



Scottish
**Independent
Advocacy
Alliance**

Self-directed Support and Independent Advocacy
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A Change to the System: An Introduction to Self-directed Support

In 2013 the Scottish Government introduced new legislation which reshaped the social care system in terms of how individuals received their care and support. The Social Care

(Self-directed Support) Act 2013 established several principles which were to be promoted in each Local Authority when considering an application for a support package. Under the new scheme, an individual would be offered four options by which they could receive their funding from their Local Authority. The Local Authorities were given discretion as to how the Act was to be implemented within their area to best promote the aims of the Act.

Five years later, there has been much commentary and discussion on the new system. Through research into the impacts of Self-directed Support (SDS) and the role of advocacy within this framework, this report aims to detail the views of advocacy workers, managers and Local Authorities on the implementation of the legislation. It hopes to emphasise the necessity of independent advocacy in achieving the aims set out in the 2013 Act.

Defining Self-directed Support (SDS)

Self-directed Support is a system within which an individual can take control of their own care package. This is effectively achieved through active involvement in the application, review and allocation process and an understanding of the needs, wishes and desires of the individual being considered. Alongside active involvement, access to information is also necessary to allow proper control. A person must be fully informed of their options and situation in order to make the best choices for themselves. SDS shifts the focus away from resource based assessment to outcomes based assessment with the aim of giving a person the best chance at achieving their personal care goals.

The Principles

The 2013 Act establishes four key principles which it requires Local Authorities to have regard to while implementing SDS.

These are:

- Participation and dignity
- Involvement
- Informed choice
- Collaboration

The Act also empowers the Local Authorities to consider further principles such as responsibility, risk enablement and innovation. These principles ultimately aim to create a system in which the individual has control of their care.

The Four Options

Under SDS, individuals are given the choice of four options through which they can receive their care. After a required assessment of the individual's needs, the Local Authority will decide the level of funding necessary to meet their needs. With the introduction of the new principles social workers are required to factor in the individual's integration into society and creative methods to ensure the best outcomes. Social workers must explain to individuals in depth what each option entails and what other organisations they may refer to in order to better understand their rights.

Option 1—Direct Payment

This option offers the most control out of the four. A cash payment is made to the individual and this can then be used to organise their care in whichever way they see fit. This is a suitable option for those who have a grasp of what they would like their support package to achieve and gives a confidence and freedom to individuals which has previously never been available. Difficulties with this option can sometimes arise when the individual needs to hire third party services.

Option 2—Individual Service Fund

The second choice available is where the individual chooses the support that they would like and allows the Local Authority to keep the fund and arrange the support that has been chosen. This option allows a level of independence to those who do not feel confident enough to take complete control of their package but still wish to make decisions for themselves. However, individuals cannot employ personal assistants under this option and so it may not suit everyone.

Option 3— Services Arranged by the Local Authority

Option 3 was previously the only way funding was received by individuals. Here, the Local Authority chooses the appropriate support and arranges it for the individual. Where an individual cannot or does not decide between the options this is the default. This is mostly suitable for those who are unsure of how best to receive their care or who do not want the added pressures of making such decisions.

Option 4— Mixed

The needs of an individual can be complex and varied. This option is a flexible combination of all or some of the first three options. There is generally low uptake of this option.

Independent Advocacy and SDS

SDS offers levels of choice that an individual within social care has never encountered before. Because of this, often people are unclear about their rights or options and may benefit from independent advocacy.

Independent advocacy helps people to:

- Know and understand their rights and what to do when those rights are not met
- Be heard by professionals and services which make decisions that affect their lives
- Better understand and navigate systems
- Think through their choices
- Make informed decisions

There are different types of independent advocacy available including one to one advocacy and group advocacy. The main characteristics of advocacy however remains the same. The SIAA has produced a [comprehensive document](#) on the duties and responsibilities of an independent advocate.

Advocacy is available to any individual, however, it is only a statutory right in cases of those with a mental disorder. The requirement for the Local Authority to make advocacy available is contained in section 259 of the Mental Health (Care and Treatment) (Scotland) Act 2003. Independent advocacy is therefore not a statutory right for all but might be available to them depending on where they live.

Independent advocacy, when received by an individual, can offer a wide range of benefits. Scottish Government guidance titled 'Independent Advocacy: Guide to Commissioners' details advantages gained from independent advocacy. These include:

- Better outcomes for individuals
- Feedback for Local Authorities
- Added value as small amounts of value can be spread well
- Constructive challenge to service providers which helps them to improve.
- Keeps focus on those most at risk
- Encourages person-centered services and supports greater choice and control for users
- Respects carers as equal partners

In the context of SDS, Independent advocacy informs individuals about the four care options and about their rights regarding them. They can also support the individual through a complaint or appeal process when things do go wrong. A one-to-one advocate builds a relationship with the individual so that they can understand the needs and desires of the individual. Group advocacy within SDS is helpful for individuals in similar situations to share their experiences and what worked for them to obtain the best plan. It is necessary for individuals to feel emotionally as well as intellectually supported. This means that they must be able to express themselves in an informed manner which allows them to feel more confident about their decisions.

Local Authority Commissioners and SDS

Funding for care is dealt with on a local level with each Local Authority having control of the budget for the SDS system. Commissioners then play a crucial role in ensuring the proper implementation of the legislation, with the individual at the centre of their concern.

Commissioners have a multitude of duties and considerations that they should be taking into account when dealing with SDS cases. It is the duty of the Local Authority to ensure that their staff are aware of the powers and responsibilities that they have in assessing an individual's care needs. They should also be able to provide a range of support, information and advocacy services.

It is the role of commissioners to assess the needs of the individuals and review how the options can best be used to support the funding available. They must have a view to providing variety and creative options in order to maximise the choice and inclusion of the individual in decision making.

Survey Results: Method and Aims

Why do research into SDS?

Although there have been reports published regarding SDS which are very detailed and helpful for our understanding of the new legislation, there are not many. This pool of information significantly dwindles again when independent advocacy is considered. There has been very little information on how independent advocacy can affect the SDS process or how the new legislation is viewed by those who work within advocacy. It is hoped that by researching this, greater uptake of Independent advocacy can be encouraged and the issues being encountered in practice, regarding SDS, will be reiterated or brought to light and will show where the system needs to improve.

Who was surveyed?

Three online surveys were conducted aimed at various professional groups who deal with advocacy.

- Advocacy workers
- Advocacy managers
- Local Authorities and NHS Boards

Responses varied across each survey with a total of 72 responses. In the surveys involving the advocacy managers and the advocacy workers every Local Authority was represented. In the survey of Local Authorities 9 out of 32 authorities were represented.

The surveys are not representative of the opinions of those who have worked in independent advocacy for SDS or of Local Authorities and NHS Boards. They demonstrate an indication of the views held by those who experience and work within the social care system. Analysis of the results has been limited.

Survey of Advocacy Organisations

Introduction

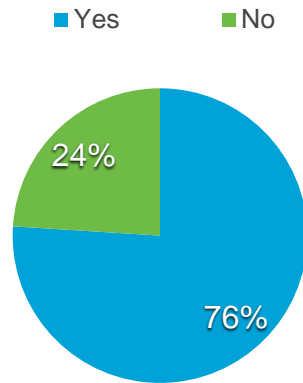
In order to see how SDS has been implemented and how independent advocacy affects this it is useful to consult advocacy workers giving support to those who need it within the SDS system. The experiences of advocacy workers give an overall insight into the implementation of SDS locally.

An online survey was conducted in March 2018 asking advocacy workers about their experiences while supporting individuals in cases of SDS. It was recognised that advocacy organisations do not deal exclusively with SDS and therefore a separate set of questions was designed for those who had not dealt with these cases.

38 advocacy workers responded to the survey. All Local Authorities were represented in the survey. The three highest represented Local Authorities in the survey were Glasgow, East Renfrewshire and South Lanarkshire.

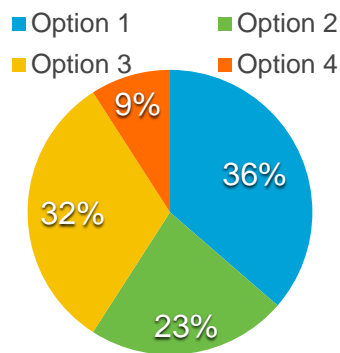
Results

1. Have you supported an individual through SDS?

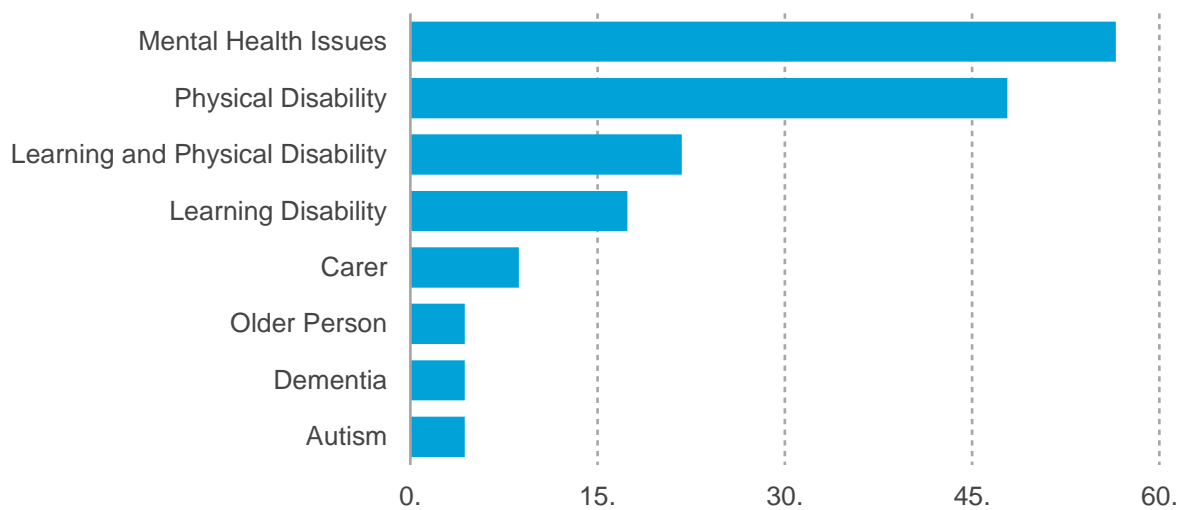


For those who had assisted an individual through SDS...

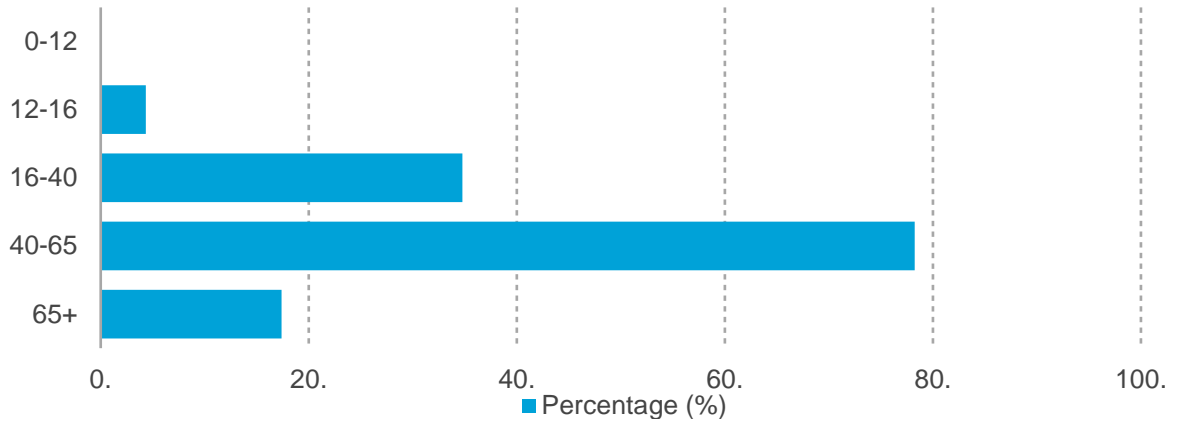
2. What is the most common support option?



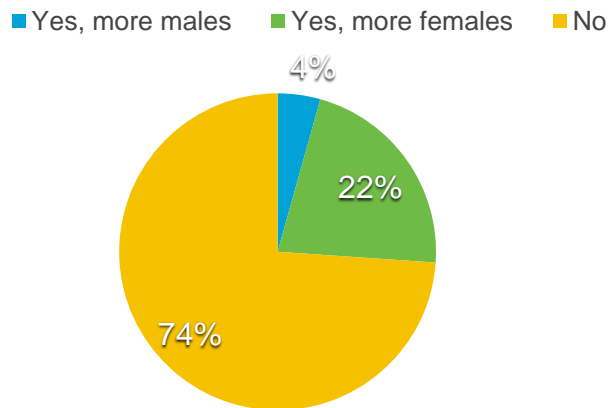
3. What are the main reasons for an individual needing support?



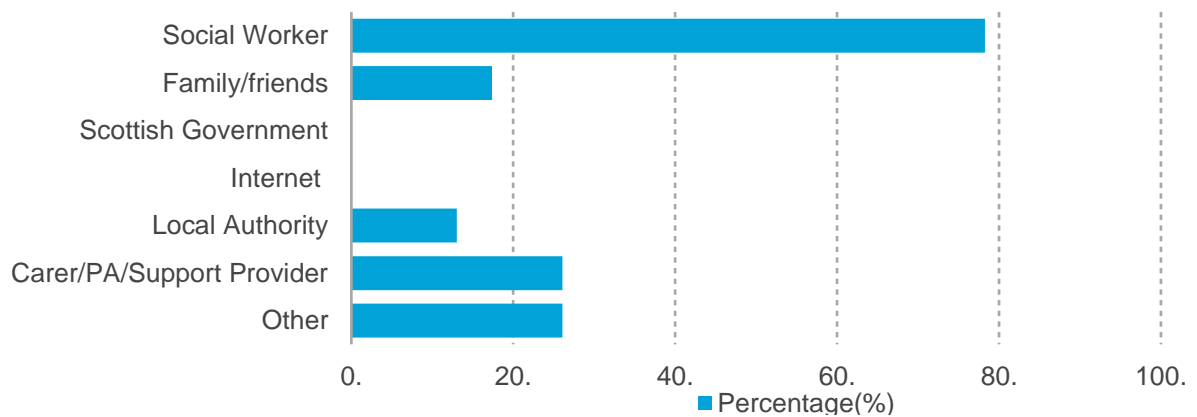
4. What is the most common age range that you encounter?



5. Do you notice a higher uptake of independent advocacy within specific genders?



6. What is the most common way that an individual finds out about independent advocacy?

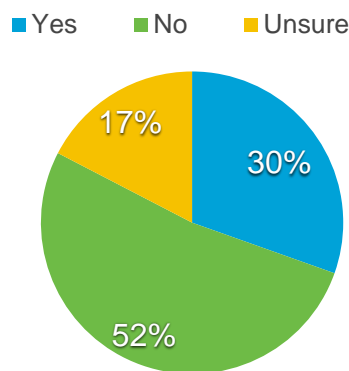


Participants who specified 'other' in this question had the option to further expand on ways that individuals had found out about independent advocacy. The other routes of discovery specified were through:

- Health services, hospital staff and GPs
- Schools
- Previously supported family members
- Local organisations

It is noted that the ways that individuals discover Independent Advocacy can vary case to case and depend on the individual's personal situation and circumstance.

7. Does your organisation have a collective advocacy group that has discussed SDS locally?



8. What outcomes have you achieved for individuals?

At this point respondents gave written responses. They have only been altered in order to correct spelling or grammatical error. Some responses are more extensive than others and demonstrate the variety of ways in which advocacy can assist an individual. The responses given were:

- “Changes to SDS Option 1 from another option”
- “SDS plan was reviewed, changes were made through the complaints procedures usually. I do not have much experience of legal experts becoming involved.”
- “Increased participation in SDS process, changes in providers, ensured person's views are heard and communicated, person felt empowered to challenge assessment.”
- “Helped clients to change basis of SDS package e.g. to direct payments, supported clients through guide self-assessment process with social work”
- “I have assisted clients to have their views heard within the process, have also assisted clients to have their rights taken into account when budget reviews have led to them being advised to move to residential care to fall into budget-through attending meetings and letter writing-outlining rights. I have also assisted clients on a number of occasions to arrange legal input, have assisted a client on a number of occasions with using the complaints process to challenge decisions to reduce budgets and make significant changes to the current lifestyle including moves to shared care and moves to residential care.”

- “As an organisation we have managed to support individuals out of institutions and into independent living”
- “Individuals have a better understanding of the process”
- “Got cleaners, holiday, short breaks and physiotherapy for the individual”
- “Participation, individuals having their voices heard”
- “This has varied. The majority of the involvement has been in securing a higher level of budget for the cared for person. Support around information on the different options is available. Challenging the maximum threshold of budget.”
- “Better understanding of their choices and ensuring their budgets were used to maximise their support option”
- “Sharing information, views being heard, packages that reflect the individual’s needs, group sessions for peer support and information sharing.”
- “Many, changing from one option to another, helping to understand and communicate people’s wishes. Helping set up direct payments.
- “Enabled them to participate more fully in assessment through going through SNA with them, spoken to individuals about their options regarding how to arrange their support and signposted them to GCIL to gain further advice and information regarding direct payments if they could choose this option.”
- “Know their rights under SDS and make informed decisions about care package”
- “Client has more autonomy over their support service and is empowered to make decisions in relation to this.”
- “Ensured that they got their budget and got through the process with some rights based knowledge”
- “Enabled involvement and inclusion”
- “Increased sense of control and autonomy; more active community presence”
- “It is extremely challenging to achieve positive outcomes in SDS work”
- “Having a budget that meets their needs”
- “Voice was heard, process was simplified and anxiety was reduced”

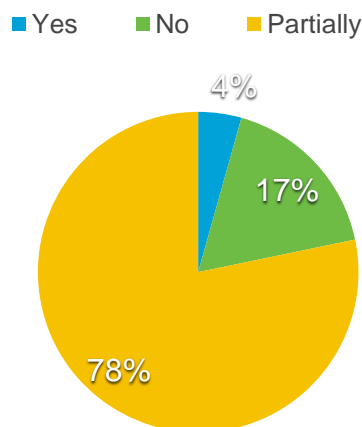
9. Have you noticed any prevalent issues or inequalities within the implementation of the SDS System?

This was another opportunity for participants to respond freely and openly about their experiences with SDS.

- “Lack of referrals for people going through the SDS process”
- “Lack of signposting to third sector services who can support such as GCIL [Glasgow Centre for Inclusive Living]”
- “Not made available to older people in Glasgow, advocate referral often comes in much further down the process, for instance if there are problems or complaints”
- “The most typical issues seem to be the fact that the transition to SDS model for people with existing support packages almost invariably seem to result in reduction of assessed support hours/budget, and the only mechanism for challenging the outcome is a very lengthy formal complaints process.”
- “I have noticed that there seems to be inequality for individuals over 65 with 24 hour care budgets in the level of reduction in budgets made and what appears to be an over focus from social work services on budgets and not outcomes and on advising that they should consider moving to residential care or shared care, in these cases the legal support they have had also cited inequality based on age as a key factor in challenging the decisions”

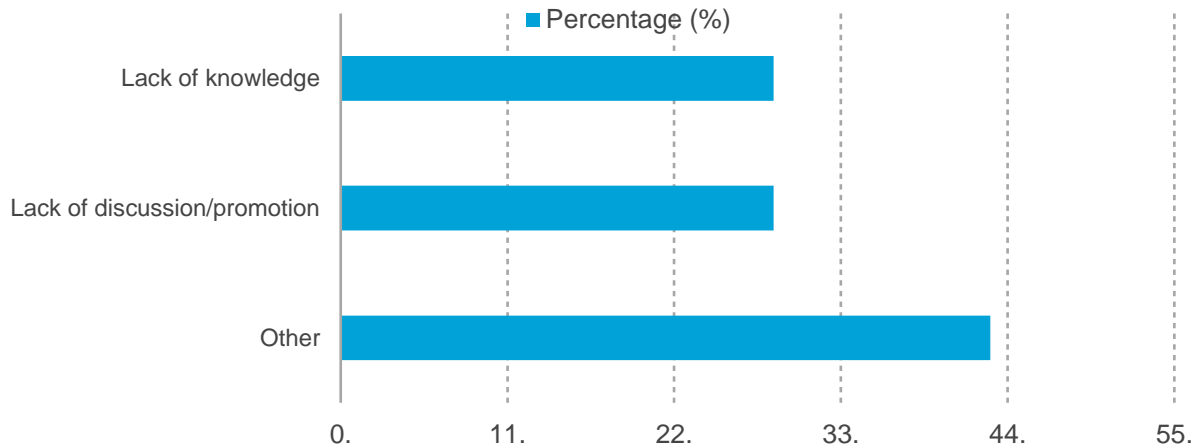
- “Yes, even though advocacy provides early intervention and huge savings it is regarded with hostility by statutory authorities which is almost insurmountable”
- “Depending on who’s doing the assessment the awards can vary quite dramatically.”
- “Rarely are the options given to the client, advocacy have to explain the other options.”
- “There is a lack of information provided to carers. No written notification on the budget agreed or the Care Plan.”
- “With a very small list of options of alternative care providers in my Local Authority, people have less choices.”
- “Yes e.g. social workers not giving enough support and information, packages that are not achievable, settings or services not being accessible, choices not being given.”
- “Certain structures still see it as an inconvenience”
- “No prevalent issues noted”
- “Clients are often not involved at SDS early stage”
- “It can often be extremely difficult to get social work to carry out their duty to assess someone’s needs. Often decisions are made without carrying out an assessment. This seems particularly prevalent where a client has mental health problems.”
- “Independent advocacy is only being referred to at a complaint stage or when things are going really badly.”
- “Short notice of referrals”
- “In Glasgow Social Workers no longer seem to be explicitly discussing SDS as part of assessment process; ‘just another process’ which hasn’t enacted the intended ‘cultural shift’ etc.; lack of support for p.a. employers in relation to complex Human Resources issues.”
- “SDS system is currently run on a resource led rather than a needs led basis”
- “Yes, there is a lack of promotion regarding advocacy input when service users are going through SDS.”
- “Metal health issues are not given appropriate emphasis.”

10. Do you feel the new legislation has efficiently achieved its aims to allow individuals more involvement and flexibility regarding their support?



For those who had not assisted anyone through SDS...

11. Why have you not supported anyone through SDS?

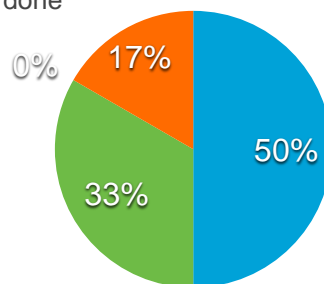


The lack of knowledge and lack of discussion or promotion is regarding independent advocacy. Those who answered 'other' said that they had not assisted anyone through SDS due to:

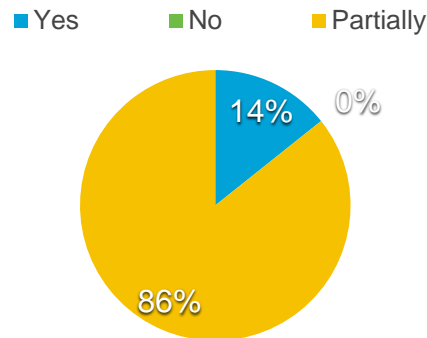
- It not being within their role
- Having only recently assumed their role as an advocacy worker

12. Could more be done by the advocacy organisation or Local Authorities to promote independent advocacy?

- Yes, the Local Authority and the Advocacy organisation could do more
- Yes The Local Authority alone could do more
- The Advocacy Organisation alone could do more
- No more could be done



13. Do you feel the new legislation has efficiently achieved its aims to allow individuals more involvement and flexibility regarding their support?



Advocacy Organisations—Further Comments

All participants, whether they had or had not assisted an individual through SDS, were given the option to provide any further comments which they felt would be relevant to the research.

- “SDS is not offered to all people in the 1st place (for example Older People in Glasgow), assessments seem to be budget rather than needs focussed, there is no money allocated in someone’s budget for costs involved in helping them be good/fair employers (if they choose option1) some people get themselves into difficulties as they may not fully realise the legal responsibilities they take on when becoming employers. People need support and information.”
- “Whether SDS model is potentially of benefit to advocacy clients seems to depend very much on individual - for younger clients with ability to use Direct Payments, for example, can afford opportunity to use assessed budget more flexibly and in manner more responsive to their needs - and this can outweigh reduction in actual budget in some cases.”
- “I think based on the case work I have had over a long period that money and budgets appear to be the central theme being considered rather than outcomes.”
- “I have found that parents (as carers) are particularly discriminated against because they put their children first.”
- “We see carers topping up packages, this creates a divide and reflects that the packages are not as responsive/reflective as they should be. The hourly rates are not always reflective of the skillset required to support the individual. Services have to be available to use packages at. More support from SW needed to make packages work. Transparency on what is available without discouraging people to apply for the right service. An element of flexibility around some packages.”
- “Desired personal outcomes based on assessed care and support needs should decide of resources allocation not the other around”
- “On occasions I have been forced to make complaints to social work on behalf of my clients in order to ensure that they carry out their statutory duty. Where a Short Term Intervention for support is put in place it can take an extremely

long time for a social worker to be allocated to carry out a full assessment leaving the client with a lot of uncertainty as to the continuation of their support long term.”

- “Early notification and awareness raising to clients and carers”

Advocacy Organisations - Conclusions

As previously stated, this research is not comprehensive of all advocacy workers and therefore conclusions drawn are based on the opinions provided. These are not assumed to be the opinions of all advocacy workers across Scotland.

However, points that can be made to summarise the information provided:

- Options 1 and 3 appear to be the most popular SDS packages.
- There is not, generally, considered to be a discrimination between genders and ethnic minorities within the uptake of independent advocacy.
- More could be done by both advocacy organisations and Local Authorities to raise awareness of independent advocacy.
- Currently, SDS seems to place more focus on budget rather than the individual’s needs and there appears to be a lack of information on all four options provided by the SDS legislation.
- Independent advocacy can result in changes being made to an individual’s budget and to the amount of participation they have in the process.
- Early intervention of independent advocacy would be most beneficial in order to avoid complaints and complications occurring due to a lack of information or understanding.
- Some respondents noted inequalities within the 65+ age range and also with those who suffered from mental health issues.
- Services are not always easily accessible as an individual can find it difficult to know about employment or may not have many options of services to select from.

Survey of Advocacy Managers

Introduction

While looking at the individual opinions of workers within an advocacy organisation it was felt that it would also be helpful to look at the advocacy managers who oversee the projects and ask about their thoughts regarding SDS. Advocacy managers provide a useful insight into the work done between Local Authorities and advocacy organisations such as developing Strategic Advocacy Plans.

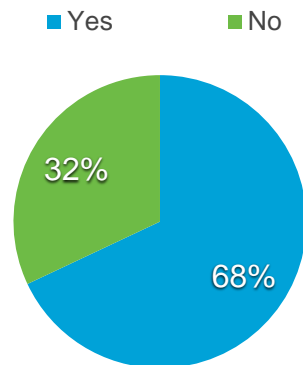
A Strategic Advocacy Plan is something that Local Authorities and NHS Boards must do to illustrate how they are providing access to Independent Advocacy and how they plan to improve this in the future. The Local Authority will normally collaborate with advocacy organisations in the development of this, so it is useful to ask advocacy managers if they felt involved.

It is acknowledged that advocacy covers a wide range of issues and that a managerial role doesn't always involve first-hand experience with individuals. As a result of this a set of questions was developed for those who had and those who had not dealt with cases involving SDS.

25 advocacy managers responded to the survey. These 25 worked throughout Scotland and their work spread across all of the Local Authorities within Scotland. The most represented Local Authorities were South Lanarkshire, Glasgow and East Renfrewshire.

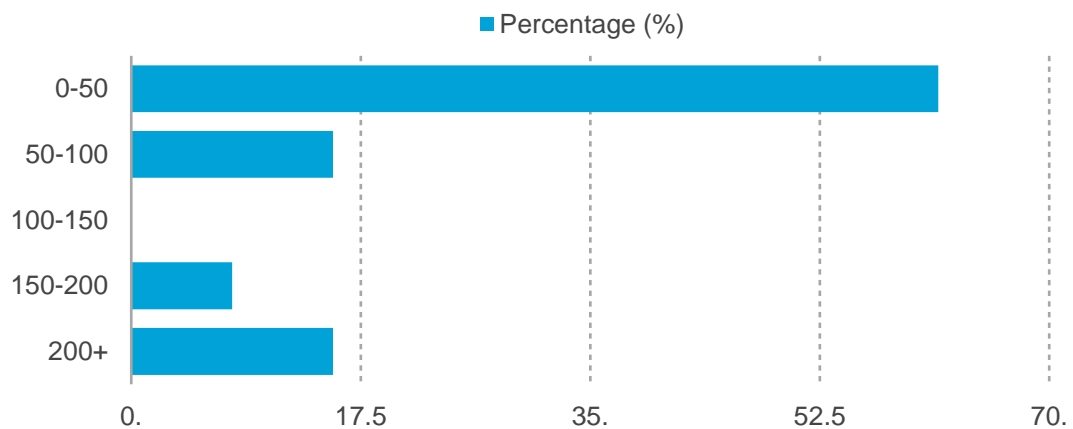
Results

1. Have you ever represented anyone through the SDS process?

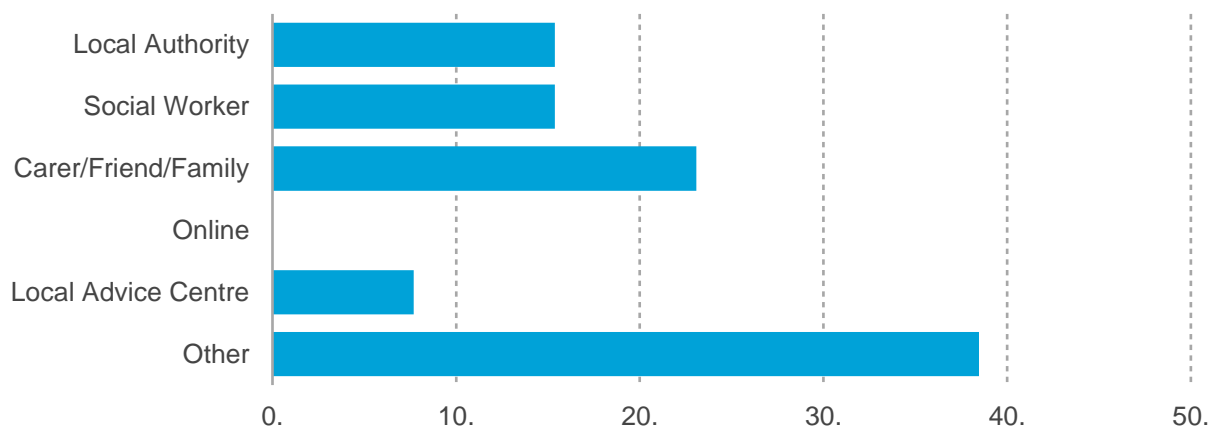


For those who had assisted an individual through SDS...

2. How many cases have you dealt with?



3. Do you know how they found out about independent advocacy?



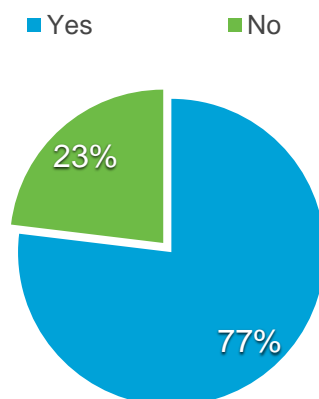
Those who selected others were given the option to specify what this 'other' method was. Most responses said that a mixture of all of the given options were common. One respondent said that it was primarily through the organisations own media promotions that individuals discovered them and another stated that some families are referred through other professionals.

4. What outcomes have advocates achieved?

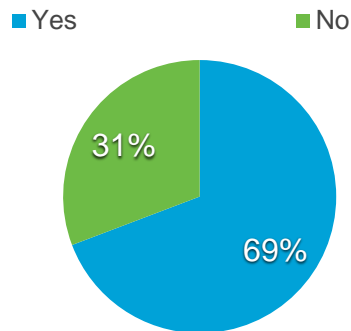
This question allowed space for the respondent to note what had been achieved by the advocates which they oversee.

- “Promoted views regarding self-directed support, challenged budget award decisions, supported to review SDS assessment.”
- “Increased information about options that had been given by the social worker. More informed choice and participation in the process.”
- “Helping the advocacy partner understand the process and legislation to achieve the best outcome for themselves. Meeting with social work they were less fraught.”
- “SDS process explained and choice achieved.”
- “Many outcomes-independent accommodation, specialist school placements, financial benefits.”
- “Supported the adult to exercise their rights and support the adult’s decision making in turn having more choice and control over their supports.”
- “The outcomes the client was looking for.”
- “Ensuring the package agreed was right for that person.”
- “Supported family to have their voice heard about what services would be helpful and appropriate to them as a family. However, some more often than not families can be allocated SDS however there is no appropriate service user for the family to use.”
- “Various outcomes— different for each individual”
- “Our experience is clients come to us when things have already broken down so the bulk of our work is around complaints, etc.”
- “Supported individuals to choose their preferred option.”

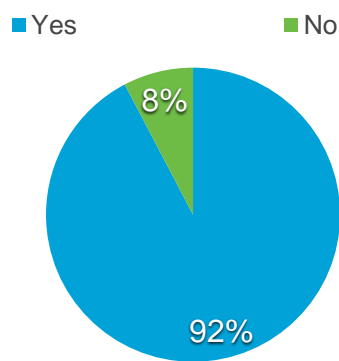
5. Did any of the cases end in a complaint/appeal against the Local Authority?



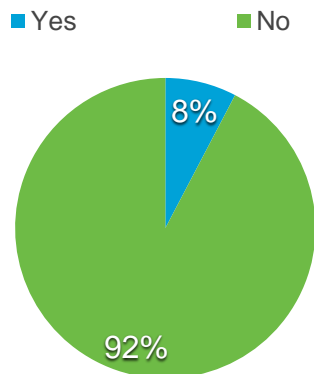
6. Have you had an increase in referrals regarding social care since the implementation of SDS?



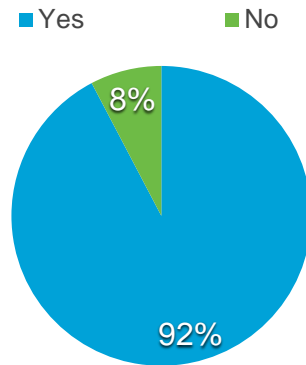
7. Do you feel that you should be receiving more referrals regarding SDS?



8. Do you feel adequately funded to assist individuals/groups in the context of SDS?



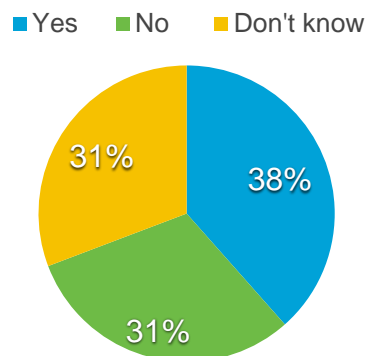
9. Do you raise awareness of independent advocacy within particular groups or areas of the community?



10. What group/community do you raise awareness within?

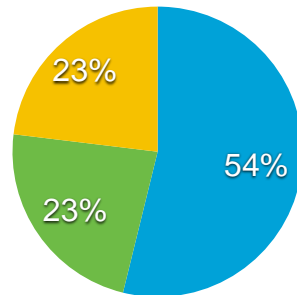
- “Prisoners”
- “Children and young people”
- “All adult care groups”
- “Mental health/learning disabilities”
- “Physical/ learning disabilities”
- “Children and young people requiring CAMHS”
- “We raise awareness with all groups within the community.”
- “Children and young people, elderly, learning disability, physical disability, mental health, all genders.”
- “Families and professionals involved with children with complex additional support needs.”
- “All users of health/social care services regardless of gender/ethnicity etc”
- “All relevant groups i.e. people with learning disabilities, mental health problems, acquired brain injury, older people, prisoners”

11. Do you feel the IJB/Local Authority promotes independent advocacy?



12. Is there a Local Strategic Advocacy Plan in place within your Local Authority?

■ Yes ■ No ■ Unsure



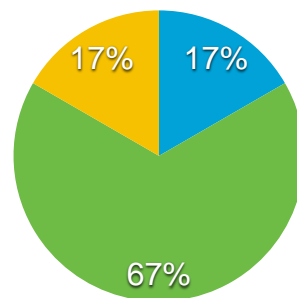
13. Have you been involved in the development? Tell us how?

The respondents were given a free space to detail their involvement. Some respondents had not been involved. Others were involved in different ways:

- Attended commissioning meetings
- Helped create the plan
- Sat on the Independent Advocacy Group
- Was a key partner with commissioners in Advocacy Planning Group

14. Do you feel the new legislation has efficiently achieved its aims to allow individuals more involvement and flexibility regarding their support?

■ Yes ■ No ■ Unsure

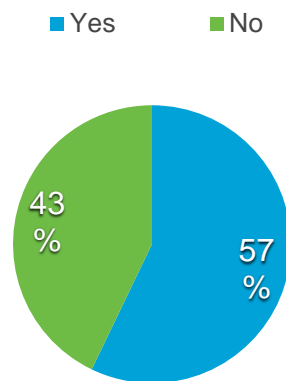


For those who have not assisted anyone through SDS...

15. Why have you not assisted anyone through SDS?

Responses to this question were that their managerial role meant that they did not deal first hand with those seeking independent advocacy but they did oversee staff who had dealt with these issues.

16. Does your Local Authority have an up to date Strategic Advocacy Plan?



17. How did your organisation contribute towards this plan?

“Co-produced with partners”

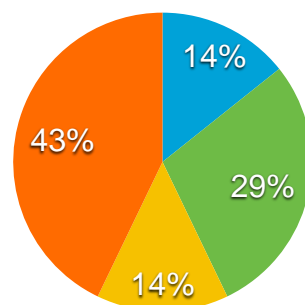
“Our organisation discussed its development, at various stages, with our monitors— and we were asked to comment at various stages in its drafting.”

“My Advocacy Service is a member of the Independent Advocacy Steering Group who are represented on the Independent Advocacy Group. Consultations are funneled through this mechanism.”

“Member of advocacy forum”

18. Do you feel the new legislation has efficiently achieved its aims to allow individuals more involvement and flexibility regarding their support?

■ Yes ■ No ■ Partially ■ Unsure



Advocacy Managers: Final Comments

“Care plans require to be completed in more depth through better consultation with service users”

“Pockets of excellent/innovative work happening nationally. At local level pace of change slow, limited buy in. Certainly no system change apparent yet.”

“There is a huge problem with recruitment and retention of care staff. In remote areas we see there being inadequate and insufficient choices and there are no savings to be made by offsetting the cost of SDS for some LA's such as xx. It is great to encourage choice of care, activities etc. but we need the resources both employees and infrastructure to support those choices which are lacking. This can mean people are more 'encouraged' to select a direct payment because the LA may not have the resources to provide the care under the other options. The need for SSSC registration may now mean a further hemorrhage of care staff, many of whom will have years of experience and low wages and short term contracts may inhibit younger generations from wanting to apply for carer roles.”

“The value of independent advocacy in terms of early intervention is not recognised. As the funding situation tightens there is less understanding of the importance of supporting the voice of parent-carers. There is a lack of understanding in the statutory sector of our role in dispute resolution. Sadly, statutory authorities jumps to ill-founded conclusions about the role and value of advocacy.”

“The criteria for being awarded any kind of support is set at the highest level so only people at the most severe end of the scale would qualify. There is often not sufficient choice for those people to choose what they want and it is easier to accept what the LA offer.”

“The Local Authority only allows family members to be paid carers in exceptional circumstances. This decision has proved unhelpful as many clients want their family members to be the ones providing care.”

Advocacy Managers: Conclusions

As previously noted, only a portion of advocacy managers responded to this survey. This means that any conclusions drawn do not encompass the opinions of all advocacy managers but demonstrate the opinions of some individuals with experience of the SDS social care model.

To summarise the key points made in the survey:

- A large percentage of respondents felt that the legislation had not efficiently achieved its aims. There were very small percentages of people who felt that it had partially or fully achieved its aims.
- A large percentage of respondents do not have or are unsure if their Local Authority has an up to date advocacy plan in place. This is particularly alarming as a Local Authority is legally required to have this in place.
- Independent advocacy can result in:
 - More involvement in the SDS process for the individual
 - Provision of information to the individual
 - Funding reviews or reorganisation of care
 - Guidance through complaints procedure
- The majority of respondents had dealt with a case which resulted in a complaint or appeal.
- Most respondents felt that they are inadequately funded to be able to give the support necessary regarding SDS.
- The majority of the represented organisations do work to raise awareness amongst a variety of groups within their Local Authority. However, there was a large percentage that did not know or did not believe that the Local Authority promoted independent advocacy.
- Prevalent issues noted were:
 - A lack of funding, resources and choice.
 - A lack of recognition of the importance of early intervention of an independent advocate.
 - Difficulties occurring for family or parent carers.

Survey of Local Authorities

Introduction

As the authorities are tasked with the job of properly implementing the new legislation it was felt that the Local Authorities should be asked for their thoughts on the SDS system. They can offer an insight into what goes well in their local area and how independent advocacy has made a difference.

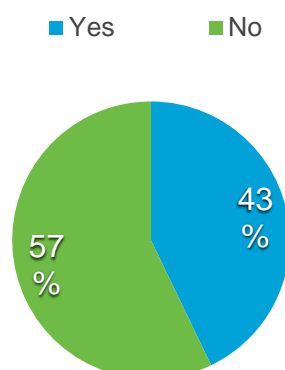
It is acknowledged that the respondents will have varying experiences with the implementation of SDS and advocacy organisations. Like the previous surveys, this was split into those who had referred an individual using the SDS system to their local advocacy organisation and those who had not.

All of the Local Authorities were given the opportunity to respond to the survey, however, not all participated. 9 Local Authorities responded, these Local Authorities were:

- Aberdeenshire
- Dumfries and Galloway
- East Ayrshire
- Scottish Borders
- Shetland
- Stirling
- West Lothian

Results

1. Have you ever referred anyone going through the SDS process to your local advocacy organisation?



For those who have referred individuals to their local advocacy organisation...

2. Tell us about the involvement of the independent advocate and what the outcomes of their involvement were?

- “Yes advocates have been involved in a number of different ways including assessments (i.e. helping service users communicate their views; also advocacy work between carers and assessed person; and advocates have supported SDS recipients around charging, and tenancy agreements and negotiating outcomes with family members and carers. Outcomes of their involvement was service users have more trust of them as an independent organisation of the Local Authority. Also people have a better understanding of SDS systems and have more control and choice in how they use their SDS support.”
- “To offer support for someone who was struggling with the different options and what it meant for them. Good outcome and the person now very settled and happy”

For those who had not recommended anyone going through SDS to their local advocacy organisation...

3. Was there a specific reason for not referring the individual?

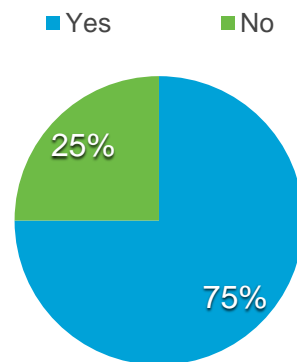
- Not necessary in the situation
- Commission Advocacy Services and Support services for those who need it but the numbers of those who actually needed the service remain with the service providers.
- Don't record when an individual needs advocacy — but are reviewing ways of including advocacy from the offset

- Not part of the job role

4. Tell us about the implementation of SDS in your area, how is it going?

- “Full system change implemented. Some areas of work not completed because SDS team disbanded. Funding from Scottish Government not ring fenced.”
- “SDS is integral to assessment and review process and allocation of budget. Support advice can be offered if someone is choosing to use SDS budget to access direct payments. This is not a role for advocacy.”
- “SDS is in place and going well”
- “Mixed, slow uptake in mental health”

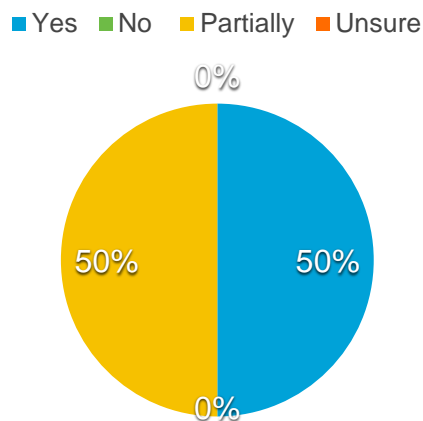
5. Do you provide training for staff about Self Directed Support and independent advocacy?



The 25% who did not provide training for their staff do so because they provide their support services through a specific SDS service.

All respondents...

6. Do you feel that the new legislation has efficiently achieved its aims to allow individuals more involvement and flexibility regarding their plan?



Local Authorities—Conclusions

We received 9 responses from Local Authorities and therefore it is not appropriate to make any general comments from such a small sample.

From the survey we can see a mixed opinion on the successfulness of SDS implementation. Varying between:

- Successful, full implementation of SDS
- Full implementation with areas needing work but a lack of funding to do so.
- Mixed results throughout with problems arising around those with mental health issues.

However, all responses noted the positive outcomes achieved by the involvement of independent advocacy. These outcomes include:

- Assisting the individual to express their views or to better organise their care.
- Providing a better understanding and more choice for the individual

Conclusion of Findings

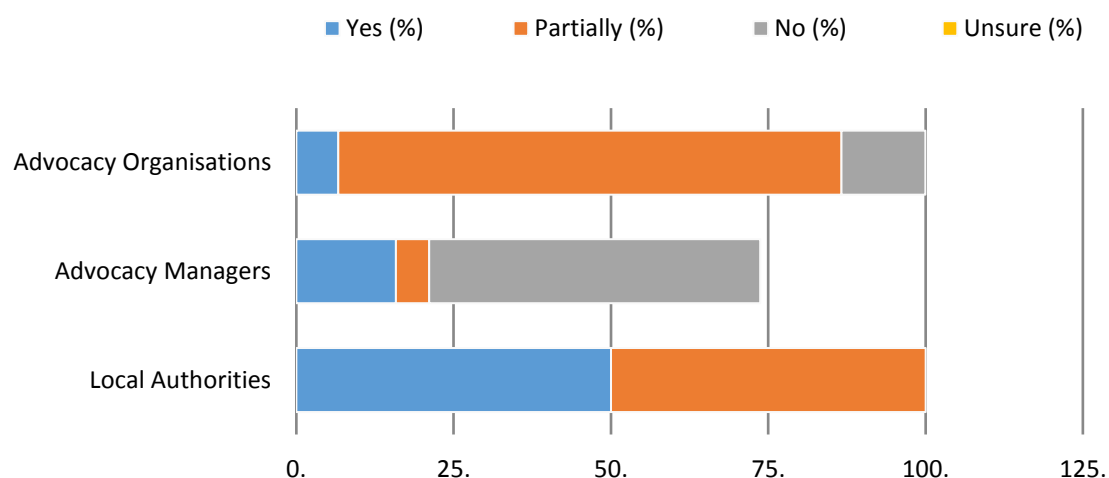
Although not inclusive of all individuals who have experience in the considered fields, we can draw some conclusions about the experience of SDS for those who work within advocacy organisations and Local Authorities.

It can be seen that a majority of respondents see some positives emerging from the new SDS system but work is needed to fully achieve the aims which were set out in the legislation.

Key points that can be drawn from this research:

- Problems are arising in the areas of mental health and over 65's, with a lack of uptake of SDS.
- It appears that budgets still remain a focus for some areas instead of the results-based assessment that SDS strives towards
- Independent advocacy has a positive impact on the individual's experience of SDS. However, an individual often turns to independent advocacy when problems have already arisen instead of being provided with the support from the beginning.
- There are mixed views on how involved the Local Authorities are in promoting independent advocacy and large percentages of advocacy managers stated that they did not know or were unsure if their Local Authority had an up to date Strategic Advocacy Plan.
- All respondents were asked if they felt that the legislation had effectively achieved its aims of allowing an individual more involvement and flexibility regarding their support plans. 51% of respondents felt that it had partially done this. 9% were unsure, 25% felt that the legislation had not achieved its aims. 15% felt that it had. This demonstrates a variety of opinion and the responses of each group asked can be compared below.

Do you feel that the new legislation has efficiently achieved its aims to allow individuals more involvement and flexibility regarding their plan?



Recommendations

In conclusion, the following recommendations will help to increase uptake of independent advocacy in the context of SDS.

- For independent advocacy to be effective it is essential that individuals are referred to their local advocacy organisation as early as possible. This would help avoid situations escalating and worsening
- People should be in control of their own care packages and there should be an emphasis on meeting needs and positive outcomes rather than budget constraints
- More effort needs to be made to promote SDS amongst older people and people with mental health issues
- Every Local Authority should have an up to date Strategic Advocacy Plan in place which has been co-produced with the local community and advocacy providers