The More That Changes, The More That Stays The Same

SELF DIRECTED SUPPORT

THE START

Research by the Learning Disability Alliance Scotland

In association with

The Coalition of Carers in Scotland,
Carers Trust Scotland, MECOPP and
Carers Scotland

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EASY READ SUMMARY

We asked every council in Scotland what they have been doing to help people get more control over their own services since the new Self Directed Support Act started in April.

We found that there are three types of assessments being used in different parts of Scotland.

Assessments For Care

First is a multiple choice assessment. You are asked questions about how you get on and have to choose one particular answer which describes you best. This assessment looks backwards to understand why you need help.

Second there is an “outcomes” assessment. This looks at different parts of where you might need help and asks what do you want to help you manage this better. This assessment looks forward to how to help you in the future.

Third is the usual Community Care Assessment. This is where the social worker sits down and talks to you about what is the matter and what you need help with. This assessment looks backwards to understand why you need help.

We also found that there were a lot of extra assessments taking place. Because the money for your support is now being worked out differently for every person, there are more assessments and planning meetings than ever.

Carer’s Assessments

People who care for other people with disabilities may need extra help themselves. New rules mean councils have to think about whether to help carers.

We could only find evidence that 33 carers in the whole of Scotland had got any help at all through Self Directed Support so far.
Getting the Choice

Most people were still getting services arranged directly by their social worker.

Some people were getting Direct Payments to buy their service directly but this was about as many as had done before the new law came in.

A few people were beginning to get an Individual Service Fund. This is where they get a budget and can make choices about what services to help them but they don’t have to handle the money themselves.

More people with learning disabilities were getting an Individual Service Fund than anyone else. But this was thanks to 3 areas, Moray, East Ayrshire and North Lanarkshire who were trying hard. Other areas haven’t started yet.

Flexibility

Lots of people want flexibility in how they spend their new budgets, so they can try out new things. 6 councils such as West Lothian and East Ayrshire Councils were doing this.

Other councils said that you could only buy services they or the Care Inspectorate had approved already.

Getting Budgets

12 councils in Scotland were using a points based system that meant the answers you gave in the assessment gave you a budget. Some questions gave you more points and other questions took some points away.
18 councils in Scotland were using the answers you gave in the assessment to help a social worker judge how best to help you.

Just about every council did it differently which made it hard to understand. Most councils had a system so that if the budget you got wasn’t right then you could get it changed.

We think the point based system will make too many people unhappy and means that a lot of people will want to complain about what they are offered.

**Complaining.**

Some councils were trying to set up new easy to use complaints systems to sort our problems quickly. Other councils wanted people to use the Social Work Complaints system.

**Our Conclusion**

We think that things have been very slow which is disappointing as councils have had a long time to get ready for this.

We are also worried that some councils are forgetting that people can have very complicated lives and that the help of a professional social worker is needed to help sort it out.
ITS JUST ABOUT THE SAME

An incredibly complicated and diverse system of managing social care has descended on Scotland over the last 6 months. New forms of assessments, 32 separate resource allocations systems of setting individual budgets, new accountancy and finance monitoring systems and mountains of new forms and computer systems have swallowed up hundreds of social work staff in times of austerity. Tens of millions of pounds have been spent on supporting these developments.

How much has changed? One way of judging is to look at how many have been able to exercise a Self Directed Support option. Our figures for the first 4-6 months indicate that 1,090 have taken up either Option 1, Option 2 or Option 4. Over a full year at this pace that number would rise to 2,500.

However Scotland already has many people on Direct Payments the precursor to SDS – a total of 6,000 in 2013-14. In 2012, the last year figure on start of take up were published, 47% of Direct Payments had been started with in the last 12 months. Then means that this year there has to be at least 3,000 new SDS starts to avoid the number slipping back.

This suggests that current progress is hardly earth shattering despite the huge level of investment of resources and time in this process.

1. Introduction

Self Directed Support is the Scottish Government’s key strategy for putting people back in control of their own lives once they need social care to help them live in the community. It is backed by new legislation and a ten year strategy. However it is up to individual local authorities to develop their own plans for to put this policy into effect.

The Scottish Government’s new legislation is based on 3 principles.

- Involvement
- Informed Choice
- Collaboration

These principles are ones that should cover the design and development of Self Directed Support in Scotland not simply parts of its implementation.

Local councils need to make information regularly available to people who will use services so that they can be involved in the design process, make an informed choice over what Self Directed Support will look like in their area and to collaborate with councils and health boards to make it happen.

In late 2014, the Learning Disability Alliance Scotland along with a number of National Carers Organisations, the Coalition Of Carers in Scotland, Carers Trust UK, MECOPP and Carers Scotland sought information from each council in Scotland about how they were getting on.

We were particularly interested in the

1. The manner and style of assessment carried out by each local authority? Were there going to be new tick box assessments? Would a comprehensive assessment remain? Was outcome planning integrated from the start into the new assessment system?
2. How would carers have their needs assessed?
3. How many people were offered the various options? Councils have been preparing for 2 years for the implementation of Self Directed Support. Although we were asking on progress at an early stage, it would be reasonable to assume that councils would be ready to offer the 4 options.
4. The method for linking assessments to individual budgets? Early implementers of personalisation found that there was a lot of controversy over the choice of system of budgets. Some methods like Resource Allocation Systems promise a standardised, scientific approach while others such a “Equivalence” rely far more on professional judgments.
5. What planning the local authorities had made for resolving concerns and complaints over the introduction of a new and possibly controversial method of support?

In the process we did receive significant other information which we have not included in this report in order to keep some very simple messages clear.

Case Study One - The Early Adopter: Thelma has a learning disability and a visual impairment. She lives in a middle sized Scottish town and stays at home with mum and dad. Neither her mum nor her felt local services really fitted for her and she took part in their local council’s pilot SDS project in 2013.

She had an assessment from the council using a new form and was offered a small budget of £100 per week following this.

This is spent on a range of day activities. She has a personal assistant for some of the time paid for from a Direct Payment which mum manages. She is not very sporty but does go swimming. She is able to use part of her Direct Payment to pay for access for the Personal Assistant to the swimming pool. She also has an art tutor who invoices her which is passed on to the council to pay. Thelma use a number of community clubs which are free to use in addition to this support. At these she meets and makes friends.

Thelma makes a personal contribution of £89.90 every 4 weeks each out of her state benefits to the care package so in effect only get £77.50 per week from the council. Overall their support was planned and organised in quite an intensive way by a senior manager in the local authority social work team.

Issues

- Mum doesn’t understand what relation the budget has to the assessment.
- Thelma enjoys the freedom that the budget brings.
- She has access to community services not related to the budget that are equally important to her.
- Neither Thelma nor her mum have any idea about how the personal contribution was worked out and thought it was a flat rate access fee to the Self Directed Support scheme.
- Thelma benefited from a lot of intensive support that would be hard to replicate on a wider scale.
- She has a mixed support package of Option 1 (Direct Payments) and Option 2 (individual service fund)
1. **Lots of New Assessments for People Who Need Social Care**

Just about every council in Scotland has introduced a new form of assessment for people who require care and support.

There are three main types:

1.1. **Points Based Questions** – These are multiple choice assessments which attempt to carry out an overarching assessment in a small number of questions. This assessment is usually marked with a points value being given to each answer. The total value of the points leads to an estimated individual budgets with which to plan support services. These have additional “free text” areas for differing views or comments from other people.

For example, **Argyll and Bute Council** have introduced a new Supported Assessment Questionnaire which covers 9 areas that people need help in with 26 scored sub questions, each carrying a points value that leads to a final budget. The person being assessed is encouraged to comment in each section and at the end of the form there is space for an unpaid carer, an advocate and the assessor to make overall comments.

1.2. **Outcome focussed assessments** - These are new style of assessment that takes the approach that social work should help people meet particular outcomes in set areas. Instead of focussing on areas of deficiency the assessment focuses on what the person wants in these areas. Once the assessment is complete, the social worker uses the local system to decide on the level of service.

**Dundee Council** has created such an assessment that looks at 8 separate areas such as independent living and keeping safe. In this case the outcomes part is wrapped around with a number of other more open descriptions on immediate life situations, risk assessments and further actions.

1.3. **Single Shared Assessment:** A number of local authorities have decided to continue using their current assessment system. This assessment follows a decision on eligibility criteria. This is a system that relies on current social work practice and experience to secure information about a client’s life and then the social worker uses their own judgement about the service offer to meet any identified needs.

Both **East Renfrewshire** and **East Dunbartonshire** have said that they will continue to do this and use their social worker’s professional judgement to make a service offer. A method of “equivalency” is used to advise individuals about their options under the 4 SDS options.

Other issues emerged from the responses to our queries.
1.4 **Wider Embedding.** It would be wrong to overemphasise the stand alone nature of these developments. A number of local authorities have embedded either the Supported Assessment Questionnaire or the Outcomes Focussed in a wider assessment.

The law in Scotland currently requires that a social work professional is involved in the assessment. The level of that involvement may be open to interpretation but to ensure good practice, local authorities have often retained aspects of the previous assessments which contained social work observations and comments as well as self reported needs and wishes.

Councils such as **Angus** and **Edinburgh** embed points scoring questions in their wider assessments “ALL ABOUT ME AND WHAT I NEED” and “My Steps To Support”, respectively.

Councils such as **Fife** in their Support Self Assessment Questionnaire and **Falkirk** in their Single Shared Assessment have built in sections of outcomes to be completed at the same time as collecting wider information.

1.5 **Eligibility Criteria:** Many of the councils we heard from were worried about how to manage “Eligibility Criteria” for social care. As the law in Scotland, currently stands anyone can present to the local authority and ask to have their needs met. The authority can screen them to see if they have “eligible” needs that the council has agreed to meet. If their needs are ineligible then the council has no obligation to meet these needs. If the needs are eligible, then the council has to meet these through offering the person a choice of the 4 SDS options.

So far no council we are aware of has made significant changes to the national eligibility criteria framework. Some councils have adopted it for the first time.

However two councils **East Ayrshire** and **East Lothian** have tied eligibility criteria into their assessment process.

- East Ayrshire will assess each area of need and then give more points to those who are a “critical” level than those on a “moderate” level and so on.
- East Lothian will use eligibility criteria against each area of need and commit to meet all needs at critical or substantial levels. Areas of need at moderate or low levels may not be met by the local authority through this process.

Previous work by the Learning Disability Alliance Scotland has indicated that local authorities have been using eligibility criteria to reduce access to social care for a number of years.² It is possible that this may accelerate due to these new processes.

1.6 **Assessment Concerns:**

An individual assessment of need is just that - it is based on the premise that each person is unique, as are their needs for social care and the cost of meeting them. Social care needs arise from the complex interplay of many factors. A good assessment focuses on identifying what the person’s needs and wishes are and what will best help them achieve the outcomes they identify for themselves. Yet

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the way SDS is being implemented is working against this principle, making assessments more prescriptive and resource-led.

There are a huge number of assessments carried out in Scotland each year. We received figures from 30 local authorities on how many assessments were covered in the 4-6 month period. Not all were able to give us the client group details for these so the total amount of assessments is higher than the total of the client groups shown.

Table 1

<table>
<thead>
<tr>
<th>Social Care Assessments and options April - October 2014</th>
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<tbody>
<tr>
<td>Client Group</td>
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<tr>
<td>Dementia</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Learning Disabilities</td>
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<tr>
<td>Physical Disabilities</td>
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<tr>
<td>Older People</td>
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<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Carers Assessments</td>
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</tbody>
</table>

Not all of these assessments related to Self Directed Support. Some would be for admission to Residential Care. But some will be multiple assessments on the same individual. Local authorities reported that they may be using as many as 3 assessments on one person — a basic screening assessment, a generic assessment, then a specific assessment. Other assessments may be carried out by other local authority staff such as occupational therapists for the appropriate aids to independence.

Even where only one assessment is carried out on an individual, it may be a more complicated assessment with the embedding of particular specialist areas or multiple choice sections within it.

As Scotland does not routinely collect information on the number of assessments carried out and what their outcome may be, we are not in a position to assess whether the number of assessments per client has increased. Over the last few years as personalisation in England has been introduced the number of assessments per client per year has risen to an average of 1.66 and it would be reasonable to assume this is the case here as well.

One council confirmed in a report they sent to us about the high number of assessments. “There are concerns this information may not be quantitative as it would appear as there are more duplicated assessments than normal. When explored, the reason for duplication was insufficient budget identified from the RAS, therefore staff were completing a second SAQ to revise the indicative budget.”

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Research by Beresford and Slasberg found that in England while the number of social workers carrying out assessments had risen, their productivity had gone down. It is suggested that the reason for this is that they now have to spend longer doing assessments, planning and finalising budgets. Social workers were spending more time “controlling” the process and the costs of this extra bureaucracy had risen by 65%.

In addition to the assessment, social workers have a number of other internal meetings to attend and then a series of planning meetings to ensure that SDS options 1, 2 and 4 where chosen are being used properly.

If this additional workload turns out to be endemic to local authorities then Self Directed Support will have introduced a huge additional cost in extra fieldwork staff for local councils.

Moray council has suggested in a Freedom of Information reply that the cost of a full community care assessment was £1,300 each. Such figures are not unreasonable allowing for an average rate of £30 per hour for a social work staff and an assessment to involve a total of 40 hours input from the lead care manager and supporting staff. In one instance, a carer reported a total of 50 hours being spent on assessments, at the end of which they were told they did not meet eligibility criteria.

Applying this figure to the number of assessment carried out about would indicate a cost of £55 million in social care assessment in the first 4 -6 months of this year from most but not all councils. We could expect this amount to be more than double that in a full year.

Case Study Two – The Extra Assessment. Andrew has a moderate learning disability and has lived in small east coast seaside town all his life. He is in his late 20s and still stays with his mum. His mum, Sheila and he have been talking about him moving into his own flat with support. He uses a local authority respite but because of the layout of his local authority area and the location of the service it takes the best part of an hour’s drive to get there, longer by public transport. There are few services locally that could provide support for Andrew and there is a risk he might have to move away from home and his own networks.

He had his first SDS assessment in April. His area uses a RAS with a small pounds per point value. Questions like do you need personal care score highly. Do you need help to take part in community life less so.

Andrew scored highly on the assessment but did not get the maximum. The whole budgets system is set so the maximum anyone can get is the local limit of the care home rate - locally about £600 per week. No budgets can be approved that are higher than this.

Even social worker says Andrew’s budget is not enough. If Andrew was to get a local flat and live with a friend with similar needs, they could get the care they need at about a cost of about twice Andrews current budget. She told Sheila that she should just appeal it and “If you want, I’ll do another assessment.”
In Scotland, total spend on Assessment, Casework, Care Management, Occupational Therapy and Criminal Justice Field Work already comes to £441 million per annum. It would not be right to see more of this precious resource being spent on duplicate assessments rather than vital frontline services.

2. Assessing the Needs of Carers

There was very little change in the types of assessment being used to look at the needs of carers.

Interestingly some councils said that they did not encourage Carers assessments and suggested that it was better to make sure carers were involved in the assessment of the cared person’s needs and there was no real demand for separate Carer’s Assessments.

East Dunbartonshire Council said “Most carers decline the offer of a separate assessment of their ability to continue to provide care, but almost always wish to have their views taken into account when assessing the needs of the person they care for. Only 1 carer has had a separate carer assessment recorded since 1/4/14 and 84 carers were assessed jointly with the cared for person,” No carers were offered SDS in East Dunbartonshire.

2.1 Only One In Five Councils Offer SDS to Carers

In the first 4-5 months of Self Directed Support only 6 councils (18%) throughout Scotland could confirm that they were offering SDS support to carers.

Our information suggests that only 66 carers were offered support under the Self Direct Support regulations. And of these only 33 actually got support put into place.

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Carer assessments carried out since April 2014</th>
<th>Given the choice of the 4 SDS options</th>
<th>How many chose which option?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Option 1</td>
</tr>
<tr>
<td>Carers</td>
<td>1372</td>
<td>66</td>
<td>3</td>
</tr>
</tbody>
</table>

The 6 councils were Angus, Clacks, East Ayrshire, Perth & Kinross, Shetland Islands and West Lothian.

However only 4 of these councils could tell us which of the 4 SDS options were offered to the carers. Both Shetland and Angus confessed that “We do not currently have a robust system to collate this information but it is something we are going to introduce as part of a review of our assessment and case management process.”

Nonetheless is good to see that 4 councils had taken steps to introduce the flexible Option 2, “Individual Service Fund” for carers to be able to extend their range of choices without having to take time out of their limited spare time to become accountants and project managers.

All 6 councils are small town, semi-rural council areas, areas in which a lot of reliance has always been placed on carers. This may suggest that SDS has been an opportunity where good practice already
exists in work for carers but in areas where carers have been treated as a resource and not as partners, less has been developed in SDS.

2.2 Carers Missed Out

Because the opportunity to help carers was only a “power” and not a “duty”, Scottish councils may offer a carer’s assessment but are not required to offer carers support in their own right.

Glasgow City Council carries out two types of assessments on carers. 1,382 carers were given a simple Screening Assessment and then 111 carers went onto a full assessment in the time period covered. Those needing help were signposted to information and advice but none were offered the SDS options. Carers “are not offered options 1-4 as [carers] are not considered to fall within scope of the personalisation process.”

Borders Councils was clear SDS for carers “is not currently an option.” As the decision to offer SDS to carers is up to the local council then this is a lawful response. They don’t have to offer support - but if they do they have to offer the SDS options.

Despite the money given by the Scottish Government to help local authorities prepare for the implementation of SDS, often little has happened to prepare SDS for carers. Edinburgh City Council received £1.7 million and invested significant funds from its own resources to prepare for April 2014. They replied to our request saying “None of [those who have had a carer’s assessment] will have been offered any of the 4 options, as no services within scope of the current self-directed support arrangements would be offered.”

3. Being offered the options

The Self Directed Support Act gives people a range of options for how their social care is delivered. This is to give people the power to decide how much ongoing control and responsibility they want over their own support arrangements. The 4 options are very much the cornerstone of progress in Self Direct Support.

3.1 What are the options?

Option 1 is taking a direct payment. This is when a local authority makes a payment direct to the citizen in place of services that otherwise would have been arranged by the authority. People are able to plan and buy any service that can meet their needs.

Option 2 is where a citizen can direct the available budget without actually taking the payment direct. The budget can be held by the local authority and is called an individual service fund.
Option 3 is where a citizen can ask their social worker to arrange their service.

Option 4 is where the citizen chooses a mix of the first three options for different types of support.

### 3.2 Local Recording of Assessment Data

We asked local authorities to tell us how many of the people who were assessed were offered the 4 Self Directed Support options. There are a small number of people who are excluded from being offered SDS. Also currently SDS is not available for people who are considering entering residential care.

What became clear at this point is a failure in the computer systems that local authorities use to track social care clients. In addition to the 2 councils who could not tell us how many people had been assessed, a further 5 councils said they could not tell how many of those assessed were offered SDS. A further 2 could not break down the numbers of those offered SDS into each of the 4 options that were offered.

A number of councils could only give us totals for each question and not break it down into client group. Given that councils have had 2 years to prepare their computer systems to track this basic way of working out if Self Directed Support is being implemented, this was disappointing.

A number of council responded that they were now seeking to update their computer system to provide this information. Given that councils can spend up to £60,000 per annum for the maintenance of social care tracking systems such as Care First 6 this will be a welcome step.

### 3.3 Social Care SDS options April - October 2014

**Table 3 – Numbers of Social Care SDS options April - October 2014**

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Given the SDS choice</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>1557</td>
<td>35</td>
<td>19</td>
<td>1387</td>
<td>36</td>
</tr>
<tr>
<td>Mental Health</td>
<td>492</td>
<td>25</td>
<td>16</td>
<td>333</td>
<td>7</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>698</td>
<td>53</td>
<td>81</td>
<td>429</td>
<td>58</td>
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<tr>
<td>Physical Disabilities</td>
<td>2559</td>
<td>114</td>
<td>70</td>
<td>1736</td>
<td>50</td>
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<tr>
<td>Older People</td>
<td>4144</td>
<td>205</td>
<td>102</td>
<td>2708</td>
<td>100</td>
</tr>
<tr>
<td>Other</td>
<td>1609</td>
<td>63</td>
<td>18</td>
<td>1000</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>12549</td>
<td>501</td>
<td>312</td>
<td>7571</td>
<td>277</td>
</tr>
<tr>
<td>Responding Councils</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

It is hard with these raw numbers to see what is happening with the different options but looking at the above table with percentages can help us understand the progress clear.

**Table 4 - Percentages of Social Care SDS options April - October 2014**
Option 2 and Option 4 remain relatively undeveloped compared to option 1. It is also possible that Option 4 is principally a mix of Option 3 and Option 1 which are the biggest choices already.

It looks from the Learning Disability row that there are some interesting developments in Option 2 for this client group. However 65% of the people with learning disabilities getting Option 2 came from just 3 local authority areas – North Lanarkshire, Moray and East Ayrshire.

Option 1 – Direct Payments remains popular. Direct Payments have been available in Scotland since 1997 and there are well established existing support structures for supporting people to manage Direct Payments Centres for Inclusive Living and SPAEN.

CIPFA and Audit Scotland have counselled local authorities to be careful in managing the risk of double running costs from having to pay for existing service while supporting the move to new SDS options. The evidence from our research suggests that they don’t have much to worry about just yet with at least 87% of people choosing to let the local authority carry on arranging services for them.

### 3.4 Option 2 – The Undeveloped Option.

There has been a lot of concern about the management of budgets allocated under option 2. This was the really new development in the Self Directed Support options. It was to allow someone to plan and choose support without having to manage the money. A budget holder would carry out this task on behalf of this person.

But since this was public money still managed by the local authority or a 3rd party on their behalf, there was concern about how it would be used and what level of flexibility could be afforded to those who chose this option. One council has “acknowledged all Councils are concerned about risk and liability” under the use of Option 2.

Presumably the concern is that if public money is misused or does “harm” to those are given control of it, councils could be held legally liable.

However without this option, Self Directed Support would be hard to advance as many vulnerable people do not have the skills to manage staff or money or accounts and the carers in their lives often do not have the time or inclination to become accountants and bookkeepers in their spare time. Option 2 would empower them to make real choices. Without it nothing might change.
Scotland Excel worked on a project to develop a model set of terms for an Individual Service Fund for local authorities. The idea was that councils will use the model as a starting point for their framework contracts for ISFs.

We asked local authorities to tell us what their latest state of development with Option 2 choices were. Their responses came into 5 categories. Three options (Framework, Framework Plus and Care Inspectorate Approved) are variations on a theme. All of them look on Individual Service Funds as being mainly spent on the provision of care from support providers and try and establish ways that the local authority can agree the purchase of support with confidence. It is our view that only the 5th option – a Flexible System can provide the creativity and dynamism needed to make a success of Self Directed Support in Scotland.

3.4.1 Under Development:

11 councils told us that their Option 2 plans were still under development. This is concerning again given the importance of this issue to the development of SDS and the 2 year pre implementation period.

Typical was Moray Council who said, “This is still in the development stage. We have just entered a test phase in developing Individual Service Funds and the learning from this will dictate our policy and process surrounding this option of SDS.”

Dumfries & Galloway Council was similar. “We have been struggling with the business processes for Option 2 - we have a pilot underway that is helping us develop this with a view to creating a policy and process for it which will also be informed by the work being done centrally in relation to the revised guidance for Option 2, due Spring 2015.”

Less typical was North Ayrshire Council. “We can advise that Option 2 is not yet in place.” But the intention was the same.

3.4.2 Framework Model

This model restricts Option 2 spending to pre-approved providers who have been included in a local authority’s existing framework for care provision. A client may choose any

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Case Study Three - Option 2 – Individual Service Funds

John uses a wheelchair and significant other support needs. For the last year he and his mum, Claire have been part of an Individual Service Fund pilot project run by a prominent voluntary organisation and the one local council.

Claire is at the centre of the John’s life and his support arrangement and can take control of the things that she feels are important – like recruitment, induction and training of John’s support team and managing the support hours around what suits John and the family. Not only does Claire work closely with John’s support team, she also provides some of that support. This leaves her feeling confident in the support John’s getting and comfortable that John is safe in his own house when she’s not there.

The new flexibility in their budget meant they could try new things that were important to meet John’s needs and his outcomes. One of the first things they did was to purchase a new high tech bed. While a considerable one off cost, it hugely beneficial and makes life easier all round. The extra mobility the bed provides mean that Claire and the support team can more easily move John and this gives him more control.

The budget is managed by the voluntary organisation and accounted to the family on a monthly basis.
provider from this framework as long as they can meet the needs in the support plan. There may have to be a budget or an “hours of support” adjustment to manage this. There are 5 councils in Scotland who operate this model.

**Glasgow City Council** has this type of model where the council allows individuals to exercise choice under Option 2 by directing the council to purchase support from a provider on the council’s restricted standing lists.

### 3.4.3 Framework Model Plus

This model allows clients to buy support from any provider who is the local authority’s framework or any other provider who could now meet these conditions following a request to provide a service. This allows clients to choose from any care provider that could meet their needs and it is then up to the care provider to demonstrate to the council that they are an appropriate organisation to provide that support. There are 4 councils in Scotland who operate this model.

**Angus Council** has this type of approach. Their option 2 process is a normal commissioning process which allows selection of any framework provider, plus any tenderer for the framework who was not successful in satisfying the tender evaluation criteria as long as the tenderer has, by that time, developed their operational service delivery plans to the required level.

### 3.4.3 Care Inspectorate Approved

This model reduced the need for internal commissioning of care providers and uses the Care Inspectorate as a way of ensuring that services purchased under Option 2 are of a suitable quality. This reduces the administrative burden on care providers to meet specific requirements of a number of local authorities and can increase the degree of choice open to Individual Service Fund holders. There are 4 councils in Scotland who operate this model.

**North Lanarkshire Council** has this system. For ISFs the council must therefore be satisfied that all provider organisations (including in house services), are appropriately registered with the Care Inspectorate, can meet the Council’s contractual standards e.g. have appropriate policies and procedures in place including adult protection, financial handling and appropriately trained staff.

**Stirling Council** also does. For them people can choose their provider as long as the agency is Care Inspectorate registered and have a grading in Inspection reports that is generally Grade 3 and above – but for Support at Home must be grade 4 or above.

### 3.4.5 A Flexible System
6 councils reported it was their aim to allow Individual Service Fund holders a degree of flexibility to their use of the budget. This has the potential for encouraging new ways of meeting people’s needs and allowing new types of service to be developed and for more people to have a reason to take control of their budgets.

**West Lothian Council** was one of these. “West Lothian is keen to be as flexible as possible in relation to Option 2, recognising that people should be able to choose how their care and support needs are met. West Lothian has not applied specific limits to the use of budgets in relation to Option 2 but addresses each case as part of the care and support planning process. As long as a choice of provider or support meets a person’s assessed eligible needs and outcomes, is legal and safe and all statutory requirements, e.g. registration, are met, West Lothian is willing to consider contracting such support on the person’s behalf.”

**Midlothian Council** was also aiming to be flexible in its approach. “We respond to and consider all requests for the provision of services on a case by case basis and therefore there is not an overarching policy that places limits on the use of budgets.”

**East Ayrshire Council** went a step further. They said that service users who choose Option 2 can direct the local authority or third party organisations to make payments on their behalf for services or for the purchase of key items that will meet their outcomes as identified and agreed in their support plan. They also said they would consider using Section 13za of the Social Work (Scotland) Act to access option 2 if the supported person has some capacity to understand the options and has a good, supportive network but there were some doubts over their overall capacity.

4. **Managing the Money**

The Chartered Institute of Public Finance & Accountancy has commented on the financial challenges that are facing local authorities, now and over the next few years throughout the UK. The overarching policy of austerity being pursued by the UK government means that many of the public sector spending cuts have still to come. They say that Council “funding has tumbled in recent years (30% plus for most to date) and this direction of travel is set to continue for at-least another 4 years.”

In Scotland the picture is less serious. Audit Scotland has looked at the implications for individual local authorities over how they manage their budget in the next three years. They note that “local government’s share of the Scottish budget has remained fairly constant but, for revenue funding, translates to a real terms reduction, i.e. after factoring in the effects of inflation.”

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**Case Study Four – Budget Reductions.** Marlyn is in her mid 20s and has a profound learning disability since birth. She can bum shuffle and walk if supported by two members of staff. She has no speech, epilepsy and a severe condition of the spine. She needs attended to during the night. Mum has some physical challenges of her own, some of which are related to caring for Marlyn. Dad is prone to severe depression. A teenage brother also lives at home. They live in a big urban setting.

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Prior to SDS she attended a day centre 5 days a week. Mum and dad received 35 hours of care at home and 6 weeks respite with associated transport support for all services. At the start of the process, these services were valued to the council at £82,000 per annum. Marlyn went through the new assessment process and was offered a budget of £62,000 but after a lot of toing and froing the final budget has been settled at £59,700.

Marlyn no longer attends the day centre at all. This is seen as being a good thing by all as it wasn’t meeting her needs. Instead two personal assistants (one of which is her cousin) take her out to a range of activities. A care company provides staff in the morning to wash and dress Marlyn and again in the evening to put her to bed. This supports Mum and puts less stress on her hips and back. Overall there are 13 different paid staff providing care for Marlyn.

There are both pluses and minuses to the new service.

- Mum & Dad formalised guardianship during this process so they have clear rights recognised by all to be part of the decision making process for Marlyn’s future. We see a rise in guardianship in a number of areas across Scotland because of this process. Some councils are saying that unless a carer has guardianship they have no legal right to be part of an assessment or to act on behalf of the adults
- Marlyn has more consistent staff, some of which who know her well such as her cousin. The new legislation will extend this right further. Immediate family members can be employed including people living in the same house but not if they are guardians. But if Mum was the sole guardian, then Dad could be employed if this was appropriate and in the best interests of Marlyn. The councils would need a good reason for refusing a request from someone who wishes to employ a relative, although this is not always the case.
- Mum is able to direct the staff and let them know about any particular issues as the care is based around the family home.

Some minuses

- The family home has become a work site – The family dog is put in a back room when staff come as it is a “trip hazard”. Marlyn’s teenage brother can no longer walk around the house looking for his missing sock when half dressed. A lot of the informality of family life has vanished.
- Instead of Mum being able to go back to work, she now spends more time looking after Marlyn and making sure she is safe within the house. The consequence of the reduced budget is an increased care by the family. Sometimes this is planned gaps as the hours don’t match up and other times its 15-30 minutes waiting for staff to arrive. Mum loses out on her flexibility and her choice.
- The lack of a base for day activities is fine in the summer – more challenging in the winter.
- There are ongoing concerns about Mum and Dad’s health.
- There is limited flexibly to spend the budget on things like large tents that the whole family could use for a holiday as the local council only allows budgets to be spent on things for the individual benefit of the client.

While the challenge for councils in Scotland is much less than in the rest of the UK, the atmosphere of austerity is used by some in councils to talk about the need to save money from front line services. This can lead to local authorities using SDS as an opportunity to make savings by cutting social care spending.

However shortages of money are specifically excluded by law from being used by local authorities in determining who gets social care support. *MacGregor* (2000) was a legal case that says that once a statutory duty to provide a service has been triggered, it must be discharged.

However local authorities are allowed to use their existing resources in the most appropriate way to meet people’s needs. Local authorities in proposing any budget must be satisfied that it can meet the
New Services

Some new services have been developed as part of the ongoing SDS process. The continuing growth of these will be important if SDS is going to deliver real change.

Personal Assistance Coops – Edinburgh City Council funded EDG to support a coop run by a group of families supporting adults with profound learning disabilities. They wanted more control over their support but wanted to streamline the management tasks and make it more certain that they could always have staff who knew well the people they were supporting.

Quality Checkers – Glasgow City Council have supported VIAS to recruit and train Quality Checkers. They go out to visit other people with learning disabilities in their homes and find out what people think about their home, their housemates and the support they get. They find out how happy they are with their everyday lives such as doing activities, their friends and families and with their local area.

Information and Advice – Aberdeen City Council have funded I Connect North East. This is a city centre place where people can find information on events and services in Aberdeen as well as help with self Directed Support. They run accessible web based information.

Service Brokerage - East Ayrshire Council are working with the Community Brokerage Network to develop free help for people plan their support, to make their individual budget go as far as possible by finding creative ways to use it and to help them understand the range of options available to tap into or buy. They help people link in to what support they need as well as to each other for peer support.

4.1 Resource Allocation Systems
These are systems that try to turn the allocation of funding into a science rather than an art. It is based on the idea that there is mainly a smooth scale of needs, rising up slowly and that if you can work out how to give a points value to each need then you can allocate a budget fairly. Everyone with the same points will have the same budget, even if it was different needs that got them those points.

This first budget is then used for planning processes and where it’s not enough or too much the budget is subsequently adjusted by a more or less arcane process. This can involve a range of meetings with more senior social work staff to which the service user or their representative is unlikely to attend although in some cases, their care manager may make representations on their behalf.

Such systems are usually derived by a semi scientific method of removing “outliers” – those with expensive care packages and then averaging out care costs of between 100 and 300 people.

The principle of people with similar needs requiring similar amounts of money of course has simplistic appeal. But it is likely to not work in social care where social care needs arise from the complex interplay of many factors. Such systems are seen as the antidote to the ‘professional gift’, whereby the large variations in how much people get was put down to the behaviour of professionals. There is a lack of supporting evidence for this view. Anecdotes about the results are in themselves are not sufficient.

But perhaps the biggest concern is that such systems can build in distrust between councils and services and even their own staff. Two councils told us they would not be giving us details on how their Resource Allocation System would work because services users would use this information to get higher scores and get more support than they need.

**Edinburgh City Council** said “In order to try and ensure that the indicative budget is based upon an objective assessment of need, staff have no knowledge of the scores attached to specific elements of the assessment or the relationship between scores and financial amounts.”

**Moray Council** said “If disclosure of this information was made individuals could use this information to increase their scoring and obtain a higher budget unfairly. It would be likely that some individuals would use such information, which would undermine the scoring system and fair monetary allocation. This likely abuse would, in turn, substantially prejudice the effective conduct of public affairs.”

It is hard to see how Self Directed Support can be based on trust and co-production when local authorities believe that those vulnerable adults who need care and support are really aiming at “gaming” the system.
12 councils are now running RAS in their areas – Although one of these councils Aberdeen only uses the RAS model for people with learning disabilities. Other client groups are using the equivalence methods.

We would suggest that there are 4 different types of RAS.

4.1.1 Assessment of need and then Pounds per point

North Lanarkshire Council and Angus Council have such systems.

North Lanarkshire have 8 scored questions with a maximum of 63 points. Each point is worth £10 per week for support planning. This amount is adjusted downwards depending on the level of family or informal care currently available and multiplied upwards depending on living context and previous experience.

Angus Council have 11 scored questions with a maximum of 94 points although 3 questions can only score 0 points. Each point is worth £5 per week for support planning. This amount is adjusted downwards depending on the level of family or informal care currently available. A local maximum for support planning has been established set at the level of the residential care rate for that particular client group.

4.1.2 Assessment of need and then Placement on a scale

Glasgow City Council have this sort of system. Glasgow City Council Support Needs Assessment has 8 scoring questions with a small number of sub questions. There are 100 points available. Each score is then looked up on a points scale. The additional value for each point varies considerably. Point 82 gains a service user an extra £7.13 per week. Point 84 gains a service user an extra £24.27 per week. This amount is adjusted downwards depending on the level of family or informal care currently available.

Scale systems like this are often derived from the original RAS style calculation made many years earlier to establish pilot schemes. The rationale behind these systems is very hard for new users to understand.

4.1.3 Assessment of need and then Placement in a general band

Edinburgh City Council have this sort of system. Dumfries and Galloway formerly had this sort of system but have now moved over to an equivalence model. Their experience was that that this system was hard to control costs under.

Edinburgh Council’s Funding Allocation System uses 7 “domains” of need to assess a client’s needs. Currently there are 42 points available across all 7 areas. There are currently 8 bands available in either £50 or £100 ranges up to a maximum value of £500 per week. This amount is adjusted downwards depending on the level of family or informal care currently available. Budgets above that level will have to be approved by named service managers on case by case basis.

4.1.4 Eligibility criteria linked to assessment
There is a significant problem in trying to turn social care needs into first a points score and then a financial value as social care needs do not occur outwith a specific social context.

- Someone who develops Motor Neurone Disease has a different life experience from someone who is born with severe learning disabilities and triplegia.
- Someone who lives in a modern bungalow has different living situation from someone else in who lives on the 4th floor of an inner city tenement.
- Someone who can verbalise and understand commands and instructions has a different way of controlling their own social care from someone communicates through basic Makaton.

Bearing this in mind we shall look at how 5 areas allocate budgets for personal social care needs. Marlyn in case study four required one person to support her in personal care many times during the day and night because her family could no longer do this.

1. In Glasgow, Marlyn would receive 20 points from a single question on “Meeting Personal Care Needs”, there is a multiplier of 25% for care at night and this would translate into a weekly budget of £157.93
2. In North Lanarkshire, Marlyn would receive 17 points from two questions on “Meeting Personal Care Needs” and “Eating and Drinking (Nutritional needs)”. She should also get this budget increased by 20% because she has no family help in this area and this would translate into a weekly budget of £232.56.
3. In Angus, Marlyn would receive 30 points for help during the day, 10 points for help during the night and a further 10 points for help eating and drinking leading to a weekly budget of £250.00.
4. In Moray, Marlyn would receive 12 points for help during the day, another 3 points for help during the night and a further 9 points for help eating, drinking and preparing meals making a total of 24 points. This leads to a weekly budget of £115.20.
5. In East Ayrshire the questions are framed differently but Marlyn would because of her personal care needs score highly on the question “Looking After Yourself” and gain 15 points. Because her need is “Critical” because of the lack of family care this would be multiplied by 8, giving a total of 120 points which leads to a weekly budget of £161.54.

Are these resources adequate? When calculating a RAS councils take up to 25% of spend off to allow for contingencies. In Moray the real point value of £6.39 per week was reduced to £4.80 per point weekly. In East Ayrshire the point value for over 65s of £66 per annum was reduced to £49.50.

As a result no one can be sure that a result from the RAS is accurate. So they collect additional information. Some assessment forms and questions collect data in other ways. Others simply ignore it at this point and create an additional system for more complex situations. As a result in no local authority is the RAS system the final arbiter of social care. Instead there are supplementary back up assessment processes. Access to this is often limited to prevent too much extra work. Undoubtedly running such parallel systems are tremendously inefficient and help to lead to the increase in assessments mentioned earlier.

**East Ayrshire** have this sort of system. Their My Life My Plan system has 5 areas that are scored with a maximum of 61 points. This is a free text assessment that does not use the multiple choice approach. Each area that has needs this is then multiplied by a factor of 1 to 8 depending on the Eligibility Assessment of that particular area making a total available points value of 488. Each point is worth £1.35 per week.
4.1.5 **Deflators**

This is a feature of all Resource Allocation Systems that bears separate examination. After the points have been awarded in the functional assessment there are between 1 & 3 questions that are used to determine the amount of current support being offered by friends, family or other unpaid carers. Depending on the combination of answers that are given a “deflator” is applied to the points scored in the earlier questions.

This can result in a significant adjustment in the budget or even its complete removal. While there has been some attempt by councils to justify the decision on the points scale, such as by reference to sampling methods and IN Control’s RAS 4, no council that we have seen has made a justification of this deflator system and the relevant levels that are applied.

There are a number of systems for applying an “existing carer” deflator.

**Overall support:** Glasgow City Council apply the support deflator questions at the end of the points scoring. A complex matrix of possible answers is to get a percentage score. The points scored are multiplied by the percentage to get a final result. In some cases, this will mean no indicative budget is offered at all.

<table>
<thead>
<tr>
<th>Table 5</th>
<th>Deflator Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q 9</td>
<td>A  B  C  D  E</td>
</tr>
<tr>
<td>A</td>
<td>0  15 30 60 100</td>
</tr>
<tr>
<td>B</td>
<td>30 30 30 60 100</td>
</tr>
<tr>
<td>C</td>
<td>60 60 60 60 100</td>
</tr>
<tr>
<td>D</td>
<td>100 100 100 100 100</td>
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**Question By Question:** Angus Council apply the deflator after each question. This allows for a more subtle assessment of the care and support that may be given and allows for a more accurate gauge about where the council could apply its support. The points are adjusted after each question and then totalled before being used to set a final budget.

<table>
<thead>
<tr>
<th>Table 6</th>
<th>1. Making important decisions about my life</th>
<th>2. Staying safe from harm</th>
<th>3a. Meeting my personal</th>
<th>3b. Meeting my personal</th>
<th>3d. Meeting my personal</th>
<th>4. Physical Health</th>
<th>5. Running a home and living independently</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>All</td>
<td>1</td>
<td>0</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>1 0</td>
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<tr>
<td>B</td>
<td>A lot</td>
<td>1</td>
<td>0.33</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>1 0.33</td>
</tr>
<tr>
<td>C</td>
<td>Some</td>
<td>1</td>
<td>0.66</td>
<td>0.75</td>
<td>0.75</td>
<td>0.75</td>
<td>0.66</td>
</tr>
<tr>
<td>D</td>
<td>None</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1 1</td>
</tr>
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</table>

**Home and Family Life:** North Lanarkshire Council apply their deflators in a different way. They combine an understanding of existing support needs and care arrangements with planning for the future. Where current needs are well met and there are no plans to change a 50% deflators is applied. However someone living on their own without much help from their family and planning to move would get a 20% inflation of the award.
The Effect of Deflators – Evidence provided by one council shows that deflators can have a net effect of reducing the indicative budget allocation by a further 20%. One council provided us with the anonymised points scores from the 104 subject used to establish their RAS. Deflator questions were not used to adjust the scores before taking off a 25% contingency reduction. Subsequent calculations by LDAS show that 70% of the sample had their budgets reduced by the deflator and 11 would have lost their entire budget. Overall the use of the deflator led to a decrease in proposed weekly care budgets of the 104 test subjects of 46%. This RAS and associated deflators are now being used for the rollout of SDS to all clients in that local area. (http://www.ldascotland.org/docs/one%20data.xlsx)

4.2 Equivalence

These are systems that rely on the judgement of a professional social worker to establish the level of a budget. They decide what support they would normally provide to a person with social care needs and then monetize that service so that it can be offered in the form of an indicative budget.

They start from the basis that it cannot be right to set a budget at any level unless there is good reason to believe that this level is reasonable and that someone could get their needs met with that budget.

Equivalence helps to show that the budget does reflect some real model of how a need might be met. In this system Self Directed Support gives the opportunity to the service user to meet those needs in a way that is even better for them than might originally have been done. They retain the option of asking the local authority to arrange a service of the “equivalent standard.”

18 councils are now running Equivalence in their area and we think it is possible to break these down into two different types of system.

4.2.1 General equivalence – There is an assessment of need followed by the social worker deciding on support levels that the local authority should offer. They then run this service through a ready reckoner for a budget and this discusses options with the client and offers the choice of the 4 options.

Perth and Kinross Council have this sort of equivalence. A person’s outcomes are agreed through an outcome focussed assessment, and the relevant amount for an Individual Budget is then calculated using the full cost of providing the care and support services identified in their personal outcome plan.

Midlothian Council are planning to adopt a similar system by following developments in Perth.

4.2.2 Specific equivalence – There is an assessment of need followed by the social worker deciding on support levels that the local authority should offer. The social worker then can offer variable budgets depending on the SDS option chosen to purchase these supports in the way that client wants.

Highland NHS have this sort of system. A person’s outcomes are agreed through an outcome focussed assessment, and the relevant amount for Direct Payments is agreed through a ready
reckoner spread sheet. Individual budgets for options 2 and 3 are assessed on an individual basis depending upon chosen service provider.

**East Dunbartonshire Council** also have this sort of system. The individual budget is calculated by costing the supports in the service user’s support plan that have been agreed as supporting the individual to meet their needs. The use of a ‘Schedule of Rates’ will be utilised by practitioners to determine the most appropriate ‘standard rate’. This will vary according to whether it is Option 1,2 or 3 and the type of service chosen.

5. **Complaints and Challenges**

By its very nature social care service are provided to people when they are their most vulnerable. People needing help are not well placed to make complicated challenges to an offer of support of any support. Many people will be just glad to have got some help and will never question whether it was the right level.

That is why social care services rely so heavily on the skill and work of social work and other professionals. Where that has been diminished by the use of call centre screening, simplified assessments, pseudo-scientific budgeting systems then there may be a greater risk of poor quality decisions.

Families from one area in Scotland have already reported that local social workers have started to say to everyone who is offered a Self Directed Support budget, “Just appeal, the system doesn’t work”. Such anecdotes are worrying given the relatively low SDS offer so far. It seems very wrong to build a system that has confrontation and challenge built into it.

We asked local authorities if they had a separate complaints or challenge system for Self Directed Support that could quickly resolve problems and move on to the organisation of care and support.

5.1 Some councils had thought about how they would manage such a system speedily and quickly.

**Aberdeen City Council** said that where there was not agreement in the assessment, recourse to review or appeal is firstly through further discussion with the allocated care manager and/or their line manager. If matters cannot be resolved at this level this may then be escalated to the relevant Service Manager. If an acceptable resolution is not arrived at, then people have recourse to the formal complaint procedure.

**Clackmannanshire Council** did not have such an appeals system yet running but thought that their Risk Enablement Panel might fulfil this function.
Dumfries & Galloway Council said that at review people are asked to go back to the self-assessment and planning stages to re-assess their eligibility, needs and outcomes; and are required to adjust their plan accordingly. They do not currently have an appeals process or policy but have identified this as a need and will be creating one.

Highland Council have a Highland Care Charge Review Group (HCCRG) is a group of managers from the Highland Health and Social Care Partnership and others who are from finance and legal services. This looks mainly at appeals about care charging but is also empowered to look at review decision about the level of SDS budgets.

5.2 Most councils simply referred us to the existing social work complaints systems. For example, Aberdeenshire Council referred us to their copy of the local Social Work Complaints Procedure.

East Ayrshire Council were similar. There is no separate review or appeals process and in the event of an unresolved disagreement services users have the option of using the Council’s Social Work complaints procedure.

There are set rules for the operation of social work complaints arising from Social Work (Representation Procedures) (Scotland) Directions 1996

- a Complaint should be acknowledged in 5 days;
- a substantive response should be issued in 28 days;
- within 28 days of receipt of the response, the complainant can ask for a reference to be made to a review Committee
- the Review Committee must make recommendations to the Local Authority within 56 days of the referral being requested;
- the Local Authority must decide within 42 days of receiving the recommendation whether to accept their terms, and if not, explain the reasons for disagreeing.

It can be seen by counting up these dates that the Social Work complaints procedure can take up over 4 months to come to a conclusion and that is if everything goes to schedule.

Given that most clients will be given reassessments at 6 – 12 monthly intervals, this does not appear to be a timely way of resolving disagreements over the level of support for vulnerable people.

5.3 A few councils such as Argyll & Bute Council notified us that there were two systems in place, the main council complaints system and a particular social work complaints system. In these cases the relationship between the two was not clear. And people may have been able to or expected to go through both.

5.4 Other councils such as Falkirk Council and East Dunbartonshire Council referred us only to the Council’s main complaints procedures. This is not covered by the same timescales and does not always offer a second or external review of an initial decision on the complaint. These often refer to the Scottish Public Sector Ombudsman as a final arbiter. However this is often of little use to social care clients as the SPSO is only concerned with a failure to follow due process not whether a decision is adequate.
Overall there seems to be significant variation in the way that appeals and differences of opinion will be managed in different local authorities. Such confusion and variation can only make it harder for vulnerable people to get a quick resolution on matters of immediate care and support.

6 Conclusion

Many of the development reported in this paper show that Self Directed Support is making some changes around Scotland.

Yet the numbers affected by this remain very small compared to the hundreds of thousands of people who use social care support every year.

Concerns over liability, risk, managing expenditure seem to operate behind the scenes of the far more visible outcomes focussed assessment and creative support planning.

For a number of years, the development of the Single Shared Assessment introduced a standardised model of how social care needs would be assessed throughout Scotland. Now with the introduction of SDS, we have almost 32 different methods of assessing social care needs. Each values different things or takes different approaches. While social work professionals will do their best, every craftsman knows they need the best tools. Too many of these tools feel inadequate, with no real way of understanding what is missed or overlooked.

Matching points to questions in this way has the outward appearance of rationality, yet overlooks the key question of context. When people in one part of Glasgow or Edinburgh die on average 10-15 years earlier than in another part of the same city, how much more important must the social context of vulnerable people be when it comes to assessing social need. Yet so much of this is missed from the new assessments.

We welcome the move away from the pseudo-scientific approach of Resource Allocation Systems by some councils. This was a concern and worry for thousands of vulnerable people and their families.

The “Equivalence” models are no panacea for social care but they avoid the worst of the budget cutting approach that might have developed by an over reliance on computer technology. However it is not yet clear how much change will emerge from those councils using the equivalence model.

Much of the opportunity for change the landscape of social care in Scotland lies with the development of Individual Service Funds and more flexible ways of spending these funds. As we have shown few councils have yet committed to taking a flexible approach and this really raises the question of what will, in reality, change.

The biggest challenge in introducing Self Directed Support will be assuming that those who currently receive support are looking for more control or a change in their service. Most just want to keep getting good support. Imposing change on people through reduced budgets or a new system could end up creating new problems which is why we welcome the efforts of a few councils to consider how to speedily resolve differences of opinion over social care.

Ian Hood
Learning Disability Alliance Scotland
29th December 2014