Ten Top Tips

Implementing Self-directed Support in Substance Misuse Services

1 Some services (e.g. needle exchange, 24/7 helplines) will always need block funding.

Services which individuals use without an appointment and for brief periods of time only cannot be individualised. Provided as safety nets, they will require block funding to survive.

2 Service providers will require bridging finance to make the transition from block funding to individual budgets for recovery supports.

This transition is not cost-neutral. Additional time and resources and the need to make changes to their finance and IT systems to support individual invoicing will be required. In some cases block funded services will need to continue for a period whilst supports are individualised, requiring dual funding.

3 All service providers (including social work) need to work out unit costs for recovery supports.

Beyond working out hourly rates, service providers should be developing new models for costing support, shifting the focus away from hourly rates to support based on individual outcomes.

4 Disability providers have valuable experience to share.

Providers of services for people with physical and learning disabilities have been providing individualised supports for many years. Many have restructured to embed self-directed support. Much of their learning is captured at: http://supportmesupportyou.org

5 Individual Service Funds (SDS Option 2) could be a good solution for people in recovery from substance misuse.

Where the level of risk involved in taking a direct payment (option 1) is perceived as too high, option 2 can offer a level of choice and control over how support is provided. This is an attractive option for people in recovery from substance misuse. Service providers that can offer this option are likely to attract business. http://supportmesupportyou.org/search-guidance/option-2/option-2/

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6 Service provider creativity and budget pooling by support users could open up new opportunities.

People in recovery from substance misuse with SDS budgets have the opportunity to pool funds together to create and commission their own services. Service providers could play a part in bringing people together and facilitating this.

7 Providers will need to move towards a core staff team and part time / sessional staff to allow them to flex up and down.

Service providers will face uncertainty about how many service users with self-directed support they will attract and therefore the staffing required. This risk can be managed over time by moving towards more diverse staff contractual arrangements.

8 Workforce development for SDS implementation is required.

The move to SDS is a major culture shift for the substance misuse workforce, particularly around co-producing recovery plans and risk enablement. Staff will require training and support from their employers with this.

9 Having to go through social work to access self-directed support is a barrier for people in recovery for substance misuse.

Pilotlight co-design team members with lived experience expressed a strong reluctance to engage with social work.

10 Service providers should consider employing peer workers who can draw on their own lived experience to build trust with people in recovery, inform them about self-directed support and support them to engage with social work to access it.

Two self-directed support peer worker roles were co-designed in phase 1 of this Pilotlight project. From September 2016 they are working across Aberdeenshire, employed by Turning Point Scotland. The impact of the roles will be evaluated as part of this Pilotlight project.