Self-directed support

within mainstream children and families' social work services – Implications and application

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Self-directed Support is an approach to assessing, designing and delivering social care services based on the principles of choice and control.

This report was commissioned by the Scottish Government's Self-directed Support team.

The literature review that informed the report was commissioned from Dr Mark Smith, University of Edinburgh.

Preface

Self-directed Support is an approach to assessing, designing and delivering social care services based on the principles of choice and control. It is a way of empowering people who need care and support to have greater choice over what that support might look like and, in so doing, be able to take more control in their own lives. The principles of the approach are not new: innovative and creative ways of working with all users of statutory services have always been encouraged and many examples of this type of practice exist, from creative use of Section 22 payments (Social Work (Scotland) Act 1968) to whole service re-design, the principles of empowerment, choice and control have been core to good social work practice.

The approach is underpinned by the Social Care (Self-directed Support) (Scotland) Act 2013 which offers a number of options for its implementation. These options are intended to be accessible for all those who require support, including children and their families.

The Self-directed Support approach, or personalisation to which it has always been referred in social work, was always seen as something that could easily be applied to disabled children, but the legislation supports the application of the approach to all children receiving care and support. Self-directed Support will require consideration when applying the approach to child protection or where children may be at risk, including situations of child neglect, however, while the safety of the child will always be paramount, and while we need to consider the role of parents who may put children at risk, this report demonstrates that we are not as far away from applying this approach to children at risk, as we might think.

This report highlights examples in which the Self-directed Support approach is already being used in work with children, including where children are at risk or facing child neglect, or where there are emerging concerns about welfare, however, professionals may not easily identify that they are using this approach in their practice.

We have found evidence that this approach can be really effective and can significantly change the power dynamic and nature of the relationship with parents in a positive way, supporting them to make changes. It can, therefore, have a hugely positive impact on outcomes for children and their families.

However, we have also concluded that Self-directed Support is often viewed as an additional procedure, but when professionals recognise it for the approach that it is, they can find that the legislation is incredibly empowering.

Self-directed Support is not about resource allocation frameworks, it is not only about an offer of 4 options, it is about the implementation of core social work values in practice. The legislation gives the procedural underpinning for social workers and social care colleagues to work together with children and their families, to explore 'what matters', not 'what's the matter' and together find the right way forward in each particular situation and circumstance.

In order to embed the approach further and address professional hesitancy to engage with the legislation, we need more research in this area. There is almost no research to date which means that this report has been informed by the stated experience of children, young people and families who receive support and by the professional experiences and knowledge of staff, as they understand the Self-directed Support approach. As this policy rolls out however, it is crucial that we, in social work, learn from each other, exchange practice and policy experience and learn to recognise good practice and how to implement it in other areas.

I hope this report helps colleagues recognise that a personalised approach to supporting children at risk is not as far away as we might think and it is certainly possible. The similarities between this approach and 'Getting it right for Every Child' (GIRFEC) should be recognised. I hope supports colleagues to have the confidence that Self-directed Support is not new or

something to learn, but provides an opportunity for social workers and colleagues to work in creative, innovative ways which empower the children and the families we support.

Elaine Torrance
President, Social Work Scotland

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Executive summary

Background
Social Work Scotland and the Scottish Government have had a strong relationship over the implementation of Self-directed Support. As part of the joint work we have taken forward, the Scottish Government funded Social Work Scotland to review the evidence for the successful application of Self-directed Support within mainstream children and families work within social services.

A Self-directed Support approach with disabled children, including the allocation of Direct Payments, has become commonplace across Scotland. However, both Scottish Government and Social Work Scotland were aware that there was less certainty of the relevance of the approach when working with children at risk of harm, including child neglect, or those or in need of protection, and almost no research in this area.

Methodology
The information on which this report is based was gathered for a variety of sources including the quarterly meetings for Self-directed Support leads in local authorities and the quarterly Chief Social Work Officer meetings. Desk based research was carried out, as well as a literature review commissioned from the University of Edinburgh.

In addition, Social Work Scotland facilitated a dedicated workshop on Self-directed Support in children's services in December 2015 and this led to the development of the case studies illustrated in this report. It is important to state that the absence of specific examples is most likely directly related to professionals' reluctance or inability to identify their existing good practice as a positive implementation of the principles of Self-directed Support.

Findings
1. Self-directed Support approaches are being used in some cases where there is risk of harm or where there are emerging concerns about welfare.
2. This approach can help change the power dynamic and nature of a relationship between professionals and parents in a positive way, supporting them to make changes.
3. There is a lack of evidence and research in the area of Self-directed Support where professionals are working with children at risk, including child neglect, and in child protection situations. This is compounded by the lack of recognition by professionals that they are already utilising a Self-directed Support approach in their practice, and one which aims to be compliant with the legislation.
4. Professionals often view the legislation as an additional set of procedures and something new to learn, instead of viewing the procedures as underpinning and enabling good social work practice.
5. Self-directed Support can often be viewed as an approach only relevant when working with adults.
6. Engaging with parents and carers who are the cause of the child protection and neglect issues using a self directed support approach can be seen as too complex.
7. Most current examples of good practice focus on those who voluntarily engage with services.

The clear underpinning message from policy and legislation and practice is that Scotland is committed to 'getting it right' for children and young people. Discussions which took place in developing this report have confirmed that the workforce is committed to delivering the best outcomes for our country's most vulnerable children. However, it would appear that while Self-directed Support is viewed as something new to learn and to implement, professionals will often not recognise that their practices, which they may view as being influenced by more traditional child care approaches, are precisely what the legislation is designed to encourage. The Self-directed Support approach is in fact, wholly compatible with the GIRFEC approach which places children and their families at the heart of decision making and advocates a partnership approach to finding solutions which help children achieve their outcomes.

By moving beyond a focus on the transactional arrangements that accompany financial packages and exploring underpinning philosophical ideas in respect of what such an approach might offer in the context of protecting children and issues of risk and neglect, there is the potential for the development of a more realistic implementation of Self-directed Support in delivering mainstream children's services which balances our duty of care whilst encouraging more innovative responses.

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Personalisation: history, policy and legalisation

Self-directed Support as a mechanism to deliver personalised services is now embedded in Scottish policy and legislation, but its origins can be traced back to the Disabled People's Movement which gained momentum in the 1980s and 1990s (Gardner, 2014, p.24; Lymbery, 2014, p.298; Sims et al. 2014, p.14). This period showed a shift in the conceptions of disability from being viewed as a medical construct to a social model, in which disability is understood as a result of social and institutional barriers imposed by an 'able' society. (Sims & Cabrita Gulyurtlu, 2014; p.14)

Years of deeply embedded paternalistic notions of 'gifting' service provision have been difficult to overcome, but recent policy decisions can be viewed as working towards creating a society where all people can exercise true autonomy. The enactment of the NHS and Community Care Act 1990 led to the closure of many traditional institutions and was a significant turning point. The introduction of the Community Care (Direct Payments) Act 1996 helped shift the imbalance of power with direct payment recipients reporting more satisfaction in the quality of their care and ability to exert control over arrangements (Glasby & Littlechild, 2009; p.113). Then in 2003, it became mandatory to offer direct payments to all adult service users.

The way social work operates has also influenced, and been influenced by, the rise of personalisation in other policy areas. In 2004, the then Scottish Executive launched the 21st Century Social Work Review. The resulting report in 2006, 'Changing Lives: the Report of the 21st Century Social Work Review', recommended a fundamental review of the profession. Social work, it claimed, had become unduly process dominated and acknowledged that 'doing more of the same won't work' in a context of rising demands and greater expectations for people using services. In relation to child protection, risk assessment in child protection was viewed as:

"Focusing too much on the process and not enough on the outcome of assessing risk. Legislation in this field, more so than in community care, takes into account the rights of families as well as the rights of the child and often this can cause tensions in risk identification and decision making." (Scottish Executive; Changing Lives; 2006)

More specifically, the report argued that services should move towards 'personalisation'. The report is based on a construct of those who use social work services as 'consumers' with power and rights to make choices within a market model. The report however, failed to address the issues relating to services users who do not voluntarily receive services, including cases of child protection.

Personalisation and public sector reform

Personalisation and child protection and welfare may seem, at first, to not sit well together. Issues pertaining to parental rights under the Children (Scotland) Act 1995 includes the parent's right to control, direct and guide the child in an appropriate manner until he/she reaches 16 years of age. The Act also operates a legal presumption that each child of an age and understanding to form a view on matters affecting him or her has the right to express those views if he or she wishes, but that a child of 12 years or older is presumed to be of sufficient age and maturity to form those views. These principles may be perceived as making notions of choice and control difficult to contemplate.

The notion of self-management of budgets within the context of vulnerable parenting is also incredibly complex and challenging for professionals.

Yet, this is the direction of policy and reform. The Public Services Reform (Scotland) (Act) 2010 provides the basis for the transformation of public services and states that they should be:

- outcomes-focused
- person-centred and co-produced
- involving individuals, communities and partners in design and delivery
- asset and strength-based, building resilience
- evidence-based, improvement driven, innovative and integrated
- empowering to staff; encourage innovation
- focussed on prevention and early intervention.

The Commission on the Future Delivery of Public Services from 2011, led by Dr Campbell Christie, emphasised the need for a personalised approach to improve outcomes, proposing a key objective for the future that public services are built around people and communities.

In 2015, the Scottish Government and key partners across social work and social care launched Social Services in Scotland: A Shared Vision and Strategy 2015-2020. This strategy confirmed that the sector core values:

"focussed on promoting enablement and participation, understanding each individual in the context of family and community and identifying and building on the strengths of individuals and communities."

This strategy set the context for the future of social work and captures the policy direction in which we are currently heading.

The Self-directed Support legislation applies equally to adults and children.

Self-directed Support and children at risk of harm, including neglect and issues of protection

The legislation
The Self-directed Support legislation applies equally to adults and children. In 2010, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published the 'National Self Directed Support Strategy' 2010-2020. As part of that strategy, in 2014, the Social Care (Self-directed Support) (Scotland) Act 2013 was enacted, superseding existing legislation and guidance on direct payments.

Under the 2013 Act, where eligibility has been determined, there is a duty to offer four choices or options to people in relation to how the support should be delivered.[1] (This also applies to people who are in receipt of support and are reviewed post 1 April 2014).

- Option 1 – a Direct Payment (DP).
- Option 2 – the person directs the available support and the local authority or other agency arranges and administrates this support.
- Option 3 – the local authority arranges and administrates support on behalf of the individual.
- Option 4 – a mix of the above.

The local authority is not required to give the assessed person the choice of Option 1 in a number of circumstances, including where:

- the person is in residential accommodation for a period in excess of four consecutive weeks in any 12 month period
- the making of a direct payment is likely to put the safety of the person to whom support is being provided at risk
- under certain circumstances it is possible that a child may be 'incapable of receiving a service' under Option 1 or 2 if this involves matching children to an appropriate foster carer for example (Providers & Personalisation, 2014; p.2)

The practical application
Despite the universal application of the legislation, progress in mainstream children's services is less well advanced in comparison to its application in working with disabled children. This is for a number of reasons, however, professional hesitancy appears to be a significant factor. This hesitancy and apparent cautious pace of implementation in children's services needs to be better understood and reflects the often competing pressures and statutory duties around risk and protection.

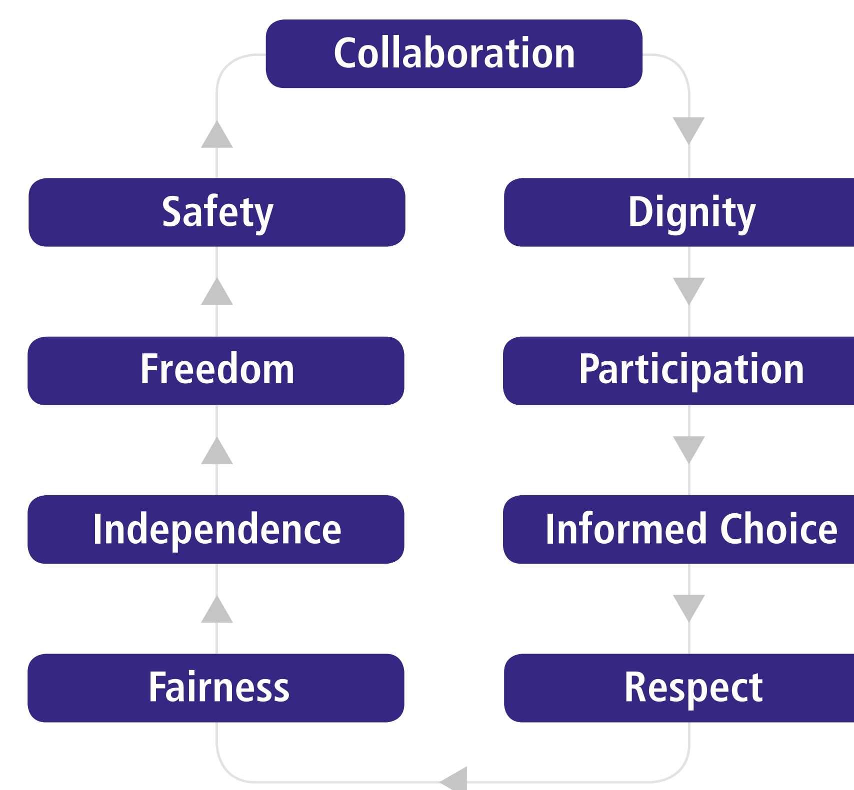
Barnardo's Scotland have assessed that much greater evidence was required of the effectiveness and appropriateness of Self-directed Support when working with children to ensure that packages could be delivered in a way that takes into account the needs and capacities of children and young people (2012; p.1). Difficulties exist notably in the transition period between child and adult services. As the law currently stands, parents are ultimately responsible for decisions regarding support packages for children under the age of 16 (whilst being required to take their views into consideration). Between 16 and 17 years, children are allowed to take over management of Self-directed Support packages themselves, assuming that they wish to do so.

Duffy (2015), explores the potential of Self-directed Support approaches supporting the achievement of better outcomes in residential childcare services. In doing so, he notes the risk involved in simply lifting ideas from one particular context (adult services) into another, altogether different one (children's services). Ultimately, Duffy concludes that one of the most important potential benefits of Self-directed Support in such scenarios is improved partnership working, that is, rather than simply 'placing children into services', professionals work with service users to utilise the resources available to the greatest benefit.

[1] Statutory Regulations and Practitioner Guidance accompany the Act.
http://www.selfdirectedsupportscotland.org.uk/
https://itunes.apple.com/gb/app/sds-practitioners/id839499519?mt=8
http://www.socialworkscotland.org/what-we-do/Self-Directed-Support/

Despite this hesitancy, it is clear that Self-directed Support and child care policy have many shared principles. (See figure 1 below)

Figure 1: shared principles across SDS and child care policy



However, there are key differences between more traditional practice and the approach encouraged by the Self-directed Support legislation. These are outlined in Figure 2 below.

Figure 2: SDS v traditional approaches

SDS approach	Traditional practice
People who need support are seen as assets; we invest in their talents and resources and celebrate their success.	People are often seen as passive recipients of services; burden on systems; we only identify deficits and weakness.
We ask *"what would make a good life for you? What does it look like?"* Quality of life and aspirations are of central importance.	We ask *"what can't you do?"* The objective is to prevent harm, maintain the 'acceptable', be 'good enough' or slow down deterioration.
Professionals are facilitators; the wishes and views of people are central to decision making/planning. We aim to design and deliver support by co-production. We are clear about outcomes. There is a clear direction.	There is autocratic allocation of 'suitable' services. It is 'presumed' that people are unable to imagine how a better life would look. People do not know what 'good' or even 'good enough' looks like.
Plans that anticipate crises are co-produced, using natural resources when possible.	A top down, costly, conventional model of public services is applied, encouraging dependency. Ignore the possibility of crises.
Public health, prevention and early intervention activities are part of the cycle of support.	A corporate, risk adverse approach is used, based on the presumption that people are dangerous to other people. Practices are defensive.
Mutuality is built into programmes so people/ communities can provide support. There is a view to sustainability, developing resilience.	An unnatural, formal framework is built around people who need support, creating dependency on systems and finite services.
Organisational systems are designed from the perspective of the person requiring support and centred on them. Information to support choice and control is clear and helpful.	Systems can become barriers to accessing support and sources of frustration and alienation.
Planning is creative and responsive to change.	Plans are 'prescriptions' for services, centred on the allocation of resources to meet need.

There are also key differences between the approach taken with adults and the approach taken with children, which can mean there is a view it is hard to reconcile Self-directed Support as a universal approach. These differences are outlined in Figure 3 below.

There are clearly challenges in implementing this legislation for vulnerable children, but many professionals are doing this already. They are meeting the challenges, and children and their families are seeing the benefits.

Figure 3 Children v adults

Children and young people in need or in need of protection	Adults and older people
Social Work services are more often 'imposed' upon families – even mandated through Hearing or court orders. Adversarial, 'authoritative', analytical approaches often required with history of previous interventions given greater significance.	Individuals can more reasonably be seen as 'consumers' making informed choices within a market model. The emphasis is more on equal partnership.
A child cannot legally direct their own budget under 16yrs although their views must be taken into consideration (16-17yrs may take over the management of SDS packages).	Adults can legally manage their own budget unless 'lack of capacity' exists.
Parents may conceal/minimise difficulties. Time limited interventions are an essential consideration to limit the period of adverse experiences.	Most adults are less reliant upon a relative accurately describing their needs.
The child may be solely dependent upon the parent to implement the plan. Indications of failure may be subtle/ ambiguous.	Time limits on support provided are more usually financially based decisions (e.g. for 24/7 support).
Short financial interventions, rather than sustained payments are often more appropriate – unless a kinship care type. Media and public views on child protection issues/youth justice is generally more critical – affecting willingness to be seen as 'rewarding' behaviour through allocation of a budget.	Adults with incapacity may be similarly reliant on others. More positive media and public views.
Respite is often arranged in response to crises, rather than being planned.	Respite is more likely to be arranged in advance.

Critical factors for a successful Self-directed Support approach within a children and families' context

We have established that Self-directed Support approaches are reflective of good social work practice in supporting those who use services and we have been made aware of some excellent practice in all aspects of delivering services.

Co-producing good support with children and their families will take leadership, education, realistic planning and a real commitment to understand and work with children, their families and communities to embrace innovative responses to need.

The examples below seek to look further than engagement with children and families directly, but also cover organisations and professional issues. These, too, are necessary to get right in order that Self-directed Support can underpin a positive approach to our work with all children and their families.

Organisational issues.

Culture, leadership and governance
A culture of openness is essential to enable professionals at all levels to share ideas and concerns as they emerge. Self-directed Support is built on the values and principles of social work, but re-learning or re-appreciating them in a context of systems and procedures is a considerable challenge to public services. Leaders must develop a persuasive vision both within their own profession, across sectors and partnerships and with people who use support. This vision must be one of public services designed around the public, and of building capacity within people and communities, in order for the approach to be productive.

A shared narrative is needed with staff and providers, explaining how the Self-directed Support approach will deliver on priority professional values whilst not undermining the significant developments that have been made in multi-agency child protection work, as well as in broader children's services. An organisational culture where procedural compliance is dominant will stifle creative approaches and limit the professional's ability to stay child centred.

Example 1: Reclaiming social work
This is an evidence based model developed in 2007 following the 'Munro Review of Child Protection', by Professor Eileen Munro, which cautions against the growing tendency for procedures and processes in child protection services to take precedence over professional judgement. Using a systemic approach and social learning theory, it promotes direct, proactive work, including management of risk, by highly skilled professionals with children and their families aiming to keep the best practitioners at the frontline. Organisational 'warmth' encourages open dialogue and opportunities for learning.

Aberdeen City has implemented the model across their children's services, emphasising the importance of wide understanding and ownership of the approach. The Reclaiming Social Work model in Aberdeen City is a whole systems approach which involves reducing bureaucracy and redesigning services to enable staff to work collaboratively in small social work units consisting of a consultant social worker, clinical practitioner, unit co-ordinator, children's practitioner and social worker. The aim is to support social work staff to be freed up to spend more time with families in need and research has shown that Reclaiming Social Work has impacted on staff retention, reduced staff sickness levels and significantly reduced bureaucracy.

Leaders should ensure that dedicated time for reflective fora and learning opportunities are available to discuss the integration and the impact of Self-directed Support approaches. Without the understanding, reassurance and support of staff at all levels, progress will not be made.

Clarity is required, particularly at practitioner level, as to the extent of practitioner autonomy in terms of creative planning with individuals and the use of personal budgets. If new types of conversations with children, young people and their families are to become 'standard' – where more choice and control is encouraged over types of support provided, then practitioners and first line managers need to be clear about their authority to 'empower' and the limits of this.

New approaches need to be woven into existing procedures so that there is consistency throughout the 'support journey'. For example, middle managers chairing Child Protection Case Conferences should transparently consider, validate and (when appropriate) incorporate the child/young person/family's proposal for support into the Child Protection Plan.

Aligning goals and incentives.
There is a key role for leaders and managers in developing a coherent legislative and policy context particularly in view of new structures and practices resulting from the integration of health and social care. In order for existing safeguarding measures to continue and be improved, it is essential that leaders are aware of the intended and potentially unintended consequences of new approaches.

Example 2: Social Work Scotland
In 2015, Social Work Scotland commissioned the Centre for Excellence for Looked After Children in Scotland (CELCIS) and Children in Scotland to undertake an investigative report on the potential effects of the Public Services (Joint Working) (Scotland) Act 2014 on children and young people in Scotland. They noted concerns in areas where children and adult services were managed and funded by different partnerships or organisations, they could face increased risk of fragmentation and lose children and young people from contact with services.[2]

Staff, already change weary, are now asked to consider Self-directed Support approaches in addition to a number of new policies and legislative changes. Local areas should be responsible for decisions on how to deliver on these ambitions but need support in aligning demands from central level. The advantage of having a dedicated 'champion' to support staff in child care practices ensuring that they are underpinned by the principles of empowerment, control and choice whilst continuing to prioritise the safety and welfare of children, cannot be underestimated.

Example 3: Falkirk Council
Falkirk Council piloted an approach to Self-directed Support in mainstream children and families work from early intervention through to targeted services bringing three strands together – assessment, measuring outcomes and Self-directed Support options. The thinking behind this was that Self-directed Support encompasses good practice, with families and young people at the heart; and supports an enabling approach focusing on family strength. Family Network Meetings were used, bringing together families, their support network and professionals. The family then discussed their preferred option for the support being delivered and the changes required were mapped using the Outcomes Measures.

Distinct training and 'consultant' support including a handbook was provided to all professionals working in one geographical area, including pastoral staff, family support workers, voluntary sector partners and social work staff. This was successful with subsequent less intervention by statutory services although all the aims were not achieved due to insufficient administrative support. The evaluation of the pilot was undertaken by With Scotland.

Significant learning has been achieved. The work continues with training by Diversity Matters, additional administrative support and a Family Network Practitioner group. A widening of this Self-directed Support approach in children's services is being considered, as well as its applicability to permanency decision making, kinship care and bringing young people back from external placements.

[2] https://www.celcis.org/knowledge-bank/search-bank/integrating-health-and-social-care-scotland-potential-impact-childrens-services/

Whole system working
It is essential that the wider impact of change in children's services across the organisation is understood and relevant support services, such as finance teams, are included in the planning and learning. It is equally important to avoid de-stabilising safe, established, joint working arrangements.

Example 4: Risk Analysis
'Risk analyses' produced by 54 Primary Care Trusts in response to the Health and Social Care Bill in England showed that vulnerable children in danger of physical abuse could suffer because of fragmentations and weaknesses caused by organisational re-forming and re-structuring.[3]

Acknowledge costs and appropriate scale and pace of change
Supporting change at organisational and individual level is dependent upon a shift in professional thinking and practice which in turn is dependent upon effective leadership and organisational culture changes. It is essential that a realistic time frame is set for change and that there is a recognition of the cost of change. International research evidence consistently indicates that significant changes to the delivery of social care and health services requires a period of approximately five years before real change is apparent.

Creative use of monies
Improved practice is evident when working with children, young people and families in need and at risk when the underpinning principles of Self-directed Support are adopted. Generally, efforts to replicate the transactional arrangements related to the four options, as in adult services, have proven difficult.

However, evidence continues to emerge of the real benefits of an allocation of even a small budget in shifting power within the relationships that professionals have with people who need support and in achieving a new level of responsibility from young people and families for progress that has previously been difficult to achieve. This practice also provides an opportunity for a 'quick win' in terms of growing the understanding and support of staff and families for a Self-directed Support approach. Current action research involving the allocation of monies to vulnerable families is being undertaken by a number of local areas.

Example 5: East Renfrewshire – budgets for looked after children and young people
East Renfrewshire Health and Social Care Partnership, in partnership with Who Cares Scotland, are implementing participative budgets for looked after children and young people, funded by Life Change Trust monies. The processes, administration and decision making will be the responsibility of the young people, awarding budgets of up to £500 annually and supported by Who Cares and a social worker. The impact of this work will be reported to the funders and a 'Champions Board', chaired by the CE, which will review the improvements and the achievement of identified outcomes. Wider goals include changing wider partnership approaches on collaborative working with the most vulnerable young people.

Example 6: The 'Returning Children to Middlesbrough' programme
Individual Budgets (IBs) (the amalgamation of monies from different sources) were used to address the cycle of repeated placements for children and young people in foster or residential care which had resulted in separation from family and community and increased costs for the local authority.

18 young people, their families and professionals helped identify finding creative solutions. The work was successful although the approach did not work well when the situation was in crisis, when parental commitment to a return home was ambivalent and it did not address complex issues on its own. Savings were made. Middlesbrough moved on to apply this approach to also avoid residential placements.[4]

[3] http://www.nationalhealthexecutive.com/Health-Care-News/reform-fragmentation-could-risk-childrens-safety
[4] http://in-controlscotland.org/wp-content/uploads/2015/09/Returning-Children-to-Middlesbrough-Briefing-paper-2.pdf

Social Work Scotland in partnership with In-control Scotland are supporting a small test of change with East Lothian, City of Edinburgh and Argyle & Bute Council based on a similar model called 'using money differently' with young people in residential care or at risk on being accommodated. The aim of the project is to test how a flexible use of budget for 'looked after' children can lead to better outcomes for young people and their families and also make better use of stretched local authority budgets.

Example 7: Argyle & Bute Council
An example from one of the test of change sites is of a looked after young man returning from residential care who wants and needs to work, giving him a focus, money in his pocket and a different circle of friends. The local authority are contracting with a local landscape gardening company (who the young man met through a school placement). They are providing him with an apprenticeship. The council pay the landscapers and they pay the young man. He is earning, learning and occupied, building a C.V., a career and a different life, for a fraction of the cost of a residential placement. This example demonstrate how using money differently can lead to better outcomes.

Professional issues

Judgement and skill
Relationships are the cornerstone of good social work practice including Self-directed Support. We need to build up the personal skills, knowledge and resilience of staff to a high level if they are to effectively engage and empower children, young people and their families whilst balancing this approach with essential safeguarding duties. Effective interventions with complex families with a tendency to conceal or minimise difficulties are reliant upon dependable professional relationship, (Barlow & Scott 2010). Staff are our greatest organisational asset.

"Personal factors contribute more to a successful outcome within children and families work than do therapeutic rapport and intervention combined." (Hook & Andrews, 2005)

Example 8: Midlothian Council – Personal Outcomes Assessments
Through piloting a number of approaches to implementing Self Directed Support in mainstream C&F social work Midlothian Council identified that taking a personal outcomes approach to assessment was essential in moving away from service led approaches and facilitating conversations about more creative and innovative ways of supporting children and young people. This approach also puts a focus on building relationships to enable open conversations with children and their families both around the 'what matters to me' (outcomes) question and the 'what are we worried about' (risk) question. By testing this in a full range of cases it was found this approach made assessments more child centred while still allowing professionals to be authoritative when statutory interventions was required.

The pilot produced powerful examples of where engaging children, young people and their families in these conversations was a catalyst for significant change and led to innovative support and outcomes that surpassed the expectations of professionals. Following the pilot, work is now underway to roll out this approach across the whole service, supported by a new assessment template and practice development activity to deliver a consistency of practice.

Experienced managers of pilot programmes state that is important to identify creative, child protection experienced people within the organisation who have a talent for turning policy intentions into best change on the ground – in other words, Self-directed Support children and family champions. They have a role in accelerating learning by creating opportunities for sharing formal and practice learning and 'quick wins',

working to develop confidence and a learning culture. Additional capacity is required, otherwise, change is not likely within acceptable timescales.

Emotional intelligence
This is not a new concept within business settings but over the last 10 years, a range of professionals, including teachers and nurses, has considered the relevance of emotional intelligence to best practice. There have been few explicit links, however, with social work.

New approaches that involve engaging with, and empowering, people requires high level relationship skills including the ability to empathise so that planning starts with what matters most to the child and their family, not with a list of available services. Professor Eileen Munro, in her review of child protection, argues that the difficult, intangible aspects of the individual and professional relationship need to be collected and the learning harnessed in order to better protect children.

Richard Ingram, Dundee University, researched the use of emotional intelligence in student social workers within a Scottish local authority in 2015, examining how emotions were recorded and where they were factors in decision making. He found that the emotional aspect of the work existed, with empathy, for example, being a core skill valued by staff. However, staff often felt unable to be open about 'emotions' within reports and often in supervision, depending upon the type and quality of supervision received. Some staff felt that emotion did not equate with the need (or pressure) to present as 'objective and rational'. Supervision is key to developing the best empathetic approaches in staff:

"It (should not just be about) what you did but how you felt about it, what reasons led to it and where are you as a person in this." (Ingram, 2015)

Ingram argues that an emotionally intelligent social work practitioner may well be better equipped to 'develop and sustain the affective relationships that are at the heart of practice'. He states that child death inquiries, such as the Victoria Climbie Inquiry, evidenced a suppression or ignoring of the social worker's emotional response to the situation (with unmanageable caseloads and poor supervision being factors). Meaningful reflection was, at best, difficult.[5]

"Informal support from peers was valued by the students involved in the study due to its unrecorded, on-demand and supportive nature. The findings have implications for seeking improvements in supervision as suggested by the Social Work Task Force and for securing the validity and place of emotions in practice." (Ingram, 2015)

Building partnerships

Co-production and collaboration
Co-produced public services aim for equal and reciprocal relationships between professionals, people using services, families and communities. This is a significant change to the traditional 'gifting' of services .The voluntary sector often has the most direct contact with people who need support and has played a leading role over many years in developing inclusive practices that are the cornerstone of Self-directed Support.

"People who do not feel in control over their lives struggle because the system does things to them – it doesn't work with them and create wellness for themselves." (Sir Harry Burns, 2014)

Example 9: Total Craigroyston project, City of Edinburgh
A new, partnership initiative focusing on children from around Craigroyston Community High School who are looked after by the local authority – with the aim of preventing admission to care. Working on a pilot programme with 'Diversity Matters' (funded by the Scottish Government to support the implementation of Self-directed Support) they enable 'families in need' to improve their outcomes through the allocation of a small budget. Improvements were noted particularly in the improved relationship between professionals and the family as a result of a different kind of conversation taking place and a shift in power.

Collaboration involves more than working with peer professionals. By co-ordinating support around the individual, and recognising their individual and natural assets, it is possible to recognise and build on existing capabilities.

Example 10: Signs of Safety (SOS) Approach: East Lothian
*"We are moving away from a system that made parents feel passive, tested, frightened and excluded." (*Getting it Right for Every Child in East Lothian; East Lothian, 2014)

The Signs of Safety approach – a solution focused, safety oriented programme – was developed in Australasia and has been adopted in 12 countries and by 41 local authorities in England. This asset and community capital building approach focuses on-child safety; partnership with parents; identification of strengths that lead to safety; safety planning and development of 'Safety Networks.'

East Lothian, in 2012, was the first Scottish Local Authority to use the approach in Child Protection Conferences – working with Children 1st (who represent the views of the children) and the Multi Agency Research Service (MARS). The GIRFEC Inspection team, in 2014, noted improved outcomes.[6]

An outcomes-focused approach links closely to principles of co-production, defined in the Self Directed Support strategy as 'support that is designed and delivered in equal partnership between people and professionals'. Best outcomes result from opportunities for dialogue and to contribute and reflect together. (O'Neill, 2003)

Strength-based practice
This approach has relevance for strengthening Self-directed Support approaches in work with vulnerable children and families as it concerns itself principally with the quality of the supporter/supported relationships that develop. It is underpinned by the principles of mutual respect and responsibility and values individual strengths, informal supportive networks, an emphasis on the client/case manager relationship and clearly defined specific outcomes. (Rapp; 2008)

The problem is 'separated' from the character of the person and the story is re-framed into one of resilience. Hope and a sense of purpose are achieved through a focus on personal aspirations and a vision of a better life. (Early & Glenmaye, 2000; Duncan & Hubble; 2000). Evidence exists of a positive connection between identifying personal strengths in young people and academic success and between self-determination and life satisfaction. (Park & Peterson 2006; Arnold et al 2007; Lounsbury et al 2009)

Example 11: The City of Edinburgh Council
Edinburgh piloted a Family Solutions Service with 12 families supported by Tim Kielty. The service used Self-directed Support funding to allow a budget of up to £500 per family. Six family workers are based in each neighbourhood team across the city. The service works alongside families to find solutions to social, health, relationship and parenting difficulties including where multiple problems co-exist. Support is provided at the earliest point and is based on the principle that families usually have powerful resources at their disposal to address their own difficulties.

Strength-based approaches support individuals to recognise their individual and wider resources and jointly set goals using explicit methods such as solution focused therapy: it is hope-inducing, recognises individuals as experts in their own lives and supports meaningful choice making (see Rapp, Saleebey and Sullivan (2008) – a six standard measure for assessing a strengths-based approach).

[5] Ingram's findings can be heard on the IRISS radio pod cast 'Emotions in Social Work Practice'. 27th June 2012. Richard Ingram. http://irissfm.iriss.org.uk/episode/004

[6] www.signsofsafety.net

Example 12: NHS Greater Glasgow & Clyde and Glasgow City Council
This partnership is using the Multisystem Therapy (MST) approach to improve outcomes for young people at risk of care and their families. Multiple causes of serious anti-social behaviour are addressed by working with the individual, family, peers, school and community. The programme provides parents with the resources needed to address the young person's problems.

Highly complex cases, for example those that might arise from the GIRFEC screening group, MAPPA groups, police investigations or pre-birth screening groups, may require a 'forensic assessment' to explore the best way of managing risk. These assessments are not immediately an obvious 'fit' with the 'strengths based' models of assessment, yet Macleod & Nelson, 2000 found evidence in a review of 56 programmes involving children and families, that an empowering, asset-building approach is critical even in interventions with highly complex vulnerable families.

Example 13: Torbay Family Group conferences
Family Group Conferences are a mediated formal meeting involving family members and professionals with the aim of making collaborative and safe decisions regarding a child's wellbeing. Torbay offer Family Group Conferences for all children and young people when there is a risk of accommodation or child protection plans are not progressing, regardless of, what could be, hostile relationships between the family and professionals or any legal processes. The aim is to more actively involve children and families in the decision making, with better outcomes and partnership working. A plan will be agreed and resourced unless it may place the child at risk of significant harm.[7]

Place based working
This approach recognises the complexity of people's lives and the ability of networks to contribute to the achievement of outcomes through the co-design and co-production of asset based models of care. A place-based approach can improve health and well-being through asset-based, locally embedded, cross-sector working. It provides an attractive alternative to tokenistic community engagement.

The essential elements of the approach are:

- A partnership approach to engaging stakeholders across all sectors in collaborative decision making and collating local assets and knowledge through shared leadership.
- Central control, with work being led by people who live and work locally.
- Community engagement to encourage collaborative working, critical thinking and problem solving.
- Local flexibility to provide a robust foundation for decision making; establish clear roles and authority among stakeholders.
- Long term commitment to ensure adequate time and resources are committed; flexibility in terms of pace and a shift from an 'initiative' to a longer term perspective.[8]

Self-directed Support approaches can clearly be part of the solution.

[7] http://torbaychildcare.proceduresonline.com/chapters/p_fam_grp_conf.html
[8] 'Place-Based Working', IRISS (2015) -http://www.iriss.org.uk/sites/default/files/iriss-on-placebasedworking-08-2015.pdf

Summary and conclusion

Self-directed Support is ultimately about greater choice and control, transferring power to those who require some support in their lives. Complexity and risk feature significantly in the lives of many of the families who engage with social work, involvement is not always voluntary, this in itself provides challenges in developing a collaborative relationship and sharing power however, the emerging evidence is highlighting that Self-directed Support approaches are supporting a positive shift in the relationships and conversations with families and young people about the support or interventions that make sense to them.

It is vital to view Self-directed Support as an approach, not a set of procedures, when working with children and families. Applying the approach when working with children at risk, including with issues of child neglect, is an opportunity to look at more creative and innovative service design and delivery, balanced with our need to protect children.

While it has been difficult to identify individual examples of Self-directed Support approaches in practice, this report outlines that the reasons for this include professional reluctance or inability to 'name' work in this way. There is, however, growing evidence of significantly improved practices and outcomes with children and families when working together in this way. This report has considered the shared, essential elements of best Self-directed Support child care practice. There is a reassuring consistency in the direction of policy within both arenas.

There is still much to be done. There needs to be further investment in testing this approach, developing an evidence base and opportunities to share the learning more widely.

Sustained efforts are required to inform and reassure children and families' professionals of the benefits of strengthening the underlying principles of Self-directed Support within their work and to assist with any change required. Many of the skills and practices already exist but are simply not identified as 'Self-directed Support'. We feel, however, that there are real opportunities for change, especially at a time, and in an environment, in which services are being transformed and in which creative practice is being promoted and encouraged. Self-directed Support approaches can support both long-standing and new practices in service innovation.

The conclusion from this work is that Self-directed Support approaches are valuable, but not researched; and that they need to be part of a creative approach to supporting vulnerable children, and for that, they have to be seen as an approach, not a set of procedures.

The evidence base for the potential consequences of over-bureaucratisation within child protection services is compelling. The Munro Review of Child Protection in 2011 called for the creation of working environments where best judgements can be made safely on unique circumstances and for a move away from an automated adherence to process and systems. Self-directed Support approaches can clearly be part of the solution.

There is still much to be done.

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... planning starts with what matters most to the child and their family, not with a list of available services.

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