What works in Independent Support?

an analysis of what Scottish Government funded projects providing Independent Support for Self-Directed Support have learned

April 2012 – March 2015

With the help of Encompass I have found that it is possible for me to choose which support workers to employ and to be a good employer. **This means that I can live independently**, which was a big goal for me as I became an adult.

Without the support of Encompass, I couldn't manage to be an employer.

August 2015
Martha Lester-Cribb
Evaluation Support Manager
Evaluation Support Scotland

contents

summary **3**

introduction **4**

background 4

this document 4

caveats 5

IS activities **6**

IS outcomes **7**

evidence 7

most evidenced outcomes 7

challenges **15**

types of challenges 15

what works in IS… **17**

… generally 17

… internally for organisations providing IS 18

… for people and carers eligible for SDS 20

… for engaging with local authorities 22

… for engaging with the wider community 24

what next? **25**

conclusions 25

possible next steps 25

appendix 1 – reports analysed **26**

appendix 2 – challenges detail **27**

challenges working with local authorities 27

challenges relating to individuals 29

wider issues 30

issues for Independent Support projects 31

summary

This report summarises the evidence and learning from Independent Support (IS) projects funded by the Scottish Government (SG) 2012-15. It complements "*The value of Independent Support"* and "*Measuring the difference Independent Support makes"*, two documents produced by IS projects through *Support in the Right Direction*. We hope it gives further insight into Independent Support and shows what SG's investment has achieved.

SG funded 42 organisations. They submitted their final reports in April 2015. This document is an analysis of 40 reports.

IS projects deliver a wide range of **activities** for people and carers eligible for SDS, statutory services and care providers. The most common activities were about helping **all** these people to understand and navigate the SDS system. This includes awareness raising, training, peer support and sharing learning.

The most commonly evidenced **outcomes** were that people and carers had clearer information about SDS, more opportunities for choice and control, and were better able to make informed choices. Outcomes for statutory services and care providers included having better understanding of best practice and being better able to provide holistic and person-centred solutions. The most common activities and outcomes **now** may reflect the current stage of SDS implementation.

There was more evidence of outcomes for people and carers than for statutory services and care providers. Nevertheless IS clearly makes a difference to a range of people, not just those eligible for SDS.

The report includes key findings about **"what works"** in effective Independent Support. This includes the following (in crude summary):

- **Relationships matter**: Good Independent Support appears to involve building a range of trusted relationships with people and carers, providers and council staff. It means communicating in a variety of ways, taking time to build relationships and being involved at the right time.
- **Illustrate, explain, showcase**: Effective IS seems to require having lots of simple examples and case studies in different formats to show SDS working in practice. This includes having 'champions' and offering peer support.
- **Connected but independent**: a credible IS project seems to be heavily informed, and often led by, people eligible for SDS. It also needs to be seen to be independent of funders, local authorities and providers of SDS.
- **Know your stuff**: IS projects and staff need to be highly knowledgeable about SDS and about the needs of particular beneficiary groups.

IS projects' ability to achieve positive outcomes may be constrained by a number of **challenges**. We present these as they are reported by IS organisations.

The report suggests some next steps including, most importantly, validating the report with IS projects. But also sharing learning with others.

introduction

background

Between 2012 and 2015, the Scottish Government [SG] provided funding to build the capacity of organisations providing Independent Support [IS]. IS provides accessible advice and support in order that people can make genuine personal choices about Self-directed Support [SDS]. 22 IS projects were funded in year one and an additional 20 in year two, making a total of 42 projects.

SG and the SDS National Implementation Group wanted to ensure that funded projects were able to measure and report on the impact of their work. They also wanted to improve understanding generally about **which IS approaches achieve the best outcomes**.

To achieve these aims, SG funded Evaluation Support Scotland [ESS] to run a three year programme, "*Support in the Right Direction*", to help IS projects explain, measure and demonstrate the difference they make. Together with funded projects, ESS produced two documents which were launched in March 2015 and can be downloaded from the SDSS website:

- ***The value of Independent Support*** - information for funders and commissioners (and others working in the field of Self-directed Support)
- ***Measuring the difference Independent Support makes*** - information for organisations providing Independent Support (and for funders / commissioners)

A separate report ***The story of Support in the Right Direction*** is also available from ESS[1].

this document

SG commissioned ESS to analyse the reports submitted by funded IS projects in April 2015. In these final reports, projects reported on two additional topic headings relating to the entire funding period:

- their top three achievements / successes
- what helped to make these achievements possible

One project submitted their final report too late to be included and one had finished early. Evidence of activities, outcomes and reports of challenges and

[1] e-mail: martha@evaluationsupportscotland.org.uk

enablers was analysed from the remaining 40 reports, although one project had experienced significant operational problems and so contained very little evidence.

This document looks at which **activities** the funded projects carried out and which **IS outcomes** they have presented evidence of achieving. It summarises what has been learned about the **challenges** of both implementing Self-directed Support and providing Independent Support. It then focuses on the ways in which **Independent Support can help to overcome these challenges**. Finally there are **suggestions** of how the evidence presented in this report could be further validated and more could be sought.

We hope this document can contribute to the strategic and investment decision-making processes for both SG and local authorities. It may help individual IS projects to understand the broader landscape of their sector and learn from each other.

caveats

Although this analysis of evidence presented in projects' final reports provides some useful insights into the value of Independent Support, it should be remembered that:

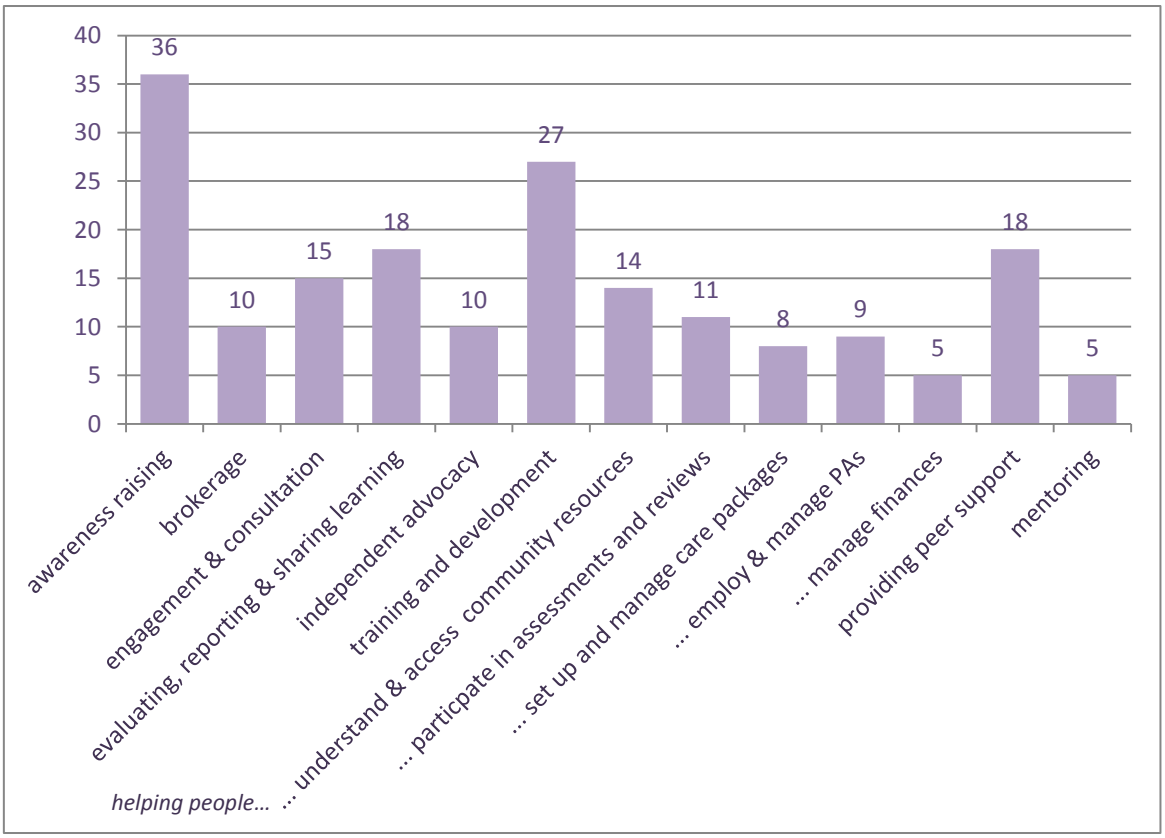
- it is **very early days** in the implementation of SDS and the challenges and value of IS will inevitably change and develop over time
- this document is only based on the story from **the perspective of projects providing IS** – the opinions of people and carers eligible for SDS, statutory services and service providers were not independently sought
- this does not constitute a rigorous piece of research – the quality of evidence provided is partly dependent on individual projects' **reporting skills** as well as **their understanding** of what it is important for SG to know
- the projects that were funded were selected from those who happened to apply to SG and so the 40 reports analysed here are **unlikely to be representative** in terms of the size, types of activity, location etc of IS projects
- the analysis is **ESS' interpretation** of the evidence provided

IS activities

On p6 of *The value of Independent Support*, there is a list of common types of IS activities. Activities mentioned in the reports were mapped to this list (see below). The number of different activities each project engaged in varied from one to nine – **most commonly projects reported they were involved in three different activities** (11 out of 40 projects).

As mentioned previously, the range of activities represented by these projects is partly due to which organisations successfully applied for funding. **The results, therefore, do not necessarily tell us which IS activities are most important.** Also, these are likely to change over time. For example it would be reasonable to guess that "*awareness raising*" (by far the most reported activity) may become less vital whereas there may be more demand from people wanting help to "*employ and manage personal assistants [PAs]*"

No list of activities can encompass the full range of possible IS work, however this analysis did not identify any glaring omissions in *The value of IS* document list. Some activity types, as currently defined, are broader than others. For example: "*awareness raising*" can include multiple audiences (eg: a variety of local authority roles, people eligible for SDS, family and professional carers, health workers, the general public, other IS projects …) and different topics (eg: SDS, the type of IS being offered etc). "*Training and development*" has a similarly wide scope.



total number of projects doing this activity

IS outcomes

evidence

The reports contain a range of types of evidence of outcomes being achieved, including: quotes (eg from people and carers eligible for SDS, council staff and social workers), example case studies, survey analysis, training feedback, photographs and videos. The examples included in this report are not necessarily the most impressive, but they are representative. However we have had to pick evidence which make sense as a stand-alone extract. This was easier to do for some outcomes than others, where the evidence was woven through the whole IS project report.

most evidenced outcomes

The 20 outcomes for IS, as defined on p7 of *The value of Independent Support,* are listed below **in order of the number of reports which contained evidence about them**[2]. Examples of the evidence provided are given for the 10 most reported outcomes.

Independent Support helps people and carers eligible for SDS access **clearer information** about SDS *(36)*

Ayrshire Independent Living Network
from their document *SDS Awareness Week summary of events*

> *"**Thank you for talking to us respectfully and not as if we're stupid**. I think if more people explained it like you have to other mental health survivors, then more of us would be confident to take it* (SDS) *up."*

Community Contacts, Carr Gomm
Woman who took part in a conversation with others accessing mental health services about SDS and Community Contacts.

[2] Outcomes for **people and carers eligible for SDS** are in orange.
Outcomes for **statutory services and care providers** are in purple.
(The number of reports which had evidence for each outcome is in brackets – out of a total of 40.)

Independent Support helps people and carers eligible for SDS become more **aware of the support available** to access and manage SDS *(29)*

Lothian Centre for Inclusive Living
2014 Grapevine survey

*"It has made me **more aware of things and services and individuals who can help me** in my on-going poor health situation."*

Distributed to date (being reprinted to meet demand):
- 3,500 info brochures in standard and easy read text
- 1,000+ photo stories
- 400+ BSL/speech DVDs
- 1,000 "*Did ye know*" care managers' guides to social work services staff and colleagues in the Third Sector

83% of those who read the materials found them helpful.

69% increase in new referrals (2013/14 – 2014/15).

Glasgow Centre for Inclusive Living
final report to SG

Independent Support helps people and carers eligible for SDS gain **maximised opportunities for choice and control** *(28)*

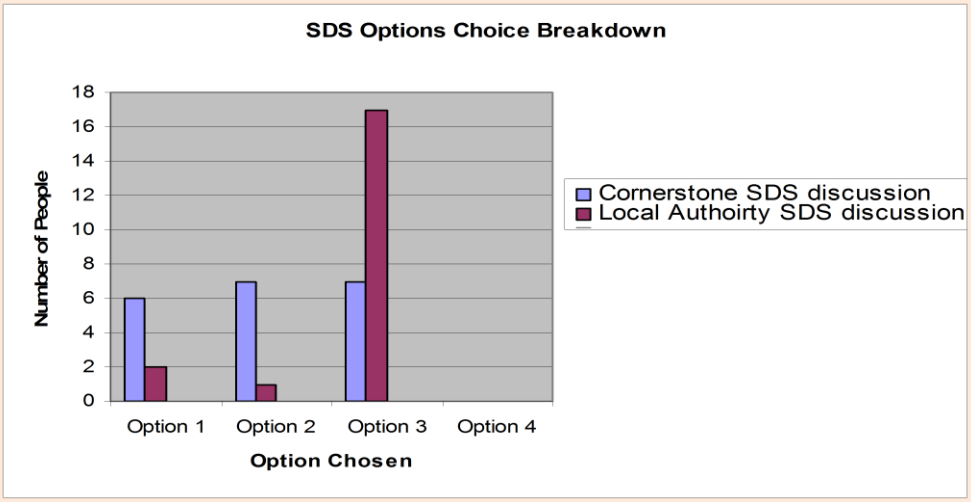
"Our business planning session at Badaguish was difficult but fun and worth the effort. I never thought I could prepare a business plan. Now I know that I can."
Peer Advisor

Highland SDS Consortium

"The advisors worked hard at the business planning away days and we have a strategy and business model that I will incorporate into the NHS five year plan."
NHS SDS Manager

Independent Support helps people and carers eligible for SDS make more **informed choices** about SDS *(26)*

Cornerstone evaluated the impact of their project by sampling 20 people referred them for independent support and advice about SDS options, and comparing the decisions made by this sample with those made by 20 people who only spoke with the LA about SDS.



After discussions with Cornerstone, clients felt in a position to make alternative choices about their support arrangements. When these conversations were had with a Council officer, the majority opted for a traditional support service.

Cornerstone
final report to SG

Independent Support helps statutory services and care providers learn about and understand **best practice** *(25)*

*We delivered a **two hour session to 10 first year social work students** at the University of the West of Scotland. It was part of the Poverty and Discrimination module and illustrated how SDS is a strategy for countering poverty and discrimination. UWS wanted students to hear first-hand what SDS can do and to help students think about **what makes a 'good' social worker from a service user point of view**. Ged and Callum outlined the history of SDS, told their stories and answered questions.*

Direct Inclusive Collaborative Enterprise
final report to SG

Independent Support helps people and carers eligible for SDS achieve their **personal outcomes** and live the life they want to live *(23)*

'Craig' – 20 years old – Scottish Borders

"Bam" and just like that, my life was changed forever.

"We were playing our first rugby game of the season when my injury happened… My overwhelming feelings of my hospital stay was the complete lack of control. It was bad enough that I had no control over my limbs but to have no control over my care seemed intolerable to me…

By sheer luck, my mother works with an ISO which supports clients with employing care/support staff using Direct Payments. When she mentioned Direct Payments to the hospital staff the reply was, "oh no, the council will decide what happens at home*" and on another occasion was told* "you don't want to employ people, payroll is too complicated*" and* "you won't find staff in a rural area*" that was it, no other verbal or written information was provided.*

Thankfully, my mother was able to contact our local social work office, put employment support in place and I could meet several carers and choose my own team – ***I cannot tell you the delight that I felt when my assistants actually listened to me and my trousers were at the right level, laces left undone and my hair was styled as I wanted.***

With the help of Encompass, my local support org, I can continue to recruit and bolster my team, provide relevant training for them which actually helps my individual condition and recovery process as well as allowing me to dictate what visit/support times helps me best. ***Encompass takes care of the payroll and ongoing support for me and my team, leaving me peace of mind to continue my recovery with staff of my choosing!****"*

Encompass

extract from case study submitted to SG with final report

Independent Support helps people and carers eligible for SDS gain **confidence to demand an increased range** of service options *(22)*

"I'd worked all my life but had to give up when I became disabled. I gradually lost all my confidence and my self esteem was very low…

Before joining I was very nervous when out and about and in company or socialising. But the minute I joined GDA everyone was so nice and supportive I was instantly put at ease. After a few courses, I did "Keeping Well" an eight week programme and during this time my confidence started to really improve…

I joined weekly classes at Partick Library to learn computer skills. ***It's amazing to think I initiated this on my own*** *and I look forward to going out to the class…*

The knock on effect is that I've joined other organisations, ventured out socially, become a volunteer and I'm researching walking groups. I wouldn't have done any of this if I hadn't joined GDA."

*"I tried everywhere else and no one would help. GDA were the only organisation to find solutions not excuses. GDA reduced my isolation and **allowed me to voice my opinions and share ideas** with other participants. I love the diversity of members and this helps us understand and appreciate other people's disability experiences. We all share common fears and experience the same barriers and it is good to voice your fears and concerns together."*

Glasgow Disability Alliance
extracts from two case studies presented in final

Independent Support helps statutory services and care providers provide **holistic and person-centred solutions** *(21)*

Given the unusual circumstances of a particular couple the Council agreed to allow the partner of a gentleman to be paid for providing the support he needed from the individual budget instead of employing a personal assistant, meaning she could reduce her working hours significantly to allow her to spend quality time with him and not be significantly financially penalised. They had refused to do this twice and we just 'stuck with it' and continued to present the case for agreeing and reasoned with the social work staff. They did change their position and agreed it. There were other items on the support plan that were initially refused but then agreed after much debate and discussion with CBN representing the views and choices of the couple. ***The SW senior manager uses this as an example of her own learning among her colleagues. The gentleman had a much better arrangement – the one he chose and decided upon****.*

Community Brokerage Network
final report to SG

Independent Support helps people and carers eligible for SDS have increased **equality of access to SDS** *(20)*

Say the words 'resource allocation system' and 'co-production' to anyone outside of the social care sector and their blank looks say it all. For minority ethnic communities where English is often not the first language, literacy levels are lower, and there are fewer numbers accessing support services, this can be a huge barrier to understanding SDS.
MECOPP have produced an **SDS Translation Guide** (tested with community members) which translates 'SDS-speak' into everyday English, Bengali, Chinese, Punjabi and Urdu. The Guide is being used by carers' centres, independent support providers, advocacy organisations and local authorities to improve communication and reduce confusion about SDS.

Minority Ethnic Carers of Older People Project
About Advocacy, Spring 2015

Independent Support helps statutory services and care providers work **effectively together** *(20)*

SDS Forum East Renfrewshire
final report to SG

*…we organised an event around Good Practices of SDS, 29 individuals attended. We invited several organisations from East Renfrewshire and surrounding LAs to put forward what they felt were their success stories of SDS. Individuals that participated shared their personal journeys of SDS, sometimes in very creative ways. This gave the opportunity for **council employees** and **local providers** to get a better understanding of what the principle of SDS will mean for individuals they work with.*

*As part of our next funding application [awarded] we have proposed setting up a co-production working group with Social Work SDS, Learning & Development, and Finance Teams to explore other areas of partnership working and encourage innovation, This might include: **joint care manager/Third Sector engagement events or workshops, provider information events for care managers**, and sharing good practice from elsewhere (such as pooling budgets, or joint work on implementation of Individual Service Funds).*

Glasgow Centre for Inclusive Living
final report to SG

Cornerstone
final report to SG

"A client was advised that the care package I had recommended could not start for over a month. This meant prolonging the stay in hospital of a gentleman with dementia, chronic depression and whose only wish was to get home.

[Cornerstone] quickly managed to source another provider who could pick up the package weeks earlier than the local authority-allocated one, and pull out when that other provider started. Kirsty was able to use her knowledge of the care landscape locally to pull a rabbit out of the hat and potentially make a profound difference for this man and his family's wellbeing. I also didn't have the time or the resources to do what Cornerstone SDS arranged in a couple of hours."

Social Work Assistant, Hospital Discharge team

Evidence was also provided that Independent Support…

… helps local and national policy makers **understand the effectiveness and value of IS** *(16)*

… helps people and carers eligible for SDS contribute to **local and national policy** development *(15)*

… helps statutory services and care providers respond **creatively and flexibly** to people's needs *(15)*

… ensures people and carers eligible for SDS are **listened to** *(14)*

… helps statutory services and care providers increase their **capacity to support people** *(14)*

… helps statutory services and care providers build relationships with **disengaged /isolated people** *(14)*

… allows people and carers eligible for SDS to **experiment,** make mistakes and find ways to correct them *(10)*

… ensures people and carers eligible for SDS are an **equal partner** *(9)*

… helps statutory services and care providers access **additional information** *(3)*

… helps statutory services and care providers provide **earlier interventions,** therefore preventing crisis *(3)*

Unsurprisingly, there is a (slight) correlation between how long projects have been funded and how many outcomes they provided evidence for: an average of eight outcomes for two year projects and an average of 10 for three year projects.

Although it is important to remember the caveats described in the introduction, this analysis confirms that **the outcomes identified in *The value of Independent Support* are broadly appropriate**. There was a minimum of three reports with evidence for each outcome. Equally, there were no project outcomes included in reports which could not be mapped to this list.

What did emerge was that becoming involved in delivering Independent Support (eg by training as an SDS champion or becoming a peer mentor) often resulted in **significant (unexpected) personal benefits for people and carers eligible for SDS**.

Community Brokerage Network
extract from case study

"It all started about two years ago, we were just having a chat [with his transitions worker] *and I was thinking that I was* never *going to get a job and I was feeling all negative thinking there's nobody that will employ me."*

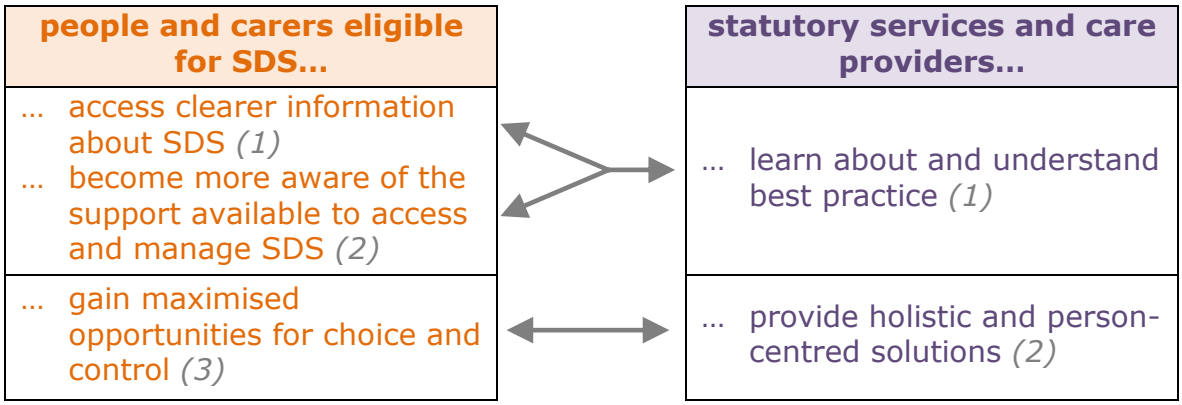
Then Sanjeev met the Community Brokerage Network, who asked him for his advice about their website: *"Just asking me what things to change the website. It started off with that, and then about a month later one of the directors got in touch asking if I wanted to do social media work for them. I was chuffed about it, then when I knew it was paid I was even more happy!* ***I was like anybody else my age getting a part time job*** *so it was really good."*

The only reports where the mapping process was occasionally slightly less intuitive were those from projects with a remit of **supporting others to provide IS** (eg SDSS, SIAA or Stroke Advocacy). However, much of their work related to helping: "*local and national policy makers understand the effectiveness and value of IS*" or "*statutory services and care providers access additional information*". It was also clear that the remainder of their activities helped other IS projects to achieve other listed outcomes.

In general, the number of reports providing evidence for each outcome makes sense in the context of the current stage of SDS implementation - especially taking into account the challenges detailed below. For example, it is logical that people need to have *clear information* about SDS (number one on the list) before they can access SDS and therefore be in a position to *experiment, make mistakes and find ways to correct them* (17th out of 20). As with the Independent Support IS activities, therefore, it is likely that some outcomes will become more or less relevant as SDS becomes fully embedded.

On average, more projects provided evidence for those outcomes which relate to people and carers eligible for SDS (average 21 projects), rather than those for statutory services and care providers (average 14).

Interestingly, it is possible to draw **thematic lin**ks between the most evidenced outcomes for individuals and carers eligible for SDS and those most evidenced for statutory services and care providers: *(ranking within each category in brackets)*



challenges

As part of their six monthly reports to SG, projects were asked to describe any particular challenges they had faced. Those included in their final reports have been analysed here. Again it is important to bear in mind the caveats – particularly in relation to projects' reporting skills and the fact that the analysis only draws on evidence provided by IS projects (and specifically those which happened to be funded in the first three years).

As the focus of this document is on **what works** in Independent Support, a quick **overview of the reported challenges** is given here to provide some context. More detail is presented in Appendix 2 (p27).

There is a clear link between some of the challenges and the analysis of what works in Independent Support (p17). These relationships are multi-faceted and complex, however, so there is no easy way to represent them in this document.

types of challenges

Many of the reported challenges stem from the **significant changes for individuals and organisations in terms of knowledge, culture and systems** required by the introduction of Self-directed Support. These changes are complex and it will be a long time before they are fully implemented. It is sensible to assume, however, that the challenges faced by IS projects will gradually change (and diminish?) over time.

For the purposes of this document, the reported challenges have been roughly grouped under four headings:

challenges working with local authorities

Including:

- Change management: the transition to SDS is challenging for people in local authorities [LAs] and is compounded by other major changes such as health and social care integration. This can be a barrier to building good working relationships with IS projects.
- Confusing and contradictory information being issued by LAs.
- Budget restrictions and links with austerity measures.
- Lack of LA capacity and consequent delays.
- The degree to which LAs are open to engaging with IS in general or can see the benefits of IS.

challenges relating to individuals

Including:

- The difficulty of ensuring meaningful consultation in a new policy area.
- Disengagement with the concept of SDS.
- The challenge of thinking differently.
- Problems around training PAs.

wider issues

Including:

- The unpreparedness of some service providers and support organisations.
- Geographically remote areas making both the provision of IS and the availability of suitable services more limited.
- Problems recruiting PAs.

issues for IS projects

Including:

- The difficulty of providing up-to-date and fully accessible information in a constantly changing environment.
- Managing internal capacity and external expectations.
- Finding good case study examples of SDS working in practice to illustrate certain scenarios (eg of certain client groups or, in particular, of Option 2).

These challenges (detailed further in Appendix 2, p27) each make it more difficult for projects to provide high quality independent support and ensure that individuals can access the right SDS option for them.

what works in IS…

The following learning was gleaned from projects' descriptions of **what enabled them to achieve their most significant successes** over the course of their funding as well as more general comments throughout their reports.

It is easy to see how **many of these successful strategies can both help to overcome the challenges summarised in the previous section** and **contribute to the achievement of the outcomes for IS**. Obviously, some strategies only relate to certain activities.

The strategies have been thematically grouped. Given the non-representative nature of this sample of reports, no attempt has been made to prioritise the strategies, though a sense of how many projects mention each has been given where it seemed significant.

… generally

Overall it seems that the key to a successful IS project is one that is well connected to and trusted by people, carers, services and statutory staff. Some of the approaches to achieving this and so achieving positive outcomes include:

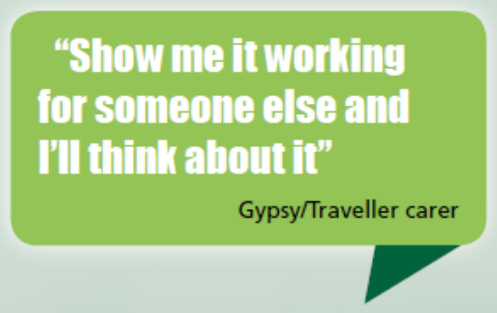
Networking as widely as possible.

Using the values and principles[3] of SDS as a touchstone for all Independent Support work. Illustrations of this included: checking that the focus is on creativity and flexibility; really listening to people and always treating their perspectives with respect; involving carers; recognising that people know what they want but not how to make it happen and so supporting them to find their own solutions: "*use a compass rather than a Satnav*".

Supporting a culture of **everyone involved** (individuals, organisations, statutory staff, the community…) **learning from mistakes** in order to foster goodwill and support culture change.

Sharing what is learned about good practice as widely as possible in order to influence both policy and practice.

Using lots of (short) **case studies**. Almost all the projects mentioned the value of using this approach to illustrate how SDS can work. Case studies can be shared on websites, via social media, at training and events, with new clients etc. Hearing the stories of real local people and/or those who are in similar situations can be very powerful. It may also be possible for



Self-Directed Support and Gypsy / Travellers – summary report, **MECOPP**

[3] **Values of SDS:** respect, fairness, independence, freedom, safety.
Principles of SDS: collaboration, dignity, informed choice, involvement, participation, innovation, responsibility, risk enablement
[*Scottish Government Care and Support in Scotland Statement of Values and Principles*]

people to meet and talk to the individuals represented in the case studies. Seeing carers' perspectives can help professionals understand SDS and change their practice as a result. Case studies can encourage providers to break the mould. They can also help to illustrate the needs of typically under-represented groups, although it can be harder to gather case studies to illustrate some situations than others.

Similarly, recruiting (and training) **SDS champions** to talk at events, contribute to training courses or work with peer support groups can be very powerful.

… internally for organisations providing IS

staffing

Maintaining **dedicated SDS staff** until the approach is mainstreamed. It is important that their role descriptions are flexible so they can adapt as opportunities arise. Where relevant, they should also work to ensure that SDS becomes embedded throughout the entire support organisation as quickly as possible.

Ensuring that **staff responsible for providing IS are exceptionally well informed** about **SDS** both generally and local processes. They also need a good understanding of the **specific client group** (if appropriate). For example particular expertise is needed to work with children. Also this understanding can enable them to challenge assumptions about particular groups, for example that elderly people won't want to access SDS.

Recruiting staff who have **experience of complex partnership working**.

Providing **peer support** for IS staff – either internally or between organisations. It is also important to provide formal support and supervision for any peer mentors.

organisational culture

Establishing a reflective culture and developing services on the basis of **consultation**. Some projects mentioned taking an action learning approach given the newness of the sector.

Several projects mentioned the importance of being a truly **peer-led organisation**, which fits well with the ethos of SDS. It is beneficial to have people who use services willing to undertake valued roles within the organisation. Highland SDS Consortium attributed much of their project's success to the "*bravery, hard work, creativity, adventure, perseverance, imagination, enthusiasm & belief*" of peer advisors. This project also mentioned that they had identified themselves as having a **peer-owned** (rather than peer-led) structure as most of the people involved were not able to undertake financial or governance responsibility.

clarity of purpose

Being (and being seen to be) **truly independent** with no vested interests in order to gain more trust from both the community and people they work with. This is

easier to ensure if there is no financial conflict of interest – one project suggested it might be harder to challenge the LA if they fund the project.

Staying true to the organisation's original purpose and not being tempted to broaden into other realms of service provision. Having a clear **outcomes framework** can help keep the project on track.

Providing a **one-stop-shop** of services. (Though there could be some tension between this recommendation and the previous one.)

Building on existing strengths. For example organisations which are already known for writing well-received guidance for a particular client group can use these skills to produce useful sector-specific and well-received guidance about SDS.

networks

Working in partnership was identified as being vital for almost all projects. It was noted, however, that building effective partnerships is slow, hard work which requires tolerance, flexibility and agility. One project noted that they have learned to accept that there may not be an equal contribution from all partners. It is particularly important to establish clear agreed values and principles from the very start. For example, is the priority ensuring people can exercise their right to choice and control or is it financial efficiency (in which case, people will only have access to choice and control if a cost-saving will result)? For this reason it is essential to involve partners early in the planning and ensure outcomes are viable, mutually agreed and beneficial.

Accessing support from **(IS) umbrella bodies**.

Keeping **up to date** with relevant local and national SDS developments

Linking general IS projects with organisations which have particular client group expertise where appropriate (eg sensory impairment / stroke / carers…).

Learning from other projects. For example comparing processes in order to review systems and improve efficiency.

Working in more than one LA gives IS projects the chance to share what they learn between authorities. Similarly, projects with a national remit can share experiences across the sector.

Being **physically based close to other complementary organisations** (for example a carers' centre), makes it easier to learn about what support the people they work with need and to share information about services with their contacts.

Using social media. For example a closed Facebook group can help to share information, instructions for meetings and photographs. An open group can be a good way of sharing information more widely, particularly with younger people.

Taking advantage of **wider media stories** to make new contacts and share your information.

funding

Having **reliable funding** enables IS projects to feel valued and confident of their future which in turn gives their clients confidence in going to them for support. This is particularly beneficial for projects working with hard to reach groups.

Several projects specifically mentioned their appreciation of having had three year funding from SG with encouragement to explore and try out new ideas.

Receiving **LA funding for initial visits to new clients**.

… for people and carers eligible for SDS

communication

Presenting verbal, written and graphical information about both SDS and IS objectively, clearly and accessibly at the right pace for the individuals concerned. The message needs to be consistent (and ideally developed in collaboration with the LA) but the delivery method should be appropriate to the audience. For example: 1:1 or in small/large fully accessible group settings; a one-off long session or several shorter ones; using social media, leaflets, short video clips, easy read documents and/or Talking Mats™ etc. IS projects are also in an ideal position to make sure any jargon is explained.

Releasing **accessible versions** of information materials at the **same time** as the standard versions.

Using the language of "choice and control" instead of SDS jargon. This is more positive and realistic and helps people to move away from feeling wholly reliant on social work [SW]. One project has successfully encouraged their local SW department also to adopt this approach.

Developing staff and volunteers' skills in having **good conversations**.

Having **honest conversations** with people about what is truly feasible.

Meeting clients on a 1:1 basis in their homes allows IS workers truly to understand individuals' situations from the start. It can also help people feel more relaxed and make it easier for them to engage.

Making contact with people through their **existing networks**, in their own environment with the support of people they know.

Having a **range of ways for mentors to contact people**. Some new clients don't feel confident talking to their mentors on the phone or face-to-face at first.

Helping people to reflect on who they are and why they matter through personal coaching or access to learning. People can struggle to identify even modest goals as they are worried they won't qualify for support and so don't dare to dream. This work can help to raise their aspirations and confidence has a knock-on effect. Having **the confidence to put their own views across** is beneficial to both the individual concerned and the professionals involved.

"truly liberating and through this we find our voices!"

Making sure people are treated by everyone involved as **equals** and not doing (or allowing others to do) things for/to people.

Focusing on outcomes rather than problems.

Using IT to reach isolated families. A few projects identified the value of offering computer training in order to enable people to make best use of SDS.

timing of support

Taking time to build good relationships with eligible individuals and their family where appropriate.

Responding quickly to enquiries and referrals is highly valued by people who are often in a stressful situation.

Giving individuals **support at the right time for them** – ideally before assessment.

Enabling people to be **actively involved at all stages** of the process (holding the supported person's views as most important at all times).

Helping individuals to have their views in writing and to **prepare in advance** of meetings.

> *"Cornerstone makes it easier than the council. They listen and keep coming back, others don't."*
> **mental health service user**

Providing individuals with the **time and space** they need to understand and really think through all the implications of SDS before making life-changing decisions. The capacity to do this was identified as one of the key strengths of IS by several projects.

involvement with others

Allowing time and flexibility for (informal) **peer support groups** to establish and grow. Groups work best when there is enough shared experience between members and they are encouraged to lead it themselves with the IS project simply providing practical support (eg sharing information with people who can't attend). Formal groups often result in spin-off informal support networks.

> *"Groups like the SDS Forum [East Renfrewshire] do two things: (i) they allow people with similar experiences to come together and share their experience and **realise that they're not alone**, learn better ways to do things. (ii) good for advocating for people in that position, they can **create a common voice** that says, this is our experience as a carer, this is our experience as a parent, this is what we need, this is what we don't have, this is the pressure we're dealing with, and a common voice is always stronger than an individual voice."*
> **local councillor**

Respecting the purpose of established groups (eg emotional support) and only adding a new element (eg providing information) if specifically requested.

Enabling people to **contribute to their community and their family.**

Making the most of the fact that **being involved in providing peer independent support** (eg mentoring, sharing personal stories, making a video, commenting on materials etc) often results in **significant benefits for the individual** and can help them achieve their personal outcomes.

Enabling **family-centred** planning (where appropriate).

creativity

Enabling true creativity often allows people to find solutions which don't require any paid support.

Assisting people who don't meet critical criteria to find innovative ways to achieve their outcomes without reliance on public funding.

> *Provided support for people who don't meet eligibility criteria that makes the most of statutory services, also uses alternative sources of funding people can access but with a focus on community based, recovery focused goals and outcomes. Managing expectations and signposting.*
>
> **ENeRGI, final report**

Using creative solutions to **access hard to reach groups**. For example, the *Get Onside* project run by the Shine Consortium comprises a nine week course which combines learning about SDS, discussing what makes a good life for individuals who have used mental health services, with professional football coaching. It has been very successful and has expanded with interest from other football clubs.

Learning to trust people to make decisions about their own lives. Recognising that making mistakes is part of being human, isn't the end of the world and enables people to learn and develop.

Giving people the chance to **experiment with a trial personal project** using a small sum of money. It is often less daunting for individuals to identify and then try something new on a limited scale and the results can be quicker. This helps to build everyone's confidence that SDS can be managed.

Using **option 1 creatively**. For example by providing respite opportunities for family carers (PAs don't have to work under the same restrictions as LA carers).

Finding ways to cover the **cost of personal assistant [PA] training** including covering shifts. For example, including these costs in budgets or encouraging the LA to run pilot PA training schemes.

… for engaging with local authorities

supporting LAs

Taking a long-term approach to **working collaboratively with all local LA SDS, finance, SW and care manager teams** as equal partners, involving service providers too where possible. It is particularly valuable to be a part of the LA's planning discussions and/or to work with a LA which is willing to draw on IS projects' experience to influence their practice (eg by building liaison with local IS projects into appropriate LA job descriptions).

Aligning IS activities and outcomes to LAs' **Single Outcome Agreements**.

Being responsive to the LA's priorities and challenges and tailoring IS activities to help them respond to these. For example providing introductory SDS training for assessors and newly qualified LA staff.

Engaging regularly with professionals even if local implementation is slow, in order to maintain interest and enthusiasm. For example by providing ongoing training, continuing to raise awareness, and using social media.

Running IS information events in **each local SW venue** in order to reach as many SW staff as possible.

Providing monthly financial management service returns to the LA is easier for the LA than having to seek the information from each individual.

Discussing the implications of emerging issues with the LA (eg auto-enrolment for pensions, changes to Statutory Sick Pay etc) so they are forewarned about any potential additional costs and resolutions can be negotiated in advance.

Encouraging service **providers to liaise with LA** contracts teams.

sharing experience

Providing case study examples which show that there is **no intrinsic correlation between cost and impact**. By being creative, it is sometimes possible to achieve more with less.

Championing the value of managing SDS with support rather than not at all.

Helping people to **feed back to local and national policy makers** about barriers to accessing SDS (for example about the disincentive caused by PAs not being able to be self-employed).

Demonstrating the **value of user-led support**.

Producing reports for LAs which **focus on outcome monitoring** and track budget spend against outcomes.

persevering

Following up applications with the LA frequently (eg every two weeks) in order to keep checking what progress has been made.

Being willing to **challenge the LA** where necessary and **being persistent**. It is helpful to refer back to the **legislation / LA guidance** if local processes are not in tune with the ethos of SDS.

Encouraging the LA to carry out **financial assessments early in an individual's SDS process** (to avoid disappointment and wasted time / resources) and checking that this happens.

Raising systematic issues (eg long delays for high-tariff packages) at **project board level** to try and find workable solutions which will be implemented.

… for engaging with the wider community

Building **trusted networks with the local community and other voluntary agencies** (eg by joining forums and local support groups, and by attending information sessions). This helps IS projects to: learn about local needs and existing provision; explain what IS can do; pool resources; and signpost people to appropriate assistance. It also strengthens communities and can help to prevent the escalation of competition between different local providers.

Learning about the unique identities and needs of each **geographical area**, including rural regions.

Supporting community capacity building. For example by working with user led groups / Local Area Coordinators [LACs] to identify gaps in accessible mainstream activities and in the support required to enable people to achieve long term goals. This is also a powerful way to build contact with people who have historically been disengaged from their communities.

> The Scottish Consortium for Learning Disability [SCLD] IS project was able to give the LACs in the three pilot areas seed funding to develop new activities and/or give families the opportunity to try things out, providing genuine, local choice.The SCLD Aberdeen LAC pilot project quickly identified that people with learning disabilities were struggling to travel independently within the city. Some funding was used to help the LAC formalise an independent travel course and a successful pilot was run with the Additional Support Needs wing of Bucksburn Academy. This course is now to be rolled out throughout the city. Independent travel training has enabled more people to get involved in both new and pre-existing activities.
>
> **Aberdeen Local Area Coordinator pilot project, SCLD, final report**

Helping to **promote becoming a Personal Assistant** as a career choice locally and nationally.

Making the most of the **unique strengths of both small and large IS projects**. Larger IS projects can support micro providers in order to enhance capacity, smaller ones can often be more flexible and take advantage of unexpected opportunities.

what next?

conclusions

The evidence analysed here strongly suggests that SG was correct to assume that **Independent Support is an important component of the implementation of Self-directed Support**. It is also worth noting that IS projects inherently gain a valuable and unique perspective of this process, both locally and nationally.

Providing effective Independent Support often involves walking a tricky path between local authorities and local communities – particularly during the initial stages of SDS implementation. **This indicates that truly independent support could not be provided by LAs**, as suspected.

When it works well, however, IS can provide an valuable support and "mediation" service both for LAs and people/carers who are eligible for SDS. It is evident that there is **clear value to be gained when there is close engagement between IS projects and LAs** and it is likely that SG can continue to have an important role in encouraging this to become the norm throughout Scotland.

Overall, the evidence suggests that the IS activities and outcomes set out in *The value of Independent Support* are broadly correct at the current time.

possible next steps

As explained in the caveats section (p5), the findings presented in this report can only be taken as indicative. These findings could be given **further validity** if they are **sense-checked with the 40 funded projects** whose reports were analysed.

There are several ways in which SG can **gather more evidence** of the value of IS and how it can most effectively be embedded. For example by:

- encouraging LA commissioners to find out which IS activities are available in their area, and note any gaps, using *The value of Independent Support* as a starting point
- asking currently funded IS projects to comment on this report and submit further evidence
- requiring funded IS projects to map their activities and outcomes against a checklist of those listed in *The value of Independent Support* document (and note any which can't be mapped) as part of the routine reporting process

It could be helpful, therefore, for *Inspiring Scotland*, in its new role as administrator of IS funding, to have access to this report.

Once further evidence has been gathered and analysed it may be worth **revisiting and updating the current suggested lists of IS activities and outcomes**.

In the meantime, **what has been learned to date could be shared more widely** in order to help other IS projects and local authorities benefit from the current understanding of what works in Independent Support.

appendix 1 – reports analysed

Advocacy Service Aberdeen
Aims Advocacy
Alzheimer Scotland
Angus Mental Health Association
Ayrshire Independent Living Network
Borders Independent Advocacy Service
Carers Trust
Carr Gomm
Ceartas - Shine Consortium
Children in Scotland
Circles Network Inverclyde
Community Brokerage Network
Cornerstone
Deaf Action & Fife Society for the Blind
Deafblind Scotland / Scottish Association of Sign Language Interpreters / Deaf Connections
Direct Inclusive Collaborative Enterprise
Dundee Carers Centre
Dunfermline Advocacy, Equal Voice & Include Me
Edinburgh Development Group (Discoveries)
Encompass
ENeRGI East Neuk Recovery Group
Equal Say
Glasgow Centre for Inclusive Living
Glasgow Centre for Inclusive Living and Lothian Centre for Inclusive Living
Glasgow Disability Alliance
Highland SDS Consortium
Inclusion Glasgow
Lothian Centre for Inclusive Living [2 projects]
Minority Ethnic Carers of Older People Project
Outside The Box
PAMIS
Penumbra
Scottish Consortium for Learning Disability
SDS Forum East Renfrewshire
Self Directed Support Scotland
Scottish Independent Advocacy Association
Simon Community Scotland
Stroke Advocacy
Tagsa Uibhist

appendix 2 – challenges detail

challenges working with local authorities

change management

Wide **variation in how ready local authorities [LAs] are to implement SDS**. This has an impact for many IS projects in terms of when they can offer services, building relationships with LA staff, keeping volunteers engaged etc. Several reported that their LAs are particularly unprepared to provide SDS for children & families, making transitions even more difficult.

Some LA practitioners still **don't fully understand SDS** with some claiming that they haven't received any in-house training.

Concurrent policy changes in the public sector (eg the move to competitive tendering, integration of health and social care, changes to children and family policies) at the same time as the introduction of SDS, causing more upheaval and confusion.

Positive changes made by LAs are often piecemeal rather than being rolled out system-wide, limiting their significance.

Many projects report **confusion around the information individuals receive from LAs** – eg people are anxious because they are confused by jargon or are not sure how their budget will be assessed. This may be partly due to terminology (eg someone believes their budget has been "approved" but it is only indicative, or it is their eligibility which has been "approved").

Some LAs have decided to provide a **corporate response to SDS** in certain settings (eg schools), preventing IS projects from raising awareness of their services in these environments.

SDS implementation

For many LA staff it seems that giving more control to people feels dangerous. Many assessors need a better understanding of outcomes-based assessments and personal planning processes. They are not experienced at being creative and see themselves as gatekeepers rather than facilitators. There is a tendency to start with the possible funding mechanisms rather than by truly listening to the individual, finding out about their personal outcomes and then working out how best to achieve them. Quality is still often automatically equated to the number of hours of input rather than achieving outcomes. It can be **difficult for IS projects to find safe and supportive ways to challenge this culture** and to encourage LA staff to include service users in budget discussions rather than protecting them from having to prioritise. Some projects commented that **implementation can seem to directly contradict the principles and provisions of the Act**.

Two projects explicitly stated that they would like to see a **comprehensive audit of the current availability of SDS throughout Scotland** and this sentiment was implicit in several other reports.

There is evidence of **people not truly being offered all four options** resulting in weak assessments. Care managers may recommend option 3 assuming the other options are too challenging for the individual involved. Some people are given basic information about all options (eg a leaflet) but don't have them fully explained. There are cases of individuals completing assessments without knowing they are SDS-related. Few LA staff routinely signpost people to available support.

There can be a **lack of transparency**. For example an individual receives funds in their account but isn't given notice of the award or any guidance. Some SW staff have been told not to tell people their indicative budgets as it may cause confusion.

LA staff (SW and finance) may understand SDS but not the **full implications of an individual's (hidden) difficulties** and therefore of their decisions.

Approved provider lists restrict real choice and control – especially in relation to option 2.

Some **services are still block funded** by LAs, limiting the choices available, especially in children's services.

There are **multiple integral power imbalances** within the current system (eg assessor / assessed person; large LA funder / small organisation funded by them; user-led, rights based organisation / larger organisation operating on a business model). These are rarely taken into account and although it can be risky for IS projects to address them, it is necessary in order to implement the full SDS vision.

money matters

SDS is often linked to budget cuts in messages from LAs. For example: "*Your hours of care will be greatly reduced if you opt for an individual budget*." or "*Due to the introduction of SDS we have a responsibility to review your care package which may result in a budget cut.*" IS projects report finding it hard to convince people that SDS is not part of the austerity drive.

Austerity means that creativity often stifled. LAs have competing priorities – saving money versus offering more choice. The definition of critical care is extremely restrictive, preventing a holistic approach. This is particularly problematic in relation to mental health: only providing support to people in crisis is directly contrary to the recovery principles of early intervention and prevention. Discussing option 1 can therefore raise false expectations.

Very low pay rates are being awarded for PAs making recruitment more difficult. (eg one project quoted PAs being paid £6.77, only 27p above the minimum wage for over 21s).

Some LAs use a **monthly PA pay rate panel** which delays direct payment [DP] decisions. Further, the rate awarded doesn't impact on the approved budget so if the higher rate is awarded the individual receives less support.

The DP rate isn't increased in line with local agency rates. This has resulted in some packages being taken back into LA control.

The **charging policy** makes services too expensive for some people who therefore cancel them. This is especially common for unpaid carers as contributions are assessed in relation to the individual needing support rather than the carer.

Some LAs **restrict (and change) how budgets can be spent** – for example someone was awarded £40 per week for social activities and transport. They were then told they couldn't use it for transport and could only use it for social activities in the form of paying for membership or passes.

Several projects reported they have **no good examples of option 2 working**. There is confusion between options 2 and 3 and providers are not confident. Eg one LA requires providers to contract to manage the budget on behalf of the individual. Many care organisations, for example, cannot offer financial management services and the LA contract manager has discouraged IS projects from providing this facility on behalf of these providers. Choice is therefore effectively limited and people may not get the provider they want unless they use option 1. Option 1 is cheaper for LAs and there is some evidence people are steered in that direction even if option 2 is their first choice. The lack of positive case studies is likely to inhibit the take up of option 2 still further.

timescales

Both individuals and SW have reported **significant delays in assessments and decisions** – especially in relation to high tariff packages of support. This can mean some packages are only sustainable for a very short time resulting in firefighting rather than prevention.

Financial assessments are carried out very late in the process. Some people choose not to continue once they learn how much they have to contribute. This is inefficient and leads to significant disappointment.

LA staff are over-burdened and often don't have the capacity to attend information and training sessions. It can be very difficult to convene meetings, especially in large LAs.

engagement with independent support

There has been a **limited level of expectation from LAs that they would work in collaboration with IS projects**.

Several projects reported a **lack of referrals from SW**.

IS projects can find that their ability to reach particular groups of people is influenced by **who they have a good relationship with in the LA** (eg local mental health teams).

challenges relating to individuals

Some client groups have almost **no previous knowledge of SDS** (eg people who are homeless) so meaningful consultation takes much longer.

People and carers may initially be **reluctant to think about SDS**. Some individuals are already frustrated by the lack of progress as SDS has been discussed for many years.

Working with **"complicated" families** (for example where both a parent and a child have a disability leading to two sets of individual outcomes plus family outcomes and combined budgets) takes a lot of time.

One form of IS provision will not suit everyone. Eg people with mental health issues may find it difficult to join groups. There can be administrative and logistical challenges involved in working with people with learning disabilities. Peer-led work may be more difficult / impossible if individuals are not able fully to understand issues surrounding finance / governance etc.

Many people who would benefit from the flexibility of SDS are **not eligible**.

Going through the process of challenging the LA is difficult for individuals – it usually is the result of a breakdown in trust, is time-consuming and the wait can "feel like years".

Thinking about **becoming an employer** can be very scary and some people have reported being discouraged by LA staff.

Some projects have found there is a **low uptake of training for PAs** which may be due to the cost of covering shifts.

It can be difficult to arrange the correct training for PAs (eg re catheter care or peg feeding). One project has found district nurses will train family but not PAs, perhaps due to problems with insurance.

wider issues

There is an **inconsistent definition of social care needs**. People with learning disabilities can use SDS for social connections, volunteering and learning but someone with a physical disability can only use it to get up and dressed and may have nothing to do all day and no-one to see.

Some traditional service providers and support organisations **don't yet have an SDS culture**.

Providing IS is more difficult in **geographically remote areas** (eg sharing information effectively, providing peer support etc). There is also a lack of service providers, fully accessible community-based opportunities, relevantly qualified carers, and accessible toilets, which all restrict individuals' choices. IS projects (and LAs) are therefore reluctant to raise people's expectations.

Several projects reported that there are **not enough PAs** to meet demand.

PAs don't meet the HMRC criteria for self-employment. One project reports that there would be a higher take-up of DPs if PAs could be self-employed. Currently people are settling for a different SDS option instead.

issues for Independent Support projects

Providing IS involves excellent collaboration with a range of different partners. **Poor partnerships can significantly delay progress.**

Because of this reliance on building networks, knowledge & relationships, a **change of staff within the IS project** can have significant impact.

Most IS projects need to use a wide range of **different ways of presenting information** to make sure it is both appropriate and fully accessible to all.

Many IS projects find it difficult to ensure they are always **providing accurate, up to date information which is fully accessible.** This is due to inevitable frequent process changes as service providers and LAs adapt to SDS and the resources involved in producing a range of formats (eg video, caption, BSL, Braille etc).

Each IS project may be carrying out a wide range of activities – it is challenging to explain what they can offer clearly to people who don't yet know about or fully understand SDS.

It can be difficult for IS projects to know **how best to get the message to the unconverted** within LAs & service provider organisations.

Some projects have had to learn to be more realistic about their **own capacity**. Setting up appropriate systems can take longer than anticipated and both demand and expectations may be high. There can be a temptation to over-reach.

Well Begun

an opportunity for IS project staff to share experiences
at the *Support in the Right Direction* final event

> ***Without [independent] support… taking SDS wouldn't have been so easy or stress free.***
>
> customer, AILN Annual Report

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Evaluation Support Scotland [ESS] works with third sector organisations and funders so that they can measure and report on their impact.

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