

DETAILED COMMENTS

Page 1 Circulation List

We suggest that local authority and NHS Chief Executives are included in the main circulation list to emphasize the need for accountability and leadership at this level.

Summary Section

Page 1 - Section 1

We suggest the first sentence should read, 'This guidance is to provide direction to local authorities, NHS Boards, their respective Community Care Partnerships and to agencies etc.'

Page 1 - Section 2

Given the emphasis within the guidance on the shift towards personalisation of services within health and social care, we suggest it would be helpful to define this concept in lay terms. For example the Demos report on this subject defines personalisation as, 'support tailored to people's distinctive needs and aspirations to allow them to shape their life plans and enact them.'¹ The Changing Lives report also has useful definitions.

Page 1 - Section 3

This section needs to be updated to reflect recent statements and commitments by government to increase the volume, quality and choice of short break services, as well as intentions to introduce a statutory entitlement. Suggest also that a clear link is made here between the guidance and its purpose in relation to supporting progress towards the additional 10,000 weeks target provided in the local government Concordat.

Page 1 - Section 4

As above, this section needs to be updated to take account of the shift to Single Outcome Agreements and how these might relate to the National Outcome Measures currently in development. As explained in our covering letter, we would also like to see a much stronger emphasis on strategic planning, and an explanation of the measures to be used for monitoring and evaluating the impact of the guidance.

Draft Guidance on Respite Care

Page 1 - Section 1

Given the wide variety of ways that local authorities and others define (and record) short break and respite services, the definition becomes a critically important feature of the guidance. The definition provided in the draft guidance is, we feel, too broad, open to

¹ Personalisation and Participation: The Future of Social Care in Scotland (2005) Leadbetter C, Lownsbrough H

wide interpretation and could potentially perpetuate poor practice. The following description is preferred:

*'Short breaks and breaks from caring are provided with the aim of enhancing and developing the quality of life of a person who has support needs and their carer (where there is one), and to support their relationship. The distinctive feature of short breaks and breaks from caring is that the break should be a positive experience for both. Short breaks and breaks from caring can be provided within or outwith an individual's home.'*²

This revised definition would not only exclude services purely for the service user (such as Adult Resource Centres), but open the way to make services more relevant and beneficial to carers, by extending the planning to them. This definition is perhaps also more acceptable when the carer in question is a child or young person. In such situations the purpose of the care break is not (necessarily) to sustain the caring relationship.

There is widespread concern that the information currently collected from local authorities by Audit Scotland on the volume of overnight and daytime respite is inaccurate, and in most cases overstates the level of provision. Largely this is down to confusion over what services actually constitute respite. We would recommend that the guidance clarifies more precisely the services that are eligible for inclusion in local authority monitoring/audit data collection.

The definition within the guidance quite rightly includes people who would benefit from short breaks and respite but who are coping without a carer. This includes people experiencing, for example, mental health problems. However, there is no further reference in the document to people in this situation. In order to emphasise the important role short breaks can play in recovery, we recommend there is further reference to this group in any relevant sections, particularly in 'Access and Eligibility'. This group should also be identified in Annex C.

Page 1 - Section 4

There is an opportunity within the guidance to promote the use of 'short breaks and breaks from caring' as the preferred description for respite. This provides a more positive, mutually beneficial meaning. We would prefer to see this terminology used more consistently throughout the document.

Page 2 - Section 7

We suggest this paragraph is moved to the beginning of the guidance and further detail is added on the expected action and outcomes. An additional paragraph either here or at the end of the document should explain the measures that will be used to evaluate the impact of the guidance, and the timescale involved.

² Breaking New Ground (2006), City of Edinburgh Strategy on Short Breaks and Breaks from caring

Page 3 - Section 11

Please see bulleted comments in our covering letter.

Page 4/5 – Sections 19 to 27

This section of the guidance is entitled 'Types of Respite' but makes comment on a wider range of issues. We suggest this section is re written under the heading of 'Planning and Commissioning' or perhaps 'Partnership Working' and focuses on distinguishing the social and health purposes of short break services, where responsibilities lie, and the opportunities for joint planning.

This section should also include guidance on the importance of managing transitions between children and young people services, adult and older adult services (an issue frequently raised within our networks). This will be an important feature of any strategic planning.

Paragraphs 25 & 26 might be more appropriate within the section on strategic planning. Paragraph 27 might be more appropriate in the section on charging. For those less familiar with 'self-directed care', perhaps the term 'direct payments' should also be used here.

Page 6 – Sections 28 to 33

This section would benefit from being more concise and perhaps this could be achieved by using bullet points to highlight some general principles of effective information provision, and also potential sources of advice and support. Full contact details could be provided in the annex.

Page 6 – Section 32

This section might be more appropriate as an annex to the guidance with more detail on the functions of a respite bureau and the different models.

Page 7 – Section 35

In listing groups potentially at greater risk there is a danger that the list is used inappropriately as a 'blunt instrument' to manage resources. Exposure to risk will be dependent on a range of factors and will vary from individual to individual. The services provided should therefore be determined through a thorough assessment and we would prefer to see much greater emphasis on this process throughout the document, and the removal of the list. Annex C is still appropriate as it explains the added 'pressures' that can be experienced by people facing common challenges.

It is debatable whether many services provided on an emergency or unplanned basis actually provide the positive rest and health promoting benefits of 'respite' described elsewhere in the guidance. Feedback from carers suggests that increasingly access to 'respite' is being restricted to those experiencing emergency situations (which often mean more expensive residential interventions) and this leads to reduced support for more planned and preventative services.

The guidance should draw attention to this situation and the need to invest in planned services, whilst maintaining an appropriate level of emergency provision. We would also prefer to see 'emergency provision' explained in a separate section to highlight that services, although vitally important, are generally not providing the same 'preventative' benefits as planned breaks from caring.

Page 7 – Section 37

This section needs to be updated to take account of the introduction of Single Outcome Agreements, their impact on the National Outcome Measures and the Concordat commitment to 10,000 weeks, and how these will be monitored and reported on. We would also wish to see a stronger statement here on the importance of carer and service user involvement in the planning, review and evaluation of service provision.

The role of the Social Work Inspection Agency is not covered in this section and we would anticipate they would have a key role to play in monitoring the implementation of the guidance. In particular we would expect they would be concerned with: leadership and management, service development, workforce development and performance improvement.

**Shared Care Scotland
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