

# Self-directed Support: Evidence Explorers

## A quick tour

At times of change and uncertainty, evidence becomes very important to build confidence about how to put policy into practice. Although some relevant evidence exists, as it becomes the mainstream mechanism for delivering social care, self-directed support (SDS) will bring significant new challenges and evidence needs.

IRISS initiated the Self-directed Support: Evidence Explorers project to explore what evidence was needed about SDS. It was developed in co-production with a range of partners, which meant that no one could foresee quite how it would unfold. The project ran from January until November 2012. The full report and project outputs are available on-line: [www.iriss.org.uk/project/self-directed-support-evidence-explorers](http://www.iriss.org.uk/project/self-directed-support-evidence-explorers). Its outcomes have already informed projects run by IRISS and others, and have been presented at several events.

## Project overview

The **purposes** of the project were:

- Explore the challenges and opportunities that self-directed support presents
- Select issues, challenges or opportunities for in-depth consideration
- Reflect on the process and added value of combining different perspectives, types of evidence and expertise

The agreed **outcomes** for the project were:

- The evidence-base is strengthened to inform the development of self-directed support. Evidence gaps relating to key challenges and opportunities are identified and action is taken towards plugging them.
- The contribution of different types of evidence, and how to generate it through co-production, is demonstrated.

- Sharing learning about the evidence, issues and process helps all stakeholders to improve self-directed support approaches and practices.
- Everyone involved in the project improves their understanding of the challenges and opportunities presented by self-directed support, and how to respond effectively, through exposure to each other's perspectives and expertise.

The **co-production partners** included practitioners, policymakers, providers' organisations, organisations of and for disabled people, a scrutiny body, academics and, importantly, people who use services. Involvement ebbed and flowed. Around thirty participated to differing degrees over the course of the project.

There were three key **stages** to the work: identifying evidence gaps; evidence collection by project workstreams; and refinement and dissemination.

## Key discoveries

### 1. Evidence gaps and SDS

Co-production partners, their networks and blog contributors identified gaps around choice, systems and infrastructure, barriers, equality, roles, drivers and principles. The quantity and range of evidence gaps show that much needs to be done to strengthen the evidence base on SDS. Arranging the issues under headings – strategic issues, delivery issues, what's happening now, outcomes – created a framework that could provide a basis for reviewing, organising, presenting and analysing evidence.

There is a difference between evidence gaps – knowledge that doesn't exist - and information needs – knowledge that exists but has not been communicated. Both need to be addressed so SDS recipients can exercise choice, and to make sure on-going learning is shared. Indeed, the evidence-base is continuously evolving and it would be useful to keep track of this, as learning accelerates with implementation.

## 2. Human rights and SDS

The human rights workstream identified that SDS should be an important vehicle for advancing human rights and independent living. However, to fulfil its promise, SDS needs to reflect human rights in the way it is designed and delivered, including charging policy, eligibility criteria, Resource Allocation Systems and assessment.

The workstream found that more needs to be done to promote transparent decision-making, provide advocacy and support, develop an independent appeals process and ensure social work values, consistent with the goals of SDS, can be reflected in social work practice.

They recommended that: the Scottish Government and CoSLA should work together with disabled people's organisations to make community care free at the point of delivery; a commission on the funding for social care in Scotland should be set up; and that the Scottish Government should direct local authorities on charging.

## 3. Mental health and SDS

The mental health workstream found that individual budgets do not have to be big to make a difference and that it was important for budgets to be preserved when conditions fluctuate. This was highlighted by more than one type of evidence.

A literature review found little specific to mental health and SDS, but much from other studies about barriers to accessing SDS that could be particularly significant to mental health service users, carers and staff.

Key messages overall concerned the need for accessible information about mental health and SDS, the avoidance of stigma-based assumptions and strong stories to show, not just that SDS can work for people with mental health conditions, but that it could be used to promote recovery.

## 4. Project process

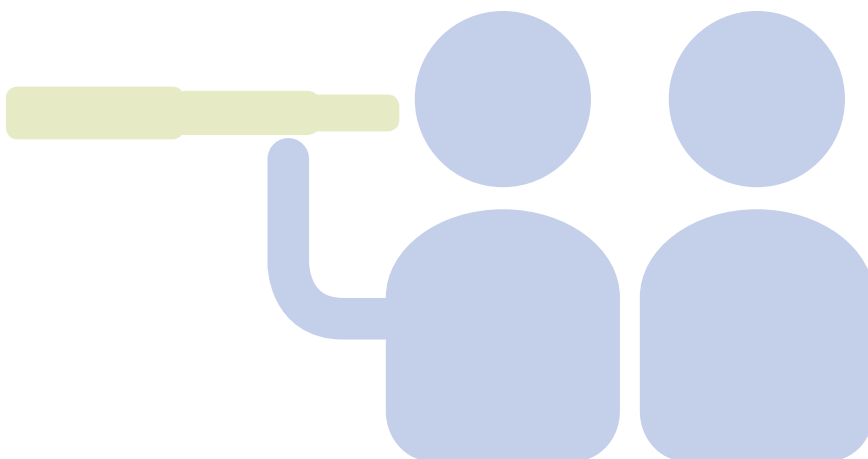
The two most important learning points for improvement concerned the need for realistic timescales and for greater clarity of purpose at the outset. Perhaps counter-intuitively, this indicates that more needs to be fixed at the start in order to allow more subsequently to emerge.

The two successful project workstreams had similarities. One (human rights) was led by disability organisations; the other (mental health) by a practitioner/ provider partnership, but both brought in other perspectives by holding events. It may feel less challenging to work with people like ourselves, however, participation provided opportunities for participants to explore their own work from other perspectives, and to promote and refine them. The similarities in the processes employed by the two successful workstreams might begin to indicate a model for co-productive working.

It does not take many people to make things happen, but a critical mass of people and time may be required. There may also be a 'tipping point' in terms of how well-formed plans have to be if others are to take them forward.

A particularly successful activity was the 'bring your own evidence' (BYOE) event run by the mental health workstream. Participants each brought a piece of evidence which they found convincing and then explored both the evidence and what they found convincing about it.

Despite obvious resource limitations, little use was made of the support IRISS had offered, raising questions about whether more could have been done to promote it, what type of support is useful, and its limitations.



## 5. Who are practitioners?

As part of the project, an *IRISS Insight* reviewing the evidence on SDS was published: [www.iriss.org.uk/resources/self-directed-support-sds-preparing-delivery](http://www.iriss.org.uk/resources/self-directed-support-sds-preparing-delivery). Although not fully co-produced, the involvement of a wide diversity of people led to a rich, multi-faceted appreciation of the subject, and increased the accessibility and widened the relevance of the product.

The process posed questions about who ‘practitioners’ are in a world where SDS is the norm. Moreover, in the spirit of co-production, choice and control, the views of people supported by services and carers would seem to be important, if not the determining factors, regarding what constitutes good practice in the delivery of social care.

## 6. Nature of evidence

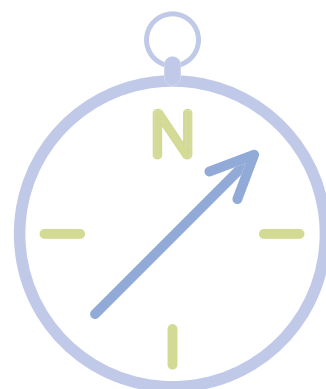
Co-production partners identified different purposes for evidence: building confidence, deepening understanding, predicting the future, communication, promoting change and shining a spotlight on an issue.

Co-producing evidence could just mean that evidence is shared and a bigger picture is created. Where different parties identify the same issue, it adds weight to that finding. It might change the way all parties understand an issue, creating a shared narrative. It might also mean new insights arise – and perhaps a new kind of evidence.

Regardless of its quality, the power of evidence can be limited by personal preferences and motivations, the external environment, and views about the partiality of the people responsible for generating it. Co-production should mitigate the latter.

## 7. Nature of co-production

Equal voice and shared responsibility do not have to mean that the roles of participants must be the same. Responsibility for initiating, shaping and leading could change during the process. Shifts in roles and responsibilities could continue beyond co-production, to promote



empowerment and ultimately independence. As that shift occurs, implications can arise for support, skills and accountability.

Organisational, personal and process-related factors can impede participation. Some can be addressed by the way the process is designed and by providing support. But the causes of other factors were unconnected to the project and there were limits to what could be done about them. Lack of time was the main reason why people could not participate. Participation appeared to be facilitated where there was a good fit with work they were already doing. To promote equal participation and equal voice, it might help to approach prospective partners well in advance, allowing time to build it into their organisational and life plans.

The fluid, emergent nature of co-production poses significant challenges to traditional leadership and project management models. This way of working means being comfortable with ambiguity and uncertainty, and needs a proactive, constructive approach from all concerned. However, sometimes the nature of a topic means consensus will not be achievable without unacceptable compromise and so co-production may not be appropriate.

## 8. Project impact

Participants cited numerous ways in which they and their organisations had gained from their involvement in the project. They increased their understanding of the subject, and each other, made new contacts, built new partnerships and accessed new networks.

*'I have learned a lot about how other people / organisations view the role of evidence in the development of SDS...One of the most interesting aspects for me was how service users/carers might understand and view evidence and how important it is to facilitate this if we are to co-produce solutions for the implementation of SDS.'*

Perhaps the most important message, backed by firm evidence, is that we all have a great deal to learn from each other.

## Written by:

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## Acknowledgements

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A full list of the co-production partners is available:

[www.iriss.org.uk/project/self-directed-support-evidence-explorers](http://www.iriss.org.uk/project/self-directed-support-evidence-explorers).

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