



# Self-directed Support, Scotland, 2015-16

Self-directed Support was introduced in Scotland on 1<sup>st</sup> April 2014 following the Social Care (Self-directed Support) (Scotland) Act 2013. Its introduction means that everyone eligible for social care and support has the right to choice, control and flexibility to meet their personal outcomes and local authorities are required to ensure clients are offered a range of choices on how they receive their social care services and support. The data reported here relates to the second year of Self-directed Support implementation (2015-16).

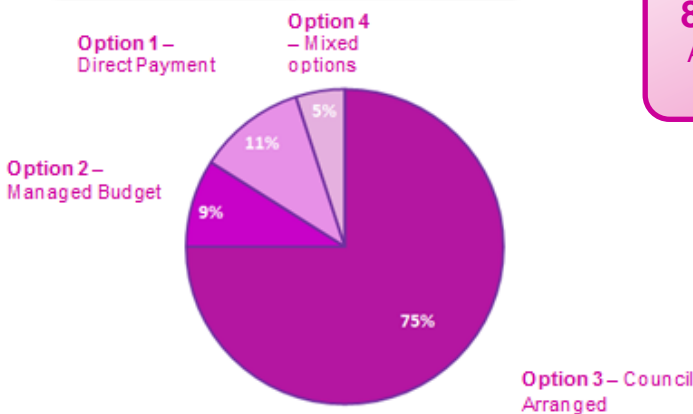
## Implementation

**At least 53,300** social care clients made an informed choice regarding their services and support



**Estimated 27%** of all social care clients made an informed choice

## Who chose what?



**86%** OF CLIENTS AGED 65+ CHOSE OPTION 3

**54%** OF CLIENTS AGED <65 CHOSE OPTION 1

## Budgets

**At least £383 million** was budgeted for social care clients who made a choice regarding services and support



## Data Quality

**28 Local Authorities** returned data on all Self-directed Support options and all **32 Local Authorities** returned data on Option 1

## Contents

Contents .....	2
1. Introduction.....	3
2. Implementation of Self-directed Support.....	5
2.1 Implementation Rate .....	5
2.2 Self-directed Support Options Recording.....	6
3. Client Analysis .....	7
3.1 Client Group, Assessed Needs and Support Mechanism.....	8
3.2 Age Breakdown by Local Authority .....	10
3.3 Age and Self-directed Support Option Breakdown .....	11
3.4 Self-directed Support Option Breakdown by Local Authority .....	11
3.5 Gender Breakdown .....	12
3.6 Deprivation and Age Breakdown.....	13
4. Expenditure .....	15
4.1 Expenditure Recording.....	15
4.2 Expenditure Breakdown .....	15
5. Comparison to Previous Year .....	17
5.1 Client Group, Assessed Needs and Support Mechanism.....	17
5.2 Age and Gender Breakdown.....	19
6. Self-directed Support Options – Client Infographics .....	22
6.1 Self-directed Support Option 1 - Client Infographic.....	22
6.2 Self-directed Support Option 2 - Client Infographic.....	23
6.3 Self-directed Support Option 3 - Client Infographic.....	24
6.4 Self-directed Support Option 4 - Client Infographic.....	25
Appendix 1 .....	26
Appendix 2 .....	27
Appendix 3.....	28
Appendix 4.....	29
Data under Development.....	30

## 1. Introduction

The Self-directed Support Act came into force on 1<sup>st</sup> April 2014 and places a duty on local authorities to offer people who are eligible for social care a range of choices over how they receive their social care services and support. Self-directed Support allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered. The Act means that, since 1<sup>st</sup> April 2014, local authorities have been required to offer these choices to all new social care clients, and to all existing clients at point of review. The data reported here relates to the second year of implementation of Self-directed Support (2015-16) and follows up on the first Self-directed Support publication in [2014-15](#), when data on Self-directed Support was collected and analysed as part of the Social Care Survey for the first time. It is envisioned that the number of people who have been offered Self-directed Support will grow as local authorities review existing cases.

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

- Option 1:** Taken as a Direct Payment.
- Option 2:** Allocated to a provider that the person chooses – the council holds the budget but the person is in charge of how it is spent.
- Option 3:** The person chooses to allow the council to arrange and determine their service.
- Option 4:** The person can choose a mix of these options for different types of support.

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

This report provides analysis of information collected by the 2016 Social Care Survey for all Self-directed Support options. Further analysis of the 2015-16 Direct Payments data can be found in the publication 'Social Care Services, Scotland, 2016':

<http://www.gov.scot/Publications/2016/11/8311>.

The introduction of Self-directed Support was a significant change to practice that will take many years to fully embed. It has required changes to the data that is collected and the design of new systems to collect and record that data. As a result, the 2015-16 data on Self-directed Support for some local authorities remains incomplete and the results presented here should be interpreted with this in mind. However, progress was made in data quality between 2014-15 and 2015-16.

The remainder of this report is divided into five sections. Section 2 discusses issues surrounding the implementation rate of Self-directed Support across local authorities and the extent of data recording issues. Section 3 presents analysis of social care clients who made a choice regarding their services and support in 2015-16. Section 4 presents data

on expenditure that was budgeted for social care clients who made a choice regarding their services and support in 2015-16. Section 5 compares 2015-16 data to the 2014-15 data published last year. And finally, section 6 presents key demographic statistics for each Self-directed Support option in the form of infographic pages.

## 2. Implementation of Self-directed Support

### 2.1 Implementation Rate

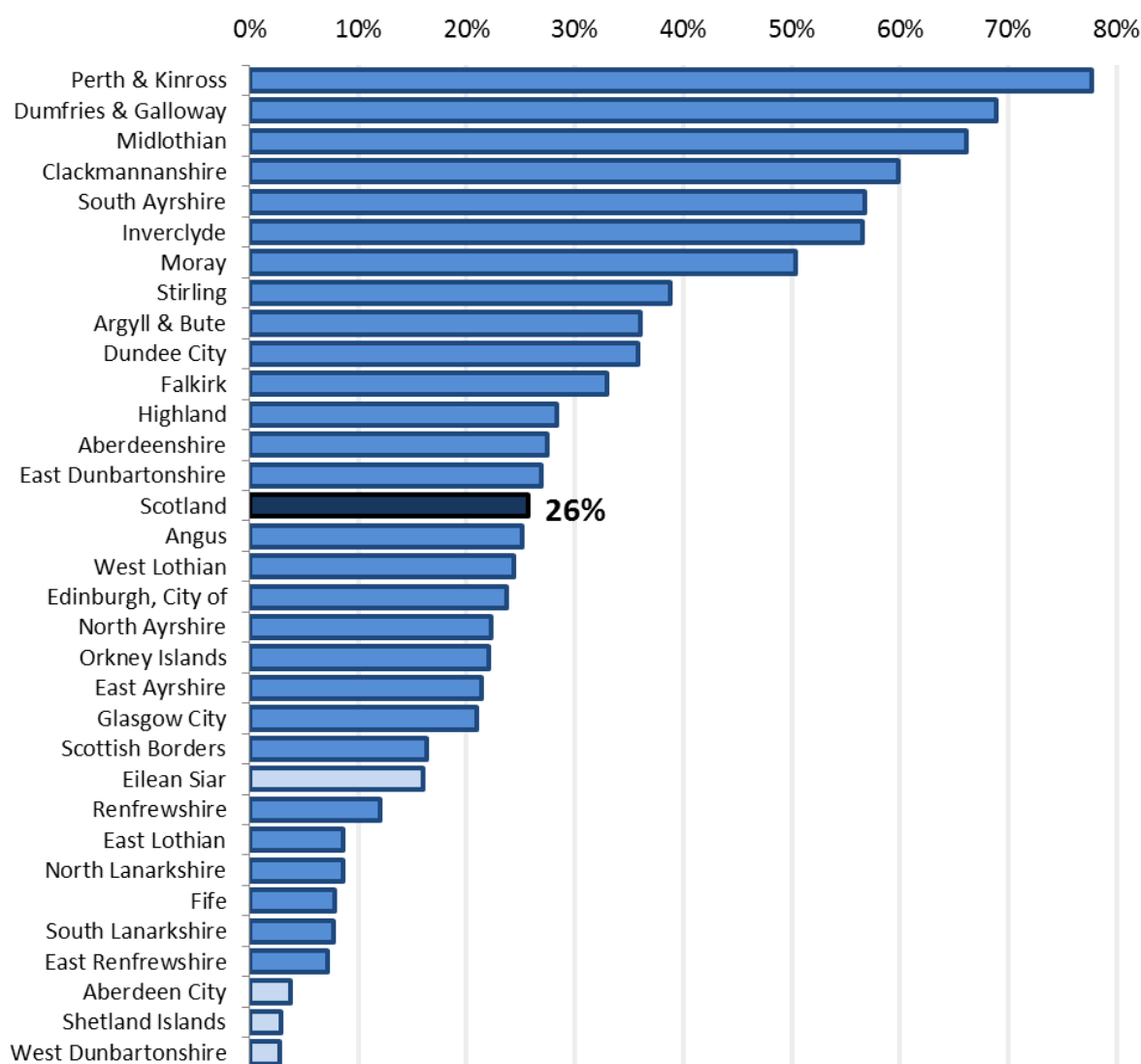
The 2016 Social Care Survey asked local authorities to return information on all clients who made a choice regarding their services or support at any time during the 2015-16 financial year. The key criterion for inclusion is the client was given a choice – an individual should only be included if they have undergone an assessment during which the available Self-directed Support options were explained.

Under this definition, 53,319 clients were identified as having made a choice regarding their services or support during 2015-16. One measure of the national implementation rate for Self-directed Support is provided by the proportion that these clients represent of all social care clients present in the 2016 Social Care Survey. The Social Care Survey covers most, but not all, community-based social care services. On this basis, the 2015-16 implementation rate of Self-directed Support across Scotland would be estimated at 25.6%. This is up on the 2014-15 implementation rate, however, better data recording was also observed this year which makes direct comparisons complex. See section 2.2 for more details on data recording.

The implementation rate provides an indicative value only and does not represent a target. The scope of the Social Care Survey will vary across local authorities due to differences in population need and service provision. Not all clients in the Social Care Survey will be able to exercise choice over their services or support and this will impact the implementation rate that is ultimately obtainable by each local authority. It is expected that the Self-directed Support implementation rate will continue to rise in upcoming years, however this will not reach a complete 100%. Clients receiving reablement, community alarms and/or crisis care support, for example, may not be able to make a choice regarding their services or support. In addition, some people have a local authority support worker but no services in place. Furthermore, implementation rates at the local authority level will vary according to when the local authority started offering Self-directed Support and the speed of the phased roll-out that was deemed appropriate to that area.

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

**Figure 1:** variations in Self-directed Support implementation rate by local authority, 2015-16



*Local authorities shaded in light blue have incomplete Self-directed Support option data (see Section 2.2).*

## 2.2 Self-directed Support Options Recording

Changes in data recording systems were necessary to capture Self-directed Support information in 2014-15, a process which takes time to complete. Consequently, not all local authorities are able yet to record information for the separate Self-directed Support options. In particular, option 3 can be difficult for local authorities to record accurately as choosing this option during a review may mean that the individual concerned is carrying on with existing services and not all systems are currently able to report on this. In 2014-15, 22 local authorities were able to report on all Self-directed Support options. This has increased to 28 local authorities in 2015-16. More detail is given below.

All local authorities were able to return Self-directed Support Option 1 information, reflecting the fact that data on Direct Payments have been collected since 2001. However:

- 27 local authorities<sup>1</sup> were able to return client information for all of the Self-directed Support options. One local authority<sup>2</sup> returned information on those receiving Option 1 and Option 3 only as they had no Option 2 clients.
- Four local authorities were able to return information on clients who have chosen some, but not all, of the Self-directed Support options. Of these:
  - One local authority<sup>3</sup> was able to return information on those receiving Option 1, but not those receiving Option 2 or Option 3;
  - One local authority<sup>4</sup> was able to return information on those receiving Option 1 and Option 3, but not those receiving Option 2;
  - Two local authorities<sup>5</sup> were able to return information on those receiving Option 1 and Option 2, but not those receiving Option 3.

Taken collectively, such recording issues will mean that the observed total number of clients who made a choice regarding their services and support – and the national implementation rate – is an underestimate of the true position. Such issues will also contribute to the local variations in implementation rate discussed in Section 2.1.

The 28 local authorities<sup>1 2</sup> with complete Self-directed Support option reporting account for 99% (52,573) of the previous client total. These 28 local authorities account for 93% of all social care survey clients and 93% of the Scottish population. If the 2015-16 Self-directed Support implementation rate is estimated on the basis of these authorities only, then a value of 27.3% is obtained. This is considered to be the best available estimate for the national implementation rate, as it accounts for the known recording issues.

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

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

<sup>3</sup> Shetland Islands.

<sup>4</sup> Eilean Siar.

<sup>5</sup> Aberdeen City and West Dunbartonshire.

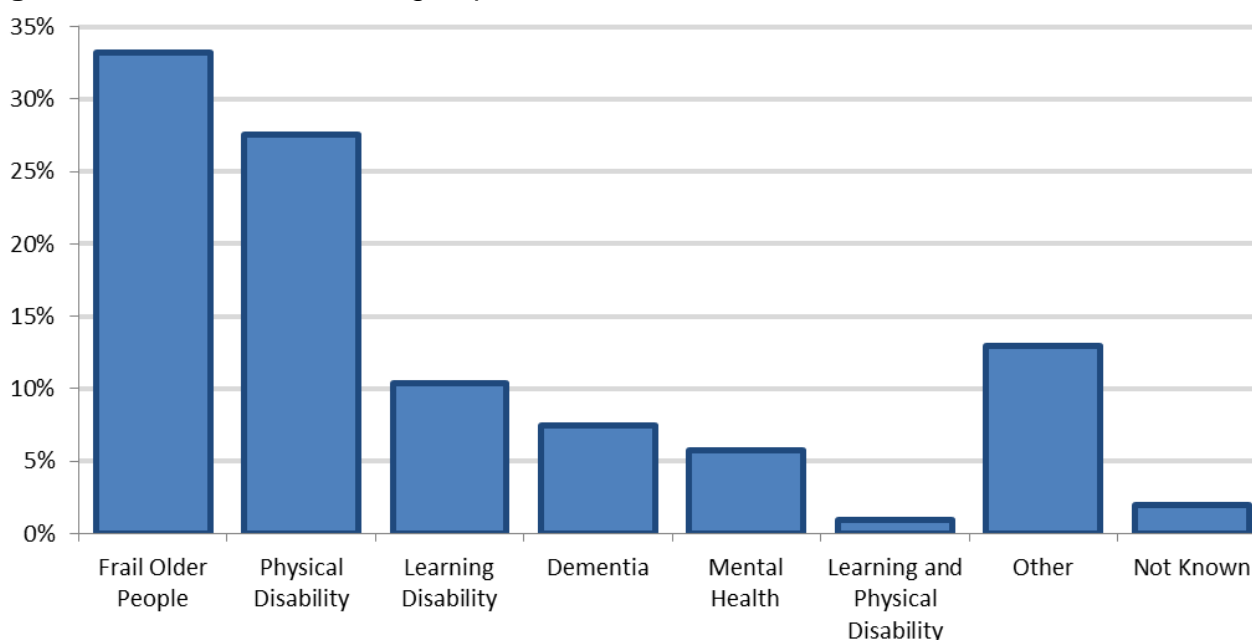
### 3. Client Analysis

The analysis presented throughout Section 3 focuses on the 28 local authorities identified in Section 2.2 as having full Self-directed Support option recording. This means that aggregate-level figures are not skewed by data recording issues and will therefore more accurately reflect the Scotland-level picture. It is expected that continued improvements to local authority recording systems will occur in the following years and this will lead to full data being returned for all local authorities.

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

Figure 2 shows the breakdown of clients by client group – the main reason for the client needing a social care service. This shows that the largest groups are ‘Frail Older People’ (33%) and ‘Physical Disability’ (28%), which is in line with the Social Care Survey as a whole. The ‘Other’ group includes addictions, palliative care and carers.

**Figure 2:** breakdown of client group, 2015-16

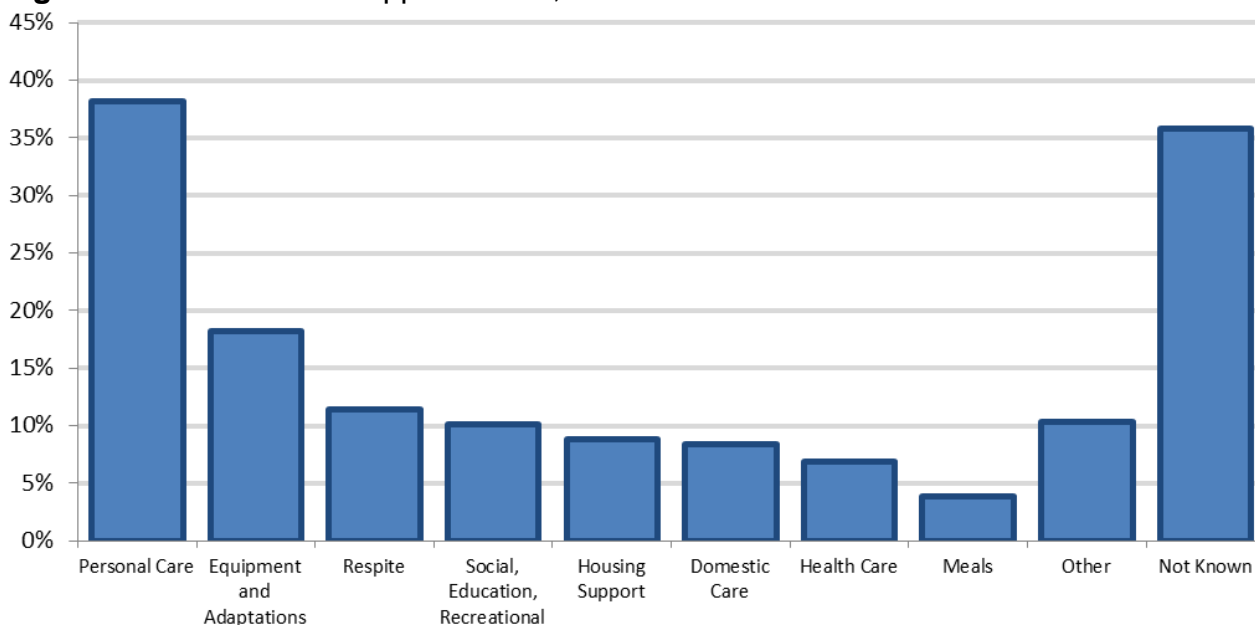


*Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).*

Figure 3 shows the breakdown of clients by need – the type of assessed support needs that are provided for. Note that clients can be identified as having more than one support need and so the sum of percentages will exceed 100%. This shows that the largest need is ‘Personal Care’, identified for 38% of clients. Over a third of clients (36%), however, were classed as having ‘Unknown’ needs, suggesting that there are additional recording issues to those identified in Section 2.2.



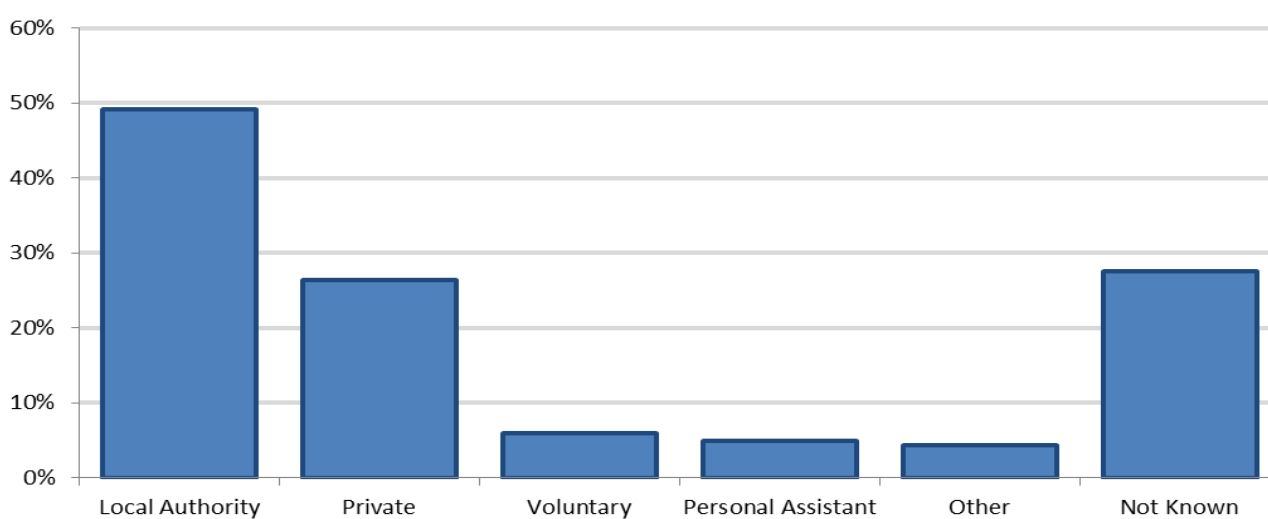
**Figure 3:** breakdown of support needs, 2015-16



*Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).*

Figure 4 shows the breakdown of clients by what mechanisms of support were provided. Note that clients can be identified as having more than one support mechanism and so the sum of percentages will exceed 100%. It shows that the largest support mechanism is the 'Local Authority' (49%) – that is, the local authority is who the client purchases services from, or has the service provided by. This option is generally expected to be selected for care packages involving a Self-directed Support Option 3 component. Over a third of clients (28%), however, were classed as having an 'Unknown' support mechanism, suggesting that there are additional recording issues to those identified in Section 2.2.

**Figure 4:** breakdown of support mechanism, 2015-16



*Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).*

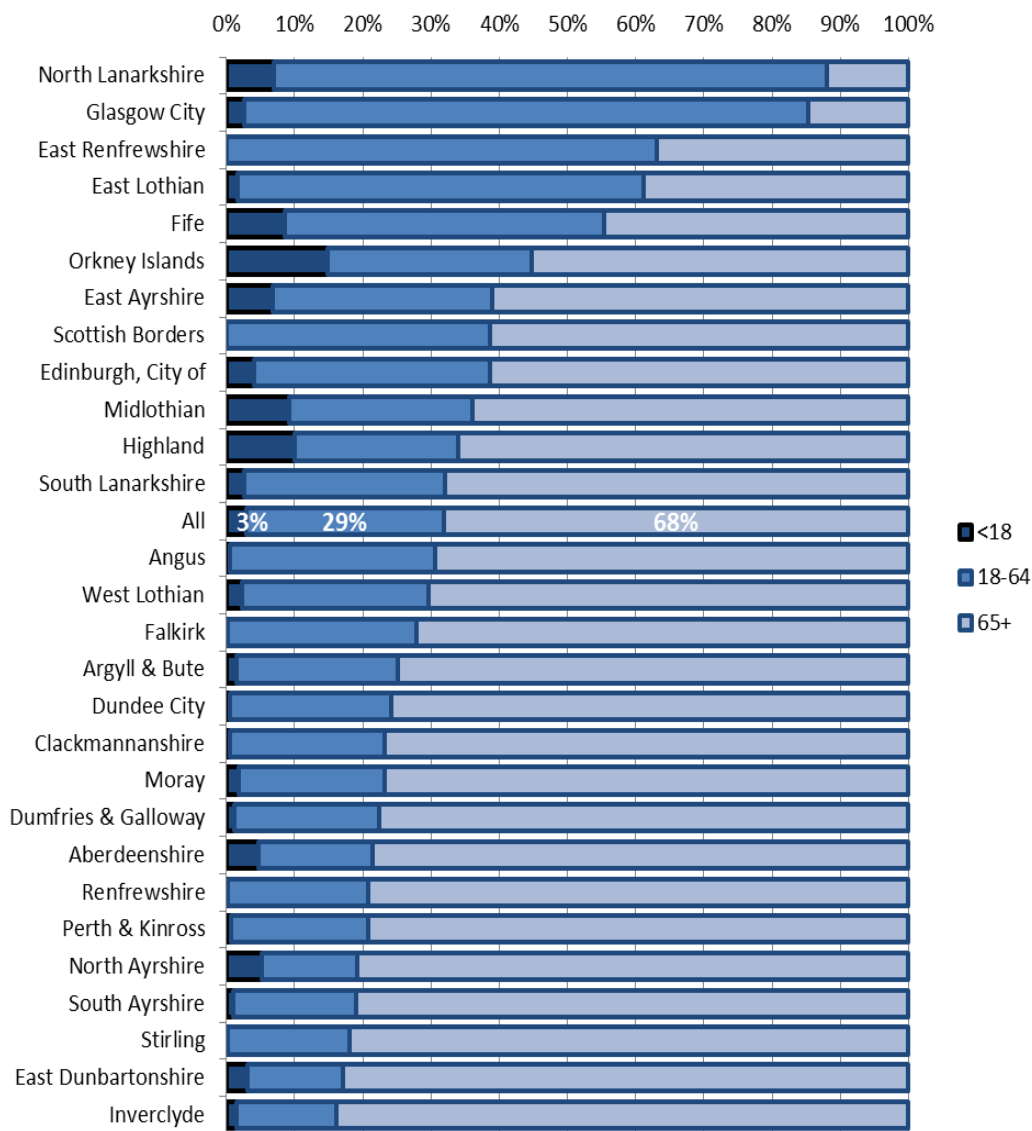
### 3.2 Age Breakdown by Local Authority

Of the social care clients who made a choice regarding their services and support in 2015-16, 3% were aged under-18, 29% were aged 18-64 and 68% were aged 65+. This age distribution is younger than that observed in the Social Care Survey as a whole, where 75% of clients were aged 65+.

The estimated Self-directed Support implementation rate for social care clients aged 65+ is 25%, for those aged 18-64 it is 35% and for clients aged under-18 it is 48%. Implementation, therefore, has been more rapid for younger social care clients than for older clients.

Figure 5 shows the age breakdown of clients by local authority. It shows that North Lanarkshire, Glasgow City and East Renfrewshire have the youngest age distributions, whilst Inverclyde, East Dunbartonshire and Stirling have the oldest age breakdowns. The variation across local authorities is not readily explained by the different demographics in each and so more research is required in order to understand these differences better.

**Figure 5:** breakdown of age by local authority, 2015-16



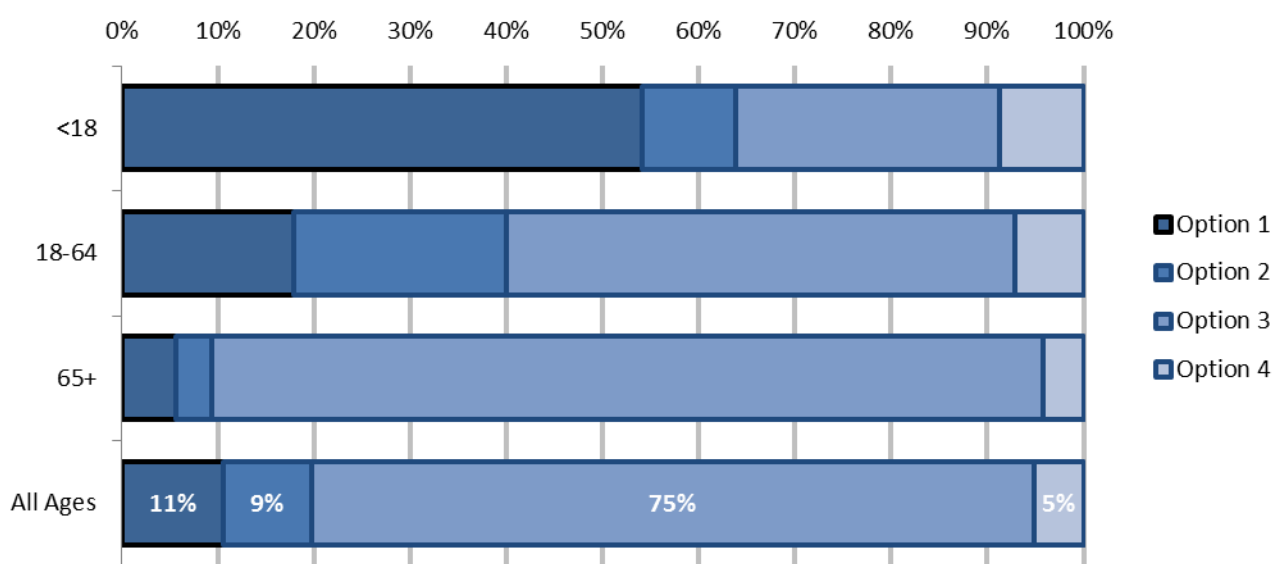
Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).

### 3.3 Age and Self-directed Support Option Breakdown

Of the social care clients who made a choice regarding their services and support in 2015-16, 11% chose Self-directed Support Option 1, 9% chose Option 2, 75% chose Option 3 and 5% chose Option 4. The majority of clients, therefore, opted to retain council arranged services (Option 3) when assessed under Self-directed Support.

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

**Figure 6:** breakdown of Self-directed Support option choices by age of client, 2015-16



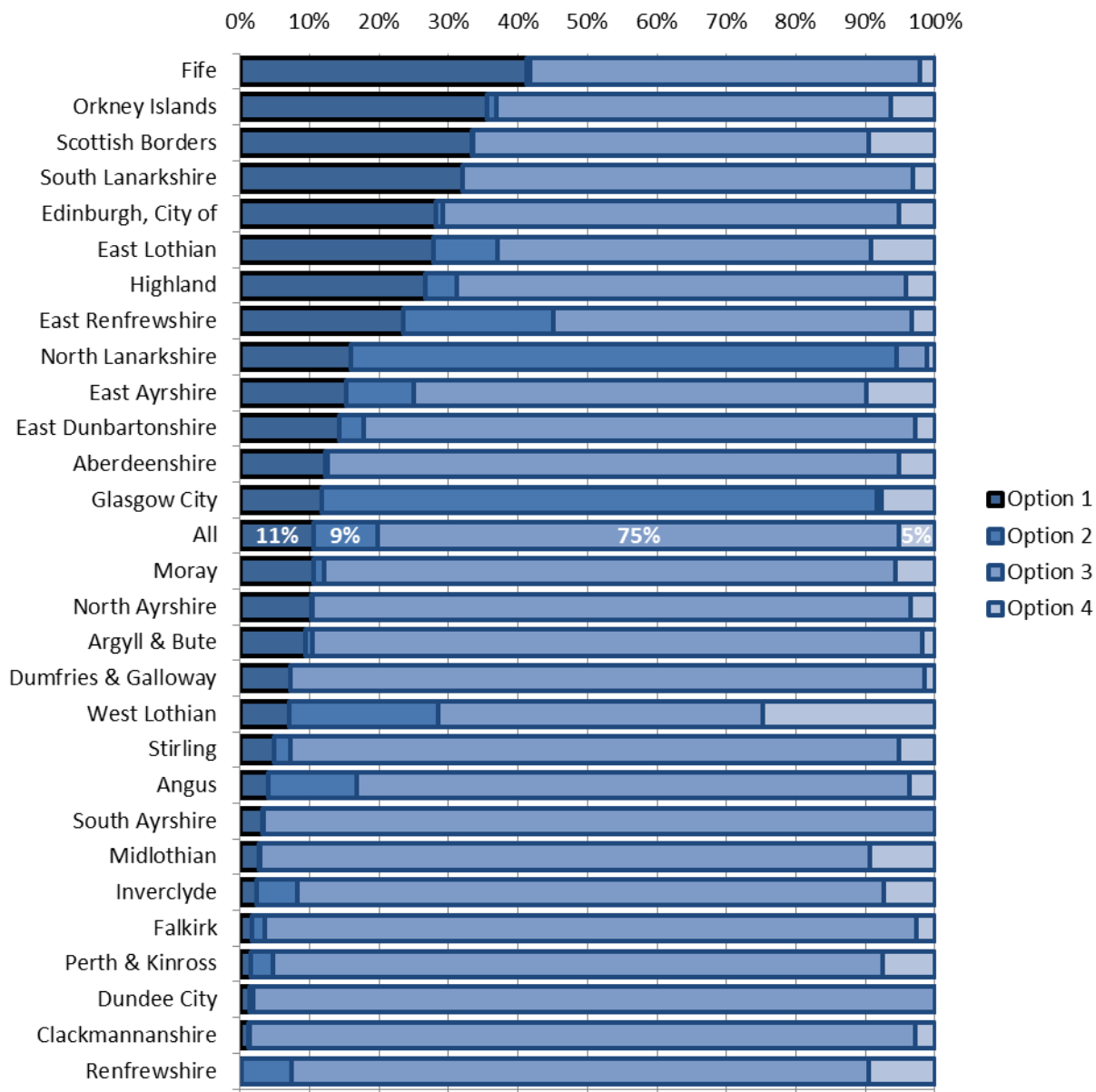
Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).

### 3.4 Self-directed Support Option Breakdown by Local Authority

Figure 7 shows that the breakdown of Self-directed Support options chosen varies across local authorities. This suggests that variations in implementation or data recording may play a significant role in the breakdown of options chosen.

In 26 out of 28 of the local authorities considered here, Option 3 was the most popular choice. However, in Glasgow City and North Lanarkshire, Option 2 was the most popular choice. Together, Glasgow City and North Lanarkshire clients accounted for 70% of all recorded Option 2 clients of the local authorities considered here. In addition, Glasgow City and North Lanarkshire are the two local authorities with the youngest age distribution (see Section 3.2), which corresponds to the observation that younger clients are more likely to choose Option 1 and Option 2 (see Section 3.3).

**Figure 7:** breakdown of Self-directed Support option choices by local authority, 2015-16



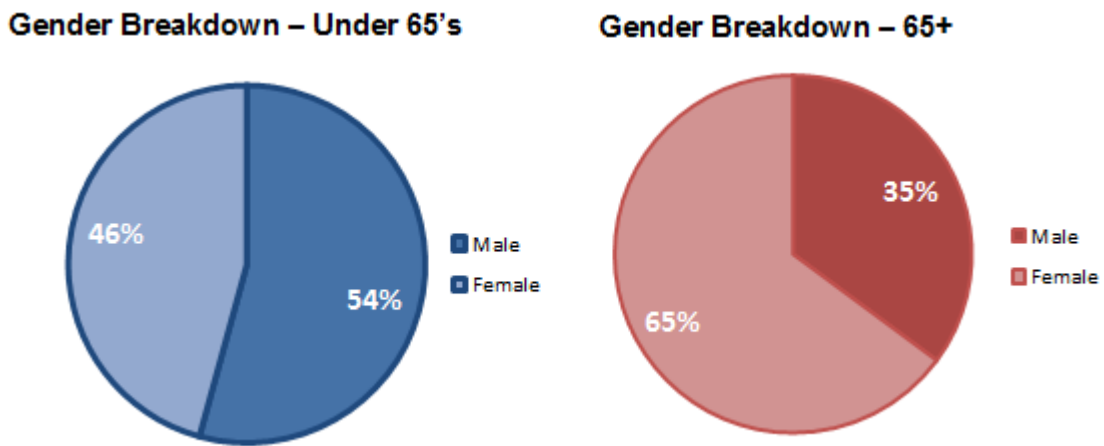
Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).

### 3.5 Gender Breakdown

Of the social care clients who made a choice regarding their services and support in 2015-16, 41% were male and 59% were female. This gender breakdown compares with 38% male and 62% female from the Social Care Survey as a whole.

The gender split is broadly similar across the local authorities considered here, however in Glasgow City and North Lanarkshire the majority of clients were male (56% in both). East Renfrewshire also stood out as having a higher proportion of male clients (48%) compared to the average. It is notable that these three authorities have the youngest age distribution (see Section 3.2), demonstrating the link between age and gender. Indeed, figure 8 compares the gender breakdown for clients aged under 65 and those aged 65+. It shows that clients aged under 65 are more likely to be male whilst clients aged 65+ are more likely to be female. Women live longer than men on average, and thus the observed correlation of age and gender is not surprising.

**Figure 8:** comparison of gender breakdown by age, 2015-16

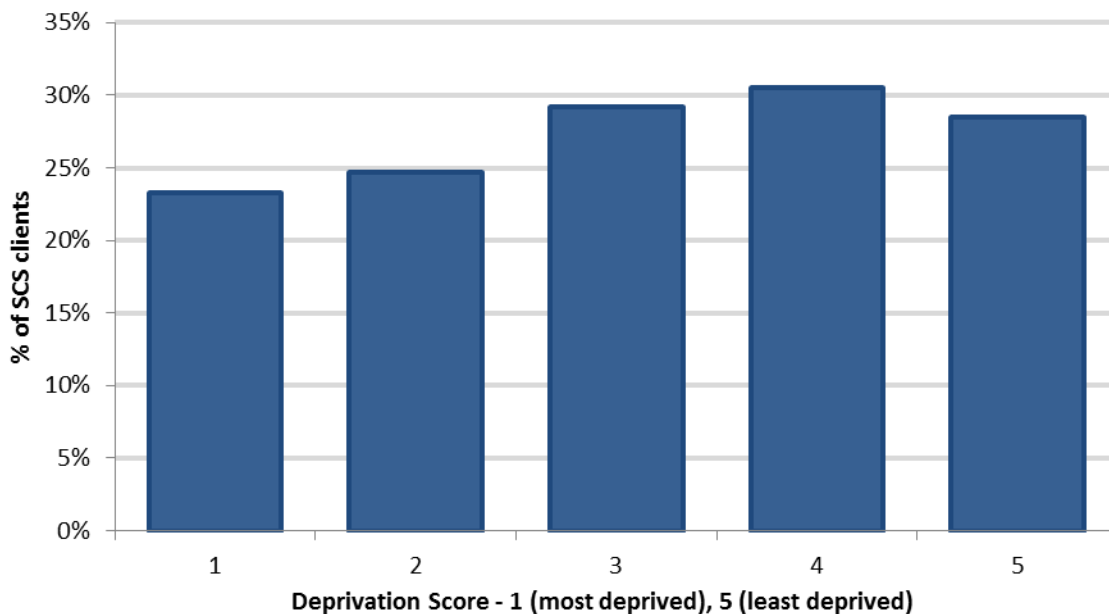


Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).

### 3.6 Deprivation and Age Breakdown

In the main social care survey, those in the most deprived quintiles represent a bigger proportion of clients than those in the least deprived. However, the proportion of all social care survey clients making a Self-directed Support choice is lowest in the most deprived quintiles, figure 9.

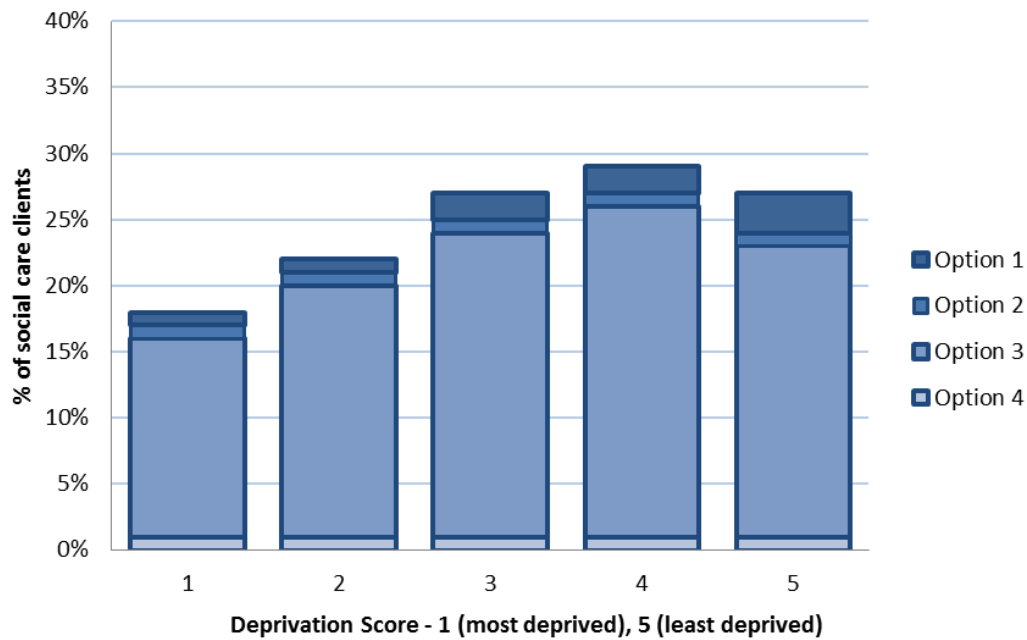
**Figure 9:** deprivation breakdown of social care clients making Self-directed Support choice, 2015-16



Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).

The trend is similar for the 65+ age group, where those in the most deprived areas are least likely to make a choice. The choice made by this group tends to be option 3 and this is consistent across all the deprivation quintiles, figure 10.

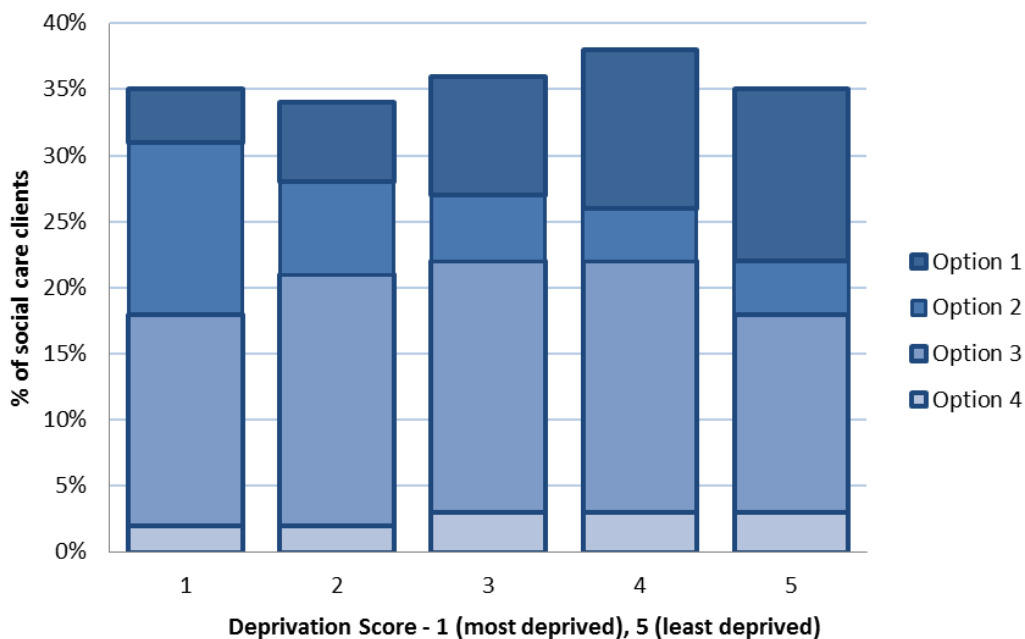
**Figure 10:** proportion of social care clients who chose a Self-directed Support option, 65+, 2015-16



Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).

The trend for those under 65 making a choice does not appear to vary greatly between deprivation quintiles. However, there are some notable differences in regards to the choices made. Those in the least deprived quintiles are more likely to choose option 1 than those in the most deprived. However, those in the most deprived quintiles are more likely to choose option 2 than those in the least deprived. Further research to examine why there are differences across deprivation groups is required.

**Figure 11:** proportion of social care clients who chose a Self-directed Support option, <65, 2015-16



Information refers to the 28 local authorities with full Self-directed Support option recording (see Section 2.2).

## 4. Expenditure

### 4.1 Expenditure Recording

The 2016 Social Care Survey asked local authorities to return information on the gross value of the agreed budget associated with each care package associated with a Self-directed Support option. For the analysis in this section, the budgeted expenditure associated with Option 4 is included under the specific options – Option 1, 2 and / or 3 – of the mixture chosen for each client.

Section 2.2 described the issues surrounding recording systems and the ability of local authorities to capture Self-directed Support information during 2015-16. There, four local authorities are identified who suffered from incomplete Self-directed Support options recording. In addition, variation in the recording of budgeted expenditure is also evident from the data. All local authorities who returned client information on those receiving Option 1 were able to record some budgeted expenditure under Option 1 with the exception of Angus, who were unable to return any expenditure information. However:

- Of the 30 local authorities who were able to return client information on those receiving Option 2, four local authorities were not able to provide any budgeted expenditure information. See table 1 over page and accompanying notes for details.
- Of the 29 local authorities who were able to return client information on those receiving Option 3, 10 local authorities were not able to provide any budgeted expenditure information. See table 1 over page and accompanying notes for details.
- In addition to problems at the aggregate level, all local authorities had numerous instances of individual clients with no budgeted expenditure against a recorded Self-directed Support option.

In total, only 18 local authorities were able to provide client information on all Self-directed Support options and include some budgeted expenditure against those options. In light of the analyses carried out in the following sub-sections, however, all local authorities with recorded budgeted expenditure are included.

### 4.2 Expenditure Breakdown

In total, the combined values of all recorded budgets associated with a Self-directed Support option in 2015-16 was £383m. Given the expenditure recording issues highlighted above – in addition to the recording issues described in Section 2.2 – this figure represents an underestimate of the true value. The observed figure represents 24% of gross expenditure by local authorities on community based Social Work services in 2015-16<sup>[1]</sup>.

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

[1] [2015-16 LFR03](#)

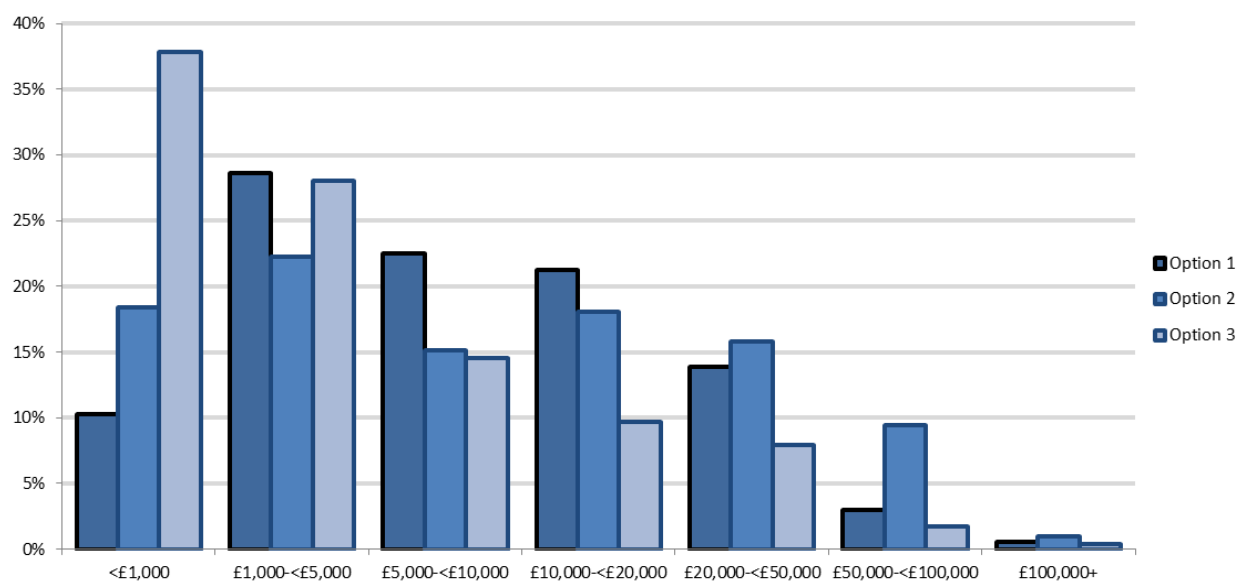
Option 3 is associated with much lower average values. This pattern is not surprising, since clients choosing Option 1 and Option 2 are on average younger than clients choosing Option 3. Younger clients are shown to have higher / more complex levels of need than older clients, and as a result average expenditure will be higher.

**Table 1:** breakdown of budgeted expenditure by Self-directed Support option, 2015-16

	Total budget values	Median budget per client
<b>Option 1</b> (data for 31 local authorities <sup>6</sup> )	£93m	£7,350
<b>Option 2</b> (data for 25 local authorities <sup>7</sup> )	£108m	£8,760
<b>Option 3</b> (data for 18 local authorities <sup>8</sup> )	£176m	£2,810
<b>All Self-directed Support</b>	£383m	£4,840

Figure 12 shows the distribution of budgeted expenditure per client for Option 1, Option 2 and Option 3. For Option 3, the highest proportion of budgets (38%) are in the less than £1,000 category – the proportion of clients in each budget category then steadily falls as budget values rise. For Option 1, in contrast, the highest proportion of budgets (29%) are in the £1,000 to £5,000 category. For budget categories above these values, the proportion of clients in each budget category then steadily falls. The pattern for Option 2 is less clear. The highest proportion of budgets (22%) are in the £1,000 - £5,000 category – the proportion of budgets in each category then fluctuates between 9% and 18% for budget values up to £100,000.

**Figure 12:** histograms of client gross budgets by Self-directed Support option, 2015-16



<sup>6</sup> All local authorities other than Angus were able to return information on expenditure associated with Option 1.

<sup>7</sup> All except Angus, Argyll & Bute, Dumfries & Galloway, Eilean Siar, Falkirk, Shetland, West Dunbartonshire.

<sup>8</sup> All except Aberdeen City, Angus, Argyll & Bute, Dundee City, East Ayrshire, Eilean Siar, Falkirk, Highland, North Ayrshire, Orkney, Scottish Borders, Shetland, South Ayrshire, West Dunbartonshire.



## 5. Comparison to Previous Year

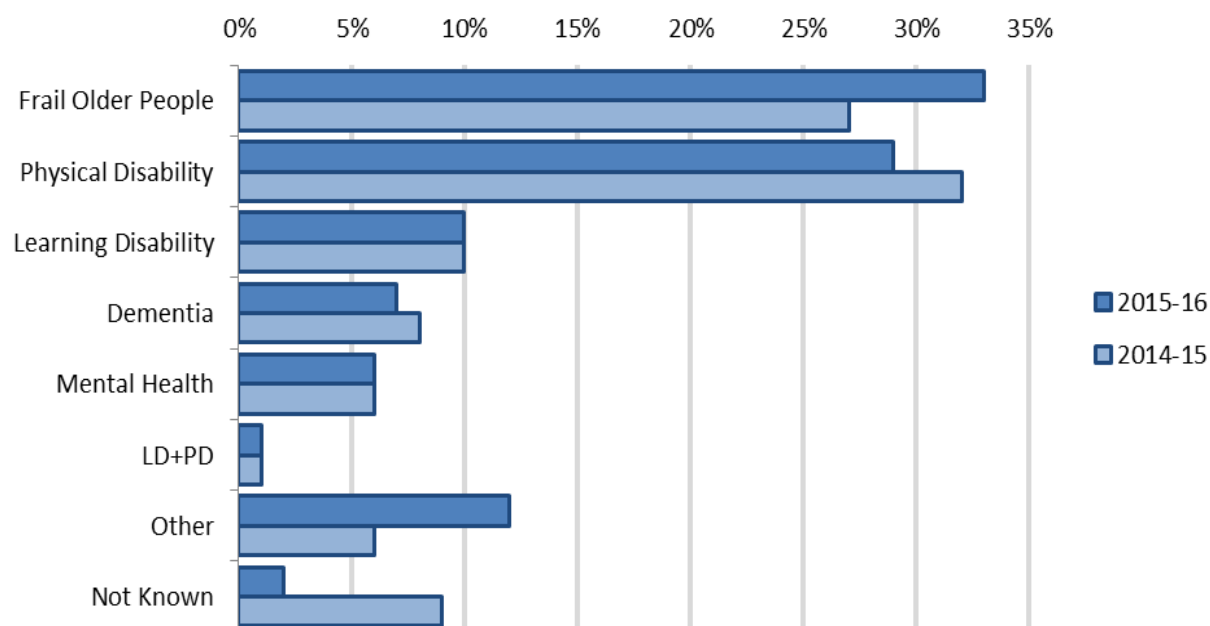
This is only the second publication of data on self-directed support, following on from the 2014-15 report. In 2014-15, only 22 local authorities<sup>9</sup> returned data on all Self-directed Support options and these authorities represented the bulk of the analyses presented last year. As such, to allow for a direct comparison to this year, the following sections of this 2015-16 publication will report only on those 22 local authorities with full Self-directed Support options in 2014-15. Please note therefore that figures for 2015-16 in this section won't necessarily match those quoted in earlier sections.

In 2014-15, there were 32,665 Self-directed Support clients in these 22 local authorities. This has increased by 37% (12,162) to 44,827 clients in the 22 local authorities in 2015-16.

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

Figure 13 below shows the breakdown of clients by client group, comparing 2015-16 to the previous year. The largest client group in 2015-16 was 'Frail Older People' (33%), increased from 27% in 2014-15. In comparison, the largest client group in 2014-15 was 'Physical disability' but this decreased by 3% to 29%. Most other client groups were similar across both years, though there was a reduction in the 'Not Known' group, suggesting improved data quality, as well as increases in the 'Other' group.

**Figure 13:** comparison of client groups from 2014-15 to 2015-16

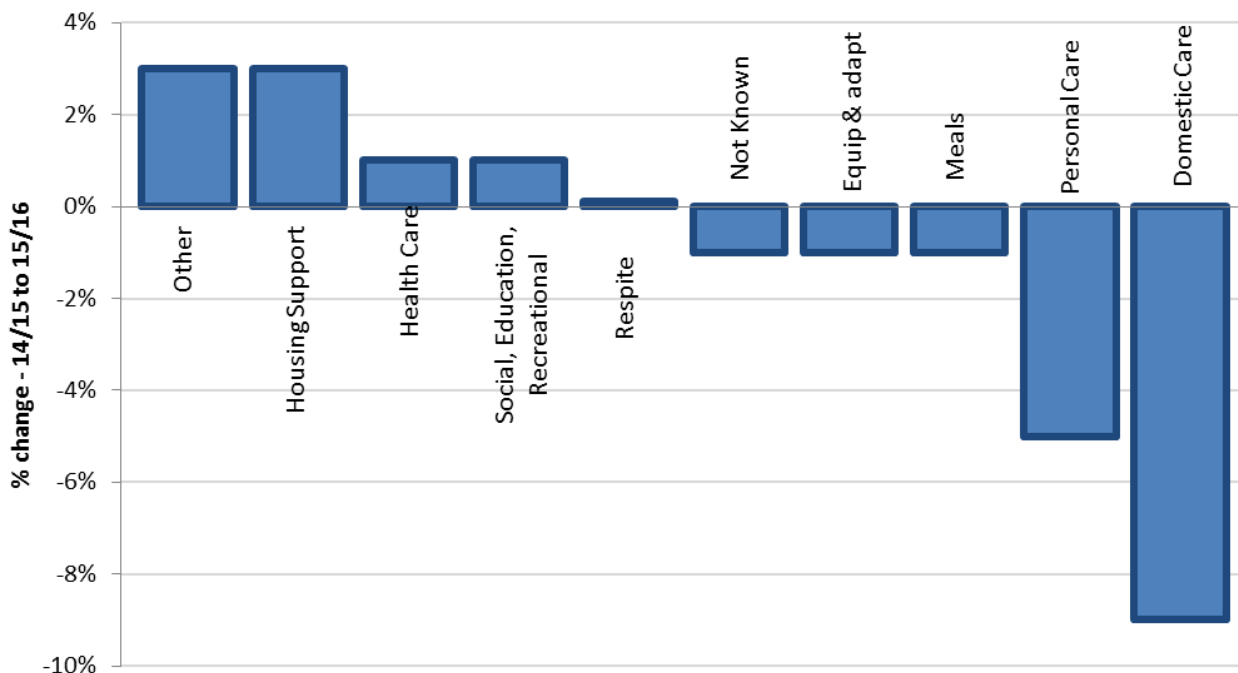


*Information refers to the 22 local authorities with full Self-directed Support option recording in 2014-15.*

<sup>9</sup> Aberdeenshire, Angus, Dumfries & Galloway, Dundee City, East Ayrshire, East Dunbartonshire, East Lothian, Edinburgh, Falkirk, Fife, Glasgow City, Inverclyde, Moray, North Ayrshire, North Lanarkshire, Perth & Kinross, Renfrewshire, Scottish Borders, South Ayrshire, South Lanarkshire, Stirling, West Lothian.

Figure 14 shows the percentage change in the proportion of clients by need – the type of assessed support needs that are provided for, from 2014-15 to 2015-16. Though personal care continued to be the largest need in 2015-16, there was a 5% decrease in proportion of clients with this need. There were also decreases observed in four other categories, most notably a 8% decrease in domestic care. Increases were observed across four categories, including a 3% in housing support.

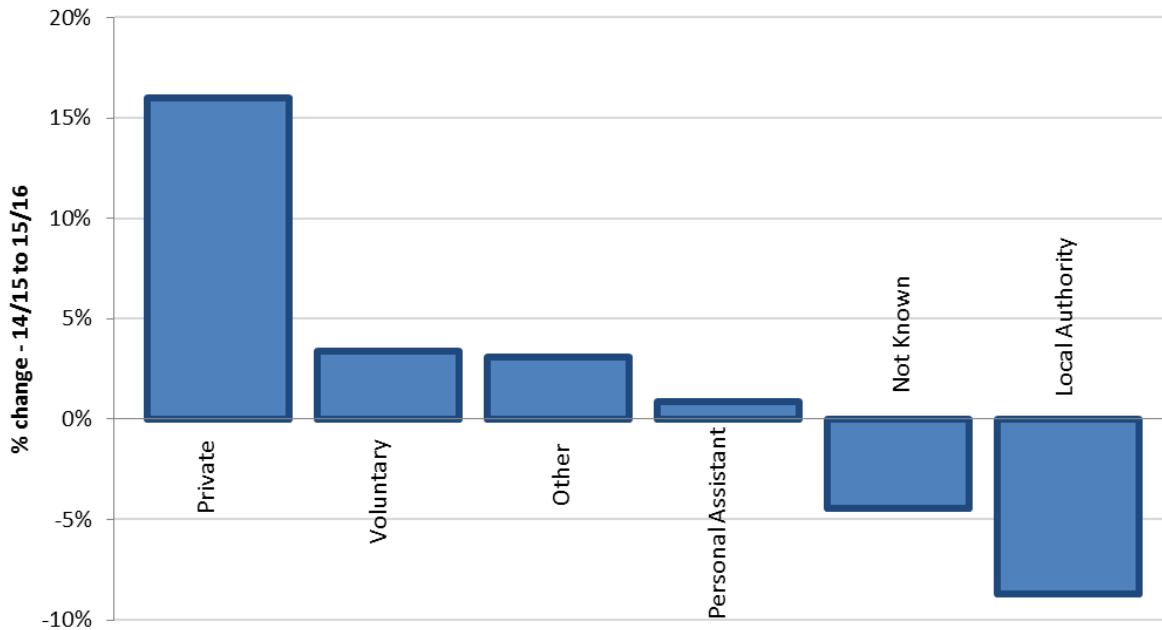
**Figure 14:** comparison of support needs from 2014-15 to 2015-16



*Information refers to the 22 local authorities with full Self-directed Support option recording in 2014-15.*

Figure 15 shows the percentage change in the proportion of clients by support mechanism. Though 'Local Authority' continues to be the largest support mechanism in 2015-16, there was a 9% decrease in the proportion of clients using this support mechanism. There was also a decrease in the 'Not Known' category which may suggest better data recording. Increases in the other four support mechanism categories were observed, most notably a 16% increase in the proportion of clients using a 'Private' mechanism. This may suggest new Self-directed Support clients are less likely to choose a local authority support mechanism rather than a private, voluntary or other option.

**Figure 15:** comparison of support mechanism from 2014-15 to 2015-16



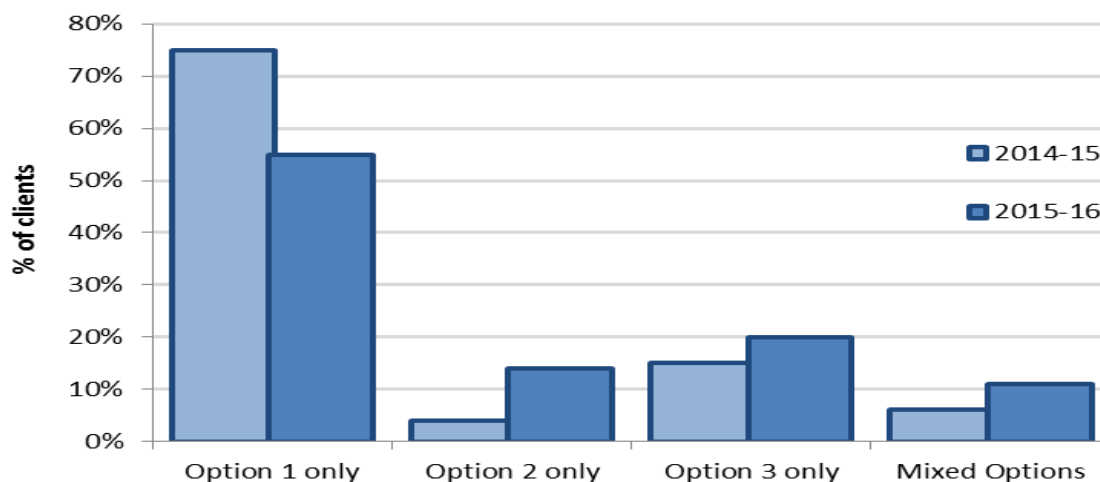
Information refers to the 22 local authorities with full Self-directed Support option recording in 2014-15.

## 5.2 Age and Gender Breakdown

There was a slight increase in the age of Self-directed Support clients in 2015-16 compared to the previous year. In both years, 2% of clients were <18, while 29% were 18-64 in 2015-16 (33% in 2014-15) and 68% were 65 or over (66% in 2014-15). However, Self-directed Support clients continue to be younger than the clients in the Social Care Survey as whole, where 75% are aged 65 or over.

Figure 16 shows that while the majority of those aged under 18 continue to prefer Option 1, there has been a decrease in the proportion choosing this option. While there have been increases in the proportion choosing each of the other options, most notably a 10% increase in the proportion choosing Option 2.

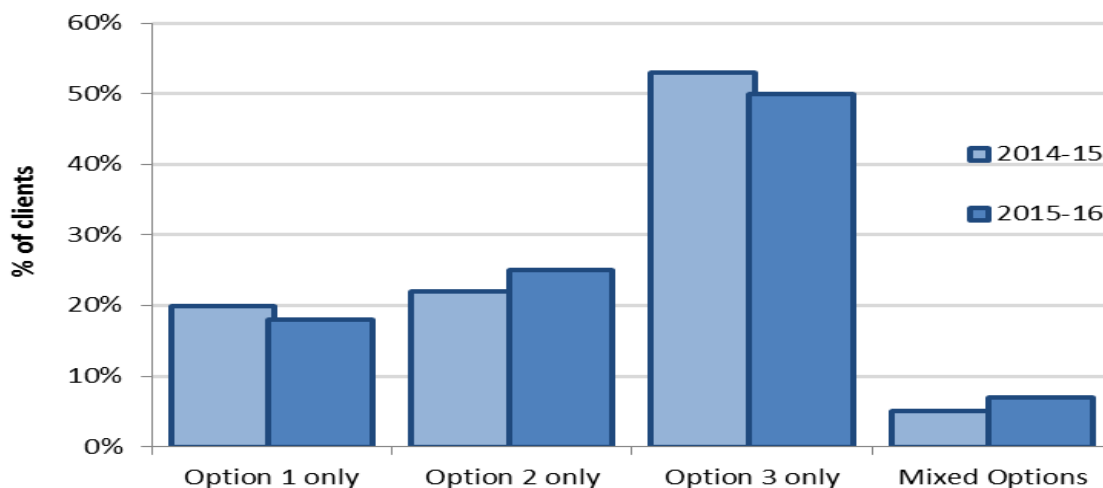
**Figure 16:** comparison of Self-directed Support option chosen by under 18's (2014-15, 2015-16)



Information refers to the 22 local authorities with full Self-directed Support option recording in 2014-15.

Those aged 18-64 made similar choices to those made in 2014-15, with slight decreases in the proportion choosing Option 1 (2%) and Option 3 (3%) and slight increases in those choosing Option 2 (3%) and Option 4 (2%) as can be seen in figure 17 below.

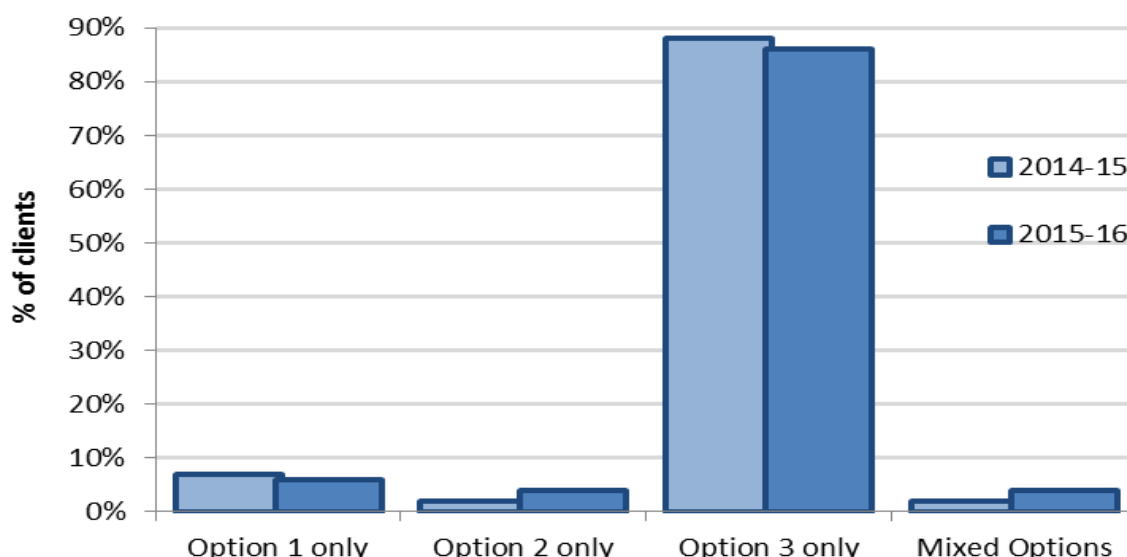
**Figure 17:** comparison of Self-directed Support option chosen by people aged 18-64 (2014-15, 2015-16)



Information refers to the 22 local authorities with full Self-directed Support option recording in 2014-15.

The older age group continued to overwhelmingly choose Option 3 in 2015-16, though there was a 2% decrease from 2014-15. Overall, there was minimal change in the choices made by the older group from 2014-15 to 2015-16; 1% decrease Option 1, 2% increase Option 2 and 2% increase Option 4.

**Figure 18:** comparison of Self-directed Support option chosen by people aged 65+ (2014-15, 2015-16)



Information refers to the 22 local authorities with full Self-directed Support option recording in 2014-15.

There continues to be more females (59%) represented amongst Self-directed Support clients than males, with no change to the overall proportions from 2014-15. This finding is consistent with the overall Social Care Survey. However, the distribution changes when

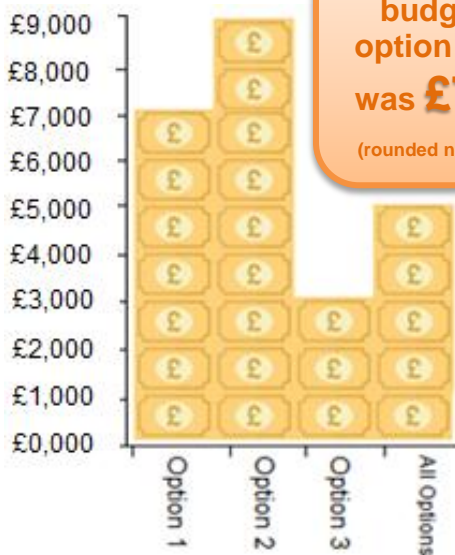
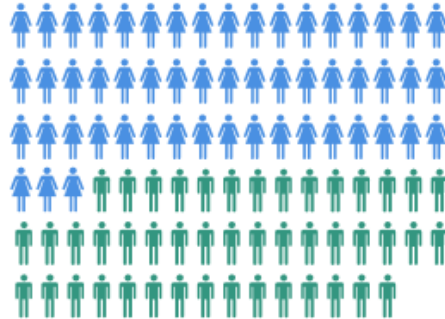
broken down by age. The <18 group is mainly populated by male clients (65%) and this figure is a 2% increase on 2014-15. The 18-64 age group has a slight majority of male clients (53%) and this is a 1% increase on last year. However, the older age group are mainly populated by female clients (65%), the same figure as 2014-15, and as the older group make up 68% of all Self-directed Support clients, this weights the overall figure towards females.

Similarly, the gender distribution changes when looking at the Self-directed Support option chosen by clients. Male clients make up a small majority choosing Option 2 (52%) though this is 1% less than 2014-15. The number of females choosing Option 1 (54%) and Option 3 (62%) were the same in both years. Option 4 in 2014-15 was almost evenly split (51% female V 49% male), however there is an increased number of females choosing Option 4 compared with males in 2015-16 (54% female V 46% male).

# Who chose a Direct Payment (Option 1) in 2015/16?

Self-directed Support Option 1 (Direct Payment) is where an individual is given money by the local authority to arrange their own services. The individual is in complete control of how the money is spent.

5,561 (11%) SDS clients chose Option 1



Median budget per option 1 client was **£7,000** (rounded nearest £,000)

14% have Home Care

1% have Meals

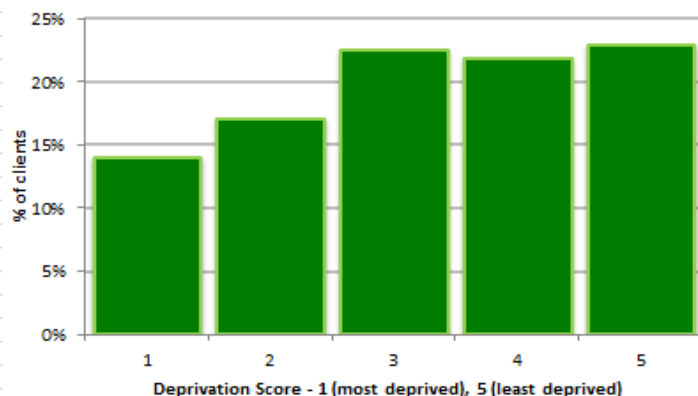
28% have a Community Alarm or Telecare



64% were UNDER 65.

Under 65's were 4.5x more likely to choose option 1 than over 65's.

Least deprived are 1.7x more likely to choose option 1



Clients with a **LEARNING DISABILITY** were **2.4x** more likely to choose option 1. Those with **DEMENTIA** were **LEAST LIKELY**.

Please see appendices for a detailed breakdown of the statistics presented here

# Who chose Option 2 in 2015/16?

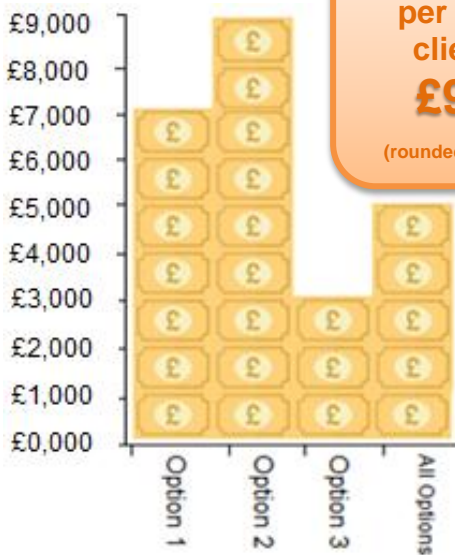
Self-directed Support Option 2 is where an individual chooses the provider and the council then pays the provider – the council holds the budget but the person is in charge of how it is spent.

4,851 (9%) SDS clients chose Option 2



**48%**  
were female

Males were **1.6x** more likely to choose option 2 than females



Median budget per option 2 client was **£9,000**

(rounded nearest £,000)

**10%** have Home Care

**2%** have Meals

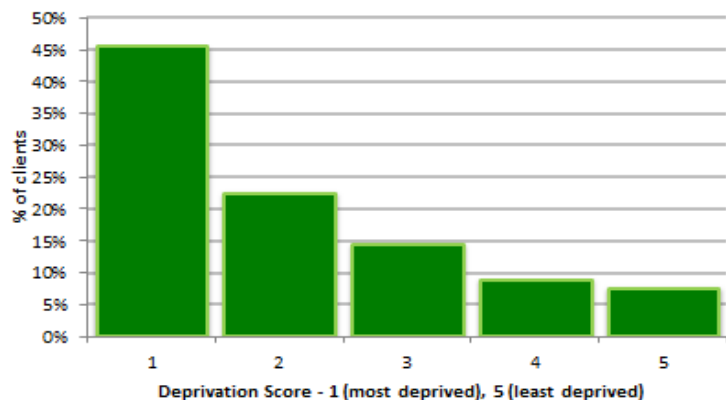
**30%** have a Community Alarm or Telecare



**73%** were **UNDER 65**.

Under 65's were **6.8x** more likely to choose option 2 than over 65's.

Most deprived are **3.7x** more likely to choose option 2



Clients with **OTHER** as client group were most likely to choose option 2

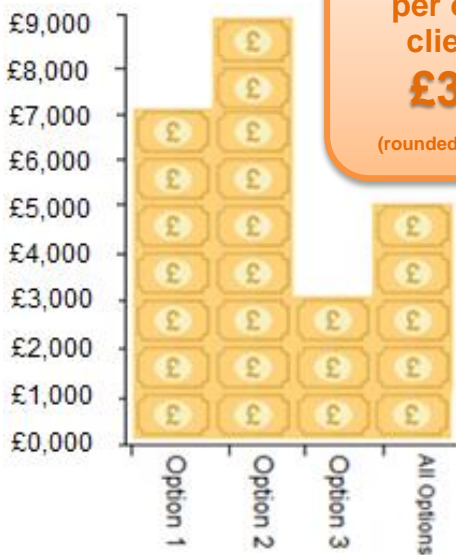
**FRAIL OLDER CLIENTS** were **LEAST LIKELY**.

Please see appendices for a detailed breakdown of the statistics presented here

# Who chose Option 3 in 2015/16?

Self-directed Support Option 3 is where an individual chooses to allow the council to arrange and determine their service.

39,453 (75%) SDS clients chose Option 3



Median budget per option 3 client was **£3,000**  
(rounded nearest £,000)

50% have Home Care

5% have Meals

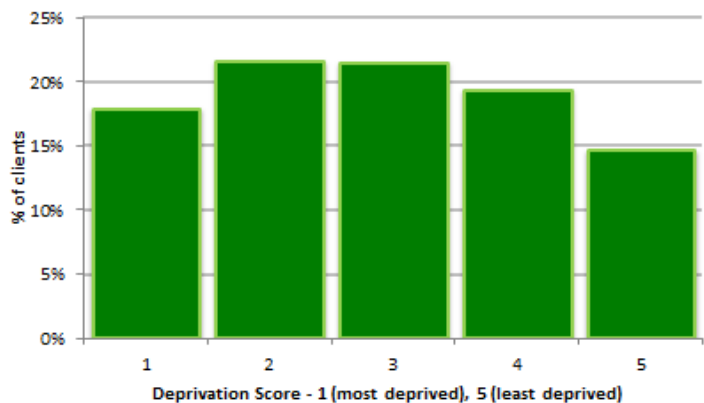
47% have a Community Alarm or Telecare



79% were 65+.

65+ group were 6.3x more likely to choose option 3 than under 65.

Most deprived and least deprived least likely to choose option 3



**FRAIL OLDER** clients are 3.5x more likely to choose option 3.

Clients in the **OTHER** client group were **LEAST LIKELY**.

Please see appendices for a detailed breakdown of the statistics presented here



# Who chose Option 4 in 2015/16?

Self-directed Support Option 4 is where an individual chooses a mix of options for different types of support.

2,708 (5%) SDS clients chose Option 4



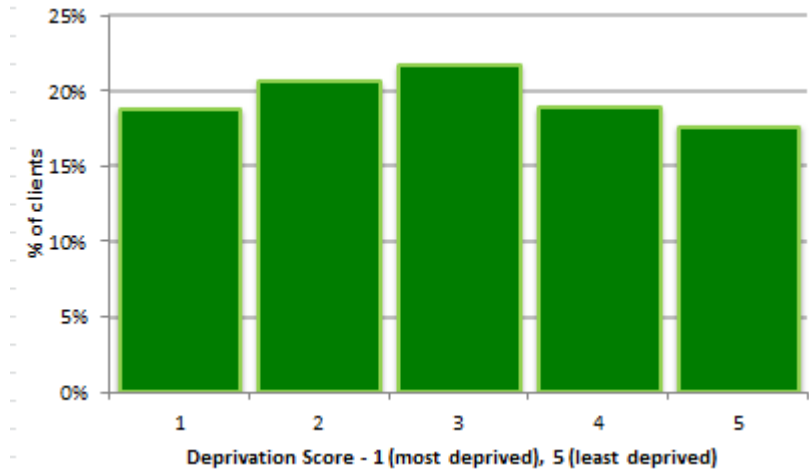
44% have Home Care  
4% have Meals  
50% have a Community Alarm or Telecare



55% were 65+

Under 65's were 2x more likely to choose option 4 than those aged 65+

Minimal differences across deprivation scores



Clients with **DEMENTIA** are 1.6x more likely to choose option 4.  
**FRAIL OLDER** clients were **LEAST LIKELY**.

Please see appendices for a detailed breakdown of the statistics presented here

## Appendix 1

Excludes unknowns

### Self-directed Support Option 1 – Gender: Statistical Data Used in Infographic

Gender	Count	Proportion	Odds	Odds Ratio (Male compared to...)
Male	2,567	46%	0.13	1.0
Female	2,994	54%	0.11	1.2

### Self-directed Support Option 1 – Age: Statistical Data Used in Infographic

Age	Count	Proportion	Odds	Odds Ratio (<65 compared to...)
<65	3,539	64%	0.27	1.0
65+	2,022	36%	0.06	4.5

### Self-directed Support Option 1 – SIMD: Score Statistical Data Used in Infographic

SIMD Score	Count	Proportion	Odds	Odds Ratio (SIMD 5 compared to...)
1	782	14%	0.08	2.4
2	953	17%	0.09	2.1
3	1,255	23%	0.13	1.5
4	1,222	22%	0.14	1.4
5	1,280	23%	0.19	1.0
<b>Not SIMD 5</b>	<b>4,212</b>	<b>77%</b>	<b>0.11</b>	<b>1.7</b>

### Self-directed Support Option 1 - Client Group: Statistical Data Used in Infographic

Client Group	Count	Proportion	Odds	Odds Ratio (Learning Disability compared to...)
Learning Disability	1,154	21%	0.24	1.0
Physical Disability	1,736	32%	0.14	1.7
Frail Older	1,118	21%	0.07	3.4
Dementia	219	4%	0.06	4.0
Mental Health	230	4%	0.08	3.0
Other	920	17%	0.16	1.5
<b>Not Learning Disability</b>	<b>4,303</b>	<b>79%</b>	<b>0.10</b>	<b>2.4</b>

## Appendix 2

Excludes unknowns

### Self-directed Support Option 2 – Gender: Statistical Data Used in Infographic

Gender	Count	Proportion	Odds	Odds Ratio (Male compared to...)
Male	2,505	52%	0.13	1.0
Female	2,346	48%	0.08	1.6

### Self-directed Support Option 2 – Age: Statistical Data Used in Infographic

Age	Count	Proportion	Odds	Odds Ratio (<65 compared to...)
<65	3,530	73%	0.27	1.0
65+	1,321	27%	0.04	6.8

### Self-directed Support Option 2 – SIMD: Score Statistical Data Used in Infographic

SIMD Score	Count	Proportion	Odds	Odds Ratio (SIMD 1 compared to...)
1	2,213	46%	0.26	1.0
2	1,099	23%	0.11	2.4
3	707	15%	0.07	3.7
4	439	9%	0.05	5.2
5	371	8%	0.05	5.2
<b>Not SIMD 1</b>	<b>2,616</b>	<b>54%</b>	<b>0.07</b>	<b>3.7</b>

### Self-directed Support Option 2 - Client Group: Statistical Data Used in Infographic

Client Group	Count	Proportion	Odds	Odds Ratio (Other compared to...)
Learning Disability	822	17%	0.16	3.6
Physical Disability	734	15%	0.05	11.6
Frail Older	329	7%	0.02	29.0
Dementia	116	2%	0.03	19.3
Mental Health	292	6%	0.11	5.3
Other	2,483	52%	0.58	1
<b>Not Other</b>	<b>2,293</b>	<b>48%</b>	<b>0.05</b>	<b>11.6</b>

## Appendix 3

Excludes unknowns

### Self-directed Support Option 3 – Gender: Statistical Data Used in Infographic

Gender	Count	Proportion	Odds	Odds Ratio (Female compared to...)
Male	15,348	39%	2.43	1.5
Female	24,080	61%	3.54	1.0

### Self-directed Support Option 3 – Age: Statistical Data Used in Infographic

Age	Count	Proportion	Odds	Odds Ratio (65+ compared to...)
<65	8,478	21%	1.02	6.3
65+	30,975	79%	6.40	1.0

### Self-directed Support Option 3 – SIMD: Score Statistical Data Used in Infographic

SIMD Score	Count	Proportion	Odds	Odds Ratio (SIMD 4 compared to...)
1	7,088	19%	2.02	1.7
2	8,560	23%	3.28	1.1
3	8,508	23%	3.33	1.1
4	7,677	20%	3.53	1.0
5	5,806	15%	2.72	1.3
<b>Not SIMD 4</b>	<b>29,962</b>	<b>80%</b>	<b>2.77</b>	<b>1.3</b>

### Self-directed Support Option 3 - Client Group: Statistical Data Used in Infographic

Client Group	Count	Proportion	Odds	Odds Ratio (Frail Older compared to...)
Learning Disability	3,551	9%	1.49	5.0
Physical Disability	11,196	29%	3.40	2.2
Frail Older	15,386	40%	7.50	1.0
Dementia	3,284	8%	5.23	1.4
Mental Health	2,322	6%	3.47	2.2
Other	2,997	8%	0.79	9.5
<b>Not Frail Older</b>	<b>23,350</b>	<b>60%</b>	<b>2.17</b>	<b>3.5</b>

## Appendix 4

Excludes unknowns

### Self-directed Support Option 4 – Gender: Statistical Data Used in Infographic

Gender	Count	Proportion	Odds	Odds Ratio (Male compared to...)
Male	1,243	46%	0.06	1.0
Female	1,465	54%	0.05	1.2

### Self-directed Support Option 4 – Age: Statistical Data Used in Infographic

Age	Count	Proportion	Odds	Odds Ratio (<65 compared to...)
<65	1,212	45%	0.08	1.0
65+	1,496	55%	0.04	2.0

### Self-directed Support Option 4 – SIMD: Score Statistical Data Used in Infographic

SIMD Score	Count	Proportion	Odds	Odds Ratio (SIMD 5 compared to...)
1	510	19%	0.05	1.2
2	560	21%	0.05	1.2
3	590	22%	0.06	1.0
4	513	19%	0.05	1.2
5	480	18%	0.06	1.0
<b>Not SIMD 5</b>	<b>2,173</b>	<b>82%</b>	<b>0.05</b>	<b>1.2</b>

### Self-directed Support Option 4 - Client Group: Statistical Data Used in Infographic

Client Group	Count	Proportion	Odds	Odds Ratio (Dementia compared to...)
Learning Disability	402	15%	0.07	1.1
Physical Disability	825	31%	0.06	1.3
Frail Older	605	23%	0.04	2.0
Dementia	293	11%	0.08	1.0
Mental Health	148	6%	0.05	1.6
Other	392	15%	0.06	1.3
<b>Not Dementia</b>	<b>2,372</b>	<b>89%</b>	<b>0.05</b>	<b>1.6</b>

## Data under Development

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

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### How to access background or source data

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

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