

Social Care Services, Scotland, 2016

Revised: 10 April 2017

Introduction

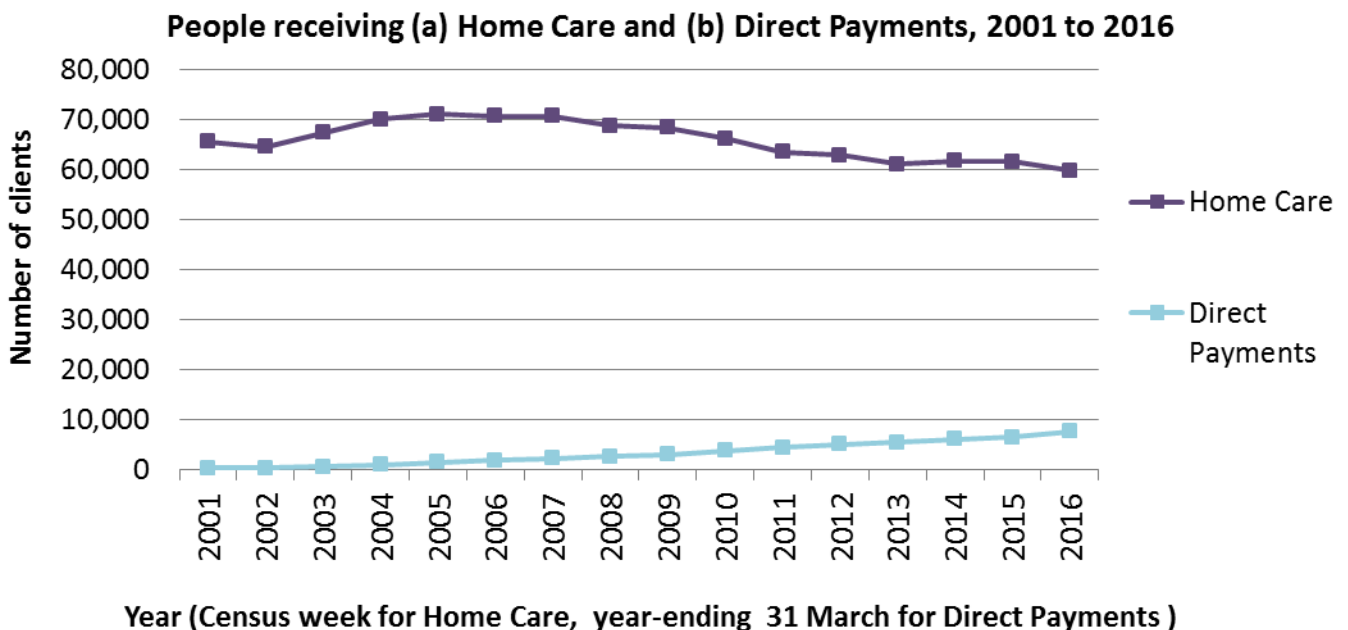
This Statistics Release presents the latest national figures for Social Care services provided or purchased by Local Authorities in Scotland. These services give people the support, practical help and personal care that they need to live as independently as possible in the community.

The introduction of Self-directed Support (SDS) means that everyone eligible for social care and support has the right to choice, control and flexibility to meet their personal outcomes. This has resulted in changes to the way that Social Care information is recorded across Scotland. This report presents information on the following services:

- Home Care
- Community Alarm / Telecare and
- Direct Payments (now SDS “Option 1”)

A follow-up report on Self-directed Support will be published at a later date (see the background notes for more information).

Figure 1: Home Care and Direct Payments clients, 2001 to 2016¹



¹ Home Care data for March census week, Direct Payments data for financial year ending 31 March.

Source: Scottish Government Social Care Survey 2013-2016, Home Care Census / Self-Directed Support Survey 2001-2012

There are three sections to the report:

1. A summary of clients of **all ages** receiving Social Care services in Scotland
2. Service-level information on **older people**, aged 65+, receiving Social Care services
3. Service-level information on **working age adults**, aged 18 to 64.

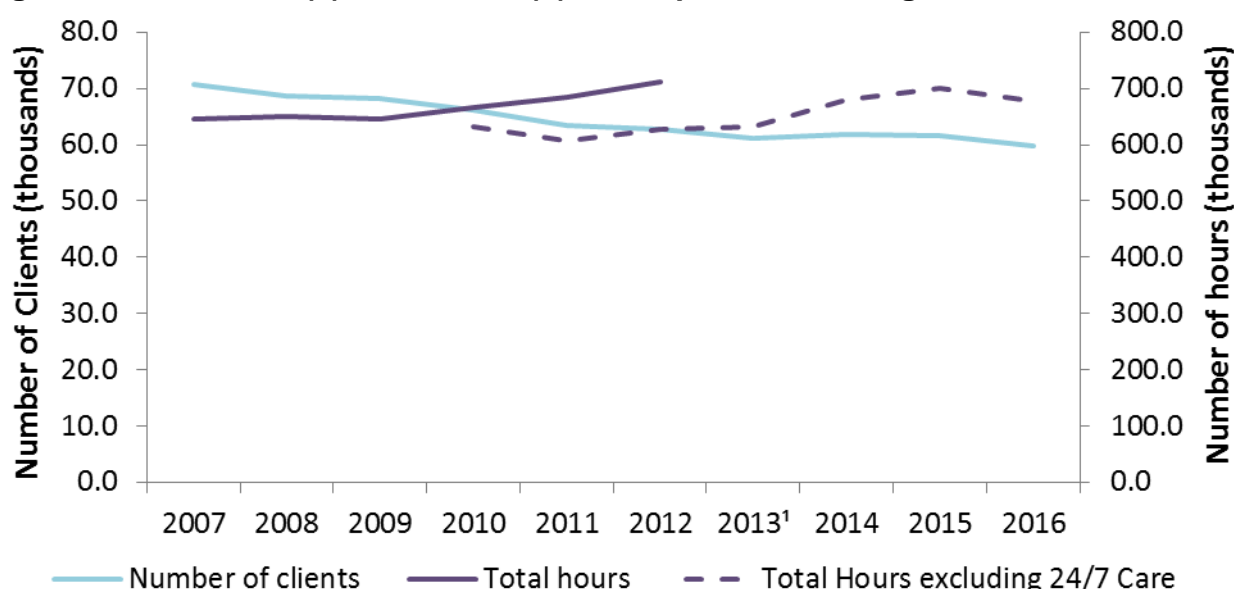
Key points

All of the figures presented have been rounded to the nearest 10, 100 or 1,000.

- There were 59,780 **people in Scotland receiving Home Care services** in March 2016, a second successive reduction. These people received 676,500 **hours of Home Care** during the census week, the first decrease observed since 2011.
- In the financial year 2015-16, 126,800 people received **Community Alarms and/or Telecare services**; an increase of 3% compared with 2014-15.
- Councils are increasingly purchasing services from the private and voluntary sector rather than providing it themselves. In 2016, under half (48%) of Home Care clients received a service **solely from their Local Authority**, compared to nearly three-quarters (73%) in 2007.
- **The number of people choosing a Direct Payment** to purchase the services they require continues to increase, with 7,530 clients and an estimated £94.5 million spent during the 2015-16 financial year.

Figure 2 shows the trend in Home Care clients and hours provided in the last 10 years. The number of Home Care clients decreased for the second consecutive year. The number of Home Care hours (excluding 24/7 care) also decreased for the first time since 2011.

Figure 2: Home Care (a) clients and (b) hours provided during the census week, 2007- 2016

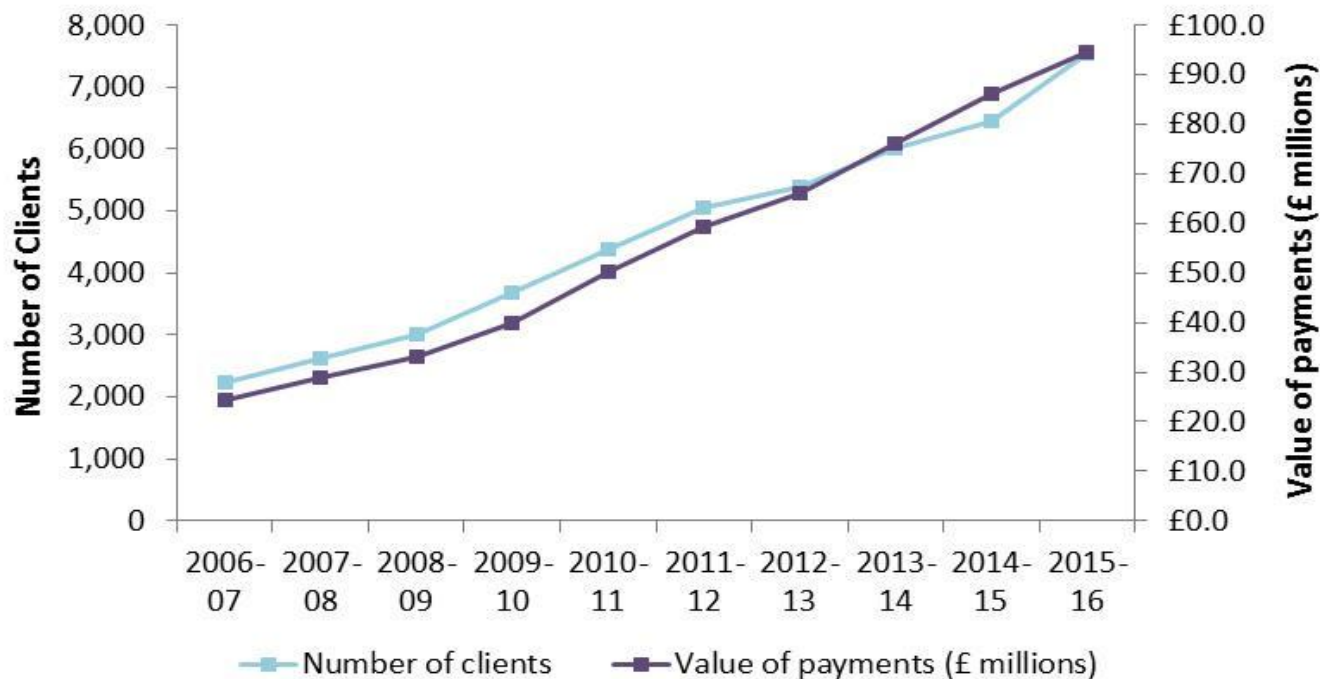


Note: 24/7 care has been excluded under the Home Care definition used since 2013. Two lines are provided in this chart for Home Care hours to provide comparability.

Source: Scottish Government Social Care Survey 2013-2016,
Scottish Government Home Care Census 2006-2012

The number of people in receipt of Direct Payments has continued the same trend as previous years, increasing from an estimated 6,450 in 2014-15 to 7,530 in 2015-16 (Figure 3). Expenditure on Direct Payments has also increased, from an estimated £86.1 million in 2014-15 to an estimated £94.5 million in 2015-16.

Figure 3: Direct Payments (SDS option 1), clients and expenditure, financial year 2006-07 to 2015-16¹



¹ Direct Payments totals include an estimate for East Renfrewshire council in 2014/15 and an estimate for Angus council in 2015/16 for Value of Payments only - see 5.5 (background notes).

Source: Scottish Government Social Care Survey 2013-2016,
 Scottish Government Self-Directed Support/Direct Payments Survey 2006-2012

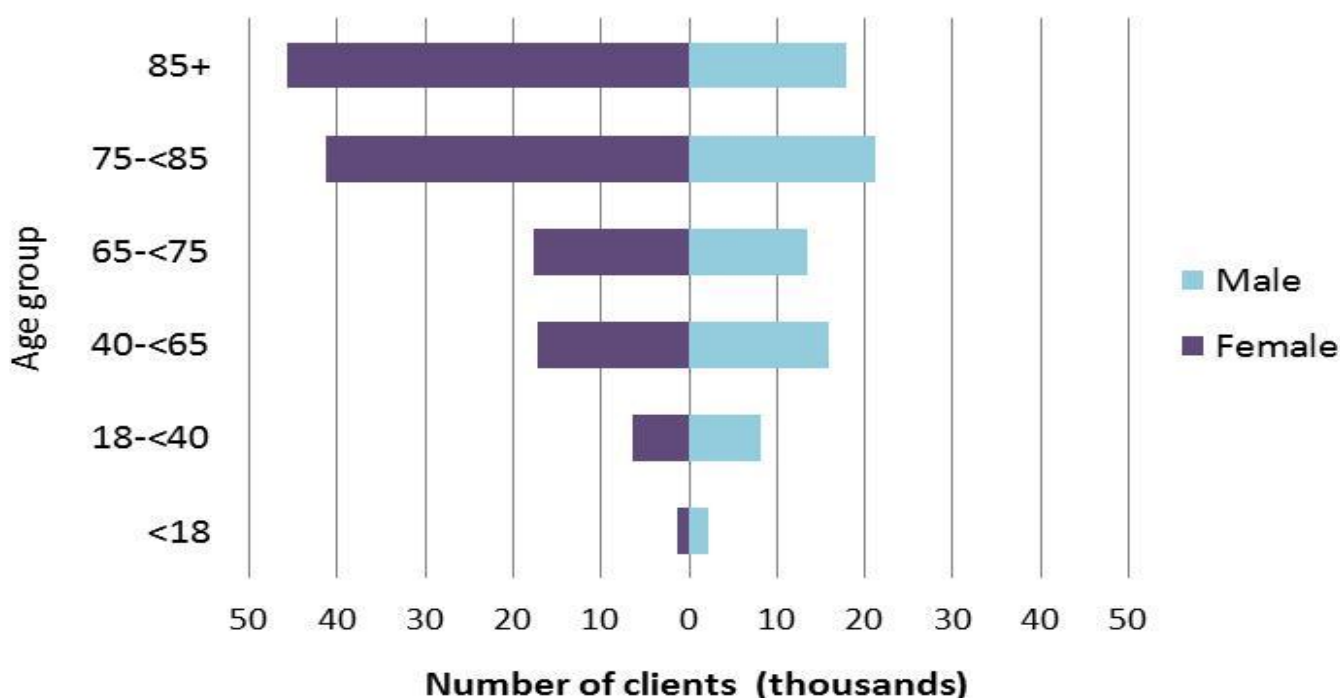
2. Social Care Summary Information

Age and gender

Figure 4 shows that most social care clients tend to be in older age groups, and that the proportion of clients who are female increases with age; for the youngest age groups there is a slight majority who are male, however as the age groups get older there is an increasing proportion of females. The 18-64 age group (covered in Section 4 of this report) is split almost exactly 50/50 between male and female. For clients aged 65+ (covered in Section 3 of this report) 67% are female and 33% are male.

Factors that affect this include women on average living longer than men and women being more likely to live alone as they get older. Figure 4 also shows that the 0-17 age group accounts for less than 2% of clients. Due to potential disclosure issues with small numbers there is no section focusing on 0-17 year olds in this report.

Figure 4: Age and gender of Social Care clients, 2016



Note: Total of 207,950 clients. Gender information was unavailable for 60 clients.

Source: Scottish Government Social Care Survey 2016

Ethnicity

Of all 2016 Social Care clients for whom ethnicity information was known, 98% were recorded as being “White”, with 2% in other ethnic groups (Table 1).

Table 1: Ethnicity of Social Care clients, 2016

Ethnic Group	Clients ¹	Percentage ²
White	143,810	98%
Other ethnicity	2,780	2%

¹ Ethnicity information was unavailable for 61,360 clients.

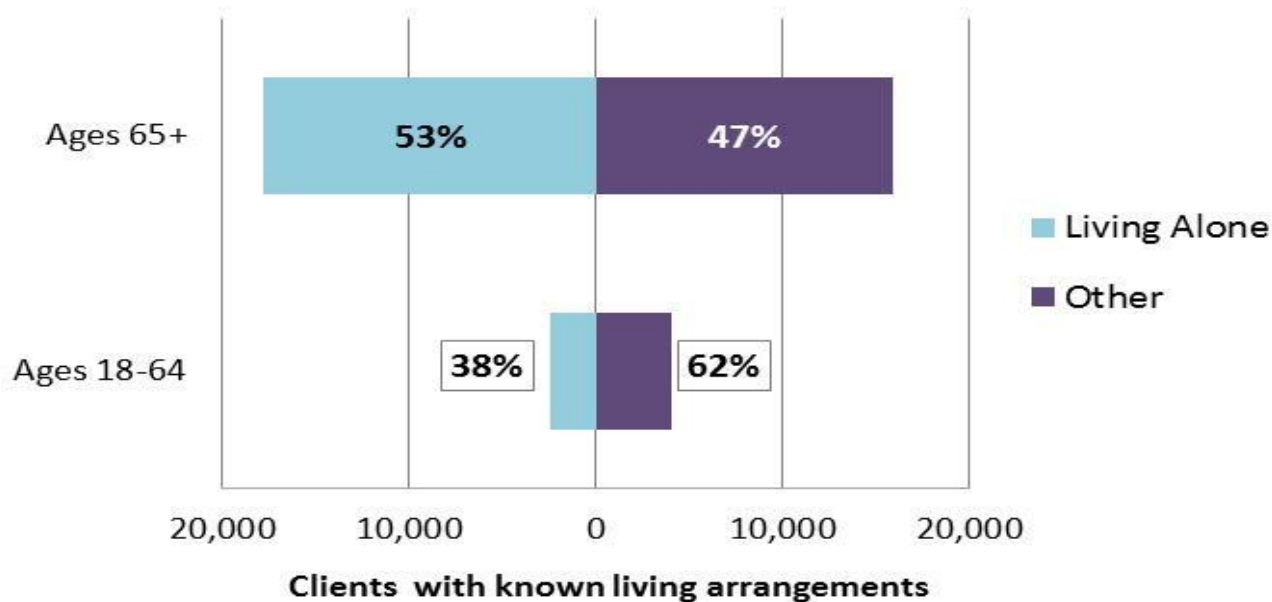
² Percentages are based on client figures rounded to the nearest ten and are given to nearest percentage point.

Source: Scottish Government Social Care Survey 2016

Living arrangements (Home Care clients aged 18+)

Home Care clients are more likely to be living alone as they get older: 53% of those aged 65+ were living alone, compared with 38% of those aged 18-64 (Figure 5)

Figure 5: Living arrangements of Home Care clients aged 18+*, 2016

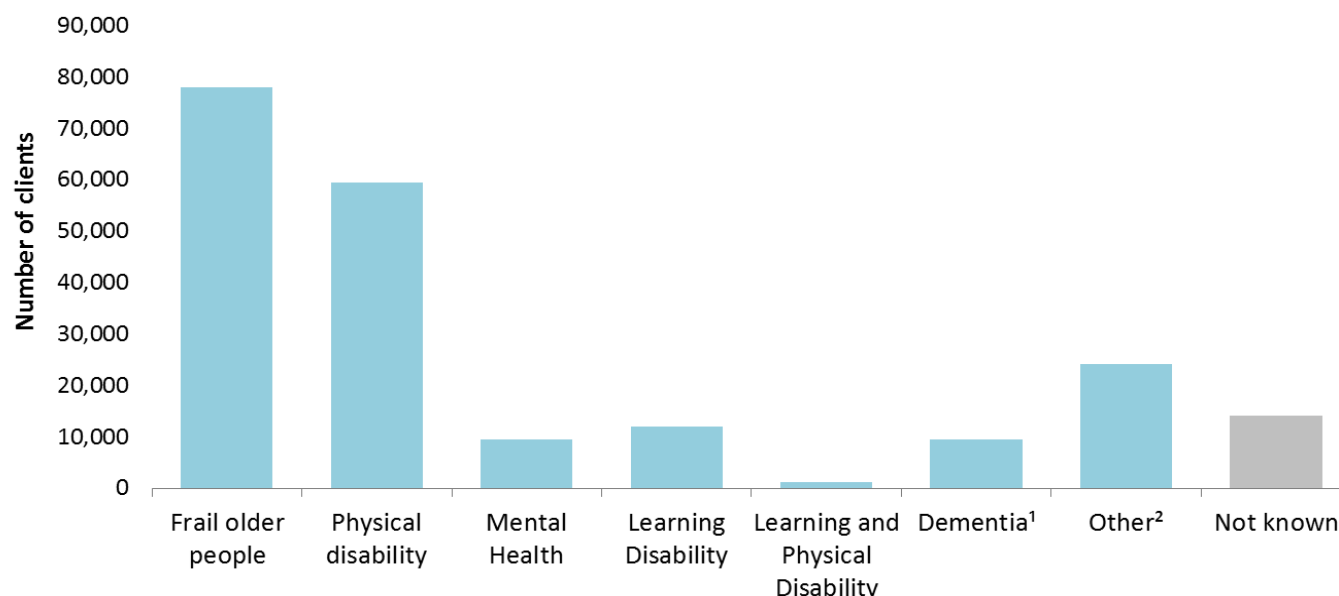


Based on 40,220 Home Care clients aged 18+. There were 19,250 cases with no data on Living Arrangements.
 Source: Scottish Government Social Care Survey 2016

Client Group

Figure 6 shows the breakdown of Social Care clients by client group: the reason for needing a social care service. This shows that the largest groups are “Frail Older People” and “Physical Disability”.

Figure 6: Client Group of clients receiving Social Care services, 2016



- Total of 207,920 clients

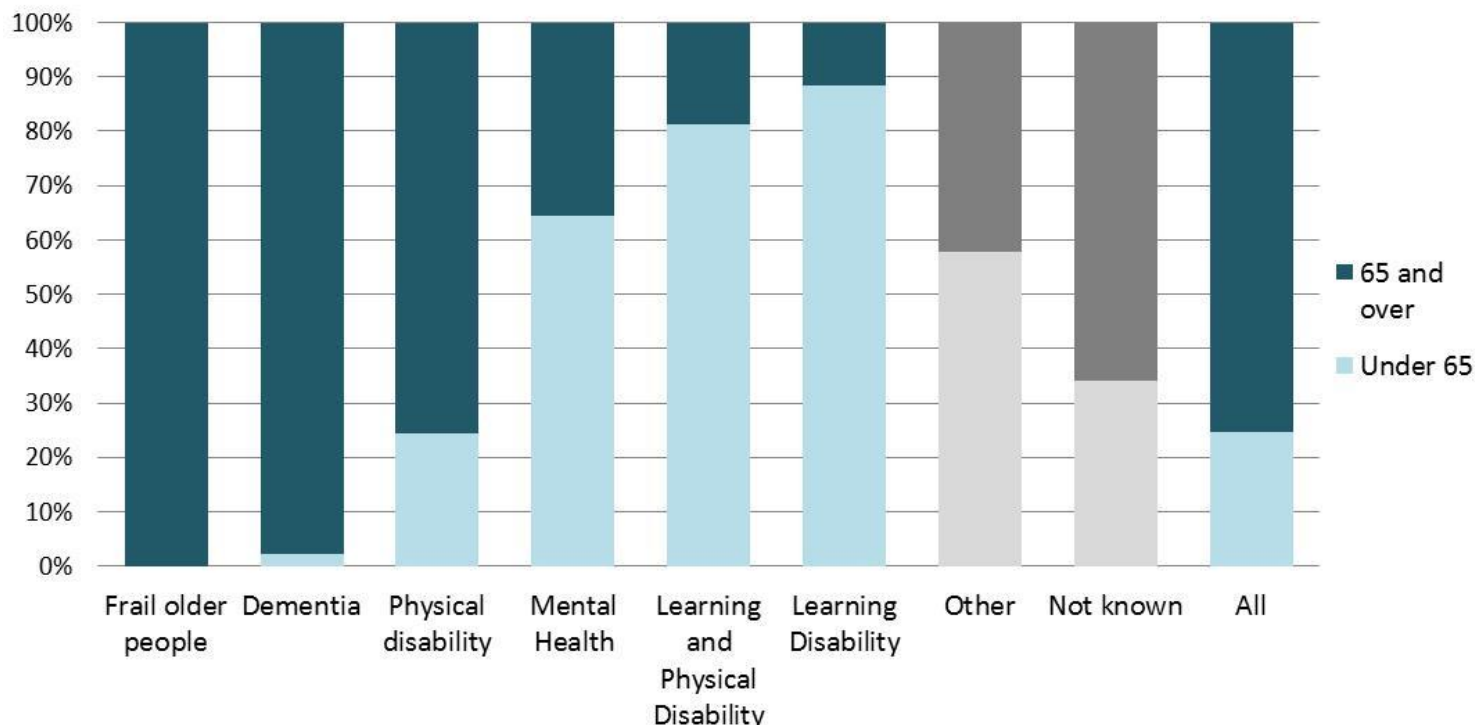
¹ Dementia is known to be under recorded in the social care management information system.

² Other includes addictions, palliative care and carers.

Source: Scottish Government Social Care Survey 2016

Figure 7 shows the breakdown of 2016 Social Care clients by age and client group. Almost all of the clients receiving a service due to being frail and elderly (100%) or due to dementia (98%) are aged 65 and over, while the majority of those receiving a service due to Mental Health (64%) or a Learning Disability (88%) are aged under 65.

Figure 7: Proportion of Social Care clients aged (a) under 65 and (b) 65+, by client group, 2016

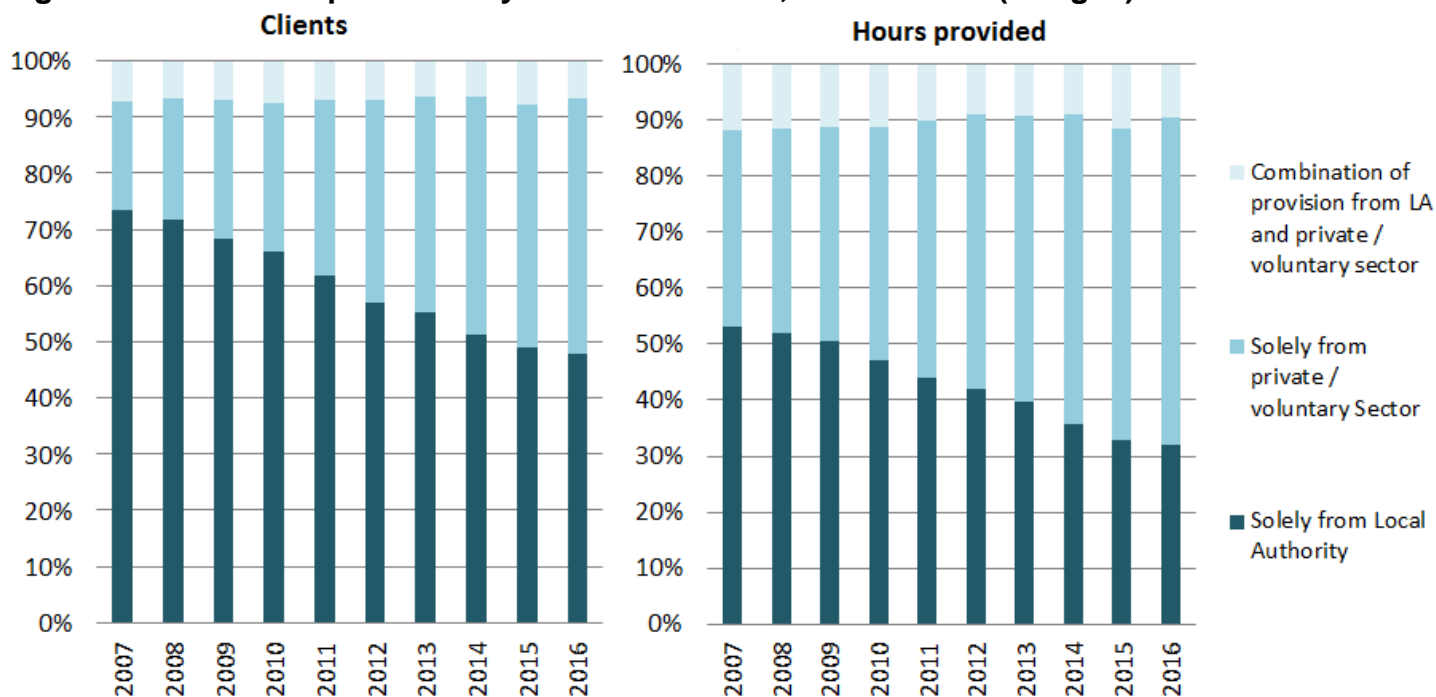


Source: Scottish Government Social Care Survey 2016

Home Care service provision

Over the past ten years Local Authorities have increasingly purchased Home Care from the private and voluntary sector, rather than providing services directly themselves. In March 2016, 48% of clients were receiving services provided solely by Local Authority staff (Figure 8). This proportion has been decreasing each year since 2007. The proportion of Home Care hours being provided by Local Authority staff was 32% in March 2016 and has again decreased every year since 2007. The difference between these proportions and those seen for client numbers reflects the fact that the private and voluntary sectors, on average, provide larger packages of care.

Figure 8: Home Care provision by Service Provider, 2007 to 2016 (all ages)

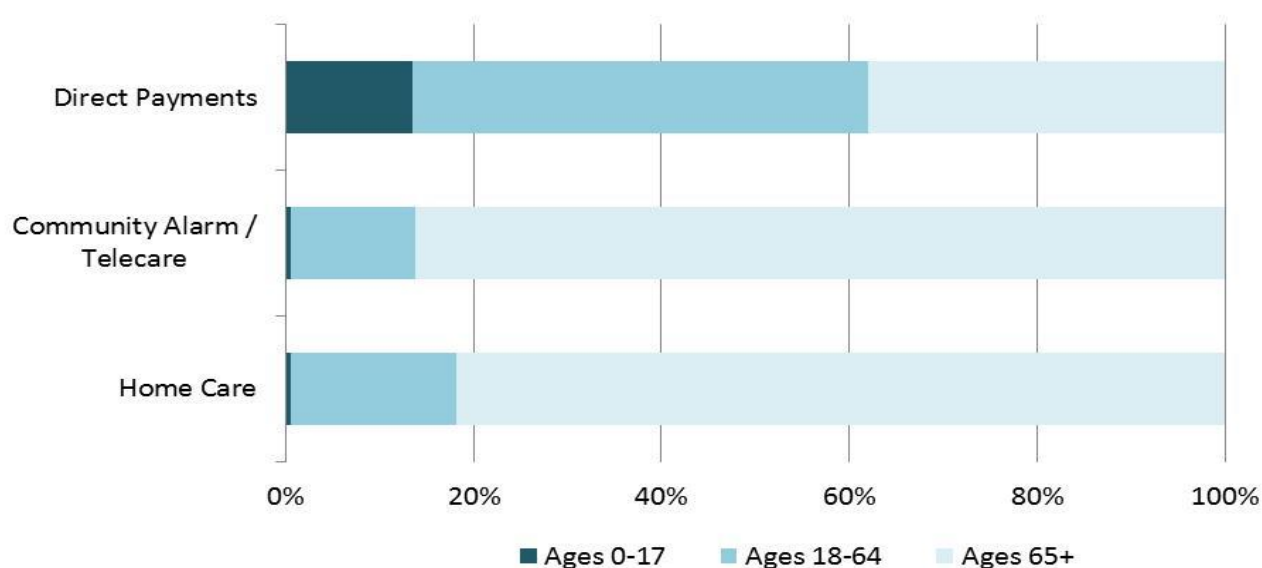


Source: Scottish Government Social Care Survey 2013-2016, Home Care Census 2007-2012

Age breakdown for key services covered in this report

Sections 3 and 4 of this report focus on older people (ages 65+) and working-age adults (ages 18-64) respectively. The services covered in these sections are Home Care, Community Alarm / Telecare and Direct Payments: Figure 9 shows the age distribution of clients receiving these three services; while Community Alarm / Telecare and Home Care services are mainly used by older people, the majority of people receiving Direct Payments are aged under 65.

Figure 9: Home Care, Community Alarm/Telecare and Direct Payments clients, by age, 2016



From 2013, Local Authorities were asked to class 24-7 care as Housing Support, not Home Care.

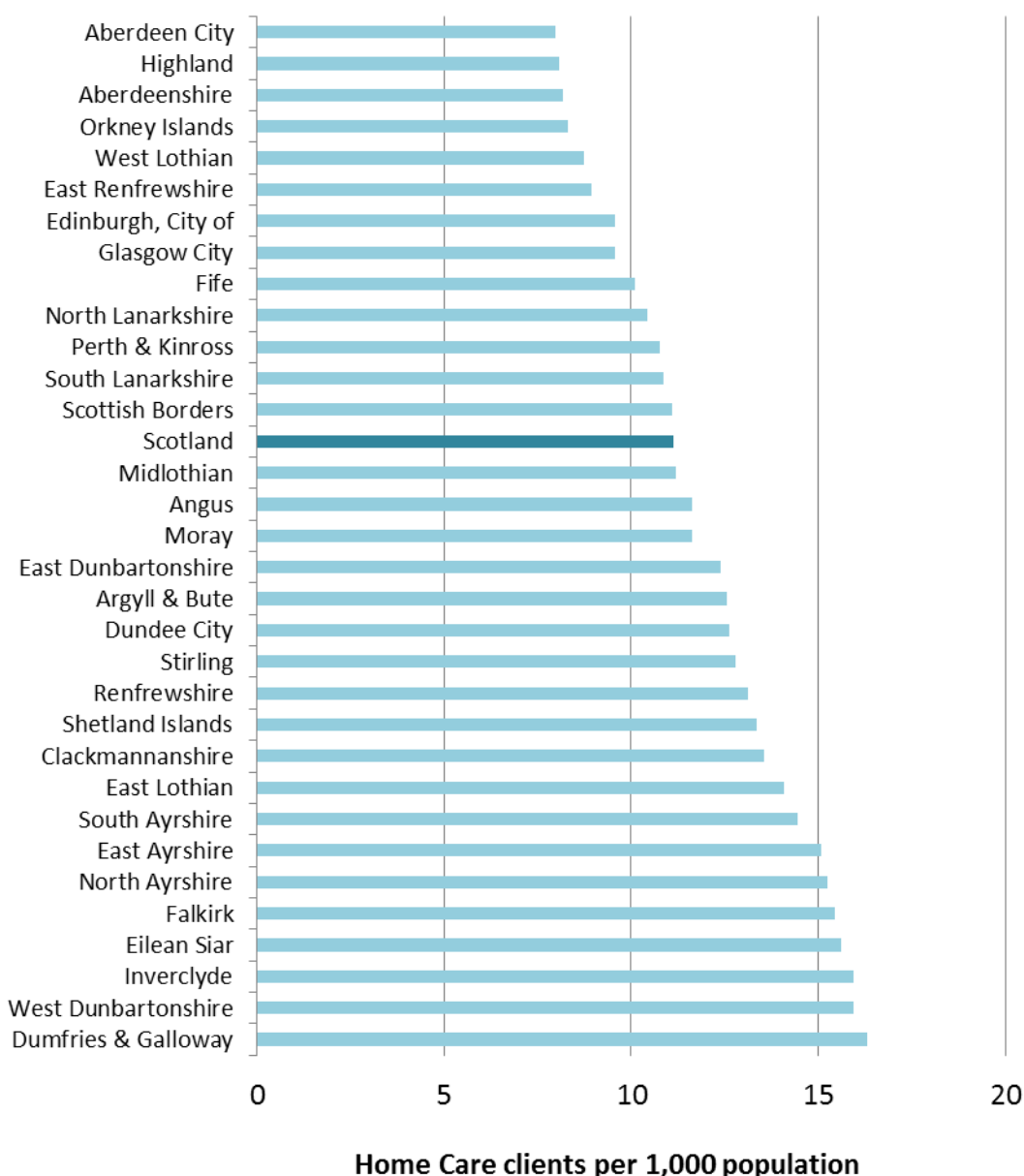
Source: Scottish Government Social Care Survey 2016

Local Authority comparison: Home Care & Direct Payments rates per 1,000 population

Figures 10 and 11 give an overview of how service provision varies across Scotland for Home Care and Direct Payments respectively. The number of clients receiving Home Care / Direct Payments for each Local Authority is presented as a rate per 1,000 population.

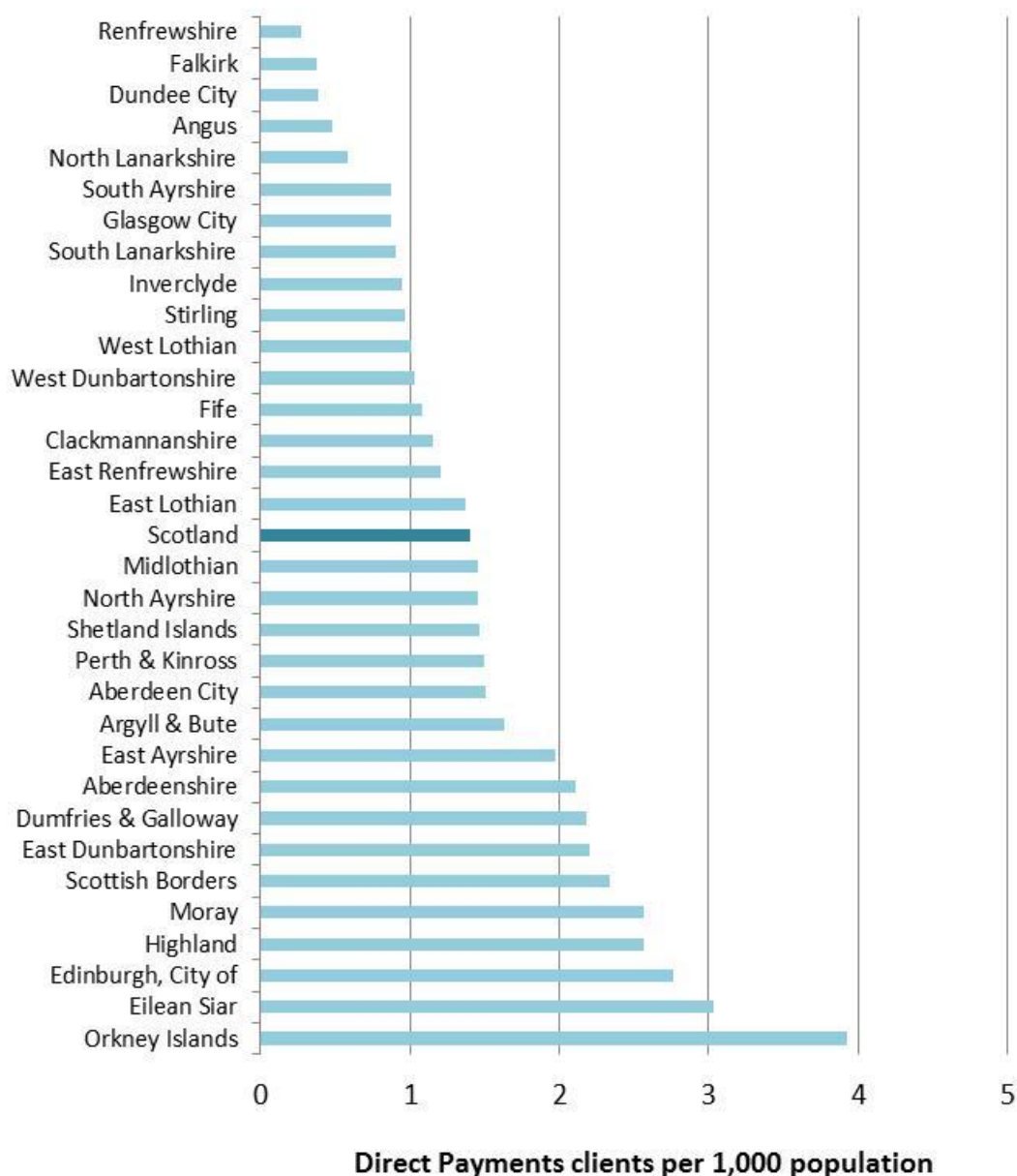
Note that while these charts enable comparisons to be made between Local Authorities, they should not be considered as a “ranking” as they will reflect the different demographics in each area and demand for services. There are several factors that can affect levels of recorded service provision, such as differing proportions of elderly people (who make greater use of Home Care) and different levels of deprivation. Such variations are reflected in the funding formulae used to allocate resources to Local Authorities.

Figure 10: Clients receiving Home Care per 1,000 population, by Local Authority, 2016



Source: Scottish Government Social Care Survey 2016

Figure 11: Clients receiving Direct Payments per 1,000 population, by Local Authority, 2016

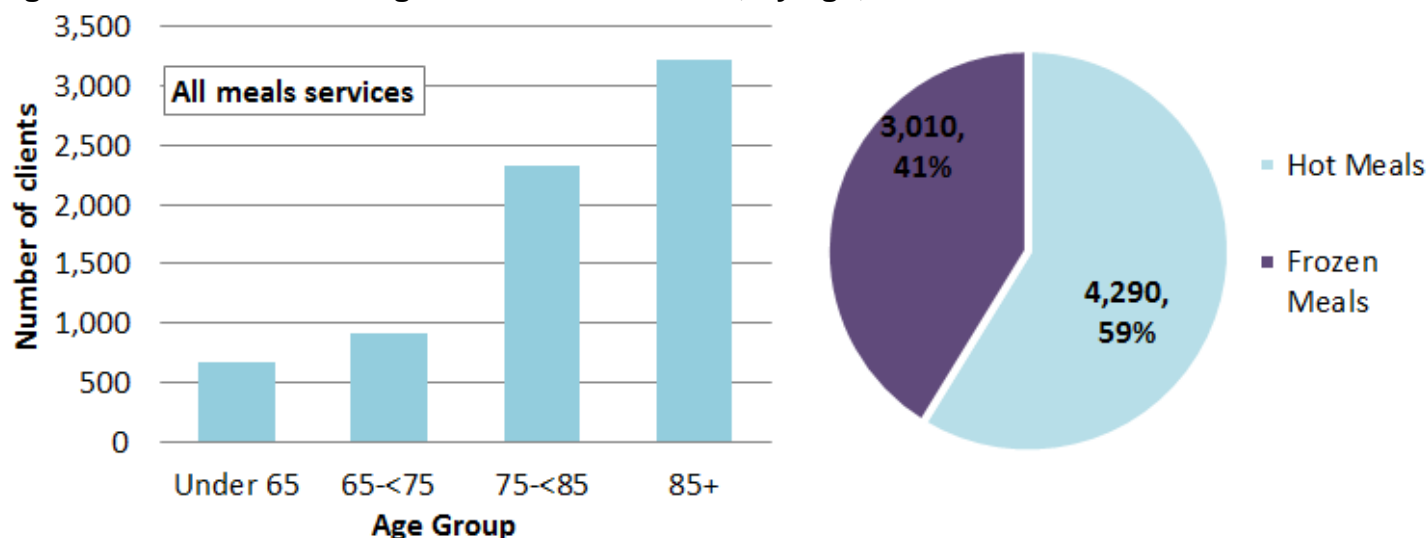


Source: Scottish Government Social Care Survey 2016

Meals Services

Data on Meals services provided at home has proved difficult for Local Authorities to capture, and as such the figures presented here; i) are likely to be less than the true figures, and ii) should not be compared with previous years' figures to gauge changes in provision. There were 7,130 people recorded as receiving Meals services at the 2016 census. Figure 12 shows that most clients who received meals services were in the older age groups, while the majority (59%) received hot meals rather than frozen meals.

Figure 12: Clients receiving Hot or Frozen Meals¹, by age, 2016



¹ Some clients receive both hot and frozen meals.

² Three Local Authorities did not submit Meals data for 2016. Direct comparisons should not be made with previous years.

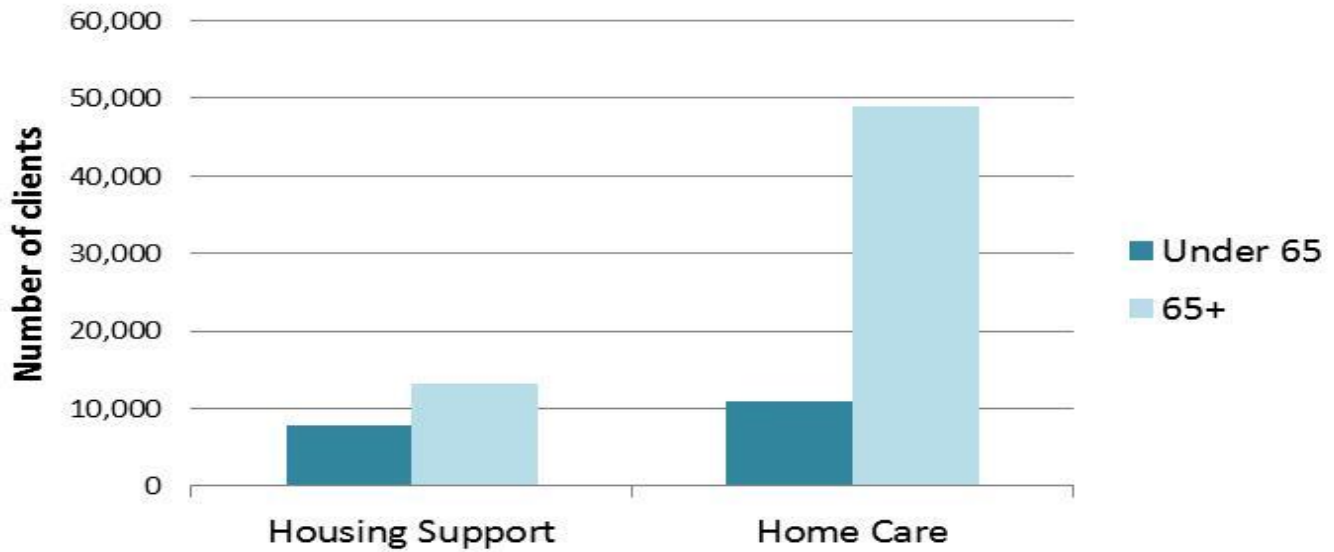
Source: Scottish Government Social Care Survey 2016

Housing Support

Data on Housing Support was presented for the first time in 2015. Housing Support includes services such as assistance to claim welfare benefits, filling in forms, managing budgets and help with shopping and housework. In previous years there has been some overlap in the definitions of Housing Support and Home Care used in recording by some Local Authorities; from 2013 Local Authorities were asked to record Live-in and 24/7 services as Housing Support and not Home Care. *Note that around 79% of Housing Support clients were recorded as also receiving another Social Care service, while for 11 Local Authorities this figure was 100%. This suggests there are likely to be other Housing Support clients who are not captured in the survey.*

There were 21,010 people recorded as receiving Housing Support in 2016. This is over a third of the number who receive Home Care (59,780). While Home Care is provided mainly for older people, Housing Support tends to be split more evenly between older people and under 65s (Figure 13). Note that there is some overlap between the two categories: around one third of Housing Support clients (30%) also received Home Care.

Figure 13: Number of clients receiving Housing Support¹ and Home Care, by age, 2016



¹ 30% of Housing Support clients also received Home Care.

² 79% of Housing Support clients were recorded as also receiving another Social Care service, while for 11 Local Authorities this figure was 100%. This suggests there may be extra Housing Support clients not captured in the survey.

Source: Scottish Government Social Care Survey 2016

The remainder of this report looks in more detail at the provision of Home Care, Community Alarm / Telecare services and Direct Payments for older people (Section 3) and working age adults (Section 4).

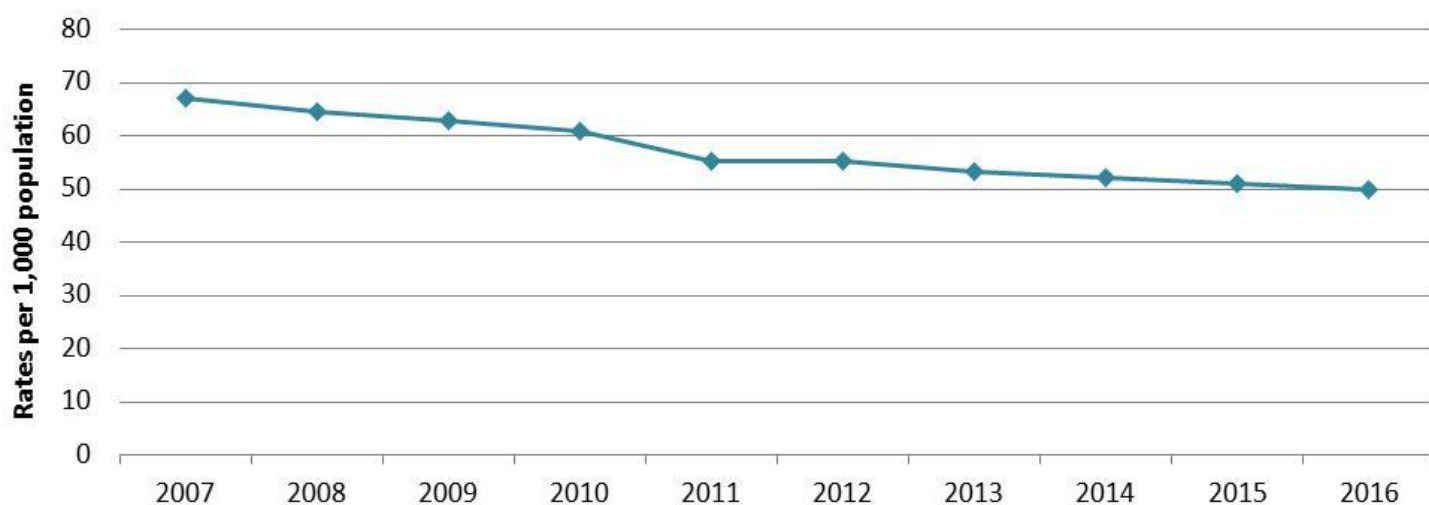
3. Older People – Clients aged 65+

This section provides more detail on those people receiving Social Care services who are aged 65 and over, and who account for more than two-thirds (75%) of all Social Care clients reported on in this publication.

3.1 Home Care for clients aged 65+

There were 48,920 Home Care clients aged 65+ in March 2016. The rate per population of clients aged 65+ receiving Home Care continues to decrease to 50 per 1,000 population this year (Figure 14). The decrease in rates per population since 2007 is partly due to an increase in the elderly population and care being focused on clients with highest levels of need.

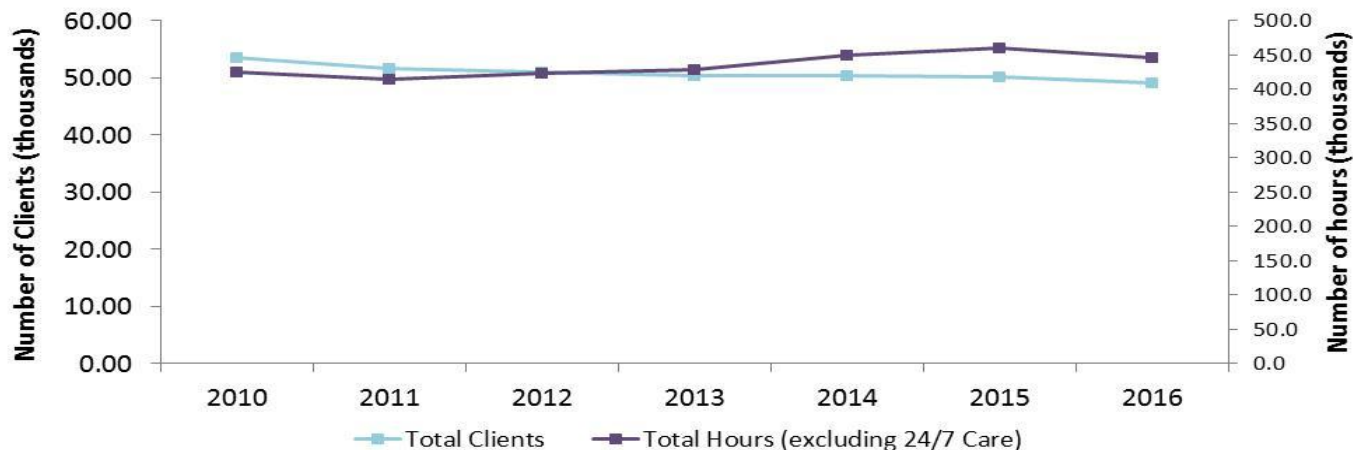
Figure 14: Home Care clients per 1,000 population aged 65+, 2007 to 2016



Source: Scottish Government Social Care Survey 2013-2016, Home Care Census 2006-2012
 Population data: National Records for Scotland mid-year population estimates up to 2015 (latest available).

The number of people aged 65+ receiving Home Care has decreased this year after remaining relatively stable over the past three years (Figure 15). The number of Home Care hours provided has also decreased in the last year, following increases in previous years.

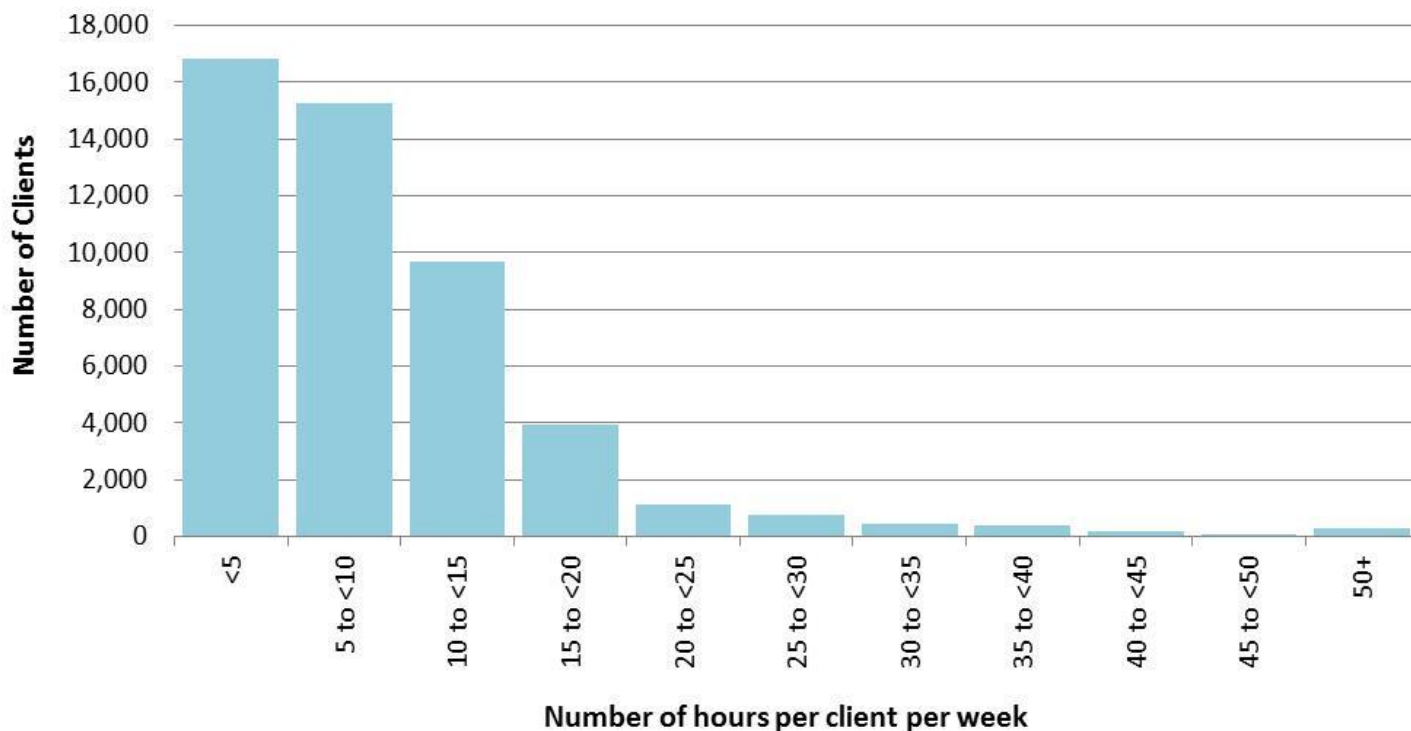
Figure 15: Home Care clients aged 65+ and hours provided, 2010 to 2016



From 2013, Local Authorities were asked to class 24-7 care as Housing Support, not Home Care.
 Source: Scottish Government Social Care Survey 2013-2016, Home Care Census 2010-2012

The majority of Home Care clients tend to receive smaller amounts of care per week; nearly two thirds (65%) of those aged 65+ received less than 10 hours of care per week (Figure 16), 7% of Home Care clients aged 65+ received more than 20 hours of care per week in March 2016.

Figure 16: Home Care clients aged 65+ by level of service, 2016



Source: Scottish Government Social Care Survey 2016

Table 2 shows that 53% of Home Care clients aged 65+ in March 2016 received their care solely from Local Authorities – the same as in 2015. The table also provides two measures of the average hours of care provided per week to clients aged 65+, by service provider; the mean (total hours divided by the number of clients) and the median (the “middle” value; half of the values are greater than it and half less, which reduces the impact of extremely large values). Both measures show that those clients receiving care solely from Local Authorities tend to have smaller amounts of care per week.

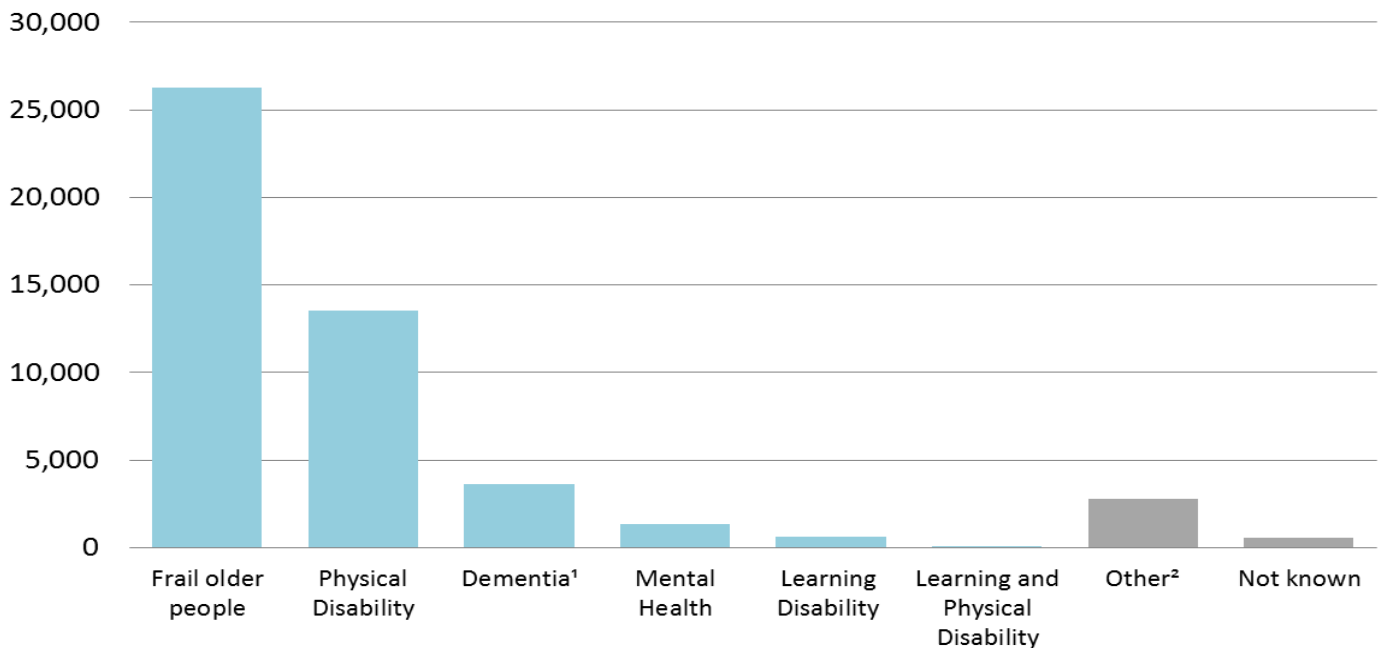
Table 2: Home Care for clients aged 65+, by service provider, 2016

Service Provider	Number of clients		Client hours		Average (mean) hours per week	Average (median) hours per week
Local Authority only	25,940	53%	191,700	43%	7	6
Private sector only	17,950	37%	180,200	40%	10	8
Voluntary sector only	1,590	3%	25,400	6%	16	7
LA plus private	2,530	5%	35,800	8%	14	12
LA plus voluntary	550	1%	6,500	1%	12	10
All other combinations	350	1%	6,400	1%	18	14
Total	48,920	100%	445,900	100%	9	7

Source: Scottish Government Social Care Survey 2016

Figure 17 shows the distribution of March 2016 Home Care clients aged 65+, by the principal reason they are receiving care (their 'client group'). There are a large number who receive care either as a result of frailty due to old age, or due to a physical disability. Note that Dementia is known to be under-recorded by Local Authorities, and so it is likely there are clients in other client groups (e.g. "Frail Older people") who have Dementia.

Figure 17: Home Care Clients aged 65+ by Client group and age group, 2016



Based on 48,920 home care clients aged 65+.

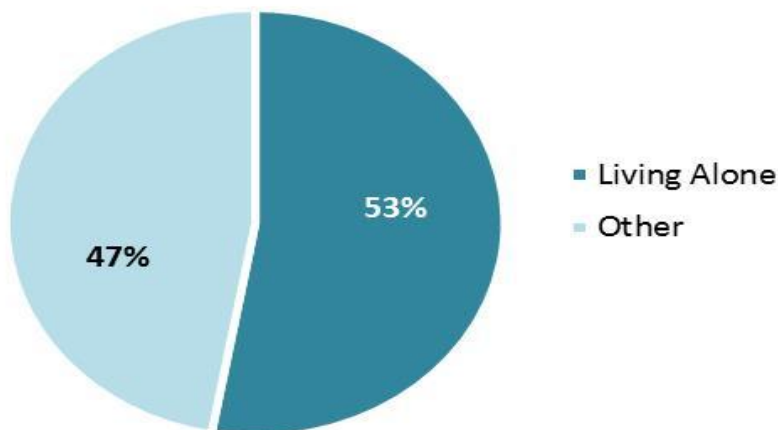
¹ Dementia is known to be under recorded in the social care management information system.

² Other includes addictions, palliative care and carers.

Source: Scottish Government Social Care Survey 2016

Figure 18 shows that of the Home Care clients aged 65+ for whom living arrangements are known, 53% lived alone. As would be expected this is higher than the figure for 18-64 year olds (38%).

Figure 18: Living arrangement of clients aged 65+ receiving Home Care services, 2016



Based on 33,730 clients for whom Living Arrangements were known. Information was unavailable for 15,190 clients.

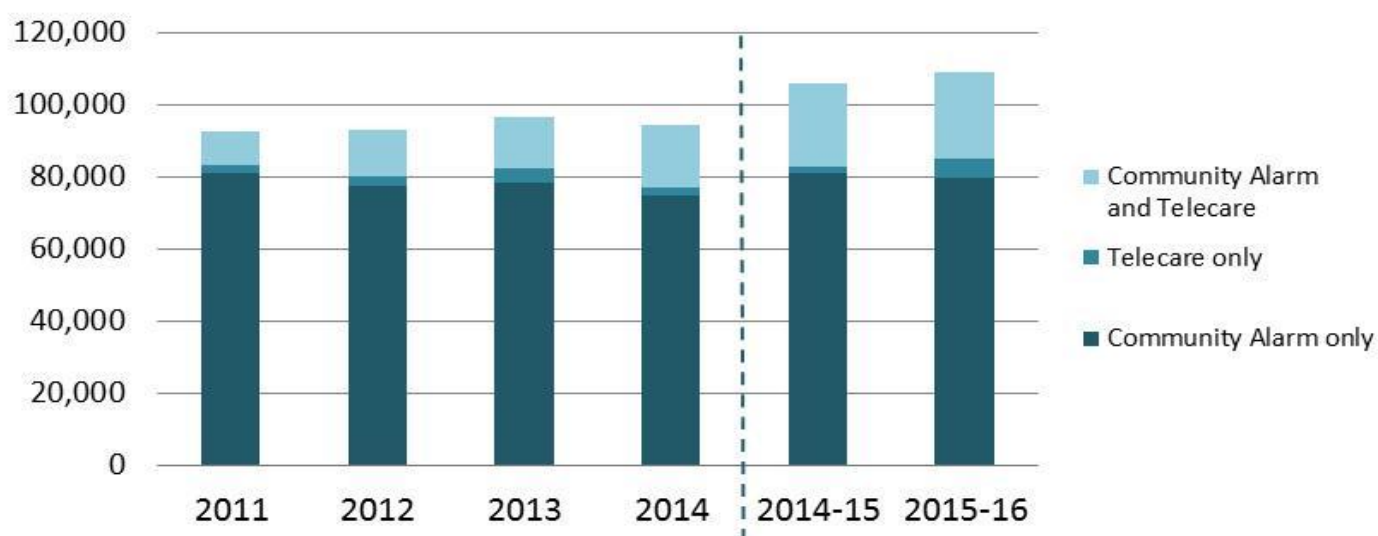
Source: Scottish Government Social Care Survey 2016

3.2 Community Alarm / Telecare Services for clients aged 65+

From 2015, Local Authorities were asked to provide data on Community Alarm/Telecare services provided at any time during the financial year – previously only those receiving the service during the March census week were recorded. This has contributed to a jump in the number of Community Alarm/Telecare clients recorded in the last two years.

In the year 2015-16, 109,310 people aged 65+ made use of a Community Alarm and/or another Telecare Service, with 73% of these having only a Community Alarm (Figure 19).

Figure 19: Distribution of clients aged 65+ receiving Community Alarm and/or another Telecare service, by client group, 2016



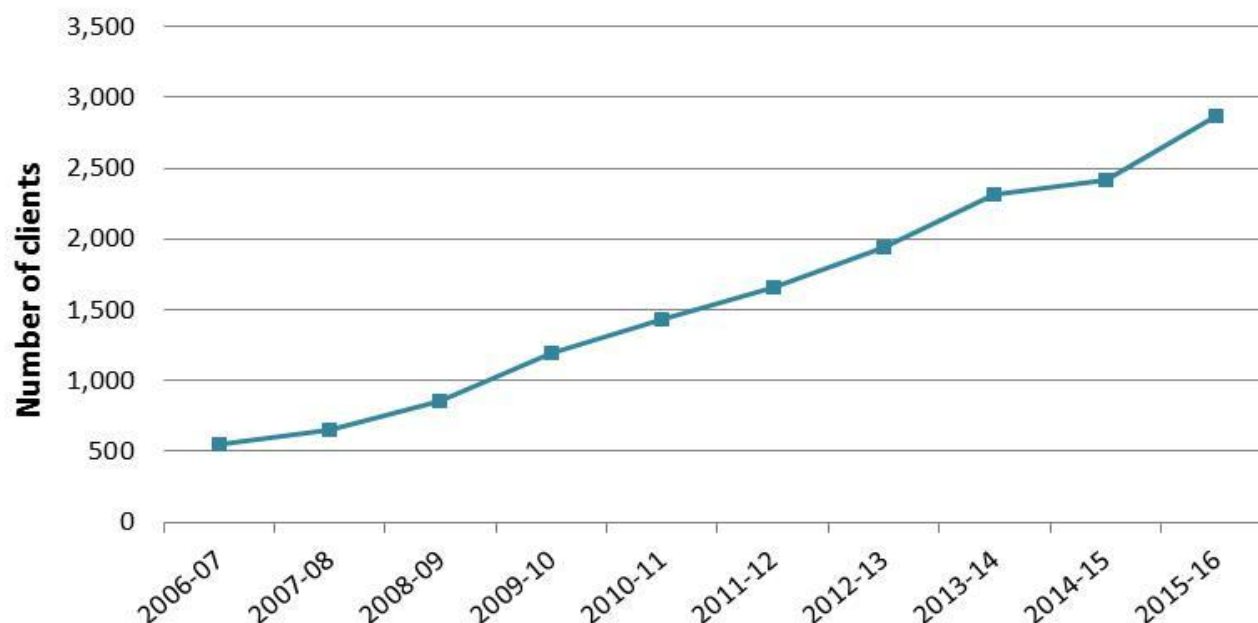
From 2015 Local Authorities were asked to record all clients receiving Community Alarms/Telecare at any time during the financial year. Previously only clients receiving these services during the March census week were recorded.

Source: Scottish Government Social Care Survey 2013-2016, Home Care Census 2011-2012

3.3 Direct Payments for clients aged 65+

In 2015-16, 2,860 people aged 65+ received Direct Payments. The total amount spent by Local Authorities on Direct Payments to this age group in 2015-16 was an estimated £26.6 million. This saw the continuation of the trend of increasing numbers of people receiving Direct Payments; while the increase between 2013-14 and 2014-15 was smaller than previous years, the increase this year is similar to that observed in most other years. Figure 20 shows the increase in Direct Payment clients aged 65+ over the last ten years.

Figure 20: Number of people aged 65+ receiving Direct Payments¹, 2006-07 to 2015-16



¹ Direct Payments total includes an estimate for East Renfrewshire council in 2014-15 – see 5.5 (background notes).

Source: Scottish Government Social Care Survey from 2013, Self-Directed Support/Direct Payments Survey up to 2012.

Table 3 shows the breakdown of 2015-16 clients aged 65+ receiving Direct Payments by client group. Frailty due to old age is the primary reason for clients in this age group receiving Direct Payments, followed by Physical Disabilities and Dementia.

Table 3: Direct Payments for clients aged 65+, by client group, 2015-16

Client Group	Number of clients**	Expenditure (£ millions)	Mean ¹ value of direct payments	Median ² value of direct payments
Frail older people	1,550	£13.0	£8,000	£6,000
Physical disability	610	£6.2	£10,000	£7,000
Dementia***	360	£3.4	£10,000	£6,000
Mental Health	60	£0.5	£9,000	£6,000
Learning disability****	30	£0.6	£21,000	£7,000
Other	140	£1.6	£11,000	£7,000
Not known	110	£0.7	£6,000	£4,000
All*	2,860	£26.6	£9,000	£6,000

* The expenditure figure presented for "All" clients aged 65+ receiving Direct Payments have been adjusted to account for missing financial data from Angus council, so are slightly higher than the sum of individual client groups

** Some clients receive more than one direct payment

*** Dementia is known to be under recorded in the social care management information system

**** Learning Disability includes clients with both a Learning Disability and Physical Disability.

¹ The Mean denotes the "average" value of direct payments, i.e. the sum of all payments divided by the number of payments (rounded to nearest £1,000)

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

Source: Scottish Government Social Care Survey 2016

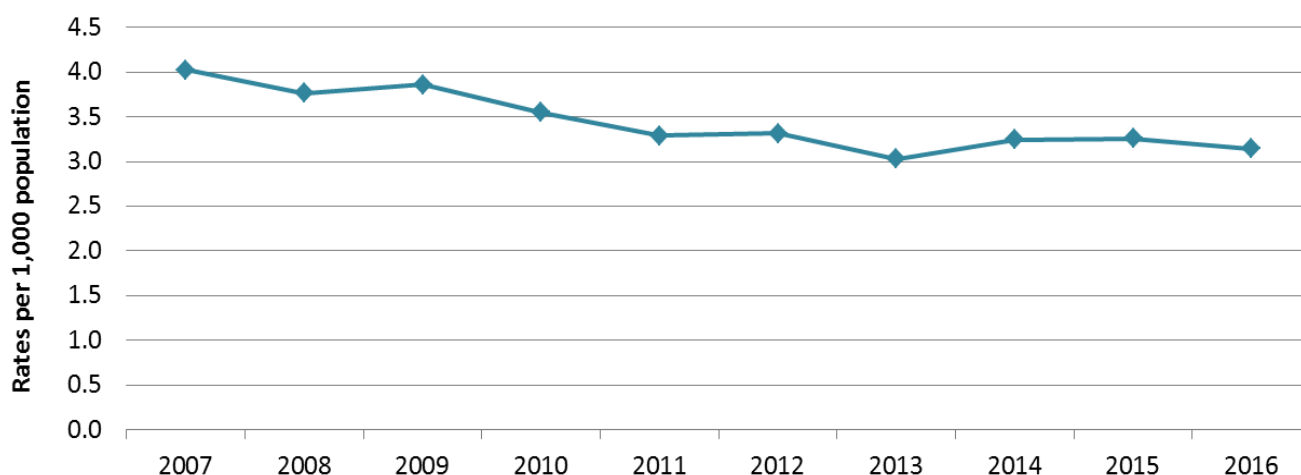
4. Working Age Adults – Clients aged 18 to 64

This section of the report provides more detail on the 47,630 Social Care clients aged 18 to 64 in the survey.

4.1 Home Care for adults aged 18 to 64

There were 10,560 Home Care clients aged 18-64 in 2016. Figure 21 shows that the rate of Home Care clients aged 18 to 64 per 1,000 population decreased in 2016 to 3.1 per 1,000 population from 3.3 per 1,000 population in 2015.

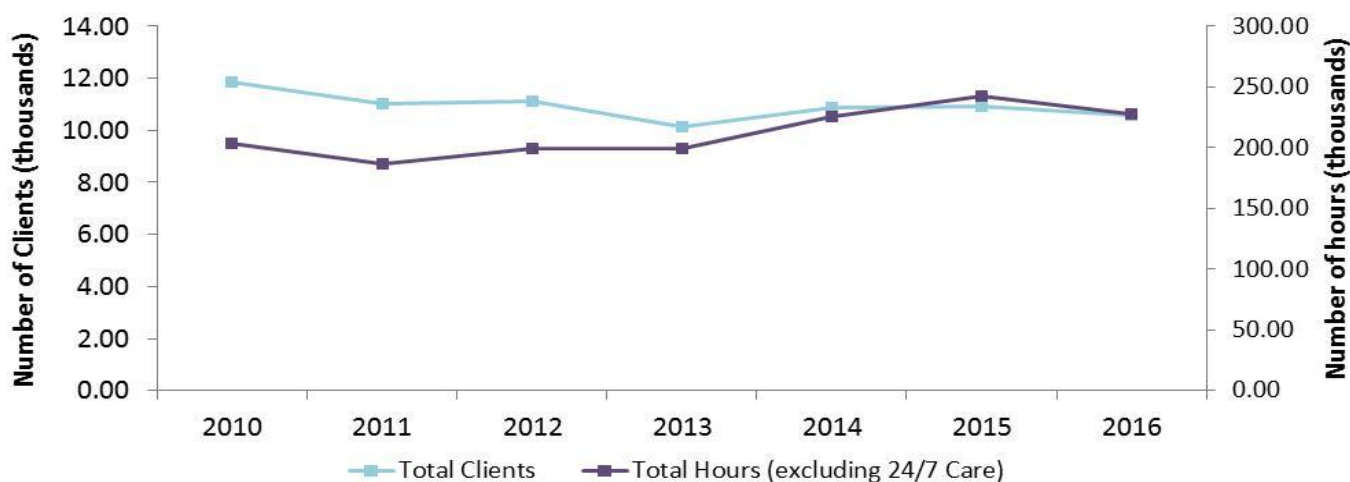
Figure 21: Home Care clients per 1,000 population aged 18-64, 2007 to 2016



Source: Scottish Government Social Care Survey 2013-2016, Home Care Census 2007-2012
Population data: National Records for Scotland mid-year population estimates up to 2015 (latest available)

The number of people aged 18 to 64 receiving Home Care has decreased in 2016, following increases observed from 2013 - 2015 (Figure 22). The number of Home Care hours provided to 18-64 year olds has also decreased this year following increases from 2013 - 2015.

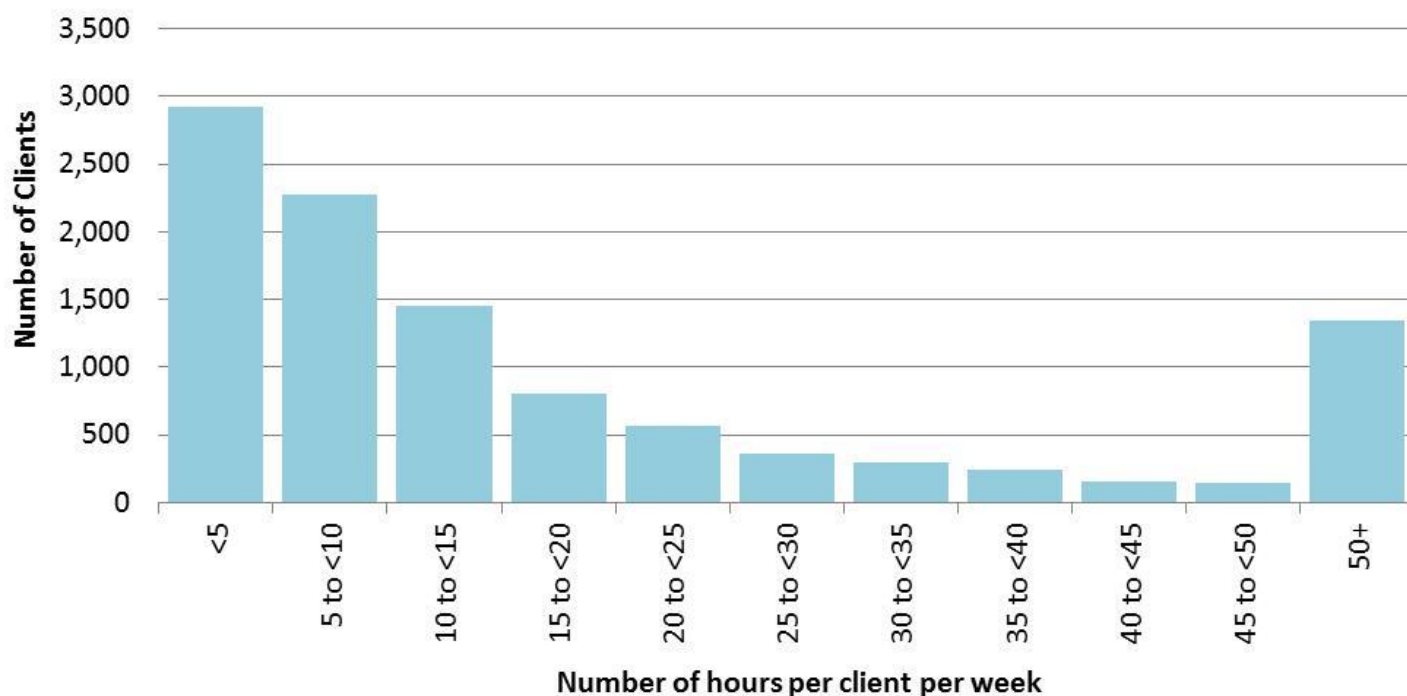
Figure 22: Home Care clients aged 18-64 and hours provided, 2010 to 2016



Source: Scottish Government Social Care Survey 2013-2016, Home Care Census 2010-2012

Just under half (49%) of Home Care clients aged 18 to 64 received less than 10 hours of care per week (Figure 23), compared to 65% for older people (see Figure 16, Section 3). 13% of clients aged 18 to 64 received more than 50 hours of care per week compared with only 1% of clients aged 65+.

Figure 23: Distribution of Home Care hours, clients aged 18 to 64, 2016



Based on 10,560 home care clients aged 18-64.

Source: Scottish Government Social Care Survey 2016

Working age adults are less likely to use Local Authority run services: only 24% of clients aged 18 to 64 received their care solely from Local Authorities (Table 4), compared with 53% for clients aged 65+ (Table 2). Only 11% of Home Care hours for clients aged 18 to 64 were provided solely by Local Authorities in 2016, compared with 43% for those aged 65 and over.

There is also a greater discrepancy between the mean and median numbers of hours for clients aged 18 to 64 than was seen for clients aged 65+ (Table 2). This is due to the distribution of home care hours seen in Figure 23 and in particular the 13% of clients who receive 50 or more hours of care each week.

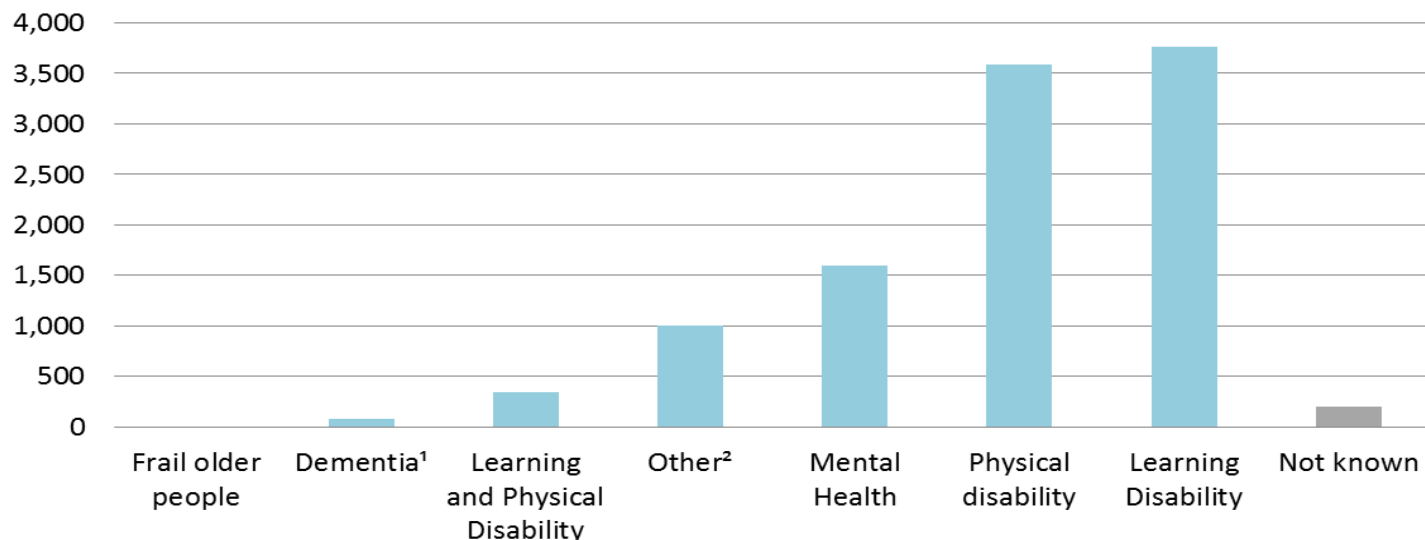
Table 4: Home Care by Service Provider for clients aged 18 to 64, 2016

Service Provider	Number of clients		Client hours		Average (mean) hours per week	Average (median) hours per week
	Number	Percentage	Hours	Percentage		
Local Authority only	2,530	24%	24,900	11%	10	6
Private sector only	4,110	39%	77,300	34%	19	9
Voluntary sector only	3,290	31%	110,100	48%	33	18
LA plus private	330	3%	6,200	3%	19	14
LA plus voluntary	90	1%	1,900	1%	22	13
All other combinations	190	2%	7,700	3%	41	26
Total	10,560	100%	228,100	100%	22	10

Source: Scottish Government Social Care Survey 2016

Figure 24 shows people aged 18-64 who receive a home care service by the principal reason they are receiving care (their 'client group'). The main reasons that people in this age group require home care is because they have a learning disability (36% of clients) or a physical disability (34% of clients). An additional 3% of clients aged 18-64 have both a Learning and Physical disability.

Figure 24: Home Care Clients aged 18 to 64, by client group, 2016



¹ Dementia is known to be under recorded in the social care management information system.

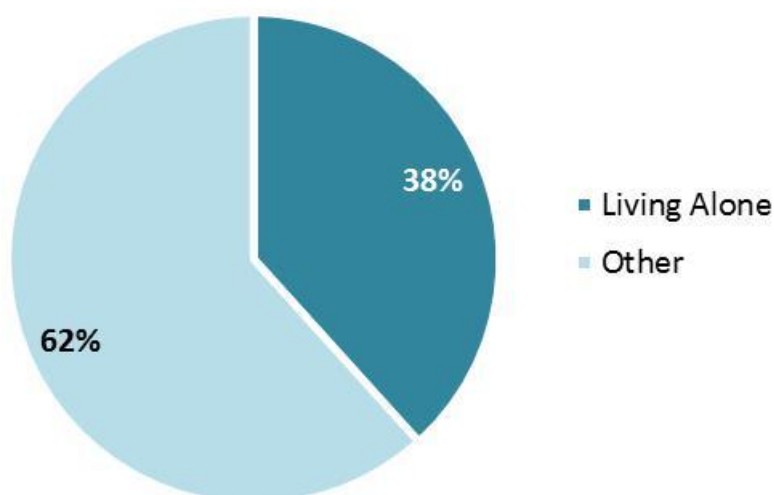
² "Other" includes addictions, palliative care and carers.

Based on 10,560 home care clients aged 18-64.

Source: Scottish Government Social Care Survey 2016

Figure 25 shows that of the Home Care clients aged 18 to 64 for whom living arrangements are known, 38% live alone. This is lower than the 53% of clients aged 65+ who live alone (Figure 18).

Figure 25: Living arrangement of clients¹ aged 18 to 64 receiving Home Care services, 2016



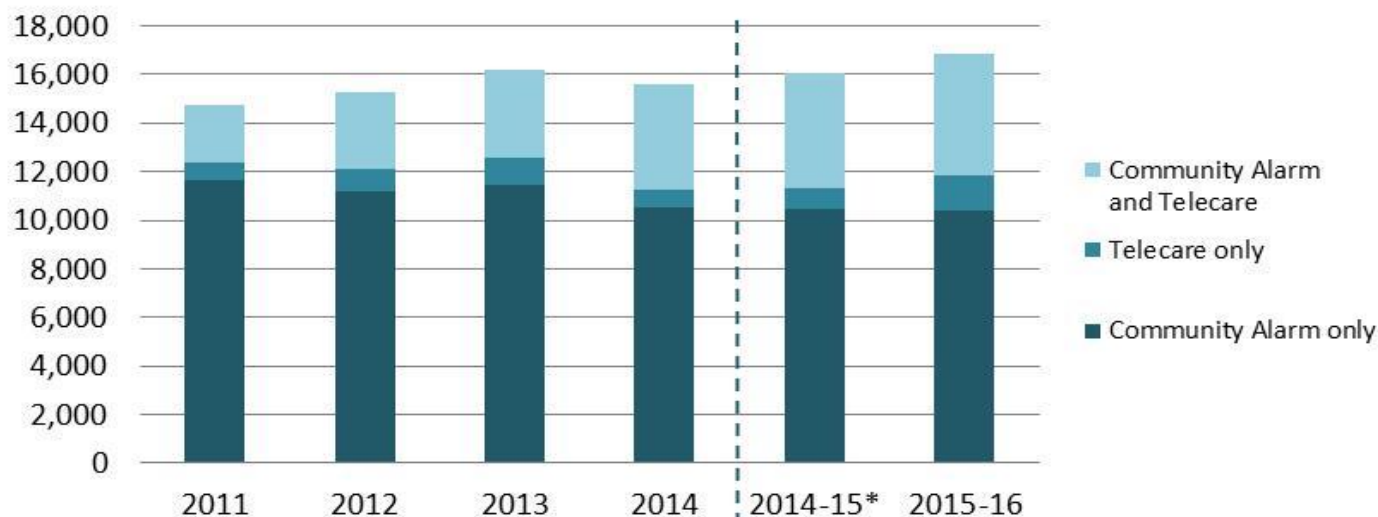
¹ Based on 6,490 clients for whom Living Arrangements were known. Living arrangements information was unavailable for 4,060 clients.

Source: Scottish Government Social Care Survey 2016

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

There were 16,850 people aged 18-64 in receipt of a Community Alarm and/or Telecare service in the year 2015-16. As explained in Section 3 of this report, in 2015 Local Authorities were asked to provide data on all clients receiving Community Alarms/Telecare at any point during the financial year; previously they only recorded those receiving the service during the March census week (Figure 26).

Figure 26: Clients aged 18 to 64 receiving Community Alarm and/or another Telecare service, 2011 to 2015-16



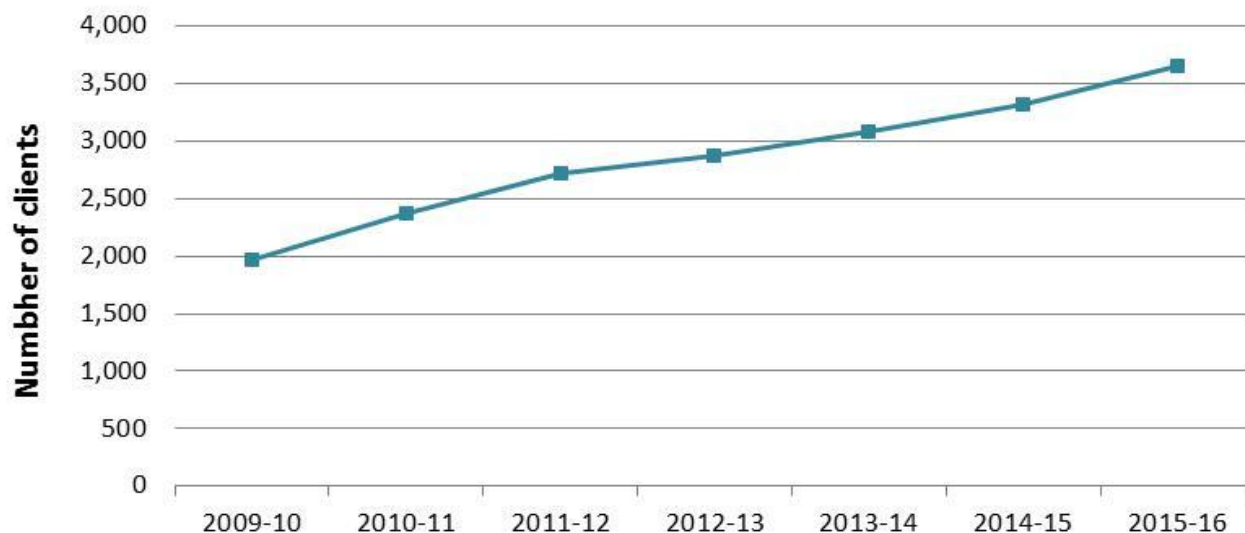
¹ From 2015 Local Authorities were asked to record all clients receiving Community Alarms/Telecare at any time during the financial year. Previously only clients receiving these services during the March census week were recorded.

Source: Scottish Government Social Care Survey 2013-2016, Home Care Census 2011-2012

4.4 Direct Payments for clients aged 18 to 64

In 2015-16, an estimated 3,650 people aged 18 to 64 received Direct Payments to purchase the care services they need. The total amount spent by Local Authorities on Direct Payments for this age group was estimated as £62 million. As with the 65+ age group, this saw the continuation of the trend of increasing numbers of people receiving Direct Payments, which has been the case each year since 2009-10 (Figure 27).

Figure 27: People aged 18 to 64 who received Direct Payments¹, 2009-10 to 2015-16



¹ Direct Payments totals include an estimate for East Renfrewshire council in 2014-15 – see 5.5 (background notes).

Source: Scottish Government Social Care Survey 2013-2016, Self-Directed Support/Direct Payments Survey 2010-2012

Table 5 shows the breakdown of clients aged 18 to 64 receiving Direct Payments to purchase the care services they need. Physical Disabilities and Learning Disabilities are the primary reason for clients in this age group receiving Direct Payments.

Table 5: Direct Payments for clients aged 18 to 64, by client group, 2015-16

Client Group	Number of clients**	Expenditure (£ millions)	Mean ¹ value of direct payments	Median ² value of direct payments
Physical disability	1,400	£23.6	£17,000	£11,000
Learning disability****	1,230	£22.8	£19,000	£10,000
Mental Health	240	£2.0	£8,000	£5,000
Dementia***	20	£0.2	£11,000	£6,000
Other	630	£11.4	£18,000	£13,000
Not known	140	£1.3	£10,000	£6,000
All*	3,650	£62.4	£17,000	£10,000

* The expenditure figures presented for "All" clients aged 18 to 64 receiving Direct Payments have been adjusted to account for missing financial data from Angus council, so are slightly higher than the sum of individual client groups

** Some clients receive more than one direct payment

*** Dementia is known to be under recorded in the social care management information system

**** Learning Disability includes clients with both a Learning Disability and Physical Disability.

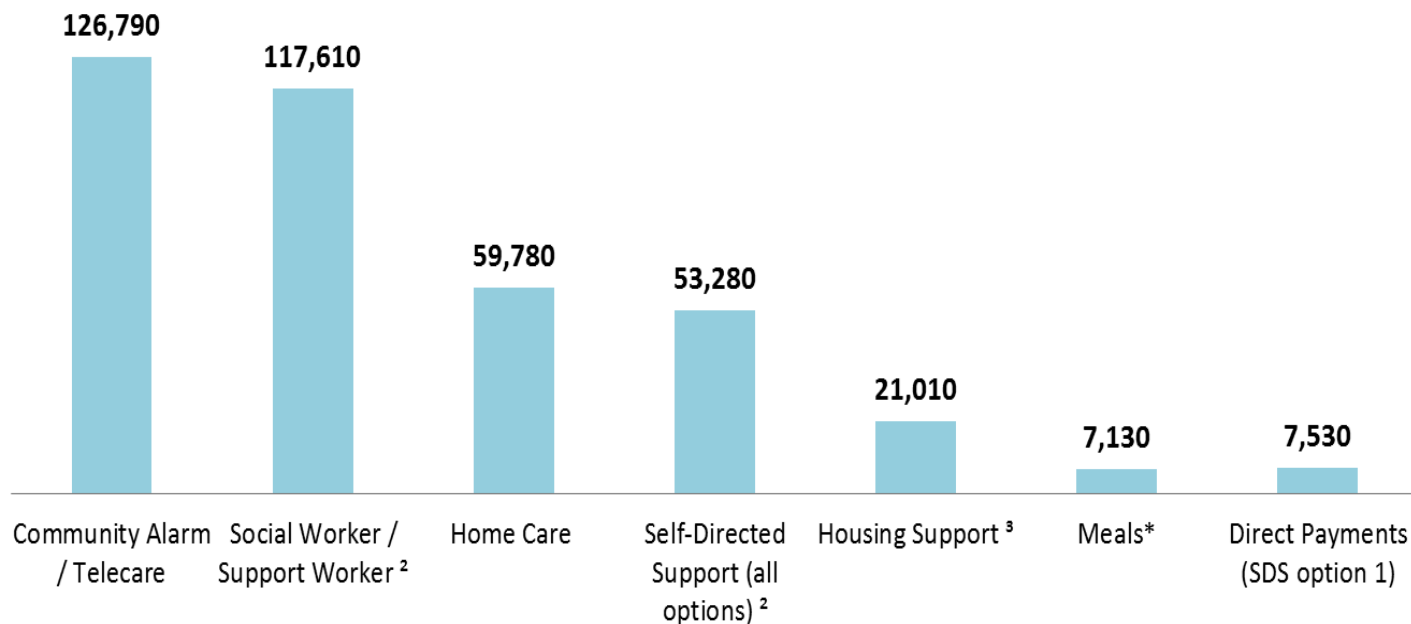
¹ The Mean denotes the "average" value of direct payments, i.e. the sum of all payments divided by the number of payments (rounded to nearest £1,000)

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

Source: Scottish Government Social Care Survey 2016

5. Background information on the collection of the data

5.1 Social Care Survey¹



Notes on chart

¹ Community Alarm/Telecare, Direct Payments, SDS and Social Worker/Support Worker information are for the financial year. Home Care, Housing Support and Meals data is for the March Census week.

¹ Clients can receive multiple social care services.

² Data on Social Worker / Support Workers and Self-Directed Support is in development, and not reported on in detail in this release. Follow-up analysis on these topics will be published at a later date.

³ 2 local authorities did not submit housing support data for 2016.

* 3 local authorities did not submit meals data for 2016.

All the new data presented in this release was collected through the 2016 Social Care Survey. This is the fourth year of the survey, which replaced the previously separate Home Care and Direct Payments data collections (see 5.2).

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

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

During the Census Week (the census week normally includes the 31st March, but due to the early Easter holiday in 2016 a later date including the 6th April has been adopted):

- Home Care services, including re-ablement services
- Meals services (provided or purchased by the local authority);
- Housing Support services;
- OPTIONAL - other services e.g. Shopping, Laundry.

During the financial year 1 April 2015 to 31 March 2016:

- Community Alarms / other Telecare services (this was previously only collected for the census week);
- Services or support provided through Self-Directed Support, including Direct Payments;
- Social Worker / support worker services

5.2 Data collection prior to 2013

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

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

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

5.3 Self-Directed Support Act

The Self-Directed Support Act was introduced in Scotland in April 2014. Self-Directed Support (SDS) gives people control over an individual budget and allows them to choose how that money is spent on the support and services they need to meet their agreed health and social care outcomes. (see <http://www.selfdirectedsupportscotland.org.uk> for details)

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

- SDS Option 1: Taken as a Direct Payment (a cash payment). Information on Direct Payments has been collected since 2001 and is reported on in this publication.
- SDS Option 2: Allocated to a provider that the person chooses. The council holds the budget but the person is in charge of how it is spent (this is sometimes called an individual service fund); or
- SDS Option 3: the person can choose a council arranged service; or
- SDS Option 4: the person can choose a mix of these options for different types of support

Over time all Social Care and support will transition to being focused on achieving personal outcomes. This presents challenges for the reporting and comparability of Social Care data: increasing numbers of people will be directing their own support rather than services being provided directly for them. It is expected that in future this publication will become more focused on Social Care clients, what their needs are, their individual budget and the options that they choose.

More information on Self-Directed Support is available at:

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

5.4 Revisions to previous years' figures

East Dunbartonshire Council reported an error in their submitted Home Care Hours in 2015. This has been corrected in the 2016 publication.

5.5 Data Quality Issues

Direct Payments (Self-Directed Support Option 1)

The data quality issues in this report are primarily due to implementation of the Self-Directed Support Act (see 5.3), and the resulting change to recording systems carried out by Local Authorities. This mainly affects the figures for Direct Payments, now SDS Option 1:

- For 2016 data, Angus council experienced an issue with their data which meant they were unable to return any financial information on Direct Payments. The Scotland level figures have therefore been adjusted to account for this missing data and ensure comparability with previous years. This was done by “scaling-up” the 2015 Angus figures based on the change between 2015 and 2016 in the other 31 Local Authorities, then adding the scaled-up figure to the Scotland total.
- For 2015 data, East Renfrewshire council were unable to submit any data on Direct Payments or the other SDS options. The Scotland-level figures for both the number of clients receiving Direct Payments and expenditure have therefore been adjusted to account for this missing data and to ensure comparability with previous years. This was done by “scaling-up” the 2014 East Renfrewshire figures based on the change between 2014 and 2015 in the other 31 Local Authorities, then adding the scaled-up figure to the Scotland total.
- For 2015 data, Scottish Borders and Falkirk councils have stated that some clients who were previously recorded as receiving Direct Payments have not been captured under the new SDS system as SDS Option 1. This has resulted in an apparent drop in Direct Payments clients in these authorities between 2014 and 2015. This has a minimal effect on the Scotland figures.
- For 2015, Local Authorities were asked to record the expenditure for Self-Directed Support as the *Gross value of the budget allocated within the reporting year*. Argyll & Bute and West Lothian councils have stated that they were unable to supply Gross expenditure figures and so supplied *Net* expenditure (i.e. net of any client contribution) figures instead. These figures have been included within the Scotland level expenditure totals.

Meals Services

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

Housing Support

Data on housing support was not returned by two Local Authorities (North Lanarkshire and West Dunbartonshire) this year which should be considered if trying to compare to previous years.

5.6 Client groupings

Since 2010, Local Authorities have been able to provide multiple client groups for each person. In this publication, where a local authority returned multiple client groups, in order to avoid double counting clients have been allocated to the group that appears first in the list below:

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

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

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

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

5.7 Community Alarm and other Telecare services

From 2015, Local Authorities were asked to collect information on all people receiving a Community Alarm / Telecare service at any time during the financial year. This information was previously asked only for the March census week.

Telecare is the remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services. Telecare usually refers to sensors or alerts which provide continuous, automatic and remote monitoring of care needs emergencies and lifestyle changes, using information and communication technology (ICT) to trigger human responses, or shut down equipment to prevent hazards (Source: National Telecare Development Programme, Scottish Government). Community Alarms are considered to be the basic, introductory level of Telecare.

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

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

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

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

5.8 Other data sources

In order to calculate rates per population, the National Records of Scotland mid-year population estimates have been used. For 2016 rates, the 2015 mid-year population estimates have been used as these are the latest available.

<http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population>

5.9 Cost of respondent burden

To calculate the cost of respondent burden to this survey each Local Authority was asked to provide an estimate of the time taken in hours to extract the requested information and complete the survey form. The average time from 29 Local Authorities has then been used within the calculation below to calculate that the total cost of responding to this survey is £37,000.

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

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

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

Correspondence and enquiries

For enquiries about this publication please contact:

Steven Gillespie
Analytical Services Division
Telephone: 0131 244 3777
e-mail: Swstat@scotland.gov.scot

For general enquiries about Scottish Government statistics please contact:
Office of the Chief Statistician, Telephone: 0131 244 0442,
e-mail: statistics.enquiries@gov.scot

How to access background or source data

A spreadsheet accompanying this statistical bulletin with Local Authority data can be found at: <http://www.gov.scot/Topics/Statistics/Browse/Health/Publications> and selecting "SOCIAL CARE SERVICES, SCOTLAND, 2016".

A more detailed spreadsheet, which covers the same general topics included in this report but with more sub-categories and data going back to 1999, will be uploaded to the following web page shortly after this release:
<http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare>

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APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
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