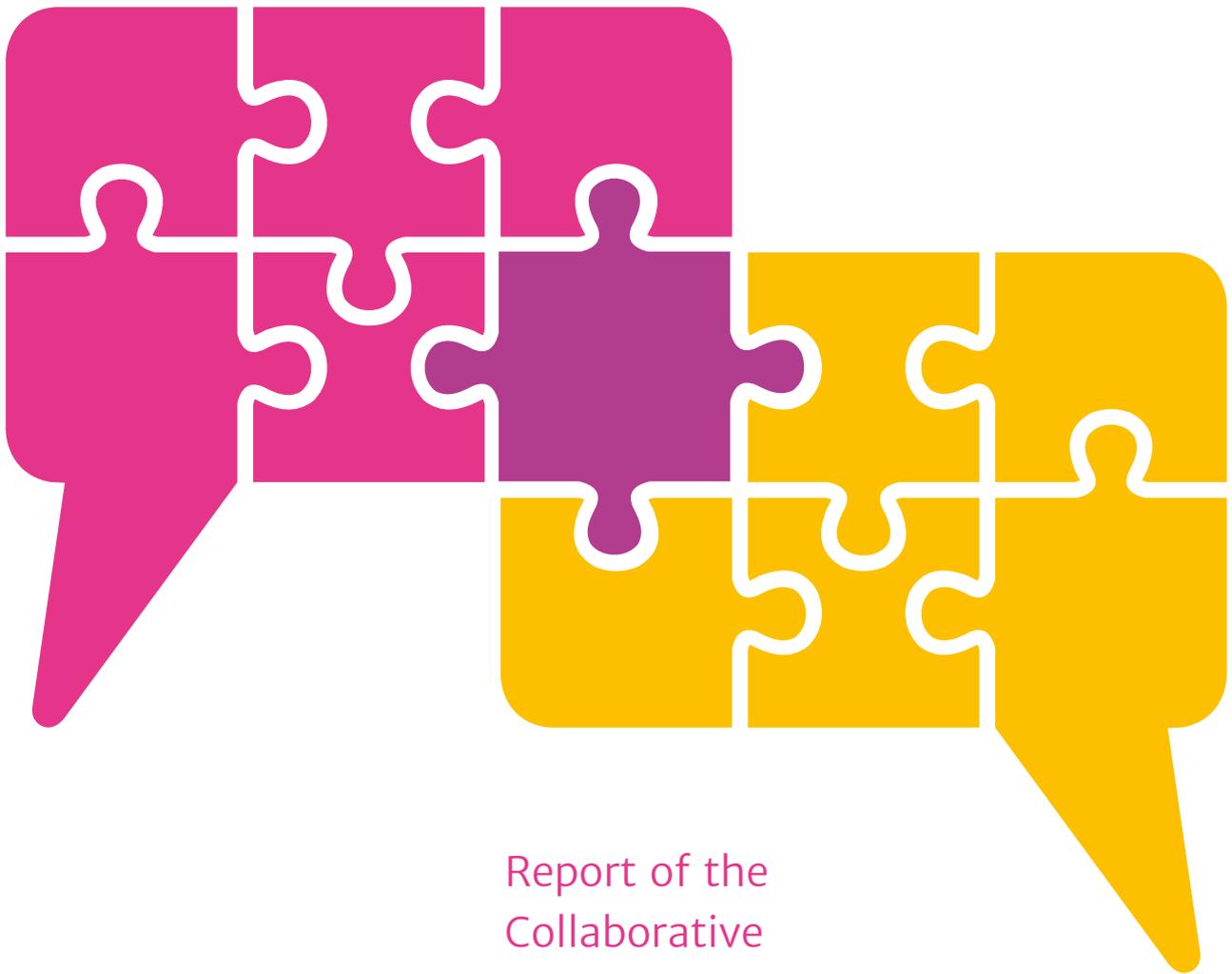


It's no longer them and us –

**it's just us**



Report of the  
Collaborative  
Practice in  
Assessment  
Program



# Introduction

The Social Care (Self-directed Support)(Scotland) Act 2013 is underpinned by four statutory principles, which carry legal weight and articulate the underlying aims and spirit of the legislation:

- 1 Participation and dignity
- 2 Involvement
- 3 Informed choice
- 4 Collaboration

The programme touched on all the principles but focussed mainly on the principle of collaboration.

Statutory guidance states:

‘This is the principle that the professional must collaborate with the supported person in relation to the assessment of the person’s needs and in the provision of support or services to the person.

A collaborative approach can help to stimulate new or alternative solutions. It supports an equal partnership between the professional (able to bring their expertise, knowledge and statutory and

professional responsibilities) and the adult, child or carer (aware of and expert in their personal outcomes, supported to articulate and develop those outcomes and how they wish to achieve them).’ (ref: Statutory Guidance for Social Care (Self-directed Support) (Scotland) Act 2013).

## Background

Collaborative practice in assessment was a short development programme involving a group of individuals with a role in assessment and a group of supported people with experience of assessment.

The programme was developed in response to the recognition that if Self-directed Support is to achieve what it promises: power and control for people who need support in their lives; then there needs to be better collaboration between assessors and supported people during both the assessment and the support planning process.

Participants created some recommendations to promote greater understanding of the importance of a collaborative approach to assessment, which form the basis of the rest of this report.

## Learning about the assessment

Participants advised the relationship between assessor and the supported person (and his or her family, carer or other support, if appropriate) is key to a good assessment.

**‘It’s the foundation, it’s so important’**  
(Supported person)

Vital to the relationship working well is:

1 Seeing the supported person as the expert in their situation, and

- keeping their interests at the centre.
- 2 Reassuring people. Assessment evokes a range of emotions: for those for whom it's the first time there can be fear of the unknown; for those who have previous experience of being assessed it may well bring memories of past experiences, good or bad, into the relationship.
  - 3 People may find it distressing to be confronted by what they can't do and having to accept the need for support.
  - 4 Assessors being willing to say 'I don't know, but I'll find out', when they do not have the information or knowledge readily available.
  - 5 Offering supported people empathy, rather than sympathy.
  - 6 Continuity: relationships are built over time and repeated interaction.

Both the supported person and the assessors felt assessment **systems and processes can significantly** influence and impact on the quality of the relationship.

We also found that conversations between the assessors and the supported person are central to the assessment process. The success of the assessment, is influenced by what happens before and afterwards, as well as during the conversation.

## Preparation

Supported people want to be able to prepare well and understand as much as possible about the whole process. They want to:

- Have information in a format that's appropriate to them, explaining how the assessment will be carried out, what it will cover and what information will be recorded.
- Have time to gather information relevant to the assessment.
- Be able to think, beforehand, about the outcomes they want.
- Have the opportunity to decide who they want to support them and to meet at a place that feels right for them, and on a date and time that's been negotiated with them.
- Understand how it fits, when they will hear the outcome and what will happen after that.

- Have the assessment take place over more than one session to allow the relationship to develop and to give them time to think in between sessions.

To respond to these needs assessors need to prepare well and find out as much as possible about the supported person prior to the assessment, and as far as possible, avoid having to ask the same questions over and over. They should:

- Seek clarity from referrers (e.g. GPs) on the purpose of referral.
- Make sure they know the history – read any case notes or previous assessments to help build a picture.
- Make sure they know why the person has been referred before they contact them.
- Check that the supported person has had the information they need about the process.
- Encourage the supported person to have the people they want present at the assessment, including, if they wish, formal advocacy.
- Find out what communication needs the supported person has and make sure these can be met.
- The date, time and venue where the assessment will take place should be discussed by phone and confirmed in writing, which should be in clear and simple language.

## Engagement

Both supported people and assessors recognised the importance of developing rapport. Starting with a ‘getting to know each other’ conversation and being willing to share a little of yourself helps establish trust, and demonstrates genuine interest in the person.

**‘Be genuine, you need to be involved, and to care.’**

(Supported person)

The assessor should check the information they have about the referral and any previous case notes or assessments is accurate.

The supported person should be encouraged to take as much of a lead as he or she wants in directing the conversation. The assessor needs to be able to strike a balance between working at the supported person's pace and keeping the conversation on track while allowing enough space to explore and make sure the supported person can share everything they need to. The assessment form should never lead the discussion, however, it can be used as a checklist/prompt to make sure everything has been covered.

Conversations should focus first on what matters most to the person, their aspirations, what's important to them and what they would like to change. It's important to help people focus on strengths, resilience and assets rather than starting with what they can't do (deficit led).

The assessor should act as a facilitator by helping people to explore possible options and problem-solve together.

The assessor should make sure that at the end of the assessment discussion, the supported person knows what will happen next and when.

## Dilemmas and contradictions

### Legislation

The Self-directed Support Act says that people should know what their budget is<sup>1</sup>. For some people knowing this as early as possible

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1 From the Social Care (Self-directed Support)(Scotland) Act 2013, section 5, Choice of options: adults:

- (4) In carrying out the duties imposed by subsections (2) and (3)(b), the authority must inform the supported person of—
  - (a) the amount that is the relevant amount for each of the options for Self-directed Support from which the authority is giving the person the opportunity to choose, and
  - (b) the period to which the amount relates.

in the process is both desirable and helpful, however, for others this early focus on money and budget allocation can cause unnecessary stress and worry. Assessors need to be able use professional judgement to find out what is best for each person.

### **Note taking**

There is a tension around notetaking during the assessment conversation: writing things down as they're said is more accurate, but disrupts the flow of the dialogue, interrupts eye contact and so on. If notes aren't taken there's a risk that key information may be forgotten, but the supported person has the assessor's full attention. Assessors agreed that if notes aren't taken during the conversation they must be written up immediately afterwards, with time built in to visits to do this.

### **Communication**

Assessors can find carrying out assessments with people with limited verbal communication challenging and need more time, support and better training to do this well.

### **Assessment during crisis**

Assessments are often undertaken in times of crisis and intervention at these times can be uniquely different – they have to be carried out immediately, which means some of the preparation steps above aren't possible. The assessor has to quickly form an alliance with the supported person to find out what's needed and get support in place as fast as possible. Once the situation is stable, further assessment needs to be carried out using the process outlined here, to put longer term support in place if required.

## **Producing the assessment**

The written record of the assessment must reflect the conversation, an analysis of the person's situation and the possible solutions. Information should not need to be adjusted to fit the paperwork. It should be written in a way that is accessible and meaningful to the supported person using clear, simple language.

The supported person should have the opportunity to go through the completed document and make comments. They should be able to ask for changes or disagree with any of the information it contains. Any disagreements that can't be resolved should be clearly recorded as differences of opinion.

The assessor should explain what the document will be used for, where it will go and who will see it.

All of the above should happen before it goes to the next stage of the council's process.

The assessor should make sure the supported person knows what to do if they don't agree with the outcome of the assessment – if they feel it isn't accurate, or the plan or budget won't meet their needs. This should include explaining the complaints procedure.

The supported person should be given a final copy of their own assessment.

The same assessor should come back to give the outcome of the assessment. Again, this should be an open conversation, checking for understanding and agreement.

## Follow up

Supported people should be kept informed of any progress, decision-making and sign off processes before support can be put in place and anticipated timescales should be explained. The assessor should phone and update on progress. Even if there's no news the supported person should be kept informed: it's important that people don't feel forgotten about.

It is also important to be honest and explain the reasons to the supported person (and his or her family or other supporters, if appropriate) why certain things can or can't be done, or funded. Information such as this needs to be explained well and people need to be given the right support to understand decisions,

recommendations and outcomes of the process. Again, the assessor should make sure the supported person knows what to do if they don't agree with the outcome.

## Review

It is important to review the support once it is in place. There should be an agreement that once support is in place, the assessor can come back to ask 'how is it working?' and check if there's anything outstanding that needs to be done.

The assessor should give clear information when the next review will take place and advise the supported person that they can ask for a review at any time if circumstances change.

A case should only be closed if things are settled and support is working well.

## Findings and challenges for practice

One of the most important aspects of the programme was the opportunity it gave practitioners to meet supported people out with the role of having to assess them. All participants agreed that running similar programmes locally would be a worthwhile investment for organisations, encouraging more collaboration, understanding and ultimately improving practice.

'Meeting service users was a daunting prospect to be honest, we don't normally have the opportunity to meet service users out with [formal assessments]. It was an important part of the process to hear both sides of the assessment process, the experiences shared made both sides think about how you approach people day to day and the way in which you conduct yourself when meeting and assessing people.' (Practitioner)

Encouraging supported people and assessors to get together to review Self-directed Support practice locally will encourage a

climate of openness and learning about how to improve the whole experience.

It was clear from the programme that assessors are experiencing differing degrees of financial pressures depending on their local authority area. In practice, this means that supported people and practitioners' experiences of Self-directed Support implementation vary significantly. Some of the participants have experience of their budgets being reduced which impacted negatively on their support plan.

The need for local authorities to make financial savings at the same time as implementing Self-directed Support has meant that for some there is fear their experience of Self-directed Support will not provide the flexibility and choice they anticipated.

**'This situation is extremely stressful for family and frontline workers, as we are being tasked with pursuing local authority budget decisions, which often conflict with good practice.'**

(Assessor)

The implementation of Self-directed Support has meant for some, the relationship between assessors and supported people has been tested. Assessors report a struggle to articulate the reality of implementation at times; to be honest with their organisations about what is really happening in that interaction and how Self-directed Support is being experienced; there is a fear that they will be seen as constantly presenting problems rather than solutions. Supported people report some cases of practitioners passing this stress on to supported people themselves.

## Conclusion<sup>2</sup>

‘The relationship between the assessor and the assessed person is the foundation – it’s so important. It needs good communication – especially good listening – and honesty. Processes and systems should be built around this and enable it, rather than getting in the way.’

We all want the same thing – a good assessment and a good outcome for the supported person. It’s possible to be ‘us’ rather than ‘them and us’ if we:

- Get to know each other.
- Agree how, and how fast, we will work together.
- Share information.
- Share our hopes and concerns.

We all have similar fears about budgets – about the effects of budget cuts, and the effect that talking about money too early can have on the individual and their assessment. Introducing Self-directed Support in a time of austerity has put real pressure on front line practitioners who are encouraging people to make choices about the support they need to improve their quality of life, whilst sometimes being asked to cut their budgets.

There is variation in the quality of workers’ practice, and improvements are needed through more opportunities for reflection and feedback, but ‘the system’ and the effect it has on core social work values and practice is a major issue too.

It is possible to work in holistic, creative, preventative ways which achieve good outcomes for people; reduce cost; prevent crisis or delay deterioration in the medium and long term.’

Our stories demonstrate this.

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<sup>2</sup> This conclusion was written by the participants.

# Stories of Self-directed Support

## Story 1 – Statutory principle: Dignity

Carol had a degenerative terminal condition, and was living in a residential care setting. Carol's care plan was agreed with her family, and would provide end of life care.

Several years later the local authority were looking at budget cuts and 'best value'. There was concern about anomalies in funding paid for people with the same condition in different care settings. I was advised the placement was too expensive and tasked with undertaking a review and finding an alternative.

This was not in Carol's best interests, particularly as she could no longer communicate verbally and was reliant on relationships, built up over a number of years, with familiar staff attuned to her needs. I looked at the situation from Carol's point of view and conducted a review involving all those involved in her care. All of the multi-disciplinary team agreed that it was in Carol's best interests for the placement to continue. Advocacy were also contacted. This was clearly written up in the assessment with the recommendation that Carol should not move. This was accepted by the local authority.

**Outcome:** Carol died six months later with dignity in familiar surroundings, surrounded by familiar people who cared for her.

## **Story 2 – Statutory principle: Participation**

Things are not always the way you think they are on the first assessment visit. Initially, my view was that Mr Smith required support with all household duties. However, over a period of four weeks I was able to identify that his motivation was low and this was why his previous tenancy had got into an unlivable state. The prolonged assessment period allowed me to identify that he was in fact able to carry out household duties, he just needed encouragement. He did, however, require a service to prompt medication which was arranged with no problems.

Had I not had ample time to carry out an assessment I would have suggested a carer for Mr Smith, when in fact what he required was support to help motivate him.

**Outcome:** Mr Smith was as independent as possible for longer, giving him more power, control and purpose in his individual situation.

## **Story 3 – Statutory principles: Involvement and Informed Choice**

John was confined to bed and required hoisting and 24hr care. Julie, his wife, provided all of his care and they had three children, one of whom had autism and high support needs.

John was assessed for respite and given a budget of around £3500 for several week-long respite periods a year. Julie knew her husband would find it difficult being away from his family for a week at a time and suggested other, cheaper, options that would make a greater difference to the family and still provide her with a break from caring.

Julie asked for two season tickets for the local football team so that she could spend quality time with her son, a family cinema pass so that they could go out and spend time with each other as a family, and massage therapy vouchers for her and her daughters. All of this

came to £1500.

**Outcome:** Julie had regular relaxation time with her children and her other family members stepped in to support John for these short times. The council weighed up the risk of the family falling into crisis and left room in the budget for a shorter amount of respite care if it was required further down the line.

#### **Story 4 – Statutory principle: Participation**

Alex had a physical impairment and was also isolated and depressed. He asked for respite so that his wife could have a break from caring for him full time. He used to be a keen photographer and specifically wanted to be able to take photographs of clouds as part of the respite. Alex was awarded a respite budget, chose option 2 and found a four star hotel in a picturesque setting. The Local Authority initially declined the support plan on the grounds that the respite chosen would be difficult to justify, even though it cost less than the traditional respite on offer.

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I advocated for Alex as follows:

- The views of the sky/clouds were perfect for photography because of the remote location of the hotel.
- Alex was very self-conscious of his appearance and the choice of location which remote and very quiet was important to him.
- The opportunity to use his camera again might give Alex the motivation to join a local camera club and an opportunity to be connected with his local community.

The Local Authority agreed the support plan second time round.

**Outcomes:** Alex said ‘I felt human again’. He joined the local camera club and became an active member, and is no longer isolated and depressed. The local authority saved money on the respite package.

## Recommendations

### Recommendation 1:

Local authorities and their partners need to promote a culture of learning, a climate in which assessors and supported people are encouraged to speak openly about what is working and what is not working in the implementation of Self-directed Support, naming the barriers and looking at ways in which they can be overcome or openly acknowledging when they can't.

### Recommendation 2:

The learning around good collaborative assessment, values and process which came out of the programme should be used to inform assessment design, practice development and training by local authorities.

### Recommendation 3:

Policy makers need to speak more honestly about the challenges of Self-directed Support implementation at a time when local authorities are under huge financial pressures, and to support them to find equitable solutions.

### Recommendation 4:

Policy makers need to make greater efforts to enable supported people to be involved in Self-directed Support policy development and review through:

- Changing the times and structures of meetings to accommodate support requirements.
- Providing financial assistance to cover the additional costs of support and administration.

### Recommendation 5:

Participants thought that the programme should be replicated locally where it would give assessors and supported people an opportunity to reflect on local practice and suggest how it could both be improved and made more collaborative.

**For this to work well they stipulated the importance of:**

- **Having a clear programme of activities and discussion.**
- **Rolling it out within individual teams.**
- **Using some aspects of the programme in induction processes.**
- **Getting health colleagues involved.**
- **Getting managers involved.**
- **Set up learning forums where practitioners and assessed people can discuss their experiences.**
- **Ensuring that it is well-facilitated to keep it both focused and 'safe'.**
- **Facilitating sessions regularly rather than as a one off event.**

## Appendix 1 – Our approach

A programme of workshops was designed and facilitated during September/October 2015. The programme brought assessors and supported people together to explore current practice, share experiences, understand different perspectives, and consider what works and what we can improve on to support better collaborative assessment practice.

Eleven assessors from six local authority areas and seven supported people from two local authority areas participated.

Social Work Scotland funded the programme and Debbie Bayne from Lothian Centre for Inclusive Living (LCiL) and Jo Kennedy from Animate co-designed and delivered it. Shona MacGregor from Social Work Scotland also played a key role in this process.

### **Recruitment of Participants**

Local authorities agreed to support assessors to participate in the programme and to identify people who had experience of being assessed who were willing to participate.

Recruiting participants proved harder than anticipated. Due to competing demands prioritising the programme and freeing up assessors time proved to be a significant challenge. Limited time for training, personal development and reflection was a theme raised during the programme by those who participated with the view that personal development opportunities were often the first thing to be put on hold when teams are stretched.

Social Work Scotland and LCiL supported recruitment, through persistent efforts, which included widening the programme out to include a broader range of local authorities, and engaging with each participant before the start of the programme, we successfully recruited 11 assessors from six local authority areas.

Recruiting supported people was also a challenge. LCiL were able to recruit through existing networks. Local authorities were also able

to identify people to participate in the programme. In the end we successfully recruited 11 assessors and seven supported people.

We had initially hoped to recruit 24 participants with an even split between assessors and supported people. Despite the shortfall the group size worked well, although both assessors and supported people were in agreement that they would have preferred more supported people to attend the programme.

### **Programme Design – What did we do/what did we learn?**

The programme was designed by LCiL and Animate in collaboration with Shona MacGregor from Social Work Scotland. In total it comprised 3 days of workshops, 1.5 of which were spent in separate groups (assessors and supported people), and 1.5 of which were spent together.

The rationale for starting in separate groups was to encourage participants to be completely open and explore any fears and concerns. The whole process was designed to run over a six-week period but the challenges with recruitment resulted in dates having to be moved. The programme therefore ran over a seven-week period, the gap of three weeks between the penultimate and final session was experienced as too long by all.

The initial day apart was important as it enabled both groups to get to know one another before becoming part of the bigger group. It meant that supported people could share their frustration at some of the poor experiences of a whole range of services before meeting assessors it also allowed assessors to share local experiences of Self-directed Support and begin to explore their own practice openly before doing so with people who have lived experience of being assessed. Assessors particularly valued having the opportunity to hear about how Self-direct Support was being implemented in other areas and it became clear that implementation, and therefore the experience of both assessors and supported people, varied significantly.

However, by the end of the first day apart, both groups were ready

to meet one another. There was a decision to cancel the second half day with supported people. On reflection both groups would have managed with less time separately as the greatest learning came when the two groups worked together.

The facilitators adapted the programme between sessions, to reflect the interests and needs of the group, and on the whole it worked well.

**‘There were a good variety of relevant and interesting activities, which resulted in some great information being collated.’**

(Participant)

**‘There was a good balance achieved of raising issues without it becoming a moaning session.’**

(Participant)

## Appendix 2 – Participants' experience

### Experience of the process

The work together proved inspiring and thought-provoking for both supported people and assessors. There was opportunity to challenge assumptions about one another, and learn a lot about what makes for good assessment practice, what enables good practice to take place and what gets in the way of it. What struck both supported people and assessors alike, once we had overcome assumptions about one another, was how much we had in common:

**'There was great collaboration between supported people and assessors alike.'**

(Participant)

**'It opened my eyes to the obstacles the assessors have to overcome to achieve a fair assessment.'**

(Supported person)

Assessors appreciated the chance to get to know supported people in a neutral setting where they could engage out-with their assessing role. There was open and honest dialogue without having to defend practice or a decision in their professional context.

**'As workers we like to think we are 'empathetic' that we listen and know how it must feel but the reality of having quality time to sit and listen to service users highlighted issues we sometimes miss.'**

(Practitioner)

## Impact on participants

### Assessors

The programme provided assessors with the opportunity to consider ways of improving their own practice which included:

- Being more aware of some of the negative experiences some people have had in the past and how this may impact on their relationship with the assessor.
- Ensuring that the time of the visit is agreed in advance and that the supported person has the people they want present with them (even if that involves making a few extra phone calls).
- Exploring other options to facilitate communication such as visual aids, audio recording of assessments as well as writing them down if someone doesn't have literacy skills.

**'I really questioned how I did my job and if I was offering a good service.'**

(Assessor)

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It is important to acknowledge the assessors who participated in the programme had chosen to be there and were therefore committed to learning and improving practice through this collaborative experience.

All of them felt energised by the end of the process:

**'I'm hopeful, excited, reassured, have more confidence in my own practice.'**

(Assessor)

## Supported People

The programme allowed supported people to meet assessors as people and not just in their role as assessors and to understand more about the context in which they work, and the challenges they face:

**‘I’ve seen how complex being a social worker is, and how many different places referrals come from. That’s been an eye opener.’**

(Supported person)

**‘It’s not them and us –  
it’s just us.’**

(Supported person)

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Supported people were surprised and disappointed at how much negative impact systems and processes can have on assessors’ practice, and on the overall implementation of Self-directed Support:

**‘There are good people out there, it’s the process that gets in the way.’**

(Supported person)

## Appendix 3 - Participants

The following people participated in this research:

Lorraine Allen  
Annalisa Boni  
Chris Brannan  
Helen Bruce  
Elaine Dove  
Eleanor Easton

Rona Eccles  
Sheila Finlayson  
Claire Hollinshead  
Stuart McKechnie  
Robert Macpherson  
Jacqueline Martin

Nel Murray  
Nicola Nicol  
Ross Robertson  
Brian Smith  
Jeanette Thomson  
Thomas Timlin

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