

# **Exploring Innovations and Developments in Adult Social Care Eligibility Criteria**

**February 2024**

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## Background

In Scotland, following the independent review of adult social care (IRASC) in 2021, social care is going through a period of further review. Final decisions are still being made about a National Care Service (NCS). One aspect under review is eligibility criteria. Specifically, the Scottish Government is committed to the “**overhaul** of the current mechanism of eligibility criteria to ensure an approach to adult social care support that is based on human rights and needs” (SG 2022b, p5). As part of a wider programme of work in advance of the NCS, this commission was undertaken with the understanding that the purpose was not to create an alternative mechanism, but to explore relevant developments and innovations in the field of adult social care eligibility criteria in the UK. This report is the result of that inquiry.

### Wider context of social care in the UK

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In some respects, the origins of the current crisis in social care in the UK are deep rooted and longstanding. It is important that any considerations of routes out of the crisis are set in context and influenced by understandings of the history of the sector, referred to briefly below. It is also the case however, that society in general is facing a unique and unprecedented conflation of social, economic and environmental challenges. This includes the cost-of-living crisis and the fallout of the pandemic, following a decade of austerity which saw harsh welfare reform and service cuts, impacting hardest on people on already low incomes (Galloway 2020). There is also a staffing crisis, influenced not least by low pay in social care. Finding solutions requires fresh thinking and greater adaptability and willingness to revise previous (well-intended) policy decisions more than ever before.

To outline some of the key policy background, some trace the conceptual roots of this system to the Elizabethan Poor Law distinction between the ‘deserving’ and the ‘undeserving’ poor (CSCI 2008). Unlike the NHS which started in the same year – the 1948 National Assistance Act did not herald the arrival of universal social care services accessible by all and free at the point of delivery. Instead, because the legislation clarified that councils were only obliged to provide care to people in circumstances where it was not otherwise available, publicly funded social care was seen as a ‘safety net’ rather than a universal entitlement (CSCI 2008).

The full history of social care in the UK is beyond the scope of this report, and has recently been explored in depth by Beresford and Slasberg (2023). Their exploration includes the different roles played by the disabled people's movement from the 1970s with a focus on the social model of disability and a right to independent living. While at surface level, there were consistent messages from the government of the time on a retreat from paternalism, cost containment was a strong motive which influenced how and to what extent more laudable policy goals could be attained.

Local authorities are responsible both for assessing social care needs and for providing support to meet those needs within a fixed budget. As noted in Appendix B, if someone is assessed as having eligible needs, legally the fact that there is insufficient budget does not constitute a reason not to meet that need. Tightening of eligibility criteria is the standard response in face of budgetary limits. It is important to understand the funding sources available to local authorities to spend on social care. Whilst residential care had long been subject to means testing, the 1983 Health and Social Services and Social Security Adjudications Act enabled councils to levy charges for home care and other services. This has meant that the resources available to councils for adult social care comprise government grants, a proportion of council tax receipts and income from fees and charges.

Following the NHS and Community Care Act 1990, which transferred funding from the benefits system to councils, councils were further obliged to manage a cash limited system. The 1990 Act also brought in the purchaser provider split, resulting in UK social care services being among the most privatised and fragmented in the Western world, whilst also underfunded for decades (Pollock et al 2021). Eligibility criteria, first introduced in England in 2008, were deemed necessary to balance budgets, through controlling spending. Charging and the criteria both act as rationing mechanisms (CSCI 2008).

A key theme which will be explored in this report is the interaction between policy, legislation and economic concerns on the one hand, and culture and practice on the other. The 1990 Act has also had profound impact on culture and practice in the UK, requiring an assessment of needs before public support could be offered to individuals, along with a means testing component. The concept of care management was introduced, with a focus

on designing flexible packages of care, which were to draw from the independent sector (Means et al, 2008). Although the stated intention was a more person-centred system, social work became more administrative (Means et al, 2008). Care managers have since struggled to navigate the conflicting roles as public advocates whilst also acting as gatekeepers of a resource restricted system (Rummary 2002).

## Eligibility criteria

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The intention of eligibility criteria was that they would make decision making about allocation of social care resources equitable, consistent and transparent. The criteria identify four bandings relating to the level of risk involved (critical, substantial, moderate and low) as well as the urgency of need. A range of challenges has been identified including questions about whether the criteria deliver on the original objectives, with concerns raised even at an early stage of implementation about the increasing numbers being excluded from much needed support (Henwood and Hudson 2008).

While these authors acknowledge that local authorities have been obliged to find ways to ration resources in face of inadequate funding, the means of achieving this too often result in lack of prevention and deteriorating quality of life. There was also significant evidence that consistency was not being achieved in how the criteria were being applied within or between councils (Henwood and Hudson 2008). With regard to equity, they found inherent weaknesses, with young people in transitional groups and older people most disadvantaged. While this research did not include self-funders, it is important to note that self-funders were often the most disadvantaged and isolated in the system (Henwood and Hudson 2008).

The Commission for Social Care Inspection (CSCI) then published its research report *Cutting the Cake Fairly* (2008). This identified that the size of the social care funding 'cake' was too limited, while the numbers in need of a slice was increasing, concluding: In the long term, there is no alternative to radical reform of the way the social care system is funded (CSCI

2008 p1). In the absence of a larger cake appearing, eligibility criteria remain a crude tool for managing annual local authority spend. If someone is assessed as having eligible needs – legally - the fact that there is insufficient budget isn't a reason not to meet that need (through statutory service provision). The way round this is to tighten eligibility criteria.

Eligibility criteria were introduced slightly later in Scotland than in England, in 2009, as agreed by the Scottish Government and Convention of Scottish Local Authorities (COSLA). Although initially developed for older people, they were purposefully designed to be applicable across all adult care groups with the intention of aiding (individual and collective) decision making in the face of limited resources and increasing demand. Currently, Wales and England have nationally determined eligibility criteria for carers' support, whereas in Scotland and Northern Ireland this is decided locally (Needham and Hall 2022).

The recent IRASC in Scotland found widespread views that the threshold for accessing support was too high, leaving people seeking support and carers struggling with deteriorating mental and physical wellbeing. The assessment process was described as intrusive and overly focused on deficits. Social work staff identified that they were unable to work with people in person centred and enabling ways due to the focus on gatekeeping: "As one social worker put it to us: It's the equivalent of NHS staff having to make a case for funding every time someone needs a blood test" (SG 2021, p28).

Before discussing the project, it is worth mentioning the context of social work and social care in Scotland has been further complicated in the intervening years by a raft of additional legislation. While founded on well-intentioned principles, this often requires transactional elements which don't necessarily correspond with the principles (Miller and Barrie 2022). A key example relevant here is the Social Care (Self-Directed Support) (Scotland) Act 2013. Its emphasis on choice and control of funding options is linked to a requirement to calculate the level of resources (budget) available, usually occurs at an early stage, requiring new standardised mechanisms, as discussed with reference to relevant literature below.

## Rethinking eligibility project

In the wake of the IRASC report, a range of voluntary sector agencies representing supported people, carers and social workers came together to consider how they could influence the proposed review of eligibility criteria. They hosted an online conference to start the conversation in June 2022. Further discussion followed between COSLA and the Scottish Government. The Scottish Government commissioned a short-term project from April to July 2023, to include consideration of wider factors influencing access to social care, and which informs this report. A separate piece of work is being planned by the Scottish Government to provide insights on the scale and nature of need and unmet need for adult social care support and this will be an important addition to the knowledge base informing decisions about next steps.

### Approach

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The contents of this report are informed by work undertaken in collaboration with various others, including several steering group members:

- An online workshop on 22<sup>nd</sup> June 2022, involving 100 participants representing: supported people, unpaid carers, social work and social care practitioners and managers, finance and senior officers from HSCPs, representatives from national health and social care bodies. The report from that event is appended to this one along with the four case studies presented on the day (appendices B - E)
- A brief scan of relevant policy and research literature, as detailed in the references
- Attendance at an online webinar sharing research findings on the limits to progress in social care reform across the 4 countries of the UK (June 2023)
- Participation in the Human Learning Systems conference in Newcastle (June 2023)

- Collaboration with partners to ensure participation of supported people, carers and practitioners. This included events/meetings in June and July 2023 (aligned with the NCS co-design process) as follows:
  - Event hosted by Coalition of Carers in Scotland (COCIS) (carers/carer organisations)
  - Event hosted by Healthcare Improvement Scotland (HIS) (carer leads)
  - Social Work Scotland (SWS) practice forum (SDS leads)
  - SWS webinar (diverse stakeholders)
  - 2 meetings hosted by the People Led Policy Panel (PLPP) including one on access to social care, and one on eligibility as part of the NCS co-design arrangements
  - The New Models for Learning Disability Day Support Collaborative, hosted by HIS, supported by (National Development Team for Inclusion (NDTI) and others, who shared their findings with us
  - Regular meetings with a diverse steering group and individual meetings with all steering group members, as identified in appendix A
  - Interviews with an additional 20 stakeholders, mainly from national bodies and representatives of supported people and carers.

Throughout these activities, we asked colleagues to share positive examples of navigating current challenges. Our case studies and examples in the main describe initiatives that did not start out to address eligibility criteria – rather they show how various agencies have worked differently to continue to support people despite increasing complexity and demand and tightening budgets. There will be many other examples in Scotland.

As noted earlier, there are differences in the application of eligibility criteria and the wider social care contexts across the four UK countries. Therefore, while this project includes learning from England and Wales, the main focus was engagement with diverse stakeholders in Scotland.



## Considering wider evidence

Before presenting the findings from the various project engagement activities, here we refer to key texts that examine social care reforms in the UK over recent years and evidence some of the most significant implications of relevance to this project.

### Systems thinking and public sector reform

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The concepts of value demand and failure demand (Seddon 2008) are useful in considering how to prioritise resources and activities in the public sector:

There are two types of demand that interest a systems thinker: value demand and failure demand. Value demand is 'demand we want,' demand that the service is there to provide for...Failure demand is demand caused by a failure to do something or do something right for the customer. Progress chasing...having to bring in documents that have been brought in before, having to visit repeatedly – all of these represent demands, and therefore more work, caused by a failure of the service to work from the claimant's point of view

(Seddon 2008, p32).

Some twelve years ago, Seddon's work on systems thinking influenced the Christie Commission in Scotland, which set out an agenda for tackling public sector reform. Christie identified that the greatest challenge facing public services was to combat the negative outcomes for individuals and communities arising from inequalities (SG 2011a, p6), requiring early intervention and prevention, to avoid high levels of 'failure demand'. Christie also noted that a range of approaches, centred on collaboration and partnership with people and communities were making a real difference but remained isolated examples.

Exploring social care reform specifically across the four nations of the UK across the last quarter century, Needham and Hall (2023) consider implementation challenges evident in all four polities, noting that despite considerable long-term efforts, the dysfunctions of the care system remain such that all four nations are promising further large-scale reform. These authors suggest two competing paradigms predominate in social care reform.

Standardised approaches prioritising consistency with a more professionalised workforce and closer integration with health, offer one kind of care future. In contrast, approaches that seek to make care more local, differentiated, co-produced and strengths-based invoke a different understanding of what constitutes good care and a good life. In the standardised paradigm, rights are a key focus for reformers, ensuring that people have protected rights to services and funding. In the differentiated paradigm, recognition of the difficulty of enforcing rights and duties means more attention is given to personalisation, culture, relationship building and trust.

These authors examine free personal care as one example of the value contradictions that play out in policy implementation. While the principles underpinning free personal care appear sound, implementation in practice involves trade-offs and compromises: “Free personal care has focused resources on a relatively narrow set of functional supports in the home, drawing attention and resources away from investing in the local assets and networks that keep people out of the formal care system.” (Needham and Hall 2023 p169). They argue that failure to acknowledge these rival paradigms is part of the reason why care reforms have, to date, faltered, and will continue to be an issue as new sets of care reforms are tabled for the future (Needham and Hall 2023 p171).

At the time of writing, a newly published evidence review has found that despite warnings over many years, the continued dominance of bureaucratic structures and managerialist policies has resulted in alienation in social work practice. The resultant experiences of ethical stress and workload pressures have “placed staff well-being on a precipice” (Pascoe et al p528). It is argued that system leaders need to work with social workers “to critically review the existing systems to reduce the administrative burdens and enable greater time for meaningful engagement with service users” (Pascoe et al 529). This echoes the earlier Setting the Bar research in Scotland (Miller and Barrie 2022) which linked workload pressures, financial drivers and administrative burdens in compromising social workers’ quest to make a difference to people’s lives.

While contradictions within existing eligibility criteria remained unresolved, as acknowledged in guidance for SDS (SG 2014), additional tensions for social work are contained in mechanisms for personalisation policies. Resource allocation tools (RAS) used to provide people with an initial indicative budget for their care contain contradictions. Echoing the stated intention of eligibility criteria, the RAS was promoted as being more equitable, transparent and giving people greater control over decisions about their care (Stewart et al 2021). A recent review of evidence from England Identified particular concern regarding points-based systems, with tendencies to revert to resource-led assessment and a focus on purchased resources. The lack of coverage of key areas of need for older people also raise questions about equity (Stewart et al 2021).

Social work as a profession requires engaging with complexity, as articulated in a paper published for consideration for the NCS (SG 2022a). Layering in of new legislation should involve significant testing of implications for practice. Yet, taking the case of SDS, research over many years shows that practitioners often feel they don’t have enough understanding of frequently changing local and departmental SDS processes to guide service users (Ridley

et al. 2012, Biziewska and Palattiyil 2022). Where a shift away from points based systems occurred, this was viewed as less 'dehumanising' (Biziewska and Palattiyil 2022, p11).

In addition to concerns about the social work profession, continuing concern is expressed for mostly female social care staff, many of whom are also experiencing work related stress and notoriously low levels of pay. Separate work has already been undertaken by the Scottish Women's Budget Group (2023) on costings for a universal adult social care service.

In turning now to consider the findings from this project, the above insights provide important anchors and can help to inform thinking about future reform, particularly with regard to eligibility criteria and their stated intentions.

## Findings of this project

### How we think and talk about social care

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The language associated with social care was a frequent concern for many participants in our project. This is important because language shapes how social care is viewed, with a strong sense that it needs to be framed more positively, and particularly recast as an investment in people's lives, rather than a societal burden. This was emphasised by the People Led Policy Panel (PLPP) who referred several times to the importance of 'supporting people to thrive.' Another person who had experience both of accessing support and of working in services added the following:

It comes back to how you view social care, its purpose and the value we place on it. Until it's seen as an economic investment, then we won't progress. People may need support, but they are still valuable. Social care is an investment in quality of life and wellbeing for people. We will replicate problematic systems until we change how it's viewed. (Interview, voluntary sector)

We will return to the theme of language below, particularly in relation to access to social care, and to equity.

### Access to social care

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Alongside the question of the need to reframe social care was the question of access in general terms. While examples were provided of people being able to get the support they needed, others described multiple barriers when seeking support. Much of the discussion around access to care involved supported people and carers. Some identified the layers involved to get through to access support:

It's not easy for people to access information and support. They don't know how to access it or who to go to. (COCIS group two)

We were also able to draw on the learning from a project which concluded in 2022, focusing on new models of learning disability day support (HIS 2023a, HIS 2023b). This work by HIS and the ihub included collaboration with People First to produce a version of [Snakes and Ladders](#) which illustrates the complexity and challenges involved in accessing support.

Linked to this project, the PLPP was asked about their experiences of accessing social care via key routes of social work, community-based and GP services. The accessibly written report emphasises that most panel members had accessed support via advocacy services and/or the third sector rather than more formal routes. While there were some positive references, they identified several ways in which more formal routes could be challenging:

- A need for more accessible information about support and how to access it, preferably a central access point
- Finding it difficult to admit to needing help
- Concerns about losing control of your life
- Over reliance by formal services on unpaid carers

Some comments here suggest the need for a more proactive approach from statutory services, as well as a more relational, co-produced approach when contact is established:

It's about access – about what you need to prove to gain that access and it's about exclusion – what happens to those who don't qualify. (Interview, steering group)

This complexity was also highlighted by people 'inside' the system. As noted above, that means that practitioners struggle to stay on top of rapidly changing processes and mechanisms. This layers onto existing complexity which can be difficult to explain to people in crisis and to carers under pressure:

We have built such a complex set of processes which vary depending which route you follow. It's a bit like a tree with multiple branches you can go down, and there is variation within the branches. It makes it very difficult to influence change. (Interview, SDS practice lead)

In addition, for practitioners, there was a sense that they learn to manage their own expectations about what is possible within cash strapped, bureaucratic systems. This filters in to both statutory and voluntary sectors:

Some staff say they feel they have to go under the threshold or it won't get agreed and that is not right. (SWS PF)

For carer centre staff that whole bit about managing expectations – you are already expecting a downgrade and that effects relationships and morale of staff too. You are looking at outcomes and what would make the carer role manageable – but the temptation is to exaggerate the difficulties. (COCIS group six)

Language is important for access; you need to know the right language at different steps in the process. In the COCIS event, someone used the phrase 'selling trauma to get support.' Another contributor linked challenges with access to language barriers and trauma:

People are often refused assessments. They often don't know the secret code (and may struggle to convey the true level of need). This process can be traumatising and it causes harm (interview, change organisation).

We return to the theme of language and access when considering assessment below.

## Eligibility criteria

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It's like turning off the fridge/freezer to save on electricity bills. (Interviewee, third sector)

It is heartbreaking to repeatedly have to tell people how terrible your life is. (PLPP)

People identified harms caused specifically by eligibility criteria as well as through trying to access the system in general. It was emphasised that there is a need for understanding and acknowledgement in the system that the criteria are not just a neutral decision-making tool. Their existence changes how people in the system interact with people trying to gain access:

It is assumed that eligibility criteria are a separate thing, a prioritisation mechanism that sit away from practice to be applied remotely, when in fact they are driving practice (Interview, steering group).

A couple of contributors within services thought that eligibility criteria, ironically, tended to focus assessments on formal supports and services, and to take the focus away from the assets of the person. If needs were assessed as critical, that could lead to community-based resources being overlooked: 'they take us back to being resource led' (interview, HSCP).

In the case study from Midlothian, the presenter considered the case for eligibility criteria, with attention given to some of the key questions to consider if looking to replace them, particularly with regard to specific aspects of budget (see appendix B). Alongside this, the case study / presentation from Gateshead shared important learning about what happens when eligibility criteria are switched off, albeit in a very specific service context.

Other contributors are working to find ways to be more inclusive and responsive, to enable to access that bit of early support, through increased partnership:



In Dundee our view is that everyone meets eligibility criteria. If the person meets critical or substantial criteria, they might need a package of care. If medium and low, there are still support options and we are developing/upgrading our front door system in that sense of more of a multi-disciplinary team. We have commissioned third sector roles where they will sit with us and be part of that team, in the front door team. Or practitioners will be coming to them and they will look to the community and third sector, so we are hopefully trying to strengthen prevention. It is very early stages, the funding is there, posts have been agreed (SDS PF).

Community Led Support (CLS) is a model promoted by the National Development Team for Inclusion (NDTI), a partner in this project. This has been running for over nine years across the UK. Many core principles promoted by NDTI are consistent with key themes in this project, focused on tackling systemic and cultural issues around speed of response, ease of access, changing the nature of 'assessment', reducing waiting times, turning eligibility criteria on their heads and making the best use of local resources for people:

Evidence from areas adopting CLS demonstrates that 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. Because this way of working is effective, eligibility should only be considered later in the process at a point when formal support is being considered. It is critical not to screen out advice and support to people even before an assessment has started.

NDTI have also worked in recent years to progress their ability to evidence the value of prevention, and are making progress with in this endeavour.

## An additional key mechanism: the Resource Allocation System

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As noted earlier, Resource Allocations Systems (RAS) were introduced in the UK as part of the personalisation agenda. In this project, they were frequently referenced alongside eligibility criteria, particularly in engaging with statutory sector colleagues, including the SWS practice network. The following two comments came from supported people:

The RAS omits the participation of the person – but it should be nothing about us without us. (Group conversation – supported person)

The Resource Allocation System denies disabled people the right to be involved in decisions about their own lives. (PLPP)

Many parallels were drawn with eligibility criteria. As raised with regard to eligibility, several people mentioned a concern that SDS is resource driven, in interviews and in the practice forum, again leading away from working with people's assets and community resources:

I don't particularly like the RAS as I think it is resource led. (SWS PF)

Also as with eligibility criteria, the intention to try to facilitate fair and open decision-making was an important principle that a mechanism alone can't achieve. In Angus, the SDS lead reported that they produce a minute of the meeting where decisions are made about resource, as a way to make the decision-making more transparent.

Another parallel with eligibility was the tendency to prioritise a focus on risk:

And the RAS, I've worked with our IT on trying to put RAS systems together. It's a percentage game; how much do we put to risk, how much do we put to enabling, how much to assessment. And risk always takes a bigger part of that function. (SWS PF)

In discussions with HSCP staff, participants frequently mentioned work underway to 'overhaul, review or tweak' their RAS. One HSCP practice lead noted of their RAS:

The worker defines the budget then it goes to a panel then to a finance panel. Workers don't know how and why budgets are decided. For people with lower level needs we've had to continuously refine the budget process because budgets are coming in too low. We also need to factor in that rural costs are higher (HSCP).

Another HSCP representative noted that they were one of several local authorities in Scotland using an alternative model which calculate budgets based on equivalent costs of services, rather than the RAS. While they thought it still had its limitations they noted that there were fewer instances of social workers being refused at screening panels. The case studies from England and Wales in the appendices also point to different ways of framing and alternative mechanisms for allocation of resources.

### Equity, consistency, transparency

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In all of our events we mentioned that the original intentions of eligibility criteria were to improve equity, consistency and transparency. These themes were picked up to various extents in the discussions. In the SWS practice forum our discussion was framed more explicitly around this theme, with most references below coming from that setting.

#### Equity

In broad terms there were two main concerns about achieving equity with access and with allocation of resources. One set of concerns was around avoiding situations where more articulate people with greater social capital are more enabled to get what they need from the system. The other related to perceptions of ingrained and more widespread systemic inequalities. Regards the first area of individual articulation of needs:

Carers who can 'speak the right language,' who are more educated and most often from higher socio-economic groups are more likely to be able to navigate through the snakes and ladders to access support. (COCIS group four)

Who shouts loudest tends to get. Some carers who are in very challenging situations will step back and say oh no, there are others in greater need than me. We have to fight to get them respite. At the same time it can be the easier path with those that shout loudest to avoid the protracted battles. (COCIS group six)

The term 'postcode lottery' was referred to frequently by carers and supported people and their representative groups. There is understandable frustration that conditions vary markedly between and within areas. For a minority of participants, there was a view that more rigorous and consistent application of eligibility criteria could resolve inconsistencies.

While at least one PLPP member thought that national eligibility criteria would promote consistency, others wanted to end eligibility criteria altogether. While the discussion in the SWS practice forum focused primarily on ensuring that people are not excluded from information, advice and preventative support, there was also a concern to promote equity through ensuring that people obtain resources commensurate with their levels of need. This led to a suggestion that a framework for 'defensible decision-making' was required while resources remain limited.

However, there were also challenges to the idea that eligibility criteria themselves, or an alternative similar mechanism could counteract deeper and longstanding systemic factors influencing equity. Differentiated provision across care groups was identified as a significant concern, particularly at the practice forum, where several people identified differential budgets, for example between older people and people with learning disabilities or between children and adult services. While there were complex reasons for some of this variation, there was a sense that eligibility criteria do not resolve systemic inequity:

Thinking about equity...As our staff have identified, we have different age groups, different care groups – with different support decisions getting made and different budget allowances, different PA and provider rates – all of that creates an absolutely different playing field. (SWS PF)

The conversation highlighted the limited extent to which any mechanism can achieve equity against a backdrop of embedded inequities in the system. This also links to suggestions (below) that more open conversations are needed with the public about fairness. In the final example here from Edinburgh short breaks service, a manager explains how they try to rebalance budgets which don't reflect underlying levels of need, to try to achieve equity:

The budgets for breaks are based on four different set rates depending on which care group it is. The budgets don't usually match the cost of support so we have to be very creative. For learning disabilities we find that people with moderate needs get the same as folk with higher level needs. One way around it is to encourage shared support. We have our own properties now for respite. They are run like air b and b, are fully equipped and providers can book them. In disabilities the budget is capped at £202 a night where the cost is closer to £400. We also need a kinder model. Savings can go to people with higher support needs. Higher levels of support should reflect carer needs too.

### Consistency

The question of whether eligibility criteria promote consistency generated discussion about a wider need for consistency. This centred on the need, especially given increased remote working and fragmentation, to promote consistency through bringing people together to develop consistent values, practice and ways of working:

I've moved to a new local authority recently and I'm new to adults services, SDS and carers. The Consistency issue is so prevalent. What I'm seeing is lack of culture, dissemination, norms like we had in the olden days. And the workforce turnover is vast...I'm in HQ and there is always that tension with localities... And I keep asking what is the norm, and I can't find answers. (SWS PF)

The need for consistency was emphasised across stakeholder groups. The following comment from the PLLP reflected views of carer and practitioner representatives:

## Training needed for social work staff on SDS options (PLPP)

There are already efforts underway in some HSCPs to address this:

We held SDS focused events involving our workforce learning and development team in Edinburgh, and we had over 60 people participate online from both children and families and adult services. This was the first time with a joint focus on SDS across the Local Authority. We asked-

- what do you understand about SDS
- what works well and what doesn't work well
- what would improve your understanding of SDS and help put this into practice.

We then have used this information to form our new training modules which will be rolled out this autumn. The plan is then to hold further focus groups early 2024 to review practitioners' knowledge and experience and then to look at what further steps are needed to embed SDS into practice. We are also planning to have a joint adult and children's SDS policy to ensure consistency across the different areas (SDS PF).

There was also a view within the practice forum that training, while a vital component, will not be sufficient on its own to embed the changes required. Organisational culture and leadership is also critical to effective implementation, as suggested by the leader quoted above who is struggling to find the organisational norms.

### Transparency

In both the COCIS forum and the SDS practice forum there were references to the 'layers of decision-making' about allocation of resources, with a shared sense that each additional layer reduces transparency. In the practice forum, there was a focus on meaningful engagement with families as the best means of promoting transparency:

I don't think it's mechanisms that promote transparency. It's how we interact with individuals and families, and from that perspective I think the question [about whether eligibility criteria support transparency] is out of kilter (SWS PF).

An earlier example from this report is also relevant here, whereby a minute of decision-making meetings about resource allocation is provided to families.

On balance, there was a strong focus on challenging the idea that decision-making about risk, needs, outcomes and allocation of resource could be a mechanical process, with reference to a 'veneer of objectivity.' The need for transparent decision-making could be supported by working more with principles than mechanisms. Good conversations were often linked to assessment as a potential place to enable these conversations to take place.

### Assessment, good conversations and relationships

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Someone who doesn't know you and maybe never even met you is making decisions about your life (PLPP)

The concept of assessment was an important theme, with the majority view that assessment *should* present an opportunity for dialogue, learning and co-produced decisions within a relationship-based approach to practice, rather than being a tick box exercise. Discussions often touched on the highly skilled nature of the conversations underpinning effective practice. The focus on good conversations included emphasis on the importance of building trust and rapport, and paying attention to what is *not* said. One manager reported:

We visited a carer last week. We knew she was caring for her daughter with complex disabilities. We were just leaving when she mentioned she was also caring for her mum who had significant mental health issues and dementia, and the urgency of a break became clear. It's not unusual for a carer to be holding on to all of their struggles so you have to build the trust. (Interview, short breaks service)

The extent to which diverse stakeholders in Scotland referred to the importance of 'good conversations,' was notable, particularly given this wasn't reflected in some of the policy literature. The importance of meaningfully engaging with people about their lives was associated with a concern to ensure that decisional mechanisms and formula do not undermine the potential therapeutic benefits, and opportunity for effective decision-

making. Returning to the important theme of language in social care, the need to speak different languages in assessment was identified by social work practice leads:

When you are with the family, your conversation is person-centred, it is outcomes focused. It is based on strengths and assets. And then you come back and typing up the assessment or review...in a slightly different, almost more professional language, but still being mindful that the person is going to read it. And when you come to your resource request, you are writing in a completely different way to evidence that you are meeting eligibility requirements. As a social work practice educator that was always something that my students always really grappled with. (SWS PF)

In addition to the emphasis on good conversations, there were example of processes around assessment evolving to increase the benefits of information exchange, between agencies and with the person, with both of the following examples referring to carers:

Carers don't want to continually re-tell their story, there should be the ability to share this with agencies, with the carer owning the information. In Lanarkshire a system called 'Carer Space' does this. Practitioners and carers can both add to the record and it can be shared between agencies (COCIS group four).

A practitioner at Voice of Carers Across Lothian (VOCAL) informed that staff there use adult carer support planning to prepare carers for engaging with the statutory sector.

When supporting Carers to create an Adult Carer Support Plan it provides the carer with not only an opportunity to consider and plan their own support but also helps carers prepare for engagement with the statutory sector. Carers often have not had an opportunity to reflect on their situation and to work out how things could be better. We use those ACSP conversations to help them work out what matters to them, what the impact of caring is and the language they need to use to explain things in ways that can be heard (Interview, voluntary sector manager)



In both statutory and voluntary sectors, current pressures are making it difficult to avoid waiting lists, both for assessments and subsequently for services. One HSCP participant commented that even if “more social workers were out there, drafting in more in the same way will not work”. Similarly, the following participant described their evolving approach. This example is longer than others to illustrate the dynamic nature of the crisis, and the need for agencies to constantly adapt to survive and keep improving outcomes:

We’ve had to change our approach to adult carer support planning (ACSP). Escalating eligibility criteria have increased our referrals. The level of complexity has increased too. Due to increasing waiting lists, the starting point of an adult carer support plan for all carers is now impossible.

We did a lot of research to find all the resources in our local community and now send out a welcome pack with universal services. Within ten days, we offer an introductory chat to discuss it and find carers have identified several resources of interest. After another ten weeks we follow up and offer an ACSP. At that point most carers don’t feel this is necessary, know the carer centre is there and are better informed about other supports. They know the ACSP option is there if things change.

When we checked back with the carer centre in advance of publishing, they told us:

As statutory eligibility requirements go up, the level of complexity of people we support increases too. We are now developing our own internal eligibility system of traffic lights, so that those who are in the red category get priority access to our support. We feel we have to do something to make sure those most in need access our limited services.

(Perth and Kinross Carers Centre)

Overall discussions with carer centres indicated a concern to ensure that support planning with young and adult carers was viewed as an important right, but that there needs to be a proportionate way of doing this. Underpinning statutory guidance includes a lot of information requirements which can lead to lengthy form-filling, which can detract from the desired conversational approach. Further to this, it was emphasised in the steering group

that preventative work should be recorded, both to improve understanding of the impact of early intervention, and to avoid people getting lost without tracking their progress. While there is potential value in building evidence around prevention, given the pressure identified above, any additional recording requirements must be as light touch as possible.

## Role of social work

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Findings here concern the role of social work with regard to eligibility criteria. A recent Scottish Government paper (2022a) acknowledges the complexity of the social work role. This identifies the requirement to balance holistic and relationship-based practice, reducing inequalities, upholding human rights, promoting social justice and ensuring public protection. This is already a challenging set of principles containing inherent tensions. The previous sections also speak to the primacy of understanding individual circumstances and needs, and the tensions between securing supports for individuals and the gatekeeping requirements that eligibility criteria and the RAS have introduced. This all adds to the complexity underneath, with emphasis arising again here on an enduring and shared concern to focus on relationships,

### The importance of relationships

Relationships matter. When a carer has a good relationship with the social worker or team supporting them or their cared for person it can often lead to better outcomes for all and is a much more positive experience for families.  
(COCIS group one)

There was reference to how this is hampered by social worker shortages, and in some areas the need to phone a central line to try to contact your social worker, with the effectiveness of the phonenumber in one case likened to a 'chocolate teapot' (interview, voluntary sector).

Alongside the recognition of the expressed desire for greater early intervention and preventative work, some carer frustrations were expressed about leaving it too late:

We need to shift our thinking to how we fit into the carer's journey, not the other way around. The most powerful tool is listening, letting people tell their story. But it should be from the point of diagnosis etc. If you try to do this in crisis, good luck! (HIS breakout room)

#### Social work and communities

There was identification at a strategic level of a need to rethink social care and eligibility criteria in the context of the wider system, with specific reference to community assets, the role of community planning partnerships and community hub models. There was also an appetite to progress community social work:

Our Chief Social Worker is keen to progress community social work, and is frustrated by eligibility criteria. We know we need to change relationship with providers (interview, HSCP)

Examples of good practice in progressing this agenda were also highlighted:

We need social workers in the High Street. There is a lot to learn from the work that has been developed in the Fife community based model – there is a very strong focus on strengths there and acknowledgement that we all need support at some points in our lives. (Interview, change organisation)

#### Social work autonomy

Alongside rethinking where social workers would be best placed to carry out all intended aspects of the role, throughout discussions, there was general support for and appreciation of the merits of greater social worker autonomy, as the PLPP succinctly expressed it:

We want a better system for our workers- our lives are tied to theirs. (PLPP)

This view was also expressed by carers:

Social workers should be able to authorise low level interventions. They make decisions that help family and problems can be easily fixed. Social Workers would be happier and should be allowed to do their job. (COCIS group five)

There was frustration with “social workers undertaking their assessment and forming a view based on their analysis, essentially for the computer to say no” (SWS PF).

To counter this, steps were being taken in some areas to look at how to promote worker autonomy and move to delegated budgetary decision making. These included considering the viability of frameworks setting out delegated levels used in other localities, discussions with finance and service managers regarding appropriate thresholds and pilot initiatives where workers were using their professional judgement in work within small budget limits. The importance of ensuring consistency of practice was again recognised, with varying emphasis as to whether that was best promoted by ‘auditing, checking and quality assuring’ and/or through more qualitative and relational approaches to practice development.

### The need to build culture, values and norms through dialogue

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Several contributors referred to the need for a shift in mindset to find sustainable and human rights-oriented ways forward for social care. This means using language that does not exclude people on the basis of points-based systems (with several contributors using the phrase: ‘computer says no’). There is also an urgent need to rebuild connections with the public to reset mutual expectations, as well as within and between organisations, where connectedness and shared understandings have been disrupted through the pandemic.

## Conversations with the public

People with experience of using services who contributed to this project, including at our event in June 2022, were keen to be part of the conversation and to positively influence the future of social care. They also wanted to continue these conversations:

Should have joint meetings with social workers and people with lived experience to discuss moving forward (PLPP)

It was notable in the New Models of Learning Disability work that key learning identified across eight Health and Social Care Partnerships centered on a need for more effective ways of engaging with supported people and their families and for more collaborative spaces. Similarly, contributors to the SWS practice forum advocated for more collaborative conversations with communities, which would help to 'set more realistic expectations' and develop "a growing shared understanding" which would also help to change the language.

Discussion with the public was important not just to build a shared understanding, but also to draw in all types of human resources to navigate the challenges faced.

This needs to include making more of the third sector and communities. The Feeley review highlighted that. The roles of communities and the third sector during the pandemic was exemplary and we need to get that back. They were able to adapt, respond and be flexible. We need to keep that focus on how to keep people well fed and stay connected. (Interview, voluntary sector)

## Conversations within organisations

The importance of building (or maintaining) relationships between different groups of staff within organisations was highlighted as necessary to ensure that what matters to people, or value demand, remains in focus, and to promote consistency of practice:

We have been really lucky in Falkirk because our finance colleagues from the start 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 from the beginning in

terms of understanding what social work does and why we might spend money on certain things. As long as we can demonstrate the intended outcomes.... (SWS PF)

Underlying this view was a sense that staff within one part of an organisation can benefit from engaging with and understanding the perspective of others, with different roles, which in turn benefits the public. In another example from Moray, auditors had spent sufficient time with staff to understand how they were having to 'speak different languages' to navigate the system, whilst gaining a better understanding of the work they do, and wanted to maintain connections between their team and practice (SWS practice forum).

Similarly, there was a view that managers in their role can easily become disconnected from the realities of frontline practice, and that different approaches might be necessary to enable them to engage with and learn about experience on the ground:

You need to start the change on the ground with managers – it's a normative learning process. You need to encourage them to approach the organisation as a citizen and with genuine curiosity – and from that perspective they will find that the process rarely matches the need. Managers need to leave the forms behind and just ask open questions. Show curiosity. How do we engage differently – get past being a protector of the current system - then look again at specification, planning and delivery. (Interview, Vanguard)

Our case study from Wales (appendix C) shows an understanding within social work in Neath and Port Talbot that promoting good conversations in practice requires modelling this way of working in the organisation as whole.

#### Conversations between organisations about values and thresholds

With relevance to the wider system, our carer centre case studies show that centres are facing increased demand following the pandemic and staff shortages. They are adapting their own systems to try to ensure that everyone gets a response and that those who most need one to one support can get it. They also identify that due to pressures across the system, referrals to statutory services might get held up, or as one participant noted can

‘drop off a cliff’ (COCIS group four). A couple of carer centre staff spoke about an increased tendency for inappropriate referrals from social work. There was some understanding that this was fuelled by limits in the wider system. The need to regularly revisit referrals and flow between organisations was raised repeatedly. Our case study from June 2022 shows how strong partnership between the carers centre and HSCP in Dundee has helped to progress a well-founded locality-based approach (appendix D).

The following example from a children and family focus in Wales illustrated how building shared understandings across agencies had resulted in improved preventative work:

We need to remember the role of our partner agencies. This is in relation to children’s services and is not obviously relevant to eligibility, but it is about thresholds for intervention. In recent years we have worked more closely with primary schools in our area. We have worked to change the thresholds there too and work with schools so that they are doing some of that preventative work. We compared five years of data for two neighbouring primary schools – and see the clear difference and impact of prevention in the one we did the work with. (N&PT)

Further to this, the same local authority has for several years now organised a conference for partners where priorities can be exchanged, and again with a focus on building shared understanding of values and ways of working:

One of the motivations for our annual partner conference is so that we can share with others what it is we are trying to do and how we want to do it, as well as hearing from partners about their priorities. It is also partly about promoting our outcome focused strengths-based approach so that there is that wider understanding (N&PT)

There was considerable emphasis on the importance of partnership working in promoting prevention in Scotland too, through engagement with the third sector and community supports. There were great potential benefits from avoiding people becoming “lost in service land” (COCIS group 4). There was also a widespread view that prevention should not

be viewed simply as avoiding greater resource use, and that keeping people well and connected is itself valuable.

It's about how we promote opportunities for a conversation with carers too. We learned through the pandemic, more than ever, the importance of early intervention with carers. Carers usually say – what is the point of that. We gently persuade them to try the conversation. I'm thinking in particular of one parent who worked in the NHS and was very doubtful. He came back and said it was super helpful. (HSCP interview)



This work was commissioned with agreement that it would not attempt to produce an alternative tool to determine eligibility for social care. Freedom from this quest has enabled more open discussion about wider systems of social care.

Eligibility criteria have been a thorn in the side of social care in the UK for some time, starting in England around 20 years ago. The stated objectives behind eligibility criteria are equity, consistency and transparency. However, through categorising human needs as ineligible unless hitting a sufficient (substantial or critical) level, the existence of such mechanisms serves to mask chronic underfunding of a sector which has never enjoyed the same political or public status as the health service, or education. Some of the current discussions about structural reform of social care underplay the fact that there are limits to what can be achieved when there is not enough cake to go around. The urgent need to find adequate pay for social care staff in particular, and a need for a plan for progressively increasing investment over the coming years were both emphasised in this research.

Eligibility criteria are one mechanism creating tension in the social care system. They are far from being the only culprit however. Access to social care, for many, is currently fairly represented by the game of snakes and ladders which if anything underplays the range of ways in which people's needs remain unmet, with some not even attempting to gain access due to lack of awareness, fear of rejection and not knowing the right language to use. Separate work is being planned to explore unmet need in social care – how to define, identify, record and respond to it. This is an important corollary to eligibility criteria, and the findings will contribute to decisions about what happens next. Charging for social care is also acting as a rationing mechanism (CSCI 2008) which is of particular concern given the poverty being experienced by so many in face of the cost-of-living crisis, particularly disabled people. These elements all need to be considered in tandem.

While a plan develops to improve the funding situation for social care and at the same time a reframing of its contribution, investment in building culture through shared learning and understandings of practice can help to avoid further failure demand and improve effectiveness (rather than an over emphasis on mechanisms and tools to promote efficiency).

Examples were shared from all levels of the system, including efforts to achieve mutual understanding through skilled conversations in practice; achieving better understanding and outcomes through continued dialogue between finance and practice in a HSCP; finding ways to pro-actively engage with the public to promote community based and preventative services; proactive engagement between voluntary and statutory sectors within localities to improve understanding of mutual roles, referral criteria and shared priorities. While important to promote such endeavours, it is also important to note that the greater 'volume and complexity' of need that currently exists is pushing both statutory and voluntary services towards and beyond their limits. They need to know that help is coming.

On balance, as noted in our earlier report based on the multi-stakeholder event of June 2022, most of the people who participated in that event and in this project as whole, were willing to listen to and try to understand the perspectives of others and to consider different possibilities to find ways forward. While there is no ready roadmap to navigate through the current crisis, and whilst waiting for improved funding, some partial solutions are already being developed and exist in pockets of the system. In addition, each group of stakeholders contains valuable insights and the potential for creativity with a great deal of potential through continuing dialogue to try to survive through the crisis. Without this, there is a risk of more adversarial stances and frustration and disappointment on all sides.

Beresford and Slasberg (2023) make the case that person-centred care cannot be delivered without adequate and sustained funding for social care. They are clear that the move from resource led to person centred practice is not a matter of professional choice, but must be

supported effectively by systems. It is also the case that mechanisms cannot serve as a panacea in working with complex human systems, with a risk, as one contributor framed it, of mechanisms providing a 'veneer of objectivity'. There is inequity, inconsistency and lack of transparency built into and throughout the system – no mechanism can be expected to solve all of that.

Needham and Hall (2023) also usefully point to the need to acknowledge the competing paradigms underpinning social policy and how the failure to recognise, acknowledge and work through these contributes to the implementation gap of the past 25 years. One of the tensions they identify is that between a human-rights driven agenda (which requires standardisation) and personalisation (which requires a flexible and responsive approach). Well intended policy too often runs aground because of failures to engage with the complexity involved, to acknowledge inherent contradictions and to test out potential for unintended consequences. Finding ways of surfacing and working through these tensions requires continued dialogue between all partners.

A further example of where dialogue is required relates to autonomy and delegation of decision-making to social workers. Beresford and Slasberg (2023) suggest that social workers would need reskilled to achieve value for money, and there was some support for greater social worker autonomy in this research. Taking delegation further would depend on developing shared understandings about how that might work, to achieve the consistency required. The limits of this also need to be carefully considered. If social workers are viewed as the ultimate gatekeepers of social care resources, that presents its own challenges with regard to public expectations of their role, with implications for building trust and rapport. More directly relevant to eligibility criteria, dialogue is required to tackle the thorny issue of how limited resources can be distributed fairly in ways that ensure 'those who shout loudest' do not benefit most, and that the budget for social care can reach the year end.

There was support for small tests of change across partnerships in finding ways forward with alternatives to eligibility criteria. The Gateshead case study in appendix E includes

examples of this. One member of the PLPP argued for research and development methods to make improvements to the system. Examples included:

- Running pilot projects to test ideas
- Learning what works and replicating that
- Start small and build (PLPP)

Such testing could include a focus on the recording of unmet need, including attention to understanding what works in improving outcomes with people, as well as the gaps with direct links to commissioning. The fear of legal challenge is one reason why unmet need is insufficiently recorded at present, and this would also need to be taken into account. To maximise potential from existing as well as any new successful methods and to promote the much sought after consistency, the fora to promote exchange of learning will be at least equally important, in moving beyond the often referred to ‘pockets of good practice.’

Notwithstanding the urgent need to set out a clear plan for investment in social care in the years to come, freedom from the quest to produce a tool to replace eligibility enabled discussion about wider systems of social care, with emphasis on culture, including the way we talk about social care. This needs to be part of a wider public conversation which will be necessary to make the case for the increased funding which must follow. Also, contributors to this research identified ways of working more effectively to improve outcomes for people, engaging with complexity and navigating between paradigms. The way forward includes the creation of safe spaces for dialogue and working collaboratively to define what the right questions are, building culture while so doing.

### Acknowledgements

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Many thanks are due to all the supported people, carers, practitioners, managers and people from national organisations who gave their time so generously to the event described here. Although this report includes references to other reports and research, most of the ideas presented in this paper came from the people involved in the project. Thanks also to Karen Barrie who acted as a sounding board and editor. And thanks to the steering group whose ideas, sharing of case studies and healthy debate helped to sharpen the focus. Thanks are also due to the Scottish Government for funding this project.

## Key findings – Challenges

- The way we talk about social care in Scotland needs to shift so that it is viewed as a solution to social challenges, not just crises
- Failure to properly fund social care across the UK over decades has contributed to the current highly problematic situation
- Eligibility criteria mask the funding gap while unmet need is not well defined or recorded. They sit some distance from fully achieving the intended objectives of equity, consistency and transparency, whilst often creating negative and exclusionary experiences for people, sometimes resulting in greater levels of need (failure demand)
- Local authorities carry legal responsibility for meeting assessed needs, and tighten eligibility criteria when they don't have sufficient budget. Whilst many acknowledge the limitations of eligibility criteria, there is uncertainty about how to make budgets stretch through the year without them, with additional potential for increased legal challenges
- If mechanisms were the answer, then we would already have equity, consistency and transparency. Solutions need to pay attention to both structure and culture in social care
- Policy has tended to ignore the tensions between standardised and differentiated/personalised elements, contributing to implementation gaps, with a need to acknowledge and make transparent trade-offs and compromises entailed
- Spaces for dialogue have been lost since the pandemic. Opening up conversations with diverse stakeholders surfaced examples of good practice; generating fresh ideas, suggestions and examples of creative responses to crisis. Such dialogue is not just 'nice to do' and the conversations started in this project need to continue to enable people to develop mutual understanding of the complexity involved and a shared sense of purpose

## Key findings – Strategies

- Separate work being planned on unmet need is critical in determining next steps as better understanding and recording of unmet need (as well as what works) could provide the evidence and point the way forward for more effective use of resources.
- Statutory and voluntary services are striving to establish/maintain early intervention and prevention. Examples include interagency approaches to community development and awareness raising (appendix D) and investment in advocacy. Efforts are underway to ensure that people who might previously have been excluded are able to access information, advice and preventative support, with posts to support this.
- More emergent approaches include greater delegation of decision-making in social work and tentative efforts to work around eligibility criteria, or push them back as far as possible e.g. appendix E. The proposed focus on human rights holds promise. These approaches, and progressive moves towards removing thresholds require to be tested in practice, to ensure the tensions identified by Needham and Hall do not result in unintended consequences, as highlighted in this report.
- Greater and sustained focus on sharing learning between organisations can help overcome gaps with implementation, spreading the ‘good practice examples’ as identified by Christie, Feeley and others, improve equity, consistency and transparency and help to rebuild culture lost through recent years of isolation and fragmentation.
- Striving for the wellbeing and quality of life of people who need support and unpaid carers must be kept as the primary focus despite the very significant challenges entailed. This requires continuing to involve both them and the staff who support them to work out solutions based on better understanding of the complexity involved. This will involve considerable effort and skilled facilitation to ask the right questions and effectively capture the learning.

## References

- Beresford, P. and Slasberg, C. (2023) *The Future of Social Care*, Surrey: Elgar
- Biziewska, D. & Palattiyi, G.I (2022): Promoting human rights or increasing expectations? Effects of Self-Directed Support on the realisation of human rights in Scotland, *Disability & Society*, DOI: 10.1080/09687599.2021.1994370
- Commission for Social Care Inspection (2008) *Cutting the Cake Fairly: CSCI review of eligibility criteria for social care*, London: CSCI
- Ellis, K. (2007) Direct Payments and Social Work Practice: The Significance of 'Street-Level Bureaucracy' in Determining Eligibility, *British Journal of Social Work* (2007) 37, 405–422
- Fraser of Allander Institute (2022) *Social Care Reform in Scotland: context, costs and questions*, Fraser of Allander, Glasgow: University of Strathclyde
- Galloway, S. (2020) *Challenges from the Frontline – Revisited*. Edinburgh: Barnardos Scotland and NSPCC Scotland. Available at: <https://learning.nspcc.org.uk/media/2402/challenges-frontline-revisited-adversities-scotland.pdf>
- Healthcare Improvement Scotland (2023a) New Models for Learning Disability Day Support Collaborative: Phase 1 Report <https://ihub.scot/media/9279/2021-11-16-nmldds-phase-1-learning-report.pdf>
- Healthcare Improvement Scotland (2023b) New Models for Learning Disability Day Support Collaborative: Phase 2 Report <https://ihub.scot/media/9526/2022-07-29-nmldds-collaborative-phase-2-learning-report-v1.pdf>
- Henwood, M. and Hudson, B. (2008) *Lost to the system? The impact of Fair Access to Care*, Malenie Henwood and Bob Hudson, London: CSCI
- Means, R., Richards, S. and Smith, R. (2008) *Community Care*, Hampshire: Palgrave Macmillan
- Miller, E. and Barrie, K. (2022) *Setting the Bar*, Edinburgh: Social Work Scotland
- Miller, E., Seddon, D., Toms, G. and Hanson, E. (In press) Talking About What Matters: a scoping review exploring barriers and facilitators for implementing outcome-focused conversations, *International Journal of Care and Caring*, DOI: <https://doi.org/10.1332/239788221X16890689455395>
- Needham, C., & Hall, P. (2023). SOCIAL CARE IN THE UK'S FOUR NATIONS: BETWEEN TWO PARADIGMS (Sustainable Care). Policy Press. <https://policy.bristoluniversitypress.co.uk/care-in-the-uks-four-nations>
- Pascoe, K.M., Waterhouse-Bradley, B. and McGinn, T. (2023) Social Workers' Experiences of Bureaucracy: A Systematic Synthesis of Qualitative Studies, *British Journal of Social Work*, 53, 513–533
- Pollock, A., Clements, C. and Harding-Edgar, L. (2020) Covid-19: why we need a national health and social care service, *BMJ* 2020;369:m1465

- Ridley, J., H. Spandler, A. Rosengard, and A. Menhennet. (2012) Follow-Up Evaluation of Self-Directed Support Test Sites in Scotland. Edinburgh: Scottish Government Social Research.
- Rummery, K. Disability, Citizenship and Community Care: A Case for Welfare Rights? Aldershot: Ashgate
- SG (2011a) Commission on the Future Delivery of Public Services, SG: Edinburgh
- SG (2011b) Renewing Scotland's public services: priorities for reform in response to the Christie Commission SG: Edinburgh
- SG (2021) Independent Review of Adult Social Care, Edinburgh: SG
- SG (2022a) National Care Service - Social work in Scotland: Contextual paper, Edinburgh: SG
- SG (2022b) Joint Statement of Intent and Next Steps for Adult Social Care 2022-23, Edinburgh, SG
- Scottish Women's Budget Group (2023) Towards a Transformative Universal Adult Social Care Support Service for Scotland: Briefing by the Scottish Women's Budget Group
- Scourfield, P. (2005) 'Implementing the Community Care (Direct Payments) Act: Will the supply of personal assistants meet the demand and at what price?', *Journal of Social Policy*, 34(3), pp. 469–88.
- Seddon, J. (2008) Systems Thinking in the Public Sector, Axminster: Triarchy Press
- Smale, G., Tilson, G., Biehal, N., and Mars, P. (1993) *Empowerment, assessment, care management and the skilled worker*, National institute for Social Work Practice and Development Exchange, London: HMSO.
- Stewart, K, et al. (2021) Understanding Resource Allocation Processes in Social Care for Frail Older People: Lessons from a National Survey. *Journal of Long-Term Care*, (2021), pp. 43–57. DOI: <https://doi.org/10.31389/jltc.21>



### Steering group (various stages of project):

- Lesley Bairden, East Renfrewshire HSCP
- Claire Cairns, Coalition of Carers in Scotland
- Jim Elder-Woodward, Inclusion Scotland
- Philip Gillespie, Office of the Chief Social Work Advisor
- Fran Holligan, Convention of Scottish Local Authorities
- Andrew Macdonald, Scottish Government
- Des McCart, Healthcare Improvement Scotland
- Gillian McIntyre, University of Strathclyde
- Emma Miller, Personal Outcomes Network
- Anne-Marie Monaghan, Scottish Association of Social Work
- Donna Murray, Social Work Scotland
- Pauline Nolan, Inclusion Scotland
- Iain Ramsay, Office of the Chief Social Work Advisor
- Frank Reilly, Scottish Association of Social Work
- Chris Sutton, Healthcare Improvement Scotland
- Elaine Torrance, National Development Team for Inclusion

### Midlothian's Midway Approach: the case for the defence

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**Graham Kilpatrick, Service Manager, Midlothian HSCP**

Graham offered a senior management perspective – as chair and manager of a resource allocation panel in Midlothian. He described himself as playing devil's advocate, putting forward a case for the defence. He described changes in practice in Midlothian in recent years, highlighting the importance of good conversations, focusing on strengths and the role of communities. He spoke of the need to understand trauma and to address inequalities.

#### Considering the case for eligibility criteria

Most of Graham's presentation looked at the need for eligibility criteria and some of the key questions to consider if looking to replace them. Graham began by looking at why they were introduced in the first place, linking this back to the 1968 Social Work Scotland Act and the statutory duties to assess needs and decide if a service is required to meet those needs. Eligibility criteria were introduced to aid (individual and collective) decision making [to make decision making less subjective / variable – and to be more equitable, consistent and transparent]. Graham acknowledged that eligibility criteria have become a crude tool for managing how the overall annual budget is spent and being accountable for financial decision making. This also relates to the 1973 Local Authority Scotland Act [section 95]. If someone is assessed as having eligible needs then legally the fact that there is insufficient budget isn't in itself a reason not to meet that need. The way round this is to tighten eligibility criteria (rather than demand more budget to meet assessed needs).

#### Reconciling assessment and allocation

Graham spoke of two systems; the system for assessing individual needs and the system to make sure the money flowing in was used to meet the cost of individual support packages as fairly and transparently as possible – and the need to reconcile the two. He suggested doing this by categorising outcomes into three types (see below).

- Outcomes that mitigate risk and can be allocated funding
- Outcomes that influence how support is provided within the allocated budget
- Outcomes that don't meet criteria for statutory services – in which case explore Universal services / other areas of support

A key concern when thinking about switching off eligibility criteria is one of cost – is it to be cost-neutral or require additional funding? If there is more funding, eligibility criteria would loosen and the current system could work. If not, Graham discussed various aspects of budget where it is difficult to see how spend could be reduced e.g. learning disabilities where 50% of spend is accounted for by 16% with highly complex needs requiring 24/7 care.

### Learning

Speaking about his experience of the resource allocation panel in the Q&A session, Graham stressed that the majority of requests were approved because practitioners knew and understood local policy and eligibility criteria and worked to present their cases in terms of demonstrating a clear assessment, and a need under eligibility criteria. In some situations, workers know if something meets eligibility criteria and the panels can be helpful to them. What is less clear is how many people are screened out prior to getting to the panel stage.

### What Matters

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#### **Adam Devanakis, Neath and Port Talbot, Wales**

From a practitioner's perspective, Adam described a shift in culture and systems in social work over several years (driven by the 2016 Welsh Social Services and Wellbeing Act). Previously Wales had an integrated assessment model similar to Scotland's single shared assessment, and Adam described a shift away from a forty plus page tick-box integrated assessment document aligned with a menu of standardised services, to assessment grounded in dialogue and celebrating strengths. There is a far stronger focus on the assessment phase in making sure the understanding is right, through finding out what matters to the person, with a more tailored approach.

#### Approach

The shift in practice has been coupled with and supported by a change in management thinking and a different approach to 'service' provision (investing in preventative services and supports, carers support services, working closely with the third sector and making use of local area coordinators who understand universal service capabilities and communities to reduce reliance on traditional services). There is also a strong focus on the role of consultant social worker in Neath and Port Talbot, which promotes leadership amongst staff, and identifies a group of staff who can help to embed the change across their teams.

In a separate earlier presentation from 2021, we heard about the wider programme of work on collaborative assessment through Welsh presenters at the Personal Outcomes Network\*. Here we heard about the collaborative communication skills programme in Wales, commissioned by Social Work Wales (similar to SSSC). This focuses on promoting 'what matters' conversations. This is a staff development programme which also recognises the need to involve managers within organisations in adapting their approach to model strengths-based conversations with staff. This is further supported by a national mentors'

network where case studies, tools, challenges and learning are exchanged and a shared understanding of values and purpose develops.

### Requirements

- Modeling of good conversations by managers
- A shift in assessment to focusing on 'what matters' to people
- Less reliance on funding panels as the arbiters of decision-making in social work
- Opportunities to learn and share with colleagues to support the change in culture

### Learning

As a practitioner, Adam did not have access to performance indicators to say how the authority is doing with budgets, but since putting in the new model of practice, on a personal and collective level in Neath and Port Talbot practitioners have not experienced pressure to lower the budgets, and this is taken by staff as an indication they are doing something right. Service user survey feedback has also been positive and practitioners are much more satisfied with this way of working. Although Adam said he could not speak for the whole of South Wales, discussion with colleagues through different forums etc. suggested a similar picture.

\*<https://www.wevideo.com/view/2426196479>

### The Power of Partnership

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#### **Lucinda Godfrey (CEO) and Sarah (Support Worker) Dundee Carers Centre**

Lucinda and Sarah talked about the 'Power of Partnership' and the role that Dundee Carers Centre plays in supporting the design, development and delivery of local carer supports. They have been supported by their HSCP, with Carers Act funding, to act as lead agency in a locality-based approach for seven years, supporting community capacity building. They knew they wouldn't meet demand by funding more of the same. They knew they needed to understand why carers are looking for support in the first place and what they want this support to achieve, then work (with carers, families, agencies, community groups) to address these reasons. They have been informed by carers, who wanted access to universal services, with emphasis on early-intervention and preventative support. They emphasised that this process is ongoing: **"Continuing open, honest dialogue is essential."**

#### **Approach:**

Capacity building with universal services and community groups (to offset the need for support that results from lack of understanding about the impact of caring and barriers to accessing mainstream services and everyday life opportunities). They also provide direct tailored support to carers e.g. (short breaks, education, training, advice, counselling, peer support etc.) whose family situations mean they need it.

Dundee Carers Centre received funding in 2016 to support implementation of the Carers Act. Lucinda stressed that everything featured in the presentation was the result of collaboration, sitting within the Dundee HSCP, with the partnership including multiple agencies, both statutory and third sector, together with mainstream services, carers and families. Local strategy implementation has also been very well supported by the IJB.

At the start, they consulted widely through surveys, focus groups, questionnaires on outcomes frameworks and eligibility criteria. Key messages were:

- Keeping it simple - no bureaucracy / paperwork
- Being able to access support without a carer support plan
- Removing barriers to continue with universal services
- Taking care not to create more stress

They thought hard about what they were doing, why carers were coming to them and develop and build infrastructure across the city and within communities rather than simply more services within the Carers Centre. This required a shift from a project-based approach to a locality-based service, facilitating dialogue and supporting culture change:

“We didn’t want to open the floodgates in the carers centre – it couldn’t be about that”

A key enabling factor was an existing appetite locally (HSCP and IJB endorsed) for investing and enabling (continued) use of universal services, early intervention and prevention (following investment from the Integrated Care Fund and Change Fund).

#### Requirements:

- Relationships
- Trust each other
- Conversations - open honest dialogue
- Listening and learning
- Value each other’s contributions
- Real partnership with everyone taking on responsibilities
- Existing appetite for early intervention / prevention and enabling use of universal services
- Commitment to carers – demonstrated through funding
- Strong strategic support from HSCP / IJB

#### Learning:

The team stepped back to look at why carers were accessing the Carers Centre. Most carers want (and spend a lot of time) not looking for support for themselves, but for the supported person. They often come because they want the barriers to life opportunities removed. The

support they did seek for themselves from the Carers Centre was typically the result of their school, employer, health and social care team not understanding the impact of being a carer. It made more sense to do proactive work with these organisations to stop carers feeling disadvantaged in the first place.

The shift from project to locality-based approach has also seen a change from workers supporting particular types of carers to more generic locality workers who can work with the entire family. Young carers can care for adults and adults and grandparents care for children, parents might be sandwich caring (for both children and grandparents) – the separation can make it very difficult for families with different workers involved.

For young carers it is essential that the work progresses with other agencies and our young carer ambassadors. We collaborate with others to produce resources, information and training to support schools and localities. Not all young carers want specialist support. The majority in school don't need a young carer statement, don't need group or even 1:1 support – they might need a 'soft start' in the morning, a guidance teacher who can speak to class teachers about their homework. However, the sort of support they want - no one person can provide that - so every school has a named person from the Carers Centre and a named staff member on the team responsible for identifying and supporting young carers and every high school has a team of young carer ambassadors.

One group of parent carers were beginning to think about life outside caring and their future employability. Nine such carers have all completed a range of training and learning opportunities and have received an adult achievement award. This requires them to reflect on the learning and skills gained as a result of being an adult carer.



Everyone is eligible to be understood

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**Mark Smith – Director of Public Service Reform, Gateshead Council, England**

Mark stated his mission is to create “an ecosystem of public services responding in more relational and intentional ways to the real causes of people’s needs.” Mark described aspects of work intended to help people in Gateshead to thrive in the medium to longer term as well as attending to what they need right now. Gateshead is a deprived borough and the work began with the aim of getting beneath inequality and poverty by learning more about holistic practice. They conducted a series of experiments and collected data to support learning and improvement. The work generated learning about eligibility criteria as a by-product of experimenting with new approaches to holistic practice.

**Approach:**

One early experiment involved work with 40 families who had amassed significant council tax debts. Despite repeated interventions, they were now facing eviction. On working to find out what was going on, they found that 96% couldn’t pay. However the system was designed based on punitive assumptions about the 4% that wouldn’t pay. They then set up a team of caseworkers and specialists including a DWP work coach and Citizens Advice advisor. Over six months the team had carte blanche to do whatever would support people to thrive with the exception of 2 rules: don’t break the law and don’t do any harm. The guiding principle was to replace assessment with understanding: understanding what matters to you and what does a good life look like. In the end, 70% of the families were living a better life as a consequence - and the learning was considerable.

**Requirements:**

- Seek to understand rather than assess
- Embrace complexity
- Prioritise the relationship with the citizen and the caseworker (or person best placed to be involved\*)
- Move at the pace of the citizen

- Seek to rebalance rather than refer - pull in specialist expertise where appropriate rather than perpetuate the cycle of assessment, referral, assessment
- Attend to the supply side by building relationships and networks with as many different people as possible who want to contribute

### What They Learned about the Consequences of Eligibility

#### Eligibility creates demand (over time)

Looking across housing, social care, policing, criminal justice and health, they found that 75% of people with highest needs had previously been screened out because they were “not bad enough”. Eligibility is a form of demand management – not demand reduction. It is a mechanism induced by scarcity and when demand fails to decrease there is a temptation to keep raising the bar. However, this serves to increase demand in terms of pure numbers and the acuity of the demand. The data collected showed this was provable when you looked at different systems and accumulatively when you added it together across systems.

#### Applying eligibility criteria doesn't come for free

Lots of process and capacity are used up in setting (and re-setting) criteria, applying them, determining whether they are met or not and arguing about the criteria within and between teams and organisations.

When looking across case histories, they found that **checking outweighed doing 2:1**. The significant demands placed on the system could be redirected to improving outcomes. The waste doesn't stop there, but is reinforced e.g. by the inspectorate.

Eligibility also disassociates and decouples the relationship between the citizen, the person working with and the people who make decisions

#### Assessments don't work for people (or organisations) because they are for us

Assessment is predicated on “how much of what we do can we do to you”? “How much of what we have can we give to you”? It uses standardised approaches with non-standardised people. The result is you get screened out or screened in. And if you get screened in this

typically results in referral followed by another assessment. The context is often missed and multiple assessments with no action was common. People don't feel understood.

Looking at a particular group of 8 people over a 2 year period, they found that they had been assessed **350 times** between them - and life was no better.

#### What They Learned When They Turned Eligibility Off

Bespoke by default works

The importance of moving at the pace of the citizen, building trust, teasing out nuances, attending to what matters now and understanding their idiosyncrasies, so you can go on to understanding what matters ultimately. The relationship between the citizen and the case worker was sacrosanct and referral was replaced by pull – if expertise was needed it was pulled in: can you help us with this problem?

Mark also spoke about the 'system fighting back' when eligibility are turned off, with resistance coming from different points in the system. There was therefore a need to work across different points of leverage (POL).

## Glossary of acronyms

CLS	Community Led Support
COCIS	Coalition of Carers in Scotland
COSLA	Convention of Scottish Local Authorities
CSCI	Commission for Social Care Inspection
DWP	Department of Work and Pensions
GP	General Practitioner
HIS	Healthcare Improvement Scotland
ihub	Improvement hub (part of HIS)
IJB	Integrated Joint Board
IRASC	Independent Review of Adult Social Care
NCS	National Care Service
NDTI	National Development Team for Inclusion
N AND PT	Neath and Port Talbot
PA	Personal Assistant
PLPP	People Led Policy Panel
RAS	Resource Allocation System
SDS	Self-Directed Support
SG	Scottish Government
SWS	Social Work Scotland
SWS PF	Social Work Scotland Practice Forum

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This publication is available at [www.gov.scot](http://www.gov.scot)

Any enquiries regarding this publication should be sent to us at

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

ISBN: 978-1-83521-748-1 (web only)

Published by The Scottish Government, February 2024

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS1392114 (02/24)

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