

## **SDSS AGM 2020 - My Support, My Choice – Q&A**

### **Question 1:**

How can local organisations and SDSS members make use of the research to support local implementation? And how will SDSS and the ALLIANCE continue the partnership and the implementation process?

### **Answer 1:**

The report is intended to help people understand what's going on, in terms of people's experiences of Self-directed Support, and encourage conversations, and joint decision making about what action to take to address some of the issues that are raised. So, there are findings in the report that can be used to generate and start off those discussions and debate. The chapters are laid out in a way that we think clearly sets different parts of the system. So about information, for example, about communication and relationships. There are sections about flexible use of budgets, supported versus substituted decision making about about SDS options and support packages that are put in place, and so on. So I think there is an opportunity there to thematically choose the issues that might be of most relevance, look at what this report says, discuss what's happening in your own local areas, and come together to see what solutions could be found. And actually looking at the recommendations that are in our report as well and seeing are they the kind of things we want to see in our area, or do we want to tweak this one a bit. And, and in terms of our partnership working, those of us who've been involved in this have realised that it's been a fantastic bit of partnership working. And we as two organisations, who previously knew and respected each other, and had done the old bit of work together, it was a real opportunity to come together to design something together. And we will be working in the future going forward, to share the findings in forums like these, and meetings and events. But also we have intended to hold these local information sessions in some of the local authority areas. And that will be happening all being well, early next year – pandemic depending.

### **Question 2:**

Which local authorities are involved in the local feedback sessions, and what will this interaction look like? Do you think there is a continued involvement for SDSS members?

### **Answer 2:**

Absolutely, no question. SDSS members, ALLIANCE members and people who are accessing Self-directed Support, unpaid carers and those in the local authorities and local health and social care partnerships and other stakeholders are essential to that work at the local level. So, we will be producing local authority area reports for Scottish Borders, Dumfries and Galloway, Glasgow, Highland, South Lanarkshire and Moray. The intention is that we will be publishing those reports and then the local feedback sessions which will be facilitated by the ALLIANCE and SDSS will be an opportunity then to bring everybody together. There will be one session, but it won't be the only session, I would imagine that will be happening, to look at the report, to look at the findings that we found in those particular areas, and the recommendations that have been made in the report. To sense check them from people's point of view, but also, as I said, to kind of work together, and to co-produce solutions to some of the issues that may have been raised. And as I said, I mean, there are already quite strong partnership working relationships in many, if not all, of these areas. It's intended to add value to the conversations and relationships that already exist, and focus specifically around this particular bit of research. And obviously, we're aware there will be other evidence for local areas as there is for nationally, but our intention is that we want to be able to be there and

help bring people together if that's not previously been possible, in order to make sure that everybody's got a voice. That all population groups that need to be in that room, it may be a virtual room, are able to be there. And so that then we can get going. In many areas as with the National report, a lot of the problems are quite well rehearsed. There's a lot of evidence already out there. It's really what are we going to do now, what's the change and the action that's needed? And some areas may do the same kinds of action. But some action might be very tailored and localised. And that's the reason for kind of doing things at the local authority level.

**Question 3:**

Is there any one example in the report that stood out for you, that you think we can learn the most from?

**Answer 3:**

One of the things we've done in the report is include a lot of statistics, but actually, there's an awful lot of quotes that we've included from the interviews and the focus groups that we held with people, and also quotes that were taken from some of the verbatim answers in the survey.

There's two examples that I'd like to highlight – one good, and one not so good because sometimes I think it is the kind of poor examples that tend to stick in our head. People did share good experiences and I think the point is, is that those are the ones we need to learn from, we learn from the bad ones, but we need to learn from the good ones as well in terms of what's working well. And certainly what works well for people is being able to use their budgets and their support flexibly.

Here's a quote from one person we spoke to “the care manager structured it in such a way that she maximised the amount that we could get. A carer was there but the way she put the package together, she maximised the amount of hours that we were entitled to, to give us a little bigger budget that we could use to spread out the care.” But that's exactly the kind of thing that might not seem like much in the grand scheme of things, but is a potentially life changing thing for that individual and their family. And that's the kind of thing that we really want to see happening more.

Now, sadly, not everybody's experiences were good, and although incredibly rare, we did hear some very distressing stories. We heard about some really highly unacceptable and bordering on abusive examples. One of them has really struck us particularly, particularly myself and my colleague who interviewed this individual, basically as part of a needs assessment and having already been in receipt of support but going through a reassessment, having provided written information, including medical reports to professionals, was interviewed at home by a social work professional and an occupational therapist, during which she was asked to strip and shower in order to demonstrate what she could or couldn't do in terms of her personal care. This individual was highly distressed during this experience, and described being told off about being distressed during this encounter, and subsequently became incredibly distressed when speaking to our interviewer during research about it. That's the kind of practice that we think is incredibly rare, but that is the kind of practice that may still be going on and our concern is are we assured that we have a robust enough accountability framework to ensure that that doesn't happen, but that when that does, that there is action taken and redressed, because certainly, as far as we're aware, that person did not take complaint after that experience, because they were concerned about potential repercussions. Now, as I've said, those cases are, you know, they were very, very real. We did not hear many to such extremes. We did hear of other cases, of racial discrimination, and more broadly, quite a concerning lack of cultural awareness. That may be something that we want to look at addressing. So, I think there's a range of experiences that we need to learn from in this research. It's there, it's out there,

it's free to access, please go and read it, use it. And if you've got any views or comments, please do get in touch and let us know what you think we'd be really keen to hear from you as well.