



south ayrshire
health & social care
partnership

Resource Allocation Guidance Self-Directed Support (Adults and Older Peoples Services)

March 2026



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1. Purpose

- 1.1 These Management Guidelines have been produced to assist frontline practitioners and their managers with the appropriate allocation of Community Care resources to service users who have eligible needs under Self-Directed Support (SDS). This Guidance relates to those being provided services within Adults and Older Peoples Services. Resource allocation within Mental Health and Learning Disabilities Services can be found in their service specific guidance.
- 1.2 The aim of these guidelines is to ensure a fair, consistent and transparent approach to resource allocation across South Ayrshire. This internal, operational guidance explains the Health and Social Care Partnership's (HSCP) resource allocation model for SDS.
- 1.3 In South Ayrshire we are aligned to the national approach of Getting it Right for Everyone (GIRFE) in how we deliver information, advice and support across our communities. Our approach emphasises working together with individuals and their families and using all of our available resources to provide the right support at the right time. We will continue to embed GIRFE across all our practice and policy resources including these guidelines to ensure we have a fair, consistent and transparent approach to allocating resources across South Ayrshire.
- 1.4 This guidance complements the HSCP *Self-Directed Support Policy* as well as our [*Fair Access to Care and Eligibility Criteria policy*](#). The SDS Policy sets out our overall approach to delivering self-directed support in South Ayrshire.
- 1.4 The HSCP currently provides formal funded services to those assessed as having critical needs. We will provide advice and guidance to all individuals requesting support who do not currently have critical needs. Individual needs should be assessed against the categories below.

Category 1: CRITICAL NEEDS

Neglect or physical / mental health.

- major health problems which present immediate threat of harm to self or others
- serious harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- palliative or end of life care needs

Personal care and domestic environment.

- unable to meet vital or most personal care needs causing major harm or major risk to independence.
- unable to meet vital or most aspects of domestic routines causing major harm or major risk to independence.
- homelessness of a vulnerable person
- extensive / complete loss of choice and control over vital aspects of home environment causing major harm or major risk to independence.

Participation in community life.

- unable to sustain involvement in vital aspects of work/education/learning causing severe loss of independence.
- unable to sustain involvement in vital or most aspects of family/social roles, responsibilities and contact causing significant distress or risk to independence.

Carers

- major health difficulties due to impact of their caring role causing life threatening harm or danger.
- complete breakdown in the relationship between carer and service user and carer is unable to continue in their caring role.
- carer is unable to manage vital or most aspects of their roles and responsibilities.

Category 2: SUBSTANTIAL NEEDS

Neglect or physical / mental health.

- harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination).
- significant health problems which cause significant risk of harm or danger.
- palliative or end of life care needs.

Personal care and domestic environment.

- unable to undertake many aspects of personal care causing significant risk of harm or significant risk to independence.
- unable to manage many aspects of domestic routines causing significant risk of harm or significant risk to independence.

- substantial loss of choice and control managing home environment causing a significant risk of harm or danger to self or others, or a significant risk to independence.

Participation in community life.

- unable to sustain involvement in many aspects of work/education/learning causing significant risk to independence.
- unable to sustain involvement in many aspects of family/social roles, responsibilities and contact causing significant distress or risk to independence.

Carers.

- significant health difficulties due to impact of their caring role causing significant risk of harm or danger.
- carer is unable to manage many aspects of their caring, family or employment responsibilities.
- significant risk of breakdown in the relationship between carer and service user and carer is unable to sustain many aspects of their caring role.

Category 3: MODERATE NEEDS

Neglect or physical / mental health issues.

- some health problems indicating some risk to independence and/or intermittent distress. Potential to maintain health with minimum interventions.
- need to raise awareness of vulnerable person to potential risk of harm.

Personal care and domestic environment.

- unable to undertake some aspects of personal care indicating some risk to independence.
- able to manage some aspects of domestic activities and/or home environment indicating some risk to independence.

Participating in community life.

- unable to manage several aspects relating to work/learning/education that, in the foreseeable future, will pose a risk to independence.
- able to manage some aspects of family roles and responsibilities, posing some risk to independence.

Carers.

- main carer able to manage some aspects of caring and family/domestic roles, posing some risk of breakdown in their own health.
- relationship between carer and service user under strain at times, limiting some aspects of the caring role or creating some risk of relationship breakdown.

Category 4: LOW NEEDS

Neglect or physical / mental health.

- few health problems indicating low risk to independence. Potential to maintain health with minimum interventions.
- preventative measures including reminders to minimise potential risk of harm.

Personal care and domestic environment.

- difficulty with one or two aspects of personal care or domestic routines, indicating little risk to independence.
- able to manage most basic aspects of domestic activities and environment.

Participation in community life.

- difficulty undertaking one or two aspects of work/learning/education responsibilities, indicating low risk to independence.
- difficulty undertaking one or two aspects relating to family responsibilities or social support networks, indicating low risk to independence.
- able to manage most aspects of family responsibilities and social support networks, posing some risk to independence.

Carers.

- carer able to manage most aspects of their caring and domestic role and responsibilities, indicating low risk.
- carer is able to manage most aspects of their family and work responsibilities, indicating low risk.
- relationship is maintained between client and carer by limiting aspects of the caring role.

2. Our approach to allocating Community Care resources

- 2.1 The Social Work (Scotland) Act 1968 requires local authorities to ensure that advice, guidance, and/or assistance are provided to any persons who require it. Where an individual meets the critical eligibility criteria, assistance may be provided for the individual to access resources (formal funded support) to meet their assessed needs.
- 2.2 The professional judgement of the practitioner working alongside the individual and their carer is central to the assessment process. Adopting a co-productive approach to assessment and support planning, coupled with applying our eligibility criteria will ensure the allocation of resources is both transparent and equitable.
- 2.3 Under South Ayrshire Health and Social Care Partnership's eligibility criteria, directly-funded Community Care services will be targeted at individuals assessed as having 'critical' needs. Individuals with 'substantial' 'moderate' or 'low' needs will continue to receive advice and guidance and be signposted to alternative forms of community support.
- 2.4 South Ayrshire utilises an 'equivalency model' for the allocation of resources under self-directed support. This means that an individual with eligible needs (and choosing SDS Option One – Direct Payment or Option Two – Individual Service Fund ISF) will be entitled to a personal budget which is equivalent to the cost of arranging traditional services to meet these needs. The 'equivalency model' means that whichever one of the four SDS options is chosen, no individuals will be placed at a disadvantage. You can find the Equivalency Rate within the Self-Directed Support Guidance (2026/2027).
- 2.5 Any individual who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner and their manager, if required. In the event of informal discussions not resolving an issue, the individual should be made aware of the Council's [Listening to You](#) procedure.

3. Consistent resource allocation

- 3.1 Our aim is to ensure a fair, consistent and transparent approach to resource allocation under SDS. To achieve this aim, practitioners making decisions on resource allocation should follow the framework contained in the remainder of this guidance.

- 3.2 The framework sets out the expected level of provision to be allocated following a community care assessment that evidences critical needs. Following the assessment, we will allocate the relevant support/resources required.
- 3.3 The decision-making process on resource allocation will have three steps:
- The practitioner's recommendation and the identification of critical care needs through the My Life My Outcomes assessment process.
 - Options are then explained to the individual for them to make a choice.
 - The practitioner's recommendations will then be subject to agreement by the Team Leader.
- 3.4 Within the allocation of resources, Team Leaders are able to approve up to £20,000 of a personal budget. Personal budgets have an upper limit that requires approval from a Principal Social Worker. For budgets up to £100,000 a Senior Manager will review and approve. Budgets over £100,000 will require to be submitted and reviewed by the Directorate Management Team (DMT) Resource Allocation Group, chaired by the Head of Community Health and Care Service.

4. Carers

4.1 Short Breaks

4.2 In line with the [Carers \(Scotland\) Act 2016](#), we have a statutory duty to provide short breaks.

4.3 Following the completion of a carers support plan, if someone is assessed as having critical needs to continue in their caring role and formal services may be required, this can be offered in the form of a short break. We will allocate the equivalent of up to a maximum of 2 day of traditional day care as detailed in the Self-Directed Support Guidance.

4.4 Respite

4.5 In line with good practice a Carer's Assessment should be completed prior to any request for formal respite services. The need for respite services designed to meet the eligible critical needs of the carer should be identified in the Carer's Assessment.

- Respite should be planned and linked to meeting the personal needs of carers. The level of provision should be appropriate to meeting these needs.
- Following a robust carers support assessment, where individuals meet the critical criteria for those who require respite can access up to a maximum of 28 days
- The amount of respite support allocated to an individual should not exceed **28 days every 12 months**. A request for additional respite will require to be clearly

explained through the Assessment process and subject to agreement by both the Team Leader and Principal Social Worker.

5. Signposting to other support providers

- 5.1 If an individual has been assessed as having 'substantial', 'moderate', or 'low' needs, they will not access directly funded Community Care Services.
- 5.2 Our My Life My Outcomes assessment process is underpinned by the principle of having a 'good conversation' with service users; exploring their strengths and resources alongside the changes they would like to see happen. This approach is focused on prevention, self-management and building local community connections for service users which will lead to more resilience in our communities.
- 5.3 Not Everyone will require a My Life My Outcomes assessment and will receive appropriate signposting through the Response Social Work Team.
- 5.4 Where individuals have lower levels of need ('substantial', 'moderate' or 'low'), the practitioner should offer appropriate advice, guidance and information that direct the individual to alternative sources of assistance.
- 5.5 Staff should make use of Connect Model to appropriately signpost individuals and their carers to third sector organisations that offer support in their locality area. Practitioners should also have knowledge of other local support available in the individual's local community or be able to access this information easily.

6. Review Process

- 6.1 Each individual will have their formal supports reviewed on an annual basis. These can be reviewed at an earlier date in situations where this is deemed necessary.
- 6.2 The review process will be based on the critical needs criteria. As an individual's circumstances may change over time, their eligibility for support will be reassessed at appropriate intervals. Where a review determines that an individual no longer meets the critical needs criteria, they will be signposted to suitable alternative services that can meet their level of need. In such cases, access to formal services provided under this policy will be withdrawn.

6.3 An individual may continue to meet the critical care criteria; however, their level of support may be reduced where improvements in their health or care needs are identified. The practitioner undertaking the review assessment will explain the rationale for any proposed changes and will work collaboratively with the individual, and where appropriate their carer, to determine the most suitable level of support.

6.4 This process is in line with the Self-Directed Support Guidance and further information can be found within this document.

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