



**Fair Access to Social Care Support  
(Children and Families) Policy**

**April 2025**

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<b>Policy Approved By:</b>	East Dunbartonshire HSCP Board
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## SECTION A - INTRODUCTION

### 1 POLICY OBJECTIVES

- 1.1 These policy objectives are underpinned by the East Dunbartonshire Health and Social Care Partnership (HSCP) vision and values. The HSCP's vision statement is: "Caring together to make a positive difference". The HSCPs values are:
- Respect
  - Honesty
  - Integrity
  - Professionalism
  - Empathy & Compassion
- 1.2 The HSCP provides a range of support services to children and young people with varying levels of support needs. A child-centred assessment is undertaken to establish support needs and outcomes. The HSCP is committed to maximising personal independence so will assess what children, young people and families are able to do to support themselves and any informal support they have from family or friends. It will also consider support that is available in local communities. Access to formal support is determined by agreed Eligibility Criteria, with funding being made available where an individual has been assessed as having high or medium needs and where the reduction of these risks requires formal support in part or in whole. The HSCP has a responsibility to provide or secure suitable services to a standard satisfactory to meet eligible needs, through this collaborative approach. It also has a responsibility to ensure there is fair and equitable allocation of the available resources.
- 1.3 The HSCP supports over 650 children, young people and their families (as at July 2024) with varying needs and support requirements. Where an individual has certain complex needs<sup>1</sup> there can be significant variation in the costs of supporting the individual depending upon the model of care used to provide the support. This policy aims to ensure there is a fair and financially sustainable allocation of resources to individuals who require support and the models of care that will be considered, particularly when an individual requires a significant amount of support in their daily living. The policy does not in itself

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<sup>1</sup> As a general rule, someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes, an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

- 1.4 impact on eligible service levels, but focuses on the service types and approaches to providing this support.

## **2 POLICY APPLICATION**

- 2.1 The policy applies to all service users under the age of 16. The policy also includes young people over the age of 16, up to the age of 25, where a designated children's service continues to be provided.

## **3 RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS**

- 3.1 East Dunbartonshire Health and Social Care Partnership's responsibilities to children and families are set out in the following legislation, policies and operational mechanisms, which are subject to change:

- Children (Scotland) Act 1995
- Children (Equal Protection from Assault) (Scotland) Act 2019
- Child Protection Guidance 2021
- Children and Young People (Scotland) Act 2014
- United Nations Convention on the rights of the Child (UNRC)
- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Data Protection Act 2018
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015
- The Carers (Scotland) Act 2016

- 3.2 Other related policies and mechanisms:

- Child's Plan
- Duty Referral (via Advice and Response Team)
- Initial Assessment
- Integrated Comprehensive Assessment
- Eligibility Criteria for Children and Families Policy
- Eligibility Criteria for Adults and Young Carers Support
- Transitions from Children to Adult Services Planning Process

- Self Directed Support Policy

#### 4 LEGISLATIVE CONTEXT

- 4.1 The Children (Scotland) Act 1995 centres on the needs of children and their families and defines both parental responsibilities and rights in relation to children. It sets out the duties and powers available to public authorities to support children and their families and to intervene when the child's welfare requires it.

The essential principles behind the Act, which is the primary legislative framework for Regulations, Directions and Guidance, are:

- *each child has a right to be treated as an individual*
- *each child who can form a view on matters affecting him or her has the right to express those views if he or she so wishes*
- *parents should normally be responsible for the upbringing of their children and should share that responsibility*
- *each child has the right to protection from all forms of abuse, neglect or exploitation*
- *so far as is consistent with safeguarding and promoting the child's welfare, the public authority should promote the upbringing of children by their families*
- *any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration.*

*In support of the principles three main themes run through the Act:*

- *the welfare of the child is the paramount consideration when his or her needs are considered by courts and children's hearings*
- *no court should make an Order relating to a child and no children's hearing should make a supervision requirement unless the court or*

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- *hearing considers that to do so would be better for the child than making no Order or supervision requirement at all*
- *the child's views should be taken into account where major decisions are to be made about their future.*

4.3 The main duty of the Social Work (Scotland) Act 1968 to provide support services derives from Section 12A.

*“Where it appears to the local authority that any person for whom they are under a duty, or have a power, to provide community care services may be in need of any such services the local authority shall:*

- *make an assessment of the needs of that person for those services and*
- *decide, having regard to the results of that assessment, whether the needs of the person being assessed call for the provision of any such services, taking account of:*
  - ♦ *care provided by (an adult or young) carer,*
  - ♦ *the views of the person whose needs are being assessed (provided that there is a wish, or as the case may be a capacity, to express a view)”*

4.4 The Social Care (Self Directed Support) (Scotland) Act 2013 introduced choice and control in the provision of social care support. The Act places a duty on local authorities to offer people who are eligible for support a range of choices over how they receive that support. It allows people in many circumstances to choose how their support is provided to them, and enables people, if they wish to do so, to organise this support themselves. It also requires that the local authority must provide information, including the available budget, to individuals to assist with their decision. If an individual chooses options 1 or 2, the local authority must make available a relevant amount to enable them to make choices about their support. It should be noted that payment made available by the Local Authority should be an amount that the local authority considers to be a reasonable estimate of the cost of securing the provision of support.

4.5 The Equalities Act 2010 was passed on 8 April 2010. The Act protects the following characteristics (referred to in the Act as “protected characteristics”):

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

4.6 The Act prohibits discrimination (whether direct or indirect) against people who possess one of the protected characteristics. Direct discrimination takes place

where a person treats another person who has a protected characteristic less favourably than he or she treats or would treat others not possessing the protected characteristic. Indirect discrimination occurs where a provision, criterion or practice is applied which would put a person possessing a protected characteristic at a particular disadvantage.

- 4.7 Individuals who are assessed as needing support often do so due to disability. While assessment of need is individualised and person-centred (and eligible services so provided), the HSCP has an obligation to ensure that it treats people fairly and equitably in terms of levels of support with which they are provided.
- 4.8 The HSCP Board is delegated with the powers and duties of the Council and Health Board through an “Integration Scheme”, which is established by Parliamentary Order, in relation to a wide range of health and social care functions. The HSCP is accordingly required to perform its statutory duties under the terms of the 1995, 1968 and 2013 Acts, while exercising its discretion in performing these duties. It must also ensure that policy and practice is fair and equitable in line with the Equality Act 2010.
- 4.9 The HSCP has a duty to assess needs and must ensure that assessed eligible needs are being met, but it does not have to fund the support requested by an individual, their parents, guardians, attorney or carer if the assessed need can be met in a more cost-effective manner. The HSCP is not required to fund more
- 4.10 expensive models of care where support can be provided effectively by alternative models of care.

## SECTION B – FAIR ACCESS TO SOCIAL CARE SUPPORT (CHILDREN AND FAMILIES) POLICY

### **5 ASSESSMENT OF NEED AND ELIGIBILITY FOR SOCIAL CARE SUPPORT**

- 5.1 East Dunbartonshire HSCP takes a person-centred, outcomes-based approach to needs assessment and support planning.
- 5.2 Not all assessed needs will meet eligibility criteria for statutory funding. Normally, only outcomes that reduce risks to a low level<sup>2</sup> can be allocated funding for support.
- 5.3 Outcomes not associated with eligible needs will be used to inform and shape how eligible support is best provided.
- 5.4 The Children’s Hearing can impose a legal order which can mean that a child or young person may be considered ‘Looked After’ whilst remaining at home

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<sup>2</sup> East Dunbartonshire Eligibility Criteria Policy for Children and Families

or can be removed from the family home and cared for in an alternative environment.

## 6 RESOURCE ALLOCATION

- 6.1 Legislation requires local authorities to ensure that resources are made available to meet eligible needs to a standard that will satisfy the local authority that the individual's needs and outcomes are being met.
- 6.2 The allocation of resources is determined to be a "relevant amount", as defined in the Social Care (Self Directed Support) (Scotland) Act 2013 as "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person".
- 6.3 In East Dunbartonshire, we have adopted an 'equivalency model' to determine this relevant amount for the allocation of resources under self-directed support. This means that through person-centred discussion regarding needs and outcomes, and during the assessment and support planning activities, the Social Work Practitioner will work with the child and their family/carers/guardians to explore and consider supports that will meet those identified needs and outcomes. This could involve creative and innovative solutions which may be more cost effective whilst also achieving the identified person-centred outcomes. Through this process the HSCP will ensure that the personal budget identified does not exceed the 'equivalency' level. The equivalency calculation is applied whichever one of the four SDS options is chosen, meaning that no individuals will be placed at a disadvantage.
- 6.4 Any individual/family who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner who completed the assessment, and thereafter their manager. If agreement cannot be reached, the individual/family should be made aware of the Health and Social Care Partnership's Complaints Policy and Procedure.
- 6.5 A 'Schedule of Rates' equivalent to the costs of delivering or arranging services in the traditional way (SDS Option 3) will be established and maintained. This will be used in the first instance to determine the relevant amount to deliver or purchase the support required to meet the needs of the child and to determine the personal budget under SDS.
- 6.6 Where the child, young person and/or their family chooses a more expensive support service with hourly rates exceeding the relevant amount it will be necessary to make adjustments within their Individual Budget either to:
- Reduce the total hours of support purchased; or
  - Make alternative arrangements to meet any resulting unmet need arising from any reduction in support hours purchased e.g. financial 'topping up' support costs from their own financial resources.
- 6.7 In exceptional circumstances, application of the Schedule of Rates may be insufficient to identify or purchase a suitable service for some people with very

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specific needs and/or circumstances, either for the HSCP to directly arrange, or as the basis for calculating an equivalent personal budget value.

- 6.8 In any such exceptional situation, consideration must be based on the whole circumstances of the service user and their family including:
- The child/young person's assessed needs e.g. level of complexity, unpredictability of behaviour;
  - Reference to the HSCP's eligibility criteria in relation to high or medium priority/risk.
  - Other relevant factors evidencing that assessed needs cannot be met by a support provider at the relevant rate e.g. difficulty recruiting or purchasing, need for support staff with specific additional skills who would be unavailable at the standard rates.
- 6.9 In the event of any departure from the Schedule of Rates being proposed, the Strategic Commissioning Team must be involved to identify a service to a standard that will satisfy the local authority that the individual's eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available. This service will either be delivered or arranged by the local authority, or will be used to establish an equivalent amount for the purposes of an individual budget, in line with the Social Care (Self Directed Support) (Scotland) Act 2013.
- 6.10 Any decision to make payments above the normal application of the Schedule of Rates must be authorised by the appropriate Head of Service, who will also approve:
- The agreed rate;
  - The period during which the agreed rate will apply and be reviewed.
- 6.11 Any services delivered or arranged at a rate higher than the normal application of the Schedule of Rates will normally be considered temporary. At the time of review, the service-user's needs should be reassessed and re-engagement with the Strategic Commissioning Team must take place to seek to identify a service to a standard that will satisfy the local authority that the individual's eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available, at that time. It is the HSCP's management responsibility to ensure that all procurement and commissioning activities adhere to the Council's Standing Orders.

## 7 TYPES AND LEVELS OF SUPPORT

- 7.1 In line with the HSCP's "Eligibility Criteria Policy Children and Families", the purpose of providing support to a child/young person and their family is primarily to reduce risk to a low level. Finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish. There is an inherent risk in all aspects of daily life and



therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.

- 7.2 East Dunbartonshire HSCP will aim to maximise the use of shared support<sup>3</sup> to ensure it can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will consequently also use shared support approaches when calculating a relevant rate to apply budget equivalence for Self Directed Support.
- 7.3 There is a general principle that all eligible support to reduce risks to a low level must also have a secondary objective to contribute to outcomes relating to the promotion of the GIRFEC (Getting it Right for Every Child). In addition to reducing presenting risk, eligible support should be designed to maximise the potential for individuals and their families to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.
- 7.4 Formal services should be seen as only one component of a co-produced, community asset-based approach to support. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with children, young people, parents, guardians, families and communities in partnership to achieve this.

## **8 TYPES OF LIVING ARRANGEMENTS**

- 8.1 The majority of children and young people, with support needs, live in the family home with family members providing informal support. The HSCP will always aim to work in partnership with families in these circumstances, to try to sustain these arrangements when this is assessed to be in the best interests of the child to meet their needs and where family members can be supported to continue to provide informal care of this nature.
- 8.1.1 Where a child/young person, with support needs, lives with their family, statutory support may be provided at times when support cannot be provided by family members, or to give family members a break from their caring role, in line with the Carers (Scotland) Act 2016 and subject to the preparation of an Adult Carer Support Plan or Young Carer Statement<sup>4</sup>. In such circumstances, the type and arrangement of support provided should be designed to contribute to the achievement of the personal outcomes set out in the support plans of both the individual and their carer(s).
- 8.1.2 Consequently, in some cases, children and young people, with support needs, living with family, who meet Eligibility Criteria, will receive support to engage in meaningful activity and to participate in community life, in order to achieve the

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<sup>3</sup> Shared support is where one or more members of staff provide support to more than one service-user, for example group activities, respite facilities etc.

<sup>4</sup> Eligibility Criteria for Adults and Young Carers Support (2018)

personal outcomes, set out in their support plan, as well as to provide carer support.

- 8.1.3 We will support children and young people to live at home with their families based on assessed eligible need and outcomes. However, the HSCP has a requirement to ensure equity and continuity when delivering support across the population of service users and their families. The HSCP will therefore review the support plan with the child/young person and their family, to consider the options for bringing the support plan cost within the threshold level whilst still meeting the assessed eligible needs. If this can be achieved through redesign, collaborative support networks and maximisation of assistive technology, whilst still meeting the child or young person's eligible needs and reducing risks to a low level, then an updated Child's Plan will be progressed. The cost of providing support, as identified in the Child's Plan, will be considered the 'relevant amount'. This 'relevant amount' will be used to inform a personal budget amount for Self Directed Support Options 1 or 2. Any change of service type would be impact assessed with a view to identifying any risks and for these risks to be handled appropriately.

Leaving the Family Home (age-appropriate living arrangements)

- 8.1.4 Should the young person, or a Power of Attorney / Guardian acting on their behalf, decide the individual should make plans to leave a family home, they may wish to contact East Dunbartonshire Council's Housing Services and register an application for local authority housing. They should also make a referral to East Dunbartonshire HSCP for an assessment of the most appropriate housing options and support required for daily living. Making a housing application does not necessarily mean that care and support will be provided in any preferred housing option.
- 8.1.5 Any housing application to Housing Services will be progressed in line with the Local Authority's housing allocation policy and will take into consideration factors such as the age of the individual, housing need, type of accommodation requested and their support needs. Concurrently an assessment will be conducted to determine the level of support the young person requires, whether there is a need for supported living, and the appropriate model of care. As there will be a need to match to suitable housing, the allocation of housing may take some time. All requests for housing with support will be considered jointly by the HSCP and Housing Services before an allocation is made.
- 8.1.6 The young person, their family and/or their guardian may choose to find their own or privately rented property, however, this should be discussed with East Dunbartonshire HSCP to ensure their assessed care and support needs can be met in any potential property and within eligibility and cost ceiling policies of

the HSCP. Unsuitable property may preclude the delivery of care and support due to reasons of safety.

8.1.7 Any urgent housing requests, including circumstances where a young person (age 16 and over) has been advised they must leave the family home, would require the individual to present as homeless in order to access priority housing.

## 8.2 **Independent Living with Support (age-appropriate living arrangements)**

8.2.1 This relates to young people, age 16 and over, living in single occupancy arrangements, or living independently in shared tenancy accommodation with shared support arrangements. They may be single tenants, owner-occupiers or living on their own in accommodation owned by family or another person.

8.2.2 An individual is considered to be living independently when it is assessed that they do not require to have formal support provided 24 hours per day, and can manage on their own without support for periods of time.

8.2.3 Where eligible support is required, it would be for specific tasks. General support to keep risks to a low level would normally be incorporated into this support, in the first instance, through the use of Assistive Technology being provided where a young person requires immediate access to support.

8.2.4 We will support young people with disabilities to live independently with eligible support in these circumstances unless the cost of doing this exceeds the cost of the most appropriate Supported Living model that includes aspects of shared support. In this event, the young person would be placed on a waiting list for a

8.2.5 Supported Living alternative), or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support Options 1 or 2.

8.2.6 In the event that an Independent Living with Support option is the young person's and their family's or legal guardian's strong preference, a detailed examination of support options should be undertaken to explore if eligible services can be delivered within the cost threshold through collaborative support networks and maximisation of assistive technology, whilst still reducing presenting risks to a low level. If this proved not possible, then 8.3.4 would apply.

8.2.7 A caveat to 8.3.4 above would be when a young person is assessed as not being able to share accommodation with others due to consistent and substantial stress, distress or aggression in the company of others.

8.2.8 Any change of service type would be impact assessed with a view to identifying any risks and for these risks to be handled appropriately.

## 8.3 **Accommodation with support (age-appropriate living arrangements)**

8.3.1 There are four models of care for the provision of accommodation with support that are detailed below. These models are characterised by the need for more significant levels of support to keep an individual or others safe, compared to Independent Living with Support described above.

- (i) Shared or clustered supported accommodation– this is the default model of support, where an individual will share a property with others or live in

a property in such close proximity to other individuals who require similar support, so that substantial or all support can be shared. This would include extra care housing;

- (ii) Dedicated 1:1 single occupancy tenancies or owner occupation supported living – supporting an individual in a single occupancy tenancy or owner occupation would only be considered in the circumstances outlined above;
- (iii) Specialist care – the individual's needs are such that a specialist team is required to provide support to the individual, for example, secure accommodation.
- (iv) Residential care - residential care would not normally be considered unless the individual required care over a 24-hour period in a specialist setting due to medical, behavioural or physical or sensory needs that cannot be met in a non-residential environment. Deteriorating conditions that require increasing reliance on high levels of support are usually best provided in a residential care setting. This should also include people whose needs are volatile and fluctuate and are at risk of frequent hospital admissions.

#### 8.4 **Non-Community-based Supported Living Options – Residential Care**

8.4.1 A residential care placement may be considered when a combination of the following applies:

- The child or young person is unable to be cared for at home, even with substantial support from community services, up to the cost limitations set;
- The child or young person's behaviour presents a risk of physical or mental harm to him/herself or others, makes them and their family members vulnerable and this cannot be managed in the family home.
- Existing care and support arrangements have irretrievably broken down to the extent that the parents/guardians and/or family are unable, even with the support of others, to continue to care for the

child or young person, and that this care and support cannot reasonably be provided by other means;

- The physical environment is unsafe and cannot appropriately be made safe through the provision of equipment or adaptations and suitable community housing provision is not available;
- The cost of support services at home exceeds the cost limitations set.
- Health care needs, whilst the child or young person is living within a residential care placement, will be met by the residential placement's access to community or acute health services.

## **9 ASSESSMENT OF ACCOMMODATION WITH SUPPORT MODELS (AGE-APPROPRIATE LIVING ARRANGEMENTS): CHOICE AND SELF-DIRECTED SUPPORT (SDS)**

- 9.1 An individual's assessment will determine the appropriate Accommodation with Support model that would be funded by the HSCP.
- 9.2 Accommodation with support models that are based upon shared support arrangements are not suitable for SDS Options 1 or 2 (and so far, as relating to those options, Option 4). This is due to the potential impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation or cluster.
- 9.3 While principles of choice and control should be considered within the young person's assessment, the HSCP cannot provide desired support irrespective of cost due to the finite resources available. Assessments should reflect the views and wishes of the young person and, where appropriate, their parents, family, carers and legal guardians. However, the HSCP will take the cost of providing any support requested by the young person and their family into consideration in its decision making. If that request is more expensive than the individual is assessed as requiring then the HSCP will not ordinarily meet the request. The HSCP will determine the funding available based on the most appropriate accommodation with support model that will meet needs in a cost-effective manner, in line with this policy.
- 9.4 As an alternative to a proposed supported living model, the young person, their parents or legal guardians, and families may exercise their right to opt for an SDS Option 1 or 2. In this event, the individual budget will reflect the relevant equivalent rate, which will ordinarily be based upon the cost of the proposed supported living model. Using SDS Option 1 or 2, this funding may be used to develop a support package based on an alternative model providing it is safe, meets individual needs, and can be sustained in the long term. Should a young person and their family wish to fund extra support they are able to do so, provided that they are aware that funding for this extra support cannot be met by the HSCP.

## **10 EXISTING CARE PACKAGES**

- 10.1 Changing circumstances and historical decision-making may mean that children, young people and their families are provided with a level of support

that exceeds their eligible needs, as assessed at point of review. In these circumstances the child or young person's updated assessment and plan should identify the appropriate model of care in line with this Fair Access to Social Care Support (Children and Families) Policy and the need to transition to this model.

- 10.2 Where existing support services are provided to the child, young person and their family does not exceed their eligible needs, but are provided in a way that operate out with the terms of this Fair Access to Social Care Support (Children and Families) Policy and/or exceeds the Schedule of Rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the policies set out in this document. This will normally be undertaken at the time of routine review but may be brought forward to promote fairness, consistency and equity in line with the Policy's aims. In the pursuance of the provisions of this policy, any service transition should be handled carefully, sensitively and appropriately risk assessed.

## **11 OUT OF AREA PLACEMENTS**

- 11.1 The HSCP will not normally consider out of area placements. This is both because of an overarching principle that people should be supported to live in East Dunbartonshire wherever possible, and also to mitigate specific risks to children and young people that arise from out of area placements. The risks are:

- Feeling disconnected from their families and local community (this risk increases with the length of time the individual is in an out of area placement);
- Distance from family, friends and peer support networks leaving individuals socially isolated;
- Additional direct and indirect costs related to the provision of support;
- Supervision of support being provided can be less rigorous due to geographic distance;
- It can lead to inequity of service provision due to variable costs.

- 11.2 There are certain circumstances where an out of area placement may be appropriate for consideration:

- There is an assessed need for a specialist service to provide support or care that cannot be provided locally;
- The service cannot be provided economically locally;
- An emergency placement is required and the need cannot be met locally. (In these cases, there should be a plan to provide an alternative placement within East Dunbartonshire as soon as is reasonably practical);
- There is an assessed need for the child or young person to move from the local area because of specific risks to themselves or others as a result of them continuing to live in East Dunbartonshire;

- 11.3 Where an out of area accommodation placement is arranged because of the lack of available or economic alternatives locally, this will be kept under review

and efforts made to transition to a local alternative wherever possible. Any subsequent move back to the East Dunbartonshire area would be subject to consultation with all involved i.e. parents, child, young person, family, stakeholder organisations. For out-of-area day services, Section 6 of this policy will apply.

- 11.4 East Dunbartonshire HSCP recognises that families may wish to move to other areas and the services that may be available in another area may be part of their decision in relation to this. The HSCP would consider a decision to relocate as a personal decision and would provide assistance, but not necessarily funding, to facilitate this. Normally the local authority in which a person is ordinarily resident is financially responsible for the social care support for that child, young person and their family. Scottish Government guidance provides additional information on the responsibilities for providing and funding care and in these circumstances.

## **12 SUPPORT WITH EDUCATION AND LEARNING**

- 12.1 Local authorities have responsibility for education provision up until school leaving age. Provision of education beyond school leaving age is the responsibility of further education bodies not funded by East Dunbartonshire HSCP. Access to courses is determined by colleges themselves. Where, due to a disability, additional support is needed for learning within the classroom setting this should be provided by the education establishment. East Dunbartonshire HSCP may still have responsibility for funding personal care (e.g. personal care support at lunchtimes). This may be provided through the provision of shared support services or equivalent budget when utilising SDS Options 1 or 2.
- 12.2 Support will normally only be provided to attend colleges local to the area. Individuals or families choosing not to attend a local college would be required to meet additional support and travel costs themselves. In the case of higher (university) education it is accepted that there may be a need move away from the local area to access specific courses. Any such requests will be considered on a case-by-case basis, subject to eligibility and resource allocation criteria.

## **13 PREVENTION AND INDEPENDENT LIVING SKILLS DEVELOPMENT**

- 13.1 It is recognised that children and young people with disabilities will require support with informal learning and development of independent living skills throughout their lives. Furthermore, the provision of preventative support or support to build an individual's resilience and independence can result in reduced risk and significantly improved quality of life. This can also reduce dependency on (and expenditure by) statutory service providers in the longer term. However, if this type of support is not dynamic, progressive and regularly reviewed, it can lose its connection to personal outcomes and become ineffective. Often this type of support is most effective over well-defined periods of planned enablement activity.
- 13.2 Preventative work and independent living skills development must therefore be relevant, specific, effective and regularly reviewed. Any funded support will be associated with the mitigation of high or medium risk, and must be clearly

reflected in the child or young person's plan; it must be regularly reviewed, progressed and demonstrate positive benefit.

- 13.3 The provisions of the Eligibility Criteria state that where eligibility is determined to fall into the Low category, the response of social work services will be to provide the child or young person, and their parents/guardians/families with advice/information and/or to signpost towards direct access to community and universal resources. Exceptions can be made where the absence of statutory social work involvement will lead to an aggravation of the identified lower-level needs resulting in greater expense to the local authority on a later occasion. In these circumstances a short-term intervention focussed on rehabilitation and enablement can be considered.

#### **14 COST LIMITATIONS AND CEILINGS**

- 14.1 Consideration as to whether any cost limitations ("relevant amount") may apply to an individual's support package (or equivalent personal budget) will take place after the assessment, application of eligibility criteria and support planning processes have been completed. This ensures that child or young people, along with their families, and where they are able and choose to do so,

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can augment any cost limitations with informal supports and other personal resources.

- 14.2 References to cost limitations are included at the relevant places within this document. The information in this section relates to more general policy provisions.
- 14.3 Cost limitations should be applied consistently, to ensure fairness and equity. Discretion to depart from these would apply in exceptional circumstances only and would apply on a case-by-case basis only.
- 14.4 It should be noted that all spend, irrespective of value, should be aligned to Contract Standing Orders and approved commissioning routes. The Contract Standing Orders state that any support service costing more than £16,500 per annum has to be approved by the Executive Officers, with the requirement for procurement duly considered.

**Supports to be included:**

- 14.5 The calculation for the overall cost of a support package should include:
- All supports delivered within or out with the home including in-house and externally commissioned support;
  - Any other costs identified within the support package, including transport costs.

**Costs to be excluded:**

- 14.6 The cost of the following should be excluded from the cost limitations:
- Periods of residential or home-based respite care where the primary assessed purpose is to assist the carer rather than to benefit the child or young person and where this is based on a formal carer's assessment;
  - Aids and adaptations plus maintenance costs of adaptations;
  - Services provided by other statutory services that are non-social care related.

**Funding sources to be excluded:**

- 14.7 Support financed through the following funding sources should be excluded in the calculation of support package costs:
- Supports funded by another agency i.e. voluntary organisation; Independent Living Fund;
  - Non-recurring 'start up' costs for support packages;
  - Support funded for community health care services.
- 14.8 Where two or more children or young people with individually assessed needs reside within the same family unit, each person should be treated separately for the purposes of the cost limitation calculation.
- 14.9 The cost of carers' services should also be considered separately where their needs have been separately assessed through carers' assessments and the support provided is aimed primarily or solely to meet carers' needs.

## 15 CHOICE AND RISK

- 15.1 The HSCP encourages the creative and innovative use of eligible funding, personalised to the child or young person's and their families' circumstances and lifestyle.
- 15.2 As well as considering the use of paid supports the practitioner, child or young person, parents/guardians and family should also consider other assets as ways of meeting the identified eligible and non-eligible assessed needs and helping them to achieve their identified outcomes:
- Personal – skills, knowledge, financial resources;
  - Community – clubs, peer groups, forums;
  - Informal Care and Support – family, friends and circles of support;
- 15.3 However, any choice by the child or young person, their parents/guardians and families around care/support and the setting in which this is received needs to be exercised in the full knowledge of the amount of eligible statutory support that can be provided. The HSCP retains a duty of care and is required to take into consideration any risks it identifies from such a choice.

## SECTION C – FURTHER DETAIL AND PROCEDURAL PROCESSES

## 16 ASSESSMENT OF NEED AND ELIGIBILITY FOR SOCIAL CARE SUPPORT

- 16.1 East Dunbartonshire HSCP Children and Families Service takes an outcomes-based approach to assessment, support planning and review (GIRFEC – Getting it Right for Every Child). An outcomes-based approach focuses on delivering improved results (outcomes) for children, young people and their families in relating to identifying and meeting assessed needs. Traditionally, support was service-led, with formal structured services seen in isolation as being the most effective way to support people. Now the view nationally and locally is that results are more successful if they are outcomes-led. This involves everyone working together to achieve the best possible impact for the child or young person and their family. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals and families, builds upon informal support systems and includes consideration of wider community-based resources.
- 16.2 An outcomes-based approach will assess needs and identify a range of associated outcomes for the child or young person, not all of which will meet eligibility criteria for statutory funding. The eligibility criteria in East Dunbartonshire are based on reducing high and medium risks. The needs (and associated outcomes) that can be met through reducing these risks to a low level can be allocated funding for support, following the application of asset-based support planning. Assessment may also identify other outcomes that are important for the child or young person and their family, but would not specifically be associated with the reduction of high or medium risks, so would not attract statutory funding. However, these should be used to inform and

shape how eligible support is best provided and can help to indicate where informal and community support may contribute to improved quality of life.

- 16.3 There are five main categories of social care support that the HSCP will, where eligibility criteria are met, provide resource to meet risk mitigation outcomes. These categories of support are set out below, with reference to the risk types that they are designed to mitigate:

Support	Risk Mitigation (from Eligibility Criteria)
<ul style="list-style-type: none"> <li>• Support to be safe</li> <li>• Support with personal care</li> <li>• Support to engage in meaningful activity</li> </ul>	<ul style="list-style-type: none"> <li>• Risks relating to health</li> <li>• Risks relating to social, emotional and behavioural</li> <li>• Risks relating to family and social relationships</li> <li>• Risks relating to the child's environment</li> <li>• Risks relating to parental factors</li> </ul>

- 16.4 Eligibility Criteria for carer support are also part of the HSCP's policy framework. The risk categories for carers are:

- Health and wellbeing
- Relationships
- Living environment
- Finance
- Access to breaks / life balance
- Future planning

- 16.5 Eligibility for carer support operates in a similar way to that for individuals requiring direct support. Carers' outcomes set out in an Adult Carer's Support Plan that can be met through reducing these risks to a moderate level can be allocated funding for support. For young carers, the outcomes in the Young Carer's Statement eligible for support should be to reduce risks to a low level.

## 17 TYPES AND LEVELS OF SUPPORT

- 17.1 In line with the HSCP's Eligibility Criteria, the purpose of providing support to a child or young person and their family is primarily to reduce risk to an acceptable, low level. Finite resources mean that the local authority may not be able to provide the level of support the young person, their parents/guardians and family may wish. There is an inherent risk in all aspects of daily life and therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.

- 17.2 Social care support can often consist of a combination of different types of support, separating them in practical terms could often be artificial and

duplicative. However, it is important to be clear about the main purpose of the support, as this can affect how it is delivered.

- 17.3 Some support may require dedicated 1:1 staff deployment during its provision, whereas at other times support needs might be less intensive or supervisory in nature, so can be delivered via shared support. This would occur where one or more members of staff provide support to more than one service-user. This can include the provision of 1:1 (or more) support when required, but not on a dedicated basis at all times. East Dunbartonshire HSCP will aim to maximise the use of shared support to ensure we can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will therefore use shared support equally when calculating a relevant rate to apply budget equivalence for Self Directed Support.
- 17.4 There is a general principle that all eligible support to reduce risks to a low level must also have a secondary objective to contribute to outcomes relating to the promotion of wellbeing, social development and independent living. Eligible support should also be designed to maximise the potential for individuals and their families to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.
- 17.5 For clarity, there are a number of ways that support can be signposted or referred to:
- **Community activities**: support that is available through clubs and activities in the community;
  - **Universal resources**: support that is available to all citizens. This would include services such as health and education, as well as some more specific services that individuals can refer themselves to;
  - **Informal support**: support provided by family, friends and neighbours. This can range from very intensive to occasional, depending on needs and circumstances;
  - **Voluntary sector support** (broad range of support delivered by national and local voluntary organisations and charitable bodies, including youth clubs, advice, advocacy and befriending)
  - **Assistive technology**: Assistive technology is any product or service designed to enable independence for children or young people with disabilities. It includes telehealthcare services which are health and social care services that can operate at a distance using a range of digital and mobile technologies. East Dunbartonshire HSCP will aim to maximise the appropriate use of assistive technologies. Deployed thoughtfully and appropriately as part of service redesign, assistive technology can:
    - ♦ support children or young people and their families to have greater choice, control and confidence in their care and wellbeing;
    - ♦ enable safer, effective and more personalised care and deliver better outcomes for children or young people, and their

families, who use our health, housing, care and support services;

- ◆ help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix and by reducing wasteful processes, travel and minimising access delays.
- **Shared support**: support (including intensive support), where dedicated 1:1 (or more) support is not needed at all times. Shared support is when one or more members of staff provide support to one or more individuals at any given time.
- **Dedicated 1:1 support (or more, e.g. 2:1, 3:1)**: support where an individual's needs are such that they need dedicated support on a one-to-one basis. Indeed, with certain activities and health conditions this may involve, 2:1 or even 3:1 may be assessed as being needed to undertake specific tasks. However, this level of support would usually be part of a package of both 1:1 and shared support for the individual.

Exceptionally, dedicated 1:1 (or more) support may be needed at all times for certain profound and multiple disabilities and/or with complex challenging behaviour. Assessments and support plans that call for continuous 1:1 (or more) support will be subject to specialist, multi-disciplinary and Head of Service oversights and approval.

- 17.6 Formal services should be seen as only one component of a co-produced, community asset-based approach to support. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with children, young people, families and communities in partnership to achieve this.