

Supplement 2

Self-directed support

Audit methodology and survey results



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
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Part 1

Audit methodology



Case studies at five authorities

1. We visited five authorities (East Ayrshire, Glasgow, Highland, Perth and Kinross, Western Isles), selected to ensure a mix of geographies and to include both urban and rural areas. We interviewed:

- Elected members
- Chief Officers and Chairs of Integration Joint Boards
- Senior social work managers for adult and children's services
- Finance and commissioning managers
- Social work staff, team leaders and managers
- Chief Social Work Officers
- People using SDS.

2. We also reviewed documentation:

- Committee and board papers
- SDS strategies and implementation plans
- SDS progress reports
- SDS materials for service users.

Stakeholder interviews

3. We interviewed people from 37 organisations, selected to include those working directly with a range of key service user and carer groups, as well as national organisations involved in implementing SDS. These included:

- Scottish Government, Convention Of Scottish Local Authorities, Social Work Scotland
- SDSScotland, the Alliance
- Scottish Social Services Council and the Care Inspectorate

- Coalition of Care and Support Providers Scotland, Scottish Care
- Other members of the audit advisory group ([Part 2](#)).

Views and experiences of service users, carers and families


4. When we conducted our interviews at the five case study authorities and the 37 organisations we asked for examples of SDS in practice. We reviewed the examples we heard and read about, and visited or telephoned a few people in their homes to hear first-hand their experiences.

5. We ran an online survey, which was promoted through social media by a wide range of organisations. There were 104 online responses and six email and telephone responses. This was not a representative sample but was used to understand the range of users' and carers' experiences and views. The survey results are presented in [Part 3](#) of this supplement.

6. We also ran nine focus groups involving 55 users and carers. These were arranged and hosted by organisations that represent users and carers and provide support. The people involved included older people, adults with physical, sensory and/or learning disabilities, young adults with mental health problems, people from minority ethnic groups, and carers of children with a range of physical or learning disabilities.

7. As part of our Social Work in Scotland audit, Research Scotland undertook a survey of service users and carers in five local authority areas (East Renfrewshire, Glasgow, Midlothian, West Lothian and Western Isles). They targeted:

- older people
- people with physical disabilities or sensory impairments
- people with learning disabilities
- young people with disabilities
- carers.

The consultants also completed 33 focus groups and 12 individual interviews, with 165 people in total ([Social work in Scotland](#) .

Online survey of social work staff and managers

8. We ran an online survey of social work staff, which was promoted through the Scottish Social Services Council and other relevant stakeholder networks. There were 170 responses. This was not a representative sample but was used to understand the range of views of social work staff and managers. The survey results are presented at [Part 4](#) of this supplement.

Desk research

9. Throughout the audit we reviewed documents and reports relevant to the audit and to providers' experiences of SDS.

Part 2

Advisory group membership



Audit Scotland would like to thank the members of the advisory group for their input and advice throughout the audit.

Name	Organisation
Ali Upton	Scottish Social Services Council
Ian Beattie	Scottish Local Government Partnership (and Renfrewshire Health & Social Care Partnership)
Beth Hall	Convention Of Scottish Local Authorities
Bobby Miller	Chief Officers Group for Health and Social Care Scotland (and Health and Social Care North Lanarkshire)
Carolyn Lochhead	Scottish Association for Mental Health
Catherine Garrod	Coalition of Care and Support Providers in Scotland
Colin Young	the Alliance
Donald Macaskill	Scottish Care
Elaine Torrance	Social Work Scotland
Julie Haslett	Social Work Scotland
Shona MacGregor	Social Work Scotland
Fiona Collie	Carers Scotland
Catherine Bingham	Carer
Florence Garabedian	Self-Directed Support Scotland (and Lothian Centre for Inclusive Living)
Jess Wade	Self-Directed Support Scotland
Laura Finnan Cowan	Alzheimer Scotland
Lorna Ascroft	Scottish Government
Sally Shaw	Care Inspectorate
Rosie Lawrence	Care Inspectorate
Suzanne Munday	MECOPP (Minority Ethnic Carers of Older People Project)

Note: Members of the advisory group sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Part 3

Survey of users, carers and families



Introduction

10. Self-directed support is about individuals having a right to choice and control over their social care support. The purpose is to help them find the best ways to achieve their personal outcomes. In carrying out this audit it was therefore essential to understand what impact SDS is having on people with support needs. We gathered people's views and experiences through surveys, focus groups and one-to-one discussions.

11. We carried out an online survey in January and February 2017 asking service users and their families and carers to tell us about their experiences of SDS. The survey was distributed via stakeholder networks and promoted on social media. Respondents could also complete the responses in hard copy or arrange to talk to one of the audit team on the telephone.

12. The survey is not a representative sample of those who have experience of SDS. Therefore the numbers and quotes reported below only give an indication of the range of people's views and experiences. The survey results should be read with this in mind and we have presented them as raw data with limited analysis. Quotes come directly from respondents and have been selected to give a representation of the types of things we were told about. We have only edited the quotes to ensure respondents' anonymity and to correct minor spelling mistakes.

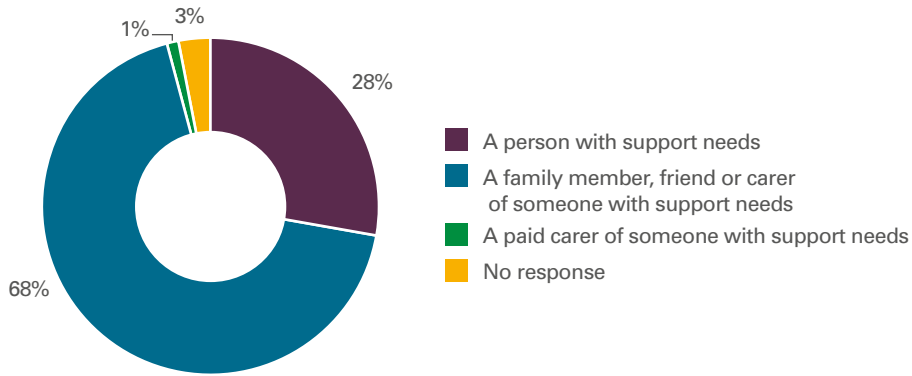
Who responded?

13. One hundred and four people responded to our survey. Of these, 29 were individuals with support needs, 71 were family members and one was a paid carer. Three respondents did not answer this question. We invited only those who had been assessed or reviewed within the last year to respond to the survey.

14. We received responses from 23 out of 32 local authority areas. There were none from Orkney, Shetland or the Western Isles.

Exhibit 1

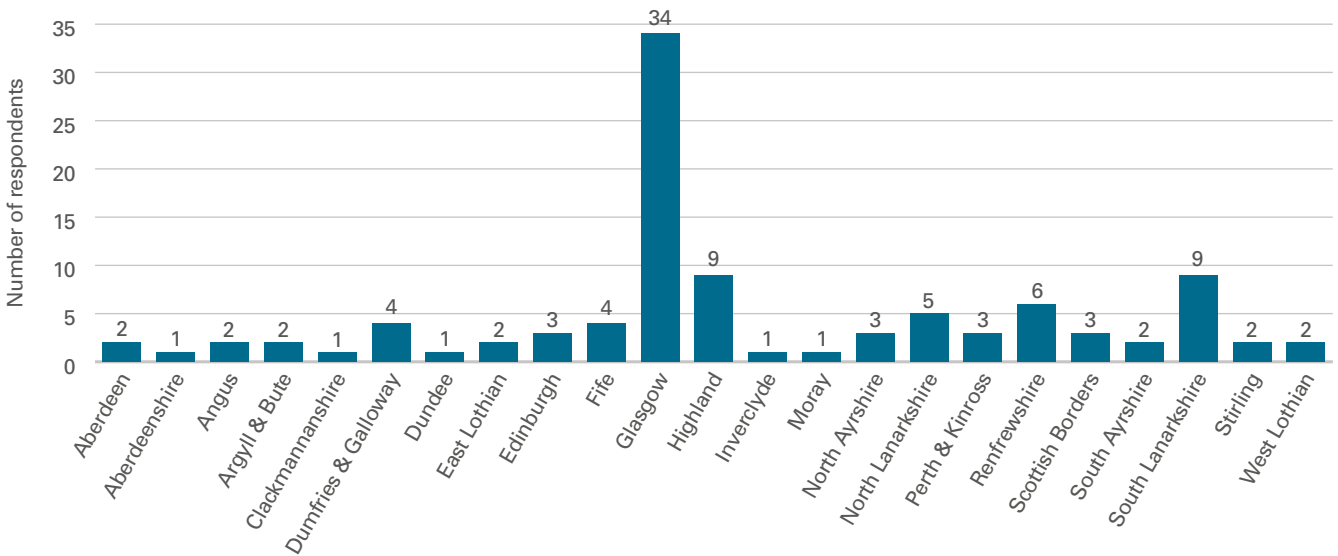
Are you...



Source: Audit Scotland

Exhibit 2

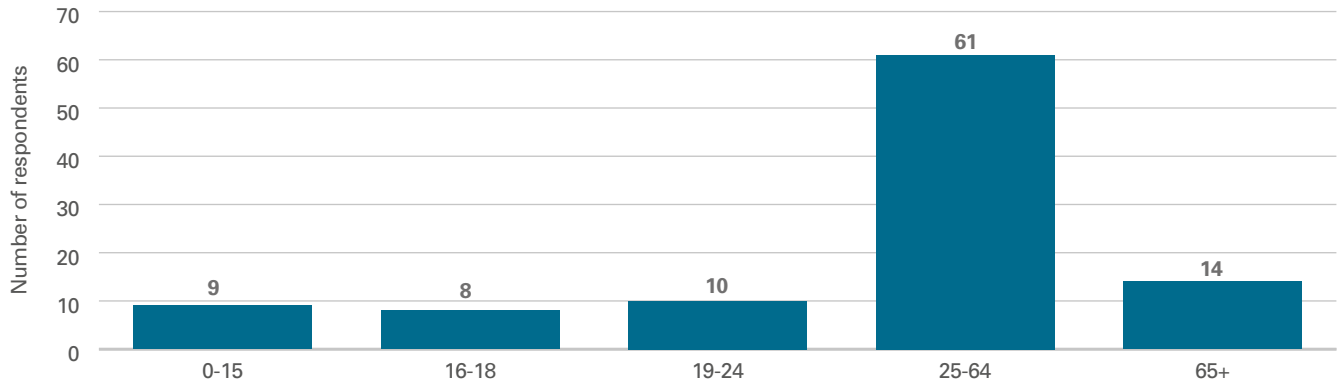
In which area does the supported person live?



Source: Audit Scotland

Exhibit 3

What age group is the supported person in?

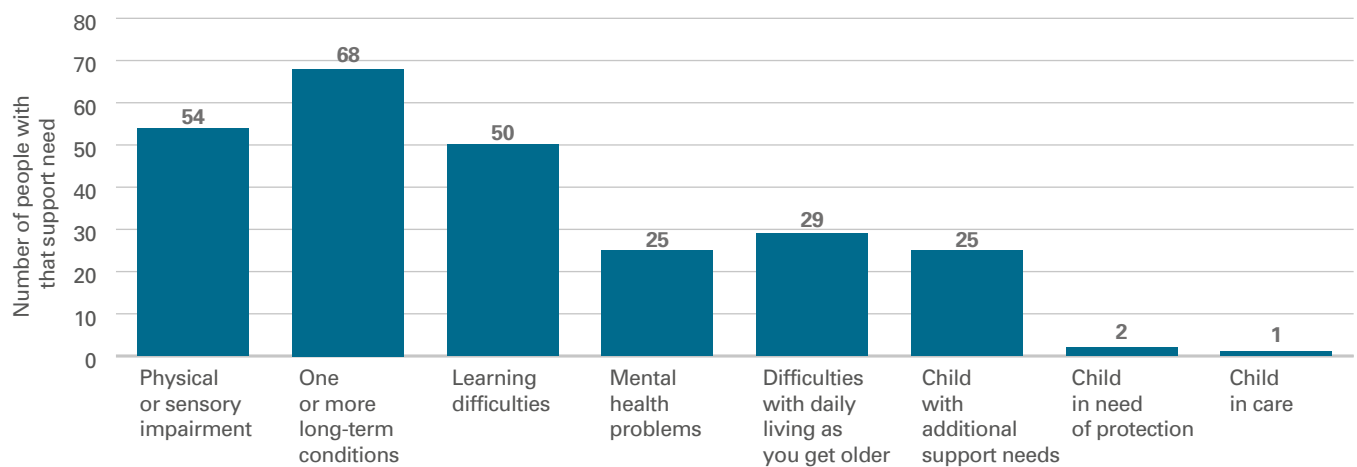


Note: Two survey respondents did not respond to this question.

Source: Audit Scotland

Exhibit 4

Reason for needing support



Note: Respondents could choose more than one reason.

Source: Audit Scotland

What support options were people offered and what do they have now?

15. We asked people what options they were offered but did not use the language of 'options' to avoid confusion.

Exhibit 5

Which options was the supported person offered the last time their needs were assessed or reviewed?

	Yes	No	Don't know	No response
To take a direct payment so you or your family could arrange your own support	74 (71%)	25 (24%)	2 (2%)	3 (3%)
For another organisation to arrange the support you have chosen and organise your budget	36 (35%)	52 (50%)	5 (5%)	10 (10%)
For the council to choose and organise your support and budget	48 (46%)	38 (37%)	7 (7%)	9 (9%)
All three of the above	28 (27%)	N/A	N/A	N/A

Note: Figures may not add up to 100 per cent due to rounding.

Source: Audit Scotland

Further comments

'I was told I don't qualify for self-directed support. I wasn't given any other information. Just told "You won't get it."

'All four options were on table but option for council to manage budget/arrange services was discouraged.'

'The four options were not presented to us. It was assumed that we would want and take a direct payment.'

'We told them we wanted SDS and how we wanted it to work – they agreed.'

'However I (for my father) was only offered options 1-3. Option 4, taking services from a variety of sources was never offered to me. In fact when I asked about it, I was told it was not possible. I only found out that option 4 actually existed when I googled social care and came across the official handbook. I was not given sight of this handbook from social services at any point in time. I also have to say that when options 1 and 2 above were mentioned it was always with the caveat "but they won't work" and social services were very keen to keep a tight leash on control. I felt that it was all lip-service and they were not interested in offering any kind of flexibility of service.'

Exhibit 6

How is support currently arranged?

You take a direct payment so that you or our family can arrange your own support	51 (50%)
You have asked an organisation to arrange the support you have chosen and to organise your budget	19 (18%)
The council chooses and organises your support and budget	23 (22%)
A combination of the above	10 (10%)

Note: One survey respondent did not respond to this question.

Source: Audit Scotland

Further comments

'The organisation explained the process, came and did planning and check in with me that my support is meeting my needs regularly.'
(Person receiving support through Options 1 and 2)

'I would have preferred to take a direct payment but there are many flaws in this option due to the level of support my son needs. It's very difficult to recruit staff and to support the staff in their induction and supervision as a mother/manager. There's no budget for training staff or shadowing shifts to get them up to speed with my son's needs.'
(Person receiving support through Option 2)

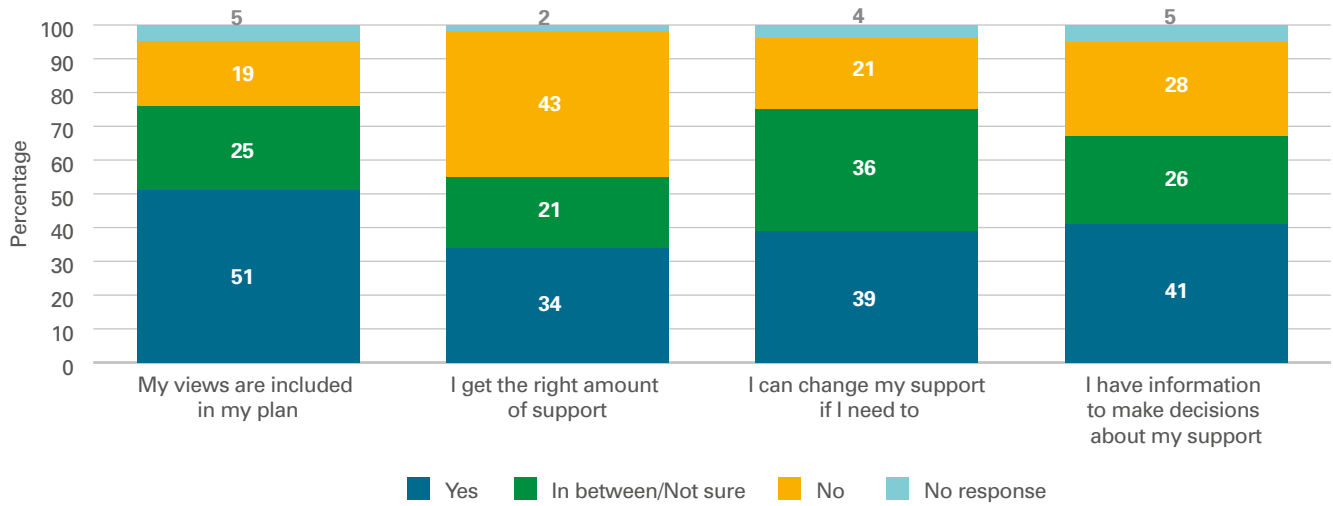
'There are many barriers to continue using a DP and in the area I live there is little support for managing a Direct Payment.'

'This was the best option so the budget could be accessed quickly.'
(Person receiving support through Option 3)

'As there are little or no respite services for the under 65s going down the direct payment route is a waste of time. If social work cannot organise respite due to it not being there, then how is the person to organise their own?'

Exhibit 7

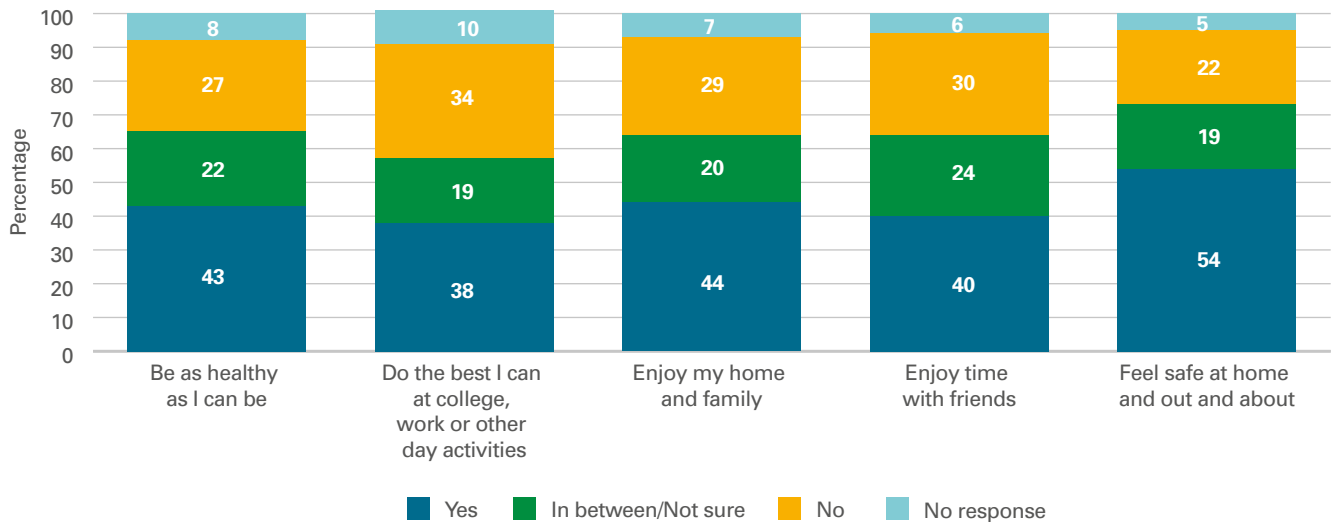
Over the past year, what do you think about these areas of your support?



Source: Audit Scotland

Exhibit 8

Over the past year, how well has your support helped you with the following areas of your life?



Note: Figures may not add up to 100 per cent due to rounding.

Source: Audit Scotland

Respondents' experiences with support

16. The survey also asked open text questions, designed to gather more detail and explanation about people's experiences of support and how they felt about it. We wanted respondents to have a free space to tell us in their own words what they thought.

Respondents told us about the process:

'It has been messy and over 1 year just filling the forms and completing the assessments and I still have yet to get a decision from the resource allocation group about budget for my son.'

'The whole process between initial calls to social work and payment of a small budget of £1,500 took almost 2 years.'

'This process was a long one. Mum was diagnosed with Alzheimer's Dementia, [ten months later] we received the first SDS payment.'

'Unfortunately although the package was agreed in around October last year and the payments were due to start on 1st December 2016 the direct payments are still not in place. I've been told this is a finance issue.'

'Our local authority has recently brought in loads of new rules and has handed control over to finance department to manage packages. It's been a total nightmare.'

'I don't feel listened to. At times I feel tremendous pressure with organising quite a large package. The [local authority] are so ill informed. You are spoken too like a poorly treated member of staff. Constantly compared to other families when you question things.'

'There was no transparency. They refused to tell us the budget allocated.'

'Mum's assigned Social Worker has been helpful when providing advice throughout the process.'

They told us about how much choice they felt they were getting:

'The process followed did not fully involve our views and we were under pressure to make changes to the current support plan that we did not consider appropriate.'

'With the budget left I asked for the supported employment to be the part I chose to spend my money on but was told that wasn't possible and had to use the 6 hours for care at home not a supported employment place.'

'Through SDS my mother was able to leave residential care and come to live with me at my home. My mother's needs were very extensive she had vascular dementia, poor vision & copd [chronic obstructive pulmonary disease] & limited mobility. Her needs were met at home due to assistance from various professionals including social worker, Community Psychiatric Nurse, Occupational Therapist, GP, carers & family. Her support was only for six months but she was so happy to be cared for at home. Her needs were met & everything went well.'

'Recent changes in what we can spend the money on has severely limited what I can do.'

'Managing my daughter's support myself has given us a greater degree of flexibility in her care and life in general. She has become more independent and outgoing and takes a greater part in her daily life because she is the boss and everything is focused on her and what she would like to do.'

'I had a hard time all the way with [Social Work] interference and I had to ask them for permission to use the budget to meet [my adult son's] needs and for items for staff to do their jobs, I was refused on many occasions and had to pay for things like a staff mobile phone for emergency contact the entire time he lived there...I was not allowed to use the budget for things I should be able to like fuel, outings, laptop for staff to keep records, etc, I paid for it all...When I tried to raise issues regarding these things I was only offered care providers to come in and do the job...I felt there was an immense amount of pressure on me to take a care provider, which would not have suited [adult son's] needs.'

They told us about the quality of support they felt they were getting:

'Support has no training in mental health and do not understand or make effort to understand my illness and how it affects me.'

'SDS support for my husband has created so much stress for me. This is due to inefficient Care Companies. Errors in invoices. Overcharging for hours that carers haven't worked. Providing carers who you are told have experience in dementia, but on the carer arriving at our home realising they don't have experience and are not even trained in dementia. Carers who were unwilling to provide the level of care I wanted for my husband.'

'The support we receive is suitable for my son, he has his day placement and transport to and from and he also has respite, however there is not enough left in the pot to also do 'fun activities' which sounds incredibly greedy but as I'm a single parent and physically disabled a little bit extra would maybe get him out and about more especially evenings and weekends.'

'I am writing on behalf on my mother who has dementia. The in home care provided on a daily basis is very good and the staff are lovely with my mum. Unfortunately where it has fallen down was

on discharge from hospital. The hospital discharged her without reinstating and upping the care package despite me meeting with them the day before and warning them that this needed to be in place. Lack of communication from the hospital lets the system down.'

'Very good dad manages it for ensuring fully that the support is about me.'

'My plan works well.'

'I was unable to manage my PA due to my health conditions which is why I changed so I feel it is not right that I've not been able to get additional funding to allow me to continue to get [the same number of] hours support a week.'

'The Council has reduced the budget when moving from Traditional Direct Payments to SDS Direct Payments. This has meant my daughter has had less money to buy the services she is assessed as requiring. The council has told myself and my family that we will have to care for our daughter more than we stated we were willing and able.'

'I have SDS. Found the last year my support workers have been good but due to the lack of workers I am unable to have the life that I want. I have my own house however I only can stay in my own house [a few] nights a week.'

They told us about the impact the support has on their lives:

'My disabled daughter's life has changed completely due to SDS. She now has a healthy lifestyle which includes a timetable of fitness classes, gym and swim activities that she attends along with her carers. She attends clubs to socialise with friends, goes to the cinema and bowling etc. She now leads the life of other 30 year old girls. Prior to SDS she stayed home and watched videos! The transformation in her life has improved her health and well being massively. My life as a carer has also changed for the better. Now that my daughter has SDS, I have free time to pursue a life of my own. I have time to meet with friends, catch up with household work, pursue some of my own interests and generally have time for myself.'

'Without it [support package], I would surely be unable to function at the personal level, let alone the social, academic or civic ones.'

'SDS means that my child can attend activities outside of their home independently of a family member. It also means that we can get a carer to come to the house if we need/would like to go out somewhere without the child.'

'SDS has allowed us to source support outwith what the council provides. Our son attends a group two days a week where with support he mixes with others, shops for lunch materials, helps prepare said lunch materials (sandwiches, hotdogs, pizza) this group is building his self confidence and encouraging him to be as independent as he can be. He is out in the community and we

see a huge difference in him, SDS allows my husband and I the opportunity to have time together, in fact last year whilst [our adult son] was on a respite break our trust in the support he was receiving from his autism practitioner and the group as a whole meant that for the first time we were able to have a weeks break abroad ourselves, the first time since [our adult son] was born. He is [now over 20 years old].'

'Since taking on the SDS package my son has left school (he was unhappy there and not reaching his full potential). This was the best decision every [sic] the timetable that he works with ensures that all aspects of Independent Living Skills are met, healthy lifestyle is accomplished and being able to employ staff that work well with him is really important. The support is there when we need it and not when an agency can give it. He gets to do things he loves to do.'

'SDS has enabled our family to continue living and caring at home. It buys replacement care and much needed support. Our waking service allows me much needed sleep every week and some time away from caring doing things that are important for and to me. SDS enables us to keep going in very difficult circumstances.'

And how their lives have changed as a result of the support and SDS:

'I am more stressed, tired and unwell than I was before we started the SDS process. My daughter wants and needs time away from her family but the budgets don't allow for this as much as it used to.'

'We don't have social care support. This can be limiting and tiring but dealing with inflexible council services which do not seem to value my role as a carer would have been more stressful. We halted the assessment process. We also felt that it was intrusive because of the financial assessment process. We are not rich, I lost a good salary when I stopped work to care for my husband. We would have to pay for some services which would bleed us dry financially. It's a sorry state of affairs.'

'Very little. It gives the family 5 hours respite on a Friday afternoon. The rest of the time we support our son ourselves and it is putting a strain on the family.'

'None it's very hard to actually get it. Much documented and publicised but you can't obtain.'

'None. Is and continues to be a very negative experience.'

'Not seen any benefits to the introduction of SDS. The introduction of SDS will have a negative impact on support plan and respite has significantly reduced affecting number of hours respite per week. The weekly respite in total per week will be less than 3 hours.'

'Knowing that my mum is well cared for by the person 'we employ' during the [period of time] funded allows us time to work and deal with the processes involved in her care. She is happy to be at home

with family and friends supporting her which benefits us and helps us deal with the care she needs 24/7. The SDS package has eased the financial burden on us as I now earn less having had to cut my working hours.'

'Less reliance on my family members to do activities sometimes.'

'I am able to do things that interest me and I want to do. When I want too.'

'It has got me more active which is improving my physical health. My mental health is becoming more stable and I have help to monitor it so that I can get help sooner rather than later if I deteriorate.'

'Our SDS budget has kept our family going when there was a big risk that it would collapse. It means the children can pursue social activities outwith the home and I get the occasional bit of respite. It's made a huge difference to both kids, being able to access things they enjoy and make friends.'

'Immense! The difference between drowning and making it to a safe harbour! We wouldn't have coped and would not willingly be without SDS now!'

'My son has a purpose in life now instead of sitting 24/7 in a room regressing.'

'The self management of my sons package has given him a better quality of life and care. I don't need to put up with poor service, bad timekeeping, inappropriate services, lack of flexibility. I think it forces companies and organisations to up their game. Many agencies and charitable organizations have milked the system and become complacent. Now they have to sell themselves to you.'

'Support has made it much easier to manage my daughter's life and also our lives in general. As a carer, it gives me time to live my own life, knowing that she is happy and well looked after.'

'Having a clean and tidy house, having the use of my garden, having someone available to pick up the odd thing or two that I need, or to take a letter to the Post Office for me, or to give me lifts to appointments has made an enormous difference to my life. I no longer feel as isolated (though I do still feel isolated and stuck at home!) and am so grateful to have a clean and tidy (and hygienic!) home. Also being able to have a respite break once or twice a year has made a huge difference to my well being, as I'm very much stuck in the house day in day out.'

'Enables me go to college, participate in a horticulture project, attend a music class and drama class.'

'We've already been able to have a more flexible relationship with the service provider we were using. I don't think this would have happened without SDS. Our service was always at their convenience before.'

'Although it has been a very frustrating process one thing I do need to say about the Social Worker is that they were very supportive of the plan I had detailed for my daughter. However, there is a lot of misinformation out there and I have spent a lot of time researching SDS and what exactly the money can be used for. I feel there are contradictions and my daughter's money could be spent more wisely and is not 100% person centred due to restrictions.'

'A big difference, For [teenage son] it means increased independence as the group he goes out with twice a week sit all the lads down so they can discuss what they want to do for the day, be it bowling, or the cinema and as they have now invested in a mini bus they also go further afield to visit the likes of the zoo and museums. The boys all discuss and make choices on the options they are given, be it a day away or just what they're having for lunch. For us as his guardians/parents we see a young man who is coming out of his shell, who is willing to participate in a conversation and who will voice his opinion - sometimes very loudly! [Teenage son] has become much less aggressive both verbally and physically since we chose to find the services he needed rather than make do with what social work wanted us to use. SDS has been a godsend.'

'Tremendous difference offered alternative activities holidays, supported social skills and promoted confidence.'

What would you say to other people about Self-Directed Support?

'I would definitely recommend it to others. Before you start do some research into services and what is out there for you to do. Think about what you want to do. Then go for it.'

'Find out all you can about it. Ask to be assessed. Get support so your voice is heard. Apply and use it in order to be able to make the most out of your life!'

'Right now it isn't a good time to try and request Self Directed Support in [my area]. People are only being given funding if they meet the critical eligibility criteria and urgently need help with personal care. A few years ago people got social hours but now social care is just how it was before the SDS Act came into force. People aren't getting much say over their support and aren't getting the help to become more independent and lead a normal life with things to do and able to keep relationships with family, friends etc. going.'

'The principal of SDS is good, but funding cuts and restrictions on how to spend your budget is not good. If you have a good local authority, who understands the ethos of SDS, go for it, if not stay clear if you can.'

'It's not working; its bureaucratic; its implementation does not match the vision underpinning the legislation and from speaking to many Carers in Scotland, decent packages of care are consistently being reduced, creating additional stress and pressure; families feel that their homes are being invaded when they have workers in their homes; significant carer deflators are being applied which leave families no better off than they were without help; valued day services are being destroyed.'

'Don't be afraid of making the change. We were afraid to risk the support we already had in place and move to SDS but once set up it's so flexible and supportive - we would not willingly be without it now!'

'I would say "Go for it" There is nothing to be scared of, and SDS allows you to be in control. Granted, some councils manage SDS better than others, but the main focus should be that you are in control and have an active part to play in what happens with the money. All outcomes should be entirely for the benefit of the recipient, and should be flexible enough to allow the care provided to fit in with your life, not the other way round.'

'I'd say that it's worth applying and seeing what can be offered to you. It can be tricky to manage, especially finding someone who suits the role and who you get on with and is trustworthy, but when it works out, it's great and can make an enormous difference to your life.'

'It is a total lottery, from social services to the carers who walk in through the door. Very difficult indeed.'

'In no way would I suggest to anyone that they apply for sds as the intrusion of sw into your life, the countless, endless meetings arguing about how you can possibly meet all the targets in the care plan on such a paltry sum are time consuming, stressful (and who is paying for childcare whilst you are attending all these stupid meetings?????) and really not worth the hassle.'

'It is nice to get a little break and be able to make decisions about who is doing the care, but when it is only 4 hours a week it is quite difficult to manage pay, timesheets, insurance, finding carers can take a lot of hours of my time.'

'I would say to people that self direct support gives you much more choice over your support. It also gives you the freedom of picking the right support service which will suit your needs.'

'I honestly couldn't recommend SDS to anyone unless they have a good supportive SW department and that's a rare thing.'

'SDS is a very valuable resource for people with care needs as it can help keep them at home in their own environment surrounded by what they know best. For carers it relieves the financial burdens placed upon them due to the increased needs of the person they care for. I would advise that the award given will be significantly less than the amount needed to place their family member in a long stay establishment. They must be prepared to face delays, frustration and have a determination that this is the best package for their circumstances. I would also advise them to seek help throughout the process from their Social Worker and the health care professionals involved in their person's life. I would also advise that you need to be careful to follow guidelines and meet deadlines to ensure that this support continues.'

'Prepare to fight and for it to be a long battle.'

'It's not for everyone - councils do not make it easy to get the level of support you really need, and there are fewer and fewer organisations out there offering support. From our perspective the right ethos and attitude was very important as well - we wanted to be sure that the support staff had the same outlook as us and are about enabling rather than disabling.'

'It is easy to maintain after the initial setting up. It can be managed by somebody else if you are not keen to do it yourself. It gives the cared for person some valuable social time allowing them to do something they enjoy. Carers get a break and it help the whole family cope.'

'I would recommend it. It can be a bit daunting employing someone or working with an agency, and it can take time to get support workers that are right for you, but it is worth it in the end.'

'Persevere and be patient. Ask for help before it gets critical as it can take some time to be assessed and the process is not fast if not an emergency.'

'Do it, don't just rely on what your local council has in place. There are more options out there and whilst it might take time to source the correct support it truly makes all the difference.'

'It is good, but can be quite stressful to organise and find suitable care, and trying to stretch out a small budget.'

'Flexibility is the best thing, if you feel daunted by employing someone there are agencies and services you can use. e.g. I use an agency for respite at evenings and weekends and a cleaning service to do ironing, cleaning for my son.'

'I cannot recommend SDS highly enough - whichever option you choose. It can change lives and give independence where previously there were none. It gives carers a break from caring to recharge their batteries.'

'It only works if the resources exist already. Either the council or other companies need to have the resources available, or if you intend to take on direct payments ensure that there are resources available first. Recruiting staff is challenging unless you already know someone who can do the job, remember there will be no cover if your carer is sick or on holiday if you pay them directly and you will need to register as an employer with HMRC and meet the same employment legislation as other small businesses. It can be really stressful. Councils are very keen to pass over a budget as a direct payment because it takes the problem of organising support away from them. If you cannot find and resource the support your child needs, you end up giving the budget back. SDS can be exceptionally stressful.'

'It is important to have the right support in place for you and not just accept what is on offer.'

'It's is so much better than having people pop in for a short time four times a day. You get to develop a relationship with the Carers as there are only a few.'

What would change to make Self-Directed Support better?

Training and guidance

'Ensure all health professionals are trained in accurate assessment in Personal Outcome Plans.'

'More training for everyone - people using SDS, their families and social workers as there is still not enough informed information freely available.'

'More training for social workers and their managers as the ethos isn't reach[ing] the front line staff or if it is it's then being blocked by managers.'

'Social Workers need to be properly trained in concept of SDS. Support Organisations likewise need to be trained.'

'I would offer people training on SDS and managing a budget.'

'More advice and support from Social Work to help find the correct care and how to maximise the SDS budget.'

Transparency in budget-setting

'A more transparent, open process, particularly about how budgets are arrived at.'

'Make it more transparent; make scoring system available after assessment, explain how budget [is] calculated and how the decision was reached.'

'The process that is the assessment needs to be more inclusive and transparent and if it is then it won't feel like fitting within a cost envelope.'

More flexibility in how budgets can be used to meet outcomes

'I know people who have all sorts of "rules" applied to their package that makes it unusable.'

'I would like the SDS to be able to pay for things I can't afford, like a meal out, which can make such a difference to someone like me who is housebound.'

'Make the outcomes much more flexible.'

Easier and more efficient processes

'To make it easier for families as applying for this took over a year and caused me more stress that I didn't need, also the criterias need to be more clear, as far as I could see my son was in the high/severe category but I got second bottom, don't understand this at all!!!'

'The application process is a little clunky. It needs to be streamlined and made more efficient. Payments should be via a special card, so you don't have to faff about with separate bank accounts or keep accounts for each transaction. This can be particular tough on people with certain disabilities.'

Part 4

Survey of social work staff and managers



Introduction

17. We ran an online survey to gather the views of social work staff who are responsible for assessing and reviewing needs and helping people to plan their support. We had already conducted interviews and group discussions with staff, team leaders and managers working in social work departments in the five case study authorities. This survey was an opportunity to follow up with more people some of the issues we found during the interviews.

18. We ran the online survey in March and April 2017. The Scottish Social Services Council (SSSC), the Care Inspectorate, Social Work Scotland and case study authorities helped promote the survey, beginning with a news story on the SSSC website with an electronic link to the survey.

19. The survey gave us a self-selected sample of social work staff and managers. It is therefore not necessarily representative of the views of all social work staff and managers. Instead it gives us an indication of the range of their views and experiences of working with self-directed support. The survey results should be read with this in mind and we have presented them as raw data with limited analysis. Quotes come directly from respondents and have been selected to give a representation of the types of things we were told about. We have only edited the quotes to ensure respondents' anonymity and to correct minor spelling mistakes.

Who responded?

20. We received 170 responses to the survey. On the basis of their job titles, around one third described themselves as a 'social worker'. Others were mainly care managers, team managers/team leaders, occupational therapists, social work assistants, adult service coordinators and mental health officers. Approximately one in five described themselves clearly as a manager.

21. Respondents were working with a range of children and adults ([Exhibit 9, page 25](#)). Their length of experiences ranged from under a year to 40 years, with a median time of eight years. We did not ask respondents which authority they worked for as we felt they were more likely to take part and to respond more candidly if they were not asked to do so.

Exhibit 9

Which of the following client groups do you work with?

Adults with one or more long-term conditions	101 (63%)
Adults with physical or sensory impairments	99 (62%)
Older people	99 (62%)
Adults with learning disabilities	93 (58%)
Adults with mental health problems	89 (56%)
Children and families	22 (14%)
Other	14 (9%)

Note: Respondents could choose more than one client group.

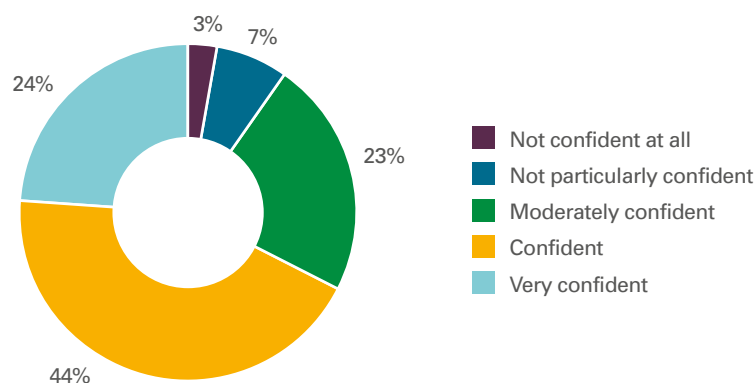
Source: Audit Scotland

Staff confidence in identifying outcomes and explaining SDS

22. This section looks at staff confidence in helping people to identify their individual outcomes and choose from the SDS options. 68 per cent of respondents were confident or very confident about identifying individual outcomes ([Exhibit 10](#)).

Exhibit 10

On a scale of 1 to 5, how confident do you feel about supporting people to identify their individual outcomes?



Note: Figures may not add up to 100 per cent due to rounding.

Source: Audit Scotland

What further guidance or training do you need to help people identify their outcomes?

Some respondents said they had received good training:

'I receive on-going training appropriate to service users I assess. I also know when to speak to my senior if I have any concerns or there is any conflict with families who are struggling to come to terms with their loved ones care needs; I am confident in arranging meetings and inviting the appropriate people in order to reassure families and explain the resources available in the community to support the service users; families and carers.'

Some suggested a need for further training:

'Training to be ongoing around outcomes to ensure continued focus on the supported person's goals and ambitions as well as assisting them to acknowledge the perhaps more mundane outcomes around safety and health.'

'I think within our organisation we need more training targeted at the process of helping people to develop outcomes as well as what an outcome actually is. I previously worked elsewhere so feel confident in this but current colleagues don't. I think this relates in part to the roll out and use of tools/assessment documents which are not fit for purpose and are currently being revised. Staff need support to adapt to a new way of working and there needs to be a shift in culture. Staff are unclear as to how to identify and support service users to meet outcomes in the context of eligibility criteria and resource cuts.'

'I'm aware that less experienced workers are still struggling with the difference between an output and an outcome and it's something I find difficult to support people with. Some more widely available coaching/ training resources would be good.'

'Better language around outcomes when the public have been conditioned to thinking about needs and what services can provide for them.'

Some staff found it difficult to work with specific client groups to identify outcomes:

'I work with older people, many struggle with the idea of individual outcomes.'

'Some of the people I work with find the forms confusing, difficult and not person centred.'

'it isn't about the need for further training - some of it is about people understanding and being able to articulate their wishes. I work with a lot of older people, and identifying outcomes can be difficult due to reduced cognitive function.'

Some staff said it was difficult to identify outcomes in the context of financial challenges:

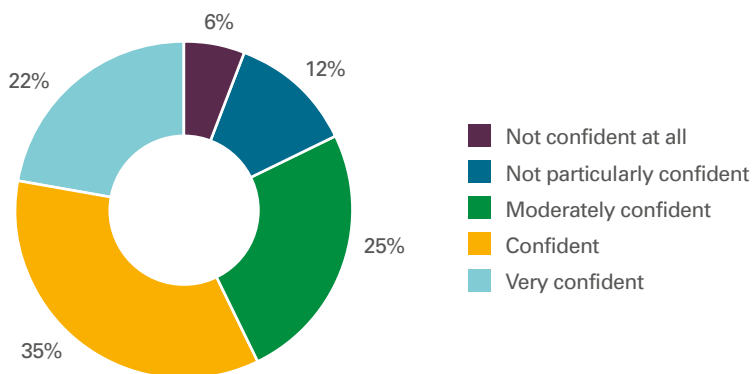
‘SDS is being sold as giving choice and control back to people about how their services should be. In reality this is not the case because of budget constraints so training is how to get across the reality of SDS and realistic outcomes would be useful.’

‘Outcomes can be very difficult to identify and a lot of workers tend to continue to identify goals and tasks. With ever increasing demands, changes and staff reductions time with clients is being squeezed as Managers focus on value and statistics.’

23. Fifty-seven per cent of respondents felt confident or very confident about understanding SDS well enough to help people choose from the SDS options ([Exhibit 11](#)).

Exhibit 11

On a scale of 1 to 5, how confident do you feel about understanding self-directed support so that you can explain it to people and help them choose from the options?



Source: Audit Scotland

What further guidance or training do you need to help understand self-directed support?

Some respondents were positive about the training they had received:

'Various training courses I have attended have explained the options available and the logistics required to initiate the service/complete paperwork. The SDS team have been helpful in providing additional information on an individual basis as required.'

'Most training has been useful, however some courses still used too much jargon, and were ran on the assumption that individual workers were already confident in their knowledge of SDS, this is not always the case.'

'Our team were part of a pilot scheme which was very successful incorporating service users and their family. This gave me a good insight into innovative uses. Some in house training which I learned the basics from and became more knowledgeable the more I used it in practice.'

Some respondents felt further training on the SDS options was needed:

'Staff need to be clear as to options, how these can be used, eligibility criteria, equivalency model etc. It is very difficult to convey all of this to service users and families when we are not clear about the processes internally.'

'This can be confusing for people, particularly choosing which option to choose. I find each case is different. I strive to explain the process. Option 1 can be difficult to grasp for families.'

'More information and guidance on the responsibility people have particularly in relation to direct payments as individuals can find this choice particularly daunting and complex.'

24. Advice and support from fellow social work staff, peer mentors and team leaders or managers is an important source of advice and support when staff are unsure about how to meet someone's outcomes or support choices ([Exhibit 12, page 29](#)). Only three per cent of respondents did not know where they would seek help.

Exhibit 12

Where would you get advice and support if you were unsure about how to meet someone's outcomes or support choices?

Fellow social worker or peer mentor	120 (75%)
Team leader/team manager	98 (61%)
Self-directed support lead/manager/team	76 (47%)
Written or online guidance	65 (40%)
Direct payments team	45 (28%)
Finance staff	33 (20%)
Don't know	5 (3%)
Other	18 (11%)

Note: Respondents could choose more than one client group.

Source: Audit Scotland

Views about the processes for getting support

Some staff were positive about the processes for arranging support:

'I think there have been big improvements in [this area] in the last two years. There is clearer guidelines and processes for staff and service users.'

'We would not be as confident without the team of Direct Payment workers who manage the financial side of things and their vast knowledge re employment laws for personal assistants etc.'

Respondents who were negative about the processes raised similar issues to those raised by service users and carers:

'There are still some staff who appear reluctant to encourage clients to consider Option 1 as this often involves more paperwork and/ or they are less familiar with that process and stick with a directly provided/commissioned service as it's easier for workers overall.'

'Keep it simple! Everything is too complicated. It can be hard to understand, it can sound like a lot of work if you were to make all your own decisions, so people just let the Care Management decide and say it's fine, when maybe it's not really the service that they want.'

'Nothing, except the paperwork which can be extremely difficult for people to understand and in particular people who lack capacity or have communication difficulties. Carers do not wish to undertake such an extensive line of questioning as a comment which occurs most of the time.'

'The extent of the work involved in setting up option 1 for small packages of care appears to be self defeating and puts a lot of clients off.'

'At the moment I am unsure about the paperwork side of Option 2. Our policies and procedures have been behind in catching up with the change in legislation. Some procedure change as particular cases challenge the current procedures and this has led to unacceptable waiting times for some families.'

'There is no clear pathway for social work practitioners to follow, so each case may transition along the paperwork trail differently, until clear procedures are in place.'

'The main problem is the overly complicated paper work and processes of this council. To add to this, the council often gets payments wrong and their bills are wrong. This can take even skilled people weeks or months to sort out with the council not being helpful.'

'I have also had some training on using the Social Work recording for SDS (ie how to record the assessment and support plan on [our computer system]). It is a seemingly complex set of information which is needed and requires some speed to be prepared for the

panel to approve it all. I don't find it a particularly user friendly way of recording what 'practical' needs a person has for example if they are going into respite.'

'It is not so much about training it is all the other things that I have to do particularly the approval for funding which has to be presented to a panel. This Panel can stop or delay a request for funding and this adds stress to what is a stressful process for the client & the Practitioner. Once funding is approved the process goes into a kind of accountancy request which you only get proficient at if you are doing them regularly. If you get stuck there is online help and I have to use this often as I work in an isolated location with few requests coming over my desk to build up my competencies.'

'The current SDS assessment process and the tools we have been provided with to follow this process are too long. The amount of paperwork is overwhelming and the style and terminology used in the assessments is not user friendly. The contracts for support as equally as horrendous - [they are very] long and [multiple] copies have to be generated - everyone knows the vast majority of supported people will never read this contract yet we still need them to sign it. Frequently our assessments bring the supported person significantly under budget and this is often just for a relatively small package of support at home. The assessment tool does not seem to capture any client group's needs. Despite all this being highlighted we are still having to use the documentation.'

Some respondents felt there was a lack of information for people seeking support:

'Direct Payments often offer individual's more control over accessing appropriate supports. However, many family members are reluctant to take on this responsibility due to a perceived lack of on-going support and advice specifically in managing Direct Payments.'

'Most of the useful training has been given after the start of the process. Training was given regarding the options and what these were. This was clear but it remains difficult to make these fully understood to service users/carers/parents.'

'Brief and concise written information to give to families about the options and what they mean for them would be helpful to back up verbal discussions about the options.'

'It will be good to have something visual or examples to show the options of SDS to support the service users to be able to understand the differences of the options and able to make their own choice.'

Some thought there was a lack of information for staff:

'Clear in house guidance, flowcharts etc. that explain processes relating to SDS to staff and also more detailed public information (we have one little leaflet that explains briefly the 4 options and that is it)'

'Better literature, better understanding of processes, better support through the process - a central call centre to support staff. Access to a self-directed support team lead for supervision. It's very difficult to find someone who has an expert level of understanding within the organisation.'

Offering people choice and control

25. Staff who responded to our survey had positive stories about support arranged using the SDS options. The most commonly-mentioned way of doing things differently was by helping people employ their own personal assistants. There were also examples of finding respite for carers, pursuing hobbies and interests, and arranging for people to take holidays or trips away.

‘Promoting independence for a young person and allowing them to be more independent of their parents by employing a PA of a similar age and similar interests.’

‘I have one service user who has always been resistant to support as he does not like meeting new people and a provider would be unable to guarantee the same worker every day. He now has a direct payment and works with an ex nhs employee whom he used to work with and is getting fitter and more involved in his community.’

‘A client that I had was using a provider to deliver the large care package under Option 3 but the family and the provider clashed on a number of occasions, not least because the provider proved to be inflexible and were often unable to deliver the hours. The client decided to move to an Option 1 which was a big undertaking given the hours required however it was a great move and the client feels much more in control as they can decide on the staff and exactly how the hours are delivered.’

‘SDS has allowed more creative thinking out of the box and this has been more cost effective for the LA and has provided the service user with a service that has met identified need and has provided benefit.’

‘What social workers often feel is that they have to choose options for people to fulfil outcome criteria. Often this is not tailored to the individual but methods from experience. Listening to those we work for has changed my opinion on the significance of outcomes. It no longer needs to be earth shatteringly significant but relevant to the child's needs and wants. This has seen me move from using a day centre to care for needs to self-directed support being used to allow the child to attend their chosen activities with support.’

26. Our survey asked about barriers to offering people choice and control through SDS. The most common barriers identified by staff were a lack of services or options to offer people and budget pressures. Staff also told us about cases where people did not want to take Option 1 because of the work involved, and occasions when staff felt they had to manage the expectations of service users. Several respondents mentioned difficulties finding staff, for any of the options, or a lack of providers.

Barriers to offering choice and control

Shortages of staff or lack of providers, especially in rural areas:

'Unfortunately due to our location we have very little to offer in regards to care providers. I understand this is an ongoing process and this will eventually improve, however lack of care providers in the area has caused a lot of distress to people.'

'Lack of a supply of PAs [Personal Assistants]/agency workers. In the [two] parts of the country I've worked recently, there's an acute shortage of people who are prepared to work at the rates offered, either as PAs or as carers employed by an agency. The biggest problem affecting people's choices in my opinion isn't anything to do with the application of the policy it is the lack of availability of care staff / PAs. Where families have the funds to top up the DP [Direct Payment] rates the policy has assisted those families by subsidising the overall care costs but this isn't an arrangement that every family / client can afford.'

'The main issue is the sheer volume of cases trying to access a smaller number of resources. We are assessing and submitting our paperwork to the panel. The packages are getting approval but there is no availability for care providers. At times, people can wait many months to get even a small care package. There literally are no other care providers we can use so I don't really see what else can be done to achieve our outcomes of providing a package of care.'

'The shortage of trained carers in both local authority and agency creates major problems. Opportunity in third sector is now rare. Too many mainstream alternatives are unprepared and don't engage well.'

'Assessment is not the issue, offering alternative ways to deliver service is not an issue, service options (resource) is a major major issue.'

'Shortage of capacity amongst care providers in [this area], and allocation of particular providers to particular areas usually means in reality that people don't really have any choice under Option 2 over who will provide their care.'

'Lack of available care workers due to agencies' ongoing recruitment issues.'

'Small local authority so less options for people to access/tap into.'

'Due to working within a rural community, there are not enough resources available to provide the type of support people need, especially overnight respite.'

'Lack of services, particularly in rural areas. Transport in rural areas can also be an issue and can take up a disproportionate amount of someone's budget.'

People feel reluctant to choose option 1 (direct payments) because of the amount of work involved:

'Often people really want ordinary local authority provided services - no complications and no management of staff. However, there is a shortage at times which forces people to use option 1 or 2 to get the support they need.'

'Majority of supported people are choosing option 3 but there is not enough support availability under this option so to get support supported person is being forced to choose either option 2 or direct payments to get support. Forcing people to take another option to the get support they need is NOT meant to be part of the SDS process.'

'I have found that most people are reluctant to move from Option 3; unless their disability is physical and they are quite capable of managing their SDS budget; or they have very active families.'

'Direct Payments often offer individual's more control over accessing appropriate supports. However, many family members are reluctant to take on this responsibility due to a perceived lack of on-going support and advice specifically in managing Direct Payments.'

'Families often struggle to find a friend or a person they trust or know well enough to undertake the role of Personal Assistant therefore they usually default to option 3. Social work then take on board the task to find a professional service provider at a higher cost to the service - It is my experience that often family members who are looking for support are at crisis point and they do not want to start processes of advertising and interviewing personal assistants as this causes them further stress.'

'The time scale and processes affects people having choices. If they feel they have to advertise for staff, interview etc they are usually put off as this takes a great deal of time. If they are unable to locate a friend or such like then they will not be able to have a personal assistant.'

'Families I have worked with are willing to have discussions about all 4 options and weigh up the pros and cons. Overall, the consensus amongst younger adult families with disabilities is that they do not want the responsibility of organising a Direct Payment.'

Budget restrictions can affect people's choices:

'Funding cuts within my local authority is having a real effect on people's budgets. Without an increase in community based (unpaid) resources, I believe there will be many families struggling to meet the needs of their children.'

'The obvious one is budget restrictions of which we have been very affected - so lack of resources in terms of money to spend and what people can and can't spend their money on. Three years ago budgets were much more generous - now cuts and the people with care needs are most affected as they were used to what they had,

now have less but needs have not changed (even when outcomes are met, needs may stay the same.)'

'I think people have a fairly wide choice generally and I feel most of the limitations people come up against relate to a lack of funding/resources.'

'SDS is good in principle. Difficulty is the budgets awarded still outstrip the required care locally required as our older and disabled population continue to increase in number and complexities. Unless health and social care is funded to enable people with care needs to be cared for at home then this principle will not work in the long term. As a manager who is responsible for carrying out reviews of new and existing care plans I am aware that the hope is my staff will reduce budgets however the reality is we just as frequently have to increase supports as older relatives start to struggle to care for their family member.'

Lack of clarity about how budgets may be spent:

'No clear guidelines from SDS Scotland as to outcomes and no clear info to Service Users, parents and carers as to what the money can be spent on.'

'Having clearer guidance regarding what is accepted and what is restricted via Self Directed Support as the term outcomes is very subjective especially in relation to mental health as many different things can be used to promote positive mental health ie holidays, attending social activities such as concerts, sporting events etc, physical exercise (gym membership), massage, holistic therapies, alternative therapies etc, meaningful activities (again this is wide). However, there is unclear guidance as to whether these things can or should be used via an SDS budget which is fundamentally public funds.'

'I feel that the introduction of SDS has highlighted the cost of care to supported people and their carers and this has not been a bad thing. However, clearer guidelines on the use of the direct payment for Carer's would alleviate a great deal of stress for workers who often find themselves in an 'I don't know' situation when faced with disagreements around their use. This also causes problems of inequality as carers differ in their ability to research and present intelligent arguments to justify usage that may not be, to us as workers, totally appropriate. We are aware that there is always a grey area but it would be helpful to have clearer guidelines around the use of the Carer's DP budget.'

'Feel confident enough but concerned about moving goal posts as to how it can be spent.'

'Lack of clarity from SDS team about what money can be used for.'

'There is much disparity between generating an Indicative budget (My team uses a scoring system) and what management actually agree to fund. I find that even if a family choose to utilise their entire indicative budget and I agree that this meets the family's outcomes, management will often reduce the care package to some extent in order to save money.'

'The training has been quite poor at times and there is still a large difference between what SDS as a department tells us we can use payments for and what our managers will allow.'

'Older people may identify outcomes such as going to church, visiting family, having company etc. as well as their personal care and support needs. The priority of needs framework adopted by most councils means funding is only being released for essential support which is task orientated and covering basic needs like medication, feeding, washing and dressing.'

'Identifying outcomes is easy...getting funding for anything more than basic care needs (which can result in quarter of an hour home visits) is much harder.'

'There needs to be a greater focus on providing funding for preventative measures focused on good transport, social/emotional stimulation and better opportunities for access to the local community.'

Issues with client contributions to their budget:

'Some people still struggle with having to pay a contribution towards their care costs, which has resulted in debts accruing.'

'Lack of services - or availability of services at the times requested.
- Barriers around charging policy and the impact that this has on worker/service user relationships.'

'In Mental Health there is a huge issue over charges as this Council charges for these supports. Occasionally the person will give up on the request when the charge element becomes clear to them, this is an unfortunate by-product of that Policy!'

'Person was unable to use their preferred Option 2 due to administrative failures. It had been stressed throughout the initial training that should the person choose a more expensive support than we would normally fund then, the person would have to pay the difference. Unfortunately the finance side paid out the higher amounts requested by some companies. This resulted in a clamp down on Option 2.'

'Issues with our LA not having a clear charging policy or clear guidance on differentiating between client and carer outcomes (charging) when the actual output (care required) is effectively the same.'

Other comments:

'I work with adults with learning disabilities and sometimes their lack of capacity and the lack of a legal framework for someone to act on their behalf can be a problem and can delay the process.'

'SDS favours those who are literate, well-supported and have additional resources such as friends and family. It is not a suitable option for those who are most vulnerable and may be illiterate, homeless, mentally ill or disabled or otherwise in crisis - ie those it is supposed to help!!!'

'People and other organisations need to be educated to the realities of Self Directed Support, it is a great concept, it has great potential, it is doing great work. However, it is failing to deliver the budget savings anticipated, the bureaucracy has got out of control and people have unrealistic expectations of the control and freedom they will have.'

'The main problem with that is we are chronically short of in-house services to facilitate timely hospital discharges...Additionally with integration we find our NHS colleagues appear to have little idea of what SDS is about both in theory and in practice and they can give wrong information to clients or raise expectations that the local authority cannot meet.'

'Some people have unrealistic expectations about how they can use their budgets; however, when it was explained to them they were fine.'

'People have been given expectations which are not practical to be met by Local Authority assessments. This leads to conflict and misunderstanding. The role of the LA, Legislation and limitations have to be better advertised and explained.'

'Again conflict arose due to families been given conflicting advice as to what can be purchased in the way of activities for example families been given a particular payment for say a holiday or to pay for a course this may have met particular needs for a family but other families assuming it is their right also to have a holiday paid for or a season ticket etc. not understanding budgets and assesses needs - Confusion with identified budgets and actual budgets for some families assuming that the whole budget is available for spending on demand !!'

'Yes, they wanted to manage their own budget and I didn't think it was something they could manage.'

'Their ability to manage a budget themselves, too difficult for them and unsure they would spend the money appropriately.'

'Domestic supports, cooking, cleaning, shopping etc. are considered private chargeable services. Often clients/families expect these services to be included in their supports, without charge.'

'Disparity between the 'sales pitch' of what SDS can be used for and what local funding panel will agree.'

Directing people to alternative sources of support if they do not meet eligibility criteria:

Our survey asked respondents about people they have assessed who do not meet the eligibility criteria for social care, and if they were able to direct them to alternative sources of support. Most people who responded to this question were able to identify some form of alternative service, mainly voluntary sector or community groups. Very few respondents were completely unaware of alternative services.

'I think this happens frequently in relation to signposting to alternative resources of which there are a variety. It is difficult to assess the success of this as we don't do follow up.'

'There is a wide range of community supports in [this area] where people can be supported - often through the Council for Voluntary Services.'

'Yes we operate an initial response team who provide short term support for individuals who do not require a budget and they are supported to identify and access natural supports and free resources in the community that are able to meet needs. Additionally, this team is very creative with assisting people through a range of free resources. Furthermore, we ensure that individuals' income is maximised and that they can budget their finances better, to enable them to have more options available to them regarding accessing resources that may require funding such as local yoga classes that may have a minimal charge.'

'Using Dial A Bus to get out to a weekly event rather than having a personal assistant to take them.'

'We are critical only for funding and I always request things under critical criteria given mental health issues are frequently a crisis for the person I am dealing with. I look to recovery pathways and use the review process to see what impact for change has occurred and at that point it may become a lower level or cease dependent on the progress the person has made. I also have the advantage of NHS support pathways which are free at the point of contact and again we tap into this as/when necessary.'

'For this locally we have:...Rural charitable transport service - Meal delivery services (LA & private) - Befriending Service - Third Sector Interface - Benefits Welfare Rights Officers - Young peoples' housing support project - Homelessness Officer - Skills Development Scotland - Job Centre Plus - Charitable orgs who provide employment training through volunteering (mainly charity shop work)...I have a cause to refer people to all of these orgs in the last 2 years...However in the last 2 years 3 voluntary groups have folded due to lack of board participation and funding. New legislation/legal requirements for voluntary orgs and short term funding for projects that become unsustainable because rolling costs are not covered mean it is very difficult to maintain groups and orgs in the current climate...The same people trying to provide a workforce from an ever decreasing working age population.'

'Yes I assessed an individual and identified that their main areas of challenge were in relation to shopping and feeling lonely. The individual was directed to a local voluntary shopping service and provided with details of local clubs and lunch groups.'

Supplement 2

Self-directed support

Audit methodology and survey results

This report is available in PDF and RTF formats, along with a podcast summary at:

www.audit-scotland.gov.uk 

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