

Self-directed Support - an exploration of Option 2 in practice

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Executive Summary

Introduction

This report was commissioned by Providers and Personalisation (P&P). P&P is hosted by Coalition of Care and Support Providers in Scotland (CCPS) and funded by the Scottish Government. P&P aims to support voluntary sector support providers to prepare for Self-directed Support and influence the development of local and national policy. The research was undertaken and the report written by Dr. Martin Kettle, from Glasgow Caledonian University.

Methodology

- **Online survey** sent out to Self-directed Support (SDS) leads in each of the 32 local authorities (25 responses received.) From that response, SDS leads were asked if they would be willing to participate in a further more detailed interview.
- **Interviews** conducted either face to face or via telephone with 11 SDS leads in local authorities.
- **Focus group discussions with providers**, a total of 33 participants across four focus groups in four different local authority areas.

The advantages of a mixed approach to the research was that it allowed for a degree of triangulation of information from different sources (checking themes and statements from one group of stakeholders with the others.) The qualitative dimension allowed for an exploration of some of the more contested terms that are used in discussions around SDS, such as creativity and partnership.

The small scale nature of the research means that there are limitations to how much can be generalized from the findings. However the main themes discussed include the following.

Austerity and budgetary constraints

The challenging set of financial circumstances in which SDS is being implemented was a recurring theme throughout the three phases of the research. This was a significant factor in implementation. However, it did not appear to prevent some creative and innovative practice in some areas.

Changes made as a result of provider involvement

SDS Leads were asked to identify changes that they had made as a consequence of provider involvement, and all seemed able to do so. In a number of instances it was small changes to processes, for example sharing the support plan with the provider organisation or making payments in advance, rather than arrears. In other instances this dialogue extended further to include workforce planning.

In another instance it was the provider forum that had changed, with a move away from a larger, all-encompassing provider forum, to smaller groups targeted at specific aspects of service.

Certainly the focus group discussions indicated that local authority responsiveness was important and welcome. However by definition the focus groups consisted of providers who already had some level of involvement in local authority planning for, and delivery of, SDS.

Creativity and Learning

Creativity and flexibility are central themes of SDS legislation and guidance and are key requirements for implementing Option 2 effectively. What was clear was that, despite very difficult financial circumstances, there was demonstrable creativity and capacity for learning within local authorities and provider organisations.

"We're on a massive learning curve, and it all sounds great when we all get together, but we've got really simple things to learn about meaningful relationships and meaningful dialogue" **Focus group 4**

The approach taken in a number of areas was described as 'learning by doing', whereby small scale pilot schemes were initiated before embarking on wholesale change. One area had a longer term vision that Option 2 would be the default position for supported people so recruited a number of providers to participate in an Option 2 project with the specific aim of learning lessons.

However, there were issues of control and power implicit on some of these discussions, with some SDS leads acknowledging that for these developments to be successful there required to be a different style of leadership, "hanging around in the background" as one SDS Lead put it.

Genuine Partnership

There were a number of factors that needed to be in play for providers to feel that partnership was genuine. Firstly, providers needed to be involved early, regularly and on an ongoing basis for relationships to be able to develop and mature.

Were this was absent this led to disillusionment "there was a big launch, there was a big bang and there was a bit of a fizzle" Focus group 2

Secondly communication needed to be effective. There was a requirement for a genuine dialogue and not, "just being brought into be told" (Focus group 3). That same focus group identified the need for communication to be clear and focussed,

"I mean there has been kind of open meetings to include the world and their dog, but I think...., there's only so many open meetings with lots of chin wagging you can go to justifiably" Focus group 3

Finally, partnership was seen as being most effective when the focus was kept on outcomes for service users.

Could you think about an individual budget for people and allow that creativity so that we can meet people's outcomes? That's a real block when they don't act like that" Focus group 1

There were examples of effective partnership working, and often providers felt that their experience and expertise was acknowledged. However, this was not always the case, and in addition tensions were discerned between strategic and operational levels within local authorities.

Overcoming barriers relation to Option 2

Across the different strands of the research respondents said that the SDS journey was still in its early stages. Whilst there has been a degree of progress, there remain significant barriers to be overcome. SDS Leads painted a picture of having to look in three different directions: towards learning and development for local authority staff; ensuring that policies and procedures met competing demands; and also that effective dialogue was maintained with providers.

For some SDS Leads and providers, the issue of the integration of Health and Social Care was seen as creating a level of organisational uncertainty, diverting energy and attention away from a focus on SDS.

Provider availability was an issue for some SDS Leads. In some smaller and/or rural areas, or in pockets of larger local authorities there were simply no organisations willing or able to take on some of the tasks associated with SDS. "There are no local organisations who have said that they are interested in offering this" (SDS Lead). Some interesting developments had taken place in regard to micro-provision, particularly in response to acute local issues, and in some of the examples identified the contribution of providers was central to the success of the initiative.

For other SDS Leads and providers there were new providers operating in some areas where they had not before, and indeed some providers being invited to be involved in initiatives in relation to Option 2. How much of this is related to the development of SDS and how much is related to mainstream partnership activity is difficult to be clear about from the small scale nature of this research.

SDS leads identified a range of legal and procurement issues that were challenging for them, including aspiring to contractual arrangements that were both sufficiently robust to protect the interests of local authorities and yet be accessible to providers and people using services. The sense gained from this research was that whilst there was some sharing of best practice, this was not always done in the most systematic way possible, and a number of authorities seemed to be working in isolation from each other.

In particular, very different perspectives were being taken on key aspects of Option 2, for example who was actually making the decisions about care and support and how this related to using providers who were not part of a local authority framework agreement. In some instances the view was taken that it was the decision of the person using the service and therefore it was acceptable for an 'off-framework' provider to be used. In contrast other respondents maintained that the responsibility remained with the local authority, that they had a duty of care and therefore it was not possible to commission 'off-framework'. This sometimes led into people being, "shoehorned into an option three.... when actually they're looking for an option two" (Focus group 3).

This disparity in definition was reflected with the numbers of people who SDS leads said were in receipt of Option 2 in their local authority area. Some said that Option 2 was the default position, and that more than 50 % of people received services under Option 2 in their area. Others took a contrary view that they had no one currently on Option 2, but were currently exploring it.

Brokerage and Individual Service Funds, key features of the development of SDS elsewhere in the UK, did not feature particularly strongly in this research. However at the time of the research there were a number of potentially exciting developments, which seemed to be built on firm foundations.

Risk

Risk was, as one participant put it, “the elephant in the room” (Focus group 4). Both SDS Leads and providers were of the opinion that the issue of risk and risk aversion was, to some extent, impeding progress. There were some indications of complex relationships at play that warrant further exploration. These included:

- Between service developers and legal and procurement staff.
- Between strategic staff and operational staff.
- Between providers and operational staff.
- Between operational staff in different localities within the same local authority.

All of these combined to make predicting a response and managing risk sometimes a more complex and unpredictable business than it was already. Some providers were fairly sanguine about risk, seeing that it was very much part and parcel of their role in SDS, whilst others were not so comfortable with taking risks. In this respect there was a tendency to mirror differences within the group of SDS leads, some of whom recognised that the local authority context within which they worked had a tendency to foster a risk-averse culture.

Managing Risk

There was an acknowledgement by both providers and Local Authority SDS leads that SDS, and Option 2 in particular, both required a very different response to risk, and that it made risk much more of an issue for providers.

“Because essentially what Option Two does – is it moves from a position to where it shifts risk much more to providers” **SDS Lead**

Tensions sometimes emerged when there were different perceptions of risk between providers and LA staff. Providers were prepared to take on some of that risk (including sometimes financial risk) to facilitate the creativity and learning that is an essential part of SDS. However there were seen as being limitations to how far this was possible. This is clearly an area where dialogue between local authorities, providers and other stakeholders is very important.

Conclusion

Personalisation remains an issue about which there are very differing perspectives (Needham and Glasby 2014), and where the ecology is very fragile. The findings from this research would indicate that there is a good deal to be optimistic about. For example the findings showed a commitment to creativity and learning, despite the conditions to share that learning efficiently and effectively not necessarily being in place. However, there are undoubtedly significant challenges including ensuring practice is supported by an infrastructure that meets the needs of users of service and the requirements of providers and local authorities. Further there are potential risks for local authorities and providers and these need to be recognised. It is suggested that the further development of Option 2 requires recognition of the shifting burden of risk and shared opportunities for learning, as well as continuing dialogue involving providers at a local and national level, and more targeted evaluation and research on its implementation and impact.

Introduction & research questions

This report was commissioned by Providers and Personalisation (P&P). P&P is hosted by Community Care Providers Scotland (CCPS) and funded by the Scottish Government. P&P aims to support voluntary sector support providers to prepare for Self-directed Support (SDS) and influence the development of local and national policy. The report has been written by Dr. Martin Kettle, who works between Glasgow Caledonian University, where he is part of the Social Work group within the School of Health and Life Sciences, and South Lanarkshire Council, where he has a brief for research and evaluation.

The research brief was to answer a series of questions:

- What implementation models are local authorities are putting in place to deliver Self-Directed Support (SDS)?
- What was the process by which these models were developed?
- How do these implementation models relate to wider local authority activities such as procurement, commissioning and integration?
- To what extent do the models identified help or hinder providers in delivering the policy and legislative intentions of Self-directed Support?

The research used the principles of Appreciative Inquiry, (Cooperider et al., 2008) which focuses on what works effectively and what helps to make it work, rather than on deficits. Ethical approval was received from the School of Health and Life Sciences at Glasgow Caledonian University for the research.

This research sought to explore attitudes towards, and the perspective of, voluntary sector organisations providing social care services. For the purposes of the report these organisations will be referred to as providers. This immediately sets up a challenge as the term covers a range of organisations, from large national providers with many hundreds of staff to small local organisations with many fewer staff, and micro-providers.

There were three aspects to the research:

- **An online survey sent out to SDS leads** in each of the 32 local authorities. After some prompting a total of 25 responses were received. From that response, SDS leads were asked if they would be willing to participate in a further more detailed interview. Both quantitative and qualitative data was gathered and summarised in the second part of this report.

- **Interviews, (face to face or via telephone) with** 11 SDS leads in local authorities. These interviews were transcribed, and the transcriptions of the interviews were analysed using NVivo software for analysing qualitative data.
- **Focus group discussions with providers**, conducted in four different local authority areas. A total of 33 participants were involved in these focus groups, whose role within their organisation meant that they were often working with a number of local authority partners, and thus were able to offer a broader perspective. These discussions were also transcribed and analysed using NVivo.

The advantages of a mixed approach to the research was that it allows for a degree of triangulation of information from different sources, and the qualitative dimension allowed for an exploration of some of the more contested terms that are used in discussions around SDS, such as creativity and partnership.

Each of the phases will be presented in sequence, with cross-cutting themes identified in the executive summary. Whilst this represents a good cross-section of the state of SDS in Scotland at a particular point in time, there are limitations which need to be acknowledged and therefore caution must be taken in attempting to generalise too widely from the findings. In addition where other research or evaluation had been undertaken this was explored with two examples in particular being of relevance. These were an independent evaluation undertaken by In Control of work on Individual Service Funds in Highland (In Control, 2014) and a survey undertaken by Learning Disability Alliance Scotland (LDAS, 2014).

Whilst change is a constant feature of the landscape of social work and social care, the period of the research was particularly challenging, as evidenced by the logistical challenge of simply identifying the SDS lead, because postholders had changed recently. Further, this research was undertaken during the shadow year for the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014, and the integration agenda was identified as a key factor influencing developments. Further still, many of the respondents referred to changes that either had just been implemented or were about to be implemented, and so this research must be regarded as something of a snapshot capturing the picture in relation to SDS at a particular point in time.

As will be explored in more detail below, the initial phase of the research resulted in 25 returns being received from the 32 local authorities, and this return rate was only achieved after a considerable amount of prompting. There are a number of possible explanations for the return rate not being higher, including frequent demands on local authorities for information, and challenges in ensuring that the questionnaire reached the right person. However, the picture that emerges gives a reasonably clear sense of the issues.

A further limitation that should be noted is that although the respondents in all three phases of the research were clearly key informants with a valuable perspective, they represent only a limited range of perspectives and might be criticized for being remote from service delivery. If time and resources had allowed it would have been useful to triangulate the information gathered here with the perspective of other stakeholders, for example front line staff in provider organisations and those people receiving support. In particular, the omission of the perspective of people receiving support may be seen as a gap. Despite these caveats, it is hoped that the information that has been gathered will be of value, and indications will be offered as to where further research might be considered in the future.

CHAPTER 2:

Background, legal & policy context

Introduction

The background to the current position regarding SDS in Scotland is a complex one, and the overview offered here will be a partial one. The Social Care (Self-Directed Support) (Scotland) Act 2013 ('the Act') came into force in April 2014, statutory guidance also being issued at that time (Scottish Government, 2014). The Act builds upon the Scottish Government's (2010) strategy for SDS, which identified at the time of publication that the delivery of SDS was a ten year strategy. The focus of the strategy was on, "delivering better outcomes through focused assessment and review, improved information and advice, and a clear and transparent approach to support planning" (Scottish Government, 2010, p. 2).

The publication of that strategy identified a number of key points, including:

- It was recognised that this was a ten year strategy, and that full implementation would take time.
- The strategy was part of a broader reform agenda, including the integration of health and social care and the Getting it Right for Every Child (GIRFEC).
- The strategy was being delivered in challenging financial circumstances, with additional pressures coming from demographic changes, in particular an ageing population.
- However, the introduction to the 2010 strategy stated,

"But we also know more of the same will not work, and it is abundantly clear that those economic pressures have not stifled people's willingness to be innovative and solution focused" **Scottish Government, 2010, p.2**

So although there were constraints on the delivery of the implementation of the strategy, there remained an expectation of innovation and creativity.

The scale of the challenges faced by local authorities and their partners in implementing Self-Directed Support (SDS) are substantial. Recent research (Ridley et al., 2011; Manthorpe et al., 2011; Homer and Gilder, 2008) has evaluated the continuing and longer term impacts of the Self-directed Support test sites in Scotland. Although numbers were small, the research that the majority of people using SDS and their informal carers involved in the pilots and their informal carers had very positive experiences of using SDS funding to directly purchase their support. Flexibility, control, choice and independence were the main benefits reported.

Audit Scotland (2014) identifies that councils across Scotland have implemented SDS at different paces and in different ways, some of which carry greater associated risks than others. Whilst at one level flexibility and responsiveness to meeting local needs are welcome, this does raise issues about measuring progress and making comparisons across local authority boundaries. The Audit Scotland report also identifies the importance of cultural shift in the implementation of the SDS agenda and whilst culture is very difficult to measure, (Schneider et al, 2013) it remains an important factor in implementing SDS.

Finally, it is important to acknowledge the publication of the Vision and Strategy for Social Services in Scotland (Scottish Government, 2015), which builds on and updates Changing Lives (Scottish Executive, 2006), acknowledging that, whilst there are a number of continuities, the social care landscape has changed considerably in the intervening period. Those changes include continuing financial constraints and austerity as well as changes to the welfare system, whilst at the same time increasing expectations of services and for services to be delivered in new ways. There have also been, and will continue to be, changes in the demography of Scotland, with a population that will be living longer. The Vision and Strategy further acknowledges that there will be continuing issues arising from changes to the model of delivery and complexities in the market approach to care including challenges in approaches to commissioning and procurement.

SDS is one of the areas where a number of those factors interact with each other, and as such it is possible to see SDS as a microcosm of the broader Social Services agenda.

Having set out the background, this report will turn to the objectives of the study. This research set out to explore in particular, two aspects of the legislation, Section 19 and Option 2, and it is important to explore what the legislation and guidance have to say about these aspects in a little more detail.

Section 19

Section 19 of the Social Care (Self-Directed Support) (Scotland) Act 2013 is the part of the legislation that places duties on local authorities to promote a range of provision, and offer support to providers. It states:

"A local authority must take steps to promote the availability of the options for self-directed support. For the purpose of making available to supported persons a wide range of support when choosing options for self-directed support, a local authority must, in so far as is reasonably practicable, promote—(a) a variety of providers of support, and (b) the variety of support provided by it and other providers"

Statutory guidance encourages a local authority to be aware of its duty of the Act and to "take active steps to promote, a variety of types of support and a range of providers".

Option 2

Section 4 of the SDS Act sets out 4 options for the delivery of SDS:

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, 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 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 2 represents perhaps the most significant development in SDS.

"It is an approach that many councils and people who use social care services have not tried before. It allows people to have choices and to control their support, without the responsibility of managing the money. Someone else arranges their chosen support and administers their budget on their behalf"

Audit Scotland 2014, p. 10

Statutory guidance states that the implementation of Option 2 should be underpinned by the principles of the Act, namely, collaboration, informed choice and involvement. The guidance also states that authorities should set up arrangements which clearly separate and distinguish Option 2 arrangements from other options, in particular Option 3. Paragraphs 11.44 and 11.45 of the guidance encourage transparency between the local authority, the supported person and the provider, whilst seeking to ensure that the supported person remains in control of the support that they receive.

CHAPTER 3:

Findings Phase One- Survey of Local Authority Self Directed Support Leads

The first phase of the research was an online survey of Local Authority SDS Leads. The survey was sent out to all 32 local authority SDS leads. Initial response rates were not high, possibly due to the 'churn' in staff occupying these roles, but after a level of prompting and eliciting the support of Social Work Scotland (SWS) 25 returns were received, a return rate that is satisfactory.

Strategy

Two initial questions sought to explore the context within which Option 2 and Section 19 were being delivered. Of the 25 responses:

- 22 reported that they had a strategy for Self Directed Support in place.
- Of those, 20 reported that their strategy had political endorsement.

Respondents were then asked to rate the level of development of their strategy on a Likert Scale:

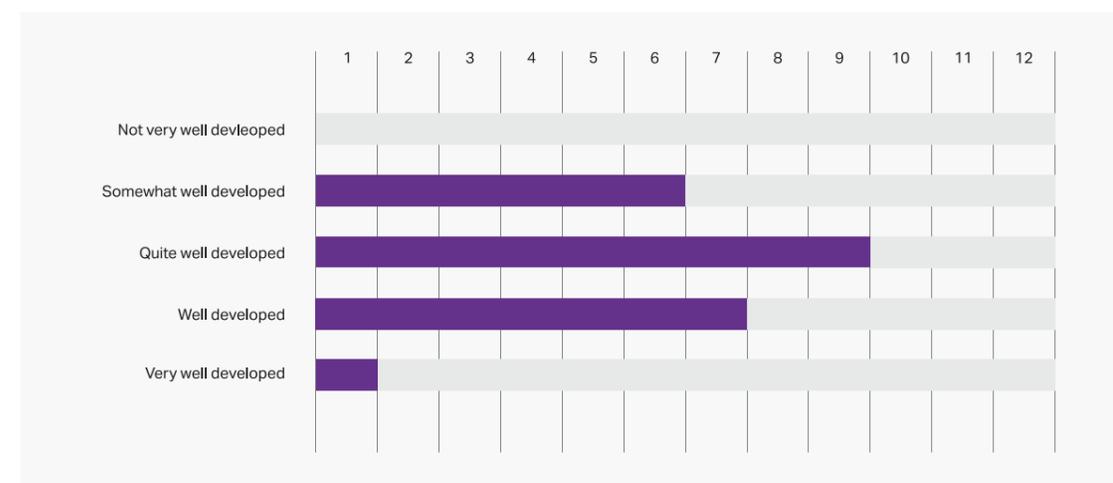


Figure 1: How well developed would you consider that strategy to be?

Respondents were then given the opportunity to make comment.

Governance arrangement for strategy were, in some instances very complex and were further complicated by developments towards integration of Health and Social Care, as this response illustrates,

“Although we do not have a specifically published SDS Strategy we have a Programme Board in place and a project implementation plan regularly reviewed in this forum which details the strategic and operational implementation of SDS. Progress is reported to the Shadow Integration Board of the Health and Social Care Partnership and Council Cabinet and Governance Scrutiny Committee. Having focussed on the values associated with SDS this thread runs through all other strategies”.

Provider involvement

25 responses were received to the question of whether providers had been involved in strategy development. Respondents were given free text space to explain how they had involved providers in the development of their SDS strategy. Two respondents took this opportunity to identify their very limited provider base, and how challenging involving providers was. The other themes that emerged are quantified below (N.B. Some respondents identified more than one mechanism).

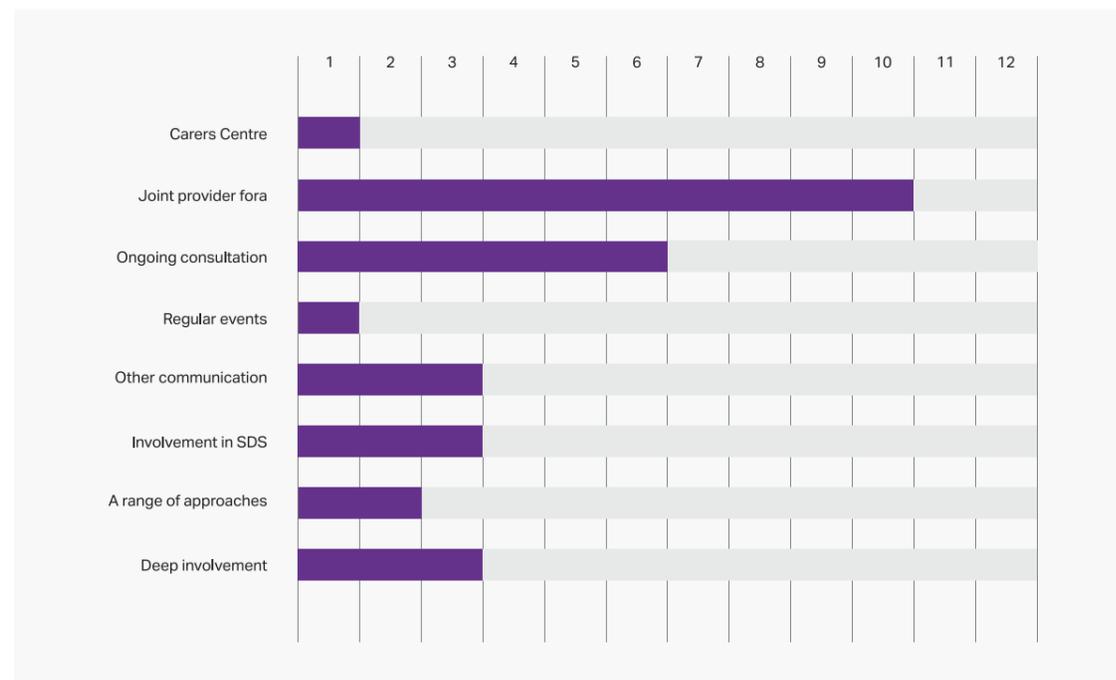


Figure 2 Types of provider involvement

Responses were sometimes very brief, “Through provider forums, reference groups”, whilst three responses can be described as ‘deep involvement’ with a range of approaches being used. One example is, “Quarterly development events involving local and national managers from the 18 framework providers in [x local authority], along with Social Work managers for the 6 localities, quality assurance staff and care group managers and community health staff; have facilitated open and constructive dialogue about SDS over the past 5 years and have informed the development of local strategy and practice. The SDS development sessions promote the importance of partnership in achieving significant change in services and supports”

Implementing Option 2

22 responses were received with the majority of respondents claiming some degree of preparation for option 2 (see figure 3).

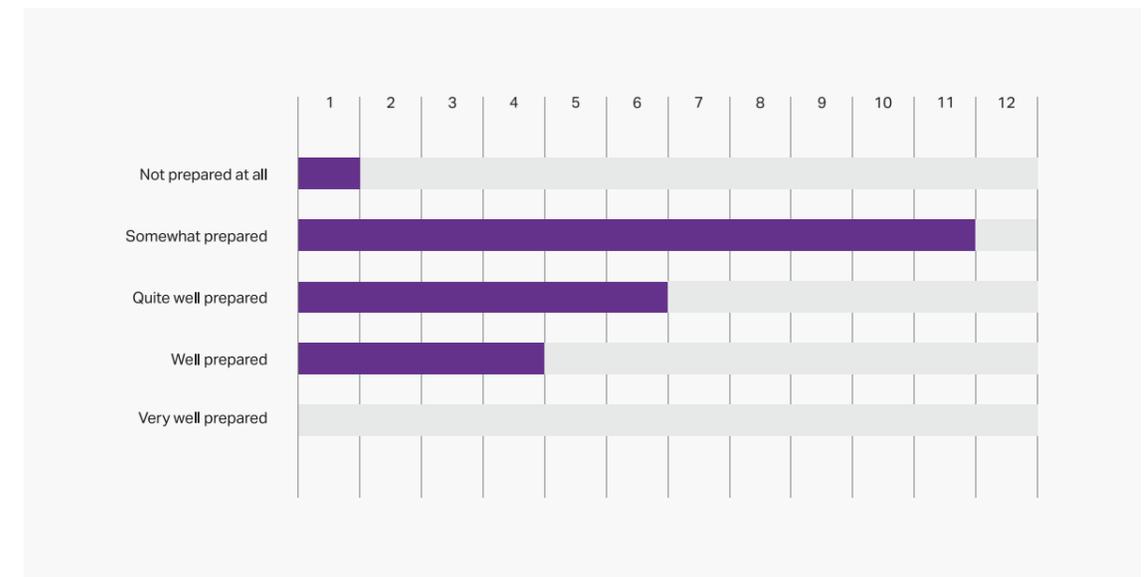


Figure 3 - How well prepared is your local authority for the implementation of Option 2?

Challenges to implementation of Option 2

A broad range of challenges were identified. The main themes were as follows (numbers will add up to more than 25 because a number of responses mentioned more than one factor).

Theme and responses	Illustration
Processes and procedures (10)	"Gathering information on services in order to offer options to service users Agreeing resource allocation process. Development of an ISF that is less than 50 pages long but meets the demands of legal services while providing an element of flexibility".
Legal / accountability issues (7)	"Legal and procurement issues linked to statutory duties to obtain best value, adhere to procurement law, and apply duty of care considerations in the context of providers being fit for purpose and able to deliver on outcomes".
Financial/ contractual issues((6)	"Contracts that are suitable for support considered non- social care i.e. art classes etc., also framework of rates"
Issues related to consistency with the philosophy of the Act (5)	There was seen in a small number of cases a wish to push the boundaries of the Act. "Where an individual chooses an alternative registered service under Option 2, we can facilitate this via a spot purchase arrangement. However, we wish to encourage people to be more creative and to use other community, mainstream sources of activity or support, etc. and the challenge has been to find a way to purchase these on behalf of the person whilst remaining in line with council procurement procedures and requirements".
Provider issues (5)	There are no local organisations who have said that they are interested in offering this" "Working with providers to consider the changed dynamic in people's increased choice and control, ensuring increased accountability to the person". There are very limited care providers in X. There is one residential unit (obviously doesn't come under SDS as yet) and Y who provide respite for carers only. In this context the main challenge is that we do not have care providers".

Understanding of staff (3)	"Ensuring that frontline practitioners feel confident in their role in supporting people with disability and their family understand the range of options and helping them to evaluate the best option for them in their specific circumstances".
Building momentum (3)	"The anecdotal feedback we are receiving is indicating that service users or carers want examples of where it is working before committing to it. - Limited supplier availability is challenge as often people will only be able to access the same suppliers we can offer under option 3. - Defining of option 2 when we historically have been flexible about the choice of suppliers provided under option 3. - Establishing contractual arrangements".
Other (5)	There were a number of other responses that it was difficult to categorise. Risk was referred to only twice, which might be lower than might have been expected. "Care Inspectorate expectations around monitoring and responsibility for risk, review of support which is not too intrusive while at the same time exercising safeguarding duties, ensuring public finds are appropriately spent"

Some responses covered a multitude of issues, for example,

"Understanding the balance between legal duties and flexibility, risk management, shared responsibilities with providers, service users and local authority, monitoring of arrangements against agreed outcomes, Care Inspectorate expectations around monitoring and responsibility for risk, review of support which is not too intrusive while at the same time exercising safeguarding duties, ensuring public finds are appropriately spent".

Future challenges to implementing Option 2

19 responses were received, which divided into five main areas:

- Processes (3 responses)
- Consistency / flexibility (2 responses)
- Financial issues (4 responses)
- Markets (4 responses)
- Understanding/ risk taking (1 response)

Some responses covered more than one area, as in this comprehensive response.

"Key challenges include: - procurement procedures / requirements - lack of clarity on the interface between SDS legislation and procurement legislation - different contractual arrangements - there seems to be differing legal advice across Scotland - concerns around risk and liability issues from other corporate departments In addition, there are key challenges in relation to: - enabling and developing staff to support service users, families and carers to make more creative choices of support - enabling and supporting service users, families and carers to look at planning their care and support in a more creative way".

Processes

"We also need to progress significant changes to our IT systems to develop the necessary capability for recording outcomes, dealing with finances allocated to the individual and dealing with the processing of individual rather than block invoices. Translating this into budget statements for individuals to enable them to manage expenditure for planned support and assisting them to do this will also be a significant challenge".

Consistency / flexibility

"Consistent practice across all care groups i.e. the permission for supported person to have scope to design the support they want....rather than service led outputs similar to option 3".

Financial issues

"Capturing information about service change and unmet need on an ongoing basis and feeding this into the planning/commissioning process. Possible double running costs as people move away from traditional services and want flexibility in the use of their budget at the same time as budget pressures are becoming evident. Developing new and innovative community activities that act in a preventative way but are not seen as "services"".

Market/ provider issues

"Main challenges will be around whether providers, managing an individual's budget, are able to manage to differentiate individual budgets to meet a person's outcomes. The financial monitoring of Option 2 arrangements needs to be robust".

"Ensuring market supply. Concern from some carers as some services cease to be viable in current form".

Understanding/ risk taking

"Confidence of staff to offer/deliver things differently. Allowing people to take more risks within their care/support packages. Reducing budgets Social Care and Health service Market Shaping Strategies cognisance of SDS in addition to aggregated needs for populations. Local policy decisions to cap the amounts available for care packages in the community"

Factors that support implementation

22 responses were received, all of which had relational aspects to them, and divided into:

- Relationship building
- Sharing experience with others
- Incremental change

Relationship building

"Engagement with providers, service users, carers, third sector organisations have helped. Local discussions with our Contracts and Commissioning team and legal services are helping us to move forward but there is still a significant amount of work to be done. Our Finance and IT staff are also helping with the system changes needed to support the changes".

Sharing experience with others

"Sharing experiences with other local authorities at forums like SSSC Workstreams, Social Work Scotland lead officers meetings, National Guidance and legislation although legislation not prescriptive it provides a framework for interpretation".

Incremental change

"In W we have established sessions for officers to discuss individual scenarios as we continue to test out our application of the legislation. This includes Conversation Cafes, Peer Mentor Sessions. The three way contract has now been finalised. W implementation of SDS has focussed on values and organisational support to test things out until we find the "bottom line"".

"Using a test of change approach has allowed learning on a case by case basis"

Local authority interpretation of flexibility and creativity

22 responses were received that were categorized into:

- "Too early to say"
- Small steps
- Processes

"Too early to say"

"I think these are early days and SDS is taking time to settle in and become mainstreamed. We have not had sufficient numbers of Option 2 to explore flexibility and creativity to date but we hope to develop this aspect with staff and service users".

"At this stage we are in agreement that we will look to align Option 2 more closely with Option 1, which we feel was the original intention. Thus, we will be looking towards producing guidance, rather than an extensive (and potentially restrictive) framework".

"At this point we have been fairly restrictive in terms of our policy around option 2, we have currently retained finances in house for payment to providers for example. This is an interim position as we develop our approach and learning around option 2"

Legal restrictions

SDS leads sometimes saw themselves as being restricted by legal issues.

"In the basic sense we are focussing on if it meets the individual's outcomes, is legal, is not in breach of our duty of care and if there are risks involved that the individual has capacity to decide to take those risks. If those areas are ok then it should be ok".

We are seeking to be as open to flexibility and creativity as we can - restrictions to this would be based on assessed issues linked to capacity, risk, ASPA, etc. We wish to look at developing this approach rather than using only generalised restriction categories".

Processes

In a similar vein, processes were sometimes seen as dictating outcomes, although that did not always militate against flexibility.

"People can choose any provider they want to provide their support, but if it is a provider that is not already on a framework agreement with the Council, we will undertake checks on that organisation to ensure their appropriate business and practice functions to protect the person and the Council's interests. An Individual Service Agreement is drawn around providers not on the framework and where the person is choosing that provider under Option 2".

"We look at all possible options of support, not just traditional care models. For example this might include gym membership for young carers, provision for part of the year when people leave the island to be with family members who don't have the capacity to support".

Approach to Individual Service Funds (ISFs)

Respondents were asked to outline their approach to ISFs. Significantly, the vast majority of responses indicated that ISFs were very much a work in progress, sometimes waiting for existing contractual relationships to come to a conclusion.

"This is still being developed here in Z. Spot purchase is still being used and will continue to be used until contracts come to an end with providers of services in 18 months' time. We will then be in a position to move to a more flexible approach, providing a framework of services to people to choose their providers and services. At this point, costs can be broken down into equivalent ISFs for people to use as their budget to purchase services or make choices re their services if opting for Option 2".

A small number of responses were more specific about their proposals, for example,

"We plan to use the test of change approach to implement ISFs. This means we will take practical steps to support their use and then use the learning from this to shape the overall long term approach".

The tripartite nature of the arrangements was explored in a number of instances.

"Draft ISF Framework agreement currently being compiled. This will be a requirement for any organisation seeking to offer support under option 2. This will be complemented by a tripartite agreement which effectively will call on the contractual arrangements under the framework".

One local authority indicated a more fully developed approach.

"L uses a resource allocation system to identify an indicative budget for a person to plan with. The person then makes a choice about the option which best suits them, and the how they want the money to be used in accordance with that option. The financial value attached to their support remains the same regardless of the option chosen. If Option 2 is chosen, the individual budget is paid to the provider organisation of choice, with budgets set for a 12 month period (not limited to the 12 months of the financial year)".

Contractual arrangements

Only ten responses were received to this question. One Council was using the Scotland Excel model contract, with another 9 developing or using their own local arrangements.

Section 19 and current provider involvement

19 responses were received to the question of how well section 19 is covered in local strategies:

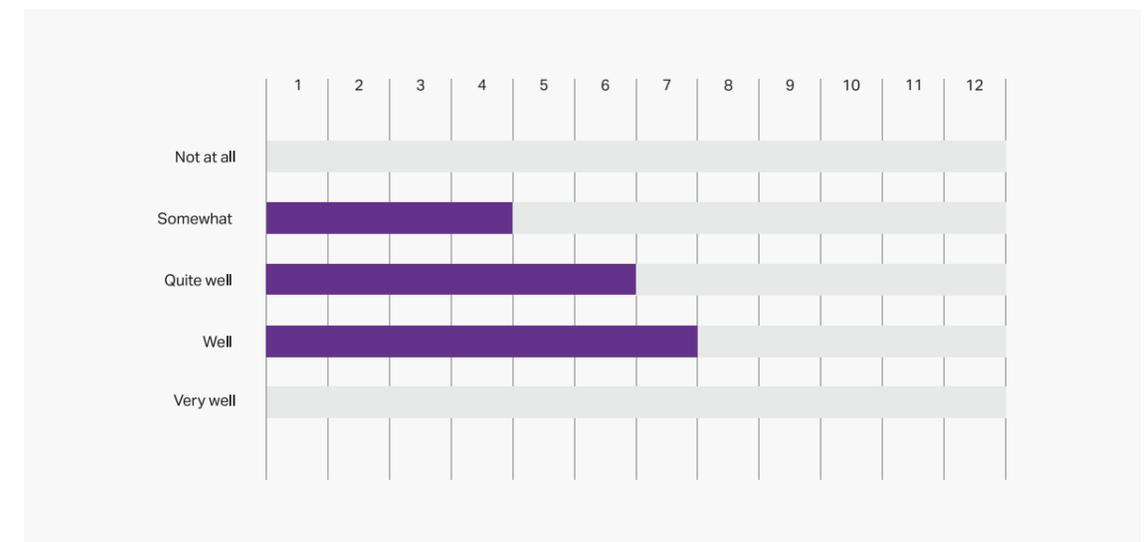


Figure 5: If your local authority has a strategy in place for SDS, how well is Section 19 covered?

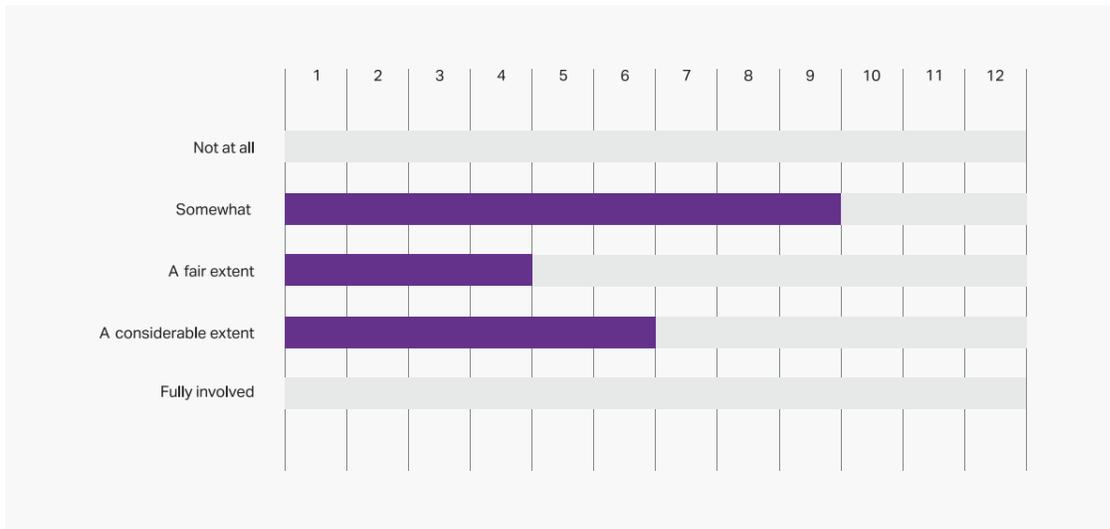


Figure 6: To what extent has your local authority involved provider organisations in the development of the strategy around Section 19?

21 comments about provider involvement were received, with some being very brief.

"Through provider forums, discussions through reviews"

"SDS Steering group"

"SDS Providers Forum Discussion Meetings"

However, a number were more extensive. Six responses mentioned events, two referred to the development of web-based portals, 8 referred to fora or other meetings and there were four that can best be categorized as 'other'. Some responses included more than one element.

"Close working with information and support providers about emerging SD practice model and information. Public Social Partnership with LD providers to redesign services in light of SDS. Wider discussions with market about SDS and implications through providers meetings and Third Sector Interface. The CHCP has worked and will continue to work with the local SDS Forum, (name of specific organisation) and J Carers, all of whom have a role in SDS advice and support locally, to share information"

"We are beginning work with provider organisations, particularly in relation to supported accommodation, to look at the options, how they are explained to service users and how we can support decision making and choice".

Future provider involvement

21 responses detailing future/planned provider involvement were received. There were four mentions of one-off events, two of the development of web-based media, five of provider fora, four of involvement around commissioning activity, and five mentions of multi-strand strategies.

Example responses include the following:

"As noted, the strategy remains in draft form and fuller consultation will take place, with both providers, carers, supported people and other stakeholders. Further World Cafe events are planned for November, which will be an opportunity to extend discuss. Moving forward we are looking towards continued range of shared learning opportunities (particularly as we move towards integration) and representation on our SDS Programme Board, or similar body".

"We are in the process of creating a 'Senior Suppliers' Group (Prince 2 project management methodology) where the perspective of providers will be represented. We are trying to model the values and principles of SDS in everything we do and are keen to use co-production as a way forward with our implementation plans".

Respondents were given the opportunity to make any further comment, and all the substantive comments are included here. Comments included reference to particular local challenges and the broader SDS strategy, including this comment about the difficulty in predicting the longer term direction of the strategy:

"We are coming the end of year 4 of a 10 year strategy and are in the implementation phase. There is still a lot that isn't understood or well developed and we will learn from our service users, carers and providers as we progress how to shape the support offered to local people. It is difficult to predict how support and services will evolve over the next 6 years and beyond but we intend to work with people and providers/ other organisations to develop SDS in a productive and collaborative way".

There were three comments that related specifically to Option 2.

"We would welcome further discussion /guidance on Option 2 as the principles and practice are a significant shift from current practice".

“Although the mechanism for option 2 is currently in development, T is confident that where a person chooses options 2, interim arrangements (working the person and providers) will ensure option 2 is accessible”.

“Option 2 is the area which is likely to continue to generate the most discussion, lack of clarity, etc. for local authorities but there is a strong recognition of the role of providers in this area and a willingness to work towards solutions together- it will be helpful if this research is able to identify the challenges faced in attempting to remove barriers to option 2. There are issues relating to the support and sustainability of small / local voluntary providers which councils are concerned about as well as ensuring that resources aren’t tied up in block contracts. There are issues in relation to the sustainability of in-house provision, etc., etc.”.

Two comments were received that related to rurality.

“We are a remote and rural area. There are very limited opportunities to exercise Option 2 choices locally. We will continue to encourage local third sector organisations to consider this, but they are reluctant to embark on business which will move them from use of casual staff to contracted staff. Island development trusts have considered becoming providers but baulk at the need to register with the care Commission and to train staff to required levels”

Conclusion

The online survey indicated a very mixed picture, with a number of respondents indicating that progress was slow, with developments in the early stage. The nature of the survey meant that it was not possible to interrogate the responses further, which it would have been helpful to do. However, this part of the process did inform the second phase of the research, the interviews with SDS leads, and the next chapter will address those findings.

CHAPTER 4:

Findings - Phase 2 Interviews with SDS leads

The second phase of the research sought through interviews with SDS leads in eleven local authorities to explore in greater detail some of the key issues in relation to the implementation of SDS, in particular in relation to Section 19, provider involvement and Option 2, the aspect of the legislation that has perhaps caused the most anxiety, but which also has the potential to be one of the most creative aspects of SDS.

Method

A total of eleven interviews were conducted with SDS leads, eight on the telephone and three face to face. Interviews ranged from 23 minutes to over an hour with the median being around 40 minutes. All interviews were transcribed and analysed using NVivo software. Four themes emerged, namely:

- Relationships with providers
- Learning
- Option 2
- Contractual and legal considerations

Relationships with providers

Dialogue

It is difficult to make generalised statements about dialogue because this aspect of the research focuses on the perspective of the local authority, but the overwhelming majority of respondents discussed dialogue with providers as being a process, rather than event-led, and integral to the approach.

From the perspective of the local authority SDS leads, relationships with providers were generally described as positive. For example, Respondent 5 described dialogue as,

"Being very much focussed on collaboration and working in partnership with all our partners. that to me has been something that's been really fundamental in how we do all our business".

Challenges to dialogue were often downplayed.

"I mean obviously there are the odd niggles but nothing that can't be picked up through our monitoring and evaluation. But in terms of our overall relationship with them, it's very good" **Respondent 1**

There were some references to resistance to change amongst some providers, especially where business had been done in block contracts. As Respondent 9 put it,

"I guess some of the challenges, to be honest, has been about maybe a little bit of burying the head in the sand, from one or two local providers...and maybe you're not really seeing or waking up to the direction of where we're going. Long standing discussions, as I said, about the need to move on from block funding".

Dialogue was, in some instances, seen as being the norm.

"We have been conducting an accommodated respite review, looking at how we will be commissioning that in the future. We have invited involvement from the existing providers of those services, and we've also invited involvement from other potential providers around what that might look like. So it's just kind of how we do business. It's not really anything that we wouldn't normally do" **Respondent 8**

Mechanisms for involving providers

All respondents described mechanisms for involving providers and for maintaining dialogue, and these were events, fora and online communication, sometimes in combination, sometimes local authority led, sometimes externally facilitated. From discussion it was not possible to identify why one approach had been chosen rather than another, and neither was it possible to identify the effectiveness of one mechanism in comparison with another. A much bigger piece of work would be required to explore this question in detail.

Events were sometimes tied to issues such as awareness raising, for example in respect of specific aspects of SDS, and were sometimes, although not always facilitated by external organisations. There was some evidence that one-off events were of limited effectiveness, and that events were more likely to be successful when they were part of a broader dialogue.

"We bring the providers and social work managers together four times a year...we do that for a whole day once a quarter, and that's our framework providers. So we've got 18 framework providers....The first part of the day is a bit more of an information exchange and a kind of performance, a shared performance review looking at the statistics and the number crunching in relation to where are we at with certain aspects, what are our average budgets, how are budgets being used, that kind of thing. And then the afternoon is usually some kind of shared practice element around an example. In the last few times it's been around risk and enabling risk"

Respondent 8

By far the most often cited mechanism was provider fora or reference groups.

"Well, we have regular provider forums and have done for some time. They are facilitated by an external provider, so it's not the local authority that leads it which is quite good".

Even with regular fora, involvement was not always guaranteed.

"So, you know, there are a number of providers, not all providers who were invited attend, obviously, you know, that's down to choice, but we have a number of providers who form part of our overarching SDS steering group" **Respondent 8**

Finally, there were a number of instances of using electronic media, either by the development of portals within local authority provision, as described by Respondent 11, or as with Respondent 1, in harnessing and channelling resources already developed by the third sector,

"Within that there are two or three that run their own online information portal, so what we're looking to do is pull the information that is held together so that we have one information portal and that will give also links to providers both for support services, for the voluntary sector".

Changes as a result of provider involvement

Respondents were specifically asked to identify changes that they had made as a consequence of provider involvement. In a number of instances it was small changes to processes, for example sharing the support plan with the provider organisation (Respondent 3). For Respondent 9, this dialogue extended to workforce planning. There was a recognition that the local authority and providers were in effect competing for the same pool of staff, and the dialogue extended to local colleges to develop training pathways for social care in its broadest sense.

Respondent 7 identified,

“Changing to working out budgets on a guided self-assessment on a resource allocation system, we did that very much in partnership with providers and recognised that it was a big change for us to start to work that way, but it’s as big a change for providers to do that”.

In other instances it was more difficult to identify, because of the ongoing dialogue and what is discussed further below under the section Learning Together. For example the approach taken by respondent 8, described above, where the authority had specifically sought expression of interests from providers to be involved in the development of Option 2 can be seen as an attempt to establish dialogue right from the start. In another instance it was the provider forum that had changed, with a move away from a larger, all-encompassing provider forum, to smaller groups targeted at specific aspects of service, for example care at home or specific service user groups.

“So, what they’ve done is, they’ve split it into service user groups. So, there’s a dedicated planning and development officer for each service user group”

Respondent 6

This same respondent described the development of a communications strategy that was consulted upon, with the aim of ensuring that provider organisations felt involved. Respondent 11 described a consortium of three local authorities and five providers coming together through one of the Scottish Government funded streams in order to explore issues and test out developing thinking, and this resonates with some of the discussion below on Learning Together.

Whilst there was considerable differences in approaches between local authorities and issues in relation to comparing the effectiveness of different approaches, there did appear to be a consistent view that dialogue with providers was very important to the future developments around SDS. As noted above, though, this is the perspective from local authorities and it is important to address the provider perspective, and that is done though the focus group discussions explored in more detail below.

Learning

With a change agenda of the scope and scale of SDS, it is clearly important that lessons are learned from work that previously has been done in order that the best possible outcomes can be achieved for those people who receive support. This section seeks to capture that learning by addressing three areas, namely workforce development, learning by doing and learning together.

Workforce development

Local authorities faced a substantial agenda in preparing their workforce for the implementation of SDS and supporting them through the necessary change process. Whilst this was not originally an area that was intended to be explored in the research, it did emerge, and therefore it is important to capture it here. In essence this was both about the new processes that would be required, and the culture shift that would be required for those processes to be successfully embedded. Respondent 11 described much assessment and care management practice, with its focus on a deficit model as, “not being fit for purpose” and the scale of the shift required to focus both on strengths and outcomes. A number of responses made reference to the culture shift that has been required by social work staff,

“A lot of our staff have really struggled with that, so there’s been a lot that we’ve needed to do around trying to change their mindset around doing things differently. That was moving away from looking at the deficit model of assessment and about looking at, you know, what was the role of the social worker, how could we free the social worker up to do things differently?” **Respondent 3**

In some instances, there was acknowledgement that there was still progress to be made, and this final quote neatly illustrates the interface between processes and the culture shift that is required, as well as the scale of the challenge.

“I feel like I’ve led a whole load of horses to water but they’re not drinking yet. So we’ve developed the processes. We’ve changed our business system to support that. We’ve done no end of awareness raising and training. We’ve produced written information to support people with their practice but they’re still not all doing it”

Respondent 5

There was some evidence from SDS leads that frontline staff varied in their receptiveness to the ethos of SDS with some evidence that newer staff that were more comfortable with the different approaches, and increased creativity required for SDS implementation.

Learning by doing

A theme that emerged very strongly was a commitment to trying things out, often on a small scale, and then trying to capture the learning from those trials. There was a broad recognition that given the scale of change that waiting for things to settle down before change could be implemented, was not always possible.

"I think we're starting to take a pragmatic view that we need to look at what we're doing in the short term with a view to kind of looking at the kind of medium to long term" **Respondent 9**

However, capturing the issues did not always mean that learning was being done,

"Yes, well, the problem was that I've had an issues log since the test site days and when I review the issues log, some of the issues have been sitting on there since the test site days" **Respondent 5**

Learning Together

A further theme that emerged very strongly was an emphasis on learning together, sometimes through not wanting to take the risk of moving into large scale change and find out that it had not been successful,

"I think it's a lot easier to try and take the steps and think through the processes, than necessarily sort of go headlong into something and then think, whoops, I don't think this is the right way. And you've got to kind of regroup from that, you know. So yeah, we are sort of trying to do this as incrementally as we can" **Respondent 4**

This involves local authority staff doing things differently, and letting go of some of the control, although there is some evidence that the pace of change might therefore be slower.

"Now everybody is patting themselves on the back and, kind of going, didn't that work really well and I'm saying, I told you it would. It just would take a bit longer and it was a bit more complicated. We just hung about in the background and put our input in where absolutely necessary and let the other people drive it forward" **Respondent 5**

Some of the learning was small scale, as in this example,

"A care manager would encourage one of their carers or their service users to come along to a support planning training, and they would come with them, and any provider that was involved with the family were also invited to come to the training as well.....so it kind of gave everybody a kind of clear understanding of the process and got into kind of wider discussion about how support plans could be more outcome focused" **Respondent 9**

This last data extract relates specifically to the development of Option 2, and brings this discussion of learning very much full circle, with the emphasis on dialogue.

"And I suppose having had kind of individual discussions and meetings with some providers....So we had a couple of meetings with a range of staff from within the council and a range of kind of national and more local providers....out of that came, I suppose, a wish and a desire to kind of try and keep it simple.....there was a strong bit about...there needs to be trust in our relationship, and a kind of really open dialogue about some of the issues around about that, and the challenges that were there for providers as well in potentially delivering Option 2 as well as providing direct care"

Respondent 9

What was apparent was that within developments around SDS there was a considerable appetite for learning, perhaps driven by the newness of the legislation, and in particular Option 2. This sometimes meant that a different style of leadership required to be adopted, "hanging around in the background" as Respondent 5 put it.

Definitions of Option 2

Any discussion about Option 2 cannot be seen in isolation, and must be seen as closely connecting to broader discussions about other aspects of SDS, in particular discussion about risk and exploration of issues in relation to contractual arrangements. What discussion with participants revealed is a close connection between the practical and technical aspects of SDS and issues of underpinning values.

Was apparent from the research was the considerable disparity in views about Option 2 particularly in relation to:

- What is actually understood by Option 2, and in particular the relationship between Option 2 and Option 3.
- How simple or complex Option 2 actually is to deliver.
- How these discussions translated into the issue of the proportion of people receiving support who were seen as being on Option 2 in comparison with the overall population of people who were receiving support via 'SDS.'
- The detail of the contractual arrangements that were seen as being either necessary or desirable to support the delivery of Option 2, and in particular whether in choosing Option 2 a person could get support from providers who were "off framework", that is who were not approved to provide services on behalf of the local authority.

As several participants indicated, what made the issue of Option 2 so complex, was the point at which the underpinning values and ideals and legislative requirements of SDS legislation came into contact, and tension, with the legal requirements of the local authority in respect of best value and procurement legislation. Tensions also arose between SDS and the 'duty of care' towards people who use services. This further underpinned views about risk, not just to people who receive support, but also risk to the local authority. This tension is neatly illustrated by one respondent, for whom this tension around Option 2 stemmed from an understanding of what it actually was.

"If I'm being perfectly honest, there's been an internal wrangle over what even Option 2 is. There is a group of people which I'm part of which think it's quite simple and thinks that we're overcomplicating it, but we would. We are the idealists in this scenario. Then there's a group of people who include finance managers, commissioning team members, those kind of people, procurement people, who seem to think it's incredibly complicated and have been very reluctant to even have discussions about it" **Participant 5**

Other participants seemed to be much clearer about the centrality of Option 2 to the underpinning principles of SDS.

"Option 2 is the real opportunity to do some really creative purchasing around looking at how people live their lives, as opposed to just care deficits...We asked them (people who receive support) what they felt needed to be in place to agree financial accountability" **Participant 7**

What was revealed a considerable disparity, both in terms of what was understood by Option 2 and how it connects to the other SDS options. There were also significant differences in the processes surrounding Option 2, particularly the interface with issues of contracts.

There were also huge differences in the proportion of those receiving services who were defined as being on Option 2, from very few to up to 80% of those receiving services being defined this way. Further, there were very different attitudes to the future of Option 2, with views varying from it not being seen as something that would reach significant numbers to an area where the greatest potential for greatest creativity and growth could be seen.

Scale of Option 2

Again there was considerable disparity in claims about the proportion of people who receive SDS support who could be seen as in receipt of Option 2. One participant, working in a large local authority, suggested that there had been very little interest in the use of Option 2, and where that interest had come about it related to a very specific group of young people with additional support needs who were in transition from being supported by children's services to being supported by adult services, and where parents or carers were looking for something other than conventional services.

Drivers for Option 2

For some respondents, Option 2 was a natural progression and flow from previous work to move away from block contracts, for example in relation to the move away from purchasing care at home services via block contract.

"We've worked in partnership with providers... Well, and I suppose in Z authority we had kind of done an awful lot of work away from block contracts right from that time. So by 2005 we were really out of the majority of our block contracts and all of the work that we were doing with supported living providers was on understanding people's annual budgets" **Respondent 5**

Other local authorities had adopted more of a conservative, wait and see approach, relating this to issues of framework agreements and contractual issues, which will be discussed in more detail below.

"Now, initially we did look at having a provider framework for Option 2. It'd be more like a, kind of, approved provider list I suppose, rather than a provider framework, but what the procurement and commission section have decided to do is monitor to see how many options 2s we get in before deciding to go down that route" **Respondent 6**

For another authority, Option 2 was seen as very much going to be a residual component of SDS. "There's not going to be any Option 2 big bang" (Respondent 10) with the SDS lead asserting that the overwhelming majority of people receiving support under Option 3 were satisfied with the service that they were receiving, and would be happy to continue to receive services under Option 3.

Service user choice

Where Option 2 had been exercised in significant numbers, this had come about largely as a result of service user choice.

"What the majority of requests for Option two are coming from people who don't want maybe the agency that we've said, you know, that we can link them in with, and they maybe want to use a different agency. In which case, then, you know, we've done that through option two" **Respondent 7**

Related to this was where services had been re-commissioned, and this would have resulted in a change of provider, but Option 2 had been used in order for the previous provider to continue.

"The people that are using Option 2s at the moment, there's a few older people where their family have wanted a particular agency. They might have been buying care privately from that agency and they've come and said, no we want that particular agency, the council said, well they're not on our framework and the people have said, I don't want a direct payment and the practitioner is maybe confident enough in their SDS knowledge and said, well, we can do this Option 2 way" **Respondent 4**

Creativity

There was a recognition a number of factors supported a more creative approach to offering support. These included local authority circumstances; rurality; recruitment and retention issues and other factors.

"And I think in our adult services, in particular, we're starting to see that both service users and the staff are beginning to find that quite liberating in some of the cases where, in the past, it might have been quite difficult because, you know, people were given a menu of services to choose from, if you like. Whereas now, of course, because they've got a budget, they're not just necessarily having to choose services, they can choose to do other things" **Respondent 4**

For another respondent the impetus for Option 2 came from front line staff, and a small number of respondents indicated that it was newer staff, perhaps those who had not been deeply embedded in the culture of assessment and care management, that found the philosophy of Option 2 easier to grasp.

"I think it's been through, perhaps, social work practitioners who have grasped what option 2 is about. I don't think everybody's grasped what it's about, because it is the new option, relatively speaking.... So, I don't really think it's anything creative and innovative that's happened, but I think it's been around, maybe, practitioners that are quite confident" **Participant 6**

However, creativity of front line staff could only come into play if it were supported by leadership.

"I'm fortunate that my manager and the head of community care, you know, are very much in agreement with lightest touch possible, we should be trying to... You know, unless we're given a reason to not do that- that should be the way that we should be approaching things".

For another respondent, the potential of Option 2 has yet to be realised.

"I mean, our hope in the longer term, if SDS beds in, is that actually option two really, if people can be supported to get a little bit more creative in the use of that and not just swap one registered provider for another.... But to me, I think the potential benefit of option two is actually being able to think beyond that type of provision and maybe think how some of people's outcomes can be met perhaps more differently as well, you know" **Respondent 5**

One of the fierce debates within the broader personalisation literature is whether the move to SDS represents a deskilling of social workers or a return to a more value-based reskilling of social work (Needham and Glaisby, 2014) The evidence from these respondents would tend to support the latter position. It would be important, however, to triangulate this with the perspectives of frontline staff.

For another authority, Option 2 was very much part of the broader development of SDS:

"Option 2 elementwe're taking quite a broad approach to that, and it's very heavily provider involved....we're looking for any provider who's interested in working with us to help us define what Option 2 is going to look like in Z.....originally we had like 31 expressions of interest, and over the course of...we've had three meetings so far. There's a fourth one going to be happening next month, and we are going to be running a test project" **Respondent 8**

This same respondent's authority saw the potential of Option 2 to be one of the more creative aspects of SDS. So it can be seen that the development of Option 2 has within it the potential to support the development of a more creative social work practice. Whether the conditions will be in place to allow that to happen remains to be seen.

Finally in this discussion of Option 2 it is important to point out that hybrid options are beginning to emerge.

"We started off well and we seem to have kind of dug ourselves a little hole. I was just saying at a meeting the other day, I think we seem to have developed an option two and a half somewhere along the line..... we started with people coming up and saying, well, I actually want that provider, and we were kind of saying, well, that's on our framework, so we'll just do that under an option three so we don't have to go through the option two kind of..." Respondent 3

Market considerations

Most SDS leads interviewed made reference to the provider base which they were working with. A key aspect of the findings related to what will be grouped here as 'market consideration', and includes the following:

- Brokerage and Individual Service Funds (ISFs).
- Local market considerations, including the availability and development of the provider base.
- Contract, legal and procurement considerations. In particular this relates to Option 2 and the use of providers that are not part of local framework agreements. This latter point can be seen as being a particularly testing one for the implementation of SDS and Option 2 in particular.

Brokerage

A spectrum of positions were adopted in relation to brokerage - defined here as an activity that "involves providing assistance to procure and manage a support package, drawing on individualised funding (in whatever form)" (IRISS, 2012, p. 11). This term covers a range of activities undertaken by different organisations within the SDS landscape and is a contentious one, with a range of different views being adopted.

Respondent 11 was adamant that brokerage in any recognisable form would not be used in their local authority because this was not seen as being what people who receive support want. Respondent 9 discussed how their local authority was looking to tender for a brokerage service as part of the spectrum of support, whereas Respondent 2 identified that,

"We have looked at a kind of brokerage...is brokerage an option, is that something we want to go down, so as soon as somebody says option two, off they go to this person who arranges it all for them, but then I suppose you get into the question of how do you pay for that, so do we top slice the budget....And that's kind of a conversation, I think, for the future".

For Respondent 5 some of the functions of brokerage were undertaken by an internal unit in the local authority whereas for Respondent 4, their local authority commissioned an independent advice service that also performed some of the functions of brokerage.

What emerged was a very confusing picture, and one that warrants further exploration and discussion, especially in the light of developments around Option 2

Provider base

What emerged was a great disparity in the provider base in local authorities. For some authorities there were no problems, with secure provider bases and even some new providers coming on stream as a result of SDS. There were instances of new providers not having laid down firm foundations and having to cease supporting people. For other providers there were local issues usually connected to issues of rurality, and the availability of the workforce. The issue of a dearth of provision could, in some instances be very localised, and there were places where community engagement was required as part of the development of micro-provision.

Contract issues

One of the issues that raised a wide difference in responses was the issue of Option 2 contracts. Some authorities had been party to, and used the large contract produced by a consortium, but others had eschewed that in favour of much simpler document in some instances which had later been challenged by procurement colleagues:

"We developed what we thought was a really good tri-party agreement that we used for the first part of the trial. That was a three way contract between ourselves as the organisation, the provider and the person in receipt of services".

This was later challenged by procurement colleagues with the end result that this agreement now sits underneath the actual contract with the provider, so that the service user has a much simpler set of documentation to deal with. This is very similar to the position reached by the local authority of Respondent 11.

There were a number of different settlements that had been reached between the needs of local authorities to minimise risk to themselves and their ability to let go of some control. This was exemplified in decisions about whether provider organisations that are 'off framework' could be used. 'Off framework' organisations are those that have no pre-existing contract with the local authority.

Whilst some local authorities saw this as being within the spirit of SDS and Option 2, others were more risk averse, seeing that the responsibility for making the arrangements lay with the local authority, and therefore they had a duty to safeguard people by only using providers who were 'on framework'. In other local authorities, other solutions were found, that is using basic checks and ensuring that service users were aware of the risks involved in choosing services from these providers.

Legislation and procurement

As identified above there were real tensions in the interface between SDS and legal considerations, as this extract indicates:

"...that wrestle between those people who see it as being simple and straightforward and those people, probably the finance and procurement side see it as something... are thinking about the risk probably to the local authority as much as anything else"

Respondent 6

Off framework purchasing

A particular difficulty with Option 2 and 'off framework' purchasing was discussed by a number of respondents. For Respondent 11 this was a particular issue for non-regulated providers, such as music or drama groups. For Respondent 1 it was a non-issue, averring that if someone wanted to use a provider who was 'off-framework' the only way that they would be able to do that would be if a direct payment was taken, and a similar position was suggested by Respondent 10, although all efforts would be made to get the identified provider on to the framework.

For Respondent 3, not to allow someone their provider of choice was seen as running counter to the philosophy of the Act. However, other participants asserted a view that SDS legislation did not remove the local authority's duty of care and the requirements of broader contractual arrangements, and this remains an issue that is far from resolved.

Provider involvement

What was apparent from the interviews was that SDS leads valued the contribution of providers. They recognised to some extent that the new landscape of SDS, with the backdrop of local government resource constraints, presented real challenges to providers, and that to some extent moved elements of risk from the local authority to providers.

Strategies for involving providers were in place for all the local authorities involved in the research, and varied from event-led strategies to ongoing involvement in fora, with some involvement in the development of initiatives from the outset. There was some evidence that provider involvement was more effective when it was targeted and part of an ongoing dialogue, rather than purely event-led.

As stated at the outset, this research does have a number of limitations; not least that this does reflect only the perspective of local authority leads, and also those leads who were willing to participate in this research. It is therefore, perhaps not surprising that a positive picture is painted, and there are tensions and differences between the findings of this section and the discussion with providers in the next section.

Learning

The newness of SDS and the challenges faced in its introduction meant that there was a lot of learning required for both local authorities and providers. The majority of the learning discussed by respondents was informal although it was apparent that a lot of local authorities were experiencing difficulty in capturing this type of learning. Use of more formal mechanisms such as issues logs appeared less successful in terms of longer term learning than informal approaches. However, it was encouraging that within SDS development there was an appetite for learning, perhaps driven by what was seen as being the newness of the legislation, and in particular Option 2.

Findings Phase 3 - Provider Perspectives

Method

The final phase of the project was a series of focus group discussions with providers in four local authority areas, which were selected to be as diverse as possible. Two were large local authorities with a mixture of urban and rural populations, whilst two were smaller with larger rural populations.

Providers were accessed via local provider fora, and being mindful of time commitments, three of the focus groups were arranged to coincide with provider events already being held. The advantage of that was that good attendances were obtained, but the disadvantage that this may have skewed the response to those local authority areas where provider engagement was positive and underplayed those areas where providers were less engaged. However, given the nature of provider organisations and the level of those attending, a number of participants were able to compare their experience in that particular local authority with their experience elsewhere, which was often quite different, providing a counterbalance.

Before getting into a more detailed discussion of the findings of the focus groups it is important to observe that the landscape of providers in SDS is complex and shifting, with a number of participants only recently having begun work with the local authority in question. This was either because they had been invited to be involved in projects around SDS, (in particular around the management of Individual Service Funds) or because of a decision by their organisation to develop their work in other areas. This, with the additional differences in response to Option 2, and in particular the approach to framework agreements makes it really difficult to envisage the future provider landscape.

Local Authority Issues

Providers were able to offer an interesting perspective on local authority services, although the impression gained is that this perspective was rarely actively sought. The fact that SDS is being implemented at times of increasing financial stringency did not dominate the discussions, as it was almost seen as a fact of life that just needed to be dealt with, although it did raise issues for the experience of people who use services.

"I suppose, you know, SDS coming in at a time of austerity has been a real issue, you know, when local authorities are really having to tighten up their budgets and the criteria are increasingly restrictive, you know, that...the notion of critical personal

care for me just seems a really strange one that, you know, people can have personal care, but can't have social hours attached to that. So it makes it even doing Option 1 impossible. You know, if you're looking for a...to employ a PA for two and half hours a day. If it's spread over four visits, you're never going to be able to do that. You know, you really need an agency to be able to provide that, kind of...what if somebody doesn't want that?" **Focus group 3**

Providers often worked with local authorities at both a strategic and practice level, and one of the themes that emerged was a disconnect between the two, with knowledge and expertise tending to sit at a strategic level, but only slowly being transmitted to the front line of service delivery.

"I think I've noticed a significant maturity at a field level because you're right with the senior level, at a senior level, they've always had a very, very clear vision of what the expectations and what the targets will be. I don't think that's always transferred down at a field level but I see that has vastly improved over the last probably 12 to 18 months..... and in fact the last time our ethics, for want of a better description, were challenged, the senior care manager took it up very rigorously with her own staff to say that is not how this works. That's a significant difference" **Focus group 1**

Providers were able to develop an emerging picture on front line practice because they worked across different local authorities and because of their particular focus. Sometimes the picture was one of uncertainty, as in this example.

"The workers who are not au fait with it are easily identifiable because you tend to find that person is non-stop on the phone. So you can see the workers who are not up to speed with it, or they may have never done a package before, or they haven't gone down a direct, because quite often the workers won't have done one" **Focus group 4**

However, sometimes the picture was more positive.

"...for some (Social Workers) it's a complete light bulb moment. But then on the flip side of that, we've had practitioners who've been in the service for a long, long time and they're telling us, this is us going back to grassroots social work" **Focus group 2**

In addition the further complication of integration of Health and Social Care was seen as being a diversion for a number of local authorities, although not all were as pessimistic as this participant:

"In fact, I've actually had conversations with Local Authorities who have told me SDS is dead in the water and we're not even looking at it, and that with the health and social care integration...it's actually paralyzed in some ways the SDS moving forward in other parts of Scotland because people are recruiting to the chief roles and all that kind of things. So they're waiting to see. That's been our experience. And they're literally a closed door saying, no it's dead, dead in the water" **Focus group 4**

Change

A major theme that emerged through the focus group discussions was the issue of change, and three sub-themes emerged from that, namely implementation, developing momentum and creativity and flexibility and risk.

Implementation

The sense gained is that it is very difficult to draw clear conclusions about the experience of implementation of SDS from a provider perspective. Implementation depended upon a range of factors, including initial and continuing leadership from the local authority and broad provider experience of SDS. In discussions about implementation there was often a subtext of uncertainty and risk, a theme that will be developed further below.

"There's not the depth of experience of it because it's new to everybody at the same time, which to me feels a little bit unsafe at the moment. So, I don't know other people feel. But, to me there was a big launch, there was a big bang and there was a bit of a fizzle" **Focus group 2**

Because of the newness of SDS there was, in some instances an approach that was appreciated by providers of learning by doing.

"...don't get hung up about drafting all these documents up. Just get one and give ourselves short timescales to do it and then just run with it and tweak it on the way. Because we're not going to get it correct at the start and if we spend weeks and weeks and weeks trying to get it to what we think is perfect, within a week it's not going to be. So it's just getting something down on paper and just run with it and adapt it and develop it as we go. So that by the end of it, we've got something that's, that holds" **Focus group 4**

Sometimes, as in this example, experience of SDS is held by individual workers, rather than organisationally. Here the organisation had only just started working with the local authority but were able to draw from the worker's experience of SDS with another organisation working in the same area.

"I think for ourselves, I think I'd be right in thinking everyone else in the room had services prior to the onset of self-directed support but [Provider] didn't. We've only come into [Local Authority] with the onset of self-directed support so as an organisation it was very different from us. In fact remember we did...a few providers' forums ago we did the map of how [Local Authority] developed and I worked for another organisation setting up services in [Local Authority] so could remember what that organisation had done" **Focus group 1**

Developing Momentum

There were a range of issues about developing and sustaining momentum, and the need to work through issues as they arose. In some instances focus group participants placed a very strong emphasis on developing and maintaining working relationships as the main driver to sustaining momentum:

"And I think one of the things.....is we're on a massive learning curve, and it all sounds great when we all get together, but we've got really simple things to learn about meaningful relationships and meaningful dialogue because I think that my impression across the piece is that there is massive bits about power and control and mistrust and people kind of defer to the default position when up against a bit of a challenge, and I think it's going to be really groups like this that are really going to be able to unpick some of that" **Focus group 4**

Just as relationships were important with working with people who use services, so they were between providers and local authorities. This same focus group went on to develop that theme.

"So that will be a by-product that actually we'll be able to communicate in a way that's a lot more than that and always agree and all the rest of it, and more of a meaningful way which will extend to, as the way that we communicate with service users and families and communities" **Focus group 4**

Creativity and Flexibility

A theme that emerged was that of creativity and flexibility which is important in implementing Option 2:

"I think the thing that's helpful in [local authority] is because they do talk aboutpersonal outcomes for people whereas in other local authorities because they can't quite work out how to deal with all this stuff just now, all they're doing is pushing down the hourly rate for providers and you just wish you could have a conversation with them to say, could you just stop that? Could you think about an individual budget for people and allow that creativity so that we can meet people's outcomes? That's a real block when they don't act like that" **Focus group 1**

Sometimes that creativity came in small scale projects.

"And there's projects like ours that, you know, creates services as people need them. You know, we've a housework service that people can pay for if they want to and, you know, these, sort of, small local services are quite accessible for people. So that's been quite interesting doing that and, you know, just even the contractual parts of that, you know, I've been quite interested in and we've learned quite a lot about those...you know, setting up other arrangements with people and how you regulate and monitor those and ensure the standards and quality" **Focus group 3**

A range of examples were given of creativity in practice, especially where the rural nature of the area ruled out a 'top down' centralised approach. These examples included a local, 'micro- provider' approach to a problem with elderly people being unable to leave a small local hospital because of the unavailability of services locally.

".....basically they found four, I think it's five people now living in that area who were prepared to be trained as care workers who would never have applied for jobs. If we put an advert out saying we wanted ...they wouldn't have applied, but because it's being done in the community they're happy to support people in their own community" **Focus group 2**

Sometimes this felt a little tenuous for the provider, even when there were a lot of factors supporting creativity as in this example of group living.

"One of the people who is moving into it, the family have chosen to have part SDS and part traditionally funded package, and it's...I desperately need social work agreement with some of my thoughts about how it can and can't run. It feels quite unsafe, but luckily the people in that house are very able to represent themselves, they're all very, very, able people they happen to have also, so it's a really good testing place to do it with minimal risk" **Focus group 3**

This quote neatly illustrates that the corollary of creativity is very often risk- as explored in the next section.

Risk

The issue of risk was often seen as being, as this extract puts it, "the elephant in the room". From the provider perspective it was sometimes seen that local authorities struggled with risk, possibly because of a climate of risk aversion. This was because it was seen as representing a potential relinquishing of control, alongside concerns about what might be the community perception of someone who uses services being left at risk.

"And I think we've spoken about the risk and you've talked about the elephant in the room and it is, and I think it is the risk that they're responsible, but there's also the risk about them being unsafe in the community and all of that. And then the community's vision of us leaving somebody in the community at risk because they haven't got a proper service, and I think there's all that. And I think that's a genuine fear for social workers, you know, about, what's it going to be like when we've no control? Or there's no risk assessment, for goodness sake, and all of that. So I think there is a concern, but I don't think they're reluctant to go forward with it" **Focus group 3**

This was, to some extent counterbalanced by a perception that risk was something that came with the territory, and was something that the voluntary sector was good at and inherent in their role.

"Again, we spoke about it earlier on and I was saying that I think we've always taken, sort of, positive risks. You know, that's the way we work with people. We've always...I think the voluntary sector has always been very proactive and engaged with people to ensure that, you know, we assist people to get the outcomes they want. So for us, it's not a huge issue. It's just the way we've always worked. I mean, yes, we'll get the occasional person that may come up with something that we think, how on earth do we do that? But we work with them in a manner so ...we work in a way that we actually get them from A to B" **Focus group 2**

Despite this somewhat sanguine approach there was a level of acknowledgement that risk was scary when it came to implementation.

"I think we're scared. Theoretically we're not, but see when there's an actual situation and you've got to be the person that goes, I think, that seems reasonable, or we might not have thought it was reasonable before but now we're going to risk it, it's a very different feeling to the theoretical or the hearing the great story that someone tells at an event, but when you're actually there with that responsibility, that, I find that really, I think at times where I've almost backed out because I've thought, no..."

Focus group 4

A further complicating factor was when the provider and the local authority representative too different perspectives on risk. This was seen as varying from locality to locality or even within the same authority.

"So as you're trying to push for an option two that could be a bit of a gamble for somebody if the person that's sitting on the other side of the table is more risk adverse than you are if you change that person you might get a yes and if you sit in a different locality you might get a yes. It's not saying that they don't believe in it, it sometimes you've got a bit more work to do and it bounces back a bit a few times before. It's five or six meetings later before you've got a go ahead and a yes. I think it is genuinely dependent on who you sit and talk to" **Focus group 1**

This theme of risk and Option 2 is a significant one

"And it seems Option two for Local Authorities is quite risky. They see a huge amount of risk to it because there's not necessarily going to be an approved provider's list and that's a bit strange for commissioning teams not to deal with that and people will just take their budget and purchase an agency and not have to go through an option three, I think. So we're seeing quite a few shoehorned into an option three and they're given a list very similar as they would get with an option three and when actually they're looking for an option two" **Focus group 3**

Another theme that emerged was that sometimes creativity actually meant financial risk for the provider organisation, and on occasion this felt like a one-sided transaction.

"It basically means it's costing us a sum of money to provide the service, and they're not doing the preparation with their service users. So, they themselves don't understand that actually this is a different model and so forth. It's a bit of a pig's ear really.....We'll call it a traditional model, let's just provide additional service, but you will need to additionally fund it in order to do it...and it's working, it's working really well,

but that's because we're paying people at a level that we wouldn't be able to pay on a traditional service, because there are too many overheads and costs and things"

Focus group 2

So risk was multi-faceted and dependent upon a number of variables, including the dynamic with the particular local authority representative. At a strategic level this sometimes meant the provider taking the risk, including a financial risk, in order to support the development of creative solutions. This relates to the earlier discussion about trust and genuine dialogue and leads on to a discussion of perceptions of partnership working, which will be addressed in the next section.

Partnership Working

By definition the providers who attended the focus groups were well connected in the areas where they worked, so is difficult to extrapolate too far from this. However, a number of clear themes emerged. One of the areas where the focus groups were held had a providers' forum that was independently facilitated. This quote from someone who worked across a number of local authority areas described the difference for them.

"In some areas, the forum...the council forum is a come in and get told.....exercise, basically. I think the fact that the independent facilitation ensures that everybody sitting round the table on an even keel and I think it also takes account for the fact that a lot of these forums were started either by the local authority or by the providers themselves, just recognising the need to work together on issues of common interest" **Focus group 3**

In another local authority where there was no independent facilitation of the forum, the providers that were involved felt that this was not an issue. What was important to them was that dialogue was sustained, not "a start and end and no middle" rather "working together, not working for".

"I think when they started going down this route a number of years ago I think providers were very involved. There was a real feeling of partnership working. I think there had to be to get the whole process going in the right direction..... But I feel that there's a real participation and partnership here that actually we've been allowed, as third sector organisations to help influence your pathway and that, to me, is a breath of fresh air actually" **Focus group 1**

At the other end of the spectrum there was discussion of involvement that was too open, and insufficiently focussed.

"I mean there has been kind of open meetings to include the world and their dog, but I think, I don't know, my feeling as a very busy manager, there's only so many open meetings with lots of chin wagging you can go to justifiably.....But, I think sometimes meetings can be too open and can include too many different people. So, you would quite typically get an invite to an event that will have providers, parents, recipients, council. There's a limit as to what you're actually going to get out of that"

Focus group 3

It is entirely consistent with the broader partnership literature that providers appreciated involvement that was sustained over a period of time, where dialogue was genuine and not token, but also that was focussed and purposeful (Manthorpe et al., 2015).

Provider perspective on Option 2

Option 2 was explicitly addressed during the focus group discussions.

Two of the focus groups were attached to existing local authority and provider meetings about Option 2. Of these two groups one local authority was about to implement their Option 2 project (following provider involvement in its development.) The other local authority area was much earlier in the implementation process. The remaining two groups ran in areas where Option 2 and the use of ISFs were more embedded. As noted at the outset of this section, the provider representatives involved in the focus groups were also able to draw on their experience in other local authority areas.

A number of barriers to the implementation of Option 2 were identified. Some of these were structural and organisational:

"But we don't have the Individual Service Funds ready. We don't have brokerage organisations ready. We don't have the...I suppose the mechanisms to make Option 2 something that we can do and is viable".

In addition there were frustrations that cultural barriers, perhaps related to risk aversion or difficulties on moving away from established practice were getting in the way of making progress.

"And it seems option two for Local Authorities is quite risky. They see a huge amount of risk to it because there's not necessarily going to be an approved provider's list and that's a bit strange for commissioning teams not to deal with that and people will

just take their budget and purchase an agency and not have to go through an option three, I think. So we're seeing quite a few shoehorned into an option three and they're given a list very similar as they would get with an option three and when actually they're looking for an option two" **Focus group 4**

There was seen as being a dissonance between the strategic view from the centre of the organisation and staff working at operational level.

"But often operationally the practitioners are seeing things in a very different way and I think that's often where the struggles, particularly when you're talking about risk. I happen to think we're interpreting it right, and we've got contracts with other Local Authorities where I don't think they're interpreting it right at all. And would rather option two didn't even exist" **Focus group 3**

It was felt that there were circumstances where providers were, to a certain extent driving the agenda along with strategic staff.

"They're not thinking about the other options, and I think it's the providers to some extent that are having to push to say, actually option two is a very...I think the SDS team accept it, but the operations team I don't think quite get the option two is a very valid form, use of...and actually can open up the doors to a lot of people who might not actually want to directly manage it themselves but can use somebody else to do it" **Focus group 2**

That resistance to change sometimes came even where there was established practice around ISFs.

"Well, we're running at the moment round about 50 individual service funds which we're overseeing, the bulk of them are older people, and I mean it's a bit mixed the story, and partly, I think, come back to your original question, it's around the impression that the individual social workers have of using SDS in a different sort of way. I still think there's a vast amount of people within the operational side of social work in [Local Authority], who almost want to sort of body swerve any of these issues. Just stick to what we know and do that" **Focus group 2**

However, where it was working effectively it was seen as being simple and straightforward, perhaps reinforcing that barriers are often more cultural than real.

“The other thing critically behind that is just that simple principle about what can you spend your money on or what can't you spend your money on. At least the culture here is right for being able to spend it on anything and rightly so, [Local Authority] will expect a good, clear, outcome based support plan behind that, that says this is how spending this amount of money really creatively is going to deliver an outcome. Then it will be supported if it meets that criteria about it being legal and reasonable and that kind of thing” **Focus group 1**

There was also a range of responses to Option 2 purchasing, for example using providers that were 'off- framework' with some local authorities taking a position that it was the user of service that was exercising choice, and therefore it was acceptable, and in other instances the view being taken that it was the local authority that retained the role of commissioner, and therefore using providers that were not 'on framework' was not possible. In one instance a local authority had changed their position simply because a solicitor had changed their position.

CHAPTER 6:

Conclusions & Areas for Further Exploration

Overview

This research set out to explore the development of SDS in Scotland, with a particular focus on Option 2 and on the provider perspective. There were three phases to the gathering of data, which was both quantitative and qualitative.

There are a number of limitations to this small scale piece of research. It cannot be anything other than a snapshot at a particular point in time, and represents only the perspectives of a small number of stakeholders in the development of SDS across Scotland. There are a number of themes that emerge, consistent across the three phases of the research, and several areas where further focus and research would be useful.

Whilst there is no doubt that the financial circumstances within which SDS is being implemented is very challenging, there appears to be a commitment from both local authorities and providers to creativity and innovation.

However, the pace of change in a number of instances is not as fast as was intended, with, for example, some local authorities reporting very limited progress in the implementation of Option 2 and acknowledging that they have not progressed as quickly as anticipated.

There is no doubt that providers, where they are involved in genuine partnership working with local authorities, make a significant contribution to the development of Option 2. This contribution includes an ability to think creatively and operate flexibly whilst retaining a focus on outcomes for people who are in receipt of services and as examples cited above illustrate, to find solutions to seemingly intractable problems.

It is apparent that the relationships involved in the delivery of SDS are very complex indeed, with some local authorities having very large number of provider organisations working in their area, and some local authorities are finding it hard to find providers to deliver services.

Notwithstanding this, there were examples of creativity and innovation in the implementation of SDS, sometimes with providers taking on a disproportionate share of the risk, including financial risk. The world in which SDS is being delivered can perhaps be described as a delicate ecology, with it not always being possible to predict the outcomes of actions on provider organisations, which are often themselves complex organisations.

Areas for further exploration

Creativity and innovation is an important aspect of SDS, and yet capturing and sharing it remains elusive, with the findings of this research being that all too often, innovative work was being done or issues tackled in isolation. A more structured approach to sharing experience and best practice by providers and local authorities could usefully be explored.

Option 2 is, as been identified a pivotal aspect of SDS, and certainly warrants further exploration. These areas include:

- Exploration of risk within the context of Option 2. This includes risk enablement for people who are in receipt of services; the approach to risk by providers; and differential perspectives on risk between local authorities and providers.
- Clarity on what is understood by Option 2, including the issue of who is the commissioner of services- the supported person or the local authority.
- What exactly is understood by the duty of care within this context, and the consequent approach to working with providers who are 'off- framework'.
- How Option 2 is interpreted within group living contexts.

The experience of people who are in receipt of services was outwith the remit of this report, and their experience very much requires to be understood and reflected in future developments, in particular in relation to Option 2. Ultimately, retaining a focus on outcomes for people, rather than processes is essential.

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About P&P

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