

Service user outcomes

- The process of support planning in itself has proven to be effective in achieving outcomes for service users – regardless of whether they go any further in the process than this. In one case which was referred to the pilot, the family reported that they found the entire process so helpful that they no longer felt the need for an individual budget as the support plan had helped them to mobilise informal support networks effectively to achieve the outcomes in the best way for the service user. This then meant that the situation was sustained with only very minimal service provision in the form of occasional respite.
- A couple of the cases that were brought to the pilot highlighted the benefits of having control and flexibility over how to use the budget where there was more than one person in the household with needs to be addressed. In these cases it meant that both service users could have a personalised service whilst minimising disruption and loss of private family time. It also allowed the care manager to view the situation holistically and make efficient use of resources.
- The staff feedback questionnaire results suggest that practitioners are reasonably positive about the changes that Self-directed Support can bring about for their service users. 10% Strongly Agreed, 30% Agreed, 50.7% neither Agreed nor Disagreed, 8% Disagreed and 2% Strongly Disagreed. However there are concerns among staff that SDS will be used to disguise budget cuts.

'I think the principles are good but I fear that the resources will not match these. It has been used to make cuts in some areas and I very much hope that does not happen here.'

Respondent, Staff Feedback Survey, April 2012

'I have found it refreshing to have the self directed support training and to participate with In Control Pilot and the positive changes this has made for the people that I have used it with.'

Respondent, Staff Feedback Survey, April 2012

'I have one client on the pilot and have inherited another two. All of whom this has been a very positive experience for and has allowed them to direct care packages that would not have been possible through use of homecare provision or care agencies. It has also allowed more creative support and

opened doors to new opportunities for one client in particular who's quality of life had greatly improved as a result of the pilot.'

Respondent, Staff Feedback Survey, April 2012

14.6% of those involved with the pilot Strongly Agreed that the pilot had helped their service user to achieve positive outcomes, 29.3% Agreed, 4.9% Disagreed and 2.4% Strongly Disagreed. 48.8% neither Agreed nor Disagreed, however it should be noted that respondents to this part of the survey were involved in different ways with the pilot and did not all have service users involved.

Statement 21 in the Staff Feedback Survey was 'The In Control pilot helped to address need that was previously unmet or had been met in a manner that was not satisfactory for my service user'. 17.9% Strongly Agreed with the statement, 28.2% Agreed, 41% Neither Agreed nor Disagreed, 10.3% Disagreed and 2.6% Strongly Disagreed.

'This worked well for younger people but older people who get free personal care are not interested or find it beneficial.'

Respondent, Staff Feedback Survey, April 2012

Eligibility & Equity

- In the early stages of the pilot the steering group was less focussed on the outcomes for a service user and more focussed on the indicative budget. This evolved as the pilot progressed, however, this may have led to some inequality between plans presented in the early stages and those presented later in the pilot.
- As mentioned previously, there were several older people referred to the pilot who chose not to continue through the process. The deciding factor for this was likely to be their entitlement to Free Personal Care. This was an incredibly complex area to address as it is not always possible to establish within an outcome focussed support plan how much funding could be considered to be personal care. The decision was made to apply the 27% maximum contribution to this group in the same way as everyone else. The rationale behind this was that the calculation done during the desktop which determined the 27% had included a proportion of people in receipt of Free Personal Care. The

steering group were not entirely satisfied with this as a solution as it did place some people at an apparent financial disadvantage. However, given this was a pilot it was agreed this was acceptable and service users could choose to opt out. Again we could not benefit from the experiences of our English counterparts as Free Personal Care exists only in Scotland.

Recommendation 24

Continue to seek guidance from Scottish Government on a number of issues which are believed to be crucial to the successful implementation of Self-directed Support such as how we deal with Free Personal Care.

- During the pilot it was assumed that care managers were only referring people who had already been assessed and deemed eligible for community care services. It is important to emphasise that SDS and the pilot does not bypass these eligibility criteria.
- A number of those referred to the pilot were existing Direct Payment recipients who had benefitted from the control and flexibility this offered and wanted greater flexibility. These individuals presented an interesting piece of learning as they were able to directly compare the amount of money associated with their Direct Payment to the amount allocated in their indicative budget. This was not always possible for people in receipt of traditional services as the cost of these services had historically been hidden. In some cases the indicative budget came out at a lower cost than the service user's existing Direct Payment. Where this happened, the care managers were encouraged to carry on with the support plan and reminded to focus on outcomes to see if they could be achieved within the indicative budget. Where this was possible, the service user was happy to sacrifice the additional funding in favour of the increased flexibility. For others it was agreed that they could have their existing level of funding.
- On many occasions the steering group were diverted from the In Control process as discussion reverted back to consideration of historical, local and informal restrictions and budget management decisions. For example, historically, care management have been discouraged from providing

overnight care in a person's own home, or domestic care. It was crucial within the steering group that the focus remained on the outcomes to be achieved and the wide variety of ways of achieving this with minimal restrictions. It was acknowledged that these restrictions were originally imposed as a means of controlling the budget. The In Control model provides budget control via the RAS and indicative allocation, both of which are mechanisms for achieving fair and equitable division of the available budget.

Recommendation 25

Management statement to address any historical restrictions which have been placed on the use of care management budgets. This is essential in order to allow maximum flexibility and creativity to achieve personalised services.

Support systems

- Manual calculation and inputting of budgets was manageable for the small scale pilot, with dedicated staff time to do this. However, this would not be sustainable or effective on a larger scale. Essentially this has resulted in a dual system operating and Self-directed Support is viewed as an add-on.

Recommendation 26

Development of effective and appropriate systems to support the 'back office' operations required. This should be integrated with existing systems in order to streamline the process.

- The In Control pilot was audited by internal audit. This was combined with an audit of Direct Payments, and some of the recommendations made highlighted that there was still a shift in culture required in order for Self-directed Support to be embraced and implemented as intended.

Recommendation 27

Corporate culture change is required in order to ensure that all parts of the local authority are clear about the ethos of Self-directed Support. This will reinforce the notion that we should be working in partnership with our service users and that the

responsibilities of meeting the needs of an individual do not lie solely with the local authority.

Conclusion

Despite initial slow progress, the In Control pilot has grown beyond what was initially anticipated. The feedback from service users and staff involved in the pilot has been positive, although cautious.

The In Control pilot has been a valuable experience not only for the service users who engaged with it but for the local authority. The key areas of learning detailed above will help to shape and determine how Aberdeenshire Council will implement Self-directed Support in the future. The pilot has allowed the core SDS team and wider steering group, as well as individual practitioners, to develop experience and expertise in the area of Self-directed Support and gather first hand experience of the difference this approach can make to the quality of life for a service user.

'For my client In Control has meant that he has been able to have a break away with his carer, giving his mother a much needed break from her caring role. His whole quality of life has changed as he now has something to look forward to and aim towards.' Senior Practitioner

'In Control has been positive for the Clients I have. Initially there is a lot of work required, which can often be time consuming for the Care Manager. Once in place it appears to work well, in fact families appear to take on the task better than anticipated. Review process in terms of annual review needs to be developed further / further feedback follow through developed. Clients appear to like the freedom In Control has and enjoy being able to make decisions that where previously out with their control, for example staff/carers who enter their home. It sometimes takes a minute to think if the person will be suitable / manage to take on the In Control / SDS process (maybe due to Care Managers fears etc). Generally In Control has been a real positive experience for my Clients.' Care Manager

'with regard to my service user, the feedback has all been very positive and she is adamant that the flexibility of In Control has met her complex care needs much more effectively than traditional services.' Care Manager

Recommendations

1. Detailed analysis and calculation of 'shadow costs' in order to provide real costs for our in house services.
2. Consideration to be given to the most effective way of providing payroll support, employment law support and general advice & support for those in receipt of their budget via a direct payment. This should be done in conjunction with commissioning colleagues and in line with current contractual obligations.
3. Continue to engage with colleagues in the Commissioning Unit in order to develop Individual Service Funds.
4. Clear guidance/policy to be developed around what is an appropriate use of social work funding and what is not. This relates particularly to solutions which are perceived to be of a health related nature.
5. Further engagement with community planning colleagues in relation to developing easily accessible database of resources and services in the community.
6. Continued engagement with and education of our partner agencies.
7. Guidance and policy in relation to review and re-assessment. Decision required in relation to how frequently individual budgets are re-calculated. This needs to be well supported by IT/support systems otherwise this will be unmanageable.
8. Review form to incorporate mechanism for capturing and measuring outcomes.
9. Develop suite of standardised assessment, review and support planning documentation which supports staff to record appropriately.
10. Adopt consistent standardised risk assessment mechanism based on principles of positive risk taking – such as Steve Morgan's 'Working with Risk' format.
11. Development of a method of checks and balances throughout pathway which ensure that budget is being used appropriately and prompts the consideration of all other elements of resource available to the service user.
12. Uniform charging policy to be developed which does not create inequality or vulnerabilities for the social work budget.

13. Commissioning Unit to continue developing unit costs for resources or services which the council currently give block funding to.
14. Financial monitoring to remain simple and avoid unnecessary or disproportionate scrutiny.
15. Unspent money should be taken into account when reassessing to establish the reasons for this and the appropriate action to be taken. This could be repayment to the local authority or deduction from following years payable budget. It may result in the need for changes to the support plan.
16. Financial guidance required in relation to adjusting RAS and price point to reflect market changes.
17. Existing delegated spend levels should apply with authorisation levels and process for decision making remaining as they are for example resource allocation group, high cost applications, etc.
18. Clear guidance and policy relating to the use of social work funding to fund things which the service user receives other resource for such as ILF, DLA mobility, etc.
19. It is suggested that there should be no maximum indicative budget with any future system of allocating funding. This facilitates equality and means that everyone who is eligible can access self directed support.
20. Development of a peer support group which would collate the learning in the early stages of implementation and build a body of expertise and positive practice examples to inform staff and build confidence.
21. RAS and assessment for informal carers should be developed and consideration given to removing current restrictions on employing family members.
22. Development of streamlined consistent care management process/pathway, in line with impending legislation, which has Self-directed Support and the outcome focussed approach at it's core, thus removing the tendency to treat Self-directed Support as an additional piece of work on top of the traditional care management process.
23. All assessing staff to receive intensive training on new pathway/process.
24. Continue to seek guidance from Scottish Government on a number of issues which are believed to be crucial to the successful implementation of Self-directed Support such as how we deal with Free Personal Care.

25. Management statement to address any historical restrictions which have been placed on the use of care management budgets this is essential in order to allow maximum flexibility and creativity to achieve personalised services.
26. Development of effective and appropriate systems to support the 'back office' operations required. This should be integrated with existing systems in order to streamline the process.
27. Corporate culture change is required in order to ensure that all parts of the local authority are clear about the ethos of self-directed support this will reinforce the notion that we should be working in partnership with our service users and that the responsibilities of meeting the needs of an individual do not lie solely with the local authority.



In Control Pilot

September 2010

Guidance for Care Managers

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1 Introduction

The In Control pilot will commence on the 1st October 2010. The pilot will include people with a Learning Disability, a Physical Disability and/or Mental Health difficulty, and Older People. We are looking for a total of 16 referrals from across these functions.

Children with a Disability will be included (4) but will not have their new funding based on the adult RAS

2 Referral process.

Any service user referred into the pilot must already be aware, understand and be in agreement with the referral, and that they will be required to discuss their situation with the council's project lead on three occasions. Where the service user cannot understand, consent should be sought from the relevant carer/proxy. Information will be available about the pilot for Care Managers to share with service users and families.

When you have identified a possible candidate for the pilot please complete a referral form (Appendix 1) and email or send to Sheena Thomson. All referrals must be accompanied by an assessment of need or SSA. The referral form asks that the SW/CM includes a short statement on how they feel the Service User would get better outcomes from being included in the In Control Pilot. Sheena Thomson and Yvonne Strachan will consider each candidate and if agreed as appropriate will advise the SW/CM.

3(a) Self Directed Assessment

If it is agreed the person can be included then the SW/CM should undertake a Self Directed Assessment (Appendix 2) with the Service User and/or their chosen representative(s). When considering responses to each section, Service Users should be encouraged to identify what their desired outcomes are for each area of assessment. Not all outcomes describe a change, some outcomes may involve keeping a situation the same or preventing harm. The outcomes identified at this stage will provide the

starting point for your support planning. Further guidance about completing the self directed assessment will be available.

If the Service User and/or their chosen representative(s) and the SW/CM do not agree with a response then the SW/CM can over rule. Please note this in the comments box on the assessment. The reason for the over rule must be clearly documented and justified.

3(b) Financial Assessment

The SW/CM should complete a Financial Assessment form (Appendix 3). This has been developed for the In Control pilot and differs from the traditional FA in some areas. It would be helpful if mandates and the BACS form could also be completed at this point.

4 Indicative Individual Budget

The SW/CM should then send the self directed assessment and the financial assessment to Sheena Thomson. Sheena and Yvonne will use the RAS (Resource Allocation System) to calculate the funding and advise you what the indicative award is.

The SW/CM can then inform the Service User how much has been allocated. Remember this is an indicative allocation only – it should be used as the basis for developing a costed support plan and only once it has been approved does it become an actual allocation. There may be flexibility in the final allocation either way.

The SW/CM will also be able to inform the Service Users how much they will be expected to contribute to their individual budget. This will enable the Service User to make an informed choice and help them decide at this early stage whether to proceed on the pilot.

5 Support Planning

The recipient will then need to think about what the outcomes are they wish to achieve, what is important in their life, what would make it better. They will need to plan how these outcomes can be achieved within the available indicative budget. It is important at this point not to focus on, or be constrained by existing services – remember it's not just about hours of support. Service Users should be encouraged to think flexibly and creatively about how their outcomes can be achieved, as long as it meets the outcomes, falls within our statutory responsibilities, and is legal.

Once they have done this a Support Plan needs to be drawn up which SWs/CMs will most likely need to help develop. Most people will need some help, at least in the first instance, in deciding who they would like to help them develop their costed support plan.

The plan must detail what the desired outcomes are, how they are to be met, associated costs and how the support is to be organised and who will provide it. In every team there will be a SW/CM or TM who has undertaken additional training in this area, and will be able to support you.

If, at this stage, the service user or their carers/support network feel they cannot achieve the outcomes within the indicative allocation, they should detail this on the plan outlining what the additional costs would be, or that they would prefer to receive services. The service user can also choose to receive a combination of both traditional services and an individual budget. Any internal services purchased will be purchased at the gross cost.

6 Agreeing the plan

The SW/CM will have to agree the outcomes and agree the plan, using criteria provided. This support plan should then be sent to the project officer. It will be examined by the steering group who may require it to be modified or may ratify it.

7 Paying the individual budget.

The support plan should also identify how the money will be paid to the recipient.

This can be in the form of a direct payment, an indirect payment , trust fund, brokered fund, individual service fund or care managed fund.

In other areas most people have chosen to have the money paid to them directly but other options can be considered and SWs/CMs can ask the project officer for more information when required.

When the client has seen both the indicative award and contribution and chooses to continue on the pilot then an Agreement to Proceed Form should be completed and signed by the service user or representative.

The Service User will need to open a separate bank account.

8 Client Contribution/Charging Policy

The SW/CM will need to let the Service User know from the outset that the individual budget will be given with the expectation that the Service User contributes 27% of the overall amount. They will need to pay this sum into the separate bank account. A financial assessment will be available and the % can be reduced accordingly. The individual budget will be paid net of any client contribution.

Normal Charging Policy rules apply except that there will be no upper capital limit. The maximum anyone will pay is 27% of the individual budget.

9 Recording on Carefirst

It has been agreed that for the duration of the pilot Yvonne Strachan will record the individual budget on Carefirst. The SW/CM must include the Review Team Code on the initial referral form. The SW/CM will have to authorise the spend

10 Review & Monitor

The SW/CM should review the package after 6 weeks and then every 3 months for the period of the pilot. The main aim of the review will be to see that outcomes are being met.

The service user should provide a completed monitoring return at each review meeting and the Care Manager should ask to see the bank balance to verify the individual budget is being managed appropriately. If the SW/CM has any concerns in relation to the use or misuse of the budget, then they should seek advice from the project officer and finance.

If the SW/CM feels the outcomes are not being met then this should be discussed with the relevant team manager and referred to Sheena Thomson.

Sheena Thomson will undertake evaluation at three points throughout the pilot. This will be before the process commences, after 5 months and after 10 months. SWs/CMs will be involved in this evaluation.



Appendix 2

Aberdeenshire Council Self Directed Assessment

(Adults)

SELF Directed Assessment 1 (Adults)

1 Meeting personal care needs

This part is about looking after yourself – things like washing, dressing and going to the toilet

		Outcomes
A) I very rarely need support to look after myself. I'm OK on my own in most places – for days at a time. I do not require help to meet my personal care needs	<input type="checkbox"/>	
B) I occasionally need help with personal care. I can stay on my own for quite long periods in familiar places.	<input type="checkbox"/>	
C) I need support now and then with personal care. I'm OK for short periods on my own in places I know – I need some one around some of the time.	<input type="checkbox"/>	
D) I often need help with personal care during the day. I need someone around most of the time to make sure I'm safe.	<input type="checkbox"/>	
E) I need a lot of support with personal care (washing, going to the toilet). I need help during the day and		

<p>night. I need someone around me day and night to keep me or other people safe. I get higher rate attendance allowance.</p>	<input type="checkbox"/>	
<p>Comments/Additional Information E.g. if worker and service user have not agreed on assessment.</p>		

2 Eating and Drinking (Nutritional needs)

This part is about looking after yourself, and staying fit and well nourished – eating and drinking properly.

		Outcomes
<p>A) I do not need help in this area</p>	<input type="checkbox"/>	
<p>B) I can prepare snacks and hot drinks, but need help to prepare a meal</p>	<input type="checkbox"/>	
<p>C) I need help to prepare food and drinks or to eat and</p>		

drink.	<input type="checkbox"/>	
D) I need lots of help to eat and drink, I need to be fed and given drinks or need to be reminded to make sure I have enough to eat or don't eat too much.	<input type="checkbox"/>	
Comments/Additional Information E.g. if worker and service user have not agreed on assessment		

3 Practical aspects of daily living

This Part is about day to day life; things like, shopping, cleaning, cooking, and doing the laundry. (Mobility, sensory think about this in your planning)

		Outcomes
A) I don't need help with very much around the home	<input type="checkbox"/>	

<p>B) I need help with some things around the home : I need some help with shopping, laundry, housework, managing finances, paying bills, and general home maintenance</p>	<input type="checkbox"/>	
<p>C) I need help a few times a week with some things around the home : I need some help with shopping, laundry, housework, managing finances, paying bills, and general home maintenance</p>	<input type="checkbox"/>	
<p>D) I need help with most things around the home: I need lots of help with my shopping, laundry, housework, managing finances, paying bills, and general home maintenance.</p>	<input type="checkbox"/>	
<p>Comments/Additional Information E.g. if worker and service user have not agreed on assessment</p>		

4 Physical and Mental Health and Well being

This part refers to support you may need to manage a long term physical condition (eg diabetes, heart or respiratory failure, stroke, epilepsy etc) or a mental condition (eg depression, anxiety state, bereavement, dementia etc).

		Outcomes
A) I am able to keep myself healthy and well.	<input type="checkbox"/>	
B) I need some advice weekly or fortnightly to plan my diet and make lifestyle choices to maintain my health and wellbeing.	<input type="checkbox"/>	
C) I need support once or twice a week to maintain my health and wellbeing.	<input type="checkbox"/>	
D) I need support most days to maintain my health and wellbeing.	<input type="checkbox"/>	
E) I need support a few times a day to maintain my health		

and wellbeing.		
Comments/Additional Information E.g. if worker and service user have not agreed on assessment		

5 Relationships & Social Inclusion

This part is about doing things in your community, like using local shops, the library, going to a luncheon club or the community centre, church or other place of worship, visiting neighbours, or being involved in local organisations. It also looks at being with friends.

Your community might be the people and places that are in your local area or you may think of your community as the people and places that are important to you because of who your religion or ethnic origin.

		Outcomes
A) I am happy with the number of people in my life – friends, family and acquaintances.	<input type="checkbox"/>	

B) I need help to keep in touch with the people in my life and go to the places I choose.	<input type="checkbox"/>	
C) I regularly need help to do things and meet more friends.	<input type="checkbox"/>	
D) I want to make new friends and do things I can't do just now; I need help to keep doing these things.	<input type="checkbox"/>	
Comments/Additional Information E.g. if worker and service user have not agreed on assessment		

6 Choice and Control

This part is about who decides important things in your life – things like where you live, who supports you, who decides how your money is spent. You may have less control over your life having become forgetful or confused, or you may be depressed.

Outcomes

A) I can make choices and decisions and know how and when to seek advice.	<input type="checkbox"/>	
B) I can make choices and decisions but don't always know when to seek advice.	<input type="checkbox"/>	
C) I can make some choices and decisions but sometimes people have to help me.	<input type="checkbox"/>	
D) Most choices and decisions are made for me – I need help to have my views taken into account.	<input type="checkbox"/>	
Comments/Additional Information E.g. if worker and service user have not agreed on assessment		

7 Risk

This part is about keeping safe when I'm going out on a bus, or using a gas cooker, or going down stairs. If Those are the things that are important for you. But staying safe is about different things for different people.

Some situations where there are quite high risk can be managed by using technology, if you require support to manage risks you should, find out about what tele-care is available in your area.

		Outcomes
A) I understand the risks in my life and can keep myself safe.	<input type="checkbox"/>	
B) With the right level of help – i.e. smoke detectors, someone phoning me – I am able to stay safe at home.	<input type="checkbox"/>	
C) I don't understand risks out of the house – i.e. stranger danger, getting on the wrong bus – but I'm ok when I am in familiar places. and/or I need someone to check I am ok at home from time to time – i.e. check assisted living equipment	<input type="checkbox"/>	
D) I need someone with me outside the home most of the time.	<input type="checkbox"/>	
E) I need someone with me most of the time.	<input type="checkbox"/>	
Comments/Additional Information E.g. if worker and service user have not agreed on assessment		

8 Having work and learning opportunities

This part is about working and learning. The work may include voluntary work or paid work that I choose to do. This part is also about learning opportunities at a local college or community centre or anywhere else I choose to attend.

Outcome: I am able to have work and learning opportunities if I choose to		Outcomes
A) I do not require support with work or learning opportunities currently	<input type="checkbox"/>	
B) I need occasional support to work or learn or both (e.g. once a week)	<input type="checkbox"/>	
C) I often need support to work or learn or both (e.g. several times each week)	<input type="checkbox"/>	
D) I would like to work or learn or both and regularly need support to do this. (e.g. daily or several times each day)	<input type="checkbox"/>	

9(a) Informal Support

This part is about the support I get which is unpaid – for example from family, friends and neighbours

Outcome: I am able to draw on support from friends and family without placing an undue burden on them	
I have family members or friends who provide unpaid support	YES/NO

Informal support (continued)

If you answered yes above, please choose one of the following options:

		Outcomes
A) My family and friends can provide all of the support I need	<input type="checkbox"/>	
B) I am able to get much of the support I need from family and friends and have or need occasional paid support	<input type="checkbox"/>	
C) I am able to get only some of the support I need from		

family and friends and need significant paid support.	<input type="checkbox"/>	
D) I get little support from family or friends	<input type="checkbox"/>	

9(b) Family carer and informal support

This part is for an unpaid carer (this is often a family member or close friend) who is currently providing informal support. Please tell us how providing this support affects your life.

		Outcomes
A) It causes me no concern in my daily life	<input type="checkbox"/>	
B) It causes some concern and has some effect on my daily life	<input type="checkbox"/>	
C) It causes significant concern and has a significant impact on my daily life	<input type="checkbox"/>	
D) It has a critical impact on my daily life and affects my health and well-being.	<input type="checkbox"/>	



IN CONTROL FINANCIAL ASSESSMENT FORM

Sept 2010v1

Appendix 3

Service User's Name _____ Carefirst Ref. _____

Address _____ Service User DOB _____ NI No. _____

_____ Partners DOB _____ NI No. _____

Post Code _____ Partners
Name _____

Tele. No _____ Start Date of Tenancy _____

	Yes	No
New Referral		
Reassessment		
Transfer		

Do you own any property other than your home address? YES/NO (delete as appropriate)
If yes, address of property _____

If no, please complete the following information:-

(1) WEEKLY INCOME	SERVICE USER		PARTNER		Proof Sighted
	£	p	£	p	
Income Support/J.S.A					
Guarantee Credit					
Savings Credit					
Retirement Pension					
Attendance Allowance					
DLA Care					
DLA Mobility					
Constant. Attend Allowance					
Independent Living Fund					
War Disablement Pension					
War Widows/widowers MOD Pension					
War Widows/Widowers Basic Pension					
Carers Allowance					
Incapacity Benefit/ESA					
Statutory Sick Pay					
Severe Dis. Allowance					
Widows/Bereavement Benefits					
Industrial Injury Benefit					
Working Tax Credit					
Child Tax Credit					
Child Benefit					
Maintenance etc					

ILF Reference Number:
Rent Account Reference Number:
Council Tax Account Reference Number:

WEEKLY ALLOWANCES (Client & Partner)		
Net Weekly Mortgage		
Net Rent (Council Property)		
Net Rent (Private Property)		
Net Weekly Council Tax & Water		
DLA Mobility:		
Independent Living Package		
War Disab. Pen. Full Disregard		
MOD Pension £78.48 Disregard		
War Wid B.Pen. £10 Disregard		
Earnings Disregard £20		
Personal Allowances:- Single £154 Double £236 Dependant Children@£60 Other –(supporting memo approved by Line Manager must be attached)		

Tariff Income – see 2 over					
Occupational Pension - see 3 over					
Private Pension - see 3 over					
Net Earnings – see 3 over					
Any Other Income - see 3 over					
Rent Income from Boarders – see note 3 over					
TOTAL					

TOTAL ALLOWANCES		
CALCULATION SUMMARY		
	£	p
Total Joint Income		
Less Total Allowances		
Available income for care (C/Fwd to Calculation)		

(2) DETAILS OF CAPITAL/SAVINGS (Note: A charge may be made by your Bank to verify this information)

<u>Name and Address of Branch</u>	<u>Account No</u> <u>Proof Sighted</u>	<u>Current Balance</u>
1.....	£.....
.....	£.....
2.....	£.....
.....	£.....
3.....	£.....
.....	

Details of Other Capital (e.g. Stocks & Shares, National Savings, Other Property/Land)

.....	£.....
.....	
.....	£.....
.....	
.....	£.....
.....	

Tariff	£ _____ = £ _____
Calculation	500

Total Capital	£ _____
Less Disregard	£ 6,000.00

(3) SOURCE OF OTHER INCOME: PLEASE PROVIDE PROOF (All documentation will be returned)

Please use this section to provide full details of all other income.
 e.g Superannuation/Pensions/Maintenance/Earnings/Self Employment Earnings, giving name/address and reference
 number of source of income.

.....

**If Proof Sighted
(please initial)**

(4) IS A FURTHER BENEFIT CHECK RECOMMENDED	YES	NO
Please use separate form for over 60's		

(5) Invoice Address if different from overleaf

.....

Post Code

(6) Declaration Please select option one or option 2.

Option 1

I do not wish a financial assessment to be carried out.

I understand that I will be required to contribute 27% of the value of my individual budget

Option 2

I have agreed to a financial assessment being carried out.

I understand that I must report any change in my financial circumstances to Aberdeenshire Council immediately, as my contribution may be affected.

Note:

The personal information you provide will be used in accordance with the requirements of the Data Protection Act 1998.

Service User's/Rep Signature
Date.....

Print name.....

Care Manager/Social Worker Signature Date
.....

Print Name.....

My Support Plan

By *Service User's Name*

Date of Birth:



My Story

My name is I am I live with my husband, who helps me with washing, dressing, getting in and out of bed, in and out of my wheelchair. I had a stroke approximately 2 years ago and have limited use of my left leg and no use of my left hand. I am unable to voice my opinions of what I want very clearly and my husband helps me to express myself. I partake in these discussions and feel that I am able to agree or disagree with what my husband suggests and still feel fully engaged in the process. I also have problems with my eyesight now which has left me unable to pursue my favourite hobby of reading so easily.

Because I am now unable to do basic, everyday activities, such as holding books, I would like to learn how new technology could help me to read and communicate and generally spend my time more constructively.

I have a love of sports in general and really enjoyed spending time watching these programmes on the television. Unfortunately, I can no longer justify paying for a sports package on my satellite subscription. Sometimes it is nice to be able to watch important matches and events as they happen but this is no longer possible for me. I get this love of sports from my father who worked down coal mines all his days and who supported the colliery sports teams and brass band etc.

My main concern is that I don't get out and about as I would wish, due to transportation issues. This has meant I am reliant on others to come to me and have no opportunity (other than day care once a week) to get out and about and visit my family and friends. Sometimes I would like to be able to plan a normal family holiday and go and stay elsewhere. Before my stroke my husband and I used to travel extensively and I do miss that side of things. I also would like to see my husband getting a break from his 24 hour caring role, although I know he is happy to continue to care for me without support from others. However, I do think he would benefit from being able to have a break from caring for me and something to look forward to.

People who are important to me

<u>Family/ Friends</u>	<u>Professionals</u>
My husband	Care Manager
My son and daughter in law and their expected baby	Local Area Coordinator
My daughter	Day Centre staff and attendees at Day Centre
My old friends	Staff from Service Provider who visit once a fortnight

My Likes & Dislikes

Likes

- ❖ Spending time with family / visiting friends and family
- ❖ Leading a normal life and going away as a couple
- ❖ Meeting and mixing with new people
- ❖ Travelling
- ❖ Learning new things like using the internet
- ❖ Reading / listening to books
- ❖ Communicating with my family who live around the world
- ❖ Sharing special moments
- ❖ Massage to relieve my pain and help my muscle tone
- ❖ Watching sports programmes
- ❖ Music (such as the old brass bands set up by the collieries)

Dislikes

- ❖ Spending time in a residential care setting
- ❖ Being stuck in the same four walls
- ❖ Not being able to enjoy quality time with her husband and family
- ❖ Being unable to travel as she had all her life prior to having the stroke
- ❖ Being restricted by not having transport to get out
- ❖ Being unable to join in everyday events
- ❖ Having no real intellectually stimulating activities to pass the day.

My Dream

Before my stroke my husband and I were able to travel all over the place and enjoyed meeting different people and seeing different places. I would like to feel that I am free to go where I wish and see who I like and that I am not restricted by my disability and the need for large amounts of equipment wherever I go. I would like to see my friends and family but most of all my husband and I would like to be able to look forward to doing something together which we both enjoy. I would like my husband to get the break from caring 24 hours a day for me and for us to be able to plan and do things as any other normal married couple can do.

What I want to change and achieve

I want my husband to be able to have a break from his caring role. I would like to achieve this by means other than the traditional care home respite which is available. I do not want to go into residential care even for a break and feel I am too young to be settling for this.

I would like to be able to visit places without worrying how long I can stay because I don't have the right equipment with me.

I would like to utilise my intellect by reading, playing games and learning new things. I would dearly love to be able to communicate with my friends and family using a computer and would like to be able to interact virtually with my grandchildren when they have birthdays far away.

I want to be happy and not sitting surrounded by the same four walls day in day out but have something to look forward to which enables me to have a happier, healthier life.

Important to Myself:

- ❖ Being included
- ❖ Feeling listened to
- ❖ Being able to participate in important family occasions

- ❖ Knowing my husband has something to look forward to which gives him a break from 24 hour caring 7 days a week
- ❖ To be able to contribute to decision making process and choose what I want to do.
- ❖ To feel safe
- ❖ To feel worthwhile

Important for Myself:

- ❖ Assistance with all aspects of personal care
- ❖ Help with meal preparation
- ❖ Assistance with all transfers using a Stand-aid
- ❖ Access to my comfortable wheelchair when I am visiting somewhere for more than a couple of hours
- ❖ Physio-therapy to help me to maintain muscle-tone
- ❖ Opportunities to socialise
- ❖ Regular contact with family and friends
- ❖ Participating in family events
- ❖ Mental stimulation

How I will be supported

My husband will continue to assist me with all aspects of personal care, food and drink preparation and all daily living tasks.

Regular breaks away from home and visiting other people will ensure that he is able to continue to support me as we both wish and that he has something to look forward to.

This will also help me to spend time with my friends and family and be able to travel about a bit more freely and be able to hire a car which is able to take all the equipment I require to spend more than a few hours from home.

I will continue to utilise the day care once a week at present as this gives me an opportunity to meet people and I will also continue to have the carer visit once a fortnight to give me a massage as this helps to keep my skin integrity intact.

I will be provided with computer equipment which means I am not cut off when bad weather prevents us leaving the house and I will be able to stay in touch using the computer. I need a larger screen due to my poor eyesight and would need to have the option of using a voice activated machine so I would need quite expensive equipment I suspect. This may be more expensive than I have anticipated as I would probably need advice on what to purchase from a computer expert initially.

Hopefully the care package will help me to become less socially isolated and offer my husband some respite whilst still providing me with some social and intellectual stimulation. I am hoping that the use of IT equipment will help me to interact and will open up my small world and widen my interests such as brass band music and sports.

How my Individual Budget will be spent

Annual Indicative Budget £19,044.03		
Description of Support	Weekly Cost	Annual Cost
<p>Visit and stay with family down south:</p> <p>Car Hire: £38 x 9 days = £342.00</p> <p>Petrol costs: 1164 miles @ 96.90 per litre (based on 28 miles to gallon) = £183.13</p> <p>Hotel Accommodation (based on motorway room costs) £56.00 x 2 = £112.00</p> <p>Based on six visits a year.</p>	£ 73.52	£ 3,823.04
<p>Visit local family once a week:</p> <p>Car Hire: £38.00 x 1 = £38.00</p> <p>Petrol costs: £9.83</p>	£ 47.83	£2,487.16
<p>Staying in Self-Catering accommodation:</p> <p>Car hire £38.00 x 7 = £266.00</p> <p>Self catering accommodation: £960 per week @ 2 weeks per year</p>	£ 47.16	£2,452.32
<p>Large screen computer (sight impairment) to enable me to read, using speech recognition technology and hands free equipment to communicate and socialise:</p> <p>Acer Aspire Z1800 20 inch All-in-One Desktop PC = £399.00</p> <p>Skype webcam with microphone = £14.95</p> <p>Voice activated software = £159.95</p>	£ 11.03	£ 573.90

Computer based skills teaching by tutor £30.00 per hour x 1 = £30.00 x 52	£ 30.00	£ 1,560.00
Massage / Physio to assist with maintaining skin integrity once a fortnight for 1.5 hours	£ 9.83	£ 511.16
Day Centre Costs	£ 23.25	£ 1,209.00
Contingency Fund @ 9% of cost	£ 21.83	£ 1,135.50
TOTAL	£264.46	£13,752.08

How my support will be managed

My husband will help me to set up a bank account which he can access as I am not able to write very well and I would need his assistance with this.

I will continue to access some services (ie the day care and the support for massage) through my Care Manager / Local Area Coordinator, who can pay those bills for me.

I will not, therefore, have to employ staff directly which I think I would find a hassle and would be an unnecessary burden but I will be able to, with my husband help keep records of invoices and receipts. I may even be able to utilise any new found skills keeping computer records once I have had some computer lessons.

Tutoring will be provided by someone who is self employed as there will be no physical duties involved in their support.

How I will stay in control

Regular support will be provided whilst I get started but I am hoping that the care package will be more flexible and will provide us with support with having a normal married life.

I will keep in regular contact with my Local Area Coordinator and we can make changes to the Action Plan as required whilst we find our feet. The concept is quite an unusual one but I feel that, where I am have little or no help in certain areas (such as socialisation and maintaining my mental health and wellbeing) with the package of care I currently have, I will have more choice and be able to make choices and decisions (along with my husband) which meet my personal needs and wishes. I am very excited about this process.

My Action Plan

Use of Money	Potential Outcomes	Achieved Outcomes (when reviewed)
IT equipment	To provide more social and mental stimulation. To improve mood and ensure I can keep in contact with my family who live some distance away.	
Day Care Provision	To provide social interaction and opportunity to meet people / to provide carer relief.	

<p>IT training opportunities either with a tutor or via a training course.</p>	<p>To provide mental stimulation and life long learning opportunities.</p>	
<p>Car hire, petrol and hotel accommodation.</p>	<p>To provide carer relief and offer support to help to maintain relations with my husband and to ensure we both remain happy, and our emotional health and wellbeing is maintained.</p>	
<p>Regular massage of muscles (wheelchair user).</p>	<p>To maintain integrity of skin and ensure that I am not left in too much discomfort.</p>	

SDS (In Control) Pilot - Staff feedback



1. Please select the client group you work with.

		Response Percent	Response Count
Older People & Physical Disability		45.4%	69
Learning Disability		27.6%	42
Mental health		19.7%	30
Substance Misuse		15.1%	23
Children with Disabilities		13.2%	20
Sensory Impairment		9.2%	14
Other (please specify)		19.1%	29
	Other (please specify)		34
		answered question	152
		skipped question	5

Page 1, Q1. Please select the client group you work with.

1	Children's Rights	Apr 27, 2012 9:19 AM
2	Children & Families	Apr 25, 2012 11:14 PM
3	Joint Sex Offender project	Apr 23, 2012 2:36 PM
4	Children and families	Apr 23, 2012 8:10 AM
5	not elderly but people with Physical disability	Apr 20, 2012 3:07 PM
6	Prospective Adopters	Apr 20, 2012 12:58 PM
7	All groups	Apr 20, 2012 12:18 PM
8	FINANCE	Apr 20, 2012 12:13 PM
9	criminal justice	Apr 20, 2012 12:13 PM
10	Children & Families	Apr 20, 2012 12:02 PM
11	commissioning	Apr 19, 2012 1:33 AM
12	children and families	Apr 17, 2012 1:38 PM
13	Business Services	Apr 16, 2012 9:44 AM
14	All	Apr 12, 2012 10:51 AM
15	Children & Families	Apr 12, 2012 8:58 AM
16	All above - support staff	Apr 11, 2012 3:11 PM
17	Children and Families	Apr 10, 2012 10:05 PM
18	All adult groups	Apr 10, 2012 9:36 AM
19	Kinship Carers	Apr 9, 2012 2:55 PM

Page 1, Q1. Please select the client group you work with.

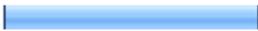
20	System support	Apr 9, 2012 8:29 AM
21	Child Protection	Apr 9, 2012 7:57 AM
22	Finance	Apr 5, 2012 1:12 PM
23	Adult Protection	Apr 5, 2012 8:36 AM
24	Criminal Justice	Apr 4, 2012 3:23 PM
25	Adoption	Apr 4, 2012 3:21 PM
26	Children	Apr 4, 2012 3:14 PM
27	I do not work directly with service users but do work across all services in supporting social work students and colleagues	Apr 4, 2012 2:26 PM
28	Physical Disability	Apr 4, 2012 2:20 PM
29	children and families	Apr 4, 2012 2:06 PM
30	Not a practitioner	Apr 4, 2012 2:04 PM
31	Criminal Justice	Apr 4, 2012 1:20 PM
32	Adult Protection	Apr 4, 2012 1:12 PM
33	sex offenders	Apr 4, 2012 1:10 PM
34	Children's Services	Apr 4, 2012 1:09 PM

2. I have sufficient knowledge of the general principles of Self Directed Support.		Response Percent	Response Count
Strongy Agree		10.2%	18
Agree		47.1%	74
Neither Agree or Disagree		15.3%	24
Disagree		19.7%	31
Strongly Disagree		7.6%	12
Comments:			15
answered question			157
skipped question			0

Page 1, Q2. I have sufficient knowledge of the general principles of Self Directed Support.

1	I have an idea, but would like to know more	Apr 25, 2012 10:14 AM
2	I have had some training in relation to self directed support but do not feel confident in explaining the whole process to prospective recipients.	Apr 25, 2012 8:47 AM
3	awaiting to get feedback from a member of staff who is attending a workshop on self support	Apr 23, 2012 10:20 AM
4	would welcome on-going updates	Apr 20, 2012 12:13 PM
5	Have not been directly involved	Apr 12, 2012 8:58 AM
6	No knowledge	Apr 9, 2012 2:55 PM
7	Only in as much as that I am aware that the client is given a lump sum and purchases own support. Also that there are less restrictions on how they spend it.	Apr 5, 2012 12:17 PM
8	Not aware of it at all	Apr 5, 2012 8:07 AM
9	I have some knowledge from a previous employment	Apr 4, 2012 5:41 PM
10	I have been taking part in the In Control Pilot which has increased my awareness of the principles.	Apr 4, 2012 3:32 PM
11	I worked in the past with children with disabilities, but am not up to date with info.	Apr 4, 2012 3:21 PM
12	Need more specific info re In Control	Apr 4, 2012 2:44 PM
13	would benefit from more input and training and case studies	Apr 4, 2012 2:39 PM
14	Training	Apr 4, 2012 2:20 PM
15	Worked previously in service provideing support and advice to DP recipients.SW Dissertation also related to DP & SDS	Apr 4, 2012 1:09 PM

3. I am aware of local developments in relation to Self Directed Support.

		Response Percent	Response Count
Strongly Agree		7.7%	12
Agree		47.4%	74
Neither Agree or Disagree		15.4%	24
Disagree		23.1%	36
Strongly Disagree		6.4%	10
	Comments:		6
		answered question	156
		skipped question	1

Page 1, Q3. I am aware of local developments in relation to Self Directed Support.

1	However, I have asked for further details with my trade union hat on, which will also be of assistance in my work	Apr 27, 2012 9:19 AM
2	Aware, but not much information passed on	Apr 25, 2012 10:14 AM
3	I am aware that this process is be supported to be rolled out more across the country but lacking awareness of further developments.	Apr 25, 2012 8:47 AM
4	That a pilot is running and that there is legislation currently being passed on delivery of SDS	Apr 5, 2012 12:17 PM
5	Although I am aware of the priciples of Self Directed Support I am not aware of local developments regadring mu current employment	Apr 4, 2012 5:41 PM
6	more information needed	Apr 4, 2012 2:55 PM

4. I am aware of national developments in relation to Self Directed Support.

		Response Percent	Response Count
Strongly Agree		5.8%	9
Agree		41.3%	64
Neither Agree or Disagree		25.2%	39
Disagree		21.9%	34
Strongly Disagree		5.8%	9
	Comments:		6
		answered question	155
		skipped question	2

Page 1, Q4. I am aware of national developments in relation to Self Directed Support.

1	Through UNISON rather than through the council	Apr 27, 2012 9:19 AM
2	As above	Apr 25, 2012 10:14 AM
3	As above	Apr 5, 2012 12:17 PM
4	I have abasic knowledge of this	Apr 4, 2012 5:41 PM
5	Through updates from Care Knowledge Website.	Apr 4, 2012 3:32 PM
6	not entirely sure of how this is being introduced/managed/implemented	Apr 4, 2012 2:39 PM

5. I am aware of Aberdeenshire Council's In Control pilot.

		Response Percent	Response Count
Strongly Agree		18.3%	28
Agree		52.3%	80
Neither Agree or Disagree		5.2%	8
Disagree		16.3%	25
Strongly Disagree		7.8%	12
	Comments:		6
		answered question	153
		skipped question	4

Page 1, Q5. I am aware of Aberdeenshire Council's In Control pilot.

1	I have no details of this	Apr 27, 2012 9:19 AM
2	As above	Apr 25, 2012 10:14 AM
3	I have had clients who have been accepted onto the in control pilot.	Apr 25, 2012 8:47 AM
4	would like a bit more information about this	Apr 20, 2012 12:13 PM
5	Through previous employer	Apr 11, 2012 3:24 PM
6	Not publicised enough	Apr 4, 2012 2:20 PM

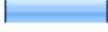
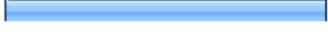
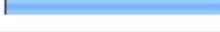
6. I have knowledge of the Social Care (Self directed support) (Scotland) Bill.

		Response Percent	Response Count
Strongly Agree		5.9%	9
Agree		48.4%	74
Neither Agree or Disagree		26.1%	40
Disagree		12.4%	19
Strongly Disagree		7.2%	11
	Comments:		6
answered question			153
skipped question			4

Page 1, Q6. I have knowledge of the Social Care (Self directed support) (Scotland) Bill.

1	I know of it and some of the direction but am not aware of it in details	Apr 27, 2012 9:19 AM
2	Again, more information required	Apr 25, 2012 10:14 AM
3	I have some knowledge but not in depth.	Apr 25, 2012 8:47 AM
4	limited knowledge	Apr 11, 2012 9:28 AM
5	Has been discussed at recent Team Meetings.	Apr 4, 2012 3:32 PM
6	I have a good idea of the process but training would help	Apr 4, 2012 2:20 PM

7. 6. How did you gain knowledge of Self directed support? (select all that apply)

		Response Percent	Response Count
Care Management training		37.3%	47
Team Brief/Meetings		50.0%	63
Word of mouth		35.7%	45
Media		9.5%	12
Contact with self directed support officers within Aberdeenshire Council		38.9%	49
Support Planning training		7.9%	10
Strategy Days		8.7%	11
Colleagues		31.0%	39
Conferences/Events		11.9%	15
Involvement with In Control pilot		20.8%	26
		Other (please specify)	31
		answered question	126
		skipped question	31

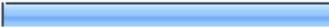
Page 1, Q7. 6. How did you gain knowledge of Self directed support?
(select all that apply)

1	Need more training when it is implimented	May 15, 2012 9:49 AM
2	Not had much information.	Apr 27, 2012 1:26 PM
3	Through UNISON	Apr 27, 2012 9:19 AM
4	Researched this for presentation some time ago and have maintained an interest	Apr 25, 2012 11:14 PM
5	An event was held in the building I work in, although I was not involved with it.	Apr 25, 2012 3:03 PM
6	reading of proposed Bill some time ago of my own initiative	Apr 23, 2012 7:38 AM
7	Involved in	Apr 20, 2012 1:48 PM
8	Training day	Apr 20, 2012 1:12 PM
9	I am currently working on a support plan at present	Apr 20, 2012 12:05 PM
10	SG Briefings & Consultations Visits General articles	Apr 19, 2012 1:33 AM
11	through core briefs	Apr 17, 2012 1:38 PM
12	Email	Apr 16, 2012 12:02 PM
13	Through previous employer and links with In control Scotland - Did the in control training approx 18months ago - treid to develop a North East network with assistance from In control Scotland	Apr 11, 2012 3:24 PM
14	This survey!	Apr 11, 2012 3:11 PM
15	initially from my team manager as part of the pilot	Apr 11, 2012 9:28 AM
16	No knowledge.	Apr 9, 2012 2:55 PM
17	Scottish Government emails	Apr 9, 2012 8:47 AM

Page 1, Q7. 6. How did you gain knowledge of Self directed support?
(select all that apply)

18	I was formerly in a Finance Officer position, working alongside Sheena with the original meetings with Lanarkshire Council	Apr 9, 2012 8:29 AM
19	Own online research.	Apr 8, 2012 4:48 PM
20	personal research and my other employment - with Grampian Opportunities	Apr 6, 2012 12:19 PM
21	Training carers	Apr 5, 2012 6:43 PM
22	Scottish Government	Apr 5, 2012 8:36 AM
23	previous employer	Apr 4, 2012 5:41 PM
24	have not been informed but this is not surprising as am managed through child care	Apr 4, 2012 4:02 PM
25	Recieved paperwork form the City whilst looking for care for my Dad.	Apr 4, 2012 3:42 PM
26	Do not have any knowledge of current information	Apr 4, 2012 3:23 PM
27	Through this e-mail	Apr 4, 2012 3:21 PM
28	I read the proposed Bill.	Apr 4, 2012 2:36 PM
29	Work with students involved in piloting In Control	Apr 4, 2012 2:26 PM
30	n/a	Apr 4, 2012 2:06 PM
31	SG Information	Apr 4, 2012 2:04 PM

8. I feel positive about the changes that self directed support could bring about for my service users.

		Response Percent	Response Count
Strongly Agree		10.0%	15
Agree		30.0%	45
Neither Agree or Disagree		50.7%	76
Disagree		8.0%	12
Strongly Disagree		1.3%	2
		Comments:	20
		answered question	150
		skipped question	7

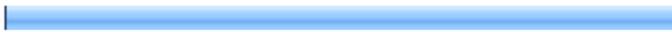
Page 1, Q8. I feel positive about the changes that self directed support could bring about for my service users.

1	Not sure about how it is to be implemented or organised or what it entails for clients. In the dark	Apr 27, 2012 1:26 PM
2	I think the principles are good but I fear that the resources will not match these. It has been used to make cuts in some areas and I very much hope that does not happen here	Apr 27, 2012 9:19 AM
3	Could be positive for some individuals, but negative for those who need assistance to access the services/activities they require. Some may not manage this if supported by elderly relatives, for example	Apr 25, 2012 10:14 AM
4	There have been some positive outcomes for clients who receive self direct payments but also challenges in how services are then delivered that don't necessarily meet the clients needs and may be better off with more control over how they organise their budget.	Apr 25, 2012 8:47 AM
5	I feel that it will bring positive changes for clients who are able to manage self directed support but the majority of my clients would not be able to manage, or have the support from family/friends to manage receiving self directed support.	Apr 24, 2012 9:10 AM
6	Positive on the whole, but also am of the view that this will have an impact of applications for financial guardianship which otherwise wouldn't be necessary. the reason is that self directed support provides flexibility but also requires a degree of financial management many service users with LDs will not be able to have	Apr 23, 2012 7:38 AM
7	I don't understand the implications well enough to make a judgement on this.	Apr 17, 2012 10:20 AM
8	not really aware of it in Day Services for older people	Apr 11, 2012 3:24 PM
9	Having filled in one of the applications in respect of my client , the form did not fit our service users at all. The questions asked were not relevant to drug and alcohol issues. We were taken off the pilot as a result of our collective findings.	Apr 11, 2012 9:28 AM
10	I am concerned that is being used to circumvent eligibility requirements at times and causing budget pressure.	Apr 10, 2012 11:04 AM
11	cant offer an opinion as I have no knowledge of these changes.	Apr 9, 2012 2:55 PM
12	Feel I am lacking in knowledge at moment and not sure how succesful 'In Control' pilot is.	Apr 5, 2012 12:17 PM
13	I both agree and disagree. I think in principle it could work well and enable people to have more controll in their live and there lead to improved services. I am concerned about the impact on adult protection and risk for people who are unable to protect themselves and we are less able due to the use of services that we do not have a contract for.	Apr 5, 2012 8:36 AM
14	Unsure of the implications- good bill in principal but worry about there being no extra funding to deliver SDS.	Apr 4, 2012 4:54 PM

Page 1, Q8. I feel positive about the changes that self directed support could bring about for my service users.

15	I have found it refreshing to have the self directed support training and to participate with In Control Pilot and the positive changes this has made for the people that I have used it with.	Apr 4, 2012 3:32 PM
16	My post doesnt involve working directly with service users.	Apr 4, 2012 2:26 PM
17	I have no opinion	Apr 4, 2012 2:06 PM
18	Dont know enough about it to comment	Apr 4, 2012 1:50 PM
19	Do not know enough about it	Apr 4, 2012 1:46 PM
20	I think it can sometimes provide the flexibility needed to be really person-centred rather than resource led. It can be empowering for families and it can help them take more responsibility for the support. However it can be hard to ensure it is still meeting outcomes / still needed. Workers may be less professional and unable to separate their views from that of the family.	Apr 4, 2012 1:18 PM

9. I feel positive about the changes self directed support could bring about for me as a practitioner.

		Response Percent	Response Count
Strongly Agree		5.4%	8
Agree		23.8%	35
Neither Agree or Disagree		61.2%	90
Disagree		7.5%	11
Strongly Disagree		2.0%	3
		Comments:	18
		answered question	147
		skipped question	10

Page 1, Q9. I feel positive about the changes self directed support could bring about for me as a practitioner.

1	I think it will bring a lot more work which may mean my case load would have to be reduced	May 15, 2012 9:49 AM
2	I am still not clear how they will impact	Apr 27, 2012 9:19 AM
3	Not within the council, but perhaps as a private practitioner?	Apr 25, 2012 10:14 AM
4	There is alot of work involved in setting up a support plan and package, which is a challenge to manage with a high caseload where other processes of assessment are involved.	Apr 25, 2012 8:47 AM
5	Not a practitioner	Apr 20, 2012 1:48 PM
6	n/a	Apr 20, 2012 1:04 PM
7	Trying to be, just the changes -as always takes a while to get used to!	Apr 20, 2012 12:05 PM
8	I'm not a practitioner but would still like to know what it's all about.	Apr 11, 2012 3:11 PM
9	cant offer an opinion as I have no knowledge about these changes	Apr 9, 2012 2:55 PM
10	I am not a practitioner so cannot comment on this.	Apr 5, 2012 1:12 PM
11	Don't know.	Apr 5, 2012 12:17 PM
12	I feel it will enable us to get back to the roots of social work however do have concerns with time constraints and being able to offer it to our clients and being able to carry out the work it requires effectively.	Apr 4, 2012 3:32 PM
13	Not applicable, see above.	Apr 4, 2012 2:26 PM
14	I have no involvement	Apr 4, 2012 2:06 PM
15	Do not know enough about it	Apr 4, 2012 1:46 PM
16	I would have concerns about equipment + adaptations cleint may make without appropriate assessment	Apr 4, 2012 1:43 PM
17	Positive to some degree, concerned about - will it increase my work load, will there be enough training and also there are a lot of changes going on as well out with SDS. It is the process that I would need to do/ guide the client through that I am apprehensive	Apr 4, 2012 1:37 PM

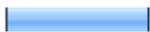
Page 1, Q9. I feel positive about the changes self directed support could bring about for me as a practitioner.

about rather than the general principles of SDS

18 It is fidely to set up and review.

Apr 4, 2012 1:18 PM

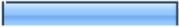
10. The general sense I get from other staff and management is that they are positive about self directed support.

		Response Percent	Response Count
Strongly Agree		1.4%	2
Agree		22.3%	33
Neither Agree or Disagree		62.8%	93
Disagree		12.8%	19
Strongly Disagree		0.7%	1
		Comments:	15
		answered question	148
		skipped question	9

Page 1, Q10. The general sense I get from other staff and management is that they are positive about self directed support.

1	Not sure about other staff	May 15, 2012 9:49 AM
2	Mixed, need more information	Apr 25, 2012 10:14 AM
3	I have not had any feedback from other staff re self directed payments therefore cannot comment on this.	Apr 25, 2012 8:47 AM
4	Majority of front line workers have no knowledge of SDS	Apr 23, 2012 10:20 AM
5	Some staff are worried about the work Some staff in provision are worried about their future employment Some staff think its unrealistic especially for older people and those with NMI or SM Some staff are really enthusiastic Some staff think its "real" SW again Some managers seem slow to engage and some provider managers are a little fearful. Some managers are real enthusiasts	Apr 19, 2012 1:33 AM
6	never heard anyone discuss this option at work	Apr 17, 2012 1:38 PM
7	not aware of it as above	Apr 11, 2012 3:24 PM
8	This may change when the pilot has been evaluated and decisions made about how it would be offered to substance misuse clients.	Apr 11, 2012 9:28 AM
9	ditto	Apr 9, 2012 2:55 PM
10	Some anxiety about how this will impact on service users who are less able - how can we implement without this being an additional burden for those who struggle to express their own views and who do not have who can be relied upon to prioritise their interests?	Apr 8, 2012 4:48 PM
11	Don't know. Have not discussed or been around people that are using it much.	Apr 5, 2012 12:17 PM
12	I have not discussed this with colleagues	Apr 4, 2012 5:41 PM
13	But there is a lot of ongoing preparation required to be ready and unsure of implications.	Apr 4, 2012 4:54 PM
14	I have not heard anyone mention it	Apr 4, 2012 2:06 PM
15	No indication either way.	Apr 4, 2012 1:18 PM

11. The general sense I get from service users/carers/other organisations is that they are positive about self directed support.

		Response Percent	Response Count
Strongly Agree		2.7%	4
Agree		15.6%	23
Neither Agree or Disagree		66.0%	97
Disagree		15.0%	22
Strongly Disagree		0.7%	1
	Comments:		24
		answered question	147
		skipped question	10

Page 1, Q11. The general sense I get from service users/carers/other organisations is that they are positive about self directed support.

1	I do not know their views	May 15, 2012 9:49 AM
2	There have been good and bad points offered in relation to this from service users. This is more so in relation to care services provided by agencies.	Apr 25, 2012 8:47 AM
3	As Above	Apr 23, 2012 10:20 AM
4	Those that are engaging are very positive but I still think most are still unaware of its potential	Apr 19, 2012 1:33 AM
5	never heard anyone discuss this option at work	Apr 17, 2012 1:38 PM
6	as above	Apr 11, 2012 3:24 PM
7	lot of concern about the unknown -this may improve once more knowledge is given.	Apr 11, 2012 9:28 AM
8	ditto	Apr 9, 2012 2:55 PM
9	Some service users like the control of self directed support as it suits their life style whilst others prefer to have the security of the authority being in control.	Apr 9, 2012 12:36 PM
10	Some carers embrace this fully while others are most resistant.	Apr 9, 2012 10:38 AM
11	It would be my view that those Service Users receiving support for a drug and/or alcohol problem are not aware or not fully aware of SDS and what this can potentially offer. Initial response from our clinical colleagues appeared to be one of disdain and disbelief and it would be my view that work should be undertaken to fully inform our partners, particularly health of what SDS is and how it'll likely work in practice.	Apr 9, 2012 9:13 AM
12	Not yet widely known about or understood.	Apr 8, 2012 4:48 PM
13	I think service users need to be made aware or reminded the carers they employ should be fit enough to carry out manual handling and where equipment is provided be fully trained.	Apr 5, 2012 6:43 PM
14	Don't know	Apr 5, 2012 4:50 PM
15	Don't know	Apr 5, 2012 12:17 PM

Page 1, Q11. The general sense I get from service users/carers/other organisations is that they are positive about self directed support.

16	I have discussed self directed support with a family member who has a disabled son. She has been very negative about about adopting the role of employer. She feels that they have difficulty finding carers at present and is concerned about being able to do this independently.	Apr 5, 2012 8:44 AM
17	They are not fully aware of the changes / future of self directed support.	Apr 5, 2012 8:42 AM
18	Concern is expressed by unpaid carers who worry about change generally and have concerns about the time and skill required to utilise this.	Apr 4, 2012 4:28 PM
19	I have little direct contact with users/carers in my role so cannot comment. My impression is that third sector organisations and NHS have still really to come to terms with the impact SDS will make	Apr 4, 2012 4:14 PM
20	This varies greatly	Apr 4, 2012 2:55 PM
21	some older clients are hesitant and worried about it and dont want the perceived responsibility	Apr 4, 2012 2:44 PM
22	Limited opportunity to gauge this but what I have seen is positive	Apr 4, 2012 2:26 PM
23	The feedback I have had is that it would not work for everyone and should be based on the individual rather than "rolled out" for everyone	Apr 4, 2012 1:43 PM
24	I have not had discussions with Service Users carers or other organisations about SDS	Apr 4, 2012 1:12 PM

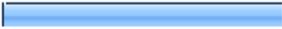
12. Self directed support is something that is being discussed or referred to regularly in day to day work, either formally or informally.

		Response Percent	Response Count	
Strongly Agree		0.7%	1	
Agree		32.5%	49	
Neither Agree or Disagree		29.1%	44	
Disagree		23.2%	35	
Strongly Disagree		14.6%	22	
		Comments:	10	
			answered question	151
			skipped question	6

Page 1, Q12. Self directed support is something that is being discussed or referred to regularly in day to day work, either formally or informally.

1	I have only heard of it for the first time in the CM training	May 15, 2012 9:49 AM
2	Not sure I know but hope its increasing	Apr 19, 2012 1:33 AM
3	as above	Apr 11, 2012 3:24 PM
4	discussed in depth at recent Care Management training.	Apr 11, 2012 9:28 AM
5	never heard about it.	Apr 9, 2012 2:55 PM
6	Not where I am located.	Apr 5, 2012 12:17 PM
7	Not in my field.	Apr 4, 2012 2:26 PM
8	I do not feel the subject of SDS is discussed enough	Apr 4, 2012 2:20 PM
9	one of my colleagues has been involved with SDS - the rest of us are a bit scared of it - probably because we haven't used it	Apr 4, 2012 1:37 PM
10	Not often mentioned.	Apr 4, 2012 1:18 PM

13. I feel confident enough to discuss self directed support with service users and their families/carers.

		Response Percent	Response Count
Strongly Agree		8.0%	12
Agree		25.3%	38
Neither Agree or Disagree		19.3%	29
Disagree		32.0%	48
Strongly Disagree		15.3%	23
	Comments:		15
answered question			150
skipped question			7

Page 1, Q13. I feel confident enough to discuss self directed support with service users and their families/carers.

1	Need more training	May 15, 2012 9:49 AM
2	I need to learn more about SDS	Apr 23, 2012 10:20 AM
3	Getting there, I do always mention it at assessments and discuss further if they are interested	Apr 20, 2012 12:05 PM
4	not applicable to my role	Apr 12, 2012 10:51 AM
5	I would not be up to date with how the council is going to implement SDS. However fine with discussing the concept	Apr 11, 2012 3:24 PM
6	have no knowledge.	Apr 9, 2012 2:55 PM
7	Don't think SDS is within my remit	Apr 9, 2012 7:43 AM
8	I could discuss the Bill and principles but not what is happening n Aberdeenshire accurately and with any confidence that the theory and practice match.	Apr 6, 2012 12:19 PM
9	If asked I would know who they could speak to.	Apr 5, 2012 6:43 PM
10	Not ready to do this yet.	Apr 4, 2012 4:54 PM
11	As above I have little contact with users/carers in my role but know enough to be able to explain the basics.	Apr 4, 2012 4:14 PM
12	I feel better placed to so since being involved in the In Control Pilot.	Apr 4, 2012 3:11 PM
13	I am not required to do this. I understand the principles and processes and can outline these as required to colleagues/students.	Apr 4, 2012 2:26 PM
14	I disagreed because I feel Further training would be required to bring staff dealing with Self Directed Support up to speed with the process.	Apr 4, 2012 2:20 PM
15	The basics of it anyway	Apr 4, 2012 1:37 PM

14. I feel confident enough to make use of the In Control pilot where it is appropriate.

		Response Percent	Response Count
Strongly Agree		8.0%	12
Agree		24.0%	36
Neither Agree or Disagree		21.3%	32
Disagree		30.0%	45
Strongly Disagree		16.7%	25
	Comments:		13
		answered question	150
		skipped question	7

Page 1, Q14. I feel confident enough to make use of the In Control pilot where it is appropriate.

1	I do not currently have any clients on the pilot as the clients I have felt would be appropriate to take part have not been interested or felt able.	Apr 24, 2012 9:10 AM
2	In progress	Apr 20, 2012 12:05 PM
3	not applicable to my role	Apr 12, 2012 10:51 AM
4	i have already taken part.	Apr 11, 2012 9:28 AM
5	I would signpost to the correct person to provide accurate information	Apr 10, 2012 2:01 PM
6	I would refer service user to care management.	Apr 9, 2012 12:36 PM
7	It was not implemented within Substance Misuse, which is a missed opportunity in my view.	Apr 9, 2012 9:13 AM
8	Don't think SDS is within my remit	Apr 9, 2012 7:43 AM
9	In theory yes but observing practice I am left uncertain and believe this depends on individual workers	Apr 6, 2012 12:19 PM
10	Do not know enough about it	Apr 4, 2012 5:41 PM
11	As above I am not required to do this.	Apr 4, 2012 2:26 PM
12	Training Please	Apr 4, 2012 2:20 PM
13	Not overly confident but this will only change through using it	Apr 4, 2012 1:37 PM

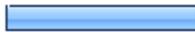
15. I feel confident that I can consider more creative, personalised or potentially controversial solutions towards achieving the best outcomes for my service users and their carers/families.

		Response Percent	Response Count
Strongly Agree		8.7%	13
Agree		30.9%	46
Neither Agree or Disagree		32.9%	49
Disagree		20.1%	30
Strongly Disagree		7.4%	11
	Comments:		11
answered question			149
skipped question			8

Page 1, Q15. I feel confident that I can consider more creative, personalised or potentially controversial solutions towards achieving the best outcomes for my service users and their carers/families.

1	Not at the moment	Apr 25, 2012 10:14 AM
2	It would appear that as a carer in my private life this is something of relevance which I should know about, but don't.	Apr 11, 2012 3:11 PM
3	will know more after the evaluation hopefully.	Apr 11, 2012 9:28 AM
4	we need local resources to support this.	Apr 9, 2012 12:50 PM
5	I am confident to discuss options with service user and family to achieve best outcomes and would refer to cre management to execute.	Apr 9, 2012 12:36 PM
6	Whilst this is in line with SDS I still have concerns as to whether we would get the funding for the more creative options.	Apr 9, 2012 10:16 AM
7	Don't think SDS is within my remit	Apr 9, 2012 7:43 AM
8	Maybe with a bit more knowledge and use.	Apr 5, 2012 12:17 PM
9	Feel that this happens now without SDS.	Apr 4, 2012 4:54 PM
10	I appreciate that this might be a response if I were a practitioner. I am also aware of some of the apparent challenges that this approach may raise for service users in selecting and vetting potential independent carers.	Apr 4, 2012 2:26 PM
11	Yes. I think that there is a greater diversity of needs than there are of services to meet those needs. I think self directed care can help correct this.	Apr 4, 2012 1:18 PM

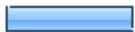
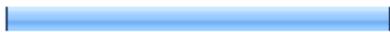
16. I know where to get support and guidance in relation to self directed support.

		Response Percent	Response Count
Strongly Agree		17.1%	26
Agree		44.7%	68
Neither Agree or Disagree		9.2%	14
Disagree		22.4%	34
Strongly Disagree		6.6%	10
		Comments:	5
		answered question	152
		skipped question	5

Page 1, Q16. I know where to get support and guidance in relation to self directed support.

1	There has been no roll out of information to Support Services staff insofar as I'm aware although I do have some back reading to do.	Apr 11, 2012 3:11 PM
2	Although I will now go away and look all this up for myself	Apr 4, 2012 4:02 PM
3	Project Officer for Self Directed Support is a fantastic source of support.	Apr 4, 2012 3:11 PM
4	Sources would be colleagues, service specialists and on-line resources.	Apr 4, 2012 2:26 PM
5	Information is not publicised enough	Apr 4, 2012 2:20 PM

17. I feel supported by management to consider self directed support as an option for my service users.

		Response Percent	Response Count
Strongly Agree		11.4%	17
Agree		33.6%	50
Neither Agree or Disagree		34.9%	52
Disagree		14.1%	21
Strongly Disagree		6.0%	9
	Comments:		12
		answered question	149
		skipped question	8

Page 1, Q17. I feel supported by management to consider self directed support as an option for my service users.

1	I think this will come when we have more info	May 15, 2012 9:49 AM
2	I don't think this is applicable to my role	Apr 25, 2012 10:14 AM
3	never heard anyone discuss this option at work	Apr 17, 2012 1:38 PM
4	not applicable to my role	Apr 12, 2012 10:51 AM
5	I would have good support when I do use self direct support in the future	Apr 10, 2012 9:39 AM
6	I have not discussed SDS in detail with my line manager in relation to any particular service user.	Apr 9, 2012 12:36 PM
7	I am not really sure what my manager's views are about SDS.	Apr 9, 2012 9:13 AM
8	Don't think SDS is within my remit	Apr 9, 2012 7:43 AM
9	This appears to be the direction of travel whether we agree or disagree.	Apr 4, 2012 4:54 PM
10	My Line Manager is positive and encouraging. She offers support appropriately.	Apr 4, 2012 3:11 PM
11	Not appropriate given my post	Apr 4, 2012 2:26 PM
12	My manager is supportive but probably don't know much more than I do about the practicalities of using it because they haven't used it either	Apr 4, 2012 1:37 PM

18. Have you been involved, in any way, with the In Control pilot?

		Response Percent	Response Count
Yes		27.5%	42
No		72.5%	111
	Comments:		24
	answered question		153
	skipped question		4

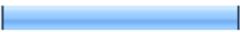
Page 2, Q18. Have you been involved, in any way, with the In Control pilot?

1	2 service users attend our day service through this scheme, and it seems to work very well for them	Apr 25, 2012 10:16 AM
2	I have had a couple of clients who have recently gone through the incontrol process.	Apr 25, 2012 8:47 AM
3	Some colleagues in my team have clients on the pilot, we have discussed this extensively in team meetings and our practice development group.	Apr 24, 2012 9:14 AM
4	Only through feedback at Team Meetings.	Apr 23, 2012 9:16 AM
5	Currently referring a service user to pilot	Apr 23, 2012 8:03 AM
6	Two clients went through some of the stages then pulled out of the pilot prior to service provision.	Apr 20, 2012 3:37 PM
7	currently working on a supprot plan at present	Apr 20, 2012 12:05 PM
8	training only	Apr 11, 2012 3:26 PM
9	see previous comments	Apr 11, 2012 9:28 AM
10	On the Steering Group	Apr 10, 2012 11:04 AM
11	Assessed one person to be involved in this	Apr 9, 2012 8:12 AM
12	Had a couple of clients who are involved with the pilot,	Apr 9, 2012 7:43 AM
13	not directly in my social work role	Apr 6, 2012 12:20 PM
14	very successfully	Apr 5, 2012 9:51 AM
15	I have one client on the pilot and have inherited another two. All of whom this has been a very poritive experience for and has allowed them to direct care packages that would not have been possible through use of homecare provision or care agencies. It has also allowed more creative support and opened doors to new oportunites for one client in particular who's quality of life has greatly improved as a result of the pilot.	Apr 5, 2012 8:57 AM
16	Involved indirectly a couple of years ago but for those with substance misuse they failed to meet criteria. Out of an earlier pilot only one individual met criteria who had a LD and substance misuse. Unsure how SDS will really support our service users.	Apr 4, 2012 4:55 PM

Page 2, Q18. Have you been involved, in any way, with the In Control pilot?

17	from a strategic perspective	Apr 4, 2012 4:28 PM
18	I got information about it and offered it to a client, but they turned it down.	Apr 4, 2012 4:13 PM
19	I attended the Support Planning Training which I found to be excellent and have currently a few clients using the Pilot and it has been a very rewarding piece of work for me.	Apr 4, 2012 3:33 PM
20	I have 2 client just started the payment	Apr 4, 2012 2:55 PM
21	Only in observing a student involved in supporting a service user who was using thsi approach and discussing this with the student afterwards.	Apr 4, 2012 2:28 PM
22	System side	Apr 4, 2012 2:04 PM
23	informally in discussion with colleagues	Apr 4, 2012 1:43 PM
24	Considered some cases, but didn't progress them.	Apr 4, 2012 1:19 PM

19. My experience of the In Control pilot has been positive.

		Response Percent	Response Count
Strongly Agree		21.4%	9
Agree		47.6%	20
Neither Agree or Disagree		21.4%	9
Disagree		9.5%	4
Strongly Disagree		0.0%	0
	Comments:		3
answered question			42
skipped question			115

Page 3, Q19. My experience of the In Control pilot has been positive.

1	Some clients are not prepared to take the plunge even although they understand support is available for them.	Apr 9, 2012 12:39 PM
2	Has taken time to become familiar with the process but now feel confident to repeat.	Apr 9, 2012 10:46 AM
3	I cannot comment on this from an operational perspective	Apr 4, 2012 4:29 PM

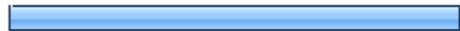
20. The In Control pilot helped my service user to achieve positive outcomes.

		Response Percent	Response Count
Strongly Agree		14.6%	6
Agree		29.3%	12
Neither Agree or Disagree		48.8%	20
Disagree		4.9%	2
Strongly Disagree		2.4%	1
	Comments:		7
		answered question	41
		skipped question	116

Page 3, Q20. The In Control pilot helped my service user to achieve positive outcomes.

1	Only in final stages	Apr 26, 2012 3:26 PM
2	they have only just started the process so have no indicators to go on just yet.	Apr 25, 2012 8:51 AM
3	Too early in process to predict +ve outcomes	Apr 23, 2012 8:05 AM
4	No service user	Apr 19, 2012 1:34 AM
5	Some limitations due to lack of community based resources.	Apr 9, 2012 10:46 AM
6	Client turned it down, so I am unable to comment.	Apr 4, 2012 4:14 PM
7	The one client I know of who has been involved in the pilot has been very positive about it, but I don't think I can base any decision on one client	Apr 4, 2012 2:01 PM

21. The In Control pilot helped to address need that was previously unmet or had been met a manner that was not satisfactory for my service user.

		Response Percent	Response Count
Strongly Agree		17.9%	7
Agree		28.2%	11
Neither Agree or Disagree		41.0%	16
Disagree		10.3%	4
Strongly Disagree		2.8%	1
		Comments:	3
		answered question	39
		skipped question	118

Page 3, Q21. The In Control pilot helped to address need that was previously unmet or had been met a manner that was not satisfactory for my service user.

1	Cannot comment on that just yet.	Apr 25, 2012 8:51 AM
2	As above	Apr 23, 2012 8:05 AM
3	This worked well for younger people but older people who get free personal care are not interested or find it beneficial	Apr 4, 2012 2:57 PM

22. I received adequate support when accessing the In Control pilot.

		Response Percent	Response Count
Strongly Agree		27.5%	11
Agree		45.0%	18
Neither Agree or Disagree		25.0%	10
Disagree		2.5%	1
Strongly Disagree		0.0%	0
		Comments:	6
		answered question	40
		skipped question	117

Page 3, Q22. I received adequate support when accessing the In Control pilot.

1	Organised by the centre manager	Apr 25, 2012 10:17 AM
2	As above	Apr 23, 2012 8:05 AM
3	Sheena has been very helpful	Apr 20, 2012 12:07 PM
4	No service user	Apr 19, 2012 1:34 AM
5	Support from care manager re joint visits to service user	Apr 9, 2012 12:39 PM
6	N/A	Apr 9, 2012 7:44 AM

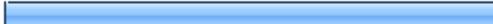
23. The written guidance for the In Control pilot is easy to follow and understand.

		Response Percent	Response Count
Strongly Agree		7.5%	3
Agree		60.0%	24
Neither Agree or Disagree		32.5%	13
Disagree		0.0%	0
Strongly Disagree		0.0%	0
	Comments:		5
		answered question	40
		skipped question	117

Page 3, Q23. The written guidance for the In Control pilot is easy to follow and understand.

1	The only downside is that there is not enough information on how to write up the financial budget or what the panel are looking for. There needs to be more information and more training on this part, especially for complex cases.	Apr 25, 2012 8:51 AM
2	I did not see this guidance	Apr 11, 2012 9:32 AM
3	Just a lot of it!	Apr 9, 2012 10:46 AM
4	N/A	Apr 9, 2012 7:44 AM
5	I haven't seen any guidance	Apr 4, 2012 2:01 PM

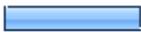
24. The paperwork and systems supporting the In Control pilot were easy to use and understand.

		Response Percent	Response Count
Strongly Agree		7.5%	3
Agree		45.0%	18
Neither Agree or Disagree		42.5%	17
Disagree		5.0%	2
Strongly Disagree		0.0%	0
Comments:			8
answered question			40
skipped question			117

Page 3, Q24. The paperwork and systems supporting the In Control pilot were easy to use and understand.

1	I feel paperwork could be better separated so not having to print off the whole package i,e assessment and referral form etc	Apr 20, 2012 12:07 PM
2	discussed with Team Manager but did not read it personally	Apr 11, 2012 9:32 AM
3	I have not personally used the paperwork and systems always having referred on to care management.	Apr 9, 2012 12:39 PM
4	Generally I really like the "points based" approach of the self assessment although find some of the criteria overlap - especially under Relationships and Social Inclusion.	Apr 9, 2012 10:46 AM
5	N/A	Apr 9, 2012 7:44 AM
6	Financial systems need to be looked at though	Apr 5, 2012 1:14 PM
7	Paperwork was quite lengthy and duplicated some normal paperwork.	Apr 5, 2012 8:44 AM
8	N/A	Apr 4, 2012 2:01 PM

25. The In Control process empowered me to make the best use of my skills.

		Response Percent	Response Count
Strongly Agree		12.5%	5
Agree		27.5%	11
Neither Agree or Disagree		57.5%	23
Disagree		2.5%	1
Strongly Disagree		0.0%	0
	Other (please specify)		5
	answered question		40
	skipped question		117

26. Any additional comments:

	Response Count
	20
answered question	20
skipped question	137

Page 3, Q25. The In Control process empowered me to make the best use of my skills.

1	No service user	Apr 19, 2012 1:34 AM
2	N/A	Apr 9, 2012 7:44 AM
3	It is new way of working and was, therefore, challenging but I would feel more capable next time, I am sure.	Apr 4, 2012 3:12 PM
4	N/A	Apr 4, 2012 2:01 PM
5	Not more so than other self directed support.	Apr 4, 2012 1:20 PM

Page 4, Q26. Any additional comments:

1	Sorry not been much help!	Apr 25, 2012 3:03 PM
2	I feel very apprehensive over the possibility that clients will have to opt out of receiving self directed support. I feel strongly that a clients suitability to manage self directed support should be assessed by the care manager before clients are given the option.	Apr 24, 2012 9:28 AM
3	Frontline workers need to be taken on board to learn more about Self Directed Support if this is to succeed with the people we work with	Apr 23, 2012 10:21 AM
4	none	Apr 20, 2012 3:07 PM
5	I have not been informed of the control pilot at all	Apr 20, 2012 12:12 PM
6	I think it will be beneficial once all are working on the same, just new at present and more use it will become easier	Apr 20, 2012 12:08 PM
7	Many older people get very frightened at the mention of self directed support and managing it. They are inclined to reject it. How this is offered will be crucial in ensuring they get a chance to benefit from it.. Simple ..easy language must be used	Apr 11, 2012 3:28 PM
8	It needs to be acknowledged by the "Company" that issues affecting work can also be brought into use in private life as well for the benefit of friends, neighbours, etc., and not just those in our care for whatever reason.	Apr 11, 2012 3:12 PM
9	Although I have not had any direct experience I am aware of a few service users and their parent carers who are involved. The service they are receiving now is far more person centred than would have ever been achieved in the past.	Apr 10, 2012 1:11 PM
10	Nothing more to add.	Apr 9, 2012 2:55 PM
11	Seeing the difference In Control has made to my client has given me the confidence to recommend it to others	Apr 9, 2012 12:37 PM
12	Are Occupational Therapists and Resource workers kept up to date and offered training	Apr 6, 2012 12:21 PM
13	I have no immediate contact in my office with workers using SDS. Therefore missing information that may be discussed with colleagues that do have experience with SDS. I believe they are part of pilot. Do not feel particularly confident in how to use or advise at the moment.	Apr 5, 2012 12:18 PM
14	I feel positive about the concept, but need more knowledge	Apr 4, 2012 5:42 PM
15	Don't know enough about the subject to make a judgement.	Apr 4, 2012 3:42 PM

Page 4, Q26. Any additional comments:

16	I look forward to using this way of working in the future.	Apr 4, 2012 3:34 PM
17	Don't think that this applies to my area of work.	Apr 4, 2012 3:22 PM
18	I have concerns about the potential for abuse of the proposal and do not feel that some clients who are applying understand the process and responsibilities of In Control.	Apr 4, 2012 3:22 PM
19	Looking forward to the challenge but think it will take more time especially initially and will need training on in control	Apr 4, 2012 2:45 PM
20	Would be interested to find out more on SDS within Aberdeenshire and nationally	Apr 4, 2012 1:10 PM