

Social Care Services, Scotland, 2014

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A National Statistics Publication for Scotland



Introduction and key points

This Statistics Release presents the latest national figures for Social Care services provided or purchased by Local Authorities in Scotland. These services give people the support, practical help and personal care that they need to live as independently as possible in the community. With the introduction of the Self-Directed Support (SDS) bill in April 2014, it is expected that in future years this publication will become more focused on SDS (see Background Notes for more information).

The Social Care services covered in this release are; Home Care, Community Alarm/Telecare, Direct Payments, Meals and Housing Support services. There are three sections: the first provides a summary of clients of all ages receiving these services in Scotland. The second gives service-level information on older people (aged 65+) and the third focuses on working age adults (aged 18 to 64). Information on young people (aged 0-17) is included in the totals presented in first section, but is not analysed in detail, due to the relatively small numbers of Social Care clients in this age group.

The information presented on Home Care, Community Alarm / Telecare, Meals services and Housing Support is based on a census week containing 31 March 2014. The information on Direct Payments covers the 2013/14 financial year. All figures are provisional and may be subject to change in future publications. *All of the figures presented have been rounded to the nearest 10, 100 or 1,000.*

This release includes an additional section presenting analysis of Social Care data by relative deprivation within Scotland. This data is under development.

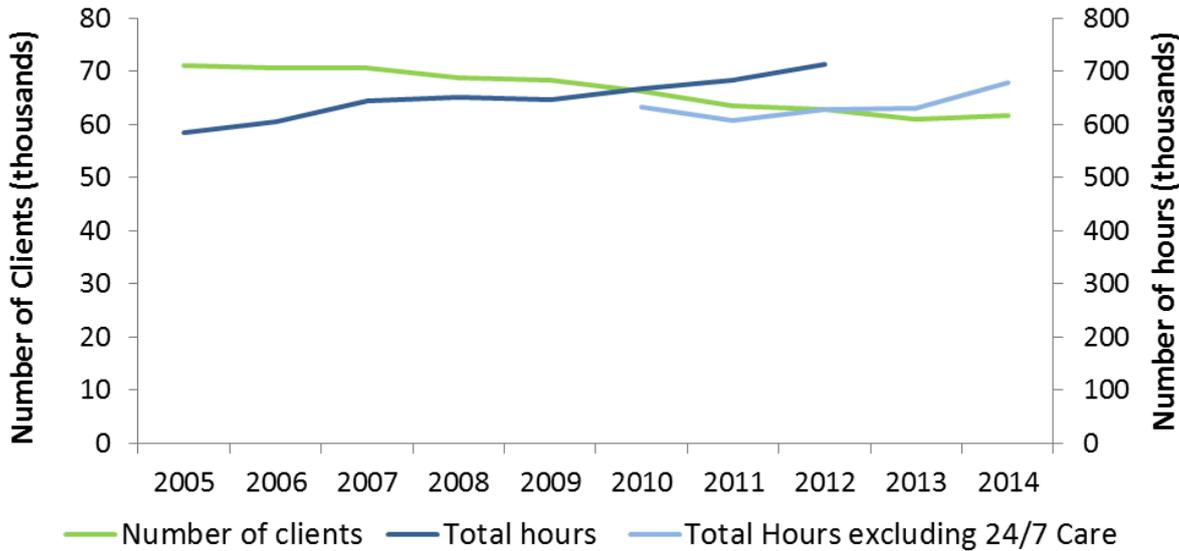
Key findings

- Just under 150,000 people in Scotland received Social Care services in 2014. Around 80% of these clients were aged 65 and over.
- In March 2014, over 111,000 people received Community Alarms and / or Telecare.
- In March 2014, 61,740 Home Care clients received Home Care, a similar figure to last year. Nearly 680,000 hours of Home Care were recorded over the census week, a figure which has increased each year since 2011.
- Councils are increasingly purchasing services from the private and voluntary sector rather than providing them themselves. In 2014, 51% of Home Care clients received a service solely from their Local Authority, compared to 73% in 2007. In 2014, 36% of Home Care hours were provided solely by Local Authorities, compared to 53% in 2007.

- Direct Payment provision continues to increase, with 6,010 clients and £76.1 million spent during the 2013-14 financial year.

Figure 1 shows the trend in Home Care clients and hours provided in the last 10 years. The number of Home Care clients has increased slightly between 2013 and 2014, following decreases from 2005 to 2013. The number of Home Care hours (excluding 24/7 care) provided has increased every year since 2011.

Figure 1: Home Care Clients and Hours provided 2005- 2014

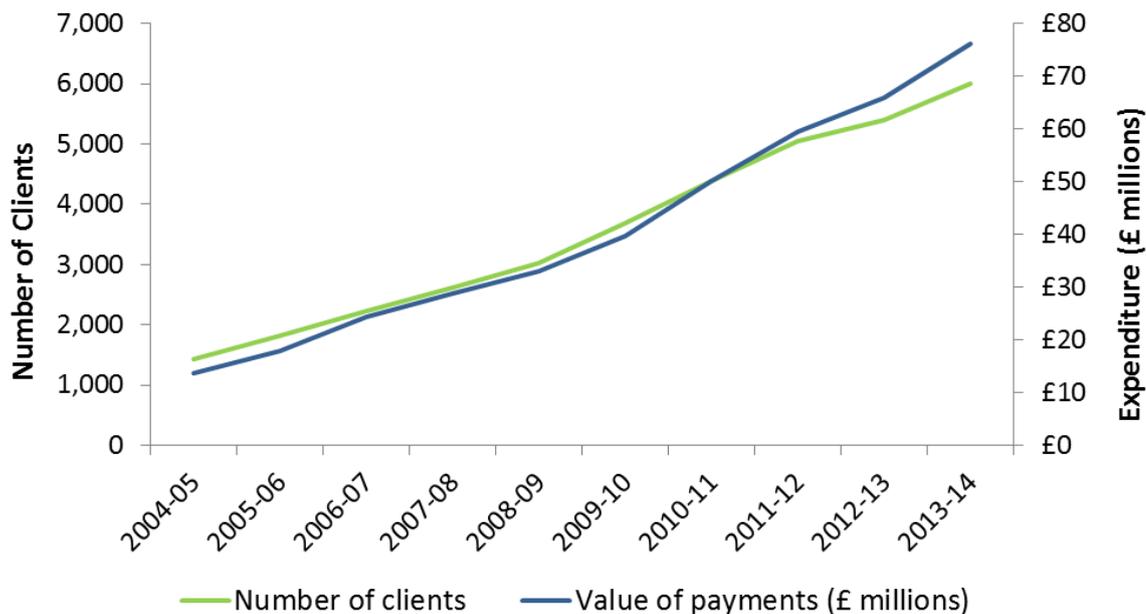


Source: Social Care Survey 2013 and 2014, Home Care Census (pre 2013)

Note: 24/7 care has been excluded under the Home Care definition used since 2013. Two lines are provided in this chart for Home Care hours to provide comparability.

Figure 2 shows that the number of people in receipt of Direct Payments has continued the same trend as previous years, increasing from 5,400 in 2012-13 to 6,010 in 2013-14. Expenditure on Direct Payments has also increased, from £66.0 million in 2012-13 to £76.1 million in 2013-14.

Figure 2: Direct Payments clients and expenditure, financial year 2004-05 to 2013-14

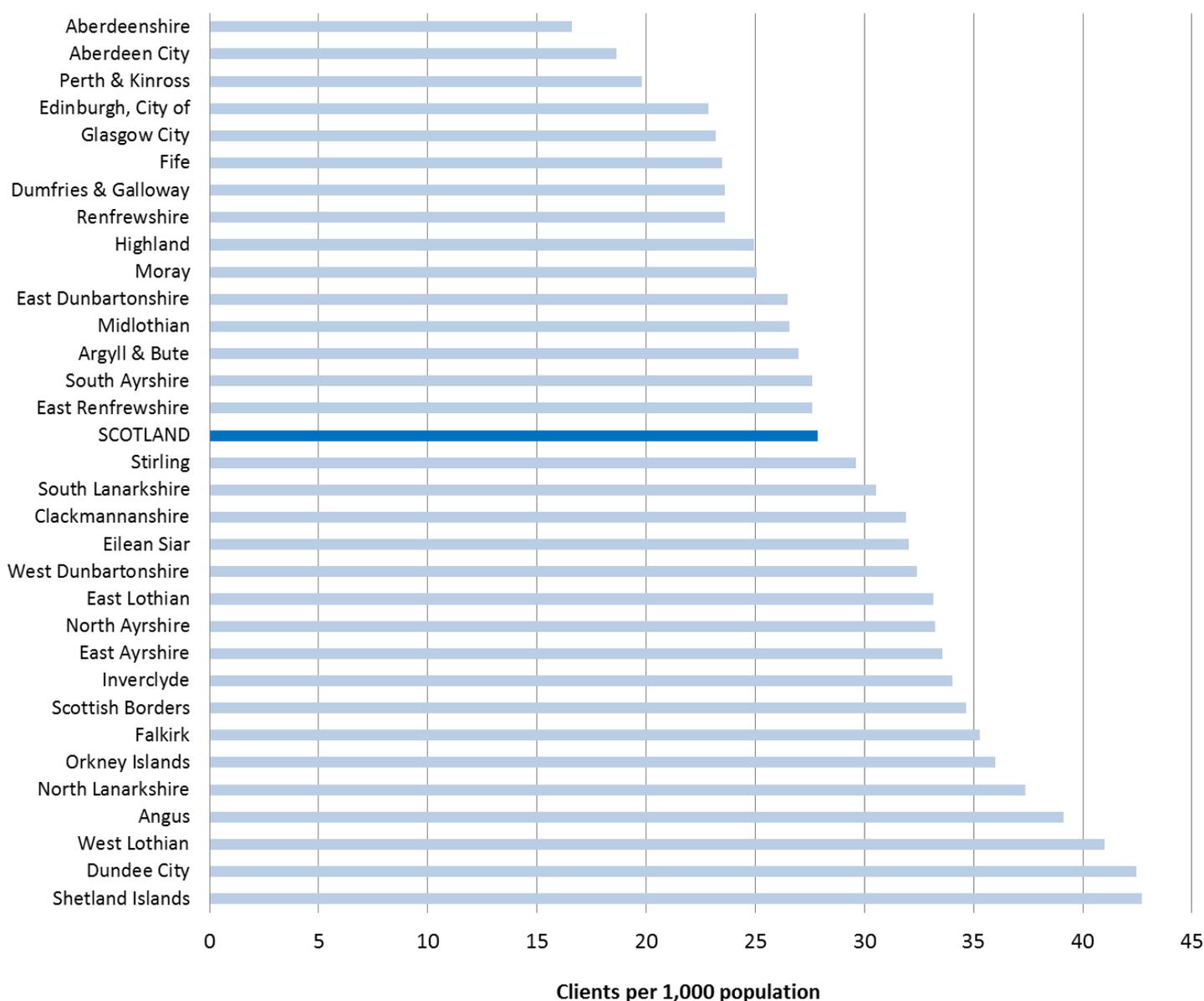


Source: Social Care Survey 2013 and 2014, Self-directed Support (Direct Payments) Survey (pre 2013)

The rates per population of clients receiving any combination of the Social Care services listed above varies between the 32 Local Authorities in Scotland. Figure 5 shows that Aberdeenshire has the lowest rates (around 17 clients per 1,000 population), while Shetland has the highest (around 43 clients per 1,000 population).

The number of Social Care clients in an area will depend on demand for services. Some of the variation may also reflect the ability of a Local Authority to record all services. In particular, Housing Support services may be under-recorded in some areas (see Background Note for more details).

Figure 5: Rates of Social Care clients, all ages, per 1,000 population, 2014



Source: Social Care Survey 2014

Population data: National Records for Scotland mid-year population estimates 2013 (latest available).

Table 1 shows that amongst the 2014 Social Care clients for whom ethnicity information was known, 99% were recorded as being White.

Table 1: Ethnicity of Social Care clients*, 2014

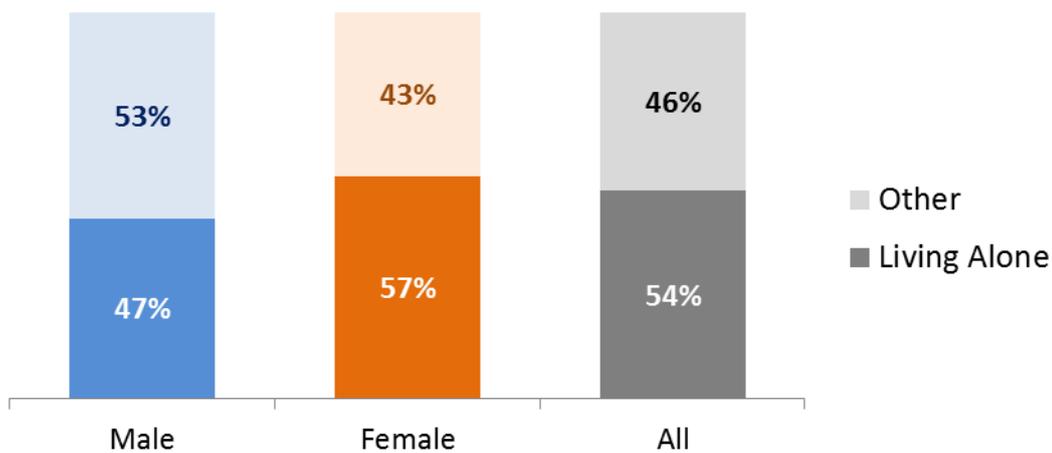
Ethnic Group	Clients	Percentage
White	96,570	99%
Other ethnicity	1,230	1%

* Ethnicity information was unavailable for 50,540 clients.

Source: Social Care Survey 2014

Figure 6 shows that 54% of 2014 Social Care clients were living on their own, and that female clients are more likely to live alone (57%) than male ones (47%).

Figure 6: Living arrangements of Social Care clients*, 2014

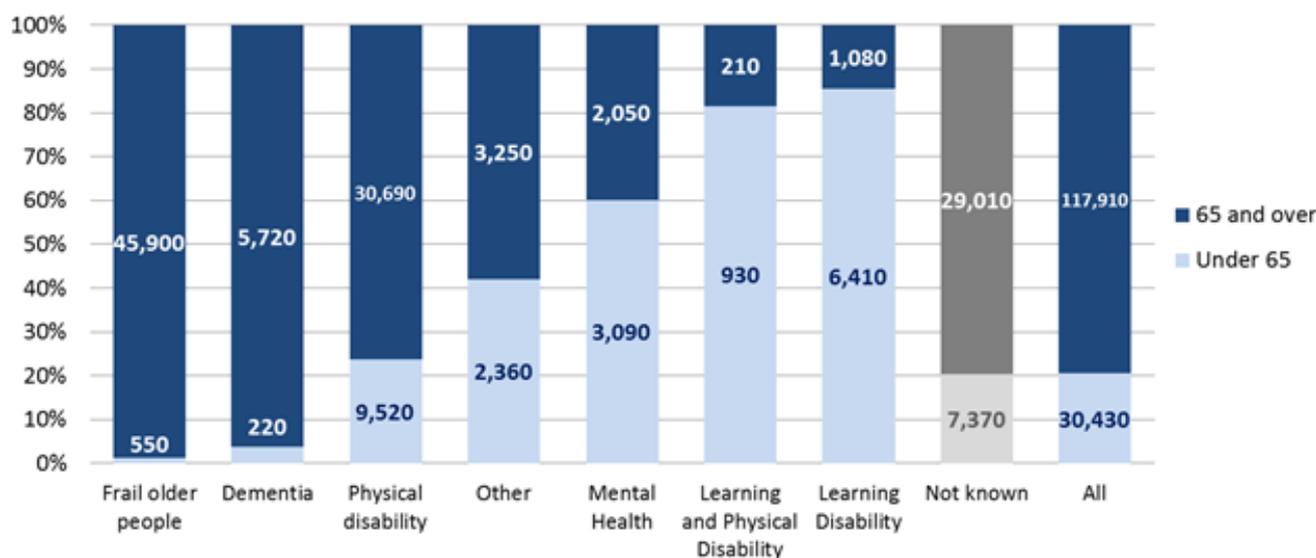


*70,380 cases with no living arrangements recorded.

Source: Social Care Survey 2014

Figure 7 (over the page) shows the breakdown of 2014 Social Care clients by age and client group (the reason for needing a social care service). This shows that 85% of clients with Learning Disabilities are aged under 65, compared with 24% with a Physical Disability.

Figure 7: Client Group of clients receiving Social Care services, 2014



Note: "Other" includes addictions, palliative care and carers.

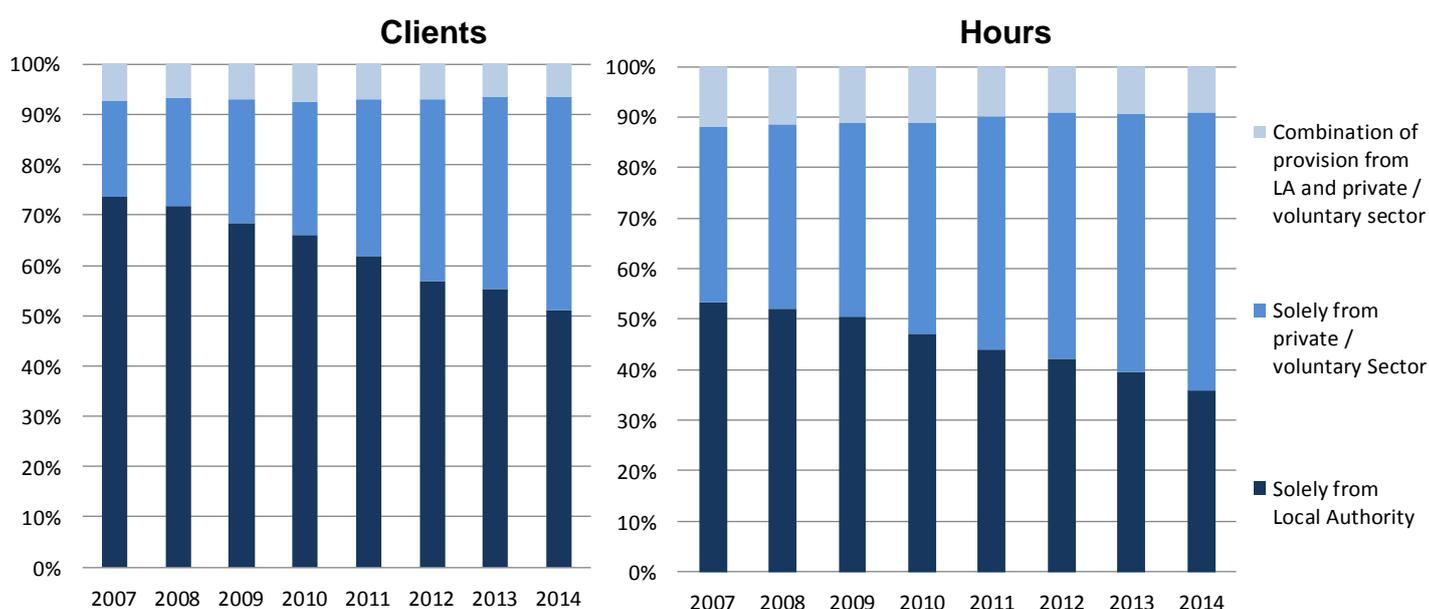
Note: "Dementia" is known to be under recorded in the social care management information system.

Source: Social Care Survey 2014

The remainder of this section provides further detail on the Home Care services and Direct Payments received by clients of all ages.

Figure 8 shows who was providing Home Care for clients in each year from 2007 to 2014. In March 2014, just over 50% of clients were receiving services provided solely from Local Authorities. This proportion has been decreasing each year since 2007. The proportion of Home Care hours being provided solely by Local Authorities was 36% in March 2014 and has again decreased every year since 2007. The difference between these proportions and those seen for client numbers reflects the fact that the private and voluntary sector, on average, provide larger packages of care.

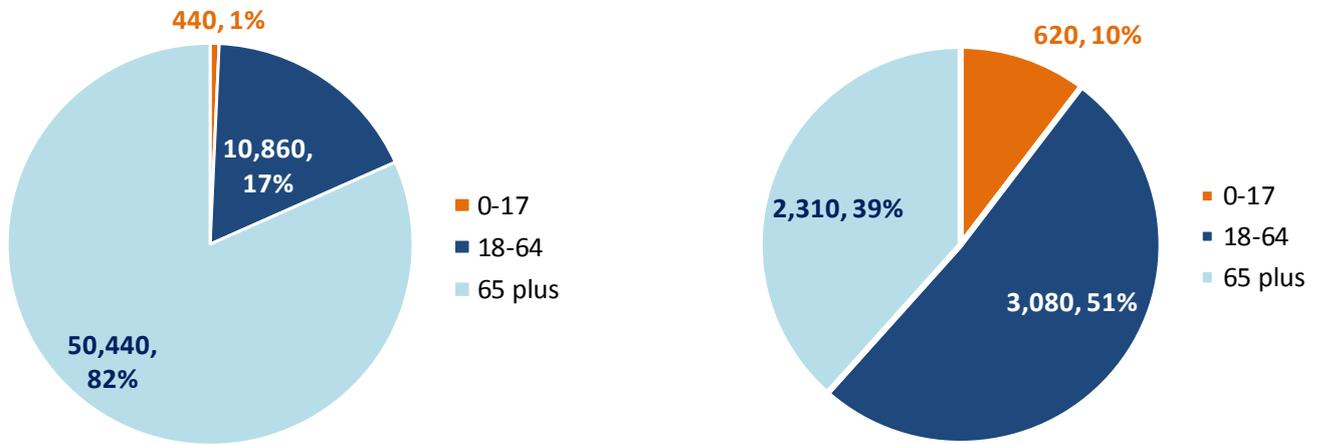
Figure 8: Home Care provision by Service Provider, 2007 to 2014 (all ages)



Source: Social Care Survey 2013 and 2014, Home Care Census (pre 2013)

Figures 9 and 10 show the age breakdowns of Home Care and Direct Payments clients in March 2014 and 2013-14 respectively. Figure 9 shows that 82% of Home Care clients are aged 65+, whereas Figure 10 shows that only 39% of Direct Payment clients are aged 65+.

Figure 9: Home Care clients by age, 2014 **Figure 10: Direct Payments clients by age, 2013-14**



Source: Social Care Survey 2014

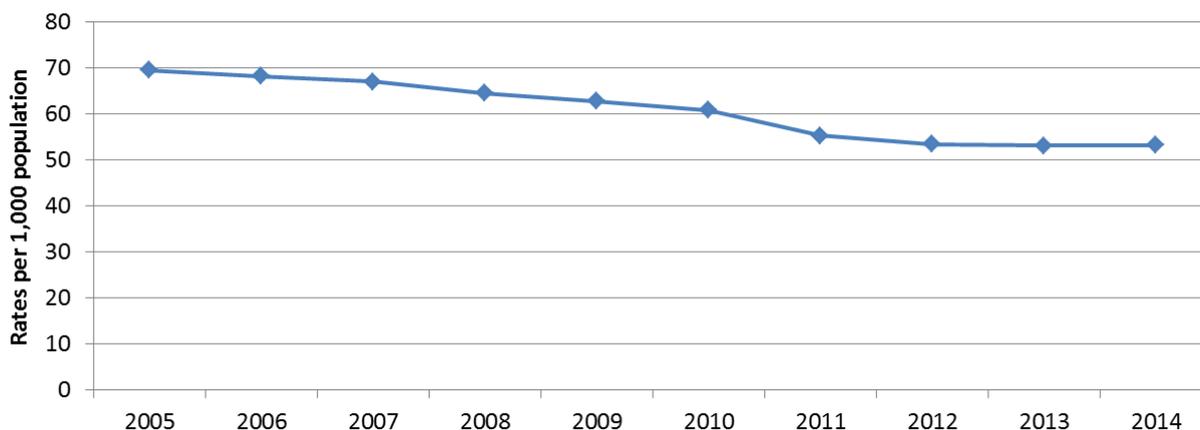
3. Older People – Clients aged 65+

Older People constitute the majority of Social Care clients (see Figure 7). This section provides more detail on the 117,910 Social Care clients aged 65+.

3.1 Home Care for clients aged 65+

There were 50,440 Home Care clients aged 65+ in March 2014. Figure 11 shows that the rate per population of clients aged 65+ receiving Home Care has remained around 53 per 1,000 population since 2012, following a steady decrease since 2005.

Figure 11: Home Care clients per 1,000 population aged 65+, 2005 to 2014

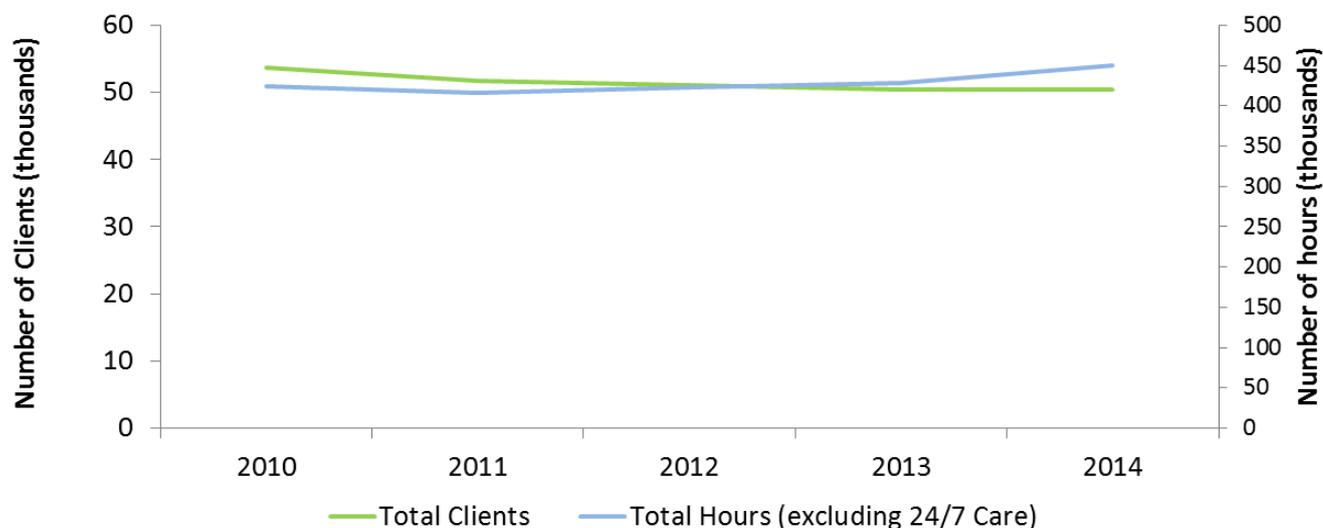


Source: Social Care Survey 2013 and 2014, Home Care Census (pre 2013)

Population data: National Records for Scotland mid-year population estimates up to 2013 (latest available).

Figure 12 shows the number of people aged 65+ receiving Home Care has remained stable between 2013 and 2014, following decreases in each of the preceding three years. However, the number of Home Care hours provided has increased every year since 2011. This indicates that the intensity (hours per person per week) of Home Care provided has been increasing over the past four years.

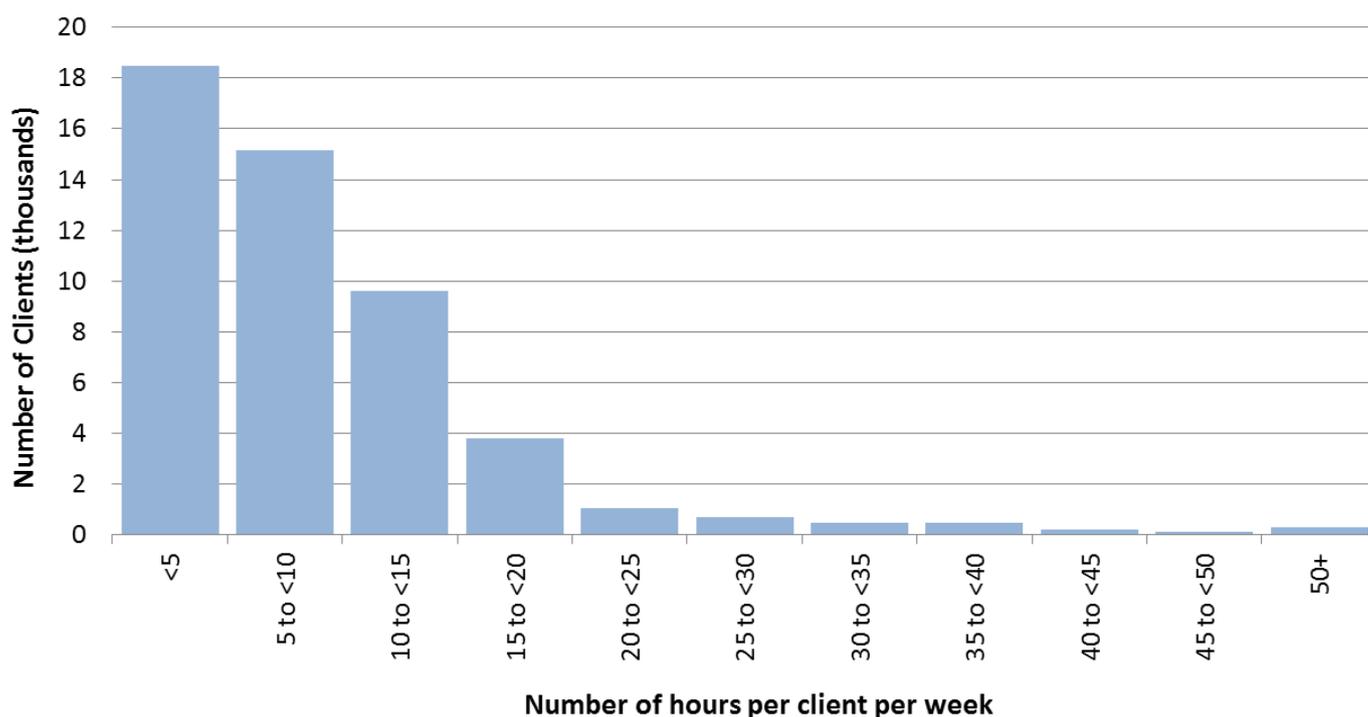
Figure 12: Home Care clients aged 65+ and hours provided, 2010 to 2014



Source: Social Care Survey 2013 and 2014, Home Care Census (pre 2013)

Figure 13 shows that the number of Home Care clients aged 65+ receiving more than 20 hours of care per week in March 2014 was relatively small.

Figure 13: Home Care clients aged 65+ by level of service, 2014



Source: Social Care Survey 2014

Table 2 shows that 55% of Home Care clients aged 65+ in March 2014 received their care solely from Local Authorities. It also provides two measures of the average hours of care provided per week to clients aged 65+, by service provider. The mean gives the average in the sense of the total divided by the number of clients. The median gives the average in the sense of the “middle” value, such that half of values are greater than it and half less. The median is less susceptible to outliers (i.e. very high volumes of care that could skew the figures) and these values are seen to be generally lower than the means. Both the mean and median numbers of hours provided per week are lowest for “Local Authority only” clients.

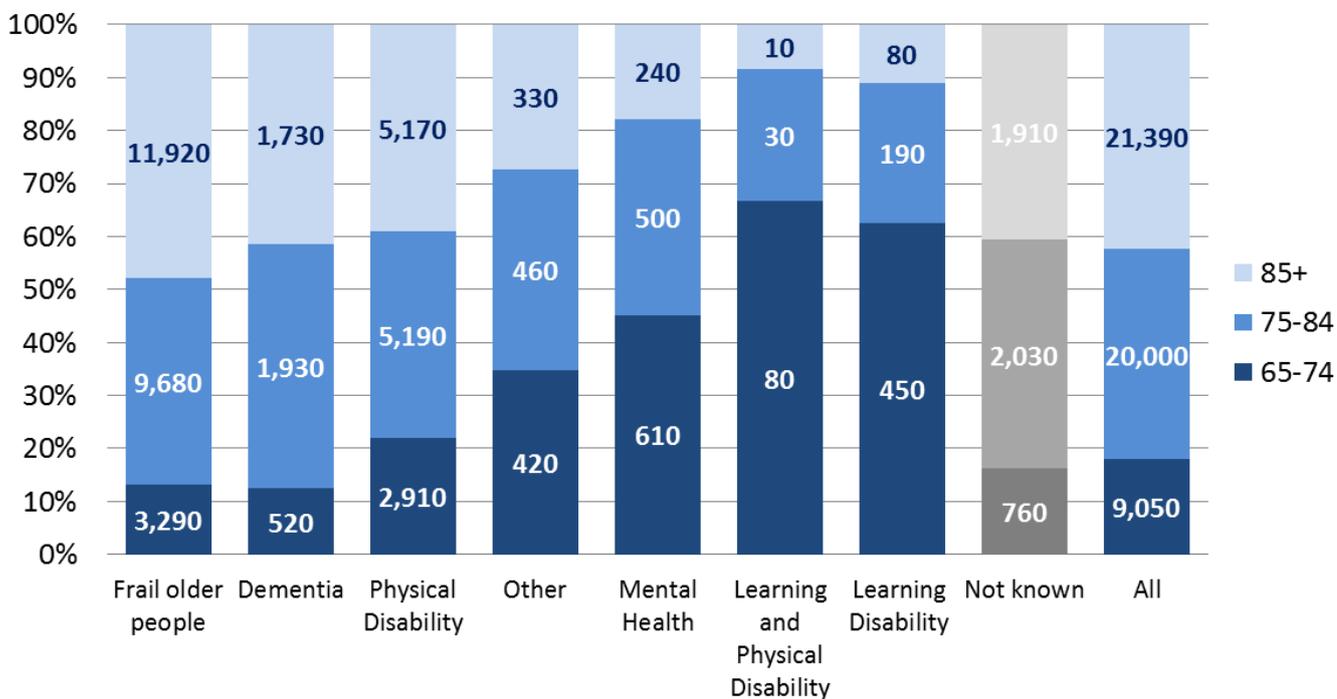
Table 2: Home Care for clients aged 65+, by service provider, 2014

Service Provider	Number of clients	%	Client hours	%	Average (mean) hours per client	Average (median) hours per client
Local Authority only	27,990	55%	207,600	46%	7	6
Private sector only	17,490	35%	170,600	38%	10	7
Voluntary sector only	1,540	3%	24,500	5%	16	8
LA plus private	2,310	5%	31,100	7%	13	12
LA plus voluntary	730	1%	10,800	2%	15	11
All other combinations	320	1%	5,400	1%	17	14
Total	50,440	100%	450,000	100%	9	7

Source: Social Care Survey 2014

Figure 14 shows the distribution of March 2014 Home Care clients aged 65+ by client group, along with a further age breakdown. Clients with a Learning Disability are, on average, younger than the other client groups.

Figure 14: Home Care Clients aged 65+ by Client group and age group, 2014

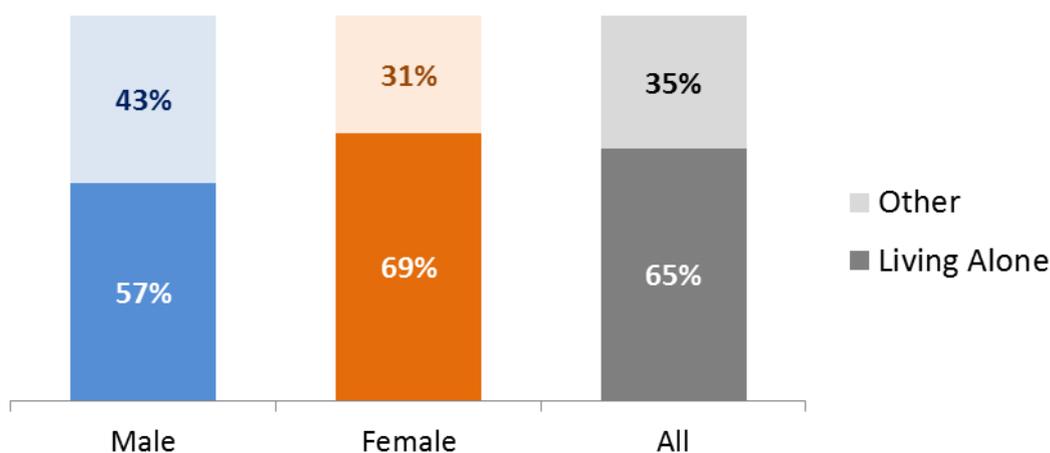


Note: "Dementia" is known to be under recorded in the social care management information system.

Source: Social Care Survey 2014

Figure 15 shows that of the March 2014 Home Care clients aged 65+ for whom living arrangements are known, around two thirds (65%) live alone. This figure is higher for female clients, for whom 69% live alone.

Figure 15: Living arrangement of clients aged 65+ receiving Home Care services, 2014



Living arrangements information was unavailable for 13,380 clients.

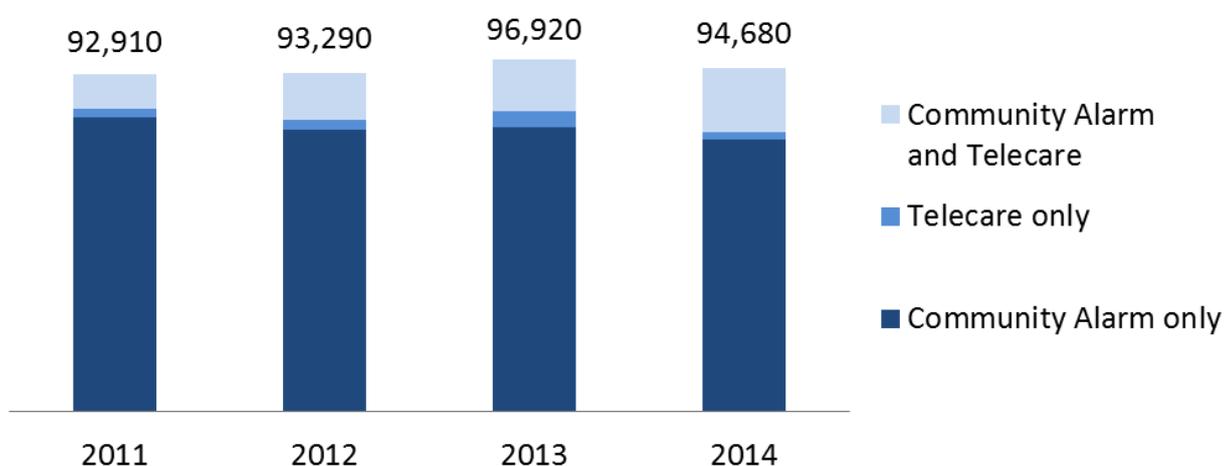
Source: Social Care Survey 2014

3.2 Community Alarm / Telecare Services for clients aged 65+

From 2010 onwards information has been collected on clients who use services other than Home Care in their own home. This includes Community Alarms and other Telecare services. Trends over time therefore are presented from 2011 onwards as a number of Local Authorities were not able to provide information on all the clients in receipt of a Community Alarm and/or another Telecare Service in 2010. The Background Information provided in this report contains definitions of Community Alarm and 'other Telecare services'.

In March 2014, 94,680 people aged 65+ made use of a Community Alarm and/or another Telecare Service. Most of these had only a Community Alarm.

Figure 16: Distribution of clients aged 65+ receiving Community Alarm and/or another Telecare service, by client group, 2014

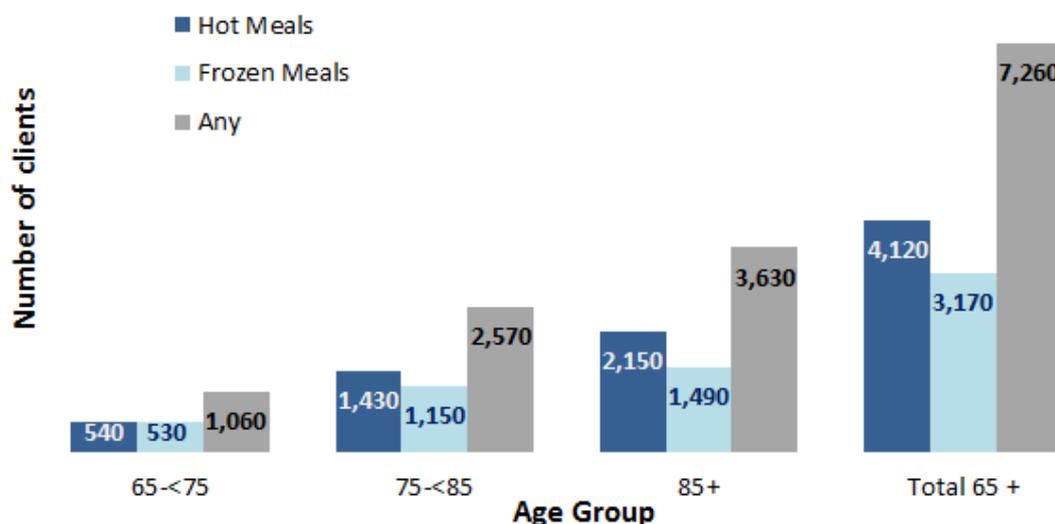


Source: Social Care Survey 2014

3.3 Meals Services for clients aged 65+

Data on Meals services provided at home has proved difficult for Local Authorities to capture, and as such the figures presented here; i) are likely to be less than the true figures, and ii) should not be compared with previous years' figures to gauge changes in provision. Figure 17 (over the page) shows that the majority of clients aged 65+ who received meals services in March 2014 were in receipt of hot meals. Half of Meals services clients aged 65+ were aged 85+.

Figure 17: Clients aged 65+ receiving Hot or Frozen Meals, by age, 2014



Source: Social Care Survey 2014

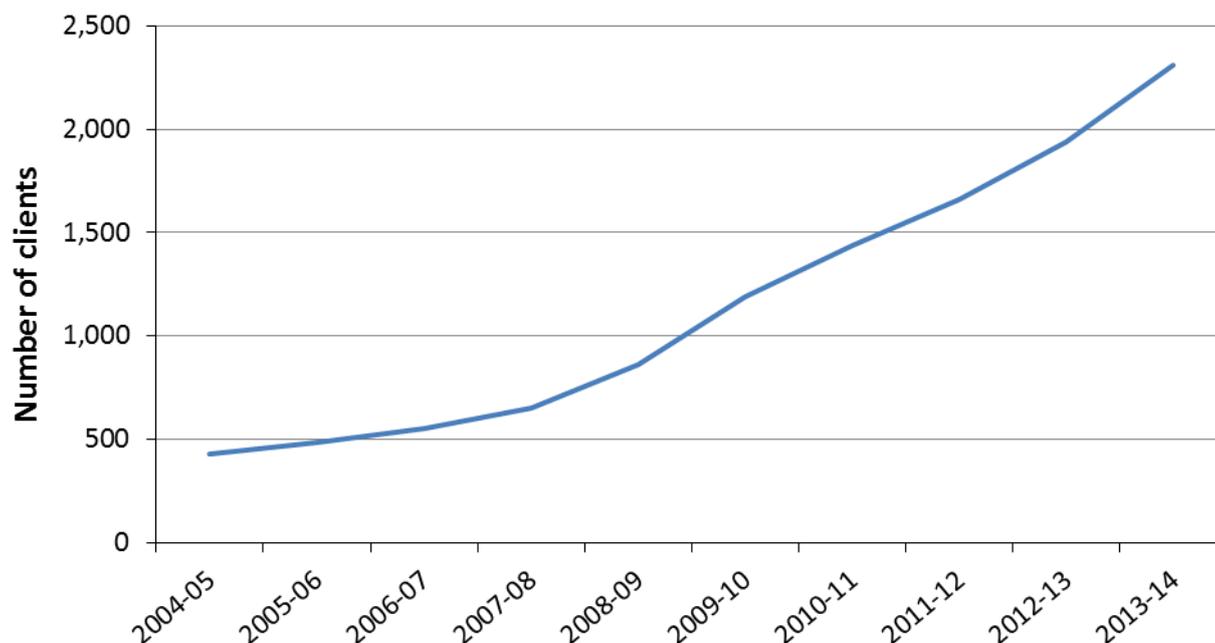
Note: Some clients receive both hot and frozen meals.

Note: Three Local Authorities did not submit Meals data for 2014. Direct comparisons should not be made with 2013.

3.4 Direct Payments for clients aged 65+

In 2013-14, 2,310 people aged 65+ received Direct Payments. The total amount spent by Local Authorities on Direct Payments to this age group in 2013-14 was £20.8 million. 2013-14 saw the continuation of the trend of increasing numbers of people receiving Direct Payments. Figure 18 shows the increase in Direct Payment clients aged 65+ over the last ten years.

Figure 18: Number of people aged 65+ receiving direct payments, 2004-05 to 2013-14



Source: Social Care Survey 2013 and 2014, Self-directed Support (Direct Payments) Survey (pre 2013)

Table 3 shows the breakdown of 2013-14 clients aged 65+ receiving Direct Payments by client group. Frailty due to old age is the primary reason for clients in this age group receiving Direct Payments, followed by Physical Disabilities and Dementia.

Table 3: Direct Payments for clients aged 65+, by client group, 2013-14

Client Group	Number of clients*	Expenditure (£ millions)	Mean ¹ value of direct payments	Median ² value of direct payments
Frail older people	1,060	£9.8	£9,000	£7,000
Physical disability	610	£5.4	£9,000	£5,000
Dementia	300	£2.7	£9,000	£6,000
Learning disability	180	£1.2	£7,000	£3,000
Mental Health	60	£0.7	£11,000	£7,000
Not known	50	£0.5	£9,000	£7,000
Other	30	£0.5	£14,000	£9,000
Learning and Physical disability	10	£0.0	£4,000	£4,000
All	2,310	£20.8	£9,000	£6,000

* Rounded to the nearest 10. Some clients receive more than one Direct Payment

¹ The mean is the sum of all payments divided by the number of payments (rounded to nearest £1,000)

² The median is the "middle" value of direct payments, i.e. the value at which half of the payments are less and half are more (rounded to nearest £1,000).

Note: "Dementia" is known to be under recorded in the social care management information system.

Source: Social Care Survey 2014

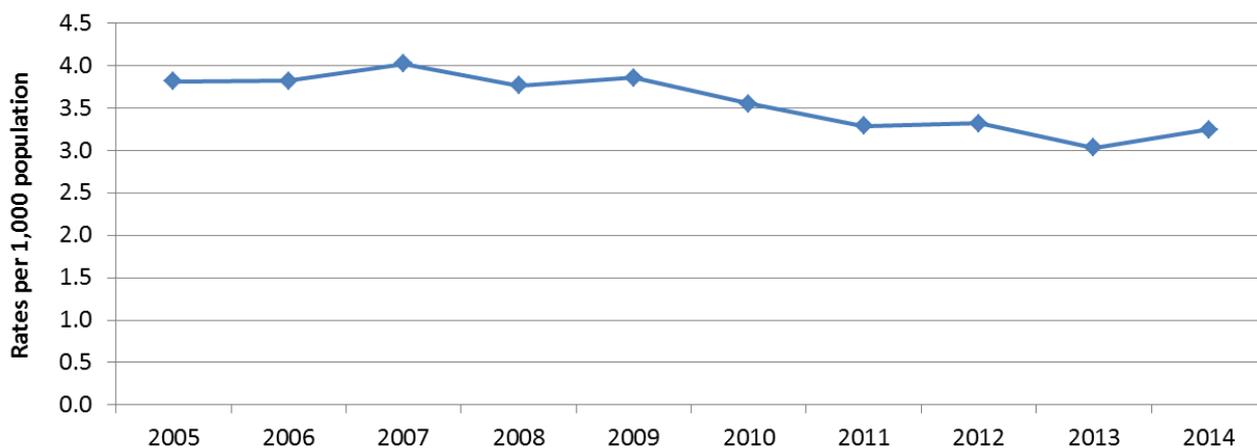
4. Working Age Adults – Clients aged 18 to 64

This section of the report provides more detail on the 27,690 Social Care clients aged 18 to 64.

4.1 Home Care for adults aged 18 to 64

There were 10,860 Home Care clients aged 18 to 64 in March 2014. Figure 19 shows that the number of Home Care clients aged 18 to 64 per 1,000 population increased from March 2013 to March 2014, following a general decrease between 2009 and 2013.

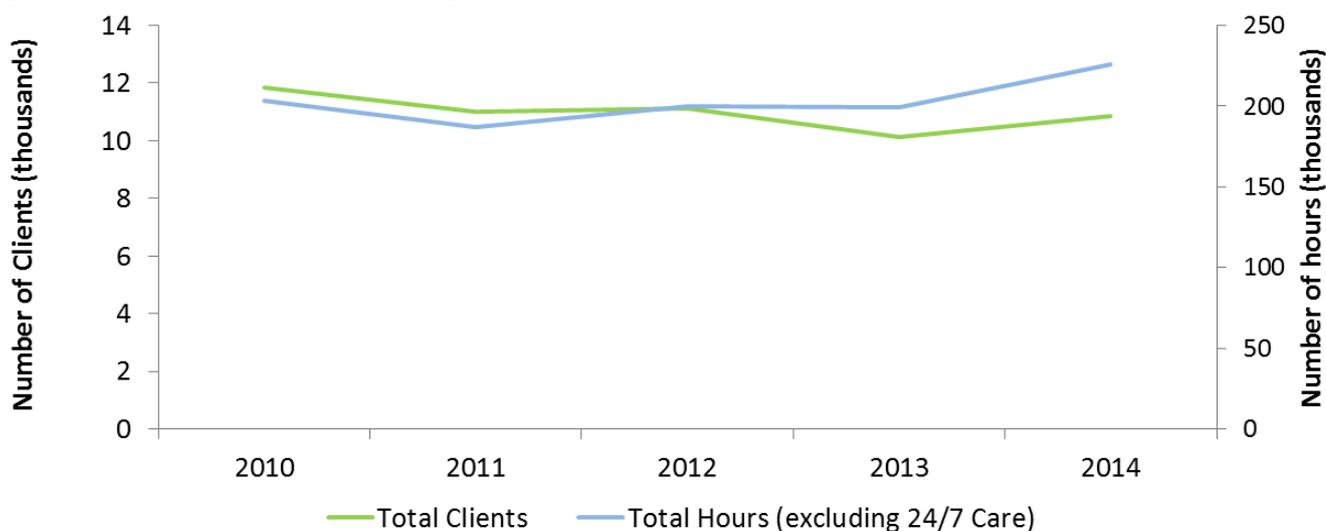
Figure 19: Rates per population of Home Care clients aged 18 to 64, 2005 to 2014



Source: Social Care Survey 2013 and 2014, Home Care Census (pre 2013)
Population data: National Records for Scotland mid-year population estimates up to 2013 (latest available).

Figure 20 shows that the number of people aged 18 to 64 receiving Home Care has increased slightly in the last year, following decreases in each of the preceding three years. The number of Home Care hours provided has increased every year since 2011.

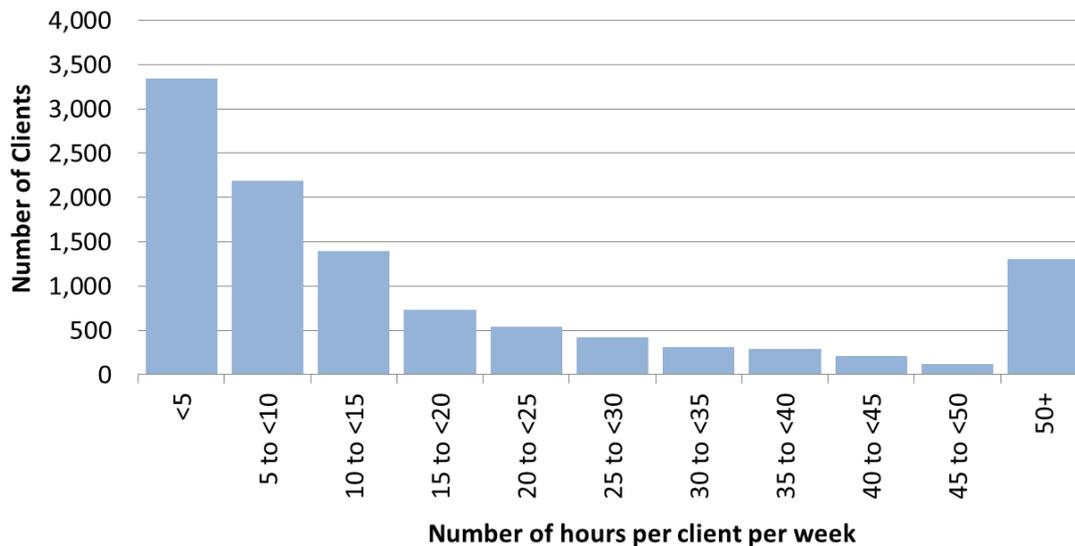
Figure 20: Home Care clients aged 18-64 and hours provided, 2010 to 2014



Source: Social Care Survey 2013 and 2014, Home Care Census (pre 2013)

Figure 21 shows that the majority of March 2014 Home Care clients aged 18 to 64 received less than 20 hours of care per week. However, comparison of Figure 21 and Figure 13 shows that a much larger proportion of clients aged 18 to 64, as opposed to those aged 65+, received more than 50 hours of care per week.

Figure 21: Distribution of Home Care hours, clients aged 18 to 64, 2014



Source: Social Care Survey 2014

Table 4 shows that for clients aged 18 to 64, Home Care provided by Local Authorities makes up a smaller proportion of total provision in March 2014 than was the case for clients aged 65+ (Table 2). 31% of clients aged 18 to 64 received their care solely from Local Authorities, compared with 55% for clients aged 65+. Only 15% of 2014 Home Care hours for clients aged 18 to 64 were provided solely by Local Authorities, compared with 46% for those aged 65+.

There is also a greater discrepancy between the mean and median numbers of hours for clients aged 18 to 64 than was seen for clients aged 65+ (Table 2). This is due to the significant numbers of younger adults with relatively large care packages.

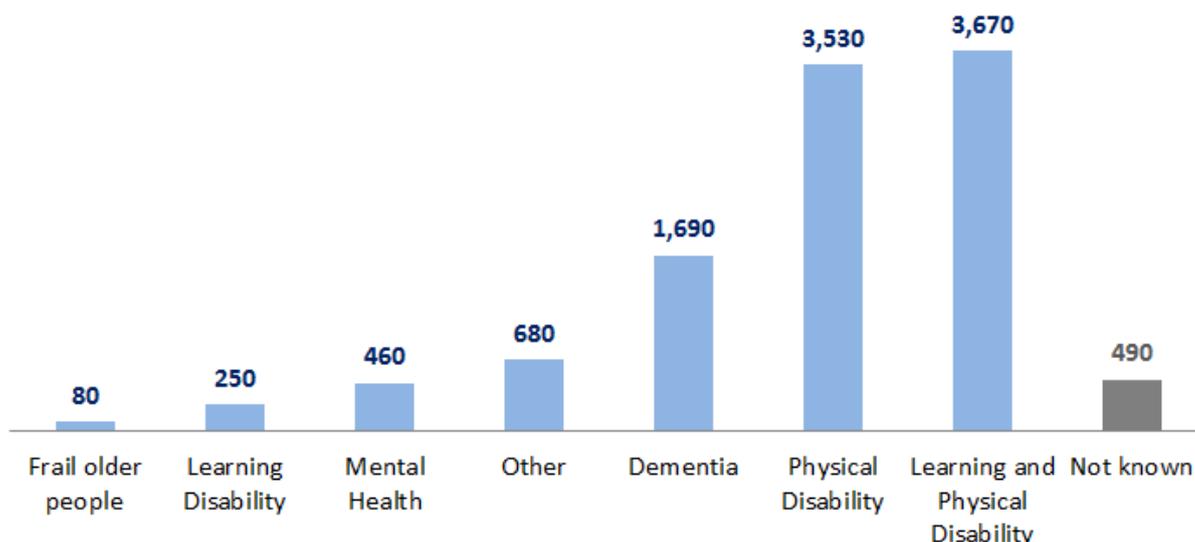
Table 4: Home Care by Service Provider for clients aged 18 to 64, 2014

Service Provider	Number of clients	%	Client hours	%	Average (mean) hours per client	Average (median) hours per client
Local Authority only	3,360	31%	33,800	15%	10	5
Private sector only	3,860	36%	79,100	35%	20	10
Voluntary sector only	3,040	28%	98,800	44%	32	16
LA plus private	330	3%	6,900	3%	21	15
LA plus voluntary	100	1%	2,400	1%	24	15
All other combinations	150	1%	4,700	2%	31	22
Total	10,860	100%	225,700	100%	21	9

Source: Social Care Survey 2014

Figure 22 shows that the majority of March 2014 Home Care clients aged 18 to 64 have a Physical Disability.

Figure 22: Home Care Clients aged 18 to 64, by client group, 2014

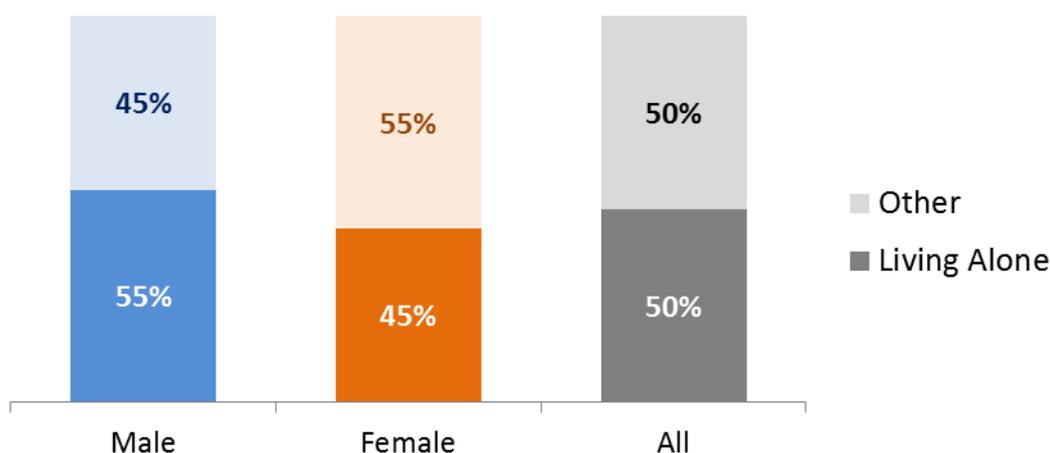


Note: "Dementia" is under recorded in the social care management information system.

Source: Social Care Survey 2014

Figure 23 shows that of the March 2014 Home Care clients aged 18 to 64 for whom living arrangements are known, 50% live alone. This may be compared to the 65% of clients aged 65+ who live alone (Figure 15). Unlike for older people, a higher percentage of male clients aged 18-64 (55%) live alone than is the case for female clients (45%).

Figure 23: Living arrangement of clients* aged 18 to 64 receiving Home Care services, 2014



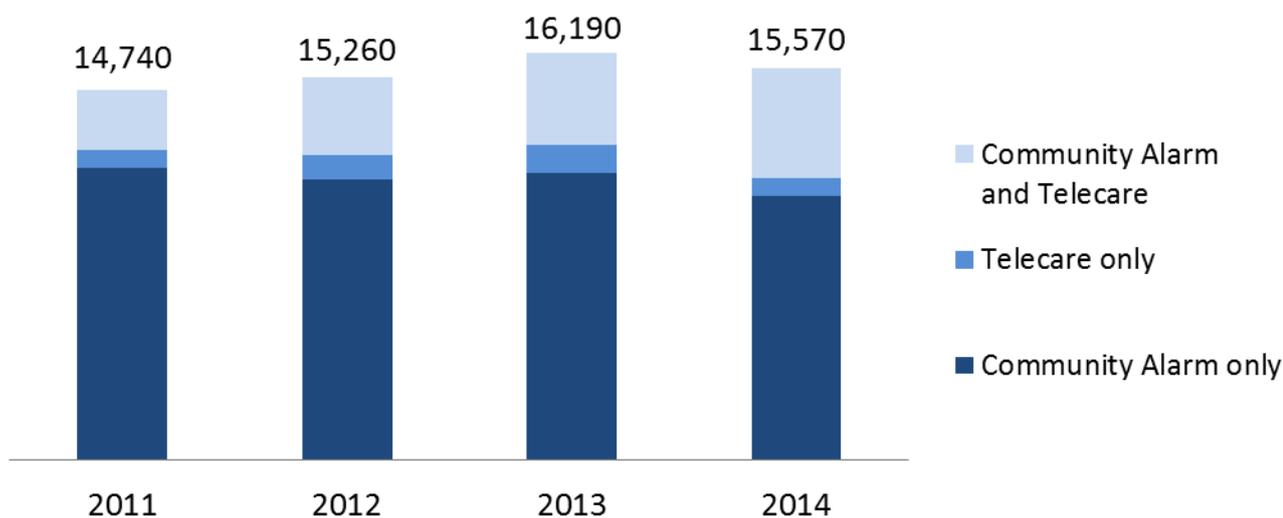
Living arrangements information was unavailable for 3,540 clients.

Source: Social Care Survey 2014

4.2 Community Alarm / Telecare Services for clients aged 18 to 64

In March 2014, 15,570 clients aged 18 to 64 made use of a Community Alarm and/or another Telecare Service. These figures represent a slight decrease from March 2013, after increases in previous years. This follows the same trend as that seen for clients aged 65+ (Figure 16).

Figure 24: Clients aged 18 to 64 receiving Community Alarm and/or another Telecare service, 2011 to 2014



Source: Social Care Survey 2013 and 2014, Home Care Census (pre 2013)

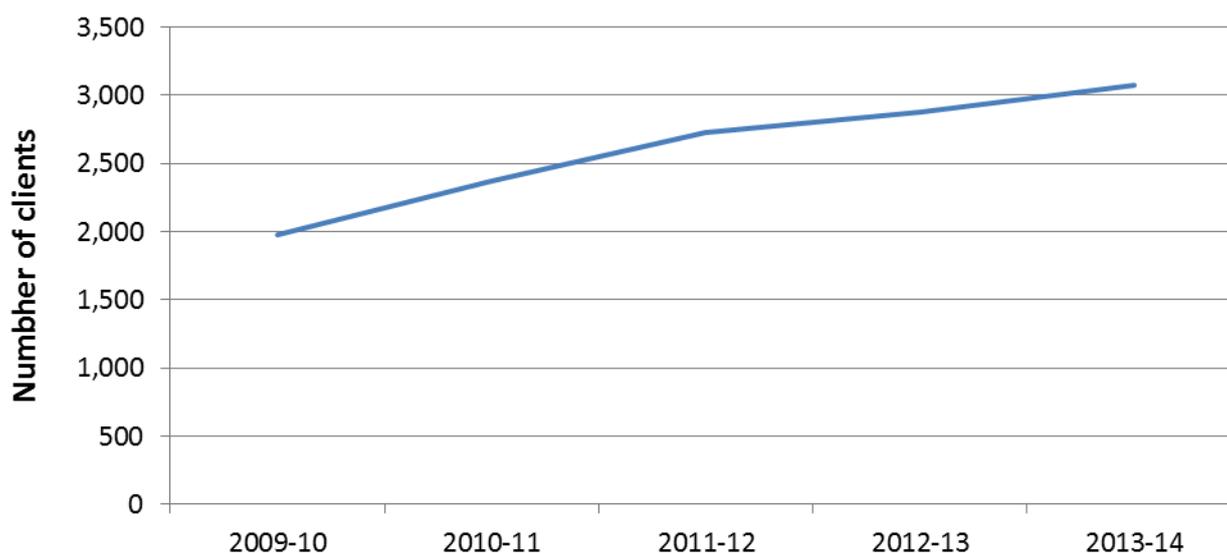
4.3 Meals Services for clients aged 18 to 64

In March 2014, around 580 clients aged 18 to 64 in Scotland received meals services at home. Of this total, 270 clients received hot meals and 310 received frozen meals.

4.4 Direct Payments for clients aged 18 to 64

In 2013-14, 3,080 clients aged 18 to 64 received Direct Payments. The total amount spent by Local Authorities on Direct Payments for this age group in 2013-14 was £51.7 million. As with clients aged 65+, the 2013-14 data for clients aged 18 to 64 saw the continuation of the trend of increasing numbers of people receiving Direct Payments, which has been the case each year since 2009-10 (data for the 18 to 64 age group has only been available from 2009-10). Figure 25 shows the increase in Direct Payment clients aged 18-64 over the last five years.

Figure 25: Number of clients aged 18 to 64 who received Direct Payments, 2009-10 to 2013-14



Source: Social Care Survey 2013 and 2014, Self-directed Support (Direct Payments) Survey (pre 2013)

Table 5 shows the breakdown of clients aged 18 to 64 receiving Direct Payments by client group. Physical Disabilities and Learning Disabilities are the primary reason for clients in this age group receiving Direct Payments.

Table 5: Direct Payments for clients aged 18 to 64, by client group, 2013-14

Client Group	Number of clients*	Expenditure (£ millions)	Mean ¹ value of direct payments	Median ² value of direct payments
Physical disability	1,400	£23.8	£17,000	£11,000
Learning disability	1,060	£18.3	£17,000	£10,000
Mental Health	230	£3.9	£17,000	£7,000
Learning and Physical disability	130	£1.7	£13,000	£7,000
Other	120	£1.7	£14,000	£9,000
Frail older people	50	£0.6	£13,000	£9,000
Not known	50	£0.8	£16,000	£5,000
Dementia	40	£0.9	£21,000	£11,000
All	3,080	£51.7	£17,000	£10,000

* Some clients receive more than one Direct Payment

¹ The mean is the sum of all payments divided by the number of payments (rounded to nearest £1,000)

² The median is the "middle" value of direct payments, i.e. the value at which half of the payments are less and half are more (rounded to nearest £1,000).

Note: "Dementia" is known to be under recorded in the social care management information system.

Source: Social Care Survey 2014

5. Analysis of Social Care data by relative deprivation (data under development)

This section presents analysis of Home Care and Direct Payment information, broken down by the relative deprivation of the areas in which individuals live. This analysis is new to the 2014 publication and remains preliminary. Results are only presented for working aged adults (clients aged 18 to 64) and Older People (clients aged 65+), due to the relatively small numbers of young person clients (aged 0-17).

The relative deprivation within Scotland of the small area (DataZone) in which an individual lives is defined by the overall ranking of that DataZone within the 2012 Scottish Index of Multiple Deprivation (SIMD 2012). Results are presented by breaking these DataZones down into five 'quintiles'. **Quintile 1 (Q1) represents the 20% most deprived** DataZones in Scotland, Quintile 2 (Q2) the next most deprived 20% and so on, until **Quintile 5 (Q5) represents the 20% least deprived** DataZones.

Only Social Care Survey clients for whom full Post Code information is available are included in this analysis, as without this information the link to DataZone cannot be made. Such a linkage is only possible for 98.0% of the 148,300 individuals present on the 2014 Social Care Survey. Over half of the clients for whom linkage was not possible were from one Local Authority (Clackmannanshire), who did not submit full Post Code information for any of their clients. The lack of complete data coverage introduces a degree of uncertainty into the results of this analysis.

When considering the numbers of individuals receiving a certain service, or the total hours of Home Care / values of Direct Payments received, results are presented per capita of the population of each SIMD 2012 quintile¹. This rate-based approach is necessary, as the demographic effects of relative deprivation mean that population is not evenly distributed amongst the SIMD 2012 quintiles, especially when considering older age groups.

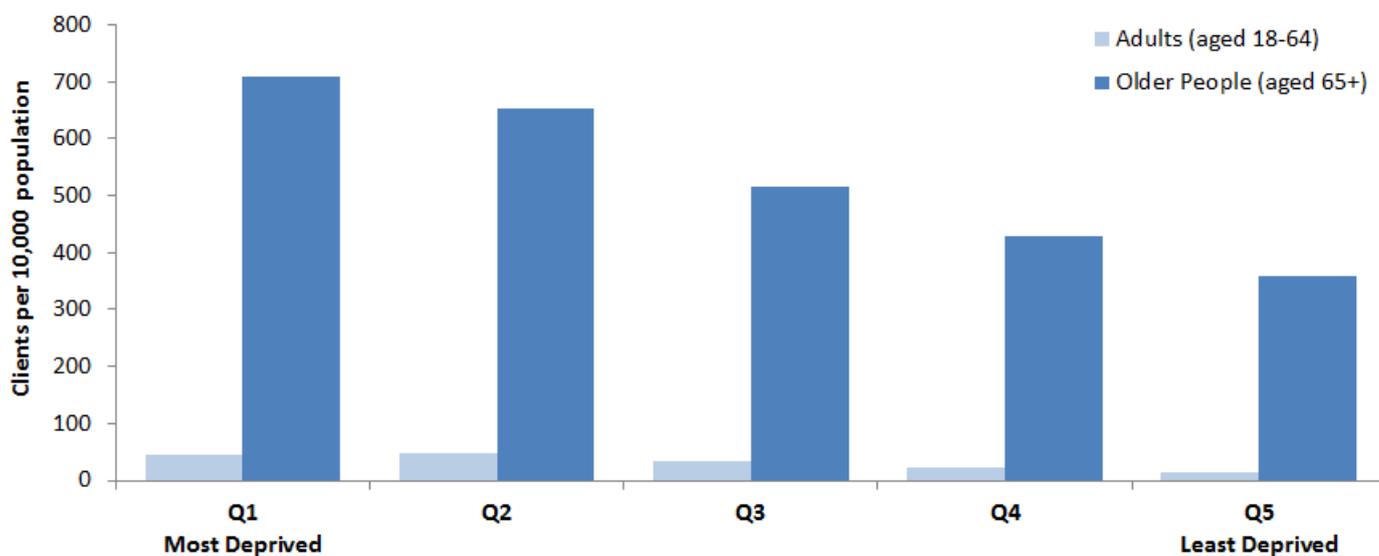
5.1. Home Care services

Figure 26 shows that the per-capita rate of adult Home Care clients increases with increasing relative deprivation. Clients aged 18 to 64 living in the 20% most deprived areas (Q1) are around three times more likely than those living in the 20% least deprived areas (Q5) to be in receipt of Home Care services. Clients aged 65+ living in the 20% most deprived areas (Q1) are around twice as likely as those living in the 20% least deprived areas (Q5) to be in receipt of Home Care.

Based on the March 2014 data, 82% of Home Care clients are aged 65+ (Figure 9). This is reflected in Figure 26, with the rates per population being much higher for clients aged 65+ than for clients aged 18 to 64. Therefore, age remains the most significant factor when it comes to utilisation of Home Care services. However, relative deprivation is also seen to have an effect on service utilization. This pattern is likely to reflect relatively greater need for Home Care services in more deprived areas.

¹ Using the special area estimates of mid-year 2013 population estimates published by National Records of Scotland.

Figure 26: Clients receiving Home Care services, per capita population, by SIMD 2012 quintile, 2014

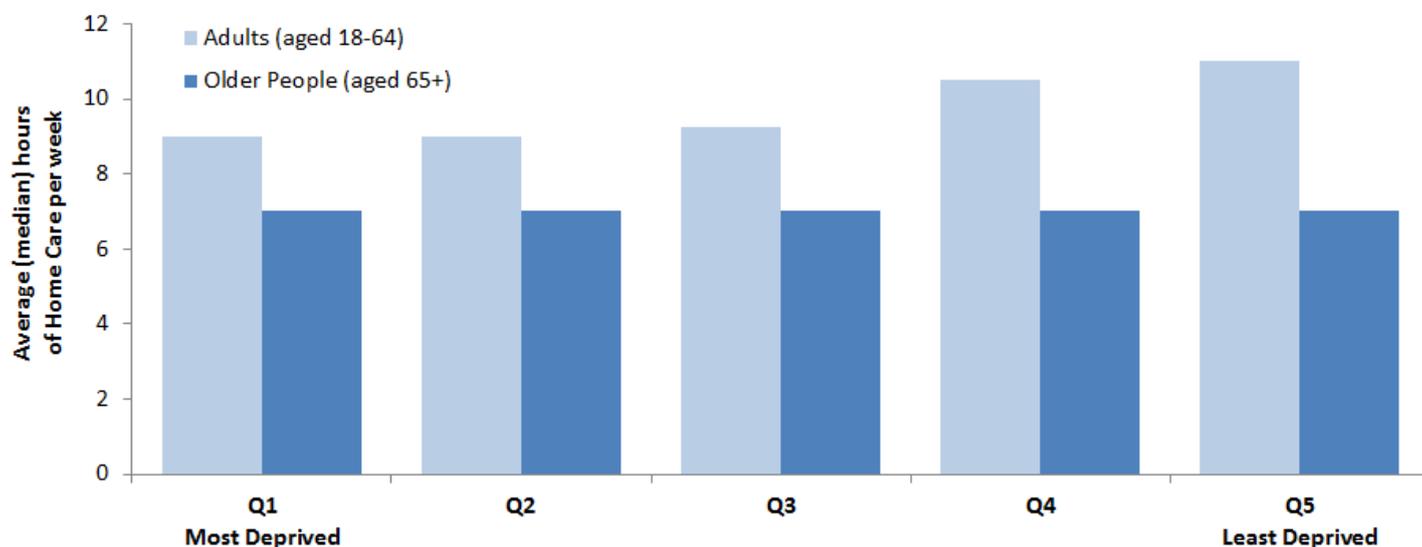


Source: Social Care Survey 2014.

Population data: National Records for Scotland special area mid-year population estimates 2013 (latest available).

Figure 27 shows that the average (median) number of hours per week of Home Care received by clients aged 65+ shows no variation with relative deprivation, whereas clients aged 18-64 living in less deprived areas receive, on average, slightly greater numbers of hours of Home Care than those in the more deprived areas.

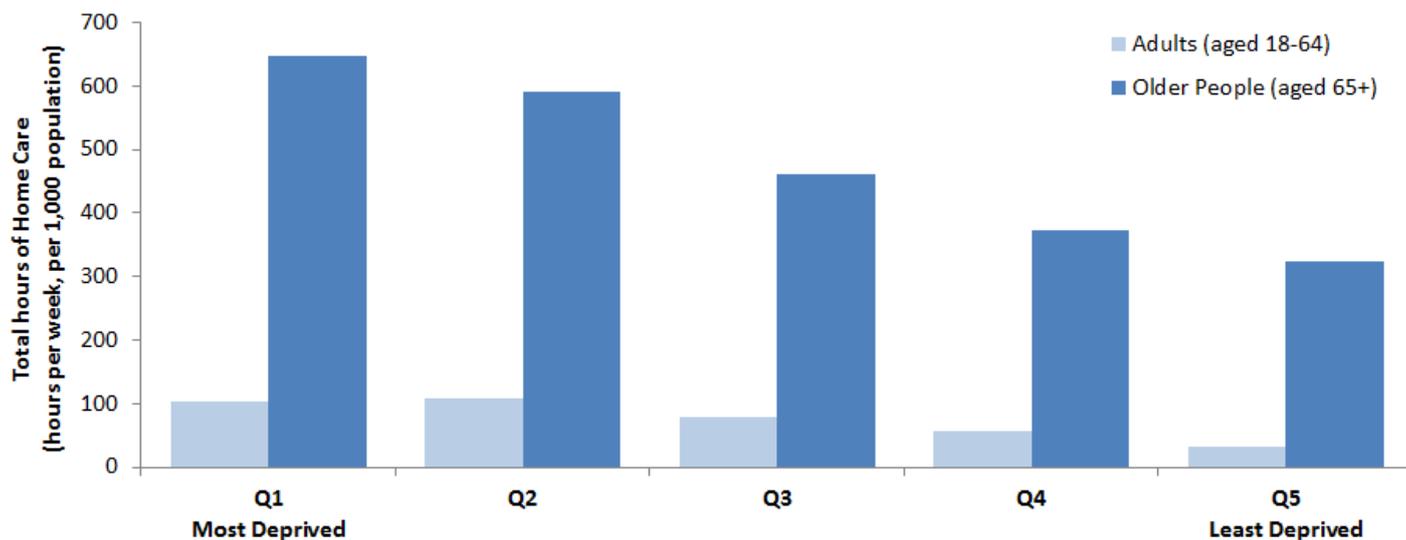
Figure 27: Average hours of Home Care services per week, by SIMD 2012 quintile, 2014



Source: Social Care Survey 2014.

Figure 28 shows that the total amounts of adult Home Care provided per-capita population in more deprived areas is greater than that provided in the less deprived areas. In the case of clients aged 18 to 64, these results show that the pattern of increasing number of Home Care clients with increasing relative deprivation (Figure 26) has more of an effect on the total hours provided than the opposing pattern seen in the average amounts of care (Figure 27).

Figure 28: Total hours of Home Care services, per capita population, by SIMD 2012 quintile, 2014



Source: Social Care Survey 2014.

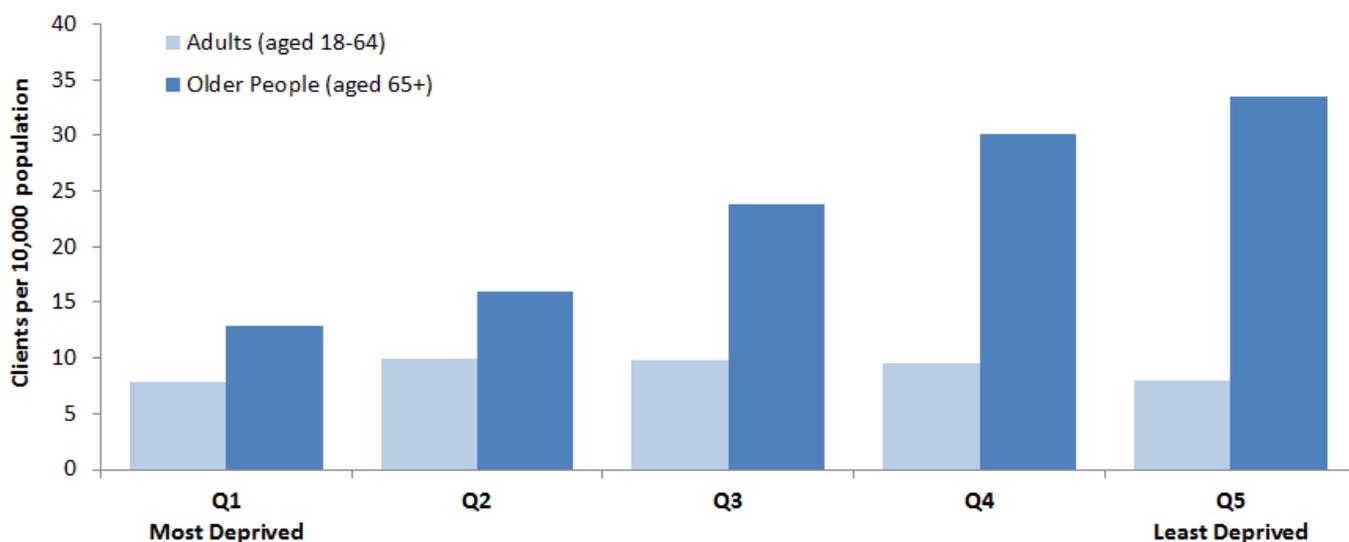
Population data: National Records for Scotland special area mid-year population estimates 2013 (latest available).

5.2. Direct Payments

Figure 29 shows that the per-capita rate of Direct Payment clients aged 18-64 in 2013-14 has no clear relationship with relative deprivation, whereas the per-capita rate of clients aged 65+ increases with decreasing relative deprivation. Clients aged 65+ living in the 20% least deprived areas (Q5) are around three times more likely than those living in the 20% most deprived areas (Q1) to be in receipt of a Direct Payment.

Based on the 2013-14 data, only 39% of Direct Payment clients are aged 65+ (Figure 10). However, it is only for clients in this age group that relative deprivation is seen to have a substantial relationship with rates of Direct Payment receipt. This pattern may indicate a situation in which existing clients in less deprived areas have been more aware of Direct Payments.

Figure 29: Clients receiving Direct Payments, per capita population, by SIMD 2012 quintile, 2013-14

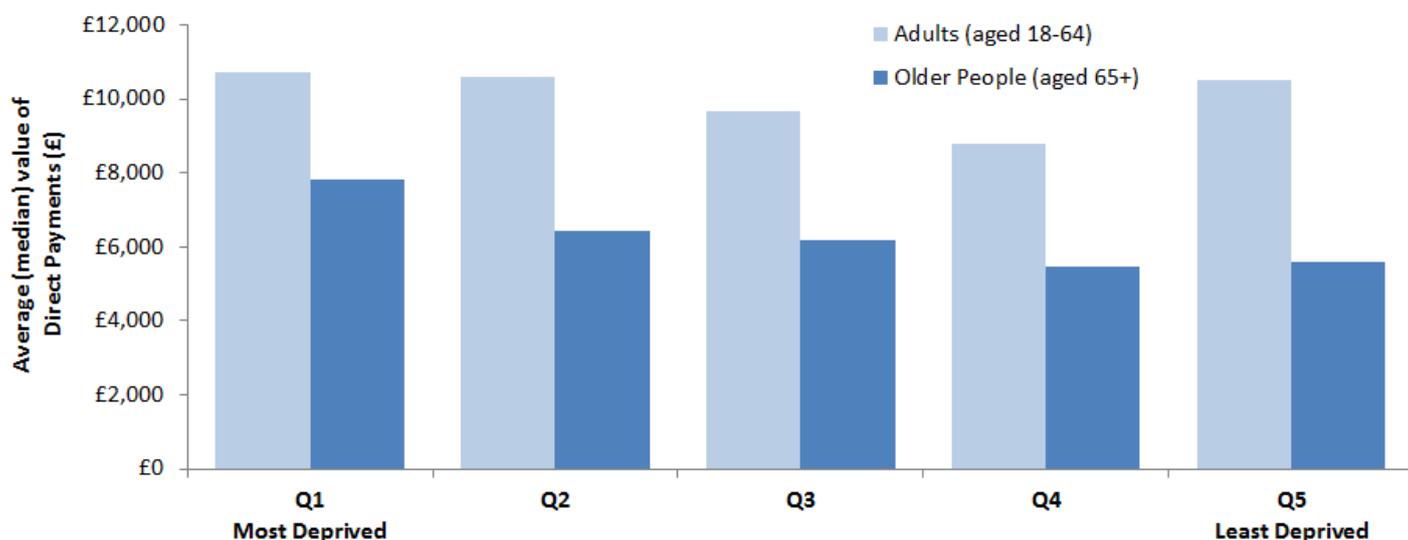


Source: Social Care Survey 2014.

Population data: National Records for Scotland special area mid-year population estimates 2013 (latest available).

Figure 30 shows that the average (median) value of Direct Payments received by clients aged 18 to 64 has no clear relationship to relative deprivation, whereas the average value received by clients aged 65+ is higher in more deprived areas. The average value of Direct Payments received by clients aged 65+ living in the 20% most deprived areas (Q1) was £7,800 (to nearest £100), whereas the average value received by those living in the 20% least deprived areas (Q5) was £5,600. The pattern seen for clients aged 65+ is likely to reflect relatively greater care needs in more deprived areas. Figure 30 also reflects the results seen in Table 3 and Table 5, that the average Direct Payment values received by clients aged 18 to 64 are higher than those for clients aged 65+, reflecting the generally more complex care needs of younger adults.

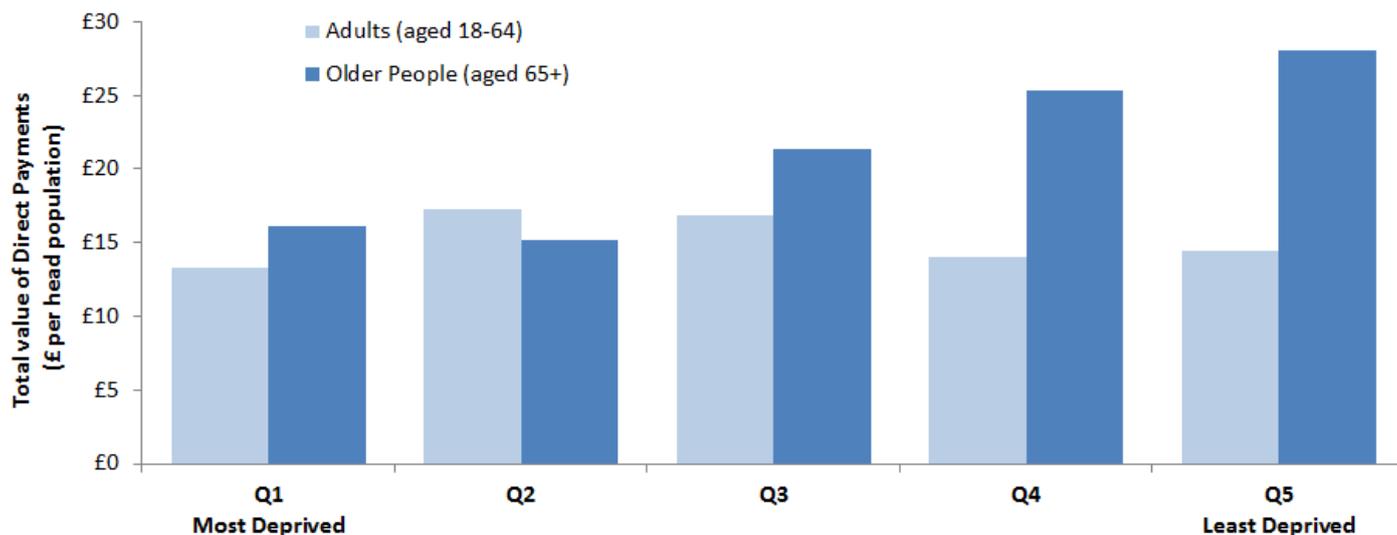
Figure 30: Average value of Direct Payments, by SIMD 2012 quintile, 2013-14



Source: Social Care Survey 2014.

Figure 31 shows that the rate of total expenditure on Direct Payments per-capita population aged 18 to 64 has no clear relationship with relative deprivation, whereas the rate per-capita population aged 65+ is higher in less deprived areas than in more deprived areas. Total expenditure on Direct Payments per-capita population aged 65+ living in the 20% most deprived areas (Q1) was £16 per head of population (to nearest £ per head), whereas total expenditure for those living in the 20% least deprived areas (Q5) it was £28 per head. In the case of clients aged 65+, these results show that the effect on total expenditure of having more Direct Payment clients in less deprived areas (Figure 29) is greater than the opposing pattern seen in the average payment amounts (Figure 30).

Figure 31: Total value of Direct Payments, per capita population, by SIMD 2012 quintile, 2013-14



Source: Social Care Survey 2014.

Population data: National Records for Scotland special area mid-year population estimates 2013 (latest available).

5.3. Comparison of Home Care and Direct Payments results

For working aged adults (18-64), total Home Care provision per-capita population increases with increasing relative deprivation (Figure 28), whereas total Direct Payment expenditure per-capita population (Figure 31) shows no clear relationship with relative deprivation. For older people (aged 65+), total Home Care provision per-capita population increases with increasing relative deprivation (Figure 28), whereas total Direct Payment expenditure per-capita population decreases with increasing relative deprivation (Figure 31).

When comparing the trends seen for older people (aged 65+) it must be remembered that many more individuals of this age make use Home Care services (50,440 clients) than receive Direct Payments (2,310 clients). If these two services were to be taken collectively, the trend of increasing utilization in more deprived areas seen for Home Care would dominate the overall pattern.

For the 2013-14 data, the majority of the Direct Payment clients are likely to be individuals who have requested this method of support from their Local Authorities. The roll out of SDS means that, from next year, all Social Care clients will be offered a choice as to how they wish to receive their support and services. Direct Payments will form one of the options to be offered and hence the numbers of such clients might be expected to increase significantly over coming years. It will be interesting to assess if (and how) such an expansion of the client base alters the present relationships between receipt of Direct Payments, especially by clients aged 65+, and relative deprivation.

6. Background information on the collection of the data

6.1 Social Care Survey

All the new data presented in this release was collected through the 2014 Social Care Survey. This is the second year of the Social Care Survey, which replaced the previously separate Home Care and Direct Payments data collections.

The data is supplied by all 32 Local Authorities in Scotland, who collect this information as part of their Social Care Management Information system and is submitted to Scottish Government via a secure web-based system called ProcXed. The ProcXed system reduces administrative burdens and increases the speed, ease and accuracy (via inbuilt validation checks) of information exchange.

Information is returned for every person who has had a Social Care assessment and receives or uses:

During the Census Week (any week including 31 March 2014):

- Home Care services, including re-ablement services
- Self-Directed Support to purchase services;
- Meals services (provided or purchased by the local authority);
- Community Alarms;
- Other Telecare services;
- Housing Support services;
- OPTIONAL - other services e.g. Shopping, Laundry.

During the financial year 1 April 2013 to 31 March 2014:

- A Direct Payment to purchase services;
- Respite Care (Respite Care is reported on in a separate publication. See <http://www.scotland.gov.uk/Publications/2014/10/4559> for details);

6.2 Data collection prior to 2013

The 'Home Care Census' collected annual statistics on the number of people receiving a home help or Home Care service at the end of March each year. From March 2010, the statistics were collected at the individual level, having previously been collected through an aggregate data return. See <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/HomeCareCensus> for more detail on the survey design and collection.

The "Self-Directed Support (Direct Payments)" Survey collected annual statistics on the number of people who receive direct payments to purchase the care that they need. It should be noted that this collection was focused solely on Direct Payments, and not Self-Directed Support as it is now defined (see section on Self-Directed Support below). These statistics relate to everyone who received a Direct Payment during the relevant financial year and from 2010 onwards have been collected at the individual level, having previously been collected through an aggregate data return.

See <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/SelfDirectedSupportcensus> for more detail on the survey design and collection.

6.3 Why combine Home Care and Direct Payments?

The Home Care and Direct Payments surveys were brought together following recommendation by the SDS review group and extensive consultation with all Local Authorities. See <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/DataSupplier/HSCSCCResults> for full results of the consultation.

Previously, the Scottish Government published two separate National Statistics publications, one presenting data on Home Care clients and one presenting data on Direct Payments clients. All of these people are living in their own homes and receiving Social Care services and some people appeared in both surveys, leading to potential double counting when trying to combine the results from the two surveys.

In recent years, many Local Authorities have seen a decrease in Home Care clients while at the same time there has been an increase in clients opting for Direct Payments. In some cases there is a direct link between the decrease in Home Care clients and the increase in Direct Payment clients. This may happen when (for example) a council retenders services and the contract goes to a new supplier. Many clients may opt to take direct payments to stay with their existing supplier and this will show in the statistics as a decrease in Home Care provision but an increase in Direct Payments. The SDS review group therefore agreed that it no longer made sense to collect Home Care and Direct Payments through separate surveys and these should instead be combined into a new 'Social Care' survey.

6.4 Self-Directed Support Act

The Self-Directed Support Act was introduced in Scotland in April 2014 (see <http://www.selfdirectedsupportscotland.org.uk> for details). Self-Directed Support (SDS) gives people control over an individual budget and allows them to choose how that money is spent on the support and services they need to meet their agreed health and social care outcomes. It is expected that an increasing proportion of Social Care services will be provided via SDS, thus impacting on the way they can be reported on.

Self-Directed Support allows people to choose a number of different options for getting support. The person's individual budget can be:

- Taken as a Direct Payment (a cash payment)
- Allocated to a provider that the person chooses. The council holds the budget but the person is in charge of how it is spent (this is sometimes called an individual service fund); or
- the person can choose a council arranged service; or
- the person can choose a mix of these options for different types of support

With increasing numbers of Social Care clients receiving SDS rather than services provided directly for them, it is expected that this publication will become more focused on SDS in future years.

More information on Self-Directed Support is available at:

<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Self-Directed-Support>

6.5 Revisions to previous years' figures

Both the number of Home Care hours and Home Care clients in Scotland for 2013 have been revised downwards slightly in this years' publication. This is because the recording guidance stated that Home Care should not include 24/7 care (168 hours per week), which is classed as Housing Support. Upon further analysis it emerged that some authorities had included clients with 24/7 care as Home Care clients in 2013.

A more substantial revision in Home Care figures has been made for Renfrewshire council, which was due to a recording error. In 2013 their Home Care figures were published as 1,647 clients and 12,739 hours – these have been revised to 1,901 clients and 29,073 hours.

The effect of these changes has resulted in the Scotland Home Care figures being revised from 60,950 clients and 638,000 hours to 61,070 clients and 631,000 hours respectively.

6.6 Data Quality Issues

Duplicate Client IDs

Three Local Authorities were identified as having duplicates in their data submission for 2014, and were unable to resubmit their data within the required timescale.

- East Renfrewshire (74 duplicates)
- Fife (9 duplicates)
- South Ayrshire (295 duplicates)

The duplicate client IDs were taken out of the published data set. It may be therefore that the figures presented in this report for these local authorities will fall a few people short of the actual figure. The number of records affected is small in comparison to the size of the data sets, and is unlikely to have any significant effect on the totals, however it may impact on the smaller numbers presented when broken down by client group, age, etc.

Large changes in Home Care hours

The number of Home Care hours reported by Angus in 2014 has quadrupled from just over 6,000 in previous years, to over 20,000. This is because several Home Care services that had previously not been captured in the data have now been included. It should not be taken to be a four-fold increase in Home Care provision between 2013 and 2014, but an undercounting in previous years.

The large increase in Home Care hours for City of Edinburgh from 49,100 in 2013 to 74,500 in 2014 can be partly attributed to a number of block contracts, mainly for adults with learning disabilities and mental health problems, having been transferred to spot contracts. This has meant that data that was previously not recorded has now been included in the figure for Home Care hours. However, there has also been a genuine increase in the volume of service delivered to people aged 65+ in Edinburgh over the last two years, due to extra investment aimed at helping prevent hospital admissions and reducing delayed discharges.

The extra hours of Home Care recorded via the change of recording methodologies in Angus and Edinburgh did not account for all of the increase in Home Care hours at Scotland level. We estimate that there has been a real-terms increase in Home Care provision in the last year, however the increase is likely to be less than reported in this publication.

6.7 Client groupings

Since 2010, Local Authorities have been able to provide multiple client groups for each person. In this publication, where a local authority returned multiple client groups, in order to avoid double counting clients have been allocated to one client group as follows:

1. Dementia
2. Mental Health Problems
3. Learning Disability
4. Learning Disability and Physical Disability
5. Physical Disability
6. Frail older people
7. Other vulnerable groups (including Addiction, Palliative Care and Carer's)
8. Not known

For example, if a client has dementia and has a physical disability, then they will appear in the dementia client group (as this appears higher in the list) for the purpose of analysis.

It should be noted that Local Authorities vary in how they record people whose reason for receiving a service is frailty due to old age. Some record this as 'physical disability' while others record as 'frail older people'. Therefore when looking at the older age groups these two client groups are best considered together when comparing statistics for different local authorities.

It is also important to note that "Dementia" is known to be under-recorded in social care management information systems.

6.8 Community Alarm and other Telecare services

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 (Source: National Telecare Development Programme, Scottish Government). Community Alarms are considered to be the basic, introductory level of Telecare.

Community Alarm is defined as: A person in receipt of a technology package which consists of a communication hub (either individual home hub unit or part of a communal system e.g. the alarm system within sheltered housing), plus a button/pull chords/pendant which transfers an alert/alarm/data to a monitoring centre or individual responder.

Telecare is defined as; A person in receipt of a technology package which goes over and above the basic community alarm package identified above, and includes any other sensors or monitoring equipment e.g. (not an exhaustive list):

- linked pill dispensers,
- linked smoke detectors,
- linked key safes,
- bogus caller buttons and door entry systems,
- property exit sensors, extreme temperature, flood, falls, movement detectors.

Standalone devices and pieces of equipment are not be considered 'Telecare' for the purpose of this return i.e. they should be capable of alerting/providing information to a monitoring centre or individual responder and should generally be 'linked' to the home hub or communal alarm system.

6.9 Meals services

Three local authorities did not supply data on Meals services (Edinburgh City, East Renfrewshire and Eilean Siar). Data on Meals services has proved difficult for Local Authorities to capture and so the charts presented in this report have been provided for information on the data collection, rather than an exact number of the people in Scotland receiving Meals services.

6.10 Housing Support services

Data on Housing Support was not published in detail in this report, due to several issues reported by Local Authorities regarding the quality of the data. The figure presented in Section 2 of this report is for information on the data collection. Three Local Authorities (Eilean Siar, North Lanarkshire and Scottish Borders) did not submit any data on Housing Support.

6.11 Other data sources

In order to calculate rates per population, the National Records of Scotland mid-year population estimates have been used. For 2014 rates, the 2013 mid-year population estimates have been used as these are the latest available.

<http://www.gro-scotland.gov.uk/statistics/theme/population/index.html>

For the analysis by deprivation, the special area estimates of June 2013 population by SIMD 2012 decile (aggregated to quintile) are used.

<http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/special-area/simd.html>

6.12 Cost of respondent burden

To calculate the cost of respondent burden to this survey each Local Authority was asked to provide an estimate of the time taken in hours to extract the requested information and complete the survey form. The average time from 11 Local Authorities has then been used within the calculation below to calculate that the total cost of responding to this survey is £51,000.

$$\begin{array}{r}
 \text{Cost of} \\
 \text{responding} \\
 \text{ (£)}
 \end{array}
 =
 \begin{array}{r}
 \text{(number of responses)} \\
 \times \\
 \text{median time it takes to respond in hours} \\
 \times \\
 \text{hourly rate of typical respondent)
 \end{array}
 +
 \begin{array}{r}
 \text{any additional} \\
 \text{costs experienced} \\
 \text{by data providers}
 \end{array}$$

A NATIONAL STATISTICS PUBLICATION FOR SCOTLAND

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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How to access background or source data

A spreadsheet accompanying this statistical bulletin with Local Authority data can be found at:

<http://scotland.gov.uk/Topics/Statistics/Browse/Health/Publications>

and selecting "SOCIAL CARE SERVICES, SCOTLAND, 2014".

A more detailed spreadsheet, which covers the same general topics included in this report but with more sub-categories and data going back to 1999, will be uploaded to the following web page shortly after this release:

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

Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 3WR, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@scotland.gsi.gov.uk.

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