# Higher National Unit specification: general information

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

**Unit code:** FX35 35

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| **Superclass:** | PM |
| **Publication date:** | October 2011 |
| **Source:** | Scottish Qualifications Authority |
| **Version:** | 01 |

## Unit purpose

This Unit is designed to allow the candidate to work effectively with people to achieve choice, control and positive outcomes in their life, at home, at work and in the community. The candidate should demonstrate use of the planning processes and funding mechanisms for achieving and implementing Self-Directed Support.

On completion of this Unit candidates should be able to:

1 Critically evaluate and reflect on the planning processes for facilitating co-production and Self-Directed Support.
2 Demonstrate the use of funding mechanisms to achieve and implement personalisation and Self-Directed Support.
3 Critically evaluate the challenges that the transition to personalisation brings to the role of the worker.

## Recommended prior knowledge and skills

It is recommended that candidates will have appropriate experience of working within an organisation in a relevant voluntary, private or public service delivery setting, with a good grasp of communication skills, both written and oral. This could be demonstrated with the achievement a *Communication* Unit at SCQF level 5 or 6. Alternatively, candidates may be considered through the completion of a pre-course interview or employer's reference in the absence of certificated learning.

In addition, if undertaking this Unit as a part of the PDA in Health and Social Care: Personalisation in Practice at SCQF level 8 candidates should have completed the *Health and Social Care: Personalisation in Practice* Unit (FM96 34) prior to commencement of this Unit.

# General information (cont)

## Credit points and level

1 Higher National Unit credit at SCQF level 8: (8 SCQF credit points at SCQF level 8*)

*SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

## Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

## Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

It could also be delivered as stand-alone and could be useful as part of a professional development programme.

## Assessment

An understanding of both theory, and its relation to practice, are required for all Learning Outcomes. Assessment must therefore include both the requirement to discuss issues, and the opportunity to relate these to practice. Where candidates are already working in a relevant voluntary, private or public service delivery role, they should make reference to real work situations. If this is not feasible, then hypothetical examples can be used.

Assessment for this Unit should be integrated for all Outcomes. The primary assessment should be a project assignment of no more than 3,500 words or equivalent containing evidence of reading and research and referenced appropriately, in which the candidate explains their work with individual(s) in relation to the Evidence Requirements.

It is suggested that the project is underpinned by:

- Critically evaluate how co-production is applied to achieve Self-Directed Support, evaluating the planning processes and funding mechanisms used while analysing potential risks and maintaining the individual's choice and control to achieve positive personal outcomes.
- Focus on one individual and critically analyse one approach to resolving conflict and challenging barriers to achieve personalisation and Self-Directed Support

In addition, evidence of Knowledge and/or Skills which cannot be inferred from the above project assignment could be assessed by means of a recorded professional discussion or a sequence of short response questions.

**Higher National Unit specification: statement of standards**

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

# Outcome 1

Critically evaluate and reflect on the planning processes for facilitating co-production and Self-Directed Support.

## Knowledge and/or Skills

♦   Definition(s) and principles of Co-Production
♦   Co-production in resource planning
♦   Person centred planning
♦   Outcomes focussed planning
♦   Commissioning for outcomes
♦   Facilitation skills
♦   Action research skills

# Outcome 2

Demonstrate the use of funding mechanisms to achieve and implement personalisation and Self-Directed Support.

## Knowledge and/or Skills

♦   Self-Directed Support/Direct payments legislation
♦   Health and local authority funding streams
♦   Budget allocation systems
♦   Individual budget planning
♦   Designing an individual service fund
♦   Multi-disciplinary working
♦   Support brokerage
♦   Relevant employment legislation
♦   Employment regulations and responsibilities
♦   Outcome focussed review
♦   Conflict resolution

# Higher National Unit specification: statement of standards (cont)

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

## Outcome 3

Critically evaluate the challenges that the transition to personalisation brings to the role of the worker.

### Knowledge and/or Skills

♦ Theories of social justice
♦ Organisational theories and approaches
♦ Organisational policy(s) relating to Self-Directed Support
♦ Social role theory
♦ Theories and models of social differentiation
♦ Action centred leadership
♦ Methods and models of challenging cultural and organisational barriers
♦ Positive risk taking
♦ Risk enablement and safeguarding practice
♦ Risk management
♦ Roles and responsibilities of workers, individuals, families carers and organisations

### Evidence Requirements for the Unit

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can

1   Critically evaluate one method used to commission a person centred and outcome focussed support plan with one individual, clearly defining the principles of co-production and indicating where co-production has taken place.

2   Critically evaluate the processes used for person centred support planning, outcome focussed resource planning, researching and implementing Self-Directed Support for one individual.

3   Critically evaluate funding mechanisms used to implement an individual budget plan and demonstrate how you ensured the individual maintained choice and control in achieving positive personal outcomes by securing available funding and support options

4   Critically analyse the role of outcome focussed review in the resolution of conflict or challenge.

5   Critically analyse how one organisational policy or approach can support or challenge the implementation of personalisation and Self-Directed Support.

6   Demonstrate an action centred approach to leadership that can challenge cultural, organisational and attitudinal barriers to implementing Self-Directed Support by exploring the roles and responsibilities of the worker, the individual, families and carers and organisations.

# Higher National Unit specification: statement of standards (cont)

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

7    Critically evaluate positive risk taking and safeguarding practice and the implications this can have on the roles and responsibilities of workers, individuals, families and organisations.

**Assessment Guidelines for the Unit**

Assessment for this Unit should be integrated for all Outcomes. The primary assessment should be a project assignment of no more than 3,500 words or equivalent containing evidence of reading and research and referenced appropriately, in which the candidate explains their work with individual(s) in relation to the Evidence Requirements for the Unit. It is suggested that the project is underpinned by:

♦   Critically evaluate how co-production is applied to achieve Self-Directed Support, evaluating the planning processes and funding mechanisms used while analysing potential risks and maintaining the individual's choice and control to achieve positive personal outcomes.
♦   Focus on one individual and critically analyse on approach to resolving conflict and challenging barriers to achieve personalisation and Self-Directed Support.

In addition, evidence of Knowledge and/or Skills which cannot be inferred from the above project assignment could be assessed by means of a recorded professional discussion or a sequence of short response questions.

# Higher National Unit specification: support notes

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

## Guidance on the content and context for this Unit

In 2008 The Convention for the Rights of Persons with Disabilities came into force marking a 'paradigm shift' in attitudes and approaches to people with disabilities. It views individuals with disabilities as 'subjects' with rights who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. The Changing Lives report also considered the role of social work in supporting this change, not just for disabled people, but for all who require care and support. Legislation already allows the inclusion of health funding in a Self-Directed Support package in Scotland. This enables long-term conditions to be managed holistically. Evidence suggests that there can be distinct advantages for people receiving care in this way. The personalisation of health care is also central to this approach to enabling people to live well with long-term conditions.

The Independent Living Movement in Scotland suggests that for too long disabled people have had their rights to control eroded or denied. Independent living is the ultimate aim or outcome that should be achieved when working with individuals seeking to make use of Self-Directed Support. They define this as; 'Independent living means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life'.

The rationale for this Unit is to shift the balance from doing 'to' people to that of doing 'with' people.

This Unit focuses on assisting practitioners to work using co-production as a mechanism that ensures that the lives of people who require support are enriched through greater independence, control and choice that leads to improved health and well being and the best possible outcomes in their lives. The Scottish Government stated this in the strategy document, 'Self-Directed Support: A strategy for Scotland' in 2010. The vision outlined that Self-Directed Support should become the mainstream mechanism for the delivery of social care support. They argue that every person eligible for statutory services should be able to make a genuinely informed choice and have a clear and transparent allocation of resources allowing them to decide how best to meet their needs. It introduces processes and mechanisms for achieving Self-Directed Support including financial management and the creation of individual service funds. The rationale for this approach is to ensure that people direct their own support to the extent they wish or are able to. This involves a number of processes involved in a system that ranges from; outcome focused support planning, financial and individual commissioning to outcome focussed review.

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The candidate will be required to learn how to use co-production to achieve individual outcomes in ways that are person centred recognising an individual's strengths, preferences and networks of support. Candidates will also be required to understand the range of options that may be available to individuals and work with them to make informed choices about how they spend their individual budget in ways that ensure they have greater levels of control over how their support needs are met and by whom.

Self-Directed Support is based on the following values and principles.

♦ **Inclusivity**
   Everyone no matter what level of impairment, is capable of exercising some choice and control in their living, with or without that choice and control being supported by others.
♦ **Dignity**
   Everyone is to be treated with dignity at work, at home and in the community.
♦ **Equality**
   Everyone is an equal citizen of the state — contributing to the growth of a strong, competitive and inclusive Scottish economy.
♦ **Fairness**
   Everyone is provided with unbiased information about the choices available to them; and is treated in a manner which befits and benefits their individual circumstances. Fairness in terms of the individual not the group or society at large.
♦ **Empowerment**
   Everyone is empowered to take control of their own lives and make decisions about their care and education.
♦ **Enablement**
   Everyone is supported to maximise their aspirations and potential, training and education. Support focuses on prevention of increasing dependence and enablement or re-ablement.
♦ **Choice**
   Everyone is able to choose how they live their life, where they live and what they do.
♦ **Control**
   Everyone has control of their support by determining and executing who, what, when and how of the provision and how it is delivered.
♦ **Freedom**
   Everyone is supported to participate freely in all aspects of society in the same way as other citizens.
   (Self-Directed Support: A National Strategy for Scotland 2010)

The methods of delivering the content of this Unit is vital not only to the learning of candidates undertaking the course but in terms of driving a cultural shift around the delivery of care and support that views people as equal citizens with rights and responsibilities.

During this time of tighter financial pressures and demographic change improved outcomes for individuals cannot be delivered with more of the same. The worlds of health and social care need to develop more co-productive ways of working to ensure that outcomes can indeed be improved.

# Higher National Unit specification: support notes (cont)

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

## Guidance on the delivery and assessment of this Unit

If undertaking this Unit as a part of the PDA in Health and Social Care: Personalisation in Practice at SCQF level 8 candidates should have completed the *Health and Social Care: Personalisation in Practice* Unit (FM96 34) prior to commencement of this Unit.

**Outcome 1** is primarily about promoting and planning outcomes as defined by the individual. The Talking Points Framework provides many helpful resources to assist understanding of an outcome focussed approach. By clarifying for candidates the intrinsic differences between input, process, output and in particular outcomes it will be possible to embark on a transformational journey that assists candidates move away from a needs led, deficit based approach.

The theory of co-production formed part of the content for SCQF level 7 Unit, *Health and Social Care: Personalisation in Practice* (FM96 34). In this learning Outcome candidates are asked to apply this theory in practice to the process of outcome focussed planning and individual budget planning. They will need a clear understanding of Self-Directed Support and will be required to reflect upon how they facilitated the processes for Self-Directed Support using co-production. Candidates will be required to demonstrate research skills to illustrate ways in which their work with an individual was creative flexible and person centred. To deliver this Unit centres will be required to promote an approach that is creative, flexible and solution focussed to encourage candidates to facilitate supports that maximise outcomes. Information gathering, person centred approaches to assessment support planning and review will allow for meaningful engagement with individuals and families. Engagement skills, active listening skills and good analytical skills will be needed to complete this Unit.

**Outcome 2** candidates are asked to compare and contrast two mechanisms for achieving and implementing Self-Directed Support. Direct care, the mechanism for *achieving* Self-Directed Support, initially came about as a direct result of campaigning by disabled people themselves with roots in the social model of disability. Consumer directed care; of which direct payments and individual budgets are examples is essentially a strategy that offers flexibility in deciding the best way to use funding to meet individual needs and preferences. Self direction therefore means taking charge of a number of processes involved in a system from assessment through to review. The individual using support may wish to self assess, design their own support arrangements and employ their own staff.

Candidates should explore how to facilitate the acquisition of resources in partnership with individuals who choose this option. Centres will need to familiarise themselves with these systems which may vary depending upon the local authority area within which the Unit is delivered. Another choice that may be made is for the individual to organise support from an established agency and ask them to manage the support arrangement. An individual does not have to take the direct payment to direct their support but could have the money paid to a third party or appointee; they could also have the money managed through a trust or broker arrangement. Money can also be held by the local authority and be paid to a provider in the form of an individual service fund solely for the individuals use. Multi-agency budgeting is an integral aspect of self directed support.

# Higher National Unit specification: support notes (cont)

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

Funding from other streams may include Health, Supporting People; Independent Living Fund and Access to Work. Centres will need to understand the options available to the individual to deliver this Unit.

Self-Directed Support through the use of individual budgets helps move towards a focus of achieving outcomes with a real shift away from process and traditional health and social care models of teaching.

**Outcome 3** candidates are asked to explore the challenges that the transition to personalisation brings to their role. By making use of theories of social justice, organisational theory and critical theory candidates should develop a clear understanding of the constraints inherent in a service driven approach and the challenges of moving to one where the balances of power shifts to the individual. The rationale behind this theoretical approach is to equip candidates with an understanding of the barriers and discrimination that can prevent a shift in the balance of power from the professional to the individual from occurring and to encourage the development of leadership skills. In addition the concept of positive risk taking and safeguarding practice will enable candidates to demonstrate learning from exploration of risk aversion strategies, risk enablement and risk management. This should be balanced with information on legislative and statutory responsibility.

## Useful web sites

Joint Improvement Team (2009) *Talking points: personal Outcomes approach Support Pack for Staff*. Available {online} at **www.jitscotland.org.uk**

The Scottish Government. (2210). *Self-Directed Support; A national Strategy for Scotland*. {online}
(accessed online July 7th 2011)
Sanderson Helen. *Person Centred Planning* (2010)
**http://www.helensandersonassociates.co.uk/reading-room/how/person-centred-planning.aspx**

SCIE Report 40: keeping personal budgets personal: Learning from the experience of older people, people with mental health problems and their carers.
**http://www.scie.org.uk/publications/reports/report40/index.asp**
{online} (accessed online 12th July 2011)

## Reading List

Cahn, E.S. (2000). *No more throw-away people: the co-production imperative,* Washington DC: Essential Books.
Hunter, S. and Ritchie [Eds]. (2007) *Co-Production and personalisation in social care: changing relationships in the provision of social care,* London: Jessica Kingsley Publishers.
Newman, S. [Ed]. (2009). *Personalisation: practical thoughts and ideas from people making it happen,* Brighton: OLM-Pavilion.

# Higher National Unit specification: support notes (cont)

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

### Government publications

Scottish Government. (2011). *Self-Directed Support: a review of the barriers and facilitators,* Edinburgh: Scottish Government.
Scottish Government. (2010). *Self-Directed Support: a national strategy for Scotland,* Edinburgh: Scottish Government.
Scottish Government. (2010). Self-Directed Support (Direct Payments) Scotland, Edinburgh: Scottish Government.

Scottish Government. (2009). *Personalisation: A Shared Understanding,* Edinburgh: Scottish Government.

Scottish Executive. (2007). *National Guidance on Self-Directed Support,* Edinburgh: Scottish Executive.

### Journal articles

Henwood, M. and Hudson, B. (2008). Individual Budgets and Personalisation: A New Model for Integration? *Journal of Integrated Care*, 16(3) pp.8-16.

Kettle, M., O'Donnell, J. and Newman, S. (2011). Getting together and being personal: Building personalisation on a co-production approach, *Journal of Care Services Management,* 5(1) pp.29-34.

Stainton T, Boyce S. (2004). 'I have got my life back': users' experience of direct payments. *Disability and Society*, 19(5) pp.443-54.

### Reports

Boyle, D. and Harris, M. (2009). *The challenge of co-production* [discussion paper], London: NESTA.

Carr, S. and Dittrich, R. (2010). *Personalisation: a rough guide.* London: Social Care Institute for Excellence.

Leadbeater C, Lownsborough H. (2005) *Personalisation and participation: the future of social care in Scotland*, London: Demos.

Homer, T. and Gilder, P. (2008). *A Review of Self-Direct Support in Scotland,* Edinburgh: Scottish Government.

Social Care Institute for Excellence. (2011). *Keeping personal budgets personal: learning from the experiences of older people, people with mental health problems and their carers*, London: Social Care Institute for Excellence.

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

## Open learning

This Unit is suitable for open learning, provided there is authentication of the candidate's evidence.

Authentication could be managed effectively with the employer organisation to ensure the authenticity of the candidate's work

## Opportunities for the use of e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or e-checklists. Centres which wish to use e-assessment must ensure that the national standard is applied to all candidate evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. Further advice is available in *SQA Guidelines on Online Assessment for Further Education (AA1641, March 2003), SQA Guidelines on e-assessment for Schools (BD2625, June 2005).*

## Opportunities for developing Core Skills

There are opportunities to develop the Core Skill(s) of *Communication, Problem Solving, Information and Communication Technology and Working with Others* at SCQF level 6 in this Unit, although there is no automatic certification of Core Skills or Core Skills components. It is not anticipated that the Core Skill of *Numeracy* will be included in the learning or assessment for this Unit.

*Communication* (at SCQF level 6): could be developed through recording, reporting and presenting throughout the assessment process. The use of effective communication skills will be practiced and developed through workshop discussions, negotiations and collaborations.

*Working with Others* (at SCQF level 6): could be developed through explanations of the outcomes of personalisation in practice, team meetings, interactions with other staff and individuals involved in the delivery of services in the community, negotiations and collaborations.

*Problem Solving* (at SCQF level 6): could be developed through explanations of how the candidate dealt with issues relating to methods and models of practice that are inclusive and participatory.

*Information and Communication Technology* (at SCQF level 6): could be developed through the use of technology to communicate information internal to the organisation and externally, through maintaining records, preparing reports, the submission of assessment evidence in an electronic format.

# Higher National Unit specification: support notes (cont)

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

## Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website **www.sqa.org.uk/assessmentarrangements**

## History of changes to Unit

| Version | Description of change | Date |
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# General information for candidates

**Unit title:** Health and Social Care: Implementing Personalisation and Self-Directed Support

This Unit is to help you develop your practice in relation to the planning processes and funding mechanisms associated with personalisation and Self-Directed Support. In order to do this well you will need to develop your practice on three different levels.

On completion of this Unit you should be able to:

1 Critically evaluate and reflect on the planning processes for facilitating co-production and Self-Directed Support.
2 Demonstrate the use of funding mechanisms to achieve and implement personalisation and Self-Directed Support.
3 Critically evaluate the challenges that the transition to personalisation brings to the role of the worker.

Firstly, you will need to look at your own ability to apply your previous learning and knowledge on co-production to the planning and outcome focussed support planning and review processes. If undertaking the PDA in Health and Social Care: Personalisation in Practice at SCQF level 8 it is recommended that you complete the *Health and Social Care: Personalisation in Practice* Unit (FM96 34) prior to commencement of this Unit.

You will learn how to make use of person centred approaches to plan for outcomes with an individual and then begin to explore options for commissioning for an individual service fund. This involves financial planning and researching resources and services with the individual to formulate their support plan. Key to all of this will be your ability to show how you enable the individual you are working with to maintain control and choice in designing their support plan.

Secondly, you will need to understand the funding mechanisms used to facilitate Self-Directed Support. You will need to understand how to access funding from health and local authorities as well as other sources for the benefit of the individual. You will need to be able to provide an individual with unbiased information to facilitate the development and commissioning of an individual service plan and outline and explain the choices that are available. You will be required to have a basic knowledge of employment law and employer regulations to provide appropriate advice for people who choose to employ their own resources.

Thirdly, you will be asked to explore the challenges that personalisation will bring to your role. The emphasis of this Unit is to enable the development of an understanding of the advantages and constraints of working within an organisation during a time of changes in approach when working with people who use support. As well as this you will have the opportunity to explore positive approaches to risk and protection.

In undertaking this Unit you will be given opportunities to develop the Core Skills of *Communication, Problem Solving, Information and Communication Technology and Working with Others* at SCQF level 6 in this Unit, although there is no automatic certification of Core Skills or Core Skills components.