Support in the
Right Direction

Year 5 year end update
July 2023

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 organisations 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 groups and covers the six-month period October 2022 to March 2023. 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.

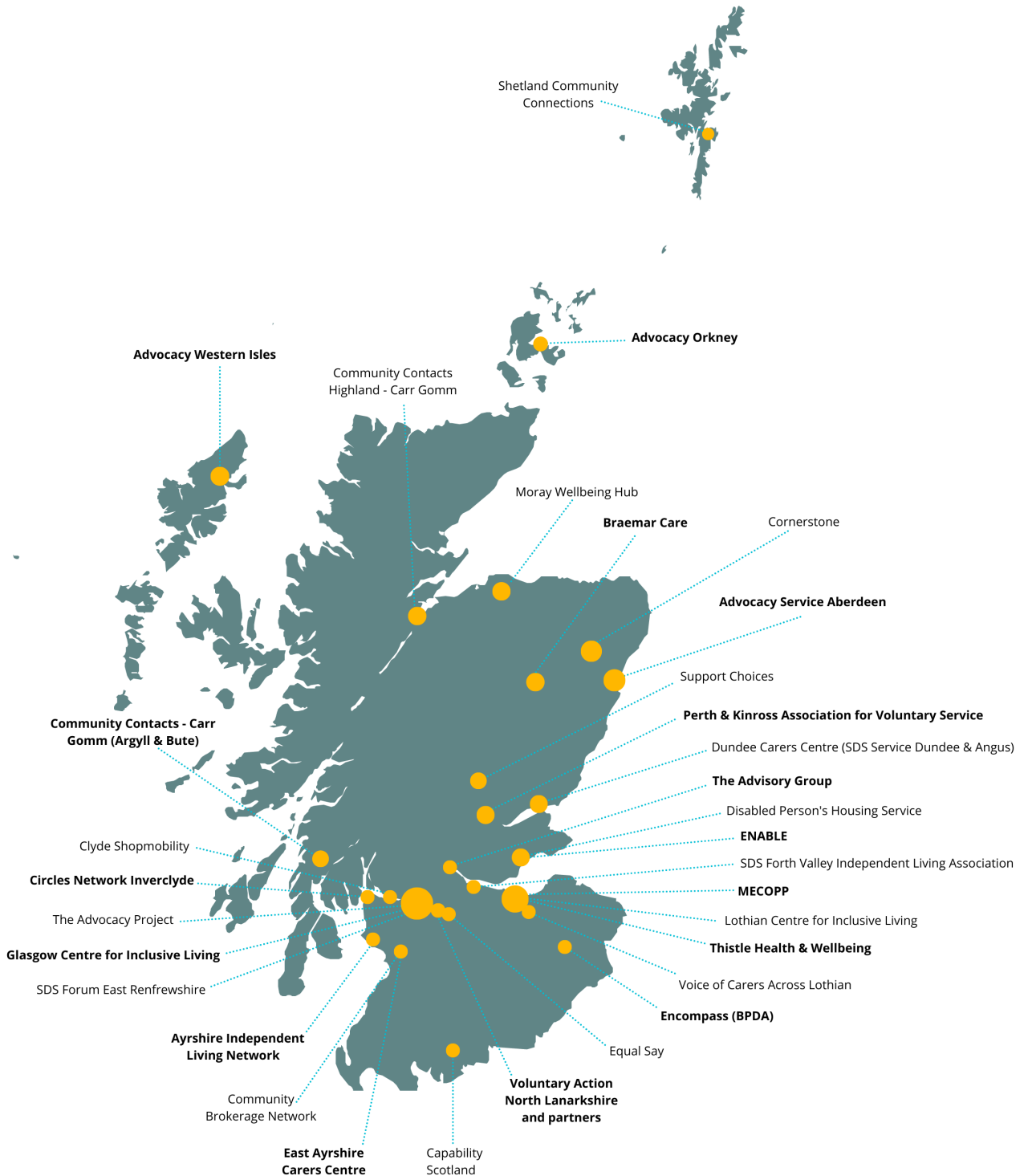People and carers feel more informed, listened to, less stressed.

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

Shetland Community
Connections

Advocacy Western Isles

Community Contacts
Highland - Carr Gomm

Advocacy Orkney

Moray Wellbeing Hub

Braemar Care

Cornerstone

Advocacy Service Aberdeen

Support Choices

**Community Contacts - Carr
Gomm (Argyll & Bute)**

Perth & Kinross Association for Voluntary Service

Dundee Carers Centre (SDS Service Dundee & Angus)

The Advisory Group

Disabled Person's Housing Service

ENABLE

Clyde Shopmobility

SDS Forth Valley Independent Living Association

Circles Network Inverclyde

MECOPP

The Advocacy Project

Lothian Centre for Inclusive Living

Glasgow Centre for Inclusive Living

Thistle Health & Wellbeing

SDS Forum East Renfrewshire

Voice of Carers Across Lothian

Encompass (BPDA)

**Ayrshire Independent
Living Network**

Equal Say

**Voluntary Action
North Lanarkshire
and partners**

Community
Brokerage Network

**East Ayrshire
Carers Centre**

Capability
Scotland

SiRD at a glance

In the last 6 months
October 2022 - March 2023

£1.3m funding for work delivered between October 2022 and March 2023

3,043 people & families provided with focussed support to manage their social care needs

8,769 people provided with general information and advice on self-directed support

Since the programme began
October 2018 - March 2023

£12.4m
Invested

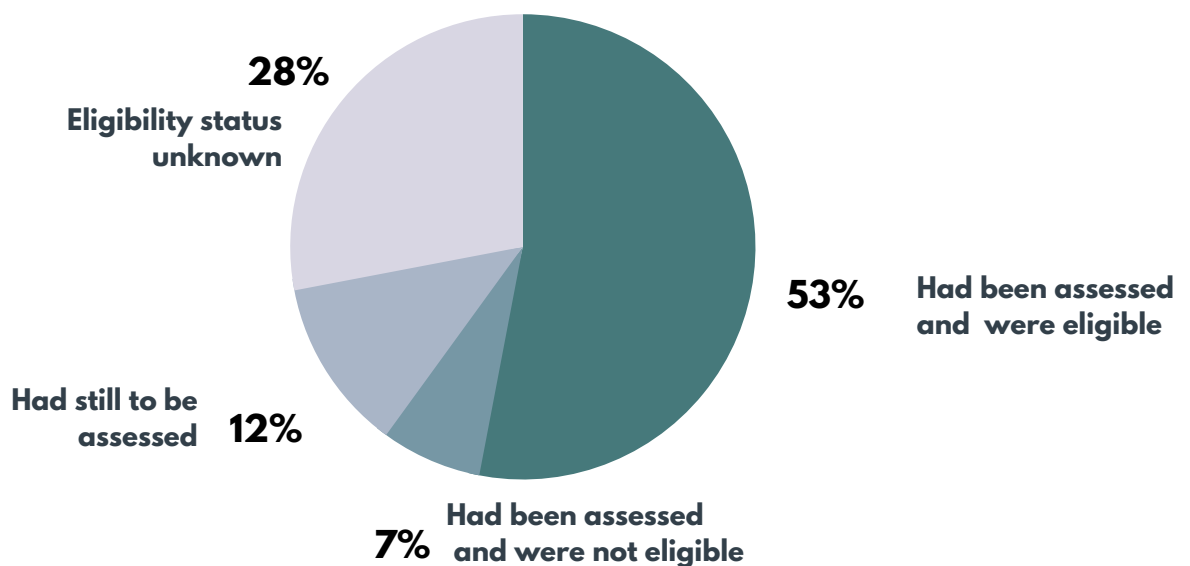**17,168**
People and Families
Supported

79,571
People
Informed

SiRD activity

Main referrers to SiRD projects

Local authorities, followed by referrals from carers or third sector organisations and self-referrals continue to be the main routes to SiRD projects with the split remaining consistent since the beginning of the programme.

Local Authorities 35%

Third Sector and Carers 25%

Self-Referrals 19%

Eligibility for funded social care

Eligibility for social care has also remained consistent during the programme, and the number of people waiting to be assessed has continued to increase. **53%** of people referred to SiRD projects for independent support over the reporting period were eligible for social care:

28% Eligibility status unknown

53% Had been assessed and were eligible

12% Had still to be assessed

**7% Had been assessed and were not eligible**

SiRD organisations work hard to promote early intervention and more preventative work. However, an increasing number are reporting that they are seeing more people at crisis point. This place more demands on the support provided, often requiring more focused and intense support, which can have a negative impact on an organisation's capacity.
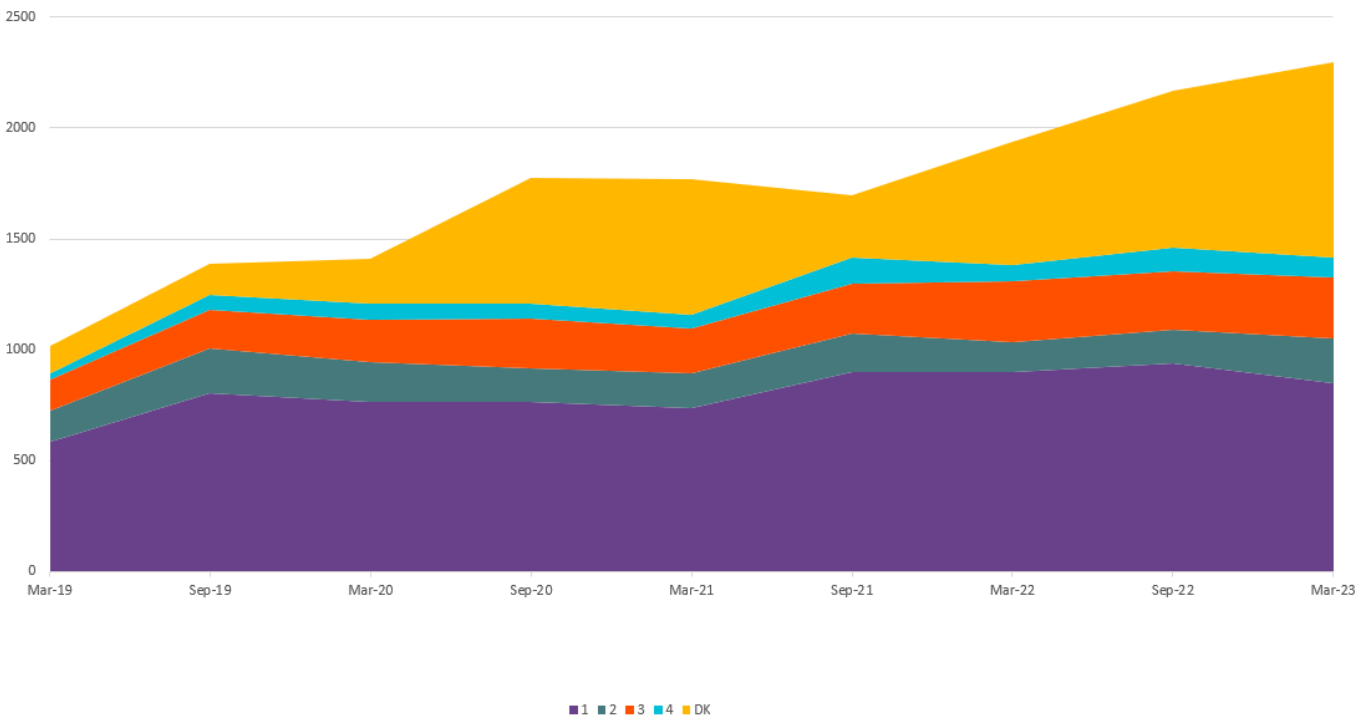
SiRD activity

Age of people receiving support

Most support continues to be provided to people in the 18-64 age range, with only a small number of people under the age of 18 receiving support. This has remained consistent throughout the programme.
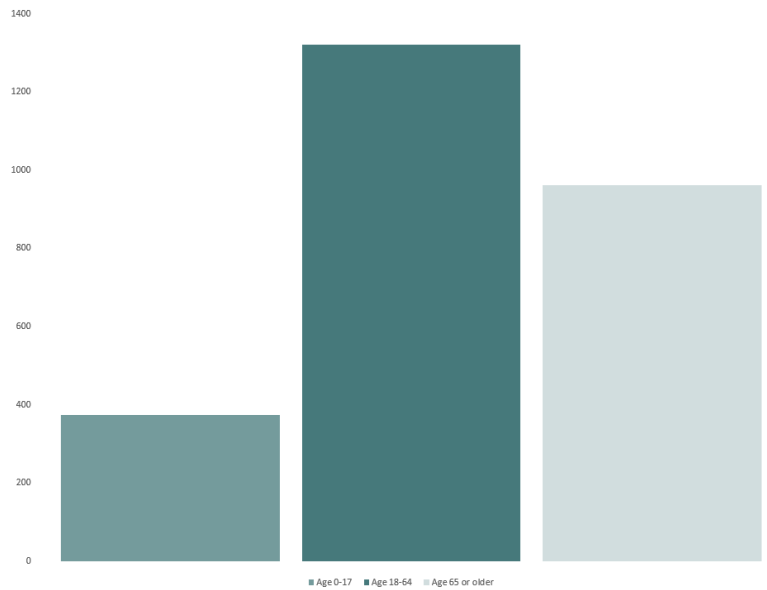
Support with social Care options

Option 1 continues to be the most common option for which people receive support. A lack of capacity within the sector and a shortage of providers of other options has meant that increasing numbers of people are being steered to option 1 when this wouldn't have otherwise been their choice. As a result, there has been a steady increase in demand for support with this option, with people often requiring more complex and in-depth support.

SiRD impact

Each of the SiRD organisations continued to work towards one or more of the five programme outcomes. Each outcome has a range of indicators to measure how it is being met. The indicators measured vary by funded group.

In this reporting period, the most commonly reported outcomes were:
- *People and carers have increased knowledge and understanding of self directed support principles and options for social care*
- *People and carers are better prepared, confident to engage and contribute meaningfully to social care assessments and reviews*.

The number of people accessing SDS information remained steady, but more people reported a better understanding of what SDS is and what the options mean for them, and an increased number of people also felt more informed.

The number of people supported through casework increased over the period and whilst fewer people overall reported being able to '*creatively and flexibly plan to achieve personal outcomes including accessing community asset plans*' more people were signposted to other relevant community-based services, support or resources. This is backed up by anecdotal feedback from SiRD organisations that people and carers are increasingly having to look to non-traditional models of support because of a lack of capacity within the sector.

The stories over the next few pages are taken from case studies compiled by SiRD organisations and highlight the positive impact of the programme and the support provided through SiRD organisations. 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

1812 people feel they're more informed, or have a clearer understanding of the assessment and review process

1490 people feel that they know their rights

515 people can identify their outcomes or know what they are

1396 people feel better able to participate in the assessment process

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

1438 people feel able to contribute as an equal partner and participate in or influence their assessment

Outcome 1 Case Study

A is a single parent with two children who he had been caring for on his own for the last few years.

The younger of A's children, a boy with autism, ADHD and global development delay is non-verbal. A was exhausted and also felt that he was not giving his daughter the attention and support she required.

A approached the SiRD organisation for help to arrange appropriate support for his son as he grows and also to arrange respite and a holiday placement. This would be beneficial for everyone in the family.

Social work completed an assessment and decided that no intervention was needed. With help from the SiRD organisation, a Multi-Agency Meeting (MAM) was held. The SiRD organisation worked with A to ensure that he could put together what he wanted to say around the difficulties he had experienced, and also what he felt would be needed to keep the family unit together without his daughter feeling alienated. This support preparation meant that A felt empowered and was confident to engage and speak for himself at the meeting.

Following the meeting social work agreed to complete another assessment. This resulted in services being made available for A and his family, significantly relieving the pressure he felt as a parent.

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

1123 people received information about different local options

1117 people have been able to express what matters to them

1833 people have been supported through casework

1826 people understand the process for accessing social care

1477 people feel they have had the opportunity to share their views

Outcome 2 case study

B cares for her son who is 16 years old.

B contacted the SiRD organisation to request carer support due to an extremely stressful caring situation for her son who has complex needs (autism, functional neurological disorder, complex PTSD, cerebral visual impairment and bulimia). He is unable to attend school due to his health. B has her own health conditions and is also awaiting assessment for suspected autism. Due to her caring role B had to give up work and has struggled financially.

B had requested support through social work before but reported that she was advised she was not entitled to help/help couldn't be provided until she was able to identify her needs herself.

The allocated carer support practitioner discussed B's situation and arranged a series of support sessions whilst she was awaiting an adult carer support plan. B already had an awareness of SDS and the SiRD organisation discussed with her how this could be requested in terms of her and her sons specific needs. Sessions were structured around sections of the assessment to help B unpick and identify strengths, unmet needs and daily challenges. Talking about the impact independent support had, B said

'I can't even describe the difference it made'. 'I felt I was going mad, I was suicidal and depressed'. 'You came on board and told me I was entitled to request an assessment'. 'It stopped feeling impossible'. 'I am in a different mindset'.

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

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

1224 families were signposted to relevant community-based services, support or resources

828 people have been supported with personal outcome planning

459 people people said they have more (or have maintained their) independence

242 people people said they feel more engaged in their community

248 people said they have tried new things

Outcome 3 Case Study

The following case study is shared from a **PA point of view** and highlights the difference that a creative approach to support can make.

The trip was a wonderful idea, something completely different for me and my person! C used to have respite at a residential respite facility once a week before Covid and she's been missing it. There is still limited capacity at the facility and it doesn't look like she will be going back yet for a little while. So when I saw that the SiRD organisation was encouraging this new type of respite, I thought of C straight away.

The outdoor activities was very different for us, C usually prefers being indoors with plenty of cups of tea, so it was quite a nice change. I think she did struggle with the level of activity initially, but she worked really hard and had a nice time - even managing to go out for a second walk later in the evening! This was very unusual for her, and I think being with different people in a new environment really encouraged her. She was very helpful through the whole trip; during the day activities she carried the packed lunches and helped to hand them out to everyone. I made sure to give her time to make choices for herself. She chose which bed she would sleep in, when she would go to bed, she chose a film for us all to watch together and she helped prep food for everyone for dinner (and again in the morning for breakfast!)

C is usually quite an anxious person when she is away from home, and during her regular respite she would call home constantly to check in, as she would worry about everyone. During this trip, she didn't call home or message any family members once! This could be due to her being kept busy, or due to the fact she felt comfortable and safe with her PA there the whole time.

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

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

330 people feel confident to make choices about their provider and options

611 people have accessed support for Option 1 arrangements

138 people feel more confident as an employer

Outcome 4 Case Study

The SiRD organisation's SDS Team received a **referral from the H&SCP Social Work Team**.

D was discharged from hospital following surgery and had significant support needs. The SDS Advisor worked in partnership with the both the Support Worker and Care Manager to help calculate the required budget and Employer costs in order to ensure sufficient support was arranged following an assessment of both D and their partner.

The support worker advised that D's medication impacted on their short-term memory so the advisor felt it was important not to overwhelm B with all the information around becoming an employer at the one time. The most important aspect was to recruit the staff team. Once the budget had been agreed by the H&SCP, the advisor supported D with every stage of the process; advised on wording for the job description and advert, organised for the job to be advertised, sent out the application packs, and supported D at the interviews.

The advisor dealt with requests for references and PVGs for the successful candidates on D's behalf, liaised with the Personal Assistants to arrange their start dates, advised D on Employer's Liability Insurance and Payroll Services, providing information on options for each. The advisor then supported D to set these up. The advisor explained the payroll process, talking D through the paperwork required; the PAs will be able to offer ongoing support to D with this, if necessary. They also discussed a staff induction process and good employment practices such as having regular support and supervision. The next step will be a visit to explain the H&SCP's financial monitoring process and paperwork.

D knows they can contact the advisor if they are unsure about anything before that and support from the advisor will continue until B becomes confident in managing the Direct Payment and the staff team.

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

3289 families received information and support about social care and self-directed support

2301 people have a better understanding of what self-directed support is and what it means for them

1714 people have discussed self-directed support through enquiry lines or advice points

1227 people participated in training about self-directed support and social care

Outcome 5 Case Study

E is a middle-aged man with a physical disability who is a wheelchair user.

E receives personal care from the local authority. He was due to take possession of an electric wheelchair which would enable him to go on social outings but he would need support in order to do this.

E contacted his local SiRD organisation and was provided with information on SDS and also how to go about having his social care needs assessed. He was interested in being referred for an assessment. The Development Worker made the referral and also provided E with support and information to help him prepare for the assessment.

When the assessment was completed E was awarded 8 hours support. The Development Worker visited him at home to go over all aspects of SDS with a particular focus on option 1, which E felt would give him the most flexibility and choice. Following this E has taken an option 1 and is now being supported by an Independent Living Adviser to recruit for a PA.

E reported being excited about the future and is making plans for the types of outings he will go on.

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.
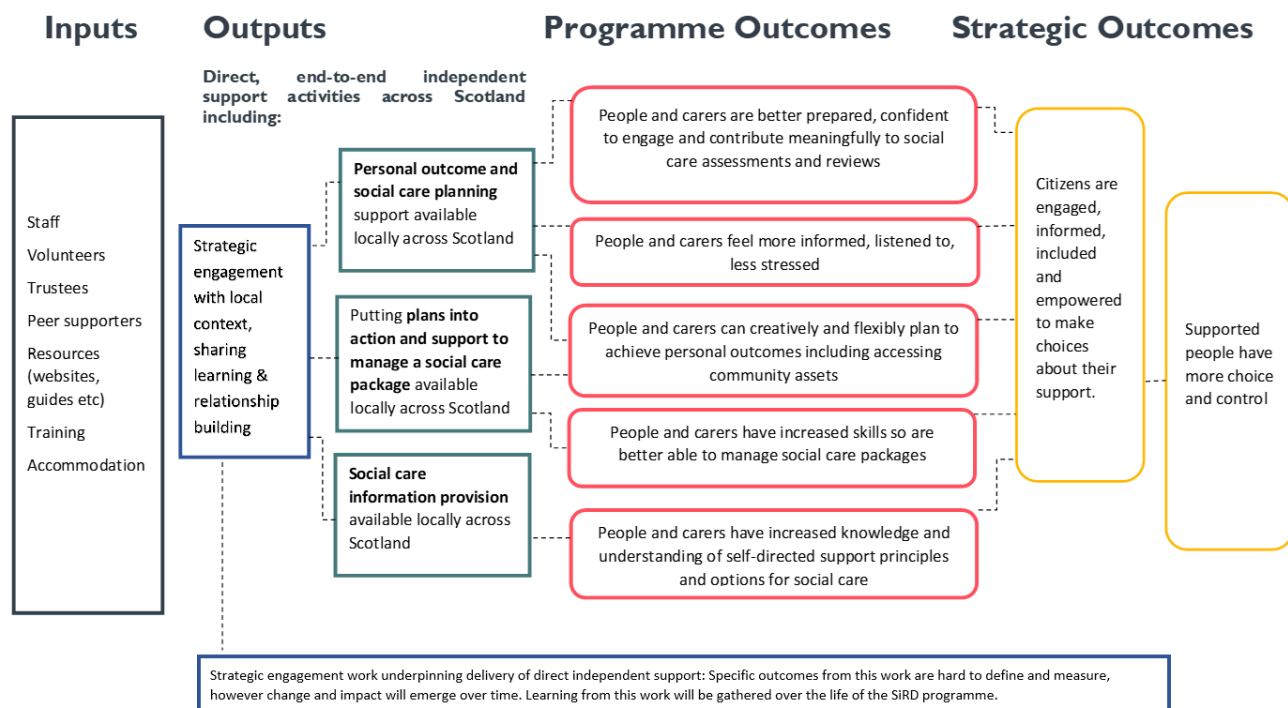
The purpose of independent support is to help people and carers make informed decisions and plans for their social care and maximise their choice and control over those arrangements using self-directed support (SDS) options. (Under SDS legislation, there are four options for how social care can be arranged 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

| Inputs | Outputs | Programme Outcomes | Strategic Outcomes |

Direct, end-to-end independent support activities across Scotland including:

Inputs:
- Staff
- Volunteers
- Trustees
- Peer supporters
- Resources (websites, guides etc)
- Training
- Accommodation

Outputs:
- Strategic engagement with local context, sharing learning & relationship building
- **Personal outcome and social care planning** support available locally across Scotland
- Putting **plans into action and support to manage a social care package** available locally across Scotland
- **Social care information provision** available locally across Scotland

Programme Outcomes:
- 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

Strategic Outcomes:
- Citizens are engaged, informed, included and empowered to make choices about their support.
- Supported people have more choice and control

Strategic engagement work underpinning delivery of direct independent support: Specific outcomes from this work are hard to define and measure, however change and impact will emerge over time. Learning from this work will be gathered over the life of the SiRD programme.

SiRD – 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

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