



Change Map for Self-Directed Support

Scottish Government

June 2018



Introduction

- 1.1 In November 2017, the Scottish Government commissioned a consortium of Blake Stevenson Ltd, Rocket Science and the York Health Economics Consortium (YHEC) to conduct research which will contribute to the ongoing national monitoring and evaluation of Self-directed Support (SDS).
- 1.2 The main aims of the study are to assess and analyse the existing evidence base, to produce a refreshed set of key research questions for the ongoing monitoring and evaluation of SDS, and to carry out studies on two specific themes. A key aspect of this work was an Evaluability Assessment (EA) of SDS;
- 1.3 There are several elements within the EA; building a change map for the effective delivery of SDS, which captures specific outcomes from a range of stakeholders, is a key part of understanding and confirming what SDS was intended to achieve.

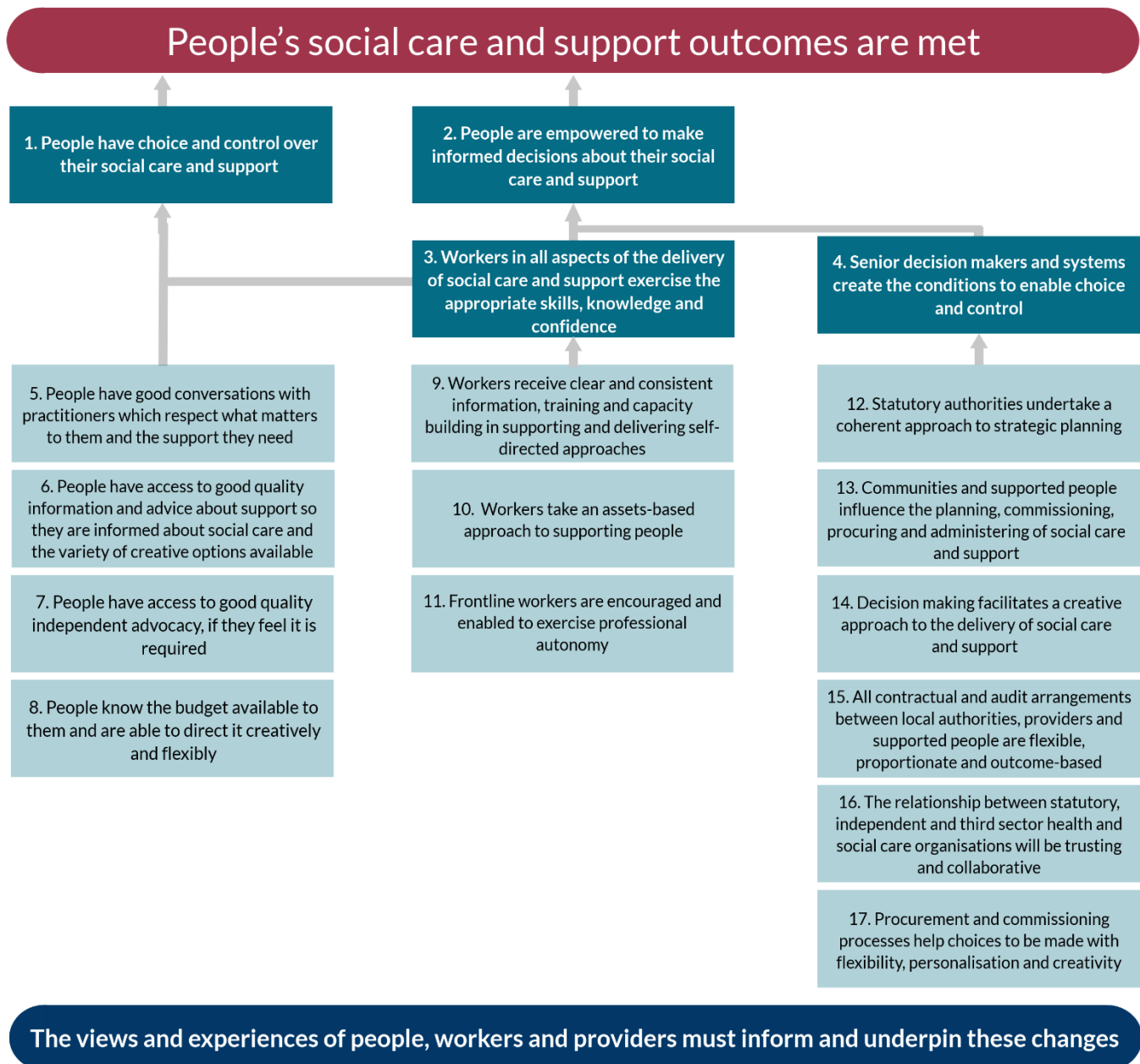
Theory of Change (ToC) workshops

- 1.4 In December 2017, 37 people from local authorities, providers, carer organisations, national bodies and organisations that support disabled people were invited to participate in the ToC element of the study.
- 1.5 Two workshops were held in January and February 2018. The first one, in Glasgow, was with participants in a strategic role and the second one, held in Edinburgh was aimed at those in operational roles. The workshop discussions considered the existing evidence and data collection and then identified a series of key changes that were required for the effective delivery of SDS. The first workshop created a draft change map which was refined by participants in the second workshop. Across the two workshops, there were 27 participants.

Creating the Map and narrative

- 1.6 The draft map and narrative were refined and finalised through discussions with the RAG members who represent a wide range of stakeholders. These include policymakers and researchers within Scottish Government, COSLA, the Care Inspectorate, SDS Scotland, Coalition of Care and Support Providers in Scotland, Social Work Scotland, NHS Education Scotland, Scottish Care and West Lothian Council. In providing guidance and support to the work, the RAG members drew on their experience and knowledge of the health and social care landscape.
- 1.7 As a result the production of the final map and narrative reflected the developments in policy which include the national Health and Social Care Standards, in use since April 2018, that detail what to expect when using health, social care or social work services in Scotland are underpinned by core principles. The Change Map for SDS complements and reinforces the outcomes and statements set out in these standards.

Change map for Self-directed Support



Theory of Change narrative

1.8 The ToC map is intended to capture the required changes for the effective delivery of social care within the context of self-directed support. The map consists of three tiers:

- the overall vision (in red);
- the four Key Outcomes (in turquoise), numbered 1 to 4; and

- for each of the key outcomes, a set of Intermediate Outcomes (IO, numbered 5 to 17), that need to be in place for the four Key Outcomes and overall vision to be achieved.

1.9 This section describes the rationale for each outcome. In creating the outcomes, the participants were asked to ensure that they were clear; concise; related to the Implementation Plan 2016–18, the guidance or the Act; and that the outcome could feasibly be evidenced either through monitoring or evaluation.

Overall aim of Self-directed Support (SDS)

- 1.10 Scotland's approach to social care and support places human rights and independent living at the heart of delivery. The aim of self-directed support is to ensure that care and support is centred around a person's own care and wellbeing outcomes, and that people exercise the level of choice and control they desire over that support.
- 1.11 The ToC workshops considered the aim and changes that sit below this overall purpose. In the change map, the aim **(people's social care and support outcomes are met)** focuses on this mainstream approach which ensures that people have choice and control over their social care and support. This change should extend to all those receiving social care and support (i.e. including carers and family members and not just supported people) as it is consistent with the longer-term vision that self-directed approaches will infuse service engagement and delivery. This more inclusive approach is reflected across the change map.

Key outcomes

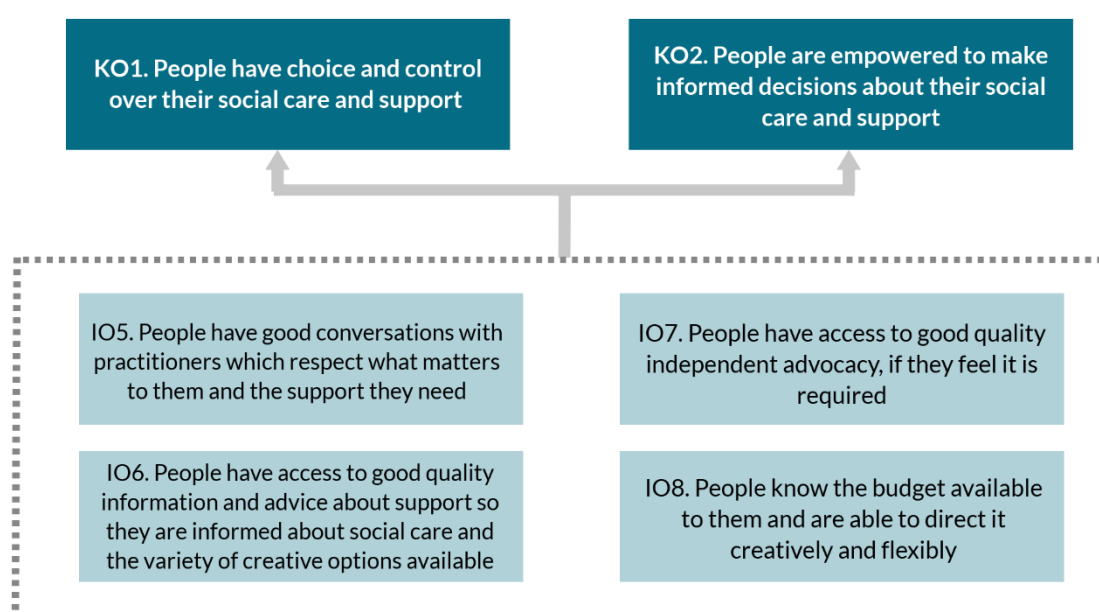
- 1.12 The four strategic outcomes defined in the current Implementation Plan are:
- supported people have more choice and control;
 - workers are confident and valued;
 - commissioning is more flexible and responsive; and
 - systems are more widely understood, flexible and less complex.
- 1.13 These were used as a starting point for the workshop discussions and formed the basis for the key outcomes (KOs) of the change map.
- 1.14 There were two main refinements to the KOs highlighted by the ToC workshops, in relation to systems and the focus on supported people.
- 1.15 In terms of **systems**, there was a recognition that changes were required across all the intermediate outcomes, and underpinned effective commissioning, staff approaches and behaviours. The strategic outcome within the Implementation Plan that focused specifically on systems has therefore been superseded by a broader KO that recognises

the need for senior decision makers to work alongside appropriate systems to enable choice and control.

- 1.16 Regarding **people**, it was felt important to make explicit both the focus on change in the scale and nature of choice and control, and the change in terms of people being empowered to make informed decisions. The map therefore splits the first strategic outcome ('supported people have more choice and control') in the Implementation Plan into two key outcomes: 'people have choice and control over their social care and support' (KO1), and 'people are empowered to make informed decisions about their social care and support' (KO2).

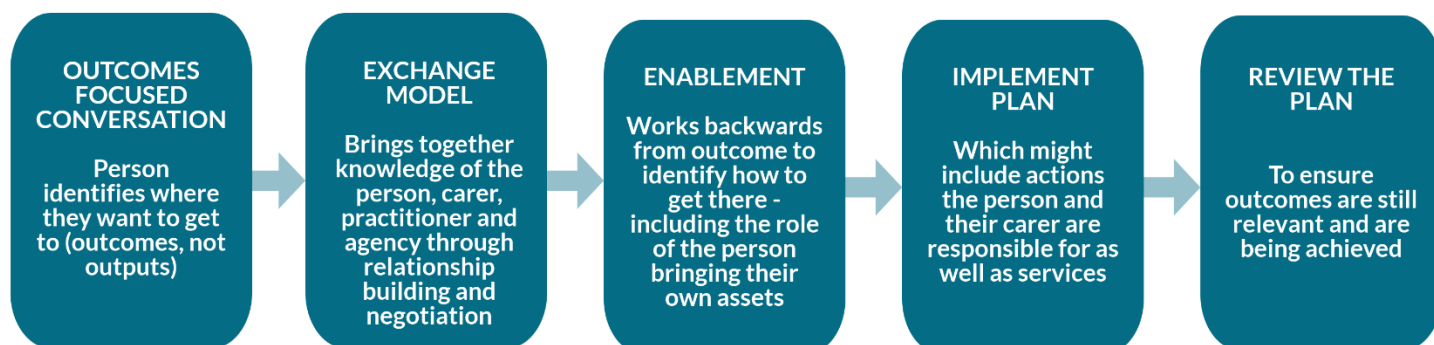
Intermediate outcomes

- 1.17 The first two key outcomes (KO1 and KO2) relate to supported people. The following paragraphs describe the intermediate outcomes (IOs), along with the rationale that would lead to people being empowered to make informed decisions and having choice and control over their social care and support.



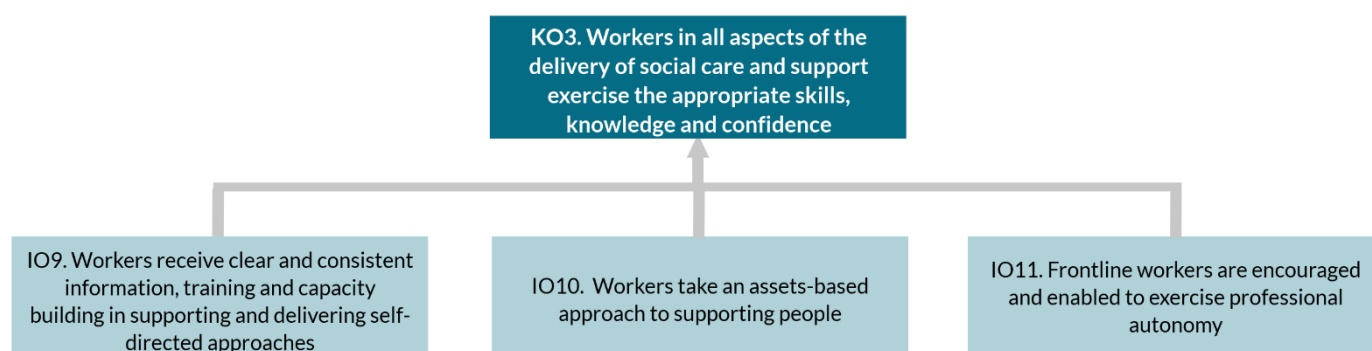
- 1.18 IO5 captures the significance of the initial assessment and regular reviews. These discussions are the foundation of an effective approach to social care, whether a budget is agreed as a result of assessment or signposting to community supports is undertaken. This engagement process should follow the accepted 'good conversation' model detailed in 'Talking Points' which identifies what should be discussed, how the conversation should be conducted, who should be involved and what should happen.
- 1.19 The '*Talking Points: Personal outcomes approach*' diagram (overleaf) provides a visual account of the 'good conversation' and shows that it is a process of engagement rather than a one-off event. It will therefore be important to understand the extent to which this

change has been recognised or, in other words, the extent to which people have experienced these good conversations, the spirit in which they are carried out and whether practitioners ‘respect what matters to them and the support they need’.

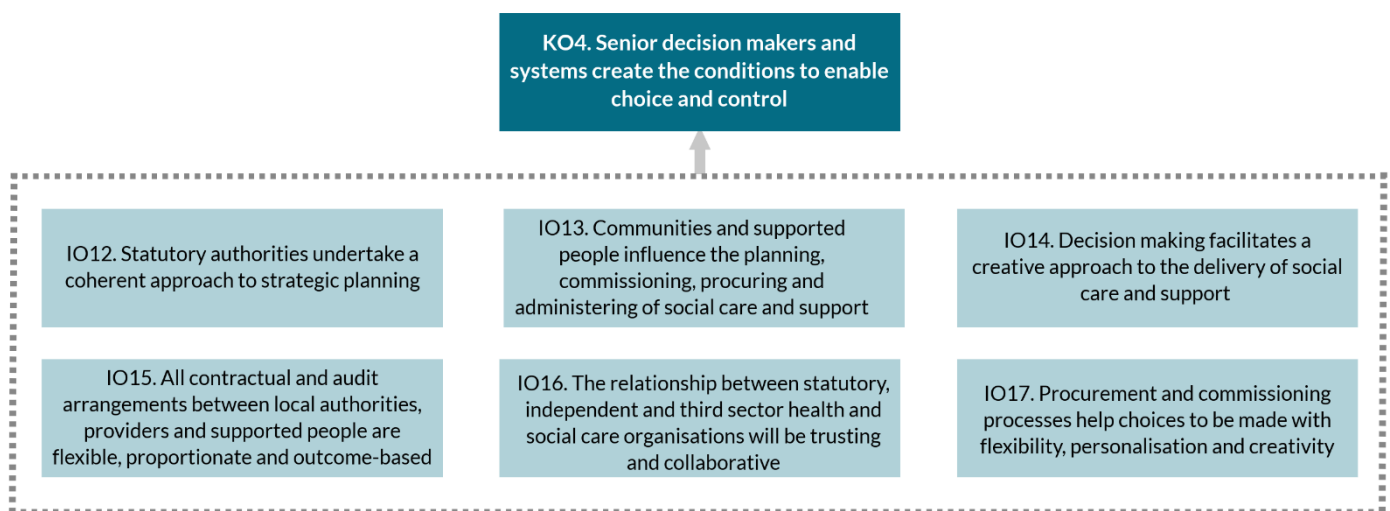


The components of a 'good conversation' (Source: Cook and Miller (2012) *Talking Points, Personal Outcomes Approach* (Figure 8))

- 1.20 Access to high quality advice, support and information (IO6), and advocacy where required (IO7), are fundamental to effective change. It is important that the assessment process, and subsequent choices, are underpinned by easy and sufficient access to the independent support that people need to navigate their choice of social care and support options.
- 1.21 The next intermediate outcome (IO8) reflects the significance of people knowing the budget that is available to them, including if they choose to use in-house or commissioned services under Option 3. There are challenges to providing this information but it is central if a person is to be able to understand the scale of resources available to them and so exert control and make choices on how that resource can be deployed.



- 1.22 The third key outcome (KO3) focuses on workers who are involved in any aspect that affects the delivery of self-directed approaches to social care. To meet this outcome, it is important that workers all have the skills, knowledge and confidence to engage with and support people effectively so that workers across relevant roles are clear and consistent in their support (IO9). An assets-based approach that mobilises the skills and knowledge of individuals and the connections and resources within communities and organisations inform the care and support is also required (IO10).
- 1.23 In addition to the workforce having the appropriate attributes to deliver SDS, the frontline social work and social care workforce also needs to be able to confidently take decisions with autonomy, in line with their standards of professional conduct and practice, that can be realised through the support from managers, systems, processes (especially the authorisation process for signing off budgets and packages of support) and policies (IO11).



- 1.24 The final key outcome (KO4) has a series of intermediate outcomes that will help create the conditions in which people can exert choice and control over their social care and support. It is the commitment of senior managers through support and directions to help create these conditions and the systems and processes that influence how self-directed support is experienced. Systems that need to be addressed include:

- resource allocation systems;
- charging and contributions policies including waiving of charges to carers and free personal and nursing care;
- commissioning and procurement;
- performance data/reporting;
- audit;

- risk management (including individual and reputational risk);
 - legal;
 - quality assurance (both internal and external through the Care Inspectorate/SSSC/ Audit Scotland); and
 - IT.
- 1.25 To achieve these system changes, statutory authorities should plan and review health and social care services in ways that recognise the importance of choice and control (IO12). People should expect that their routes for accessing social care support and the extent to which they are able to exert control and make choices are broadly comparable across different geographies.
- 1.26 Communities and supported people should have influence over the planning, commissioning and procuring of social care and support (IO13). This needs to be alongside delivery approaches that enable creativity in responding to the assets, situation and needs of people (IO14).
- 1.27 System changes also require commissioning to be supportive (IO15). The three main features of a supportive commissioning and procurement approach to enable self-directed support are that it is:
- flexible – able to respond to the changing needs and situation of people;
 - proportionate – the administrative time and effort is proportionate to the scale of cost; and
 - outcomes-based – focusing on the outcomes to be achieved for the supported person as opposed to a process people or workers should follow.
- 1.28 Commissioning also has a role in developing the local care market, and as such involves all stakeholders, including the independent sector.
- 1.29 Systems change also needs to happen in terms of the relationship between statutory, independent and third sector agencies (IO16). In order for the social care and support providers and workforce to deliver the best possible care and support, discussion and involvement in decision making across all sectors is crucial. Although there may be elements of competition involved – which may become more noticeable if funding reduces – the need was identified for the changes to be reflected in relationships which are becoming stronger in terms of trust and collaboration.
- 1.30 Central to all systems change is that the systems contribute to the ability of people to make choices that are flexible, personalised and creative. It is important that the approach that was started with ‘good conversations’ and an effective enabling environment and approach is followed through with procurement and commissioning processes that support the choices people make (IO17).