

# Self-directed Support, Scotland, 2014-15

## Executive Summary

This 'Data under Development' Statistics Release presents the latest client and expenditure figures for Self-directed Support (SDS). SDS was introduced in Scotland on 1<sup>st</sup> April 2014 following the Social Care (Self-directed Support) (Scotland) Act 2013. The introduction of SDS means that everyone eligible for social care and support has the right to choice, control and flexibility to meet their personal outcomes. Since 1<sup>st</sup> April 2014, local authorities have been required to offer people who are eligible for social care a range of choices over how they receive their social care services and support.

The data relates to the first year of implementation of SDS (2014-15), the first time for which data on SDS has been collected and analysed as part of the Social Care Survey. The introduction of SDS has resulted in changes to the way that Social Care information is recorded across Scotland; due to the changes required in data recording systems, the 2014-15 data on SDS for many local authorities remains incomplete. The results presented here should be interpreted with this in mind.

## Key findings

### Implementation

- At least 35,000 social care clients made an informed choice regarding their services and support in 2014-15.
- The best estimate of an implementation rate suggests that clients who made a choice represented 20% of all social care clients in 2014-15.
- The implementation rate was higher amongst younger clients (aged under 65) than amongst older clients (aged 65+).

### Client Analysis

- The best estimate of the breakdown of SDS option choices in 2014-15 is: 13% Option 1; 9% Option 2; 75% Option 3; and 3% Option 4.
- The vast majority (88%) of clients aged 65+ chose Option 3, whereas under 65s were relatively more likely to choose Option 1 or Option 2.

### Expenditure

- At least £250m of expenditure was budgeted for social care clients who had made a choice regarding their services and support in 2014-15.
- On average, Option 3 care packages were of a lower value than Option 1 or Option 2 packages.

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## 1. Introduction

The Self-directed Support Act came into force on 1<sup>st</sup> April 2014 and places a duty on local authorities to offer people who are eligible for social care a range of choices over how they receive their social care services and support. Self-directed Support (SDS) allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered. The Act means that, since 1<sup>st</sup> April 2014, local authorities have been required to offer these choices to all new social care clients, and to all existing clients at point of review. The data in this report relates to the first year of implementation of SDS (2014-15). It is envisioned that the number of people who have been offered SDS will grow as local authorities review existing cases.

SDS 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 a provider that the person chooses – the council holds the budget but the person is in charge of how it is spent.
- Option 3** The person can choose a council arranged service.
- Option 4** The person can choose a mix of these options for different types of support.

The Scottish Government has been collecting data on Direct Payments (Option 1) since 2001 and as part of the annual Social Care Survey from 2013. The introduction of SDS has resulted in changes to the format of the Social Care Survey 2015, with information now being gathered about the provision of services and support through all of the SDS options over the course of the 2014-15 financial year.

This report provides analysis of information collected by the 2015 Social Care Survey for all of the Self-Directed Support options. Further analysis of the 2014-15 Direct Payments data can be found in the publication 'Social Care Services, Scotland, 2015': <http://www.gov.scot/Publications/2015/11/5804>

The introduction of SDS is a significant change to practice that will take many years to fully embed. It has required changes to the data that is collected and the design of new systems to collect and record that data. As a result, the 2014-15 data on SDS for many local authorities remains incomplete. The results presented here should be interpreted with this in mind.

The remainder of this report is divided into three Sections. Section 2 discusses issues surrounding the implementation rate of SDS across local authorities and the extent of data recording issues. Section 3 presents analysis of social care clients who made a choice regarding their services and support in 2014-15. Finally, Section 4 presents data on expenditure that was budgeted for social care clients who made a choice regarding their services and support in 2014-15.

## 2. Implementation of Self-directed Support

### 2.1 Implementation Rate

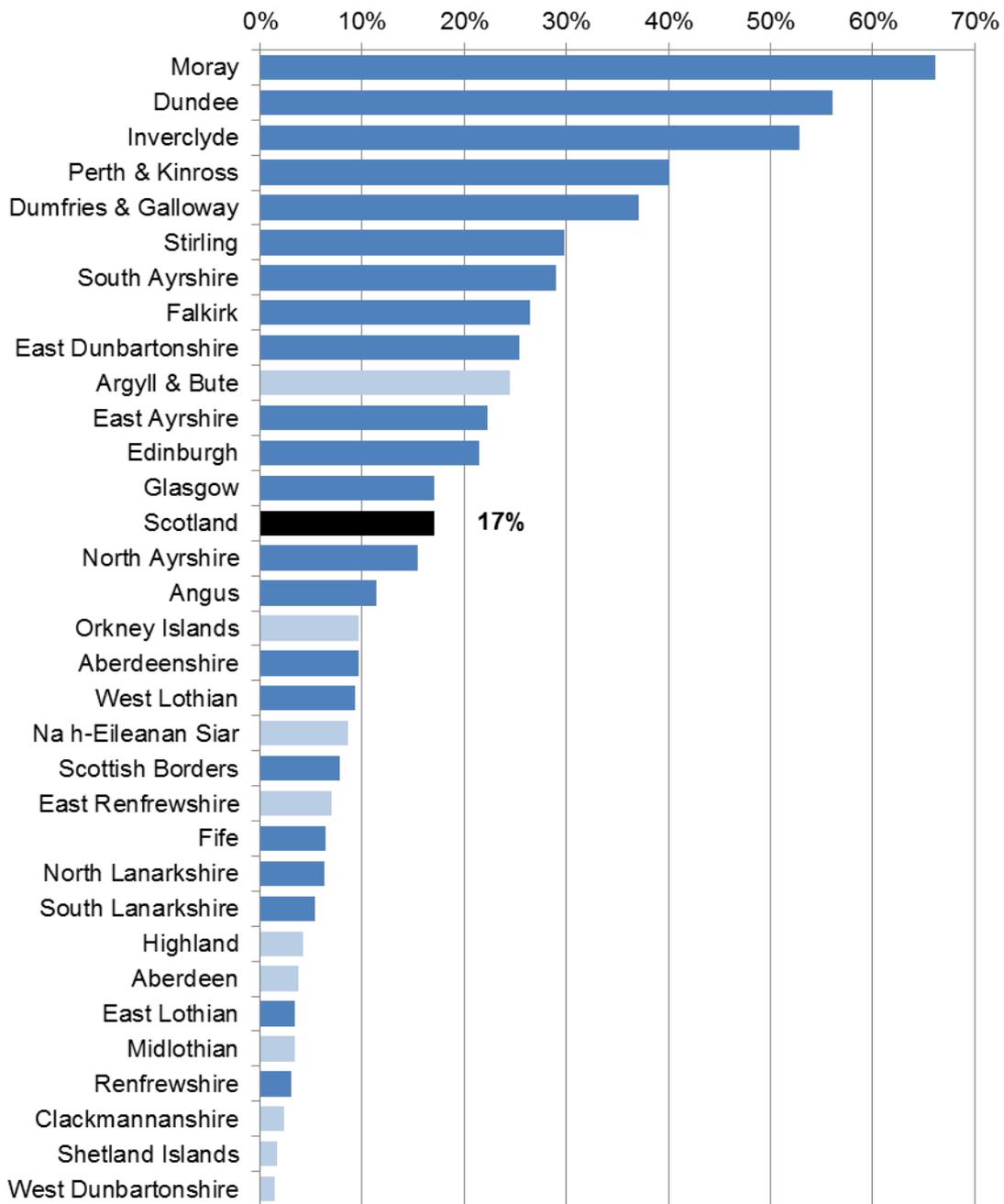
The 2015 Social Care Survey asked local authorities to return information on all clients who made a choice regarding their services or support at any time during the 2014-15 financial year. The key criterion for inclusion is the client having been given a choice – an individual should only be included if they have undergone an assessment during which the available SDS options were explained to them.

Under this definition, 35,173 clients were identified as having made a choice regarding their services or support during 2014-15. One measure of the national implementation rate for SDS is provided by the proportion that these clients represent of all social care clients present in the 2015 Social Care Survey. The Social Care Survey covers most, but not all, community-based social care services. On this basis, the 2014-15 implementation rate of SDS across Scotland would be estimated at 17%.

This figure provides an indicative value only and does not represent a target implementation rate. The scope of the Social Care Survey will vary across local authorities due to differences in population need and service provision. Not all clients on the Social Care Survey will be able to exercise choice over their services or support and this will impact the implementation rate that is ultimately obtainable by each local authority. It is expected that the SDS implementation rate will rise well above 17% in future, however the figure will not reach a complete 100%. Clients receiving reablement and / or crisis care support, for example, will not be able to make a choice regarding their services or support. Implementation rates at the local authority level, furthermore, will vary according to when the local authority started offering SDS and the speed of the phased roll-out that was deemed appropriate to that area.

With these issues in mind, Figure 1 (over page) shows that there were wide regional variations in the recorded implementation rate, with three local authorities recording figures over 50% and eight recording figures below 5%. Local authorities with known data recording issues (see Section 2.2) are highlighted in light blue. Given the incomplete SDS option data for these local authorities, it is not surprising that the majority of them show implementation rates that are below the Scottish average.

**Figure 1: variations in SDS implementation rate by local authority, 2014-15**



*Local authorities shaded in light blue have incomplete SDS option data (see Section 2.2).*

## 2.2 SDS Options Recording

Changes in data recording systems were necessary to capture SDS information in 2014-15, a process which takes time to complete. Consequently, not all local authorities were able to record information for the separate SDS options. In addition, some areas were still piloting SDS Option 2 during 2014-15 and will move to a full roll-out in subsequent years. Option 3, furthermore, is difficult for local authorities to record accurately as choosing this option during a review may mean that the individual concerned is carrying on with existing services and not all systems are currently able to report on this.

Within this context, all local authorities except East Renfrewshire were able to return SDS Option 1 information, reflecting the fact that data on Direct Payments has been collected since 2001. However:

- 20 local authorities<sup>1</sup> were able to return client information for all of the SDS options. A further two local authorities<sup>2</sup> returned information on those receiving Option 1 and Option 3 only, since they had no Option 2 clients.
- Nine local authorities were able to return information on clients who have chosen some, but not all, of the SDS options. Of these:
  - Six local authorities<sup>3</sup> were able to return information on those receiving Option 1, but not those receiving Option 2 or Option 3;
  - One local authority<sup>4</sup> was able to return information on those receiving Option 1 and Option 3, but not those receiving Option 2;
  - Two local authorities<sup>5</sup> were able to return information on those receiving Option 1 and Option 2, but not those receiving Option 3.
- East Renfrewshire was not able to return any information on SDS option choices, although they were able to give the total number of clients who made a choice in 2014-15. This issue also affected 28% of clients in Orkney.
- Two local authorities<sup>6</sup> are known to have a limited number of pre-existing Direct Payment clients that are not included within their Option 1 client figures, as their systems record these two groups separately.

Taken collectively, such recording issues will mean that the observed total number of clients who made a choice regarding their services and support – and the national implementation rate – is an underestimate of the true position. Such issues will also contribute to the local variations in implementation rate discussed in Section 2.1. Many of the local authorities with below average implementation rates are those with known limitations to their recording systems (see Figure 1 above).

The 22 local authorities<sup>3,4</sup> with complete SDS option reporting account for 93% (32,665) of the previous client total. If the 2014-15 SDS implementation rate is estimated on the basis of these authorities only, then a value of 20% is obtained. This is considered to be the best available estimate for the national implementation rate, as it accounts for the known recording issues.

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<sup>1</sup> Aberdeenshire, Angus, Dundee City, East Ayrshire, East Dunbartonshire, East Lothian, Edinburgh, Falkirk, Glasgow City, Inverclyde, Moray, North Ayrshire, North Lanarkshire, Perth & Kinross, Renfrewshire, Scottish Borders, South Ayrshire, South Lanarkshire, Stirling and West Lothian.

<sup>2</sup> Dumfries & Galloway and Fife.

<sup>3</sup> Aberdeen City, Clackmannanshire, Midlothian, Na h-Eileanan Siar, Orkney and Shetland.

<sup>4</sup> Argyll & Bute.

<sup>5</sup> Highland and West Dunbartonshire.

<sup>6</sup> Falkirk and Scottish Borders.

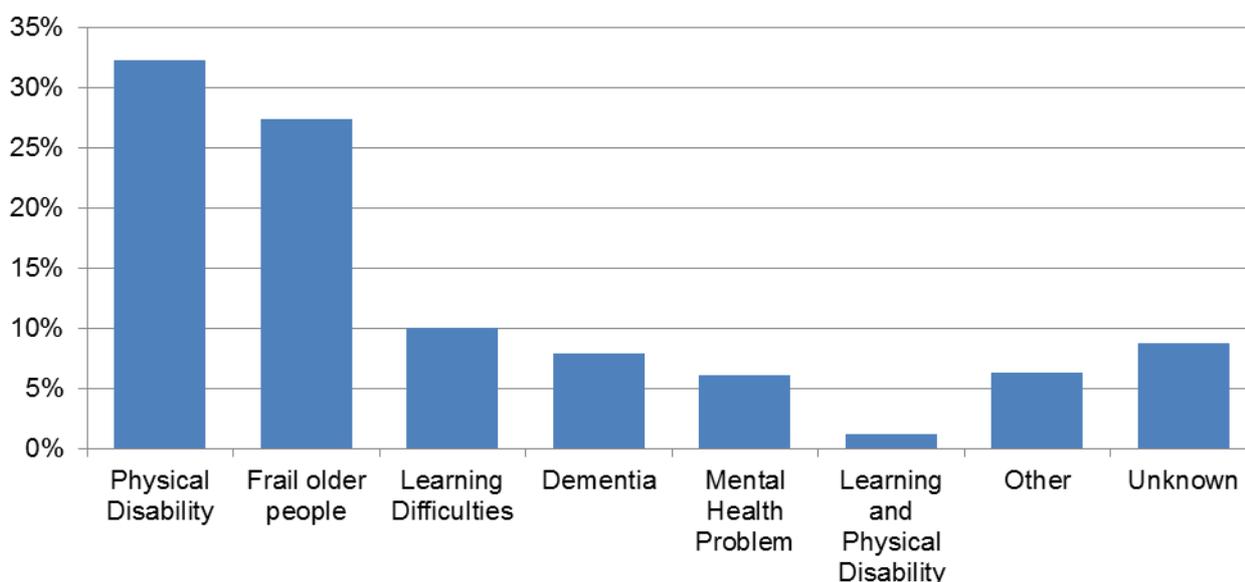
### 3. Client Analysis

The analysis presented throughout Section 3 focuses on the 22 local authorities identified in Section 2.2 as having full SDS option recording. This means that aggregate-level figures are not skewed by data recording issues and will therefore more accurately reflect the Scotland-level picture. It is expected that improvements to local authority recording systems will occur in the year after roll-out of the policy and that this will improve the consistency of the information available for 2015-16.

#### 3.1 Client Group, Assessed Needs and Support Mechanism

Figure 2 shows the breakdown of clients by client group – the main reason for the client needing a social care service. This shows that the largest groups are ‘Physical Difficulty’ (32%) and ‘Frail Older People’ (27%), which is in line with the Social Care Survey as a whole. The ‘Other’ group includes addictions, palliative care and carers.

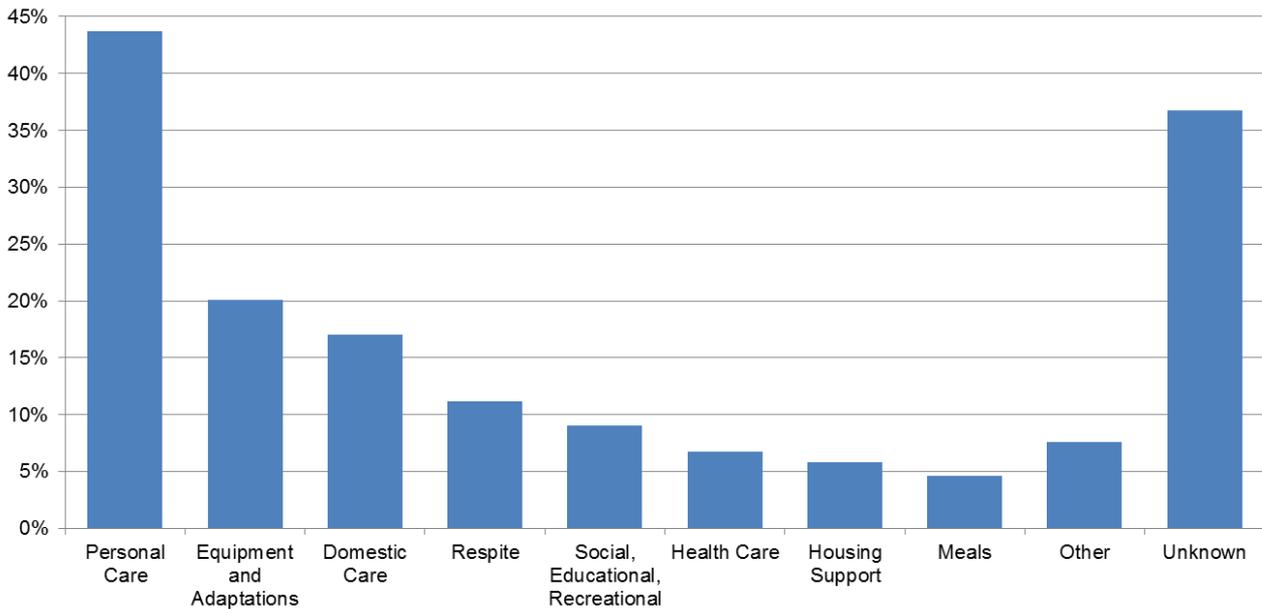
**Figure 2:** breakdown of client group, 2014-15



*Information refers to the 22 local authorities with full SDS option recording (see Section 2.2).*

Figure 3 (over page) shows the breakdown of clients by need – the type of assessed support needs that are provided for. Note that clients can be identified as having more than one support need and so the sum of percentages will exceed 100%. This shows that the largest need is ‘Personal Care’, identified for 47% of clients. Over a third of clients (37%), however, were classed as having ‘Unknown’ needs, suggesting that there are additional recording issues to those identified in Section 2.2.

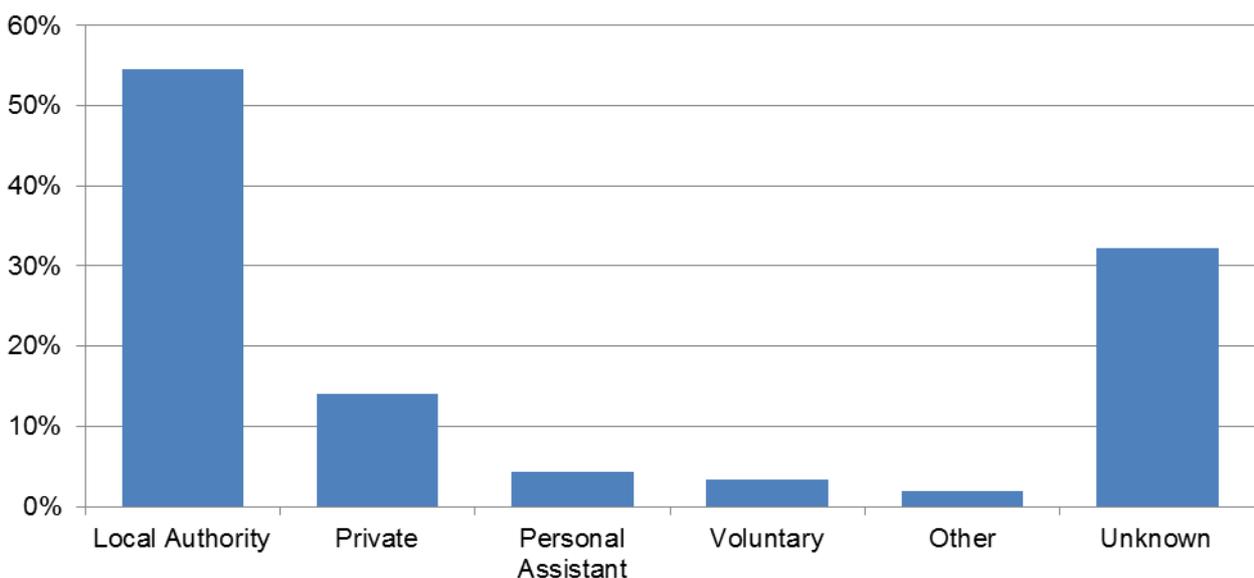
**Figure 3:** breakdown of support needs, 2014-15



*Information refers to the 22 local authorities with full SDS option recording (see Section 2.2).*

Figure 4 shows the breakdown of clients by what mechanisms of support were provided. Note that clients can be identified as having more than one support mechanism and so the sum of percentages will exceed 100%. It shows that the largest support mechanism is the ‘Local Authority’ (55%) – that is, the local authority is who the client purchases services from, or has the service provided by. This option is generally expected to be selected for care packages involving an SDS Option 3 component. Over a third of clients (37%), however, were classed as having an ‘Unknown’ support mechanism, suggesting that there are additional recording issues to those identified in Section 2.2.

**Figure 4:** breakdown of support mechanism, 2014-15



*Information refers to the 22 local authorities with full SDS option recording (see Section 2.2).*

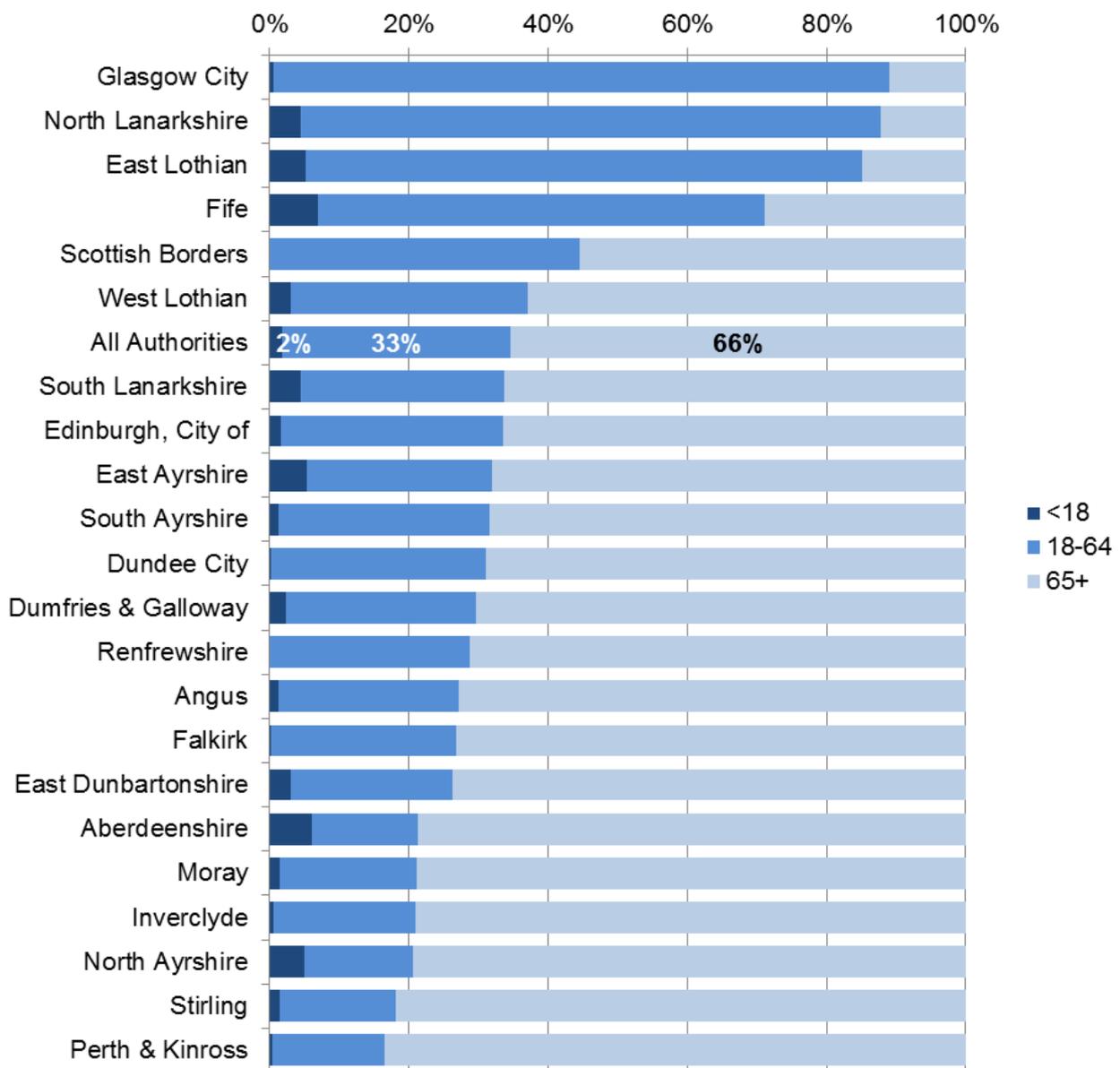
### 3.2 Age Breakdown by Local Authority

Of the social care clients who made a choice regarding their services and support in 2014-15, 2% were aged under-18, 33% were aged 18-64 and 66% were aged 65+. This age distribution is a younger one compared with the Social Care Survey as a whole, where 75% of clients were aged 65+.

The estimated SDS implementation rate for social care clients aged 65+ is 17%, for those aged 18-64 it is 29% and for clients aged under-18 it is 30%. Implementation, therefore, has been more rapid for younger social care clients than for older clients.

Figure 5 shows the age breakdown of clients by local authority. It shows that Glasgow City, North Lanarkshire and East Lothian have the youngest age distributions, whilst Perth & Kinross has the oldest age breakdown.

**Figure 5:** breakdown of age by local authority, 2014-15



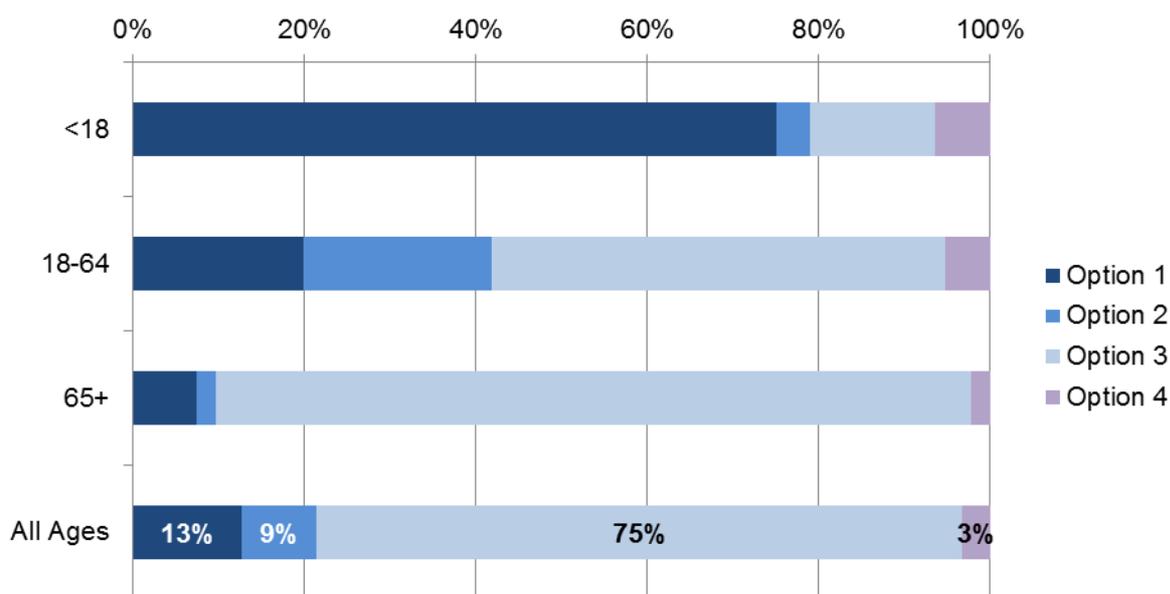
Information refers to the 22 local authorities with full SDS option recording (see Section 2.2).

### 3.3 Age and SDS Option Breakdown

Of the social care clients who made a choice regarding their services and support in 2014-15, 13% chose SDS Option 1, 9% chose Option 2, 75% chose Option 3 and 3% chose Option 4. The majority of clients, therefore, opted to retain council arranged services (Option 3) when assessed under SDS. It is important to note that, in addition to the data recording issues highlighted in Section 2.2, there is known to be some recording variation that will affect the distribution of Option 2 and Option 3 client figures.

Figure 6 shows that the breakdown of SDS options chosen varies according to client age group. Older people (aged 65+), who constitute the majority of social care clients, are much more likely to choose council arranged services (Option 3). Younger adults (aged under 18-64) are relatively more likely to choose a Direct Payment (Option 1) or an Individual Service Fund (Option 2) compared with older people, though Option 1 remained the most common choice. Young people (aged under-18), who only account for a small proportion of the total, are more likely to choose a Direct Payment (Option 1).

**Figure 6:** breakdown of SDS option choices by age of client, 2014-15



Information refers to the 22 local authorities with full SDS option recording (see Section 2.2).

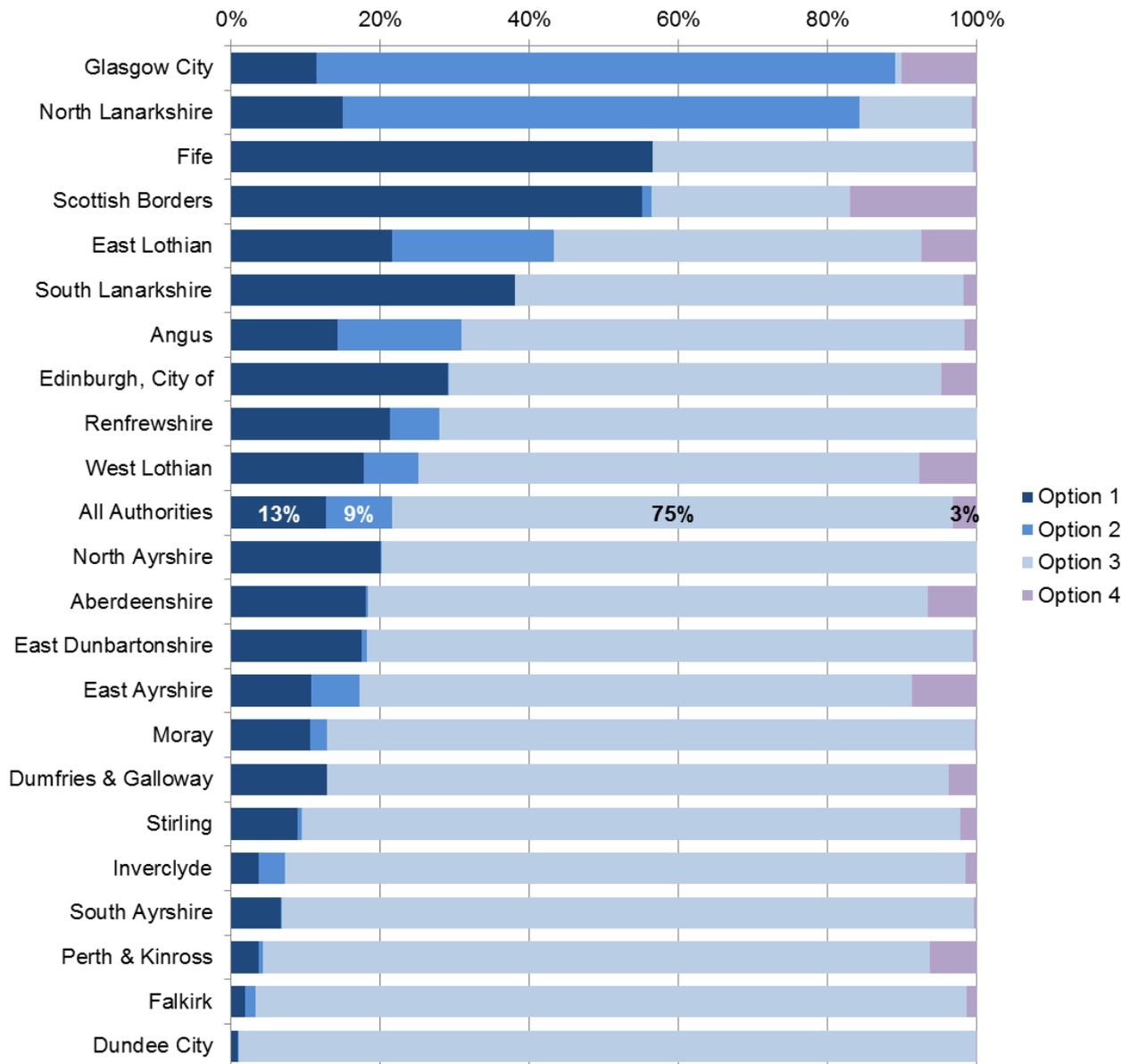
### 3.4 SDS Option Breakdown by Local Authority

Figure 7 (over page) shows that the breakdown of SDS options chosen varies across local authorities. This suggests that variations in implementation or data recording may play a significant role in the breakdown of options chosen. In 18 out of 22 of the local authorities considered here, Option 3 was the most popular choice. In Fife and Scottish Borders in contrast, Option 1 was the most popular choice<sup>7</sup>. Scottish Borders, furthermore, had the highest proportion of Option 4 clients out of the local authorities considered.

<sup>7</sup> The SDS option breakdown in Fife will be influenced by the fact that they did not offer SDS Option 2 in 2014-15.

In Glasgow City and North Lanarkshire, Option 2 was the most popular choice. Together, Glasgow City and North Lanarkshire clients accounted for 85% of all recorded Option 2 clients of the local authorities considered here. In addition, Glasgow City and North Lanarkshire are the two local authorities with the youngest age distribution (see Section 3.2), which corresponds to the observation that younger clients are more likely to choose Option 1 and Option 2 (see Section 3.3).

**Figure 7:** breakdown of SDS option choices by local authority, 2014-15



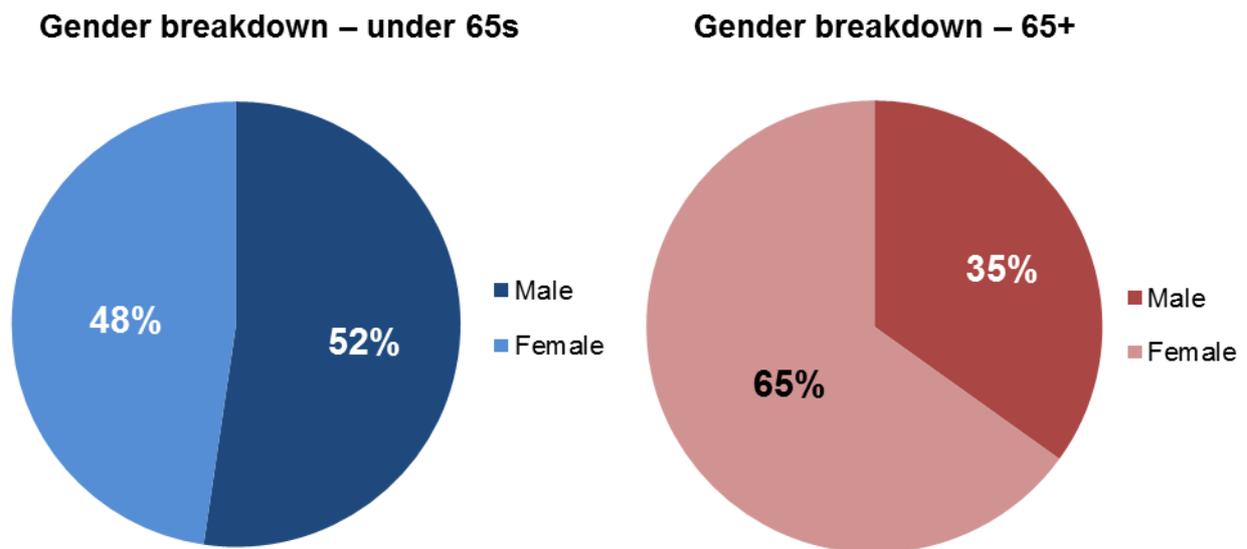
*Information refers to the 22 local authorities with full SDS option recording (see Section 2.2).*

### 3.5 Gender Breakdown

Of the social care clients who made a choice regarding their services and support in 2014-15, 41% were male and 59% were female. This gender breakdown compares with 32% male and 68% female from the Social Care Survey as a whole. This gender split is broadly similar across the local authorities considered here, however in Glasgow City and North Lanarkshire the majority of clients were male (55% and 58% respectively). East Lothian also stood out as having a higher proportion of male clients (49%) compared to the average.

Figure 8 compares the gender breakdown for clients aged under 65 and those aged 65+. It shows that clients aged under 65 are more likely to be male whilst clients aged 65+ are more likely to be female. Women live longer than men on average, and thus the observed correlation of age and gender is not surprising. Glasgow City, North Lanarkshire and East Lothian have the youngest age breakdowns (see Section 3.2) of the local authorities, which corresponds to their gender breakdowns described above.

**Figure 8:** comparison of gender breakdown by age, 2014-15



*Information refers to the 22 local authorities with full SDS option recording (see Section 2.2).*

## 4. Expenditure

### 4.1 Expenditure Recording

The 2015 Social Care Survey asked local authorities to return information on the gross<sup>8</sup> value of the agreed budget associated with each care package associated with an SDS option. For the analysis in this section, the budgeted expenditure associated with Option 4 is included under the specific options – Option 1, 2 and / or 3 – of the mixture chosen for each client.

Section 2.2 described the issues surrounding recording systems and the ability of local authorities to capture SDS information during 2014-15. There, 10 local authorities are identified who suffered from incomplete SDS options recording. In addition, variation in the recording of budgeted expenditure is also evident from the data. All local authorities who returned client information on those receiving Option 1 were able to record some budgeted expenditure under Option 1. However:

- Of the 22 local authorities who were able to return client information on those receiving Option 2, three local authorities were not able to provide any budgeted expenditure information.
- Of the 23 local authorities who were able to return client information on those receiving Option 3, 10 local authorities were not able to provide any budgeted expenditure information.
- In addition to problems at the aggregate level, all local authorities had numerous instances of individual clients with no budgeted expenditure against a recorded SDS option.

In total, only 13 local authorities were able to provide client information on all SDS options and include some budgeted expenditure against those options. In light of the analyses carried out in the following sub-sections, however, all local authorities with recorded budgeted expenditure are included.

### 4.2 Expenditure Breakdown

In total, the combined values of all recorded budgets associated with an SDS option in 2014-15 was £250m. Given the expenditure recording issues highlighted above – in addition to the recording issues described in Section 2.2 – this figure represents an underestimate of the true value. The observed figure represents 15% of gross expenditure by local authorities on community based Social Work services in 2014-15<sup>9</sup>.

Table 1 shows the breakdown of total budgeted expenditure for Option 1, Option 2 and Option 3. Given the expenditure recording issues highlighted in Section 4.1, the total budget values for the three options should not be compared to one another. The average (median) budget value per client may, however, be

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<sup>8</sup> The gross value includes any financial contributions made by the client and / or other agencies (Health Boards, ILF, other Local Authorities, etc.), as well as the contribution made by the reporting local authority.

<sup>9</sup> Source: 2014-15 LFR03.

compared in this way. Table 1 shows that Option 2 is associated with the highest average budget values, followed by Option 1. Option 3 is associated with much lower average values. This pattern is not surprising, since clients choosing Option 1 and Option 2 are on average younger than clients choosing Option 3. Younger clients are expected to have higher / more complex levels of need than older clients, and as a result average expenditure will be higher.

**Table 1:** breakdown of budgeted expenditure by SDS option, 2014-15

	Total budget values	Median budget per client
<b>Option 1</b> (data for 31 local authorities <sup>10</sup> )	£80m	£7,200
<b>Option 2</b> (data for 19 local authorities <sup>11</sup> )	£78m	£10,300
<b>Option 3</b> (data for 13 local authorities <sup>12</sup> )	£81m	£1,800
<b>All SDS</b>	£250m	£6,100

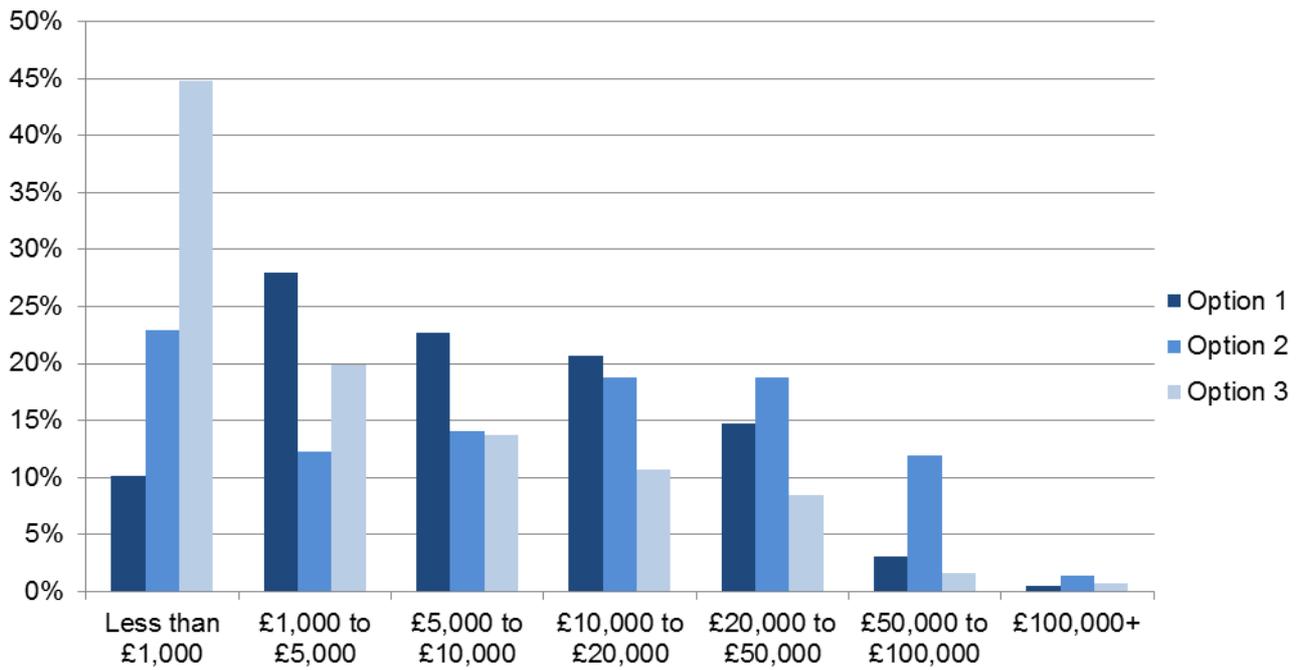
Figure 9 shows the distribution of budgeted expenditure per client for Option 1, Option 2 and Option 3. For Option 3, the highest proportion of budgets (45%) are in the less than £1,000 category – the proportion of clients in each budget category then steadily falls as budget values rise. For Option 1, in contrast, the highest proportion of budgets (28%) are in the £1,000 to £5,000 category. For budget categories above these values, the proportion of clients in each budget category then steadily falls. The pattern for Option 2 is less clear. The highest proportion of budgets (23%) are in the less than £1,000 category – the proportion of budgets in each category then fluctuates between 12% and 19% for budget values up to £100,000.

<sup>10</sup> All local authorities other than East Renfrewshire were able to return information on expenditure associated with Option 1. However, Argyll & Bute and West Lothian submitted information on the budget value net of the client contribution.

<sup>11</sup> Aberdeenshire, Dundee City, East Ayrshire, East Dunbartonshire, East Lothian, Edinburgh, Glasgow City, Highland, Inverclyde, Moray, North Ayrshire, North Lanarkshire, Renfrewshire, Scottish Borders, South Ayrshire, South Lanarkshire, Stirling, West Dunbartonshire, West Lothian.

<sup>12</sup> Aberdeenshire, Dumfries & Galloway, East Dunbartonshire, East Lothian, Fife, Glasgow City, Moray, North Lanarkshire, Renfrewshire, Scottish Borders, South Lanarkshire, Stirling, West Lothian.

**Figure 9:** histograms of client gross budgets by SDS option, 2014-15



*Information is based on a varying number of local authorities for each SDS option.*

## Data under Development

As this is the first year for which data on Self-directed Support has been collected and analysed as part of the Social Care Survey, the data collection systems and quality assurance processes in place are still being developed. The statistics shown here, therefore, are data under development and should not be considered as National or Official Statistics.

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### How to access background or source data

The data collected for this 'Data under Development' Statistics Release may be made available on request, subject to consideration of legal and ethical factors. Please contact [SWStat@gov.scot](mailto:SWStat@gov.scot) for further information.

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