I am making this contribution not as a direct stakeholder in Scotland's future, but as an independent consultant in Social Care and a writer and commentator on issues in relation to the reform agenda being pursued throughout the UK. I have had intermittent involvement in Scotland over recent years in a shared search for strategies that will deliver best results for service users. As such, I am keen to see Scotland succeed. I want to make my thoughts available in the hope they are helpful.

In general terms, I believe the approach taken in the Bill gives Scotland a great chance of creating a service it can be very proud of. In particular the Principles and the Options between them have the potential to form the legal basis for reform of the whole system so that is able to respond flexibly to the needs of each individual service user. The Bill also has the strength of not boxing Scotland into a single approach. There is increasing understanding that more than one approach is needed to ensure the reforms authentically benefit all service users.

However, I believe there remain risks that the ambitions of the Bill will not be realised. The following are thoughts about what they are and how they can be ameliorated. Some might be addressed through the guidance to follow, and some might call for an amendment to the wording in the Bill.

**The title of the Bill**

I believe the title of the Bill is important in that it conveys a message about the vision driving the Bill. However, there is a contradiction between the use of the phrase "Self Directed Support" in the title and the actual content of the Bill which emphasises collaborative working through what may be described as co-production.

The concept of Self Directed Support describes a process characterised by the person being given a cash entitlement along with the right to choose how to spend it. This is captured in the English approach described by the Department of Health as:

"a clear, upfront allocation of funding to enable them (service users) to make informed choices about how best to meet their needs"

This is a definition that is absolute and does not lend itself to matters of degree. There is nothing in the Bill that suggests it will be the sole approach to Support Planning in Scotland, or even the dominant one. Therefore, I believe that using the phrase Self Directed Support in the title would be misleading.
If 'self directed support' is not used, an alternative is called for. Such an alternative option would be the phrase along the lines of "**personalisation of support**".

- **Self Directed Support** describes a *process*. **Personalisation of support** describes the hoped for *output* from it. As such, it is arguably the more important concept. There are many examples of public services failing to deliver improvements because of an undue focus on the processes that were expected to be the means to deliver the improvements. It is often easier to manage implementation of processes. However, when sight is lost of the desired improvements, history shows the processes often fail to deliver.

- The word **personalisation** has currency outside of Social Care and is likely to have some traction with the public. For example, 'personalised' bank accounts. The phrase **self directed support** has no currency outside of Social Care and only partial understanding within it. It is important to have a label that has public recognition not only at the point that people enter the Social Care system, but also because the wider community is a stakeholder in Social Care, not least in terms of funding it through taxation.

- There is increasing evidence from England that Self Directed Support is not actually delivering the expected result of personalisation of support for most people. The recent report by the Association of Directors of Social Services, *The Case for Tomorrow*, in arguing for a change to the 100% target of people with a Personal Budget by 2013, says that for many people, the approach does not offer the choices that are important to them. The important choices are not about which services to purchase, but how they work - which worker, what tasks, what times etc. It may well be that the term Self Directed Support will not have a long term future and will become anachronistic.

Similarly, where the Bill refers to 'options for self directed support', this could be replaced with 'options to personalise support planning'. This will not only be more accurate, it will have the further benefit of conveying the message that personalising support planning is only part of the challenge of achieving the wider personalisation of Social Care.

**The principles**

a). Principles one and three can be understood to address the whole system of assessment, support planning and provision;

1. The assessment of needs
2. The selection of services/support

3. The making of arrangements

4. Provision (on-going) of services/support

As such, it lays the basis for a comprehensive agenda of reform. However, the second principle, addressing the key issue of service users being well informed before they make choices, is currently targeted only on the second and third of the above key points. Targeting this principle on the whole system, consistent with principles one and three will strengthen the requirements.

b). While Self Directed Support is a process, and personalisation is the output, there remains the question of what outcome is being sought. Comments from various leaders suggest that there is indeed an outcome in mind. It is along the lines of securing the best possible levels of independence and well being for people who need Social Care. This could be captured in a fourth principle along the lines of:

"In all relevant decisions taken by Local Authorities, paramountcy should be given to ensuring the best possible independence and well being of people who require Social Care"

In the same way that it will be important to have a legal requirement to focus on the output of processes, so I believe it will greatly strengthen the Bill if it also ensures a focus on the overall outcome that is driving the whole agenda of reform.

The Options

I believe that service users and practitioners will struggle to make sense of the wording of options two and three. It is hard to imagine a scenario where a service user would opt to relinquish their ability to choose their service. The only exception will be where a service type has been chosen and there are several providers who could provide it. The service user may well be indifferent about who delivers it. But, arguably, choice of provider is a significantly lesser decision than choice of service type in the context of designing a system that leads to the most creative Support Plans. Option three would be wasted if it addressed only choice of provider. Also it would still leave the problem of deciding if the choice of service type was an option two or three route.

I believe it will be more readily understood by all if the distinction between options two and three is choosing a regulated service (option three) or one that is not regulated and is unique to the person (option two). Local Authorities have a responsibility through their strategic commissioning function to ensure a market place of regulated services. In that sense, choosing one of these services can be described as the Local Authority making the choice.
A distinction along these lines will also have strategic relevance, with Local Authorities gathering information to show the extent to which people are opting to use services outside of regulated services. This understanding is arguably no less important strategically than whether they choose to manage the money themselves (option one) or ask the Council to do so (option two).

Colin Slasberg
Independent Consultant in Social Care
19 April 2012