AGEING WELL

with self-directed support

EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP
Design process

- Discover
  - Understanding user needs
- Define
  - Defining initial ideas
- Develop
  - Developing and testing ideas
- Deliver
  - Delivering and implementing ideas

Pilotlight
pilotlight.iriss.org.uk
Ageing Well co-design team
Co-production matters!

The parable of the Blobs and Squares shows that there is more to people than their problems, that the solutions to the problems lies in the problem in itself, not in an imposed solution, and that co-production really matters!

http://s.iriss.org.uk/1WtSECD
Working together

**Ways we want to work**

- Respect
- Encourage others
- Be positive
- Have fun
- Listen to others
- Use ‘stop’ and ‘I want to speak’ cards
- Share experiences
- Share information
- Get to know each other
- One person speaking at a time
- Everyone contributing and being heard
- Confidentiality if personal sharing
- Challenge ideas / thinking!
- Good discussions
- Good timekeeping
- Clear goals

**Ways we don’t want to work**

- Rubbish others' contributions
- Aggression / noisy people
- People dominating / taking over
- Talking over one another
- Interrupting others
- Recapping for latecomers
- Competitiveness
- Excluding people
- Negativity about other people’s ideas
- Time wasting

I agree to working in this way throughout Pilotlight
**Character: Betsy**

**Name:** Betsy

**Age:** 85

**Who do they live with?**
Newton Meats, lives alone

**Who are their family and friends?**
A single niece who lives in south of England, two sisters who have passed away. Lost contact with friends, retired early as a result of deteriorating health and mobility.

**Why are they in need of care and support now?**
Previous hip replacements as a result of osteoarthritis however mobility now very poor, history of falls, has severe pain most of the time - osteoarthritis affects all joints. Struggling to walk any distance, bend, raise arms above shoulders, very fatigued, struggles with many daily living activities - washing, showering, dressing, undressing, making meals, housework, garden, accessing items she needs, low mood as a result of being lonely, inability to get out in the local community every day to do the things she enjoyed.

**What do they do during the day now?**
Struggles to get washed, dressed, make meals, takes a lot of time which is exhausting her. Will go online to do some shopping, crosswords in German, jigsaw puzzles to try to keep brain active.

**What would they like to be doing during the day?**
Would like to go out shopping, have a coffee, go to the coast, theatre, out for a meal, bake again, visit her niece.

**What are their most important memories?**
Parents + family + friends, time at university, teaching career - seeing pupils doing well, holidays abroad.

**What are their skills and talents?**
Articulate, good financial and management skills, speaks German and Spanish, baking, knitting, good organiser, independent, sense of humour.
Research we did...

- Information and awareness sessions
- 1:1 Interviews with co-design team members
- Co-design team action research
- Other East Renfrewshire projects
- Co-design team discussions
- Desk research
  - Outside the Box
  - CCPS (Option 2, Direct your own budget)
  - Scottish Care (Option 2, Direct your own budget)
  - Alzheimer Scotland
Research Insights

• Health/Active
• Financial security
• Identity/independence/Control
• Friends

What's important to you?

- Choice
- All about me
- Being a part of my community
- Being able to think ‘outside the box’
- Having control
- Feeling safe
- Money

34%
30%
9%
9%
6%
6%
6%
6%
Project themes

Supporting choice through information

Using all of our assets

Getting from hours to outcomes

Making option 2 a reality

Theme 1

Theme 2

Theme 3

Theme 4
Using all of our assets

Key insights

- Older people are contributors to society
- Mapping and sharing community assets
- Skilling up practitioners to be community connectors
- Transport barriers in East Renfrewshire
COMMUNITY CONNECTING ABCD
FOR ALL HEALTH AND SOCIAL CARE WORKERS
Inspired by John McKnight and the Asset-Based Community Development movement (ABCD)

COMMUNITY CONNECTORS

- **Assets** are your starting point. Focus on identifying the assets of the people you support (gifts, family, friends) and get to know the community assets (groups/facilities/people) to which people can be signposted.
- **Building** a person’s connections and relationships within the local community is the outcome of your support.
- **Communication** is your number one tool. Know how to have positive conversations with people that identify who and what is important to them and what they want in their lives.
- **Developing** and growing your own local knowledge and connections over time is the key to becoming a skilled and effective community connector.

COMMUNITY CONNECTOR EMPLOYERS PART!

- Employers should recognise their **people** as **assets**, and reward them by paying at least the Scottish Living Wage.
- Employers should provide **resources** to draw on, including relevant training and information on local groups/facilities/people to which people can be signposted.
- Employers should provide **time** for employees to get to know local groups/facilities/people and to have good conversations with people to build relationships and to work together to identify what is important to them.
- Employers should ensure the ABCD of Community Connection is **integral** to job designs and training plans.
Transport brief

• The challenge: lack of accessible transport to enable people to engage in community activities to combat isolation

• Solution proposed: maximising use of community, staff and private vehicles to support older people to access community activities through up skilling and supporting volunteer drivers and health and social services workers.
Supporting choice through information

Key insights

• Equipping health professionals and social workers to provide SDS information
• Synchronisation between info providers
• Equitable access to all 4 options
• Personalised, face to face
• Rights based approaches
Self-directed support checklist

1. Know about the self-directed support values, principles and options
   - Quick reference guides for basic knowledge: Social Care Statement of Values and Principles:
     - http://s.iris.org.uk/FRNWA
   - Pilotlight accessible information:
     - http://s.iris.org.uk/21GOpkC
     - http://s.iris.org.uk/22EPwpc
   - More advanced information:
     - http://s.iris.org.uk/2f10Eyi3

2. Understand the East Renfrewshire process
   - East Renfrewshire Guide to Self-Directed Support:
     - http://s.iris.org.uk/1py72f4x
   - These are the steps that a person will be guided through:
     - The steps in the process
     - How to apply
     - Eligibility and assessment
     - Who authorises the decision
     - Timeframe
   - For more information please contact:
     - June Findlater
     - June.Findlater@eastrenfrewshire.gov.uk

3. Know how to have positive conversations with people that identify who and what is important to them and what they want in their lives
   - Helen Sanderson Associates ‘Sorting Important Stuff’ and ‘Relationship Cards’:
     - http://s.iris.org.uk/1o0Z9TvA
   - East Renfrewshire Talking Points, A Personal Outcomes Approach:
     - http://s.iris.org.uk/22zyhdm
   - Community Connecting ABCD for all health and social care workers:
     - [add link here]

4. Signpost to people that can help
   - East Renfrewshire Customer First (0141 377 3000) to ask to have a revisit, assess or to ask the person’s social worker for a review.
   - East Renfrewshire Self-directed Support Forum (0141 388 3125)
     - http://s.iris.org.uk/1k8QvDF provides advice and information to people directing, or thinking about directing, their own support and care.
   - Advocacy Project (0141 420 0591)
     - http://s.iris.org.uk/1p10Dyf provides free, independent advocacy to older people (65 or over) and younger adults (16-34) affected by disability, residing in East Renfrewshire when the referral is made.
   - East Renfrewshire Carers’ Centre (0141 638 8888)
     - http://s.iris.org.uk/1k8QvDF provides a full programme of support for carers.
   - East Renfrewshire assist map
     - [add link here]
Any questions?
Getting from hours to outcomes

Key insights

• Assessment being about having good conversations
• Starting from outcomes not services
• Shifting commissioning from time and task to outcomes given adequate resources
• Sharing and embedding innovative approaches e.g. Outcomes Star / Wellbeing Wheel
Instructions

- Divide the group into two smaller groups of equal numbers.
- Give each group 45 minutes to complete the tasks below.

**Group 1**

1. Read Betsy’s character
2. Allocate roles - character, commissioner/social worker, support provider
3. Betsy has a budget of 7 hours home support per week at £15 per hour
4. Design Betsy’s support to meet her outcomes and answer the ‘getting from hours to outcomes’ questions on page 4

**Group 2**

1. Read Betsy’s character
2. Allocate roles - character, commissioner/social worker, support provider
3. Betsy has a £5,460 budget to spend over the year
4. Design Betsy’s support to meet her outcomes and answer the ‘getting from hours to outcomes’ questions on page 4

- After 45 minutes, bring the two groups back together.
- Spend 30 minutes discussing each of their approaches, differences in how they designed the support and reflecting on the barriers and opportunities they saw in each.
Making option 2 a reality

Key insights
• Clearly defining what it looks like
• Working in partnership with providers to design and develop option 2
• Equipping practitioners with knowledge and confidence to inform and offer
• Piloting use by older people
• Promotion of choice and control without money management and employer role
Mario’s journey
Easy steps to SDS

EASY STEPS TO BUYING YOUR SUPPORT

Step 1: You come to us with a plan for your support and a budget agreed with the Health and Social Care Partnership.

Step 2: We will have a conversation with you about how to put your plan into place and pay for your support.

Step 3: We record how much money you have and how you want to spend it in agreement. We will charge you £ for managing your budget each year. This means we are accountable to you.

Step 4: We will pay for the support and activities in your plan. Every 4 weeks we will give you a statement showing how your money has been spent.

Step 5: We will tell the finance department at the Health and Social Care Partnership what we have spent on your behalf on a regular basis.

Step 6: We will meet with you and the Health and Social Care Partnership to review your plan every year, or sooner if you want to change it.
Any questions?
Feedback

- Needing hats?
  - Not sure about this.
- Mark's ORGANISING Skills
- More space
- More time for discussion in groups, tea
- One thing I would like to improve:
  - Bigger room

- Maybe different levels
- Last bit because said from - overall to how the group perceived it. People thought due to general battle

- Need more activities & mix up of groups
  - More space & mix up of groups

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