

DELIVERING THE CONCORDAT – MONITORING ADDITIONAL RESPITE CARE

1. This paper sets out arrangements for monitoring the Concordat commitment of 10,000 additional respite care weeks to support carers by 2010-11:

2008-09	2,000
2009-10	6,000
2010-11	10,000

2. The baseline against which delivery will be measured is the 2007-08 Accounts Commission statutory performance indicator (SPI) data for respite care, published by Audit Scotland. The 2008-09 SPI data will be used to monitor delivery in year 1. However, Audit Scotland's SPI Direction for 2009-10 no longer requires councils to collect and publish data on respite care. It has therefore been agreed by COSLA and the Scottish Government that COSLA will request councils to continue to collect respite care and submit it to COSLA for collation each year.
3. The data that should be submitted annually to COSLA is set out in the table below (the current SPIs also asks for rates and percentages – this information is not needed by COSLA):

Respite Care volumes provided or arranged in year

<i>For carers of:</i>		Children 0-17 with disabilities	Adults aged 18-64	Older people aged 65+	GRAND TOTAL
Overnight respite in a care home	nights				
Other overnight respite not in a care home	nights				
TOTAL OVERNIGHT RESPITE	nights				
	weeks				
Day Centre respite	hours				
Other daytime respite	hours				
TOTAL DAYTIME RESPITE	hours				
	weeks				
GRAND TOTAL RESPITE VOLUMES	weeks				

Note: COSLA and the Scottish Government have agreed the following standard method for converting respite nights and hours into weeks. Overnight respite nights are converted into weeks by dividing by 7; Daytime respite hours are converted into weeks by dividing by 52.5.

4. In order for the time series to be consistent over the three years, compared with the baseline, it is important that councils continue to collect data about the volume of respite care provided or arranged according to the Audit Scotland definitions in place in 2007-08, the baseline year. These are set out overleaf. ADSW's Resources Standing Committee has agreed to help councils with any queries about these definitions – please contact Mike Brown at mike.brown@edinburgh.gov.uk.

RESPIRE CARE DATA DEFINITIONS

(adapted from Audit Scotland Statutory Performance Indicator Guide)

5. **Respite care** is a service intended to benefit a carer and the person he or she cares for by providing a short break from caring tasks. The break is made possible through alternative care arrangements. Breaks provided to people without carers are excluded from this performance indicator, which is intended to measure a key element in support for carers. This indicator only concerns respite care provided or purchased by the Council, or by voluntary organisations funded for this purpose by the Council.
6. A **carer** is an adult, young person or child who provides a substantial amount of unpaid care on a regular basis for a partner, parent or child, other relative, friend or neighbour who is unable to manage at home without help because of physical or mental ill health, age or disability. Carers may or may not be living with the person for whom they are caring. Exclude people providing such care as a volunteer working for a voluntary organisation or on any contractual basis. "Substantial and regular care" is not defined in carers' legislation and should be interpreted in terms of the impact of the caring role on the individual carer and their family (Scottish Executive Circular CCD 2/2003).
7. A **person cared for** is either an adult with community care needs, with a carer, or a child with a disability. **Older people** (65+) include people with or without dementia, aged 65 and over. Age should be calculated as at 31st March (i.e. at the end of the reporting year). **Other adults** (18-64) includes people with learning disabilities, physical disabilities, mental health problems, dementia, HIV/AIDS, drug/ alcohol abuse problems, etc., aged 18 to 64 inclusive. **Children with a disability** are children and young people aged 0-17 (as at 31st March) with care requirements arising from learning disabilities, physical disabilities or mental health problems. Children with emotional difficulties should be included only where their difficulties are severe. Do not include breaks provided for children without any disability but who are affected by another's disability, eg a family member
8. **Respite care** breaks may last a few hours or a few weeks and may or may not be repeated at regular intervals. The duration of the service episode must allow the carer a break from caring tasks; for this reason a minimum duration of one hour is required for the service episode to count as respite for the purposes of this performance indicator (normally, the duration of the respite episode will be longer). The carer may use the break for any non-caring activity he or she chooses. Services that provide additional care alongside the care provided by the carer (to the same or another cared-for person) provide *assistance* but do not provide a respite break.
9. There is no maximum duration for the respite break episode. Councils should exercise caution in relation to people who are recorded in information systems as having very long respite episodes; it may be that the care episode was originally provided for respite but is now being provided as long-term care.
10. Councils are required to have regard to the actions required under the *Arrangements to Look After Children (Scotland) Regulations 1996* when overnight respite care away from home involves episodes longer than 4 weeks, or more than 120 days in one year.
11. The following kinds of respite care should be included:
 - all respite care where this is part of a care plan or arranged on an emergency basis
 - all respite care, whether it has been provided directly by the council, or secured by the council from another source such as a voluntary or private sector organisation
 - any respite care, even if this subsequently becomes longer term or permanent care. (N.B. The original provision needs to have been on a respite basis, and it is only this period which should be reported).
12. The **types of respite care** relevant for the purposes of reporting in relation to this indicator are:

Row type (Measure)	Setting	Service type		Definition
Overnight (nights)	At home	(1)	Overnight sitter services at home	Support provided in cared-for person's normal residence that enables the carer to be absent, if they wish.
	Away from home	(2)	In a care home	Accommodated away from home in a registered care home or residential school. Excludes respite care in hospital in-patient beds or in supported accommodation.
		(3)	In other accommodation with support	Accommodated away from home in accommodation with support.
		(4)	In another's home	Overnight respite care with another family or individual. Holiday breaks* involving overnight stays (unless in care homes or supported accommodation).
Daytime (hours)	At home	(5)	In cared-for person's normal residence	All respite services provided in the home of the cared for person, except overnight. Includes home care and daytime sitter services.
	Away from home	(6)	In a day centre	Day centre attendance (only counted when the provision of a respite care break to the carer is an <i>explicit</i> reason for day centre attendance recorded in the care plan of the carer or the cared-for person).
		(7)	Day activities not in a day centre	Day services and activities outside the home providing respite for the carer and not based in a day centre.
		(8)	Other day respite	Respite care in another family's home in daytime; Holiday breaks* without overnight stay.

Note: *Holiday breaks include opportunities for the carer and cared-for person being supported to go away together, as well as breaks for either carer(s) or cared-for person(s) to go on holiday separately.

13. The relationship between these types of respite and the data requested at paragraph 3 is shown below:

<i>For carers of:</i>		Children 0-17 with disabilities	Adults aged 18-64	Older people aged 65+	GRAND TOTAL
Overnight respite in a care home	nights	(2)	(2)	(2)	
Other overnight respite not in a care home	nights	(1)+(3)+(4)	(1)+(3)+(4)	(1)+(3)+(4)	
TOTAL OVERNIGHT RESPITE	nights				
	weeks				
Day Centre respite	hours	(6)	(6)	(6)	
Other daytime respite	hours	(5)+(7)+(8)	(5)+(7)+(8)	(5)+(7)+(8)	
TOTAL DAYTIME RESPITE	hours				
	weeks				
GRAND TOTAL RESPITE VOLUMES	weeks				

14. Councils should count all respite provided or arranged during the reporting year, whether or not the respite care episode started in the previous reporting year or has yet to be completed.

15. **Respite is a reason for providing a service**, and often is not a distinctive type of service. Short duration services provided for the cared-for person, for example emergency admission to

hospital, or a programme of rehabilitation, provide the carer with a short break in the normal routine of caring as a by-product of the service provided to the cared-for person. Rehabilitation services and skills training for children with disabilities or adults with community care needs are of great benefit to their carers in helping to promote independence. However, none of these services are respite care breaks intended to support carers and are excluded from this performance indicator definition.

16. Day centre services provided on a regular basis to the cared-for person also provide carers with breaks from care tasks. However, they should only be included in this performance indicator if the provision of a respite care break to the carer is an explicit reason for this service recorded in the care plan of the carer or the cared-for person. Befriending and sitter services should not be included unless they enable the carer to take a break of at least one hour from caring tasks.
17. Some care homes (and supported accommodation) have beds specifically designated for respite use: exclude any long-stay residents who have been admitted to such beds. Some residents may be admitted for respite which subsequently becomes long-stay. Count the period from admission up to the point when the reason for their continued residency has changed.
18. Where the short break involves the carer and person cared for remaining together, for example holidays together, the respite hours or bed-nights should be counted for one person receiving the short break, rather than for two.

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