



SDS stories

self directed support mental health stories

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this is EDITH'S SDS Story

option 3 | outcomes

Before Self Directed Support (SDS)

Edith was not looking after herself, she was not eating, sleeping and had got herself into financial difficulties. Edith's home was very cluttered and she had become estranged from her brother.

Edith also found herself not engaging in social activities or the community as she previously had, leading to greater isolation.

Taking all these factors into consideration Edith's mental health became very low in mood. This had become an on-going occurrence since the passing away of her mum.

Accessing SDS

Edith's friend made contact with the local social work department and a visit was arranged.

A duty social worker conducted a SDS assessment with Edith. It was discussed and agreed with Edith that she would access SDS option 3, receiving four hours of support each week. Social Work contacted Penumbra and made a referral to offer Edith support.

SDS Outcomes

Social Work funded the following outcomes:

- managing correspondence, budgeting, appointments; for **increased life skills and independent living**;
- maintaining house and household tasks; for **better self management and improve wellbeing**;
- engage in social activities and the community; to **increase social networks and build confidence**.

Penumbra used I.ROC and HOPE Toolkit to prepare a Support Plan based on the agreed outcomes and indicative budget specified by the Social Work Department.

Meeting Outcomes

Penumbra consistently used I.ROC and HOPE Toolkit helping Edith achieve goals in her Support Plan including improved wellbeing and confidence.

Edith attended a SDS Asset Event, organised by Penumbra. Edith had many heirlooms similar to those in the SDS Asset Event museum venue. Using a personalised approach, Penumbra worked with Edith to successfully have her heirloom's displayed in a reminiscence centre in Edith's town. This has helped Edith achieve goals and engage in her community.

SDS in Practice

SDS impacted on Edith in the following ways:

- A friend helped Edith access SDS by contacting the Local Authority
- Edith agreed her outcomes with social work
- Edith was involved and agreed decisions on her SDS option
- Edith was happy with the level of choice and control under SDS option 3
- Edith worked with Penumbra and has seen real change in her mental health and circumstances
- Edith has increased confidence and independence, managing her home and attending social activities e.g. SDS Asset Event - *"I felt it increased my confidence as I got to speak with new people and this makes me feel included in society"*
- Penumbra used the I.ROC and HOPE toolkit to support Edith to work towards her outcomes
- Penumbra Support Manager commented *"I visited Edith after [SDS Asset Event] and what I observed was a very different person in attitude to the one I had assessed. Edith had a light in her eyes and was smiling and planning for the future"*

this is KEVIN'S SDS Story

option 2 | dignity and choice

Before Self Directed Support (SDS)

Kevin was diagnosed with Schizophrenia and required twenty four hour support including medication, social activities, and managing mental health. Kevin was supported by a Penumbra supported accommodation service. After ten years of support at the accommodation service, Penumbra and Kevin explored moving on into his own flat.

"I learned lots at [supported accommodation], felt confident, learnt skills..." expressed Kevin. Kevin was nervous about the idea of moving on.

Penumbra supported Kevin to build his confidence, look for flats, and make plans about moving on and living in the community. Kevin was informed, given information and supported to look at applying for SDS funding.

Accessing SDS

Kevin was given a SDS assessment. Due to the anticipated reduction in Kevin's support, there were many meetings and professionals involved in discussions about Kevin's care, support and wellbeing.

Kevin was involved in these meetings *"Yes...there was council staff there, Penumbra staff...my social worker; they spoke about how many hours of support I would get..."* stated Kevin.

Kevin was given information, time and choice of support providers. Kevin identified, bid and got a flat. Kevin was given SDS option 2 and chose a local Penumbra supported living service for his support.

SDS Outcomes

Social Work funded the following outcomes:

- managing correspondence, budgeting and household tasks; for **increased life skills and independent living**;
- managing medication; for **increased control and self management of health**;
- engage in social activities and the community; to **increase social networks**;
- Fishing trips; for **increased purpose, direction and wellbeing**.

Penumbra continued to use IROC and HOPE Toolkit to prepare a new Support Plan based on the agreed outcomes and indicative budget specified by the Social Work Department.

Meeting Outcomes

Penumbra consistently used IROC and HOPE Toolkit helping Kevin to achieve goals e.g. self-managing medication, meeting others and visiting locations for fishing.

SDS in Practice

SDS impacted on Kevin in the following ways:

- Kevin successfully accessed SDS when moving from a supported accommodation to his own flat;
- Using a risk enablement approach and SDS Kevin, Penumbra and local authority have successfully reduced his support from almost twenty four hours of support a day to thirteen hours of support per week over a two year period;
- Kevin is meeting and achieving outcomes and the local authority is saving money by allocating Kevin SDS funded support;
- SDS funding has helped build Kevin's confidence and independence explaining the best thing about having his own flat is *"My own privacy"*;
- Through SDS Kevin feels more in control of his life and circumstances - *"I'm enjoying being in my own wee place...long may it last"*;
- Penumbra continue to use a personalised approach *"I think it [Penumbra supported living service] is better now than it was at [Penumbra supported accommodation]"*

this is MAGGIE'S SDS Story

option 2 | working together

Before Self Directed Support (SDS)

Maggie was diagnosed with schizophrenia in 1984 and has stayed in hospital on numerous occasions due to her mental health. Maggie's mental health can impact on her caring and looking after herself and her home.

Maggie first came to Penumbra in 2005, accessing a supported accommodation and then Penumbra housing support service. During her time at these services Maggie worked on her outcomes around managing medication, independent and daily living, and engaging in the community, *"I feel I care for myself and able to take medication"* expressed Maggie in her I.ROC in 2014.

The local authority was paying over £600 per week towards Maggie's support at housing support service. After three years of working towards her goals at the service, Maggie was now in a position to move into her own home in the community, *"I was very excited as I had always wanted to get my own house in the community someday and made this a goal that I wanted to work towards"* explained Maggie.

In preparation for moving on Maggie was given information on SDS, her rights and what was available in the community, *"I went to a talk in the [Penumbra] staff office on Self Directed Support and this made me realise the options that would be available to me"* expressed Maggie.

Accessing SDS

Maggie had a SDS assessment, which included the team at the Penumbra service and her social worker. She discussed SDS and the options available to her, and was allocated a SDS Budget. Maggie chose Penumbra as her support provider and it was agreed SDS option 2 was the best option. Maggie's SDS budget was for just over £100 per week.

Working together

Penumbra worked closely with the local authority social work team, SDS team, and Maggie to move away from 'hours' of support to designing and delivering support based upon Maggie's outcomes. Penumbra and the local authority developed an outcomes-based invoice for SDS to better support Maggie and her outcomes.

SDS in Practice

SDS impacted on Maggie in the following ways:

- Maggie and Penumbra discussed SDS before her review, informing her of her rights and choices;
- Maggie chose to stay with Penumbra as a provider, *"I am very happy that Penumbra staff will still be supporting me in my home"*;
- Maggie's I.ROC score for participation and control has increased from 4 to 5 since moving on from the supported flat;
- Using a risk enablement approach Penumbra and local authority have successfully reduced Maggie's support from accessible twenty four hours of support a day to around five and a half hours of support per week;
- Maggie is meeting and achieving outcomes and the local authority is saving around £400 per week by allocating Maggie SDS funded support;
- Everyone involved ensured that Maggie remained at the centre of her support planning and delivery;
- Penumbra was able to overcome 'hours' in favour of 'outcomes' for enhanced personalisation for Maggie.

this is CRAIG'S SDS Story

option 2 | dignity and choice

Before Self Directed Support (SDS)

"I always thought I was alright that was the worst part...I always thought I was alright until I spoke to a doctor and my psychiatrist and I got diagnosed with paranoid schizophrenia" explained Craig.

Craig continued *"because I went in and out of hospital they said that 'we are not going to let you go back to your own flat'...I had to prove to them that I could do my own flat and all that...It was a bad case of paranoia...looking back now it was a hard time".*

Craig moved into a Penumbra supported accommodation. Craig described the service *"they got me in a routine...grabbed me by the neck and said 'you need to go pay rent, you need to keep your flat and that tidy' and stuff like that. The most important bit was my mental health, they would ask me and encourage me to talk to them if I was feeling unwell and that. I got support every day and Penumbra kept me in that routine and not sliding back, which was fantastic...you look back and think they have done the right thing".*

Accessing SDS

After four years in the Penumbra accommodation service Craig was ready to move into his own flat. Craig had a SDS Assessment, which involved

professionals from health and social care, and Craig's family. Craig was given time to go away and consider a provider that he felt suited his needs and outcomes. Craig chose a local Penumbra supported living service. Craig was allocated SDS option 2.

SDS Outcomes

Social Work funded the following outcomes:

- managing correspondence, budgeting and household tasks; for **increased life skills and independent living**;
- managing medication; for **increased control and self management of health**;
- attend a college course, volunteer work or paid work; for **increased independent living**, and develop **skills and interests**.

Penumbra continued to use I.ROC and HOPE Toolkit to prepare a new Support Plan based on the agreed outcomes and indicative budget specified by the Social Work Department.

Meeting Outcomes

Penumbra consistently used the outcome focussed tool I.ROC and HOPE Toolkit helping support Craig to achieve goals maintaining his home, building routines, gaining a volunteer coaching role at a Scottish Football Club, and starting a psychology course at college.

SDS in Practice

SDS impacted on Craig in the following ways:

- Craig successfully accessed SDS when moving from a supported accommodation to his own home;
- Using a risk enablement approach and SDS Craig, Penumbra and local authority successfully reduced his support from accessible twenty four hours of support a day to ten hours of support per week over a one year period;
- Craig is meeting and achieving outcomes and the local authority is saving money by allocating Craig SDS funded support;
- SDS helped Craig meet outcomes and manage his recovery - *"I was unwell for about 4 or 5 years, so to get to this place, do you know what I mean, is fantastic."*;
- Craig was given choice during his SDS assessment - *"I'm really happy with Penumbra"*;
- Penumbra's personalised approach is an important factor in Craig meeting outcomes - *"The individuality of it is brilliant...it means so much"*;
- Craig co-delivered a SDS workshop with Penumbra to the NHS, and made a SDS video accessible on Penumbra Youtube.

this is ANNE'S SDS Story

option 2 | risk enablement and independence

Before Self Directed Support (SDS)

Anne began drinking alcohol in the mid 1970s as a social activity with her husband. Her problems with alcohol misuse began when her husband passed away. "I know I was drinking too much" explained Anne. She was diagnosed with Alcohol-related Brain Damage which led to her becoming isolated, impacting on her mental and physical health. Anne recalls going to her GP to seek help with her Alcohol misuse. She was admitted to hospital requiring help and support for her alcohol misuse, isolation and health e.g. she was extremely underweight at 5 stone.

Accessing SDS

Anne had a SDS Assessment in 2015. Anne remembers being involved and listened to at her assessment, "they were encouraging my opinion and they listened to me". Anne knew the outcomes that she wanted to meet and communicated these which included managing her home, developing life skills, managing mental, physical health and alcohol use, and getting involved in her community.

Anne successfully accessed SDS option 2, choosing her support providers to support her mental health and outcomes.

Anne's social worker explained that they carefully planned the support with Anne and her chosen provision to help her access SDS, "Anne has practical based support for nutrition and wellbeing...and for the social side, everyday someone coming in to say hi".

Working Together

Anne works closely with Penumbra, her other support provider and social worker to help best meet her goals and outcomes. For example Anne has a diary in her home that is updated daily by both support providers and visitors to ensure everyone is communicating and sharing knowledge.

Risk Enablement

Anne's ARBD affects her memory and it was important for her social worker to plan and work closely with Anne and her support providers to enable her to access and manage SDS, "the support Anne receives has a focus on risk assessments". Her social worker had good knowledge and confidence in Penumbra and how we support SDS, "Penumbra have good communication, are person-centred and use risk assessments".

SDS in Practice

SDS impacted on Anne in the following ways:

- Anne explained that her community, social and personal networks help support her and keep her safe, "my neighbours look out for me...I have plenty of family round about me", an important part of SDS;
- Anne is very happy with her support from both Penumbra and other provider "Couldn't meet a nicer bunch of people";
- Anne has not had any hospital admissions since accessing SDS, "there has been no more hospitalisations which is considered a success" - Penumbra keyworker;
- Anne's social worker used a personalised and risk enablement approach to help Anne explore and access SDS, "SDS has helped enable Anne and has promoted her overall wellbeing";
- Anne's social worker explained that SDS has helped Anne maintain her independence, "for Anne SDS helps promote her independence", one of the SDS values;
- All organisations involved in Anne's life continue to work together to help support her outcomes, "Penumbra have a great working relationship with all the people involved in her care and support" - Penumbra keyworker.



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