

**European Project Senior Drug Dependents and Care Structures - SDDCare**

**EU Project No. 2006 346**

**Legal and Financial Framework for the Care of Senior Drug Dependents**

**In**

**Scotland**

**April 2009**

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## **Acknowledgements**

The Scottish Drugs Forum would like to thank the following people for their support in the completion of this document (in alphabetical order):

- Irene Campbell (NHS Ayrshire & Arran)
- Iain Cowden (SDF)
- James Egan (SDF)
- Catriona Gibson (SDF)
- April Shaw (SDF)
- Austin Smith (SDF).

## **1. Introduction**

This report explains the legal and financial framework in Scotland and to an extent in the United Kingdom which affects its citizens, drug users and in particular older drug users, aged over 35 years.

The report focuses primarily on housing, health and social care provision (including private insurance and pensions), welfare benefits and criminal justice provisions for the above groups. It examines the current systems in place for the general population and what this means for older drug users, and potentially what services would be required to meet the needs of this potentially increasing group. A summary of key facts is found in the description of existent care structures table in chapter 6.

This Scottish report forms one of four European reports to be compared with the equivalent systems in Germany, Austria and Poland. A further European report of legal and financial frameworks for older drug users will be produced in future work of the SDDC project.

## 2. Housing

This section covers housing provision and other key topics such as housing benefits, homelessness, care homes, supported accommodation and national standards.

**Housing benefit** is paid by the local council to help people pay their rent. If a person is on a low income and needs financial help to pay all or part of their rent, they may get Housing Benefit. A person may get Housing Benefit if they pay rent and their income and capital (savings and investments) are below a certain level. It can cover the costs of rent and some service charges such as upkeep of communal areas but cannot be used to meet living costs such as food or energy costs. Housing benefit is paid directly to the landlord.

**Local Housing Allowance** can be regarded as a form of housing benefit that is paid to tenants of a private landlord who have a low income, or receive welfare benefits. The level at which Local Housing Allowance is paid depends on the number of bedrooms needed to adequately provide for the household and on the area in which the home is located. Like housing benefit, Local Housing Allowance payments can cover rent and some services charges as long as they are conditional on you living in the property – for example, the upkeep of communal areas agreed as a term of the tenancy. It cannot be used to meet living costs such as food or energy costs.

**Council Tax Benefit** - a person may get Council Tax Benefit (rebate) if they pay Council Tax and their income and capital (savings and investments) are below a certain level. Council tax is a local tax in the form of a charge to householders. The rate of the tax is set annually by the local council and is based on the valuation of residential property on which the occupant is bound to pay the charge. The benefit is paid by the council to householders who have a low income or are receiving welfare benefits. Depending on the level of income and the number of adults in the household, Council Tax Benefit will cover all or part of the council tax charge. In certain circumstances people may get Second Adult Council Tax rebate.

### Homelessness

Scotland has some of the most progressive homelessness legislation in Europe.

Definition of homelessness is complex but a person is likely to be defined as homeless if they

- have nowhere to stay
- are likely to be evicted within the next two months
- are staying temporarily with friends or family
- have to move because of violence or threats
- are living in overcrowded conditions

- have been refused entry to their home
- live in a caravan or houseboat but have nowhere to put it
- live in a home that is in such a bad state of repair that it is damaging to health
- are staying somewhere illegally
- are forced to live apart from their normal household because their accommodation is not suitable.

Any person can make a homelessness application to a local council. The application process includes an investigation of the applicant's status and the results of this investigation will determine what action the council will have to make to address their homelessness. The investigation can take up to 28 days before a decision is reached. During this period an applicant should be offered but does not have to accept temporary accommodation provided through the council.

To be entitled to permanent accommodation a person must prove they are legally homeless, in priority need, are not intentionally homeless and have a local connection to the council area.

For a person (or where applicable a household) to be regarded as being in priority need they must be

- pregnant
- responsible for dependent children (this includes foster children, step children and adopted children. Dependent children are those aged 15 or under or those aged 16-18 who are still in full-time education or training.)
- homeless because of an emergency, such as a fire, flood or other disaster
- aged 16 or 17 years old
- aged 18 to 20 and have been in care or had a social worker, or are at risk of being exploited financially or sexually, or are at risk of misusing drugs or alcohol
- at risk of violence or harassment because of their religion, sexuality, race, colour or ethnic or national origin
- at risk of domestic abuse
- vulnerable and therefore less able to take care of themselves because they -
  - are elderly
  - are disabled
  - have a mental illness or personality disorder
  - have learning difficulties
  - have a chronic illness
  - have had a recent miscarriage or an abortion

- have just left hospital, prison or the armed forces
- have some other special reason that means they are vulnerable. This could include former asylum seekers who have just been granted refugee status or anyone who has been through a traumatic experience. *(In many local authorities substance misuse has been accepted as a special reason for vulnerability.)*

In an otherwise successful homelessness application, failure to demonstrate a local connection means that an applicant is probably entitled to permanent accommodation in their own council area (providing it is in Scotland). A person found to be intentionally homeless is entitled to stay in any temporary accommodation which has been provided during the investigation and be given information and advice on how they may address their housing problem.

### **Care Homes for Drug Users**

In Scotland there are no permanent or long term care homes for individuals specifically with problem drug use. There are residential drug rehabilitation services for up to 1 year, though on the whole they accommodate people from 2 - 26 weeks. These are temporary facilities not for living in but for a set period of treatment and rehabilitation with the aim of returning home to the community (Effective Interventions Unit, 2004). There are care homes for people over 35 years of age with other specific health issues, for example mental health issues and physical disabilities. For the general population elderly care homes are for people as they go beyond retirement age (> 64 years for males; > 59 years for females).

### **Supported Accommodation**

Where drug users are partially stable but still requiring support, and in particular support to live independently, they may at times be referred to a supported accommodation service. These usually consist of bed and breakfast accommodation, short secure tenancies, clustered (possibly in one building) independent living flats which are furnished. Residents of these services tend to be homeless, as the main criteria, and awaiting permanent tenancies of their own. Lengths of stay are usually for up to a maximum of 12 months.

In general supported accommodation services will have staff available for support, but generally do not provide direct care or treatment, though external services such as health visitors, general practitioners and chiropodists may come in and treat residents weekly or monthly through arrangement with managers.

## **Supported Tenancies**

If an individual moves to a new council home or is an existing council tenant and not coping well on their own, the local council may be able to provide assistance through the Supported Tenancy Service.

This service is designed to help vulnerable people live as independently as possible and to improve their quality of life. Under the Supported Tenancy Service there are two types of scheme

- floating support, where the tenant stays in their home and a worker visits usually on a weekly basis or
- accommodation based where individuals move into a specially designed scheme with workers on site

The Tenancy Support Service is provided to give the help and support needed to live as independently as possible. They may be able to help with some or all of the following

- setting up and running a home by for example dealing with issues such as turning on gas, electricity and water
- finding furniture
- sorting out rent and bills
- managing money and claiming benefits
- getting insurance and ensuring security
- meeting obligations as a tenant
- making the most of the neighbourhood, for example finding shops and services
- looking for jobs
- training or courses
- making use of leisure time
- getting in touch with extra help where this is needed, for example talking about problems
- getting expert advice on things like debt, mental health, drugs or alcohol, contacting social services or other organisations

## **Criminal Justice: Supported Accommodation services**

Criminal justice supported accommodation is usually provided for those who are subject to a statutory order or licence and who would normally be unable to safely maintain an ordinary tenancy due to social or personal problems.

The provision of specialist accommodation for criminal justice clients has a number of objectives:

- social inclusion
- contribution to public safety
- alternative to custodial sentence or remand and sentence
- contribution to reducing the risk of re-offending
- to prepare offenders to access mainstream housing
- to fulfil conditions attached to probation, bail or prison release orders

While there are a number of similar criminal justice supported accommodation services throughout Scotland, access and coverage is uneven, reflecting historical development of services. The key to accessing these services is the contribution which provision of supported accommodation makes to viability of supervision in the community. The provision is in no way intended to substitute for access to mainstream housing or accommodation provision for offenders and ex-prisoners.

In Glasgow, two voluntary sector organisations are currently funded by Glasgow City Council to provide accommodation with support for criminal justice clients.

The Dick Stewart Project managed by the Church of Scotland, provides 13 residential places in two registered hostel buildings, staffed 24 hours a day, seven days a week. The programme provides up to four months accommodation for a range of clients involved with the criminal justice system, both male and female. Main service users are:

- individuals subject to probation orders who require a residential programme to provide stability and a platform for work on the probation action plan
- prisoners completing sentences who require a stepping-stone back to independent community living
- individuals subject to supervised bail orders as an alternative to custodial remand

SACRO (Safeguarding Communities Reducing Offending) run a supported tenancy programme with five staff supporting 40 furnished tenancies provided to SACRO through the City Council's Social Work Services Homelessness Partnership. These are temporary tenancies but will lead to permanent mainstream tenancies in the event of good progress during the temporary phase.

Support provided includes:

- practical tasks of managing independent living
- monitoring behaviour
- providing advice and support if required
- advising the supervising officer in the event of any concerns

The tenancies are used for the full range of criminal justice clients subject to supervision. Referral may come direct from the community, from prison before release or from more intensively supported accommodation such as the Dick Stewart project when the client is ready to progress from hostel to more independent living.

Where it is part of a supervision management plan or there is a condition on an order requiring a drug or alcohol residential placement, the City Council funds access to specialist residential facility providers such as:

- Phoenix Futures, Glasgow
- Turning Point Scotland, Glasgow
- Crossreach's Rainbow House, Glasgow
- Crossreach's Ronachan House, Tarbet in Argyll
- Glasgow Simon Community, Glasgow
- Mungo Foundation's Red Towers, Helensburgh

These facilities are not exclusive to criminal justice clients

## Care at Home

In the longer term, individuals with problem drug use who are able to live independently stay in their own tenancy or in a partner's/family member's tenancy. This set up should continue provided residents remain stable, that is to say, no issues occur with payment of rent, utility bills and Council Tax payments, and no pattern of anti-social behaviour is displayed. Should anti-social behaviour become a significant issue then the tenancy could be jeopardised, even for a co-habiting family member.

There is contradictory development in legal frameworks as anti-social behaviour including drug use and drug dealing are being addressed through eviction but there are simultaneous moves to prevent homelessness. In this context communities' and individual rights are in competition. A tenant who is displaying problematic substance use may receive a housing support service designed to help tenants maintain their tenancy.

If a drug user lives alone in their own tenancy and experiences a period of incarceration for at least 13 weeks they begin to incur housing benefit arrears. Being in prison also means communication with landlords will be very difficult. Both the arrears and lack of communication with landlords makes loss of tenancy and possessions more likely, though it is possible to prevent this through housing support and advice.

Where there are concerns about an individual's ability to live independently and to care for themselves they may be assessed by Social Work Services to benefit from attending day hospitals and services for treatment and care or to be visited at home, possibly by Home Support & Day Care services.

Home Support & Day Care services provide cleaning, meals, shopping and bathing services for the less able. In general, these services are for people with disabilities and the elderly who are unable to look after themselves. When these services become very intense, i.e. daily care is required, then a care home or admission to hospital may be the next option or living with a relative.

## National Care Standards and Care Homes for Drug Users

Scottish Ministers have issued the National Care Standards, which include specific standards for care homes, supported accommodation and day services for those with drug and alcohol problems (Scottish Government, 2008) and for other care groups such as elderly care, homelessness and criminal justice. There are also standards for each type of care group, including the elderly, children, those with disabilities or mental health problems, and those being cared for at home and/or through community services. The Care Commission provides inspection and regulation of these care services in Scotland in line with the National Care Standards.

- The 6 key principles within the standards are dignity, privacy, choice, safety, realising potential, and equality and diversity.

Residents in a care home have the right to a single room, if desired, and an en suite bath/shower room. Staff will have access, if required, but bedrooms and bathrooms should have locks. If an individual is cared for in a hospital, Care Commission regulations do not apply, for example it is unlikely that they will be offered a single room but instead a hospital ward and possibly of mixed gender.

There are gender issues in terms of hospitalised care and residential accommodation for older drug users. For example, there have been incidents where female residents previously involved in prostitution have resided alongside men who have bought sex. This scenario illustrates the need to provide secure living environments, such as separate male and female areas within accommodation projects.

### **3. Health**

The National Health Service (NHS) is the name commonly used to refer to publicly funded healthcare systems of the United Kingdom. The NHS operates independently and is politically accountable to the relevant devolved government of Scotland (Scottish Government), Wales (Welsh Assembly Government) and Northern Ireland (Northern Ireland Executive), and to the UK government for England. Following devolution and the re-establishment of the Scottish Parliament in 1999, the Scottish Government Health Department became responsible for NHS Scotland.

There is no discrimination when a patient resident in one country of the United Kingdom requires treatment in another. The consequent financial matters and paperwork of such inter-working are dealt with between the organisations involved and there is generally no personal involvement by the patient comparable to that which might occur when a resident of one European Union member country receives treatment in another.

#### **Right to a General Practitioner (GP)/ Family Doctor**

UK residents, including people from other European Economic Area (EEA) countries and abroad, have the right to be registered with a GP. Individuals can choose which GP they want to be registered with however the GP does not have to accept them. However, if they do refuse to accept any individual they must have reasonable grounds for doing so, and must give their reasons in writing

#### **Treatment from a GP**

Individuals are entitled to treatment from a GP at the surgery where they are registered. They have no automatic right, however, to see their own GP.

Treatment outside surgery hours - all GPs must make sure that a service is provided for their patients when they are off duty.

GP home visits - A GP will only provide home visits if they think that the medical condition requires it. A GP decides how urgently a visit is needed.

Medication - if a GP decides medication is required, they will usually provide a prescription. In some cases, for example, if the surgery is in an isolated area, the GP may provide the medication themselves.

Second opinions - patients can ask GPs to arrange a second opinion either from a hospital specialist or another GP. However, the GP does not have to do this if they do not think it necessary. There is no statutory right to a second opinion.

There is no charge for basic GP treatment for NHS patients who live in the UK. There are charges for visitors from overseas, except in the case of an emergency. However there may be charges for certain services, for example, check-ups for employees and vaccinations for travelling abroad.

Patients can change GPs at any time without having to give a reason. A GP may remove a patient from their register in some situations, for example, because the patient moves out of the practice area or is physically or verbally abusive to people at the practice.

### **NHS 24 in Scotland**

NHS 24 is the name of a confidential health advice and information service provided by NHS Scotland. It allows people who feel unwell or those caring for them to obtain advice if it is not convenient or possible to wait until they can visit their GP when the practice is next open.

### **Hospital treatment**

Patients cannot receive NHS hospital treatment without being referred by their GP, unless they are attending a special clinic, for example, for the treatment of sexually transmitted diseases, or they need urgent medical attention in an emergency.

### **Health Emergencies**

If urgent medical attention is required, individuals can go directly to the accident and emergency department of a hospital without needing a referral from a GP. It is the responsibility of the hospital providing the emergency treatment to meet the cost of treatment. If emergency admission as an in-patient is needed, the cost will be met by the Primary Care Trust where the patient lives.

### **Prescription Charges**

Charges for prescribed medicines have been in place since 1952. However, these have always been contentious and there is a move in Scotland to eliminate prescription charges in 2011.

Presently, NHS prescription charge exemption arrangements are in place to protect those who are most likely to have difficulty paying charges. NHS National Services Scotland estimates that around 50% of the population qualifies for free prescriptions under the current exemption rules. However, because this group includes the elderly and children, both high 'users' of medicines, over 90% (68 million) of items dispensed in Scotland are supplied to the patient free of charge.

Qualification for exemption or remission of charges falls into three main categories:

- Medical grounds - for some chronic medical conditions, pregnant women and nursing mothers
- Age - for people aged 60 and over, children under 16 and young people under age 19 in full-time education.
- Financial status - for those receiving Income Support, Income-Based Job Seeker's Allowance, Working Family and Child Tax Credits . Also people in receipt of War or Ministry of Defence Disablement Pension receive free prescriptions in respect of medication arising from their disablement.

For those not exempt there are two methods of payment – by paying the flat-rate prescription charge on each item dispensed or by buying Pre-Payment Certificates (PPC).

In April 2009, the cost of an NHS prescription charge was reduced to £4.00 per item. This will be tapered, declining each year until April 2011 when the charge will be zero.

A PPC is a one-off payment which allows patients to collect free prescriptions for a period of time. These are used by people who have poor health and require a lot of medication and would otherwise have to pay more by paying a charge for each item.

A PPC for 4 months costs £17.00. This will be tapered, declining each year until April 2011 when the charge will be zero.

A PPC for 12 month costs £48.00. This will be tapered, declining each year until April 2011 when the charge will be zero.

### **Opticians Fees**

Eye examinations have been free to all since April 2006.

Help with the cost of prescription glasses in the form of vouchers is available to people who

- are under age 16

- are in full-time education and aged 16 - 18
- need complex lenses
- are getting, or whose partner gets Income Support, Income-related Employment and Support Allowance or Income-based Jobseeker's Allowance or Pension Credit Guarantee Credit
- are on low incomes

## **Dental Treatment**

Everyone is entitled to free dental and oral examinations. Free dental treatment is available to people who

- are under 18 years old
- are aged 18 and in full-time education
- are aged 60 or over
- are, or whose partner are, getting Income Support, income-related Employment and Support Allowance, income-based Jobseeker's Allowance, Pension Credit guarantee credit or tax credits and meeting qualifying conditions
- are pregnant
- are registered blind or partially sighted
- have diabetes
- have glaucoma or are considered to be at risk of glaucoma

Other people have to pay charges for treatment but these are not designed to recover full costs but to contribute to the cost.

## **Nutrition and Personal Hygiene**

Nutritional advice and support is provided through drug services. Often this is identified through single shared assessments, such as in Glasgow's addiction services. Within residential and community rehabilitations health eating, cooking and budgeting support is provided through individual and group work. Vitamins are also provided to improve memory recall, replace lost and combat poor nutrition through for example poor diet, high alcohol consumption and poor liver functioning as a result of alcohol and/or hepatitis.

A recent study by the Scottish Drugs Forum (Shaw et al, 2007) highlighted the above issue leading to several local drug service improvements in the area of nutrition. Often drug users in Scotland stop using drugs and develop high alcohol consumption. They may already have poor liver

functioning although they see alcohol as the 'lesser of two evils'. The damage caused by alcohol can be greater than that of illicit drug use. Advice is required to inform drug and alcohol users of this health risk and to suggest healthy food and drinks to increase healthy life expectancy.

### **Meals at home services**

Hot, and sometimes frozen, meals can be delivered to an individual's home if they have problems cooking for themselves. This service is sometimes referred to as 'meals on wheels'. Like most support that is arranged to help people stay more independent, a 'meals at home' service may be offered following an assessment of needs by local social services. There is normally a charge for the service.

A range of meals is produced, taking into account people's cultural and religious requirements, personal preferences and dietary needs.

Hygiene advice and support is also provided in drug services through interventions focusing on self-esteem, self-image, confidence building and parenting skills – the latter in terms of good hygiene to keep children healthy. This is clearly a sensitive issue and therefore is often tackled indirectly through the above topics. At times a direct approach is required when for example children's welfare is jeopardized or in advance of job interviews.

### **Health and Social Care Assessments**

A health and social care assessment is also known as an 'assessment of need'. At the assessment, a specialist - often an occupational therapist - looks at and discusses the individual needs of the client in order to provide the right support where necessary. Services can include healthcare, equipment, help in the home and residential care.

The outcome of an assessment should be an understanding of which needs are most important and an evaluation of the risks to the clients if help were not provided.

If appropriate, local health and social services teams will put together a package of support for the client and a written care plan produced. This may include services from both private and voluntary organisations. If other services such as housing or benefits advice are needed, the client will be put in touch with the relevant local services.

Services can include:

- home care help with items such as cleaning and shopping
- disability equipment and adaptations to the home

- day centres for respite for the client or their carer
- care homes

Some local councils provide a 'Single Assessment Process for Older People'. With the client's agreement, health and social workers, community nurses and other groups share information.

#### **4. Welfare Benefits in the United Kingdom**

The system of welfare benefits that are potentially available to senior drug users in Scotland is complex, discretionary and conditional, and currently in transition. Most benefits are governed by legislation reserved to the UK parliament rather than Scottish Ministers. The range of arrangements which may apply include the following.

##### **Job Seekers Allowance**

Jobseeker's Allowance is the main benefit for people who are out of work. It is paid to eligible persons who do not have a job *and are looking for work*.

There are 2 types of Jobseeker's Allowance:

- The first is called 'Contribution-based Jobseeker's Allowance'. A person may be eligible for Contribution-based Jobseeker's Allowance if they have paid or been credited with class 1 National Insurance (NI) contributions in the relevant tax years. Self employed contributions will not generally qualify a person for Contribution-based Jobseeker's Allowance.
- The second is based on income and savings. This is called 'Income-based Jobseeker's Allowance'.

##### **Income Support**

Income Support is for people who don't have to register as unemployed and to help those who are on a low income.

This benefit could apply to persons who are

- sick or disabled
- a lone parent responsible for a child under 12 years of age
- a carer, or

- registered blind.

It is for people who:

- are 16 to 59 years old
- have a low income
- work less than 16 hours a week
- are not in full-time study
- do not get Jobseeker's Allowance
- do not have savings above £16,000, and
- live in Great Britain

### **Incapacity Benefit**

Incapacity Benefit is intended for people who are too sick or disabled to work. A person may be able to get Incapacity Benefit if they

- are over 16 and under State Pension age
- have made enough National Insurance contributions
- are not able to work.

### **Employment and Support Allowance**

A person may receive Employment and Support Allowance if they have an illness or disability that affects their ability to work, and

- are aged over 16 and under State Pension age
- are unemployed
- self employed
- work for an employer but cannot get Statutory Sick Pay
- have been getting Statutory Sick Pay which has stopped.

Employment and Support Allowance is intended as a new way of helping people with an illness or disability to move into work and seeks to offer personalised support and financial help, so that the individual can engage in appropriate work, if able.

Central to Employment and Support Allowance is the new medical assessment called the Work Capability Assessment which assesses what the person *can do, rather than can't*, and identifies the health related support they might need. Most people claiming Employment and Support Allowance are expected to take appropriate steps to help prepare for work, including attending a series of work-focused interviews with their personal adviser.

Under Employment and Support Allowance a person with an illness or disability that severely affects their ability to work, will get increased financial support and will not be expected to prepare for a return to work although they can volunteer to do so.

Although, Employment and Support Allowance is initially for new claimants only, other claimants are eligible for the work-focused help available within the Employment and Support Allowance, and can access this on a voluntary basis.

### **Child Benefit**

Child Benefit is a tax-free payment that can be claimed for a child. It is usually paid every four weeks but in some cases can be paid weekly, and there are separate rates for each child. The payment can be claimed by anyone who qualifies, whatever their income or savings.

A person may be eligible to claim Child Benefit if any of the following applies

- their child is under 16
- their child is over 16 and in relevant education or training
- their child is 16 or 17, has left relevant education or training and is registered for work, education or training with an approved body

A person can claim Child Benefit even if their child doesn't live with them. However, if they live with someone else, a person can only claim Child Benefit if

- they pay towards the upkeep of the child
- what they pay is at least the same as the amount of Child Benefit received for the child
- the person bringing up the child is not claiming Child Benefit for that child

Child Benefit can also be paid for a child even if the claimant is not the parent, though the claimant must prove they are responsible for the child in order to qualify.

## Tax Credits

Tax credits are payments from the UK government department - HM Revenue & Customs. Tax Credits are paid if someone is responsible for at least one child or young person. If the person works but earns low wages, then they may qualify for Working Tax Credit. The amount of tax credits paid depends on how many children they have, if the person works, if the person pays for childcare, if they or a child has a disability and if they are aged 50 plus and are coming off benefits. The lower the income, the more tax credit the person receives.

## Pension Credits

Pension Credit is an entitlement for people aged 60 or over living in the UK. It is paid through the Pension Service which is part of the Department of Work and Pension. Pension Credit guarantees everyone aged 60 and over an income of at least:

- £124.05 a week if single
- £189.35 a week if they have a partner

If the person or their partner is 65 or over, then they may be rewarded for saving for their retirement, up to:

- £19.71 if single
- £26.13 a week if they have a partner

## Disability Living Allowance

Disability Living Allowance - sometimes referred to as DLA - is a tax-free benefit for children and adults who need help with personal care.

A person may get Disability Living Allowance if

- they have a physical and/or mental disability
- that disability is severe enough for the individual to need help caring for themselves or they have walking difficulties, or both
- they are *under 65* when they claim

Claimants aged 65 or over may be able to get Attendance Allowance.

Disability Living Allowance is not usually affected by any savings or income a claimant may have, and it can be claimed whether or not the claimant is in work.

### **Carer's Allowance**

Carer's Allowance is a taxable benefit to help people who care for someone who is disabled. The person claiming does not have to be related to, or live with, the person that they care for.

A person may be able to get Carer's Allowance if they are aged 16 or over and spend at least 35 hours a week caring for a person. A person cannot get Carer's Allowance if they are in full-time education with 21 hours or more a week of supervised study or earn more than £95 a week after certain deductions have been made (such as Income Tax).

### **Social Fund**

The Social Fund is part of the welfare benefit scheme to help people with needs which are difficult to meet from regular income. It is made up of two distinct parts:

The first is a regulated scheme which provides entitlement to maternity, funeral, cold weather and winter fuel payments for people who satisfy certain qualifying conditions

The second is a discretionary scheme under which people may be eligible in certain circumstances for a Community Care Grant, Budgeting Loan or a Crisis Loan

- Community Care Grants are to meet, or help to meet, a need for community care. The minimum amount is usually £30 but there is no maximum amount and it does not have to be repaid. The amount paid will be reduced if the person or their partner has a certain amount of personal money, such as savings. It could be used to help someone moving from prison, hospital or residential care in to the community to buy furniture or help with travel expenses. The grant is discretionary, which means that an eligible person will only get it if the benefit office decides their need is important and there is enough money left in the district Social Fund budget.
- A Budgeting Loan is to meet, or help to meet, an occasional expense such as furniture, clothing, or help with removal expenses to new accommodation. The minimum amount that can be awarded is £100 and the maximum amount is £1,500. It has to be paid back, normally within 2 years but is interest-free. The amount paid will be reduced if the person or their partner has a certain amount of savings.

- A Crisis Loan is to meet, or help to meet, an immediate short term need. There is no minimum amount which can be awarded but the maximum amount is £1,500. Crisis loans should normally be repaid within 2 years. The loan is to help adults or families that do not have the resources to meet their immediate short-term needs. They need to be in *crisis* at the time that a decision is made on their loan application. They must not have any money available which they could use instead. Some groups are excluded from crisis loans such as people remaining in a care home/hospital or prisoners.

Those refused a Community Care Grant, Budgeting or Crisis Loan can ask the benefit office to look at the decision again. If they are still not happy with the outcome they can ask for a review by the Independent Review Service for the Social Fund. This is an independent organisation completely separate from the benefit office.

### **Direct Payments**

Direct Payments is money paid by a local authority directly to a person who it has assessed as needing community care services. The local authority makes the payment instead of arranging services, allowing people to purchase services to meet their own community care needs. The Direct Payment can be made to disabled people aged 16 or over, to people with parental responsibility for disabled children, and to carers aged 16 or over in respect of carers services. A person must be able to consent to have a direct payment and have the capacity to manage one, although they can have assistance to manage their payment on a day-to-day basis.

The aim of a direct payment is to give more flexibility in how services are provided. By giving individuals money in lieu of social care services, people have greater choice and control over their lives, and are able to make their own decisions about how their care is delivered.

In 2003 provisions in the Community Care and Health (Scotland) Act introduced changes to the existing system of Direct Payments.

- Local authorities now have a duty to offer Direct Payments to people who require community care services and are eligible and willing to receive them
- Recipients of Direct Payments are now able to purchase care services from local authorities.
- A representative will be able to consent to, set up, vary and receive Direct Payments on behalf of a person who is unable to give consent him/herself. This will mean that attorneys and guardians with the relevant powers will be able to make the necessary arrangements to ensure that a person can receive Direct Payments. This provision is aimed to increase uptake amongst people with mental health problems or learning difficulties. Parents will also be allowed to consent to Direct Payments to purchase the services their children are assessed as needing.
- Direct Payments will still require a personal contribution from some recipients however the new legislation will make clear that payments can be made on a "gross" basis and the user's contribution recovered later. The Act gives authorities a mechanism to recover the amount it has assessed a person as being able to contribute.

The impacts of the changes are as follows:

- All persons will now be eligible for Direct Payments except those specified by regulations. This widens the scope of the Direct Payments scheme to all community care client groups including people who are frail, require rehabilitation treatment following accidents or operations, are fleeing domestic abuse or recovering from drug or alcohol addiction.
- Local authorities will have a duty rather than a power to offer Direct Payments as an alternative to arranging services only if that person gives his or her consent to the arrangement.
- Currently if a local authority believes that a person is unable to consent to direct payment arrangements it cannot offer the services. The new system allows for a person to consent to direct payment arrangements on behalf of a person whom the local authority is satisfied is unable to give consent.

## **5. Criminal Justice**

### **Arrest and Referral**

Arrest referral schemes are designed to assist the transition from chaotic lifestyles to treatment by providing a pathway into services from a criminal justice setting. The intervention, which can take place in the police cells or in court premises, takes various forms ranging from the giving of information to assessment, and referral to appropriate services. Evidence of arrest referral suggests that they provide a useful means of assisting entry into treatment services.

### **Mandatory Drug Testing at point of arrest**

In the light of evidence from England and Wales that referrals to drug treatment have proved effective and that mandatory testing has enhanced the numbers accessing these services, Scottish Ministers have introduced pilot mandatory drug testing arrangements in Scotland at the point of arrest for a trigger offence, namely theft or drugs offences (i.e. offences for which drug use is known to be a common contributing factor).

Following testing there is a requirement to attend for assessment – actual participation in treatment would be with consent only.

## **Structured Deferred Sentence**

The Structured Deferred Sentence is a low-tariff intervention providing structured social work intervention for offenders post conviction but prior to sentencing. It is intended for offenders with underlying problems such as drug or alcohol dependency, mental health or learning difficulties, or unemployment that might be addressed through social work intervention

## **Probation Order with or without additional conditions**

The main purpose of probation is to work with offenders to prevent or reduce their reoffending. This is done by combining oversight and control with help provided to learn new behaviours and to deal with problems associated with offending.

Offenders can be placed on probation for a period of between 6 months and 3 years. The Order will have an Action Plan in which the offender agrees to address their offending behaviour and its underlying causes.

Probation Orders can be used very flexibly by the courts and additional conditions can be attached regarding

- the offender undertaking unpaid work
- the offender's place of residence
- curfew
- financial recompense to the victim
- attendance at a specialist programme such as alcohol or drug treatment.

## **Drug Treatment and Testing Orders**

Drug Treatment and Testing Orders (DTTO) are a relatively new community sentence in Scotland. The DTTO is a high tariff disposal for drug-misusing offenders who might otherwise receive a custodial sentence, and is available to the High Court and Sheriff Court.

The DTTO has two objectives:

- to reduce the amount of acquisitive crime committed to fund drug misuse, and
- to reduce the level of drug misuse itself.

The Order contains features unique to a community disposal, including a requirement for regular reviews by the court to enable sentencers to monitor progress and a requirement that the offender consent to regular, random drug tests throughout the Order. Importantly the Order does not expect nor require immediate total abstinence and a positive test result will not immediately constitute a breach of the order. It is understood that drug treatment can be a lengthy process.

### **Prolific Offenders Project**

Arrangements exist within the City of Glasgow to target those offenders with the most persistent histories of acquisitive crime around the city centre area and who are known to not be in treatment with drug and alcohol services. The team comprises social work, Police and health care professionals who share intelligence, target relevant individuals, carry out a baseline needs assessment and encourage uptake and sustained appropriate treatment options. Failure to do so can result in increased police attention.

### **Throughcare**

Throughcare is the provision of a range of social work and associated services to prisoners and their families from the point of sentence or remand, during the period of imprisonment, and following release into the community.

Local Authorities have a statutory responsibility for prisoners sentenced to over 4 years in prison on release and for those sentenced to Supervised Release Orders and Extended Sentences. Supervised Release Orders and Extended Sentences allow courts to impose, at the point of sentence, additional post-release supervision on licence where necessary. Local Authorities also have statutory responsibility to offer voluntary aftercare which consists of *supervision, support and assistance* to people who request such a service within 12 months of their release from custody. This service might be in the form of advice on access to benefits, accommodation, education and training or alcohol/drugs rehabilitation.

Throughcare consists of two elements - work done within the prison setting through programmes to help individuals change their behaviour and work in the community to reintegrate prisoners back into society.

The aim of the Throughcare Addiction Service is to provide continuity of care for those leaving custody who wish to go on to receive addiction services in the community in Scotland.

The objective is that the Throughcare Addiction Service achieves a seamless transition from substance misuse treatment and support undertaken during the custodial period through the immediate post-release period, and on to the provision of continuing substance misuse treatment and support in the community.

The intention is to sustain motivation gained during the custodial term to tackle substance misuse by having in place, *pre-release*, a community integration plan (CIP) which establishes a clear and agreed pathway forward to continue the work in the community. This incorporates a multi-disciplinary commitment to meet the on-going needs of the offender and it is planned with the offender's active involvement.

The Throughcare Addiction Service works with the offender in the six week period prior to release from custody through the six week period post-release. During this period, the Throughcare Addiction Service Worker will attempt to develop an effective working relationship with the offender. The period following release from custody can be a period of major vulnerability to the offender in terms of re-settlement and the lowering of tolerance to the substance of misuse.

It has also been recognised that in the past it was also a period of significant fall out of service provision. The Throughcare Addiction Service worker will attempt to help the offender address their addiction (and associated) difficulties and link them into appropriate services.

The Throughcare Addiction Service forms part of the revised guidance for voluntary aftercare services, which is often referred to as "Phase 2". The priority groups for Phase 2 are:

- High Risk offenders (sex offenders and recurrent violent offenders)
- Throughcare Addictions Service offenders.

## 6. DESCRIPTION OF EXISTENT CARE STRUCTURES

### Livelihood

#### Income, housing, food, clothing and personal hygiene

Need 1/1	Covered through / Funding Agencies					
Livelihood <i>(income, housing, food, clothing and personal hygiene)</i>	Work  (additional to income from employment)	Insurance Benefits		Social Welfare		
Goal of Procedure		Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from private and public carriers
	<p><u>Working Tax Credits</u> supplement income can be claimed if working on a low income</p> <p><u>In Work Credits</u> – is a weekly payment of £40 per week for up to 52 weeks paid to eligible lone/single parents working at least 16 hours per week (conditions apply)</p> <p><u>In Work Emergency Discretionary Fund</u> – provides in work financial help to Lone (single) Parents for the first 26 weeks in work to overcome unexpected financial barriers. (conditions apply)</p> <p><u>Income Support</u> can be claimed by Lone Parent individuals not working and have a child under 12.</p>	<p>Private health insurance can be claimed if sick or critically ill.</p> <p>Sick pay has the function of partly covering income, if illness prevents working for a period.</p> <p>After a time <u>Statutory Sick Pay</u> (and maternity) a reduced payment continues when salary ends if off work due to sickness for an extended period.</p> <p>If unable to work because of sickness <u>Employment and Support Allowance (ESA)</u> can be claimed.</p> <p><u>Incapacity Benefit (IB)</u> may be in payment but will soon be transferred to ESA.</p>	<p><u>Basic State Pension</u> State Pension is paid to women aged 60 (born on or before 5 April 1950). Women will have a 1 year older retirement age with each year born after this date. E.g. women born on or after 6 April 1955 will have a State Pension age of 65. Men and women will eventually retire at the same age.</p> <p><u>Pension Credits</u> are means tested additional allowance</p>	<p><u>Job Seekers Allowance (JSA)</u> is a state benefit paid to those able to work but not currently in work.</p> <p><u>Disability Living Allowance (DLA)</u> is an additional allowance that can be paid for caring needs or mobility needs.</p> <p><u>Attendance Allowance</u> available for people who need others to care for them.</p> <p>If person is over 60 a <u>Winter Fuel Payment</u> is paid to all UK citizens irrespective of income.</p> <p><u>Child Benefit</u> is a tax free benefit that can be claimed for a child. Not means tested and all UK citizens with dependent (grand-) children can get</p>	UK citizens	Meals at Home Services

				<p>this benefit.</p> <p><u>Community Care Grant</u> – tax free sum of money that does not have to be paid back.</p> <p><u>Budgeting Loans</u> – interest free loan</p> <p><u>Crisis Loan</u> – tax free crisis loan</p> <p><u>Housing Benefits</u> paid to cover the cost of low rent housing for individuals and families</p> <p><u>Council Tax Benefits</u> covers cost of payment to local authority for public services, based on place of residence.</p> <p><u>Direct Payments</u> can be allocated to individuals of specific care groups to purchase their care directly</p>		
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<p><b>Target Group</b></p>	<p>Low paid persons, families and particularly lone parents.</p>	<p>Sickness insurance for those able/willing to pay for this entitlement.</p> <p>ESA, IB and statutory sick pay - state provision for those unable to work due to sickness.</p>	<p>State pension is paid to all who have reached UK retirement age.</p>	<p>JSA - must be able to work.</p> <p>ESA and Attendance allowance - supplementary payments for sickness care needs.</p> <p>Child benefit paid to main carer of children up to 16 years of age.</p> <p>Community Care Grants, Crisis and Budget Loans -Allows people, who can not manage their lives on their own, to live humane lives through the help and the support of the community.</p> <p>Housing and Council tax benefit for those with a housing tenancy but out of work.</p> <p>Direct Payments - older people, mental health, disabilities</p>		<p>Elderly people, who are unwilling or unable to cook anymore or are limited in their mobility and need a warm daily meal (also appropriate for diabetics).</p>
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<b>Need 1/1</b>	<b>Covered through / Funding Agencies</b>					
<b>Livelihood</b> <i>(income, housing, food, clothing, personal hygiene)</i>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	<b>(additional to income from employment)</b>	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities / States</b>	<b>Mixed Forms from private and public carriers</b>
<b>Age Limit</b>		None	Retirement pay: men at 65, women at 60 years of age currently, but rising age.	None	Adult for all others  60+ years for winter payment.  Dependent child under 16 years for child benefit.	None
<b>Other Limitations</b>		<ul style="list-style-type: none"> <li>• If uninsured no remuneration claim exists.</li> <li>• With self insured may cancel any insurance claim</li> <li>• Cannot work whilst sick - some exceptions for therapeutic work with goal of resuming work</li> </ul>	<p>Widow's retirement pay for 1 year if under 60 years themselves.</p> <p>State benefit may be reduced if National Insurance (NI) contributions are not paid in full over working life, through state benefits contributions or salary deductions.</p>	Only UK citizens	UK citizens	None

<b>Need 1/1</b>	<b>Covered through / Funding Agencies</b>					
<b>Livelihood</b> <i>(income, housing, food, clothing, personal hygiene)</i>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	<b>(additional to income from employment)</b>	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities / States</b>	<b>Mixed Forms from private and public carriers</b>
<b>Conditions</b>					<ul style="list-style-type: none"> <li>• Supported accommodation: similarly strict as temporarily living accommodation for drug</li> </ul>	

					users.	
<b>Requirements</b>	Unemployment benefits: once per week.		Request for disability: rehabilitation.	Required cooperation	Keeping the house rules in lodgings,	None
<b>Need 1/1</b>	<b>Covered through / Funding Agencies</b>					
<b>Livelihood</b> ( <i>income, housing, food, clothing, personal hygiene</i> )	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
<b>Sum</b>	<ul style="list-style-type: none"> <li>IB, JSA, ESA is a basic amount (~ £60-100 per week) + possible sickness supplements (DLA amount depends on care needs) + child benefit (~ £18 per child) + housing benefit (paid direct to landlord) and council tax benefit (paid direct to City Councils).</li> </ul>	<ul style="list-style-type: none"> <li>Also self insurance possible, based on contributed amount of payment.</li> </ul>	<ul style="list-style-type: none"> <li>Retirement: depends on contributed amount, the amount of achieved insured months and the age when retirement began. This is taxable.</li> <li>State pension is ~ £124.05 per week.</li> </ul>		Supported accommodation has payment for rent, for care and for furnishings.	
<b>Need 1/1</b>	<b>Covered through / Funding Agencies</b>					
<b>Livelihood</b> ( <i>Income, housing, food, clothing, personal hygiene</i> )	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
<b>Length of Time</b>		Private insurance duration limitations	<ul style="list-style-type: none"> <li>Disability retirement: no maximum.</li> <li>Private personal pension can be accessed before state retirement age if payments adequate enough to sustain preferred standard of living.</li> </ul>	Can be available preventatively before or after emergency situation develops.	Temporary housing accommodations available until permanent living accommodations are arranged - normally to a maximum of 12 months.	Unlimited duration of meals on wheels. Limited duration of supported housing.

Need 1/1	Covered through / Funding Agencies					
Livelihood (income, housing, food, clothing, personal hygiene))	Work	Insurance Benefits		Social Welfare		
	(additional to income form employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed forms from and private public carriers
<b>Special offers for drug addicts</b>	Progress2Work assists drug users to find and sustain work through support, advice, sign posting to related services and financial bonuses	Condition Management is a state scheme to provide medical and occupational support to assist people such as drug users who are unable to work due to sickness.	None	Assistance with travel, interview clothes, college books and possible bonuses to gaining employment. Overlapping rent allowance to assist in changing tenancies.	Special supported accommodation for drug users who are homeless or need support to live independently.	None
<b>Senior drug addicted persons:</b>						
<b>anticipated hurdles</b>	<ul style="list-style-type: none"> <li>• Drug users are usually classified incapable of work. As part of the Welfare to Work reform, there is increased focus on this group to check their sickness status, ability to work and to assist access to employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to have informed employer if a drug user (even some time ago) at start of employment to gain sick pay and keep job.</li> <li>• Unlikely to have insurance.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional private pension requires additional payments and being in work - almost non-existent for drug users.</li> <li>• Disability retirement only after submission of application and approval.</li> <li>• State benefit may be reduced if National Insurance (NI) contributions are not paid in full over working life, through state benefits contributions or salary deductions.</li> </ul>	None	<ul style="list-style-type: none"> <li>• No institutions specialised for senior drug addicted people.</li> <li>• House rules are to be followed: No alcohol or illicit drug use.</li> <li>• Sometimes people with former drug addiction or rent and council tax arrears not accepted.</li> <li>• If able to live independently cost of rent very high, since includes care + furnishings. This can mean need to gain new unsupported tenancy with no furnishings.</li> </ul>	Limited amount of this type of supported housing.
<b>special consideration</b>	None	None	None	None	Advocacy and literacy support helps ensure housing and council tax forms completion, preventing arrears. Support to pay arrears in small amounts to reduce amount owed	None

## Consultation for debts

Need 1/2	Covered through / Funding Agencies					
Consultation for debts	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
Goal of Intervention				Help for securing economic basic needs and support in emergency situations.	UK residents; residents of a local authority for local authority welfare advisers.	Debt counselling, counselling for preventing debts, consolidation of debts, and declaration of bankruptcy.
Target group				People with debts are supported in specific situations.	People whose finances are out of control, unable to pay debts, debts exceeding incoming and causing financial crisis such as loss of accommodation	Indebted persons living in Scotland/UK.
Age Limitations				Over 16 years.		None
Other Limitations				No legal claim.		No credits, no security, no financial support, other than welfare benefits.
Conditions				<ul style="list-style-type: none"> <li>• Optional</li> <li>• Accurate information</li> <li>• Affordability of repayments in specific cases.</li> </ul>		Willingness and motivation of indebted person. Specific debts can be waived in certain cases
Requirements				Optional		None
Amount/Benefit				<ul style="list-style-type: none"> <li>• Non repayable aid.</li> <li>• Interest free crisis loans.</li> </ul>		Debt counselling is supported by Citizens Advice Bureaux, state welfare officers and Money Advice Centres across most of urban Scotland/UK at no cost. Consolidation of loans and bankruptcy can incur a fee, higher rates of interest

						over extended length of original debt and possible 'black listing' for future loans.
<b>Time</b>				Based on expenditure.		Unlimited duration.
<b>Need 1/2</b>	<b>Covered through / Funding Agencies</b>					
<b>Consultation for debts</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from private and public carriers
<b>Special Benefits for drug addicts</b>				None		None
<b>Senior drug dependent persons:</b>						
<b>Suspected hurdles</b>				None		Personal responsibility and committment required.
<b>Special consideration</b>				None		None

## Need for Care

Need 2	Covered through / Funding Agencies					
Care	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms of private and public carriers
<b>Goal of Intervention</b>		Nursing care is provided at home or in community hospitals to avoid or reduce time in residential services and hospitals. Placement through doctor, practice nurse or social worker.	At national retirement age (60-68 years) now fit 'older person' category of care funding source. Care to ensure independence and ability to lead independent life ideally at home or alternatively through various forms of housing (sheltered, retirement or nursing homes).	NHS, Social Work Departments and subcontracted charities provide counselling, home care, independent living support, as well as hospital, residential and crisis based services.	Additional nursing allowance for personal assistance in the areas of household, personal hygiene, mobility, communication and free time.	Adequate care in sheltered housing, retirement homes and nursing homes. Organisations such as Bield Homes and Key Housing provide this care as do State provided facilities. The latter is available across Scotland/UK.
<b>Target Group</b>		Persons in need of special care can stay at home and have community nursing staff look after them through regular visits to provide treatment as required. The focus is on medical care, as well as promoting overall health, well being and developing independence.	Recipient of full retirement, if need for care is caused by occupational accident or employment disability. (Early retirement is possible as are interim payments, care benefits and alimony according to various laws).	Persons in need of care are looked after by social care staff at home. Focus is on comprehensive care and independence. Services such as home cleaning, personal washing, cooking and home shopping are available.	Persons with severe physical disabilities; unable to safely live alone; inability to live independently without significant care provision.	For older people in need of care there is the possibility for private or public sheltered homes, residential homes and nursing homes, with ambulatory care as well as in-patient care for elderly who do not need full-time care.

<b>Age Limitations</b>		Currently women 60+, men 65+ years.  No age restriction for individuals with a specific medical condition	See livelihood/retirement funds	Currently women 60+, men 65+ years.  No age restriction for individuals with a specific medical condition	Currently women 60+, men 65+ years.  No age restriction for individuals with a specific medical condition	Possible when need for care becomes evident. Houses to live e.g. starting age 60/65 years.
<b>Need 2</b>	<b>Covered through / Funding Agencies</b>					
<b>Care</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	<b>(additional to income from employment)</b>	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities / States</b>	<b>Mixed Forms from private and public carriers</b>
<b>Other Limitations</b>		Only on orders of doctor, nurse or possibly social worker.	<ul style="list-style-type: none"> <li>If admitted to institution (nursing home, hospital) and retirement pension pays for residential or nursing home. Specific homes may cost more than state pension and so private pension or individual's family may have to pay supplement.</li> </ul>	Medical treatments need to be recommended by a doctor, nurse or possibly social worker. State benefit pays for residential care. Weekly allowance should be provided of approximately £18 to residents to allow some form of independence.	<ul style="list-style-type: none"> <li>Main or only residence in UK.</li> <li>UK citizenship or equivalent.</li> </ul>	Home care can be 24/7 in the home if severely disabled or 1 - 4 daily visits to provide care in the home. Alternatively the person lives permanently in a residential/nursing home or has a long term stay in hospital until healthy and able to return home.
<b>Requirements</b>		<ul style="list-style-type: none"> <li>Care at home replaces or shortens hospital stay.</li> <li>Otherwise care at home is possible.</li> </ul>	<ul style="list-style-type: none"> <li>Physical and mental disabilities or disability of senses that require full-time care.</li> </ul>	Necessity of care is determined through single shared assessment covering health and social care needs, ability to live independently and the ability to care for dependent children.	<ul style="list-style-type: none"> <li>Place of residence is normally in the same local authority or health board region as the residential/nursing home.</li> <li>Does not receive similar benefits.</li> </ul>	<ul style="list-style-type: none"> <li>Written application for care and financial status ('means testing').</li> </ul>

Need 2	Covered through / Funding Agencies					
Care	Work	Insurance Benefits		Social Welfare		
Conditions	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from private and public carriers
<p>If in work, salary or savings of individual or their family will be required to pay for residential services.</p>	<p>NHS sometimes pays for detox treatment and medical interventions</p>	<ul style="list-style-type: none"> <li>Means testing (affordability of the care) such that pension pays for residential/nursing home care. Savings will be included in the means testing. Until recently private homes could be sold to pay for indefinite length of care.</li> <li>Reimbursement of benefits claimed unrightfully.</li> </ul>	<p>Welfare benefits of non-retired individuals will be used to pay for periods of residential care, with a weekly allowance of approximately £18.</p> <p>Tenancies can be lost when entering the 3<sup>rd</sup> month of residential treatment and care (some exceptions are possible through advocacy support).</p>	<ul style="list-style-type: none"> <li>Per application.</li> <li>Proof of correct use of funds.</li> <li>Evidence of significant drug dependency requiring detoxification and rehabilitation</li> <li>Medical or social work assessment deeming person unable to live at home safely, independently and to be able to look after dependent children.</li> </ul>	<ul style="list-style-type: none"> <li>Following house rules</li> <li>Consideration for other residents.</li> <li>Careful handling of premises and objects.</li> </ul>	

<b>Need 2</b>	<b>Covered through / Funding Agencies</b>					
<b>Care</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	<b>(additional to income from employment)</b>	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities / States</b>	<b>Mixed Forms from public and private carriers</b>
<b>Amount</b>		NHS pays for detoxification element of treatment, often 2 weeks in hospital ward or residential rehabilitation service. Detoxification as part of rehabilitation may last 2 weeks of a 3-6 month stay. Social work pays for remainder of 6 month stay. Some rehabs can accommodate people for 12 months, usually the latter 6 months is in supported accommodation (with reduced care provision). Detox (excluding extended residential care) can cost in the region of £500 - £1000 per week in many cases.		Depends on type of care required, care provider, local authority and health board region. Residential care (excluding detox) can cost £500 - £900 per week.  Retirement homes can cost in the region of £500 per week.  Day and community addiction services are funded up front so no discussions about funding are necessary and individuals are not required to pay from salaries, benefits or pensions.	Amount depends on level of care and required assistance.  Scottish residential services  No specific elderly drug user services, only non-retired drug users and retired non-drug users' services exist in Scotland. (However many drug users services have the funding criteria which would allow retired drug users, though not indefinitely accommodated.)	Financing in nursing homes through private revenue, nursing allowance and/or additional costs depending on social welfare laws. Depending on assisted living accommodations different financial standards, mainly paid through personal revenue.
<b>Length of time</b>		Unlimited health care through the State. No set limit but detox is usually 2 weeks and it is unusual for more than 4 attempts to be paid per individual.	Until death of entitled person.	Unlimited social care through the State. No set limit but it is unusual for more than 4 attempts to be paid per individual, with each attempt last up to 6 months (early attempts may be very short in duration 2-4 weeks).	No time limit.	There is the possibility for long time care in nursing home otherwise short- term admission possible.
<b>Special regulations for drug addicts</b>		None	None	Must show motivation and commitment, may have to reduce drug use prior to treatment.	None	None

<b>Need 2</b>	<b>Covered through / Funding Agencies</b>					
<b>Care</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	(additional to income from employment)	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities States /</b>	<b>Mixed forms from public and private carriers</b>
<b>Senior drug addicts:</b>						
<b>Suspected Hurdles</b>		<ul style="list-style-type: none"> <li>• Benefits from health insurance depend on employment/ employment with obligatory health insurance.</li> <li>• Costs for special care are only partially covered, many self-deductible costs i.e. from welfare benefits or salary.</li> <li>• Must show motivation and commitment, may have to reduce drug use prior to treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Persons must be in full retirement.</li> <li>• Complicated application.</li> <li>• Costs for special care are only partially covered, many self-deductible costs.</li> </ul>	<ul style="list-style-type: none"> <li>• Costs for special care are only partially covered, many self-deductible costs.</li> <li>• Residential treatment may mean giving up tenancy and using welfare benefits to pay towards treatment, with small (£18 weekly) allowance.</li> <li>• Must show motivation and commitment, may have to reduce drug use prior to treatment.</li> </ul>	<p>Must show motivation and commitment, may have to reduce drug use prior to treatment.</p> <p>Any dependent children have to go to kinship carers or local authority care. (12 family spaces available across Scotland, and excluding fathers)</p>	<ul style="list-style-type: none"> <li>• Currently no community, nursing or retirement homes specialise in care of senior drug addicts in Scotland.</li> <li>• Several problems with house rules in retirement homes: Persons with history of substance abuse are often not accepted.</li> </ul>
<b>Special consideration</b>		Anyone having private medical insurance may not be covered since addiction seen as self inflicted.	None	None	None	Illicit drug use would not be tolerated in a nursing home, meaning individuals could become homeless if discharged, since no home to go back to in most cases.

## SICK AID: psychological health, physical health, medical and psycho-social treatment, health provision

Need 3	Covered through / Funding Agencies					
Sick Aid	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Help	Communities / States	Mixed Forms from and private public carriers
<b>Goal of Intervention</b>	Private health insurance beyond the NHS provision allows rapid access to health treatment, psycho-social interventions and possibly improved facilities. Private medical provision enhances the state provided NHS health care - an additional benefit for employees of specific (often profit based) companies.	<u>NHS pays for the following non-cash benefits:</u> medical help, medication and medical assistance, medical treatment, hospital care, sick pay (statutory and employer funded), psychological-social care, medical care at home, community and residential rehabilitation possibilities, transportation costs, possible prosthesis costs and health examination.	<u>Medical rehabilitation possibilities:</u> Residential rehabilitation institutions, institutional care. Goal of rehabilitation is to improve the abilities of persons, suffering from physical or mental disabilities, reintegrating them professionally and socially.	<u>Non cash benefits:</u> treatment incl. dental work and its medication, and dental replacement, possible prosthesis costs, examinations, treatment and accommodations in hospitals, medical transportation costs.	Psychological-social supervision, treatment, crisis interventions.	

Need 3	Covered through / Funding Agencies					
Sick Aid	Work	Insurance benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities States /	Mixed Forms from and private public carriers
Goal of intervention		Continued remuneration in case of illness, sick pay (see sick pay)	<u>Benefits of health provision:</u> Preservation of working capacity and avoids need of care. Among these are treatments at health centres, community hospitals and rehabilitation institutions, subsidy for residential intuitions and no charge for out-patient treatments and training measures.			
Target Group		All UK citizens NHS care.  Insured persons and family members.	Rehabilitation and in work support measures for persons with working disabilities or the threat of this in the future. Health provision for insured persons and retirees.	Persons, who can not finance their livelihood on their own and persons that do not receive any other help from other persons or institutions.	Mentally ill, persons with psychological illnesses or psychological crisis.	Free, donation based or chargeable charities and private companies are available in addition to NHS and Social Work Department services.
Age Limitations		None	See livelihood.	None	None	
Other Limitations		<ul style="list-style-type: none"> <li>Individual benefits, e.g. enamel cavity fillings, implants and bridges are not included;</li> <li>Full range of psycho therapy not available to</li> </ul>	For health provision benefits there is no legal claim.	Only UK citizens	None	

		those on welfare benefits and if unable to self fund, long waiting times for psycho therapy (3-4 months), not at point of need and motivation				
<b>Need 3</b>	<b>Covered through/ Funding Agencies</b>					
<b>Sick Aid</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	<b>(additional to income from employment)</b>	<b>Health Insurance</b>	<b>Pension Fund</b>	<b>Social Aid</b>	<b>Communities / States</b>	<b>Mixed Forms from and private public carriers</b>
<b>Requirements</b>			<ul style="list-style-type: none"> <li>In a majority of cases medical assessment is necessary.</li> <li>Obligation to co-operate in the rehabilitation programme.</li> </ul>	<p>Only if income and personal wealth are not enough to sustain existence.</p> <p>For persons drawing financial support or continued benefits from social aid.</p>	None	
<b>Conditions</b>		See livelihood.	See livelihood	See livelihood	None	
<b>Amount/benefits</b>		<ul style="list-style-type: none"> <li>Currently a £4 charge per prescription for those in work. This fee is decreasing annually to zero.</li> <li>On state benefits, out of work, pregnant or under 16 years drug users will not be charged a prescription fee currently</li> </ul>	Retired individuals pay no prescription fee and receive many medical treatments free of charge. Pensions are removed to pay for residential and nursing homes.	<p>Non cash benefits</p> <p>Currently a £4 charge per prescription for those in work.</p> <p>On state benefits, out of work, pregnant or under 16 years drug users will not be charged a prescription fee currently.</p>	Non cash benefits	

Need 3	Covered through / Funding Agencies					
Sick Aid	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
Duration		Unlimited non cash benefits.	No time limit.  Prescriptions for Sport are available through a doctor or practice nurse to alleviate stress and psycho-social issues. This is time limited for 3 months. This has no charge for those on state pensions. Swimming is also free for those over 60 years.	No time limit.  Prescriptions for Sport are available through a doctor or practice nurse to alleviate stress and psycho-social issues. This is time limited for 6 -10 weeks in first instance. This has no charge for those on welfare benefits. Otherwise there is a prescription charge as before.	Depends on individual case.	
Special offers for drug addicts	Paid individuals are required to pay for drug treatment in residential institutions unless individual possesses private health insurance through self funding or employer benefit.	NHS and Social Work Department cover the costs for treatment of drug addicts in special (therapeutic) institutions.  Paid individuals are required to pay for drug treatment in residential institutions unless individual possesses private health insurance through self funding or employer benefit.	None	Usually paid for through NHS or Social Work Department if on welfare benefits.	Depends on individual case.	
<b>Senior drug addicted persons:</b>						
Suspected		• Benefits from health insurance depend on	• No specific rehabilitation measures for older drug	None	No specialised institutions for senior drug users.	No specialised institutions for senior drug users.

<b>hurdles</b>		employment/ insurance.	current	users.			
<b>Special consideration</b>		None		None	None	None	None

## Social Contacts

Need 4	Covered through / Funding Agencies					
Social Contacts	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
Goal of Intervention				Promotes social contacts and participation in cultural life.	Active and communicative daily structure. <ul style="list-style-type: none"> <li>• Relapse prevention training</li> <li>• Coping/stress management skills</li> <li>• Relationship groups</li> <li>• Anger management</li> <li>• Motivational groups</li> <li>• Crafts and occupational groups</li> <li>• Discussion and music groups</li> <li>• Parties, social events, excursions</li> <li>• Occupational therapy and physical therapy</li> <li>• Individual counselling through social workers</li> <li>• Counselling of family members</li> <li>• Help in personal hygiene</li> </ul>	<i>To meet these needs there exists different public and private individual, community based and residential institutions with similar offers and target groups.</i>

<b>Need 4</b>	<b>covered through / Funding Agencies</b>					
<b>Social Contacts</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed from and carriers
<b>Goal of Intervention</b>					Community meals, self-help groups and transportation to and from day-centres (or transportation costs) through which this is provided.	
<b>Target Group</b>				Persons, who are not able to take care of themselves or family members.	Retired persons and those unable to live independently	
<b>Age Limitation</b>				None	None	
<b>Other Limitations</b>				Only for UK citizens.	None.	
<b>Requirements</b>				None	None	
<b>Conditions</b>				None	None	
<b>Amount</b>				Depends on the kind of aid. Many of these types of service are paid up front with no individual cost to the person, (exception for individual psychotherapy)		
<b>Duration</b>				No time limit.	No time limit.	

Need 4	Covered through / Funding Agencies					
Social Contacts	Work	Insurance Benefits		Social Welfare		
	(additional income to from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed from and carriers Forms private public
Special offers for drug addicts				None	None	
<b>Senior drug addicted persons:</b>						
Suspected hurdles				None	No specific options for older drug users,	
Special consideration				None	None	

## FURTHER NEEDS

### Help to continue running household

Need 5/1	Covered through / Funding Agencies					
Help to continue running household	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
Goal of Intervention				<p><u>1. 24-hour care :</u></p> <ul style="list-style-type: none"> <li>• Household aid</li> <li>• Assistance in personal hygiene</li> <li>• Shopping assistance</li> <li>• Cooking and preparing meals</li> <li>• Physical and mental stimulation of person in need of care</li> <li>• Aid in case of illness</li> </ul> <p><u>2. at home care:</u></p> <ul style="list-style-type: none"> <li>• Household chores (cleaning, shopping, heating)</li> <li>• Personal hygiene (as long as no specific sick-nursing required)</li> <li>• Nourishment (preparation of simple meals, supervision of meal planning, help with food intake)</li> </ul>	<p><u>At home care:</u> Aid in securing daily household and living standards (support in cleaning, personal hygiene, etc.)</p>	<p><i>To meet these needs there exist different public and private institutions with similar offers and target groups.</i></p>

Need 5/1	Covered through / Funding Agencies					
Help to continue running household	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Help	Communities / States	Mixed Forms from and private public carriers
<b>Goal of Intervention</b>				Aid in walking and standing up, securing medication, reminding to take medications, monitoring any changes in physical or mental status.		
<b>Target Group</b>				<u>24-hour care:</u> persons in need of care or their family members <u>Help at home:</u> if needed.	Old persons, persons suffering from dementia, mentally ill persons.	
<b>Age Limitations</b>				None	None	
<b>Other Limitations</b>				UK citizens.	None	
<b>Requirements</b>				<u>24-hour care:</u> <u>Help at home:</u> no need for special care.	Health care assessment	
<b>Conditions</b>				None	None	
<b>Amount</b>				Direct Payments Scotland allocates sufficient funds to person assessed by Social Work Department for care requirements. Individual then directly purchases care services from registered list of providers or non-related individuals known to them. Clarification needed on whether elderly drug users will be able to access this fund, but theoretically possible.	Various costs, depends on assessed needs, personal income, State support possible.  Individuals with impaired mental health, physical disabilities (including children) and older people.	Wide range of (un)registered carers from individuals to charities and private businesses.

<b>Duration</b>				Unlimited.	Unlimited.	
<b>Special offers for drug addicts</b>				None	None	
<b>Need 5/1</b>	<b>Covered through / Funding Agencies</b>					
<b>Help to continue running household</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	(additional to income from employment)	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities States /</b>	<b>Mixed Forms from private to public carriers</b>
<b>Senior drug addicted persons</b>						
<b>Suspected hurdles</b>				<ul style="list-style-type: none"> <li>No special provisions for older drug users.</li> </ul>	<ul style="list-style-type: none"> <li>No special provisions exist for older drug users, but this may be possible under 'Older People care group' and Direct Payments for older people, who are also drug users once reached 60/65 years of age (Female/Male).</li> </ul>	
<b>Special consideration</b>				None	None	

## Mobility

Need 5/2	Covered through / Funding Agencies					
Mobility	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
<b>Goal of Intervention</b>	Aid in finding employment. Transportation costs covering job interviews and accessing employment related training.	Transportation service for visits to doctors or hospitals.	Social rehabilitation measures: to maintain social mobility. Covers transportation and travel costs between domicile and rehabilitation institution. If handicapped, transportation costs are covered between domicile and work. The goal of rehabilitation is to enhance capabilities of the insured, bound to physical or mental disability, integrating them occupationally and socially.	Provisions for transportation costs and possibly transport itself to access rehabilitation residential and community.	Enables participation in social and cultural life.  Reached state retirement age	<i>To meet these needs there exist different public and private institutions with similar offers and target groups.</i>
<b>Target Group</b>	Unemployed Persons, job seekers, employed persons with occupations of endangered existence and employees with disabilities.	Individuals on welfare benefits and diagnosed sick or attending health care assessments.	Rehabilitation measures for persons, who are suffering from invalidity or occupational disability or being so threatened.	Inner city bus passes, and limited train/bus travel across Scotland  Disabled car parking card	Various disabilities, etc.  Reached state retirement age  Various disabilities	
<b>Age Limitations</b>	Employable age.	None	See livelihood.		None	
<b>Other Limitations</b>	For specific groups (lone/single parents, drug users, 50+ age group, etc.).	None			None	

<b>Need 5/2</b>	<b>Covered through / Funding Agencies</b>					
<b>Mobility</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	<b>(additional to income from employment)</b>	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities / States</b>	<b>Mixed from and carriers</b> <b>Forms private public</b>
<b>Requirements</b>	Must inform Job Centre Plus prior to interview, cannot back date claims.	Claimed through NHS staff at point of appointment.	Depends on type of provision, opportunity of free travel for all.	Transport for rehabilitation accessed through Care Manager in Social Work Department.  Bus and train passes accessed through transport firms.  Disabled parking accessed through doctor.	Assessment led  Age based  Severe disability required	
<b>Conditions</b>	None	None	Obligation to co-operate during rehabilitation measures.		None	
<b>Amount</b>	Full cost of travel on proof of interview	Full cost of travel on proof of appointments and travel receipts for those on welfare benefits, no payment for those in paid work but support can be gained for ongoing medical conditions and low income circumstances.	Depends on benefits if cost incurred.	Full cost of travel on proof of appointments and travel receipts for those on welfare benefits		
<b>Duration</b>	once	No time limit.	No time limit.		No time limit.	
<b>Special offers for drug addicts</b>	Progress2work scheme for drug users across many areas of Scotland providing funding specifically for employment opportunities, including travel costs.	None	None		None	

Need 5/2	Covered through / Funding Agencies					
Mobility	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
<b>Senior drug addicted persons:</b>						
<b>Suspected hurdles</b>	<ul style="list-style-type: none"> <li>Supervised substitute prescription for opiates can be hurdle for employment (needing to attend pharmacy daily) and cause a stigma with employer.</li> <li>Pressure to attend work when possibly still using illicit drugs and unstable means interviews and attendance at work jeopardised.</li> </ul>	Benefits from Health Insurance depend on current employment, usually non-existent in the case of drug users. (NHS provides free health care and travel for drug users on welfare benefits.) Difficulty in keeping appointments, especially early morning and for those with children and domicile in rural areas travelling to city appointments, even with travel costs met.	Continuing retirement insurance is required: <ul style="list-style-type: none"> <li>Retirement only if duration of employment is fulfilled, non-existent in the case of drug users.</li> <li>Disability retirement only after examination and successful completion of application - literacy issues</li> </ul>		None	
<b>Special consideration</b>	None	None	None		None	

## Daily Structure

Need 5/3	Covered through/ Funding Agency					
Daily structure	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
<b>Goal of Intervention</b>	Support during search for employment. 1. Covers travel costs for job interview. 1. Some funding for course fees, college fees, teaching materials, test fees. Welfare benefits can continue for lone parents and for part-time study for others on welfare benefits. 2. Counselling and support during employment search and occupational orientation. 3. Employment, training and education projects to build skills - (pre)-vocational.	NHS led occupational therapy to build vocational skills and help sick/disabled individuals back into employment, and those never employed. Also therapeutic goal of better mental health	<u>Occupational rehabilitation:</u> E.g. further occupational training, retraining, job training, and additional training.  Goal of rehabilitation is to enable capabilities of the insured person, who suffers from physical or mental disabilities, reintegrating them occupationally and socially.	rehabilitation centres provide group work to build structured routine, improve ability to keep appointments, etc.		<i>To meet these needs there exist different public and private institutions with similar offers and target groups.</i>
<b>Target group</b>	Unemployed individuals (especially long term unemployed), employed persons that are threatened by job loss.	People with mental and physical health difficulties	Rehabilitation for persons who suffer from invalidity or occupational disabilities, or persons who are threatened by job loss because of this.	People with mental and physical health difficulties		
<b>Age Limitations</b>	Employable age, special incentives for those 50+ years.	None	See livelihood.	None		
<b>Other Limitations</b>	As budgets permit.				Geographical and funding variations limit this provisions	

Need 5/3	Covered through / Funding Agencies					
Daily structure	Work	Insurance Benefits		Social Welfare		
	(additional to income from employment)	Health Insurance	Retirement Fund	Social Aid	Communities / States	Mixed Forms from and private public carriers
<b>Requirements</b>	Dependent on assessment by employment related services.	Following occupational health assessment.	Person must have retirement insurance insured, dependent or independent, co-insurance, continuing insurance; certain requirements must be fulfilled.  Services available for older people over 50 years in some areas.	Rehabilitation centres assessment.		
<b>Conditions</b>	See livelihood.	Relevant medical condition	Obligation to cooperate during rehabilitation measures.			
<b>Amount</b>	Free to individual, varying levels of cost dependent on training course, and therefore limited opportunity for professional courses, but possible	NHS paid up front, free to UK citizens	Dependent on rehabilitation measures. Can be free - services paid for at source/up front.	Free to individuals, paid for at source.		
<b>Duration</b>	For duration of rehabilitation measures.		For duration of rehabilitation.	For duration of rehabilitation.		
<b>Special offers for drug addicts</b>	Supports various offers for occupational integration such as proress2work, Fairer Scotland Funded services and Big Lottery Funded initiatives often aimed at this group	Drug users with mental health issues	None	Drug users accessing community rehabilitation services		Different offers for occupational integration.

<b>Need 5/3</b>	<b>Covered through / Funding Agencies</b>					
<b>Daily Structure</b>	<b>Work</b>	<b>Insurance Benefits</b>		<b>Social Welfare</b>		
	(additional to income from employment)	<b>Health Insurance</b>	<b>Retirement Fund</b>	<b>Social Aid</b>	<b>Communities States</b> /	<b>Mixed Forms from and private public carriers</b>
<b>Senior drug addicted persons:</b>						
<b>Suspected hurdles</b>	<ul style="list-style-type: none"> <li>Difficulty for older drug users, since condition can become very entrenched and therefore greater hurdles to overcome in creating daily structure.</li> </ul>	Difficulty for older drug users, since condition can become very entrenched and therefore greater hurdles to overcome in creating daily structure.	<ul style="list-style-type: none"> <li>No legal claim.</li> <li>Only by current retirement insurance.</li> <li>Retirement only if duration is fulfilled, de facto by drug users non-existent.</li> <li>Invalidity retirement only after application and assessment.</li> </ul>	Difficulty for older drug users, since condition can become very entrenched and therefore greater hurdles to overcome in creating daily structure.	Regional variations in provision.	
<b>Special considerations</b>	None		None			None

## 6. Results

In Scotland many State provisions exist for health and social care which mean no or limited cost to the individual. These funds are raised through taxation and National Insurance (NI) contributions paid for by individuals through paid work and through welfare benefit allocations of NI.

Each local authority social work department and health board region of the NHS is allocated funds through the Scottish Government based on population and prevalence of for example problem drug users - the last estimate being 2003 (Hay et al 2003), with updated figures expected in 2009. This means that although in theory all services should be available equally to all in need, the reality is that areas with higher concentrations of people and poverty tend to have higher prevalence of drug users and therefore higher funding. Glasgow is consequently more able to provide the full range of therapeutic interventions for drug users than more affluent urban centres and rural areas. The result of this can be longer waiting times for services in areas with less funding and often limited access to more expensive services such as residential rehabilitation.

This health and social work funding pays for whole services for often three years at a time or recurring. Residential services receive core funding but also an individual payment for each bed purchased for an individual's placement. The latter means that there is limited access to this kind of service for certain parts of Scotland.

For older drug users there are no specific services to date, although there is the potential to use existing services. All drug services for adults accept referrals for up to 65 years, with some exceptions above this age.

Information needs to be gathered on the potential effectiveness of such services if older drug users were to access this existing provision, and comparably to explore the potential benefit of specifically designed services in terms of improved levels of care and greater treatment outcomes.

## 7. BIBLIOGRAPHY

NHS - National Health Service	State funded health care provision based in health board regions for UK citizens. Paid for individually through salary or state welfare benefits national insurance (NI) contributions to the state. No charge is incurred for NHS health care other than NI contributions and a full range of health treatments are provided on assessment by a doctor, nurse or possibly social worker.
Social Work Departments	State funded departments based in local authority areas dealing with care of children and young people, older people, individuals involved in crime and other special groups.
Older People Category	Category of care group within Social Work Departments
Means testing	Term used to describe the calculation of income and ability to afford a service provision through own finances, and possible level of external financial support (from government, etc) which can supplement own ability to pay for service provision.
National Care Standards	Care homes for people with drug and alcohol misuse problems, revised Feb 2008

## 9. References

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