



Respite Care Policy for Children, Young People and Adults in Haringey

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CONTENTS

- 1 Introduction
- 2 Carers
- 3 Scope of Policy
- 4 Aim of This policy
- 5 Background
 - National Context
 - Local Context
- 6 Respite Care Defined: A Framework for Respite Care
- 7 Eligibility for Respite Care
- 8 Accessing Respite Care
- 9 Emergency Respite
- 10 Personal Budgets
- 11 Charges for Respite Care
- 12 Other short term care
- 13 Conclusion

- 14 Glossary

1. Introduction

- 1.1 Haringey Council (the Council) and Haringey Clinical Commissioning Group (CCG) recognise the significant contribution that carers – whether family members, young carers or parent carers – make to the care of those with a range of needs. Through their support, children have their care needs met and many adults are able to remain living at home for longer, preventing the need for institutionally based care for as long as possible.
- 1.2 Although carers recognise the rewarding and positive aspects of their role, there is also evidence that many carers experience negative impacts, which affect their physical and emotional health and wellbeing and ultimately their ability to continue in their caring role.
- 1.3 The needs of those caring for others are as diverse as the needs of those being cared for and therefore it is important that the well-being of carers is given as much consideration as that of the cared for person. Our aim is to maintain or improve carers' well-being and prevent ill health.

2 Carers

- 2.1 A carer is somebody who provides unpaid support or care for a family member, partner, child, or friend because of their age, disability, physical or mental illness, substance misuse or other addiction and who cannot cope without their support. This excludes someone paid or employed to carry out that role, or someone who is a volunteer.
- 2.2 Anyone could be a carer – for example, a 15-year-old young person looking after a parent with an alcohol problem, a 30-year-old parent caring for their severely disabled child, a 40-year-old caring for their partner who has terminal cancer, or an 80-year-old looking after their spouse **who has Alzheimer's** disease, as the Carers' Trust highlights.
- 2.3 Young carers are likely to have particular needs and **can be defined as 'children and young people under 18, who provide regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances'**, using the definition proposed by Barnados.
- 2.4 Supporting the needs of carers of all ages requires a range of solutions, not all of which can be fully addressed within a single policy document.

3 Scope of this policy

- 3.1 This policy focuses on what happens when a carer cannot provide short-term care due to an emergency or is eligible for a break from their caring role. This can require respite care/short breaks to be arranged as an important part of wider support planning for a cared for person who is eligible for social care or health funding. Cared for people likely to be affected directly by this policy will

be severely disabled children, those young people in transitions to adult services and adults eligible for health or social care.

- 3.2 Although this policy does not cover direct support to carers and young carers – whose needs will have been identified through their own care and support plan – the respite care provided directly to the cared for person provides a break, for the parent, carer or young carer, from their caring responsibility.
- 3.3 Respite care for those living long term in the Shared Lives Scheme does not fall under the scope of this policy.

4 Aim of this Policy

- 4.1 The policy sets out Haringey Council and Haringey Clinical Commissioning Group's approach to respite care provision in the borough for children, young people and adults. This local policy aims to ensure that residents, all carers (including young carers) and professionals have clarity about the definition and provision of respite care for people with health and care needs in Haringey and can be clear about the respite offer.
- 4.2 This document will also set out how we intend respite care to be considered as part of a support plan for carers, including young carers.

5 Background

National Policy Context

- 5.1 Both carers and those with care needs have rights set out in law and described in the guidance that the Council and CCG have to consider, specifically
- The Care Act 2014 ¹
 - The National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care 2012 ²
 - The Children Acts 1989 (as amended) and 2004³
- 5.2 These pieces of legislation and guidance provide the framework for Local Authorities and Clinical Commissioning Groups (CCGs), as well as partners

¹ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

² <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

³ <https://www.legislation.gov.uk/ukpga/1989/41>
<https://www.legislation.gov.uk/ukpga/2004/31/contents>

such as Mental Health Trusts, Acute trusts and the community and voluntary sector, to ensure that we are treating the needs of the carer, and the cared for person with parity. There has been a requirement to strengthen support for carers, including an emphasis on the importance of respite care. In addition, the needs of young carers to be identified and addressed.

Local Context: Our vision and principles

- 5.3 Haringey Council and Haringey CCG will work in partnership with all other agencies working with carers to improve outcomes for carers in this borough.
- 5.4 Ensuring that we have a clear, consistent approach to providing respite care that contributes to positive outcomes for children, young people and adults in Haringey is a priority in enabling this vision and fits with wider local objectives.
- 5.5 The approach set out in this policy document will be underpinned by the following cross-cutting principles:

Principle 1

- 5.5.1 Carers and the cared for person will be respected and listened to and be at the centre of their care and support planning process to define and achieve outcomes relating to their eligible needs.

Principle 2

- 5.5.2 The carer and cared for person will be treated fairly and equitably, recognising their individual circumstances and will be offered respite based on their eligible health and care needs.

Principle 3

- 5.5.3 The cared for person who has been assessed and eligible will have choice and control over respite care to meet their needs, which will help achieve their outcomes and enable independence appropriate for them.

Principle 4

- 5.5.4 Staff will work with partners across health and social care in the best interest of the carer and the cared for person.

6 Respite Care Defined: A Framework for Respite Care

Respite Care

- 6.1 Respite care is short-term care by Paid Carers of adults or children who normally receive care in their own home from unpaid carers. It is provided when the cared for person is eligible for care services and the Carer cannot provide that care or needs a break or the cared for person requires a break from their carer.

- 6.2 In rare cases, if the respite is the only way to meet the needs of the carer and the carer is eligible, a service user may receive respite even though they are not eligible in their own right.
- 6.3 Respite care will not necessarily be a direct replacement of the care being offered by a carer, although it will meet the needs and outcomes of the cared for person.

Forms of respite care

- 6.4 Like any support, Respite Care should allow flexibility and choice for the cared for person and for carers, so it can take many forms. It could include, but is not limited to:
- a. Provision of care by another carer in the network of the cared for person
 - b. Volunteer support coming into the home to deliver the care required
 - c. Paid carer/s coming into the home to deliver the care required (including domestic help to support parent carers of a severely disabled child)⁴
 - d. Time taken doing daytime activities to give a break for the carer, for example after school clubs, attending play schemes during school holidays or adults attending day centres/
 - e. Overnight respite provision
 - f. Additional cost incurred to fund a holiday away from home, with paid or volunteer carers, **related to the cared for person's needs.**
 - g. A period in a supported living, residential or nursing care home
 - h. A stay with a Shared Lives carer / family link carer

Reasons for respite care

- 6.5 Respite Care/short breaks arranged for the cared for person may allow the carer to have a break from their caring role to:
- Spend some time on their own or with friends
 - Spend some time with their other children
 - Take a holiday
 - Recover from an illness, or
 - Achieve other outcomes agreed in a support plan following a carers assessment

Timing of respite care

- 6.6 Respite Care is allocated according to the needs of the user and can take the form of:
- regular weekly or monthly breaks throughout the year
 - annual breaks
 - ad hoc or emergency arrangements

Arranging respite care

⁴ See 10.3 below

- 6.7 The carer and the cared for person can arrange their own respite care by accessing their own networks or private sector or voluntary services. Alternatively, the Council or CCG can arrange the respite care on their behalf.

Short breaks

- 6.8 Respite services in the form of short breaks are available to those children who have an undisputed disability that can be defined as permanent and severe as outlined in the Equality Act 2010 and are therefore eligible for support from the **Disabled Children's Team**. Please refer to the guide titled: The Children and Family Service offer for Children with Additional needs and Disabilities in Haringey, which provides further information.

7 Eligibility for Respite Care

- 7.1 The need for respite will be assessed and take into account the impact of the caring role on the carer and the capacity of the carer to meet the needs of the cared for person.

- 7.2 All adults and children with needs that meet the eligibility threshold as set out in the Children Act 1989, Care Act 2014, or who meet the threshold for NHS Continuing Health Care may be able to access Respite Care/Short Breaks.

- 7.3 Whilst there will always be individual determination based on the needs identified in each case, broad factors that would be considered are, but are not limited to:

- The level of care required by the person and the risks if they are not cared for
- The type of care provided
- The amount of time that care is provided
- Whether the cared for person can be left alone
- Whether the carer and cared for person live together
- What formal or informal carers there are to call on
- The impact of caring on the carer and the amount of time they need to ensure they get a break
- The cumulative impact of caring on the family

- 7.4 During the period when respite care is made available, it is likely that the existing range of services delivered into the home will be changed or suspended. For example, a domiciliary care package may be paused should the cared for person be taking up a respite care offer outside the home.

- 7.5 Respite care is not available to people living in supported living, residential or nursing care as their care provision is delivered by paid carers.

8 Accessing Respite Care

- 8.1 Where possible, a need for respite care will be identified through the assessment process. This could be through the carer's assessment, the cared for person's assessment, or a joint assessment. Use of respite care and the outcomes to be achieved from it will be set out in their care and support plan and be part of their personal budget.
- 8.2 **Children who are eligible for a service from the Disabled Children's Team** may access short breaks through assessment from education/social work team/health services.
- 8.3 A primary focus of any respite care arranged will remain on enabling the independence of the person being cared for and maximising their choice and control over their own lives. Please see the Local offer and Preparing for Adulthood documentation.
- 8.4 **Young carers will be assessed by adults or children's services dependent on** which service the cared-for person is accessing. **Adult and Children's Social Work** teams will work together to complete the assessments and support plans for the family, based on the needs of the young carer, the interests of the children and the circumstances of the family as a whole.
- 8.5 **Respite needs will be considered as part of the Young Carer's Assessment** and the Council will ensure that young carers are not delivering inappropriate levels of care, which would affect academic achievement, social development or the emotional wellbeing of the child.
- 8.6 Respite care may be offered as part of the plan for when a child or young person would usually meet a care need but may be unable to (to attend a school trip/young carers activities) etc. Replacement care for school attendance and social activities should be already be considered within the assessed needs of the cared-for person and be part of the care package.
- 8.7 Respite care will be treated in the same way as any other aspect of care and support services, such as domiciliary care or day services, and be organised in the same way under the relevant policies and procedures of the Council and CCG, which cover the provision of services to meet eligible needs.
- 8.8 The amount of respite care a cared for person may be offered will depend on their individually assessed needs and circumstances.
- 8.9 Where an adult user, or an unpaid carer **on the user's behalf, requests** accommodation based respite of longer than **8 weeks'** duration, **the Council's** top up policy may be applied and the Council may agree to contribute to the costs of the respite care being requested.
- 8.10 The need for respite care will be considered whenever care needs are reviewed or reassessed. This will happen at annual review or because needs or circumstances change.

9 Emergency Respite

- 9.1 Where no respite care is included in the support plan for the cared for person, or if contingency arrangements have failed, the Local Authority or CCG will arrange respite with a provider who can provide the type of care needed at short notice. Where the cared for is not an existing service user, a needs assessment will be undertaken and suitable temporary care arranged.
- 9.2 In emergencies, respite care can be arranged without a full assessment and support plan as long as sufficient information is available to ensure provision of a safe service. An assessment and support plan should be completed after emergency arrangements are put in place.

10 Personal Budgets

- 10.1 Personal Budgets for Respite Care for adults are not to be utilised by the carer for their own support, but must be used to pay for care of the cared for person.
- 10.2 A Personal Budget made to a carer of an adult (either in the form of a direct payment or a managed personal budget) as a result of their own carer's assessment should not be used to fund respite care or other direct support to the cared for person. A carer's **Personal Budget is allocated in response to** their own assessment and support plan and is for them to meet their own needs and the outcomes they have identified.
- 10.3 It should be noted that above in 6.4 c) domestic help is only available, under short breaks, to parent carers of a severely disabled child and is generally not available to a carer of an adult under the respite care policy.
- 10.4 The carer for children who are eligible for a short break will receive a personal budget based upon assessment, resource allocation and support planning. For more information on what a personal budget can and cannot be spent on please refer the guide titled: Personal Budget Update. ⁵

11 Charges for Respite Care

- 11.1 Charging may only apply if the cared for person is an adult and funding is received from the Council.

Council Funded

- 11.2 Respite care for adults organised by the Council or paid through a direct payment is subject to **the Council's charging policy**, Fairer Charging. The cared-for adult is assessed based on their income, including means-tested benefits and savings, as if they were single in their own right. The income considered does not normally include that of the family carer. The policy states that all respite up to a maximum cap of 8 weeks per rolling year – including respite offered in residential care settings – will be included in the assessment

⁵ http://www.haringey.gov.uk/sites/haringeygovuk/files/1205_19_short_breaks_booklet_v5.pdf

of how much someone should contribute under the Fairer Charging framework⁶.

- 11.3 Charges will not reduce the cared for person's income below the 'Minimum Income Guarantee' levels which are set out by the Department of Health.
- 11.4 Respite Care / short breaks arranged by the Council for a parent carer who is caring for a child under the age of 18 years of age will not be subject to charging.
- 11.5 Respite Care arranged by the Council for a young carer who is caring for another child will not be subject to charging.

Health Funded

- 11.6 Respite Care arranged by the CCG is not subject to charging as outlined in the NHS Framework for those in receipt of NHS Continuing Care.

Joint Funded

- 11.7 Where respite care for the adult cared for person is jointly funded by the CCG and Council, charges are apportioned according to the percentage split of the joint funding agreement. Charging will only apply for the Council part of the funding; there will be no charge for the part funded by the CCG.
- 11.8 Jointly funded respite care/ short breaks where the cared for person is a child under the age of 18 are not subject to charging.

Section 117

- 11.9 People who receive respite care as part of their aftercare services under section 117 of the Mental Health Act are exempt from being charged for their respite services.

12 Other short term care

- 12.1 There are other types of short-term care, which are not respite care and are not therefore covered in this policy. The following are not respite care:
 - 12.1.1 Replacement care provided regularly because the carer has another commitment, unrelated to their wellbeing. For example, if the carer works one day a week, care provided on that day is not respite; it is simply a care service for an eligible resident.
 - 12.1.2 Replacement of family responsibilities unrelated to care and support needs, for example being present to supervise a young child.
 - 12.1.3 Replacement of a paid care worker when the usual paid care worker goes on holiday or is off sick.

⁶ http://www.haringey.gov.uk/sites/haringeygovuk/files/fairer_contributions_policy_june_2015.pdf

- 12.1.4 Replacement of a Personal Assistant or Shared Lives carer, for example when they go on holiday. In this circumstance, the cared for will use their Personal Budget to purchase replacement care when their personal assistant is absent.
- 12.1.4 When a person is discharged as medically fit from hospital into a residential unit, because they are not yet able to return home due to the property not being suitable; or when a person is being discharged from hospital to any alternative suitable placement, whilst undergoing a further reassessment/ review to determine their rehabilitation potential or need for further intervention and treatment; this is not respite care but a short stay or step down. When this is a child, parental consent to accommodating the child under Section 20 of the Children Act 1989 would be required if the period of accommodation is longer than 17 consecutive days. Where a person is discharged into a step down bed or rehabilitation bed, this will be an NHS provision.
- 12.1.5 Short-term housing and care where there is no carer providing care to the **service user**. For example, where a person's house may need a major adaptation before they can return home with a funded care package they had previously received.

13 Conclusion

- 13.1 By producing a combined policy across children and adults, health and social care the Council and CCG have signalled their strong commitment to improving the lives of carers, young carers and those they care for of all ages who are eligible for funding. The aim of the policy is also to bring clarity and a clear understanding of the pathway and delivery of respite care for all those involved in the borough.

14 Glossary

14.1 Carer

Somebody who provides unpaid support or care for a family member, partner, child, or friend because of their age, disability, physical or mental illness, substance misuse or other addiction and who cannot cope without their support. This excludes someone paid or employed to carry out that role, or someone who is a volunteer.

14.2 Young Carer

Young carers are children and young people under 18 who provide regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. The average age of a young Carer is 12' (Barnados)

14.3 Parent Carer

A parent carer is someone aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility, and which is considered above and beyond normal parenting responsibilities.

14.4 Cared for person

A cared for person is either a child (under the age of 18) or an adult (over the age of 18) with a need for care and support – they are the recipient of the care or support from carers, paid staff or others. Unless stated otherwise, in this policy it also means that the person has been assessed and found to have eligible needs under the Care Act 2014, Children and Families Act 2014 or NHS Continuing Care Guidance.

14.5 Respite

For the purposes of this policy, respite refers to a break or rest for the carer from their caring role. It can also be a break or rest for the cared for person from the carer.

14.6 Short Breaks

Short breaks provide opportunities for disabled children and young people to spend time away from their primary carers. These include day, evening, overnight or weekend activities and can take place in the child's own home, the home of an approved carer, a residential or community setting.

14.7 Carer's Assessment

A carer's assessment is an assessment undertaken by, or on behalf of, the Local Authority to consider the carer's needs and desired outcomes and will determine whether someone is eligible for care and support in their own right. This may take the form of a joint assessment with the cared for person or a separate carer's assessment.

14.8 Personal Budget (or Personal Health Budget)

This is the amount the Council or CCG agrees as available to a cared for person or carer to meet their assessed care needs. It can be managed by the Council or CCG or taken as a cash “direct payment”, but is always exclusively to meet the needs set out in the persons support plan.

14.9 Paid carer

People who are paid directly for their caring duties, including Personal Assistants (PAs), Support Workers, Care Workers, Support Staff, Nurses etc.

14.10 Care and Support Plan

This is a detailed plan developed following an assessment that sets out how an individual will use their Personal Budget or other support services to meet their assessed eligible needs and improve or maintain their wellbeing. Care and support plans must be agreed by the Council or CCG before any payments are made.

14.11 Broker

A broker is someone from the Council or CCG who will arrange care services in a Care and Support Plan if the person does not take a Direct Payment.

14.12 Children

Anyone who is under the age of 18.

14.13 Charges for respite care

A charge is the amount of money an individual is required to contribute to the cost of their respite care based on their care and support plan and following a financial assessment. NHS funded respite services are not chargeable.

14.14 Rolling year

The previous 12 months’ period from today

14.15 Eligibility

When your needs fit the criteria that allow you to receive a service.

14.16 Clinical Commissioning Group (CCG)

Clinically led membership groups of GP practices that plan, commission and performance-manage a range of local health services for their population.