



**Scotland's Commissioner
for Children & Young People**

Social work services for disabled children and young people and their families: assessment and eligibility

FULL REPORT

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Introduction

In February 2012, Scotland's Commissioner for Children and Young People commissioned a small piece of research to:

- investigate the use of eligibility criteria and assessment tools in the provision of services for disabled children and young people and their families across all Scottish local authorities, and
- identify where changing assessment policies and processes may be affecting disabled children and young people and their families.

This report presents the findings from the research. A summary report is also available.

Background

The Children (Scotland) Act 1995 places a duty on Scottish local authorities to safeguard and promote the interests of children 'in need' and requires them to assess a child's needs when asked to do so by a parent or guardian. The assessment of disabled children and young people is, however, a complex process, often requiring the involvement of multiple organisations (such as local authorities and health boards) and even multiple professionals from within the same organisation. For example, in an individual local authority, staff from social work, education and housing frequently have to work together.

In the social care field, there has long been an emphasis on the importance of multi-agency working but the introduction of *Getting it right for every child* (GIRFEC) in 2008 took this a step further. GIRFEC is the overarching approach to supporting all children in Scotland and has key components relating to placing the child at the centre of assessment, planning and intervention and improving outcomes for children and young people and their families. However, while there is a clear policy drive towards improving the assessment process and the outcomes from it, anecdotal evidence suggests that across Scotland there are differences in the way in which needs are measured and how decisions are made around the provision of services to meet these needs. Similarly, at a time of financial cut-backs in the public sector, concerns have been raised about possible changes to services available for disabled children and young people¹.

Research aims

Scotland's Commissioner for Children and Young People commissioned this research to look at some of these issues. More specifically, the four main aims of the research were to:

- establish current practice in local authorities across Scotland in terms of eligibility criteria and other assessment tools for disabled children and young people and their families
- discover if there has been any change to criteria and tools
- explore how variations in practice or changing criteria might affect services for disabled children and young people and their families and their access to these services
- establish whether the level of accessibility and availability of services match the legislative and policy commitments in Scotland.

¹ Scotland's Commissioner for Children and Young People project brief p.3.

Scope of the research

Before presenting the research findings, it is important to make a number of points about the scope and limitations of the research.

The assessment of, and provision of services for, disabled children and young people and their families is a highly complex area, involving a wide range of organisations. While recognising the importance of multi-agency working (including the private and voluntary sector), this research was commissioned to focus on services provided by local authorities. While services may be delivered by a variety of functions within a local authority, the information provided in response to an FOI request made by the Commissioner (see below) mainly focused on social work provision. This, as well as the limited scale of the study, focused the research on those services provided through social work. It does not include other key providers from within local authorities, most notably education.

The research explored key duties and obligations arising from some main pieces of legislation² and associated regulations, directions and statutory guidance. However, the scale of the research meant that it could not explore *all* such duties and obligations. As such the focus is on certain key areas of the Children (Scotland) Act 1995 and associated directions, including guidance on its implementation issued by the Secretary of State under the Social Work (Scotland) Act 1968. While the report can comment on practice in relation to these specific areas, it cannot make an overall judgement as to the extent to which local authorities are meeting all their duties and obligations in relation to the accessibility and availability of services for disabled children and young people in Scotland. This is also because the research did not look at case files, relying instead on primarily self-reported information.

Research methodology

The research was divided into two main phases and drew on a number of different data sources³:

- **Phase 1** – a review of documentation submitted as part of a Freedom of Information (FOI) request made by the Commissioner prior to the start of the research, as well as other relevant literature (including legislation, policy and research reports)⁴.
- **Phase 2** – a quantitative survey of all local authorities in Scotland; two mini-discussion groups with local authority staff in two case study areas (Area One – with eligibility criteria and Area Two, without eligibility criteria); an interview with a representative of a local authority; and an interview with two representatives of the Scottish Government⁵. Anonymised quotes from the qualitative components of the research are used throughout the report.

It is important to note at this point that while all 32 local authorities in Scotland submitted documents in response to the FOI request, only 23 responded to the survey. Therefore, when reporting survey findings, references to local authorities are based on the 23 responses received (or sub-sets of these), and not all local authorities in Scotland.

² Such as the Children (Scotland) Act 1995; Chronically Sick and Disabled Persons (Scotland) Act 1972; Disability Discrimination Act 1995; and Community Care and Health (Scotland) Act 2002.

³ The main components of the research are described in more detail in Appendix 1.

⁴ References are presented in Appendix 2.

⁵ In addition to the above, some informal interviews were conducted during the development of the research tools and the questionnaire for the survey was piloted in two local authority areas.

While the report presents findings on the basis of those local authorities, the answers provided may represent the view of the individual(s) completing the survey. Even though nominated by their local authority, their views may not necessarily represent the official view of the said authority.

1 Managing social work services for disabled children and young people

The provision of services for disabled children and young people and their families is a complex area. People can receive support from a number of different organisations, with local authorities and NHS health boards being the main providers, supported by the voluntary and private sectors. Joint working between these sectors, and even between different parts within the same sector, is crucial to the successful support of disabled children and young people. However, the remit of this research was to look at local authorities and, because of the information provided in the FOI request made by the Commissioner and the scale of the study, this research focuses on provision of social work services.

This chapter provides an overview of:

- how social work services for disabled children and young people and their families are organised and the types of needs covered, and
- the management of services, including service planning; caseloads, budget and staffing, and performance monitoring and waiting lists.

The actual types of services provided by social work are discussed in Chapter 2.

1.1 How are local authority social work services for disabled children and young people organised?

The way in which local authorities are organised varies across Scotland, and this also applies to services for disabled children and young people and their families.

Different parts of a local authority (such as social work, education, housing, transport and leisure) can be involved, to a greater or lesser extent, in providing services to these children and young people. Responsibility for disabled children and young people and their families is split across a number of functions – most commonly social work and education. Some, but not all, authorities have an integrated approach to children's services, for example, where education and social work are located in the same 'department'. Within these broad functions, responsibilities are sometimes split into more specialist teams (for example, 'children and families', or 'health and social care').

Within social work services, most (19 of the 23) local authorities in the survey reported having a team dedicated to dealing specifically with disabled children and young people. Across Scotland, these teams are known by a number of different names, such as 'Children with disabilities', 'Children affected by disabilities', 'Children and disabilities' and 'Child health team'. Although the research did not explore the ongoing debate about definitions of disability, these names may reflect some definitional differences and therefore who receives services through this part of the organisation.

These specialist teams can be structured in a number of ways. For example, they may form a centralised unit covering the whole local authority area or be split across a number of locality teams. Staff within these teams do not necessarily work only with children and young people who are disabled (for example, they may also cover child protection cases and children who are looked after), but their caseload will be weighted towards these groups, meaning they develop particular expertise in this area.

Of those local authorities with experience of providing services through a specialist team⁶, all but one found this approach either 'very helpful' (18) or 'quite helpful' (2) in providing services for disabled children and young people.

"We gain an awful lot from being a team specifically for kids with disabilities and I know from speaking to others, where they are integrated with field teams, they miss out on a lot, because the information sharing is incredible. You are sharing every day."

(Interviewee 3, Area 1)

1.2 The types of needs covered

Social work services for disabled children and young people tend not to be based on a medical model of delivery, but instead on assessed needs, which may or may not result from a medical condition. So, in order to be assessed as disabled by a social worker, and consequently to be provided with services, a child or young person does not need a medical diagnosis of a disability.

Despite this stated approach, lists of conditions are still used to provide, for example, descriptions of the types of disabilities (be it relating to health, learning, vision, hearing, or language and communication) that might mean a child or young person and their family is eligible for support through social work services.

Ten local authorities in the survey reported having a written document for staff detailing the conditions covered by services for disabled children and young people (although just over half (12) do not⁷). Ultimately, however, it is the needs that arise from the disability, in relation to key areas of the assessment (such as health, behaviour, or the environment the child live in) that qualifies them for services, rather than the disability itself.

To explore potential differences in the types of disabilities that might give rise to needs that would be covered by local authorities across Scotland, the survey asked whether services for disabled children and young people cover the following broad categories of disability:

- physical and motor impairments
- hearing impairments
- visual impairments
- learning disabilities
- language or communication disorders
- mental health problems
- social, emotional and behavioural difficulties, and
- autistic spectrum disorder.

Most local authorities in the survey reported covering all of the disabilities listed above, either through social work services or another part of the authority. This perhaps reflects that children tend to be included on the basis of their assessed need rather than a specific condition. However, two local authorities reported not including children and young people with hearing impairments and one not including those with mental health problems.⁸

⁶ This includes two local authorities that do not have a specialist team now, but have done so in the past.

⁷ One local authority said they did not know if there was such a document in their area.

⁸ Local authorities were also asked to note any other conditions they covered in relation to services for disabled children and young people - one noted children with severe epilepsy and another noted children and young people with a terminal illness.

The research suggests there may be a particular issue around practices relating to children and young people with autistic spectrum disorder (ASD). Although all local authorities reported providing services for children and young people with ASD, some authorities stated that they do not cover all of those within the spectrum. For example:

"The social workers providing a service for children with disability do cover children with ASD, but not routinely those who have Aspergers and who are higher functioning. Some of these children are picked up by the mainstream child care teams or by CAMHS⁹."

(Dumfries and Galloway)

"We [...] did not work with children or young people who have high functioning autism but I think we will need to think this through, as we are aware of pressure in this area, as there can be severe and challenging behaviour at home within this group. We do not work with ADHD unless there are other factors around."

(City of Edinburgh)

The number of children and young people being diagnosed as ASD is rising and pressure is likely to be placed on children's social work services, as well as universal services, to address these needs.

1.3 Planning services for disabled children and young people

The complexities around definitions of disability make it difficult to establish accurately the number of disabled children and young people in Scotland. How these definitions are applied locally also makes it hard to make accurate comparisons between areas. Despite the difficulty of establishing accurate figures, it is clear that the number of disabled children and young people in Scotland is significant. For example, the Scottish Household Survey estimates that 7% of all households in Scotland have a child or young person aged 10-19 years that is living with a 'long-standing limiting illness, health problem or disability'¹⁰. Due to earlier diagnoses and advances in medicine, for example, the number of disabled children and young people is also rising. This puts increasing demand on local authority social work services, as well as health boards and voluntary and private sector organisations.

"We get children coming young, we get children aged 2,3, and 4 and they are with us until they are eighteen."

(Participant 1, Area 1)

Early intervention is seen as the key to best meeting a child's needs¹¹ and, although it can place additional pressure on services now, it is hoped that this will address needs more effectively, building resilience within families and so preventing the need for more intrusive and resource intensive services later on in a child's life.

"Get a good assessment in the early years [and] you can almost predict what is following on from that. The difficulty is responding to the emergency cases."

(Participant 2, Area 2)

Service plans

It is important that local authorities know the number of cases and the types of needs they are going to be addressing in future years, so they can plan effectively to meet demand.

⁹ Child and Adolescent Mental Health Service

¹⁰ Scotland's People Annual Report: Results from the 2009/10 Scottish Household Survey. August 2011. This is a narrower definition of disability than that used in the social model of disability.

¹¹ Getting it right for every child. Scottish Government. 2008

Section 19 of the Children (Scotland) Act 1995 places a duty on local authorities to prepare and publish plans for relevant services for children within their areas, including those with disabilities. Plans should focus on the needs of vulnerable children who may require the support of relevant services “*both now or in the future*”¹². The survey found:

- all 23 local authorities have a children's services plan in place, but
- in two local authorities these plans do not include information specifically about services for disabled children and young people.

For service plans to be effective, they must be reviewed and updated both frequently and regularly. This ensures that, for example, demographic and technological changes can be accommodated, as well as changes in public expectations and the policy environment. Local authorities should produce plans that cover three financial years, and those should be rolled forward and reviewed each year, with a full review of plans being conducted every three years¹³.

In relation to children's services plans in the survey:

- most local authorities (20) reported having reviewed their plan during 2011 or 2012, but
- one local authority reported not having reviewed their plan since 2008, meaning they had not done so within the period set out by Ministers in their guidance on the implementation of the 1995 Act.

Most plans were reported as due for review between 2012 and 2014. Of the local authorities in the survey:

- nine reported their next review being due within a year, four within two years and seven within three years of the last review
- one reported that although their plan was reviewed recently (in 2011), it is not due to be reviewed again until 2015, taking it outwith the three-yearly review period
- two did not know when their plan was next due for review.

While it is recognised that strategic service planning can be difficult, it is essential if local authorities are to ensure good quality services are in place to meet the needs of disabled children and young people and their families¹⁴. Strategic planning is also essential for ensuring resources are used in the most efficient and effective way.

Service budgets

All local authorities in the survey reported having a separate budget for disabled children and young people's services. Most (16) use a 'resource panel' to help make the sometimes difficult decisions about how to allocate finite resources when providing services for disabled children and young people and their families.

The current economic climate means that local authorities, like many public sector bodies in Scotland, are operating with reduced overall budgets, while at the same time, facing increasing demand for many services (such as those provided by social work). There is anecdotal evidence of concerns among service users about budget cuts to services for

¹² Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance. Volume 1 Support and Protection for Children and their Families. Chapter 2: Planning Children's Services. Para. 3.

¹³ Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance. Volume 1 Support and Protection for Children and their Families. Chapter 2: Planning Children's Services. Para. 9.

¹⁴ Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance. Volume 1 Support and Protection for Children and their Families. Chapter 2: Planning Children's Services. Para. 1.

disabled children and young people and their families and that these cuts may, in turn, have led to a reduction in service provision¹⁵. However, the research found that these services seem to have, so far, been protected from the budget cuts being experienced in other areas (such as adult social services). In the survey:

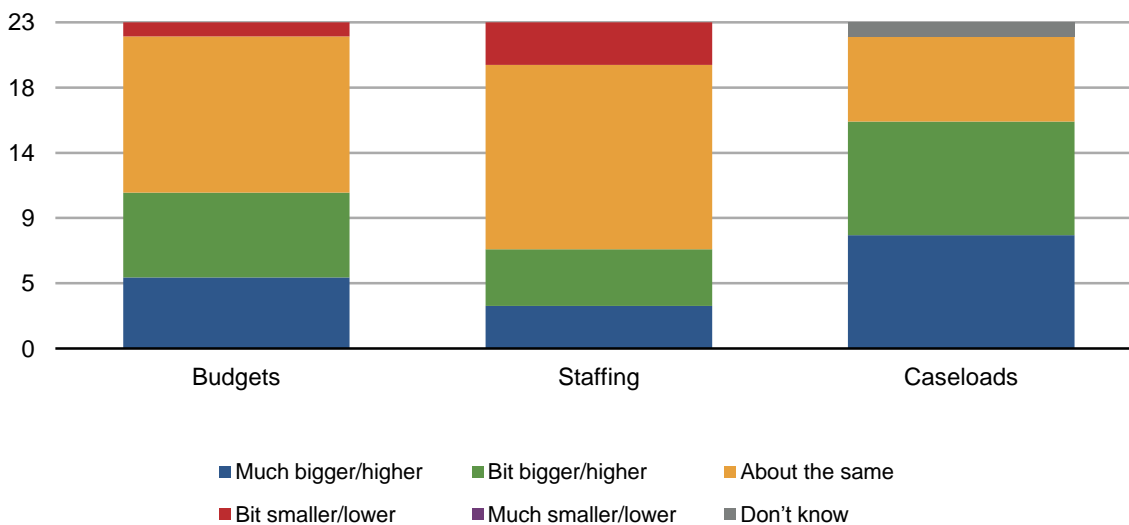
- only one local authority reported their budget being smaller than it was five years ago, and
- about half of local authorities reported their budget having increased (with 6 saying it was 'a little bit bigger' and 5 'much bigger' than five years ago), while the other half having experienced little change.

However, budgets cannot be looked at in isolation – the demands being made on services must also be considered. The survey found that:

- in the 11 areas reporting a rise in budget, all but three¹⁶ also said the number of children and young people they are now dealing with was higher than it was 5 years ago.

Even so, most of those experiencing a rise in budget felt it had had a 'very' or 'quite' positive impact on the provision of services for disabled children and young people.

Graph 1: Current budgets, staffing levels and caseloads, compared with five years ago



As the research did not collect actual financial or caseload figures, it is not possible to draw a definitive conclusion about the extent of budgetary change. However, the findings suggest that increases in budget may simply reflect growing demand. Indeed, in some areas there may even have been a decrease in the money available per case. The rise in caseloads is discussed in more detail below.

Caseloads

Although the research suggests that budget cuts to services for disabled children and young people have generally been avoided – and in some specific council areas there has even been an increase in financial resources – the number of disabled children and young people that

¹⁵ Scotland's Commissioner for Children and Young People project brief p.3.

¹⁶ One reported the caseload remaining about the same and another did not know.

local authorities are dealing with is increasing in most areas. Of all 23 local authorities responding to the survey, over the last five years:

- 16 reported having experienced a rise in the number of disabled children and young people they deal with.

Of those local authorities reporting a rise in the number of disabled children and young people they deal with only eight reported a corresponding rise in budget. This suggests that the other areas have experienced a reduction in resources per head. Without collecting exact data it is not possible to comment on the correlation in the other areas.

The case studies suggest that even in areas where demand has not increased, the type of cases being referred, and consequently the needs to be met, appear to be changing. The most common examples of change relate to an increase in referrals of very young children, those with complex care needs and those with ASD. In some areas, the ethnicity of communities is also changing:

“The need has changed rather than the demand. I would say we are probably getting an increase in children with more complex and challenging behaviour, autism, and we are also getting more demand now for under fives than we ever had before, and under fives with more complex needs and children with complex health needs”.

(Participant 1, Area 2)

“The demographics have also changed. We’re getting more of an ethnic mix.”

(Participant 2, Area 2)

This change in the type of demand means that the way in which service provision is organised by social work and the types of services it offers continually needs to adapt.

Staffing levels

Although caseloads are generally increasing, the survey found little evidence to suggest that staffing levels have been cut:

- most local authorities reported staffing levels being about the same as they were five years ago, although seven said they were higher, although
- three reported their staffing levels being lower.

However, if needs are to be met in those areas with an increased number of children and young people being referred and assessed, it might follow that a corresponding rise in staff numbers is needed, so as to be able to deliver the services efficiently and effectively. However the survey found that of those 16 local authorities reporting a rise in caseloads in the last five years:

- only six reported a corresponding rise in staff and, of these, only two – both of which had ‘much higher’ caseloads – reported staffing levels as ‘much higher’
- two local authorities reported a decrease in staff numbers, despite having a larger caseload.

In both of the case study areas, one of which reported a much higher caseload than five years ago, staffing had remained static. In the other area staffing had been reconfigured to try to better meet the changing type and level of demand.

The findings from both the survey and case studies suggest that, in some areas, the staffing to case ratio may be becoming increasingly pressurised.

Supporting staff through training

For services to be effective there not only needs to be adequate staffing levels, but also mechanisms to ensure staff have the appropriate skills for the job. As such, staff need to receive regular training to ensure, for example, they are aware of current policies and procedures (including any changes that might have occurred).

In the survey, about three-fifths of local authorities reported key staff receiving training about how to make decisions about the provision of services to disabled children and young people and their families at least annually (with half of these doing so at least every six months). However:

- in two local authorities training is only provided about every two years and in two others, less than every two years, and
- five local authorities reported that they did not know how often training was provided for key staff.

1.4 Impact of the current financial crisis

Although the research found little evidence of direct budget cuts having occurred in relation to services for disabled children and young people and their families, just over half of the local authority survey respondents felt that the current financial situation is likely to have a negative¹⁷ impact on service provision for disabled children and young people and their families in the next few years.

The case studies also highlighted concerns about future financing, such as potential budget cuts, changes in funding and the impact of future Self Directed Support legislation. All were seen to have the potential to affect local authorities' ability to meet the needs of disabled children and young people and their families.

“Although...front line services haven't been impacted on [yet] there is that very clear [sense of] the unknown and the unspeakable. You know, what is going to happen to future budgets? And, at a time when there is this complexity and potential rise in demand, [what] about the ability of local authorities to respond and grow services to meet that demand?”

(Participant 1, Area 2)

Case study participants felt that the financial crisis is impacting more on individual families than social work services. However, they expressed concern that this impact will eventually be felt by service providers, when families can no longer cope and start approaching the local authority for more support:

¹⁷ Eleven responded 'quite negative' and one 'very negative'.

“The complexity of needs presented and family demands and pressures, because of the economic situation, puts huge stresses on families. We should not underestimate the impact that the economic climate has on families – the actual stress, the impact on people’s mental health, the impact in terms of people’s addictions, the levels of support that surround the demands, pressures on staff from other agencies, the levels of support we are able to offer... So I just think the real challenge will be how [the economic situation] really impacts on demands for services.”
(Participant 1, Area 2)

Concern was also expressed by some of the case study participants about the impact of the current economic situation on voluntary and private sector service providers and how this then effects their own service provision. The problems that external providers are experiencing (such as the closure of businesses and fee increases to meet costs) are, once again, likely to result in additional pressures on local authority services. For example, the loss of mainstream services – either altogether or just for certain groups (because, for example, increased prices make access prohibitive) – can result in a rise in new referrals to social work (as the need is no longer being met within the community). Similarly, the loss of an external provider (such as a private care home provider) can mean that alternative packages of care have to be sought for those disabled children and young people who had been using that specific service.

“I would like to hope that our councillors have got some foresight to see that, as the financial climate [...] is making an impact, that families in general have been more affected and are looking for more support. So I would like to think there is some foresight about the need to protect this vulnerable group”.
(Participant 1, Area 1)

1.5 Responsive services and timely support

A common consequence of staffing, financial and caseload pressures in local authorities is the creation of waiting lists and, consequently, lengthy waiting times. These can have detrimental effects on the children, young people and families, waiting for services to be put in place, particularly if a case involves high priority needs – *“the thing is when your child has a degenerative, life-limiting condition, you can’t wait”*.¹⁸

Response targets

About two-fifths (10) of the local authorities in the survey reported *not* having any targets in place for how quickly disabled children and young people and their families are assessed.

Most of the targets in place relate to times for referral to allocation and/or completion of assessment. However, even among these, the survey found some variation, as shown in Example 1, overleaf.

¹⁸ Adapting to the future: management of community equipment and adaptations. Audit Scotland 2004. p. 42

Example 1: Variation in targets for completion of assessment

"Children and young people should be assessed within 28 days, routinely" (South Lanarkshire)

"Referral to allocation, within six weeks; services as soon as possible after assessment has been undertaken and a need identified" (Clackmanannshire)

"Following referral, cases will be allocated within a 12 week period. Assessment will then be completed within 12 weeks" (West Lothian)

"Referrals are allocated dependent on risk levels – critical risk, same day; substantial risk, five working days; moderate risk, 10 working days; low risk, 28 working days. Services can be in place very quickly." (Orkney)

Source: Survey of local authorities

Targets relating to the delivery of services are even less common, with only a third (7) of local authorities in the survey reporting having targets in place for how quickly services will be in place.

Waiting times

Although only one local authority reported having a 'big problem' with waiting times for the provisions of services for disabled children and young people and their families, nearly all of the others in the survey reported 'a bit of a problem' with waiting times for provision (18).

Blockages can occur at various stages of the process and these, among other things (such as staff shortages), contribute to the problem of waiting lists and times. The experience within the two case study areas highlighted how this can differ. In Area One, the blockage is primarily at the point of assessment.

"One of my responsibilities, that doesn't sit comfortably with me, is the amount of referrals we have that sit for a good long period of time, and I'm talking about months on end before we can get social worker input."
(Participant 1, Area 1)

However, in the other case study area, there is no waiting list for assessment, with all referrals being allocated immediately and initial assessments being carried out within a week of receipt. The blockage here primarily results from local services being fully occupied or the lack of a particular resource within a specific locality:

"For me the blockage is the provision of service...because of the numbers we have and the lack of availability we have got. [...] Young people don't move on that quickly. Sometimes [the service] just won't suit them and so we have to find something else, and that creates a space. But there is very little movement because once they have a service and they are enjoying it, they are very reluctant to go elsewhere, as it is really serving a purpose. So that is where the block is."
(Participant 2, Area 2)

Provision can also be restricted by other external factors. For example, in Area 2 it was felt that the development of more community-based groups was restricted by the lack of appropriate buildings – old buildings were not always accessible to wheelchair users and new buildings (for example, PFI schools) sometimes have prohibitive charging policies. Staff in Area One also spoke of blockages occurring because of the lack of resources among external service providers:

"It is not always about [our] financial constraints because there are times where we have done the assessment and there is money available, and we have made the referral to our two services providers but [the external private providers] don't have carers specifically in rural areas...so they don't have a carer that drives or they don't have a carer in that area, so then they have to go and recruit a carer specifically for that child."

(Participant 2, Area 1)

1.6 Performance monitoring

Accurate measurement of the effectiveness of provision and outcomes for disabled children and young people relies on having robust data collection systems. The information gathered can be used to help manage service supply and demand. Despite having problems with waiting lists, formal monitoring in this area appears limited.

Not only is there little use of targets, not all local authorities seem to have systems in place to monitor waiting time. In the survey:

- only two-thirds (14) of local authorities reported monitoring waiting times for disabled children and young people
- most monitoring measures only take account of the time taken from referral to assessment
- only four measure the time taken up to service provision.

Consulting children and young people about services

The Regulations and guidance that support the Children (Scotland) Act 1995 state that it is *"necessary for authorities to take into account views of users – and potential users – on existing services, their adequacy, and quality and perceived gaps in provision. Children and families who are currently using or receiving services should be consulted, together with those who have previously been in receipt of services"*¹⁹. Asking service users to feed back their views on services (for example, about what an authority does well, as well as identifying areas for improvement) can help organisations gather useful information about their performance to help with service planning²⁰. Gathering user views can be done in a number of different ways, for example, through surveys, focus groups, individual interviews, open days, and workshops.

In terms of gathering the views of disabled children and young people and their families, the survey found that:

- two-thirds (16) of the 23 local authorities in the survey reported doing so on a regular basis, with both disabled children and young people themselves, as well as with their families, but
- two local authorities reported *never* having done any work to gather these service users' views.

Among those doing work to gather service user views, most local authorities in the survey reported having done so within the last two years²¹, but one authority said it had not done any such work since before 2004.²²

¹⁹ The Children (Scotland) Act 1995 Regulations and Guidance: Volume 1, Chapter 2, Para 22.

²⁰ Adapting to the future: management of community equipment and adaptations, a baseline report. August 2004. p.44.

²¹ Six in 2012, eight in 2011 and three in 2010.

²² A further two had last done such work in 2009 and one in 2008.

1.7 Summary

The following provides a brief overview of the key findings relating to the management of services for disabled children and young people and their families.

- Although the provision of services is based primarily on assessed needs (rather than a medical diagnosis), the survey found some variation in the types of disabilities covered by those teams responsible for children with disabilities.
- Not all children's services plans provide information specifically about disabled children and young people. A small number of local authorities appear not to be following Ministerial guidance as to the implementation of their statutory duty to review their plans.
- There is a complex relationship between budgets, staffing and caseloads. While it is not possible to make a definitive conclusion, the findings suggest that although budgets for this area have not been cut, the rise in caseloads and lack of change in staffing levels may be making it harder to meet demand.
- The research suggests that the impact of the financial crisis is, at present, being felt more by families than social work services for disabled children and young people. However, there is some concern that as families struggle to cope, this will increase demand on local authority services. At the same time, there is concern that future budgets may be cut.
- Although there are problems with waiting lists, the research highlighted limited performance monitoring in most local authority areas.
- Not all local authorities are consulting service users in accordance with Ministerial guidance.

Chapter 2 goes on to look at the types of services provided and charging practices, exploring variation in both.

2 The types of services provided

The services provided for a disabled child or young person, as well as their family, can have a direct and significant impact on their quality of life. Section 2 of the Chronically Sick and Disabled Persons (Scotland) Act 1972 and the Children (Scotland) Act 1995 provide the legal underpinning for local authorities' duty to provide a range of social work services to disabled children and young people and their families (including siblings). Services should be provided after an assessment has been carried out and needs have been identified.

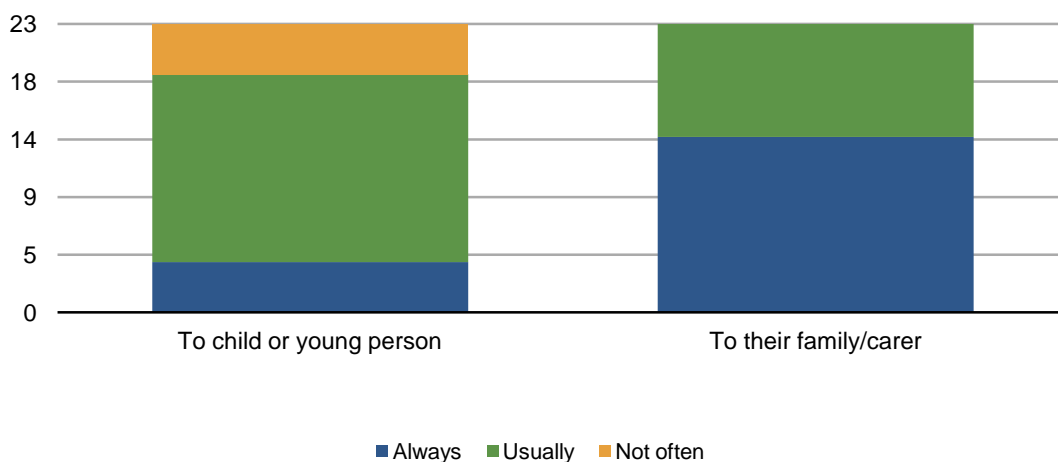
Before going on to explore how decisions are made about service provision (which is addressed in Chapters 4 & 5), this chapter presents findings relating to:

- the types of services available for disabled children and young people in Scotland, and
- charging arrangements for these services.

2.1 Explaining what types of social work services might be available to help

Families and disabled children and young people may not always be aware of what services might be available to help them. As such, it can be helpful for someone from the local authority to explain the types of services that might be put in place if needs are identified.

Graph 2: How often local authorities explain what services might be available to (a) child or young person and (b) their family or carer



As highlighted in Graph 2, of the local authorities in the survey:

- all reported that they either 'always' (14) or 'usually' (9) explain to the *family* what types of services might be available to them before an assessment is carried out, but
- only four 'always' explain this to the *child or young person*
- while most (15) reported that they 'usually' explain this to the *child or young person*, a small number do not do this often.

2.2 The services available in Scotland

Before services are provided, an assessment should take place (and the assessment process is discussed in more detail in Chapter 3). Assessments should be needs-led and the services recommended as a result of this should not be based on those already available in the local area.

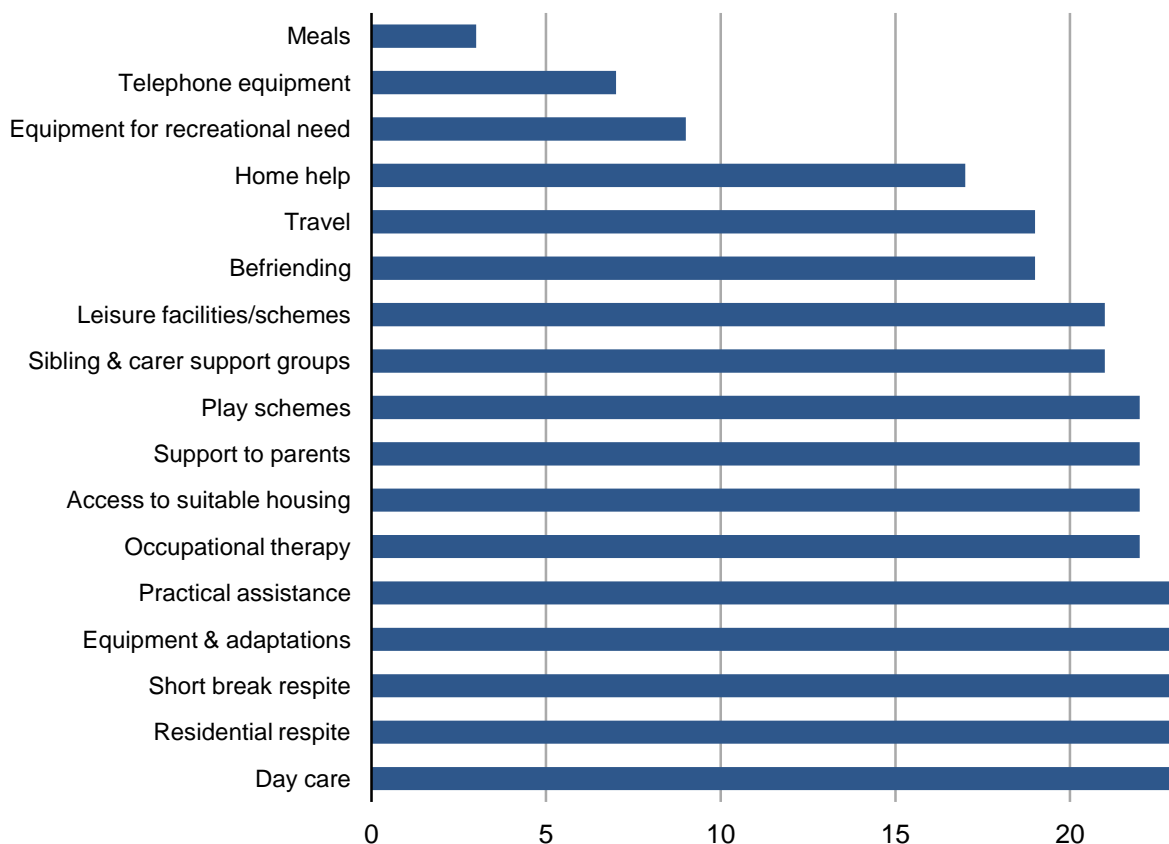
Local authorities should not say that they *never* provide a particular service. If needs cannot be met through the services on offer within a local authority, attempts should be made to make other arrangements to ensure the need is met.

However, service users have expressed concerns about possible differences in the availability and accessibility of services between areas. As highlighted in the national review of services for disabled children, *'families frequently comment on the fact that a service which is available in one authority or health board is not available in another, or that a service with financial support is available in one area but a comparable service requires a contribution from the family in a neighbouring area.'*²³

To explore possible variations in the availability and accessibility of social work services for disabled children and young people, local authorities were presented with a list of 17 different types of services, based on those noted in legislation²⁴ (as seen in Graph 3). Local authorities were also given the opportunity to name any additional services which they routinely offer, however virtually all of those named fell within the broad categories already listed. Nevertheless it is acknowledged that other specific services may also be offered on an individual case-by-case basis.

As shown in Graph 3, all local authorities in the survey reported providing practical assistance in the home (for example, with personal care of a child); equipment and adaptations; short break respite; residential respite; and day care (for example, childminding, family centres and out of school care) services. However, these were the only services reported as being provided by all 23 local authorities.

Graph 3: The number of local authorities providing services, by type of service



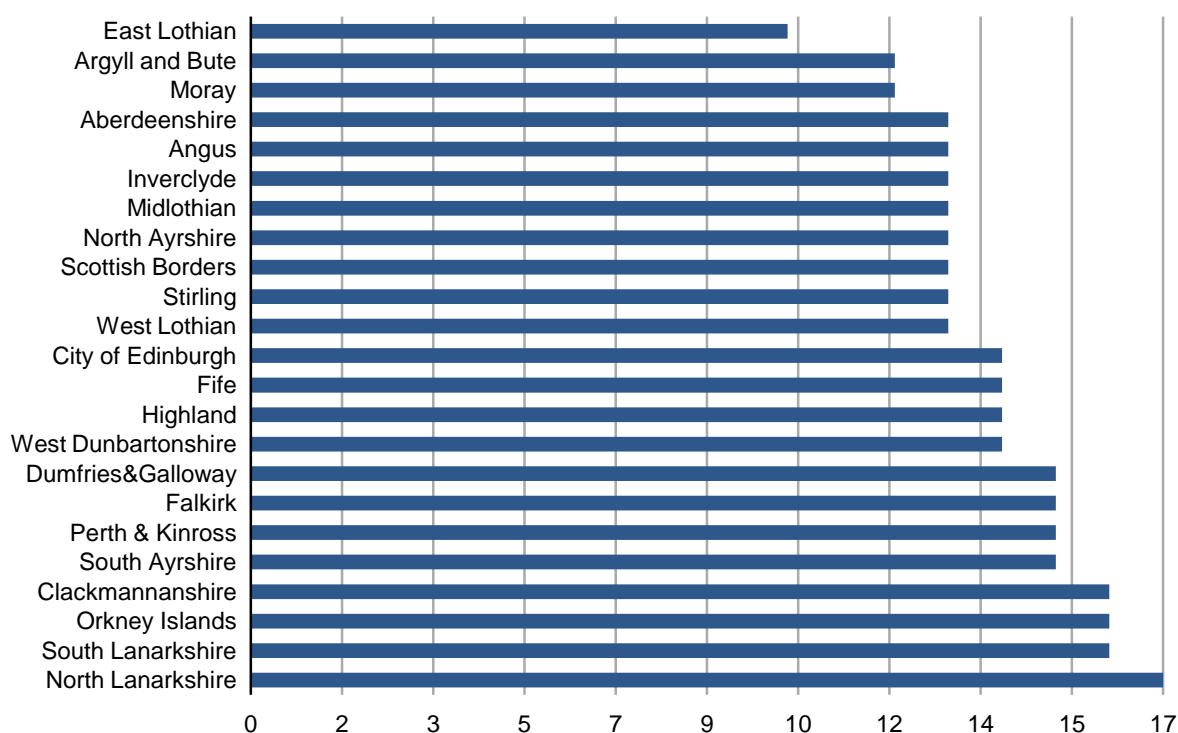
²³ *The Report of the National Review of services for disabled children*, p 15

²⁴ The list was based on those services detailed in the Chronically Sick and Disabled Persons (Scotland) Act 1995, S2 and the Children (Scotland) Act 1995, Regulation 17. The list is not an exhaustive list of the services that can be offered by a local authority.

Although the survey found some variation, most services were provided by the majority of local authorities. (Graph 3). However, three types of service were only provided by a small number of local authorities (i.e. meals, telephone equipment and equipment to satisfy a recreational need).

The survey also found wide variation in the number of these services available in individual local authorities, with a range of 10 to 17. The average number of services provided was 14. Only one local authority reported currently providing all of the 17 services asked about. (Graph 4).

Graph 4: The number of services listed in the survey reported as provided by each local authority



It is possible that the local authorities in the survey may have reported that they do not provide some services because they have, as yet, not been deemed necessary to meet an assessed need or they use alternative services. However, if they do not provide these services at all this could be deemed unlawful²⁵.

Changes to service provision

Anecdotal evidence suggests there are also concerns among service users about a reduction in services in recent years²⁶. As such, local authorities in the survey were asked which of the 17 services they provided 12 months and five years ago.

In terms of the overall range of services, the survey results did not show any significant reduction. If anything, the data suggests local authorities provide more services now than

²⁵ Disabled children's services in Scotland: Information for families. Contact a family (June 2010) p.8

²⁶ Scotland's Commissioner for Children and Young People project brief p.3.

either 12 months ago or five years ago.²⁷ For example, only four local authorities reported providing fewer services now they did five years ago. Of those:

- two no longer provide equipment to meet a recreational need.
- one no longer provides leisure facilities, and
- one no longer provides travel assistance.

However, the quality of the data from this question was poor. Some respondents appear to have only provided information about what is currently provided, making current provision look artificially high in comparison to previous years. Therefore any comparisons between now and previous years should be treated with some caution.

The research did not collect information about the amount of each service provided – measuring this would be a complex task. While it seems that the range of services available has not reduced in recent years, it is possible that services are having to be 'spread more thinly' due to rising caseloads. However, because of the limitations of the research it is not possible to comment on the extent to which this might be happening.

2.3 Assessing the extent and impact of variation

The apparent difference in availability and accessibility of many public services across different areas of Scotland is why receipt of services is sometimes referred to as a 'postcode lottery'.

"Both [families] said they are getting a better service from [this council]. They said it was more of a challenge [in their old council] and they had to fight for everything they had"

(Participant 2, Area 1)

Whether the differences are real or not, thoughts about being 'denied' services because of where you live can be distressing. It can be particularly problematic in cases where a child or young person and their family may move from one local authority to another, only to find they no longer qualify for a service they have been receiving.

"I had a youngster come here from another authority and he appeared to get quite a big care package and he is maybe not getting quite as much here. But then [...] you can look at the other authority and you know they are struggling and that he wouldn't be getting that package now. But also developmentally, he's changed too and his needs are less, so it is difficult to make a straight comparison."

(Participant 3, Area 1)

"I've got one family who refused to take a house [in another local authority] because of what they feared would be the difference in care package...it might be that they are happy with the services we are providing so it might be 'we're not taking it because we might not get what I've got' but I don't know whether that is accurate or not."

(Participant 2, Area 2)

²⁷ Five local authorities only provided information about what services they currently provide and therefore were excluded from the analysis.

However, trying to assess the extent of variation in availability and accessibility and how it actually impacts on children and young people and their families is a complex task. There are a number of reasons for this, including:

- the difficulty in comparing cases
- service provision decided according to local priorities and availability, and
- recent changes in the *types* and balance of services and how they are delivered.

Each of these is discussed below.

The difficulties of comparing cases

The research found that some professionals feel that concerns about differences in provision – both between and within local authority areas – can sometimes be based more on perception than reality, and this is partly because comparing cases is not straightforward. For example, two children may, on the surface, appear to have a very similar condition, but may in fact have very different family situations or indeed one may have additional disabilities. As a result, the needs of these children can be very different and consequently the package of care implemented is different. The subtleties of circumstance may not always be apparent to service users. It was also felt that sometimes people hear about what others are receiving without knowing the details of their case, and that this can raise public expectations.

Local decision-making and availability of resources

The distribution of resources to best meet the needs of disabled children and young people and their families within their area is a decision made at the local level, according to local demand, priorities, and availability of services (for example, the extent of a voluntary sector presence or private sector provision). Differences in availability can, therefore, be real. However, it does not necessarily follow that one authority is offering more or better services overall than another – similar needs can be met through different care packages.

Variation in availability and accessibility of services can even be seen between different areas of the same local authority. For example, a particularly rural area may not have a play-scheme for young disabled children, or there may be no buildings with wheelchair access. In one case study area, a new high school had been built under PFI and this has impacted on what services can be offered locally:

“If we could use that school then we could run an awful lot more for young people and their families but the cost is prohibitive.”
(Participant 2, Area 2)

Some case study participants also thought that parental expectations, which may be based on the historical provision of certain services in an area or anecdotal evidence about other cases, could impact both on the types and level of service received in a particular area, as well as perceptions about levels of service received. Ultimately, it is up to each individual local authority to choose how they spend their money to best meet the needs of disabled children and young people.

Different kinds of services

Social work services do not operate in isolation and have to take account of the wider world in which they operate, such as the continually changing policy environment. As a result, models of service delivery can change. Although local authorities still provide a wide range of services, the research findings suggest that there have indeed been some significant changes

around the way in which services are delivered and, for some services, the level of service being offered.

The move towards earlier intervention for prevention, as well as looking at the needs of children and young people and their families in a more holistic way, has changed the balance and type of services offered. For example, residential breaks (commonly referred to as 'respite') may no longer be seen as the best way of meeting a child's needs, so instead a more community-based service may be offered. This might be considered by some families to be a reduction in service provision. However, from the local authority's perspective, this might be seen as better meeting the needs of the child, as well being more cost effective, and so enabling some level of assistance to be provided to a wider range of children and young people and families.

"We are trying to be more creative in looking at what demand is and what is most cost effective"
(Participant 1, Area 2)

Some case study participants spoke of how, despite a natural wish among social workers to help, putting intensive care packages in place is not always the best way to meet needs:

"When you are new to this, you go out and see a concerning situation and what you do is want to throw as much as you can at this to help – sometimes that is the worst thing to do because if they get too much it then becomes a dependency and folk can't move on from that. It's very tightly managed in here...I've got responsibility for the budgets being spent as wisely as possible"
(Participant 2, Area 1)

There is increasing emphasis within central and local policies on inclusion. This was highlighted in both case study areas where there is a push towards developing more community group-based services, as well as trying to get disabled children and young people to access mainstream services.

"There are loads of things now out there and that's because workers have been out there speaking to families to see what they want to meet the needs ... and a lot of it is about social isolation and inclusion. They want to be included in things that other young people go to because that's their friends, they don't want to feel different, they want to be involved so we are trying to introduce them to more things as their confidence grows and that seems to be working"

(Participant 2, Area 2)

This is partly because of the belief that this is the best way of meeting the needs presented (for example through improved social interaction and integration), but also because of the need to provide services that are more cost effective.

Policy-related issues, plus the changing nature of staffing, demand, caseloads and budgets, can result in change to both the type of services provided and the way in which they are delivered.

"We just work with what we've got...we are very proactive I think and we are good at saying 'I've identified something', is there any funding stream that we can use to meet that need or do I need to take it from what I've got just now? And, if I do, then how am I going to realign that?' We are constantly working with what we've got but we just think about it a lot more...It's about being a wee bit smarter."

(Participant 2, Area 2)

The demographics of those referred to the service are also changing – for example, there is a general increase in the number of very young children being referred, as well as those with complex health and social care needs. In some areas there has also been a significant increase in children from minority ethnic groups. Again, as new needs develop, this can call for the development of new services, which in turn may lead to delays in provision or money having to be diverted from an existing service.

The redistribution of funds among services was raised as a concern in relation to the introduction of self-directed support²⁸ (SDS), where individual budgets will be allocated to disabled young people and those with parental responsibility for disabled children under the age of 16. Some participants felt that SDS is likely to result in changes to what services are provided within an area, as well as to local authority charging practices (which are discussed later in this chapter). One of the main difficulties around SDS for local authorities appears to relate to block-funding, particularly for residential respite care. For example:

“We had to reduce service level agreements with the two community respite providers. We have reduced the services there to go to direct payments and as direct payments increase [through SDS] we will need to reduce service to [community provider] again...These providers have got to function as well and they are part of society and the community and we would dearly like to be able to contribute to that but we are very much restricted”
(Participant 1, Area 1)

As all local authorities decide their own priorities, it is not surprising to find differences in the types and level of provision between local authority areas. However, while it is clear that there are variations in provision, it is difficult to conclude whether any one area receives a better overall level of service than any other.

2.4 Charging for services

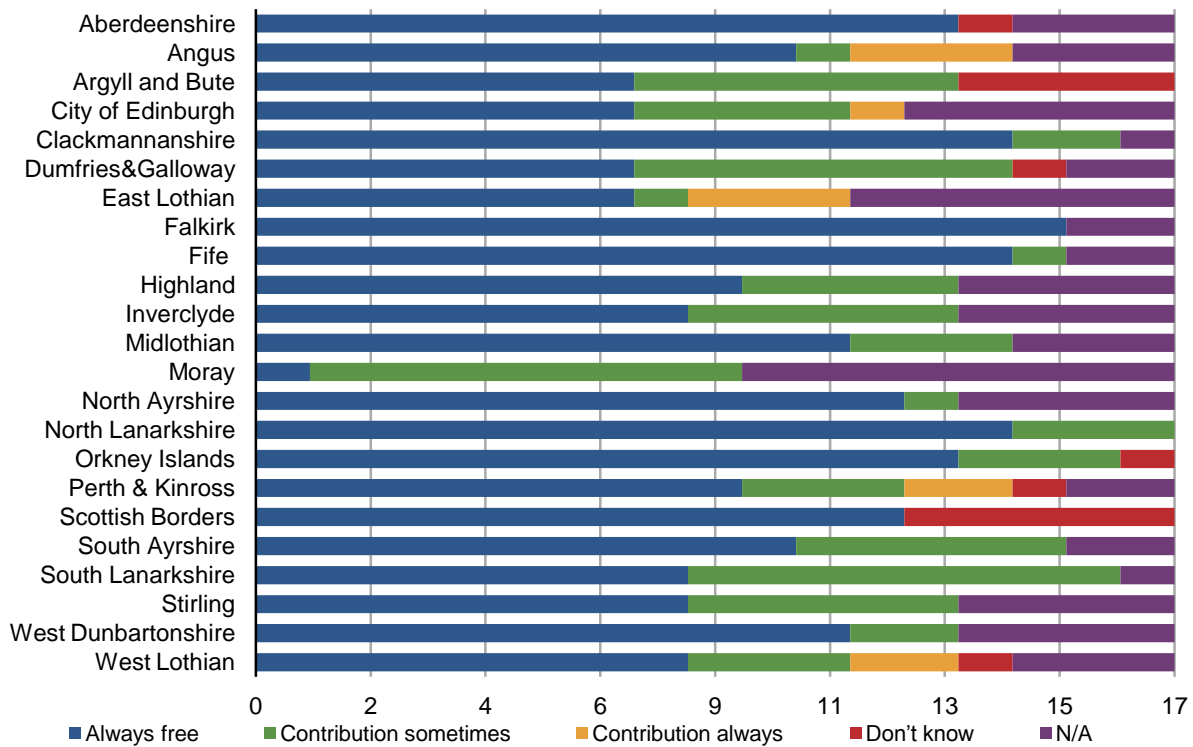
Section 19 of the Children (Scotland) Act 1995 states that local authorities can charge for the services they provide for disabled children and young people and their families (although not for services under the Children (Scotland) Act if the family is in receipt of specific state benefits, such as Income Support and Jobseeker's Allowance). As individual local authorities are entitled to set their own charging policies, it is perhaps inevitable that there is variation in practice, leading to concerns among families about differences in the levels of financial input being asked for.

Variation in charging practices

Case study participants and interviewees suggested that charging for children's services is used less often, and the charges set at a lower level, than for adult social work services. This is primarily because services are there to meet a child or young person's need and, as children usually do not have an income, it was felt they should be provided free of charge.

²⁸ Social Care (Self-directed Support) (Scotland) Bill

Graph 5: Charging practices in local authorities



As shown in Graph 5 above, the survey of local authorities found that:

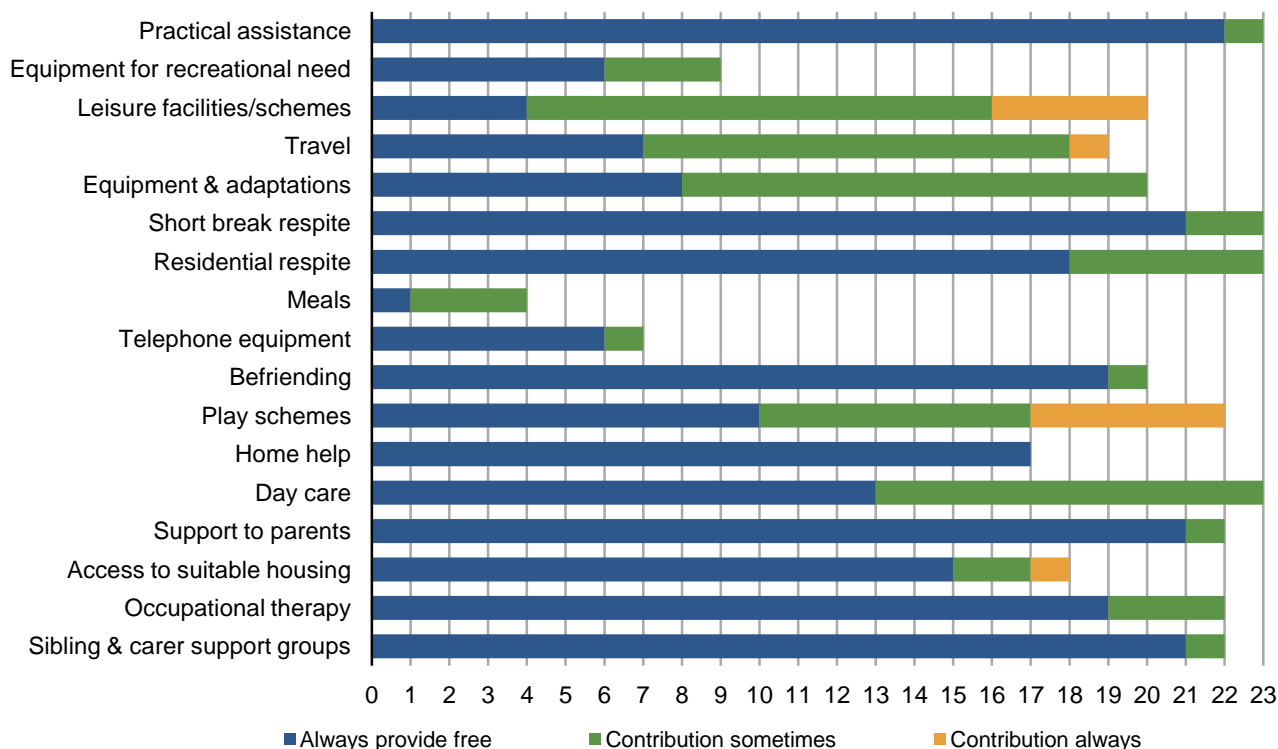
- nearly all reported charging for at least some of the services they provide
- only one reported not charging for any of the services asked about.²⁹

The survey also found variation among local authorities in terms of the number of services offered free of charge (ranging from one to 15).

Among the 23 local authorities in the survey, home help appears to be the only service provided free of charge by all relevant areas. There are, however, differences in practice in relation to all other services. For example, among those local authorities with play-schemes (22), ten provide these free of charge but seven sometimes, and five always, require a contribution. (Graph 6)

²⁹ Although two others said they did not charge for most services but did not know for a small number.

Graph 6: Overall charging practices by type of service³⁰



Changes in charging practice

Although the survey found variation in current charging practices, there does not appear to have been any significant changes to these within the last five years. Only one local authority reported that their charges ‘have increased significantly’ and another noted changes to the charging policy for play-schemes.

Case study Area Two provides an example of how charging practices can alter due to changes in circumstances and how this can impact on service users. Here charge for a play-scheme came about because of a change in funding arrangements within the local authority and concerns were raised about the impact of this on the accessibility of the service:

“[The play-scheme] used to be funded by education and a childcare grant and they withdrew their funding and so we came in and by its nature [Leisure Services] provide services for which it charges for. So by default we inherited a charging policy for that service and it has created barriers for families. The reality is what we’ve seen this year...if you are coming from 20 miles away, with petrol it becomes exorbitant. What we try to do, is if there is a real need to meet the cost and provide transport.” (Participant 1, Area 2)

Despite the relatively static nature of charging policies in relation to disabled children and young people and their families within the last five years, respondents from a third (8) of local

³⁰ In relation to each of meals, befriending and sibling and carer support groups, one authority provided information about charging despite reporting not providing the relevant service in response to a previous question.

authorities in the survey reported it is likely that their charging policy will change within the next couple of years (although only one of these said it was 'very likely' to change).

"I think that consideration will be given to introducing a charging policy for all services... we are not going to pursue this at present, but it will certainly be considered again next year."
(Dumfries and Galloway)

"The local authority will start financial assessments and start charging for some services"
(Stirling)

Although some respondents did not know what form this change may take, all others pointed towards an increase in charging for services for disabled children and young people and their families (e.g. reviewing thresholds, and asking for contributions towards respite services). Self-directed support was also identified as having a potential impact on charging policies.

2.5 Summary

The following provides a brief overview of the key findings relating to the services provided for disabled children and young people and their families.

- There is a wide range of services available to help disabled children and young people and their families but local authorities do not always inform people about what might be available to help. Furthermore, they are more likely to explain the availability of services to parents and carers than children and young people.
- The survey found some variation in availability of services and charging practices. However, decisions about how budgets are allocated are made locally and driven by local priorities and resources. This, plus difficulties of case comparisons, make it difficult to draw conclusions about how the range of services impact on children and young people and their families.
- The research did not find evidence of a reduction in the range of services offered or changes to charging practices but it highlighted change in the types of services offered and the way in which they are delivered. For example, a move to more community-based services, which emphasise inclusion and social interaction for children and young people, as well as being more cost effective.

Chapter 4 looks in detail at how decisions are made about who receives these services. Before that, Chapter 3 explores issues around the assessment process.

3 The assessment process

In order for a child or young person and their family to access any of the services discussed in the previous chapter, they need to be assessed by a social worker. A child or young person may be referred to a local authority social work team for assessment from a number of different sources:

“The referrals come to the team from GPs, school, teachers, health visitors, parents themselves and just any source within the community.”

(Participant 1, Area 1)

In simple terms, an assessment is a process by which staff, along with the child or young person and their family, meet to discuss what needs they might have and how these might be met through the provision of services. Once an assessment has been completed, and needs identified, a package of care should be devised and implemented.

In reality, assessing need is a complex process, taking account of the whole family's circumstances, not just the child or young person's disability, covering all aspects of life (such as educational, cultural and religious needs).³¹ Levels of need can be difficult to establish. For example, while one child may have a far more severe disability than another, this does not necessarily mean their need is greater. A child with a relatively minor disability could, for example, be living in very poor housing conditions, with parents who have learning disabilities and few parenting skills. This child's needs may in fact be greater than a child with complex care needs, living in a family with pre-existing support networks and strong coping mechanisms.

The decisions made around the assessment of needs and eligibility for services are discussed in Chapters 4 and 5. This chapter provides a brief overview of current assessment processes and highlights some variations in practice.

3.1 Informing children, young people and their families about the assessment process

In order for local authorities to discharge their duty under the Children (Scotland) Act 1995 to safeguard and promote the welfare of children in need, they are required to assess a child's needs when requested to do so by a parent or guardian, commonly known as a Section 23 assessment³². The accompanying guidance also suggests that it is good practice to *“consider any request for help made by a child directly, and assess his or her needs as required”*.³³

Publishing information

Approaching an organisation for help and support can, however, be a daunting prospect. A parent, carer or young person might not know what types of help are available to them, who provides that help or how to go about accessing services. Even though information published by authorities should *“consider specific information relevant to the particular needs of disabled children and those affected by disability”*³⁴, one report found that *“the number one issue for many families is basic information about the process of being assessed for services and who to contact*

³¹ *Disabled children's services in Scotland: Information for families*. Contact a family: for families with disabled children.

³² The Children (Scotland) Act 1995 Section 23 (3).

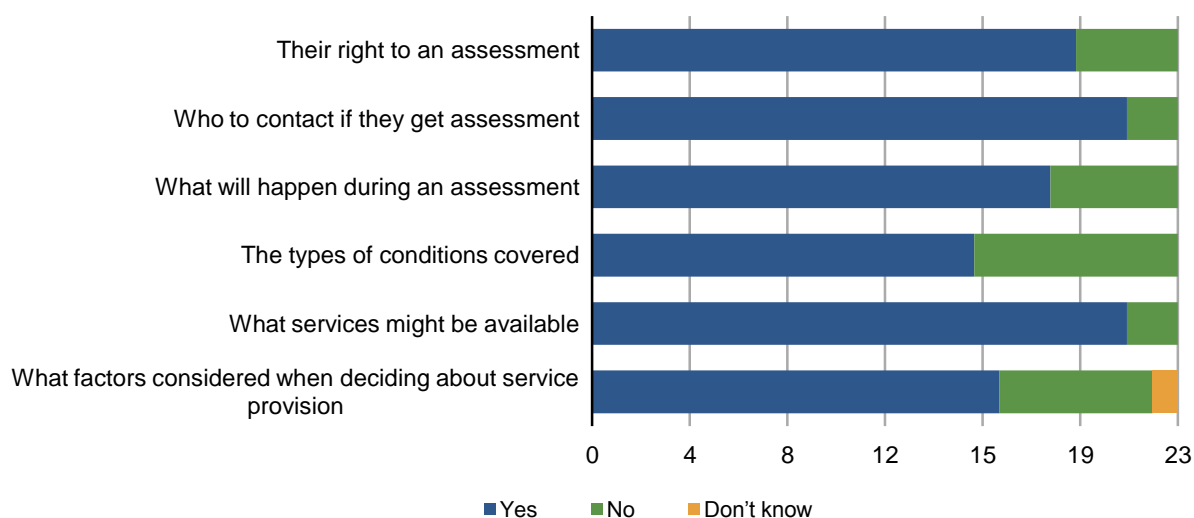
³³ The Children (Scotland) Act 1995 Regulations and Guidance: Vol 1, Chapter 6, Para 5

³⁴ Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance. Volume 1. Support and Protection for Children and Their Families. Chapter 3. Para. 2.

in that regard. Providing easily accessible information would be a starting point in terms of improving provision'.³⁵

As highlighted in Graph 7, the survey found most local authorities said they publish information about the right to an assessment (19), who to contact (21), and what will happen during an assessment (18). However, only around two-thirds (16) publish information about what factors will be taken into account when deciding whether services will be provided or not. Local authorities with eligibility criteria were more likely to do so than those without, suggesting that the criteria may help staff explain the reasons behind their decisions to children and young people and their families.

Graph 7: Number of local authorities publishing information, by type of information



Under the Children (Scotland) Act 1995 local authorities are required to prepare and publish information about relevant services they provide for children³⁶ and in the survey:

- all but two reported publishing information about the types of services that might be available to help disabled children and young people and their families
- most reported publishing information about the *types of disabilities* covered (such as sensory and motor impairments, hearing impairments or mental health problems), although about a third do not do so.

Writing for children

Information published by local authorities should be easy to read and understand³⁷. This means that it sometimes needs to be produced in different formats, so it is accessible and relevant to disabled children and young people and their families, as well as professionals. However, most of the information asked about in the survey seems to be aimed at professionals and carers, with only one local authority reporting that they publish relevant information written specifically for children.

³⁵ *Setting the scene...for Scotland's Disabled Children*. for Scotland's Disabled Children. 2010. p. 21.

³⁶ Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance. Volume 1 Support and Protection for Children and their Families. Chapter 3: Providing information about services. Para. 1.

³⁷ Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance. Volume 1 Support and Protection for Children and their Families. Chapter 3: Providing information about services. Para. 6.

So, although most local authorities publish information about assessments, there is some variation in practice, suggesting that in a small number of local authorities children and young people and their families may be less aware of their right to an assessment, how the process works, what types of disabilities are covered and the types of services they might be able to access. This may affect their ability to make informed choices.

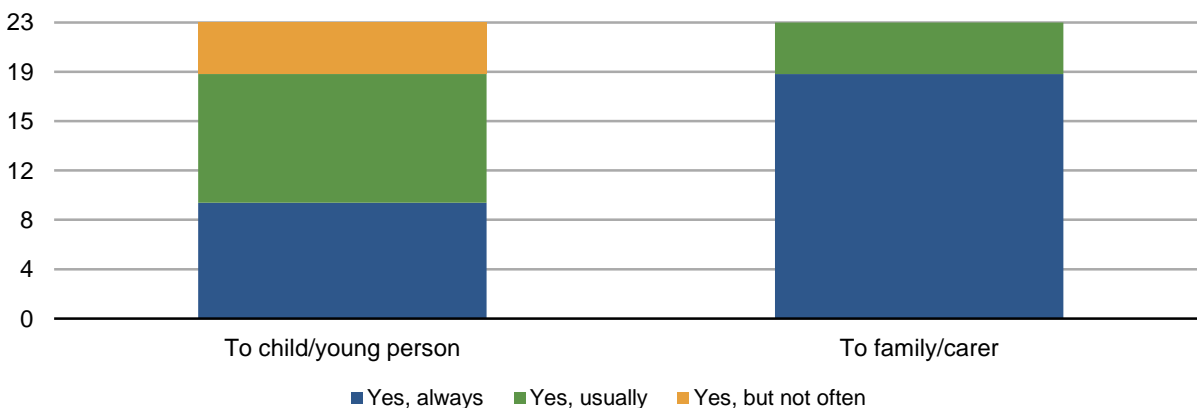
Explaining the assessment process

The thought, as well as the experience, of being assessed is likely to be stressful for some children and young people and their families, and perhaps even more so for those with certain types of disabilities. As such, it can be helpful for someone from the local authority to explain in advance how an assessment will be carried out.

As shown in Graph 8, the survey found that:

- all respondents reported that they either *'always'* or *'usually'* explain the assessment process to the family, but
- only nine respondents said they *'always'* explain this to children and young people. A small number said they explain the process to children but *'not often'*.

Graph 8: Number of local authorities explaining assessment process, by group



Documentation to support staff

Almost three-quarters of local authorities responding to the survey have written documents in place for staff to explain each stage of the assessment process, and over two-fifths have written documents detailing the roles and responsibilities of those staff working with disabled children and young people. However, a small number of authorities do not have such documents in place.³⁸

³⁸ Six do not have written documents detailing the stages of the assessment process and 4 do not have written documents detailing roles and responsibilities.

3.2 The policy context

The policy context surrounding the assessment process has seen many changes in recent years and social work staff, along with other professionals, have been challenged with keeping pace with these ongoing developments. There have been a number of centrally led initiatives relating to assessments by local authorities (as well as their partner agencies), perhaps most notably *Getting it right for every child* (GIRFEC) and the introduction of the Integrated Assessment Framework.

GIRFEC was published by the Scottish Government in 2008, setting out an overarching approach to supporting all children in Scotland. Although emanating from the centre, it is the responsibility of local organisations to put it into practice in their area. Some of the key components of GIRFEC relate to improving outcomes for children young people and their families by, for example:

- establishing a common approach across organisational boundaries
- placing the child and young person and their families at the centre of assessment, planning and intervention
- having a co-ordinated approach to identifying, assessing and meeting needs
- advocating the use of a lead professional, where necessary, to coordinate multi-agency activity.³⁹

The survey found that in nearly all local authorities (20) it was felt that, overall, the GIRFEC agenda has so far had a positive impact⁴⁰ on the way in which children and young people and their families are assessed.

"I feel [...] with other agencies, that they are also at the introductory stages with GIRFEC and they are already sitting down and having discussions around the table about how we can minimise, how we can share information better. So it has improved"

(Participant 3, Area 1)

The impact of GIRFEC is likely to increase in future years as the Children and Young People Bill, to be introduced to Parliament in 2013, will seek to embed key elements of it in law.⁴¹

Children and young people's participation in their own assessments

In line with GIRFEC's focus on putting the child at the centre, children and young people have a right to participate directly in their own assessment⁴². Most respondents reported that, in their area, they always give children and young people the opportunity to do so, whether it is a single-agency assessment conducted solely by staff from the authority itself or a multi-agency, joint assessment. Only one authority reported that children and young people were '*not often*' given the opportunity to participate in joint assessments. (Graph 9).

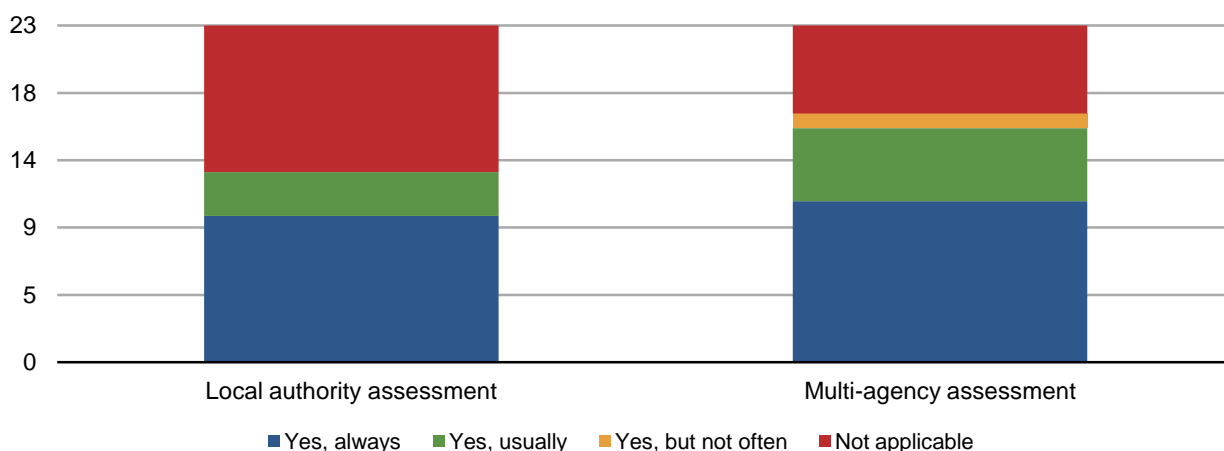
³⁹ Getting it right for every child: proposals for action June 2005.

⁴⁰ 3 'very positive' and 17 'quite positive'.

⁴¹ Do the Right Thing: Progress report 2012. Scottish Government

⁴² The right to participate in decision-making is based in Section 12 of the UN Convention of the Rights of the Child and The Children (Scotland) Act 1995.

Graph 9: The number of local authorities that give children and young people the opportunity to participate in their own assessment, by type of assessment



Integrated assessments and plans

GIRFEC proposes an integrated assessment and action plan for each child – the Integrated Assessment and Planning and Recording Framework (commonly referred to as the IAF).⁴³ Some of the key principles of this are to:

- seek to identify the earliest and most effective response to needs
- include the views of the child or young person and their family in the assessment
- take a holistic approach to the child's life
- bring together professionals involved with a child or young person.

At a practical level, the IAF is about a standardised *model* of assessment⁴⁴, planning and recording to get the most appropriate service to meet an individual child's needs in the most effective way.

As the development of assessment tools generally, as well as the implementation of IAF specifically, is devolved to the local level it means there are multiple and sometimes very different tools and processes still being used in children's services across Scotland.

"[The IAF] is a moveable beast, it is what people want it to be. It is just a title, it is not saying, 'this is what you ask, this is the shape of it, who contributes'. It's not like that."

(Scottish Government representative)

The extent to which the IAF is being used also varies. While ultimately what is important is the outcome of the assessment – making sure that needs are being met in the most effective way – these differences in approach could mean that individuals may have different experiences of the assessment process depending on where they live.

⁴³ Getting it right for every child: proposals for action. Scottish Executive. June 2005.

⁴⁴ This introduced the 'My World' assessment triangle model, which identifies generic areas important to all children, which should be taken into account when assessing children and young people.

3.3 The assessment tools being used

While nearly all (22) local authorities responding to this survey have assessment tools in place specifically for use with children and young people, only about half (12) of these are specifically for use with disabled children and young people. One local authority reported using the same assessment tools for all types of social work cases. Some authorities have a number of different tools (up to four in a single authority).

There has been an emphasis on multi-agency working for many years now (as seen in the Children (Scotland) Act 1995), with various policy initiatives to move this forward. However, GIRFEC attempts to take this further by having integrated assessments and plans, which should be more than simply a collation of single assessments. The survey found differences between local authorities in the extent to which they use a single-agency assessment tool (for example, for a Section 23 assessment) or a multi-agency, integrated tool or a combination of these:

- 17 said they now use some form of integrated, multi-agency assessment tool, and
- 13 said they use a single agency assessment tool for some cases. Of these, six said this was the only type of tool used, as a multi-agency one had not yet been implemented in their area.

Impact of integrated, multi-agency assessment tools

Of those using an integrated, multi-agency assessment tool (17), most respondents felt this has had a positive impact on:

- service users' overall experience of the assessment process (14)
- the range of services available (10)
- the speed with which services are provided (11).

Content of assessment tools

Although in all local authorities assessments have the same aim of identifying needs, and the services required to meet those needs, the content of the assessment tools (both in terms of the amount and type of information collected) varies. This suggests service users may have different experiences of the assessment process, and could possibly receive different outcomes depending on where they live. However, it is not possible to conclude from this research whether the experience or outcome is any better or worse in any given area.

Some assessment tools are very detailed and clearly link to GIRFEC, for example, including SHANARRI⁴⁵ indicators and some have been in place for a number of years. In contrast, some areas have only just rolled out their new assessment under IAF and some are still to do so. However, while some local authorities are still in the early stages of implementing the IAF, the focus from central government now appears to have shifted on to outcome plans, with less focus being on the way in which the assessment is completed.

“We don't really talk about [the IAF] any more, we talk about a child's plan and assessing their needs to meet a child's needs and then if they require a plan, it is about how local authorities and health boards want to put that in place.”

(Scottish Government representative)

⁴⁵ GIRFEC states that it wants all children and young people to be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included. From A guide to Getting it right for every child, September 2008. Version 1.1.

This may suggest a degree of disconnect between central and local government activity, with a shift in central government expectations coming while many local authorities are still in the midst of developing their approach to previous central priorities.

3.4 Reducing duplication

Although the Children (Scotland) Act 1995 stresses the importance of reducing duplication by combining, wherever possible, assessments with those done under other legislation, many disabled children and young people and their families have found themselves having to undergo multiple different assessments. In a single case, assessments may be conducted by different parts of the local authority (such as social work, housing, education), as well as by specialists from other organisations (such as mental health professionals or speech and language therapists in health boards). The 'National Review of Services for Disabled Children' (2011) reported that *'it is quite possible for a disabled child or young person or their family to have up to ten separate consultants handling a variety of conditions, with perhaps 24 to 30 different contact points dealing with different aspects of care, schooling and support.'*⁴⁶

One of the main strands of the GIRFEC agenda has been the commitment to *'reducing bureaucracy that gets in the way of ensuring children are protected'*⁴⁷ and ensuring that children and families experience a more *'co-ordinated and unified approach to having their needs met'*.⁴⁸ However, it is unclear whether it has yet led to this. Some of those in the case study areas felt that while organisations are now required to collect more information to gain a more holistic picture and improve outcomes, this can make the assessment process longer both for them and the child or young person and their family:

"There is intensive work for the professional social worker to carry out the new assessment framework, there have been aspects of training and development to do that. So if you consider the time and work it takes for one assessment for a social worker to [do], imagine how a family, how they feel...The down side to [the fuller assessments] is that a parent with a profoundly disabled child may have a physiotherapist, may have a paediatrician, may have medical appointments, so they have got to go and repeat the same information over and over again to different people with their assessments."

(Participant 1, Area 1)

For a child or young person, and their family, these multiple assessments can involve repeating the same or similar information to different people. GIRFEC tries to address this through promoting a more coordinated approach to the assessment and the use of lead professionals. However, the complexity of some of the cases means that even if a more coordinated approach is adopted, it is sometimes impossible for those children and young people and their families to avoid assessments by numerous different professionals, if their needs are to be properly assessed and met.

"I am sure it is not always very convenient for parents to go to many meetings but if you are to look at it from a distance you would be able to look and see that that child or young person's needs are getting seen and are being met and there's not someone who is going to fall through the gap if we had a system where we had one assessment and less meetings then you've not got the same communication."

(Participant 1, Area 1)

⁴⁶ Report of the National Review of Services for Disabled Children'. Scottish Government. 2011. P10.

⁴⁷ Getting it Right for Every Child: Implementation Plan, p.1

⁴⁸ Getting it Right for Every Child: Implementation Plan, p.6

Despite the increased use of integrated assessment tools the survey found that it is still quite common for children and young people and their families to have to undergo further assessments even within the local authority to see if they are eligible for specific services (such as occupational therapy led equipment and adaptations service, leisure services, sensory impairment services, home support and short breaks). In the survey:

- all but four local authorities said that children and young people were required to undergo further assessments to establish eligibility for at least some specific services, and
- one said an additional assessment was required for all types of services provided.

Most case study area participants stressed that there would always be a need for this further level of assessment for specialist services.

"To be fair, the different agencies involved have got a different outcome and a different aim. We assess for a respite provision, a physiotherapist is assessing for a separate provision and different outcome, where they need that initial information."

(Participant 1, Area 1)

"I wouldn't have the expertise to know about a child's mobility...I wouldn't know what kind of chair to put in for a child that had a particular condition so I think the critical thing for parents, and I wouldn't want a social worker assessing me for a bit of equipment, you'd want the expert wouldn't you. But the critical thing for parents is why do I have to go over the same story..."

(Participant 1, Area 2)

Similarly, some case study area participants felt it would always be necessary for individual private sector providers to undertake risks assessments to meet their own statutory duties (for example under health and safety legislation).

"[GIRFEC] tried to reduce multiple assessments, and any integrated assessment tried to reduce that. But individual agency assessments or specialist assessments will always be required."

(Scottish Government representative)

While all the organisations involved in service provision for disabled children and young people and their families are working with GIRFEC, it appears there is still work to be done to improve integration.

"We are still doing our assessments and other people are doing theirs. So to be fair, I think, yes, there is more communication with the other agencies than there has been before and we are very keen to get in line with GIRFEC. However, I think that we are still all doing our own thing individually."

(Participant 3, Area 1)

3.5 What is the outcome of the assessment?

Once a disabled child or young person has been assessed, a package of care is decided upon and a care plan should be drawn up. This plan should detail the nature of services to be provided, as well as providing other information such as how long the services might be required for and the roles and responsibilities of those involved in the plan.⁴⁹

The survey found that in all but one local authority, care plans for disabled children and young people *always* include details of what services will be provided.

3.6 Summary

The following provides a brief overview of the key findings relating to the assessment process for disabled children and young people and their families.

- While most local authorities in the survey publish information about the assessment process, the types of conditions covered and the services that might be available to help families, there is variation in practice across Scotland, suggesting people may be better informed in some areas than others.
- Of the information asked about in the survey, virtually none of this was written specifically for children and, while the assessment process is nearly always explained to families, this was not the case in relation to children and young people.
- There is wide variation in the number, type and content of assessment tools used across Scotland in relation to disabled children and young people. The extent to which an integrated multi-agency approach to assessment has been adopted also varies, suggesting children and young people across Scotland might have different experiences.
- Some children and young people still need to have multiple assessments and, especially for those children with complex care needs, it is difficult to see how this might be overcome.

Chapter 4 goes on to explore how, after an assessment, decisions are made about service provision.

⁴⁹ Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance. Volume 1 Support and Protection for Children and their Families. Chapter 6: Children and Disability. Para. 18.

4 Exploring and explaining eligibility criteria

The assessment process is the main way in which social workers gather information about a child or young person and their family, so as to establish their needs. From this, a decision then has to be made as to whether the needs can be met through the social work service and, if so, what specific package of care should be put in place. These decisions primarily depend on the application of professional judgement about needs and risks. However, in some local authorities, this decision-making process is supported by the use of eligibility criteria.

This chapter explores:

- general issues around making decisions about services
- the extent of use of eligibility criteria, and
- what eligibility criteria for accessing these services look like.

4.1 Making decisions about what services to provide

Disabled children and young people vary greatly in the types of services they need to help minimise the adverse effects of their disabilities and to improve their quality of life. They are not a homogenous group, and their needs range from relatively low levels of support (perhaps through universal services) to critical and intensive levels of support, where a child or young person's life may be at risk if services were not put in place. Services should be appropriate to their assessed needs.⁵⁰

However, all local authorities have finite resources, and making decisions about their distribution can be difficult. Local authorities have to decide which services to provide in their area, how much to provide and who to provide to. The types of services put in place to meet certain types of need can differ between areas (as shown in Chapter 2) and, while this might be a result of differences in availability and local priorities, it may also be because of variation in how decisions about eligibility are made.

One way in which service provision can be regulated and controlled is by using eligibility criteria. Generally, eligibility criteria are statements about the conditions and circumstances which allow access to services. In relation to services for disabled children and young people and their families, they should be applied after an assessment. Whether or not a service is put in place depends on a combination of the assessed need (rather than condition or disability), and the availability of resources. How quickly the services might be put in place depends on an assessment of the urgency of the response required.

Some background difficulties

While the remainder of this chapter goes on to discuss 'eligibility criteria', it is first important to highlight that the research found considerable uncertainty about what the term means in relation to services for disabled children and young people and their families. There also appeared to be some lack of clarity as to whether or when such criteria were used in practice.

⁵⁰ Scotland's Children" The Children (Scotland) Act 1995 Regulations and Guidance: Vol 1, Chapter 6, Para 4.

A number of key issues should be borne in mind when interpreting the research data:

- When first asked, a number of local authorities in the survey reported that they either did or did not use eligibility criteria to determine what services a child or young person might receive, but then when asked to confirm this later in the survey (and presented with the same definition) they provided a contradictory response.
- Most of the eligibility criteria submitted as part of the FOI request related to children's services as a whole, rather than specifically to services for disabled children and young people and their families. A small number did refer to "assessment of disability scales".
- Cross-referencing survey data with documents submitted from the FOI exercise highlighted some inconsistency in responses. For example, while 10 local authorities in the survey reported using Stage 2 criteria (see below), only six of these submitted supporting evidence of this. In contrast, one authority reported in the survey that it did not use eligibility criteria, yet submitted a document entitled '*Children affected by disabilities: eligibility criteria*'.
- Some local authorities said they did not use eligibility criteria but instead used a 'prioritisation framework' or 'risk matrix', for example. However, when looking at the content of these (and discussed in more detail below), it is not always clear what the distinction is. The content can be very similar and the purpose of the frameworks is often described as similar to that of eligibility criteria.
- Qualitative interviews and discussion groups also highlighted differences in individuals' perceptions of what constitutes eligibility criteria in relation to services for disabled children and young people and their families.

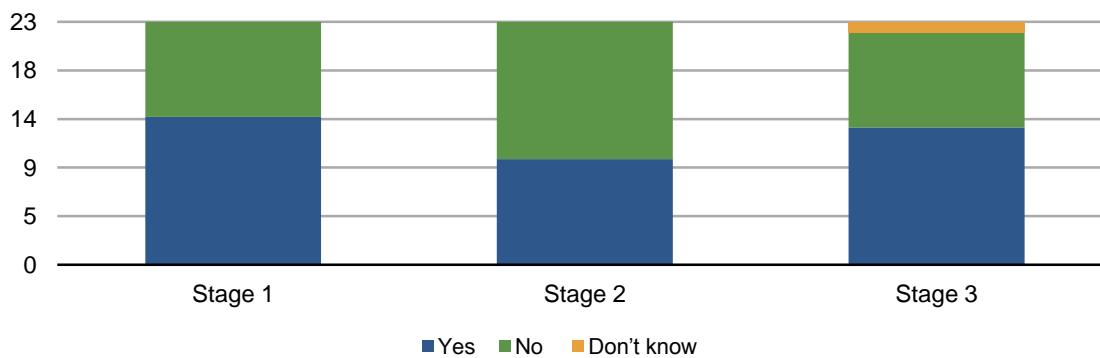
While these difficulties suggest little by way of common terminology or understanding, the research nevertheless provides a useful insight into the use of a range of tools and approaches to decision-making.

4.2 Using eligibility criteria

Within social work services, eligibility criteria can be used at different stages of the process. The survey asked whether eligibility criteria were used in relation to disabled children and young people and their families at three key stages:

- The first point of contact, to decide if a child or young person and their family is eligible for an assessment (for example, through a general screening process) (Stage 1)
- After a comprehensive assessment, to determine what services might be received (Stage 2)
- For establishing entitlement to specific services already identified as required to meet a need (for example, at an additional assessment for equipment and adaptations) (Stage 3).

Graph 10: The number of local authorities using eligibility criteria, by stage



The research found that most local authorities reported using eligibility criteria at one or more of these stages, although six reported not using them at all. (Graph 10). Although this research focused on the use of eligibility criteria at Stage 2 of the process, each of the stages is discussed briefly below.

Stage 1 criteria

As shown in Graph 10, 14 local authorities reported using eligibility criteria to establish a child or young person or their family's basic eligibility for an assessment through a general screening process. In three authorities, this is the only stage at which eligibility criteria are used. Although such criteria tend to be general – such as whether the person is under 18, lives in the local authority area and has a disability – some are more detailed than others.

Example 2: Screening criteria in two local authorities

“The child or young person must:

- have their home address in Renfrewshire
- be under the age of 18 and still in school education
- have a permanent and substantial disability which prevents them from taking part in daily routines, activities and education appropriate to their age, without specialist support.”

Source: Renfrewshire Council: ‘Social work: children with disabilities team’

“The Child Disability Service works with children and young people with severe, or complex physical, learning and sensory disability, who are between 0 and 16 years of age, while continuing to offer support to young people beyond 16 years of age as appropriate” *[This goes on to give a more detailed description of the types of ‘disability’, ‘impairment’ and ‘disorder’ covered]...*

All children who meet the above criteria and come to the attention of the Child Disability Service will be assessed, in order to identify their additional needs...”

Source: West Lothian Council: ‘Child Disability Service’

However, it is worth noting that even at this screening stage there can be differences in definitions (for example, relating to disability, age (as highlighted in Example 2) and residency⁵¹) that can impact on the number of children deemed eligible for an assessment.

Stage 2 criteria

Of those local authorities in the survey, only 10⁵² reported using eligibility criteria to determine what services a child or young person might receive (classified here as Stage 2). Most have had criteria in place for some time, with six having had them since 2006 or earlier. Three authorities reported having only recently introduced their criteria – one in 2010 and two in 2011. All authorities using criteria at this stage also use them at least one of the other stages.

Although the survey data suggests that this is where eligibility criteria are used least often, most examples of eligibility criteria submitted as part of the Commissioner's FOI request related to this stage. These are discussed in more detail below.

Stage 3 criteria

Over half (13) of the respondents reported that their local authority uses eligibility criteria for establishing entitlement to specific, individual services (for example, equipment and adaptations, leisure facilities, play schemes or short breaks) once a need for these services has been identified through the assessment process. Example 3 illustrates this type of criteria in relation to a play scheme:

Example 3: Eligibility criteria for specific services

To be eligible for specialist Play and Activity Scheme provision the young person must:

- Be ordinarily resident within the Midlothian local authority area
- Be aged between 4 and 18
- Have a disability
- Fall within the criteria of MAPSS stage 2 and 3.

[MAPSS is the Midlothian Assessment and Planning Staged System. Children at stage 2 will have additional support in place in universal services, which is usually at school e.g. support for learning. Children at stage 3 will have specialist support from more than one agency e.g. respite care].

Source: Midlothian Council website

⁵¹ Taking residency as the example, there is an ongoing debate as to whether a child who is 'looked after' is resident in the area of the family home or the residential care home, the two of which may not always be the same.

⁵² This figure is based on a question asking respondents to confirm that eligibility criteria are used at this stage. The first time the question was asked, the number of local authorities answering 'yes' was nine.

4.3 What do the eligibility criteria for accessing children's services look like?

A common view of eligibility criteria is of a strict list of conditions that a person must meet to qualify for a particular service (similar to some of those used at the screening stage). It is often thought of as a 'tick box' approach to service provision.

However, most eligibility criteria relating to services for children and young people and their families do not look like this at all. A number of common factors are apparent, namely that they:

- are often complex and lengthy documents about risk, need and urgency which are to be applied alongside other assessment tools, as well as professional judgement
- focus on the holistic needs of the child or young person and their family and form an integral part of the assessment, and
- provide a 'guide' to social work staff for managing workloads and competing demands in an equitable manner, rather than imposing a mechanistic process that strictly differentiates applicants according to fixed rules.

Eleven eligibility criteria documents were submitted as part of the FOI request – seven of these relate to authorities in the survey⁵³, and four to authorities that did not respond. These documents usually relate to children's services as a whole, although three local authorities did submit additional criteria relating specifically to establishing eligibility for services for disabled children and young people (for example, an 'assessment of disability' form and 'disability priority rating chart').⁵⁴

Identifying needs and risks and prioritisation

The overarching criteria contain broad descriptions of children's need and risks, structured to support the exercise of professional discretion and judgement in decision-making. Of the ten local authorities in the survey that reported using eligibility criteria to determine what services might be received, nearly all (8) reported that they clearly link the categories used to types of need. From reviewing the 11 criteria documents submitted in response to the FOI request, there appears to be some degree of commonality in this. For example, most appear to use a three or four-point scale to categorise need and risk. The most common classifications were:

- High, medium and low priority (used by four local authorities)
- Levels 1 to 4 – critical, substantial, moderate, and low (used by 4 local authorities).

The remaining three local authorities used the following scales: 'Priority A, B & C'; 'Emergency/urgent, high, medium and low'; and 'Level 1 to 5'.

As with the need categories used, there were similarities across local authorities in the areas of assessment used as a framework for prioritisation. For example, six of the 11 documents used the same categorisations of assessment of health; social, emotional and behavioural; family and social relationships; child's environment; and parental factors. Within these headings, the levels of need specified were also similar.

Three authorities used their own individual categories, one of which directly mirrored the headings in the 'My World Triangle' promoted by GIRFEC (that is, how children grow and develop; what children need from the people who look after them; the child's wider world; and

⁵³ One of which had said they do not have criteria but submitted an eligibility criteria document.

⁵⁴ It is possible that others also use such tools but did not mention this in their survey return of the FOI response.

other). However, two local authorities submitted eligibility criteria that were much less detailed, and the levels of need were not linked to key areas of the assessment.

For those authorities using frameworks linked to key aspects of the assessment, the combination of circumstances affecting the child, young person or their family across each area will determine the level of priority to be accorded to the needs identified. Example 4 highlights the kind of circumstances that might be accorded a given priority.

Example 4: Eligibility criteria in relation to the health component of the assessment

<p>Low priority need</p>	<ul style="list-style-type: none"> • Children with some special needs who require support from other services, e.g. Health visitor, speech therapist.
<p>Moderate priority need</p>	<ul style="list-style-type: none"> • Children living in an environment which could pose a risk to their safety and well-being • Children with a significant level of additional needs, whose parents are unable to meet them without provision of support • The physical care or supervision of the child is inadequate • Children who intermittently self-harm or display mental health issues.
<p>Substantial priority need</p>	<ul style="list-style-type: none"> • Children with a high level of special needs or disability requiring constant supervision, which results in a high risk of family breakdown • Situations where the physical care or supervision of a child is severely neglected • Children involved in serious substance misuse • Children who seriously harm or display significant mental health issues.
<p>Critical priority need</p>	<ul style="list-style-type: none"> • All child protection cases will be classified as critical priority. • Where there is a serious concern about the care, health or development of a child or the child has suffered or is likely to suffer serious harm • Where a serious offence by a child or serious concerns about the dangerous behaviour of a child requires an immediate placement or response • Where there is serious family dysfunction, a child is beyond control, no person has or is able to exercise parental responsibility or the child is abandoned or rejected.
<p>Source: <i>Assessment and Access to Children and Families Social Work Services: Eligibility Criteria</i></p>	

Therefore it seems that, in practice, most eligibility criteria appear to be very similar to documents described as prioritisation frameworks. Priority is assessed according to the extent and nature of the needs identified across key areas of the assessment. For each of these areas, a range of more specific circumstances are described and these are then classified as

representing different levels of priority need. While these classifications do not appear to detail which specific services will be provided, they do prioritise how quickly the needs should be addressed. This is where some confusion arises around definitions of eligibility criteria. For example one local authority stated they *do not* have such criteria but do have a prioritisation framework. Indeed, one authority's prioritisation framework appears to make a more direct link to actual eligibility for specific services than many of the 'eligibility criteria' used in other areas.

This overall approach appears to be designed to promote a consistent and rational approach to prioritisation, ensuring that resources are targeted effectively, the most serious needs are addressed most quickly and both decision-making staff and service users can be clear about how different combinations of circumstances affect priorities. However, it does not in itself provide a clear connection between circumstances, needs, levels of priority and eligibility for, or allocation of, specific services. Once a child, young person or family has been identified as having priority needs (and therefore eligible for some level of social work or other services), it is unclear how the authorities using these frameworks actually determine which combination of services flow from which assessed needs. This is where professional judgement comes in to play.

This type of approach is also reflected in the tools submitted that related specifically to disability services. In addition to the general criteria for accessing children's services highlighted above, City of Edinburgh also uses a 'Disability Services – Priority Scoring Chart' to identify highly vulnerable children and prioritise them, as shown in Example 5.

Example 5: A disability priority rating chart

Concept	Level 1 None	Level 2 Some	Level 3 A lot of support	Level 4 Major significant support	Level 5 Crisis/ exceptional
Mobility	Independently mobile. Appropriate for age and stage of development.	Mobile can be unsteady/clumsy. Requires some assistance/aids.	Regularly requires assistance /aids.	Fully dependent requires 1:1 support for transfers.	Fully dependent requiring transfers/hoisting.
Self-care	Appropriate for age and stage of development.	Care needs can be met with significant prompting, supervision: Dressing/undressing; Eating/drinking; Bathing/showering; Supervision and verbal prompts with self-care.	Fully dependent due to: challenging behaviour; physical care needs but cooperative with 1:1 support. 1 person transfer with hoist.	Fully dependent due to: challenging behaviour; physical care needs but cooperative with 2:1 support catheterisation 2 person transfer.	Fully Dependent and uncooperative requiring 2:1 support Catheterisation.

Source: Guidelines for use of the Disability Priority Rating Chart, City of Edinburgh Council.

Where a set of circumstances indicates needs at a given level of priority, it may be assumed from this that the child, young person or family concerned is likely to be eligible for a range of services. However, there is nothing in the criteria provided by these authorities that sets out how distinctions might be made when determining which services will be provided according to the level of priority given to specific needs. Thus while a service user might know that their circumstances (as a whole, or in one particular aspect) are regarded as high priority, they are unlikely to know from the criteria what that means in terms of services they might receive. In the absence of *this* kind of criteria, it appears that the decision about what actual services to provide is a matter for the professional judgement of the staff involved.

Example 6: A prioritisation framework: linking need to services

After a comprehensive assessment has been completed West Lothian uses a 'Priority Assessment Tool', similar to some of the eligibility criteria documents in place. Assessments determine if a child and their family is in need, their level of need and which needs 'require to be met as a matter of urgency.' Children and young people are then scored into one of "four priority bands", which link to service types – mainstream, core, enhanced and exceptional services.

Priority Band 1 (child score 0 -13; family 0 - 3): mainstream services e.g. community based services or activities

Priority Band 2 (child score 14 -26; family 4-6): core services, e.g. Surestart; family centres; family care workers; sitting services; befriending; integrated children and young people service; holiday activities.

Priority Band 3 (child 27-39; family 7-9): increased level: e.g. Outreach 1:1; family support worker; activity breaks; STC outreach or overnights.

Priority Band 4 (child 40-52; family 10-12) higher level of support or joint funded packages e.g. Residential respite; personal care; respite within the home.

Source: West Lothian Priority Assessment Tool – Child

Although two authorities in the survey said their eligibility criteria did specify which services might be appropriate to meet which needs, it was not possible to identify such a link in the documents submitted as part of the FOI request.

Eligibility criteria documents sometimes contain timescales for completion of stages in the assessment process (as highlighted in Chapter 3). However, timescales are less commonly seen in relation to the provision of services.⁵⁵ From the documents submitted through the FOI request, only one authority made a clear link between risk and needs to timescales for general service provision. (See Example 7).

⁵⁵ While two local authorities in the survey also said their eligibility criteria provided details about how quickly services should be in place, no evidence was submitted to support this claim.

Example 7: Linking needs to service provision timescales

Category 1 – critical risk: services required now or within approximately 1 - 2 weeks (immediate)

Category 2 – substantial risk: services required now or within 6 weeks (imminent)

Category 3 – moderate risk: services may be required within the next 6 months (foreseeable future)

Category 4 – low risk: low risk to individual's independence, health or wellbeing with very limited, if any, requirement for social work services (required within 12 months or subsequently, subject to review).

Source: Aberdeenshire Council: Eligibility Criteria for Social Work Services

Another local authority's eligibility criteria notes timescales for deciding, rather than providing, what services are to be offered.

"... within 5 working days of the time of receiving a request for a service a decision will be made about the service to be offered and this will be confirmed in writing."

(Aberdeen City)

4.4 Summary

This chapter has explored issues around what is meant by eligibility criteria in relation to services for disabled children and young people and their families and when they are used. The research found that:

- There appear to be differences between local authorities, and possibly between staff within individual areas, in perceptions of what form eligibility criteria take, as well as what their purpose is.
- The eligibility criteria used to help identify service provisions for disabled children and young people and their families tend not to be strict criteria that, if met, result in qualifying for a specific type of services. Instead, they appear to be broad and complex frameworks that are used alongside other assessment tools and professional judgement, to ascertain levels of need risk and urgency.

Chapter 5 goes on to look at decision-making in practice.

5 Decision-making in practice

The previous chapter highlighted how complex decision-making can be in relation to services for disabled children and young people and their families. This chapter focuses on decision-making in practice, looking specifically at:

- how helpful eligibility criteria are in relation to services for disabled children and young people
- changes to eligibility for services
- the involvement of children and families in the decisions made
- communication about the decisions made, and
- appealing against decisions made, and finally
- views about whether local authorities are meeting the needs of disabled children and young people.

5.1 How helpful are eligibility criteria?

Eligibility criteria can help a local authority prioritise those in greatest need, ensure equitable distribution of resources and demonstrate consistency and transparency in the decisions taken about allocating resources. They can also provide information to members of the public about who can receive a service and how the provision of services is prioritised within an area.

“Why do we have an eligibility criteria? We have eligibility criteria because of the amount of children and young people and families who have a profound disability and need a lot of support but there are limited financial resources available to the authority and then to this team. And then there are also limited resources that we can then offer to families.”

(Participant 1, Area 1)

As highlighted in Graph 11, the survey found that respondents in all ten local authorities that use eligibility criteria to determine what services might be received by a disabled child or young person and their family thought that their criteria were either ‘very’ or ‘quite’ helpful in:

- ensuring consistency of decision-making within the local authority
- ensuring fairness in the allocation of services
- prioritising those children and young people with the greatest needs
- clarifying the link between urgency and need
- providing evidence for senior managers as to why certain decisions have been made.

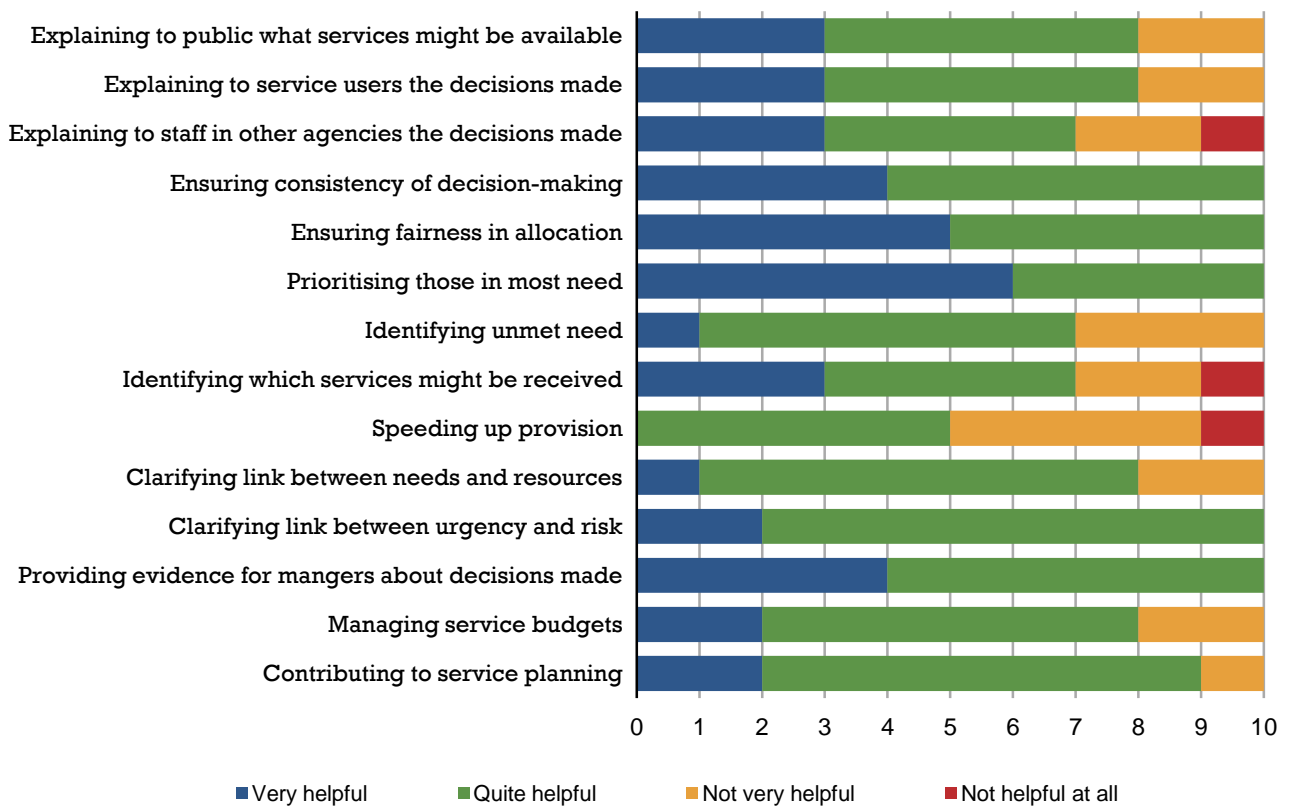
In the case study Area One, eligibility criteria were seen as particularly helpful in explaining to families the decisions made.

“When we go back out to meet families where the young person hasn’t met the criteria, I personally will sit and I will go through the matrix and explain to them that this is where your child lies and I am afraid they don’t meet the criteria there...they can see that and say well, yes.”

(Participant 3, Area 1)

In the survey, eligibility criteria were considered least helpful in relation to speeding up provision; identifying which services might be received; and identifying unmet need. (Graph 11).

Graph 11: How helpful local authorities think eligibility criteria are, by specific task



5.2 Decision-making without eligibility criteria

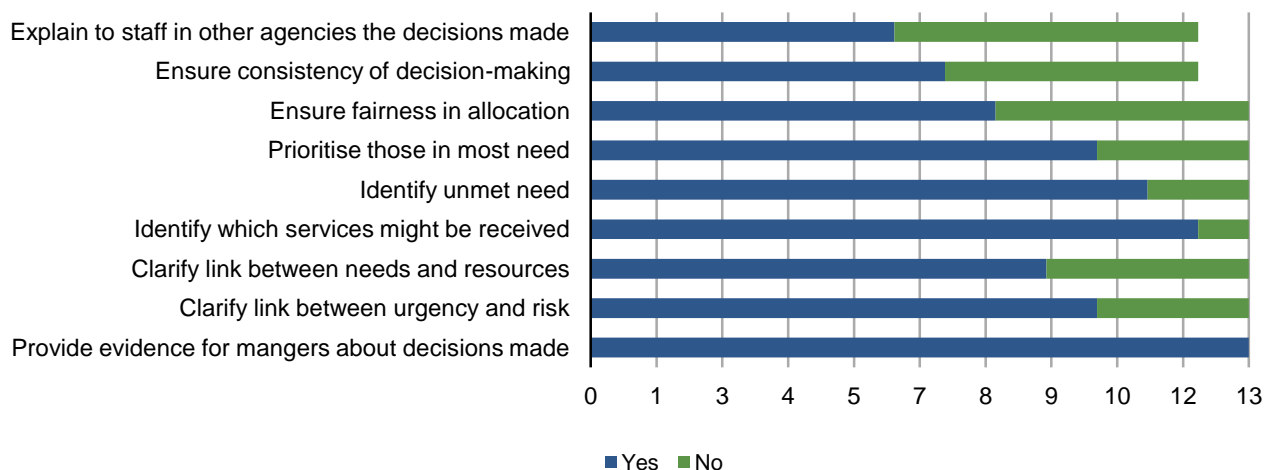
Even in areas without formal eligibility criteria, staff still need to make decisions about who is entitled to receive services from them. Here other methods are used to try to ensure consistency of decision-making, such as team leaders reviewing individual social workers' cases, regular meetings between team leaders, and through the mentoring of new staff. Ultimately, however, decisions come down to professional judgements and this is even more so when decisions are not guided by criteria.

“That’s the biggest problem. We could have 25 social workers out there doing an assessment and they could all come back with a different thing.”

(Participant 1, Area 2)

As summarised in Graph 12, among the 13 local authorities without eligibility criteria, all local authorities were found to have written documents to help provide evidence for senior managers as to why certain decisions had been made. Similarly, all but one have alternative written documents to help identify which specific services children and young people might receive. However, only about half of these local authorities have documents in place that help ensure consistency of decision-making and fairness in the allocation of services.

Graph 12: Number of local authorities without eligibility criteria that have documents in place to help with specific tasks, by task



Local authorities without eligibility criteria were asked to provide an explanation of how they decide who receives what services. Although a small number of authorities (4) referred to using a resource panel to discuss the allocation of services and one to having a prioritisation framework, most simply referred to establishing needs through the assessment process rather than providing any specific, detailed information about decision-making practices.

5.3 Changes to eligibility criteria

Eligibility criteria and any other informal thresholds need to be continually monitored and reviewed to ensure the desired outcomes are being achieved and to take account of changes in resourcing, policies (both local and national), fiscal pressures and public expectations. Reviews can lead to changes to the level of service offered or potentially even the withdrawal of a service. However, of those ten local authorities in the survey with eligibility criteria:

- only one reported reviewing their criteria on an annual basis
- two reported reviewing their criteria less than every two years
- four did not know how often their criteria were reviewed.

Despite anecdotal evidence suggesting access to services being denied because of changes to thresholds⁵⁶ (so that only those assessed as having the most critical needs will receive a service, for example), the research found no evidence to suggest that there has been a tightening of the eligibility criteria used. One local authority that regularly reviews its criteria at business meetings reported the following positive change:

“We changed mobility at one point to not only cover children who were more dependent on others for movement but to also include unpredictable behaviour, such as running away or refusing to move, for example. We have recently reviewed and changed more of our template due to a number of factors expressed by our panel members”.

(City of Edinburgh Council)

Despite concerns about rising and changing types of referrals, as well as potential budget cuts, only three local authorities anticipated changes being made to their eligibility criteria within the next couple of years. One made a general reference to the need for change to address “early assessments from health services” (Perth and Kinross Council). The others anticipated the following changes:

⁵⁶ Scotland's Commissioner for Children and Young People project brief p.3.

“Tightening of criteria for additional services, such as play schemes, to ensure that those in greatest need can access the specialist services and we promote and assist others to integrate into mainstream provision. Clarity on transport and particularly the role of DLA.”

(Falkirk Council)

“The families who are assessed for services change and new needs or more emphasis needs to be taken account of within our eligibility criteria. There are two components to our priority rating tool, one covers the child and the other section covers the family.”

(City of Edinburgh)

In the case study area that uses eligibility criteria, participants felt that it would not be possible to raise the thresholds for accessing services, as it would only create more problems:

“I don't think we could raise the tariff from where we are at now. I think that would be extremely unfair on the families we provide a service to. I cannot envisage that happening. Because we provide services to families with severe need...and if we didn't provide the services they are getting, then we would have a lot more children that would be accommodated and looked after if we didn't help maintain them at home with their families.”

(Participant 1, Area 1)

5.4 Changes to decision-making in areas without eligibility criteria

While there appears to have been little change to formal eligibility criteria in recent years, changes to decision-making around service provision appear to be slightly more common among the 13 local authorities without such criteria. Most (8) reported that there had been some changes within the last five years to the way in which they decide what services a disabled child or young person and their families will receive and 9 reported other changes made that have impacted on the type or amount of services people receive.

However, it seems that most changes have been designed to ensure more appropriate services are provided, or to improve general decision-making, rather than to make it more difficult for people to qualify for services. For example, the:

- introduction of resource panels to help with the allocation of resources
- implementation of a more comprehensive review process to ensure packages of care remain appropriate
- introduction of a 'Priority of Need' framework
- implementation of the integrated assessment to provide a more holistic approach to both assessment and service provision, and tailored specifically to meet individual child and family needs.

5.5 Reviewing care plans and changing care packages

Children and young people's individual and family circumstances can change and systems need to be in place to ensure their needs are reviewed on a regular basis. This may mean that a child or young person's assessed category of need may change. As a result, the local authority may decide to make changes to the services being provided – this might involve changing the type of provision or the amount of provision. Services could be added to a care package or, following a reassessment, services may be withdrawn where they are no longer deemed appropriate.

Although services should only ever be withdrawn if a child or young person has undergone a full reassessment to see if they meet the new criteria for service provision one report found that some parents “are having their short breaks substantially dropped without reassessment or being told there is no money left”⁵⁷. However, neither the survey nor the case study discussions found evidence of this happening in Scotland. In both case study areas, participants emphasised that services would never be withdrawn without a full review of a case.

“It would always be reviewed, it would always go to the panel. Since the end of 2010 to just this month, we’ve had six or eight families where the recommendation is they no longer receive a service and that is because of improvements in that child’s development within their home, within the community, and education, and we like to think that is a positive thing for that child and the family.”

(Participant 1, Area 1)

Case study participants could not provide any examples where a service had been withdrawn other than because it was assessed as no longer meeting a need, and even these were few and far between.

“...probably two years ago, when we got a new manager of the [residential respite unit], he said, ‘I am quite surprised that you have reviewed one family and the service has been reduced’. Now the increase to service went in on the basis of an emergency and then we reduced it.”

(Participant 1, Area 2)

Participants felt that families sometimes had a perception of services being withdrawn because of the change in types of services being offered to best meet needs (for example from residential respite to community-based day respite) or because additional services had been put in place, on a short-term basis, in response to crisis. The latter was seen as sometimes inflating expectations.

Of all 23 local authorities in the survey, only one reported ever having to withdraw a service within the last five years due to changes in either policy or criteria. Although seven authorities felt that the withdrawing of services due to changes in policy or criteria is likely to increase in the future (one saying ‘a lot’ and six ‘a bit’), most (12) did not think there would be any change in practice.

⁵⁷ Forgotten families: The impact of isolation on families with disabled children across the UK. Contact a Family. p 10.

5.6 Children and young people who are not eligible for services

Sometimes when a child or young person is referred to the social work team dealing with disability, they are assessed and a decision is made that they are not eligible for the services the local authority may provide.

"It is extremely difficult but we are all trained here as social workers and part of our ethics is to try to help people or to help them help themselves. But there are many referrals who come here who do not meet the criteria [...] We would very much like to help a lot of the families that come forward and we can identify they have got unmet needs and we could do something to help them but we don't have the resources."

(Participant 1, Area 1)

In these cases, most local authorities reported providing advice or directing those not eligible for services to alternative sources of assistance.

"If a child or family don't meet the criteria as we have here, we will go out and suggest other resources, community resources and it's up to the families if they want to take those. If we think the family are almost at crisis point we would refer on to our local social work teams."

(Participant 1, Area 1)

However, the survey found that this was reported as 'always' happening in only 10 local authorities. Eleven said they 'usually' provide advice or signpost them to other services but one reported that they only do this 'sometimes'.⁵⁸

Similarly, not all local authorities appear to record details of children with 'unmet needs'.⁵⁹ Only nine local authorities reported 'always' recording their details for review and planning purposes. A further seven 'usually' and seven 'sometimes' do so.

Ten authorities reported reviewing these cases more than once a year, with a further 6 reviewing them annually. However, one local authority reported never reviewing these cases and another doing so less than once a year. The remaining five authorities reported not knowing how often cases with unmet need are reviewed.

5.7 Involving children, young people and families in the decision-making process

Children and young people have a right to participate in decisions made about them⁶⁰ and local authorities have a legal requirement to consult with children, young people, parents and organisations to develop services which best meet their needs.⁶¹ Regulations and guidance suggest, among other things, that in order for local authorities to achieve a partnership with children and parents in the planning and delivery of services they need to provide "sufficient information, both orally and in writing, to make informed choices" and that parents and children need to be "actively involved where appropriate in assessments, decision-making meetings, care reviews and conferences".⁶² However, a report by the Social Work Inspection agency in 2010 said improvements were needed in terms of empowering children and young people in decision-making and accessing resources.⁶³

⁵⁸ The remaining authority answered 'Don't know'.

⁵⁹ That is, those who have been assessed as having some needs but who have not been provided with services.

⁶⁰ Article 8 European Convention of Human Rights; Article 12 UNCRC.

⁶¹ The Children (Scotland) Act, 1995.

⁶² Scotland's Children" The Children (Scotland) Act 1995 Regulations and Guidance: Vol 1, Chapter 1, Para 23.

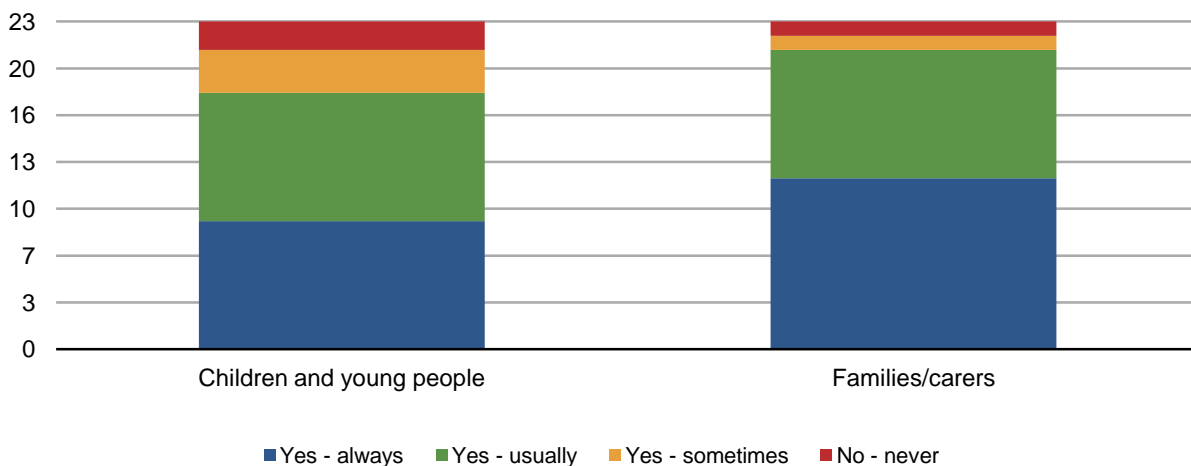
⁶³ Improving Social Work in Scotland, SWIA (March 2010), p. 52

Local authorities must take into account the views of children and young people, as far as it is 'reasonable and practical'⁶⁴. Most of the local authorities in the survey do give them the opportunity, at least sometimes, to express their views on which services they think best meet their needs. However:

- only nine local authorities reported that children and young people were 'always' given the opportunity, and
- two local authorities reported that children and young people are 'never' given this opportunity.

Similar levels of involvement were found for families and carers, where 12 local authorities reported 'always' giving them an opportunity to express their views, and a further nine saying they 'usually' do so. However, one local authority reported that families and carers were 'never' given the opportunity to express their views on which services might best meet their needs. (Graph 13).

Graph 13: Number of local authorities giving children and young people and their families the opportunity to express their views about which services best meet their needs



5.8 After decisions have been made

Guidance for the Children (Scotland) Act says that "the results and outcomes of assessments should be written down and a record made available to families."⁶⁵ All but one local authority reported that the care plans produced after a child or young person or their family has been assessed always include details of what services will be provided.

Although most local authorities in the survey said they usually provide those who are eligible for services with a written and/or a verbal explanation of the decision made, the survey found that:

- not all local authorities 'always' provide a written (15) or a verbal (18) explanation, and
- two authorities only 'sometimes' provide a written explanation.

A similar picture was found in relation to those children and young people deemed ineligible for services. Thirteen local authorities reported 'always' providing a written explanation and 16

⁶⁴ Community Care and Health (Scotland) Act 2002. S10.

⁶⁵ Scotland's Children" The Children (Scotland) Act 1995 Regulations and Guidance: Vol 1, Chapter 1, Para 7.

'always' providing a verbal explanation of the decisions made. A lack of explanation may increase perceptions about services being reduced or withdrawn without reason.

Appealing a decision

If someone disagrees with the decisions made about the services to be provided they can appeal against the decision. However, almost a third (7) of local authorities in the survey reported not having an appeals process that can be used by children and young people and their families if they disagree with the decisions made.

The level of appeals made, however, appears quite low (particularly as these figures include some general 'complaints')⁶⁶. Among the 16 local authorities with an appeals process:

- less than 30 appeals were made in 2011/12
- most reported between zero and two appeals having been made, and
- the highest number of appeals in any one authority was eight.

In addition, the survey found little evidence of the number of appeals rising, with:

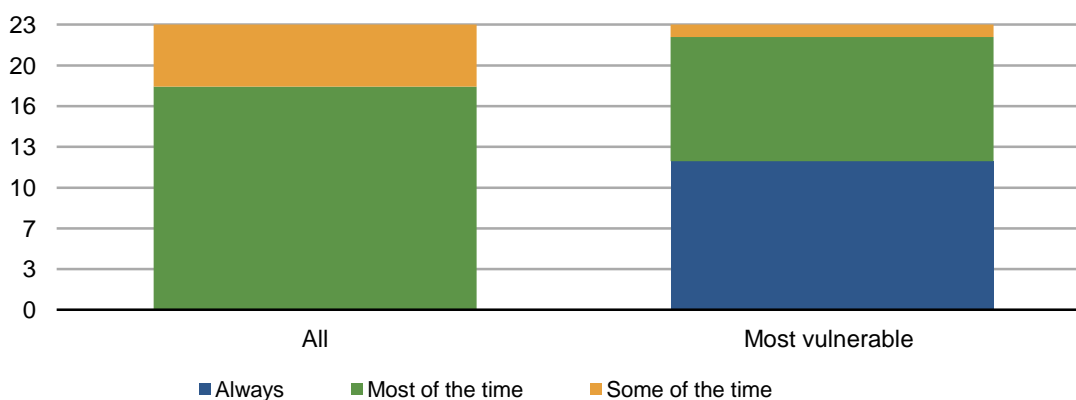
- almost two-thirds reporting the number of appeals being made now is about the same as it was five years ago.
- only three local authorities reporting that the number of appeals was increasing in their area.

5.9 Getting the help they need, when they need it

One of the principles underpinning GIRFEC is that all children and their families should receive the help they need, when they need it. However, this study found that this may not always be happening with regard to disabled children and young people. As highlighted in Graph 14, while most respondents feel that most disabled children and young people are getting 'the help they need, when they need it':

- just over half of respondents feel that *the most vulnerable* children and young people 'always' get the help they need, when they need it, and
- no respondents feel that *all* disabled children and young people get the help they need, when they need it.

Graph 14: Whether local authorities think that disabled children and young people get the help they need, when they need it



⁶⁶ These figures should be treated with some caution, as there appears to have respondents appear to have interpreted the question differently. Some have provided information relating to the formal appeals process, while others have included information about general complaints.

Despite the fears about what the future might hold (for example, in terms of budget allocations, the structure of local government, and central government policies), most local authorities think they will be able to meet future demands for services just as well (10) or even 'a bit better' (7) compared with what they are managing to achieve now. Reasons for this included:

- the development of services that better meet children's needs
- the introduction of more cost efficient services (for example, through the voluntary sector)
- accessing new and additional sources of funding
- staff reconfigurations or increases, and
- the protection of budgets for this service area.

Only four local authorities reported that they would not be able to meet future demands quite so well as now. The reasons given were:

- an increase in bureaucracy was leading to increased waiting times
- increased scrutiny of the children with disabilities budget because of the need to make savings;
- an increase in the number of referrals without a corresponding rise in team capacity;
- an increase in numbers for specific types of cases, such as children with complex care needs, ASD and ADHD.

5.10 Summary

The following provides a brief overview of the key findings relating to the assessment process for disabled children and young people and their families.

- Among those local authorities in the survey using eligibility criteria they are seen by local authorities as particularly helpful in relation to ensuring consistency of decision-making and fairness in allocation, prioritising those in greatest need and providing evidence as to why decisions have been made.
- Although those local authorities have other procedures in place to help staff make decisions about service provision, only about half have written documents in place to support consistency of decision-making and fairness in allocation.
- Although concerns have been expressed about the tightening of eligibility and the withdrawal of services without assessment, this survey did not find significant evidence to support this.
- There have, however, been changes in the types of services provided and methods of delivery. In addition, not all local authorities provide children and young people and their families with an explanation of the decisions made after an assessment. Together these factors may contribute to perceptions of service reductions.
- Some local authorities could do more to support those children and young people referred to children's social work services but assessed as not eligible for services.
- Although families are usually given an opportunity to express their views about which services meet their needs, children and young people are less likely to be given this opportunity.
- Although social workers try hard to meet the needs of disabled children and young people, they work with finite resources. Respondents generally felt that disabled children usually get the help they need when they need it however but that this is not always the case.

6 Conclusions and recommendations

This research highlights the complexity of assessing the needs of disabled children and young people and their families. Issues around how local social work staff decide to allocate services and, more specifically, whether and how they use eligibility criteria, add a further level of complexity.

The following briefly summarises the main findings in relation to four main research questions.

What is current practice in terms of eligibility criteria and assessment tools?

- There is variation in practice in terms of both the assessment tools used and the use of eligibility criteria.
- Not all local authorities appear to be using multi-agency assessment tools and there are differences in how far they have progressed with the implementation of the Integrated Assessment Framework.
- Although there appear to be moves towards more joint working in an attempt to reduce duplication, many children and young people still need to have multiple assessments. Research participants felt that, because of the complex nature of some children's needs, there would always be a requirement for additional specialist assessments.
- Most local authorities use a form of eligibility criteria at some stage of the assessment process, although usually to screen cases at referral or to establish qualification for a very specific service. Less than half of the local authorities in the survey reported using eligibility criteria to determine what services might be received.
- While many see eligibility criteria as strict tick boxes, those used to help determine service provision for disabled children and young people tend to be complex. The research found similarities in approach between local authorities, with most taking a holistic approach to the child and their family, looking at needs, urgency and risk. The criteria in use do not generally make clear links to the provision of specific services – this appears to be a matter of professional judgement. They are however used to prioritise provision – hence there appears to be unclear distinctions between prioritisation frameworks and eligibility criteria.
- Eligibility criteria are considered helpful in ensuring consistency of decision-making and fairness in allocation of resources, as well as explaining decisions to both service users and managers. It is unclear how these things are achieved in some local authorities without eligibility criteria or other written documents relating to this.

What evidence is there of changes to eligibility criteria and assessment tools?

- The research found that while progress is being made towards a more joined-up approach to assessment, the process can still be fragmented and more could be done to improve the experience for children and young people and their families.
- The research found little evidence to suggest that eligibility criteria have changed in the last few years. However, eligibility criteria are used alongside professional judgement and so, without looking at case files, it is not possible to say whether there have been any changes in how these are applied in practice.
- The research found little evidence to suggest the current financial situation was having a significant impact on service provision for disabled children and young people and their families. It did not find strong evidence to suggest tightening of eligibility thresholds or reductions in service provision.
- Financial budgets for services for disabled children and young people seem to have so far avoided the cuts experienced in other local authority services. However, despite caseloads rising in most areas, many local authorities have not experienced a corresponding rise in budget and, therefore, in some areas the level of resource available per service user may in fact have decreased.
- At present, the current financial situation appears to be having more of an impact on individual families rather than social work services for children. It is likely that this will eventually have a knock-on effect to service provision, as demand rises as families begin to struggle to cope.
- There has been a change in the type of referrals received, as well as to the types of services offered and how they are delivered. For example, more community-based services are being provided, including mainstream services. While local authorities see these as best meeting needs, it is possible that service users may perceive such changes as a reduction in provision.

How do variations in practice affect disabled children and young people and their families?

- The research has identified variations in practice, particularly in relation to the services offered and charging policies, as well as the types of assessment tools and eligibility criteria used. However, the complexities of the subject area and the limited scope of the research make it difficult to say whether or not availability or accessibility of services is, overall, better or worse in any one area. While different practices can sometimes lead to different types and levels of service provision, these may still meet the needs identified.
- It is important to remember that this research focused on local authorities and did not include the views of services users, making it difficult to say how variations in practice are perceived as affecting children and young people. However, some practices are likely to impact negatively on children and young people – for example, where local authorities do not publish information on services provided or the assessment process, do not gather children and young people and their families' views about services and do not monitor waiting times.

How does practice match legislative and policy commitments in Scotland?

- Looking at some specific duties and obligations in relation to service provision for disabled children and young people, it appears that some local authorities are not always meeting these. For example, not all local authorities appear to be meeting their duties and obligations in relation to:
 - reviewing plans
 - publishing information for service users
 - involving families, children and young people in decisions made about them
 - consulting service users.
- Similarly, it seems that some local authorities are further ahead than other in terms of implementing some key aspects of *Getting it right for every child* relating to assessments and putting the child at the centre of processes involving them.

Recommendations made by the Commissioner

The recommendations in this section refer specifically to services for disabled children and young people and their families. These are addressed in turn to: local authorities; the Care Inspectorate; COSLA; and the Scottish Government.

Recommendations for local authorities:

Managing social work services

1. Local authorities must ensure plans for children's service include information about disabled children and young people.
2. Local authorities should ensure that budgets and staffing levels for disabled children's services reflect the increasing number of service users and the increasing complexity of some of the cases.
3. Local authorities must review children's services plans regularly and in line with the statutory guidance.
4. Local authorities should work together to agree a common approach to providing services for children with autistic spectrum disorder.
5. Local authorities must ensure that staff receive regular and frequent training (taking account of any changes that may occur in terms of eligibility and assessment) about how to make decisions about service provision in the context of all relevant legislation in Scotland and the regulations, guidance and policies associated with it.
6. Local authorities should ensure they have performance monitoring systems in place to help manage waiting lists and times effectively, including the times associated with service provision.
7. Local authorities must ensure that children and young people and their families are consulted on a regular and frequent basis.

The assessment process

8. Local authorities must ensure they publish information explaining what services might be available to help support a disabled child or young person, and their family.
9. Local authorities should produce key documents that are written in a style that is accessible to children and young people.

Exploring and explaining eligibility

10. Local authorities should try to share good practice and establish communication mechanisms to ensure a common understanding of the purpose, content and use of eligibility criteria.

Decision-making in practice

11. Local authorities must have a system in place to support consistency of decisionmaking and fairness in the allocation of resources.
12. Local authorities must ensure all children and young people and their families are always provided with an explanation of the decisions made in an appropriate format in line with their Equality duties.
13. Local authorities must ensure families and children and young people are given the opportunity to express their views about the services being provided to meet their needs.
14. Local authorities must ensure that those who are assessed as not being eligible for services are provided with advice or directed to other services that might be able to help and that such cases are monitored and reassessed regularly.

Recommendation for the Care Inspectorate:

15. The Care Inspectorate should consider exploring the quality of services for disabled children and young people in Scotland.

Recommendation for COSLA:

16. COSLA should consider providing guidance about charging for services for disabled children and young people.

Recommendation for the Scottish Government:

17. The Scottish Government should take steps to monitor the implementation of legislation, regulations and guidance relevant to the provision of services for disabled children and young people and their families by local authorities and support them to ensure fuller compliance.

Appendix 1: Methodology

Details of each component of the research are described below.

Documentation review

Prior to the research study being commissioned, Scotland's Commissioner for Children and Young People submitted a Freedom of Information request (in December 2011) to each of the 32 local authorities. The FOI request asked each local authority to provide *"all current and previous policies and documents used within the local authority that define and contain eligibility criteria and assessment tools or that outline how needs of disabled children and young people are established"*. All local authorities responded to the request for information, although not all did so within the statutory deadline.

The first phase of the research was to review this documentation, beginning in February 2012. It was hoped that this would help establish current practices and to identify similarities and differences across Scotland in the use of assessment tools and eligibility criteria. However, the quality and quantity of information limited its usefulness. For example, the lack of explanatory information meant it was difficult to determine whether local authorities did not have a particular document (such as eligibility criteria) or they had just not included it in their response. Similarly, documents were often undated, making it difficult to distinguish between current and past documents, and therefore the ability to make any judgements about changing practices.

In addition to documentation received from local authorities through the FOI request, key legislation, policies and literature were also reviewed to both help inform the development of the research tools, as well as the findings. Appendix 2 provides a list of references.

Survey of local authorities

The largest single component for the research was an online survey of all 32 local authorities.

A questionnaire covering the main areas of interest (such as, how the assessment process works, decision-making (both with and without eligibility criteria), and management of service provision) was developed in liaison with the team from the office of Scotland's Commissioner for Children and Young People. Three local authorities also helped at this developmental stage, either by participating in informal preparatory interviews and/or piloting the survey questionnaire. After piloting the questionnaire it was amended to take on board comments.

To help secure local authority support for the research, letters were sent to all chief executives in advance of the survey, explaining the purpose and process of the research. The questionnaire was issued to a nominated contact in each local authority via SurveyMonkey on 12 March. Each was asked to confirm receipt of the survey and given two weeks to complete it. Responses were due in by 23 March 2012, although this was extended to the 28th to maximise the number of responses received.

A total of 23 completed surveys were received, giving an overall response rate of 72%. (See table over for details of participants).

	Authorities participating in the survey	Reported in the survey that they had Stage 2 eligibility criteria
1	Aberdeenshire	Yes
2	Angus Council	No
3	Argyll and Bute	No
4	Clackmannanshire	No
5	City of Edinburgh	Yes
6	Dumfries and Galloway	Yes
7	East Lothian	Yes
8	Falkirk	Yes
9	Fife	No
10	Highland	No
11	Inverclyde	No
12	Midlothian	Yes
13	Moray	Yes
14	North Ayrshire	No
15	North Lanarkshire	No
16	Orkney Islands	No
17	Perth & Kinross	Yes
18	Scottish Borders	Yes
19	South Ayrshire	Yes
20	South Lanarkshire	No
21	Stirling	No
22	West Dunbartonshire	No
23	West Lothian	No

Case study visits

Following the analysis of the survey data, two local authorities (one with eligibility criteria and one without) were selected to participate in some qualitative work. This was a limited piece of work, speaking to three members of staff in each area through a mini-discussion group. However, this qualitative aspect provided an opportunity to explore some complexities of the subject in more depth, and follow up some of the findings from the documentation review and quantitative survey.

The case study visits were undertaken in the weeks beginning 16 April 2012.

Scottish Government interviews

The focus of the research was on the provision of services for disabled children and young people by local authorities. However, legislation and many of the policies guiding this area originate from central government and therefore it was also important to gather views from the centre. This was only a limited piece of work, interviewing two Scottish Government representatives from the relevant policy team.

The interviews took place during the week beginning 24 April 2012.

Appendix 2: Key reading

References

- Audit Scotland (2004) *Adapting to the future: management of community equipment and adaptations. A baseline report.*
- Contact a family: for families with disabled children (2010) *Disabled children's services in Scotland: information for families.*
- Contact a family: for families with disabled children (2011) *Forgotten families: the impact of social isolation on families with disabled children across the UK.*
- fSDC (2010) *Setting the Scene...for Scotland's disabled children.*
- Reid-Howie Associates, a report for Sharedcare Scotland (2010) *Short break (Respite Care): planning and provision in Scotland.*
- Scottish Government (2010) *Improving social work in Scotland: a report on SWIA's inspection programme 2005-2009.* Scottish Government.
- Scottish Government (2008) *A guide to Getting it right for every child.*
- Scottish Government (2010) *Self-directed Support: A national strategy for Scotland.*
- Scottish Government (2011) *Report of the National Review of Services for Disabled Children.*
- Scottish Household Survey (2011) *Scotland's People Annual Report: Results from the 2009/10.*
- Broach, S. (March 2011) *Using the law to fight the cuts to disabled children's services: a practical guide for campaigners – parents, carers and local groups.* March 2011

Legislation and guidance

- The Children (Scotland) Act 1995.
- Chronically Sick and Disabled Persons (Scotland) Act 1972.
- Community Care and Health (Scotland) Act 2002. S10.
- Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance.
- United Nations Convention on the Rights of the Child.
- United Nations Convention on the Rights of Persons with Disabilities.
- European Convention on Human Rights.



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