Research report

Challenging social care decisions: Survey of local authorities in Scotland

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# Acknowledgements

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# Executive summary

This report presents the findings from a survey of local authorities in Scotland.

All 32 local authorities in Scotland were invited (by letter, email and follow-up phone calls) to participate in the online survey. This report is based on the feedback provided by the eight local authorities that responded to the survey. The relatively low response rate means the results need to be treated with caution and cannot be interpreted as representative of all local authorities.

## Background and context

A range of support should be available to challenge local authority decisions about the provision of social care. This should include informal and formal complaints and appeals processes as well as recourse to the Scottish Public Services Ombudsman. People accessing social care support have reported that the complaints system is often inadequate, with pursuing effective changes to decisions or outcomes seen as a major barrier to appropriate care.[[1]](#footnote-1)

This research is complementary to our inquiry in England and Wales on how older and disabled adults and unpaid carers can challenge local authority decisions about social care and support.

The questionnaire was based on the questionnaire used in the England and Wales inquiry and adapted to reflect the situation in Scotland.

## Findings

All eight local authorities that responded to the survey identified a wide range of information about access to social care that was available to users and unpaid carers. While much of this information was provided using ‘passive’ routes (such as websites, leaflets and posters), all the local authorities reported that individuals could also contact a ‘one-stop shop’ or ‘call centre’.

There was seemingly little accessible information easily available, with information in easy read, large print, British Sign Language (BSL) or alternative languages only available on request.

None of the local authorities responding to the survey reported making accessible information publicly available.

When an assessment of individual needs was undertaken, not all local authorities responding to the survey recorded unmet needs.

No shared or universal informal or formal complaints process was in place across the local authorities that responded to the survey.

Timeliness of sharing information about the complaints process was variable. Half the local authorities said that they would provide information on the complaints process only after a decision had been made on eligibility for support. It was reported that information about the complaints process would be shared if a social care user or unpaid carer was unhappy with the process. However, the point at which this happened was not clear.

Most local authorities responding to the survey reported that people who entered the complaints process would be signposted to independent advocacy providers. Five of the eight local authorities commissioned advocacy support.

Few local authorities responding to the survey made a connection between care decisions, complaints received and quality improvement. Only four of the eight reported undertaking audits of care decisions and only one said that it had undergone external peer review by another authority.

There was limited transparency about the formal complaints processes. Only half the local authorities that responded to the survey made data on social care complaints publicly available, with only one local authority collecting and analysing data on all protected characteristics.

Based on the responses to the survey, several areas for improvement were identified:

* availability of accessible information
* clarity and transparency about the process and what it would include
* the general time frame to expect informal and formal complaints to take, and
* collection and use of equality data.

If care inequalities are to be fully mitigated, independent accountability systems and processes need to be made available to all, ensuring robust links can be embedded between assessment, complaints processes and quality improvement.

# 1. Introduction

## Background to the research

This research is complementary to [our inquiry in England and Wales on how older and disabled adults and unpaid carers can challenge local authority decisions about social care and support](https://www.equalityhumanrights.com/en/inquiries-and-investigations/inquiry-challenging-decisions-about-adult-social-care). Learning from this work will help inform our approach to ensuring equality is embedded in the development of the new National Care Service in Scotland.

A range of mechanisms should be available to challenge decisions about care and support, including informal, formal and appeals processes as well as recourse to the Scottish Public Services Ombudsman. People accessing support have reported that the complaints system is often inadequate, with pursuing effective challenges to decisions or outcomes seen as a major barrier to appropriate care.[[2]](#footnote-2)

Recent recommendations have identified that any new National Care Service across Scotland should prioritise information and advice for users as well as improved complaints processes.[[3]](#footnote-3) However, there has been little research that demonstrates that those processes and mechanisms to support access to care and challenge care decisions are in place.

To fill this gap, we carried out a survey of all local authorities in Scotland. The questionnaire for the survey was based on the questionnaire used in the England and Wales inquiry, adapted to reflect the situation in Scotland.

## About this survey

This report sets out findings from an online survey of local authorities in Scotland. The research aims to provide evidence on the following:

* How can adults trying to access or receiving social care question or challenge decisions about their care or support?
* How accessible are the systems and processes for challenging decisions?
* To what extent is advocacy support available for people who wish to challenge decisions?
* How are lessons learned and decision-making improved in response to challenges?
* What accountability systems and processes are in place to oversee and monitor key decisions?

## Methodology

We designed the questionnaire for our online survey of local authorities jointly with BMG Research. The survey covered:

* the ways people were informed about their rights
* decision-making criteria and processes
* how complaints could be raised and addressed
* provision of advocacy
* organisational learning from data collection on challenges, and
* monitoring and accountability mechanisms.

The survey did not cover complaints about poor service delivery, decisions about healthcare for people discharged from mental health settings, disputes about which local authority was responsible for an individual, safeguarding investigations or whether a person had the capacity to make decisions about care or support.

The survey was designed to be completed by someone within the local authority who had oversight of the systems and processes for dealing with challenges to social care decisions. Local authorities could nominate the most appropriate person or people to respond. The survey took around 30–40 minutes to complete and included both closed and open questions. We carried out a pilot of the survey.

Our approach to administering the survey is outlined below. We made sure local authorities were aware of the survey and regularly contacted them to remind them of the deadline. The steps were as follows:

* Initial contact was made by letter to the director of adult social care (or equivalent), introducing the study and requesting the details of the most appropriate person to answer (9 November 2021).
* When the survey launched, emails were sent to the director or the named contact, depending on whether those details had been provided (17 December 2021).
* Reminder emails were sent on 17 January and 1 February 2022.
* Telephone contact was also made in the week commencing 14 February 2022.
* A final email reminder was sent ahead of the survey closing on 25 February 2022.

The survey was sent to all 32 local authorities in Scotland. The total number of completed responses to the survey was eight, representing a response rate of 25%. Due to the small size of the sample, our report shows the actual number of responses rather than percentages or proportions. We adopted a qualitative approach when questions were open-ended, pulling out themes where these were evident. The relatively low response rate means results cannot be interpreted as representative of all local authorities. Our report includes comments made by individual local authorities in their responses.

# 2. Findings

## 2.1 Information availability and accessibility

### Getting an assessment of needs

The most frequently mentioned ways the local authorities that responded to the survey provided information and advice to individuals seeking social care (or their unpaid carers) was through a call centre or the local authority website (see table 1). Posters in doctors’ surgeries to raise awareness and sending leaflets in the post were less common. An additional method mentioned by several respondents was to verbally share the information at carer centres or through partners in the NHS.

Table 1: Ways local authorities provided information and advice on how to get a needs assessment and who these were aimed at

|  | Person seeking social care | Adult carer | Both | Neither | Don’t know |
| --- | --- | --- | --- | --- | --- |
| Local authority website | 1 | 0 | 7 | 0 | 0 |
| Call centre | 0 | 0 | 8 | 0 | 0 |
| Leaflets in the post | 0 | 1 | 3 | 3 | 1 |
| Posters in doctors’ surgeries | 0 | 0 | 4 | 4 | 0 |
| Social media | 0 | 0 | 6 | 2 | 0 |

### Accessibility of information provided on getting an assessment of needs

All local authorities that responded to the survey provided information in accessible formats and made it either publicly available or available on request (see table 2). In most cases, accessible formats had to be requested. Other accessibility options mentioned by several local authorities included: Braille, telephone and video call conversations, and face-to-face meetings with an interpreter.

Table 2: Ways in which information on how to get a needs assessment was made accessible

|  | Publicly available | Available on request | Not available | Don’t know |
| --- | --- | --- | --- | --- |
| Easy read | 2 | 6 | 0 | 0 |
| Large print | 1 | 7 | 0 | 0 |
| British Sign Language | 1 | 6 | 0 | 1 |
| Alternative languages | 1 | 7 | 0 | 0 |

### Specific information provided to people seeking social care

All eight local authorities that responded to the survey said they had procedures in place to ensure that people trying to access adult social care or support (or someone acting on their behalf) were provided with specific information (see table 3). The local authorities said they provided information to people seeking social care and unpaid carers on both their right to challenge a decision (made at any stage of the process) by formal complaint and their right to challenge a decision through a formal complaint to the Scottish Public Services Ombudsman.

Seven of the eight local authorities that responded to the survey also said they made information available to both people seeking social care and unpaid carers on:

* the general role of advocacy
* the criteria for referral to an advocate
* the right to challenge a decision by informal complaint, and
* how to go about doing this.

Two local authorities that responded to the survey did not provide information on whether the person seeking social care or their unpaid carer had the right to a copy of the needs assessment, while six local authorities said they provided this information to both.

Two of the eight local authorities that responded said they only provided information on the eligibility criteria for adult social care or support to the person seeking social care, compared with six that also provided this to the unpaid carer.

Information on the right to a copy of the care or support plan, and where to seek advice about their rights in relation to any of the matters listed, was least likely to be provided to both the person seeking adult social care and the unpaid carer. Five of the eight local authorities that responded to the survey reported that this was provided in both cases.

Table 3: Specific information provided to people seeking social care or someone acting on their behalf

|  | Person seeking social care | Adult carer | Both | Neither | Don’t know |
| --- | --- | --- | --- | --- | --- |
| Their right to a needs assessment | 1 | 1 | 6 | 0 | 0 |
| Eligibility criteria for adult social care or support | 2 | 0 | 6 | 0 | 0 |
| How they should be involved in and supported to participate in decisions made about their social care | 1 | 0 | 6 | 1 | 0 |
| The general role of advocacy | 1 | 0 | 7 | 0 | 0 |
| Criteria for referral to an advocate | 1 | 0 | 7 | 0 | 0 |
| Process and timescale for determining and receiving a care or support package | 1 | 0 | 6 | 0 | 1 |

|  | Person seeking social care | Adult carer | Both | Neither | Don’t know |
| --- | --- | --- | --- | --- | --- |
| Right to challenge a decision at any stage through an informal complaint | 0 | 0 | 7 | 1 | 0 |
| Right to challenge a decision at any stage through a formal complaint | 0 | 0 | 8 | 0 | 0 |
| How to challenge a decision (formal or informal) or appeal | 0 | 0 | 7 | 0 | 1 |
| Right to challenge a decision through a formal complaint to the Scottish Public Services Ombudsman | 0 | 0 | 8 | 0 | 0 |
| Right to a copy of an assessment | 0 | 0 | 6 | 2 | 0 |
| Right to a copy of the care or support plan | 1 | 1 | 5 | 1 | 0 |
| Where to seek advice about their rights in relation to any of the matters above | 1 | 0 | 5 | 1 | 1 |

### Who undertakes the assessment of needs?

Social workers, social work staff and community health staff all undertake the assessment of needs for people seeking social care or support. Decisions on the care and support that someone would receive through the local authority were most likely to be made by the person carrying out the assessment. This was the case in six local authorities that responded to the survey. In five local authorities the decision was made by a panel or area resources group, in four cases it was the assessor’s line manager and three said senior staff above line manager would make the decisions. Two also added that the individual seeking social care or support and their adult carer would be involved in the decision-making.

All respondents to the survey reported that these decisions were at times referred to a panel or area resources group. The main reason for this was when significant financial resources were required. Other reasons given were to ensure that policy and procedure was consistently applied across all individuals seeking social care or support or because the support was likely to be long term:

‘In order to meet budget management procedures each social care support package is submitted to the Resources Groups for approval. This is not about questioning the professional assessment and the knowledge of the individual customer themselves about what support they need. It is to ensure consistent application of policy and procedure across all customer groups.’

### Unmet needs

Six of the eight local authorities that responded to the survey reported that if someone seeking social care had unmet needs they would record the information relating to this. All six local authorities then used this information to inform future service planning. When we asked them to expand on how this occurred, respondents said that the information was collated and considered by care strategy groups and redesign groups:

‘The weekly information will be collated and considered by the Home Care Strategy Group to ensure learning and service development is identified.’

‘There are strategic groups and re-design groups that involve people who use services, who look at how unmet needs can be designed for.’

### Accessibility of information provided on the right to challenge a social care decision

Most local authorities (seven out of eight) that responded to the survey reported that the information on the right to challenge a social care decision was available on request in each format listed in table 4. However, none of them reported that this information was publicly available without being requested. Other accessible options mentioned by several local authorities included care centres, face-to-face meetings with an interpreter and telephone and video conversations.

Table 4: Ways in which information on the right to challenge a social care decision is made accessible

|  | Publicly available | Available on request | Not available | Don’t know |
| --- | --- | --- | --- | --- |
| Easy read | 0 | 7 | 1 | 0 |
| Large print | 0 | 7 | 1 | 0 |
| British Sign Language | 0 | 7 | 1 | 0 |
| Alternative languages | 0 | 7 | 1 | 0 |

### When people are informed of the complaints process

In four of the eight local authorities that responded to the survey, people were told about the complaints process: once a decision was made on eligibility for care or support; when a decision was made about how care needs would be met; or following a financial assessment. In three of the eight local authorities, people were told about the complaints process when a decision was made following a review. This infers that when specific types of decision are presented to the individual or their carer they are also informed of their right to challenge the decision. Respondents added that the social care user or carer would also be given advice on challenging a decision if they raised an issue or were unhappy about the process at any stage.

Should a situation arise when someone wished to challenge a decision, six of the eight local authorities responding to the survey said they would, at least in some instances, signpost the individual or their carer to advice or support that was independent of the local authority. Two of the six said they would do this ‘all of the time’.

## 2.2 Informal and formal complaints processes

### Informal complaints

In all eight local authorities that responded to the survey, people were given the opportunity to resolve concerns about a social care decision without making a formal complaint or lodging an appeal. When asked how people could resolve an issue in this way (that is, without making a formal complaint), the most common approach was to have a discussion with the relevant team leader or team manager.

When concerns were raised about a decision, three of the eight local authorities responding to the survey said they collated and analysed the data relating to these concerns:

‘Where a person disagrees with an assessment they can contact or meet Team Managers or Service Leaders and they are given the opportunity to state their concerns and these are recorded in their assessment documentation.’

‘We would encourage open discussion with the Social Work practitioner and Team Manager in order to try to resolve any concerns or dissentions about decisions regarding formally funded support.’

### Formal complaints

In five of the eight local authorities that responded to the survey, formal complaints were determined by a council officer more senior than the member of staff who made the original decision.

In six local authorities, a more senior officer would also be appointed as an independent investigator once the investigation started. One respondent said that this could depend on the stage or level of the complaint, and that if early resolution had failed then a more senior officer from another team, separate from the team that made the original decision, would be appointed as independent investigator. Two other local authorities said that another team might be appointed to ensure that the independent investigator was sufficiently independent from the original decision-maker.

Three local authorities responding to the survey said that the care user’s existing care or support package would be maintained, pending the outcome of their complaint when they made a formal challenge to a change to their package, ‘all of the time’. The remaining five local authorities said they did this ‘most of the time’.

When a formal complaint was being dealt with, most (seven out of the eight) local authorities said they would:

* invite the individuals to submit additional evidence, and
* conduct a paper review of the assessment or decision by a different social worker.

Reconsidering the format of the assessment itself was the least common approach mentioned (see table 5), with just three of the local authorities that responded to the survey doing this when dealing with a complaint. One local authority reported that in this situation its community brokerage network[[4]](#footnote-4) or peer support might be used.

Table 5: Actions taken by local authorities when dealing with a formal complaint

|  | Yes | No | Don’t know |
| --- | --- | --- | --- |
| Invite individuals to submit additional evidence from medical or other professional  | 7 | 1 | 0 |
| Ensure a different social worker or assessor carried out a fresh assessment | 5 | 3 | 0 |
| Reconsider the format of the assessment | 3 | 5 | 0 |
| Paper review of the assessment or decision by a different social worker | 7 | 1 | 0 |

### The appeals process

Only one of the eight local authorities that responded to the survey said it had a dedicated appeals process for adult social care decisions that was distinct from its complaints procedure. Within this local authority there was no time limit for lodging appeals and the appeals were reviewed by a team that was separate from the one that made the original decision. All types of adult social care decisions could be appealed – assessment, support needs, funding, eligibility or resource.

As part of the dedicated appeals process, this local authority reported that it:

* invited individuals to submit additional evidence from medical professionals
* ensured a social worker carried out a fresh assessment
* considered whether the format of the assessment needed to be changed, and
* undertook a paper review of the assessment or decision by a different social worker.

To ensure that everyone who needed to could access the appeals process, the local authority would provide a translator, a sign language interpreter and referrals or signposting to both a statutory advocate and an independent advocate.

Should someone challenge a change to their existing support plan, the local authority would always maintain the existing plan until an outcome of the appeal was reached.

### Impact of COVID-19 on informal and formal complaints

None of the local authorities that responded to the survey reported that it had to suspend its formal complaints system for social care decisions as a result of the coronavirus (COVID-19) pandemic. In three of the eight local authorities, the system operated at a reduced capacity or with significant delays. However, the other five reported that they operated as usual. The local authority with a separate appeals process was also able to continue operating but at a reduced capacity and with significant delays.

## 2.3 Advocacy services to support complaints and appeals

### Provision of advocacy services

Should someone wish to challenge an adult social care decision, six of the eight local authorities that responded to the survey would signpost them to an independent advocacy provider (see table 6). Of the eight local authorities responding to the survey, five said they commissioned an advocacy service for any adult or their unpaid carer. These five said that the funding and eligibility criteria relating to the advocacy service they commissioned stated that advocates should be comfortable supporting or challenging an adult social care decision made by the local authority:

‘Whilst the local authority commissions a local advocacy service and provides funding to ensure that a service is available, the local advocacy service is also funded via national grants ensuring its independence from the Local Authority.’

Table 6: Provision of advocacy services when a decision is challenged

|  | Yes |
| --- | --- |
| My local authority commissions an advocacy service for adults who come under the Mental Health (Care and Treatment) (Scotland) Act 2003 | 3 |
| My local authority commissions an advocacy service for any adult orsomeone acting on their behalf  | 5 |
| My local authority signposts people to independent advocacyproviders | 6 |

## 2.4 Analysis of and learning from complaints data

### Use of data

Data that was gathered on adult social care complaints was publicly available in four of the eight local authorities that responded to the survey. In the remaining four, the data was collected but only shared internally. Those that published the data made this available on the local authority website or the relevant health and social care partnership’s integration joint board (IJB) website.

Only two of the eight local authorities that responded to the survey said they collected and analysed complaints information on any of the protected characteristics covered by the Equality Act 2010 (see table 7). The local authority that had a separate appeals process did not collect or analyse data about the protected characteristics of people who appealed decisions.

Table 7: Protected characteristics data collection and analysis

|  | Collect data only | Collect and analyse  | Neither | Don’t know |
| --- | --- | --- | --- | --- |
| Age | 0 | 2 | 5 | 1 |
| Sex | 0 | 1 | 5 | 2 |
| Race | 0 | 1 | 5 | 2 |
| Religion or belief | 0 | 1 | 5 | 2 |
| Disability | 0 | 1 | 5 | 2 |
| Type of impairment | 1 | 1 | 5 | 1 |
| Sexual orientation | 0 | 1 | 6 | 1 |
| Gender reassignment | 0 | 1 | 6 | 1 |
| Marriage and civil partnership | 0 | 1 | 6 | 1 |
| Pregnancy and maternity | 0 | 1 | 5 | 2 |

### Learning from complaints

In the past three years, four of the eight local authorities that responded to the survey had made changes to their adult social care decision-making processes, procedures or policies as a result of reviewing challenges to adult social care decisions:

‘We are undertaking an adult social care review, however due to the ongoing pandemic this has not been completed.’

‘We have up-dated information about the Home First policies for getting people discharged from hospital and what their choices are if they are assessed as needing a care home.’

‘Follow a challenge on the use of Direct Payments (Option 1 of the Social Care (Self-directed Support) (Scotland) Act 2013, our policy document on "Spending your Direct Payment Personal Budgets" was amended to be clearer in regard to what a Direct Payment could be used for.’

‘Employing a relative as a result of challenges.’

Only one local authority that responded to the survey reported collecting and analysing data on all protected characteristics and another said that it explored age across complaints. In relation to information gathered about protected characteristics, two local authorities reported that this was used to improve practice, with one reporting it would be used for a further investigation should it appear that discrimination was a factor in the context of the complaint:

‘As part of an investigation if it appears that discrimination or inequity is a factor then this would be further investigated and any improvement actions would be included in the response.’

Following an outcome being reached on a complaint or appeal, seven of the eight local authorities that responded to the survey said they would implement processes to address any relevant changes needed. These processes again varied between local authorities:

‘We do not currently have a formal process; however, this happens in an informal way.’

‘We identify any improvement actions from complaints and these are given timescales in which they have to be completed. It is the responsibility of the Head of Service to ensure they are complete. These improvement actions are reported to management through monthly and quarterly reporting.’

‘Themes from complaints are collated quarterly and shared across service areas. Individual service areas are responsible for ensuring any changes are implemented or fed into wider reviews of practice or need for training.’

When a complaint was considered by the Scottish Public Services Ombudsman (SPSO), all the local authorities that responded had processes in place to monitor the outcome of the complaint and make any required systemic changes. Largely these processes involved collating evidence and sharing it with the SPSO, and a senior member of the relevant team being responsible for taking action to ensure required changes were implemented:

‘Any decisions made by the SPSO in respect of a complaint outcome would be passed to the relevant senior manager for that service to ensure that any systematic changes are explored and implemented.’

‘SPSO will set actions and dates to be completed by. This usually requires submission of appropriate evidence to confirm actions have been taken and implemented.’

When challenges to adult social care decisions were withdrawn, or resolved outside the formal complaints system, six of the eight local authorities that responded to the survey would review records to identify improvements that could be made in policy and practice. The process of reviewing varied between local authorities, with some records logged for reporting to the Integration Joint Board (IJB) and others reviewed informally, although for the most part the reviewing occurred during team meetings.

### Training for decision-makers

When asked about training provision, seven of the eight local authorities that responded to the survey mentioned providing frontline decision-makers with legal training on the Social Care (Self-directed Support) (Scotland) Act 2013 (see table 8). Only one local authority provided training under the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Four did not know or were unable to answer in relation to the survey question on legal training for frontline decision-makers.

Table 8: Legal training provided to frontline decision-makers

|  | Yes | No  | Don’t know |
| --- | --- | --- | --- |
| Social Work (Scotland) Act 1968 | 4 | 4 | 0 |
| Social Care (Self-directed Support) (Scotland) Act 2013 and other social care legislation | 7 | 1 | 0 |
| Equality Act 2010 | 4 | 2 | 2 |
| Human Rights Act 1998 | 5 | 3 | 0 |
| UNCRPD | 1 | 3 | 4 |

### Ensuring quality and consistency in decision-making

To ensure a certain standard of quality and consistency was upheld in initial decisions about adult social care or support, all eight authorities that responded to the survey had some form of process in place (see table 9). Six of the eight local authorities had processes including:

* fortnightly supervision with social workers
* critical reflection in peer group settings, and
* reporting to relevant in-house quality assurance meetings.

Exit interviews were also held in five of the local authorities that responded to the survey and three added that monitoring would occur through formal appraisal.

Table 9: Processes in place to monitor quality and consistency of initial adult social care decisions

|  | Yes |
| --- | --- |
| Through regular (for example, twice monthly) supervision with socialworkers | 6 |
| Critical reflection in peer group settings | 6 |
| Through regular (for example, quarterly) audit of decisions made andoutcomes | 4 |
| Through reporting to relevant in-house quality assurance meetings | 6 |
| External peer review by another local authority | 1 |
| Exit interviews | 5 |
| We do not have anything in place | 0 |
| Other (specified) | 4 |

In all eight of the local authorities that responded to the survey, some form of monitoring was in place to ensure that decisions complied with equality and human rights legislation (see table 10). Reporting to relevant in-house quality assurance meetings was the most common process for this, occurring in five of the eight local authorities that responded to the survey. Four of the eight local authorities monitored compliance through regular supervision with social workers, critical reflection in peer group settings or regular audit of decisions made and outcomes. Two local authorities added that compliance with this legislation underpinned everything that they did.

Table 10: Processes in place to monitor compliance with equality and human rights legislation

|  | Yes |
| --- | --- |
| Through regular (for example, twice monthly) supervision with socialworkers | 4 |
| Critical reflection in peer group settings | 4 |
| Through regular (for example, quarterly) audit of decisions-made andoutcomes | 4 |
| Through reporting to relevant in-house quality assurance meetings | 5 |
| External peer review by another local authority | 1 |
| Exit interviews | 2 |
| We do not have anything in place | 0 |
| Other (specified) | 5 |

The process applied to ensure that people received written records of their social care decisions in a timely manner varied between the local authorities that responded to the survey. Two provided supervision, two provided an audit and one provided outcome reports. One local authority said that each of these systems was ‘partially’ in place. Another commented:

‘Will note that [the written assessment] given to individual or, where not, why this is the case e.g. dementia related. We also have the reporting facility in LiquidLogic (Social Work Management Information System) that enables to review support plans and reviews and when they were given to the service user.’

Two of the eight local authorities responding to the survey reported that they did not have any processes in place.

# 3. Conclusions

Results from the survey, owing to the relatively low response rate (eight out of 32 local authorities), cannot be interpreted as representative of all local authorities and findings should not be applied more widely.

## Adult social care and complaints: Information availability and accessibility

All eight local authorities that responded to the survey said that information about access to social care was provided to the social care user as well as their wider family. While most information was provided using passive routes (such as websites, leaflets and posters), all the local authorities that responded stated that users and unpaid carers could discuss their wishes with staff members, either through a ‘one-stop shop’ mechanism or ‘call centre’. In addition, a breadth of information was provided on the processes of receiving care, ranging from the right to a needs assessment through to challenging outcomes and independent guidance.

There was less information available in accessible formats through passive routes (such as websites and social media), although more information might be offered through call centres or one-stop shops. Most of the local authorities that responded to the survey provided information in easy read, large print, British Sign Language (BSL) or alternative languages on request.

While unmet needs were recorded across most of the local authorities responding to the survey, this practice was not universal, with two out of the eight local authorities saying that this information was not recorded. Those that did record unmet need said this was used to inform future service provision.

None of the local authorities that responded to the survey reported making accessible information publicly available. People were required to make a request for such information in seven of the eight local authorities that responded to the survey and one said that such information was not available.

## Raising and addressing challenges to adult social care and support decisions: informal and formal processes

We did not identify a universal process for dealing with complaints across all the local authorities that responded to the survey.

Early concerns with any social care decision could be raised informally with the relevant team leader or team manager to attempt to resolve any concern. However, few of the local authorities (three out of eight) reported that they recorded information from these discussions.

The local authorities responding to the survey seem to be responsive to formal complaints, with the majority inviting people to submit further evidence or carrying out a paper review of the assessment by a different social worker. Only five of the eight local authorities said they would ensure a different social worker or assessor carried out a new assessment, and most would not reconsider the format of the assessment. This may imply there is a need for greater clarity about the steps local authorities should take in response to formal complaints and this may allow them to be more aligned in their approaches.

Complaints mechanisms, process time frames and support were not always clear. For example, four of the eight authorities that responded to the survey reported providing information about the complaints process only after a decision had been made on eligibility for support, rather than running such advice alongside the assessment process. While it was reported that information about the complaints process would be shared if a social care user or an unpaid carer was unhappy with the process, the points at which this happened were not clear. The availability of independent support around the assessment and care process was patchy, with only two of the eight local authorities that responded identifying that they always signposted people to advice or support that was independent of the local authority.

## Provision, quality, accessibility and monitoring of advocacy support services to support complaints and appeals

If an individual did enter the complaints process, advocacy support was often promoted, with six of the eight local authorities that responded to the survey signposting people to an independent advocacy provider and five of the eight commissioning advocacy support.

The local authorities that responded to the survey may wish to consider further processes to ‘close the loop’ between those care decisions and complaints received and quality improvement. While the majority of local authorities responding to the survey did report monitoring the quality and consistency of adult social care decisions and compliance with equality and human rights obligations, this was not universal. In addition, many of the monitoring systems used or applied were either verbal or informal (for example, through supervision or peer review sessions). Only four of the eight local authorities that responded to the survey reported doing audits of care decisions and only one identified that decisions had undergone external peer review by another authority.

## Transparency of processes, reviews, type and numbers of informal and formal complaints and training around duties

Half of the local authorities responding to the survey reported making data on social care complaints publicly available and the remainder said they shared this data internally. In addition, few of the local authorities that responded to the survey knew whether they collected data on protected characteristics. Only one local authority reported collecting and analysing data on all protected characteristics and only one other said it collected data about the age of those making complaints.

In exploring the training provided to frontline decision-makers to support their practice, most local authorities that responded to the survey reported providing training on the Social Care (Self-directed Support) (Scotland) Act 2013. Fewer provided training on the duties underpinning the Human Rights Act 1998 or the Equality Act 2010. Only one local authority confirmed that training was delivered on the UNCRPD.

## Areas for improvement

From the activity reported by the local authorities that responded to the survey, there would seem to be a number of areas where improvements could be made to monitor adult social care decisions and ensure users and unpaid carers are appropriately supported to challenge decisions. Accessible information about access to care is still only available on request and information on the complaints process is sometimes only given on receipt of decisions. Few authorities provide independent support through the assessment process.

Therefore, based on the responses to the survey, we have identified several areas for improvement:

* availability of accessible information
* clarity and transparency on the process and what it will include
* the general time frame of informal and formal complaints, and
* the collection and use of equality data.

If care inequalities are to be fully mitigated, independent accountability systems and processes need to be made available, ensuring robust links can be embedded between assessment, the complaints processes and quality improvement.

# Contacts

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2. University of Strathclyde and In Control Scotland (2021), [Accountability and the Implementation of Self-Directed Support: Complaints, redress and human rights principles](https://www.in-controlscotland.org/_files/ugd/fd9368_d8612fbdd5ce4486b71c2fde0110d89a.pdf) [accessed: 7 June 2022]. [↑](#footnote-ref-2)
3. Scottish Government (2021), [Independent Review of Adult Social Care in Scotland](https://www.gov.scot/publications/independent-review-adult-social-care-scotland/) [accessed: 7 June 2022]. [↑](#footnote-ref-3)
4. For more information on community brokerage networks see [Community Brokerage Network Scotland](https://communitybrokerage.scot/what-is-community-brokerage/)  [↑](#footnote-ref-4)