



## Support in the Right Direction



# Year 5 mid-year update January 2023



Scottish Government  
Riaghaltas na h-Alba  
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INSPIRING SCOTLAND

# Support in the Right Direction (SiRD)

The Support in the Right Direction (SiRD) programme provides local independent support, advice and advocacy in line with Scottish Government's vision for Self-directed Support. Funding through SiRD has increased and maintained delivery of independent support across Scotland for people who require social care. Independent support is integral to social care and without it, care users and carers would struggle to access the support they need and make use of it in the way they would like.

Thirty-one organisations across 32 local authority areas in Scotland are funded by Scottish Government through the SiRD programme. These projects provide a range of support to families and carers accessing the social care system, from personal outcome and social care planning, to putting social care plans into action and managing packages of support.

Inspiring Scotland is the strategic delivery partner for the SiRD programme and works with funded projects to provide support ranging from strategic engagement with the local context, sharing learning and relationship building through peer networking.

This report has been produced using the progress reports provided by projects on a six-monthly basis and covers the period April 2022 to September 2022. It highlights some of the outcomes that have been achieved as a result of SiRD funding and shares some case studies to illustrate the difference funding has made.

Background to the SiRD programme, as well as a logic model for the fund and more detail on fund activities, can be found in the Appendices.

# SiRD programme outcomes

The SiRD programme is contributing to five outcomes, which are listed below. These outcomes were developed when the fund was launched in 2018. They focus on the difference having independent support makes to people and carers as they navigate planning and implementing the social care support they need to live a good life.

**People and carers are better prepared, confident to engage and contribute meaningfully to social care assessments and reviews.**

**People and carers feel more informed, listened to, less stressed.**

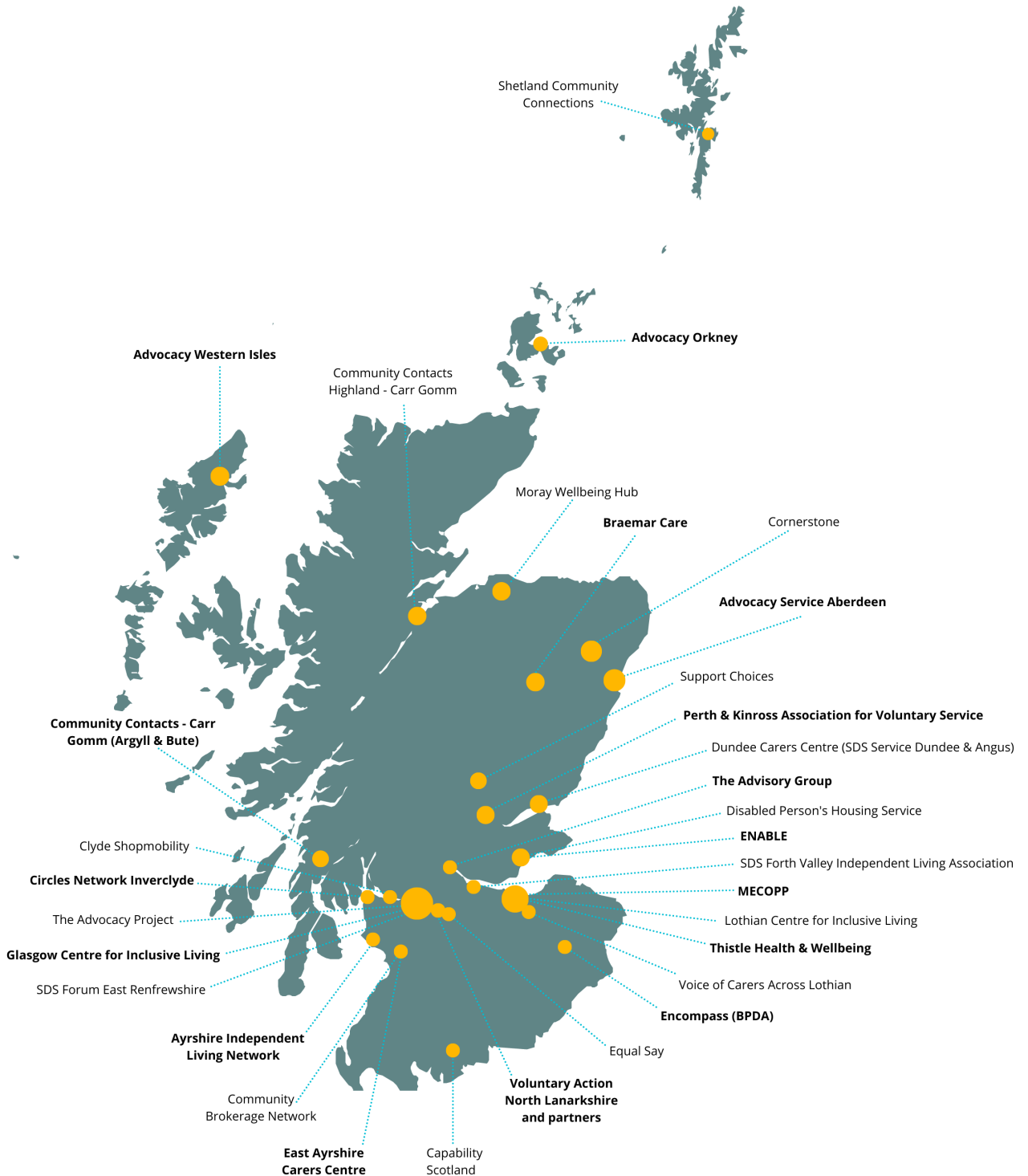
**People and carers can creatively and flexibly plan to achieve personal outcomes including accessing community assets.**

**People and carers have increased skills so are better able to manage social care packages.**

**People and carers have increased knowledge and understanding of self-directed support principles and options for social care.**

# SiRD at a glance

## 31 organisations across 32 local authority areas



# SiRD at a glance

## In the last 6 months

March 2022 - September 2022

**£1.4m**

funding for work delivered between  
March 2022 and September 2022

**3,399**

people & families provided with focussed  
support to manage their social care needs

**10,577**

people provided with general information  
and advice on self-directed support

## Since the programme began

October 2018 - September 2022

**£11.1m**  
Invested



**14,125**  
People and Families  
Supported



**70,802**  
People  
Informed



# SiRD activity

## Main referrers to SiRD projects

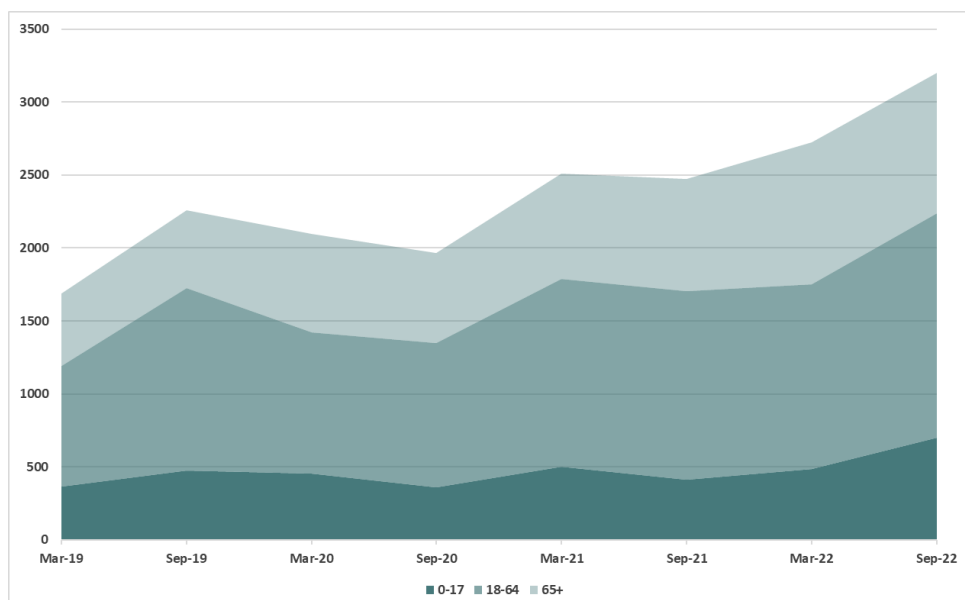
Projects track where their referrals come from and/or how people find out about their service. Over the reporting period, the main referrers to SiRD projects have been local authorities, followed by referrals from carers or third sector organisations and self-referrals:



This split has remained consistent over the course of the programme. We know that projects work well when there are strong local connections and strong referral pathways. Funded organisations need to consistently engage with local authority partners to develop good relationships.

## Age of people receiving support

Many projects also track the age of the people they support. The graph below shows the number of people from age groups 0-17, 18-64 and 65+ years accessing independent support. Reporting at six monthly intervals from March 2019, the graph shows that most support is provided regarding adult social care, in the 18 to 64 years age range.

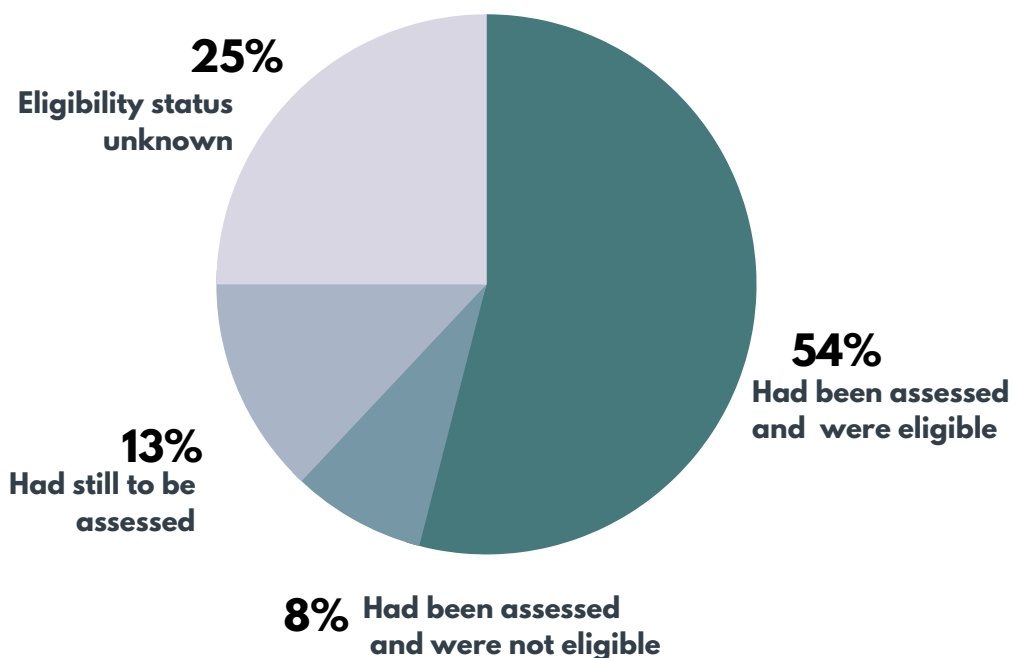


# SiRD activity

## Eligibility for funded social care

Funded projects support people along their journey, whether they are eligible and currently have a social care package, are looking to get an assessment, or are at the stage of trying to work out what support they might want and need, and how to get it.

**54%** of people referred to SiRD projects for independent support over the reporting period were eligible for social care:



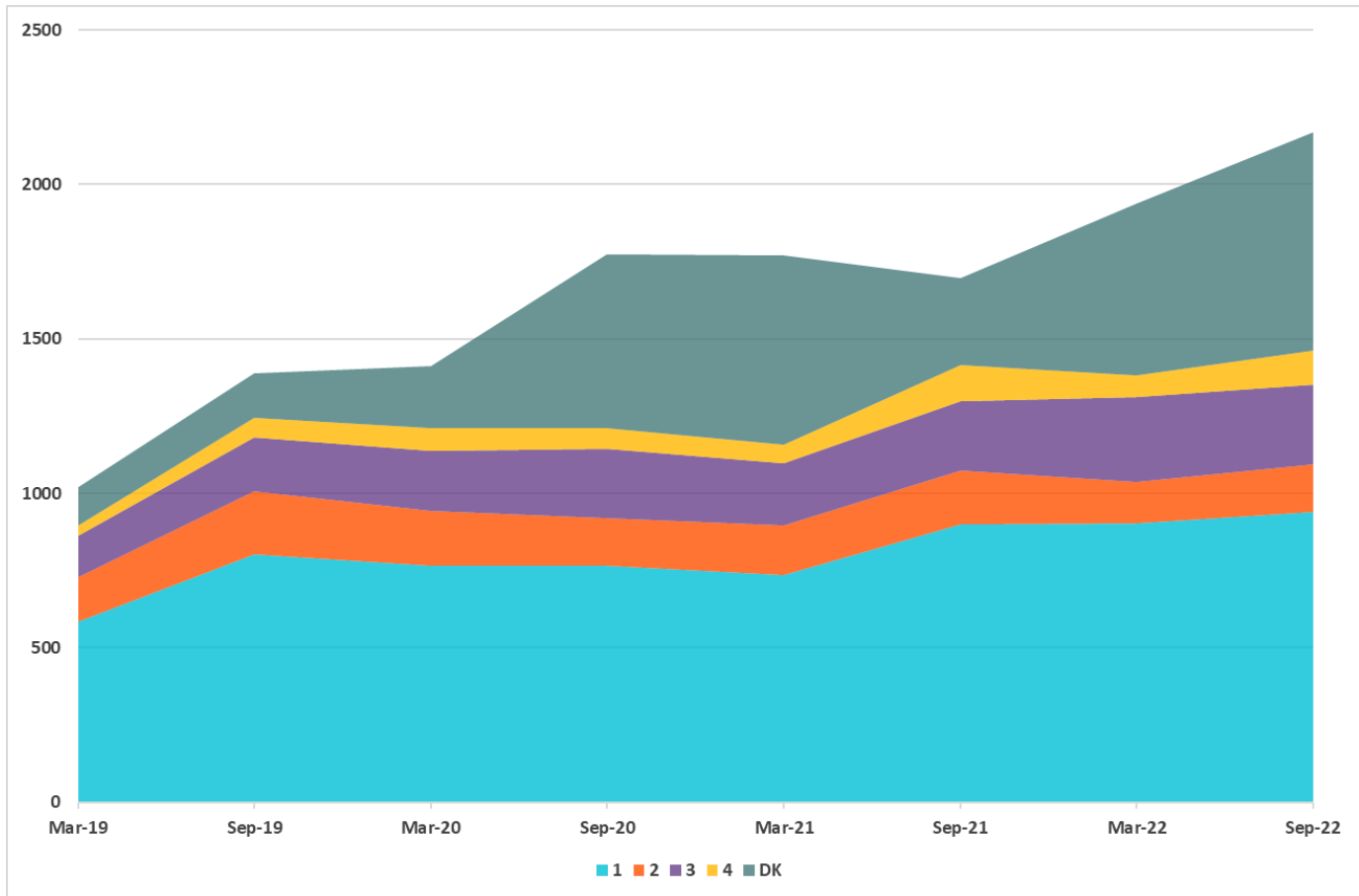
The number of people eligible for support has remained consistent over the programme but the number of people who had yet to be assessed has been increasingly steadily, rising by 23% since March 2019.

Projects can help increase awareness of self-directed support by reaching out to potential social care users through relevant groups such as dementia support groups, parents groups at additional support needs schools, lunch clubs and community groups. This means that people know where to go for help if/when they need it.

Feedback from SiRD projects is that more people need in-depth information and advice before having a social work assessment. This gradual rise in people seeking pre-assessment support suggests that awareness of SDS is improving, leading to earlier intervention and more preventative work.

# SiRD activity

## Social Care options for which people receive support



As the graph above illustrates, amongst those who are eligible, Option 1 remains the most common option for which people receive support. This has been steadily growing over the programme. Anecdotal feedback from the SiRD projects suggests that this is due to a shortage of providers, with people being steered to Option 1 instead.

The number of 'Don't know' has also been increasing. This is likely due to a combination of reasons including difficulty in consistently capturing information. Many people however, are unaware of the four options or do not know which option they have.



# SiRD impact

Each of the SiRD projects is working towards one or more of the five programme outcomes and, in their six-monthly progress updates, each project reports on how their work is contributing to these outcomes.

For each outcome there is a range of indicators that measure how the outcome is being met. The indicators that are measured vary according to project, so projects do not all capture the same data.

The most commonly reported outcomes are ***'People and carers feel more informed, listened to, less stressed'*** and ***'People and carers have increased knowledge and understanding of self directed support principles and options for social care'***.

Support from SiRD projects also helps people to move away from traditional models of service delivery and develop creative and flexible solutions for their care, with the third most commonly reported outcome being ***'People and carers can creatively and flexibly plan to achieve personal outcomes including accessing community asset plans'***.

Over the next few pages are examples of the indicators and how they show the outcomes are being achieved. In addition to outcome and indicator statistics, projects also compile case studies of the support they provide, so for each outcome we have provided stories of the people who have benefitted from the support of SiRD projects. It is these stories that really highlight the impact of the programme.

All of the stories have been anonymised and any potential identifying information, including the names of the projects providing support, has been removed.

## **Outcome 1: People and carers are better prepared, confident to engage and contribute meaningfully to social care assessments and reviews**

**1251** people feel they're more informed, or have a clearer understanding of the assessment and review process

**1027** people feel that they know their rights

**953** people can identify their outcomes or know what they are

**947** people feel better able to participate in the assessment process

**531** people were helped to develop a shadow care or personal outcome plan

**372** people feel able to contribute as an equal partner and participate in or influence their assessment

## Outcome 1 Case Studies



**B got in touch** with his local SiRD project because his support had been ended after a review as he had recovered from orthopaedic surgery. B disagreed with this decision, because the loss of the support had led to him feeling isolated. The SiRD project worker was able to help B think about and write down what was important to him, so that he could tell his social worker. This help to prepare for a meeting and self-advocate enabled B to share his feelings and as a result, his social worker put him in touch with community-based organisations who could help support him.



**S was referred** to the SiRD project by her social worker. S had support via Option 2 arrangements but her support provider struggled with recruitment and retention and gave notice that they planned to withdraw their services. S valued her support team and wanted to employ them as personal assistants but was anxious about the process. The SiRD project worker supported S to navigate the changes and explore the routes available to her. As a result of this help, S continues to be supported by her established team of people she knows and trusts. Reflecting on the help from the SiRD project S said:

***"You get it, that it's about me. You've taken away the fear."***



**T is a wheelchair user.** She is non-verbal and communicates through the use of her iPad. She receives support mainly to meet her personal care needs. She has been receiving advocacy support from the SiRD project for several years. A SiRD project worker has accompanied T to review meetings so she felt her voice was being heard. T had been unhappy for some time with the care she received from her care provider so, with the support of the project worker, she began to explore other SDS options. She decided she wanted to recruit her own PAs via Option 1. T was helped to develop a comprehensive support plan. This support plan details what matters to T, what works/doesn't work, the breakdown of her budget and the use of appropriate technology. T now feels she has the appropriate team supporting her so she can get the creative support package to meet her needs.

***"I feel sometimes I am in an institution here now rather than in my own home. I want to enjoy the rest of my life, I don't want just to have to sit in front of a tv and feeling miserable. Thank you so much for your help."***

## **Outcome 2: People and carers feel more informed, listened to, less stressed**

**1731** people received information about different local options

**1547** people have been able to express what matters to them

**1528** people have been supported through casework

**1380** people understand the process for accessing social care

**1280** people feel they have had the opportunity to share their views

## Outcome 2 Case Studies



**H was identified** by one of the SiRD project's rural outreach centres. He had moved to Scotland with his partner but other than elderly parents who live some distance away, he has no ties to Scotland. H had fallen through the cracks and was feeling lonely and unsupported, even by basic services. He was distressed and overwhelmed and didn't know how to access services. The SiRD project worked with H's partner on adult care support planning and got the ball rolling with services. As a result of this support, within a few weeks H reported feeling more informed, valued and respected.



**E is an older child** who lives at home with his family. His father works away during the week and his mother is his primary carer. E has hidden disability and requires a high level of support to help him manage his behaviours and keep him safe. The SiRD project had previously supported E and his family through the SDS assessment process and at that time his family felt that Option 3 best suited their needs. However the family were told that Option 3 could not be implemented due to a shortage in provision and Option 1 would be implemented instead. Residential respite arranged three years earlier had been delayed and stopped altogether when the pandemic hit. E's behaviour had become more challenging and his mum was struggling to cope. She did not want Option 1; she needed respite and time to spend with her other child. E in turn needed time away from his family in a safe environment. E's mum felt that becoming an employer or managing a budget would have a detrimental effect on her. She felt she would not be able to manage Option 1 and continue caring for E safely. With the support of the SiRD project, E's mum was able to state what mattered to her and her desire for Option 3 support. As well as gaining a better understanding of her rights, E's mum felt listened to, more informed and better able to express her preferences and share her views.

## **Outcome 3: People and carers can creatively and flexibly plan to achieve personal outcomes including accessing community assets**

**1057** people said they now know the range of options they have to support them

**892** families were signposted to relevant community-based services, support or resources

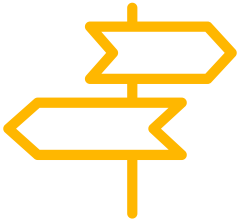
**734** people have been supported with personal outcome planning

**420** people people said they have more (or have maintained their) independence

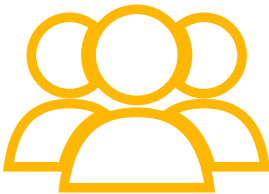
**307** people people said they feel more engaged in their community

**263** people said they have tried new things

## Outcome 3 Case Studies



**Y is an elderly lady** struggling with the increasing care needs of her husband who is living with dementia. Option 3 was in place but reassessment was necessary due to the changing needs of Y's husband. The SiRD project spent time with Y and her family to explore alternative ways that SDS could be used. Y's family were also signposted to other, community-based, sources of support. As a result, the family were able to use Option 1 for Y's husband, which relieved Y and the household of some of the practical and emotional pressures they were under.



**A referral was made to a SiRD project** for brokerage input to provide information on the Option 1 process and the recruitment of PAs. The woman in question, C, did not want anyone other than her husband to attend to her personal care needs. However, her husband was unable to continue to provide an increasingly high level of care whilst working full time. The broker liaised with social work to ascertain if C's husband could be employed as her PA and this was agreed. A second female PA has since been recruited to provide social support and a level of personal, but not intimate, care as per C's choice. C was so vehemently opposed to a stranger attending to her intimate care that she would have refused an outside provider. This would have had a detrimental impact not only on her own wellbeing but on her husband too as it was apparent the level of support he was providing was unsustainable.

## **Outcome 4: People and carers have increased skills so are better able to manage social care packages**

**1073** people know where to get support with managing their package when required

**798** people feel confident to make choices about their provider and options

**719** people have accessed support for Option 1 arrangements

**249** people feel more confident as an employer



## Outcome 4 Case Studies



**F contacted her local SiRD project** as she was desperate for help to access the support she needed. She was suffering from flash backs to traumatic experiences, which had a negative impact on her mental health. She felt at the end of her tether and as if her life was not worth living. The SiRD project investigated possible community-based support but this was challenging because F lived in a remote area. The project worker also worked with social work, emphasising the critical nature of F's situation. F's budget was processed and she was able to recruit a PA. F initially needed support with payroll and timesheets. However she is now coping well in her role as an employer and knows that she can contact the SiRD project for more support if she needs to.



**P is an elderly woman** with a long history of mental health issues. She has also more recently suffered from reduced mobility. When she first contacted the SiRD project she knew she needed help but didn't know what or where to get it. She was supported by the project to join online peer support groups. Although initially reluctant to participate, her confidence grew over time and she is now much more involved with the group. This involvement has allowed her to find out more about SDS, and undertaking training provided by the project encouraged her to request an assessment from social work. She chose to employ a PA and has been supported with advertising, recruiting and helping to understand her responsibilities as a PA employer. As a result of the support provided by the project, P has confidence to make choices about her options and also knows where she can turn to for advice and support.

## **Outcome 5: People and carers have increased knowledge and understanding of self-directed support principles and options for social care**

**3106** families received information and support about social care and self-directed support

**1737** people have a better understanding of what self-directed support is and what it means for them

**1421** people have discussed self-directed support through enquiry lines or advice points

**799** people participated in training about self-directed support and social care

## Outcome 5 Case Studies



**R lives in a rural area** and was struggling to access the right support for her son who had received the same Option 3 package for three years. She felt this package was detrimental to his health but did not know the options available to them. The SiRD project provided R with information about the different options, which R then discussed with her social worker, and also signposted R to other organisations who could help with her son's support. As a result of the project's support, R's son changed to an Option 2 package, giving him support that better suits his needs and R reports that his life has drastically improved.



**W was very distraught** when she visited the SiRD project. She was struggling to care for her adult daughter who has additional support needs and becomes easily overwhelmed by change. The recent visit of W's father after several years abroad added to W's and her daughter's distress. W's daughter had no social support in her 40 years of having significant learning difficulties. W was worried her daughter would not be able to live independently and wanted to find out what support was available. She had no idea of the SDS options but the SiRD project discussed them with W and W was keen to investigate Options 1 and 2. As a result, the SiRD project began the process of accessing SDS so that W's daughter could get the support she needed.



**M and V had been receiving support** from the SiRD project over several years for their son Y, who has significant needs. As Y's needs increased, so did his SDS package of support, and by the time he was 17 this support included a PA after school and at weekends. Having the support of a PA helped Y's family manage his behaviours better, and has been key to enabling him to stay at home and cope in school. V contacted the SiRD project again when she was supporting Y's transition from Children's to Adult Social Work. V was feeling overwhelmed and stressed and the family were reaching crisis point. V wanted to feel more informed about SDS. She had built up good knowledge over the years but was now facing new situations. The project worker helped V develop an Adult Carer Support Plan and also signposted her to an advocacy service to help the family work with social work and relieve some of the pressure on V. V was also given more detailed information and guidance on the specific questions she had about Y's support. The SiRD project continued to support V until she felt empowered and equipped with the information she needed. V reported she felt much more confident and found the information useful and timely.

# Appendix 1

## SiRD context and history

The Support in the Right Direction (SiRD) funding programme was launched by the Scottish Government in 2018 with the aim of increasing the delivery of independent support for people who need social care.

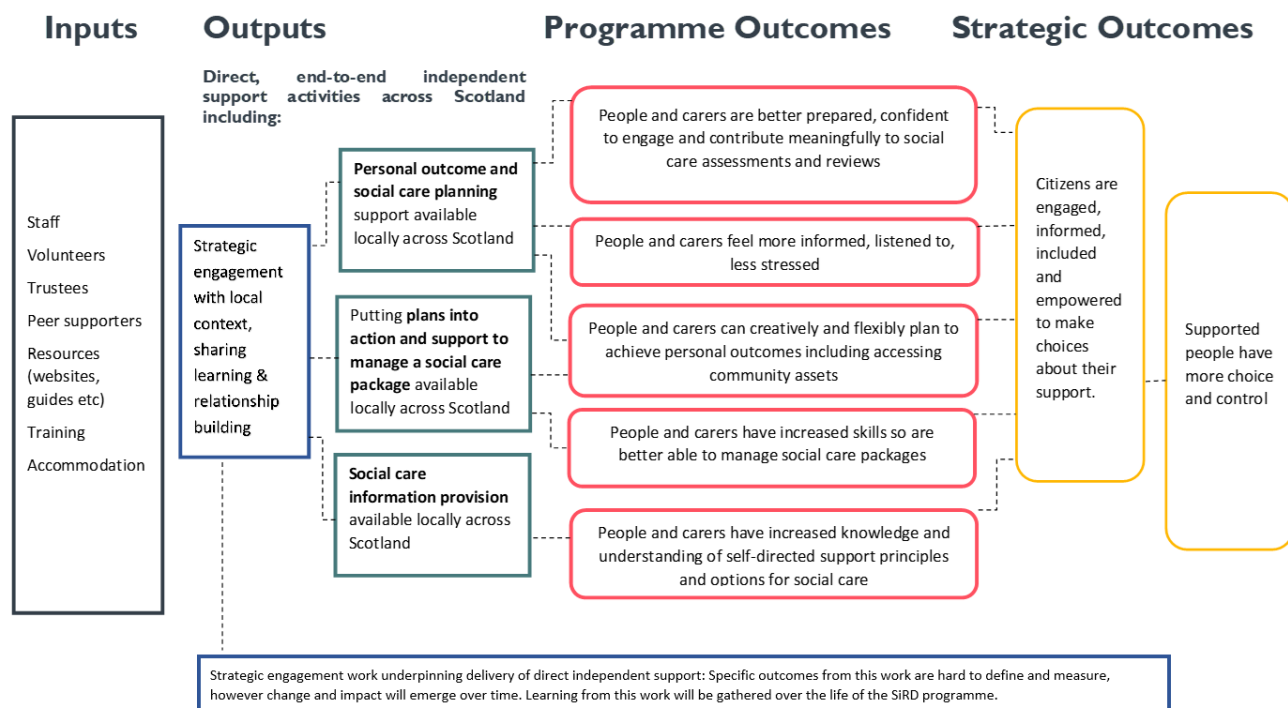
The purpose of independent support is to help people and carers make informed decisions and plans for their social care and maximise their choice and control over those arrangements using self-directed support (SDS) options. (Under SDS legislation, there are four options for how social care can be arranged and delivered. More information on these four options can be found in the [statutory guidance](#).) Independent support plays a key role in the delivery of social care and without it many people would struggle to access the support they need and make use of it in the way they would like.

With expertise in self-directed support and a good knowledge of local resources, independent support organisations ensure a person-centred approach and respond flexibly to individual circumstances. They work with people at every stage of their social care journey and provide direct, end-to-end, independent support for all social care user groups. This support includes personal outcome and social care planning, putting plans into action and providing support to manage a social care package, as well as providing social care information provision.

# Appendix 2

## Logic model and fund activities

**SiRD** Aim: Increased delivery of independent support for people who require social care



### SiRD – Fund activities (outputs) detail

Direct, end-to-end, independent support for all (potential) social care user groups.

|  |  |   |  |
|--|--|---|--|
| <b>Personal outcome &amp; social care planning</b>                           | <b>Support to identify the outcomes someone would like to achieve</b>  | <ul style="list-style-type: none"> <li>One-to-one support work or coaching</li> <li>Personal development training &amp; group-work</li> </ul>   | <ul style="list-style-type: none"> <li>Initial discussions with clients on what matters to them</li> </ul>   |
|  | <b>Support to understand their options and to prepare and participate in social work assessments</b>   | <ul style="list-style-type: none"> <li>One-to-one preparation for social work assessments</li> <li>Support at assessment or review meetings</li> <li>Formal and informal advocacy</li> </ul>  | <ul style="list-style-type: none"> <li>Exploration of Self-directed Support options available locally</li> <li>Development of personal outcome plans or 'shadow care plan'</li> <li>Help for clients to put points across / coping strategies</li> <li>Practical support – taking minutes, keeping watching brief, follow-up correspondence</li> <li>Seek clarity or challenge Social Work decisions on social care package or budget</li> </ul> |
| <b>Putting plans into action and support to manage a social care package</b> | <b>Accessing community-based services</b>  | <ul style="list-style-type: none"> <li>One-to-one support work</li> <li>Community Brokerage</li> <li>Peer support or group work for people to support each other</li> </ul>   | <ul style="list-style-type: none"> <li>Support for people not eligible for a social care budget to put plans into action</li> <li>Support to understand and access community-based services</li> <li>Making links &amp; referring to other services &amp; community-based groups</li> </ul>  |
|  | <b>Setting up and day-to-day management of funded package</b>  | <ul style="list-style-type: none"> <li>One-to-one support work</li> <li>Brokerage</li> <li>Training</li> <li>Peer support or group work for people to support each other</li> </ul>   | <ul style="list-style-type: none"> <li>Discussing options available locally</li> <li>Direct support to employ a PA, in-house payroll, or referral to another agency to help</li> <li>Legal requirements of being an employer &amp; support to manage arrangements e.g. holiday cover</li> <li>Support to manage packages e.g. track care, spend and progress</li> <li>Alternative uses of budget</li> </ul>                                      |
| <b>Social care information provision</b>                                     | <b>Early contact work to provide basic information on Self-directed Support (principles &amp; options) and local eligibility</b>   |   |  |
|  | <ul style="list-style-type: none"> <li>Distributing publicity &amp; basic info sessions</li> <li>Community focussed information sharing</li> <li>Outreach work</li> <li>Enquiry-line, drop-in or advice point</li> </ul> | <ul style="list-style-type: none"> <li>Accessible guides &amp; case-studies through leaflets, websites, social media</li> <li>Receiving and responding to initial (or one-off) queries about Self-directed Support</li> <li>Peer support &amp; training on Self-directed Support</li> <li>Basic Self-directed Support training for social care users, providers, local authorities</li> </ul> |  |

Ongoing strategic engagement activities might be undertaken to enable this direct support to function effectively