Self-directed Support in the Alcohol and other Drug Use sector in Scotland

Briefing Report prepared for Self Directed Support Scotland (2025)

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CHAPTER 1: Introduction

Background

Self-Directed Support (SDS) represents a cornerstone of Scotland's social care policy, embodying principles of choice, empowerment, and person-centeredness. Enshrined in the Social Care (Self-Directed Support) (Scotland) Act 2013, SDS aims to place individuals at the forefront of decision-making processes and empowering them to have greater control over their support. The SDS Improvement Plan 2023-2027 places a significant emphasis on staff training and making support more person-centred, aligning with the sector's aspiration for greater individual involvement and autonomy.

Despite the premise that SDS is available for anyone who accesses social care, there is a noticeable dearth of literature on its engagement within the alcohol and other drug use sector in Scotland.

This work seeks to delve into the realm of SDS specifically for individuals who experience problems with alcohol and other drug use across Scotland. It acknowledges that problematic alcohol and other drug use often manifests as a symptom of underlying support needs, rather than being the sole driver for support. With this understanding, the work aims to develop a deeper appreciation of the complexities surrounding SDS within the context of alcohol and other drug use and recovery.

Methods

Initial preparation

In the preliminary stages of preparing for our work, we initiated discussions and made inquiries amongst our professional networks to gather relevant information and insights. These discussions served as a foundation for understanding the context, scope, and objectives of the study.

Additionally, we arranged a meeting with Self-Directed Support Scotland (SDSS) personnel to gain a deeper understanding of the specific aspects of SDS implementation, policies, and practices relevant to our review. This meeting provided valuable insights and guidance that informed our approach to the review process.

Furthermore, within our own team, we conducted regular meetings to brainstorm ideas, define objectives, and allocate responsibilities for study. These team meetings served as collaborative forums for sharing expertise, addressing challenges, and refining our methodology.

Desk-based research

In this report, desk-based research was conducted to gather information, insights, and data relevant to the topic under investigation. By reviewing existing literature, reports, and publications, we aimed to build a rapid understanding of the subject matter and support our analysis and findings.

SDSS Conference 2024

Our team attended the SDS National Voice Conference 2024, which provided a valuable opportunity for networking, learning, and sharing insights with fellow professionals' participants and presenters.

As part of our participation in the conference, our team facilitated a 60-minute workshop session. Following the presentation, the workshop transitioned into three breakout rooms, each facilitated by one of our researchers. In these breakout sessions, participants had the opportunity to engage in interactive discussions, share their experiences, and exchange ideas with fellow attendees. The facilitated conversations aimed to deepen our understanding of SDS and generate conversation to explore specific topics and perspectives related to SDS and the alcohol and other drug use sector.

Throughout the workshop, our team took comprehensive field notes via observation, capturing key observations, participant responses, and emergent themes. These field notes served as valuable qualitative data, enriching our understanding of participant perspectives, and informing our future investigations.

Surveys

As part of two parallel studies[1], we were able to secure agreement to include (for additional use in this study) a small number of SDS/social care related questions within our data collection surveys for people who experience problems with alcohol and/or other drug use. The findings from these survey questions are presented in the 'key findings' section of the report below.

Interviews

A small number of semi-structured interviews (n=4) were conducted with individuals that have been actively involved in SDS with varying levels of engagement with people who experience problems with alcohol and/or other drug use. Three of these individuals worked for advocacy or social care organisations with the remaining individual being an SDS Lead Officer for a local authority. These interviews have been supplemented with a small number of informal conversations (n=5) with Alcohol and Drug Partnership Lead Officers, utilising our existing network of contacts in the alcohol and drug sector.

[1] Alcohol and other drug use needs assessment studies in Renfrewshire and Falkirk (June 2024 – March 2025)

CHAPTER 2: Key messages

Introduction

In conducting a rapid and low-level exploratory study like this means that the key messages generated cannot be guaranteed to be representative of views and experiences across the whole country. Rather, the key messages are indicative in nature and should be used to inform whether further research is required to explore the issues raised.

The key messages will be presented below based upon the three main evidence sources generated from our work: (1) the facilitated workshop at the 2024 Annual SDSS conference; (2) the completed surveys with individuals who experience problems with alcohol and/or other drug use in Renfrewshire and Falkirk; and (3) the interviews with key stakeholders and supplementary informal conversations with ADP Lead Officers.

A summary which triangulates the findings is then presented at the end of this chapter.

Facilitated workshop at the 2024 Annual SDSS conference

We decided to use a SWOT analysis approach to interrogate the data generated from the facilitated workshop at the SDS National Voice Conference 2024 in Edinburgh.

The workshop comprised a structured format, beginning with a presentation delivered by our team members. The presentation summary as follows:

> *This workshop, led by Figure 8 research consultancy, will explore access to Self-directed Support for individuals who use substances.*
>
> *We recognise that often; substance use is a symptom of other support needs rather than the main driver for support. We want to develop a deeper understanding of the complexities surrounding SDS for people who use substances and to identify strategies for enhancing access, appropriateness, and empowerment within this vital support framework.*
>
> *In this workshop we'll discuss issues such professional stigma, barriers to access and power dynamics. We'll also discover how Self-directed Support aligns with current Scottish drug policy in terms of delivering person-centred support, collaboration, and a focus on recovery-oriented approaches.*
>
> *By exploring these critical aspects, we aim to lay a foundation for discussions on SDS and its implications for individuals navigating the complexities of substance use and recovery.*

The key messages from our SWOT analysis are presented below.

Strengths

The adaptation of SDS for individuals with alcohol and/or other drug use issues can be enhanced by leveraging specialist organisations, increasing funding flexibility, and empowering clients through choice. This approach offers tailored, holistic support crucial for effective recovery. Ultimately, it offers improved care quality and recovery outcomes by allowing personalisation of services and the promotion of autonomy.

- **Existing specialist support and advocacy:** Specialist organisations such as Centres for Inclusive Living (CIL), Carers Centres, and various advocacy and peer-led support groups currently serve a wide range of service users. These organisations have the potential to directly extend their expertise to individuals dealing with alcohol and other drug use issues and their advocates, thereby facilitating access to necessary services and brokering knowledge.
- **Flexibility in funding:** The flexibility in how funds are utilised within SDS may be particularly advantageous for individuals with substance use issues, as it enables a more holistic and creative approach, supporting independent living and community integration.
- **Direct impact examples:** One example was described where the creative use of SDS funding had enabled access to in-patient detox, highlighting its capacity to offer substantial support of relevance to individuals with problematic alcohol and/or other drug use, resonating also with rights to care principles, the National Mission on Drugs, and Medication Assisted Treatment [MAT] standards.

Weaknesses

Several weaknesses within the current SDS system could limit its efficacy for individuals with alcohol and/or other drug use issues if not addressed in an adaptation of the service.

- **Resource constraints:** Ongoing funding concerns, capacity issues, and lengthy processing times already impede the uptake of SDS, a situation likely to be exacerbated within a problematic alcohol and/or drug use context.
- **Misunderstanding and visibility issues:** The misconception that SDS is primarily for physically disabled people could exclude those with less visible conditions, such as those associated with alcohol and other drug use, from recognising they may be eligible.
- **Inconsistent implementation:** Variability in SDS embedding and delivery across Scottish HSCPs has led to unequal service provision and a 'postcode lottery'. Expansion into the alcohol and other drug use sector risks exacerbating existing inequalities.
- **Non-standardised assessment processes:** The assessment processes vary and may rely too heavily on a single/few short presentation(s), which could adversely affect individuals with the fluctuating conditions typical of problematic alcohol and other drug use, impacting reliable access to the fund/service.
- **Training deficiencies:** Currently, there is a lack of specialised training for supporting individuals facing challenges related to alcohol and other drug use, highlighting a gap that would need addressing to effectively support this group.

Opportunities

Adapting SDS to better serve individuals with alcohol and/or other drug use issues presents numerous opportunities to refine service delivery and support.

- **Policy integration and expansion**: Integrating SDS more thoroughly with alcohol and other drug use policies and strategies (i.e., the MAT standards, National Mission on Drugs, and the incoming human rights legislation) could enhance service uptake across the sector.
- **Increased funding and flexibility**: Advocating for increased funding and flexibility in fund usage could allow for the development of more comprehensive and preventive services tailored specifically to alcohol and other drug use needs.
- **Enhanced training and support models**: Developing training programmes and support models that address the complexities of alcohol and other drug use could significantly improve service provision and the quality of care delivered.

Threats

Several issues could undermine the utility of SDS for individuals with problematic alcohol and/or other drug use issues if the system were adapted without addressing these concerns.

- **Underfunding and sustainability issues**: The current financial constraints of SDS could restrict the scope of services available to those with alcohol and/or other drug use issues, who often require more intensive, varied, and prolonged support.
- **Eligibility and funding challenges**: The focus on crisis as a criterion for eligibility could delay intervention until issues become critical, which is particularly detrimental for those with alcohol and/or other drug use challenges.
- **Stigma and accessibility barriers**: Potential stigma could impede access to services, with professional biases affecting the availability and quality of support.
- **Limited carer support**: The current system provides inadequate recognition and support for carers of individuals with alcohol and/or other drug use issues, which could negatively impact both the carers' well-being and the effectiveness of the care they provide.
- **Professional hesitation in referrals**: There is a potential threat that professionals in the alcohol and other drug use sector might hesitate to refer clients to SDS due to concerns about the challenges and complexities of the application process. This could prevent clients from accessing the support they need, further complicating their recovery journey.

Surveys with individuals who experience problems with alcohol and/or other drug use

Between October 2024 – May 2025, we have completed surveys with 44 individuals who experience primary alcohol problems (n=20) and those who experience primary drug use problems (n=24) across Falkirk and Renfrewshire. This has been done as part of two existing health and social care needs assessment studies that we are completing for the respective Alcohol and Drug Partnerships. Permission was gained (from commissioners and from those participating in the surveys) to collect data from a small number of survey questions for use in this study.

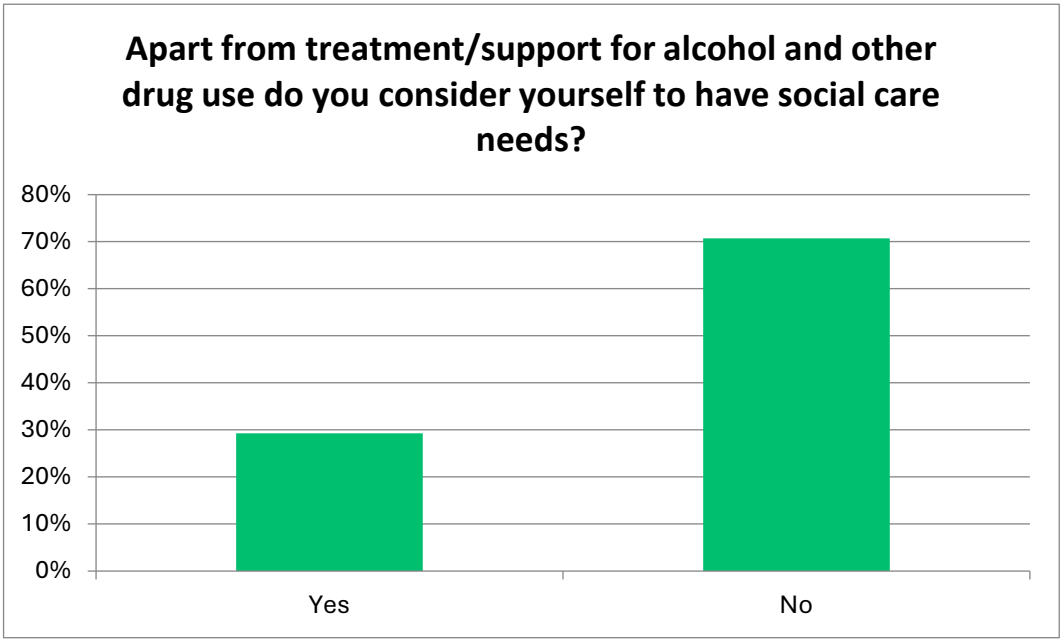
The questions asked in the surveys were:

1. Apart from treatment/support for alcohol and other drug use do you consider yourself to have social care needs?
2. If YES - What types of social care needs do you currently receive support for?
3. Are there any social care needs you believe you have but DO NOT receive support for?
4. If YES - Please specify.
5. What are the main barriers preventing you from receiving the social care support you need?
6. To what extent are you aware of Self-Directed Support?

The results are presented as follows:

Apart from treatment/support for alcohol and other drug use do you consider yourself to have social care needs?

Twelve (out of 41) people (29%) who answered this question consider that they have social care needs beyond their alcohol and other drug use treatment and support needs.



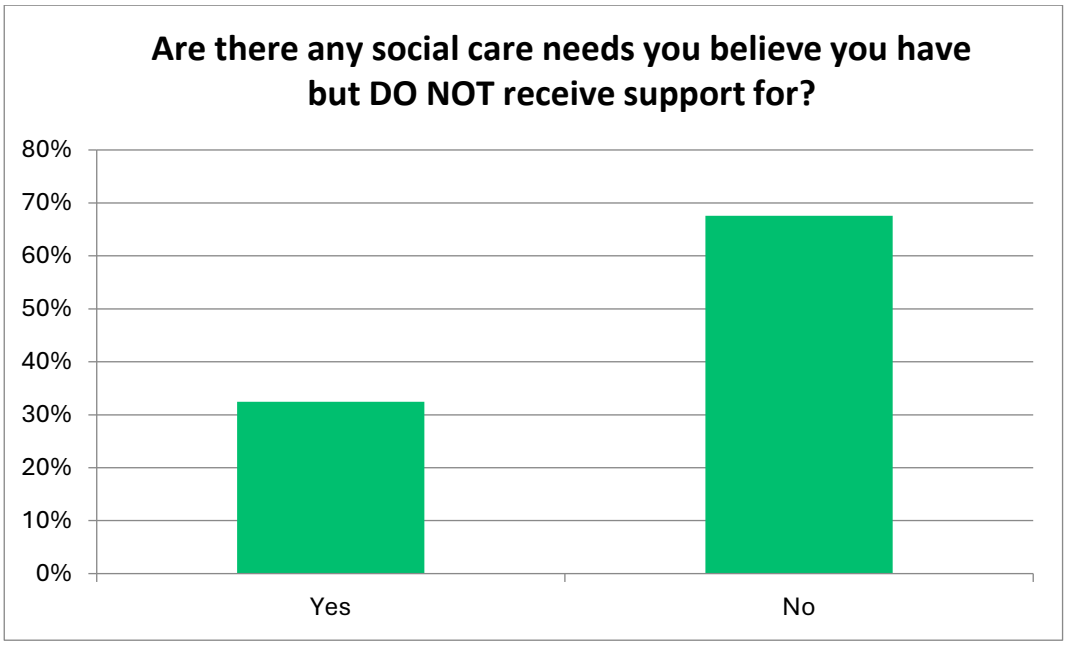
What types of social care needs do you currently receive support for?

Those who answered 'yes' to having additional social care needs reported the following:

Answer Choices	
Assistance to prevent isolation or loneliness	4
Help around the home (e.g., cleaning, meal preparation, shopping)	4
Support to attend appointments	4
Caring responsibilities (e.g., children, elderly family members)	2
Help to stay active / exercise	2
Support with personal care (i.e., dressing, bathing etc.)	2
Other (please specify)	2
n=	**11**

Are there any social care needs you believe you have but DO NOT receive support for?

One in three individuals who answered this question (n=12; 32%) reported that they have some social care needs that they do not currently receive support for.



If YES - Please specify

Qualitative examples
I am a care leaver and am being transferred to adult services.
I struggle with daily tasks.
I need help with my social skills.
I can't get to groups because of my anxiety.
I need help as I suffer from fatigue and short-term memory loss due to brain injury.
I suffer with arthritis and would like support with things like grocery shopping and getting to appointments.

What are the main barriers preventing you from receiving the social care support you need?

Answer Choices	
Not knowing how to access services	8
Lack of available services	6
Lack of information about services	5
Long waiting times	4
Financial constraints (bus fares to attend appointments etc	2
Stigma or discrimination	2
Not applicable	2
Other (please specify)	4
n=	**15**

To what extent are you aware of Self-Directed Support?

The vast majority of respondents reported that they were not at all aware of Self-Directed Support (n=39; 95%). The other two respondents (5%) reported that they were 'somewhat' aware of SDS. Nobody in our sample was currently in receipt of SDS.

Answer Choices	
Not at all aware	39
Somewhat aware	2
Aware	0
Very aware	0
I am currently using Self-Directed Support	0
n=	**41**

Interviews with key stakeholders and supplementary informal conversations with ADP Lead Officers

Between June 2024 – March 2025, we have completed a small number of interviews (n=4) were conducted with individuals that have been actively involved in SDS with varying levels of engagement with people who experience problems with alcohol and/or other drug use. Three of these individuals worked for advocacy or social care organisations with the remaining individual being an SDS Lead Officer for a local authority. These interviews have been supplemented with a small number of informal conversations (n=5) with Alcohol and Drug Partnership Lead Officers, utilising our existing network of contacts in the alcohol and drug sector.

The interviews/conversations reflect a range of experiences, barriers, and opportunities for enhancing SDS access and uptake within these groups.

Key insights

SDS Demonstrations in Criminal Justice and Homelessness

Projects by Simon Community Scotland and Turning Point (June 2015 – June 2016) explored the use of SDS principles in these sectors. Individuals were allocated personal budgets of up to £200 with support to make decisions on spending. Whilst the approach was beneficial for individuals, there was limited buy-in from Health and Social Care Partnerships (HSCPs), suggesting the projects may have been ahead of the curve in SDS implementation.

Funding and Support Landscape

Inspiring Scotland funded 33 SDS projects across all local authorities, but none specifically targeted people who experience problems with alcohol and/or other drug use (or other marginalised groups). Often, people who experience problems with alcohol and/or other drug use only receive a one-off payment (usually £200), limiting sustained impact.

Barriers to SDS Access for people who experience problems with alcohol and/or other drugs

Risk aversion and stigma contribute to reluctance in offering Option 1 (direct payments) for people who experience problems with alcohol and/or other drug use.

Those not already engaged with social work or formal services may be unaware of SDS or lack the support to access it.

Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) of alcohol users in community alcohol and drug treatment services. However, it is not uncommon for mental health services to exclude people because of co-occurring alcohol/drug use, a particular problem for those diagnosed with serious mental illness, who may also be excluded from alcohol and drug services due to the severity of their mental illness. Accessing help has been shown to be difficult for those who do not meet the criteria for specialist/secondary mental health care, but whose symptoms are considered outside the scope of services aimed at managing common mental health problems. Primary care, where the majority of people with common mental health conditions are treated, often have no capacity to support those who present with co-occurring conditions[2]. All of this can create additional barriers for people who experience problems with alcohol and/or other drug use because their level of need is not being accurately assessed and/or recorded.

Training and Awareness Gaps

There is a clear need for increased training for social workers, support staff, and alcohol/drug service providers on SDS processes and how they can be tailored to the needs of people who experience problems with alcohol and/or other drug use.

[2] Public Health England: Better care for people with co-occurring mental health and alcohol/drug use conditions (2017)

Challenges/Barriers

Risk and Safeguarding Concerns

Balancing risk and benefit is a recurring challenge. Examples include both positive outcomes (e.g., attending training, achieving abstinence, and finding employment) and adverse outcomes (e.g., a fatal overdose following receipt of an Option 1 payment).

Lack of Service Capacity

Community assets and services that could support SDS implementation are often at capacity, making it difficult to offer a range of options that fit individual needs.

Limited Provider Pool

There are challenges in finding suitable providers to deliver services aligned with SDS principles, such as social stimulation or home-based detox.

CHAPTER 3: Conclusions and recommendation

Conclusions

Given that the vast majority of the individuals that we spoke to who experience problems with alcohol and/or drug use (93%, n=26) stated that they were 'not at all aware' of SDS, this provides a clear indication that SDS appears to have not been embraced or embedded within the alcohol and drug sector. This is despite the individuals reporting a range of social care needs that may fit the criteria for SDS.

Conversations with stakeholders connected with Alcohol and Drug Partnerships identify that there has been a number of investments around providing SDS information and support (across the alcohol and drug sector in Scotland). However, indications are that this has only been in a small number of local authority areas across the country, despite there being at least one Independent Support Organisation [ISO][3] within each local authority. People do recall information and discussion being shared around Alcohol and Drug Partnerships from the early days of SDS, but that information is appearing **NOT** to be routinely shared by alcohol and drug services with individuals who use their services.

There are some indications that alcohol and drug services do not understand and see the need for SDS for their client group – a problem of professional gatekeeping and potential stigma/discrimination – i.e. services/individual workers believing that their clients cannot be trusted to manage their own budgets/decision-making.

There is a need for a full review of the role and potential for SDS for those who experience problems with alcohol and drug use.

Recommendation

We would like to make one recommendation from this study. We do not think, given the low-level scale of investigation, that it merits anymore than recommending that a full review of the role and potential for SDS for those who experience problems with alcohol and drug use needs to be conducted.

[3] An independent support organisation (ISO) provides independent, impartial information, support and advocacy for supported people and carers, to help them make informed decisions about their social care support. They provide people with information on Self-directed Support and help them to exercise choice and control over their social care arrangements. An example of an ISO is a centre for independent living. [Scot Gov: SDS Framework of Standards]