

## NORTH LANARKSHIRE COUNCIL

## REPORT

TO: Social Work Committee	Subject:  RESPITE CARE
FROM: Jim Dickie Director of Social Work	
DATE OF COMMITTEE: 6 October 1998	
REPORT AUTHOR: Duncan Mackay	
REF: DM/RespiteOct98	

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to advise members of progress made to develop respite care services for people with disabilities in North Lanarkshire.

**2 BACKGROUND**

- 2.1 In March 1996, just prior to local government reorganisation, the Scottish Office issued a circular "Guidance on Respite Care." Reported to Committee in May 1996, this recognised that Social Work Departments have the lead responsibility to arrange and fund respite care other than where short term health care is required.
- 2.2 The circular defined respite care as "any service of limited duration which benefits a dependent person...(which) may extend from a few hours to a few weeks." This acknowledged that respite care can take many forms such as home based care, day care, family based shared care or residential care. It is often highly valued by carers as a service which enables them to continue caring for their disabled friend or relative.
- 2.3 The circular invited joint planning partners to prepare strategies for respite care and publish proposals in Joint Community Care Plans. Details of purchasing plans for North Lanarkshire were contained within the Joint Community Care Plan (1998-2001) approved by Committee in June 1998.

**3. RESPITE PROVISION FOR OLDER PEOPLE**

- 3.1 Respite care for older people and people with dementia takes a range of forms. Each of the 6 area teams has a devolved budget which enables them each to purchase the equivalent of 3 full time beds a year in residential or nursing home care. In addition local authority residential care homes provide 20 designated respite beds. There are also several specialist day care and home based care schemes for people with dementia run either by the local authority or by independent sector providers.
- 3.2 Further consideration requires to be given as to whether block purchasing of a very small number of independent sector residential and nursing home places provides a more advantageous service to older people and people with dementia than the current arrangements.

#### 4. RESPITE PROVISION FOR PEOPLE WITH LEARNING DISABILITIES AND CHILDREN WITH DISABILITIES

- 4.1 People with learning disabilities access mainly residential care or shared care services. At the point of local government reorganisation the only residential respite care available in North Lanarkshire was at Clifton House, Coatbridge, for 2 or 3 nights at a time though other services had been commissioned at Kilsyth, Gartcosh and Coatbridge. Additional funding was allocated so that Clifton House can open 7 days a week, bringing the total number of residential places to 22 for the authority. In 1996/7 Social Work spending on this form of care was £268,000. In 1997/8 the Social Work Department spent £711,000 on a total of 6,227 days.
- 4.2 This position represented a shift in purchasing from funding people to go to out-of-authority establishments which were usually the permanent home of other residents to local services which were specialist respite resources. The Department had previously discontinued providing respite care in its own establishments at the request of permanent residents. Local resources were created in advance of known closures of large scale respite facilities such as Frogna House in Ayrshire, of which North Lanarkshire was a significant purchaser. The approach has resulted in changes to the pattern of provision which has enabled more planned programmes of care and access to increased resources. Out-of-authority residential care has continued to be purchased for small numbers of people where the nature of their needs is such that they cannot be met locally.
- 4.3 Increasingly both adults and children are making use of a shared care scheme which enables people with disabilities to stay with families who are recruited and trained to act as carers. Social Work Committee allocated a further £60,000 in June 1997 to enable the recruitment of an additional 13 carers.
- 4.4 It is recognised that the current range of respite services for people with learning disabilities is not yet sufficiently balanced between residential and home based care. The services may not be sufficiently child centred as, though they take children and adults at different times, some carers would wish to see entirely separate services or children. Neither is the geographical location of present provision equitable, for example there are 2 services in Coatbridge (1 purpose-built, 1 with significant physical restrictions) but none in the Motherwell, Wishaw and Bellshill areas. Furthermore the implications of providing care locally rather than in out of authority placements need to be better understood, in respect of those people for whom this was a previously established practice. Whilst the Department is committed, wherever possible, to meet the assessed needs of the service user in the placement of their choice, there are financial consequences of not fully occupying locally contracted services.

#### 5. RESPITE PROVISION FOR OTHER CARE GROUPS

- 5.1 Most other respite provision tends to take the form of home based or day based services. Some people with physical disabilities and smaller numbers of people with mental health problems also access residential provision elsewhere in the country. Again the range and type of provision available need to be fully examined.

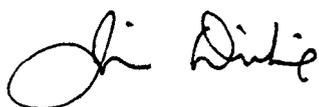
## 6. CONCLUSION

- 6.1 Considerable progress has been made to develop respite care services over the last 2 years. However further work is required to assess how best to meet the wide ranging needs of service users and carers. To this end an internal working group has been set up to canvas the views of service users and carers and consider options for the future.

## 7. RECOMMENDATION

- 7.1 Committee is asked:

- (i) to note that respite care will be the subject of a report to a future Committee and;
- (ii) to otherwise note the contents of this report.



**Jim Dickie**  
Director of Social Work  
21 September 1998

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