MY SUPPORT, MY CHOICE SELF-DIRECTED SUPPORT STRATEGY 2010 - 2020

Self-directed support in Scotland – workforce learning and development strategy 2013
http://www.selfdirectedsupportscotland.org.uk/sds-act/
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Introduction

Policy Context

The National Strategy for Self-directed support in Scotland was published in October 2010, and recommended that a workforce development plan should be published.

The Strategy sets out the key delivery challenges that need to be progressed over the next ten years. The focus is on delivering better outcomes through effective assessment and review; improved information and advice; and a clear and transparent approach to support planning. The main shift is in the power base, with citizens having the right to take as much –or as little – control as they wish over the design and delivery of their support.

Self-directed support is part of a wider reform agenda, and reflects the common goals of current health and social care policy to deliver better outcomes for individuals and communities through a person-centred and holistic approach to care and support, directed by people who use services.

Whilst there has been a drive for the approaches described above to be embedded in practice for a number of years, there is as yet no streamlined approach to identifying and planning support on the basis of outcomes. For self-directed support to work well, the choice available to individuals needs to be part of such a process. This will also involve a culture of risk enablement where staff at all levels are clear about their role in enabling individuals to understand and manage risk appropriately.

The National Strategy sets its aspirations and recommendations around the rights of citizens to choose how their support is delivered. This requires a significant shift in culture and approach, particularly for professionals assessing or providing support across local authorities, NHS partners and third and independent sector organisations. The biggest challenge to understanding and delivering self-directed support is not about access to learning materials but for practitioners, citizens and organisations to make this cultural shift and to ensure, people, processes and systems adapt.

This is one of numerous workforce strategies being shaped around policy developments relating to the delivery of public services. These include recent developments in Reshaping Care for Older People, Caring Together, the Integration of Health and Social Care, and the National Dementia Strategy. Implementation will also bring a focus to the development of self-directed support for children and young people alongside GIRFEC. Self-directed support also makes a significant contribution to the Shared Vision for Independent Living.

The focus on delivering change should therefore aim to embed common values and principles in skills development that will improve personal outcomes. SSSC and NES drew together the following list of practice based skills for the Reshaping Care workforce development and these are equally relevant to this action plan.

<table>
<thead>
<tr>
<th>Communication……… particularly listening</th>
<th>Creative thinking</th>
<th>Person centred practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal outcomes approaches</td>
<td>Positive risk taking/risk enablement</td>
<td></td>
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<tr>
<td>Earlier intervention</td>
<td>Negotiation</td>
<td>Facilitation skills</td>
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<tr>
<td>Reablement</td>
<td>Assets based approaches</td>
<td>Leadership</td>
</tr>
</tbody>
</table>
Workforce Context

*Nearly half a million people use care services in Scotland at any time*

*There are over 650,000 carers in Scotland*

*In 2011, an estimated 195,000 social service workers in Scotland were employed in a range of settings with a variety of different people who use services.*

*At 42%, the private sector forms the largest part of the sector*

Self-directed support fits with the drive to ensure Scotland’s social service workforce is competent, confident, valued and capable of delivering personalised and flexible services which meet changing demands and delivering improved outcomes for people and communities; and able to work effectively with partners in delivery of high quality, continually improving and user and carer focussed services. Significant challenges face the sector, including: increasing levels of demand and complexity of need, constraints on public sector finance and the development of effective leadership in the sector. These challenges also provide opportunities to do things differently through learning from citizens what works for them, disinvesting in services that do not improve outcomes, and through integrated approaches to public services.

Ensuring this workforce is properly trained, supported and regulated where appropriate is therefore key to service delivery. At both a national and local level the focus in recent years has been to ensure the social services workforce is able to deliver the services needed now and in the future. This work has been underpinned by a skills and knowledge infrastructure for the health and social care workforces led by organisations such as the SSSC, NES and IRISS.

**Action**

The Scottish Government should work with SSSC, NES and IRISS to ensure skills development activity is able to meet multiple policy drivers. A common core approach should be agreed for self-directed support and health and social care integration, and shared with local self-directed support leads to promote joint approaches to learning and development at local level.
Section 1: Learning and development overview

This learning and development strategy has been developed by a sub group of the National Implementation Group in order to address: issues identified in research; the workforce implications set out in the Strategy, and in anticipation of new statutory duties of the Self-directed Support (Scotland) Act 2013 which was passed by the Scottish Parliament in November 2012.

It is relevant to citizens who require social care, family and informal carers, and both regulated and unregulated members of the paid workforce.

Some workforce development activity will be required to meet the statutory provisions of the Social Care Self-directed Support (Scotland) Act. Those with statutory duties imposed by the Act, primarily local authorities, will need to ensure training is delivered in advance of enactment in 2014.

The outcomes of this self-directed support learning and development strategy should be:

- Increased awareness and understanding of self-directed support throughout Scotland in key groups as set out in this strategy
- More accessible information for all, leading to better engagement with self-directed support.
- Mainstreaming self-directed support in social care

So what action is needed, by whom, and when?

What is the most significant driver for change? It is generally acknowledged that self-directed support should underpin an approach to social care for all that is person centred and created and delivered in coproduction. The cultural change will require a common understanding of self-directed support, commitment to working together to find solutions, and strong leadership (not just management) at all levels. It is more likely to require learning through practical examples of what works than theory.

A scan of existing learning and development materials and frameworks for the formal social care workforce suggests that the values and principles of self-directed support, and outcomes focused assessment and support planning are embedded to some extent. So what is needed to update or enhance existing learning and development opportunities? How can members of the ‘workforce’ access more targeted information on skills development relevant to their needs?

The Workforce Unit research on personalisation\(^1\) suggested that personalised services could be jeopardised if training of the workforce is underfunded.

Whilst the debate on levels of funding of the third sector is outwith the scope of this plan, the action points are based on all employers and staff focusing continuing professional development and induction programmes on the values of self-directed support.

The same report also said: Personalisation should motivate social care staff and social workers in particular. A personalised system needs to work for the staff as well as the clients. It is collaboration in creating better care that should make work more satisfying for staff as well as making clients happier.

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The focus then of workforce development for self-directed support is to consider the role of each member of staff – front line and back office – in working with the supported person on the journey from initial contact to accessing the best support possible.

**A supported person’s journey under social care law 2013 onwards…**

1. **The gateway**
   - “pre assessment screening”

2. **Assessment of needs – “eligibility”**
   - Social Work (Scotland) Act 1968

3. **Outcome-focused support planning**

4. **Discuss the options, decide your preference**
   1. Direct payment
   2. Direct the available support
   3. Council arranges support
   4. “mix and match”

5. **Support plan agreed**

6. **Support provided**

7. **Review**

**A carers journey under social care law 2013 onwards…**

1. **The gateway**
   - Carers Assessment – Section 12AA 1968 Act

2. **Outcome of carers assessment for:**
   a) Support to the disabled person?
   b) Support to the carer?

3. **Council decides…does the carer have needs in relation to care they provide? / do we provide support to carer?...**
   If yes...

4. **Discuss the options, the person decides their preference as to how they receive their carer support**
   1. Direct payment
   2. Direct the available support
   3. Council arranges support
   4. “mix and match”

5. **Support provided**
Scope of learning and development strategy

Learning doesn’t just start with qualifications. You gain knowledge and skills outside formal learning, through life and work experience.

The strategy considers the range of information/awareness and learning needs of workers, managers, directors/CEOs, board members/trustees, elected members, owners, individuals, carers and others who will become involved in the delivery of, or need to be aware of the implications of self-directed support.

The actions in this strategy are intended to ensure that there is a strong local ownership to the agenda, driven by individuals, citizen-led and independent living organisations, local authorities, the NHS and supported by service providers and specialist organisations such as those supporting the PA workforce in Scotland.

It addresses in turn the key areas where information, knowledge and skills are required:

- General awareness of self-directed support
- Leadership
- Values and principles
- Assessing and planning for outcomes
- Enabling and managing risk
- Self-directed support specific processes

It also includes specific action to develop the PA workforce and personal employers. Finally it describes some useful resources for employers, people who direct their own support and carers.

Learning from the test sites in Scotland\(^2\) (Dumfries and Galloway, Highland, and Glasgow) demonstrates that a self-directed support model as a whole can be delivered effectively with light-touch levels of information and awareness-raising amongst key staff and some dedicated organisational support e.g. an SDS Support Team. The evaluation also suggested that early training helped care managers and those involved in assessment. It highlighted the need to link self-directed support into local Adult Protection Training activity and other relevant legislative requirements, policy and procedures.

Co-producing learning

Co-production is at the heart of the action plan given its relevance to national and local policy development as well as to individual support planning. Involvement of people who direct their own support, and carers, in the design and delivery of local learning and development activities to support implementation of this action plan is expected as a mainstream approach.

Diversity Matters has developed a two day training event and further tutorials that lead to an award, for anyone who is thinking about becoming involved with Self Directed Support. “Everyone Together”\(^3\) is available for; people who direct their own support, workers, family members, providers, community members and other connected people.

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\(^3\) [http://www.everyone-together.org/Everyone_Together/Welcome.html](http://www.everyone-together.org/Everyone_Together/Welcome.html)
Section 2: Information, knowledge and skills development

This Section identifies the spectrum of information and training needs around self-directed support not just of the social service workforce but more generally.

The workforce sub group reviewed the range of learning and development materials that might be relevant to self-directed support. What became clear was that both employers and employees would benefit from a resource that provided information on learning resources, training materials, best practice examples and research and evidence on self-directed support.

The Scottish Government has therefore commissioned NHS Education for Scotland to develop the self-directed support Social Services Knowledge Scotland (SSKS) Portal.

Actions

NHS EDUCATION FOR SCOTLAND (NES) should engage individuals, carers, and relevant organisations in the development of the SKSS portal for self-directed support. The portal will be available for use by Spring 2013.

Local authority training leads should contribute to and promote the use of the portal.

The Knowledge Hub and SSKS should provide improved access to information and discussion on evolving self-directed support practice.

| Outcome: Individuals, carers and people contributing to the delivery of self-directed support have access to current information and learning. |

The following table identifies the target groups and key themes that need to be addressed as part of national and local implementation plans.
<table>
<thead>
<tr>
<th>People who use services</th>
<th>People who use services</th>
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<tbody>
<tr>
<td>All people who require/ might require support with health and social care.</td>
<td>General awareness</td>
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<tr>
<td>Values and Principles</td>
<td></td>
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<tr>
<td>SDS processes</td>
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<tr>
<td>Carers</td>
<td>Carers of all ages, including young carers. Welfare and financial guardians.</td>
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<tr>
<td>General awareness</td>
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<tr>
<td>Values and principles</td>
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<tr>
<td>SDS processes</td>
<td></td>
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<tr>
<td>Personal assistant employers</td>
<td>People who use services and informal carers employing/ wishing to employ PAs</td>
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<tr>
<td>General awareness</td>
<td></td>
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<tr>
<td>Values and principles</td>
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<tr>
<td>SDS processes</td>
<td></td>
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<tr>
<td>Students/candidates in health and social care</td>
<td>All those undertaking vocational/professional qualifications for the health and social care workforce</td>
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<tr>
<td>General awareness</td>
<td></td>
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<tr>
<td>Values and principles</td>
<td></td>
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<tr>
<td>Enabling and managing risk</td>
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<tr>
<td>Management and political leaders</td>
<td>Elected members</td>
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<td>Political and official leaders.</td>
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<tr>
<td>Board members</td>
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<tr>
<td>Owners of organisations</td>
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<td>Chief social work officers.</td>
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<td>Heads of services.</td>
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<td>Unit/Project Managers.</td>
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<td>Team leaders</td>
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<tr>
<td>Health, social care, children’s and housing services in all sectors (public, independent and third sector).</td>
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<tr>
<td>General awareness</td>
<td></td>
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<tr>
<td>Values and principles</td>
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<td>SDS processes</td>
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<tr>
<td>Social Workers and others who assess</td>
<td>Social Workers</td>
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<tr>
<td>Allied health professionals</td>
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<tr>
<td>Nursing</td>
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<tr>
<td>Supervisors</td>
<td></td>
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<tr>
<td>Unit Managers</td>
<td></td>
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<tr>
<td>General awareness</td>
<td></td>
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<tr>
<td>Values and principles</td>
<td></td>
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<tr>
<td>Assessing for outcomes</td>
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<tr>
<td>Enabling and managing risk</td>
<td></td>
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<tr>
<td>SDS processes</td>
<td></td>
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<tr>
<td>Other support workers</td>
<td>Support workers and practitioners, Housing Support Services; Children’s Services; commissioners.</td>
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<tr>
<td>PAs not employed by a voluntary or independent sector agency</td>
<td></td>
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<tr>
<td>General awareness</td>
<td></td>
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<tr>
<td>Values and principles</td>
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<tr>
<td>Enabling and managing risk</td>
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<td>SDS processes</td>
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<tr>
<td>Information services</td>
<td>Welfare rights officers</td>
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<tr>
<td>GP Surgeries/ Medical Centres</td>
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<tr>
<td>University Disability Advisors</td>
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<tr>
<td>Advocacy</td>
<td></td>
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<tr>
<td>General awareness</td>
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<tr>
<td>Values and principles</td>
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<tr>
<td>SDS processes</td>
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<tr>
<td>Community</td>
<td>Local area co-ordinators; community connectors; neighbourhood links</td>
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<tr>
<td>General awareness</td>
<td></td>
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<tr>
<td>Values and principles</td>
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<tr>
<td>Others</td>
<td>Local authority finance teams; legal teams; HR staff</td>
</tr>
<tr>
<td>General awareness</td>
<td></td>
</tr>
<tr>
<td>Values and principles</td>
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<tr>
<td>SDS processes</td>
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General awareness of self-directed support

Learning from the local authority test sites indicated that for cultural change to occur awareness-raising has to happen on a broad organisational scale

There are significant numbers of people who require some knowledge of self-directed support, and whilst awareness will grow as the use of self-directed support increases, some will need targeted information to ensure effective implementation of self-directed support.

General awareness raising activity will need to happen at both national and local level and there is a responsibility on local authorities to ensure that duties to offer the four options are implemented in line with the requirements of the self-directed support legislation when it is enacted.

The range of actions should be delivered through:

- A national public awareness strategy
- Local and national awareness raising
- Employee-led awareness raising.
- Self-directed support leads
- Existing knowledge and skills infrastructure
- Organisational change programmes
- Self-directed support champions

A national public awareness strategy is being created to target priority areas. Local activity will be a matter for local planning and delivery, based on existing awareness levels around self-directed support. Local Authority self-directed support leads will have a key role in assessing local awareness raising needs not just for LA employees and managers but also amongst local organisations, user and carer groups and local service providers. The role of local self-directed support leads in local authorities and NHS partnerships will include the development of local information and advice.

A number of local authorities have already set up local implementation groups. Current awareness raising activities in local areas include:

- the use of SharePoint for disseminating information to staff;
- website developments,
- information needs surveys,
- information sessions for targeted groups such as elected members,
- newsletters, briefings and stakeholder events.

A number of areas have also produced DVDs with stories from people who have benefited from self-directed support.

In health, some self-directed support work has been piloted in NHS Lothian and Fife. NHS Highland is the lead agency for adult social care from April 2012. However, staff in all NHS Boards will require information and general awareness of self-directed support. Whilst local authority self-directed support leads will be expected to provide information to all partners, there are other opportunities to engage those in NHS Boards who have responsibility for delivery of the person centred ambition of the Quality Strategy.

National organisations such as SDSS (Self-directed Support Scotland) and SPAEN have been funded over a number of years by the Scottish Government to provide or promote information and training in accessible formats for all who may be eligible for self-directed support. The current transformation funding programme to support delivery of the national strategy is supporting capacity.
building in the delivery of independent support and advice. Service providers are also being supported to deliver self-directed support and this range of activity will also raise knowledge and awareness in the sector.

**Action Points General awareness of self-directed support**

**Action 1**

The National Implementation Group Public Awareness Strategy will

- List and encourage use of available resources and websites
- Set out key messages on self-directed support that can be widely disseminated

**Action 2**

Local self-directed support leads in local authorities should develop local communications strategies to disseminate information and advice on self-directed support. In addition to accessible information for people in the community, this should include engagement across social work, housing and children’s’ services. Annex A provides a checklist of key people for whom general information should be provided.

The Knowledge Hub could be used to share information packs and web developments.

**Action 3**

NHS staff involved in assessment and support planning should access learning from the work that has been developed through the Lothian and Fife pilots. This should also include engagement across adult and children’s’ services with:

- Board Members, senior and middle managers, team leaders, frontline staff
- NHS Commissioners/Finance Teams
- Community Planning Partnerships
- Allied Health Professionals (Physio Technicians, Technical officers)
- Hospices and Palliative Care providers
- GP Surgeries/Medical Centres

**Action 4:**

Third and independent sector providers should develop national and local communication strategies to disseminate information and advice on self-directed support.

**Outcome**

The options for self-directed support are clearly understood and embedded in information, advice and assessment and support planning processes.
Values and principles

Values and principles are relevant to the entire self-directed support workforce. Knowledge and understanding of Human Rights, self-directed support principles, and disability equality legislation are particularly relevant to supported people, carers, care managers, assessors, personal assistants and care and support providers. They are just as relevant to service commissioners, self-directed support teams and those monitoring outcomes.

Values and principles inform human interaction on a daily basis. They fundamentally shape how professionals interact with those who require support and others that they work with. Human rights laws seek to ensure that we are in practice all able to live the lives we choose to live and participate in the community in which we live equally regardless of our status in society. Self-directed support in its value base is a human rights one in origin and intent. Enabling an individual to have greater control over their life and the decisions and choices which enable them to achieve their fullest potential is about embedding the human rights of that individual in practice.

Most people in the social care workforce, and those in the NHS who have roles in single shared assessment, will have been trained to the level required by their professional or regulatory body, and as part of this will be expected to have an understanding of a rights based approach to working with users/carers and the legislation that underpins their work. A thorough knowledge of the equality and human rights legislative landscape is not necessarily what is needed. What is more important is that implementation of self-directed support involves constant reflection on the rights and dignity of the individual.

Regulated workers within social services are required to meet prescribed levels of qualifications which require underpinning knowledge and a value base that is consistent with UK National Occupational Standards (NOS) for Health and Social Care. The Workforce sub group took part in the review of these NOS, and recommended changes to reflect the values of self-directed support.

All those paid to provide social care, irrespective of whether they are a regulated by SSSC or not, should meet the requirements of the Scottish Social Services Codes of Practice for Social Service Workers and Employers. The Code is a list of statements that describe the standards of professional conduct and practice required of social service workers as they go about their daily work. The intention is to confirm the standards required in social services and ensure that workers know what standards of conduct employers, colleagues, service users, carers and the public expect of them. These Codes of Practice for Social Services Employees and Employers have messages on personalisation/values, risk enablement and the empowerment of users to direct their own support directly in line with the self-directed support approach.

For children and young people, an understanding of the rights of children is embedded in the GIRFEC approach. The Common Core of Skills, Knowledge and Values for the children’s workforce in Scotland, developed by Scottish Government in partnership with key stakeholders sets out the minimum behaviours expected of those who work or volunteer with children, young people and families in Scotland. The Common Core is framed under the UNCRC Guiding Principles. Included in those behaviours are:

- including children, young people and families as active participants, offering choices, listening to views
- seeking to support children, young people and families in partnership with them and other workers
These behaviours will help underpin the requirements placed on staff working with children, young people and families as they also seek to deliver the requirements set out in the National Self-directed Support Strategy.

Resources on personalisation

Many organisations supporting the Independent Living (IL) Movement offer training on the values and principles of IL. More recent developments are looking to provide accredited training on the personalisation of services.

A new SQA Professional Development Award in Health and Social Care: Personalisation in Practice (GD7R 48), linked to National Occupational Standards for Health and Social Care has been developed in 2011 and is now available for delivery by FE colleges and independent training providers. This qualification provides 3 stand alone units that deliver accredited qualifications at SCQF Levels 7 and 8. The level of this qualification provides a supervisory/management level award on the subject of personalisation and within that the values and principles of self-directed support.

In England the Open University developed a non-accredited course that provides a broad grounding in personalisation based on policy development and the implementation of personalisation there. The course is intended to be studied by a range of people; supported people, carers, people who are employed as either health care or social care assistants – groups that might termed ‘paraprofessionals’ and also qualified professionals like nurses, social workers and general medical practitioners (GPs). The aim of this course is to introduce a broad audience to the fundamental principles and concepts surrounding the personalisation of health and social care services. The Scottish Government is supporting the development of a similar Open University course in Scotland based on Scottish policy development. The Open University course will be made available free of charge to all participants to support the shift in culture needed in implementation of the self-directed support Bill.

**Action points: Values and principles**

**Action 1**

The national implementation group should develop a values statement to which a suite of digital stories can be added, both nationally and within organisations, to demonstrate how different individual and professional roles can deliver against these values. The SDS Knowledge Hub and the SSKS should be used to share, discuss and develop practice-based resources.

**Action 2**

Organisations should review their systems, processes and practice to ensure compatibility with the human rights based values and principles of self-directed support. This should include HR, IT Finance and training.
**Action 3**

Education and training providers should be encouraged to support learners to make explicit links between the values integrated into their programmes and self-directed support.

**Action 4**

SSSC will engage stakeholders from the SDS Implementation Group and Sub Groups in a programme of work to ensure both the Continuous Learning Framework and National Occupational Standards incorporate the values and principles of self-directed support.

**Outcome**

The values and principles of self-directed support (based on Human Rights principles) are reflected in all skills development.
Leadership in delivering self-directed support

Spend time reflecting on your own core values
Be persistent
Be flexible and creative
Think outside the box
Accept uncertainty and be optimistic
See the big picture

Improving leadership in social services is a priority for Scottish Government, as part of a wider drive to improve public sector leadership. The Social Work Services Inspectorate (SWIA) Reports ‘Improving Social Work In Scotland’ (2010) and Guide to Leadership: taking a closer look at leadership in the voluntary and private social care sectors (2011) highlighted effective leadership as the key driver in improving service quality and outcomes for service users. Changing Lives also highlighted this and the parallel need to promote Citizen Leadership.

The self-directed support strategy identifies the importance of effective leadership at all levels; front line worker, middle and senior manager, Chief Executive and political. Central to the leadership agenda and critical to the success of self-directed support will be the promotion of Citizen Leadership so that citizens are empowered and able to take up self-directed support and so that they are able to fully engage in the strategic planning of local support services.

Evidence from the self-directed support test sites in Scotland highlights that at the start of the test sites, leadership across Scotland to promote self-directed support via Direct Payments was seen as patchy. Only a few LAs were felt to be adopting a strategic/holistic approach to developing self-directed support. All 3 test sites created a project/lead manager role, set up a dedicated self-directed support team, created a Project or Programme Board and all sought to develop local champions. This approach worked well in supporting the staff and service users involved with the pilot and its’ new systems but was limited in its ability to deliver whole systems change. The Scottish Government has provided funding to local authorities to support the transformation to mainstream self-directed support. This includes a baseline to enable every local area to designate a lead post for self-directed support implementation. However, these leads will require support across the organisation to champion the agenda and to tackle some of the real challenges that whole systems change brings.

There is no doubt that senior managers in health and social care delivery are facing a significant change agenda at a time where financial constraints require creative responses. In order to set the strategic vision and support the workforce, they too will need opportunities to access continuing professional development resources that build their confidence and resilience.

Existing models of leadership develop within social care and health have a focus on management and may be at odds with the values and principles at the heart of self-directed support. There is a danger that models of leadership will concentrate on developing professional competencies rather than nurturing a skills set which will focus on individual and personal creativity and the collaborative skills of co-production. A human rights model of collaborative leadership where the rights and involvement of all stakeholders are held in balance may be more relevant.

Leadership development models are therefore likely to be more successful if tailored to local approaches to workforce development and community engagement. Local authorities may wish to target some of the self-directed support transformation resources to supporting local leadership development.
Leadership tools are also available on the IRISS website: [http://www.iriss.org.uk/](http://www.iriss.org.uk/). The SSKS portal will include information on available resources.

In order to support a range of leadership development with a focus on personalised public services, the Scottish Government is sponsoring ADSW to promote CPD in the delivery of personalisation in health and social care, by funding a number of places in the autumn 2012 CPD programme provided by the University of Edinburgh.

The Scottish Government is also supporting an initial programme of self-directed support value based leadership development in a small number of local authorities, in partnership with Social Services Learning Network West.

**Action: Leadership in Delivering self-directed support**

**Action 1**

Local self-directed support programme leads should ensure the transformation programme for self-directed support includes an appropriate level of leadership development.

**Action 2**

The leadership development needs of the SDS workforce and of people supported by services should be addressed through the SSSC’s leadership strategy and include representatives of the SDS workforce sub group in its leadership reference pool – a group of social service workers, people who use services, managers and learning and development staff with an interest in and commitment to leadership development who provide ongoing consultation and feedback on the SSSC’s leadership strategy and its activity strands, particularly the Step into Leadership website, and help the SSSC to identify gaps and improvements.

**Action 3**

All organisations involved in the delivery of SDS should appoint individual staff members to become SDS champions, whose role would be to promote the values of SDS and lead organisational change towards providing greater choice and control for individuals receiving support.

**Outcome**

Flexible and creative responses to the challenges posed by cultural change are encouraged and supported through effective leadership.
Assessing for outcomes

In line with current policy for all social care, assessment and support planning should be outcomes focused. Self-directed support is not a stand-alone process and the duties within the self-directed support Bill require the options for directing a person’s support to be part of all assessment and review processes.

Outcomes based assessment & support planning skills are relevant to the wider workforce including: local authority Social Workers; Medical Social Workers; Occupational Therapists/ Physiotherapists/ Community Nurses/Mental Health Nurses/Community Psychiatric Nurses; and support workers and practitioners in third and independent sector care and support.

Some local authorities and providers are already using approaches to assessing for or measuring personal outcomes. For some time now, the Talking Points approach has been used in local authorities to facilitate outcomes based assessment and review. Other approaches are also used, and some providers are evaluating their services through outcomes based models. Many training providers and voluntary sector service providers have developed other outcomes based support planning guidance materials and courses.

Leading for outcomes is a series of free guides and learning and development materials available through the IRISS website that provides support and training tools to help lead the social services workforce to focus on the outcomes important to people. The guides Leading for outcomes: a guide, Leading for outcomes: parental substance misuse, and Leading for outcomes: dementia, are freely available. Each guide is aimed at team leaders, managers and trainers in social services and related areas. The guides are designed to be adaptable and teams can use them in the way that is most appropriate for their needs and their area of practice. The guides were developed in partnership with researchers, policy-makers, managers and practitioners. More guides are in development in the series which will look at leading an outcomes-focused approach in particular topic areas. These include integrated care, children and young people, involuntary services users (focusing on mental health) and commissioning.

The shift to an outcomes focus in assessment and support provision cannot succeed unless commissioning practice, monitoring and inspection of services do so too. The self-directed support strategy includes recommendations on this shift in focus in inspection and monitoring, and in the Scottish Government’s own data collection.

Local contract monitoring needs to be considered within local implementation plans. Self-directed support should empower people to design flexible support, balanced with clarity about the boundaries. This strategy focuses solely on the workforce development required. Over and above the workforce development activity, the Scottish Government will set up a working group to support the shift to a person centred framework for commissioning for personalisation. With the potential for a Public Service Partnership approach to commissioning this will involve partners in health and user led and support organisations. Some activity is already underway with IRISS and CCPS.

4 http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/
Action points: Assessing for outcomes

**Action 1**

The self-directed support SSKS portal will include information on available resources on outcomes focused assessment. Local authorities should prioritise training in outcomes focused assessment and review.

**Action 2**

Independent and third sector provider should build outcomes approaches into all measurement of delivering support through both the Scottish Care and CCPS provider capacity building programmes.

**Action 3** User led and other support organisations make a significant contribution to informed choice for individuals. Evidence of the outcomes delivered by such organisations should inform local planning. The Support in the Right Direction Programme should be built on to inform future commissioning of advice and support.

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>Assessment and support planning and delivery are focused on delivering personal outcomes. Information from support plans is used for monitoring and evaluation of services.</td>
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</table>
Enabling and managing risk

The shift to co-production, outcomes monitoring and risk enablement will require training for staff across the social care and health sectors, and leadership from all levels of management. Self-directed support does not operate outwith these statutory obligations [protection] .....The work of Adult Protection Committees and guidance and procedures should recognise the shift to self-directed support models. (National strategy)

The evaluation of the self-directed support test sites highlighted the need to link self-directed support into local Adult (and Child) Protection Training activity and other relevant legislative requirements, policy and procedures. The growth of personalisation in England has explored some of the perceived tensions between empowering citizens and protecting those at greatest risk of harm:

In looking at the needs people have, the outcomes they wish to achieve, and the means for meeting those, risk assessment is needed to identify risks and to mitigate these as appropriate. This will not remove all risks, but it should ensure they are identified and managed.

(Henwood and Hudson, 2007, pp 8–9)

The power shift -from professionals allocating pre-purchased services, to citizens accepting greater responsibility - is perhaps most likely to be influenced at the assessment or review part of the person’s journey. Staff also need to be empowered and to feel confident about their decisions that may either constrain people’s use of their own assets or expose them to risk.

The SSSC has developed a number of approaches to training and development to meet people’s different learning styles. A Practice Simulation for Childhood Practice has been designed and developed to provide learners with the opportunity to acquire and apply the knowledge and skills they require. The tool involves confrontation with a challenging scenario, enabling learners to rehearse the skills required in real-world situations, but with the added benefit that mistakes made here will not have real-world consequences, but rather encourage further learning. The Scottish Government is therefore working with SSSC and professionals with experience of social work practice to develop such a tool for self-directed support. Whilst the initial tool will be relevant to assessors/ decision makers, there is potential for further phases to provide learning for support providers, and for people who direct their own support.

The link between human rights and self-directed support principles also offers the opportunity for learning that embeds human rights in skills development, addressing approaches that respect:

- Power is with the person not the professional.
- Real and meaningful choice not limited options.
- Emphasis on connection and relationship.
- Building personal relatedness and social capacity.
- Enabling greater community support models.
- Inclusion and contribution.
- Control and direction of the process by the person.
- Transparency, honesty and open accountability.
- A willingness to positively address conflict
- Creative solution and support design.

The Scottish Human Rights Commission developed a major capacity building programme Care About Rights, to support care workers and others in: decision making, balancing autonomy and protection,
enabling individual decision making, developing work around the principle of proportionality, accepting the diversity of multiple stakeholders in any context etc. In essence, putting human rights into practice in the care environment.

This work highlights the importance of developing an effective understanding of the relationship between risk, individual capacity and freedom, and duties to protect and safeguard. The key to this understanding is that it is shared between individuals, their families and staff and this shared understanding of risk which is fundamental to the success of self-directed support.

Such practice can be supported by the use of a developed framework for human rights based decision making - such as the “FAIR” framework. Around 1000 care workers and managers around Scotland have already received human rights training using what is branded the “FAIR” model.

This is a process of human rights based decision making based on analysis of the following four steps:

- **Facts:** What is the experience of the individual? Is the individual being heard and if not, do they require support to do so? What are the important facts to understand?

- **Analysis of rights at stake:** What are the human rights or issues at stake? Can the right be restricted? If so, what is the justification for restricting the right? Is the restriction ‘proportionate’? i.e. is it the minimum necessary restriction to meet the aim or is it a “sledgehammer being used to crack a nut”?

- **Identification of responsibilities:** What changes are necessary? Who has responsibilities for helping to make the necessary changes?

- **Review of Actions:** Have the actions taken been recorded and reviewed and has the individual affected been involved?

**Actions points: Enabling and managing risk**

**Action 1**
APC chairs and local self-directed support leads should develop joint training programmes that ensure implementation of self-directed support includes fair and transparent risk assessment processes that identify and manage risk appropriately in relation to individual need.

**Action 2**
The Scottish Government will establish a working group which will seek to develop a human rights based framework linking existing legislation, such as ASPA, MHCT, AWI with Self-Directed Support and which will support a more risk enabling approach to risk assessment, the group to include, amongst others, representatives of the IL movement, local authorities (adult and children’s services and education), the Care Inspectorate, CCPS, Scottish Care, SPAEN, and also representatives from EHRC and SHRC.

**Action 3**
Training programmes for health and social care staff should include practical advice on embedding human rights approaches in care, with frameworks such as care about rights.
**Action 4**
The use of the SSSC practice simulation tool for assessment and self-directed support, once available, should be promoted as part of CPD and new entrant training. The Scottish Government should support the extension of the practice simulation tool to include decision making for individuals and families.

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td><strong>Risk</strong> is identified by individuals, families and workers, and responsibilities and approaches to managing risk agreed by all.</td>
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</tbody>
</table>
Self-directed support is not entirely new. It is delivered through processes that have evolved to determine eligibility for, and access to, existing forms of support and care. However, to deliver real choice and control it has to be part of whole systems change and new processes and mechanisms are evolving that will require local training. More specifically, the Social Care (Self-directed Support) (Scotland) Act will place statutory duties on local authorities, and specific training will be needed to ensure all relevant staff have a clear understanding of their role in meeting these.

The key skills in the previous sections are central to delivering effective self-directed support in a way that meets the aspirations set out in the national strategy, so there will be opportunities to include relevant skills development activity in Bill training.

The key duties that need to be built into to local processes are:
- Coproduction in all parts of the journey
- Options for self-directed support built in to assessment and review
- Information, support and advice at relevant times/ in appropriate formats
- Circumstances when carers can have support in their own right
- Direct payments administration processes

A wide range of staff working in children and adult social services and health services particularly those working in the allied health profession, need to understand their duties and more specifically how to effect the range of mechanisms by which people may choose to control their support.

Other staff within Local Authority finance and commissioning teams need to understand the impact of self-directed support in terms of organisational processes and systems as do finance and tendering staff in third and independent sector organisations.

The extent of knowledge about how these processes need to evolve to meet the self-directed support challenge is currently limited. Over the 10 years of strategy implementation there will need to be a range of activity to raise awareness and understanding about what self-directed support is, who is eligible, and how it should operate in addition to considering self-directed support processes and systems to support the core values of choice and control.

Whilst not self-directed support specific, skills development in strategic commissioning is a priority for the whole systems change that is needed to free up resources that are currently tied up in buildings or block contracts that are not informed by individual choice.

Procurement processes will also need to be updated to encompass some of the options for self-directed support, particularly the option to have support form a named provider through an individual service fund.

In addition to local and national communications strategies, the Government will update national guidance to reflect statutory duties and powers and to illustrate how self-directed support should be embedded in all assessments and reviews.

**Outcome**

All relevant staff are equipped to fulfil the duties of the Self-directed Support Act and of the local processes adopted to implement it and the strategy.
The PA workforce and personal employers

This section considers the skills and knowledge needed by both personal assistants (PAs) and those who use self-directed support to employ their own support staff. It also addresses the practice required of those who authorise support packages that involve the recruitment of personal assistants.

The Scottish Government funded the ‘Study of the Workforce and Employment Issues Surrounding Self- Directed Support’ (2010) that considered workforce and employment issues for self-directed support clients employing PAs.5

It highlighted:

- that overall most self-directed support packages involved in the study were working smoothly
- there was a high level of stability in the PA workforce
- there did not appear to be an impact on the recruitment and retention of workers in other areas of social care because of PA employment

PA Skills

- the most common PA tasks were personal and domestic care
- core PA training was identified as health and safety, moving and assisting, food hygiene, first aid, specific training on client condition
- just under 40% of PAs in the study had relevant health and social care qualifications
- 57% of PAs in the study had received training, the most common source being employers
- 4% of PAs said they had been refused training
- There were some issues about availability and accessibility to training
- PAs need information on employment rights

The research highlighted some misconceptions about the PA role. It is essential that those who wish to employ their own support staff, and those who take on such employment, understand the formality of the arrangements (relating to employment) and the significant responsibilities that each person takes on. Whilst the flexibility in the way support is delivered within this relationship is entirely a matter for the employer and employee, compliance with Employment Law, Human Rights and other legislation are equally applicable to PAs and their employers as they are to any other employer/employee relationship.

More recently there have been concerns about the employment status of PAs and a lack of clarity as to whether or not the PA is self-employed. Individuals using direct payments to arrange their own support need to be clear about the employment status of the person providing support. If the DP recipient is the employer, they will be responsible for tax and NI payments. If a PA is self-employed and the DP recipient wishes to purchase support from them, the PA is responsible for paying their own taxes. The employment status is a matter for Inland Revenue. DP recipients need to be clear about the contract they are engaging in and whether they are purchasing a service or paying a salary.

There is likely to be some growth in the numbers of PAs employed by individuals through their self-directed support budgets. New models of support are also being developed by agencies providing PA banks. Whatever the arrangement, the role of the PA needs to be clear. A PA with experience of providing personal care may not have the necessary attributes to provide support with social and recreational activities. Clearly, that role will vary significantly depending on the nature and intensity of

5 http://www.scotland.gov.uk/Publications/2010/04/07112801/0
support required and recruitment will need to ensure the person specification is clear about the essential skills for the specific employer.

**PA employers**

**Information and advice** are therefore essential at all stages of assessment and support planning. In considering which option to choose, people eligible for support need to have sufficient information about the outcomes that can be achieved through this route, as well as the responsibilities they would need to take on. If a person wishes to explore this option further, they need advice and information on the steps and likely timescales involved, and on the help that is available to them.

SPAEN (The Scottish Personal Assistant Employers Network), SDSS and local support services provide a range of assistance, including support with recruitment, employment law compliance and payroll administration. The research study above suggested there needed to be greater consistency in the information and advice provided on PA employment. The Scottish Government is funding a significant capacity building programme for independent support provision. As part of that work, SDSS in partnership with ADSW is carrying out a mapping exercise to get a better picture of the range and variation in information and support provided on self-directed support in Scotland. That will provide some information on PA employment. However, there may also be an opportunity for sharing good practice and the potential to develop 'national paperwork' that includes core recruitment and employment material.

The previous section on risk highlights the need for good risk assessment and management. This is particularly important in ensuring individuals who wish to recruit their own staff are clear about the responsibilities on them. Social work staff involved in assessment therefore also need to have enough knowledge of the responsibilities someone will be taking on in order to properly agree risk management approaches. SPAEN has already developed an Employer’s Toolkit which may provide the basis of a ‘how to’ guide on delivering support through personal assistants. The core activity of SPAEN is to provide expertise on the role of a personal employer and the work of the organisation going forward will be to respond to emerging evidence on the type and format of training PA employers and prospective PA employers need.

**Training and development of PAs**

Unlike staff employed by agencies that provide care and support, PAs employed by individuals are not required to register with the SSSC. The aim of regulation of the workforce is to ensure people who work in social services meet the competence, good character and conduct requirements set for registration and that they are committed to meeting the Code of Practice for Social Service Workers. The qualification requirements set for registration mean that all workers undertaking a particular role, wherever they work in Scotland, will be required to demonstrate the same level of competence and adhere to the same Code of Practice. Registration increases awareness of, and public confidence in, the important role that the social service workforce plays in the community.

The aim of self-directed support is to give people much greater control over their lives through tailoring support to their needs. There is therefore no requirement for an individual employer to have their staff registered with SSSC or any other body. The specific training needs for individual PAs will be determined by the needs of the individual(s) they work with. As employers individuals are required to make sure that PAs directly employed by them receive the training they need to do the job for which they are paid. In considering the resources necessary to support delivery of the supported person's outcomes, local authorities need to include resources to provide relevant learning and development
opportunities. The research above recommended that in order to develop the take up of training, assessments should include training needs and funding should be provided that is separate from the care package. It also suggested that mechanisms should be explored to improve access to training by PAs and also by carers. This builds on existing requirements which require local authorities to take account of the costs of staff training in commissioning contracts for local social care services.

The lack of information on the size and the skills of the PA workforce would suggest there needs to some activity to assess to what extent and in which ways training and development opportunities should be increased, if the PA role is to develop and be seen as a career option with opportunities for progression. Scoping activity would enable a clearer framework to be drawn up to address the support PAs themselves would find helpful.

The nature of PA work is such that training time is difficult to access within working hours. Developments in workforce learning make training much more accessible outwith the classroom situation. SSSC has developed, in partnership with Glasgow City Local authority a flexible and effective learning approach which enhances learning retention and allows flexible and repetitive learning, including personalised learning, within the supported person’s or PA’s home. The approach uses Sony PlayStation Portable consoles to give on-the-spot training to the social care workforce. This approach has real potential, for those with access to technology, to enable PAs and their employers to tailor personalised learning and to enhance access to training.

PAs would potentially benefit from access to practice development outwith the direct relationship with their employer. They may require a space to discuss their practice without fear of compromising their relationship with their employer. Informal networking opportunities might be more accessible and more readily used and besides the work of SPAEN which is primarily for employers, other resources could be built on. ARC have set up a website/info resource http://panet.org.uk/ and such a model might provide the building blocks for a face-to-face network, if PAs were to welcome this.

**Action points:** The PA workforce and personal employers

**Action 1:**

Social work and others involved in assessment, review and evaluation, and also Local Authority Finance and Legal Teams should ensure they have sufficient understanding of the legal responsibilities and implications of becoming an employer and how LA policies and procedures relate to PA contracts in their area to inform the management of any risk involved. They should direct people to relevant sources of information to consider their ability to take on the role before selecting this option.

**Action 2:**

The Scottish Government should work with local support organisations and local self-directed support leads to work in a small number of local authority areas to gather information on the size and skills level of the PA workforce and scope the demand for practice development /supervision networks for PAs.

The activity should scope the setting up of a PA network which might provide informal networking, peer supervision and/or external supervision. This work should inform specific action by ADSW, SSSC, unions and others to improve access to training and development for PAs.
**Action 3:**

SPAEN should assist PA employers to develop strong and positive working relationships with their employees by advice on determining the qualities they want from staff. This work should involve PAs in working with employers to develop new approaches to skills development. The work could begin in local areas where SPAEN provides support and should ensure appropriate representation to reflect the diversity in the community.

**Action 4:**

The Scottish Government will facilitate a short life working group to produce a national framework for PA employment in spring 2013. The framework will inform the Statutory Guidance on the SDS Act and should:

- address the role of local authority assessors and reviewers
- promote a wider understanding of PA working, including the roles of PA employers and PAs
- provide information on responsibility for training PAs including funding for training
- provide information for employers and PAs on their roles and responsibilities
- provide information on appropriate advisory and support services
- review the PA employer toolkit.

Good practice guidance should be produced to ensure a better understanding of the roles that PAs would generally be expected to cover. It should also provide examples of local policies and procedures that ensure compliance with Employment and other law, and promote consistency in material available across Scotland to support simplified recruitment and employment of PAs.

**Action 5:**

The role of the SSSC in supporting skills development of the social care workforce should include support for PA employers and PAs. An implementation plan should set out how the PA workforce needs are addressed through the SSSC Codes of Practice, in Qualifications and Credit Framework (QCF) qualifications and Common Induction Standards to provide introduction guidelines for PAs. Approaches to learning should be assessed to improve access to technology to support learning and development for the PA workforce and employers; and encourage creative and innovative community-based learning.

<table>
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<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>PA employers are clear about and accept the responsibilities of their role.</td>
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<tr>
<td>Personal assistants have the necessary skills and knowledge to perform their job well.</td>
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</tbody>
</table>
Conclusion and next steps.

Self-directed support will underpin social care assessment and support planning across all ages and client groups, and as such the values and principles should inform the skills development of the current and future health and social care workforce. The national Implementation Group’s values statement will be published in as part of the statutory and good practice guidance for the Act. It should be used locally and nationally to build up evidence and stories of putting values into practice.

Implementation

The transformation programme is already supporting capacity building, and learning and development activities that support workforce development. ADSW will work with stakeholders to develop training on the new statutory duties on the Act. A suite of good practice guidance is also being developed for people who use support services, carers, practitioners, providers and finance and commissioning staff. And the NHS Lothian SDS project officer will take forward national activity to support learning and development in SDS for NHS practitioners.

The key actions from this strategy for local areas are:

- Local authority training leads should contribute to and promote the use of the SSKS portal.
- Local self-directed support leads in local authorities should develop local communications strategies to disseminate information and advice on self-directed support. In addition to accessible information for people in the community, this should include engagement across social work, housing and children’s’ services.
- The Knowledge Hub could be used to share information packs and web developments.
- NHS staff involved in assessment and support planning should access learning from the work that has been developed through the Lothian and Fife pilots.
- Third and independent sector providers should develop national and local communication strategies to disseminate information and advice on self-directed support.
- Organisations should review their systems, processes and practice to ensure compatibility with the human rights based values and principles of self-directed support. This should include HR, IT Finance and training.
- Local self-directed support programme leads should ensure the transformation programme for self-directed support includes an appropriate level of leadership development.
- All organisations involved in the delivery of SDS should appoint individual staff members to become SDS champions, whose role would be to promote the values of SDS and lead organisational change towards providing greater choice and control for individuals receiving support.
- Local authorities should prioritise training in outcomes focused assessment and review.
- APC chairs and local self-directed support leads should develop joint training programmes that ensure implementation of self-directed support includes fair and transparent risk assessment processes that identify and manage risk appropriately in relation to individual need.
- Social work and others involved in assessment, review and evaluation, and also Local Authority Finance and Legal Teams should ensure they have sufficient understanding of the legal responsibilities and implications of becoming an employer and how LA policies and procedures relate to PA contracts in their area to inform the management of any risk involved. They should direct people to relevant sources of information to consider their ability to take on the role before selecting this option.
There has been significant progress in the new initiatives to take forward the agenda that were supported by the Workforce sub group and these are available for local areas to participate in now or in the very near future.

Open University Course - Free online course on Self-directed Support

Foundations of self-directed support in Scotland (KG097), is a short Open University course that explores the development and impact of personalisation in health and social care in Scotland. Personalisation involves citizens becoming active participants in selecting and shaping health, social care and other services. Personalisation is at the root of developments, such as self-directed support, that enable people to make their own decisions about the care and support that they receive. The course will help provide understanding about the origins of the Self-directed Support Act and the principles that it is based on. It will also explore some of the potential tensions and challenges of personalisation, and its expression in self-directed support – for service users, carers and the health and social care workforce.

The course aims to provide a broad grounding in personalisation and is intended to be studied by all sorts of people: service users, carers and people who are employed in health and social care, including personal assistants, social care workers, nurses, social workers and doctors. This course is divided into six sections of study which viewers can study at the times that suit them. Employers and anyone interested in staff development and training could use the course as a stand-alone online resource, or in conjunction with face-to-face sessions covering topics within the course. The materials are designed for study at the computer screen (but sections can be printed out to read elsewhere) in short periods, for example, half-an-hour now and then at home or at work, or a couple of hours on a train journey.

Each section includes video resources and interactive tools organised as learning activities. The learning activities are there to help the viewer think about personalisation, and if and how it makes sense in their work or personal life.

The unit’s sections are as follows:

- Section 1: Understanding personalisation and its history
- Section 2: Working together for personalisation
- Section 3: Outcomes-based thinking
- Section 4: Personalisation and co-production
- Section 5: Personalisation, risk of harm and adult protection
- Section 6: Workforce
- Statement of Course Completion

The course is due to be launched in late April 2013.

For more information please contact: derek.goldman@open.ac.uk

Positive Action in Learning and Development with the Personal Assistant Workforce

This new project is led by the Workers’ Educational Association (WEA) and UNISON, and is supported by the Scottish Government. The project has been set up to develop models of engagement with the Personal Assistant workforce and aims to support PAs to confidently deliver quality care through Self Directed Support.
The project will help workers to fully understand the context and purpose of the new working arrangements flowing from the personalisation agenda and new legislation as well as helping to identify their support and learning and development needs. The project aims to complement and enhance work around these areas already being carried out across the sector and will be seeking to work collaboratively with service users, workers, employers, and other stakeholders.

For further information on the project please contact:
David Howie (WEA) on 0141 221 0003, 07952709195 or at d.howie@weascotland.org.uk

Self-Directed Support: Practice Simulation

As part of the SDS transformation fund the Scottish Social Services Council have developed a practice simulation tool for social work practitioners. The simulation can be used in independently from any learning base, whether informal, in-service or formally as part of certificated learning however SSSC recommend that it be used as part of a structured programme of learning and that it should be complimented by the addition of opportunities for learners to communicate and collaborate with each other and with tutors/facilitators. Course leaders may also wish to maximise the benefit of the resource by creating formative or summative assessment exercises based on its content.

You can access the simulation at:
workforcesolutions.sssc.uk.com

For more information please contact the Scottish Government’s SDS Team at 0131 244 3721 or Keith Quinn at SSSC -Keith.Quinn@sssc.uk.com

The Social Services Knowledge Scotland portal will be launched on 18th March. Look here for updates: http://www.sskss.org.uk/

Learning Network West working with Positive People Development are working with a number of local authorities to identify, develop and deliver a programme of engagement that supports the learning and development of front line health and social services practitioners and managers as part of the SSSC leadership agenda and the National Self-directed Support Strategy.

The workforce sub group concluded the development phase of the workforce strategy in December 2012 and members will now work with the Scottish Social Services Council in the implementation phase.

The Scottish Social Services Council is leading the SDS Workforce Implementation Plan to develop the tools and resources to meet the workforce skills and learning challenges of Self-Directed Support. The focus will be on the key areas identified in this SDS Workforce Strategy, including promoting embedding SDS values and principles; improving assessment and planning for outcomes; leadership; risk assessment and effective approaches to managing risk. If you’d like to get involved in taking forward this work nationally, please contact caroline.sturgeon@sssc.uk.com.
Annex A: Target groups for information strategies

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Description</th>
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<tbody>
<tr>
<td>People who use services</td>
<td>All people who require/ might require support with health and social care.</td>
</tr>
<tr>
<td>Carers</td>
<td>Carers of all ages, including young carers. Welfare and financial guardians</td>
</tr>
<tr>
<td>Potential employers PA</td>
<td>People who use services and informal carers wishing to employ PAs</td>
</tr>
<tr>
<td>Students in health and social care</td>
<td>All those undertaking professional qualifications for the health and social care workforce</td>
</tr>
<tr>
<td>Management</td>
<td>Senior and middle management. Chief social work officers. Heads of services. Team leaders</td>
</tr>
<tr>
<td>Elected members</td>
<td>Political and official leaders.</td>
</tr>
<tr>
<td>Board members</td>
<td>Health, social care, children's and housing services in all sectors (public, private and voluntary).</td>
</tr>
<tr>
<td>Social workers and others who assess</td>
<td>Nursing; allied health professionals; social workers</td>
</tr>
<tr>
<td>Practitioners</td>
<td>Front line care staff; Housing Support Services; Children's Services; commissioners</td>
</tr>
<tr>
<td>PAs</td>
<td>PAs not employed by an agency</td>
</tr>
<tr>
<td>Information services</td>
<td>Advocacy services</td>
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<tr>
<td></td>
<td>Disabled People's Organisations</td>
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<tr>
<td></td>
<td>Welfare rights officers</td>
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<tr>
<td></td>
<td>GP Surgeries/ Medical Centres</td>
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<tr>
<td></td>
<td>University Disability Advisors</td>
</tr>
<tr>
<td>Community</td>
<td>Local area co-ordinators; community connectors; neighbourhood links</td>
</tr>
<tr>
<td>Others</td>
<td>Local authority finance teams; legal teams; HR teams; training providers; Trade Unions</td>
</tr>
</tbody>
</table>