

People as Partners Project



MAKING SENSE OF SDS

Guide 1: An introduction to self-directed support for providers

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 introduce some of the main points of the Act and its accompanying Statutory Guidance as a whole and is therefore a bit longer than the other Guides. Each of the Guides does not seek to be fully exhaustive and comprehensive but to highlight the key and important elements of both the Act and the Guidance to ensure that providers are able to respond to self-directed support as creatively as possible.

What is self-directed support?

Self-directed support (SDS) is aimed at giving people greater informed choice and control over the services which they choose. It stresses the importance of individuals being supported to achieve the life that they want for themselves. It is not just limited to the delivery of social care and support but includes a much wider range of services.

Self-directed support is the continuation of a long process of policy and practice innovation which has sought to put the individual person at the centre of public service delivery. In that regard it fits well with the desire of independent sector providers of care and support to work in a person centred way where the individual needs of the person are at the centre of the delivery of support and care.

Principles and Values

There are some statutory principles which are at the core of SDS and which providers will need to be aware of in all the work they undertake. At their heart is the belief that people are more likely to achieve the life they want for themselves where they have the greatest degree of choice, control and involvement.

Sections 1 and 2 of the Act specify five 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.

How does SDS it work?

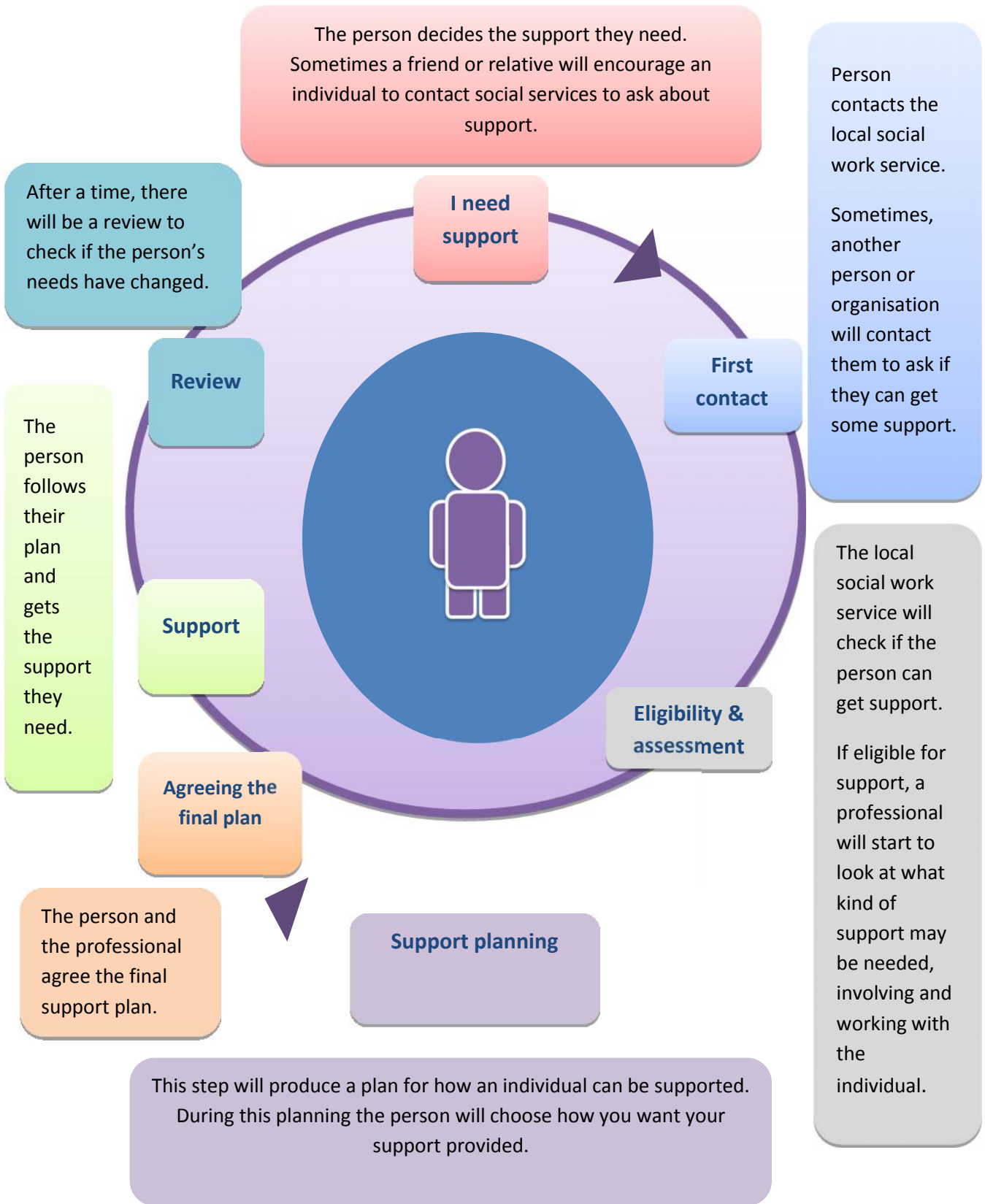
The Act and Guidance introduces a process which envisages what the experience of individual requiring support might look like. At the start of this process a person is informally assessed and identified as being eligible for support and it continues all the way to the successful achievement of the outcomes a person wants for their life. This is called the **Supported Person's Pathway**. (See below)

You will note from the graphic that there is great stress on the supported person being able to identify the outcomes they want to achieve from the support they are offered, doing so by choosing a provider that will help them achieve that support and organising it in a way that fits their needs and life.

The SDS Act means that local authorities will not just be able to offer traditional services and direct payments as the options for a person to choose from, but that the person will now have the right to make wider choices and get their support in the way they want it.

It applies to everyone receiving social care, with a few limitations, though at the present moment this includes some limitations on residential care and support.

From 1st April 2014 each person getting support for the first time will be offered a range of choices. People who are already getting support will get the choices when their support is reviewed. These choices are known as the **Four SDS Options**.



What does the Pathway mean for providers?

First steps to support

If an individual thinks they may need support in their daily life then they may contact their local authority to talk about this with a social worker.

The social worker will then work with the person to find out what support might be needed. If they agree that support is required they will assess whether an individual meets the local authority's rules (**eligibility criteria**) which will show whether that support can be funded by the local authority.

It will be important for providers to inform themselves of what the local eligibility criteria are and the Guidance to the Act makes it clear that providers and those being supported should be involved as much as possible in the development and establishing of those local rules. It also makes clear that the local criteria being used should be in accordance with the statutory principles of the Act. Importantly the Guidance to the Act states that:

'The authority should take full account of how the person's needs and risks might change over time. It should support the relevant professionals to consider the impact of failure to intervene and whether this would lead to escalation of need in future. It should take a well-rounded approach, recognising that risks to participation in society (living an ordinary life, engaging with others) are valid alongside risks to dignity (personal care, "life and limb" support).'

And

'The authority should take a strategic approach to the application of eligibility criteria. It should do this in partnership with wider partners including the health board, providers, user groups and carer groups. The authority should develop its criteria within the context of its wider commissioning strategy and a broader framework of prevention, early intervention, support to carers and universal services... The authority should develop its policy in line with the statutory principles provided by the 2013 Act and articulated within this guidance. In particular, it should consider the principles of involvement (of service users/carers), informed choice and collaboration. The authority should take steps to involve people who use support, carers and partner organisations in the development of its policies and it should do so from the outset. It should publish the eligibility criteria/framework and it should do so in a clear and transparent way.' (Guidance section 7.5)

Assessment

It will have been noted above that the nature of assessment within the new Act is **outcomes focused**. There is an emphasis on individuals being encouraged to articulate what it is they want from services rather than just to accept what local services have to offer. There is an obvious challenge here for providers to ensure that their service offer is sufficiently flexible and diverse to be able to meet individual needs. It will also be important for staff of provider organisations to be able to

understand the change from a more task oriented assessment process to one which is outcomes focused.

Many providers will already be aware of the **Talking Points Approach** developed by Miller and Cook which offers one approach to a more holistic assessment process and is likely to be widely used by social care professionals under the SDS Act. It focuses on areas which an assessment should cover and provides a helpful framework for providers to consider how their services and support can enable an individual to achieve a more holistic set of outcomes. The Talking Points Approach suggests it is helpful for an individual to consider the following areas during assessment.

- being as well as possible
- improved confidence
- having friendships and relationships
- social contact
- feeling safe
- living independently
- being included

See <http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

Providers may want to reflect on the degree to which their existing service provision enables and fosters such a broad and more holistic set of outcomes or perhaps might act against these. Does your service need to change the times in which you support individuals to give them greater choice and control? Do you need to introduce more flexible staff rotas? Are your staff adequately trained in enabling risk and encouraging the exercise of individual choice?

The **People as Partners** project is preparing a whole series of mini-guides which will help you explore what the SDS Act will mean in terms of service re-design and delivery.

Choice, the 4 options and support planning

At the heart of the SDS Act is enhanced choice and greater control for the supported person. However, choice is not always as easy as it may appear. People need to know what is available to them and need to be adequately supported to be able to exercise choice in such a way that the experience becomes a positive one.

How the SDS options work (Section 8 of the Guidance)

There are 4 SDS options which an individual will be offered after the initial assessment stage.

The offer of the 4 options applies when:

a person has longer term, relatively stable and predictable needs for support for example needs associated with:

- frailty
- cognitive impairment e.g. dementia
- learning disability
- some long term conditions
- physical disability
- a person has needs that may be episodic but their recurrence has a degree of predictability e.g. mental health problems

The 4 options will be offered after an outcomes focused assessment has been completed in partnership with a person (and, where appropriate, their representative/s) and where the assessment suggests there are eligible needs that cannot all be met through natural supports, personal strengths or through community resources.

The SDS Act requires local authorities to provide clear information on all the 4 options available when a person is eligible for support. This may be in the form of access to an independent advocate, translation, an interpreter, or support that may involve a communication aid or method that supports the person to make their views known.

Local authorities will have a local mechanism for determining how much funding will be allocated as the relevant amount. The social work practitioner needs to inform the person about how their support will be costed prior to exploring the four options. Providers should seek to acquaint themselves with what particular resource allocation system is being used within their local area.

Social care professionals have a responsibility to ensure the supported person is fully informed of opportunities, responsibilities and consequences in each of the options. For providers this means that it is important that they are as assured as they can be that local professionals know the nature and extent of their services and how they might be a good fit in meeting the needs of individuals.

Good information and marketing of service provision has always been important but with SDS it has become critical. That also necessitates the importance of building strong and collaborative working relationships with those social care staff supporting individuals through the assessment process and choice of options.

The 4 options:

The 4 options provided under the 2013 Act are:

Option 1

The making of a direct payment by the local authority to the supported person for the provision of support.

Option 2

The selection of support by the supported person, the making of arrangements for the provision of it by the local authority on behalf of the supported person and, where it is provided by someone other than the authority (a provider), the payment by the local authority of the relevant amount in respect of the cost of that provision.

Option 3

The selection of support for the supported person by the local authority, the making of arrangements for the provision of it by the authority (possibly from an external provider) and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision.

Option 4

The selection by the supported person of Option 1, 2 or 3 for each type of support and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support.

Option 1:

For providers there are various ways in which a direct payment may impact on their service. Most individuals who choose the direct payment option will organise the services themselves, get broker support by using an independent voluntary organisation or use someone like a relative or friend to manage the budget and make the practical arrangements. They may also choose to directly employ a personal assistant. It is also possible that an individual will use their direct payment to directly employ the services of a service provider so it is important providers are aware of this possibility. In addition the individual may request the provider to directly manage their direct payment on their behalf.

Option 2:

This is the option that will probably result both in the greatest increase in choice for individuals and in opportunities for providers. In this option the person has an **Individual Service Fund (ISF)**, which is the budget for the services they need to

achieve their outcomes. The individual may ask the Council or a service provider to manage their budget under this option. However the payment for the services to the provider comes from the Council. It will be important as more ISF models develop that providers ensure that they have appropriate contracts both with individuals and with the local authority.

The new arrangements are designed to give people more choice in who delivers the support. The Guidance states that Councils cannot limit the providers people use under options 1 and 2 to those on a list approved by the Council (Guidance: Section 10).

Option 3:

This option is what many experience at the moment. It is where the Council organises the support for the person. It doesn't mean that the Council can simply decide what support service a person is given – they still have to evidence that the individual has choice, control and involvement in the process. However the Council may contract with a provider directly to provide the care and support required, either on a short term or on a long term basis. Many local authorities will establish framework agreements and preferred provider lists to ensure that they have a list of providers which meet their criteria to offer to individuals under option 3.

Option 4:

This is a mix of options 1, 2 and 3. It may be that an individual uses a direct payment to purchase one part of their support but uses a different provider or method for meeting another part of their support. Again it will be important for providers to ensure that their service offer is as flexible as possible so that individuals can readily identify ways in which they can use providers to meet specific needs which they wish to have met and to achieve particular outcomes in their support plan.

More on the options and support planning

Residential care:

Virtually every individual assessed as meeting local eligibility criteria and requiring support will be offered the four options. However, people using long-term residential care cannot use a direct payment. The Scottish Government is developing a test project which will examine the way in which direct payments as well as the other three options might work within a residential care environment. It is hoped these sites will be identified and start their project work in the autumn of 2014.

However, providers of care homes should note that the Act still applies to their provision. Individuals who use residential care services can use options 2, 3 or a mix

of them. They still have the same focus on their outcomes and choices in the details of the support they get. That means that service delivery still has to take account of the five statutory principles we have noted above. This is made clear in the Guidance to the SDS Act:

'Residential Care is a social care service. Assessments which result in a decision to receive care and support in a group setting are social care assessments. As such, the authority should undertake any assessment which may result in residential care in line with this guidance. For example, the general principles of assessment set out in Section 1 of the 2013 Act apply in exactly the same way as any other context. The professional must collaborate with the supported person, ensure that the supported person can make informed choices and involve the supported person in their assessment. (Guidance section 14.25)'

And

'Where the supported person is assessed as requiring residential care all of the 2013 Act's Options except for Option 1 (direct payment) should be offered to the supported person.' (Guidance section 14.26.)

Risk:

Some concern has been raised in relation to managing direct payments and whether there are risks to individual safety or a risk in encouraging the misuse of public resources. Firstly, there is no more evidence that risk or fraud increases with direct payment usage than in any other social care provision. Secondly, the Guidance and Regulations which accompany the Act allow a local authority to refuse a direct payment, or put limits on it, if they think that by allowing a more direct access to the money would put the supported person at risk. But they should firstly explore other possibilities such as someone else or a provider managing the direct payment.

The Guidance also covers the stronger links local authorities will make between the social care arrangements and Adult and Child Protection when people are worried about someone's wellbeing or safety. (Section 14.1 - 14.20). The People as Partners project will be developing further practical guidance on risk enablement for providers.

Support planning has to be outcomes focused and it has to be a process which evidences the collaboration and engagement of the individual being supported. It may be that an individual identifies a preferred provider at an early stage and may want that provider to work alongside them in identifying the best way in which their support can be planned and their outcomes achieved. Providers who have already been working with self-directed support recount that many individuals when offered wider choice elect to continue to use the provider they are familiar and happy with. There are opportunities provided by the SDS Act to enable providers to work in a more focused way with individuals to ensure that their outcomes are being achieved.

Review:

A critical part of the Supported Persons Pathway which we described above is the importance of appropriate review and reassessment of the support plan which has been agreed and the outcomes which have been identified. Providers play a critical role in both evaluation and review.

The review process should be appropriate to the individual and should not be seen as in some way a policing or inspection of an individual's life. Nevertheless, it is important on the one hand that public authorities are assured that service provision is adequate and on the other hand that individuals are being supported to adequately achieve their identified outcomes.

Critically, as part of a collaborative approach both to support planning and review, providers need to articulate that they alone cannot be responsible for the achievement of a supported person's identified outcomes. There requires to be a proportionate understanding of responsibility at the heart of review and reassessment. This is captured in the Guidance on the Act:

'The authority should take steps to ensure that social care reviews are conducted on a reasonable basis in line with the individual's needs. The approach taken at review should be similar to the approach taken at initial assessment and in line with the principles of collaboration, informed choice and involvement. The review should be conducted on the basis of personal outcomes, with a view to meeting assessed needs. It should involve a period of reflection on whether the choices made and the support provided is helping to meet the outcomes and needs of the supported person. The review should also consider whether the needs and outcomes have changed in the intervening period.' (Guidance section 12.2)

It also importantly highlights that the review process is of both the support being provided and the identification of and choice of initial options. Further it emphasises the collaborative nature of review (12.4):

'The 2013 Act imposes additional and distinct review duties in relation to the narrower question of how the supported person's support is arranged i.e. the choices available to the supported person under the 2013 Act. In practice the two types of review - a review of the person's 2013 Act options and a review of the person's wider needs and outcomes - will tend to go hand in hand. It is difficult to foresee a review of a supported person's needs failing to incorporate some consideration of the means by which they arrange their support. However, a review of a person's choice under the 2013 Act can take place without a detailed review of needs. The person may decide that they do not wish to continue with the option that they have chosen. Alternatively, they may decide that arranged services are not working out the way that they had thought and would like to reconsider the other options. The authority should view this as part of the on-going nature of assessment, and should support the relevant professionals to work with the supported person to consider what adjustments they would like to make.' (Guidance section 12.5)

Providers should seek to ensure that the local authority conducts reviews in a reasonable period of time. Such reviews are not only in the best interest of the supported person but also of the service provider. Ideally, these should be annual and identified when the initial support plan is signed off. In addition, good support delivery would suggest the conduct of regular interim reviews of the performance of the service which could best be led by the service provider. The Guidance states at Section 12.3:

'The authority should be prepared to respond to the likely demand for reviews. It should aim to conduct reviews within a maximum period of 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.'

Complaints:

Inevitably there will be occasions when there is a breakdown of relationships between the support provider and the supported person. In such circumstances the Act and its Guidance makes it clear that there needs to be a transparent and accessible system for complaints and the raising of concerns. There is an emphasis in the SDS Guidance that an individual in the first instance should be encouraged and supported to try to resolve matters by using the support of their social work and/or health professional. The Guidance also states that there may be instances where external support is required. It is important for providers to ensure that those who use their services adequately understand the recourse they have if unsatisfied with service provision.

'Where the person uses a direct payment to employ a personal assistant or to purchase a service from a third or independent sector provider and where they are unhappy with that service, the authority should make it clear to the supported person that they should address any complaints that they may have about the services they purchase to the service providers themselves and take up complaints about their PA's with the employee/s. Alternatively, a complaint can be made to the Care Inspectorate about any registered service or about the actions of the Care Inspectorate itself.' (Guidance section 11.49)

Conclusion

Self-Directed Support offers real potential for increased choice and person centred support for those who use services and those who provide them. The **Making Sense of SDS** series will explore some of the practical issues which will help providers respond to this significant piece of legislation. We will also examine some of the issues raised in this Guide in more detail. Please look at our website for frequent updates at <http://www.scottishcare.org/people-as-partners/>.

Dr Donald Macaskill
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