

## **Respite Care**

### **Case Study**

#### **Introduction**

Vouchers cards issued by some councils for things like respite care tend to be for residential care places on a temporary basis. This system is often administered in addition to a direct payment or managed budget arrangement. Significantly, the voucher system restricts choice in what respite care means as it can only be for the services pre-designated on the voucher. This creates a situation where vouchers are under-used by customers despite high demand reported for things like respite care. Doncaster Metropolitan Borough Council (DMBC) have outlined an alternative approach which enables service users to access a Personal Budget in the form of a direct payment to exercise more choice and control over their respite options.

#### **Background**

In the year 2103/14, 12203 vouchers were issued in Doncaster but only 3594 were used. In virtually all cases, the full potential allocation of 42 vouchers were issued to service users as part of their Personal Budget. The average budget allocation was roughly £2500. Evidence suggested that this scheme was not fulfilling the outcomes desired by either carers or the people they supported so Doncaster sought the views of service users to ascertain their experiences of the voucher scheme and their opinions on what would main things better for them. The voucher scheme is also at odds with the Personal Budget and Direct Payment thrust of the Care Act as the offer limited the choice and control options for people.

Given Doncaster's work to rescript the Social Care pathway (see case study 8), they were well placed to consider a radical but simple solution. Having lined up a new asset based assessment process, redesigned its RAS to be based on outcomes rather than services, issued a new Direct Payments policy that underpins the new approach, it seemed a simple step to contemplate a new offer for respite.

#### **Findings**

Doncaster sought the views of service users and carers who had used the voucher scheme. Carers observed that:

- Using the vouchers required advanced notice with the care setting where the looked after person would stay
- This restricted flexibility
- Carers were anxious if they knew the person looked after was not likely to enjoy their stay in the respite setting

Looked after adults who were accessing the respite service reported: (or reported through their carers)

- It was necessary to give their carers a break but staying in a residential setting took them away from their hobbies, interests and routines

- It was not the kind of service they would have chosen had they had the opportunity
- They felt anxious about going into a respite setting and would have preferred to have stayed at their own home receiving replacement care

Doncaster had re-scripted their processes for assessment and resource allocation (see case study: proportionate approaches).

This included:

- Assessment of the person needing care, the risks to their wellbeing, the outcomes they identify and the resources to meet eligible unmet need.
- The identification of outcomes desired by carers
- The formulation of a Direct Payments policy underpinned by a broad range of administrative support and money management options

The Voucher scheme required another layer of bureaucracy to manage the system. This could be eliminated by enabling the respite to be accessed via a Direct Payment.

### **Solution**

The ending of the voucher scheme immediately frees up a level of administration in the business support side of the Council. In addition to this the outcomes for service users and their carers can be seen in the greater choice and control a Direct Payment can offer. This is because:

- The proportionate approach offered through the social work re-script identifies the needs, the eligibility, the resources and the outcomes hoped to be achieved by service users and carers
- The mechanisms for managing Direct Payments are proportionate, making the up-take of a personal budget as more desirable
- The Culture change in Doncaster from services to assets and outcomes enables greater flexibility so that respite can be accessed both at a time, and in a way which is welcomed by both service users and their carers

(as stipulated by the Care Act s 13 and Guidance chapters 11 and 12)