

SHORT BREAKS (RESPITE) SURVEY GUIDANCE 2012-13

QUESTION AND ANSWER BRIEF TO HELP EXPLAIN THE REVISED GUIDANCE

1. Context

1.1 What are the main differences between this Guidance and the previous Guidance.

- The Guidance uses the terminology, 'Short Breaks (Respite)' to acknowledge the preferred term, 'short break' but also the familiarity of the term, 'respite.' Moreover, we are aware that some local authorities (and others) view 'respite' as the outcome of a 'short break';
- There is an updated definition of 'carer' which mirrors that in the Carers Strategy for Scotland 2010-15, *Caring Together* and also includes young carer. That is why the definition states, 'carers of any age';
- The Guidance is explicit about what is NOT a short break and what should not therefore be counted. The Working Group agreed that it was more straightforward to determine what is NOT a short break, rather than what IS a short break. It was agreed that the definition of short break should be wide-ranging to reflect carer's individual choices about short breaks;
- We have removed the sentence, 'children with emotional difficulties should be included only where their difficulties' are severe.' However, children with emotional difficulties are still one of the care groups. See Q XXX below for further explanation;
- We have made it clear that the age group relates to the person with care needs, not to the carer. An adult with care needs can be cared for by a child (young carer) but it is the age of the adult which is relevant for the purposes of this data collection;
- The categorisation of short breaks (respite) in the table on page XXX is changed to reflect current understanding and definitions eg there is a redraft of the definition of 'other day respite';
- Direct payments: local authorities are to state the annual value of direct payments which facilitate a short break (respite). When the Social Care (Self-directed Support (Scotland) Act 2013 is commenced, this will include both direct payments to the carer and direct payments to the cared-for person which facilitates a short break (respite). We appreciate, however, that direct payments are provided to meet assessed need and to deliver personalised outcomes and that it will not always be known what the direct payment purchased.

1.2. Why is the Scottish Government still collecting hours respite and converting these to weeks when it is outcomes which are important? Respite weeks are an output and do not take account of the quality of the break.

- There is a SNP Manifesto commitment to maintain the extra 10,000 weeks. This follows on from the previous Concordat commitment to an extra 10,000 weeks by 2011;
- The Scottish Government has worked with local authorities over last few years to achieve greater consistency in methodology used. For each individual local authority, it is now easier to see trends in respite weeks provided over the years. We are working on ensuring compatibility amongst local authorities by ensuring they use the same definitions and methodology;
- Respite weeks is the only data collected from local authorities on the provision of short breaks which builds up into a national picture. It is therefore important to continue with the collection of the only data available;
- The Working Group recognises that the provision of respite weeks does not present a complete narrative of short breaks in each local authority area. We are enhancing this through the collection of data on direct payments. There are also short breaks provided through Health Boards (mainly via Carer Information Strategy funding to carers centres) and the voluntary sector, including *Creative Breaks*, *Better Breaks* and *Take A Break*. The data does not show how many people have benefitted from the short break. It will be important to further refine the data over the coming years and to ensure a read-across with quality of the provision and outcomes achieved.

1.3 What do you have in mind to further refine the data?

We are aware that the survey on respite weeks takes time for councils to complete due to the intricacies of the data collection. We do not wish to impose additional burdens. Equally, for councils that return individual level data next year, it will give us a lot more information about the number of people benefitting from respite care, their age, gender, ethnicity, whether disabled, whether living alone, other social care services received, etc. We will therefore pursue these issues with a few selected councils. We could then see what additional analysis they can provide.

- We encourage local authorities, working with partners, to continue to take forward issues such as quantifying unmet demand for short breaks, the supply of flexible short breaks, provision for those with the most complex needs, carer involvement in the design of short breaks provision, short breaks for those from equalities groups etc

2. Carers

2.1 What if I don't know whether the person has a carer?

- Try to determine this through Carer's Assessments, Community Care Assessments, asking the person with care needs (who may not recognise that they have a carer and have to be encouraged to see that the family member or other person supporting them is a carer), identifying carers at an early stage etc

2.2 What if the carer input is intermittent?

- The Working Group recognised that due to fluctuating conditions (including mental health and some physical illnesses) the provision of care might be intermittent with peaks and troughs of care. Sometimes, the cared-for person might be in residential care (or even the State Hospital – forensic care) but the carer still has a caring role. That role might not be deemed to be significant in terms of the hours of caring but might have a detrimental impact on the carer, if not supported;
- In some circumstances the cared-for person might not recognise that they have a carer and it might take time to reach a common understanding of this.;
- In these circumstances, the local authority, with the carer, needs to determine the need for a short break for the carer. There might be no need (eg, if the carer and the person they have cared-for are emotionally and physically rested) or there might be a need (eg, if the impact of the intermittent caring is having an adverse impact). There should be an emphasis on a preventative approach in these circumstances.;
- The local authority and carer will jointly reach a decision on whether or not the caring role has ceased altogether (but recognise that it might be resumed again in relation to the same person and/or another person(s)).

3. Change Fund and other sources of support for short breaks (respite)

3.1 We're using Change Fund money to provide respite care – should this be included in this return?

- Yes, if the Local Authority/Partnership is funding the respite using Change Fund money, this should be included.

3.2 What if the NHS Board funds the respite jointly with the Local Authority. Should this be counted?

- Yes. We would also expect NHS Boards to contribute towards the cost of short breaks provision, especially where there are complex health needs.

3.3 What if the NHS Board funds carers centres and other organisations to provide short breaks via Carer Information Strategy funding, should this be included in the return?

- No, since there is no direct LA involvement in the funding of the short breaks. However, the LA, working with the NHS Board, carers and the voluntary sector, needs to know about the wider issues such as the overall demand for short breaks, the role of each sector in the commissioning, design and provision of short breaks and so on. There needs to be a strategic approach.

3.4 What if the voluntary sector funds respite jointly with the Local Authority. Should this be counted?

- Yes, the local authority should have the necessary data recorded on its systems.

3.5 What if the respite is funded by ILF?

DWP announced in December the permanent closure of the ILF in 2015 with funding devolved on a current share basis to the devolved administrations. Individuals who currently receive an award will retain it until 2015, which will be administered by the ILF, unless their circumstances change and they become no longer eligible. Negotiations are ongoing on the full details of this transfer. The Scottish Government intends to consult in the Spring on the future use and administration of the fund and will be working with partners to ensure all views are represented. It is anticipated that Scottish Government will issue its response to the consultation and the way forward in the Summer of this year.

4. What is not a short break

4.1 Why can't I count short breaks where the carer is enabled to work?

- The view of the Working Group and others is that employment should not count as a short break (respite) and that carers should have access to a short break in addition to their employment. The Group recognised, however, that some carers themselves view employment as respite. Moreover, if carers wish to use respite to access employment, they are exercising their own free-will. It will not always be known to the local authority whether the carer uses an allocation of respite hours to remain in, or access, employment. However, the presumption should be that short breaks are not counted where the carer is enabled to work.

4.2 Why can't I count telecare/telehealth care as a short break (respite)?

- The view of the Working Group was that telecare is often an important part of a person's care package and can provide peace of mind for carers. Sometimes, carers do achieve a better night's sleep or can get a break from caring as a result of a package of support which might include a telecare component. However, the use of telecare in itself should not be counted as a short break (respite);
- A short break (respite) can be counted where there is a wider package of support including telecare, which provides a short break (respite). However, the presumption should be that telecare does not equal a short break.

4.3 Why is school not counted as a short break (respite) if carers get a break whilst their disabled child is at school?

- Because school is a universal entitlement for all children. However, if a disabled child accesses an after-school club for activity, leisure, fun and learning, then this can be counted as a short break.

4.4 Why can't the provision of equipment and adaptations be included as a short break?

- The timely provision of suitable equipment and adaptations is an important part of a person's care package which supports the carer as well as the cared-for person. However, equipment and adaptations do not in themselves count as a short break..

5. What else can be counted as a short break (respite)

5.1 Can peer support groups for young carers be counted as respite?

- Yes, this relates to a short break for the person providing care (the young carer) rather than the cared-for person. In these circumstances, the local authority might provide replacement care to enable the young carer to participate in the groups. The age recorded by the local authority should be for the person with care needs ie usually the parent, grandparent or sibling.

5.2 Can short breaks provided directly to carers be counted?

- The short break (respite) hours are recorded against the person with care needs. Presently, through local authority provision carers get short breaks as a result of a service provided for the cared-for person. Short breaks should benefit both the cared-for person and the carer ie there should be mutuality of benefit. Sometimes the carer does not benefit from a service put in place for the cared-for person as the break may not be sufficiently flexible and personalised. A few local authorities presently provide short breaks directly to carers. We would expect this to become more common when the SDS Act 2013 is commenced. Therefore, short breaks provided directly to carers should count for the purposes of this return.

6. Duration of short breaks

6.1 Can short breaks of less than 1 hour be counted as respite?

- The Guidance states that carers should be able to take a break from caring tasks for at least one hour. We recognise that this can be difficult for local authorities to determine. We are clear, however, that there should be at least one continuous hour of benefit to the carer. This one-hour period should ideally exclude any travelling time, although we know that this is difficult to calculate. Moreover, if there are say services put in place for the cared-for person of 15 minutes in duration over a few hours, as does happen, this will not count as a short break for the carer.

6.2 Why are short breaks not being defined as at least 2 or 3 hours duration?

- The Working Group acknowledged that breaks of 2-3 hours duration, especially in rural and remote areas are preferable. Equally, however, there is a varied response from carers themselves in the duration of short breaks they wish with some carers wanting regular episodes of one hour or even less and some wanting more hours. The key issues are flexibility and regularity to allow for a break when required. On this basis, the Working Group agreed to retain the one-hour definition.

7. Conversion to respite weeks

7.1 Why maintain the 52.5 daytime hours to be converted into respite weeks by dividing total number of hours by 52.5?

- This conversion rate was originally agreed by COSLA/ADSW/SG as a reasonable assessment which would not incentivise local authorities to provide more daytime or overnight respite.
- The group revisited the calculation for the 52.5 daytime hours of respite and agreed that it was not necessary to change the conversions factor at this stage.