



Education & Children's Services
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Self-Directed Support Strategy 2021-2024

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Introduction

The Self-Directed Support Strategy 2021-2024 for Services for Children, Young People & Families (SCYPF) demonstrates our commitment to Getting it Right For Every Child (GIRFEC) in Perth and Kinross. This Strategy provides the direction for the development of services and provision of support to children and their families where need has been assessed and agreed. Our services and supports will be developed by working in partnership with parents/carers and children/young people.

Our Priorities

- *Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments.*
- *Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people.*


National Context

In 2010 the [National Self-Directed Support Strategy 2010-2020](#)  was introduced. This 10-year plan was designed to promote personalisation and flexible choice in social care support. The National Strategy was supported by [The Social Care \(Self-Directed Support\) \(Scotland\) Act 2013](#)  (hereafter referred to as the SDS Act 2013) which came into effect in April 2014.

The SDS Act reinforced the commitment that people, regardless of age or reason or need have a right to direct their own social care support and that they should be involved in all decisions about their care. The SDS Act emphasises the need for Local Authorities to be transparent in their planning and that families and individuals should have access to the support they need, have more choice about what that support looks like and more importantly, control in the decision-making process.

If a child, young person or parent/carer needs help with everyday living because of a health condition, disability, or personal circumstances, they or their carer/s can request that the Local Authority carry out an assessment of need as defined by the Children (Scotland) Act 1995 and the Carer's Act 2016. The completion of this assessment does not automatically qualify the child or their family/carer to receive support through Self-Directed Support (SDS). If a carer or child's assessed need can be met using universal services, this information will be provided; such help might include being signposted to a voluntary organisation or locally based services within their area.

Access to support via SDS, allows the individual to take more control over how they meet agreed care and support needs. It allows parents and Carers to achieve their agreed outcomes by being able to make choices about their support based on the things that are important to them.

A review by the Scottish Government on how SDS was being implemented across Scotland highlighted significant variations in progress. The result was published in [SOCIAL CARE SUPPORT; An investment in Scotland's People, society and economy - Self Directed Support Implementation Plan 2019-2021](#)  (hereafter, referred to as the Implementation Plan) in June 2019. This document acknowledged the progress but also sets out the need for Social Work Scotland (SWS) to work with senior decision makers in local authorities to create a framework for consistent SDS practice across Scotland.

In consultation with local authorities and other partners SWS has developed a national SDS framework identifying 11 standards to assist SDS implementation and improve consistency across local authorities.

The standards are:

- 1 *Adults, children, young people and their carers are offered independent advice, support and advocacy to have choice and control over their social care and support and to exercise their human rights.*
- 2 *Early help and support is available to all people who need it.*
- 3 *Assessment, support planning and review systems and processes are personalised, recognising people's strengths, assets and community supports, and result in agreed personal outcomes.*
- 4 *Agreed personal outcomes are monitored through ongoing review processes. Reliable outcome data is captured routinely, is used for continuous improvement and demonstrates the extent to which SDS practice is carried out as intended.*
- 5 *Clear and supportive processes are in place for SDS decisions to be challenged and appealed.*
- 6 *Workers and supported people work together through shared decision making to plan for positive risk enablement whilst balancing the responsibility of statutory protection of children, young people, adults and carers. Consideration should be given to supported decision making in relation to capacity.*
- 7 *Commissioners shape the local markets to support people to live their lives in ways which evidence choice and control over their care and supports.*
- 8 *Workers are enabled to exercise professional autonomy in support planning and setting personal budgets within agreed delegated parameters.*
- 9 *Processes and decisions that affect a supported person's social care budget and options are recorded and/or explained in ways that make sense to the supported person. This includes helping the person understand what direct care and support they are eligible for, their level of contribution and how a budget can be spent.*
- 10 *The Principles of Good Transitions are embedded within SDS policy, planning and practice across all sectors as a framework to support young people and families. Transition planning processes have the person's wellbeing, aspirations and personal outcomes at the centre. Young people and their families are given the time, information and help they need to make choices and have control of their care and support as they move into the next phase of their lives.*
- 11 *Supported people moving from one local authority to another can expect their agreed personal outcomes to be met in a comparable way.*

Self-Directed Support Implementation Plan 2019 -2021

Recent research about how well we have implemented Self-Directed Support in Scotland concluded that although progress had been made towards the creation of innovative support and practice, work is still required to embed SDS as the mainstream approach in social care.

The Implementation Plan produced by the Scottish Government suggests three broad areas for improvement in the delivery of SDS across Scotland:

- 1 *to strengthen practical steps;*
- 2 *to change existing systems; and*
- 3 *to promote a culture which values people's rights to direct their own support.*

Plans for services and supports need to take into consideration the views/ideas and aspirations of Leaders and Systems, People and Workforce. Focus is on:

'the views and experience of people, workers and social care support providers... (to) inform and underpin these changes.'

(Implementation Plan 2019-2021, page 8)



Local Context: Education & Children's Service (ECS)

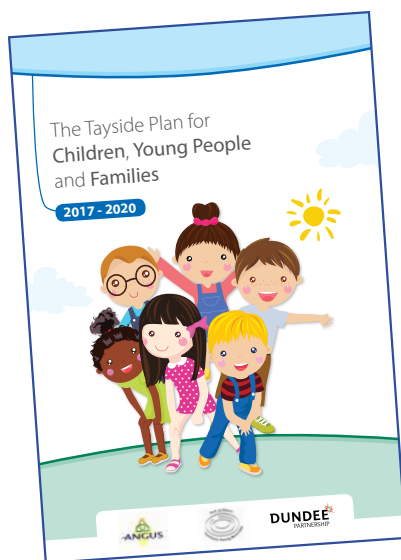
Within Services for Children, Young People & Families (SCYPF), SDS has been part of the improvement agenda which includes Getting It Right for Every Child (GIRFEC). In 2015, the principles of both the SDS Act 2013 and the National Strategy 2010-2020 were implemented within the Children and Disabilities (CAD) Team. This was the start of working with families to promote flexibility and control regarding the support required to encourage all children and young people to achieve their potential. The SDS approach encouraged staff to have 'creative conversations' with children, young people and families about their agreed outcomes as well as identifying what type of support they chose to meet that need.

Locally, the Tayside Plan for Children, Young People and Families outlines the priorities across Perth and Kinross in partnership with neighbouring local authorities in Dundee and Angus. SDS aligns best within Priority Group 4 of this plan which states that:

Our aim is to embed the principles and values of SDS across all services whilst being mindful of the SWS standards. In keeping with the principles identified in the Implementation plan, SCYPF via In Control Scotland have carried out consultations with our workforce and parents giving them the opportunity to tell us how well they think we are doing in our delivery of SDS.

What People Told Us

Most of our staff told us that they understood the principles behind SDS and that the service promoted creativity when supporting the needs of children, young people and families to achieve their identified outcomes. However they also told us that our processes needed to be clearer and more transparent. Our parents also told us that they struggle to find information on SDS, that our systems and processes need to be clearer, more transparent and less complex.



Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people.

(Tayside Plan 2017-2020)

The Four Options

The SDS Act 2013 introduced the four options:



The Local Authority allocates a budget which will be paid to you or a third party. This is known as a direct payment (DP). This budget allows you to arrange the care and support you want and it gives you control over how your needs are met. You can use your DP to pay for services, equipment or activities that meet your social care needs.

If you do not want to manage your budget, Option 2 allows you to choose the care provider you want and the Local Authority will organise and manage it.

The Local Authority identify and arrange the support you need.

This is a combination of Options 1-3.

Self-Directed Support Budget Breakdown in Services for Children Young People & Families

Figure 1: *Percentage of Families Using SDS Options 1-4 for the Children and Disability Team 2019/20*

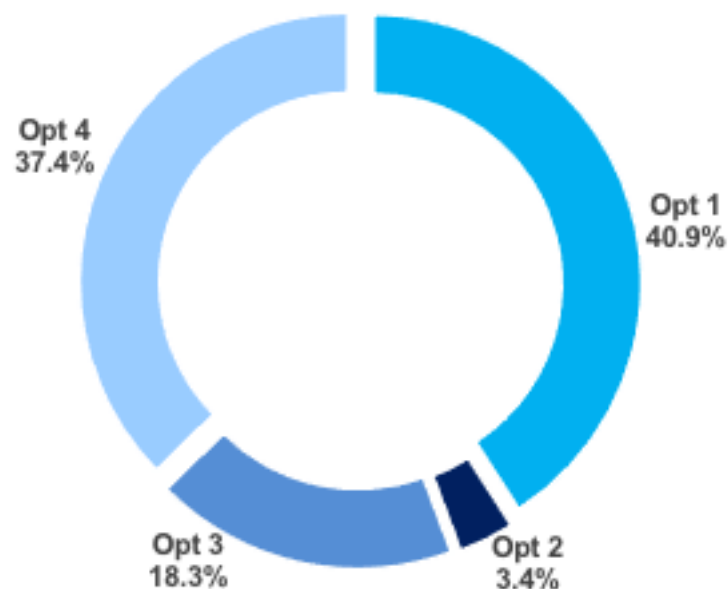


Figure 1 shows that 40.9% of parents/carers and young people in Perth and Kinross have chosen to have their own budget which they use to buy in their own support. This budget is fully managed by the family, and we know that most families use their budgets to fund personal assistants.

Figure 1 also shows us that a further 37.4% of families are receiving a mix of support which is Option 4. (For example, they are receiving a direct payment and a short break at Woodlea.)

Figure 2: Percentage of Families Using SDS Options 1-4 Across Fieldwork Services 2019/20

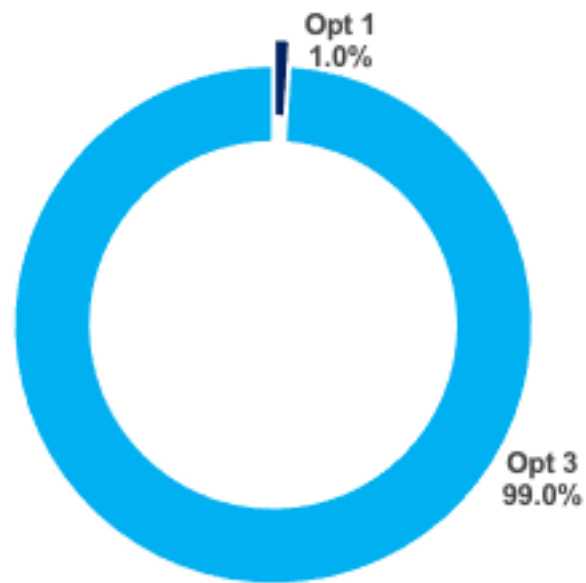


Figure 2 indicates a very different pattern of SDS use in the mainstream children and family teams where Option 2 and 4 do not appear to be used at all.

Figure 2 shows that 99% of service users chose Option 3 as the preferred way to meet identified needs. This might reflect the differing needs of the children and families, specifically where a parent's ability to manage funds is compromised. This may also reflect a training issue that has led to Option 2 and 4 not being properly understood and recorded. There is a requirement to ensure that our staff understand what SDS is and are confident practitioners who can have creative conversations about choice and control.

The principles and values of SDS focus on informed choice and control and our practice in developing services will mean involvement and collaboration with service users and their families where need has been assessed and agreed.

Principles and Values

Involvement

Children/families/carers must have as much involvement as they wish in the assessment and in the decisions about needs and support associated with their personal outcomes.

Collaboration

Practitioners and the person should work together in the completion of the assessment, the support plan and where agreed, the provision of any support.

Informed Choice

The person should receive the assistance they need to help make informed choices based on their eligibility for support.

Dignity and Control

The person's right to dignity is respected. Local Authorities should facilitate this by ensuring that the help needed to participate in and be part of life in the community and wider society is available.

The Principles and Values of SDS

CHOICE

How you live your life and what you do in life.

The principles and values of SDS focus on informed **choice** and **control** and our practice in developing services will mean **involvement** and **collaboration** with service users and their families where need has been assessed and agreed.

CONTROL

Over who supports you, when and where it should happen.

Case Studies



Kim is a 15-year-old girl who struggles with low mood and is socially isolated. Kim has struggled with her weight and had been referred to the NHS POST service due to support her in her management of a weight loss program. However, she found this process very difficult so did not attend and she was subsequently discharged from the service.

Kim is interested in dance but finds it difficult to mix with her peers. She and her mother asked for SDS support to allow her to access one-to-one dance lessons in a small studio with

an empathetic teacher to help build confidence. Kim found this enjoyable and this has increased her fitness level and her motivation to be healthier and more active. Kim's goal is to continue to grow in confidence and increase her dancing skills so she can eventually join the dance group, where she will be able to mix with her peers.

This use of SDS has supported Kim to do something she liked and wanted to do, increase her self-confidence and feelings of wellbeing and to have a more positive outlook in relation to her health.



Scott is 4 years old, he lives with his mum, dad and sister Lucy, age 11. Scott is a bright and chatty little boy who is interested in everything around him. Scott has a rare medical condition resulting in him being profoundly physically disabled with complex health needs.

Scott's parents are skilled in meeting his needs, but the complexity of his needs means they do not have any informal support from friends and relatives.

Scott's parents contacted social work as they felt that Lucy was not getting the attention she needs from them because of Scott's high care needs. For example, they were unable to go, as a family, to watch her in school

performances and as parents they were never getting time together.

Following an assessment of need and discussion with their social worker, Scott's parents felt they would most benefit from a package of support where they are in control of who they get support from and when. The family employ someone they feel confident that they can leave to care for Scott in the house which gives them a break to recharge their batteries and enables them to spend time with Lucy doing activities that Scott cannot take part in.

The Perth and Kinross Strategic Plan

1 *Supported people and carers will have more choice and control.*

Current Situation in SCYPF

- *Information on SDS is available.*
- *Choice and control are encouraged.*
- *Creativity is encouraged.*
- *Support packages are flexible.*
- *Good partnership working with 3rd sector and families.*



What Do We Still Need To Do?

- *Parent/carers, children and young people are involved in all aspects of the SDS conversation.*
- *Partner providers are involved in the SDS conversations.*
- *Parents/carers, children and young people need to tell us what will make a difference to their lives.*
- *Work in partnership with other services to build capacity in universal provision.*



What Will This Look Like?

- *Inclusive and creative support packages.*
- *More knowledgeable service users.*
- *Increased positive reported experiences.*
- *Provision of support packages specific to identified need.*
- *Increased capacity in universal services.*

2 Workers are confident and valued

Current Situation in SCYPF

- Some staff are using SDS confidently.
- Some staff have been trained in SDS principles and practice.
- SDS guidance and support is available.
- Staff are encouraged to be creative and flexible.



What Do We Still Need To Do?

- Consult with staff and identify training needs and develop an ongoing training plan for all staff SCYPF.
- Work to build confidence in having creative conversations with families to promote choice and control over their support.
- Train staff to use a strength-based, outcome-focused assessment.



What Will This Look Like?

- A more confident and knowledgeable workforce.
- Creative packages of support will be provided.
- Children, young people and parents/carers are included and supported in the care they receive.
- Families/carers, young people and children are more in control of the support they receive and have more community-based opportunities.

3 Systems are more widely understood, flexible and less complex

Current Situation in SCYPF

- *SDS process and guidance in place for staff.*
- *SDS is being used well in some areas across SCYPF.*

What Do We Still Need To Do?

- *Feedback on SDS processes.*
- *Encourage active participation by parents/carers re our SDS processes.*
- *Develop eligibility criteria to improve transparency regarding access to services.*
- *Simplify SDS processes which are easy to explain and implement.*
- *Identify and develop meaningful outcome measures with parents/carers/young people.*
- *Ensure access to independent carer assessment in line with Carers Act/P&K Carer Strategy.*

What Will This Look Like?

- *Easily accessed resources for identified needs.*
- *Parents/carers and young people will have a better understanding of decisions regarding their care.*
- *Smooth transition from childcare to adult care.*
- *Improved outcomes for children in need.*
- *Eligibility and assessment criteria publicly available.*

4 Working with communities

Current Situation in SCYPF

- *Good links with education, health, third sector partners.*
- *Communities partnerships exist and work with SCYPF.*
- *Local Trusts delivering universal young people services across Perth and Kinross.*
- *Above the national average of volunteering and community groups active P&K.*



What Do We Still Need To Do?

- *Consult with parents/carers, children and young people.*
- *Work with our partners and service users build capacity.*
- *Promote increased flexibility within existing resources using principles of SDS.*
- *Develop a virtual online platform for parent/carers, children and young people.*



What Will This Look Like?

- *Agencies and individuals will work better together to deliver services.*
- *A joint responsibility for targeted and accessible services.*
- *Established P&K Forum who will understand and promote SDS.*

5 Prevention and early intervention

Current Situation in SCYR&F

- Outreach service in place for early intervention (generic and specialist services).
- Young Carers support/Perth Autism services etc.
- Assessment of needs.
- Parenting programmes and Self-Direct Support is available.



What Do We Still Need To Do?

- Consult and work with our partner providers to identify needs at an earlier stage.
- Increased role for schools in identifying need and liaising with key providers.
- Consult and work with our partners to build capacity.
- Build staff confidence around early SDS conversations in their interventions with families.



What Will This Look Like?

- Parents/carers and young people will receive the support they need at the time they need it.
- Fewer children and families reaching crisis point.
- Mixed provision of support available.
- Families report their ability to manage.
- More children and young people remaining in their communities.
- More Children and Young People with complex needs remaining with their families.

What will Happen? (Outcome)	What do we still need to do?	Person Responsible	By When?	Status
Supported people and carers will have more choice and control	Parent/carers, children and young people are involved in all aspects of the SDS conversation	In Control Scotland/ SCYPF	July 2021	In train
	Partner providers are involved in the SDS conversations	SCYPF	July 2021	To be developed
	Parents/carers, children and young people tell us what will make a difference to their lives	SCYPF/parents Carers		To be developed
	Work in partnership with other services to build capacity in universal provision	SCYPF/Third sector		In train
Workers are confident and valued	Consult with staff and identify training needs and develop an ongoing training plan for all staff SCYPF	SCYPF/In Control Scotland	May 2021	In train
	Build confidence in staff to promote choice and control over any support offered	SCYPF	July 2021	To be developed
	Train staff to use a strength-based, outcome-focused assessment	SCYPF		To be developed
Systems are more widely understood, flexible and less complex	Feedback on SDS processes	In Control Scotland		In train
	Encourage active participation by parents/carers re our processes	SCYPF		In train
	Develop eligibility criteria to improve transparency regarding access to services	Improvement Officer/ Team Leader		In train

Continued

Continued

What will Happen? (Outcome)	What do we still need to do?	Person Responsible	By When	Status
	Identify and develop meaningful outcome measures with parents/carers/young people	Improvement Officer/ Team Leader/Social Workers		To be developed
	Simplify SDS processes which are easy to explain and implement	SCYPF		To be developed
	Ensure access to independent carer assessment in line with Carers Act/P&K Carer Strategy	SCYPF		In train
Working with communities will be routine	Consult with parents/carers, children and young people	In Control Scotland/ SCYPF	December 2020	Complete
	Work with our partners and service users to build capacity	SCYPF		In train
	Promote increased flexibility within existing resources using principles of SDS	SCYPF		In train
	Develop a virtual online platform for parent/carers, children and young people	SCYPF	December 2021	To be developed
Prevention and early intervention will ensure help is provided at the earliest opportunity	Consult and work with our partner providers to identify needs at an earlier stage	SCYPF	July 2021	In train
	Work with schools to help them in identifying need and liaising with key providers	SCYPF	July 2022	To be developed
	Create a confident workforce who can have SDS conversations early in their interventions with families	In Control Scotland/ SCYPF	July 2021	In train

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