



## International Women's Day 2021

# My Support My Choice: women's experiences using Self-directed Support

## Event Report

### Introduction

On 8 March 2021 (International Women's Day), the Health and Social Care Alliance Scotland (the ALLIANCE) and Self Directed Support Scotland (SDSS) jointly hosted a digital event to explore women's experiences of Self-directed Support (SDS) and to discuss the next steps for social care. 19 people representing a diverse range of interests and organisations participated.

Chaired by Lucy Mulvagh, Director of Policy and Communications at the ALLIANCE, we heard first from Hannah Tweed, the ALLIANCE's Senior Policy Officer, on key findings from *My Support My Choice: Women's Experiences of Self-directed Support and Social Care (MSMC)*.<sup>1</sup> This was followed by Anne-Marie Monaghan of the Community Brokerage Network, speaking from her own experience using SDS and supporting others to do the same in a presentation titled "Warrior Women".

This report contains feedback from the speakers and participant discussion, which was centred around the following key questions:

- How can we improve social care for women in Scotland?
- What should be done to improve women's access to information about SDS?
- What needs to change for women to have more choice and control over their budgets?
- What role do supported decision making and participation play in current social care practices?
- What data should be collected around women's experiences of social care? Who should collect it? How and where should it be shared?

---

<sup>1</sup> Available at: <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/12/ALLIANCE-SDSS-MSMC-Women-Report-Dec-2020.pdf>.

## Women's Experiences of SDS in Scotland

### Information about SDS

Presenters reflected that women heard about SDS from a variety of sources, and that community brokerages and independent support and advice organisations can be a valuable resource in providing support. Women who participated in the MSMC research project reported that they had first heard about SDS from the following sources:

- 99 women (41%) first heard about SDS from a social worker or occupational therapist.
- 45 women (19%) heard from friends or family members.
- 27 women (11%) heard from independent orgs.
- 17 women (7%) heard from health professionals.
- 14 women had not heard of SDS.

MSMC also found that there was notably inconsistent information given about the four options of SDS:

- 90 women (38%) said all four options were discussed during their needs assessment.
- 48 women (21%) discussed “some but not all” SDS options.
- 48 women (21%) – none of the options were discussed.
- 47 women (20%) were unsure which options were discussed

Women were less likely than men to have had all four options discussed during their needs assessment; 38% of women compared to 46% of men.

### Conversations and questions about support

Participants reflected on the need to avoid stereotypical gendered assumptions – for example, to challenge the expectation that all women wish to be carers and nurture others. Others commented on the need for social workers to empower and enable people to take risks, and to assess their own priorities when undertaking needs assessments. Presenters discussed the importance of having time for people to ask questions and outline their needs properly in reviews and needs assessments, and how important that was to the successful implementation of SDS.

In MSMC, people responded to the statement “All my questions were answered”:

- 114 women (49%) strongly agreed / agreed.
- 86 women (37%) strongly disagreed / disagreed.

- 33 women (14%) did not know.

Women were less likely than men to think that their questions had been answered; 57% of men agreed, compared to 49% of women.

When discussing conversations with social work (MSMC):

- 133 women (56%) were happy with their conversations with social work professional.
- 71 women (30%) were unhappy.
- 32 women (14%) were unsure.

One MSMC respondent reflected that:

“When it comes to the SDS, we have a really good relationship. When I have a dip in my mental health mood, I shut everybody out – but he perseveres, and he phones me or chaps on the door or things like that.”

Event participants agreed that good conversations with social workers, and the ability to have trusting relationships that empower people to make their own decisions, are important.

### Waiting times

MSMC asked people to respond to the statement that “waiting times, or waiting for responses, makes SDS more difficult for me”. People responded as follows:

- 90 women (55%) strongly agreed / agreed
- 40 women (25%) disagreed / strongly disagreed
- 33 women (20%) did not know

Many MSMC participants had waited for more than six months for a needs review / assessment following a request for support. Some waited for over a year. Anne-Marie Monaghan reflected on the slowness of the process to access support, and how many people end up unable to continue pursuing SDS because of the time it took. Participants took up this theme, with one person sharing in the chat:

“Completely agree with Anne-Marie’s point about lack of time and giving up during the process. For many people living with dementia or unpaid carers of dementia they are also facing a decrease in ability that can be time sensitive. Often by the time SDS is accessed, the person living with the dementia has moved past a point in which SDS could be used to its full potential. SDS was not accessed in enough time to make the difference that was sought to keep person living at home longer or gain independence.”

Others commented on wider experiences where people living with life limiting conditions were particularly in need of prompt assessments and responses to queries around SDS/social care if they were to receive adequate and personalised support.

## **Budgets and money**

Money – and particularly the importance of choice and control over personal budgets – was a key theme within MSMC. When asked “have you been told the amount of money you can spend on your support?”, we received the following results:

- 95 women (57%) had been told how much money they could spend on support.
- 54 women (33%) had not been informed.
- 16 women (10%) said they did not know if they had been given a budget.

Women were less likely than men to have been told their budget; 76% of men had were given that information, compared to 57% of women.

Similarly MSMC asked “did you choose who manages your personal budget?”. We received the following response from women who responded to the survey:

- 94 women (55%) – yes, I was free to choose.
- 43 women (25%) – no choice.
- 21 women (12%) – don’t know.
- 12 women (7%) – I chose from a set list.

Women were less likely than men to have been able to choose who managed their budget. 65% of men stated that they were free to choose, with 17% given “no choice”.

## **Data gathering and analysis**

Presenters suggested that disaggregated data gathering and intersectional analysis are essential to ensuring equitable access to SDS/social care. They also called for systematic and robust data gathering is needed by local and national public bodies on people who access SDS, disaggregated by all protected characteristics, as well as socio-economic information like household income and SIMD. Without good data, we cannot effectively follow human rights principles of equality, non-discrimination, participation and inclusion.

Participants asked whether we need to understand the reasons why women might look to access SDS and social care compared to me, in order to understand disaggregated statistics on women’s experiences.

**Appendix 1: Event Agenda**

**My Support My Choice**  
**Women’s experiences using Self-directed Support**  
**AGENDA**

**2pm-3pm, 8 March 2021**

Join Zoom Meeting:  
<https://us02web.zoom.us/j/87655672329?pwd=NUdoMmUreUQ2UWhUVzNIUDJ3dVFsZz09>

Meeting ID: 876 5567 2329  
Passcode: 969625

**#IWD2021    #ChooseToChallenge    #MySupportMyChoice**

2pm	<b>Welcome and introduction</b> <ul style="list-style-type: none"><li>• Lucy Mulvagh, Director of Policy and Communications, the ALLIANCE</li></ul>
2.05pm	My Support My Choice: Women’s experiences of Self-directed Support in Scotland <ul style="list-style-type: none"><li>• Hannah Tweed, Senior Policy Officer, the ALLIANCE</li></ul>
2.20pm	Women Warriors <ul style="list-style-type: none"><li>• Anne-Marie Monaghan, Chair, Community Brokerage Network</li></ul>
2.35pm	Discussion <ul style="list-style-type: none"><li>• How can we improve social care for women in Scotland?</li></ul>
2.55pm	<b>Thanks and close</b> <ul style="list-style-type: none"><li>• Lucy Mulvagh, the ALLIANCE</li></ul>

## About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of around 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

Phone: 0141 404 0231

Email: [info@alliance-scotland.org.uk](mailto:info@alliance-scotland.org.uk)

Twitter: [@ALLIANCEscot](https://twitter.com/ALLIANCEscot)

Website: [www.alliance-scotland.org.uk](http://www.alliance-scotland.org.uk)

Address: Venlaw Building, 349 Bath Street, Glasgow, G2 4AA

## About Self Directed Support Scotland (SDSS)

Self Directed Support Scotland represents organisations run by and for disabled people, our members support over 31,000 people across Scotland with their social care choices.

Together we work to ensure that SDS is implemented successfully so that people have full choice and control over their lives. We do this by:

- Supporting our members in the delivery of their services to provide local independent information, advice and support to those at each stage of their social care journey.
- Signposting individuals at each stage of their social care journey.
- Representing our members nationally to discuss SDS implementation.
- Showcasing good practice from those involved with SDS.
- Providing health and social care professionals, other voluntary organisations and educational institutions with the resources they need to champion SDS.
- Conducting research which recognises the power of lived experience.

Phone: 0131 475 2623

Email: [info@sdsscotland.org.uk](mailto:info@sdsscotland.org.uk)

Twitter: @SDSScot

Website: [www.sdsscotland.org.uk](http://www.sdsscotland.org.uk)

Address: Norton Park, 57 Albion Road, Edinburgh, EH7 5QY