**SDS Improvement Plan 2023 – 2027**

Self Directed Support Scotland response to consultation

February 2023

**Please tell us if you think there is anything missing from the draft actions, or anything that has not been adequately addressed?**

Consultation with our members and others identified many of the issues which the draft actions seek to address, although we have commented in more detail about specific actions we need further refinement below.

Something we feel is absent from all the actions, and needs to be explicitly addressed in the final plan, was the involvement of people who use SDS, and carers.

We strongly believe that true SDS implementation needs to address the power dynamic within its delivery, and ensure that people who use SDS are at the centre of all decision making.

We’re calling for the involvement of people with lived experience to run as a thread throughout the whole improvement plan, from planning to delivery to monitoring and measurement.

As the actions are prioritised we would like to see a commitment to the time and resource needed to allow meaningful involvement and coproduction in those actions.

Another thing identified as missing from the draft is accountability. While we recognise that the draft actions have yet to have responsibility assigned to them, the feeling of our members and those we consulted is that accountability is key to ensuring necessary change happens. Those we spoke to wanted to know, who is ultimately responsible for making sure the actions take place, and what is the consequence if they don’t?

Lastly the experience of our members reflected that the plan needs to ensure that SDS is available to children and families, and carers, and felt that neither were mentioned explicitly in the draft.

One comment included that SDS is “not even on the radar” when it comes to children and families’ support services in some areas, and that specific action is needed to ensure young people with support needs, and their carers, are able to have the same choice and control over their support afforded to adults.

**Do you have any further comments on the draft actions in this consultation paper?**

It is imperative that the draft actions demonstrate a refocusing of the balance of power from the state to the individual, so that people directing their own support are the subjects rather than the objects of that support.

Priority must be illustrated by listing people rather than leaders first in the structure of the plan.

There has to be a major investment in the resources which represent those who listen and help: Independent Support Organisations, Centres for Inclusive Living (CILs), Disabled Peoples’ Organisations, Brokerage and Advocacy. These are the people who listen and help actualise people’s aspirations, alleviating them from administrative stress, so that they can plan a life, rather than how to allocate a budget. This infrastructure has diminished year on year and is still under financial threat. SDS fails mainly because of the lack of this element of infrastructure to implement and actualise people’s needs, outcomes and plans. The main leaders within this infrastructure must be peers, with a focus on peer led models, such as CILs.

Suggestions that other elements of the system, such as inspection, registration and regulation, needs strengthening, further compounds the discrimination that disabled people and others face in society and in social care, legitimising the assumption that they are not capable of directing their own support and discerning the quality thereof.

We have to ensure there is a golden thread throughout this plan, that strives to ensure people are the owners of their lives and support systems. Primarily, particularly in relation to option 1 barriers, this means investing in peer support, including DPOs and CILs, as well as brokerage, in this way, empowering a movement, rather than setting an individual against a system.

The principles and practices of the Independent Living Movement must be enshrined in SDS approaches, but ensuring a rights based approach in terms of navigating how to access social care resources, including legal recourse and complaints procedures.

In terms of measurement and improvement, it would be good to build in continuous improvement including alternative and additional approaches, including, e.g. the Scandinavian model where CILs are funded to manage individual budgets, through a peer support cooperative.

**Responses to draft outcome areas**

**1A**
**Leaders have a strong understanding of SDS principles and values, to ensure staff feel supported and encouraged in SDS**

Potential actions in this area:

* Define what best practice in leadership, SDS implementation and SDS improvement looks like
* Support Local Authority leaders to innovate, embed, implement and sustain best practice, including the SDS Framework of Standards and updated SDS Statutory Guidance
* Develop and promote approaches that support relationship-based social work, based on natural conversation and that leads to person-led assessment and sustainable support planning, including:
* creativity in using the four SDS options to support choice and control
* empowering positive risk taking

In our consultation sessions we heard that it is vitally important for leaders to understand the principles of SDS and model a positive and collaborative culture.

We heard good examples of where there had been positive collaboration between our members (ISOs) and the Local Authority, where leaders had taken an open approach to working together, respected the knowledge and expertise of our members and been amenable to working in different ways. We welcome actions that support this type of practice.

Our members also felt that leaders need to understand the role they play in enabling SDS to work effectively.

**2A**
**SDS is further embedded in Local Authority systems and practice**

Potential actions in this area:

* Scottish Government to continue to provide Transformation Funding which will support the employment of SDS Leads and projects focused on specific, local SDS improvements
* Develop a streamlined and light-touch reporting framework capable of aggregating results from local to national level

We support the SDS Leads model as a way to drive forward SDS improvement at a local level.

We would like to see this action more clearly defined, to a) ensure there is an SDS Lead in all local authority areas, but b) that their role is nationally defined so there is consistency about what their remit is and how they are expected to work.

Our members recognise that where SDS Leads are most effective, they have the authority to implement change in their organisation.

In our consultation we heard calls for better collaboration between local authorities, independent support organisations and supported people, and we see a role for SDS Leads to bring together people from across the sector to improve collaborative working and understanding.

We feel it is important for Scottish Government to understand the true picture of SDS ‘on the ground’ across Scotland, and the specific issues and blockages affecting each area, so support reporting that enables this.

**2B**
**Commissioning practice is up-to-date, informed by best practice, and meets the needs of supported people**

Potential actions in this area:

* Develop best practice in commissioning for SDS, taking into account Strategic Commissioning Planning (SCP) Guidance expected to be updated in 2023, and any relevant future practice guidance/principles from Adult Social Care (ASC) Ethical Commissioning Working Group
* Work on ethical commissioning for outcomes, including Options 2 and 3, to consider the most appropriate way to arrange for the provision of services and support to meet the needs of the local population
* Develop worker skills, knowledge and confidence in commissioning practice

We feel it is vital that people who use SDS are involved in developing commissioning practice.

Commissioners need to be guided by people looking for support, and Independent Support Organisations, to help them understand:

* The type of support that people want to access
* what Outcomes people are trying to achieve
* how flexibility, choice and control can be supported in reality, especially for people with smaller care packages
* The ‘true cost of care’ needs to be considered.

We therefore recommend actions around commissioning explicitly involve people with lived experience, and are adequately resourced to enable this.

People we consulted with also felt that current commissioning practice was not transparent and that people who use support have the right to understand how decisions are made which affect the support that is available.

We also recommend a specific action to ensure that commissioning best practice includes requirements around transparency.

**2C**
**There is improved adherence to best practice in enabling supported people to have choice and control over their support arrangements.**

Potential actions in this area:

* Develop practice to record good conversations about the 4 Options
	+ Develop ethical data gathering about whether individuals are able to access their preferred choices and option

We heard in consultation, and frequently through our work, that not everyone is able to access their preferred SDS Option. We feel it is important to record where this is happening, and why, to understand where services are lacking.

We are aware of a mixed picture across Scotland with lack of access to variably options 1, 2 and 3 – meaning there is a lack of true choice and control as promised by SDS legislation.

People we consulted, and who our members work with, told us about particular issues with lack of available services meaning Options 2 and 3 were not viable, meaning they felt they were “forced” into Option 1 by default. They felt that this places an undue and unfair burden on them to organise their own support, leading to

further stress and anxiety.

We would like to see specific action around honest recording of people’s preferred option, and the option they end up with, will support targeted interventions in areas to develop capacity in existing, or establish additional, support services.

The action also relates to the need to ensure information about the four options is clearly communicated to enable people to make an informed choice about their preferred option.

**2D**
**Supported people and carers are involved in planning social care services**

Potential actions in this area:

* Review the involvement of supported people and carers in planning social care services and make improvements where identified
	+ Work to support positive and collaborative relationships between senior leaders, managers and frontline workforce, recognising the value of lived experience and shared power

We strongly support this outcome area but wish to see the involvement of people who use SDS and carers reflected in all parts of the plan, and not as a separate action.

We believe there need to be minimum standards for involvement in the planning, developing and monitoring of social care services, and clear accountability for meeting these standards.

**2E**
**Local Authorities and partnerships have clear and equitable systems and processes in place to involve people in the development of their budget; and to calculate and provide people with sufficient levels of budget to enable them to meet agreed personal outcomes and lead full and meaningful lives**

Potential actions in this area:

* Develop best practice in relation to resource allocation systems for SDS. This includes:
* Supporting local review of Resource Allocation Systems, calculation methods, costs
* Enabling flexible use of individual budgets in accordance with the supported person’s choice, outcomes identified in their support plan and desired degree of control
* Work to ensure flexible use of short breaks budget for carers

Embed SDS Framework of Standards #12: Access to Budgets and Flexibility of Spend

As with other areas of the Plan, we strongly advocate for people who use SDS to be involved in developing their budget.

We support community brokerage as an approach to help people who need support explore all potential solutions to make the most effective use of their budget, and recommend an action around ensuring community brokerage services are available in all parts of Scotland.

Through consultation our members and others felt strongly that overall budgets for Self-Directed Support within Local Authorities should be ringfenced.

We also feel that work around budgets and resource allocation needs to involve education and NHS teams as we recognise significant challenges around agreeing budgets between sectors that affect people’s support.

**2F**
**Social workers have the authority, and are enabled to exercise professional autonomy, to plan support and set personal budgets within agreed parameters**

Potential actions in this area:

* Work with Local Authorities to improve Social Work professional autonomy in line with best practice, including enhanced delegated authority on individual budgets
* Work to ensure portability of support for people moving between different Scottish Local Authority areas
	+ Work to better understand the resources required to provide services in rural, remote and island areas

Or main response to this outcome area is around the challenges we heard for people in remote and rural areas.

Members and others we consulted highlighted particular challenges in access to services, recruiting Personal Assistants, and recognition of the extra costs of providing support in remote and rural areas.

We believe there is good learning around this done by SDSS member Community Contacts alongside NHS Highland and the Highland SDS Peer Support Group, to establish the true cost of Option 1 support in remote and rural areas.

**2G**
**SDS principles are embedded in relevant policy, legislation and systems across Health and Social Care**

Potential actions in this area:

* + Work to embed SDS principles into the National Care Service, Getting It Right For Everyone (GIRFE), Dementia Strategy and other related policy

We support this action as the principles of SDS are vitally important to support independent living, and hard fought for.

We are particularly keen that SDS underpins the development of the National Care Service, as enabling people’s choice and control over social care is paramount.

**2H**
**Stakeholders across the sector engage with and play an active part in improving SDS**

Potential actions in this area:

* Continue to facilitate the National SDS Collaboration to influence national policy development
	+ Facilitate annual SDS National Voice conference to engage cross-sector partners in SDS developments

Cross-sector collaboration was a key theme emerging throughout our consultation and something we know from our own work to be key to enabling progress in implementing and improving SDS.

We agree with the draft actions, and also suggest that targeted work to support collaborative working between local authorities and Independent Support Organisations is needed.

This should include opportunities to share experience, undertake training together and work together. As we have suggested above, we believe it is appropriate for the role of Local Authority SDS Leads to encompass fostering collaborative relationships locally.

The recently established National SDS Collaboration has been a central place to ensure everyone involved in SDS delivery and improvement is informed and engaged with developments. It also provides important opportunities for networking and through open dialogue ensures the sector avoids duplication of effort in SDS improvement work.

SDSS has facilitated the SDS National Voice conference since 2022, and our feedback from previous events shows that people who are involved value it as an opportunity to keep their knowledge around SDS up to date, learn from colleagues and others in the sector, and importantly is a place to share what is working well.

As the only national conference focused on SDS we believe this event is important to ensure momentum around SDS improvement is maintained.

**2I**
**Best practice in SDS is further developed and shared**

Potential actions in this area:

* Develop detailed illustrated examples of SDS best practice to show how changes to practice can be achieved
* Continue to share best practice through existing peer support networks including SDS Leads Network and Social Work Scotland’s Community of Practice
* Review the SDS Standards, including incorporating the principles of Equalities Impact Assessment and Islands Community Impact Assessment
* Develop best practice to reflect the refreshed SDS Statutory Guidance in local policies
	+ Maintain the SDS resource library and develop further material

We support the review of the SDS Standards and have outlined initial work to involve our member organisations (ISOs) in this work to ensure the standards can be applied across the sector and not just to local authorities.

**2J**
**Eligibility criteria are fit for purpose, fair and equitable**

Potential actions in this area:

* Overhaul Eligibility Criteria Framework, as agreed in the Joint Statement of Intent (this work is already underway)
	+ Work with Scottish Government eligibility workstream and COSLA to ensure that a revised approach to service access and resource allocation embodies the SDS standards and enables SDS best practice

During consultation and in our work with Independent Support Organisations and responding to queries from people wishing to access SDS, we believe that eligibility criteria are a fundamental barrier to enabling good support, and often mean that people are forced to wait until they are at crisis point before being able to access support.

We believe eligibility criteria, where they exist, should be consistent across Scotland, but that ultimately the Improvement Plan should include an action to identify a pathway to removing eligibility criteria.

We strongly believe the Improvement Plan should include a specific commitment around preventative, early intervention support.

**2K**
**People are able to access appropriate support at an early stage**

Potential actions in this area:

* Work to enable relationship-based social work practice within a community-led model of early help and support, eg. community social work, with early access to independent support
* Work to ensure natural and community supports are explored within assessment and care planning approaches
* Work to improve referral pathways
	+ Work to embed choice and control early in the hospital discharge process

Our members (Independent Support Organisations) provide a range of services which include supporting people to explore a range of community supports both as part of, and separate to, SDS.

We also support the development of community brokerage as a separate practice and believe this should be independently funded and available in all areas of Scotland.

**2L**
**More people are able to exercise choice and control over their support by making use of Option 2 (You choose how the budget is used but the money is managed by someone else)**

Potential actions in this area:

* Work to address nationally some of the blockages to use of Option 2
* Work to enable further use of Option 2 in Adults’ and Children’s services
* Support provider engagement with Option 2 including with micro providers
* Develop and roll out of tools and contractual models for Option 2 to increase workforce confidence and efficiency in offering it
* Work with the Care Inspectorate to ensure compliance with the definition of Option 2 in the SDS Act and Guidance
	+ Share learning between SDS stakeholders on good practice around Option 2

We hear frequently from our members and people who use their services about the challenges of accessing adequate support, and of not having genuine choice and control over their support due to lack of care and support providers, with the problem particularly acute in remote and rural areas.

We believe actions around Options 2 and 3 in the Improvement Plan need to be targeted at understanding care providers’ barriers to providing greater service levels and increasing service provision in under-served areas of Scotland, and taking action to address these.

We also note that people using Option 2 have experienced support providers reducing or removing services at short notice, leading to people having inadequate support in place. We suggest action is required to introduce mandatory notice periods for providers reducing or removing services to allow people a better chance to arrange alternative support.

**3A**
**SDS is embedded in social workers’ higher education, ongoing training and practice development**

Potential actions in this area:

* Work to bring together relevant partners to take steps towards embedding SDS in pre-qualifying social worker curriculum. This may include OCSWA, SSSC, Social Work Education Partnership, and HEIs
* Develop SDS training for use in social work degree courses
* Ensure that we have the right paraprofessional and specialist roles in place to deliver good SDS
* Embed SDS in the Advanced Practice Framework for social work and social care, including paraprofessionals and managers
* Develop approaches to continuous professional development (CPD) for SDS throughout career pathways
* Embed reflective coaching-style supervision
	+ Develop a peer support approach to share and embed best practice locally and nationally

We support actions to ensure SDS is embedded in social workers’ higher education, ongoing training and practice development.

We believe people with lived experience of SDS, including carers, and Independent Support Organisations should be involved in developing and delivering SDS training, and this should be reflected in the actions.

Some of our member organisations are involved in delivering SDS training to social work teams, but not all are funded for this work. We advocate for enhanced funding for Independent Support Organisations to deliver training more widely, which brings added benefits of forging strong relationships between ISOs and social work teams locally.

We believe another important action is to establish a baseline of SDS knowledge (potentially through self evaluation) for social work professionals at all levels, to determine whether progress is being made a result of these actions.

**3B**
**Brokerage is used as a consistent approach across Scotland to enable people to access person-centred support**

Potential actions in this area:

* Continue to deliver the SQA Award for Brokerage
* Develop a National Brokerage Framework for Scotland
	+ Further develop the Approved Brokers Community of Practice

We strongly support the community brokerage model and recognise the important role it has to play in enabling early help for people seeking support, exploring community supports both for people accessing SDS and those not currently eligible, and in helping to maximise SDS budgets by exploring all available forms of support.

Where it has been embedded locally it has been a successful practice in supporting people to live a good life, and we are keen to see community brokerage rolled out across Scotland.

As well as the draft actions in this outcome area, we would advocate for funding for community brokerage services in all areas of Scotland.

**3C**
**Workers across all sectors connected to social care support are better informed about SDS and able to provide accurate information about how to access support**

Potential actions in this area:

* Develop introductory SDS training for all workers and managers involved in the delivery of social care support, including partners in health and education and relevant cross-sector workers
	+ Focused work for health professionals supporting people coming out of hospital to understand and implement SDS principles and practice

We agree with the need to develop education and training for colleagues across the sector to better understand the legislation and to support people to understand their rights when it comes to accessing SDS.

As a starting point we suggest an action to map roles where people who may need social care support are likely to come into contact with professionals across the sector, in order to implement training where it is most needed first.

As with all actions in the Improvement Plan, we advocate for people with lived experience, carers and ISOs to be involved in developing and delivering any training.

We believe that alongside training, colleagues in other sector need access to clear and accessible material on SDS that they can share with people they may be signposting or advising. This links to outcome area 4G around information for the public on SDS.

**3D**
**Assessment and review processes are asset-based**

Potential actions in this area:

* Training for staff in using an asset based approach to identify outcomes during assessment
* Develop best practice in reviewing outcomes
	+ Work to ensure workforce capacity to undertake person-led reviews is included in development of the National Care Service

One of the primary roles of Independent Support Organisations is in helping people prepare for assessments and reviews. In supporting people through this process they are aware of how difficult and distressing it can be for individuals seeking support, and shared many examples of poor practice.

Those we consulted with felt it is vital that assessments are needs-led rather than determined by available budgets, and so we support actions that address this practice and recognise that increasing capacity within the system to allow time for good conversations and outcome mapping is vital.

**3E**
**Self-directed Support is enabled and improved by appropriate use of digital technology**

Potential actions in this area:

* Test and embed use of digital tools across entire SDS journey including assessment, support planning, delivery of support and outcome monitoring
	+ Develop assistive technologies that support independence and safety

We hear of good examples of individuals making use of assistive and digital technology (including low-cost every day technology) to support independent living but are aware that this type of support is not always available through an SDS budget.

We therefore suggest an additional action aimed at ensuring individuals who wish to make use of assistive and digital technology to support independent living are able to access this through their SDS budget.

**4A**
**People have access to good quality independent support and advice to help them navigate the social care system**

Potential actions in this area:

* Ensure there is access to SDS advice, independent advocacy, brokerage and support in every local authority area, including for people not currently eligible for formal support
* Continue to build capacity and quality of Independent Support Organisations (ISOs), including work to consider how the SDS Framework of Standards can be applied to ISOs
* Continue to fund independent support and advice through Support in the Right Direction funding
	+ Establish a national freecall SDS helpline which can signpost to local independent support organisations, as a transition measure towards the establishment of the National Care Service

SDSS’ mission is to ensure local independent support is incorporated into every aspect of social care design and delivery, so this outcome area is of particular importance to us an our members.

We believe independent support is a vital component of successful SDS delivery and SDS improvement.

Our members have detailed understanding of local systems, practices and processes, extensive knowledge of community based supports, and in many cases, close and positive relationships with Local Authorities.

At the same time we recognise that the services they provide to individuals vary across the country and that having access to independent support at every stage of the SDS journey leads to better outcomes for individuals.

We therefore recommend these actions are strengthened to define the specific types of support that are required which can be provided by Independent Support Organisations, and to ensure these are available consistently across Scotland. This will involve identifying gaps in provision and the additional resource required to provide these.

We also recommend an action to ascertain the levels of demand for ISOs’ services in order to identify unmet need, for example collecting data on waiting times. This may help understanding of where targeted help is needed to increase capacity.

Some Independent Support Organisations perform some functions of brokerage but we believe it is better to have separately resourced and independently funded community brokerage services in all areas of Scotland to complement the existing services of ISOs.

Additionally, advocacy as a separate function is also necessary to enable people to exercise their rights in relation to SDS. Where resources are currently lacking in an area, the functions of Independent Support, Brokerage and Advocacy can overlap, but we believe these are better served as independently funded, separate functions which complement one another.

As stated above, we support the review of the SDS standards and are keen to see ISOs involved in this work to make sure they can be applied to services across the SDS journey.

Some of our members are funded through SiRD and in consultation they fed back that they feel their services are threatened by year-on-year funding and that longer term funding would enable them to provide more sustainable services to the community.

We therefore recommend the action around SiRD funding is strengthened to ensure this is provided on a multi-year basis.

We also feel it’s important to recognise the role that Independent Support Organisations, and SiRD projects, play in supporting people who don’t meet SDS eligibility criteria to access other forms of support, and that this work demands extra resources, further stretching the services they are able to provide.

We recommend an action which recognises this and seeks additional funding to support this role, as ISOs tell us they are well placed to deliver this type of support but are under-resourced to do so.

We support the action to establish a freecall helpline, and feel there is an urgent need for this to support better access to SDS. We suggest the most appropriate model is one that links people to local independent support organisations, who are the experts in navigating local SDS systems.

We also recommend this is supported by a dedicated online resource to ensure the public have one nationally recognised place to access introductory information about accessing social care support through SDS.

**4B**
**Improve access to SDS, and experience of support, for under-represented and marginalised groups, including those accessing support in different settings**

Potential actions in this area:

* Develop targeted support for those who experience acute access problems. Priority groups to be determined by a specific workstream
* Work to address leadership, organisational drivers and worker competency to improve access to SDS for marginalised/ under-represented groups
* Research to gather evidence of improvement in access to SDS
	+ Research into access to SDS within care homes, including what happens to people's SDS packages before/ after short term stays in residential care

This outcome area was reflected strongly by our members; furthermore our ‘Find Help’ enquiry service, and *My Support My Choice* research, provide further evidence of unmet need and targeted action required to enable marginalised groups to access SDS.

We suggest the workstream identifies priority groups by examining evidence such as that noted above.

**4C**
**People employing Personal Assistants (PAs) through SDS have appropriate help and guidance to enable successful support arrangements**

Potential actions in this area:

* Continue to develop PA Employer Handbook as a resource
* Develop a training framework for PA Employers
* Develop a collaborative model agreement available for use by all Health and Social Care Partnerships, Local Authorities, NHS and PA Employers for Option 1 Direct Payment for employing PAs
	+ Work to achieve clarity in assessing the employment status of PAs

We strongly support these actions.

Through consultation we heard additionally that peer support for people who use Option 1 is also important and would recommend an additional action to develop this is included in the plan.

We also believe the action around the employment status of PAs should be more explicit, to understand the blockages around the use of self-employed PAs in some areas and identify actions to enable choice and control through ensuring a balanced approach.

**4D**
**Personal Assistants are further recognised and supported within the social care workforce**

Potential actions in this area:

* Maintain Personal Assistant Programme Board and continue to develop workplan to take forward appropriate actions
* Undertake annual PA workforce survey to understand workforce demographics, motivations and needs
* Continue to develop the PA Handbook as a resource
* Develop a training framework for PAs
* Work to improve parity of Scottish Government social care pay uplifts to ensure PAs working with children receive similar pay uplifts as those in adult social care commissioned services, as has been national policy to date
	+ Acknowledge and develop specific skillsets of PAs eg. those who have communication specialisms

We believe strongly that all the proposed actions are required in order to ensure the Personal Assistant role is recognised and supported within the social care workforce, to enable Option 1 to be a viable option for those who choose it.

Our members and others we consulted reflected the enormous challenges they face in recruiting, and supporting people to recruit, PAs, and so we believe these actions are necessary to recruit and retain more skilled PAs.

**4E**
**People are able to achieve improved purchasing power by pooling their SDS budget with others**

Potential actions in this area:

* Work to develop credible, legally sound, workable models for pooling budgets so that supported people have the option of combining resources with others with similar needs

Our members have highlighted challenges, particularly in rural and remote areas, around accessing sufficient support, so we welcome action in this area.

**4F**
**Ensure consistency, transparency and accountability in feedback and complaints processes around SDS**

Potential actions in this area:

* Work to ensure consistency, transparency and accountability in feedback and complaints processes around SDS
* Work to develop knowledge of SDS among legal professionals providing free legal advice
	+ Work to increase familiarity with human rights legislation among people accessing SDS, and those supporting them, to facilitate more effective complaints

Our members and others we consulted with highlighted appeals and challenging decisions throughout the SDS process to be an area needing significant reform.

We recommend these actions are strengthened to ensure existing appeals and complaints processes are reviewed nationally and brought into line, with time-limited processes put in place.

We also advocate for people with lived experience to be involved in developing consistent appeals and complaints processes.

It was also highlighted that existing appeals processes are not independent and so recommend the actions are strengthened to explore the establishment of an independent SDS complaints commissioner to provider an additional avenue for challenging decisions around SDS.

We wish to see an additional action to ensure people who use SDS are informed at every stage of their journey of their right to appeal decisions, and are given clear information on how to do this.

**4G**
**The public are better informed about Self-directed Support and better able to navigate the social care system**

Potential actions in this area:

* Public messaging campaign:
* Promote SDS using agreed common language reflecting best practice, including through information sessions
* Develop SDS myth buster document
* Promote SDS standards
* Develop easy read document for reviewed standards
* Further develop accessible information around SDS
	+ Ensure appropriate communication support for people with sensory loss as part of SDS

Again this issue was highlighted by our members and others we spoke to during consultation.

We believe these actions are important as we are aware of very low levels of public understanding of SDS, how to access and navigate social care, and what your rights are as an individual under legislation.

We believe it's important that people who need social care support, and carers, are able to access information in the right place, at the right time, so recommend the action is broadened to plan the best approach to a public messaging campaign to ensure it is as effective as possible.

We also believe the actions identified at 4A, around an SDS helpline and accompanying website, cross over with this and should be developed in tandem.

As with other actions, we wish to see these actions explicitly state that people who use SDS, and carers, should be involved in planning any public messaging campaign.

Additionally, we are aware of good practice of ‘Community Hubs’ where people can access Social Work, and potentially support at an early stage needs. We believe there is merit in developing this model further as part of efforts to improve accessibility of public information, and public engagement, around SDS.

ENDS