
20,000 LOSE OUT

1 in 7 lose Social
Care Due To
Changing Eligibility
For Support Services
in Scotland

Learning Disability Alliance
Scotland



Introduction

Over the last five years there has been a transformation in the delivery of social care in Scotland. However this has not been the one that people expected. 20,000 people who only 5 years ago would have been receiving social care support to live either safely in the community or in residential care now no longer do so and there is little evidence of a growth in preventative services to provide them with even a basic safety net. That is nearly 1 in 7 of everyone receiving Social Care in Scotland.

It is still the accepted wisdom that the level of services that the state can provide to help its citizens has to be reduced. We are told that the number of people with learning disabilities is increasing as people live longer. The number of older people generally who need help is increasing faster than we can manage.

As with worldwide demographic trends, the number of older people in Scotland is rising rapidly. In the last hundred years Scotland's life expectancy has doubled; increasing from 40 years in 1900 to 74 in men and 79 in women in 2004. The number of Scottish residents of pensionable age is projected to rise by around 26% between 2010 and 2035.¹

But instead of this leading to more people getting social care services, there are changes beginning to happen in local authorities in the “eligibility criteria” used by social work staff to decide which vulnerable people will get their needs met. It is now harder than ever to get a service. This change has gone unseen and unchallenged by many.

This paper suggests that over the last 7 years there has been a significant tightening of the Eligibility Criteria used by local authorities as part of the assessment process. At least 20,000 people who could have expected to have their needs met now no longer receive support to help them manage.

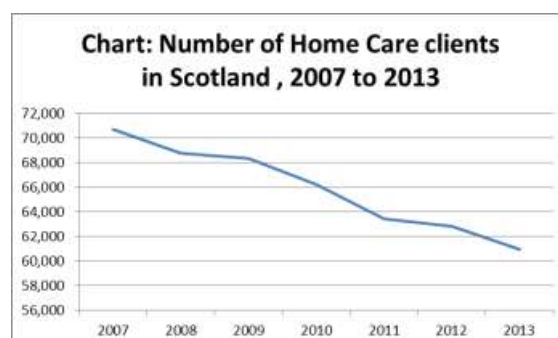
These effects of these “eligibility criteria” changes have been accentuated by the use of pricing policy. The raising of care charges has led many people to choose to be able to meet their housing, heating and food needs ahead of paying for social care in a process that local authorities are aware of but do not monitor.

These changes have more than compensated for any rise in population with the real numbers of people getting help also falling by 11,000. And the continuing focus on rising population will continue to see many vulnerable people not get the help they need because of the uses of both eligibility criteria and care charging.

Experts fear Scotland faces elderly population timebomb - NEW concerns that Scotland is facing a demographic timebomb have been raised after experts predicted the number of over-75s would nearly double in the next 25 years. – The Herald 2013

Scotland's government should prepare for an "intensifying" dementia crisis, the Tories have warned. – BBC News 2102

The cost of providing free personal care to people in their own homes has risen by more than 150% in seven years, according to the



¹ Demographic Change in Scotland: <http://www.scotland.gov.uk/Publications/2010/11/24111237/4>

The Effects of Eligibility Criteria

Community care services are not universally available. While Section 12A of the Social Work (Scotland) 1968 gives a right to an assessment of need, local authorities have a degree of discretion over how and when they supply services. As a result access to social work services is prioritised in different ways in different parts of Scotland.

In 2003, a Department of Health initiative for England, “Fair Access to Care Services” (FACS) standardised eligibility criteria was introduced. Four categories of needs were to be established and services provided to meet the needs of people at each.

FACS does not apply in Scotland and there was at first no consistent policy on eligibility criteria in Scotland. In the summer of 2009, a national review of the Eligibility Criteria system supported by the Scottish Government and COSLA took place. This led to proposals for National “Eligibility Criteria” standards which drew upon the model that had been developed in England under FACS.

Most councils have now adopted these criteria. These can be best understood as a form of risk assessment.

An assessment of need is carried out on every individual who seems likely to need a service. Once the assessment is carried out, the social work department will then carry out a risk assessment which looks at the risk to the individual in a number of categories such as independence, mental health, personal care, community participation and assesses the risk. The eligibility framework prioritises risks into 4 bands: critical, substantial, medium and low:

Critical Risk: Indicates that there are major risks to an individual’s independent living or health and well-being likely to call for the immediate* or imminent* provision of social care services (high priority).

Michael - Not Eligible for Support

Michael is 16 years old and in the process of leaving school. He has autism and a learning disability. He gets a lot of support from his family to manage a health related issue - eczema. This is an issue he is very sensitive about and he would like to be able to manage this himself but would need a different form of support from what his family can offer to do this.

He is also a very anxious young man and often will not leave the house because of his fear of what might happen. He needs help to break his isolation and build more relationships with other people.

As a young person he got a range of informal supports from the voluntary sector and the 3 agencies working with him tried to get this young man an assessment for adults services by contacting the area social work call centre. Over the next year 2 different social workers completed assessments but both were lost in the system. And it was only when a student social worker 12 months later was introduced to the family that an intensive assessment took place.

This took over 4 weeks to complete with a lot of conversations with the young person, family carers, and the agencies providing a service.

Once the assessment was finished, there was a follow up meeting with a senior social worker present. There was a simple message. Michael was not eligible for a support package. No further advice about voluntary sector services was offered to him.

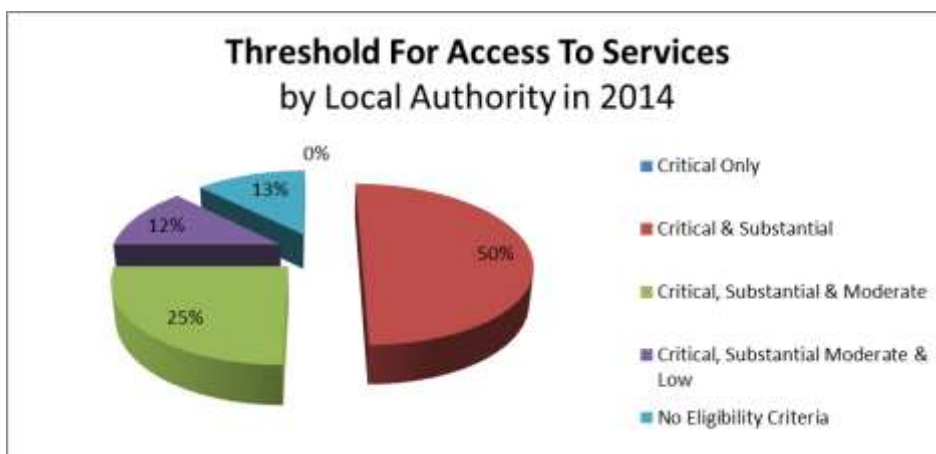
Substantial Risk: Indicates that there are significant risks to an individual’s independence or health and wellbeing likely to call for the immediate or imminent provision of social care services (high priority).

Moderate Risk: Indicates that there are some risks to an individual’s independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the foreseeable future* without service provision, with appropriate arrangements for review.

Low Risk: Indicates that there may be some quality of life issues, but low risks to an individual’s independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term*.

In these definitions, the timescale descriptions (marked *) are used to indicate that services are likely to be required as follows:

- **Immediate** – required now or within approximately 1-2 weeks;
- **Imminent** – required within 6 weeks;
- **Foreseeable future** – required within next 6 months;
- **Longer term** – required within next 12 months or subsequently.



In 2013 a Freedom of Information Request by the Scottish Campaign For A Fair Society found that 50% of councils now only met needs that had been assessed as Critical or Substantial.

The Audit Commission identified 13 local

authority areas where Eligibility Criteria had tightened in the recent past².

While councils now also claimed to have opened up their eligibility criteria, such changes do not necessarily tell the full story. Even where Eligibility Criteria has formally been eased there has been no corresponding increase in the number of clients getting support.

For example, in 2011, Aberdeen City said they only met the needs of people at Critical Risk – since then they have now widened the criteria to include people with Substantial Needs. However over the period of just these 3 years, there was a further 5% fall in Home Care Clients and a slight rise in the increased needs of those getting home care (shown by the rise in Average Hours of Care).

² Commissioning Social Care, Audit Scotland, March 2012.

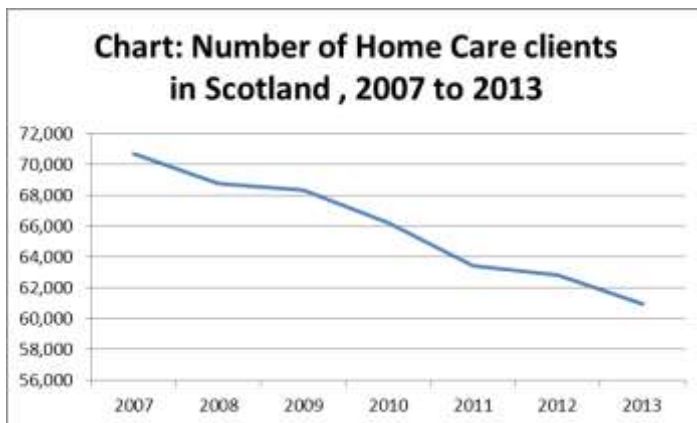
Average number of Home Care hours per week per client in Aberdeen City, 2010 to 2013³

Service	2007	2008	2009	2010	2011	2012	2013
Total Home Care clients	2945	2449	2013	1,901	1,931	1,995	1,803
Total Home Care hours (excluding 24/7 care)	22,831	17,414	15,176	15,262	15,894	16,331	15,130
Average hours per week per client	7.8	7.1	7.5	8.0	8.2	8.2	8.4

Falling Not Rising

This picture from Aberdeen is repeated across the country, instead of seeing the number of people getting services rise we are seeing the numbers of clients getting social care actually falling. Over the period of 2007 to 2013, the number of home care clients in Scotland fell from 71,000 to 61,000.

Most but not all councils experienced a fall. With 11 councils having a small rise in clients, the



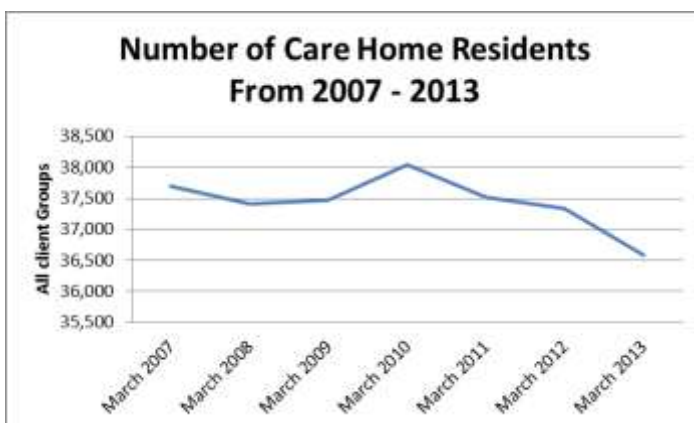
overall fall in clients is particularly dramatic in some council areas. Fife, North Lanarkshire, Glasgow.

Renfrewshire, Edinburgh, Angus, West Dunbartonshire had the biggest falls.

Home Care Clients include as a subset, all those who receive Free Personal Care. The number of people over 65 in receipt of FPC has risen by 4,000 over the period of 2007-13 from 42,000 to 46,000.

Source: Scottish Government Social Care Statistical Release 2013

This does not necessarily mean that these 4,000 are different or new clients but there could be a shift in the type of care people are getting. More people are now less likely to receive general home care and are instead receiving the more restricted but free personal care. Some of the reasons for this are explored later in this report.



Further evidence of less people being eligible for support comes from statistics on Care Home Residents. The reduction in the number of people receiving home care is mirrored in a fall in the number of people who are in care homes in Scotland

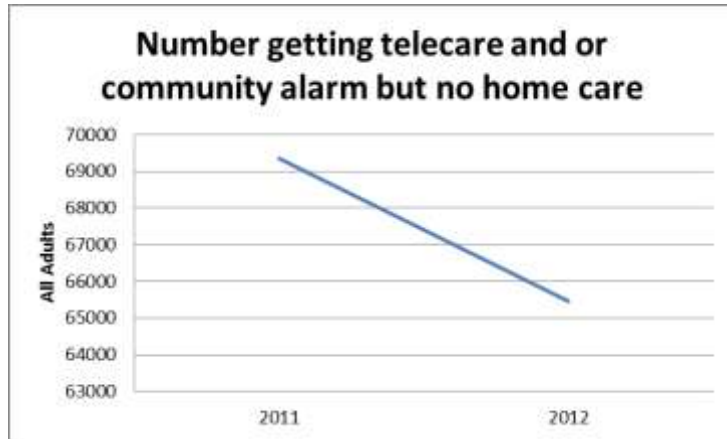
Source: Scottish Government Scottish Care Home Census 2013

³ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/HomeCare>

Neither can the reason for both of these declines be the growth of alternative low level preventative services in the community.

Remote monitoring and surveillance systems such as community alarms and telecare systems have been developed by almost all local authorities. These allow people to continue living in their own

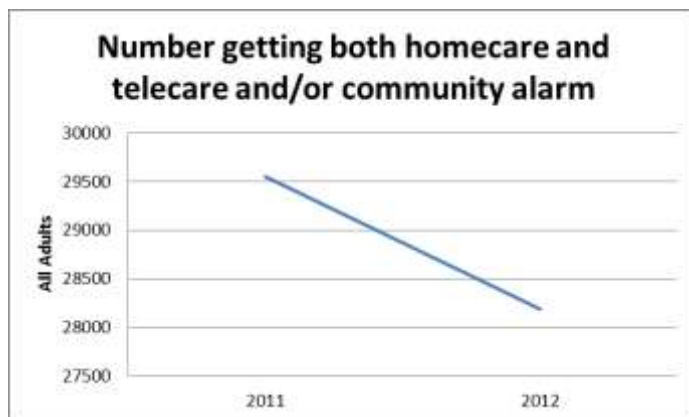
homes with staff monitoring a range of information and signals from a central point and only intervening if there is a crisis or unusual event.



Figures for the actual take up and use of telecare and community alarms have only been collected in detail by the Scottish Government since 2010 so it is still early to be able to draw definitive conclusions from the data but the latest data available show that there

was a 5.5% decline in the numbers using these systems but not getting home care over the 2 years 2010-2012.

The number also in receipt of home care (including FPC) using these systems also fell over the same period by just under 5%.

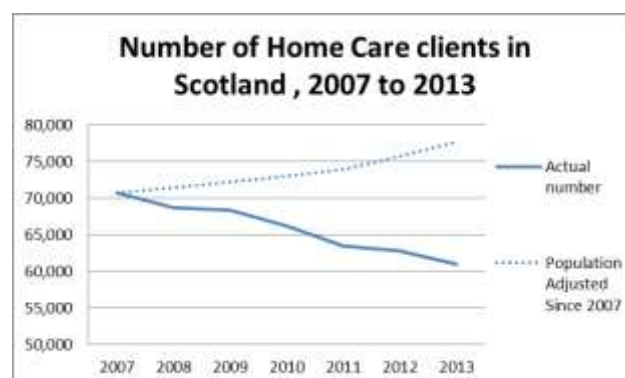
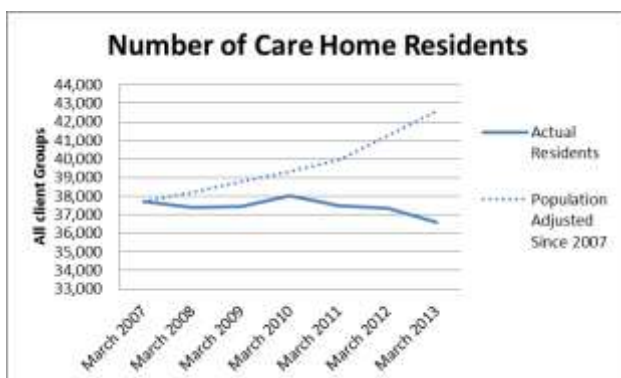


If the concern over an increasing number of older or disabled people requiring services and support were to be sustainable then this would be a key indicator. Where clients already receive an expensive home care service, local authorities would be motivated to encourage the take up of a cheaper alarm system that provides clients with adequate security.

Source: Scottish Government - raw data on home care stats.csv

What we can see from all of these charts is that there is a decline in the number of people receiving the most intensive forms of social care – home care and residential care - as well as the most popular forms of low level preventative interventions . This is contrary to any popular message about rising demand for social care.

But these figures underestimate the level of change that is taking place in Scotland. Since 2007 there has been a continuous growth in life expectancy of people in Scotland and the number of people over the age of 65 has continued to grow. Using mid year population estimates from the General Registrars Office we can plot how much the provision of social care support might have grown over the last 7 years if had continued at 2007 levels.



Over the 6 years from 2007 about 17,000 potential clients in Scotland have lost home care services while another 6,000 less are using residential care services. 23,000 people in total.

Many of these many be in receipt of less intensive services such as telecare noted above. But since local authorities did not keep records on the use of these services until 2011 it is not possible to chart a corresponding increase before this date.

A small number may have transferred to having a Direct Payment to buy their own service directly. The numbers doing so, increased by 2,500 over the same period. However this is not straightforward as some of these people may have used their Direct Payment to purchase “home care” rather than simply employ a personal assistant and may be also included in the Home Care Statistics.

Nonetheless we can say with confidence that since 2007 there have been some changes in the way that the decisions about who gets support in Scotland to such an extent that over 20,000 people who would previously got hands on support now no longer get this, a 22.5% reduction in provision.

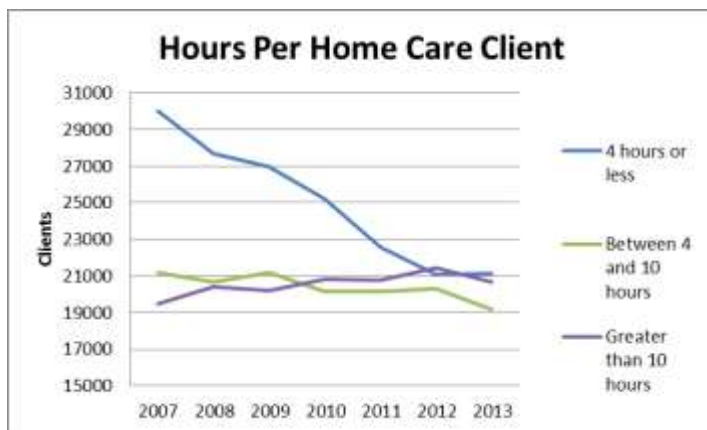
Increasing levels of Needs

We showed earlier that the overall number of people getting social care services is falling but it would also appear that the needs of the people that are getting greater. Even as the numbers are dropping the proportion of people over 85 who get home care has continued to rise since 2008.

Proportion of Home Care Clients in Age Bands

Year	2008	2009	2010	2011	2012	2013
65-74	18.9%	18.8%	18.3%	17.9%	17.9%	17.9%
75-84	42.1%	41.4%	41.5%	40.6%	40.4%	40.0%
85 plus	39.1%	39.8%	40.2%	41.4%	41.7%	42.1%

As the proportion of people getting home care in the older age groups rises we also see a rise in the number of hours of care that each client gets.



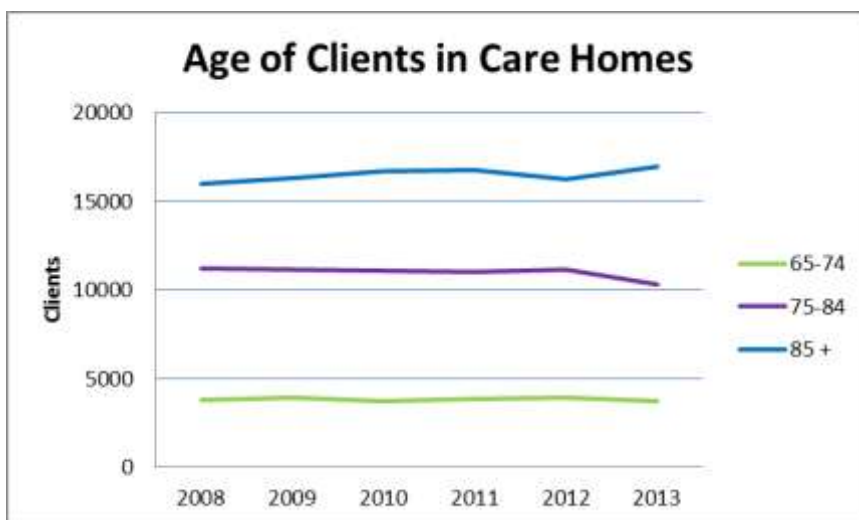
We can see more about this rise in the level of need for each client if we look at the number of hours of support each client gets. The greater the number of hours, the greater the level of needs.

This chart needs to be understood in the context of the overall fall in the number of people getting home care. In 2007 the vast proportion of people getting home care were receiving it for

4 or less hours per week. By 2013, the picture changes quite dramatically.

1. From 2007 the number of clients getting less than 4 hours a week has fallen sharply - from 31,000 getting that level in 2007 to just over 21,000 in 2013.
2. The number getting between 4 and 10 hours has fallen by 10% - a fall of 2,000
3. Meanwhile those needing more than 10 hours per week has risen by 5% to about 21,000 – a rise of about 1,700.

A similar pattern can be seen if we look at the age bands of older people in care homes.



From the chart we can see there has been a very small fall in those in the 65 – 74 band and a bigger fall in those that come in between 75 and 84.

It is only those who are over 85 who have increased their take up of places in residential care despite a sizeable increase in the numbers over 65 overall.

Why The Fall?

If there has only been a marginal tightening in Eligibility Criteria and in fact in some areas, maybe a loosening of this. Three reasons to explain this have been identified:

1. The informal tightening of Eligibility Criteria
2. Assessment of need in line with budgets
3. Care Charge Contributions as a form of rationing.

The Informal Tightening Of Eligibility Criteria

In 2008 researchers looking into the workings of FACS in England for the CSCI found that:

The precise point at which councils establish the threshold for FACS eligibility is not necessarily a predictor of how criteria operate in practice.⁴

The discretion applied through practitioners' interpretation made a real difference to what happened on the ground. Professional judgement is necessary because needs cannot be automatically derived from the descriptions of the different bands in the eligibility criteria. The eligibility bands are expressed as risks rather than needs, and councils (through their professional staff) have to make sense of the risks and consider what needs derive from them, and how best these can be met.

The action of local social workers in interpreting the meaning of eligibility criteria in real life situations is what determines whether someone gets support from a local authority or not. These actions can both allow some people to get support who might not otherwise have got support by stretching the "grey areas" and on occasion determine that needs that normally might have been met are now not eligible.

In 2012, The Policy and Social Services Research Unit (PSSRU) at the University of Kent carried out a survey of how care managers assessed eligibility of different case studies. The results showed a widely varying assessment of needs. Out of 20 case studies there was no agreement on the eligible needs or the risk category each client came under.

For example a case study on people with learning disability went like this.

Mr D, 26, has moderate learning disabilities and has been homeless on and off for the last four years. He has a history of alcohol and drug abuse and depression, and has been in contact to request help. He says that he is desperate to get work but doesn't know where to start.

Gemma – Not Eligible For Support

Gemma is a young woman, just entering her 20s. She has a mild learning disability and with autism. She still lives at home and is on Employment Support Allowance. She isn't able to get out much. Things have been getting difficult at home and she is thinking about moving out to maintain her relationship with her family.

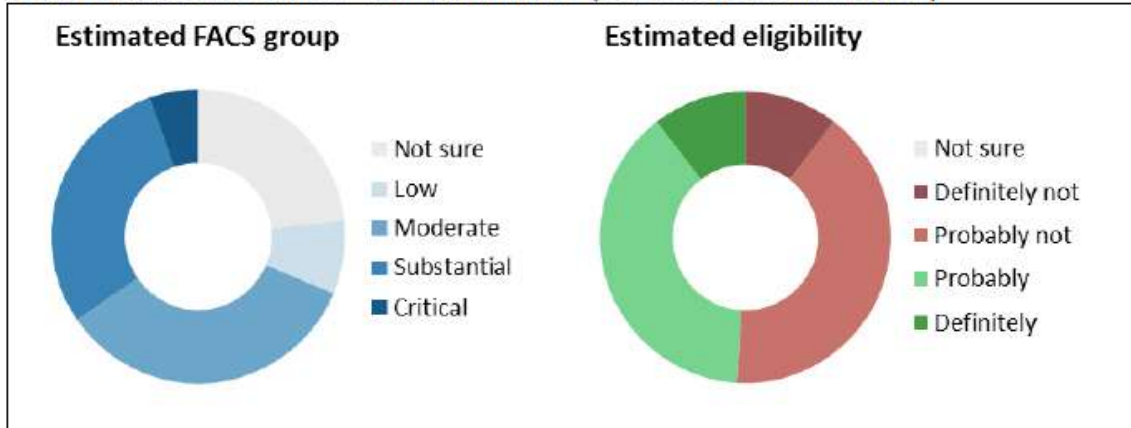
She has never really learned many of the skills of independent living but is really keen to learn. She needs some help in the short term to learn to cook, how to manage money, how to keep herself and the house safe and other important things about living on your own.

On her behalf, a local advice group got in contact with the social work department. In less than 4 weeks, a social worker had been in touch and come out to do an assessment at Gemma's home. The assessment didn't take long but within a week, the social worker contacted the advice agency to say that the local authority would not be able to provide a service but perhaps Gemma would like to pay for a service herself.

⁴ . Henwood & Hudson, 2008, Lost to the System? The impact of Fair Access to Care, London: Commission for Social Care Inspection p.122

The charts below show the placement that case managers from 149 local authorities across England estimated the Eligibility Criteria group Mr D would be placed in. About 5% put him as critical, 30% as substantial, 33% as Moderate, 10% as low and 22% were not sure where to place him.

ESTIMATED FACS GROUP AND ELIGIBILITY (ALL LOCAL AUTHORITIES)



Similar results were found for the other 20 case studies. While the authors urge some caution on how this should be interpreted due to the limited information in each of the case studies, this range of possible assessments helps to demonstrate the point that assessments based on eligibility criteria are not based on hard facts but on a much more flexible interpretation of need and other factors and at certain times these other factors might influence the care manager’s understanding of what are “eligible needs”.⁵

We think that there has been a tightening in the informal assessment of eligible needs by Care Managers as ideas of limited budgets, growing populations and stretched resources become common place.

Assessment of Need in Line With Budgets

It has been suggested that the importance of rationing in the delivery of public services has become so widespread that it has now been incorporated into professional social work culture to such an extent that it has shaped understandings of what needs can be legitimately met. Since 2007, the ongoing political discussion has been one of “austerity”. This message is that as a society we cannot afford all the forms of public service that were previously provided.

An acceptance of the inescapability (even the desirability) of rules for the rationing of public money can then translate into a willingness to work with the grain of Eligibility Criteria guidelines. In some cases this was seen as an aide to making clearer decisions.

This type of professional compliance leads to some people being now deemed to be ineligible for support who might previously have been.

⁵ Fernandez, J. & Snell, T. (2012), Survey of Fair Access to Care Services (FACS) Assessment Criteria Among Local Authorities in England, PSSRU Discussion Paper 2825, Economics of Social and Health Care Research Unit

One remarkable finding from the recent SCFAFS Freedom of Information request was how few councils actually had anyone waiting for a service. Only 6 councils in Scotland had a significant waiting list – these were a mixture of city and rural councils.

Some of these waiting lists were sizeable

Edinburgh – a total of 341 - "149 people waiting for a domiciliary care service, 66 older people waiting for a CEC day care place, 37 people with learning disabilities who are being actively supported to move, 89 older people waiting for a care home place "

Scottish Borders – a total of 381 waiting - "Learning Disability Critical 2, Learning Disability Substantial 9, Mental Health Critical 2, Mental Health Substantial 3, OT Critical 58, Occupational Therapy Moderate 4, Occupational Therapy Substantial 163, Social Work Critical 47 ,Social Work Substantial 94"

For the other 26 councils there appears to be a remarkable correlation between the eligible needs presented for assessment and the budgets available to meet them.

Renfrewshire has 3,649 clients receiving social care and no one on a waiting list. They set a budget of £88.2 million for 2012-13 and managed to bring it in at £88.4 million.

Aberdeen City has 3802 clients receiving social care and no one waiting for a social care service. They set a budget of £125.2 million for 2012-13 and managed to bring it in at £125.3 million.

Inverclyde has 2,724 clients receiving social care and no one waiting for a social care service. They set a budget of £47.9 million for 2012-13 and managed to bring it in at £47.9 million.

Matt – Eligible For Support But Choosing Informal Support

Matt comes from a small town north of the central belt. A few years ago when his mum died, he was referred for social work support. His learning disability made it hard for him to manage money, organise his week and to look after himself.

The local council assessed his needs and agreed that he needed about 4 hours a week to help him. Matt's sister lived in the next town but had her own young family and it was difficult for her to help.

However a few months after the service started the council informed Matt that he would have to pay £145 per month towards the cost of the support.

Matt and his sister decided that if he had to pay this much it might jeopardise his ability to live independently. Together they cobbled up a plan to support Matt independently of council arranged services. Now Matt doesn't have to pay for his support but he also gets no formal support.

These budgets cover a wide range of social work services but demonstrate a strong commitment to budget management in these and other local authorities. In addition to people being assessed as not eligible for services, we are likely to be seeing what is called "Assessment Up To Budget". The

assessment of eligible needs proceeds where resources are easily available to meet these needs. Where resources have all been used up, then a strict form of rationing is delivered with some needs being declared ineligible because there are no budgets to meet them.

What happens in practice derives from the overriding imperative to ensure spend matches budget. Once the budget is set, spend is matched to it by the definition of an 'eligible' need expanding or contracting according to budget availability. This applies between councils, and between user groups within councils.⁶

How this works is in the wide ranging professional interpretation of what is included in the Eligibility Criteria. A phrase from the National Criteria on risks relating to domestic circumstances is *"Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client"*. is open to interpretation in a number of ways depending on the standards that individuals have and how pressing the risk is. The range of domestic routines that could be covered are wide and their priority is easily weighted depending on the resources that may be available.

Earlier research in 2007 looked at the impact of Eligibility Criteria on a team working with older visually impaired people. They found that there was a real ambiguity in the way Eligibility Criteria were written. When this was coupled with a lack of training for practitioners and the use of 'professional discretion' in their assessments, it meant that wherever the bar was set, assessments would show that the service user met those criteria.

The research recognised the motivation of social workers, in this study, "behaving in practice as 'knights", motivated by their professional ethic and desire to do their best for their clients'. However 6 years on as the view that provision of social care needs to tighten, then the same ambiguities, lack of training and discretion can mean many people being only assessed as eligible when resources are available⁷.

The evidence on the lack of waiting lists in most local authorities seems to demonstrate that Eligibility Criteria are being used to strictly control access to social care services in Scotland by both formal and informal means.

Alison – Eligible For Support But Opting Out

Alison has a physical disability which leads to her using a wheelchair. She was assessed by her local council as needing support to get in and out of bed and to get a shower.

However right from the start the council made clear they were expecting her to make a contribution of £160 per month.

Alison chose to decline the offer of a service and now transfers from her chair to the couch where she sleeps each night without getting undressed. Twice a week, a friend comes over to help her change and shower. Alison feels uncomfortable about this arrangement but doesn't know what else she could do because of the cost.

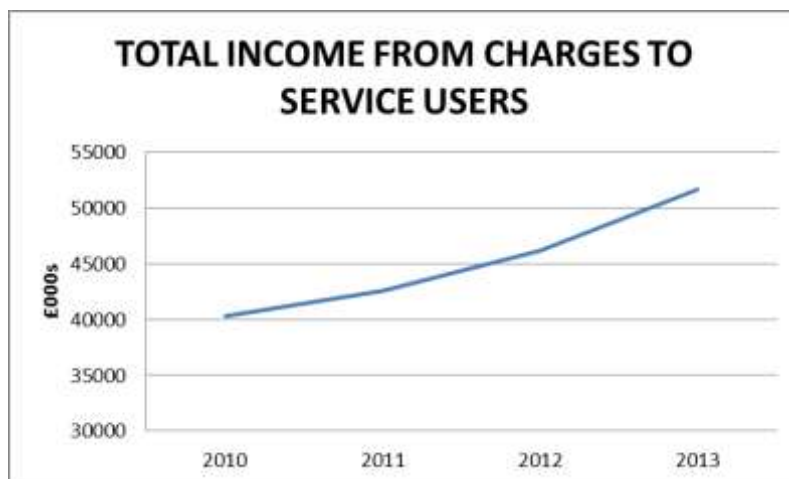
⁶ Slasberg C., Toward A New Eligibility Framework That Serves The Interests Of Both Service Users And Councils, Research, Policy and Planning Vol. 29, p48

⁷ Charles, N. & Manthorpe, J. (2007), 'FACS or fiction? The impact of the policy Fair Access to Care Services on social care assessments of older visually impaired people', Practice: Social Work in Action, 19(2), p143-157.

Care Charge Contributions As A Form Of Rationing.

Since 2010, the care charging contributions for non residential community care services for disabled and older people has increased dramatically.

Under the care charging systems currently applying in Scottish Councils, clients are given a basic income assessment that allows them to retain for their own purposes a little more than Income Support and the lowest Disability Premiums. All other income and disability benefits are set off against the actual charges for providing the social care service. The actual amount taken depends on the local "taper", in effect a tax rate on income above a minimum level. This tax rate is normally around 50% but in some areas can be as much as 100%.



Over the last three years councils across Scotland have made up real shortfalls in their incomes by rapidly increasing the amount that they receive in Care Tax from vulnerable adults. Income from the Care Tax was reported to be £52 million in 2012-13, in the region of just 3% of the cost of providing social care services. Yet as we pointed out above the number of actual clients have fallen by 13,000. Therefore the result increasing income falls harder on a shrinking population

This chart shows a rise of 21.9% in just three financial years, much faster than inflation.

In the four years to 2013 income from charges went up by 43% for people using day services and 17% for those who received Homecare services (including those purchased with a Direct Payment).

All Scotland - Income from charging Social Work Clients - all figures £000s							
Year ending	2010	2011	2012	2013	Increase over the last year	% increase over four years	
Homebased service (Inc DPs)	29882	30133	31358	35968	12.8%	16.9%	
Day Care	4270	4699	6054	7429	18.5%	42.5%	
Other services	6170	7739	8741	8213	-6.4%	24.9%	
TOTAL INCOME FROM CHARGES TO SERVICE USERS	40322	42571	46153	51610	10.6%	21.9%	

This increasing burden on people who get support from councils leads to more people exiting the formal system. This is a trend that is likely to increase as more people move on to Direct Payments and other forms of Self Directed Support as those that organise their own support are best placed to dispense with the services of the local authority all together.

As a result a number of people who present for support and services and are assessed as eligible for support, choose not to proceed with services when they are told what their client contribution will be. However this will be those who have predominately lower levels of care needs. It is easier to make alternative arrangements for 3 hours care a week than for 8 hours a day.

The Development of Preventative Services

Preventative services are those which aim to help people in the early stages of crisis continue to live as independently as possible and to get over any short term barrier to this. This may include practical assistance with everyday tasks or advice on managing money or accessing benefits. Social opportunities, support groups or lunch clubs can provide important help in breaking out a pattern of isolation. Telecare and community alarms are often classed as preventative services.

It can also be hard to draw a line between a small input of homecare as a service that prevents things getting worse and homecare as a long term support.

The 2012 Audit Scotland report Commissioning Social Care noted the continuing importance of developing preventative services and recommended that Health Boards and local authorities worked together to develop these services.

However we found that a number of local authorities did draw very clear lines between those eligible for a social care service arranged by the council and those who relied on services provided by the voluntary or private providers.

For example in South Ayrshire which assessed people as eligible for services if they fell into the critical, substantial and part of the moderate groups said that "those assessed as not requiring LA services are signposted to services provided by the Independent Sector such as befriending etc ." Such individuals were not kept a record of, no one checked if they actually visited the signposted services and no one found out if these services actually met the needs that the person had.

Many other councils had similar policies

West Lothian - For those with low risk needs – "Signposting/Information and advice on how to access help and support elsewhere - Referral to specialist information and advice services in the third sector."

Moray - For those with moderate or low risk needs - "Advice and information about sources of help and support within the community"

East Renfrewshire - For those with moderate or low risk needs - "provide advice and information on how best to stay as healthy and well as you can and put you in touch with other support services if they are available"

However there were hopeful signs that some councils were taking a more rounded approach. This means looking not just at the presenting needs but trying to work out what might become a greater need if action is not taken at the present

Western Isles - For those with moderate or low risk needs - "The Comhairle will take into consideration whether the provision of services or equipment or other interventions might help prevent or reduce the risk of an individual's needs becoming more intensive"

Aberdeenshire – For those with non-urgent substantial or moderate needs or all those with low risks - "consideration should be given to provision as a preventive measure or in anticipation of an imminent need for increased service, rather than wait until the situation deteriorates."

Our study found that most local councils were developing an awareness of the importance of a preventative services strategy. However there was little sign of a comprehensive strategy that made sure people were offered preventative services and then followed on how successful these were. Such a strategy is essential if Scotland is to develop a new approach to providing for the most vulnerable.

Providing a little effective support when crisis first hits can help reduce the long term need for care and support. Making sure this happens sooner rather than later is important.

Eligibility and Self Directed Support

The development of Self Directed Support means that from April 1 2014, everyone applying for a social work service and being found eligible will be offered the opportunity to arrange their service in a more personalised way. Key to this is the development of an outcomes approach to assessment. In this context, support is judged to be effective in how well it meet the outcomes that the client wants and not whether it meets standards set by the local authority or a third party provider.

However many questions have been asked about, how well does the concept of outcome focused assessment sit alongside the duty to carry out an assessment of need and establish eligibility for social care support.

Despite almost every local authority developing new assessments, we found no evidence that any local authority was planning to alter its Eligibility Criteria to take into account Self Directed Support.

Many of the proposed new assessments make no mention of Eligibility Criteria. The assumption may be that you have to have eligible needs to get as far as the assessment. The eligibility criteria remains hidden behind a veil of professionalism.

However a number of local authorities are introducing new simplified forms of assessment which make specific reference to Eligibility Criteria.

One asks a series of open questions such as How are you at Looking After Yourself? At the end of each question the care manager makes an assessment of how the needs in each sections should be categorised within the 5 Criteria.

Looking After Yourself / Staying as well as you can be:

Weighting as per eligibility criteria – please evaluate overall need as below:
Critical risk (7/8) Substantial risk (5/6) Moderate risk (3/4) Low risk (1/2) No Interventions (0)

A score is given to each area. It is not yet clear what will happen with the score. Such systems are still under development. The scores may be used to estimate a budget or they may trigger a second budget setting process.

Self Directed Support does offer an opportunity to have a more comprehensive approach to the development of Preventative Approaches. Those who present with needs assessed to be below the critical or substantial levels could be offered small budgets for the purchase of appropriate services.

This would have to be managed sensitively and quickly and not block current access to voluntary services. Many clients with low level eligible needs are able to access these services without an assessment and deal quickly with small challenges.

In one large urban area, it was, at one point, suggested that access to mental health drop in services be limited to those already assessed as needing this service – excluding those who self assessed and dropped in when needed. While this might be an effective use of local authority funding there is a danger of removing the flexibility that is essential in preventing problems in people's lives.

Conclusion and Recommendations.

A number of concerns have been raised through this research.

1. Despite a national initiative, there remains significant differences in how local authorities apply these criteria across Scotland. Access to services is neither uniform nor transparent and many people feel that they are left subject to the whims of local authority funding priorities.
2. The implication of the Personalisation Agenda which puts the individual at the heart of their own plans has been poorly thought through in the development of eligibility criteria. Instead we have seen the development of a service led approach which creates two levels – critical services for acute intervention and preventative services for short term problem solving. However there is no consistent planning of what constitutes an appropriate response at either level.
3. Poorly thought out approaches to the preventative service agenda. No local authority has a comprehensive plan about how to support people who do not need immediate

services. Signposting is an act of sending someone into the distance, not be seen again until crisis hits.

4.

Action can be taken now:

1. There needs to be a training programme for social workers and care managers involved in assessment that helps them to understand how the different elements of Eligibility Criteria should be applied. Such training should be developed in line with detailed case studies and standards of the level of needs where people must get support and where the use of discretion is an appropriate tool.
2. Steps should be taken to see social work interventions as short term focused on outcomes by allowing both individuals and local authorities to use budgets flexibly. This should include a new arrangement which allows local authorities to bank unspent social work budgets in order to use in future years. This could help prevent the assessment to budget and the desperate spending of budgets in the last few months of the financial year in order to secure a similar budget the following year.
3. The appropriateness of increasing care charges for community based services need to be reviewed.
4. A better approach to the commissioning of services to meet the needs to be developed now. Initiatives could be developed such as
 - a. "Social Care 24" where trained professional staff can provide social, emotional and psychological advice for individuals in short term difficulties,
 - b. one off budgets to allow individuals to purchase an immediate package of care to step over a period of crisis,
 - c. an Innovation Fund to promote the development of preventative approaches.

Action for the long term:

There needs to be long term thought given to whether type of Eligibility Criteria for Scotland in an era of Self Directed Support. The system is over complicated and relies on the action of social workers and their professional interpretation. This makes it hard for people to assess their own support needs and to find ways of meeting these. The current method suggests a hierarchy of urgency that may be visible to social workers but does not reflect the understanding of service users.

It has been suggested that the current Eligibility Criteria could be reclassified into more understandable levels such as

- a. Keeping Safe and Well
- b. Living A Rewarding Life
- c. Individual and Collective Needs

Local Authorities could be given a clear duty to meet needs that arose under "Keeping Safe And Well".

They would have a power to meet the needs of people that came under the category of "Living A Rewarding Life" Many such needs are already being met and the question of resources, priority and imminence could be used to manage new needs.

The final category of needs would be one that by met individuals themselves or collective by other parts of the community.



The Learning Disability Alliance Scotland,
Second Floor, Thorn House,
5 Rose Street,
Edinburgh, EH2 2PR,
Tel 079 201 418 23,
Email: office@ldascotland.org
website www.ldascotland.org,
SC043032.