

# **Feasibility Study into Extending Free Personal Care to Under 65s**

**September 2017**



**Scottish Government**  
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## **SECTION 1 : BACKGROUND**

### **Why are we undertaking this Feasibility Study?**

Free Personal Care for people aged 65 and over in Scotland currently benefits nearly 78,000 older adults, of whom approximately 47,000 receive personal care in their homes, and 31,000 in residential care. The Scottish Government has been working with COSLA and other partners to improve the fairness and consistency of charging for social care and has committed to consider the extension of Free Personal Care to those under 65.

The Social Work (Scotland) Act 1968 (“the 1968 Act”) provides the legal basis for provision of social care in Scotland.

The 1968 Act places a duty on Local Authorities to assess the needs of residents within their area, and provide such social care services as they deem are required for the individual. The 1968 Act allows Local Authorities to charge for care provided to individuals by the Local Authority, so long as that charge is reasonable and does not exceed the cost of delivering the service.

In September 2001 the Scottish Government introduced legislation to provide Free Personal Care for those over the age of 65 who were assessed as needing it, resulting in the parliamentary approval of The Community Care and Health (Scotland) Act 2002<sup>1</sup>.

A number of strong campaigns have led calls for the extension of Free Personal Care to under 65s who need it.

For a number of years, the Scottish Government has worked with COSLA to bring greater consistency to social care charging in Scotland. In the most recent years, the Scottish Government has invested up to £11m a year into the social care system to reduce care charges by raising the threshold at which people become eligible to contribute financially towards their social care, and by ensuring that armed forces veterans retain the full value of their war pension payments. The Scottish Government has also ensured, in partnership with COSLA, that those in the last 6 months of a terminal illness receive their care at home for free, without having to worry about charges for social care at such a stressful time. By the introduction of a standard financial assessment template across all Local Authorities, progress has been made towards greater transparency and consistency across Scotland.

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<sup>1</sup> <http://www.legislation.gov.uk/asp/2002/5/contents>

The Scottish Government committed to undertake a feasibility study into the extension of Free Personal Care to people under 65 who need it, and examine the potential relationship with social security provision through this study.

### **Financial policy context**

Overall expenditure on adult social care services per head of population has increased by 13% in real terms after taking into account inflation. Expenditure in 2003-4 was £1.9bn rising to over £3bn in 2015-16. Integration Authorities are managing more than £8 billion of resources that NHS boards and councils previously managed separately, and resources are transferring from the NHS into social care.

Almost half a billion pounds is already being transferred from the NHS into social care and integration in 2017/18. £250 million transferred from the NHS to health and social care partnerships for social care in 2016/17, which has been baselined, and a further £107m has transferred in 2017/18, in addition to the £100m Integrated Care Fund and £30m to address delayed discharge.

However, the increases in funding for social care come against the backdrop of an ageing population contributing to an increasing demand for services.

## **SECTION 2 : INFORMATION ON PERSONAL CARE**

### **Definition of Personal Care**

The legal definition of personal care is set out in the Public Services Reform (Scotland) Act 2010 Schedule 12 at paragraph 20<sup>2</sup>.

“Personal care” means care which relates to the day to day physical tasks and needs of the person cared for (as for example, but without prejudice to that generality, to eating and washing) and to mental processes related to those tasks and needs (as for example, but without prejudice to that generality, to remembering to eat and wash);

and

“personal support” means counselling, or other help, provided as part of a planned programme of care.

Guidance on the definition of personal care is published on the Scottish Government website<sup>3</sup>.

### **Comparisons between age groups<sup>4</sup>**

Around 9,000 adults between the ages of 18 and 64 currently receive personal care services, for which they may currently be charged. These services may be provided as home care or through direct payments. To put this in context, around 47,000 older people receive personal care services in their own homes free of charge.

Local Authorities provide or purchase around 400,000 hours of personal care for older people each week, and around 150,000 hours for younger adults. Older people receive around 8 to 9 hours of personal care per week on average, and younger adults average around 18 hours per week of personal care.

While the predominant recipients of personal care are frail older people and people with dementia in the over 65 category, in the age bracket of 18-64, most recipients of personal care are people with physical or learning disabilities.

Around 95% of older home care clients receive personal care (up from 55% at the introduction of Free Personal Care in 2002), while fewer than 75% of younger adult clients receive personal care.

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<sup>2</sup> <http://www.legislation.gov.uk/asp/2010/8/schedule/12/paragraph/20>

<sup>3</sup> <http://www.gov.scot/Publications/2005/08/13113129/31305>

<sup>4</sup> Data Sources: [Social Care Survey](#), [Local Financial Return LFR3](#)

## **Expenditure on Personal Care**

The latest published figures show expenditure on personal care at home for older people as £371m in 2015/16<sup>5</sup>. The estimated gross expenditure on personal care for younger adults was around £132m in 2015/16<sup>6</sup>.

Based on Local Financial Returns, it is estimated that younger adults contribute around £8 to £10m in charges for their personal care. Therefore around 6- 8% of gross expenditure on personal care for younger adults is funded through client contributions. While the contributions from individuals will vary significantly, on average, this is a contribution of around £17 to £21 per client each week. In order to further verify these costs, a survey of Local Authorities and HSCPs was undertaken which is considered further in section 5.

## **Free Personal Care in residential care**

Just under 31,000 older people<sup>7</sup> and around 3,500 younger adults live in care homes<sup>8</sup> in Scotland. The number of older people has remained relatively unchanged over the last 5 years, while the number of younger people in care homes has shown a small but steady decline over the last 5 years.

Of those 3,500 younger adults the majority are Local Authority-funded and supported by Local Authorities in care homes, although some younger adults are supported by their Health Boards. Younger adults currently do not qualify for Free Personal Care in care homes, and any self-funders would not currently be eligible for Free Personal Care. Our estimates suggest that there are at the most around 120 younger adults in residential care who are self-funding.

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<sup>5</sup> <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/FPNC>

<sup>6</sup> Estimated from hours of home care and personal care ([Social Care Survey](#)) and expenditure on home care (LFR3)

<sup>7</sup> [Free Personal and Nursing Care, Scotland 2015-16](#)

<sup>8</sup> [Scottish Care Homes Census 2016](#)

### **SECTION 3 : HOW THE FEASIBILITY STUDY WAS CONDUCTED**

The remit of the feasibility study was to provide robust and credible estimates of the cost to extend Free Personal Care to under 65s in Scotland and assess the potential implications of this policy.

This has included consideration of:

- The costs of extending Free Personal Care to under 65s who need it;
- Additional demand for Free Personal Care;
- Interaction with wider policy environment;
- Regulation and financial benefits and constraints;
- Administration costs of charging for social care;
- Charging income data;
- Implications on social care availability, including workforce and eligibility restrictions, if extending Free Personal Care to under 65s.

The feasibility study has drawn on a number of sources.

- A virtual group comprising COSLA, Health and Social Care Partnership Chief Officer and Chief Finance Officer representatives informed the development of a survey of Local Authorities / Health and Social Care Partnerships in July on the likely costs of extension and sought respondents' views on the risks and opportunities of doing so which was analysed by Scottish Government.
- Meetings with Chief Finance Officers' and Chief Officers' networks.
- Meetings with stakeholder groups: Scotland Against the Care Tax, Alzheimer Scotland, Parkinson's UK, the Older People's Development Group, Scottish Care and Coalition of Care and Support Providers in Scotland (CCPS).
- Written submissions from the public and from organisations representing service users and/or providers of social care.
- A round table meeting with Disabled People's Organisations on 10<sup>th</sup> August and a meeting with Mrs Amanda Kopel of the "Frank's Law" campaign on 11<sup>th</sup> August.

## **SECTION 4 : FINDINGS FROM THE STUDY**

### **Views of the public and representative bodies**

As part of the process of conducting this feasibility study, Scottish Government officials met with a number of representative organisations with an interest in social care and support, a number of campaign groups, and took part, together with COSLA, in a round table event with people who are in receipt of social care.

The Scottish Government received views from a number of stakeholders and members of the public to feed into this feasibility study. 96 responses were received, of which 83 were from individuals and 13 from organisations with an interest in social care.

Of the responses from members of the public, the vast majority were supportive of the extension of Free Personal Care to under 65s, and some noted that the policy was an important preventative measure, helping to delay or avoid the need for more costly residential or hospital-based care.

Many of the public responses, while supporting the extension, acknowledged the financial implications of extending Free Personal Care to under 65s.

Concerns were also raised around existing and future eligibility criteria, and ensuring that by extending Free Personal Care, there would not be a reduction in the overall care packages that individuals receive. During the round table meeting with representatives of Disabled People's Organisations, a number of concerns were expressed around the balance of existing eligibility criteria, which currently target those with the highest levels of need, and are less focused on preventative care and support.

A number of responses suggested that the Scottish Government should address the extension of Free Personal Care to under 65s through legislation in order to ensure that there is consistent implementation by Local Authorities across the country.

Other responses called for better information on what Free Personal Care means and clearer communication of what a person is entitled to, and what services are provided by the Local Authority or health and social care partnership.

While those in the last 6 months of a terminal illness are entitled to free care at home, some respondents called for an increase to this period, with personal care being free to all those diagnosed with a terminal illness from the point of diagnosis, and with oversight from the Scottish Government to ensure that Local Authorities were following this policy.

Concerns were raised by some respondents about the potential levels of unmet need (people who would qualify for Free Personal Care if extended to under 65s, but who are not currently receiving social care).

In their response to the call for views to feed into this study, Parkinson's UK stated that "Research from England suggests that there are high levels of unmet need for social care amongst people with Parkinson's". There are over 11,000 people with Parkinson's in Scotland (although most of these are over the age of 65), of whom around half are estimated to be living with so-called complex Parkinson's who are likely to require social care support, and that up to 80% of the care needed to people with Parkinson's is provided by unpaid carers.

However, Parkinson's UK representatives also made the point that people diagnosed with Parkinson's disease are often reluctant to come forward to apply for social care, preferring to be cared for by their families. This may mean that while there is a high level of unmet need amongst people with Parkinson's, due to the care provided by families and the majority of those with Parkinson's being over 65, that may not result in a commensurate increase in demand for personal care.

Some respondents questioned the availability of a skilled essential workforce if Free Personal Care was extended to under 65s.

A number of respondents commented that extending Free Personal Care to all could contribute to the reduction of poverty, increasing disposable income for disabled people, encouraging greater social and economic participation in society, and closing the inequality gap.

Representatives of Disabled People's Organisations highlighted potential unforeseen interactions with the existing charging system for social care should personal care be made free. It was suggested that if assessed as needing personal care, the additional income or income not being used towards the purchase of care could therefore be subject to the Local Authority taper rate for available income, potentially leaving the client with a smaller increase in available income than that intended by the policy.

Some respondents highlighted the need to ensure that any extension of Free Personal Care was implemented in a way that was complementary to wider policies, including Self-directed Support.

Representatives of DPOs felt that it would be important to ensure that a separate assessment and commissioning route did not develop for purely personal care. This would increase the burden on individuals and staff and potentially remove existing economies, e.g. where a Personal Assistant works to both personal care and other personal outcomes.

### **Views of Local Authorities and health and social care partnerships**

Working with COSLA, and representatives of Chief Officers and Chief Finance Officers from Health and Social Care Partnerships, feedback was sought from Local Authorities and partnerships. As well as collecting information on their charging policies, income collected from charges and administration costs, Local Authorities



and health and social care partnerships were asked for their views on both the opportunities and risks of extending Free Personal Care. The survey was sent to IJB Chief Finance Officers and Councils' Directors of Finance for completion during July 2017. Responses were received from 29.

Respondents highlighted the fairness of moving to end the difference in treatment in respect of charging for personal care between people aged under and over 65. It was pointed out that some people who had previously refused personal care support due to its cost may now be able to accept the service, which could have a positive impact on their health and may support prevention. It was also noted that this measure would mean service users would retain more income that they could use to achieve their own outcomes, and improve their health and wellbeing.

The most consistent concern highlighted in the survey was that this change would lead to a loss of income towards the cost of care and support services, together with an anticipated increase in demand, which was hard to predict in advance.

On a practical level, it was pointed out that currently services are not routinely split into personal and non-personal care tasks. This would have to be undertaken for every service user. Together with an anticipated increase in demand this would impact on capacity and work-load in assessment teams. A clear majority of respondents considered there to be little potential for savings in administrative costs, given that most service users would receive a mix of personal and non-personal care, and therefore could still be charged for the non-personal element and assessments for income maximisation would still be beneficial for many clients.

Finally, a number of respondents argued that additional demand for services would mean the need to plan for an increase in the social care workforce, at a time when it was hard to recruit in some areas, and with competing demands from the expansion of the child-care workforce, and the impact of Brexit.

### **Interaction with the Social Security system**

Following the recommendations of the Smith Commission report in 2014, the UK Government passed the Scotland Act 2016, which devolves further powers to the Scottish Parliament. The 2016 Act includes the devolution of a number of the social security and housing related benefits currently administered by the UK Government including Disability Living Allowance, Personal Independence Payment, Attendance Allowance and Carer's Allowance.

The Scottish Government will take on the administration of these benefits before the end of this parliamentary term, and the first and guiding priority will be a smooth transition for people receiving benefits.

During the period of transfer, it will be necessary to ensure that any extension of Free Personal Care to under 65s does not create unforeseen or unwanted interactions with the existing social security system, ensure that clients are not

financially disadvantaged by these changes and identify any potential negative impact on those in receipt of benefits.

Two areas of interaction between the extension of Free Personal Care and the social security system were highlighted during the work on the study.

#### *1. Disability Living Allowance (DLA) / Personal Independence Payment (PIP) for self-funders in residential care*

When Free Personal Care was introduced in Scotland in 2002, the UK Government ruled that self-funders in residential care would be considered to be double-funded if they were to receive both Free Personal Care payments and Attendance Allowance. The UK Government therefore withheld Attendance Allowance from these individuals.

As a result, the Scottish Government reviewed the payment rate for Free Personal Care, and increased it by the amount of the withheld Attendance Allowance to ensure that those care home residents did not lose out financially. Since 2002, the Scottish Government has continued to pay this additional cost, at an estimate of around £600m cost to the Scottish Government over the 15 years.

If Free Personal Care were extended to under 65s in advance of the full transfer to Scotland of welfare powers, there would be a risk that the UK Government would consider that self-funders under the age of 65 in residential care were being double funded if they were also receiving the care components of Personal Independence Payments (PIP) or Disability Living Allowance (DLA).

Around 120 people in Scotland are under 65 and self-funding in residential care and may therefore be affected by this.

- The weekly care component for DLA is: £21.80 (lower); £57.45 (higher); £83.10 (highest)
- The weekly care components of PIP are: £55.65 (standard); £83.10 (enhanced)
- The weekly mobility components of PIP are: £22.00 (standard); £58.00 (enhanced)

Assuming that all the 120 self-funders in residential care qualified for Free Personal Care, and UKG chose to withhold the care component payment, this would be equivalent to a loss in benefit income of around £520,000 per annum through the withdrawal of the care components of DLA or PIP from these individuals.

#### *2. Carer's Allowance*

Under the UK Government's current rules, Carer's Allowance is paid to people over the age of 16 and not in full-time education (over 21 hours ), who care for someone for at least 35 hours per week, if the cared for person is in receipt of certain benefits.

There is also a limit on the maximum income that the carer receives (after tax and some expenses) of £116 per week to be eligible to receive Carer's Allowance.

The Scottish Government is increasing Carer's Allowance (currently £62.70 per week) so that it is paid at the same level as Jobseeker's Allowance (currently £73.10 per week). The Scottish Government plans to implement the increase, the 'Carer's Allowance Supplement', from summer 2018, backdated to April of that year. The supplement will be paid in two, six monthly instalments.

It will be necessary to ensure that the extension of Free Personal Care does not have any unintended consequences on carers reliant on benefits.

### **Impact on social care workforce**

In relation to existing users of personal care, an extension of Free Personal Care to under 65s would not impact on the numbers of care staff required to deliver services. However, if the introduction of Free Personal Care led to an increase in demand for personal care services then additional care staff would be needed to provide that.

Reports from the care sector already suggest that recruitment and retention of social care staff is challenging in some areas, and is likely to be exacerbated by Brexit. At the same time, the Scottish Government's commitment to increasing the early learning and childcare entitlement to 1,140 hours per year by 2020 will require substantial increases in the workforce.

The Scottish Government is committed to improving social services and the quality of care, and recognises that attracting and retaining the right people, developing them in their roles and raising the status of the sector as a valued workforce is key to delivering this. To take this forward we will be working to develop and implement the social care section of the National Health and Social Care Workforce Plan.

We have taken steps to improve recruitment and retention in the social care sector, and make it a more attractive career option for those entering or staying in the sector. This includes work being taken forward by the Social Care Working Group, who are leading on a social care workforce project which will make recommendations to the Fair Work Convention. The Convention will utilise these in its role to advise the Scottish Government of how best to ensure the Fair Work Framework is implemented, and fair work practices are delivered, across the social care sector.

We are working with employers and through our delivery body the Scottish Social Services Council to deliver our policy on the development and regulation of this workforce to raise skill levels, improve outcomes for service users and increase public protection.

Alongside this, the Scottish Government has enabled, for the first time, adult care workers in Scotland to be paid the real Living Wage of £8.25 per hour from 1<sup>st</sup>

October 2016 and £8.45 per hour from 1<sup>st</sup> May 2017. This will benefit up to 40,000 people.

The Scottish Government is also working with COSLA, care providers, people who use services and others to deliver a major programme of reform to adult social care, which will consider workforce issues and new models of care and support.

We will continue our work with our key stakeholders and partners on the Social Work Services Strategic Forum which is taking forward a range of shared actions aimed at supporting and developing the workforce.

## SECTION 5 : FINANCIAL IMPLICATIONS

### Income from existing service users

A principal concern of the feasibility study was to seek to establish the level of income currently received by Local Authorities from charges for personal care to adults under 65 and which would not be available to support services if personal care was made free for this group. In order to extend Free Personal Care without Local Authorities being required to raise eligibility criteria to manage demand for services this funding would be need to be replaced from other sources.

A survey of Local Authorities and health and social care partnerships was undertaken during July 2017 to collect this and other data. A total of **20 / 29 (69%)** LAs who replied to the survey provided quantitative data on income received from charging adults under 65 for personal care. **Two (7%)** LAs returned no quantitative data as they do not charge adults under 65 for personal care. The remaining **7 (24%)** did not submit data for this question.

Some of the data submitted was internally inconsistent and therefore not considered for the analysis. Using the remaining consistent data, the proportion of all community based income from adults aged under 65 that can be attributed to personal care was calculated as shown in the table below.

<b>Measure</b>	<b>Personal Care income as % of all Community Based income</b>
Minimum	28%
Maximum	95%
Average (mean)	55%
Average (median)	51%
Sample Size	10 LAs

<sup>1</sup> Includes home care, day care, equipment & adaptations, services to support carers, supported employment, adoption services, fostering/family placement, other

The average proportion calculated above was used to estimate income from charging adults under 65 for personal care for those LAs who did not return data or had inconsistent data. The estimate calculated using this method was compared to actual figures returned by those **10** LAs with consistent data in order to determine the accuracy of the estimates and produce confidence ranges.

Further analysis showed this to be broadly consistent with other Scottish Government data and with analysis undertaken previously by Professor David Bell in 2015.

<b>Measure</b>	<b>Using Mean</b>	<b>Using Median</b>
Total	£10,130,000	£9,400,000
Lower Range	£8,620,000	£7,420,200
Upper Range	£11,640,000	£11,360,000

This shows that in the region of £10m is currently collected by Local Authorities each year towards the cost of personal care services in non-residential settings for adults under 65.

### **Under 65s in residential care**

The Scottish Care Homes Census<sup>9</sup> and the Care Homes (Quarterly Monitoring Survey) show that there were around 3,500 people aged under 65 who were long-stay residents in care homes from 2012-13 onwards, and this number has been declining in recent years.

Of those residents, 97% are supported by the Local Authority, suggesting that only 3% (around 120) are self-funders.

Assuming that the number and proportion of self-funders continues to decline in line with the current trend, the estimated cost of extending Free Personal Care to under 65s in care homes is likely to be under £1 million per annum.

### **Estimated costs of responding to new service users**

The experience of providing Free Personal Care to older people was that demand for services increases. Therefore, as well as determining the income expected to be lost to Local Authorities from existing clients who contribute towards the cost of personal care, Scottish Government analysts are undertaking modelling work to seek to estimate the potential impact of extending Free Personal Care on unmet based on various scenarios, building on the experience of what happened when Free Personal Care was introduced to over 65s.

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<sup>9</sup> <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Previous-Publications/index.asp>

## **SECTION 6 : CONCLUSION AND NEXT STEPS**

The feasibility study has shown that extending Free Personal Care is an option which could have important benefits for many of those currently charged for these services and would ensure that charging arrangements for personal care apply equally regardless of age and condition. In addition, other people who may in the past have declined support due to concerns about the cost would be able to receive that care, if eligible. This would assist many people dealing with conditions such as dementia, motor neurone disease (MND) and Parkinson's.

The feasibility study has established the income currently collected by Local Authorities from charges for personal care for people under 65, and modelling of the possible costs of responding to unmet need by providing additional services is being undertaken.

The study found that there is potential for interaction between any extension of Free Personal Care and the social security system which also would need to be considered and addressed.

Scottish Ministers will consider the outcome of the feasibility study and advise on their approach in due course.

## ANNEX A

### Participants/Respondents

#### Meetings held with:

Jeff Adamson, Scotland Against the Care Tax (SACT)  
Jim Elder-Woodward, Scottish Independent Living Coalition (SILC)  
Ian Hood, SACT  
Jim Pearson, Alzheimer Scotland  
Mrs Amanda Kopel and Kathleen Houghton, Frank's Law campaign  
Annie Gunner-Logan, Coalition of Care and Support Providers in Scotland (CCPS)  
Donald Macaskill, Scottish Care  
Tanith Muller, Parkinson's UK  
Louise Buchanan, Parkinson's UK  
David Allan (individual with Parkinson's Disease)

#### Roundtable event held 10<sup>th</sup> August 2017:

Jim Elder-Woodward, SILC (Chair)  
Kamran Mallick, Disability Rights UK  
Colette McDiarmid, MND Scotland  
Frances Hawarden, SACT  
Suzanne Munday, Minority Ethnic Carers of Older People Project (MECOPP)  
Jess Wade, Self Directed Support Scotland  
Etienne d'Aboville, Glasgow Centre for Inclusive Living (GCIL)  
Colin Young, Health & Social Care Alliance (The Alliance)  
Susie Fitton, Independent Living in Scotland (ILiS) / Inclusion Scotland  
Ian Hood, Scotland Against the Care Tax (SACT)  
Isla McIntosh, Glasgow Disability Collective  
Jeff Adamson, SACT  
Iain Smith, Inclusion Scotland  
Keith Lynch, People First  
Rhona Neill, People First  
Steve Robertson, People First  
Garrick Smyth, COSLA  
Jonathan Sharma, COSLA

Feasibility Study discussed at the Older People's Development Group (14<sup>th</sup> June)

#### Members of the Virtual Group which developed the LA/HSCP survey

David Fotheringham	Adult Social Care Policy, Scottish Government
Paula McLeay	Convention of Scottish Local Authorities (COSLA)
Mike Liddle	Adult Social Care Policy, Scottish Government
Garrick Smyth	COSLA
Julie Rintoul	Analyst, Scottish Government
Fiona Hart	East Ayrshire Health and Social Care Partnership
Robert Emmott	Director of Finance and Corporate Services, Eilean Siar
Sharon Wearing	Glasgow Health and Social Care Partnership
Susan Brodie	Adult Social Care Policy, Scottish Government



Organisations who responded to Scottish Government webpage:

- Scotland Against the Care Tax
- Marie Curie
- Sue Ryder
- Age Scotland
- Alliance
- Glasgow City Health and Social Care Partnership
- MND Scotland
- Scottish Commission for Learning Disability
- Parkinson's UK
- Inclusion Scotland
- Enable Scotland
- Scottish Care
- Alzheimer Scotland

List of respondents to Scottish Government webpage who have provided consent to print name:

Ruby Armstrong  
Karin Casey  
Val Ferro  
Francis Fleming  
Vivien Hendry  
Kerry James  
Pauline Kohler  
Claire Leslie  
Hemma Mangul  
Mrs F Martin  
Thomas Mckay  
Rachel Miller  
William Mills  
Elizabeth Milne  
Janice Mohan

Irena Paterson  
Jennifer Petrie  
Catriona Purchase  
Fiona Purchase  
Martin Purchase  
Jane Raitt  
Antonia Raphael  
Alan Robertson  
John Ross  
Nancy Steedman  
Margaret Todd  
Jennifer Turnbull  
Michael Wilson  
Helen Yewdall  
Gillian Zaoui

## ANNEX B

### Abbreviations used

AA	Attendance Allowance
CA	Carer's Allowance
CB	Community-based
CCPS	Coalition of Care and Support Providers Scotland
COSLA	Convention of Scottish Local Authorities
DLA	Disability Living Allowance
DPO(s)	Disabled People's Organisation(s)
FPC	Free Personal Care
FPNC	Free Personal and Nursing Care
GCIL	Glasgow Centre for Inclusive Living
HSCPs	Health and Social Care Partnerships
IJBs	Integration Joint Boards
ILFS	Independent Living Fund Scotland
ILiS	Independent Living in Scotland
LA	Local Authority
LAs	Local Authorities
LCIL	Lothian Centre for Inclusive Living
LFRs	Local Financial Returns
MECOPP	Minority Ethnic Carers of Older People Project
MND	Motor Neurone Disease
MSP	Member of the Scottish Parliament
NHS	National Health Service
PC	Personal Care
PIP	Personal Independence Payment
PPC	Scottish Parliament Public Petitions Committee
PSED	Public Sector Equality Duty
SACT	Scotland Against the Care Tax
SDS	Self-directed Support
SG	Scottish Government
SILC	Scottish Independent Living Coalition
UKG	United Kingdom Government



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Any enquiries regarding this publication should be sent to us at  
The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-78851-199-5 (web only)

Published by The Scottish Government, September 2017

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS292706 (09/17)

W W W . G O V . S C O T