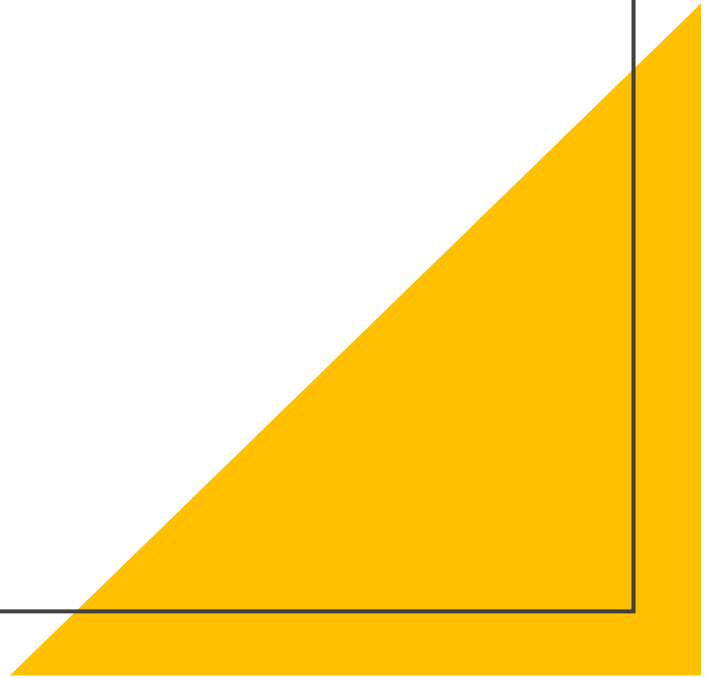


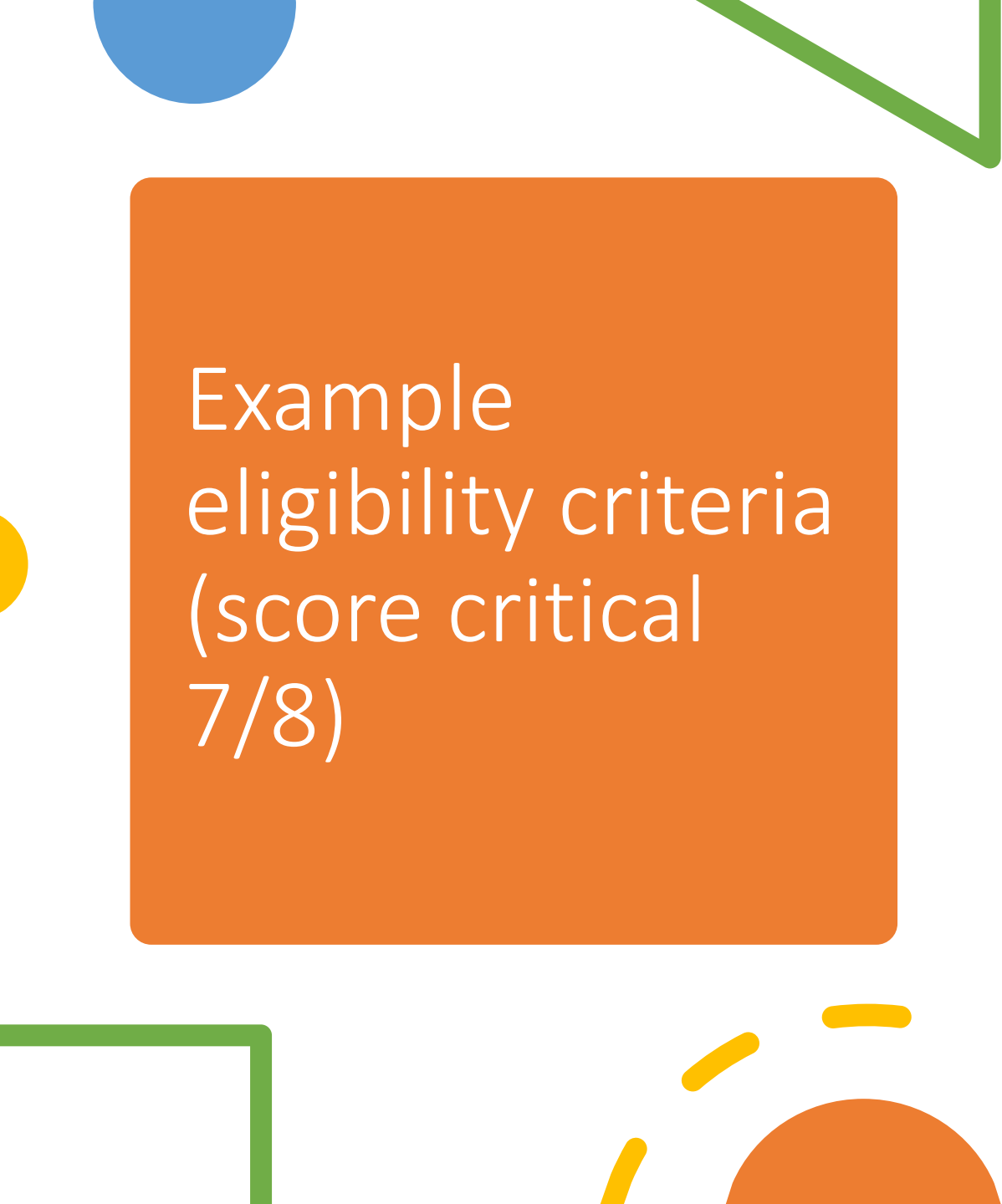
Rethinking eligibility

Emma Miller, COCIS 20.6.23




What are eligibility criteria?

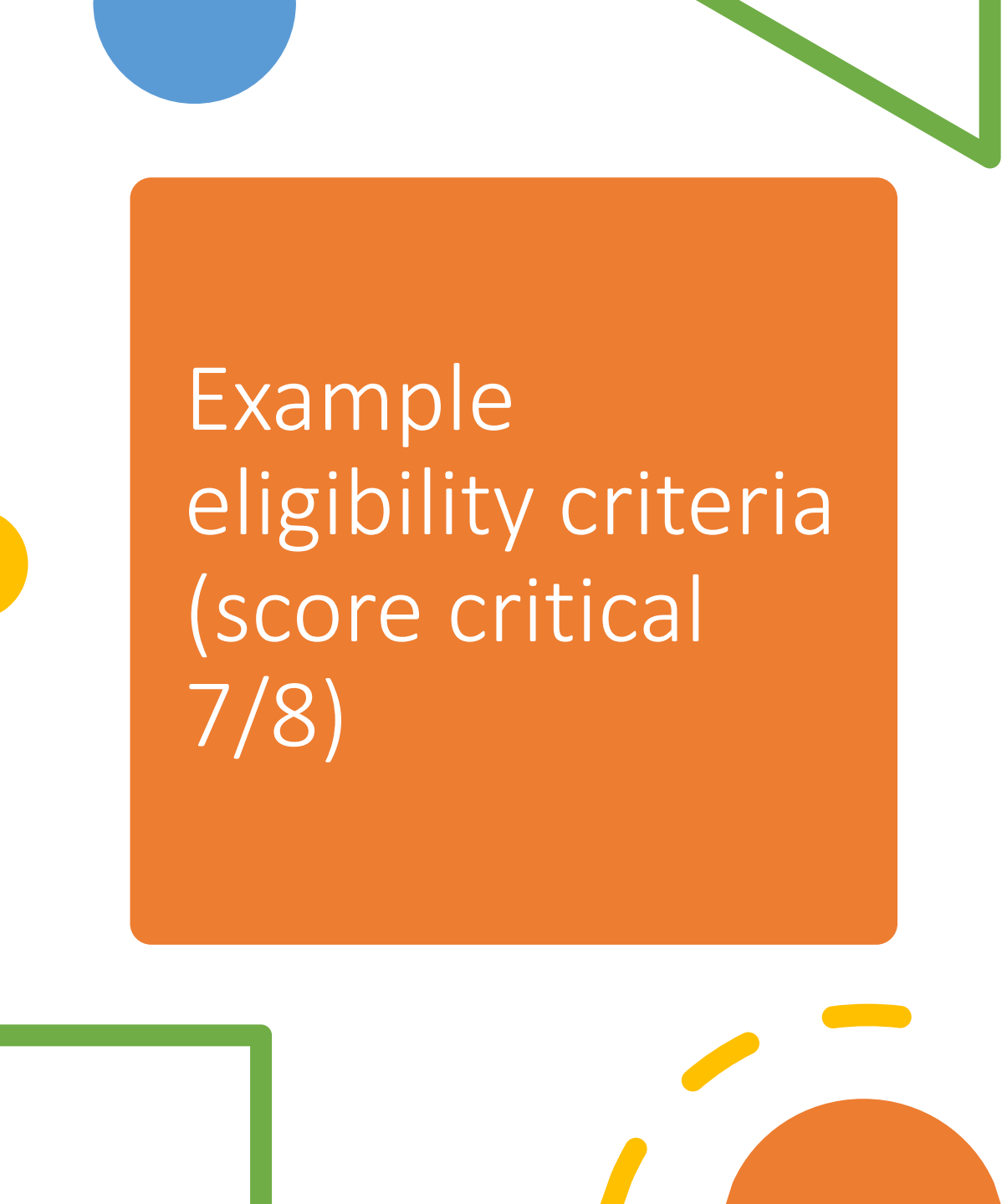
- Four categories – Critical, Substantial, Moderate, and Low (Risk)
- Developed in England before Scotland, also exist in Wales
- Here defined in the national framework guidance on [National Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People](#) issued by the SG and COSLA on 28 Sep 2009.
- The Eligibility Criteria consider both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks.
- The categories were initially developed for older people and extended to all adults with [extension of free personal care](#) in April 2019.
- Intended to promote equity/consistency/transparency



Example
eligibility criteria
(score critical
7/8)


Risks relating to personal care/domestic routines (LOOKING AFTER YOURSELF AND STAYING AS WELL AS YOU CAN)

- Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence
 - Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence
- 



Example
eligibility criteria
(score critical
7/8)

Risk relating to carers (FAMILY CARER AND SOCIAL SUPPORTS)

- Carer has major physical/mental health difficulties due to the impact of their role as a carer causing life threatening harm or danger to themselves or others
 - There is a complete breakdown in the relationship between client and carer and carer is unable to continue
- 

Why rethinking eligibility?

Independent Review of Adult Social Care 2021 (Feeley report)

- Eligibility criteria were described as one of the main barriers to accessing social care.
- People also told us that the threshold for accessing support is too high, and too often meaningful support is only available when people are acutely unwell or in crisis. We heard about the negative impact this has on the mental and physical wellbeing of people using social care support, their carers and the workforce.
- We heard that the assessment process is too often based on a medical model focused on deficits – the things people cannot do – with little or no account taken of holistic and social needs; that it is too complex and takes too long; and once it is completed it takes too long before support is available...
- In order to improve, people told us that social care needs to focus on holistic wellbeing and personal outcomes, rather than outputs and money. It should be flexible so that it can adapt to changing needs and wishes.



Why rethinking eligibility?




- Early 2022 - along with COCIS and SASW wanted to contribute to this very thorny issue!
- Worked towards an event in June 2022 (Report will be included in this project)
- Joint statement of intent December 2022

Commitment: The overhaul of the current mechanism of eligibility criteria to ensure an approach to social care support that is based on human rights and needs.

In progress. Policy options are being developed through the Preventative and Proactive Care Programme, with the intention of testing these through our Getting It Right For Everyone (GIRFE) pathfinders.

Further engagement is now underway between SG and COSLA to understand the development of policy, impact, feasibility, cost and implications for other areas, such as self-directed support and the removal of non-residential social care charges.

- From around April 2023 – SG funding to contribute to alternative options to inform options appraisal
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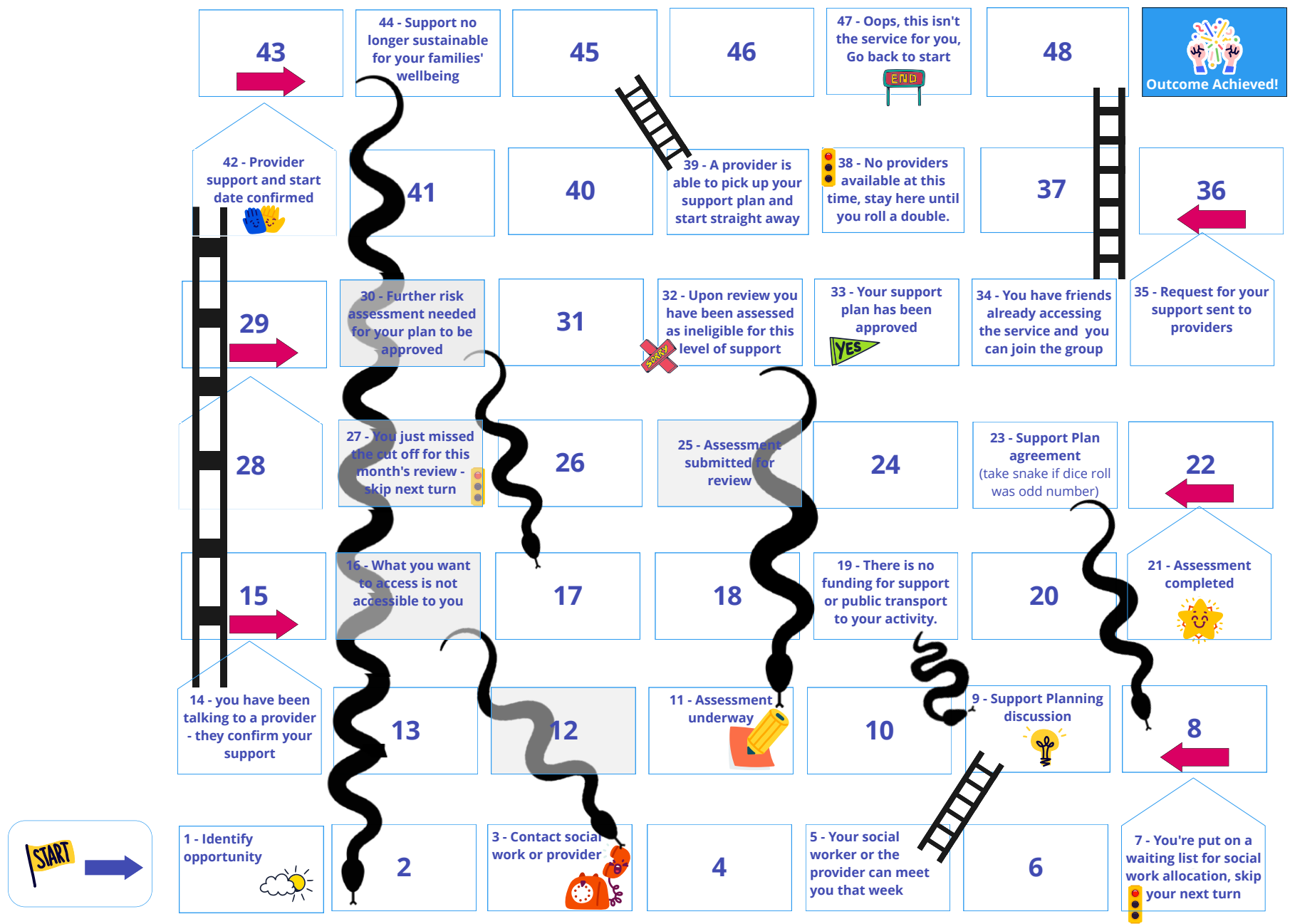
Steering Group

- East Ren CHCP
- Scottish Government
- COCIS
- Inclusion Scotland
- Healthcare Improvement Scotland
- National Development Team for Inclusion
- Social Work Scotland
- Office of the Chief Social Work Advisor
- Scottish Association of Social Workers
- COSLA

Our content/materials

- Brief evidence review – impact of eligibility (possibly include themes for further exploration)
- Our report from June 2022
- Findings from group events with insights from interviews
- Examples of practice and doing things differently – written case studies
- Relevant diagrams
- Policy overview – UK (possibly EU)





Achieving outcomes: a game of chance and control



Some insights

Supported people

- Which is hard to reach? Services or the people who are trying to get to them
- So many people are refused assessments. That's often because they don't know the secret code

Practitioners

- For practitioners, it's always there, the fear of raising people's hopes and expectations
- The worker defines the budget then it goes to a panel than to a finance panel. Workers don't know how and why budgets are decided.
- Setting the Bar = making a difference to people's lives




Some insights

Organisations

- We have a huge waiting list – thousands waiting for an assessment for adult services. Drafting in more social workers is not going to work. More of the same is not an option.
- It's like turning off the fridge/freezer to save on electricity bills
- From a scarcity mindset to an abundance mindset

Other considerations

- Defining unmet need
 - Charging criteria
- 

Alternative approaches

Examples

- Neath and Port Talbot
- Gateshead
- Vanguard / NDTI / Human Learning Systems
- (learning will also come from GIRFE pathfinders)

Common features

- Influenced by Howard Deming (PDSA, WSA, **learning**)
- “Everyone is eligible to be understood”
- “Bespoke by default”
- All outcome focused, strength & relationship based
- Resources include the person and community
- Design round the person - not to contain costs

Outstanding concern

- Financial decision-making

