# Respite Care Policy and Procedures

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Respite Care Policy and Procedures

1. Introduction

It is generally recognised that most chronically ill persons who do not need acute care services can be appropriately cared for in the home with the assistance of family, other household members, or other informal social support systems. In this way, many chronically ill people are able to reside at home, preventing the need for institutionally-based care for as long as possible.

Although many carers identify rewarding and positive aspects to their role, there is also evidence of negative impacts on the carer’s physical and emotional wellbeing, which could include back pain from lifting and moving the cared for person, lack of sleep, resentment, stress and depression.

A break from caring can enhance the carer’s physical and emotional wellbeing, enabling carers to continue to support the person with care needs in the community, which can delay admission to long-term care. Supporting carers to take a break also enables carers to have time to themselves and to have a life of their own alongside the caring role.

Therefore there is a need for the cared for persons to have access to respite care, so that carers have time away from their caring responsibilities to recharge. There is also a need for carers to have access to short breaks.

Respite services are central to achieving care in the community and containing the costs of long-term care. More recent policy initiatives, focused on improving support for carers, have continued to emphasise the importance of respite care and short breaks (Carers Strategy, HM Government, 2008). These initiatives sought to improve service utilisation by improving choice, quality and appropriateness of respite services.

This policy outlines London Borough of Hackney’s approach to Respite Care provision which meets the diverse needs of carers and the ‘cared for’ in the borough.

2. Definition

Respite care is an essential part of the overall support provided to unpaid carers and those with care needs helping to sustain the caring relationship, enabling carers to have a life alongside the caring role, promoting health and well being and preventing crises.

Respite care encompasses a wide range of different short term services. The common factor is not what service is provided but its purpose - to provide a break which is a positive experience for the person with care needs and the carer where there is one.

Respite can be categorised as ‘indirect respite’ and ‘direct respite'. Indirect
Respite can be explained as respite care provided to the cared for which enables the carer to have time to themselves. Direct respite can be defined as respite provided to the carer, so for example, carers retreat breaks, arranged trips for carers, and holidays purchased by carers with Carers Direct Payments.

Respite can be offered in a wide variety of ways including:
- breaks in respite-only units (specialist guest houses, community flats, purpose-built or adapted houses);
- breaks in care homes;
- breaks in the home of another individual or family who have been specially recruited (such as adult placement schemes);
- breaks at home through a care attendant or sitting service;
- facilitated access to clubs, interest or activity groups;
- holiday breaks;
- supported breaks for the person with care needs and their carer together;
- befriending schemes where volunteers provide short breaks;
- peer support groups (e.g. for young carers);
- breaks in supported accommodation;
- breaks using self-directed support, for example, Direct Payments or managed care.

Day respite can be provided to offer short periods of respite in a range of different ways either in the home; or in day centres or via adult day care resources. It may also be possible to access services provided by the private and voluntary sector. When appropriate residential respite and phased care can be provided in a residential setting to enable carers to have a break from their caring role.

2.1. Definition of a Carer

A carer is someone who provides unpaid help and support to a relative or friend who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

3. Legislation

Most of carers' rights in community care law are contained in four statutes and one set of directions:
- Disabled Persons Act 1986. This includes a duty to involve and consult carers in assessment of disabled person whether the carer agrees or not. This states (section 8) that consideration must be given as to whether a carer is able to continue to care for that person when assessing a disabled person's needs.
- Carers (Recognition and Services) Act 1995. Right to request assessment, sets up regular and substantial care test, duty to assess if requested, and duty to provide extra services to disabled person to help carer.
• Carers and Disabled Children’s Act 2000 includes duty to inform carers of right to request assessment and power to provide services directly to carer.
• Carers (Equal Opportunities Act) 2004 states that carers assessments should always consider a carer’s outside interests (work, study or leisure) when carrying out an assessment. Duty of other public bodies to co-operate, and a duty to inform carers of their rights.
• Community Care Directions – duty to involve and consult carers in assessments.

3.1. Fair Access to Care Services and the Duty to Provide

The duty on social services to provide or arrange services is triggered only for those people with eligible needs - that is needs above the threshold for services line. The national FACS policy - LAC (2002)13 - states that councils may take account of the resources available to them in deciding which needs to meet.

Needs that are identified as eligible needs and which sit within the laws relating to a duty on Social Services to provide services must be met. How those needs are met is a separate issue.

Provision of services takes place primarily under:
• The National Assistance Act 1948, Section 21 and Section 29
• The Chronically Sick and Disabled Persons Act 1970, Section 2
• The Health Services and Public Health Act 1968, Section 45
• The National Health Service Act 1977, Section 21 (Amended 2006)
• Mental Health Act 1983, Section 117 (Amended 2007)
• Disability Discrimination Act 1995
• Community Care (Direct Payments) Act 1996
• Human Rights Act 1998
• Carers and Disabled Children Act 2000
• Community Care (Delayed Discharges) Act 2003
• Carers (Equal Opportunities) Act 2004
• Mental Capacity Act 2005
• Equality Act 2006
• Safeguarding Vulnerable Groups Act 2006
• Health and Social Care Act 2008

4. Access to Respite Services

As noted above, respite is crucial in enabling many carers and service users to protect their health, prevent crises and continue living at home. Decisions about provision will form a central element of local strategic planning for respite. It is clearly good practice for service users and carers to be involved in the development and review of eligibility criteria and priorities and for all parties to understand these and the respite options available.
The eligibility criterion for access to respite services is based on the outcome of assessments. Both planned and emergency respite provision is:

- Focused on prevention - designed to help individuals remain at home, sustaining caring relationships and preventing crises;
- Available for those most at risk, such as:
  - carers who themselves suffer from ill health or disabilities;
  - those with the most intensive caring responsibilities, caring for people with long term conditions which are fluctuating or deteriorating;
  - older carers;
  - young carers;
  - co-resident carers;
  - carers of children or adults with unpredictable or challenging behaviour, such as people who misuse substances and people with mental illness or dementia;
  - those caring for a long time;
  - carers of people with a terminal illness; and
  - carers with multiple caring roles.
- Designed to enable carers to remain in employment or to return to work, if they wish to do so
- Designed to enable carers to study or pursue leisure interests
- Designed to avoid social isolation for carers, so that carers are not housebound by their caring role
- Designed to give carers peace of mind that should an emergency or crisis situation arise for the carer, the cared for person would have access to alternative care.

Once a community care assessment is carried out, the Council needs to make a decision about whether to provide support or not to individuals. Fair Access to Care Services (FACS) provides councils with an eligibility framework for adult social care to identify whether or not the duty to provide services under the following legislation is triggered. (Ref. Fair Access to Care Services policy and practice guidance).

Anyone who undertakes a caring role for a friend or relative who is an older person or has a learning or physical disability or suffers a mental health problem may be able to access respite care services. Respite needs are identified via an assessment under the NHS and Community Care Act 1990, which includes assessments of carers’ needs under the Carers Recognition and Services Act 1995.

There are two main aspects to assessment that are important to carers. There is the assessment of the person needing support and there is the assessment of the needs of the person with caring responsibilities. It is important that, while the individuality of the people concerned is respected, the interdependencies of achieving the desired outcomes are also recognised. A whole-family approach is more likely to achieve effective and sustainable outcomes. The facilitative skill is to listen to all parties, resolve potential conflicts and arrive at a mutually acceptable plan that takes the ability to care, the choices, needs and desired outcomes of carers into account.
4.1. Assessment Process in Hackney

Once the eligibility for service has been confirmed the Resource Allocation System (RAS) will be applied to yield an Indicative Budget. This is discussed in detail with the service user and/or carer to agree the most appropriate Respite Care provision. This leads to the creation of an Outcome Focused Support Plan (OFSP) together with an associated cost. If this is agreed by the manager of the service, it is then presented to the appropriate funding panel for approval and if agreed, the OFSP can be implemented and then subject to an annual review.

5. Types of Respite Provision

Increasing the diversity of respite care and short breaks is a key strategy to enhance services. To stimulate more flexible, timely, responsive and innovative models of respite care and short breaks, the Government announced a further £400m to be made available over the next four years to support carers’ breaks. (Recognised and Valued: Next Steps for the Carers Strategy, 2010).

Direct payments provide an alternative route to increasing choice and control of services aimed at providing a break from caring. Traditional models of Respite Care (such as day care and institutional Respite Care) have been supplemented with more innovative models including; in-home respite, host-family respite, home day care and outward bound breaks.

Holiday services may provide additional support so that the carer can choose to reduce their involvement in caring during the break.

The table below sets out the framework of components of person-centred care which are the principles upon which all services will be based.

<table>
<thead>
<tr>
<th>Component</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting individuality and values</td>
<td>Recognises the importance of valuing people as individuals with awareness of differences, values, culture, their unique strengths, needs and rights, including the right to dignity and privacy. The validity of the individual’s subjective experience, including self-defined goals, is recognised.</td>
</tr>
<tr>
<td>Enhancing emotional and psychological wellbeing</td>
<td>Recognises the importance of happiness and contentment and the potential to experience well-being in the context of challenging health and social circumstances.</td>
</tr>
<tr>
<td>Promoting</td>
<td>This includes the person’s ability to make his or her</td>
</tr>
<tr>
<td>Component</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>autonomy</td>
<td>own decisions and to take part in normal activities and routines as desired. Recognises that risk is a normal part of everyday life and promotes a balance of independence, assistance and risk. The principles of self-determination apply to the process of receiving care, so that service users and carers have a say over when and how services are delivered.</td>
</tr>
<tr>
<td>Promoting a sense of shared responsibility</td>
<td>This suggests the sharing of power, responsibility and control, with mutual agreement on plans and reciprocity, with involvement in decision-making. The possibility of consensus through negotiation, compromise and active participation is encouraged.</td>
</tr>
<tr>
<td>Fostering social context &amp; relationships</td>
<td>Attends to our social nature as people, with an emphasis on relationships, on our situated context of interpersonal, interconnected, mutual interdependence. The importance of seeing the network of relationships as a whole is crucial. The relevance of roles and life stages is recognised.</td>
</tr>
<tr>
<td>Enhancing communication</td>
<td>This theme encourages communication with careful, sensitive, interactional dialogue, observational skills and authentic contact, including attentive listening. It includes the provision of accessible and unbiased information in ways that are affirming and useful.</td>
</tr>
<tr>
<td>Meeting physical &amp; personal needs</td>
<td>Ensures that the basic physical needs for nutrition, warmth and cleanliness are met in ways that are sensitive and consistent with the other components of person-centred care.</td>
</tr>
<tr>
<td>Therapeutic alliance</td>
<td>Involves the possibility of genuine empathy and unconditional positive regard. Therapeutic alliance is based on respect for personhood, with warmth, trust, openness, care, honesty, the instillation of hope and confidence. The professional facilitates non-judgemental relationships which encourage competency and belonging.</td>
</tr>
<tr>
<td>Valuing expertise</td>
<td>Recognises the legitimacy and complimentarily of the expert knowledge and experience held by all stakeholders. This knowledge is applied to both the care of individual service users and their families and to service and professional development.</td>
</tr>
</tbody>
</table>

5.1. Services offered in Hackney
**Day Respite;** to offer short periods of respite in a range of different ways either in the home; support at home or in day centres for older people or via adult day care resources and enhanced care units. Night Support services may be negotiated as required.

**Residential Respite and Phased Care;** will be provided to service users who if not supported in the community with extensive care provision would otherwise meet residential care criteria. Residential respite/Phased Care would be offered in a residential/nursing setting to enable carers to have a break from their caring role. A carer may be given up to four weeks in a year and this can be used flexibly. To enable service users and carers to exercise choice and control, London Borough of Hackney will provide carers with a lump sum via Direct Payment, to enable them to purchase respite that meets service users and carers needs and choices. This funding will normally not exceed the value of funding provided for “live in care” type of support.

**Shared Lives Scheme (HAPS) –** offers short or longer term respite periods in an approved HAPS carer’s home to enable the carer to have a break from their caring responsibility. The aim of the Shared Lives Scheme is to offer Hackney residents the opportunity to be part of the family and community of the HAPS carer. They in turn will provide friendship and support and/or care. HAPS carers are carefully selected and trained by the regulated Shared Lives Scheme.

**Emergency Home Respite Service;** Carers looking after Hackney residents can access emergency respite support being delivered by our provider TLC. The service is designed to offer peace of mind, back up and support for carers who are unable to care for an individual because of an emergency situation. For example, if a carer is involved in an accident and cannot reach the carer, an emergency plan will be set in motion by TLC.

An emergency is a sudden, unplanned and temporary situation where the carer is not able to provide the care they normally provide, usually due to an accident or health crisis that has happened to the carer.

The service is not intended to be a substitute for normal respite care or short breaks from caring to cover non-emergency situations, such as the carer wishing to take part in social occasions, work or hobbies. The Emergency Home Respite Service will only cover care that is necessary to safeguard the person’s health, welfare and dignity. Therefore the level of help received will be different for different people according to needs assessed.

Further guidance is set out in the Staff Guidance and Respite Service Request Form.

**Homeshare Day Care scheme** in Hackney provides carers with support and a break from their caring role. Volunteer carers open up their homes and look after the cared for person, while their carers take a break. Placements are available for up to five hours per day, seven days a week. The service can be used regularly, every so often, or in emergencies.
The scheme supports carers to take time out from their caring role, to maintain their health and wellbeing, whilst the cared for person is looked after in a safe and caring environment. Carers use the scheme for a variety of reasons, for example, to go to work, go shopping, see friends, go to the gym, do nothing and relax.

Placements are available which offer a choice of activities for the cared for person including discussions, board games, light exercise (such as short walks, trips, etc) and events (such as tea dances and going to the cinema). Carers are also offered information about other services and support available, as well as invitations to trips and events to meet other people accessing the Homeshare Day Care scheme.

The Homeshare Day Care Co-ordinator looks at the carers’ needs and the cared for persons’ needs and ‘matches’ them to the most suitable volunteer carer.

**Carers Retreats;** In association with Hackney Council, Breathing Space Health and Wellbeing Programme at the London Buddhist Centre run free breaks for carers who care for someone who lives in Hackney. The retreats provide a complete break for carers including free travel, accommodation and food. The retreats which take place at a beautiful retreat centre in Suffolk enable carers to:

- Have a complete break from caring
- Acquire new skills and strategies to use in their daily lives to help manage stress and to look after themself
- To make new friends – helping to deal with the feelings of isolation that can come with being a carer
- Have time to relax, enjoy the countryside, make friends and have fun!

**Carers Direct Payments**

Carers Direct Payments can give eligible carers, the opportunity to receive cash payments to buy services or items which could include short breaks of their choice.

6. **Standards for Respite Care**

As with all social care services, there are standards for Respite Care which largely fall into three main categories:-

a) Flexibility of service;

b) Accessibility of service;

c) Partnership between carer, the person who requires care and service provider in the planning and delivering of the service.

These can be sub-divided to give the following indicators of Good Respite:-

- **Needs-led:** meeting the needs of both users and carers, who should be fully involved in designing support plans.

- **Planned:** but flexible enough to accommodate emergency situations.
Respite policy

- **Flexible**: provides choice and meets individuals’ changing needs but is also predictable and reliable.
- **Timely and responsive** to needs and changing circumstances
- **Forms part of a continuing programme of care**: it is monitored and reviewed as part of that process.
- **Provides feedback to the carer**: on what has happened during respite and enables the carer, if they choose, to resume or, with suitable training and support, expand and optimise his or her caring role.
- **Takes account of the information and support from other stakeholders**.
- **Accessible**: information about the range of services, eligibility criteria and their cost should be made available.
- **Provided in a range of settings**: for example, residential care or nursing homes, supported housing, day care, and the individuals own home or someone else’s home.
- **Incorporates arrangements to ensure that both groups benefit where respite and long term users mix**: (e.g. in residential care and supported housing).
- **Provides value for money**: in relation to other forms of support when viewed as part of a programme of care.
- **Affordable**: charges to users should not discourage the use of effective services.
- **Benefits for both users and carers**.
- **Works as a partnership**: providers, users and carers should be at the heart of the design and delivery of services. The provider should elicit the views of consumers on a regular basis and inform them of their role in influencing the service. Feedback should be sought and geared to the abilities and interest of the service users, e.g. focus groups, one to one interviews, questionnaires, and representation on committees. (Scottish Office Social Work Services Group, 1996)

Hackney aims to develop its services to conform to this set of standards and will monitor performance via an annual survey with its service users and carers.

7. **Charging Policy**

*Full details are available to service users and their carers on request.*

7.1. **Review of Charges**

It is the policy of Hackney Council to ensure that Adult Social Care service users are charged fairly and consistently for Respite Care, in line with Department of Health Guidance.

The overall responsibility for the Charging Policy within London Borough of Hackney rests with The Corporate Director for Health and Community Services. The responsibility for day-to-day management of the Charging Policy rests with the Head of Adult Social Care Finance, who is also responsible for maintaining the Policy and providing guidance on its
implementation. All managers are directly responsible for implementing this Policy and any sub policies and procedures within their service areas, and for the adherence of their staff and others.

7.2. Statutory framework

Charging for Respite Care arranged by LB Hackney in a Residential or Nursing Home

Where a person is provided with accommodation under Part 3 of the National Assistance Act 1948, section 22 of that Act provides for him to be charged for the accommodation. DOH guidance, Charging for Residential Accommodation Guide (CRAG) Updated April 2010 provides details how the persons resources should be treated.

In the case of Respite Care it is for the Local Authority to decide whether it will charge an amount that appears reasonable for the resident to pay for stays of eight weeks or under in residential care. Hackney has a policy of charging a fixed fee unless an assessment is requested due to financial hardship. These fees are published annually as part of our fees and charges in March each year.

Respite charges for Residential Care 2011/12

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Care, in house for older persons over 65 (per week)</td>
<td>72.50</td>
</tr>
<tr>
<td>Respite Care, private &amp; voluntary for older persons over 65 (per week)</td>
<td>76.85</td>
</tr>
<tr>
<td>Respite Care, private &amp; voluntary for Adults between the ages of 25 and 59 yrs (per week)</td>
<td>44.00</td>
</tr>
<tr>
<td>Respite Care, private &amp; voluntary for Adults between the ages of 18 and 24 yrs (per week)</td>
<td>30.15</td>
</tr>
</tbody>
</table>

Charging for Respite Services as part of a Personal Budget

Section 17 of the Health and Social Security Adjudication's [HASSASSA] Act 1983 provides that Councils may recover such charges as they consider reasonable in respect of relevant services. The framework for charging for adult recipients of Non-Residential care was consolidated in 1983 with the HASSASSA Act under which councils can exercise discretionary powers [section 17]. Consideration of the Disability Discrimination Act 1995 (as amended) and the Human Rights Act 1998 requires that an equitable approach to charging is taken and that no group is unfairly discriminated against.

The 2009 DOH Fairer Contributions Guidance in relation to charging for Personal Budgets confirms that charging for respite as part of a personal budget should be done using the principles of Fairer Charging guidance. Hackney Council have a policy for charging for personal budgets which
complies with government guidance. A charge will be made for the personal budget which is no more than 98% of the weekly budget amount proportioned equally through the year. Respite services may form part of a support plan.

7.3. **Circumstances where no charge is made**

Some services are excluded from the charging process altogether where there is no legal authority to charge. In addition there may be exclusions of groups of people which, when applied, mean that an individual is exempt from the calculated charge. Examples of exclusions include:

- After-care services under the Mental Health Act (Section 117).
- Advice and assessment.
- All clients whose income is less than basic Income Support or Pension Credit + 25% will not be charged.
- Individuals receiving reablement care services.
- Any services funded by the local Health Authority under a Section 28A agreement.

7.4. **Services for which a Local Authority can charge**

Councils provide a wide range of Respite Care services. The following Respite services are those for which a charge can be made according to need and after assessment:

- Direct Payments
- Respite Care in a residential/nursing home (not exceeding 56 consecutive nights)
- Personal Budgets

7.5. **Financial assessment**

Where Respite is provided in a Residential setting the fixed charges apply as detailed in paragraph 7.1.2 above.

Where Respite services are part of a personal budget support plan, to ensure that everyone is treated fairly each individual will have a financial assessment at the point where they are allocated a non-residential care service provided by Hackney Council. The charge assessment will be based on the user's overall income, allowable expenditure and disability needs. The Council will ensure that service users will have access to appropriate benefits advice at the time of the assessment.

Guidance notes about charges will be given to individuals at the same time as they enter the care assessment process so that people will not commit themselves to particular care plans without knowing what they might be required to pay. Service users and their carers will be given a record of how their charge has been calculated and informed that they have a right to be re-assessed should their circumstances change.
No one will be left with less than the basic income support or Pension Credit plus 25% after paying for services. This basic level includes premiums appropriate to the user but not the severe disability premium. The care services will be allocated in accordance with the criteria set out in the DH guidance Fair Access to Care Services.

If a service user does not wish to disclose their finances or fails to disclose their finances then they will be charged the full cost of their total services.

7.6. Appeals Process

The service user has the right to ask for a review of their assessment and the charges, which have been determined as part of the Appeals Policy and Procedure.

7.7. Review of Charges

Charges will be reviewed on an annual basis and form part of the care management review process. You will be asked to complete a new financial assessment form. If your financial circumstances change between reviews you should ask for a re-assessment of finances.