

# Implementing Self Directed Support Findings from Engagement Activities February 2016



## Background and Approach

1. Over the past year we have engaged widely with key stakeholders to understand progress and issues in implementing Self-directed Support. In addition to meetings with local authorities, provider organisations and national strategic partners, we co-hosted three national engagement events between November 2015 – December 2015 in Edinburgh, Glasgow and Aberdeen. These events took the form of world cafes that brought people together from across the system to answer the following overarching questions:

- What is working well?
- What is preventing us getting to where we want to be?
- What do we need to do differently?
- How do we get there?

2. In January 2016 the Scottish Government commissioned Dr Ailsa Cook from *Outcome Focus* to analyse and report on the data captured through this engagement. This report summarises the key issues identified by stakeholders across the different engagement activities in relation to each of these questions. This report sits alongside a more detailed analysis of the data in relation to the barriers and supports to implementation of Self-directed Support occurring in different contexts will inform the development of the 2016-18 national plan.

## Findings

### What is working well?

3. Across the engagement events participants shared a range of examples of things that they felt were working well or that represented good progress within their local areas. In particular participants highlighted:

- Increased understanding and awareness of Self-directed Support in their local area, which was experienced as a 'change in thinking' in relation to the role of services and supports.
- Increased focus on preventative and assets based approaches, including specific initiatives to release resources for preventative approaches and to explore how local assets could be used to avoid formal service use.
- Effective uses of technology to give people better information and more control over their support.
- Training and support for staff to develop skills in outcomes focussed practice and help staff develop more meaningful relationships with people they support.
- An increase in innovative and flexible approaches to supporting people developed by providers and in partnership with local authorities.



- More opportunities for staff, people accessing support and unpaid carers to get involved in shaping and improving services.

4. As a result there was a strong sense from the data that good, outcomes focussed practice was on the increase and that many people were being supported to live better lives as a consequence. Furthermore there were many examples of the difference that collaborative work at local levels had made to change key aspects of the system to support the implementation of Self-directed Support.

### **What is preventing us getting to where we want to be?**

5. It is striking that across the different engagement activities the same issues influencing implementation were raised time and time again. These included:

*Commissioning* – both the challenge of commissioning good, flexible supports and services and the challenges arising when commissioning doesn't fulfil this role.

*Risk* – the extent to which good outcome focussed and creative practice is being restricted on the grounds of risk.

*Austerity* – stakeholders identified many examples where preventative and outcomes focussed practice was being restricted by resource limitations. In addition people using services reported a fear that Self-directed Support is a tool to implement budget cuts.

*Knowledge and awareness* – whilst people participating in engagement activities had good knowledge and awareness of Self-directed Support, many people reported lack of understanding and awareness amongst colleagues, people they support and unpaid carers.

*Health and social care integration* – was identified as a source of uncertainty in the system and a policy area that was perceived as drawing energy away from Self-directed Support.

*Bureaucracy* – many people highlighted the complexity of the bureaucracy surrounding Self-directed Support and the significant challenges faced in developing clear protocols at local level. As a result people were left feeling uncertain and with the feeling that Self-directed Support is hard to do.

### **What do we need to do differently?**

6. Against this backdrop of issues, stakeholders identified a range of things that need to be done differently within the system to support implementation. This includes:

- Working collaboratively to change patterns of investment to create the opportunities that people need. In particular there is a need to involve finance professionals so that they understand how resources are being used in different ways to make a difference to people's lives.
- Keeping prevention high on the agenda, making sure that Self-directed Support is not just used to meet basic needs and that the full potential of the approach is realised.
- Building community capacity and support people to make use of community assets. Community connectors were identified as critical to achieving this.

- Supporting people to actively balance risks to meet outcomes. Many stakeholders identified the importance of engaging local authorities in this agenda.
- Building awareness and understanding of Self-directed Support. Stakeholders raised the importance of language in making Self-directed Support accessible and the importance of leadership from the Scottish Government and National Bodies in developing knowledge and awareness.
- Building evidence base around what difference SDS makes, share stories of good practice, support networks and relationships between people in different local areas who are taking forward Self-directed Support.

## How do we get there?

7. Stakeholders identified a wide range of specific actions that could be taken at local and national levels to aid implementation. Members of the National SDS Implementation Group met in February 2016 to review all of the findings from the engagement activities and to participate in a process of collective analysis to identify some high level understandings that could help move implementation forward. Through this process the group identified the following three high level actions that if carried out successfully will help address many of the specific issues raised through the engagement:

- Continue to make the case for Self-directed Support and work to win hearts and minds;
- Develop shared understandings of what Self-directed Support is and what it means in practice across the whole system;
- Ensure that Self-directed Support, prevention, assets based approaches and a focus on personal outcomes are seen as a high policy priority locally and nationally.

## Conclusion

Analysis of the engagement data has shown that whilst there is lots of progress around Self-directed Support, the context in which this approach is being implemented is challenging. Despite this, stakeholders are continuing to work within and across organisations to make the changes required. Analysis of the data has identified some high level actions that can help move the agenda forward. Over the coming months we will work with key stakeholders to form a national workplan for 2016-18 that responds these findings.

**Scottish Government Self-directed Support Policy team**  
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