

Social Care Support and Service Provision in Scotland

This paper provides an overview of the key national trends in social care service provision and support in Scotland. It is part of an initial collection of contextual evidence papers, setting out key sources of information about social care and related areas in Scotland, linking to the National Care Service Consultation proposals published in August 2021.

Key findings

- An estimated 1 in 25 people of all ages in Scotland (231,925 people) were reported as receiving social care support and services at some point during 2020/21.
- In 2020/21, 84.4% of people of all ages receiving social care support and services were provided with Self-directed Support (SDS), up from 77.1% in 2017/18.
- The most frequent choice of SDS has consistently been Option 3, where the person chooses to allow the health and social care partnership to arrange their services. In 2020/21, Option 3 represented 88% of all people choosing an SDS option.
- In general, care at home hours have increased year-on-year between 2010 and 2021.
- The average (mean) hours of care at home per person per week has increased from around 9.5 hours in 2010 to 12.2 hours in 2021.
- In 2020/21, around 130,130 people were in receipt of a community alarm and/or telecare package. The number of people in receipt of community alarm and/or telecare packages increased year-on-year between 2015/16 and 2018/19 before declining in the most recent two years.
- As of 31 March 2021, there were 1,069 care homes for adults and 40,632 registered places. This compared to 1,329 care homes for adults and 42,810 registered places in 2011. A 20% and 5% reduction respectively.
- In 2020/21, there were 28,120 long-stay residents aged 65+ in care homes in Scotland, with 10,420 self-funding care home residents aged 65+ receiving Free Personal Care payments.

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1. Introduction

This paper provides an overview of the national data on the main social care services as reported by the Scottish Government and Public Health Scotland (PHS). It does not provide exhaustive or fully comprehensive coverage of all social care services but provides an insight into recent trends in social care use. The focus is on adult social care but data that covers all age groups is indicated throughout.

It forms one of an initial collection of contextual evidence papers, setting out key sources of information about social care and related areas in Scotland, linking to the National Care Service Consultation proposals published in August 2021.

The collection consists of the following 6 papers on social care:

1. [Scotland's Health and Demographic Profile](#)
2. [People who Access Social Care and Unpaid Carers in Scotland](#)
3. [Social Care Support and Service Provision in Scotland](#)
4. [Experiences of Social Care and Caring in Scotland](#)
5. [The Adult Social Care Workforce in Scotland](#)
6. [Adult Social Care in Scotland - Equality Evidence Overview](#)

And papers on:

7. [Children's Social Services](#)
8. [Justice Social Work in Scotland](#)
9. [Learning and evidence from national social care systems in Nordic and Scandinavian countries](#)
10. [Integrated Care Studies: The SCFNuka \(Alaska\) and Canterbury \(New Zealand\) Models](#)

While the focus of this set of evidence papers is social care, there is an intrinsic link between social care and social work. Social work is a statutory role which involves assessing need, managing risk, and promoting and protecting the wellbeing of individuals and communities. Social care support is an umbrella term for adult, children's and justice services which directly support people to meet their personal outcomes. A social work evidence paper is being prepared for publication in summer 2022.

2. Context: Social Care Recipients

Social care support can be provided to people of all ages and encompasses a range of services. These can be provided in the home or wider community or in residential settings such as care homes. In this section, social care support/ services are defined as services provided to people who have had an assessment or review of their needs and who, as a result of this assessment, received support or services which was provided or funded by the local authority. This paper is

focused on social care. While support for unpaid carers is an important aspect of social care support, it is not covered in this paper.

The main source of information on people being supported by social care services is PHS's [Insights in Social Care publication](#). The latest publication shows that an estimated 1 in 25 people of all ages in Scotland (231,925 people) were reported as receiving social care support and services at some point during 2020/21¹. This included:

- Some 44,000 people received funding towards a long stay care home place in Scotland during 2020/21, this is a decrease of around 1% from 2019/20. In addition, a further 6,300 people were supported during a short stay in a care home, such as for respite or for reablement during this time. This is a decrease of around 36% from 2019/20².
- An estimated 130,130 people had an active community alarm and/or a telecare service.
- Around 93,280 people in Scotland received care at home for the whole or part of the year ending 31 March 2021.
- In 2020/21 the rate per 1,000 population of people receiving social care support through any Self-directed Support option increased from 18.2 (2019/20) to 20.6 people per 1,000 population³.

Table 1: People in receipt of social care / support services, Scotland, 2020/21

Type of service / support	Number of people
Care Home	48,160
Community Alarms / Telecare	130,130
Day Care	6,240
Care at home	93,280
Meals	5,695
Social Worker	127,500

Source: [Public Health Scotland](#)

¹ Public Health Scotland (2022) [Insights in social care: Statistics for Scotland](#)

² Figures exclude Comhairle nan Eilean Siar, as data was not submitted. Some other Health and Social Care Partnerships were unable to provide care home information therefore previous year's data were used where possible to provide an estimate.

³ People with only a care home record, a day care record or care at home outside of the '[census week](#)' for 2021 or any combination of these items have been excluded. In addition, people with the following services are excluded from this calculation: only a community alarm/telecare service, only a social worker, only a community alarm/telecare service and a social worker, only a meals service.

Figures for Self-directed Support Option 4 have been derived and apply to people who have received more than one self-directed support option at any point during the financial year 2020/21.

People may have more than one Self-directed Support 'support need' and/or self-directed Support 'support organisation' and therefore could be included in more than one category.

3. Social Care Services and Support – Trends and Analysis

3.1 Trends in Self-Directed Support⁴

Self-directed Support (SDS) was introduced in Scotland on 1st April 2014 following the Social Care (Self-directed Support) (Scotland) Act 2013. Its introduction means that everyone eligible for social care and support has the right to choice, control and flexibility to meet their personal outcomes. Local authorities are required to ensure clients are offered a range of choices on how they receive their social care services and support. Self-directed Support allows people to choose a number of different options for getting support.

The person's individual budget can be:

Option 1: Taken as a Direct Payment.

Option 2: Allocated to an organisation that the person chooses – the council holds the budget but the person is in charge of how it is spent.

Option 3: The person chooses to allow the council to arrange and determine their service.

Option 4: The person can choose a mix of these options for different types of support.

Table 2: Estimated number of people by Self-directed Support Options^{5,6}, Scotland, 2017/18 to 2020/21

	2017/18	2018/19	2019/20	2020/21
Option 1	9,095	9,305	9,415	9,495
Option 2	7,460	7,020	9,030	8,735
Option 3	81,955	91,560	86,200	92,795
Option 4	4,485	5,010	5,440	5,340
Any SDS Option	93,900	102,905	99,245	105,790
Implementation Rate	77.1%	81.3%	81.5%	84.4%

Sources: [Public Health Scotland](#)

It should be noted that people can choose more than one Self-directed Support option, so the total number of options chosen will be higher than the number of people involved in choosing their support. The implementation rate represents the proportion of those people who received social care support and services who

⁴ SDS figures are based on people of all ages who access social care and support.

⁵ Due to incomplete data all the Scotland level figures are estimated.

⁶ Figures for Self-directed Support Option 4 have been derived and apply to people who have received more than one self-directed support option at any point during the financial year.

People may have more than one Self-directed Support 'support need' and/or Self-directed Support 'support organisation' and therefore could be included in more than one category.

received their support through Self-directed Support. In 2020/21, 84.4% of people receiving social care support and services were provided with Self-directed Support, up from 77.1% in 2017/18.

In 2020/21, there were 105,790 people who chose to receive their support through one or more of the Self-directed Support options. Consistently over time, the most frequent choice is Option 3, where the person chooses to allow the health and social care partnership to arrange their services. In 2020/21, there were 92,795 people who chose Option 3, which represents around 88% of people who choose at least one Self-directed Support option. The percentage of people choosing Option 1 (9%), Option 2 (8%) and Option 4 (5%) has remained relatively stable since 2017/18.

3.2 Trends in Care at Home Hours

This section presents national figures for care at home services provided or purchased by Health and Social Care Partnerships in Scotland. It therefore excludes any privately funded provision (on which data is not collected nationally). Care at home services give people the support, practical help and personal care that they need to live as independently as possible in the community (this includes sheltered housing and equivalent accommodation)⁷.

Table 3: Number of people in receipt of care at home and number of hours during the [census week](#)⁸⁹(25 - 31 March).

Year	Number of people	Number of hours
2010	66,225	632,160
2011	63,460	607,415
2012	62,830	627,380
2013	61,070	631,145
2014	61,735	678,890
2015	61,500	700,335
2016	59,775	676,515
2017	59,640	696,620
2018	59,940	702,885
2019	59,875	686,130
2020	59,000	721,265
2021	59,960	733,505

Sources: [Public Health Scotland](#)

⁷ Not included in this section are 'live in' and 24 hour services that are defined as 'Housing Support'.

⁸ See Glossary

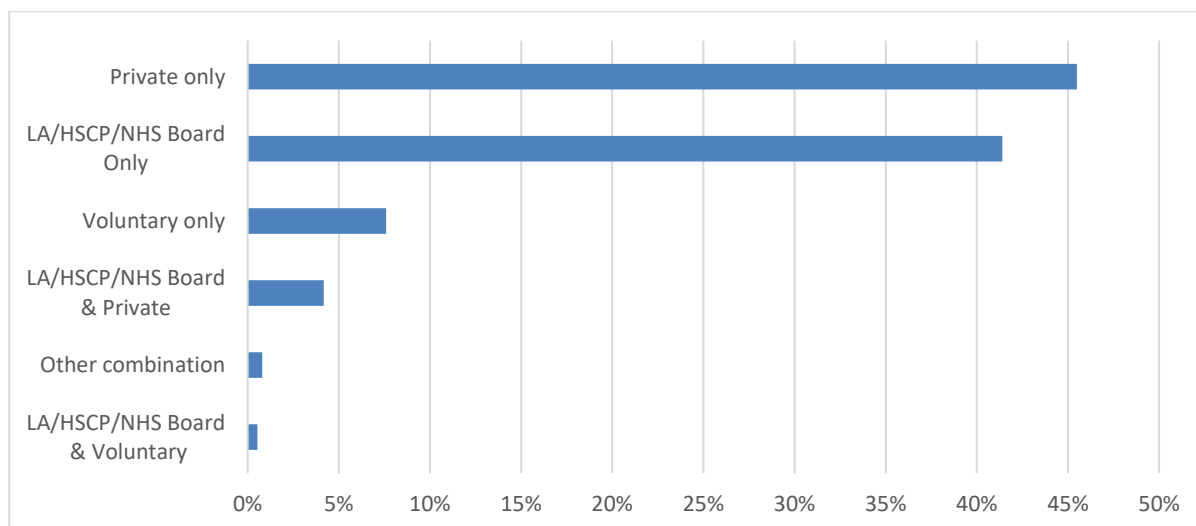
⁹ Some Health and Social Care Partnerships were unable to provide home care information therefore previous year's data were used where possible to provide an estimate. Home care hours collected are actual hours from 2019/20 onwards (where submitted) which may not be directly comparable to planned hours previously collected prior to 2019/20.

In 2021, there were an estimated 59,960 people in Scotland receiving care at home during the [census week](#) (25 - 31 March). This compares to 66,225 in 2010, which equates to a 9% decrease. Between 2010 and 2016 the number of people receiving care at home decreased, but since then the numbers have been broadly similar at just under 60,000.

In 2021, the total number of hours of care at home during census week was 733,505, a slight increase from 2020. In general, care at home hours have increased year on year between 2010 and 2021, with only a few yearly decreases (2011, 2016 and 2019).

The decrease in the number of people who have been receiving care at home coupled with the rise in the overall number of hours of care at home means the average (mean) hours per person has increased from 9.5 hours in 2010 to 12.2 hours in 2021.

Figure 1: People in receipt of care at home by service provider, 2021, Scotland



Sources: [Public Health Scotland](#)

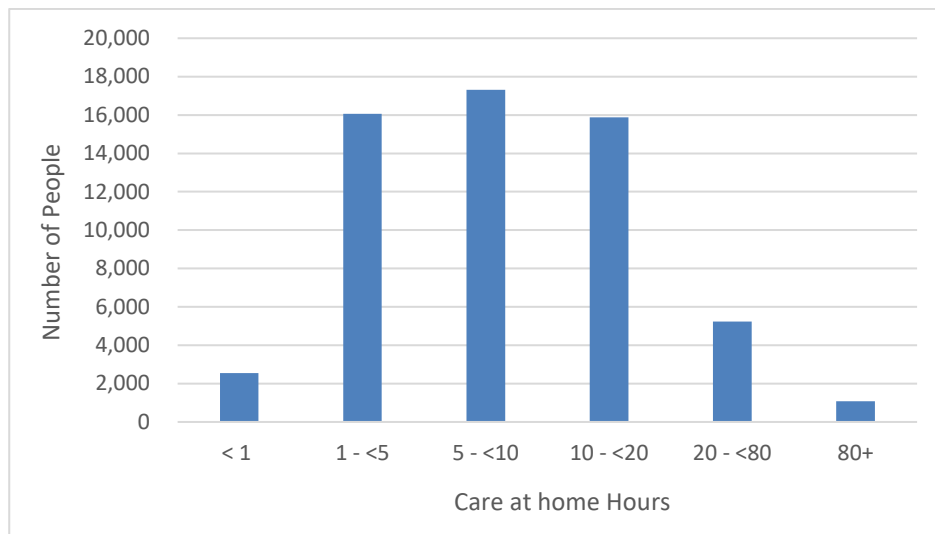
Over the last decade, Local Authority (LA)/Health & Social Care Partnership (HSCP)/NHS Boards have been increasingly purchasing social care and support services from the private and voluntary sector rather than providing it directly¹⁰. In 2021, 41% of care at home clients received their care via Local Authority/Health & Social Care Partnership/NHS Board services only. Around 45% of care at home clients received their Local Authority/Health & Social Care Partnership/NHS Boards funded care only from private sector providers.

Figure 2, below, shows the distribution of care at home hours for people of all ages. The majority of care at home clients tend to receive smaller amounts of care per

¹⁰ Scottish Government (2017) [Social Care Services Scotland, 2017](#)

week. Around 62% received less than 10 hours of care per week, while 11% received more than 20 hours of care per week in March 2021.

Figure 2: Distribution of care at home hours during the [census week](#) Scotland, 2021



Source: [Public Health Scotland](#)

3.3 Trends in Community Alarms and Telecare

The use of equipment and technology can help people live safely and independently at home. Telecare is the remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services. Telecare usually refers to sensors or alerts which provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle changes, using information and communication technology (ICT) to trigger human responses, or shut down equipment to prevent hazards.

Community alarms are considered to be the basic, introductory level of telecare. Typically a community alarm includes a button/pull cord/pendant which transfers an alert/alarm/data to a monitoring centre or individual responder.

Table 4: Number of people in receipt of a community alarm and/or telecare package from 2015/16 to 2020/21¹¹

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Community alarm only	90,380	88,270	83,475	82,225	82,035	83,145
Telecare only	6,920	4,710	16,250	15,695	14,650	15,290
Receiving both community alarm and telecare	29,490	35,770	32,195	38,975	35,845	31,695
Total community alarms and/or telecare	126,790	128,750	131,915	136,900	132,535	130,130

Sources: [Public Health Scotland](#)

In 2020/21, around 130,130 people were in receipt of a community alarm and/or telecare package. The number of people in receipt of community alarm and/or telecare packages increased year-on-year between 2015/16 and 2018/19 before declining in the most recent two years (2019/20 and 2020/21). This decline may have been due to the Covid-19 pandemic.

3.4 Trends in Care Home Provision

This section presents national figures about care homes and care home residents in Scotland based on the Scottish Care Home Census (SCHC)¹². The SCHC collects information about care home residents regardless of whether they are funded publically or privately. The Care Home Census includes all care homes for adults aged 18 years and over in Scotland, including care homes for older people (65 years and over) and for those with learning disabilities, mental health problems, physical and sensory impairment, acquired brain injury, alcohol and drug problems, and blood borne viruses.

A ‘care home’ provides 24-hour care to its residents, and residents within the same care home may receive residential care or residential and nursing care if this is required by the individualⁱ. Further information about the strengths and limitations of the Scottish Care Home Census can be found in the publication ‘[Data Resource Profile The Scottish Social Care Survey \(SCS\) and the Scottish Care Home Census \(SCHC\)](#)¹³’.

¹¹ Some Health and Social Care Partnerships were unable to provide information to Public Health Scotland; Public Health Scotland have provided estimates for partnerships that have not supplied the required data. Details of the estimated figure calculations can be found here: [Insights in Social Care: Technology Enabled Care](#).

¹² Scottish Government (2022) [Scottish Care Homes Census](#)

¹³ Henderson DAG, Burton JK, Lynch E, Clark D, Rintoul J, Bailey N. (2019) [Data resource profile the Scottish social care survey \(SCS\) and the Scottish care home census \(SCHC\)](#). Int J Popul Data Stud 4

Scotland's population is ageing with an increasing number of people in older age groups compared with previous decades¹⁴. The gradual rise in the number of older people has not been accompanied by an increase in the provision of care home places. Proportionally, more people with care and support needs are living at home¹⁵.

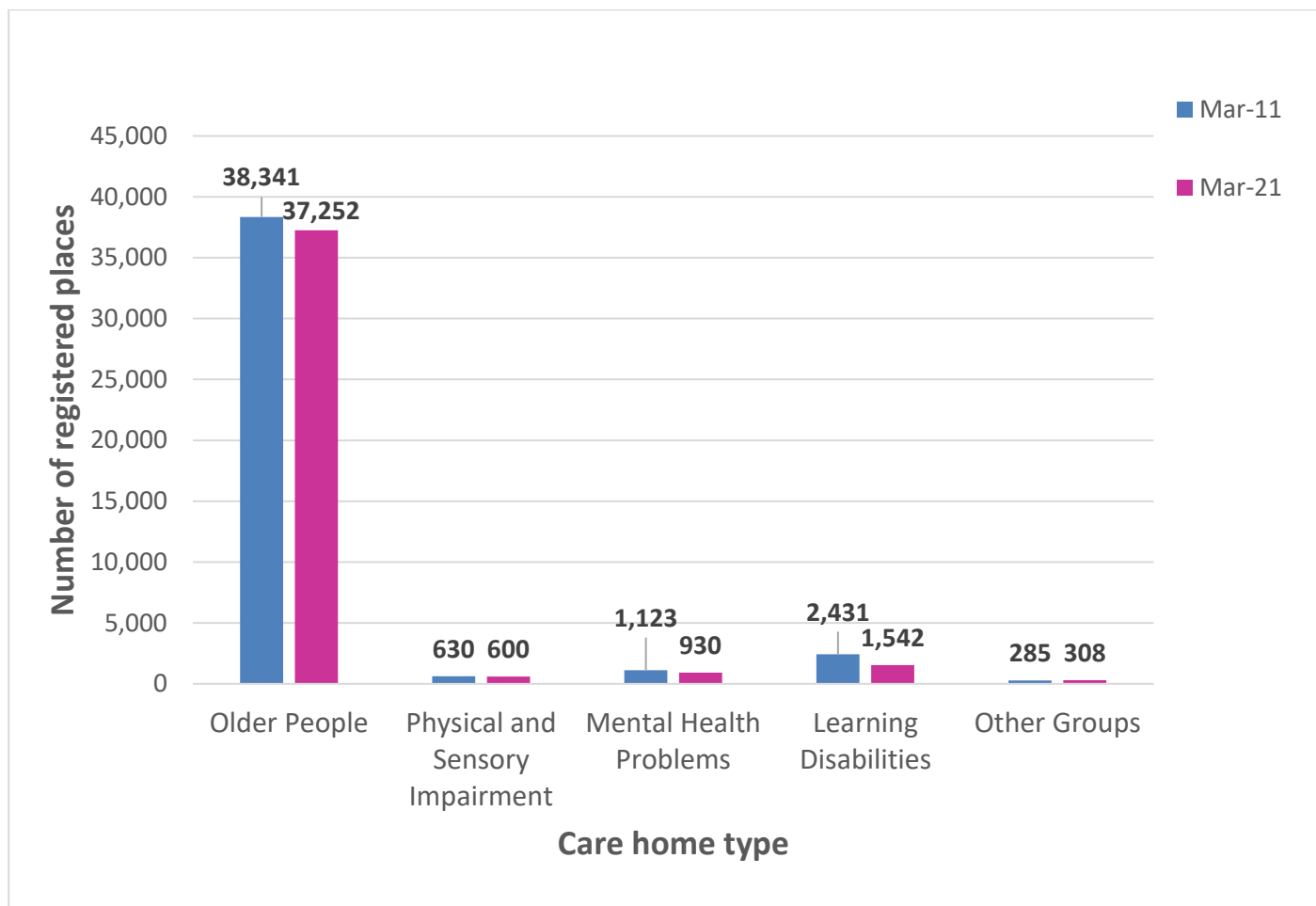
As at 31 March 2021:

- There were 1,069 care homes for adults and 40,632 registered places. This compared to 1,329 care homes for adults and 42,810 registered places in 2011. A 20% and 5% reduction respectively.
- There were an estimated 33,353 residents. This was 11% fewer than 31 March 2011 (37,511 residents).
- The estimated percentage occupancy was 82%, compared with 88% on 31 March 2011.
- Around 63% of care homes for adults were run by the private sector. This compared to around 55% as at 31 March 2011. Across all sectors (public, private and voluntary / not for profit) there has been a decrease in the number of care homes for adults between 2011 and 2021, but the largest decrease (38%) has been in the voluntary sector.
- The above trends have continued during the Covid-19 pandemic. In particular, the voluntary / not for profit sector has seen the largest decline in number of care homes, registered places and therefore, number of residents between 2019 and 2021.
- There has been a large reduction in the estimated number of short stay and respite admissions to care homes between 2018/19 and 2020/21. This may be connected to the Covid-19 pandemic. Similarly, there has been a large reduction in people being discharged from care homes over the same time period (excluding deaths, which increased over the Covid-19 pandemic).
- Residents in care homes for older people accounted for 91% of residents in all care homes for adults (30,502 out of 33,353).

¹⁴ National Records of Scotland (2022) [Mid-year Population Estimates, 2020: Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

¹⁵ Public Health Scotland (2021) [Care Home Census for Adults in Scotland](https://www.phscotland.nhs.uk)

Figure 3: Number of Registered Places in Care Homes, Scotland, as at 31 March 2011 and 2021



Sources: Scottish Care Home Census, Public Health Scotland and Care Inspectorate

Table 5: Number of Care Homes for Adults, Number of Registered Places, Estimated Number of Residents, in Scotland. By Sector. For Years 2011 to 2021 (at 31 March).

Key Statistic	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% change 2011 to 2021	% change 2019 to 2021
Total Number of Care Homes for Adults	1,329	1,307	1,282	1,249	1,216	1,175	1,142	1,126	1,102	n/a	1,069	-20	-3
Local Authority/Health Board Sectors	203	203	199	185	178	167	160	151	146	n/a	142	-30	-3
Private Sector	725	715	716	711	701	704	691	691	689	n/a	677	-7	-2
Voluntary or Not for Profit Sector	401	389	367	353	337	304	291	284	267	n/a	250	-38	-6
Total Number of Registered Places	42,810	42,807	42,755	42,502	42,026	41,461	40,926	41,007	41,032	n/a	40,632	-5	-1
Local Authority/Health Board Sectors	5,162	5,147	5,114	4,763	4,680	4,502	4,274	4,211	4,160	n/a	4,219	-18	1
Private Sector	31,662	31,705	31,677	31,856	31,566	31,583	31,483	31,597	31,868	n/a	31,757	0	0
Voluntary or Not for Profit Sector	5,986	5,955	5,964	5,883	5,780	5,376	5,169	5,199	5,004	n/a	4,656	-22	-7
Total Number of Residents	37,511	37,335	36,578	36,751	36,193	36,621	35,989	35,202	35,630	n/a	33,353	-11	-6
Local Authority/Health Board Sectors	4,606	4,492	4,334	4,071	3,917	3,836	3,762	3,701	3,469	n/a	3,198	-31	-8
Private Sector	27,457	27,513	26,926	27,297	27,064	27,850	27,471	26,750	27,579	n/a	26,066	-5	-5
Voluntary or Not for Profit Sector	5,448	5,330	5,318	5,383	5,212	4,935	4,756	4,751	4,582	n/a	4,089	-25	-11

Sources: Scottish Care Home Census, Public Health Scotland and Care Inspectorate

Note: The Scottish Care Home Census did not run in 2020 due to the Covid-19 pandemic.

3.5 Free Personal and Nursing Care

Since July 2002, people aged 65 and over can no longer be charged for personal care services provided in their own home. For those aged under 65, free personal care was introduced in April 2019.

In 2020/21¹⁶:

- There were 46,820 people aged 65+ who received a personal care service in their own home, receiving an average 8.8 hours per week.
- There were 28,120 long-stay residents aged 65+ in care homes in Scotland. Of these, 6,870 self-funding care home residents aged 65+ received both Free Nursing Care payments and Free Personal Care payments, and a further 3,550 self-funders received Free Personal Care payments only.

In the last quarter of 2020/21¹⁷:

- There were 12,110 people aged 18 – 64 receiving personal care at home, compared to 10,550 in the last quarter of 2018/19 (prior to the extension). The number of hours provided increased with the extension of Free Personal Care to under 65s in 2019, but decreased by nearly 10% in 2020/21.
- There were 3,350 long-stay care home residents aged 18 – 64 in Scotland, with 120 self-funding residents receiving Free Personal Care payments. In addition, 60 self-funding care home residents aged 18 – 64 received Free Nursing Care payments.

4. Examples of factors that influence different service type/provision

There are several factors which influence service type/provision as shown in Figure 4. Scotland's demography is a leading factor as discussed further in the paper [Scotland's Health and Demographic Profile](#). The recent Audit Scotland Social Care Briefing¹⁸ states that "by 2038, forecasts suggest that nearly a quarter of people living in Scotland will be over the age of 65. Scotland's increasingly ageing population means that the demand for social care services will rise, and more resources will be required for social care over the long term. Around a fifth of the population of Scotland define themselves as having a disability and disability is more prevalent in older people. As our older population rises, the number of people with a disability, as a proportion of the population, is expected to increase too".

Other factors include resources, both financial and workforce. Further information on the workforce is available in the paper on [The Adult Social Care Workforce in](#)

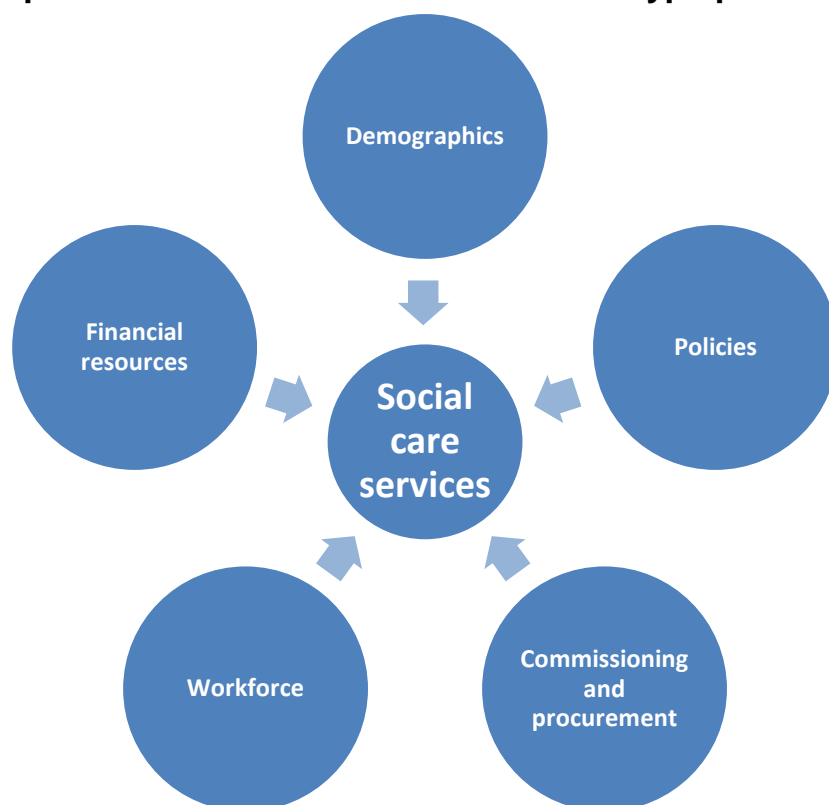
¹⁶ Scottish Government (2022) [Free Personal and Nursing Care, Scotland, 2020-21](#)

¹⁷ Scottish Government (2022) [Extension of Free Personal Care to those under the age of 65, Scotland, 2020-21](#)

¹⁸ Audit Scotland (2022) [Social care briefing](#)

[Scotland](#). The Independent Review of Adult Social Care¹⁹ and the Audit Scotland Social Care Briefing²⁰ discuss the sustainability challenge for services. Audit Scotland reports that “the 209,690 people working in social care are under immense pressure, and the sector faces ongoing challenges with recruitment and retention. Staff are not adequately valued, engaged, or rewarded for their vitally important role. The workforce is predominantly female and poor terms and conditions for staff contribute to recruitment difficulties, rising sickness absence and high vacancy levels. This puts the capacity, sustainability, and quality of care services at a considerable risk”²¹. Some of these challenges may have been exacerbated by the Covid-19 pandemic.

Figure 4: Examples of factors that influence service type/provision



Decisions about services are currently made locally by each Health and Social Care Partnership. To date, how services have been commissioned and procured locally has varied, which has impacted the types of services and provision in local authorities. An Audit Scotland report published in 2016 stated that “councils have a challenging task to manage the market for providing services in their local area. There are potential tensions around making savings while ensuring high-quality services at a fair cost in an environment of increasing demand and financial pressures. There are risks to the quality of services if councils continue to drive down costs at the rate they have in the past without changing how they provide

¹⁹ Scottish Government (2021) [Independent Review of Adult Social Care in Scotland](#)

²⁰ Audit Scotland (2022) [Social care briefing](#)

²¹ Audit Scotland (2022) [Social care briefing](#)

services”²². Both the more recently published Audit Scotland Social Care Briefing and The Independent Review of Adult Social Care discuss the need to improve the commissioning and procurement process.

Finally, policy decisions can influence service provision. In the Independent Review of Adult Social Care, as an example, it cites the introduction of the Free Personal and Nursing Care policy and the increase in use of services. A study published by the Joseph Rowntree Foundation in 2007²³ found that following the introduction of the Free Personal and Nursing Care policy in Scotland, there had “been a Scotland-wide increase in demand for care at home:

- Between 2002 and 2005, the overall number of local authority care at home clients rose by 10 per cent.
- Within this group, 62 per cent more received personal care”²⁴.

5. How is this relevant to the NCS?

The National Care Service will be responsible for social work and social care services, including support for carers. It will also be responsible for planning and commissioning primary care and community health services, including mental health services. The existing data and analytical evidence provides useful context for informing the new National Care Service. The changing demographics both nationally and locally are key to informing future social care demand. The trends in changing social care service use and support will inform how existing services evolve. For example, proportionately more people are having their support needs met at home rather than in a care home. However, care homes have been seeing an increase in short stay admissions over time, reflecting a change in the types of services some care homes are providing²⁵.

In the future, there will also be a requirement for new data and analytical evidence to monitor new services, for example, around prevention and anticipatory care. Furthermore, having more holistic data and evidence, particularly around the experiences and outcomes of people who access care and support will inform the development and provision of better services.

6. Conclusion

This paper summarises the key trends in social care services and support in Scotland over the last decade or so, in order to support the development of the National Care Service.

²² Audit Scotland (2016) [Social work in Scotland \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk)

²³ Joseph Rowntree Foundation (2007) [Free personal care in Scotland: recent developments | JRF](#)

²⁴ Joseph Rowntree Foundation (2007) [Free personal care in Scotland: recent developments | JRF](#)

²⁵ Public Health Scotland (2021) [Care Home Census for Adults in Scotland \(publichealthscotland.scot\)](https://publichealthscotland.scot)

It can be seen that, while the number of people receiving care at home has fallen over the last 10 years, the number of hours of care at home provision has increased over the same time period. This may suggest that resources have become more focused on those in greatest need. Over the same time period, Local Authority/Health and Social Care Partnership/NHS Boards have been increasingly purchasing social care and support services from the private and voluntary sectors.

The number of care homes has fallen by 20% over the last 10 years, with the number of registered places falling by 5%. Proportionally, more people with support needs are living at home.

In 2020/21, 84.4% of people receiving social care support and services were provided with Self-directed Support, up from 77.1% in 2017/18.

The trends in social care provision outlined in this paper are, along with demographic factors, key considerations in the development of a National Care Service.

Glossary

Community alarm: type of equipment for communication, especially useful as an alert should the user have an incident where they need to call for help quickly.

Day Care: involves attendance at a location other than the person's own home for personal, social, therapeutic, training or leisure purposes. Day care services can be registered or unregistered services.

Care at Home: practical services which assist a person to function as independently as possible and/or continue to live in their own home. This can include personal care, reablement, respite and household tasks such as housework, shopping, laundry and/or paying bills.

Care at Home Census week: To allow comparison with figures previously published by the Scottish Government an estimated number of people receiving Care at Home as well as Care at Home hours has been calculated for a 'census week' (last week in March, 25 March to 31 March). The home care hours were estimated by calculating the average number of hours per day for each individual. This was then multiplied by the number of days the person received home care in the 'census week'.

Care Home: A 'care home' is defined as a nursing or residential care facility that provides 24-hour care to its residents. Care home residents within the same care home may receive residential care or residential and nursing care if this is required by the individual²⁶.

Personal Care: includes assistance with activities such as eating or bathing, as well as other care of a personal nature. A fuller list of the types of care counted as personal care can be found on the [Care Information Scotland website](#)²⁷.

Residential Care: A residential care home provides accommodation and 24-hour personal care and support to older people and others who may find it difficult to manage daily life at home.

Residential and Nursing Care: A residential and nursing care home provides care and support for people with specific conditions or different types of disabilities who struggle significantly with daily life and need the added support. In a nursing home care facility, there is always at least one qualified and registered nurse on site, meaning residents have access to 24-hour medical care and skilled nursing support.

Self Directed Support (SDS): Self-directed Support legislation means that all people accessing care and support should be given a choice as to how they wish to receive their support. There are four different ways of accessing social care support through SDS:

- Option 1: Taken as a Direct Payment.

²⁶ Burton JK, Lynch E, Love S, Rintoul J, Starr JM, Shenkin SD (2019) [Who lives in Scotland's care homes? Descriptive analysis using routinely collected social care data 2012–16](#). J R Coll Physicians Edinburgh 49

²⁷ Source: [Care Information Scotland website](#). Accessed May 2022.

- Option 2: Allocated to an organisation that the person chooses and the person is in charge of how it is spent.
- Option 3: The person chooses to allow the council to arrange and determine their services.
- Option 4: The person can choose a mix of these options for different types of support.

Telecare: remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services.

How to access background or source data

may be made available on request, subject to consideration of legal and ethical factors. Please contact SWstat@gov.scot for further information.



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The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

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