



Developing a National Framework for Self-directed Support: Learning review

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Index

Introduction	3
Background to learning review	4
Project to develop National Framework for self-directed support	4
Policy context	4
Learning review	6
Approach of SDS Project Team	7
Phase 1 Gathering intelligence and assessing the current picture	7
gathering research and practice evidence	8
approaches to frame and support implementation	8
identifying and engaging stakeholders and contributors	9
messages from phase 1: the current picture	9
planning phase 2	11
governance and accountability	12
Phase 2 Proposed national framework and building the evidence base	12
developing proposed national framework for self-directed support	12
engaging contributors	13
undertaking formal consultation	14
message from phase 2: building the evidence base	15
planning for phase 3	18
Conclusion	18
Appendix 1 Contributors	20
Appendix 2 Membership of Consistency and Self-Directed Support Steering Group Meeting	21
Appendix 3 Membership of Short Life Working Group	23

Introduction

1. The National Self-directed Support Strategy 2010-2020 was a joint Scottish Government and COSLA 10-year plan dedicated to driving forward the personalisation of social care in Scotland. In the first phase of the strategy from 2010-2012, information was developed to promote understanding of self-directed support (SDS). The second phase from 2012-2016 focused upon development of the Social Care (Self-directed Support) (Scotland) Act 2013, guidance and supporting innovation.
2. The Social Care (Self-directed Support) (Scotland) Act 2013 came into force in Scotland on 1 April 2014 with the aim of providing children and adults with more choice and control over how their social care needs are met. The Act gives local authorities the power to extend self-directed support to carers following a carer's assessment meaning carers will be able to choose from the same range of options provided to other people accessing social care services. The Act placed duties on local authorities to provide options to allow individuals to choose how much involvement they want in the organisation and design of their care and support.
3. By 2019, it was widely acknowledged that implementation of SDS was variable across Scotland. In response to this, Scottish Government launched a *Self-directed Support Implementation Plan for 2019-2021*. The plan set out the actions that public and voluntary organisations would take to support authorities to build on their progress towards more flexible and responsive social care support, co-produced with communities and supported people. The plan also set out that Social Work Scotland as the professional leadership body for the social work and social care professions would work with local authorities and senior decision makers to design and test a framework of practice for SDS across Scotland. The work was to be taken forward in the context of the Reform of Adult Social Care programme launched by the Cabinet Secretary in June 2019.
4. It should be acknowledged that in March 2020, the Westminster and Scottish Governments announced measures to restrict the spread of coronavirus. The impact on society was considerable, but more so for services delivering to children, adults and their families already facing significant challenge. Universal, statutory and third sector services were required to respond almost overnight to continue to meet the needs of families and ensure that children and young people remained safe and well.
5. Alongside these developments and in order to learn from experiences during the Covid-19 pandemic, the First Minister announced on 1 September 2020 that there would be an Independent Review of Adult Social Care in Scotland as part of its Programme for Government. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and those working in adult social care. The review reported in March 2021.

Background to learning review

Project to develop National Framework for self-directed support

6. In October 2019, Social Work Scotland brought together a Project Team (referred to throughout as the Team) to develop a national framework for self-directed support. The objectives were to deliver the following by March 2021:
 - A shared framework model offering a detailed, coherent and systematic map for the delivery of Self-directed Support including consideration of resource allocation systems, models of assessment and delegation of decision-making;
 - Engaging with local leadership and SDS leads in order to actively facilitate the sharing of knowledge and good practice across local partnerships;
 - Development of effective approaches to creative commissioning at a local level along with national third sector partners; and
 - Support to assist local implementers to personalise their processes and systems drawing on existing local expertise and insight from implementation best practice.
7. The SDS Project Team comprise a Project Lead, two Project Officers and one Project Coordinator.

Policy context

8. The policy and legal context in which social workers operate is increasingly complicated. The drive towards public sector reform aims to create more joined up local services based within communities and supported by regional and national initiatives and arrangements. SDS is one strand of Fairer Scotland for Disabled People, the Scottish Government's delivery plan for the UN Convention on the Rights of Persons with Disabilities (UNCPRD). Scottish Government has a commitment, vision, policy and legislation to support independent living and rights for disabled people.
9. When the Social Care (Self-directed Support) (Scotland) Act 2013 came into force in 2014, it set out five principles to guide implementation of the legislation: involvement of people in their assessments for support; clear information and real choices; professional staff and the individual working together to make a plan for the person's care and support with agreement on what is to happen; respecting the dignity of the person; and the right for individuals to take part in the life of their community.
10. Individuals were to have greater choice and control in directing their own support and four options were set out in the commissioning of services:
 - Option 1** Direct Payments: local authorities decides the budget available and this is paid directly to the individual to arrange support, employ care staff or buy a service from a care organisation.

- Option 2** Person directs the available support: local authorities decides the budget available and the individual chooses how that support will be provided which is arranged by the local council
- Option 3** Local authority arranges the support: local authorities decides the budget available and following discussion with the individual, chooses and arrange the support.
- Option 4** A mix of the above: this lets individuals decide which elements of support the individual organises and what parts are arranged by the local authority.

11. In 2017, the Audit Commission published its report on the progress of implementation of SDS and concluded that there was a need for authorities to review their processes for supporting children to transition into adult services. Planning for transitions needs to be well coordinated to ensure a seamless service without overlaps or gaps in services, particularly where responsibility is split between the Integration Joint Board and the council. Later that year, Scottish Government commissioned research to contribute to the ongoing national monitoring and evaluation of self-directed support. Workshops were held involving 37 people from local authorities, providers, carer organisations, national bodies and disabled people's organisations from strategic and operational roles. The research produced the SDS Change Map outlining the overall vision for SDS in Scotland and the required changes for more effective delivery of social care within the context of self-directed support. The change map was at the heart of COSLA's and Scottish Government's *Social Care Support Implementation Plan 2019-2021*.

12. Other national developments included:

- Carers (Scotland) Act 2016 established rights for carers to have an adult carer support plan or young carer statement and access self-support in their own right; to be involved in planning services; and to have their views taken into account in assessing the needs of the person they care for.
- *Health and Social Care Standards: My support, my life* published in 2017 setting out what people should expect when using health, social care or social work services in Scotland and reinforce the values and principles of self-directed support across all settings.
- Collaborative Communities programme funded by Scottish Government until March 2020 aims to ensure that health and social care organisations use collaborative practice and tools to facilitate real choice and control for people in their communities including developments in Community Led Support.
- *The Promise*, which is responsible for driving the work of change demanded by the findings of the Independent Care Review to ensure that care experienced infant, child and young person grows up loved, safe and respected and able to realise their full potential.

- Independent Review of Adult Social Care in Scotland to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.

Learning review

Objectives of learning review

13. As part of the development of a national framework for self-directed support, Social Work Scotland commissioned a small-scale learning review to map the approach taken by the SDS Project Team and bring together the learning from throughout the project. This learning review aimed:
 - a. to map the approach taken by the SDS Project Team;
 - b. to record the process and consultation undertaken throughout; and
 - c. to record the development of all elements of the national framework

Approach to learning review

14. The learning review undertook a documentary analysis of the documents generated by the SDS team during the course of the review. From an initial search, **709** documents were identified for the initial stage of filtering. Documents were excluded if its topic was unrelated to the aims of the learning review or were duplicate documents. This initial stage of data filtering resulted in **391** articles eligible for further screening. The next step of data extraction considered each document in more depth. **382** documents were included in the final review through this search method.
15. The documentary analysis taken in this review considered four aspects in relation to each document: authenticity; credibility; representativeness; and meaning derived from the documents. **Authenticity** considered whether the origin of the document was reliable and the evidence genuine. **Credibility** considered whether the information was trustworthy with some level of expertise. **Representativeness** considered to whether the document represents the wider issues and finally, the **Meaning** explored whether the material was understandable and clear so that documents could be examined to understand their significance, meaning and fit with the context of the analysis.
16. The documents were effectively organised, filed and maintained in relevant folders, which allowed for a comprehensive search through all documents. The purpose of all included documents was clear and each was dated. The clarity of the context, the perspective and role of contributors and content in each allowed for confidence in the authenticity, credibility and representativeness of the material and the emerging messages and reflections.

17. The final 382 documents reviewed ranged in type:
- Research articles, dissertations and practice evaluations
 - Published reports and papers
 - Reports relating to SDS Team activity
 - Presentations
 - Surveys and responses
 - Minutes of meetings and groups
 - Notes of conferences and conversations
 - Draft assumptions, standards, and action statements
18. The final documents also covered a range of topics: legislative, policy and practice context across adult and children’s social care, and SDS implementation in Scotland; approaches to project management, change and implementation science; practice developments in Scotland and wider UK; developing the evidence base; proposed SDS standards, underlying assumptions and action statements; and analyses of contributor and stakeholder contributions.

Approach of SDS Project Team

19. From the outset, the Project Team set out clear stages for this activity: research; engagement and focused work; production of the framework; testing and evaluation; and adoption. This paper reflects progress on the activity undertaken to date from November 2019 – March 2021 and is discussed in three phases:

Phase 1 (November 2019-March 2020)

Gathering intelligence and assessing the current picture

Phase 2 (April 2020-January 2021)

Developing a national framework and building the evidence base

Phase 3 (January-March 2021)

Publish final national framework and plan for implementation

Phase 1: Gathering intelligence and assessing the current picture

20. During this research gathering stage, there were six key aspects to the activity of the Team:
- Gathering research and practice evidence
 - Approaches to frame and support implementation
 - Identifying and engaging stakeholders and contributors
 - Messages from phase 1: the current picture
 - Planning phase 2
 - Governance and accountability

Gathering research and practice evidence

21. The Team gathered extensive intelligence about implementation of self-directed support across Scotland, what was working and information on the barriers and challenges. This was gathered through reviews of research evidence, reports and practice evaluations, the Team's own mapping of activity across Scotland and consulting with key national and local stakeholders including local authorities, national partner organisations and supported people.

Approaches to support implementation

22. There have been many excellent examples of pockets of SDS practice across Scotland, but consistently high quality practice has not been achieved across the country. In acknowledging this, Social Work Scotland sought a structured and evidence-based approach to determining and contextualising recommendations for further development. Implementation science was identified as it provided a set of interconnected frameworks that can support successful implementation of complex social policy. Key to this was the overarching question which framed the activity of the SDS Project Team *What will it take to do what needs to be done?* (Fixen, Blase and Van Dyke 2019¹) with a proactive approach to making it happen through identified and structured step change.
23. A body of evidence (Active Implementation Research Network²) has shown that implementation of complex change cannot rely on laws and regulation, stand-alone training or moving people's roles without amending structures. Without a national implementation strategy for SDS, each local area has interpreted the legislation and guidance differently and few areas had successfully reconfigured their systems and processes to facilitate effective SDS. Supported people also reported inconsistencies in local responses.
24. In order to address this, the Team with Social Work Scotland considered what was necessary to implement change complex change from available evidence. The more complex the ask, the more the organisational and system structures and supports would have to be adjusted. Some evidence (Blase, Fixen and Van Dyke 2018³) identified that it was necessary to have a clearly defined practice to implement so that people understand what effective SDS looks like. It was also essential to have the right implementation supports in place, such as a team to support the SDS practitioners and to drive forward the organisational and system changes required. In recent years, CELCIS had been developing its approach to implementation science in Scotland and Social Work Scotland engaged CELCIS to help support and inform its implementation approach to the development of a national framework.

¹ Fixen, D.L., Blase, K.A. and Van Dyke, M.K. (2019) *Implementation Practice and Science*. Chapel Hill, NC: Active Implementation Research Network.

² Active Implementation Research Network <https://www.activeimplementation.org/>

³ Blase, K.A., Fixen, D.L. and Van Dyke, M.K. (2018) *Developing Usable Innovations*. Active Implementation Research Network <https://www.activeimplementation.org/wp-content/uploads/2019/05/DevelopingUsableInnovations.pdf>

Identifying stakeholders and contributors

25. In early 2020, the Team mapped out the key stakeholders and contributors across Scotland, identified the proposed level of engagement for each, purpose of engagement and method of engagement. This mapping identified 76 distinct individuals, teams, groups or organisations across health and social care.
26. This ranged from Scottish Government, Scottish Parliament, local government including legal and finance representatives, NHS Scotland, Public Health, Health and Social Care Partnerships including finance, Providers such as Self Directed Support Scotland (SDS Scotland) and the Alliance, Other Agencies such as ILF Scotland, Professional Bodies such as SSSC, Regulatory Bodies including Health Improvement Scotland and Care Inspectorate, Third Sector organisations and alliances, Policy and Advocacy such as People-Led Policy Group, Research Community, Media, Workforce and Public (see Appendix 1 for list of contributors). All would be kept engaged through joint working, regular meetings, briefing sessions, parliamentary submissions, presentations and workshops, regular targeted written updates, general verbal and written updates, websites, social media updates and press releases.
27. The Team met with individuals and groups and also issued a questionnaire to National Partners in January 2020 asking for information on what was working, key messages for HSCPs and how best to engage moving forward. **Seven partners responded.** A Practice Based Return to HSCPs and local authorities had been planned for March 2020 asking each to identify what was working well, what was challenging, what should a national framework provide, where are there gaps and to provide examples of their assessment models and resource release models. This was not issued, however, as the timing coincided with the huge pressures on HSCPs and local authorities to respond to the demands of the COVID-19 pandemic.

Messages from phase 1: The current picture

28. The full impact of the Social Care (Self-directed Support) (Scotland) Act 2013 has yet to be realised (Audit Commission 2017⁴; Care Inspectorate 2019⁵; Critchley and Gillies 2018⁶; Smith and Brown 2018⁷). The scale and complexity of change that the SDS agenda demands of services is clear, especially at a time of pressured budgets, organisational change and high levels of demand impacted more recently by Covid-19. Service users also reported challenges in implementing the SDS legislation into all relevant areas of practice. Making high level strategic changes in line with the Act whilst

⁴ Audit Commission (2017) *Self-directed support: 2017 progress report*. Edinburgh: Audit Scotland. Sheffield: Centre for Welfare Reform.

⁵ Care Inspectorate (2019) *Thematic review of self-directed support in Scotland*. Dundee: Care Inspectorate [Online] Available: <https://www.careinspectorate.com/images/documents/5139/Thematic%20review%20of%20self%20directed%20support%20in%20Scotland.pdf>.

⁶ Critchley, A. and Gilles, A., (2018) *Best Practice and Local Authority Progress in Developing Self-directed Support*. Edinburgh: Social Work Scotland. [Online] Available: <https://socialworkscotland.org/wp-content/uploads/2018/06/BestPracticeandLocalAuthorityProgressinSelf-DirectedSupport.pdf>.

⁷ Smith, S. and Brown, F. (2018) *Individual Service Funds. A Guide to making Self-Directed Support work for everyone*.

training frontline and operational staff in skilled outcomes based practice had yet to be realised across most of Scotland (Critchley and Gillies 2018).

29. Critchley and Gillies (2018) also identified that significant investment had been committed in training of staff in understanding outcomes in good conversations and in co-production, in community capacity building initiatives, public awareness raising and information sharing. There was good evidence of the crucial role of third sector partners in broadening access to social care and supporting individuals and families to gain more choice and control over their support. The Care Inspectorate's (2019) thematic review of self-directed support found good-quality services providing care and support to people in most areas, however, this was not always happening in a way that allowed for personalised approaches or that reflected a shift in choice and control from services to people.
30. The Care Inspectorate (2019) also identified some key challenges: good conversations were not happening consistently across Scotland; there was a lack of consistent data recording; tension between the principles of self-directed support and eligibility criteria frameworks used to determine allocation of resources; a lack of transparency in recording decisions; limited options in the market for people to make a choice, particularly in rural areas; and variable knowledge of SDS across partnerships. Option 1 was generally well established across partnerships, but the availability of services for Option 2 was more limited. Option 3 was the most commonly used support for people, particularly older people and providing a combination of services through Option 4 was limited by the lack of progress on Option 2.
31. Key to successful implementation was strong and visible leadership for SDS with senior managers on board and progressing this agenda with involvement of service users, carers and wider communities. More training and support for staff in undertaking good conversations, assessment and planning, and managing risk. Supported people and unpaid carers need accessible and up-to-date information and greater focus was needed on increasing the transparency around how resources were allocated to supported people. Many care providers want to work flexibly and as partners in realising the SDS agenda, but traditional commissioning does not have the flexibility in delivery required for SDS (Audit Commission 2017; Care Inspectorate 2019; Critchley and Gillies 2018).
32. The consultation undertaken by the SDS Team identified similar issues. In particular, that leaders were key to supporting the workforce by valuing their work, trusting their professional opinions and giving them permission to work autonomously and within a supported risk enabled approach. Workers are key in supporting people to have choice and control throughout the process, and to talk through what matters to the person. The consultation also found that low uptake of personalised options (Options 1 and 2) was disproportionate in older age groups, people with mental health issues and people without carers, inflexible commissioning often focused on commissioning services before conversations were completed with people and poor monitoring of outcomes.

33. In summary, the main factors affecting the way self-directed support has been implemented as Scotland's mainstream approach to social care were:
- Different thresholds in dealing with risk between people, their workers and organisations (in terms of their reputations);
 - Different levels of budget available for different groups of people and who decides what can and cannot be spent with public money and the type and impact of scrutiny of resource release models, some operating Resource Allocation Systems, some operating Equivalency Models and some a hybrid of both;
 - Applications for flexible funding (i.e. alternative types of care and support) being put forward by social workers/assessors that are subsequently rejected by senior management, mostly due to the two previous factors; and where block-funded commissioning practice leaves very little flexibility in the system to provide real choice and control;
 - The often negative impact that local legal, finance, systems, policies and processes have had on the ability to deliver SDS;
 - The differences that exist between urban and rural settings, mainly where the social care support market is underdeveloped or non-existent;
 - Worker autonomy for accessing budgets was beginning to be rolled out across several Local Authorities, although monetary limits varied considerably. Some areas however did not allow for worker autonomy thought to be due to anxiety about managing resources and fear of the potential reputational risks; and
 - Eligibility Criteria used in some local authorities to determine if they meet requirements for support.

Planning for phase 2

Revising project deliverables

34. Following this intelligence gathering, initial consultation, and in light of the demands made on Scottish social work services during the pandemic, the Project Team in collaboration with Social Work Scotland, Scottish Government and COSLA changed the project's anticipated deliverables. The project remained focused on developing a national framework to deliver more consistent approach to SDS, but now a set of **professional standards** would be developed for social care and social work staff around assessment, resource release and increasing worker autonomy. Stakeholders agreed the development of standards was a more consistent approach with attention given to the right conditions needed to make self-directed support a reality for all people eligible for social care support funding.
35. The national framework should support local authorities and Health and Social Care Partnerships (HSCPs) in fulfilling their legislative duties, regulatory and social care requirements, and support practitioners in developing their professional practice. The Standards would also benefit supported people (adults and children) and carers to exercise their rights; and community organisations, providers and voluntary sector partners to play an equal role in helping deliver social care and support in

Scotland. The standards would be designed to sit alongside the SSSC codes of practice and Advanced Practice statements.

Governance and accountability

36. The Team also established clear structures for governance and accountability. The project was managed and overseen by Social Work Scotland with clear reporting mechanisms throughout. Day to day management was overseen by a Project Lead. Fortnightly internal team meetings helped drive the project and maintain focus on its key priorities. There were also regular meetings with the Self-directed Support Policy Lead within the Health and Social Care Directorate, Scottish Government.
37. A Steering Group (Consistency and SDS Steering Group) hosted by Social Work Scotland was established to oversee the deliverables of the SDS project and to maintain links with work related to the Consistency workstream of the Adult Social Care Reform Programme. The Steering Group provided advice and guidance, contributed to the development of all deliverables; provided mechanisms to cascade information back to the organisations they represent, and gave feedback on the findings of the Team and advised on legal, financial and delivery responsibilities.
38. The Steering Group was chaired by the chair of Social Work Scotland's Adult Social Care Standing Committee and during phase two and three met on 11 occasions every 6-8 weeks. Its 48 members were from organisations presenting a wide range of perspectives (see Appendix 2).

Phase 2 Proposed national framework and building the evidence base

39. The approach to phase two of project from May 2020 to January 2021 is discussed under the following headings:
 - Developing the proposed national framework for self-directed support
 - Engaging contributors
 - Undertaking formal consultation
 - Message from phase 2: building the evidence base
 - Planning for phase 3

Developing proposed national framework for Self-directed Support

40. The proposed framework built on the three emerging key assumptions which were considered to underpin the SDS Change Map developed in 2019:

Assumption 1 Assessment and the identification of resources is all part of the same process and should not start with the budget, but with a 'good conversation'.

Assumption 2 Community-led models offer early help and support to people who are not eligible for directly-funded social care supports

Assumption 3 All social care systems and processes need to be designed to meet the values and principles of SDS

41. In line with Active Implementation 11 standards were developed and proposed to be supported by detailed statements outlining the actions and behaviours required by leaders, practitioners, supported people, community organisations and providers to ensure consistency of outcomes and approaches across Scotland, and links to tools and resources developed since the inception of the 2013 Act by key SDS partners. The action statements were co-produced with relevant stakeholders and took account of system-wide drivers for change:
- setting the right culture
 - ensuring that the vision, values and principles are evident through systems, organisation, leadership and practice.
 - designing data and financial systems around SDS
 - aligning key processes, policies and procedures to deliver best practice
 - recruiting, training and coaching the workforce so that they can deliver SDS best practice as intended by legislation and guidance.
42. The aim was to design standards which were helpful, measurable, provide more accountability to people who want more choice and control over their social care, provide local authorities with an understanding of the drivers and road blocks for implementation of SDS and provide the basis for a self-evaluation framework for local authorities. A self-assessment evaluation tool was proposed to support future inspection methodology.
43. The standards and actions were designed to align with the Children's Charter and the Health and Social Care Standards, both of which expressed what people could expect from their care and supports in terms of personalisation and the level of expected involvement from assessment through to the delivery of care and support.

Engaging with contributors

44. The Project Team engaged with contributors in four ways: conversations, discussions and meetings with individuals, groups, collaboratives and organisations from across the UK; ongoing and regular links with links with existing meetings or networks; groups or workstreams brought together by the Project Team to undertake specific tasks; and formal written consultations.

Conversations, discussions and meetings

45. Throughout phases two and three, the Team has meet with, spoken and consulted extensively with individuals, groups, collaboratives and organisations from across the UK.

Ongoing and regular links with existing networks

46. The Project Team linked with Social Work Scotland's Practice Network whose members included HSCPs, local authorities and Scottish Government to consult on developments and provide updates. The Team met with the Practice Network on eight occasions. Local authority SDS leads represented on Social Work Scotland's SDS Subgroup also supported and advised the Project Team throughout the project.

Groups brought together by the Project Team to undertake specific tasks

47. During phase two, the Project Team established a Short Life Local Authority Reference Group to provide critical comments as the framework developed, including the practicalities of implementation. It met on two occasions and its 36 members represented 15 organisations (see Appendix 3 for membership). Representatives from ARC Scotland, COSLA and Scottish Government also joined the meeting as observers. The group scrutinised the SDS standards in development providing feedback from their own perspectives and areas of expertise.
48. Feedback throughout informed the development of nine workstreams:
- Assessment, Care Planning and Review, Transparency, and Meaningful and Measurable recording practice
 - Access to independent support and advocacy
 - Early help and community support
 - Early planning for transitions
 - Accountability
 - Worker autonomy
 - Consistency of care
 - Flexible and outcome focussed commissioning
 - Resource release

49. For each workstream, relevant stakeholders were invited to participate to provide detailed comment on the development of the standards and action statements, provided guidance and support, and ensure mechanisms were in place to cascade information back to the organisations they represented. All contributed skills, knowledge and expertise in order to refine the proposed draft framework and standards. A total of 44 members from across all stakeholders were represented across the nine workshops which each met on two occasions.

Formal consultations

50. There were distinct periods of formal consultation throughout the project where the Team asked for written responses:

- Short Life Working Reference Group questionnaire: a brief questionnaire was developed for the Reference Group members in advance to explore what it would take to make SDS a success. **17 responses were received.**
- Steering Group Questionnaire: a brief questionnaire was developed for the Steering Group members in advance to explore what it would take to make SDS a success.
- Pre-workstream survey
- Consultation (November 2019 – January 2020): HSCPs and local authorities were asked to comment on the practicality of further implementation taking the assumptions into account. **25 responses** from 23 organisations were submitted which included wider discussions locally by some.
- Call for comment (November 2019 – January 2020): an open call on the Social Work Scotland Website asked for ideas from individuals - people, workers and leaders - for taking forward the standards. **31 responses** were submitted which also included wider discussions locally within some organisations.

Message from phase 2: Building the evidence base

51. The evidence base developed in relation to the draft national framework adopted an Active Implementation approach. All contributors were asked about what was working and what was getting in the way of making self-directed support a reality for people and what changes would be required to apply SDS more consistently.
52. The process of building the evidence base was iterative and some messages and feedback related to the draft national framework in its entirety and others focussed on particular aspects or issues. The broad messages are discussed in this report, but more detailed comments on each standard and assumptions from the consultation and call for comment have been written up separately⁸.

Responses to draft national framework

53. The importance and broad acceptance of the vision and principles of the Social Care (Self-directed Support) (Scotland) Act 2013 was recognised, particularly that the duties placed on a local authority were positive, aspirational principles such as involvement, collaboration and informed choices. The general consensus throughout the project was that SDS remained a good model which embodied the general principles of social work. It was asked that the final national framework should be checked to ensure the standards enhance rather than diminish the existing articulation of these principles in describing people's experience in directing their own support. The national framework was considered timely, aspirational and a blueprint for practice and improvement. There was minimal disagreement on the principles and assumptions underpinning the national framework and the 11 standards.

⁸ Scott, J. (2021) *Self-directed Support National Framework: Responses to consultation*. Edinburgh: Social Work Scotland.

54. There was recognition of excellent and effective practice in local areas in many responses. Good conversations were thought fundamental to the relationship between individuals, family and practitioner, and need underpinned by a strong awareness of the SDS legislation, local implementation and available community assets and resources that can be accessed. HSCPs and local authorities commented they were better prepared or making good progress in having good conversations and identifying resources to support individuals and that much development work and training had taken place in more recent years. Extensive work had been undertaken in many areas, which contributed to their preparedness for the standards and assumptions. Almost all had undertaken extensive engagement with staff from all levels within the organisation, partner agencies and people living in communities to increase breadth and depth of knowledge amongst the workforce about local services and resources.
55. Another message identified in the responses was growth in the levels of community support available. There was a sense that many local authorities had been developing or building on strong community links through Community Hubs, Connected Communities and Resilience Partnerships. Those engaged in the Community Led Support programme highlighted different approaches through widespread engagement with the community, community councils and a range of services, building early access to information, advice and sign-posting to local, informal, community-based activities and supports or nurturing working across a range of partners in the third, private and statutory sectors. The impact to Covid-19 and local responses to the pandemic had identified new ways of doing things. It was thought important to retain this learning to consider what this would mean for development, continuation and support for all organisations as it was not yet known if this increased response and support would continue once there was some return to community life post-Covid.
56. The concerns and scepticism expressed were in relation to implementing the national framework into practice. Many felt openness and honesty was needed about the scale of the power shift and cultural change, and re-design of services required to implement the framework as well as the considerable financial implications of building a social care system that would address need. It was thought important that the national framework should encourage good practice rather than highlight poor practice, and that quality indicators should be developed to support local areas to self-evaluate implementation of the standards. A further tension was highlighted regarding how to uphold the choices of the supported person of what times they want to be supported, and capacity of the supported person or employer to resolve these issues. Current zero hours contracts were not thought sustainable or ethical, and principles of Fair Work needed to be supported within the SDS framework.
57. One key voice was that of rural and particularly island communities. Colleagues felt there need to be a better understanding of remote work and island geographical realities going forward. There is not the variety of services as are perhaps available in more urban areas. Funding disbursed on a pro rata basis means posts affordable in less populated geographies are often part-time leading to a lack of coherence and cover. There was also reflection that the standards should be more comprehensive in

relation to Support Plans. Without robust support plans anchored in the assessment there is a real risk that outcomes can be 'lost'. Standards need to be balanced across assessment, resource allocation and support plans.

58. Informed by implementation science, key ingredients for implementing the national framework and developing a more consistent approach to assessment, planning and review were identified throughout the project work and formal consultations:
- National commitment and leadership
 - Culture shift
 - Rights-based approach to practice
 - Increase partnership working
 - Re-thinking funding of rural communities
 - Re-thinking eligibility criteria
 - Re-thinking resource release
 - Increase resources and services
 - Community development and Community-led Support
 - Skilled and confident workforce
 - Workforce training and development
 - More work to embed SDS within Children's Services
 - Reduce bureaucracy
 - Better engagement with the public
 - Inequity of access to social care budgets across different groups of people. (e.g. less money can be accessed per head of the older people's population, compared to all other adults).
59. Several contributors identified the need for a clear process and strategy to progress implementation of the national framework in local areas. Some discussed establishing or re-establishing a local SDS Programme Board to oversee the delivery of self-directed support across children's and adult's social work services, and to promote the facilitation of the National implementation Plan and local Improvement Plans with attention given to:
- clarity about what is being implemented including clear descriptions on who the practice is for, the underpinning values, principles and philosophy, the essential components of the practice;
 - identify what supports will be needed to help the implementation recognising that implementation takes time and should build on the wealth of local practice that has been developed;
 - enable the local context to be ready for change with local leadership supporting the changes necessary for implementing the practices that support SDS; and
 - acknowledging that when implementing complex change it is important to start small, finding teams and local areas who can test out the practice.
60. Once implemented and as organisations deliver better and improved outcomes for service users, contributors identified the need for ongoing self-assessment and review

of practice across all roles and services to measure improvement, evidence better improvement and to measure outcomes for supported people. Supported people and carer contributions were thought vital to reviewing local SDS processes and procedures. More consideration was needed about how best to involve local community groups representing service users and carers in more regular dialogue about SDS implementation and review.

Responses to individual elements

61. From all consultation, comments on the assumptions reflected that the term *assumption* could be stronger and if these assumptions underpinned the vision of practice then perhaps the terms Principles or Mission Statement would describe this better and suggestions on terminology and language. There was little discussion on the Action Statements as those had not been the focus of the consultations and were still in development.
62. From all consultation, there was strong support for all eleven standards with broader reflections on what would be needed to implement each standard into practice and the practical implications for doing so. Detailed comments were also submitted in relation to terminology, language and tone of each standard. One key recommendation was that local authority systems should encourage trust, and support timely decisions about change of use of a budget when this is required. In considering these aspects, one response concluded there should be a separate standard to cover these points under the heading *Budget allocation*.

Planning for phase 3

63. Three areas of activity were identified for phase 3:
 - a. Extensive revisions to the current draft assumptions and 11 standards taking account of all feedback from phases 1 and 2;
 - b. Development of a new twelfth standard for budget allocation and continued development of the action statements for the detail of what is required of leaders, manager and the workforce to implement each standard; and
 - c. Planning the next stage (or route map) for implementation of the national framework informed by phases one and two.

Conclusion

64. From the outset, the Team and Social Work Scotland's careful planning, identification of key stakeholders and contributors, and a multi-layered approach to engagement was evident. This has meant that the content and component parts of the National Framework for Self-directed Support has been informed and shaped throughout its development. Space was created to allow a range of views to be heard and the Team

was responsive in taking action to ensure that quieter voices were heard more clearly or missing voices included.

65. The principles of self-directed support were thought to be as relevant today as before, and there was overwhelmingly support for the national framework's underpinning assumptions, 11 standards, practice statements and core components and action statements. Much of the feedback and comment was focused on how this framework would translate into practice and that some inherent tensions needed be addressed through a culture shift and systemic change.
66. The key challenges have been identified and the approach of the Team has produced a wealth of information about the drivers of change at local and national levels within the workforce and across services and partnerships. The central role of people and communities was clearly articulated, and actions identified to increase the knowledge base and confidence for all involved to support equal relationships and to realise the ambition of the national framework. This next step is not without significant challenge and will need support at all levels.

Appendix 1

Contributors

Advocacy Western Isles
Association for Real Change (ARC) Scotland
Audit Scotland
Ayrshire Independent Living Network
British Association of Social Workers (BASW/SASW)
Care Inspectorate
Carers Trust
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Chartered Institute of Public Finance and Accountancy (CIPFA)
Coalition of Care and Support Providers in Scotland (CCPS)
Coalition of Scottish Local Authorities (COSLA)
Community Brokerage Network
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Equal Say Advocacy
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Neighbourhood Networks
People-Led Policy Panel
Personal Outcomes Network
Radical Visions
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Scotland Excel
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Social Work Scotland SDS Practice Network
The Advocacy Project
Voice of Carers Across Lothian (VOCAL)
Workers' Educational Association Scotland

Aberdeen Council
Aberdeenshire Council
Angus Council
Argyll and Bute Council
City of Edinburgh Council
Clackmannanshire Council
Comhairle nan Eilean Siar
Dumfries and Galloway Council
Dundee Council

East Ayrshire Council

East Dunbartonshire Council
East Lothian Council
East Renfrewshire Council
Falkirk Council
Fife Council
Glasgow City Council
Highland Council
Inverclyde Council
Midlothian Council
Moray Council
North Ayrshire Council
North Lanarkshire Council
Orkney Islands Council
Perth and Kinross Council
Renfrewshire Council
Scottish Borders Council
Shetland Islands Council
South Ayrshire Council
South Lanarkshire Council
Stirling Council
West Dunbartonshire Council
West Lothian Council

Appendix 2

Membership of Consistency and Self-Directed Support Steering Group Meeting

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Appendix 3

Membership of Short Life Working Group

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