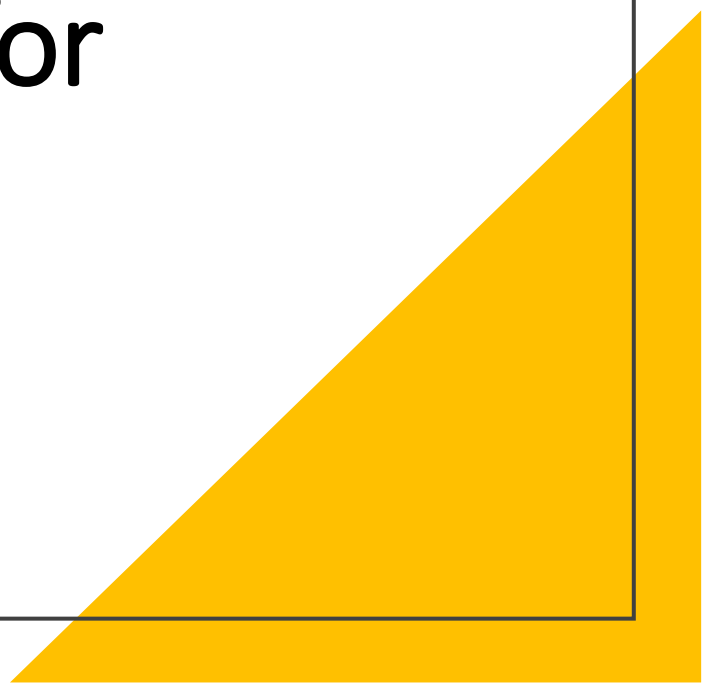


Access to care: Rethinking eligibility criteria (for social care) in Scotland

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Contents of this presentation



- Background to social care in the UK/Scotland
- Eligibility criteria as a mechanism for controlling spend on social care
- Some key ideas from other research/reports
- Our project on eligibility criteria – how it started
- Some voices from the project
- Examples of good practice
- Summary points

Background to social care in the UK

- The NHS was born in 1948: universal health care accessible by all and free at the point of delivery
- Also from 1948 councils were obliged to provide care to people, but only in circumstances where it was not otherwise available. Publicly funded social care was seen as a 'safety net'
- Local authorities are responsible both for assessing social care needs and for providing support to meet those needs within a fixed budget. If someone is assessed as having eligible needs, legally the fact that there is insufficient budget does not present a reason not to meet that need.
- Councils get funding from central and local taxation, and charging for services (e.g. home care, care homes).

Background to social care in the UK

- The NHS and Community Care Act 1990 changed the funding model. Councils were further obliged to manage a cash limited system.
- The Act also required an assessment of needs before support could be offered, along with means testing. Care management was introduced, with a focus on designing flexible packages of care.
- Although the stated intention was a more person-centred system, social work became more administrative (Means et al, 2008). Care managers struggle to navigate the conflicting roles as public advocates whilst also acting as gatekeepers of a resource restricted system (Rummery 2002).
- NB: increased focus on eligibility criteria for carers with the Carers' (Scotland) Act (2016)

What are eligibility criteria

The **Fair access to care services** (FACS) framework was introduced 2003 **to** resolve inconsistencies in eligibility for support in England at first (later Scotland 2009)

They aimed **to** provide a fairer system for the allocation of social **care services**, based on assessment of need based on the risks **to** an individual's independence.

The stated intention was to increase equity, consistency and transparency

4 levels: Critical, substantial, moderate, low

What are the concerns about eligibility criteria



Concerns about people being excluded from support

Less attention to prevention and early intervention


Lack of consistency within and between councils

Inequities for young people in transition and older people in particular

The Scottish Government commissioned a review of social care which published in 2021, with subsequent focus on creating a National Care Service.

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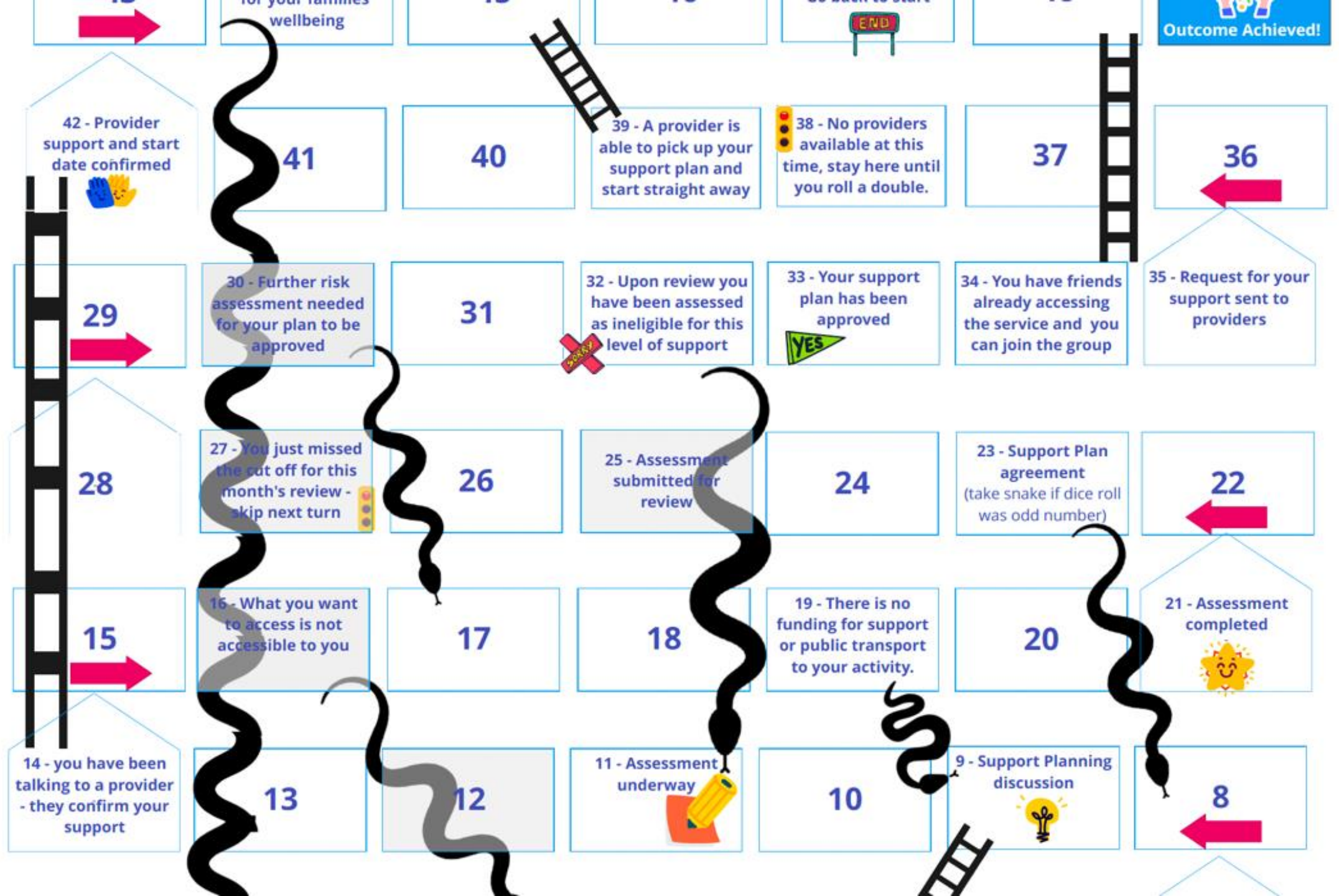
Some key
ideas from
other
research and
reports

- Value demand and failure demand 2008 (Seddon)
 - Feeley 2021 (IRASC) HR and PC approach, recognition for carers, workforce conditions and better commissioning and scrutiny
 - Needham and Hall (2023) Social care in the UK – between 2 paradigms
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Rethinking eligibility criteria: Interviews and group engagement



- Discussion started early 2022 between concerned organisations
- Steering group included local and national government reps / third sector, social work and NHS bodies / advocacy organisations including COCIS
- SG funded project April to July 2023 (being followed by unmet need project)
- Interviews with steering group and diverse stakeholders in the system – different UK examples but mainly Scotland
- Seeking examples of doing things differently (not an alternative EC)
- Stronger focus on carer side



Speaking different languages

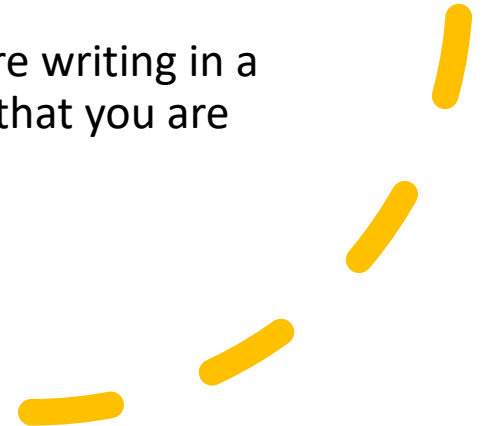
Carer:

My kids struggle so much with their autism on a daily basis. To keep going, and to support them as best I can, I look for the silver threads in the life of my family. That is what keeps me going. Then you are in a conversation with services and all that is pulled away from you.

Social work representative:

Social workers are having to talk those different languages. When you are with the family, your conversation is person-centred, it is outcomes focused. It is based on their strengths and assets. And then you are coming back and typing up the assessment or review or whatever it was in a slightly different, almost more professional language, but still being mindful that the person is going to see it and going to read it.

And when you come to your resource request, you are writing in a completely different {deficit based} way to evidence that you are meeting eligibility requirements.



Speaking different languages

Culture and norms

The Consistency issue is so prevalent. There is lack of culture, norms, dissemination like we had in the olden days. And the workforce turnover is vast. So the longest standing worker in an office is sometimes two years, and they might be the team leaders! So again, that contributes to breakdown in norms. I'm in HQ and there is always that tension with localities. Where is the tail and where is the dog. And I keep asking what is the norm, and I can't find answers.



Bridging the gap



We have been really lucky because our finance colleagues from the beginning of SDS have been sitting alongside us. They will sometimes ask questions but they won't just say you can't do that... They have been part of the process... in terms of understanding what social work does and why we might spend money on certain things. As long as we can demonstrate that it meets the outcomes.... We work closely with them

Reflections on doing things differently

- Everyone is entitled to be understood (Mark Smith)
- By implementing a preventative approach, embedding strength-based conversations and identifying outcomes at an early stage with the person, many resources can be found in local communities... It is critical not to screen out advice and support to people even before an assessment has started. (CLS)
- We need social workers in the High Street (interview, change organisation) (back to the future)

Key points

- *The **way we talk about social care** in Scotland needs to shift so that it is viewed as **a solution to social challenges** and is associated with wellbeing, not just crises *Failure to properly fund social care across the UK over decades has contributed to the current crisis
- *Eligibility criteria **mask the funding gap** while too often creating negative experiences for people, sometimes resulting in greater level of needs and people bouncing round the system (failure demand)
- *Opening up conversations with diverse stakeholders generated fresh ideas, suggestions and examples of creative responses to crisis. **Such dialogue is not just 'nice to do'** and the conversations need to continue to enable people to develop mutual understanding and shared purpose

Key points

- *Statutory and voluntary services are striving to establish/maintain early intervention and prevention. There is **valuable learning to be mined and shared** from this
- *Greater and sustained focus on sharing learning between organisations can help overcome gaps with implementation, **spreading 'good practice examples'** while improving equity, consistency and transparency and help to rebuild culture lost through recent years of isolation and fragmentation

- 1. The EU care strategy emphasises quality, affordable and accessible care services to improve the situation for care receivers, informal and formal carers. *‘What is the relationship between fair access to care and good quality support for informal carers ?’*
- 2. How can research help us to make progress in this area ?