

# 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 checked="" type="checkbox"/>	<input 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 It is very good to have links to useful websites. The roles section is also very helpful and is clear. We are pleased that the statement of intent in section 1 is founded on the definition of independent living adopted by disabled people.

## Draft Statutory Guidance on Care and Support

### 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**

- Please note that throughout where I use PWSI this is to mean 'people with sensory impairments' and this includes: deaf, blind, partially sighted, people with hearing loss, and people with dual sensory impairments. There will also be people who in addition to a sensory impairments) may have other disabilities and conditions which lead them to be eligible for social care support. It is important to see all a person's disabilities / impairments as well as their strengths and any interactions between them.
- The values in paragraph 9 should include equality and rights. This would have various effects, for example, clarifying that 'reasonable steps' in paragraph 11 means that all possible steps should be taken to enable a person with an impairment to participate at the same level as someone without an impairment. It is good to see stated in paragraph 15 that the statutory principles are important because they carry legal weight.

**Draft Statutory Guidance on Care and Support**

**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 checked="" type="checkbox"/>	<input 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**

- We are glad to see in paragraph 23 that the guidance alludes to 'potential "hidden" needs which may not be obvious or highlighted in generic guidance

documents.’ This is very important in work with people with sensory impairments, where professionals may sometimes not have the experience to understand that the sensory impairment will impact of on all aspects of the person’s life. We are submitting case study stories as part of our response to give examples of what this means in practice.

- It may be helpful to include, perhaps in paragraph 36, a reference to relationship-based social work, as an alternative model to the ‘tick box’ approach.
- The paragraphs describing assessment based on personal outcomes are useful and it may also be helpful to indicate that social work in the past *has* derived from an interest in personal outcomes rather than services. (see for example ‘Self-direction, place and community – re-discovering the emotional depths: a conversation with social workers in a London borough’, Bronwen Williams and Andrew Tyson, in The Journal of Social Work Practice vol 24 number 3 September 2010: Special issue: Personalisation). This may enable staff to connect to the history of their profession, and bring that experience into play, rather than being asked to view the move to SDS as something entirely new with the potential cynicism that another new policy framework can evoke.
- Emma Miller’s Individual Outcomes: Getting Back to What Matters is also a useful reference for staff (especially as it comes out of the Glasgow School of Social Work)
- Paragraph 38 usefully describes self-assessment, and this will be part of the overall assessment conducted within an exchange model approach. We think it would be helpful to emphasise that the start of a person’s assessment need not be delayed pending a visit from the lead / key professional. It has been the experience of Local Authorities elsewhere that staff can find adopting the SDS approach more time-consuming initially than their previous approach. This can mean a delay and backlog of work, causing unnecessary stress for both people seeking social care support and the professionals involved. If information and tools are made available, people can initiate their own assessments, with the support of whomsoever they chose, which they can then bring to a later conversation with the professional.

## **Draft Statutory Guidance on Care and Support**

### **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 checked="" type="checkbox"/>	<input 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**

- Paragraph 42 is an excellent succinct summary of what a good support plan should be. There is a good website which is very helpful about support planning, <http://www.supportplanning.org/>, which could be included as a reference, and <http://www.in-control.org.uk/> has many resources for all stages of and roles involved in SDS
- Section 5 on risk should include something other than the difficulty the supported person may have in identifying their personal risks. The differences between professionals' and non-professionals' perceptions of risk can also include an over risk averse approach by professionals, whereby people seeking social care support are not enabled to take risks that we would generally consider as part of everyday life, hence working against the principles of participation and dignity, referenced in the guidance as deriving from section 2 in the SDS Act. Much work has been done on this (e.g. Brian Littlechild, though mainly in the field of children and young people). Some Local Authorities have found it important to create risk enablement panels or forums to help with this, and paragraph 46 could mention these as useful mechanisms. The focus in the guidance is on the interaction between individual professional and the person, and a balanced approach to risk needs to be embedded in the organisation, to enable individual professionals to uphold the principles of participation and dignity.
- Paragraph 50 in Section 5.3 about resources should encourage organisations to not only involve user and carer groups but to make sure that these are representative i.e. that people from all disability and impairment groups are involved. Any approach to resource allocation will need to take account of the predicted levels of need of all groups. We would be concerned about professional judgement alone being the basis for making decisions about resource allocation, or this being on a case-by-case basis, unless there is a fair and transparent framework to support these decisions. In this case, the individual decision-making approach will be positive as it will allow decisions to be made more quickly avoiding unnecessary delay for the individual.

- The section on the choices that must be made available is clear and yet there is a danger that staff will focus on these 4 options as the key aspect of SDS, rather than working from the principles. Whatever the guidance is able to do further to prevent this will be useful.
- Paragraph 55 on option 1, a direct payment, should probably include the requirement for the resource to be used in a way that is safe and legal.
- Paragraphs 64 and 65 make a clear distinction between the mechanism to deliver support, and the form of support (i.e. the actual items, goods, services that the person chooses to use their resource for). However, there will be occasions where the mechanism a person chooses may not be considered safe. We consider that it is very important for these decisions not to be solely taken by the individual professional. They should be encouraged to consult with their manager, any risk enablement panel, and so on.
- We also consider that there is a stage between the individual making a decision, and the complaints process. Organisations should be strongly encouraged to develop an appeals process, with support available for people, so that they are able to substantiate their plans and so assure the organisation of their safety, or challenge the decision-making of any over risk-averse professionals
- Section 5.5, Information and support, must make it clear that information needs to be accessible in all formats. For people with sensory impairments, professionals must be trained or work with people trained appropriately to ensure that communication is full and clear. User and carer organisations need to be supported in their development and must include organisations specialised for people with sensory impairments, or alternatively if they are generic they must include representation from these groups.
- Overall, there are specific considerations for specific 'groups' that would be useful to reference e.g. for PWSI, the need to involve communicators. Generally, the emphasis is on the interaction between the professional and the user. There is a role for management (all layers) and local policy etc. Without this, SDS may be inefficient and also stressful for individuals. More attention to organisational strategy and policy is needed.

## **Draft Statutory Guidance on Care and Support**

### **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
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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**

- Paragraph 79 should include the need to conduct reviews proportionately (to risk, cost, etc). Reviews can then be a means to enable people to experiment with support plans which vary significantly from any previous package of care. Also, where there has been uncertainty about the degree and type of risk in a support plan, the first review or monitoring visit can be carried out early to ensure risks are minimised and safety assured.
- This section could say more about reviews – involving any providers, involving people from the person's circle of support, for example.

## **Draft Statutory Guidance on Care and Support**

### **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

- It will be good to see the further links which we hope will include guidance on co-production
- This section of the guidance seems relatively under-developed

## **Draft Statutory Guidance on Care and Support**

### **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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

- It is very useful to have this clear and relatively thorough guidance to enable as much co-operation and joint working as possible for the benefit of people receiving SDS.
- The **'What is "allowed"'** section is very clear and it is excellent to see that so much is possible. The guidance here is useful as it will enable local flexibility, and will also give support to appeals on behalf of people who need joint funded packages.
- The 2 examples of people who are joint funded are useful, bringing to life how joint working and funding can benefit the individual.
- The organisational expectations para 91 are clear and necessary. There may be a concern where this is not working as expected about how organisations are helped to address this.

**Draft Statutory Guidance on Care and Support**

**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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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

- Parts of this section were unclear.
- The section thoroughly explains how SDS relates to children and young people

- Para 104 refers to positive risk taking, and we would welcome this being emphasised also in the previous sections of the guidance which relate to adults

## **Draft Statutory Guidance on Care and Support**

### **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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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

- Circles of support can also be good for people where there is *no* issue about the supported person's capacity to make, understand or communicate decisions. They can be a way of rounding out the person's understanding of their own needs and capacities
- Para 111 should say 'all reasonable steps' rather than 'reasonable steps' as in working with someone with a sensory impairment it is not an option to not include communication assistance if needed.

**Draft Statutory Guidance on Care and Support**

**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 checked="" type="checkbox"/>	<input 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

- Paras 114 and 115 are very clear about what a carer's assessment is and when it should happen
- As with the section on the NHS professional, the live examples are very useful

- Para 123 is useful on preventative support, and it's good to know that carers can have this support without a full assessment (enabling people who don't wish to take up the identity as a 'carer' to still get support)

## **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

- Para 124 is confusing: is there a history of misuse? Direct payment funding should relate totally to outcomes, not in 'some way'
- Para 129 would usefully refer to appeals, decision panels. As the draft guidance stands, it implies that it is solely the individual professional who bears the responsibility for making the decision, and this cannot be the case. As stated in earlier comments, there is a need to put more emphasis on the wider organisational aspects

## **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

- Para 143: we are glad to see that re-ablement will be addressed as part of the assessment process. We anticipate that around 70% of PWSA will have their needs addressed in this process

## **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

All such comments have been included in the responses to earlier questions and the appended word document

#### 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

- Individuals will undoubtedly benefit if SDS is implemented according to the Act, regulations and amended guidance. There will be considerable and unsustainable costs if SDS is implemented whilst current block contracts continue in their current form. It is imperative that current block contracts are concluded. There is the possibility that current small and large providers may be able to continue to provide if they are able to adapt and diversify. For example: they could become holders of Individual Service Funds: they could ensure that their current services are personalised and tailored to individuals. This is unlikely to happen without significant investment as a culture shift is required alongside development of tools and mechanisms. It is also essential that in-house services are costed and priced.

## 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

- As far as we can tell, SDS if properly implemented will affect all groups positively

**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

- SDS will enhance Human Rights

## **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 We are happy with part 2

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

Comments We are happy with part 3

**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 We agree

**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 We are happy with these restrictions

**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 We would like to see Direct payments being available for residential care as personalised care is still needed irrespective of whether the person is using residential or other forms of 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 We support an approach where Direct Payments are as widely available as possible

**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 No further 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 No comment

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

## **RESPONSES TO THE CONSULTATION ON THE SDS DRAFT GUIDANCE FROM THE HIGHLAND SENSORY PROJECT**

**Bronwen Williams, SDS consultant to the Highland Sensory Project (HSP)**

**Please find attached our responses to the consultation on the draft regulations and guidance on SDS, together with case stories. In my work with the HSP I am drawing on prior experience of local and national implementation of SDS in England. The Scottish approach is direct and clear. My comments draw on my experience of some of the blockages that have occurred in practice in England.**

**Please note that throughout where I use PWSI this is to mean 'people with sensory impairments' and this includes: deaf, blind, partially sighted, people with hearing loss, and people with dual sensory impairments. There will also be people who in addition to sensory impairments may have other disabilities and conditions which lead them to be eligible for social care support. It is important to see all a person's disabilities / impairments as well as their strengths and any interactions between them.**

**We have been working in partnership with the SDSD Highlands team, and have shared our responses informally with the team manager there, Jennifer Campbell. We are keen to work together to make sure that SDS works in the Highlands for all including PWSI who have historically been largely worked with by specialised services, with the consequence that many generic workers, or workers in other specific areas, may have limited knowledge about the needs of these groups.**

**For this reason we are very keen to have our case stories included in the published guidance. We consider that this will be highly beneficial to workers across health and social care, due to the large proportion of people who do at some point if not from birth experience a visual or hearing impairment. To this end, we are appending two guidance stories here.**

**We have further details on these, and many other case stories available. We are keen to make these as useful as possible to assist both staff and people seeking SDS. Hence we are keen to work with yourselves to refine these so that you are able to include them in your final published guidance. Please do contact me if you**

**need additional information on either of these, or require other examples, so that we are able to include at least two guidance stories which relate to PWSI.**

**Please accept this document as our response to the consultation, together with the Respondent Information Form which gives the required contact information and our conclusions on each of the sections in the guidance re your two recurring questions, i.e. how clear and easy each section was to understand, and how useful it was, and our detailed comments.**

**In general, we found the guidance very clear, useful, easy to read, and both meaningful and practical. We did note, however, that the emphasis throughout seemed to be on the individual person seeking support, and not the individual professional. As there is a need for organisations to change, and structures within organisations to be put in place to facilitate the individual professional in working with the person concerned to assist them to exercise their right to SDS, the guidance needs to address organisational actions as well as the actions required of individual professionals. This is addressed in the paragraphs on roles in section 2, but it would be helpful to have more detail about what this means in practice through the rest of the guidance.**

**Paragraph 37 section 4 does talk about the vital role senior managers play in changing the culture of the organisation. We also need guidance on how this can be done, and the tools, structures and processes that should be put in place, for example:**

- Use of a risk enablement panel**
- Levels of decision making in terms of agreeing support plans to be related to the degree of risk and financial value of that plan**
- Process maps and guidance for staff to follow so it is clear how ways of working must change to ensure that the approach is outcome not service based**
- Outline training and development programmes for staff at all levels and in the various roles, including senior managers, finance staff etc**

**With regards to people with sensory impairments, the guidance needs to stress the need for the individual professional to look deeply into the holistic impact that the impairment has on the person's life e.g. the lack of knowledge and information re available support and help**

**Social Care (Self-directed Support) (Scotland) Act 2013**  
**Consultation on draft statutory guidance for care and support**  
**GUIDANCE STORIES**

Organisation: Highland Sensory Project, hosted by Sight Action

Contact name: Bronwen Williams

Contact tel. no.: 07986 789491

Contact email address: [bronwenmarywilliams@yahoo.co.uk](mailto:bronwenmarywilliams@yahoo.co.uk)

Case Study (max 350 words)

**GUIDANCE STORY 1: male, elder, visual impairment, bereaved, potentially isolated**

I am a 78 year old man living on my own since my wife died 5 years ago.

I have suffered with Age-related Macular Degeneration for several years, but have managed to look after myself with a little help from my neighbours.

Recently however, I suffered a detached Retina which has been repaired but has left me with very little peripheral vision.

I am now unable to read my own mail including bank statements, newspapers, books which are upsetting as I used to be an English Teacher and I am unable to watch TV in any great detail.

I feel isolated and have recently given up my place at the local day centre as I have been having trouble concentrating on individual's conversations. Again this is upsetting as I helped set up several of the activity groups within the centre when my wife was alive.

Recently I have been hospitalised with food poisoning. The doctor wasn't sure what had caused this, but I do remember eating a ham sandwich which had a strange taste!!

My meals consist mainly of cold food nowadays, as several months ago I burned my wrists badly when removing a hot meal from the oven.

I clean my house every week and my daughter who lives 300 miles away, visits every six weeks makes sure that my bathroom and kitchen are cleaned properly.

**GUIDANCE STORY 2: female, young adult, hearing and visual impairment, with husband and child also with visual impairment**

I am female aged 40 living with my husband and 2 school-age children. I was born with no ear drum in my left ear and a severe cataract in my left eye, both as a result of being a 'Rubella Baby'. My husband and daughter are both Visually Impaired. Here are the statistics about our sight:

	Visual	
	Acuity	Field
Myself	3/60	20%
Husband	2/60	5%
Daughter	6/60	30%.

We both work, I work 16 hours per week and my husband 30 hours per week. Since I started work 20 years ago, my hearing in my right ear has reduced by 55%. I wear a digital hearing aid in my left ear and thick-lenses glasses.

We rely solely on Public Transport for our mobility needs and although I am trained in long-cane use I find this very difficult because of my lack of hearing.

Shopping (especially food) is most difficult as we all struggle to read labels, use by dates and prices. I have tried Internet Shopping, but found this to be a very slow process (about 4 hours) for a normal weekly shop, and even when it did arrive; there were many incorrect items due to miss-reading on the internet.

As the children get older, they are increasingly asking to participate in after-school activities, which mostly have to be refused due to lack of transportation. This is not good and is beginning to isolate them from their peers. A simple trip to the local Swimming Pool takes us 1 hour and 2x buses each way and includes crossing a very busy A Road route, which doesn't have a pedestrian crossing.

My mum visits every 3 – 4 months and makes sure that the bathrooms and kitchen are hygienically cleaned and that all food in the fridge is fresh and within date.

I find it difficult to use the telephone at home as I can't hear the caller. The TV volume needs to be vastly increased and I find multiple conversations very difficult and tiring. I do not feel confident in joining any groups myself again because of my inability to communicate equally in group situations.