Support in the Right Direction 2021

Six-month Progress Report (Year 2)

April -September 2019

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30 projects are funded by Scottish Government through Support in the Right Direction (SiRD2021) to provide **independent support** to families and carers accessing the social care system. 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.

Examples of the kind of activities projects deliver can be found on page 5. It should be noted that one individual project may not deliver all of these activities.

Project funding is from 1 October 2018 to 31 March 2021. This report contains project activity and impact highlights from the first six months of Year 2. (April – September 2019).

At this point projects have been operating for 12 months in total and the last few pages of this report provides figures relating to 12 months activity.

A full list of the funded projects is found on page 17.

SiRD2021 programme delivery: April – September 2019

£1.37m funding for work delivered between April 2019 and September 2019

30 projects providing support across 31 local authority areas.

2,954 people & families provided with focussed support to manage their social care

10,639 people provided with general information and advice on self-directed support.

SiRD2021 project activities: April – September 2019

Activity highlights reported by projects for the first six-months of Year 2 include:

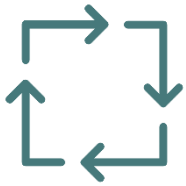
Personal Outcome and Social Care planning

541 people were supported with personal outcome planning and 401 developed a shadow care or personal outcome plan

350 people were supported to prepare for a social work assessment or review

Putting plans into action

Support to manage a social care package



1,009 people were signposted to relevant community-based services, support or resources

603 people were supported through brokerage work

451 people accessed support for SDS Option 1 arrangements and 50 participated in Personal Assistant Employer training

Social care information

4,360 people received self-directed support information and 561 people contacted project enquiry lines

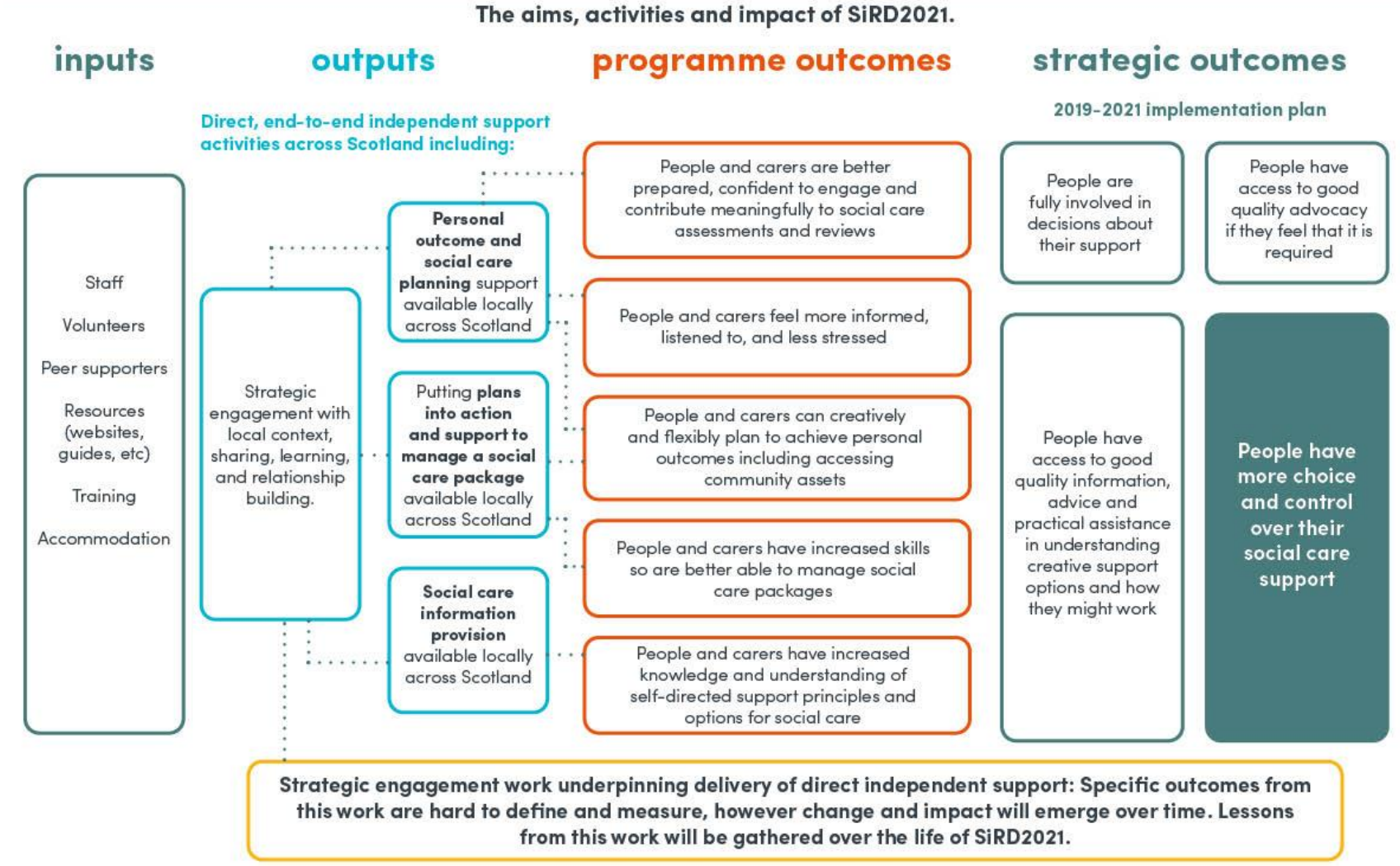
1,258 people participated in training about self-directed support and social care

SiRD 2021 – Fund activities (outputs) detail

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

Personal outcome & social care planning	**Support to identify the outcomes someone would like to achieve** • One-to-one support work or coaching • Personal development training & group-work • Initial discussions with clients on what matters to them **Support to understand their options and to prepare and participate in social work assessments** • One-to-one preparation for social work assessments • Support at assessment or review meetings • Formal and informal advocacy • Exploration of Self-directed Support options available locally • Development of personal outcome plans or 'shadow care plan' • Help for clients to put points across / coping strategies • Practical support – taking minutes, keeping watching brief, follow-up correspondence • Seek clarity or challenge Social Work decisions on social care package or budget
Putting plans into action and support to manage a social care package	**Accessing community-based services** • One-to-one support work • Community Brokerage • Peer support or group work for people to support each other • Support for people not eligible for a social care budget to put plans into action • Support to understand and access community-based services • Making links & referring to other services & community-based groups **Setting up and day-to-day management of funded package** • One-to-one support work • Brokerage • Training • Peer support or group work for people to support each other • Discussing options available locally • Direct support to employ a PA, in-house payroll, or referral to another agency to help • Legal requirements of being an employer & support to manage arrangements e.g. holiday cover • Support to manage packages e.g. track care, spend and progress • Alternative uses of budget
Social care information provision	**Early contact work to provide basic information on Self-directed Support (principles & options) and local eligibility** • Distributing publicity & basic info sessions • Community focussed information sharing • Outreach work • Enquiry-line, drop-in or advice point • Accessible guides & case-studies through leaflets, websites, social media • Receiving and responding to initial (or one-off) queries about Self-directed Support • Peer support & training on Self-directed Support • Basic Self-directed Support training for social care users, providers, local authorities

INSPIRING SCOTLAND



SiRD2021 project impact highlights: April – September 2019

Projects report every six months on their progress towards the five SiRD2021 programme outcomes (see logic model on page 6). They share evidence and examples of how they have achieved the outcomes through feedback from people they have worked with. *Projects do not receive feedback from everyone they work with against all outcome indicators. Each project collects different data depending on individual circumstances. The numbers presented here give a good indication of the areas where project support is having the greatest impact.*

Impact Highlights

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

People have access to good quality information

Increased awareness and understanding of self-directed support

The biggest reported difference projects make for the largest number of people is from the information they provide about self-directed support. The accessible information and explanation of self-directed support legislation and principles is provided through training, helplines, one-to-one support, peer group meetings and out-reach. It helps people understand how self-directed support legislation and options enables people to choose their support and how much control they want.

Over the last six months as result of project work

- **1,421** people have fed back that they know (have a better understanding of) what self-directed support is and what the principles and options mean for them
- **937** people have fed back that they understand the process for accessing social care and feel more informed

Take Control in East Dunbartonshire (GCIL project) give an example of supporting a carer referred to them by the local carers centre after her dad had a stroke and her mum was struggling to care for him.

> A service provider was visiting her Dad 4 times a day, but he was uncomfortable with different people coming into his home and would sometimes tell them to leave. Take Control met with the carer, who was also Power of Attorney for her parents, to tell her about the different options available (under SDS legislation). Option 1 was identified as the best way to support her dad to meet his outcomes and Take Control were able to explain the responsibilities of becoming an employer and how they could help with this. They went onto support the family to recruit a PA, sign up to a payroll service and take out relevant liability insurance. A good rapport has been developed with the PA and the carer feels her parent's health and wellbeing has improved. She wouldn't hesitate to use this option again if needed.

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

People have access to practical assistance in understanding creative support options and how they might work

Another area where projects are reporting significant impact is how they can help people have a better **understanding of the different services, resources and providers** available to meet their outcomes, allowing them to choose the most suitable support for them. As a result of project support over six months;

- **1,062** people have fed back that they know of a range of options to support them
- **906** people have fed back that they have received information about different local options

Most projects have developed asset maps of local resources that they use to help people, with and without budgets, to access services and connect to their local communities. This is sometimes through signposting but often involves practical support, for example, not only identifying potential care providers but contacting them on behalf of an individual to explore the different types of support available, if that person needs support to do this.

Equal Say advocacy give an example of helping someone to identify a new provider and different ways to meet their outcomes.

Lisa used Option 1 to engage a provider but didn't feel at all in control. The provider was going through changes that were impacting on her support and she had experienced inaccurate invoicing, inconsistent staff rotas and broken commitments. Lisa was considering changing providers but didn't have the energy, confidence or support to do this. After a meeting arranged by Equal Say with the existing provider did not lead to any improvements, they supported her to make the decision to 'shop around', meet with potential new providers, make choices and assert control by moving her support. Equal Say also helped Lisa to identify an underspend in her budget and develop an outcome-based proposal to use this to purchase equipment rather than hours of support, and successfully articulate this to social work.

Projects also identify local groups for people to access and take practical steps to help them develop the confidence to attend for the first time where needed, for example by going with them, arranging transport or linking them up with someone else going.

Community Brokerage Network (CBN) give an example of where they supported someone to develop a new local community resource.

CBN supported J through the assessment process, which was a positive experience for him. He was allocated an individual budget and is in the process of recruiting a PA. J had previously attended groups for people with MS but found they were quite boring and limited in what they encouraged people to do. CBN helped J to think of other ways to better meet his needs and the possibility of J starting a new group. With the support of a broker who lived in the same area, J got this off the ground. So far there are 6 members in the group who have gone to local football matches and a fiddler's rally together, providing a new option for people in the local area.

"You have helped without a shadow of a doubt about the book clubs."
"I wouldn't have got any further with this unless you had helped me. It has really made a difference."
"CBN has been a massive help. You have taken a huge weight off when a huge weight has been on, I recommend you to loads of people."
"C is enjoying the volunteering at the radio station. It seems to have given him a new lease of life. He appreciates the help he has had."
Quotes from people Community Brokerage Network has worked with

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 and less stressed.

People are fully involved in decisions about their support

People have fed back how they value the time projects spend with them, giving them the space to think about what matters to them, consider their options and understand their rights in relation to social care. Over the six months:

- **755** people fed back that they have space to explore, or a better sense of, what matters to them
- **663** people fed back that they have been able to express what matters to them
- **418** people fed back that they were more informed, or have a clearer understanding of, the assessment and review process

A worker from **Shetland Community Connections** (SCC) gives an example of where they spent time getting to know someone, and how this led to a better outcome as that person became comfortable sharing more about their life.

Mabel is 87 and had recently left hospital after falling at home. Mabel was referred to us by Social Work as they said she was looking for an opportunity to go swimming and have social opportunities.

I met with Mabel at her home. She is a fiercely independent lady who, after a long conversation, told me that she was not looking for social opportunities and was quite happy attending her lunch club. I asked Mabel to tell me a bit about herself and what she considered to be a good day. She told me how she had moved to Lerwick from the country after needing to be rehoused. Mabel told me that she was delighted to have moved to the town but that she really missed her swimming. She had gone 3 times a week since she was young, but it wasn't possible now. She shared concerns she had about slipping and getting dressed afterwards.

It was clear that Mabel dearly loved and missed swimming and we both agreed that it would be of huge benefit for her arthritis and pain. Mabel said she loved the feeling of "being free" when in the pool. I suggested to Mabel that we visit the pool together and give it a try. I spent some time researching the local pool and the best times for Mabel to attend (at times that she might meet other ladies in her age group and when the pool would not be busy).

The following week we went to the local pool and Mabel did need support to get into the pool and to get dry and dressed afterwards, but once in she swam off like a fish! Mabel was delighted that her swimming skills were still evident and she was beaming. We sat afterwards to have a cup of tea and Mabel gave me a big hug and was very emotional about the opportunity to go swimming, how much she had enjoyed it and how successful she had felt.

Mabel also disclosed that she did not enjoy the day centre she attended one day per week as many folk there had dementia. Her husband had dementia before he died and she found it very upsetting. I suggested to Mabel that we look at writing a plan of support that we could take to Social Work to allow her to go swimming rather than the day care. Mabel also shared with me that her weekly domestic visit provided by the local authority was limited in what they could help her with and that she wanted support with other things in her home. I suggested we look at using a cleaning company rather than the local authority and that way she could instruct them with exactly what she wanted.

We met with the Social Worker at Mabel's review and Mabel was able to advocate for herself and explain all of what she wanted in life to her Social Worker. The plan was agreed for Mabel to have 4 hours support through Option 1 to allow her to go swimming twice per week. It was also agreed for her to receive a budget for domestic support so that Mabel could use an alternative cleaning company to support her with the jobs she needed doing. We are now in the process of supporting Mabel to recruit her PAs and she is looking forward to continuing to beat her swimming length record.

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 and less stressed.

People have access to good quality advocacy if they feel that it is required

Helping people to express their views, understand their rights and have their wishes genuinely considered when decisions are being made, is a primary focus of many projects undertaking casework. In addition to the six Advocacy projects in the SiRD2021 portfolio, 18 projects support people with informal Advocacy and help people to self-advocate. Between April and September 2019, **1,930** people were supported through casework.

This support helps make a stressful situation less stressful, can help people work out what is important to them (their outcomes) and participate fully in decision making. This can all fundamentally change outcomes for people and their living situations. Over the six months as a result one-to-one support from projects:

- **667** people have fed back that they know their rights
- **361** people fed back that they felt they could contribute as an equal partner and participate or influence their assessment

Advocacy Service Aberdeen provide an example of how their independent approach ensured the emotional impact of decisions was considered, resulting in relationships being maintained.

Independent advocacy support was provided to a gentleman who wanted to explore the possibility of his wife receiving support at home instead of moving into a supported facility. Following a brain operation, his wife underwent a 2-month course of radiotherapy. During this time, the husband met with health and social care professionals who shared their assessments and were of the view that his wife could not return to their home.

Subsequently his wife moved into a care home and resided with people who were much older than her. Her husband felt the care and support she received was not in line with her needs and he reported she was losing weight and generally going downhill. Although having initially accepted the assessment by health and social work, the husband, on reflection, did not feel this was the right decision for his wife. A case conference was arranged, and the gentleman hoped with independent advocacy support the situation could be openly discussed and alternatives could be explored.

The gentleman said that the biggest thing initially was that the advocacy worker immediately explained they did not have to wait for the care manager to source supports. He was supported to explore alternatives in the community. His advocacy worker attended the case conference where it was agreed that his wife could return home with a support package.

The couple describe their change in support arrangements as "*brilliant*" and her health is in stark contrast from the previous 5 months of general decline. The couple fed back that they felt independent advocacy had helped by making a stressful situation less stressful. He specifically mentioned having support to contact big organisations such as Local Authorities as being particularly helpful as well as having someone who was there for moral support.

They also fed back that independence was an important factor in this support. The husband commented:

"*Independence was important – absolutely- that was the whole point for me. I knew when I met our advocacy worker that she would tell me things the way it was, and this helped me to not feel overwhelmed when dealing with medical professionals*".

The husband also felt that his advocacy worker was better able to understand the emotional effect that living separately would have on the couple. He felt that medical and social work staff were focused on the physical and practical elements of their situation, which he appreciated, however he felt more focus needed to be given to his wife as an individual and recognise the solution was more than simply meeting her physical needs.

What we (ASA) have learned from this case study is that our support can contribute to outcomes which are over and above what we hope to achieve. For instance, as well as meeting outcomes around informing and including people, advocacy support helped this couple to maintain their relationship.

"*We would never have been together again – it was as big as that what advocacy did for us*".

Advocacy can also help progress concerns with the system as this example from **The Advocacy Project** illustrates.

Mr and Mrs B are a married couple who have complex physical health needs. Mrs B was receiving a significant budget for support while Mr B received a much smaller budget, which they used to employ PAs through Option 1. They contacted advocacy in early 2019 because the local authority were in the process of reviewing their support and were suggesting they could share hours for non-personal care such as laundry and meal preparation. They were both very concerned about a potential reduction in hours and the stress of this had a significant impact on their health.

The advocacy worker met with Mr and Mrs B who explained they have very different medical conditions which require different types of support. For example, they both need different diets and eat at different times so require separate support for this. Mr B's condition requires laundry to be done every day, including bedding, separately from Mrs B's due to topical skin treatments. The advocacy worker supported Mr and Mrs B to compile a detailed list of their support and the reasons it could not be shared, which the advocacy worker then emailed to the local authority.

Mr B's support was reviewed in late 2018 independently of Mrs B and at this time an increase in support was authorised by the local authority. However, although this increase was approved, by summer 2019 Mr B had not received the agreed increase in payments.

Separately, the local authority approved the budgets and support hours for both Mr and Mrs B, allowing them to continue employing their PAs and achieve the outcomes identified in their support plans. However, because Mr B did not receive the agreed increase in payments, he was experiencing continued financial hardship and stress.

The advocacy worker supported Mr B to make a complaint regarding the local authority's duty to assess under the Social Work (Scotland) Act 1968 and Mr B's rights under the Social Care (Self-directed Support) (Scotland) Act 2013. Shortly after the complaint was submitted, Mr B began receiving payments to cover the increase in his hours and received a backdated payment covering the hours he had self-funded while waiting for the issue to be resolved.

Cumulative Figures for the SiRD2021 Programme October 2018 – September 2019

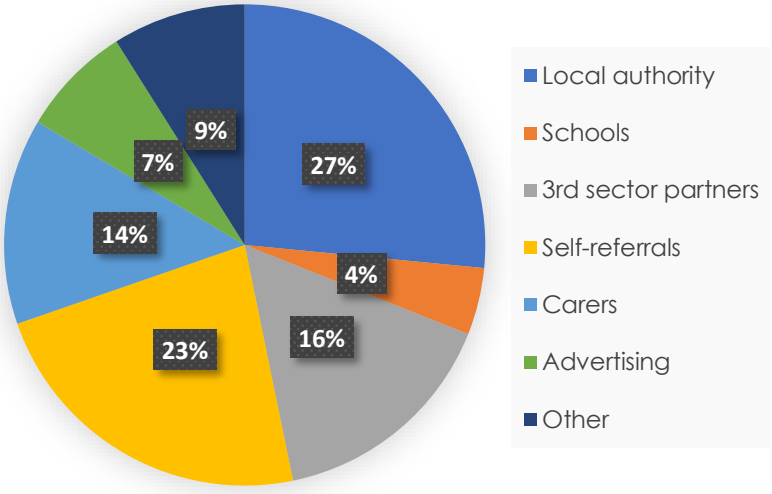
£ 2.84m funding for work delivered between October 2018 and September 2019

3,586 people and families provided with focussed support to manage their social care needs.

18,052 people provided with general information and advice on self-directed support

How are people accessing projects?

Referrals from



People are finding out about funded projects from a range of sources. Over the first 12 months of SiRD2021 referrals have come from the local authority (27%), self-referrals (23%) and 3rd sector partners (16%).

Other (9%) includes NHS contacts, GPs, the SDS Forum, other clients, internal referrals & events, Job centre, Carers centres, Scottish Government, MSPs.

Are the people & families accessing focussed support from projects eligible for (paid for) social care?

October 2018 – March 2019

In the first six months of SiRD2021 projects worked with **2,051** people and families providing focussed one-to- support.

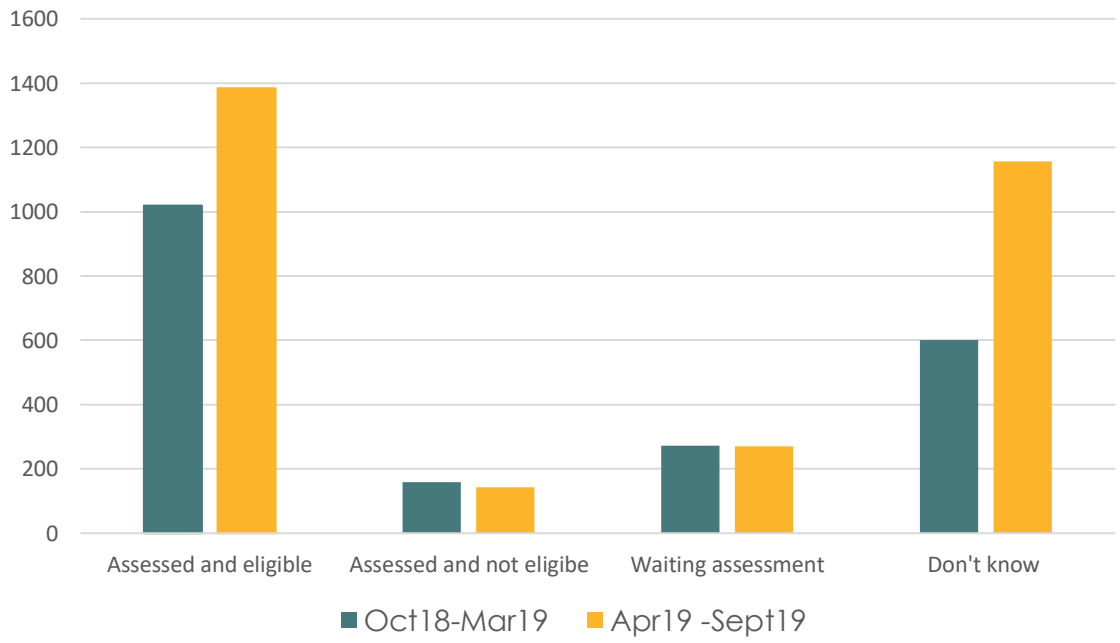
At the time of reporting, of the 2,051 people worked with 1,019 had been assessed and were eligible for social care support from their local authority. 158 had been assessed as not eligible and 273 were waiting an assessment or review. Projects did not know whether people were eligible in 601 cases.

April – September 2019

In the second six months of the funding programme, projects worked with **2,954** people and families providing focussed one-to-one support.

Some had been worked with in the previous six months. There were 1,535 new cases however adding to make the cumulative total for **12 months of 3,586**.

At the time of reporting, of the 2,954 cases worked on between April and September 1,384 had been assessed as eligible for social care support from their local authority. 142 had been assessed as not eligible, 271 were waiting an assessment. Projects didn't know about eligibility in 1,157 cases.



What SDS options are projects supporting people and families with?

October 2018 – March 2019

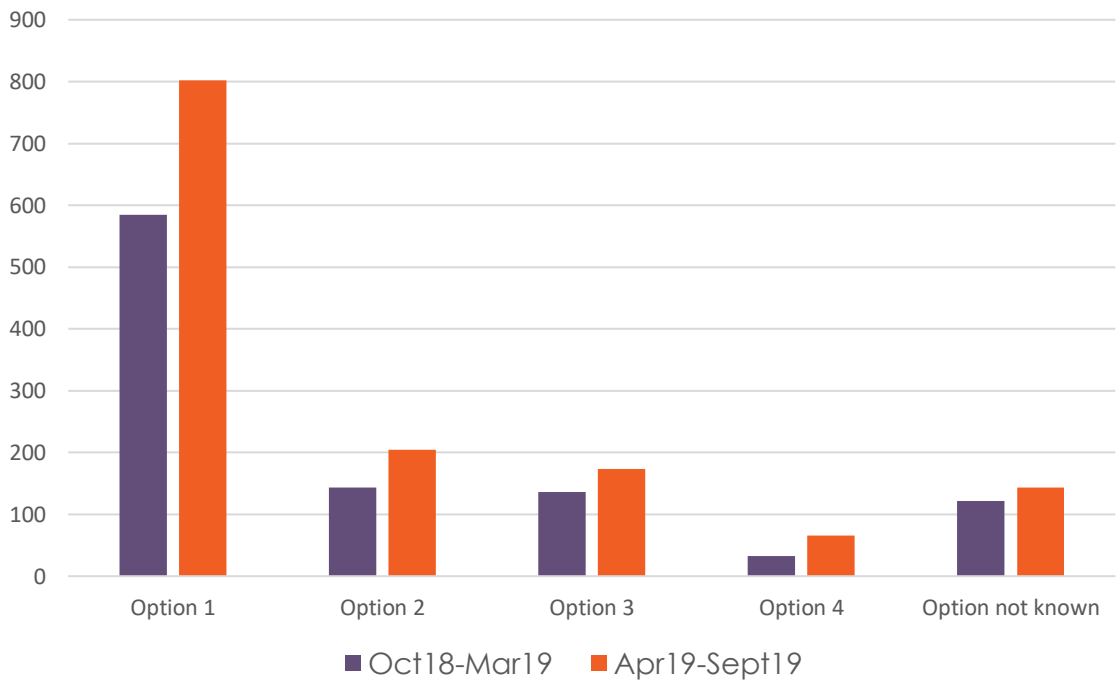
In the first six months of SiRD2021 projects worked with **1,019** people and families who had been assessed by the local authority as eligible for social care support.

Of those 1,019 people, projects helped 585 with Option 1, 143 with Option 2, 136 with Option 3 and 33 with Option 4. At the time of reporting they didn't know about the SDS option in 122 cases.

April – September 2019

In the second six months of the funding programme, projects worked with **1,384** people and families who had been assessed by the local authority as eligible for social care support.

Of those 1,384 people, projects helped 802 with Option 1, 205 with Option 2, 173 with Option 3 and 66 with Option 4. At the time of reporting they didn't know about the SDS option in 143 cases.



Support in the Right Direction (SiRD2021) – list of funded projects

Project name	Working in….	Project name	Working in….
Advocacy Orkney	Orkney Islands	Encompass (BDPA)	Scottish Borders
Advocacy Service Aberdeen	Aberdeen City	Equal Say	North Lanarkshire
Advocacy Western Isles	Comhairle nan Eilean Siar	Glasgow Centre for Inclusive Living	East Dunbartonshire, Glasgow South Lanarkshire
Ayrshire Independent Living Network	South Ayrshire, East Ayrshire North Ayrshire	SDS Forth Valley	Falkirk, Stirling, Clackmannanshire
Braemar Care	Aberdeenshire	Lothian Centre for Inclusive Living	Edinburgh, East Lothian, Midlothian, West Lothian
Carr Gomm Community Contacts	Argyll & Bute Highland	MECOPP	Edinburgh, East Lothian, Midlothian, West Lothian
Circles Network Inverclyde	Inverclyde	Outside the Box with Care and Well-being Co-op (Support Choices)	Perth & Kinross
Clyde Shopmobility with West Dunbartonshire CVS	West Dunbartonshire	Perth & Kinross Assoc for Voluntary Service	Perth & Kinross
Community Brokerage Network	South Ayrshire, East Ayrshire North Ayrshire	SDS Forum East Renfrewshire	East Renfrewshire
Compass SDS Brokerage	Dumfries & Galloway	Shetland Community Connections	Shetland Islands
Cornerstone	Aberdeen City, Aberdeenshire	The Advisory Group	Clackmannanshire, Stirling, Renfrewshire
Disabled Person's Housing Service (SDS Options Fife)	Fife	The Advocacy Project	Glasgow, East Renfrewshire, South Lanarkshire
Dundee Carers Centre (SDS Service Dundee & Angus)	Dundee Angus	Thistle Health & Wellbeing	Edinburgh, East Lothian, Midlothian
East Ayrshire Carers Centre	East Ayrshire	Voice of Carers Across Lothian (VOCAL)	Edinburgh, Midlothian
ENABLE	Fife	Voluntary Action North Lanarkshire and partners	North Lanarkshire