

Integration Joint Board 14th March 2024

Subject:	Self-directed Support Learning Review (Phase 2 – Implementation)
Purpose:	To update the IJB on the implementation of phase two of the review of activity to improve the application of Self Directed Support in North Ayrshire.
Recommendation:	Integration Joint Board members are asked to: <ul style="list-style-type: none"> • Note the development work ongoing to improve choice, control and flexibility in the delivery of Social Work services, and • Endorse the approach designed to focus on outcomes and implement the necessary change.

Direction Required to Council, Health Board or Both	Direction to: -	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
SDS	Self Directed Support

1.	EXECUTIVE SUMMARY
1.1	This paper updates the IJB on the learning and findings from a period of review across 2022 and 2023 on how Self-directed Support (SDS) has been implemented across North Ayrshire Social Work services and the areas for transformation in Phase 2.
1.2	The final review report highlights a range of collective recommendations and actions to improve current Social Work practice with SDS being a key change mechanism. The identified actions will be taken forward in partnership with a commissioned research, policy, leadership and service redesign specialist, Horizons Research who were successful following a competitive tender process.
1.3	The SDS Learning Review, the output report, and phase two implementation plan have been agreed by the SDS Review Board and the Partnership Senior Management Team.

1.4	Progressing this work will ensure North Ayrshire Health & Social Care Partnership (NAHSCP) embodies the ethos and principles of the <u>Social Care (Self-directed Support) (Scotland) Act 2013</u> to meet our statutory responsibilities. Equally, it will enhance practitioners understanding and confidence to deliver Social Work which is more responsive and person-centred. This will ensure that people can get the support that is right for them and in a way that supports their dignity and right to take part in the life of their community.												
2.	BACKGROUND												
2.1	The Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on April 1 st , 2014. SDS is the national approach to social care assessment and delivery in Scotland ensuring children, adults and unpaid carers have the fundamentals of participation and involvement, collaboration, dignity, control over their support needs and informed choice when making decisions on the support they need to live their life.												
2.2	Since the legislation was enacted, there have been various national scrutiny and review reports, reporting that SDS has been implemented with variable success across Scotland. The reasons for this range from inconsistency of approach or application, cumbersome process and a focus on budgets. Traditional care cultures are difficult to shift, people are not experiencing meaningful choice with one in four (Source: IRISS: ten years on) stating professionals choose or decide on the support for the person before establishing a relationship, having good and equal conversations and completing an assessment of need.												
2.3	Local information extracted at the beginning of the learning review in 2023 showed 52% of people recorded as not being informed of SDS or the choice being made by the practitioner was not appropriate for the person to be informed of all SDS options.												
2.4	Also, alternatives exist beyond the traditional choice of care at home, care home and building based services, yet mostly traditional support options continue to be delivered. Based on the recorded CareFirst SDS classifications and the information reported through the annual Scottish Government Statutory Source Return for 2022/23 the following figures show those who received a service and how they directed their care over the period of the learning review. These findings are not presented in any way to draw conclusions that individuals choosing Option 3 have not made that deliberate decision or choice in how they would like their care to be arranged.												
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2.5	As result of these findings, an SDS Learning Review was commissioned by the Chief Officer and Chief Social Work Officer in April 2022 to explore the implementation and delivery of SDS and to help services, teams and partners share information, engage, challenge operations, and provide collective learning points on key issues relating to current practice. It was also to ensure NAHSCP has the capacity and ability to deliver on the <u>National SDS Improvement plan 2023 – 2027</u> and SDS <u>National Standards and Framework</u> as well as all subsequent/relevant legislative frameworks for the provision of assessment and social care support.
2.6	From the outset of the review it was evident that within North Ayrshire, there was a desire to bring the focus of SDS, assessment and support planning/support delivery back to the individual person, and the aim of the SDS Learning Review Board was to affect this change by looking at how culture and practice can be altered to make SDS meaningful for those seeking support in North Ayrshire. It is our duty to ensure people are enabled to make the right decision regarding their support needs and staff feel informed and supported to guide and deliver on this.
2.7	<p>The scope for the review was :</p> <ul style="list-style-type: none"> • All Social Work Practice Teams • The design and delivery of the Intake System - <i>this area was paused early in the review due to the service reviewing its service access pathway into services</i> • The policy, procedure and practice framework currently in place to deliver SDS. • Systems and statutory reporting. • Staff development and training.
2.8	The attached report details the learning across the review period and was agreed at the final SDS Board in May 2023. The report was presented to PSMT in July 2023, shared with Extended PSMT in September 2023 and the final recommendations ratified by the PSMT in November 2023.
2.9	This work also supports the workstreams which currently sit within the HSCP Transformation Programme and IJB members should also be cognisant of the national work in relation to SDS including the National SDS plan and the review of the SDS National Standards and Framework.
3.	PROPOSALS
3.1	The attached report describes the commissioned SDS learning review intentions, methodology, what was heard, shared and learned both nationally from critical friends and partners and locally from services and staff.

3.2	<p>Key areas that impact on current Social Work practice and delivery were highlighted and themed under the following topics:</p> <ol style="list-style-type: none"> 1. Varied practitioner understanding of SDS as a delivery tool and the legal framework. 2. The most precious resource is time and there are pressures on this which limit the opportunity for good practice and good/ equal conversations with people. 3. The assessment process is unwieldy and adds little value beyond access to limited resource. 4. The inequity within the system is noticed and causes ethical dilemmas for staff across services. 5. The role of leadership and management in the implementation and application of SDS as an enabling tool is variable.
3.3	<p>Noting the capacity challenges and differing priority of need to take forward actions an assessment of relative priority has been undertaken. Analysis of the learning and findings from the above topics were grouped and prioritised into the recommendations below.</p> <ol style="list-style-type: none"> 1. Create the space and conditions to continue the Social Work/ SDS conversation. 2. Develop and embed an Ethical Care Framework across all services. 3. Invest in workforce learning & development at all levels. 4. Develop clear Information and access to early help and support. 5. Explore Community Social Work Models with a test of change. 6. Explore worker autonomy and delegated decision making. 7. Improve timely and safe transition process and planning. 8. Explore Self-employed Personal Assistant Models with a test of change (Arran). 9. Maintain good governance & report on impact.
3.4	<p><u>Anticipated Outcomes</u></p>
	<p>The strategic partnership with Horizons Research will work on the following recommendations and actions over the next 12 months:</p>
	<p>Continuing the Social Work Conversation (1)</p> <ul style="list-style-type: none"> • Create the space and conditions through setting up, servicing and supporting a Practice Reference Group, offering regular communication, papers to the group, updates on opportunities and challenges, workforce data analysis/ scanning. Key to this is staying connected with those offering best practice nationally and internationally, organising events, speaking engagements, briefing papers and workshops for staff on relevant Social Work topics.
	<p>Ethical Care Framework (2)</p> <ul style="list-style-type: none"> • Undertake a desk-based piece of work researching what an Ethics of Care

	<p>Framework will look like for North Ayrshire, including SDS principles, established national care and SDS standards set out by the SSSC, Care Inspectorate, Scottish Government SDS Policy Team and others.</p> <ul style="list-style-type: none"> • Engage with service areas to self-assess on the degree to which they are modelling the SDS standards and develop practical guidance for consultation with the Practice Reference Group. • Draft a policy paper on where agreed improvements could be made with agreement through governance structures. • To compliment the desktop work, potential for staff surveys, interviews and workshops to help staff to explore their practice.
	<p>Workforce Learning & Development (3)</p> <ul style="list-style-type: none"> • Design, develop, deliver, quality assure and evaluate bespoke training for staff in relation to SDS and other related topics including system leadership programmes.
	<p>Clear Information, Early Help and Support (4)</p> <ul style="list-style-type: none"> • Produce a communication and influencing package focussed on NAHSCP's core messages around SDS. With this, there is potential to build on current approaches to providing clear and accurate information on where to get help, signposting, creation of virtual case studies exploring how individuals in different situations can go about getting the support they need. • Explore the role and function of SDS in the review of how people access Social Care services.
	<p>Community Social Work Model (5)</p> <ul style="list-style-type: none"> • Work has commenced with Iriss – innovation and change partners for Social care services – on consideration of a test of change with Mental Health Services, in the first instance. This model explores a move to relationship-based practice, recognises early intervention, community development and collective activity. Plans to review the impact of this and consider a broader application across other services will be factored in.
	<p>Worker Autonomy (6)</p> <ul style="list-style-type: none"> • Review workforce structures and governance to consider the potential for increased delegated responsibility to frontline staff. • Review and simplify the assessment and review model to focus more on what matters to people at all levels.
	<p>Transition Planning (7)</p> <ul style="list-style-type: none"> • Explore and develop the role and function of SDS as a change mechanism in the current transition pathways work from children to adult learning disability and mental health services. There are apparent synergies of person-centred approaches, collaborative working, time as a key resource, support to unpaid carers and families, requirement for clear information and process with supportive staff relationships and practices.


	<ul style="list-style-type: none"> Consider the full programme of engagement and transformation work and take on board any emerging themes relating to the improvement of SDS across the Extreme Team projects.
	<p>Test of Change: Arran (8)</p> <ul style="list-style-type: none"> Work has commenced with a test of change on Arran with Social Work staff, In Control Scotland, Ayrshire Independent Living Network and Arran CVS with a view to changing social work practice and policy on the use of self-employed personal assistants to deliver care and support. This was launched in Summer 2023, will consider the impact of this and any potential benefits to application across other services and localities.
3.5	<p><u>Measuring Impact</u></p> <p>Progress and impact will be monitored through the following :-</p> <ul style="list-style-type: none"> Service self-assessments linked to National SDS Standards as a basis of what 'good' looks like. Engagement approaches with staff through the Practice Reference Group. Performance monitoring of the implementation plan and above anticipated outcomes at 3.2. Quality assurance and agreed measurements through NAC contract monitoring linked to the tender proposal and anticipated outcomes at 3.4. <p>Regular updates will be presented to the HSCP PSMT for continued oversight and direction with escalation to SWGB where required.</p>
4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>The continued demands on services has led to the need for earlier intervention. Appropriate use of SDS at an earlier stage should be viewed as a clear strategy to support people in their community.</p>
4.2	<p><u>Human Resources</u></p> <p>The capacity required to affect this transformation has been secured with the commencement meeting having taken place on 23rd February 2024. The SDS team within the HSCP will also support the Phase 2 programme of work.</p>
4.3	<p><u>Legal</u></p> <p>North Ayrshire Council have duties under the <u>Social Care (Self-directed Support) (Scotland) Act 2013</u>.</p>

4.4	<p><u>Equality/ Socio-Economic</u></p> <p>SDS should allow greater choice and control for people requiring social care. It ensures a more personalised approach where people seeking support are equal partners in decisions about their care.</p> <p>The learning review and output report presents evidence about the different approaches, experiences and barriers of SDS delivery in North Ayrshire and this has increased our understanding and awareness of how the current Social Care system supports or prevents some people from receiving choice and control to achieve their personal outcomes.</p> <p>There is strong evidence that processes and systems have not kept pace with the ethos and values of SDS. This has a huge impact on equality, and the actions contained within this report aim to ensure fairness and parity are embedded in the offer of support to everyone.</p>
4.5	<p><u>Risk</u></p> <p>The Social Care (Self-directed Support) (Scotland) Act 2013 outlines a number of responsibilities for Local Authorities in relation to social care assessment and delivery in Scotland. The areas of work outlined in the Phase 2 SDS review and priority actions therein will result in North Ayrshire being in a stronger position in relation to providing assurance that practice aligns with the requirements of the Act.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>NAHSCP faces a range of social care and economic challenges in the delivery of day-to-day care and support for those who need it most.</p> <p>This update, proposal and actions offer a new approach to social care delivery with a focus on Community Development and Community Social Work which are grounded in the principles of empowerment, inclusion, self-determination and human rights and seeks to strengthen communities to develop their full potential. Social Work services being more present and visible in our communities and getting to people further ‘up the stream’ leads to earlier help and support being accessed, improved wellbeing and tapping into the wealth of opportunities and resources on our doorstep across our local communities.</p> <p>SDS is a policy driven by the recognition that people have a right to choice and control relating to where, how and when they will be supported to live their life. It is also a mechanism that can allow flexibility of resource in terms of how people use their budget to secure support to meet their social care needs, some of which could met through more local organisations, agencies and activities.</p>
4.7	<p><u>Key Priorities</u></p> <p>The amount and level of work requiring action is complex with interdependent recommendations and actions.</p>

	<p>The output from priority discussions with senior management staff was largely similar and most agreed that the recommendations to take forward primarily are:</p> <ul style="list-style-type: none"> • workforce learning and development • clear information, early help and support • development and embedding of an ethical care framework • continue to explore community social work approaches • worker autonomy <p>With a firm understanding that governance and reporting are essential to ensure continued quality assurance and supportive direction.</p> <p>Progress has been made with a few of the recommendations already through exploring community social work approaches and the test of change for introducing self-employed personal assistant services on Arran.</p>
5.	CONSULTATION
5.1	<p>The recommendations and actions within this report have been discussed and approved through appropriate governance routes including the SDS Learning Review Board supported by local partners, independent external advisors, HSCP staff and lived experience advisors, dedicated HSCP staff project groups, PSMT including wider SMT and SWGB.</p> <p>A Practice Reference Group will be established to ensure staff stay involved and connected with developments on person-centred workforce planning, process and system design whilst creating the conditions and culture to continuously engage, develop and learn.</p>

Caroline Cameron, Director

Scott Hunter, Chief Social Work Officer/
Kimberley Mroz, Manager – Professional Standards (SDS/ Carers), kmroz@north-ayrshire.gov.uk



Self-directed Support Learning Review (Phase one)

April 2022 - April 2023



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Summary of Recommendations & Actions

Continuing the Social Work Conversation

- Establish a Practice Reference Group to ensure staff remain part of the emerging change and redesign.
- Continue to nurture connections made across the learning review with a view to understand the complimentary nature of community-based support.

Ethical Care Framework

- Draft, publish and embed an Ethics of Care Framework.
- Review, draft, publish and embed processes and practice guidance taking a person-led approach.
- Apply effective learning through relationships to change the system to better support people whilst recording and reporting what matters.
- Review the recording documents on Eclipse platform to ensure all services fall in line with emerging and future approaches to planning & delivering support.

Workforce Learning & Development

- Invest in the delivery of tiered awareness, understanding and training for all levels of social care staff to better support the needs of people using social care services.
- Establish and embed the foundations of effective supervision practice.
- Identify resource for additional capacity to implement findings of the review in phase two.

Clear Information, Early Help and Support

- Develop, publish and maintain easy to access, clear, correct information.
- Drive 'The Same Message' approach across all services, teams and staff to improve consistency.
- Alongside our investment in carers services IT work with Unity, explore and improve the use of technology and social media as a channel for information sharing and enhancing community links.
- Include the application of SDS as part of any wider review of the front door to Social Work services.

Community Social Work Model

- Establish a Community Social Work steering group, supported by Iriss to explore, imagine, shape and realise a test of change with the Mental Health Service, in the first instance, with plans to review the impact of this and consider a broader application.
- Identify additional resource to support the outcomes from the Iriss project supporting the development of CSW in North Ayrshire.

Management Model & Worker Autonomy

- Review the management model and governance to increase delegated responsibility in support and fiscal decision making.
- Review and simplify the assessment model to focus more on what matters to people.

Transition Planning

- Consider the full staff engagement output and take on board any emerging themes relating to the improvement of SDS across the Extreme Team projects and all services involved.

Test of Change: Arran

- Co-produce a test of change on Arran with Social Work staff, In Control Scotland, AILN and ACVS with a view to changing social work practice and policy on the use of self-employed personal assistants. A review of the impact of this will help consider a broader application across other service areas.

Governance & Reporting

- Service delivery and its associated developments in relation to SDS remain accountable to the Integrated Joint Board (IJB) and North Ayrshire Council. Quarterly scheduled updates will be tabled at PSMT for continued oversight and direction with escalation to SWGB and IJB where required.

1. Introduction & Background

- 1.1 This report presents phase one of the North Ayrshire Health & Social Care Partnership (NAHSCP) Self-directed Support Learning Review (SDSLR). The report brings forward local and national learning and a set of collective recommendations for further exploration and implementation.
- 1.2 The learning review was commissioned by the Chief Officer and Chief Social Work Officer in April 2022 to explore the implementation and delivery of Self-directed Support (SDS) across all services in North Ayrshire.
- 1.3 The Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on April 1st, 2014. SDS is the national approach to social care delivery in Scotland ensuring people have the fundamentals of participation and involvement, collaboration, dignity, control over their support needs and informed choice when making decisions on the support they need to live their life.
- 1.4 However, since the legislation was enacted various scrutiny and review reports [Audit Scotland](#), [Care Inspectorate](#), [IRISS: ten years on](#) have been published. They broadly say SDS has potential for positive transformation but that it has been implemented partially and inconsistently. Evidence shows that few areas across Scotland have embedded SDS well, while most are challenged to make the changes required for successful SDS implementation.
- 1.5 Dominant narrative is inconsistency of approach or application, cumbersome process and a focus on resource. Traditional care cultures are difficult to shift, people are not experiencing meaningful choice with one in four (Source: IRISS: ten years on) stating professionals have already chosen or decided on the support for the person before completing an assessment.
- 1.6 From the outset it was agreed that within North Ayrshire, there was a desire to bring the focus of SDS and support planning/ delivery back to the person, and the aim of the Board was to affect this change by looking at how culture and practice can be altered to make SDS meaningful for those seeking support in North Ayrshire. It is essentially our duty to ensure people are enabled to make the right decision regarding their support needs and staff feel supported to guide and deliver on this.

2. Purpose

- 2.1 The learning review was established to help services, teams and partners share information, engage, challenge operations, and provide collective learning points on key issues relating to the current practice of SDS.
- 2.2 It was also to ensure NAHSCP has the capacity and ability to deliver on the National SDS Standards and subsequent/ relevant legislative frameworks for the provision of assessment and social care support.

- Social Work (Scotland) Act 1968
- NHS Community Care Act 1990
- Adult Support and Protection (Scotland) Act 2017
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Children (Scotland) Act 1995
- Children and Social Work Act 2017
- The Social Care (Self Directed Support) (Scotland) Act 2012
- Public Bodies (Joint Working) (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Community Care and Health (Scotland) Act 2022

2.3 The learning review considered current practice and delivery, self-evaluation, current research and best practice and brought forward the learning from this activity. The review had within its scope the following areas:

- All Social Work Practice Teams (inc. mental health, hospital team etc.)
- The design and delivery of the Intake System
NB: Unfortunately, this area was paused early in discussions along with affecting change in wider Children & Family Services due to timing, current developments on whole family wellbeing fund and embedding of the Signs of Safety model as well as the new Eclipse system. Plans to review Service Access – North Ayrshire’s front door to Social Work were already on the radar. However, the aim was to identify how people find out about SDS and how they are dealt with, when making an inquiry and it was felt that this should not be lost. It was suggested to look at how people access services as a whole in North Ayrshire across communities, and not just from a partnership perspective.
- The policy, procedure and practice framework currently in place to deliver SDS.
- Systems and statutory reporting.
- Staff development and training.

2.4 All other areas of service delivery were beyond the scope for this review but there was cognisance that other areas may be touched on. It was also mindful of work on a pan Ayrshire context. The review was also happening in tandem with Social Work services being part of a living/ changing system.

2.5 The SDSLR Board was established to seek sources of learning for further exploration as well as strategic guidance and oversight to co-ordinate the recommendations made in this report as a result of the learning.

3. Governance

3.1 The learning review established a Board to provide advice, support and direction to inform recommendations for future decision making to the Chief Officer, Head of



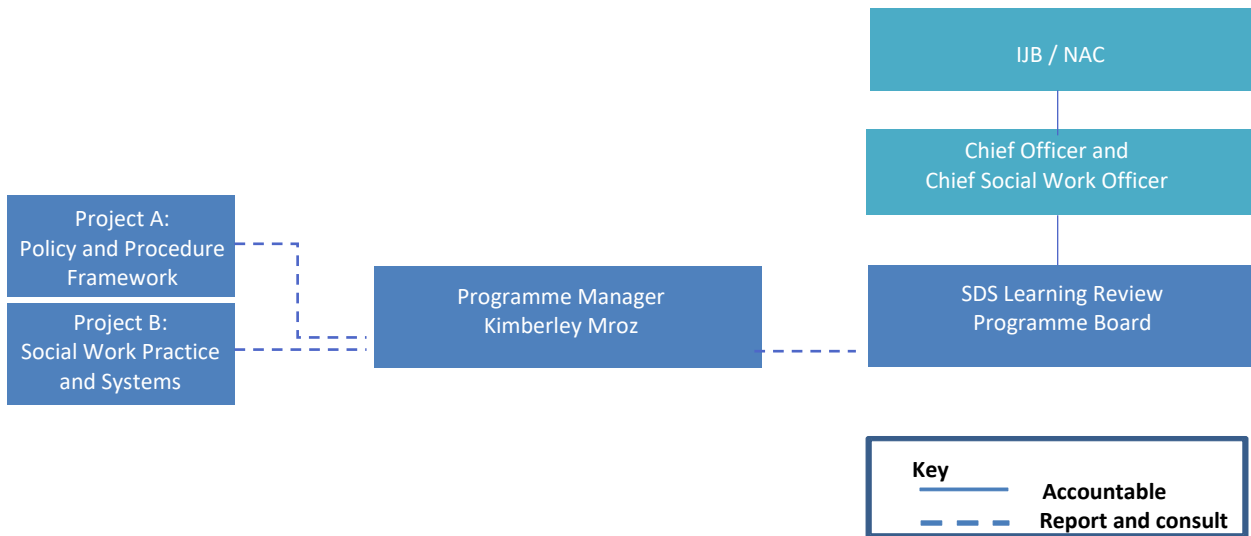
Health & Community Care, Head of Mental Health Services and Head of Children, Families and Justice Services.

3.2 Board membership included the representatives noted below which NAHSCP would like to extend great appreciation to for their time, enthusiasm, encouragement and valuable thoughts, contributions and connections.

Representing Group	Name	Title
North Ayrshire Health & Social Care Partnership	<ul style="list-style-type: none"> • Caroline Cameron • Scott Hunter • Paul Doak • Thelma Bowers • Alison Sutherland • David Allan • David Thomson • Betty Saunders • Neil McLaughlin • Kimberley Mroz • Karen Campbell 	<ul style="list-style-type: none"> • Chief Officer/ Chair • Chief Social Work Officer/ Vice-Chair • Chief Finance Officer • Head of Service Mental Health • Head of Service Children, Families & Justice • Senior Manager Health & Community Care • Head of Service Health & Community Care • Senior Manager Contracts & Commissioning • Manager Performance & Systems • Manager SDS & Carers Admin for CSWO
Partners	<ul style="list-style-type: none"> • Evelyn Gilchrist • Sharon MacLeod • Vicki Yuill 	<ul style="list-style-type: none"> • Service Manager AILN • L&D Officer AILN • Arran CVS
Independent External Advisors	<ul style="list-style-type: none"> • Colin Turbett • Pauline Lunn 	<ul style="list-style-type: none"> • Common Weal, Author & former Social Worker • CEO In Control Scotland
Lived Experience Advisor	<ul style="list-style-type: none"> • Peter Joyce 	<ul style="list-style-type: none"> • Chair of AILN

3.3 Service delivery in relation to Social Work remains accountable to the IJB and North Ayrshire Council. Periodically the review was also reported through the Partnership Senior Management Team (PSMT).

Self-Directed Support Learning Review Programme Structure:



4. Methodology

- 4.1 The learning review was commissioned to explore the implementation and delivery of SDS across all NAHSCP services.
- 4.2 A mixed method of quantitative and qualitative approaches was used in the learning review to include as much breadth and strength as possible to consider ‘how we got to this point of practice and support delivery’. This allowed the learning review participants to explore various perspectives, express feeling and uncover relationships that exist between elements of practice and services.
- 4.3 Stage 1 - learning and analysis began with data collection from the CareFirst case management system and the Scottish Government Source Returns to gain an understanding of the level of assessment and support activity progressing through teams. Numbers of assessments, support plans and reviews completed. The offer and uptake of SDS options. Consideration of timescales at junctures of people’s support journey as well as how many steps or interactions it required until someone receives the support they need.

- 4.4 Stage 2 - Explanatory information was sourced from each service and/ or stakeholder who presented an input at each Board meeting.
- 4.5 Stage 3 - Branching project/ focus groups were established to create a space and environment for sharing practice, exploring opportunities and challenges and generally generating discussion about commonalities and differences across work. The projects aimed to:

- Understand the needs, rights and preferences of those using and delivering Social Work services.
- Understand the learning process through shared critical analysis, challenge of evidence and where required, achieving consensus.
- Consider the conditions required for change to happen.

Project A: Policy & Procedure

Consider a policy framework that is overtly compassionate and rights based with the aim to review and rewrite, where necessary, the policy and procedure framework that guides service delivery.

Project B: Social Work Practice & Systems

Consider how to improve and develop core practice. Explore value base and principles. The role of the National SDS Framework & Standards as a basis for consistency, learning & development.

The projects were facilitated by independent chair/ co-chairs and a range of resources to assist and direct group discussions are noted below. Others were sought and shared as requested by the projects across the lifespan of the sessions.

- [Statutory guidance to accompany the Social Care \(Self-directed Support\) \(Scotland\) Act 2013 \(sdsscotland.org.uk\)](https://www.sdsscotland.org.uk)
- [Social Care Support: An investment in Scotland's people, society, and economy: Self-Directed Support Implementation Plan 2019-2021 \(www.gov.scot\)](http://www.gov.scot)
- [Self-directed Support Framework of Standards, including practice statements and core components \(www.gov.scot\)](http://www.gov.scot)
- [Community social work in Scotland | Iriss](https://www.iriss.org.uk)
- [What is care.pdf \(dundee.ac.uk\)](http://www.dundee.ac.uk)
- [Community Development and Health Network | \(cdhn.org\)](http://cdhn.org)

- 4.6 The projects expressed survey fatigue with some members suggesting workshop or engagement sessions as preferred. There was also a sentiment of wanting to hear and understand senior leaders thinking and reasoning. There was desire to hear the message of change first hand. However, due to a level of time constraint at this stage of learning a set of open survey questions were loosely framed and responded to in the monthly project meetings (See Appendix 1). As the project implementation phase comes along there will be more and varied opportunities for face – face



engagement to ensure the breadth of staff and service voices are being heard and the message from directorate is clear.

- 4.7 The review also used policy analysis linking to National and Scottish Government policy including the Independent Review of Adult Social Care, The Promise, The National Care Service Bill, Carers Legislation, BASW Code of Ethics, the revised published SDS Guidance and the SDS Framework of Standards.
- 4.8 The mixed method helped gain greater understanding of often complex human based situations for people in our communities requiring support and for staff working through the rigid systems that are party to Local Authority, social work practice.

5. Review Findings – What did we hear and learn?

- 5.1 The report can reflect some of the national research findings on the implementation and offer of SDS and how they compare with North Ayrshire Health & Social Care Partnership services.

The Audit Scotland 2017 Report advised people approaching Social Work services need better information earlier to help them understand who Social Work are, how we can help them and what choices they have in order to make informed decisions on the help they need to live their life.

Many people receive good support from Social Work teams and there are examples of people directing their support in flexible and creative ways, but this is not always the case equally for every person who seeks help and support.

People are not always aware of all their options and the impact these could have on their life, and others are having care choices automatically made for them. Information from CareFirst extracted at the beginning of the learning review showed 52% of people recorded as not being informed of SDS or the choice being made for them that it is not appropriate to be informed of SDS.

- 5.2 Alternatives exist beyond the traditional choice of care at home/ care home-based services, yet traditional support options continue to be favoured. Based on the recorded CareFirst SDS classifications and the information reported through the annual Scottish Government Statutory Source Return the following figures show those who received a service over the period of the learning review.

<u>2021/ 22</u>		<u>2022/ 23</u>	
Option 1	196	Option 1	198
Option 2	156	Option 2	152



Option 3	6685 (uncleansed)	Option 3	2602 (cleansed)
Option 4	33	Option 4	116

5.3 SDS: Ten Years On (Iriss: 2021) reports that processes for delivery of SDS are often bureaucratic and unwieldy, with the voice of the supported person not being fully heard. The current SSAQ paperwork it is felt is cold, has no place to tell the person’s story and begins from a point of deficit. The process for Option 1 – Direct Payment in Community Care Adults is 14 steps from the point of Assessment & Support Plan sign off. The Option 2 – Individual Service Fund pathway from start to finish is 22 steps. The Independent Review of Adult Social Care in Scotland by Derek Feely Recommendation 7 is the process to aspire to and states,

“A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people’s heads and must enable a full exploration of all SDS options that does not start from the basis of available funding.”

5.4 Social Work services have all been working tirelessly against a backdrop of COVID19, changing national policy and decision making and austerity. These factors have caused limited resources and pushed eligibility levels higher over the years with little sign of early and effective preventative support. The Independent Review of Adult Social Care in Scotland again describes eligibility criteria as one of the main barriers to accessing social care. The starting point for people means they must be in critical need or at crisis point in their life to receive support and there is no or little focus on prevention and early intervention. Across North Ayrshire services eligibility criteria is set at substantial and critical and priorities are on these criteria levels and cost above working with people to plan support and ensure the best quality. It is the Independent Review’s Recommendation 3 noted below that North Ayrshire services should prepare for;

“People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.”

5.5 This is why, even more so now, conversations and support decisions need to remain centred on the person, with provision of information and support at all levels and clarity of Social Work’s role, inclusion of what informal community based options may be available as SDS regulations allow, and come less from the point of eligibility, resource and limited menus of services.

The following sections further detail some of the practice, culture, reasoning and reflections on how support is offered and delivered in North Ayrshire.

5.6 PROJECT WORKSTREAMS

The review commissioned branching workstreams to explore SDS policy, procedure, current practice and systems. The workstreams aspired to explore research and frameworks that were overtly compassionate and rights based. They also hoped to consider staff wellbeing and learning along with the National SDS Standards & Framework as a guide to best practice or what 'good' looks like.

It became clear early into the monthly workstreams that the original aims were extremely ambitious and much of the conversations overlapped. The time allotted did not allow for physical or material changes of processes and systems. Assurance was relayed to the workstreams that this was a stage of learning and sharing, if that was what was achieved through the groups then we would take this learning with thoughtful solutions/ suggestions through to development and implementation phases.

It also became quickly evident that not all conversation and sharing related solely to SDS. Equally it was stated SDS was not the sole answer to all issues and concerns. Many of the topics raised or discussed went further or deeper than the practice of SDS and was usefully termed by one colleague as 'the bedrock' of what needs to improve such as workforce culture, time for learning reflection evaluation and debriefing, effective relationship building, confidence and trust, improved communication, connecting back into natural community resources and less silo working. The review also began to identify synergies with developments in Learning Disability Services and Transition Planning.

Opportunities

Staff approached the workstreams as a positive opportunity to strip SDS back to basics and rebuild in a user-friendly manner. SDS was referred to being about offering information, choice and support at all levels and not just offering services at critical levels.

The projects allowed staff time to pause and look at national guidance and pockets of good practice e.g., Children with Disabilities (National exemplar) or Getting it Right for Every Citizen (Inverclyde), Community care activity (Borders), Resource Allocation (East Dunbartonshire), Assessment tools (Liverpool).

One project shared that most staff understand SDS and the four options. All agreed that the principles of SDS were driven by "good conversations and relationship based, community social work but the system does not reflect nor allow this.

Staff want to be an integral part and engage on decisions and developments on the assessment tool and process development, the resource allocation and budget authorisation.

Staff are hopeful to explore a consistent approach with a pathway to fit all people seeking support, but some are unsure if this is achievable or the right thing to do.

Staff clearly expressed more than once the desire for autonomy to allow them to make the right decisions or consider creative/ flexible options for people.

All agreed the need to improve current information and processes to improve outcomes for people requiring support.

There was also a reminder expressed for time to engage and gain experience from people, families, carers and third sector, private providers, service delivery partners – who were not at the table in this learning phase.

Challenges & Current Practice

Staff shared openly the issues, concerns and barriers in their daily practice:

- ***Understanding SDS***

It was expressed there is a mismatch between guidance and practice and ethos and the reality of implementation.

A recurring issue is the lack of consistency in understanding and practice meaning services often ‘improvise’ at individual level which feels unprofessional and can lead to lack of confidence. Misconceptions were shared around what SDS is e.g., some think SDS is Option 1 – Direct Payment or refer to SDS when they mean Option 2 – Individual Service Fund (ISF). Language around SDS and the mechanics of assessment and the provision of support needs to be simpler for staff and the people requiring support. SDS is everything we deliver as a HSCP including traditional arranged services (option 3). It covers all children and family services, mental health and addictions. SDS was born out of the disability, human rights, and equalities movements but does not solely apply to community care adults, older people or people with a disability. Staff indicated a concern that some people would be overwhelmed if presented with SDS options, that it was complex to explain, and they dreaded the thought of lengthy processes for sign off.

Existing information and resources do not reflect the HSCP’s offer of SDS well enough. Accessibility of materials was also highlighted as a concern, both in terms of their presentation, and the routes for getting them.

Mandatory awareness, learning and training for staff on SDS was expressed as needed. Although it was highlighted in one workstream that good training on this already exists.

There was also a suggestion that in many circumstances, individuals and families just want others to ‘sort it’.

- ***Assessment, Conversations & Time***

Both workstreams expressed the current assessment paperwork is cumbersome, not outcome focused, does not encourage a warm conversation or the ability to tell someone’s story to get to the crux of what is important to them. Conversations and

assessment remains predominantly time/ task/ resource led. Where there are frequently changing needs or a change of option for directing support, it is impossible to keep up with paperwork and process.

The scale of waiting lists for assessment, resource release and available service for older people is problematic. The critical nature and volume of work it was stated just causes strain.

Time was a common thread through both workstreams in relation to its importance and the (actual or perceived) lack of this resource to meaningfully connect, build rapport and have good conversations with people. Similarly, effective relationships were also a common theme. These were expressed as some of the critical success factors in the approach embedded in Children & Families with Disabilities Service who also shared their assessment framework as an alternative more in keeping with the ambition and ethos of SDS.

With the recording of assessments, the move to Eclipse feels like shifting more of the same to a different system and not an opportunity for real change.

- *Community Support, Flexibility and Support Restrictions*

Through the allowance of time and good conversations staff would be better able to identify the reality of someone's support needs. Examples were discussed in the context of older people's services with the route often being isolation or loneliness. The role of the community as a source of connection, wellbeing, respite and support is often being missed because the right questions are not being asked in the right way and the level of knowledge of what is available in local communities can be lacking.

Day Services are a genuine option and part of this, in as much as they can/should provide a route to diverse activities within communities.

It was noted that SDS is a response to need, but not always the right one, conversations around support need to build towards consideration of that and look first at non-statutory solutions, as opposed to using resource as a starting point.

Inequity in the level of resource and support offered to different age and care groups was raised as was the lack of flexibility in respite at home or overnight support meaning people/ families only have one option – residential/ nursing care home placements.

An example was within Children & Families with Disabilities, the Team Manager approves and makes support and budget decisions, and support is reviewed regularly whilst in Community Care Adults/ Older People Services reviews are not as regular and budget and support decisions are made at a higher level making the process slower. Some shared that approval decisions could be viewed as discriminatory by some e.g., Mental Health Services approve a gym membership for a young male, but this would not be approved in other services. This was highlighted as a particular

issue in relation to people in transitions, where real issues could be experienced in identifying supports for an individual, unless their existing package moved with them.

A more basic issue is the general availability of services with further care and support services closing due to inability to recruit, cost of operating and financing the service, sustainability etc. the deterioration of choice is adding to the strain of support planning and delivery, but this is where opportunities may be found upstream in the wealth of local communities.

Limits were also seen in the availability of Care at Home services. Vacancies are at an extreme high. It was suggested that there was in effect a 2-tier system, those who choose to access private providers; and those who choose to access Council services but must wait longer as a result. Contrasting with this was the suggestion that accessing care via Option 3 – arranged services can be quicker than via option 1 or 2, due to the wait times required for sign off, in part linked to concern over tightening or lack of budgets.

The Catalogue of Rates framework was seen by some as restrictive and perhaps just gets in the way of choice and getting the right provider for someone. Many staff are unaware they can look 'off framework' for private provider services. However, some feel commissioning under Option 2 – Individual Service Fund is difficult as many of these services/ supports do not go through the same checks and balances as those commissioned through Option 3 – arranged services. Conversely, this is where levels of choice and control should be embraced with requests not limited to private providers especially for social opportunities and having meaningful things to do in and around communities.

- *Inequity*

Inequity was expressed across several factors. In the level and type of support offered to different age and care groups with some in receipt of support quite quickly and others waiting e.g., 6 months for support to receive a shower.

There are differing budget limitations and thresholds between children, adults and older people. Resource Allocation Systems was a common topic which it is felt there is little clarity and transparency around. There is currently a resource allocation for adults which is an equivalency model attached to the completion of the SSAQ assessment with monetary values linked through an algorithm to IoRN (older adult assessment tool) scoring questions throughout the assessment. It is frequently expressed this is not fit for purpose for larger, complex support requirements as the upper thresholds stop calculating at a certain limit. It is for these and other reasons, Children with Disabilities Service devised a service specific banding resource allocation also based on a specific criteria and points which convert to a level of budget. Through the process of regular review the individual budget can be altered to meet changes.

Across private providers, rates vary depending on service area, condition or age creating inequity, and PA roles receive the lowest hourly rate meaning it is often

difficult to recruit through Option 1 – Direct Payment and people are forced into the use of private providers.

The lack of flexibility and agreement for respite at home or overnight support means people/ families only have one option – residential/ nursing care home placements.

- **Culture and Leadership**

Many practical issues have been raised throughout the project workstreams in terms of paperwork, resource release, information and training but it is necessary to recognise the importance of the ethos of SDS, a strong value base, an organisational culture that supports this way of practising and crucially buy-in from all leaders at all levels. This question continues to be asked throughout the lifespan of SDS being active in North Ayrshire and has been met with varying response and appetite. The SDS Board and its members assured through one-one service discussions that this is an essential and necessary piece of work to affect change for the better of the people in our communities and the staff who choose the career pathway of Social Work.

From the outset the projects requested a guarantee and commitment from the Board to make any necessary changes to the information and systems underpinning SDS that are identified by the work of the groups. Board confirmed their commitment to consider all suggestions and undertake the necessary change required to improve how we deliver support in North Ayrshire.

Board enhanced this by agreeing a statement of common value and purpose. The session was hosted by Pauline Lunn – CEO In Control Scotland.

“We believe that North Ayrshire’s citizens should have a good and meaningful life in their community, where they can choose high quality support to help them achieve it. We recognise that to achieve this, change needs to happen.

We will work collaboratively with everyone involved to:

- **Uphold people’s right to self-determination by removing the barriers that people face to having choice and control in their lives.**
- **Better utilize the assets, strengths, resources we already collectively have.**
- **Improve life chances for all, both now and in the future.**
- **Achieve equality, excellence, and equity.**

5.7 RURAL & ISLAND LEARNING

The Board heard from our colleagues and partners on Arran which hosts a population of 4,509 (as at 2020) with 377 people in receipt of social care support at the time of reporting (August 2022). The favoured SDS route is option 3 for support arranged by NAHSCP with 360/ 377 receiving this.

Vicki Yuill - Chief Officer, Arran Community and Voluntary Service and Collin Adams – Team Manager of the multi-disciplinary SW Team presented challenges and solutions namely, geography, demography, accessibility/ travel, economics and a lack of care services for the Island with NA CAH working to capacity and struggling to recruit/ retain. Independent agencies (AILN, PIP, CBN) are active in spreading the

SDS message and interaction with these partners is positive but there remains a lack of awareness of the impact of SDS, choice and control for people and their carers/ family. There are 16 people directing their care via Direct Payment – SDS option 1 on Arran with most Personal Assistants (25 identified at time of reporting) known. Others less known are choosing self-employed private care arrangements which has brought inequity in choice and pay/ hourly rates. Delays in securing support are often the result of lengthy process, resource release waiting times, eligibility only at crisis point, guardianship and PVG all meaning early or preventative support is not possible. Staff are often frustrated as there is an empty offer at the end of the support planning conversation and a feeling of not meeting the duties of choice and provision of support.

Arran citizens and services are keen to be involved in progressing local solutions for future care. A focus on community and at home support is needed to adapt to current and future needs. Processes need to be shorter/ smarter. Resources need to be closer to the people. To match the MDT a hybrid workforce providing multiple supports would benefit.

There is a clear economic challenge on Arran and generally a capacity issue both in recruitment and volunteering. From a commissioning point, NAHSCP can go out to market to source independent support provision but would need to be realistic about the actual cost taking into consideration property, staffing, travel and cost of living.

The themes highlighted are not new and apply across all North Ayrshire areas, but Board agrees the risk can be exacerbated by rurality.

Solutions to open options for support have already commenced with the Arran test of change to promote the use of Self-employed Personal Assistants.

In North Ayrshire, the policy decision was taken some time ago to not promote the services of self-employed personal assistants due to a range of perceived risks to people and lack of clear information from HMRC/ Scottish Government. Namely, the employment status of the personal assistant. HMRC still does not provide clarity on the status of a self-employed PA. It can vary depending on how the self-employed PA completes their online assessment for status. These have been difficult points that the majority of HSCP's/ LA's have similar concerns on.

Conversely, in recovering from COVID19, pockets of support provision and the ability to recruit into the care sector has been extremely difficult. This has resulted in a lack of options and choice for people requiring support.

It is also noted that arranged support through North Ayrshire care at home service is struggling and as a result people are choosing Option 1 Direct Payment or Option 2 – Individual Service Funds more as a potential route to secure support quicker or to receive support in the manner they want it to be delivered.

There are circumstances where the residents on Arran have purchased care from their own funds and secured high quality, suitable self-employed personal assistant

support. When assessed eligible support became available, they were then unable to continue with their choice of self-employed support due to the HSCP's legacy decisions. Thus, limiting choice and options for care and support.

The proposition of utilising Self-employed Personal Assistants on Arran will help determine on a smaller scale whether this could result in a sustainable long-term change and open the option to the mainland future DP recipients, following a period of learning.

A working group is established to expand social work practice and improve policy. Early discussions have been on SDS generally, assessment and support delivery on Arran, and what the opportunities and barriers are for Self-employed PA's as an option for arranging care. The group believe the positives outweigh the negatives as an option.

Pros

Cons

Increased options and choice of care solutions/ wider pool.	Self-employed staff stipulate duties, hours, cover, holidays, pay rate with a fear of setting precedent
Increased empowerment for the person requiring support	HMRC duties of confirming employer status, tax, NI set up which is complex to navigate
Increased trust/ effective relationships	Nonregulated workforce
Continuity of quality care	
Improved flexibility for the person	
Improved flexibility for workers who often work by the restrictions of 4 on/ 4 off rotas	
Staff do not need to be qualified or in the care field as some roles may be for the provision of social support, befriending, check in visits	
Local solutions for local needs	

For measuring progress and success of the test 3 aims are proposed with the Arran Social Work team considering others:

- reduction of waiting times for support
- increase in choice & control with people feeling they have more options
- increased confidence for staff in the offer of support options.

The proposition of utilising Self-employed Personal Assistants on Arran will help determine on a smaller scale whether this could result in a sustainable long-term change and open the option to the mainland future DP recipients, following a period of learning.

5.6 COMMUNITY CARE LOCALITY SERVICE

Team Manager colleagues Anne Locke (Irvine) and Laurie Cox (North Coast) from Community Care Locality Teams joined the Board in February 2023 to share SDS practice within older people and physical disability services.

It was appreciated that both colleagues brought in learning from case studies and people they supported first hand. It allowed the facts and process to become more real-world and showcased the values and principles applied in daily practice.

The examples revealed Option 1 – Direct Payment and Option 2 – Individual Service Fund choices working well for older people and those with physical needs. The support presented in one respect still felt time and task oriented but was co-produced by Personal Assistant staff who helped identify what the person needed. Another example also demonstrated true promotion of independence which is key. It also revealed real connection, compassion and effective relationships being built and this is what social work is built on. Teamwork alongside individuals and their families is important but often there is not enough time to foster those links due to crisis and firefighting.

Reflections from the service Senior Manager – David Allan confirmed that the examples shared are representative of the differences and challenges for the service and staff in supporting older people or those with physical complexities. The issue around time to build connections unfortunately is counterbalanced by waiting lists and a need to find balance, often amid emergency situations. Continuity of care is an aspiration but not often possible from a point of caseload management and volume. It was also recognised that not all people seeking support and their families are engaging and have often multiple complex circumstances in the background, this can make it difficult to communicate and build necessary relationships.

5.7 CHILDREN & FAMILIES

The Board in January 2023 welcomed Karen McIntyre – Team Manager Children & Families with Disabilities Services. Karen is also an independent consultant and trainer in SDS/ Support Planning. Karen is a facilitator on Partners and Policy Making and co-author of In Control Scotland's Support Planning Tool.

The Children with Disabilities Team have engaged with and embedded SDS from its inception in 2014. Legislation dictates that SDS is the national model and approach to be used when delivering social care. However, this approach is not embedded or applied in LAAC or mainstream Children and Family Services. Signs of Safety is the integrated framework for child safety and intervention work. Similarities can be drawn between SDS and SOS in that they are strengths based, maximise family participation, person centred and seek to provide early help through assessment and support planning. The value base also mirrors core Social Work values.

It was beneficial to hear the experiences and challenges faced by the Children with Disabilities team from the early implementation days where it was identified that one model of approach for assessment and resource release does not fit all ages, client or care groups.

The Resource Allocation System in Children with Disabilities is different to that used in Adult Services and is equitable, transparent and consistent in its application.

Eligibility and families understanding of this was agreed as sometimes challenging with social care and support predominantly provided by parents for babies and very young children and it tends to be through 5 – 10 years and into teens where people seek other support where there is additionality. Examples were plenty within the team to showcase creativity and flexibility of support outcomes (Adoption of a Dog). More families choose option 1 Direct Payment as there are minimal in-house/ commissioned services for children except for residential respite meaning bespoke support is required.

It was understood that continuous tweaks need to be made along the way, review and test to see what works for people.

The emerging changes need to make room to pursue the positives from the Children with Disabilities Team when considering process, systems and training.

5.8 COMMUNITY SOCIAL WORK

The review greatly welcomed learning from critical friend and former colleague Colin Turbett who, amongst other topics, continues to write and speak on social work with a focus on social justice issues, rural and community based social work.

Sources of learning came from:

- Community Social Work in Scotland – published by IRISS on 12/07/2018.
- Rediscovering and Mainstreaming Community Social Work – published by IRISS (Insight 57) on 03/11/2020.
- The Future of Social Work – presentation published by BASW 29/09/2022.

It was the latter presentation shared at Board in July 2022 that further introduced the concept and approach of shaping social work around communities, linking with community groups and community networks, as well as focusing social work on a preventative relationship-based profession, that seeks to help people at the stage long before they fall into crisis.

Relationship based social work is a learned skill during professional training which routinely is often lost when professionals enter Local Authority services. It was reported staff are no longer able to do this and the processes of day-to-day social work are more prescribed losing the flexibility, time, creativity and artistry involved in connecting with and building relationships with people.

Interest in the approach was further encouraged through attendance at the Social Work Annual Conference in Fife. This showcased tests of change from Fife HSCP and the personal testimonials from the Social Work team and people whose lives have been changed through the established Community Social Work and Community Development support based in schools. As well as Northern Ireland through Claire CIC, Derry Girls – Social Worker inclusion in a multi-disciplinary team model based in Primary Care/ GP surgeries and the focus on Community Development training and qualification to alter practice and culture.

Further connections with research and practice social work staff in Derry, Northern Ireland has given insight on the 'how to' of establishing community approaches. A multi-disciplinary team has been operational for four years with 26 Social Workers and 10 Social Work Assistants working across 27 GP surgeries supporting a community of @ 250,000 people. The team also hosts GP's, physio, health visitors, pharmacy and nurse practitioners. They receive a seed fund of £101K from Department of Health to implement or establish community support/ groups/ activities/ training & learning requested by people seeking support which requires an application based on national health improvement outcomes. The team advised that it has not been without challenge, resistance or overcoming personal attachment. The critical success factors have been trust in staff and the importance of understanding the process of change and crucially stickability. Engagement, continuous feedback, marketing and communication, and hearing the voice of the person is what counts.

The review will take all of this into account and will continue to nurture these connections with the proposed test of change in the Mental Health Team where early discussions have been positive. A Community Social Work workshop session is scheduled for 29th May. The partnership has the support of IRISS for 24 months to continue to develop the thinking and actions in developing this approach.

5.9 HUMAN LEARNING SYSTEMS

Board also connected with Health Improvement Scotland – ihub colleague Des McCart to explore the work developing on people-led care. Specifically, how NAHSCP can plan and deliver traditional services differently. Human Learning Systems strongly links to SDS, human rights and community/ individual empowerment to change how people take control of their own communities, lives, health and wellbeing. It is about putting the person at the centre, effective learning through relationships, applying learning to change the system to better support people and measuring what matters.

Through this learning it was highlighted that real outcomes in people's lives are not delivered by organisations (HSCP). Personal outcomes are created by several factors unique to each individual meaning it requires a different approach to planning

and organisation. It needs connection, communication and exploration, testing and learning, whilst building trusting relationships.

In essence, the message of human learning is – “plan and organise public service work so that workers can understand the complexity of people’s real lives and, through exploration and experimentation, learn together with those people what will make a positive difference to them.”

A practical ‘how to’ guide has been a source of learning to pursue further into implementation [hls-practical-guide.pdf \(centreforpublicimpact.org\)](https://www.centreforpublicimpact.org/files/2017/06/hls-practical-guide.pdf).

This work fits well with the emerging Learning and Development strategy which will build capacity in relation to this issue.

5.10 TRANSITION PLANNING

Commonalities between transition planning and SDS have been made apparent through the learning review as both strands of work and those services involved seek clear information and guidance for young people, families and staff, clear and consistently applied timescales and routes for similar coordinated assessment and support options. It is also important that resource decisions are similarly agreeable without losing sight of the young person and what matters to them. The Transition Planning Group work towards this.

Previous mapping processes have been completed by planning from a finance perspective but not fully integrated into practice. A policy framework is required to outline the way in which Adult, Education, Health and Children and Young People’s Services intend to act during the process of transition. The aspiration is to achieve clearer and transparent systems and joined up working. SDS is the mechanism and approach that would allow this to happen.

The Transition Strategic Group report that it has been difficult to gather data and information as a crucial starting point. As such five focus groups have been established to gain the breadth of understanding, knowledge and feelings around how well transition planning operates between services. Early feedback shows much disparity between services. The SDS learning review will consider the full engagement output report and all works of the Extreme Team taking on board any emerging themes relating to the improvement of SDS across those projects involved.

6. Conclusion & Recommendations

- 6.1 The shared learning detailed in the subsequent sections of the report brings forward a range of collective recommendations and actions to address the opportunities, issues and constraints uncovered in the delivery of SDS from a North Ayrshire perspective.
- 6.2 The recommendations and actions have been derived from this analysis to improve how we support our communities, citizens within those communities and our staff with the aspiration to be an exemplar in caring for people.
- 6.3 The recommendations and their activity apply to all services. It needs continued commitment from all levels, and it needs to work in all levels to eliminate further siloed service development and delivery.
- 6.4 The preferred approach to continue this work is bottom up – ensuring we cast the net wider and begin to engage with and empower staff, service providers, communities and people requiring support to be equal partners in cultivating meaningful support options.

a) Continuing the Social Work Conversation

- Establish a Practice Reference Group to meet (quarterly/ or as agreed) to ensure staff stay involved and connected with developments on person-centred workforce planning, process and system design whilst creating the conditions and culture to continuously engage and learn.
- Continue to nurture and learn from critical friends including Colin Turbett, colleagues in Northern Ireland and their model of practice based on – Multi-disciplinary Teams operating from GP surgeries and Enable Scotland’s work to reinvigorate Locality Coordinator Roles in a bid to consider all options and have a richer diversity of complimentary choice for people seeking support.

b) Ethical Care Framework

- Draft, publish and embed an Ethics of Care Framework to demonstrate the ethical principles, standards and quality of practice that is expected across all North Ayrshire Social Work and Social Care Services.
- Review, draft, publish and embed processes and practice guidance based on the premise of a system that cares co-produced with the Practice Reference Group.
- Apply effective learning through relationships to change the system to better support people whilst recording and reporting what matters.
- With implementation of the new Eclipse case management platform all assessment, support planning and review documents across all adult and children services will be SDS/ Unpaid Carer compliant. A review will commence 12 months after system launch and fall in line with emerging and future approaches to offering, planning & delivering support.

c) Workforce Learning & Development

- Invest in the delivery of tiered awareness, understanding and training for all levels of social care staff to better support the needs of people using social care services.

Topics suggested are SDS, community development, relationship-based practice, inequalities and social determinants with staff advising what they need to enable them to practice. Level 1 Mandatory general awareness - for all HSCP staff. Level 2 Practice - SW/ SWA or frontline practitioners who have good conversations, coproduce and make support planning decisions with people requiring support. As well as Finance and Commissioning, and Independent Support Organisation's (AILN, PIP). Level 3 Leadership - Senior Management/ HOS.

Examples of awareness and learning are shared below some of which require updating and some currently in use and recommended by critical friends.

[Self-directed support training guide: awareness raising - Social Work Scotland](#)
[Home - Elevate NI](#)
[Human Learning Systems | Centre For Public Impact \(CPI\)](#)

- Establish and embed the foundations of effective supervision practice to promote emotional and practical reflection, critical thinking, relationship building and enhance confidence and trust in professional decision making. SSSC and SCIE have extensive models and support resources.
- Identify resource for additional capacity to implement findings of the review in phase two.

d) Clear Information, Early Help and Support

- Develop, publish and maintain easy to access, clear, correct information on SDS, support planning and community links/ supports for staff and people seeking support. All service areas of the partnership, third sector, people who access services and their families will be involved.
- Drive 'The Same Message' approach across all services, teams and staff to improve the consistency and transparency of information, systems and decision making on support choices.
- Alongside our investment in carers services IT work with Unity to explore and improve the use of technology and social media to host and share information, lived experience or 'how to' stories, updates to guidance or policy etc. A one stop virtual shop.
- Include the application of SDS as part of any wider review of the front door to Social Work services.

e) Community Social Work Model

- Establish a Community Social Work steering group to explore, imagine, shape and realise a test of change with the Mental Health Service, in the first instance, with

plans to review the impact of this and consider a broader application across other service areas. Project support from IRISS colleagues Ellen Daly and Josie Vallely has also been secured for a term of 24 months to help this emerging approach. An initial workshop is scheduled for 29th May 2023.

- Identify additional resource to support the outcomes from the Iriss project supporting the development of CSW in North Ayrshire.
 - Incorporate and bring forward the breadth of learning and recommendations from the Transitions Pathway engagement/ focus groups hosted by Kevin McGinn & Sam Hodgkinson.
- f) Management Model & Worker Autonomy**
- Review the management model from command and control to a more flat, transparent hierarchy allowing for more collaborative approaches, empowering staff, building trust and delegating responsibility. Refer to Standard 8 for what good worker autonomy would look like: [Scottish Government's Framework of Standards for SDS](#).
 - Review the governance around financial delegation to front line workers. This will have a view to increasing the value in order to reduce the bureaucratic demand on the system and to ensure support reaches individuals more quickly.
 - Review and simplify the assessment to be more focussed on what matters to individuals.
- g) Transition Planning**
- Consider the full staff engagement output and take on board any emerging themes relating to the improvement of SDS across the Extreme Team projects and all services involved.
- h) Test of Change (Arran): Self-employed Personal Assistant**
- Co-produce a test of change on Arran with Social Work staff, In Control Scotland, AILN and ACVS with a view to changing social work practice and policy on the use of self-employed personal assistants. A review of the impact of this will help consider a broader application across other service areas.
- i) Governance & Reporting**
- Service delivery and its associated developments in relation to SDS remain accountable to the Integrated Joint Board (IJB) and North Ayrshire Council. Quarterly scheduled updates will be tabled at PSMT for continued oversight and direction with escalation to SWGB and IJB where required.

Appendix 1

Project Staff Survey Results

Both projects were posed a set of questions for more targeted feedback. Some of the key take aways were:

Point 1 & 2 – Confidence in delivering the range of SDS options and what are the challenges in achieving greater uptake of the full range of options.

Staff across children and adult services feel confident in offering and implementing options but all feel less confident about the lack of resource and provision to fulfil assessed needs. Staff shared a lack of confidence from service users and families perspectives in choosing private providers because of the prominence in the news of services failing/ folding. There is also a reluctance to complain or ask for different support for fear of receiving nothing.

Some services know they are front loading support and should go back and review but do not have the time to have follow up personalised conversations and adjust support.

Point 3 – Cultural ‘v’ practical change.

Some feel support providers should have been part of the SDS learning conversations from the beginning. The last few years have mostly been about keeping people safe and this has been largely the private or independent support sector, many of whom know our service users, families and carers better. Some felt a cultural shift is required to trust providers more and coproduce/ co-deliver better services. A way of improving this is involving all third sector services in awareness and development so that everyone has the same information to better support people in our communities. Provider support reviews were also raised. Why does the HSCP need to repeat this work? Option 2 Individual Service Funds were highlighted and the HSCP does not issue funds to providers to direct the support with the person in the true essence of this option. The HSCP does not feel it can or is not willing to take risks and we are set in a hierarchy or structure of responsibility rather than collaborative shared aims.

Point 4 – Would practice standards and guidance be helpful, if yes, what would be the priority place to start?

Staff agreed yes. There is a framework and processes currently in place, but not all services use or engage with this. Essentially some are looking for a concrete system, but no two cases are the same so how does the process incorporate freedom of decision-making and flexibility.

Point 5 – Beginning to create systems or processes based on care and compassion.

Staff are caring and compassionate but are not able to demonstrate this if there are waiting lists for assessment and support. It is easier to arrange traditional support through call up processes or from a framework than it is to arrange a Direct Payment or ISF (Options 1 or 2) and it should not be the case. Paperwork, style and approach

is all too cold and cumbersome and it does not create natural conversations leading into softer solutions and community support links and options. SDS still feels as though it is a conversation about resource and it is missing the bit that comes before this linking people into communities and local solutions, early and effective support. The effectiveness of CareFirst or Eclipse was raised and are we simply building more of the same?

Models raised were the outcomes star, Circles of support, Liverpool relationship-based approach.

Point 6 – Is there a shared understanding about promoting SDS between Council and third sector.

No.

Point 7 – What is the overall change we need to see.

Staff being able to make the decisions to get people the service they need.

References

Associated Legislation

- Social Work (Scotland) Act 1968
- NHS Community Care Act 1990
- Adult Support and Protection (Scotland) Act 2017
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Children (Scotland) Act 1995
- Children and Social Work Act 2017
- The Social Care (Self Directed Support) (Scotland) Act 2012
- Public Bodies (Joint Working) (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Community Care and Health (Scotland) Act 2022

Sources

- Self-directed Support Progress report 2017 prepared by [Audit Scotland](#)
- Thematic Review of Self-directed Support in Scotland: Transforming Lives, June 2019 by [Care Inspectorate](#)
- Self-directed Support: ten years on, May 2021 by [IRISS](#)
- [Statutory guidance to accompany the Social Care \(Self-directed Support\) \(Scotland\) Act 2013 \(sdsscotland.org.uk\)](#)
- [National SDS Implementation Plan 2019 - 2021](#)
- [National SDS Framework & Standards](#)
- [Community social work in Scotland | Iriss](#)
- [What is care.pdf \(dundee.ac.uk\)](#)
- [Community Development and Health Network | \(cdhn.org\)](#)
- [BASW Code of Ethics for Social Work 2021](#)
- [Independent Review of Adult Social Care in Scotland February 2021](#)
- [Home - The Promise](#)
- [National Care Service in Scotland Bill June 2022](#)
- North Ayrshire Council Personalisation Strategy Review 2015
- [Relationship-based practice: emergent themes in social work literature | Iriss January 2018](#)
- Skills for Care – Understanding the employment status of personal assistants published 2017 (link no longer available)
- ACAS A guide for new employers (link no longer available)
- [Rediscovering and Mainstreaming Community Social Work – published by IRISS \(Insight 57\) November 2020](#)
- [The Future of Social Work – presentation published by BASW September 2022](#)
- Human Learning Systems – Health Improvement Scotland iHub [hls-practical-guide.pdf \(centreforpublicimpact.org\)](#).
- [Self-directed support training guide: awareness raising - Social Work Scotland](#)
- [Home - Elevate NI](#)

