

Self-directed support

Case study of Thomas



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

The example below shows how self-directed support can work when personal outcomes are identified and support is tailored to an individual.

About Thomas

Thomas is a young man diagnosed with ADHD, autism and a mild learning disability. He was on an all-day, every-day, one-to-one support package with a specialist provider. Thomas was becoming increasingly frustrated and aggressive living within a heavily-controlled supported living environment. He was often awake at night, playing loud music and keeping his neighbours awake. He had stopped visiting his mum, whom he had previously seen almost every day.

What happened next?

Step 1: Thomas's provider and social worker were aware of SDS. They had a conversation with Thomas about what matters to him and they discussed with his mum what the possible risks were if they tried a different approach. They all agreed to try option 2 together. This means that the provider would manage Thomas's budget for him and Thomas would work with the social worker and the provider to develop a new support plan.

Step 2: Thomas's provider and social worker spent some time talking and listening to Thomas to find out what he wanted his life to be like. They agreed some outcomes with him:

- to be more independent
- to feel healthier
- to feel better about how he looks so he can make new friends and find a girlfriend
- to have a life like other young people by having a job
- to get on better with his mum.

Step 3: The provider and social worker helped Thomas to create a support plan. Together they arranged:

- a volunteering job
- having his flat sound-proofed
- joining the local gym
- working with a personal trainer
- getting help choosing healthy food
- meeting up with his mum at the provider's centre
- spending nights without a support worker.

Step 4: After a few weeks, Thomas, the provider and social worker met to review how things were going. Most things were working well, but Thomas was not keeping his flat clean when he was on his own and this was making him very anxious. Together they decided Thomas needed someone to help him with cleaning his flat.

Step 5: At the next review, Thomas was beginning to achieve some of his outcomes. He had lost weight through healthier eating and going to the gym. He had made friends with someone at the gym so they often went together. He was still making a noise at night but not waking his neighbours. And he had visited his mum at home a few times.

Thomas's support package was now costing 40 per cent less than it had before.

What might have got in the way

Step 1: The provider and authority may not have agreed to try option 2 if:

- the provider and authority had a poor relationship and did not trust each other
- the authority had an inflexible approach to its contractual arrangements with the provider
- neither of them understood how option 2 might work.

Step 2: They might not have identified his personal outcomes if:

- they could not find time to talk and listen to Thomas about what he wanted his life to be like
- they did not understand what personal outcomes are.

Step 3: They might not have developed a good support plan if:

- they could not think creatively or did not feel they had the power to find innovative solutions
- they were unwilling to take any risks, eg leaving Thomas without one-to-one support sometimes.

Step 4: They might not have found a solution to Thomas's anxiety about keeping his flat clean if:

- the authority's rules prevented spending on things other than care, support and respite, rather than whatever helps to achieve the outcomes.

Step 5: Thomas might not be achieving his personal outcomes and the authority might be spending more on his support if any of these things had got in the way.

Note: We created Thomas's story from a combination of real examples.

Source: Audit Scotland



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