Future Visions: Dare to Dream

Visioning a future for social care... choice and control for disabled people

Summary Report
Everyone should feel valued

.. so treat me with THESE!

Dignity

Respect
Introduction

This report outlines the key learning from the Future Visions programme, delivered by Glasgow Disability Alliance (GDA) and funded by the Scottish Government. The Future Visions (FV) programme aims to:

1. Increase disabled peoples’ knowledge and understanding of support options, including Self-directed Support.

2. Develop their skills and confidence to make informed choices, live a more independent and fulfilling life, and exercise greater choice and control.

3. Increase statutory services’ understanding of the needs and experiences of disabled people, in order to plan and deliver holistic, person-centred solutions.

What is Future Visions?

The FV programme is a mosaic of person-led interventions and approaches delivered by the Future Visions project and GDA wider staff team, supported by GDA’s Life Coach.

It includes the following core elements for individuals:

- **information and signposting** in the form of information stalls, support to telephone enquiries, emails and social media contacts, written materials, films and events about Self-directed Support;

- **individual coaching sessions** by telephone, to help clarify goals and support participants to reach them; and

- **group work** where participants learn together and develop a peer support network;

- **a tailored support plan** to enable participants to achieve their goals. These take a creative and flexible approach for each individual, including commissioning personal assistants (PAs), buying specific technology/software, accessing learning opportunities, providing transport, opportunities to socialise and trying new activities.
For organisations, Future Visions delivers a range of supporting materials, reports and films which raise awareness of barriers to independent living and SDS support. GDA staff deliver events which highlight barriers and solutions to independent living as well as training, masterclasses and keynote speeches sharing learning from the Future Visions project.

A cornerstone of Future Visions and GDA methods is to bring disabled people and planners, policy makers and decision makers together to share experiences and plan solutions. GDA has a number of working partnerships to progress independent living and rights to supports.

Where did Future Visions come from?

Future Visions was designed to help address the relatively low uptake of Self-directed Support (SDS) amongst disabled people. Whilst there are some excellent examples of SDS transforming people’s quality of life, others who may be eligible for SDS have not pursued this option yet as, for example, they:

- are not clear on what it could do for them, or what they could/couldn’t spend their budget on (which is also the case for some providers and authorities);
- have concerns about their budget being cut if they move to SDS (not helped by current budget pressures and increasing demands); and/or
- have been discouraged from pursuing SDS by Social Work or their families.

To exercise choice and control takes confidence

1 Self-directed Support (SDS) was introduced by the Scottish Government in 2010 to give people more choice and control over their social care services, by providing a budget to be used as they wished (directly, arranged by a provider or Social Work, or a combination of these).
Audit Scotland (2017) found a range of barriers inhibiting local authorities’ full implementation of the SDS Strategy including austerity, related budget cuts and rising thresholds.

Future Visions allowed disabled people to ‘test drive’ some of the SDS principles – having greater choice and control to live their lives – to demonstrate what was possible with a little support and to encourage consideration of social care support and uptake of Self-directed Support.

**The policy context**

It’s important to note that SDS sits within a wider local, national and international context. In their 2016 report, the United Nations Convention on the Rights of Persons with Disabilities judged the UK Government’s austerity measures to have “grave or systematic violations” of its articles regarding independent living, work and employment and social protection. This was considered to have deteriorated further within 12 months, seen as a “human catastrophe” for disabled people in the UK. Specifically, the UN found that local authorities are not adequately resourced to meet their duties in relation to wider independent living outcomes.

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The Scottish Government has sought to address some of the impacts of welfare reform by counteracting the bedroom tax, extending the Independent Living Fund and its commitment to involve and support disabled people when developing its new social security system. The Scottish Government has also committed to a goal\(^3\) of:

“...nothing less than for all disabled people to have choice and control, dignity and freedom to live the life they choose, with the support they need to do so.”

The Scottish Government’s *Fairer Scotland for Disabled People* Delivery Plan has five longer-term ambitions and 93 actions. The Plan takes a rights-based approach, which fits with the United Nations Convention on the Rights of Persons with Disabilities. The five ambitions are:

1. Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation.
2. Decent incomes and fairer working lives.
3. Places that are accessible to everyone.
4. Protected rights.
5. Active participation.

New Health and Social Care Standards have also been published by the Scottish Government and apply to the NHS and services registered with the Care Inspectorate and Healthcare Improvement Scotland from April 2018. The standards have five headline outcomes which are broken down into a number of themed principles (around dignity and respect, compassion, being included, responsive care & support and wellbeing) with specific standards under each of these themes. These support an asset and rights-based approach to service delivery, putting the individual at the centre, with information, choice and control over what happens, to support wellbeing.

Social isolation and loneliness is now a key public health concern which impacts on both physical and mental health. Social connections build resilience and social capital, which improve quality of life on many fronts, benefitting both the individual and wider society. However, many disabled people feel they just ‘exist’ rather than live their lives fully.

This reinforces the point that strategies and plans need to be enacted fully and consistently to make a real difference to disabled people's lived experiences, their wellbeing and their ability to fulfil their potential.

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Locally, Glasgow City Integration Board’s Strategic Plan 2016 – 19 aims to make a positive difference for disabled people in the city. This includes responding to local people, particularly where health is poorest, supporting vulnerable people to promote social wellbeing, designing and delivering services around the needs of individuals, carers and communities. GDA was involved in the development of the Disabilities Strategy Map within the Plan, which outlines medium and longer-term outcomes and key actions to realise these. The Health and Social Care Partnership has also published a Mainstreaming & Equality Plan 2016 – 18 with the aim of fostering a fairer and more inclusive Glasgow.

GDA’s Manifesto 2017 ‘An accessible Glasgow for all’ is in tune with the Scottish Government’s Delivery Plan and other strategies, but highlights that the theory outlined has yet to trickle down into consistent practice – we all need to do more and do it better. It calls for Glasgow City Council to:

1. Put disabled people at the heart of tackling poverty.
2. Involve disabled people in Glasgow’s City Deal decisions.
3. Take action for independent living.
4. Make our rights to Social Care and Self-directed Support a reality.
5. Take action on disability hate crime, harassment and discrimination.

So, against this backdrop, Future Visions was designed to help disabled people see how their life could change, with a bit of support, encouragement and belief.
Key learning

Discussion with participants quickly showed how transformational they felt Future Visions had been to their lives. They were so consistently positive, energised and looking forward to the next steps in realising their goals. And they clearly felt that Future Visions had equipped them to reach those goals as their lives already felt so different.

Participants were from different ages and stages in their life, from different cultural backgrounds with very different life experiences; not least as some had lived with a life-long disability whilst others had experienced life differently at first. But they were consistently effusive about the changes Future Visions had made to them, and to their lives. They were motivated and confident to keep moving towards their goals as they could see the distance they had already travelled and they were keen to keep on travelling!
Some ratings…

Each participant in the individual interviews was asked a few ‘marks out of 10’ questions, to help calibrate the qualitative feedback given.

Key scores were as follows:

- The average response to ‘marks out of 10’ for quality of life pre-Future Visions was 2.6.
- This increased to a mean of 8.2 out of 10 for quality of life, following Future Visions (up 5.6).
- Future Visions scored an average of 9.7 out of 10. 14 out of 17 gave it 10 out of 10!
- GDA scored 10 out of 10 by every single participant (or 11 or 100!).
- The Net Promoter Score for Future Visions is +87 (87% of people scored 9 or 10 – promoters – when asked how likely they were to recommend Future Visions to others).

The key learning from the Future Visions programme can be grouped around individuals themselves, process, the value & importance of GDA’s delivery and impacts, as follows:

Preparing Participants:

1. Anyone can exercise some choice and control; the key is to have access to information and access to the right support.

2. Things are looking up: quality of life, confidence, hope and aspirations grow significantly …from a low starting point.

3. The right mindset is key: people need to increase confidence and be open to taking the first steps, e.g. through the STEPS to Excellence Programme. This boosts confidence, increases activities and leads to “doors opening”, enabling a domino effect to taking further steps.

4. Building trust and preparing for change is vital, particularly as people have fears based on previous bad experiences with services and some worry they will lose (hard-fought) benefits or services if they change anything.
The PERSON should be in the lead

We need to have a simple conversation

MY life

MY needs

Me

Assessment
Budgets
Red Tape
Risk

Process:

5 Holistic, person-led support is critical to positive outcomes, based on a new conversation and simple ‘assessment’, aided by reduced bureaucracy, flexible thresholds and adequate resources.

6 Solutions need to be creative and flexible to overcome barriers, try new things, make mistakes and change your mind: Plan A, Plan B, Plan C...

7 Daring to dream and set goals can be difficult for disabled people starting from a very low point due to cumulative barriers.

8 It’s the right recipe: confidence building, learning, coaching, peer support, personal assistants, role models, funding, access, e.g. transport, all have a role to play in making change happen.

9 Life coaching was a key success factor for building confidence and self-belief, raising expectations and supporting the journey.

10 Solutions needn’t cost a lot of money to make a big impact.
All three elements - **Financial**, e.g. equipment, subsistence; **Access**, e.g. transport, personal assistants; and **Personal Support**, e.g. information, coaching - are necessary to **work together to effect change**. Whilst individual goals were different, all participants benefitted from social interaction, getting out of the house, learning opportunities and building each individual’s capacity/resilience.

Feeling respected and being treated with dignity leads to improved self-respect and self-belief and these principles were embedded by project staff from the outset.

Peer support made all the difference to participants as they knew they weren’t alone – other people had faced similar issues and some of them had already overcome these! Participants also had a new social network.

The power of ‘we’ – was motivational, i.e. seeing the transformation in others and having role models was inspiring.

Timing of funding and support is critical and needs to be flexible to achieve positive outcomes.

**USE the POWER . . .**

**GDA**

**MY life!**

**Role models**

**Motivational**

**Encouragement**

**MY life!**

. . . of **WE!**
Value and importance of GDA’s delivery:

16 The fact that many GDA staff and all other participants are disabled, are non-judgemental and “get it”, establishes rapid trust.

17 Acceptance without intrusive scrutiny to justify or explain disability means a lot: by focusing on strengths to build aspirations, Future Visions overturned deficit models people had encountered in the past to build and boost self-esteem. (This relates to the assessment for Future Visions as well as the process).

18 The provision of access to reduce barriers enables stress-free participation, is unique and makes all the difference.

19 High standards - doing things properly and not on the cheap – helps make disabled people feel valued. That said, costs were modest.

20 Many people wish they had known about GDA much sooner, reinforcing the need to promote the benefits of Future Visions and GDA and be ‘champions’.

21 GDA’s ‘one stop shop’ approach helps to identify potential participants and provides access to services, other activities, networks and campaigning activities for participants to move onto upon completion.

GDA being run by disabled people . . .

We UNDERSTAND your journey

Great! Here I feel supported and respected . . not ‘judged’
Impacts:

22 It works! Having choice, control and a bit of support can be life-changing… and life-saving!

23 Improved confidence was an outcome which was vital to enabling and motivating people to achieve other positive outcomes.

24 Choice and control help develop a sense of self, of identity, of purpose and improve health and wellbeing.

25 Access to learning enables increased aspirations and capacity to achieve outcomes.

26 Outcomes were varied ranging from a more positive identity, increased social connections and enhanced self-belief to accessing services, volunteering, community involvement and further learning, training and looking for employment.

27 Building capacity, resilience and social capital of people individually and collectively as well as agencies provides impact legacy.

28 Transformative impact beyond the individual participants to family, friends and community:

29 Many Future Visions participants went on to be involved in supporting other disabled people through the GDA community, demonstrating increased “collective” responsibility and a sense of leadership, e.g. Drivers for Change Network. Some participants also got involved in their local communities.
Conclusions and recommendations

Feedback from the participants of Future Visions involved in this research demonstrates that the programme worked very well for them. The Future Visions approach establishes the components needed for a truly transformative, outcomes-focussed support system based on trusting relationships, respect and “good conversations” (Audit Scotland). While existing social care services are hampered from implementing SDS in practice (Audit Scotland), as austerity, rising thresholds and bureaucracy create barriers to choice and control - **Future Visions demonstrates the value of investing in lower-level preventative support including short term intensive interventions.**

Participants valued their learning highly and the opportunities they had to try out new things in a safe and supported way. Their confidence has grown so they can now ‘dare to dream’ that they can pursue a different, more positive path to achieve an improved quality of life. This impacts on the participants themselves, but also their families and the wider community. There was very **clear and unanimous support for Future Visions to continue and grow.**

It must be noted that a small number of participants **have not been able to go on and realise further goals**, and some have experienced a relapse in confidence and positivity about the future since completing the programme. In some cases, this was directly related to acute health issues which made it difficult to maintain the momentum of change from Future Visions.

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**Value me and my strengths**

The focus should be on THIS!

What I CAN do!

. . . and NOT on ‘what you CAN’T do’
Critically, longer-term personal outcomes were impacted on by the short-term nature of Future Visions interventions and a wider lack of available or adequate social care support. ‘Future Visions level’ outcomes proved hard to maintain in some cases without access to ongoing social care support for the following reasons:

- Social care/SDS in practice only meets very basic needs for some people, but is insufficient to meet their personal outcomes – so whilst they know what they want to do, they do not have the support or resources to achieve it.

- Future Visions is unable to guarantee access to Self-directed Support or social care. Although most participants went on to become more involved with GDA programmes, retaining and developing strong connections and peer support, this does not replace access to social care, and many participants with low, moderate or even substantial support needs do not meet thresholds for formal services.

- GDA members felt that the only existing long-term model of support closely mirroring Future Visions is the Scottish Independent Living Fund – however this is currently closed to new applicants.

- Social care, SDS and other community-based supports are part of a wider framework of rights required to live a fuller life of choices and reach potential. The absence of these can prevent people from moving on to the next level.

The current approach with Future Visions was perceived to work very well and no major changes were considered to be required by participants.
The following suggestions were mooted as worthy of consideration by GDA and its funders in any future development of the Future Visions programme:

1. Firstly, participants reiterated strong support for **further, increased funding** of this important, life-changing approach to building confidence and capacity to better understand and access support options. It was felt that funders and policy makers do not currently understand just how low disabled people's expectations, confidence and capacity actually are, so they need this kind of tailored support in order to flourish.
   “Just more funding would allow more people to experience it!”

2. Due to the scale of barriers faced, **there is a need for longer, flexible support** from Future Visions to achieve the best possible outcomes for some individuals.

3. In addition, a **follow-up 1:1 with the Life Coach or a ‘refresher course’** would be helpful for some people after completion, to re-focus on goals, remind them of the tools they could use to reach those goals and what they had already achieved. If momentum is lost then it can feel harder to move things forward alone.

4. It was suggested that a **more overt ‘exit strategy’** would be helpful, to prepare people for what happens next. On balance, it was felt that participants did not want the project to end because **many of them were unlikely to qualify for social care with existing thresholds in Glasgow** and some would not be able to afford care charges.

5. A **programme specifically for young people at key transition points** was considered to be extremely useful, e.g. booking travel independently, getting your own place, etc.
Discussions with Future Visions participants and wider GDA membership, including Drivers for Change Network, have generated the following suggestions for consideration regarding future development of the Self-directed Support policies, services and training:

1. SDS, and social care more widely, would benefit from taking a similar **approach to assessment**. This **would require a change of culture and practice** in relation to assessment, based on the **person leading the process**. This might mean a **simple conversation** about what matters, what they would like to achieve, any barriers faced and what supports could overcome these barriers.

2. It would be helpful, and more effective, if SDS and social care more widely recognise that **people need to boost their confidence and skills in order to “Dare to Dream”** and to understand that they might have choices. This requires learning, capacity building, peer support and role models.
3. **Disability Equality and Independent Living** training should be mandatory for those delivering SDS, social care, independent living assessments and related services, e.g. social work staff and ILF and these principles should be embedded in training and practice for wider agencies, e.g housing, health and community planning partners.

4. GDA members would like to see social care building on learning and approaches taken by the Scottish Independent Living Fund, which is delivering on independent living and was felt to have the right culture. It was also recognised that the ILF is running innovative programmes, such as the Transitions for Young People scheme.

5. Linked to this was the suggestion that **funding for social care should be increased and ring-fenced**.

6. FV outcomes demonstrate the importance of **lower-level preventative investment, if rights to Independent Living are to be upheld**. Moving to a society where disabled people have equal chances to thrive – beyond just keeping people alive - **requires a wider reimagining of social care within Scotland's integrated services: to include preventative, lower-level support from community-led organisations and shorter-term enabling interventions which can transform lives and unlock capabilities, e.g. confidence building, equipment, support for travel training**.

7. **Commissioners contracting SDS and social care services should give higher weighting to independent living outcomes**, choice and control within tendering frameworks, as this will directly benefit disabled people's quality of life.

8. **GDA is currently exploring a partnership with Glasgow City Council and the Scottish Government via an Expert Group on Social Care**. This would aim to influence the design of social care support options, contractual arrangements, services and activities available to disabled people, to move beyond meeting basic needs and towards achieving positive personal outcomes. This research suggests such an initiative would be welcomed by disabled people and would be beneficial to developing more flexible and responsive policies and services which could in turn deliver choice, control and independent living.
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