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SELF-DIRECTED SUPPORT

Scotland

Estrategia estatal de desinstitucionalización
Para una buena vida en la comunidad

Author: John Dalrymple

The author qualified as a social worker in 1976. He worked subsequently as a generic social worker for Strathclyde and Borders local authorities until becoming joining the multi-disciplinary learning disability team in the Borders in 1982. From 1988 until 1992 he was chief officer of third-sector organisation Partnership Housing in the Grampian area. From 1992-95 he was Principal Officer (learning disability) for Strathclyde Council. From 1995-98 he led the inter-agency deinstitutionalisation project at Lennox Castle hospital near Glasgow. From 1998-2008 he was chief officer of the third sector organisation Support for Ordinary Living operating in North Lanarkshire. (From 2006 until 2009 he was jointly seconded on a part-time basis to lead the work of In Control Scotland.) From 2008 until 2018 he was chief officer of the third sector peer support organisation, Neighbourhood networks. Since 2018 he has been codirector of the consultancy and advocacy organisation Radical Visions

RADICAL VISIONS

Radical Visions provides practical assistance to fellow citizens, families, organisations, and wider society to promote and exercise the values of inclusion. Radical Visions is a human services consultancy service offered by its Directors, Frances Brown and John Dalrymple. For over 20 years. Radical Visions has been demonstrating that people with disabilities can leave institutions and move directly to their own homes, where they can begin to lead lives of true citizenship.

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Elaborado con la asistencia técnica de Fresno the right link ANÁLISIS E INVESTIGACIÓN

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Key messages

Over six decades a range of strategic policy initiatives have influenced the nature of social work in Scotland: first defining and codifying it, and locating it within the structures of local government; and then, amidst fluctuating political trends, gradually shifting, however temporarily, the balance of both its guiding principles and operational practices from a preoccupation with congregate deficiencies towards a determination to secure positive social outcomes and individual human rights.

In the past three decades the methodology of self-directed support has emerged, delineating an approach seeking to ensure that the values espoused in policy are enacted in day-to-day practice; and that the shift in the balance of understanding (described above) is more permanently rooted in the culture of social work. Ten years ago this led Scotland to determine that "self-directed support" should provide the primary legislative underpinning for the delivery of all social work and social care throughout the country.

The impetus for change and innovation comes primarily from individuals and families - from civil society and the not-for-profit dimension of the "third sector" - where alliances are formed and influence sought with policymakers and key decision-makers, leading later to important relationships of trust being established across the social care system as a whole. Overcoming resistance to change (resistance likely to be encountered from a range of family, professional and community stakeholders who, alike, anticipate loss of certainty and the unnecessary introduction of risk) relies upon the coalescing over time of several powerful paradigm shifts, whether moral or philosophical, such as changed understandings of our common humanity, or assertions of universal and inalienable human rights, and the unique value of each individual; or more technical, such as the importance of separating housing from support.

The development of a new consensus and the crystallisation of necessary reforms is also assisted by an iterative (if sometimes contradictory) public process of evidence gathering, listening to persons with lived experiences and their families, parliamentary debate, the evaluation of public policies, and the publication of high impact reports followed by parliamentary debate.

Having legislation enacted, and supported by clear statutory guidance, is a powerful statement. It facilitates many excellent examples of good social work practice resulting in lives enhanced and changed for the better. It provides a national standard or yardstick against which local practice can be measured.

Uniformly high standards of self-directed support practice do not automatically result from legislation. Non-compliance with legislation can be anticipated, and non-compliance may take many forms ranging from inaction to contradiction. If clear channels of accountability are absent the problem is compounded and may are disempowered.

The identification of social work with local government is highly problematic for the operation of self-directed support. The conflict arising between the roles of social-worker-as-facilitator/enabler and social-worker-as-gatekeeper/resource allocator diminishes the profession and leads to the policy itself being confused with any financial reductions the authority, through its social workers, is politically obliged to enact.

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1. Context: Self-directed Support

1.1. Definition of Self-directed Support: a means to an end

"Self-directed support" is a values-based secondary technology designed to assist and promote a primary human-rights-based goal.

That primary goal can be stated either in terms of "citizenship"

> *that all people, without exception, should have the support and finance they require to live a purposeful life to the full, in a home of their own, without restriction on their basic freedoms, and in loving relationships with others of their choice;* [1]

or alternatively, in terms of the principle of "independent living"

> *"Independent living means all disabled people having the same freedom, choice, dignity and control as other citizens at home, a work and in the community. It does not necessarily mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life."* [2]

Self-directed support has therefore found expression as a "means" or mechanism designed to enable the most severely disabled and/or stigmatised members of society achieve for themselves the vital human-rights-defined "ends" or outcomes of citizenship and independent living, so frequently denied them both historically and in the present day.

The main component parts of the mechanism support the individual to identify those aspects of life that impede "independent living" or full citizenship

- to identify the resources that are or may be available to them (including the possibility of state funding);
- to complete a personal support plan;
- to agree with others (as necessary) the content of the support plan;
- to determine the manner in which the support will be organised and controlled;
- to use and develop the support available; and
- to reflect, review and revise the plan.[3]

1.2. Self-directed Support and its interface with social work

This is an approach that has much in keeping with basic social work values and principles especially as they concern themselves with "individualisation" and "client self-determination" –

[1] Duffy, Simon *Keys to Citizenship*, Centre for Welfare Reform, first published 2006

[2] Independent Living in Scotland (ILiS) definition at http://www.ilis.co.uk/

[3] https://citizen-network.org/library/7-steps.html

and with the injunction that the worker should be constrained "to follow for the demands of the client task".[4]

This case study therefore considers the development of self-directed support within the context of the history of modern Scottish social work, and the development of the local authority departments of social work through which societal support for the most marginalised and stigmatised has been mediated. That history has its roots in

- the Social Work (Scotland) Act of 1968 (and in the work of the Kilbrandon Committee culminating in the Kilbrandon Report of 1966),[5]
- its most recent expressions in the Self-directed Support (Scotland) Act 2013[6] (which created a legislative framework for the delivery of all social care in Scotland by means of self-directed support);
- the Public Bodies (Joint Working) (Scotland) Act 2014[7] (which has sought to improve the integration of social work services with those of the NHS), and
- the Independent Review of Adult Social Care, 2021[8] (which recommended the creation of a National Care Service retaining self-directed support as its underlying methodology).

2. Process

2.1. The framing of social work in Scotland: 1964-1979

As was the case elsewhere in the United Kingdom at this time[9], the period from the mid-sixties through to the mid-seventies saw social work make a planned transition: from specific, fragmented services encompassing stigmatised public "welfare" services and more benevolently regarded civil charitable initiatives to a more unified, generic[10] and professionalised approach, located firmly within the reformed two-tier local government structures created by the Local Government (Scotland) Act 1973,[11] as anticipated by the Wheatley report.[12] Distinctive to Scotland was the more overtly stated aspiration that this reform of social work would contribute to positive social change within the country, an

[4] Biestek Felix P. S.J. *The Casework Relationship* Chicago: Loyola University Press, 1957

[5] *Social Work (Scotland) Act*, 1968; *Children and Young Persons Scotland*, HMSO, Edinburgh, 1966

[6] *Social Care (Self-directed Support) (Scotland) Act*, 2013

[7] *Public Bodies (Joint Working) (Scotland) Act*, 2014

[8] *Independent Review of Adult Social Care in Scotland (Feeley Report), 2021*

[9] *Report of the Committee on Local Authority and Allied Personal Social Services* (Seebohm), 1965

[10] Pincus, A. and Minahan, A., *Social Work Practice: Model and Method* Peacock Publishers, Itasca, Illinois, 1973.

[11] *Local Government (Scotland) Act* 1973

[12] *Royal Commission on Local Government in Scotland*, (Wheatley Commission) (Cmnd. 4150) 1969

aspiration publicly articulated by an number of leading politicians and academics[13] consulted during the process of reform.

In keeping with the bold aim of addressing big "political" issues of poverty and inequality, the new social work profession was located within the more strategically oriented "first tier" of nine regional and three islands councils, as distinct from the "second ties of the fifty-three more locally focused "district councils".

Section 12 of the Social Work Act of 1968 had made it the unambiguous ***duty*** of each of these strategic authorities not simply to respond to the social problems and issues arising in their midst but instead to actively "promote social welfare" within the communities they served. In broad terms professional social work in Scotland was framed by this ambition.

Within these structures, for the next twenty years, and in this context the first shoots of what we might now recognise as "self-directed support" began to appear: through the sketchy programmes of de-institutionalisation that began to emerge for people with physical disabilities, learning disabilities and mental health conditions (programmes Scotland was slower and more hesitant to embrace than elsewhere in the UK); and through the related UK-wide campaign that people with disabilities should have access to a system of "direct payments". Later, this would have its culmination in the Community Care (Direct Payments) Act.[14]

More generally, the social work system's bold and overt commitment to social change and emancipation from poverty was fertile ground for the expression of the end goals of what would later be described as "self-directed support", but it did carry within it a more "statist" set of assumptions about how this change could and should be achieved than would later sit uncomfortably with the notions of independent living and citizenship developed within civil society. This is not simply accounted for by the fact that the newly unified profession was firmly embedded within the structures of local government. There is no doubt that the identification of "social work" with "the Council" established a perspective that continues to impact negatively on both professional mindset and public perception up to the present day.

2.2. The Wind Shifts: 1979-1998

The framework for social work in Scotland in place by the mid-seventies did not remain fixed. The original political ambition implicit in the social work act was diluted in the course of the eighties by the imperatives of Conservative governments and their subsequent influence on the thinking of "new-Labour" in the nineties and beyond.

The Griffiths Report[15] and subsequent Community Care and NHS Act,[16] in addition to introducing a more business-oriented managerial approach – e.g. the "purchaser/provider split"

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[13] *e.g, Judith Hart (Labour under-Secretary of State for Scotland at the time the Kilbrandon Committee sat) Kay Carmichael (a policy advisor to the Labour government and later deputy chair of the supplementary benefits commission) and Richard Titmuss (Professor of Social Administration at the London School of Economics, 1950-73)*

[14] *Community Care (Direct Payments) Act* 1996

[15] *NHS Management Enquiry* 1983

[16] *The National Health Service and Community Care Act* 1990

– and a different set of neo-liberal political parameters, began to chip away at the dominance of local authority service provision and permitted the emergence of a diverse third sector, still largely not-for-profit in its constitution in Scotland, but dependent on the "purchasing" local authorities for determining the policy boundaries within which it could work and for allocating the bulk of its funding.

The Griffiths reforms did, however, strengthen the hand of local authority social work in one important respect by decisively allocating to local government – and not the health service – the lead responsibility for the development of community care services. This meant that for the first half of the nineties – until their disbanding by the Major government in 1996 – the Scottish Regional Councils, through the vehicle of their Departments of Social Work, began to engage with their local co-terminus Health Boards in some serious attempts at joint strategic planning for future provision. Although dominated to an inordinate extent by negotiations about the amount of money to be transferred from health to social work to facilitate a shift from "hospitals" and other institutions to community living, these joint planning activities did set the ground for much of the de-institutionalisation activities that were implemented in the course of the following ten years. In turn, the actual practice of assisting some severely disabled people to leave long-stay institutions after perhaps thirty- or forty-years residence afforded some practitioners the opportunity to demonstrate the universal applicability of community-based citizenship and independent living (2no exceptions"); and also to experiment with the technology of self-directed support, albeit at the margins, and to some extent "under the radar".[17] This saw the creation and management of some of the first "individual service funds"[18] initiated not by the local authority and its social work commissioners but instead by the service-providing organisation itself. Out of this grew a small federation of not-for-profit service providers and other associated practitioners determined to extend this methodology and its inherent values.[19]

They were undoubtedly assisted in this by the development elsewhere in the UK of the concept of "supported living" (as defined by Kinsella [20], Simons [21] and others), which provided some of the conceptual tools by means of which broader citizenship ideals could be realised. Central to this was the insistence of these writers of the separation of "housing" from "support", ended the need to persist with the disempowering conflation of the functions of "landlord" and "support provider". But also, and more importantly, it meant that people with severe disabilities could no longer be denied their right to have a home of their own on the grounds that the level and type of support they required could only be provided in "special", non-domestic, typically institutional types of accommodation. Many would continue to be denied this right for other attitudinal and quasi-financial reasons, but the iron law that compelled people to live in places other than their own home in order to obtain the level of support they required had been broken.

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[17] Inclusion Glasgow http://inclusion-glasgow.org.uk/about-us/

[18] Smith, S. and Brown F., *Individual Service Funds: a guide to making Self-Directed Support work for everyone* Centre for Welfare Reform, 2018

[19] Altrum http://www.altrum.org/

[20] Kinsella, P. *Supported Living: a new paradigm* National Disability Team, Manchester, 1993

[21] Simons, K and Watson, D *The View From Arthurs Seat: A Literature Review of Housing and Support Options 'Beyond Scotland*' Norah Fry Research Centre & Scottish Executive, 1999

2.3. The Devolution of Scottish Social Work: 1998-2010

Everything described up to this point took place within the context of the limited devolution afforded to Scotland by the Westminster Parliament through the role of the Secretary of State for Scotland (a cabinet office from 1926 onwards) and the Scottish Office. The Scotland Act[22] passed by the incoming Labour government in 1998, and implemented on 1st July 1999, radically changed the situation. Responsibility for social work and health matters was no longer reserved to the Westminster parliament but instead devolved to the first Scottish Parliament to sit since 1707. From this point onwards Scotland was free to make legislative decisions and to develop policy distinct from the rest of the UK[23].

The early adoption by the Scottish Parliament of the concept of "free personal care for older people" – proposed by the Sutherland Committee[24], and legislated for through the of Community Care and Health (Scotland) Act[25] – became significant for the later administration of self-directed support. Often cited as a distinctively Scottish and egalitarian approach, it actually begs the question why the ability of local authorities to levy a charge for services (in reality an additional tax payable only by those reliant on the care system), introduced by the Griffiths reforms and eagerly taken up local authorities throughout the UK, had not been more fundamentally challenged at a much earlier stage by the social work profession itself on the basis of the principles of universality and basic justice; all the more so given that the amounts charged are locally calculated on differential bases, and disproportionately severe in relation to the disposable income of the individuals concerned. Instead, the charging system continues to be adjusted on an incremental and ad hoc basis in the face of opposition from the campaign for Frank's Law [26] and Scotland Against the Care Tax[27].

More positively, however, one of the most influential first steps of the new Parliament was its early adoption, in 2000, of the first ever specifically Scottish policy paper on learning disability: *The Same As You?* [28] In addition to recommending the development of better advocacy services and extending the availability of direct payments to people with learning disabilities, the report led to the creation of the Scottish Consortium for Learning Disability (SCLD)[29] and contained the first ever strategic commitment to the closure of all long-stay learning disability "hospitals" by 2005. Prior to the Scotland Act, and the adoption of *The Same As You?* each individual proposal for the closure of one of these institutions required the sanction of the Secretary of State for Scotland, and was vulnerable to local political lobbying. Now the way ahead was clear, and despite the fact that the 2005 deadline was not entirely met (and despite

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[22] *The Scotland Act* 1998

[23] *The possible limitations on such legislative freedoms are the subject of a current dispute between the Scottish and UK parliaments https://www.thenational.scot/news/23257039.world-media-covered-westminster-blocking-holyroods-gender-reform/*

[24] *Royal Commission on Long Term Care* 1999

[25] *Community Care and Health (Scotland) Act* 2002

[26] Frank's Law Campaign http://frankslaw.org/

[27] Scotland Against the Care Tax (SACT) https://www.sdsscotland.org.uk/press-release-scotland-end-care-tax/

[28] *The Same As You? A review of services for people with learning disability* Scottish Executive 2000

[29] Scottish Consortium (now Commission) for Learning Disability (SCLD) https://www.scld.org.uk/

the fact that at the time of writing some similarly constituted institutional provision can still be found within the country) a watershed moment had been reached. The Parliament's adoption of similarly progressive strategic policy documents for other groups soon followed.

Also settled at this time was a longstanding debate between the proponents of quality assurance by means of the "*registration*" of the buildings occupied by people receiving support and those favouring the greater "*regulation*" of the service. In 2001 the Scottish Commission for Social Care (SSSC)[30] was created to set standards for, and regulate, the social care workforce. The following year the Care Commission (later renamed the Care Inspectorate)[31] was created to perform a similar function in respect of those agencies and organisations providing social care.

One major irony arising in the post devolution context, however, was the fact that, as described above, the Social Work (Scotland) Act (1968), conceived within the much more limited devolved scope of the Secretary of State, ***was*** already distinctively Scottish in its scope and ambition, whatever we judge to be the extent of the erosion and dilution of its bold aims over the intervening years.

The 1968 legislation remains the foundational legislation relating to the practice of social work in Scotland: even if viewed and interpreted in light of the related legislative and policy changes introduced both before and after 1999; and notwithstanding the now largely overlooked 21st Century Review of Review of Social Work in Scotland commissioned by the fledgling Scottish Executive in 2004, and published in 2006 as Changing Lives [32], which, while seeking to reaffirm and extend a professional understanding of social work, also sought to chart a course away from social-work-as-a-universal-service towards its more "targeted" and "personalised" application [33].

One piece of work carried out to inform the *Review* did however point to the need for changes which would alter both the structure and the power dynamics of the social care system. Undertaken as a first-hand survey of the views of the end-users of the social work system in Scotland at the time[34], what was written could hardly have been more prescient in its anticipation of the drive towards self-directed support that was to follow:

> *"A version of personalisation is already the goal of the Scottish social care system. But it is a goal the system fails to reach consistently. The 1968 Social Work Scotland Act, which inaugurated modern generic social work, set the goals of social work that most social workers still ascribe to today.....Yet the testimony of both professionals, care*

[30] Scottish Social Services Council https://www.sssc.uk.com/

[31] Care Inspectorate for Scotland http://www.careinspectorate.com/

[32] *Changing Lives: report of the 21st century social work review Scottish Executive, 2006*

[33] Brodie, Ian, Chris Nottingham, and Stephen Plunkett. *"A Tale of Two Reports: Social Work in Scotland from 'Social Work and the Community' (1966) to 'Changing Lives' (2006)." The British Journal of Social Work 38, no. 4 (2008): 697–715. http://www.jstor.org/stable/23724076*

[34] Personalisation and Participation: The Future of Social Care in Scotland, Final Report, November 2005, Commissioned by Care 21 for the Social Work Review: Charles Leadbeater and Hannah Lownsbrough

staff and clients is that the social work system often fails to deliver on these goals. In practice social workers seem to be risk managers and resource allocators, gatekeepers and controllers, often working with clients in crisis when the task is to save them from harming themselves or others.....our workshops and interviews with service users also uncovered a feeling among many that the service they receive is driven not by what people need but by what the system can deliver: it feels as if the professionals and system make all the decisions that count. Many of the clients feel as if the professionals are in charge and they have no choice. Social work is formally committed to deliver a set of goals – which embrace the ideals of person-centred support – and yet the system works to a completely different logic to control risk and resources."

With the publication and implementation of *The Same As You?* having coincided with Simon Duffy's earliest articulation of the concept of self-directed support, and its dissemination in England, from 2003 onwards, through the work of In Control[35], ALTRUM and SCLD joined forces three years later to create its Scottish counterpart and sister organisation, *In Control Scotland*[36] - just at the point Changing Lives.

It was a small amount of money from the *Changing Lives* implementation fund that allowed In Control Scotland to begin to raise awareness of the principles and concepts of self-directed support via a programme of seminars and training programmes across the country.

It was, however, a separate department of the Scottish Government that in 2008 undertook a *Review of Direct Payments*[37], seeking to consult with those who had been using direct payments and to establish the means by which their administration could be improved and their uptake increased. By the time the review was concluded, however, it was significant that "self-directed support" had replaced "direct payments" as the official terminology of government. To its proponents this was little short of the official appropriation of the language of self-directed support to describe proposals for a new and improved version of direct payments which, though welcome, continued to fall well short of the levels of universality and flexibility for which they had argued.

3. Specific elements

3.1. A Strategy for Self-directed Support: 2010-2020

The next stage in the development of self-directed support in Scotland came with the Scottish Government's publication in November 2010 of a ten-year strategy.[38] Explicitly envisioning the overarching goal of "Independent Living" (as defined above) the strategy also addressed other more general social work and health objectives relating to older people, the ageing population, and the re-ablement of people with mental health issues. The strategy identified the component parts of self-directed support as informed choice, individual budgets, greater choice and control, and co-production. It no longer spoke about self-directed support being accessed

[35] https://in-control.org.uk/

[36] https://www.in-controlscotland.org/

[37] *A review of Self-Directed Support in Scotland,* Scottish Government, 2008

[38] *Self-Directed Support: a national strategy for Scotland* Scottish Government, 2010

solely by means of Direct Payments, but also allowed for the possibility of Individual Service Funds being used, and for Direct Payments and Individual Service Funds to be used in combination. One of the fundamental principles espoused within the strategy was that "*SDS and all public services are subject to Human Rights and Equalities legislation*", and it elsewhere asserted the human rights principles of "*Equality and Non-discrimination*" and "*Participation and Inclusion*". A small number of test sites and other related projects were established as part of the strategy and the anticipated learning was seen as crucial in fostering change.

While the strategy of 2010 did not anticipate that Parliament would legislate for self-directed support, the pros and cons of a legislative approach to the issue quickly became a strongly debated topic as the strategy began to be implemented. The debate concluded with the decision that legislation should be brought before Parliament, and in 2013 the Social Care (Self-directed Support) (Scotland) Act[39] was enacted. It took effect from 1st April, 2014. The legislation imposed upon local authorities the legal duty to offer four routes or "options" by which people might direct their own support:

The Act and its associated Statutory Guidance[40] also articulated a number of additional legal duties local authorities were required to follow:

- "to explain the nature and effect of the four options and to "signpost" to other sources of information and additional support"
- "to have regard to the general principles of collaboration, informed choice and involvement as part of the assessment and the provision of support"
- "to take reasonable steps to facilitate the person's dignity and participation in the life of the community"

The Act also introduced four "statutory principles" articulating

1. "The underlying aims or "spirit" of the legislation": "
2. Participation and dignity";
3. "Involvement";
4. "Informed choice"; and "collaboration".

The new legislation and guidance thus created a positive and powerful new paradigm for the understanding and implementation of self-directed support, establishing in statute mechanisms with the potential to shift the balance of power in favour of those directing their own support, and to transform the future of social work and social care in Scotland.

There were two factors immediately mitigating against its effectiveness, however. The global financial crash of 2007-08, and the policy of austerity economics subsequently pursued by United Kingdom governments, had had the cumulative effect of restricting the level of funding available to local authorities to spend on social work. Though merely coincidental with the introduction of self-directed support, the coincidence created a suspicion in some quarters that self-directed support was merely a mechanism for reducing spending and disguising the

[39] *Social Care (Self-directed Support) (Scotland) Act*, 2013

[40] Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance (revised 2023)

process of “the cuts”; a perception greatly assisted by the fact that some local authorities did in fact use it to those ends.

In addition, no sooner had this landmark legislation been enacted than the attention of the professional social work and social care workforce was diverted from it towards the implications of an additional legislative framework seeking greater integration of health and social care services[41].

Whatever the merits of the legislation and the intentions behind it, its implications were such that they quickly came to dwarf those contained within the self-directed support act, and assumed greater priority.

3.2. Land mark reports by the Audit office and Social Care review

This was one of the key messages contained within Audit Scotland’s 2017 Report[42] on self-directed support when it took stock of the progress made since the Act had taken effect three years earlier. Audit Scotland also concluded at that time that authorities had not yet made the transformation required to fully implement the strategy; that a significant minority of staff lacked understanding or confidence; and that the approaches of authorities to commissioning can have the effect of restricting choice and control.

A further three years later the Scottish Government commissioned an independent review of all adult social care. When the review report was published the following year, it recognised and confirmed the merits of self-directed support as the legislative basis for social care in Scotland. However, it drew attention to the “quality gap” that had emerged as a result of failures of implementation and recommended the adoption of an improvement plan to remedy the problem. Ironically, though, the most radical and controversial recommendation of the review – the creation of a National Care Service equivalent in status and public recognition to the National Health Service – has had the effect of again taking the focus away from the proper implementation of self-directed support, in much the same way as the proposals for greater integration of health and social care had deflected attention away from the new legislation in 2014.

3.3. Finance: the shift from financing structures to financing persons

The transition from a system where funding is primarily linked to buildings or programmes to one where it is primarily linked to individuals requires a strategic approach allowing an appropriate length of time for the changes to be understood and the necessary administrative infrastructure to be put in place.

The process of individualising costs will identify many people who will require an increased level of funding and many others who will require much less. There are examples of very significant “savings” being made in some individual situations. Anecdotal wisdom asserts that the individualisation of costs must inevitably lead to additional expense, but the more evidential

[41] Public Bodies (Joint Working) (Scotland) Act 2014

[42] *Audit Scotland, Self-directed support, progress report (2017)*

assumption suggests that the overall effect of the change will be at worst cost-neutral[43] and that actors in the public sector often create diseconomies of scale when they pursue solutions that are less than optimal for the individuals concerned in efforts to save money[44].

There will, however, be a time-limited requirement for "bridging finance" to be available to accommodate some double-running costs during the period of transition.

Individualised funds provided by the state for agreed social care purposes are best viewed as funds to which the individual is entitled; and experience suggests that the relatively small amounts of money associated with individualised funds are subject to much more scrutiny than the much larger funding amounts of money typically made available to the agencies managing projects and building. Nonetheless, sufficient care requires to be taken to ensure that public funding can be properly accounted for under a different system, and the proportionate regime recommended by the Scottish Government provides some useful pointers in that direction[45].

3.4. Implications for Staff

Staff working in a relatively isolated institutional settings are typically drawn from the local geographical areas close to those institutions. Where institutions are of relatively long-standing, people from the same family may have worked in the local institution over several generations. Institutions often thus fulfil the role of the major local employer in a manner akin to the role played by a local factory or industry. It is understandable that proposals to help people find domestic style accommodation and support in places closer to where they were born and brought up, ultimately leading to the closure of the institution, are viewed by those who work there as economic and societal threats both to themselves and to the area to which they belong and with which they identify. Protests against closure led by trades unions and local politicians can often result.

This dynamic forms part of the context within which the process of deinstitutionalisation takes place. A conflict is exposed between the perceived best interests of the people relying on the care system and those of the people providing the care within that system. While it is possible to conceptualise the conflict as existing between the needs of a primary group of people in whose interests the care system has ostensibly been created, and a secondary group of people employed to serve the interests of the primary group, the conflict is nonetheless experienced as being real and personal.

This is therefore a dynamic that requires to be actively managed in the process of deinstitutionalisation. The implications of change for existing members of staff have to be identified and addressed. Incentives, both personal and professional in nature, will have to be considered to counter the threats of geographical dislocation, potential change of employer, anticipated losses of role and status, terms and conditions, etc. The experience of well-

[43] Alice Squire and Pete Richmond, *No Place Like Home* (2017) https://citizen-network.org/library/no-place-like-home.html

[44] John Seddon, *Saving Money By Doing The Right Thing,* Vanguard Consulting (2014) https://www.vonne.org.uk/sites/default/files/files/resources/Locality-Report-Diseconomies-web-version.pdf

[45] Chartered Institute of Professional Advice and Accountancy Scotland (CIPFA Scotland) *Guidance Notes on Self-directed Support* (2015) https://www.cipfa.org/members/regions/scotland/news/guidance-notes-on-self-directed-support

intentioned long-standing members of staff and their personal knowledge of the people living in the institution must be acknowledged and valued: such people can be important facilitators of change and carriers of a new culture. Others will benefit from programmes of personal development and professional training aimed at assisting their orientation to the values, principles, skills and competencies underpinning community-based, self-directed services.

At the same time, however, the potential for the transference of institutional ideas and practices into new community-based services by those most resistant to change will have to be guarded against. However sensitively managed the process and whichever the incentives provided resistance to change will be so strong for some members of staff that they will decline the opportunity to become part of the community-based workforce. They may seek redeployment to institutional services of a type they are familiar with or may chose to pursue a different type of employment altogether.

4. Outlook and Lessons

4.1. Outlook

The outlook for self-directed support in Scotland is unclear. In June 2022, following the recommendations of the independent review, the Scottish Government introduced a Bill in parliament[46] proposing to transfer social care responsibility from local authorities to a new, national service that could include adult and children's services. Stage 1 of the process of parliamentary scrutiny is not yet complete and a timetable of several years is anticipated before the process is complete and a new law enacted. Several aspects of the changes the Bill proposes are opposed by significant organisational and professional interest groups and the political debate surrounding it is intense, attracting much attention.

All the while, self-directed support remains the formal legislative underpinning of all current social care and is anticipated to retain this status within the context of a future National Care Service.

Nonetheless its well documented failure – the gap between its legislative intent and its actual effect upon social work practice – remains a painful (though relatively neglected) reality for many individuals and families seeking to direct their own support in a manner consistent with "independent living" and full citizenship. Advocates and supporters of self-directed support can argue that much has been achieved over time and that much remains to play for. But whether a national social care service, whatever its future shape, can ever fully transform itself from a state-and-professional-led system to a citizen-led system must remain an open question.

[46] National Care Service (Scotland) Bill (2022)

4.2. Lessons – for Scotland, Spain and elsewhere

SELF-DIRECTED SUPPORT

1. Self-directed support is not an end in itself but a means to the end of full citizenship for those who are typically excluded.

SELF-DIRECTED SUPPORT AND SOCIAL WORK

2. The underpinning ideology of self-directed support has much in common with the basic values and principles of good social work practice.

3. But when mainstream social work practice is embedded within the state structures of local government those values are vulnerable to compromise.

4. In particular the shared social work roles of enabler and gatekeeper appear incompatible, with the role of gatekeeper seemingly always likely to hold sway.

DEVOLVED GOVERNMENT

5. While self-directed support had its origins in Scotland prior to the devolution settlement of 1998 it gained considerably more momentum and official recognition subsequent to the re-establishment of the Scottish Parliament.

6. Devolved government in the UK has characteristics similar to the asymmetric system of devolution to the autonomous communities of Spain.

CHANGE AND INNOVATION IN SOCIAL CARE

7. Innovation in social care (and especially in the area of greater empowerment of the individual with disabilities) more typically takes place in the so-called “third sector” rather than in the public or private sector (cf., concepts such as “individual service funds”, “self-directed support”, “separation of housing and support”).

8. However, the greatest single step towards a more comprehensive system of self-directed support (the Direct Payments legislation of 1996) resulted directly from the activist and campaigning activities undertaken by people with disabilities themselves over several decades.

9. Professional “third-sector” leadership in the development of self-directed support on behalf of those persons with disabilities least able to articulate their own concerns independently is a double-edged sword – the advantages gained having to be balanced against the dilution (real and/or perceived) of citizen leadership.

CHANGE IN THE DIRECTION OF GREATER POWER, CHOICE AND CONTROL FOR THE CITIZEN

10. Change in the direction of greater power, choice and control on the part of citizens is possible.

11. But the process of change is slow and complex.

12. And the process of change is not linear – there are many ups and downs.

13. Further, the process of change relating to the most disabled and stigmatised members of society is particularly slow and vulnerable to setbacks – as per the thesis of Wolfensberger et al., negative attitudes to disabled people are historically enduring and deep-seated societally.[47]

LEGISLATION AND COMPLIANCE

14. The passing of legislation does not of itself guarantee compliance with that legislation.

15. Organisational and professional resistance to the full implementation of new legislation is capable of subverting the intention of the legislation.

16. Such resistance can have several causes e.g., the influence of previous custom and practice, the scale of the change required by the legislation, reluctance (whether conscious or otherwise) on the part of social work and finance managers to commit to the transfer of power and control the legislation implies.

17. The failure to embed in legislation the principle of accountability – together with a strong mechanism to give effect to accountability - increase the difficulties experienced by individuals, families, and their advocates in having the rights established for them in legislation properly acted upon.

18. The impetus to rectify well-documented problems with proper legislative implementation is often readily diffused by the distraction of coincidental organisational changes (or proposed changes) perceived to be of greater interest or importance to those involved.

[47] The origin and nature of our institutional models, Wolf Wolfensberger (1975)

Estrategia estatal
de desinstitucionalización

Para una buena vida en la comunidad

Spain has embarked on a process to enable persons in need of care and assistance to life fulfilling, self-directed lives in the community.

The Spanish Action on Deinstitutionalization (DI) can count on a strong political commitment by the Central Government, responds to the wake-up call of COVID, and is supported by the strategic use of EU Recovery Funds to trigger transition.

The strategy, pursued by the Ministry of Social Rights and Agenda 2030, is to formulate a general DI strategy, which includes the target groups of elderly, children in institutional care, homelessness, and disability which includes mental health.

In the build-up to the policy formulation, there is a stream of research and international comparison on strategies and specific approaches amongst European countries (or regions). Particular country experiences have been selected as case studies that can inform specifically the phasing out of institutional care settings and developing community-based approaches. The objective of these case studies is to nurture the Spanish process with good practice, that convey a narrative of cultural change and reflect on the drivers and bottlenecks of transitioning to community life.