

# People as Partners Project



## MAKING SENSE OF SDS A SERIES OF GUIDES FOR PROVIDERS

### Guide 2: The values and principles of self-directed support

April 2014

<http://www.scottishcare.org/people-as-partners/>

## **Making Sense of SDS**

### **A series of guides for providers**

This guide is part of a series which is designed to introduce providers of older people's care and support services to the Social Care (Self-directed support) (Scotland) 2013 Act which came into effect on 1 April 2014.

This particular guide will explore one of the key themes within the Act and its accompanying Statutory Guidance. Following the tradition of recent social care legislation in Scotland the Act embeds in statute a series of principles and values following which the outworking of the Act is described. Changing the way in which social care services are delivered in Scotland is described as the embedding of human rights principles within service design and delivery.

This brief guides explores what the Act and Guidance documents says about the values and principles, how they envisage them being put into practice and the impact this may have upon those who deliver and provide services.

### **Where do the underpinning values and themes of the Act come from?**

'Personalisation' is a term which is much used these days. Indeed you are most likely to see the term used within the world of product marketing as large and small companies try to ensure their 'offer' is personalised to the needs of their individual customers.

Within health and social care personalisation grew out of the independent living movement of the learning and physical disabled communities in the 1970s. With the closure of large scale institutions there was an emphasis on enabling individuals to live more independent lives. Policies and practice at the time and since emphasised the importance of building social care supports around the life of the individual rather than expecting the individual to fit into what services were available. A one size fits all approach was replaced by the urge to develop and offer bespoke individual services and supports.

In Scotland this process was encapsulated in policies such as 'The Same As You?' (2000) and in 'A Shared Vision for Independent Living in Scotland.' (2009). The vision of the latter declared that Independent Living was about choice, control, freedom and dignity.

On the wider front the work of *In Control*, a social enterprise established in 2003, brought to focus the concept of giving control over budgets to individuals as a way of reforming the social care system. It was they who develop and pioneered 'self-directed support.'

In Scotland this was articulated further in the reform of direct payments and in the ten year strategy, Self-Directed Support: A National Strategy for Scotland, February 2010.

The Scottish Government in 2008 gave the following description of personalisation as a way of managing complex cases:

*“help people to find the right support solutions for them and to be active participants in the development and delivery of services. Encourage people to come up with their ideas and put effort into devising solutions which suit them in their particular circumstances drawing on their own strengths, family or community capacity. This doesn’t mean that people are not supported and left without guidance or that risks are not addressed, but that solutions are developed in partnership with professionals.”*

The Social Care (Self-directed Support) (Scotland) Act 2013, is a direct continuation of this earlier work on personalisation. It seeks to enshrine in law and social care practice the core values of inclusion, contribution and empowerment through real choice and respect. *‘The Act creates a statutory framework around the activities already underway across Scotland to change the way services are organised and delivered - so that they are shaped more around the individual, better meeting the outcomes they identify as important. So individuals are seen as ‘people first’ – not service users.’*

Providers of social care will have a major part to play in embedding these values and principles in the delivery of services in the years to come.

To drive forward this work, the Scottish Government has developed a 10 year Self Directed Support strategy with partners, stating the intention as:

*‘..... delivering better outcomes through focused assessment and review, improved information and advice, and a clear and transparent approach to support planning. The strategy is part of a wider reform agenda, and reflects the common goals of current health and social care policy to deliver better outcomes for individuals and communities. These include recent developments in Reshaping Care for Older People, Caring Together, and the National Dementia Strategy. Implementation will also bring a focus to the development of self-directed support for children and young people alongside Getting it Right for every Child (GIRFEC).’*

## **What does the Act and Guidance say about the Values and Principles of SDS?**

The Act and its Guidance draw a distinction between values and principles.

Values are described as *‘..... established ideals. They are the fundamental things that define what we do. Values will be unique to each and every professional. It would not be appropriate (nor would it be helpful) for this Guidance to seek to impose particular values on individual professionals. At the same time, it can be*

*helpful to return to the core values that help to underpin the legislation and to mark the link between social care legislation and day to day practice. The following words describe the values that have helped to inform this guidance:*

- *Respect*
- *Fairness*
- *Independence*
- *Freedom*
- *Safety*

(Guidance Section 27)

It will be clear that such values are rooted in the earlier concepts of personalised services and greater independent living.

The Act and Guidance then go on to indicate that there are certain core principles at the centre of self-directed support.

Principles are described as ‘..... *the means by which we put our values into practice. The 2013 Act (Sections 1 and 2) provides four legal principles*

- *Participation and dignity*
- *Involvement*
- *Informed Choice*
- *Collaboration.*

(Guidance section 28-32)

We will reflect on their impact and intention below but lest it be assumed that these principles are simply window dressing the Act and Guidance make it clear that they carry a particular weight in the implementation of self-directed support:

*‘The statutory principles are important because they carry legal weight. They articulate the underlying aims or "spirit" of the legislation and complement the detailed duties and powers provided elsewhere in the Act.’* (Guidance section 33)

The Guidance then goes on to root these principles and values within a human rights based framework. This will be familiar to providers who have been engaged in human rights processes through e.g., Care About Rights?

<http://www.scottishhumanrights.com/careaboutrights/welcome-embedding>

The Guidance reflects the conviction that the provision of social care and the facilitation of choice as part of this, is a way of protecting human rights. *‘Effective,*

*person-centred social care, determined and led by the individual in partnership with the professional increases the choice for an individual, offering them more control and independence in managing their life.’ (Guidance section 34).*

## **What do the values and principles mean in practice?**

The Act and its Guidance envisage various ways in which the values and principles are put into effect. They should be seen as the background music to all that happens under self-directed support. This is especially the case at the stage of assessment and developing a support plan with a supported person.

In practice this means that there needs to be as much emphasis placed upon the universal needs of an individual as much as attending to their basic needs. To remain in relationship, to maintain friendships and be connected up to the community are as important requirements of support as being nourished, healthy and safe.

*‘Under Section 2 of the SDS Act the professional must take reasonable steps to facilitate the principle, a) that the supported person’s right to dignity is to be respected, and; b) that the supported person’s right to participate in the life of the community is to be respected... Participation and dignity are core aspects of independent living whereby all supported people should expect to have the same freedom, choice, dignity and control as other citizens at home, at work and in the community. Section 2 therefore describes one of the ultimate objectives for social care. In some respects, it provides a modern interpretation of the social welfare duties provided in the 1968 Act.’ (Guidance section 29).*

Sections 1 and 2 of the Act specify the general principles that guide practice.

- **Involvement**  
This requires that the supported person must have as much involvement as they wish in both the assessment and in the provision of any support agreed on completion of their assessment.
- **Collaboration**  
Providers must collaborate with the supported person in the provision of any support identified and agreed on completion of their assessment in order for them to be supported to achieve the outcomes they have identified.
- **Informed Choice**  
The supported person must be provided with any assistance that is reasonable to assist them to express their own view about the support that is being provided or to make any changes to that support including the specific involvement of individual staff in their lives.

- **Participation and Dignity**

This applies to the whole relationship between a provider and the supported person. It seeks to place person centred support based on an individual being able to exercise their human rights at the heart of all social care support and delivery. It will be of particular importance when making decisions around risk enablement and personal safety.

The Guidance also highlights how these principles can be further embedded through the additional principles of:

- **Responsibility**

The supported person should be able to take as much control over their support as they wish. In return, the supported person should exercise that choice and control in a responsible way.

- **Risk enablement**

The supported person should be assisted to feel safe and secure in all aspects of life, to enjoy safety but not to be over-protected and, in so far as possible, to be free from exploitation and abuse.

- **Innovation**

The professional, provider and the supported person should develop creative solutions to meet the outcomes identified in the support plan.

## **What role will providers have in embedding the values and principles?**

The role of providers will be significant in both ensuring the principles and values are embedded in self-directed support for the individual being supported, but also in ensuring that these values are at the heart of the service they deliver. We will take each principle in turn to illustrate some ways in which this can be achieved.

### **Involvement**

This requires that the supported person must have as much involvement as they wish in both the assessment and in the provision of any support agreed on completion of their assessment. Providers are in a good place to be able to ascertain the particular levels of involvement and engagement an individual may wish to exercise. Providers are also likely to have staff who have formed good relationships with individuals and these individuals may wish to involve individual staff in their processes of assessment and review. The Guidance is clear that the person can include the people they want as part of their assessment and review process. This explicitly includes service providers. Some people may want a worker to be part of

the process. This could be helping the person describe what they think is working and the gaps they see, and how they want their support to develop.

### **Collaboration**

Co-production is not only at the heart of self-directed support it is critical to meaningful relationship based care and support. Working at the pace of an individual to ensure they achieve what they have identified as important in their lives will be increasingly important for the provision of support and care. This will involve providers in resourcing staff to enable them to work in collaborative ways to support independence and community connection.

### **Informed choice**

The supported person must be provided with any assistance that is reasonable to assist them to express their own view about the support that is being provided or to make any changes to that support including the specific involvement of individual staff in their lives.

There are important challenges for providers to ensure that they support individuals in exercising choice at all stages of the service offer. This will inevitably not just include matching staff with individuals but will require an examination of the overall service offer. In a residential setting it might require more individualised timings for activities and meals; in home care services it may require greater flexibility in terms of time allocation and a move away from task centred activities.

Informed choice means that many individuals will want to choose local providers or even providers who have not traditionally worked with people like them. This will involve potential but also a challenge to individual providers to identify their core strengths and service offer. People who have different circumstances from the main group of people you support will now be able to choose you to provide support to them. They can be among a group of people you have not supported before.

The circumstances where this is likely to happen are where a person already knows about this provider through a relative, friend or neighbour, or where they have seen publicity from the provider.

Providers might also decide to offer support to people in other local authority areas, where they have not had contracts before.

Providers need to ensure they are known about within a wider community so that the choice of individuals really is as informed as it ought to be. This can in part be achieved by building links with organisations providing the independent advice and information role. They will also be a useful source of support for people you support, for example around getting a direct payment or Individual Service Fund.

## **Participation and Dignity**

This applies to the whole relationship between a provider and the supported person. It seeks to place person centred support based on an individual being able to exercise their human rights at the heart of all social care support and delivery. It will be of particular importance when making decisions around risk enablement and personal safety.

Dignity and the offer of dignified care and support has always been the byword for good social care. Increasingly providers will have to identify ways in which individuals are involved actively in making decisions about their care and support whether that be within their own homes or in residential settings.

## **Risk enablement**

The role of providers in ensuring that people live the lives they want and take appropriate risks is self-evident. There is a balance needed between the desire to protect and ensure individuals are free from harm and safe on the one hand and the right of an individual to exercise choice and control to an extent where another might consider they are putting themselves at risk. All too often we sometimes get that balance wrong and the competing demands of regulators, family members and others have resulted in the creation of a cautious almost risk averse approach. Moving towards a model of risk enablement will not be an easy process for providers but for self-directed support to work it is one that has to be undertaken. The People as Partners project hopes to produce a practical guide on this theme.

## **Innovation**

Thinking outside the box and coming up with creative solutions is a central focus for self-directed support. There is no longer any desire or necessity to have an 'off the shelf' approach to support packages, rather there is an encouragement to mould the service offer to fit the individual needs of the person being supported. Obviously there are limitations to this. Providers will need to spend some time deciding what is the core of the service they offer and would expect people to accept and what additional elements they can offer which would enable flexible choice and provision.

A home care provider cannot offer twelve people the same time slot if they do not have sufficient staff to deliver on that. A care home provider will need to identify through a costings exercise what he/she considers to be a basic package of care and support which all those seeking to be residents would need to accept and what 'extra' services can be offered by choice and selection.

Undoubtedly the face of social care services both home care and care home will change in response to the individual choices and demands of self-directed support. Such innovation is at the heart of the Act and it is envisaged as a co-produced process. Self-directed support offers opportunities for providers to examine links with



other community group, to scope and develop new services building on the complementary skills partners may bring.

Equally there is real potential for providers to influence wider plans in the local area. The Guidance says that local authorities should have a commissioning plan and consult on it. The people they should consult include service providers and people who use services. (Guidance section 10). Providers may also want to look at how they can encourage the people they support to contribute their views.

As we move towards joint strategic commissioning self-directed support will help to influence and shape the delivery of services in the future.

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April 2014