



Shetland Islands Council

Self-directed Support Policy

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1. Introduction

- 1.1 The Social Care (Self-directed Support) (Scotland) Act 2013 (the SDS Act[1]) sets out important principles governing Scotland's approach to how social care and support should be delivered. The SDS Act recognises that adults, carers (including young carers), children, and families who need social care support, have the right to choose how that support is delivered in order to lead full lives and live as equal citizens.
- 1.2 Since the Act was introduced, there has been a range of related legislation, statutory guidance and action plans to shift social care and support towards this new model, and to ensure citizens can exercise their right to SDS.
- 1.3 The Scottish Government's [Self Directed Support Improvement Plan 2023 – 2027](#) provides national direction to improve self-directed support across the country.
- 1.4 Shetland Islands Council is committed to the delivery of self-directed support and ensuring individuals and families have real choices and control. It aims to ensure services are flexible and empower eligible people to live independently. The focus is on delivering better outcomes for individuals through a collaborative approach to assessment and support planning.
- 1.5 The Council will deliver self-directed support in line with the [Self-Directed Support National Framework of Standards](#) which sets out twelve standards along with accompanying practice statements and core components in order to illustrate what good practice looks like.
- 1.6 The development of self-directed support is part of the wider personalisation agenda. The ethos of self-directed support is reflected in several health and social care policies such as Reshaping Care for Older People, Caring Together and the National Dementia Strategy. Self-directed support is provided for children and young people alongside the GIRFEC (Getting it Right for Every Child) practice model

2. Values and Principles of Self-Directed Support

- 2.1. Self-directed support is underpinned by human rights and concept of independent living. The vision is to promote a strength based perspective which enables individuals to remain living independently within the community. The practice will be underpinned by a sound value base which promotes respect, fairness, independence, freedom and safety.
- 2.2. Such values will be put into practice by the facilitation of the following principles which will promote and support best social work practice:

| | |
|------------------------|--|
| Collaboration | Individuals are supported to achieve better outcomes in their lives |
| Dignity | A person's right to dignity is facilitated throughout the support they receive |
| Informed Choice | People are supported to make informed choices based on impartial information about their eligibility for support, the choices available to them and their aspirations |
| Involvement | Co-production enables people to be involved in a genuine and active way at all stages of their support, to be supported to know their rights; to participate in the development of local policies and practices; to articulate their personal outcomes and to plan, manage and deliver their support; and play an active part in their communities |
| Participation | Everyone has the right to participate in decisions which affect their lives. Therefore, people are supported to participate freely and equally in their community and wider society |
| Innovation | People are supported to develop creative and flexible solutions in order to meet their personal outcomes |
| Responsibility | People are supported to take responsibility for the choices they make and the control they take over the activities to meet their agreed outcomes |
| Risk Enablement | People are empowered and trusted to set the parameters of their own risks and make the choices which will impact on their lives |

3. Legal Basis

- 3.1. The legal basis for assessment in respect of the Social Care (Self-directed Support) Scotland Act 2013 remains within the following core legislation:
- Section 12A of the Social Work (Scotland) Act 1968 provides the legal basis for community care assessments for adults.
 - Section 6 of the Carers (Scotland) Act 2016 places a duty on local authorities to prepare Adult and Child Carer Support Plans
 - Section 23 of the Children (Scotland) Act 1995 provides the legal basis for community care assessments for children.

Other relevant legislation:

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- The Self-Directed Support (Scotland) Act 2013
- Children and Young People (Scotland) Act 2014
- The Carers (Scotland) Act 2016

Relevant Policy

[National Guidance for Child Protection in Scotland 2023](#)

[The Promise](#)

[Independent Review of Adult Social Care in Scotland](#)

[A Brokerage Framework for Scotland 2024 - 2027](#)

- 3.2. Under the Self-directed Support (Scotland) Act 2013 the Council offers greater choice and control to individuals who they have assessed as having eligible support needs. As part of the assessment and review process

individuals have the four options explained and offered to them. In Shetland the following four options will be made available for an individual to choose how they receive social care and support:

- **OPTION 1** – Direct Payment – Cash is paid directly to the supported person or a family member, carer, or guardian, to spend on the outcomes of their assessment
- **OPTION 2** – Individual Service Fund – The person chooses what support they would like.
The local authority (or an agency) holds their budget, and makes arrangements on their behalf
- **OPTION 3** – Direct Service – The local authority selects the support, and arranges it
- **OPTION 4** – Combination – The supported person can choose to mix the above options

4. When Self-directed Support May Be Unsuitable

Practice Considerations

- 4.1. There are circumstances when offering the four options is unlikely to be the best approach to meet the outcomes of an individual. These could be when an individual is in crisis, when an individual's outcomes can be best met by universal services, where protection is the primary focus of intervention or when it has been assessed that an individual's needs would be best met by a residential care setting.
- 4.2. This does not mean that self-directed support should not be considered for individuals in some of the above circumstances, simply that practitioners should consider whether other interventions may be more appropriate to meet presenting need. It should be noted that people in residential accommodation are ineligible to receive a direct payment.

Statutory Considerations

- 4.3. Direct payments are available for most community care services, subject to certain exceptions such as services provided under a Compulsory Treatment Order in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 and treatment and testing orders made under the criminal justice system.
- 4.4. In line with Self-directed Support Regulations¹ the Council is not required to give individuals the option of choosing a direct payment if the Council has previously terminated a direct payment or the provision of direct payment is likely to put the individual's safety at risk.
- 4.5. In the above circumstances, where an individual is assessed as having eligible needs, it is likely that traditional service provision will be considered as an interim measure.
- 4.6. However, it is important to note that neither the Act nor the regulations *prohibit* the use of a direct payment (or any other self-directed support

option) in these circumstances. Practitioners may encounter situations where their professional assessment will recommend it appropriate to explore self-directed support as a way forward.

- 4.7. Individuals without capacity will not be excluded from choosing any of the options under self-directed support. Power of Attorney or Guardianship should either be in place or be considered, in order to support individuals with a lack of capacity.

5.

Pathway

- 5.1. The Council has recently reviewed the pathway for individuals to access Self-Directed Support.
- 5.2. Once an individual decides that they require support the Pathway has six distinct stages involving a focused approach to Service Access, Enablement, Outcomes Focused Assessment, Indicative Budget and Support Planning similar to as illustrated in the below diagram. Each stage of intervention will be underpinned by a strengths based approach and risk analysis, and a focus on information giving and sign posting where appropriate.



Stage 1 – Service Access

- 5.3. Service access is when a referral is made to social care services. The initial screening process will analyse all the relevant information and decide if a further formal assessment is required. Clear information and a holistic picture of the situation will be discussed, as well as the application of the eligibility criteria². Screening may only require the provision of advice,

information or signposting to more relevant services.

Stage 2 – Enablement

- 5.4. Enablement services are defined as services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living. The focus at this stage is on setting achievable goals with the individual to promote their independence as far as possible. Collaboration and working closely with an individual over a limited time period to build up skills and confidence is central to the success of Enablement.
- 5.5. Enablement services in Shetland are provided as the first formal input following screening and assessment when eligible needs for social care are identified.
- 5.6. Enablement is provided free of charge to recipients for the first six weeks. Following the initial six weeks of Enablement, individuals will be reviewed. If an individual has regained their independence they will be discharged from the service. Alternatively, if eligible needs remain the individual will progress to the joint Assessment stage of the Community Care Service User Pathway and will be provided with information about the four self-directed support options.

Stage 3 – Outcomes Focused Assessment

- 5.7. The purpose of the assessment is to determine an individual's outcomes and the support required to meet these outcomes as well as their eligibility to receive statutory support. A fundamental aspect of the assessment process will be the "good conversation" between the individual and the practitioner. The practitioner is an appropriately trained Social Worker, Social Work Assistant or other Social Care professional who is usually the individuals allocated Care Manager/Coordinator although may also work within the Duty or Intake team. The assessment process will involve identifying an individual's strengths, needs, risks, capacity and define their personal outcomes.

Stage 4 – Indicative Budget

- 5.8. Following the assessment the practitioner will use the resource allocation system tool in order to use the information contained within the outcomes focused assessment to create an indicative budget.
- 5.9. Indicative budgets are banded and will provide individuals with an indication of the total amount of resource they have available to them to purchase their social care. An individual's indicative budget will cover support provided under all four options under self-directed support.

Stage 5– Support Planning

- 5.10. The development of a co-produced Support Plan will follow the assessment and resource allocation process. The purpose of the Support Plan is to consider how the identified outcomes can be best met using an individual's

indicative budget.

- 5.11. Developing outcomes focused support plans with individuals will involve the practitioner having a strengths based approach which will focus on the promotion of independence as far as possible. The Support Plan will draw on the assets of the individual and their support networks in addition to and alongside statutory funding.
- 5.12. An individual's indicative budget **must** be used to meet their assessed outcomes. All care and support can be decided by an individual in order to meet their individual circumstances, some choices need to be negotiated with their allocated Care Manager/Coordinator, and others are not allowed. Please see Appendix 1.

Stage 6 – Monitoring and Review

- 5.13. Monitoring of the support plan is essential to ensure the plan is being implemented as agreed and to make any adjustments as required. The purpose of monitoring is to inform the review process and contribute to an understanding of what support individuals will benefit from and what resources are most effective. The amount of monitoring required with the individual, their family, carer or any other organisation will be determined by the practitioner on an individual basis and informed by the level of need and risk analysis. The level of monitoring should be openly discussed and agreed at the support planning stage.
- 5.14. The Council has a duty to undertake annual reviews where support is provided to meet eligible need or more frequently as a response to be significant change in circumstances.
- 5.15. The core function of the review is to ensure the individual is achieving the agreed outcomes set out in the Support Plan. The review process will consider with the individual, and any others involved, the extent to which the support they receive has assisted them to achieve their outcomes and, where appropriate, agree new ones.
- 5.16. The satisfaction of the individual will also be collated by the Council.
- 5.17. At each review the four options will be offered formally again, even if there are no changes required to the support plan. At any time an individual can ask to change their option or ask for a re-assessment of their situation.

Getting It Right For Every Child (GIRFEC) Practice Model

- 5.18. Children and Young People will have a Child's Plan using the GIRFEC practice model and will have an outcome focused action plan. The child and parent/carer's views are an integral part of the assessment. The Child's Plan is reviewed regularly.

6. Employment of Family Members

- 6.1. Shetland Islands Council recognises the important role of unpaid carers, who are, in some occasions, family members. The statutory regulations that accompany the new Self-directed Support Act 2013 change the circumstances where a family member may provide paid support. These circumstances apply when Option 1 (Direct Payment) is chosen and payment can now be made directly to a family member who is providing support to an individual in line with their support plan.
- 6.2. A direct payment to a family member can now be considered where:
- The family member and direct payment user agree to the family member providing the support.
 - The family member is capable of meeting the direct payment user's needs.
 - Any of the factors below apply.
- 6.3. The factors are:
- There is a limited choice of service providers who could meet the needs of the direct payment user.
 - The direct payment user has specific communication needs which mean it will be difficult for another provider to meet the needs.
 - The family member will be available to provide support which is required at times where other providers would not reasonably be available.
 - The intimate nature of the support required by the direct payment user makes it preferable to the direct payment user that support is provided by a family member.
 - The direct payment user has religious or cultural beliefs which make the provision of support by a family member preferable to the direct payment user.
 - The direct payment user requires palliative care.
 - The direct payment user has an emergency or short-term necessity for care.

There are any other factors in place which make it appropriate, in the opinion of the local authority, for that family member to provide the support.

- 6.4. In this regulation "family member" means:
- The spouse or civil partner of the direct payment user.
 - A person who lives with the direct payment user as if their spouse or civil partner.
 - The direct payment user's parent, child, brother, sister, aunt, uncle, nephew, niece, cousin, grandparent, grandchild.
 - The spouse or civil partner of any person listed above.
 - A person who lives with any person listed above as if their spouse or civil partner.
- 6.5. The regulations go on to define an 'exception to (the) family members rule' where the Council may not provide direct payment to family members if:

- The local authority determines that either the family member of the direct payment user is under undue pressure to agree to the family member providing support.
 - The family member is a guardian, continuing attorney or welfare attorney with power to make decisions as regards the support to be provided through the direct payment.
 - Includes a person granted, under contract, grant or appointment governed by the law of any country, powers (however expressed) relating to the direct payment user's personal welfare and having effect during the direct payments user's incapacity.
- 6.6. Considerations around the nature of the arrangement, which might involve the individual becoming the employer of their family member should be openly discussed. As with all other aspects of professional practice the practitioner has an over-riding duty of care.

7. Supports to Promote Self-directed Support

- 7.1. Independent support in relation to direct payments is available to individuals, should an individual or family require independent support information can be provided by Social Work.

8. The Allocation of Resources

- 8.1. The Social Work (Scotland) Act 1968 requires local authorities to ensure that resources are made available to meet eligible needs in their area to a standard which will satisfy the local authority that the local authority reasonably considers to be suitable and adequate. The cost of meeting eligible needs should be to an equivalent standard to that which the local authority would provide.
- 8.2. In Shetland we use a resource allocation system (RAS) for the allocation of resources under self-directed support. This means that an individual with eligible needs will be provided with an indicative budget based on their personal outcomes, level of need and personal circumstances. This approach will be applied whichever one of the four SDS options is chosen, meaning that no individuals will be placed at a disadvantage. When developing a support plan with an individual who chooses Options 1, 2 or 4, they will be made aware of their indicative budget following completion of an outcomes focused assessment and the resource allocation tool before the support planning starts. This will ensure that the individual is clear about resources from the outset of the support planning process.
- 8.3. Access to different SDS Options may be dependent on availability within existing resources therefore services may implement a separate prioritisation criteria in order to ensure equitable access based on personal outcomes and levels of need/requirement for specialist services.

- 8.4. As with decisions around eligibility, the skilled judgement of the practitioner involved with assessment is key. Adopting a co-productive approach to assessment, resource allocation and the support planning process, coupled with applying our eligibility criteria will ensure the allocation of resources is transparent and equitable.
- 8.5. For adults, statutory support provided under self-directed support is prioritised for individuals who have been assessed as requiring a substantial or critical level of need in line with the National Eligibility Criteria. Individuals who are assessed as requiring a low or moderate level of need will be signposted to community based/non-statutory support.
- 8.6. Any individual who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner and their manager, if required. In the event of informal discussions not resolving an issue, the individual should be made aware of the Council's Complaints procedure.

9. Threshold on spend

- 9.1 In order to ensure sustainable and equitable social care provision now and into the future the Council has introduced a threshold on the amount of resource available to individuals. The threshold is in line with the cost of providing residential care in Shetland, and is reviewed annually.
- 9.2 It is recognised that there will be situations where individuals have an exceptional level of need or exceptional circumstances where a more bespoke budget, over and above the threshold, may need to be provided. An example of an exceptional level of need is where an individual's needs cannot be met within existing services due to the level or specificity of their need. Decisions regarding packages which exceed the threshold will be made by a resource allocation panel with budgets being provided in line with the cost of in house provision while ensuring the application of a best value approach.

10. The Refusal of Resource Allocation

- 10.1. The Council can refuse to agree to any element of a support plan where use of the budget would be used in the following ways:
 - Unreasonably endanger any person
 - Support an illegal act
 - Involve gambling or financial investments
 - Fund health care that should be met by the NHS unless budgetary arrangements have been put in place between agencies to permit this
 - Pay for anything that other sources of income should normally cover
 - Not contribute to the agreed outcomes within the support plan.
- 10.2. Any refusal of funding will be discussed between the individual and the practitioner and this will be followed up in writing with a clear explanation of how the decision was reached. This will allow for any disagreements to be challenged, if required, through the Council's complaints procedure.

11. Financial Assessment and Charges

- 11.1. Individuals being assessed for support under the self-directed support will be subject to a financial assessment. Individuals will be made aware from the outset that a financial assessment is required, and that it may result in them having to make a financial contribution towards the total cost of their support.
- 11.2. Shetland Islands Council currently applies to a consistent charging policy for non-residential social care services. This is in line with the COSLA's national guidance on Charges Applying to Non-residential Social Care Services. Charging thresholds and rates are adjusted annually (in April) in line with pension and benefit changes.
- 11.3. Under self-directed support charging will be predicated on a general contribution towards the total cost of support. Subsequent to the financial assessment, those individuals with the ability to pay will be required to fund a proportion of their overall budget.
- 11.4. Under Section 22(4) of the Children (Scotland) Act 1995, local authorities have discretionary powers to charge contributions for children's services where the means of the family are sufficient. Shetland Islands Council does not charge for these services.

12. Termination of Funding

- 12.1. Shetland Islands Council have the power to terminate direct payments in a number of circumstances, including:
- Where the individual has become ineligible to receive direct payments.
 - Where the payment has been used for purposes out-with the person's support plan
 - Where it has been used to secure the provision of support by a family member in circumstances where the family member is not permitted to provide such support.
 - Where the money has been used unlawfully.
- 12.2. The lead practitioner will inform the individual of any decision or potential decision to terminate a direct payment as soon as possible. They should keep the individual informed throughout the process and set a minimum period of notice which will normally be given before the payments are discontinued.
- 12.3. In determining the date from which the direct payment will be terminated the practitioner must take into account any contractual obligations entered into by the individual receiving the direct payment, and the time that will be required to put in place alternative arrangements to meet the individual's needs.

13. Financial Monitoring

- 13.1. Shetland Islands Council is accountable for public funds and regularly

monitor direct payments made to service users to ensure they are spent appropriately and they represent cost effective use of resources.

14. Appendix 1

Spending your personal budget (Direct Payment).

All of your personal budget **must** be used by you to meet your assessed outcomes. All care and support can be decided by you to meet your individual circumstances (green boxes below), some choices need to be negotiated with your care manager (amber boxes below), and others are not allowed (red boxes below). This brief guide aims to clarify what you can and cannot use your personal budget for.

You cannot spend your personal budget on anything that is not identified as an outcome within your support plan.

Capped spend

There is a limit to how much can be spent on the following:

- Short breaks or holidays as an alternative to respite: The Care Manager will consider the type and cost of a break/holiday and whether it is reasonable to achieve/meet identified outcomes and not excessive; consider has the supported person made the choice of going on holiday? Food is not to be included in the cost. The short breaks cost cannot exceed the cost of traditional respite care.
- Expenses: Paid carers/Personal Assistants (**not** informal or family members) can be paid where they are accompanying the supported person on an outing or activity and the expense incurred is directly linked to an identified outcome for the person e.g. building life/social skills in relation to buying food or eating out/in public. There is a maximum allowance that you can spend from your personal budget on meals for your Personal Assistants when eating out, this is in line with the Council's Travel and Subsistence Policy and Procedure, with a maximum of two Personal Assistants authorised to claim for each activity/meal. Your Care Manager will be able to confirm the maximum amounts that can be claimed for each meal. It should be noted that these are **maximum** rates and you will only be reimbursed for the amount detailed on your related VAT receipt rather than the maximum.
- Admin costs incurred when managing your personal budget are capped at £50 per annum e.g. paper, postage, ink for printer.
- Training costs for your Personal Assistants need to be negotiated with your care manager and are extra to your budget.

- Sickness and Maternity payments for your Personal Assistants need to be claimed on top of your budget and evidence needs to be provided, i.e. fit note, matb1

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|---|--|--|--|---|--|
| YOU CANNOT SPEND YOUR BUDGET ON: | Anything that has not been identified and agreed through the assessment or support plan | Anything that is illegal | Your own contributions for services | Employing someone who is a Welfare or Financial Guardian or Power of Attorney | Gambling, including scratch cards, bingo, cards, casinos and slot machines including gambling online |
| | Tobacco products, e-cigarettes, alcohol | Rewards or gifts to carers | Permanent residential care and support | Paying off debts | Personal insurance; car, home, holiday or household items |
| | Transport costs: taxis, travel, mobility where in receipt of DLA mobility and PIP mobility | Any service or equipment that can be provided by the NHS | Your weekly food shopping, food on holiday or in respite | Household expenditure; rent or mortgage payments, utility bills, furniture etc. | |

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|--------------------------------------|--|-------------------------------|--|---|---|
| YOU CAN SPEND YOUR BUDGET ON: | Meeting your assessed outcomes | Employing Personal Assistants | Support to find employment, volunteering opportunities | Support to attend education or employment | Purchasing items, activities and services that support you to meet your assessed outcomes and needs |
| | Purchasing equipment to meet your specific outcomes, not including items that can be provided by | Purchasing respite care | | | |

the NHS or OT *

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|--|--|--|---|-------------------------------|---|
| NEGOTIABLE WITH YOUR CARE MANAGER TO MEET A SPECIFIC OUTCOME: | Employing someone who lives in the same household as you or is a family member | Purchasing IT & Sports equipment * e.g. i-pad, computer, notebooks, mobiles, software | Education that is to be paid for e.g. alternative/specialist courses, night classes | Travel needs | Short breaks or holidays as an alternative to respite |
| | Alternatives to residential care | Eating out – only when this is to meet an assessed outcome, max 2 paid carers | Employing family or friends who do not live with you | Activities with unpaid carers | Specialist equipment* |

*Any equipment that you buy with your personal budget cannot be resold as it remains the property of the local authority and must be returned if no longer in use.