

Response to Consultation on Respite Care Guidance South Edinburgh PPF – January 2008

We welcome the opportunity to comment on the draft guidance on Respite Care to be issued in due course to Local Authority Directors of Social Work and Local Authority Directors of Children's Services.

In general the group on behalf of which I am responding (South Edinburgh Public Partnership Forum) welcomes the approach of dealing with both those with care needs and their carers (where a carer exists). We found the document aspirational, although it was observed that as presently operated the systems for respite care are patchy – particularly in Lothian.

Following the issues on which you sought comment (page 2 of the covering letter):-

Strengths and Weaknesses of the draft guidance

1. We found the document as a whole comprehensive and clear, so the comments which follow are suggestions at improving it rather than completely revising it. The main weakness is of course that this is guidance only and bears no statutory force. The experience of many people in the Forum is that respite care, and information about it, particularly for carers in Lothian, is not freely available, and that certain conditions or sectors may be favoured over others.

What is missing?

2. Under "Definition", paragraph 1 of the draft guidance, it would be helpful to add another bullet point - "emergency care". We appreciate paras 12, 16, 23, 35 and Annex B make reference to emergency care, but it would be helpful to add it to the definition list so that readers understand it is included.
3. In paragraph 4, it was pointed out that where a service user has no carer, it is usually the social worker who will be aware of the need for respite. If there is no social worker allocated, then it may be useful for another health professional, such as the nurse or doctor in a GP's surgery, to make the social work Department aware of a need for respite. This may not be the place in the guidance to deal with this, but it was felt it should be spelt out clearly somewhere in the guidance.

Is the terminology clear?

4. In paragraph 1 of the Summary, there is a reference to "Community Care Partnerships". No-one in our forum (which included an ex-social worker) understood exactly what was meant by this term. Given that one of the copy recipients of the guidance is voluntary organisations, we thought it was possible that not all of them would understand the term either. A definition would be helpful.
5. There are various references in the document to the "Scottish Executive". Should this be the "Scottish Government"?
6. In general we found the document lacked emphasis on respite for carers who worked. Perhaps there could be a strengthening of references to carers in employment throughout the document?
7. In order for paragraph 24 to make sense, a comma is required in line 2, between the words "some" and "but".

Strategic Planning

8. It was felt that paragraph 11 could be read as concentrating on young carers, and that it should be clear that respite services are for as wide a population as requires it.

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Information Provision

9. There was strong agreement that information and access to it was extremely important – paragraph 28. It needs to be up-to-date, kept current and available to as wide a range of people as possible. An example of best practice is the Community Rehabilitation Service, based at Chesser House in Edinburgh and recently experienced by one of our members. In addition to the excellent services received by her and her husband after his stroke, they were provided with an information booklet and also one from her medical practice which are extremely helpful. This service also provides support and respite to carers.
10. Paragraph 29 suggests paying particular attention to under-represented groups and we entirely agree with that. However one of the most under-represented (and often forgotten about) groups are the carers who are in work and who may need information from (for example) their GP, or library, or community pharmacy. It would be helpful to list them also.

Eligibility

11. Although we did not disagree with the list of those most at risk, it might be helpful to state that this list is not definitive and there may be other categories.

Other Comments

12. It was felt that paragraph 40 needed strengthening. It is not clear how the authority can make 'reasonable' charges without assessing the resident's resources: who judges what is 'reasonable'? The point was also made in relation to the whole section on charging that while discretionary powers were to be admired, it did sometimes cause problems (postcode lottery). One example of this is all the different interpretations put on "free personal care" where local authorities were able to interpret the definition in the way they preferred to suit their purpose or save them money, rather than in the spirit of the legislation or the way it was supposed to be provided. It would be helpful if the Scottish Government could issue specific guidance on this aspect.
13. The list of consultees appeared to exclude adult hospices such as the Marie Curie and St Columba's in Edinburgh. Given the excellent work they do giving families regular respite, we think it would be helpful to seek their views also.

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