

**CONSULTATION REPORT:**  
**Respite Allocation Policy**

## **Background**

- 1.1 On 10<sup>th</sup> June 2019, the Social Care, Health and Well-being Cabinet Board authorised officers to consult members of the public and other stakeholders for 90 days on the Respite Allocation Policy.
- 1.2 The existing Respite Allocation Policy was approved by Members and implemented with effect from 1<sup>st</sup> April 2014.
- 1.3 Set against a background of increasing demand for our services and economic pressures requiring budgetary savings, the provision of good quality and responsive adult social care support remains a priority of the Council.
- 1.4 However, in doing so it is necessary to review what services are provided and how we deliver them, whilst taking into account the strengths, resources and needs of the carer and the cared for person.
- 1.5 The revised Respite Allocation Policy therefore removes the current bandings which will provide greater flexibility over booking and will tailor allocations to an individual's needs.
- 1.6 The Policy also takes into account any existing support the service user is receiving, for example Direct Payments, as well as whether the carer is a lone carer or has health related problems of their own.
- 1.7 It also recognizes the wider choices available that are considered respite. The current model is largely a traditional, buildings-based approach. However, carers often want more flexibility in how they have a break from their caring role. For example, this might include a sitting service to provide a regular afternoon break. The new policy therefore puts greater emphasis on flexibility of service provision and allows greater choice and control rather than individuals fitting into one form of service provision.
- 1.8 Applying eligibility criteria robustly will ensure that only those people who have identifiable needs will receive help and support

from the Council. This will ensure that all people will be treated fairly and equitably according to the needs that they have. People who have needs that are not deemed eligible will be offered advice and signposted to other organisations who may be able to help.

- 1.9 Over time, it is expected that this will help improve planning both in terms of demand for overnight respite accommodation, and in the provision of alternatives to buildings-based respite, such as sitting services.
- 1.10 The individual / carer will be supported during a transition period whereby they will be able to book up to 14 days respite for the next year whilst awaiting their reassessment in order to remove any uncertainty over ongoing support.

## **2.0 Introduction**

2.1 A range of engagement and consultation activities have taken place in order to help inform the Policy, including:

- Overarching public consultation
- Stakeholder consultation
- Formal written responses

## **3.0 Consultation objectives**

- To provide a mechanism for people to contribute their views
- To find out if people agree or disagree with the proposals and the reasons for this
- To provide a mechanism for people to make comments and suggestions
- To provide a mechanism for people to suggest alternative proposals
- To ensure that the consultation was available to as many stakeholders as possible
- To ensure that the consultation was available in a format so people could understand

## **4.0 Overarching public consultation – Methodology**

4.1 To help ensure that the consultation was as widely available as possible, people could submit their views by four mechanisms:

- **Online** - a self-completion questionnaire was published on the Council's website. Respondents were not asked to identify themselves, but were asked to indicate why they were interested in the Draft Plan and their postcode. The questionnaire was live from 17<sup>th</sup> June to 15<sup>th</sup> September 2019.
- **Paper Questionnaires in public buildings** - consultation packs were made available in the Civic Centres and within CVS. The consultation packs included a poster and copies of the Draft Policy in various formats in Welsh and English, which outlined the proposals along with a supply of self-completion questionnaires, and a post box for completed questionnaires in Civic Centres.

The questionnaire was a replica of the online version and responses were entered into 'SNAP' (our online consultation software package) for analysis.

- **Email** - The email address [ccu@npt.gov.uk](mailto:ccu@npt.gov.uk) was promoted for people who wanted to respond via this mechanism.
- **Corporate social media accounts** – the Council's corporate Facebook and Twitter accounts were also monitored for feedback.

#### 4.2 **The consultation was promoted via:**

- The Council website homepage – via the 'top tasks' and 'top visited' areas and a dedicated web page - Have your say <https://www.npt.gov.uk/1615>
- Adverts/posters on TV screens in the Quays, Neath Civic Centre, Port Talbot Civic Centre
  - The Council's corporate social media accounts on Facebook and Twitter
- The Council's corporate staff newsletter 'In the Loop'. The purpose of this was to encourage staff to give their views and as an additional way to raise awareness of the consultation amongst residents as a significant number of staff live in the county borough
- Details of the consultation were also promoted via Community Voluntary Service and Carers Service Newsletters, Social Media and Webpages

## 5.0 Overarching Public Consultation – Responses

A total of 14 completed questionnaires were received during the consultation period. All were completed in English with no Welsh responses. 6 of the responses were submitted online, with 8 paper questionnaire received.

The following provides a summary of the feedback from the questionnaire responses. All percentages shown in this section are relative to the total number of completed questions as not all respondents completed all questions.

### 5.1 About the respondents

Of the responses:

- 1 (8%) stated that they are service users
- 6 (46%) stated that they are a carer for a service user
- 4 (31%) stated they are related to a service user
- 2 (15%) stated that they are a member of staff at a service

### 5.2 Age

Age range (years)	Number	% of respondents
16 - 24	-	-
25 – 29	2	20%
30 - 39	2	20%
40 - 49	-	
50 – 59	-	
60 – 74	5	50%
75 – 85	1	10%
Prefer not to say	-	
Total	10	100%

### 5.3 Gender

6 (60%) respondents were female and 4 (40%) male.

### 5.4 Nationality

8 (80%) respondents described their nationality as Welsh, 1 (10%) as British and 1 (10%) as English.

### 5.5 Ethnic origin

9 (90%) respondents described their ethnicity as White British and 1 (25%) preferred not to say.

**5.6 Sexual orientation**

8 (80%) respondents described themselves as heterosexual, and 2 (20%) preferred not to say.

**5.7 Disability**

6 (60%) respondents reported having a disability with 3 (30%) stating that they did not have a disability and 1 (10%) preferring not to say.

**5.8 Welsh Language**

7 (70%) respondents reported having little or no knowledge of the Welsh language, while 2 (20%) reported as being Welsh learners, and 1 (10%) fairly fluent speaker and writer.

**5.9 Religion**

5 (56%) respondents reported as being Christian, 1 (11%) preferred not to say and 3 (33%) respondents reported as having no religion/beliefs.

**6.0 How respondents feel about the proposals**

**How easy or difficult do you find it to get information about what social care and support you can have?**

7 respondents (58%) stated it was fairly easy to get information, 2 (17%) stated it was fairly difficult, 2 (17%) that it was very difficult, while 1 (8%) stated don't know. Although the numbers are small the majority of respondents found it easy to get information.

**To what extent do you agree or disagree with the proposed policy?**

3 respondents (25%) strongly agree, 2 (17%) tend to agree, 3 (25%) strongly disagree, 2 (17%) tend to disagree, 1 (8%) neither agreed nor disagreed and 1 (8%) stated don't know. Again, the numbers are small with an equal proportion agreeing and disagreeing with the proposed policy.

**6.1 Do you think that the policy would have a positive or negative impact on any of the adult care sector?**

3 respondents (27%) stated positive, 6 (55%) stated negative and 2 (18%) stated don't know.

**6.2 How important is it for the Council to consider the resources it has available to support the most vulnerable residents and reduce overall dependency on social services?**

6 respondents (50%) stated it was very important, 2 (17%) stated fairly important, 1 (8%) not very important, 1 (8%) that it was not important at all, and 2 (17%) stated don't know.

**6.3 What do you think respite should consist of?**

8 respondents (80%) stated a sitting service so that the carer can go out during the daytime, 8 (80%) stated a night sitting service so that the carer can go out in the evening, 7 (70%) stated one or more nights' stay in a care home for the cared for person, 6 (60%) stated a Direct Payment to help pay for alternative types of break/respite, and 3 (30%) stated other.

*Note that for the above question respondents were asked to complete all that applied. Therefore percentages are greater than 100%.*

**7.0 Social Media and Email Responses**

7.1 During the consultation a number of posts were published on the Council's corporate Twitter (@NPTCouncil and @CyngorCnPT) and Facebook (Neath Port Talbot CBC and Cyngor Castell-nedd Port Talbot) accounts to raise awareness of the consultation and encourage people to respond. These posts were monitored for comments on the draft policy proposals.

7.2 Of the comments made on posts about the draft policy consultation, the following issues were raised via Facebook:

- Comment regarding taking away from the most vulnerable
- That the consultation is a tick box exercise

## **8.0 Consultation with other stakeholders**

8.1 To ensure that the consultation was accessible to as many stakeholders as possible it was raised as an agenda item at a number of Third Sector forum meetings, and two public meetings were held for service users, carers, family members and the wider public.

### **8.2 CVS Forums:**

- 10<sup>th</sup> June – Strategic Forum
- 13<sup>th</sup> June – Health, Social Care & Wellbeing Forum
- 20<sup>th</sup> June – Older Persons' Council

### **8.3 Public Events:**

- 29<sup>th</sup> July 2019 – Trem Y Mor Respite & Day Service, Aberavon.
- 1<sup>st</sup> August 2019 – Civic Centre, Neath.

## **9.0 Formal / Written Responses**

9.1 Four formal responses were received – from the Older Persons' Council, the Support Additional Needs (SAN) Volunteer Group, and two from members of the public:

### **Response from the Older Persons' Council**

- In terms of the proposals, it is recognised that there needs to be an emphasis on promoting greater flexibility and personal choice for all those in need of respite services, both in terms of current and future potential users. It is also understood that the main objective of the proposed changes is to take pressure off the local authority both financially and in practical terms going forward, whilst still meeting its statutory obligations.
- There were, however, a number of issues raised that are of concern to the members of the Older Persons' Council.

- In terms of reviews and assessments for qualification for potential respite support, it was felt that a greater understanding by end users of what this process consists of, an assurance that any potential respite care offering or package would not be managed downwards as a result of the proposed changes, and that due care and diligence is maintained at all times throughout the process.
- It is very important that staff have the appropriate skills, knowledge and empathy to implement these proposed changes, and a clearly understood framework and process is in place to ensure potential end users are engaged and able to make fully informed choices with regards the options available to them, and that there is a regular review system in place, with set intervals of less than the twelve months minimum proposed in the consultation documentation.
- Attention has been drawn to the statement on page three of the proposed Respite Allocation Policy, “Wherever possible, the council will look and see whether identified eligible needs can be met in a less formal way by family, friends, neighbours and the wider community”. Is this approach likely to lead to feelings of guilt for family, friends etc., and them being put in the position where they feel obliged or pressured to offer more support than they would normally be comfortable in providing?
- There are two concerns with regards the positioning of the Direct Payment option within the proposal.
  - Firstly it seems to be projected as being available only if a person wants more, or requires more expensive services than the council can provide. Our understanding is that the direct payment option should be offered to all potential users and actively promoted in order to provide a solution that is tailored to meet the individual’s needs.
  - Secondly, for the actual recipients of direct payments, what checks are in place to ensure the funds are not being misused in any way?
- Finally, a robust and clearly understood system of appeal needs to be in place in order that any service user, who feels that their current respite arrangements will be adversely impacted by the proposed changes, or who disagrees with any new assessment decision in terms of what is the appropriate service required or being proposed for them, has the means to make a meaningful and constructive challenge.

**Council’s response:**

Assessments will be undertaken by appropriate social care professionals. The purpose of this policy is to provide guidance to staff,

service users and carers on both assessment criteria and the respite options that may be available. All assessments will be person centred conversations about identifying if a person's needs can be met in a less formal way, e.g. family, friends, etc. These will be handled sensitively by trained professionals taking into account the strengths and needs of the individual and carer(s) concerned. Reviews will be conducted on a minimum of an annual basis; however, individuals are entitled to request a reassessment at any time that they feel their circumstances have changed. Direct Payments will be promoted to aid flexibility in service delivery, not necessarily to solely access services that are more expensive. A separate Direct Payments Policy is being developed to aid with this. All new policies include information on how people can appeal any decisions regarding assessments, etc.

### **Response from Support Additional Needs Volunteer Group:**

This response to the consultation on the new, draft, Adult Social Care Respite Allocation Policy has been written by SAN: Support Additional Needs Volunteer Group; it has 34 active members and just over 600 members on its public group. This response represents views from both the active members of SAN as well as those who have commented on our public page.

We have welcomed the opportunity to comment on the Adult Social Care Respite Allocation Policy. We agree that due to the current circumstances a review is needed and hope we can work together with the Local Authority to create a final draft, which ensures suitable provision for those who are entitled to it, avoids risks for vulnerable adults, whilst encouraging an emphasis on independent living; all while ensuring funds are spent efficiently and effectively.

We feel it is important for the Local Authority to understand, and the policy does go some way in acknowledging this, that parents/families/carers only want their loved one who access this service or services to have a positive quality of life. That the suitability of the service is bespoke to that individual and they are treated as such.

We have some specific comments/concerns, which have been divided into different topics.

### **Positive Developments:**

1. Within the questionnaire there are questions relating to not only the service user but the Carer, which is such a positive approach. As stated in The Social and Wellbeing (Wales) Act 2014 the carer is just as important in assessing the needs of the service user and this is reflected

in the list of questions. In addition, the environmental and family circumstances have been considered.

2. A positive outcome from one of the consultation meetings was that you acknowledged the admin response/access is not good enough and you are working towards fixing this.

We understand with funding cuts and lack of resources this may be a struggle but like what you have done with Direct Payments, maybe more communication between the service (although provided through the council) and the carer may be an option. So the admin can be done via the service and correlated back to yourselves.

3. As part of your duty to the service provider you also understand you have a duty to the carer, which is greatly appreciated and you are looking at helping them to enjoy their time while the adult is in respite. Can we suggest that when assessments are carried out a leaflet of information or information given via verbal communication is passed on to the carer's about such organisations like Neath Port Talbot Carers Service or local volunteer/support groups like ourselves. Therefore, even if they are unsuccessful in being allocated Respite they have a place to go to improve their mental wellbeing and continue to provide care.

4. Angela Thomas mentioned she would like to create a sub committee made up of parents/carers which is amazing. However, due to the nature of their caring role it may be difficult and time given may vary from week to week depending on their home life. A more efficient way would be for a member of the Council/Respite committee etc... to go to the groups the parents/carers take part in; as they are held weekly and even though the members vary they are a vital source of information regardless of who attend.

5. The opening statement:

“committed to ensuring that all people with an assessed eligible care and support need receive high quality, sustainable and personalised responses to meet that need and help them to achieve their agreed personal outcome” Is such an empowering declaration to make due to it addressing many parents/carers concerns over their loved ones quality of life, their own quality of life and the symbolism of a joint relationship that works together to achieve this.

6. The progression/availability of a sense of greater independence in relation to not only the service user but the families as well, is a vision many share and aim for; where applicable.

7. The fact that the policy asks “what intervention can best meet the person’s identified assessed needs” promotes a sense of knowing this is a policy that deals with individuals and the need to be treated as such. Highlights the caring role the council have and takes into account all

factors; not just the cheapest/easiest option that may not be facilitate the “best” needs of the service user.

8. Following on from the previous point the council says it aims to provide maximum amount of choice. We in no way imagine 20 options will be given but the fact that this implies an in-depth search will take place is reassuring.

9. The approach given by the policy in connection to benefit advice and the explanation of how different options may affect this is encouraging to know that the council are working in the best way to suit everyone from the service user, family and carer.

10. The freedom the Direct Payments offer can be extremely beneficial and this is reiterated by those who already have access to this.

## **CONCERNS**

### **Legality:**

1. The Social and Wellbeing (Wales) Act 2014 in Part 2, Section 17 states:

“requires the provision by local authorities of a service providing information and advice relating to care and support and support for carers and assistance in accessing it”

Is this in connection of the use of assistance with travel to and from respite? From earlier consultations it was said that the carer will be responsible, if they are in receipt of a mobility car, to drive the service user to and from their respite provision. How is this then respite?

2. Furthermore, as highlighted in the “Home to School Travel Policy” we gave you it is illegal to refuse transport due to receipt of DLA Mobility. As well as the lack of power you have to reinforce it, find out etc... For further information please read “S.A.N’s Response to Home to School Travel Policy, July 2019”; sent to the education department and the transport department.

3. The Social and Wellbeing (Wales) Act 2014 in Part 9, Section 162 states:

“requires local authorities to make arrangements to promote cooperation with their relevant partners and others in relation to adults with needs for care and support”.

Does this mean just the Respite providers or Carer’s as well? Although the latter is aimed for within the assessment criteria questions, how important does the council value their cooperation with the service user’s families? For example, if a Respite provider was found and it, on paper, met all of the service user’s needs but due to opinions/facts from the carer will this be worked on or given the same/even higher value than the opinion/facts of the respite provider?

If there is a conflict of interests from the council, due to the fact they need to cooperate with both the provider and carer how will this be resolved? Has this been thought of during the Policy?

**Omissions:**

1. It was explained in one of the consultation meetings in July that when assessments are carried out day service will be taken into account, which as a result may affect overnight respite. We understand all factors need to be taken into account but a day service can range from an hour activity to a full day, is this being recognised and the criteria adapted? Will it be explained that if, for example, under two hours day service should not be counted because when you factor in travel time or even if the parent/carer/family member can leave during that time is that truly a form of respite?

2. During the consultation meeting Andrew Potts mentioned “Shared Living” this is not explained or mentioned in the proposed policy. Is this classed as a form of respite in the various options available to the service user, as other forms have been mentioned in the policy? While this can be a service welcomed and useful to those who need it, service users are generally very vulnerable, who is taking responsibility for these people/service providers who move into the home? If it will be the carer’s responsibility will the council be providing support/training on what to watch out for/expect/how to handle situations/on-going support etc...

3. In the policy it is stated that an “appointed care manager” will be carrying out assessments yet, in the consultations it was discussed that it would be a “social worker”.

Can you clarify this please? Furthermore, what will be their history with regards to how they are qualified to assess the need for respite or on-going support? In the past assessors have not been clear on what is available, open to the carer/service user which has resulted in a lot of people not receiving the care they need/are entitled to. Who will be taking responsibility for the decisions being made by these people?

4. In conjunction with Point 11 in the Positives Section:

“council concerned to see that the care and support services purchased meet the assessed need and achieve agreed personal outcomes”

How do you propose to do this? Also what will be the criteria to assess if the needs have been met? For example, the assessment may highlight they need respite that improves their mental wellbeing and a provider has been identified and by the use of direct payments was used.

However, circumstances changed and a different provider was needed and they offer a non-conventional wellbeing therapy, how will the council quantify this?

5. Expanding on the “Transition Period”, it was stated that in some personal circumstances they may be a need for a phased approach; who takes responsibility for this decision and surely this should be made by the service user or their carer. Furthermore, what is the criteria for “personal circumstances” as this can be a matter of opinion that varies from person to person who are dealing with the assessment.

6. Although the restriction regarding the bands of entitlement/respite provision have been removed, how are you now establishing how much care a service user is entitled to?

Surely, there is a grey area for those who are between the levels in the new assessment procedure as the issue of care is not a solid, constant thing? Therefore, what does it mean if you score high in relation to medium with regards to respite? Is this where the personal and individual criteria/opinions of those doing the assessment come into place?

Highlighting the need for one assessor or them all working from the same pot of information/specification.

7. Following on from Point 8 in the Positive Section - is it a list of options from the council’s database of resources or is there someone dedicated in providing continual research into finding the right respite/service for individuals and their families?

### **Risks:**

1. Following on from Point 1 in Omissions, lack of overnight respite for those who really need it can have catastrophic knock on effects. As the parent/carer may, due to lack of sleep, forget to administer a medication, be forced to nap putting the person they care for at risk, be too tired to drive them or do simple tasks around the home. So what precautions are being put in place to help protect those who already have this service when it comes to the assessment criteria?

2. In the policy it is stated that a resource of respite help may need to come from the family.

With regards to family support are the council understanding that there may be members of their family in the way of parents, cousins etc... living close by but they are unable to provide respite (whether that is in the form of physical, money or emotional support for either the service user or carer). Are the council purely going on a catchment area style criteria or are they getting to know the situation, real practicality of the family connections? There is a concern from families that the assessor may use the fact that a relative lives, for example, 10 minutes away from their home and therefore they are going to be used as a respite resource; even though the family member may not be able to give any help or be in regular contact with the service user or carer.

3. In connection with Point 9 in Positives and Point 1 in Legality; are the carers expected to take the service user to the proposed respite? If so, how can this then qualify as respite?

As many respite services are some distance from the service user's home it is impractical, in some circumstances, for the carer to drive them there, back to their home and back again to collect them; in addition to the carer's other commitments at home (such as other children/family members/work/prepping for the service user's return and so forth).

4. There is a risk that taking into account Day Services and Home Care will result in less or no overnight respite being provided. These services are a "statutory right" not a form of respite. We agree that yes it is a small break but it is not classed a respite due to the carer needing to prepare for the service user coming home, prepping food/medications and the carer travelling to and from said services; resulting in the carer not being fully rested or having a full break.

### **Manner of Communicating and Anxiety:**

1. Carers stated in one of the consultation meetings that due to the nature of the adults they care for in some circumstances/reasons they cannot take up their allocation service and the administration is poor. The council admitted it is not good enough. What is going to be done to solve this and make it easier for all those who access respite services? Furthermore, this issue of poor administration was also expressed in connection with if a carer cannot take up the respite allocation; the feedback, follow on communication and so forth.

2. Direct Payments are a fantastic method to help make the respite service a personal and fit for purpose activity; as well as providing help to access the more expensive services that the council cannot provide. However, what happens if the carer cannot afford the specialist respite even with Direct Payments? This is an extreme circumstance but it will be highly likely that the only reason the service user needs this particular service is because it is the only resource that meets all/majority of their needs. Is there any individual circumstances for help/support if this service is the only one able to suit their needs?

3. There are concerns around what is meant by "sustainability of respite". With the risks, to name a few; Brexit, European funding, council cuts, availability, respite staff and training, closing of facilities etc... What is in place if the respite is effected? By this we mean due to the limited number of respite services that meet the service user's needs, if any of them where to stop providing respite what is going to be done if no other service can be found?

4. There is a concern that the new scoring system, tick boxes, is not fair as it does not provide a bespoke service which will result in a lot of people losing or not being able to access overnight respite.

**Quotes:**

“Young people under adult provision with autism have no suitable overnight respite facilities.

The only respite facility at present is Trem-Y-Mor, which is more for the complex needs. The council are aware of this but are not commenting on whether or not they will provide overnight respite for those that need it or simply not provide this vital service.”

“Due to having a mobility car the council expected me to drive my son to and from his respite, which was over an hour away. This was not practical or helpful as it cuts massively into my respite time. I am grateful for any help I receive as I am a single parent with no family help but if I did not argue my case there would have been no point in me having respite at all. I was being made to feel like I was in the wrong and I should of been grateful for anything they gave me; regardless if it met our needs or had an impact on my mental health or wellbeing.”

“My idea of respite is overnight respite, of at least two consecutive nights, so that my mind and body can completely rest. In order for me to feel energized enough to continue my caring role. In my opinion more overnight respite is required, not less.”

“Your proposal for Adult Respite will in my opinion will cause hardship and make it more difficult for carers to access overnight respite. Resulting in carers being forced to put their loved ones into residential care; simply because they are burnt out due to lack of sufficient respite. Furthermore, this change will severely impact on the health and wellbeing of carers, contrary to the Health and Wellbeing Act (2014) which by now you should be implementing.”

SAN “Support Additional Needs”

Volunteer Support Group for Parent/Carers of Children with Additional Learning Needs.

**Council’s response:**

With reference to travel to/from respite, transport needs will be considered under the Council’s Assisted Transport Policy taking account of individual circumstances. Assessment for respite will take into account individuals’ and carers’ needs, strengths and outcomes to ensure that the respite offered is the most appropriate. The new assessment tool takes into account other services that the individual may be in receipt of, including day services. The amount can vary between individuals and

again would be considered on a case by case basis. Reference was made to 'Shared Lives Schemes' in the public meetings. This is an area that the Council is currently researching and will develop appropriate guidance and safeguards should this become an option for respite. Assessments and reviews will be conducted by appropriate social care professionals, and terms such as 'social worker' and 'care manager' are interchangeable. Respite offered will be tailored to meet the needs of the individual(s) concerned. Overnight, buildings-based respite is not being removed; simply, the policy promotes a wider range of options allowing individuals flexibility in how they access respite. Travel to/from respite will be considered under the Council's Assisted Transport Policy. The respite offered will be based on individuals' assessed needs, strengths and outcomes. The assessment tool is meant to provide a guide to those undertaking assessments/reviews of respite need. The current version uses a series of 'tick box' questions but the new version is meant to be more flexible in its approach by considering individuals' and carers' strengths, needs, other services and options available for respite.

### **Member of the public (1)**

My name is [anonymised for report]. I am 76, not in good health myself, and am a carer for my wife, [anonymised], who has had MS for over 30 years.

My wife receives double staffed homecare 4 times per day. She has to be hoisted, is double incontinent and has a pubic catheter fitted. Even with the help I receive from the councils homecare services, it is a struggle to continue to care for her. Without the 56 days respite I currently receive, I would find it very hard to cope. The respite is necessary so that I can recharge my batteries ready to face the next period of care.

The bombshell that has been thrown at me, and other carers, makes me question why I'm doing and what is the purpose of my life. Completing a form consisting of tick boxes, that are quite generic to say the least, does not take into account the amount of responsibility and stress that we carry with us day in, day out.

Even though the carers provide toileting needs etc. for my wife, the 'tick box' form does not take into account all that needs to be done outside of her personal care. The stress caused from other things such as wet bed clothes, soiled clothes, wet and soiled chairs, sorting out blocked catheters (especially when district nurses weren't allowed to come to sort out blocked catheters etc.), these are just a small number of things I, and others, have to deal with on a daily basis, along with everything else involved in running and maintaining a home. Our stress levels are

at the next level and at breaking point, and now it seems you're trying to deny us the very thing that makes our life a little more tolerable – regular overnight respite breaks!!!

**Council's response:**

The policy and assessment tool are intended to improve access to respite for those who need it. It removes the current 'arbitrary' bandings, recognises that buildings-based overnight respite is not for everyone, but ensures those with an assessed need will receive respite in whichever form is most appropriate to their individual needs and circumstances.

**Member of the public (2) - Grievances / Concerns regarding Respite Allocation Policy Consultation Documentation**

1. Taking into account all other services is very unfair, and misleading, before determining Overnight Respite Allocation, in my opinion you are simply making it harder for unpaid carers to access Overnight Respite, by changing the Criteria and making it harder to access this service!!
2. I certainly do not agree with ticking boxes, and obtaining a "Score" to be considered in the first place, this is unjustified, and not a fairer or bespoke service, this may mean that some people cannot access overnight respite at all!! And it could mean that some people will have their annual allocation allowance cut!!!
3. I don't consider Day Services and Home Care services as respite, I call these a "statutory right". Yes, it's a break for a couple of hours for carer, but you are mindful of the person returning home, and you are also preparing for your loved one to return home, you may have to prepare meals for your loved one and prepare medications etc, so you are not properly being "rested", and you certainly don't feel like you have had a restful break!!
4. My idea of respite, is OVERNIGHT RESPITE, of at least two consecutive nights, so that your mind and body can completely rest, and hopefully you will feel energised enough to continue in your caring role, in my personal experience, more overnight respite is required not less to enable me to continue in my caring role!!
5. I do agree that overnight respite should be made a more efficient tailor made and bespoke holistic service, so that the whole wider family can benefit, but you should not be taking into account the other services that the cared for is accessing, as all the services are equally important to the well-being of the cared for and the carer!!!

## **Conclusion**

Your proposed consultation policies in my opinion will cause hardship, and make it more difficult for carers to access overnight respite, and as a result carers will be forced to put their loved ones into residential care, simply because they cannot cope with their caring responsibilities any longer, because they are not having sufficient overnight respite, and feel “burned out” as a consequence.

Neither the carer or cared for wants this, we simply want to care for our loved ones at home, with the appropriate supporting services in place!!! But your proposals will make it harder for unpaid carers to achieve this!! Surely it would make more financial economic sense to help support carers to support their loved ones at home, and that does mean giving carers sufficient overnight respite tailor made to suit their needs, so that they can rest up and carry on with their caring duties??

Your proposed consultation policy will impact severely on the health and wellbeing of all unpaid carers, contrary to the 2014 health and wellbeing act which by now you should be implementing!!!

I really do feel that the service you are proposing will not be a fairer or bespoke service at all, you are not being completely honest with carers and are misleading them, so that you can continue to cut services, and save money on the most needy and venerable citizens of our society!!! Please reconsider your consultation policies in particular for overnight respite allocation.

### **Council's response:**

The policy and assessment tool are intended to improve access to respite for those who need it. It removes the current ‘arbitrary’ bandings, recognises that buildings-based overnight respite is not for everyone, but ensures those with an assessed need will receive respite in whichever form and level is most appropriate to their individual needs and circumstances. Reference to home care has been removed from the assessment tool. Supporting unpaid carers remains a priority for the Council.

## **10.0 Petitions**

10.1 The Council received no petitions relating to the Draft Policy.

## 11.0 Council Response to the Consultation

11.1 The Council response to comments received is summarised below in a “you said - we did” format.

<b>Comments or questions raised on SNAP Survey and formal responses</b>		
<b>Getting information about social care and support</b>		
<b>Number</b>	<b>Comment:</b>	<b>Council response:</b>
1	It seems a bit hit and miss what information you get from front of house services like Gateway. Similarly 2 people with similar conditions can end up with wildly different information about what the authority can give them depending on what social worker or team they get allocated or referred to. Knowledge of services both internally and externally are a bit patchy. That being said it is improving and most are happy to look into things for people.	The Council is seeking to improve its Information, Advice and Assistance (IAA) offer through various means.
2	Very time consuming to try to find information.	The Council is working towards improving access to Information, Advice and Assistance, including a single point of contact “Gateway”
3	Info not readily available. You have to dig around for it without always knowing where to look.	No response required.
4	As I work in social care I am aware of some things out in the community. First SW we dealt with for my father did not give us much information and advised us we had to try a community group first before having support, even though he needed a specific day which the group didn't run. We have had excellent support from Pam Forde who has followed through with any queries we have had.	No response required.

5	I ask my Mum if I need to know anything. Don't understand much about it.	No response required.
6	Would really prefer to have one social worker rather than new ones being allocated every year, which is confusing for my 94 year old mother. As soon as we get used to one, they are then replaced.	The Council recognises the importance of continuity to service users and carers, but acknowledges that staff changes mean that this is not always possible.
7	I rely on information that is sent through the post as am not on the internet – no broadband.	No response required.
8	The system and services have changed so often over the years that, at the moment, it's hard to know who to speak with and where they are based. It's very frustrating to constantly have to leave telephone messages on an answer phone and wait for the call back, rather than speak to a person in the first instance – this adds to our frustration. Until now I've been relatively satisfied with the services my wife receives. However, there is less continuity and no easy communication system that allows us to access resources as this keeps changing. All this adds to stress levels for carers meaning we are getting less and less able to cope, especially in my case, due to my own health issues.	Social Services has established the Gateway Team as a single point of contact to assist with providing information, advice or signposting to services, teams or other agencies as appropriate.
<b>Do you agree or disagree with the proposed policy?</b>		
<b>Number</b>	<b>Comment:</b>	<b>Council response:</b>
9	This would seem to be a sensible policy. Having bands of support is quite an imprecise way of meeting needs especially as all other policies are moving towards a model that is tailored around individual needs. Giving specific days dependant on need makes sense to me.	No response required.

	<p>The scoring system seems fair taking into account support that individuals have, how many people are involved in the care etc. the Act encourages authorities and individuals to utilise resources they have instead of just coming to the authority and this policy seems to be in line with that. Allowing people to have a direct payment to purchase support in different ways is also a positive step and will hopefully enable people to have more choice and control over their care and support.</p>	
10	<p>I would favour direct payment option.</p>	<p>No response required.</p>
11	<p>The provision of high quality respite or short breaks for the people of NPT is essential to support the work of unpaid carers whilst offering a range of options to people who require support. I think it is important to ensure that unpaid carers and their relatives have clear information about all the options available to them for short breaks. My organisation provides Shared Lives which, though small at the moment, currently offers care and support within the households of carefully recruited and trained Shared Lives Carers. Our team ensures that Shared Lives carers are suitable, understand their role, have clear written agreements about how support is provided as well as providing support and guidance which ensures that short breaks are safe and positive experiences for all concerned.</p>	<p>No response required.</p>
12	<p>Theoretically it seems to make sense but past experience of assessments show they do not always result in an accurate deduction of the persons needs so can therefore be unfair.</p>	<p>No response required.</p>
13	<p>I don't think this applies to my daughter as she doesn't have a social worker or has had an annual review ever.</p>	<p>Anyone currently receiving a service will be allocated a social worker and receive a minimum of annual review of the care and support needs.</p>

14	However, I am concerned that you say you are getting away from banding the respite to make it individual however in the policy you have a scoring grid assessment and scoring allocation! This totally contradicts it.	The assessment tool is intended to act as a guide when undertaking assessments. Individual needs and circumstances must be taken into account.
15	Don't understand what's happening. I just have it down Trem Y Mor with my friends.	No response required.
16	Poor methodology as full time caring for someone seriously disabled is not recognised as being hugely demanding. The policy itself states the health of the individuals is not significant, and the draft scoring schedule only awards 2 or 3 points more for someone completely dependent as compared to someone independent in most areas. A serious failure in the policy to not be aware of the respite demands of full time caring for someone completely dependent. A poor policy that prioritises money for discretionary services above funding care and respite for the most vulnerable in the community. The community will be disappointed in a Labour council that does it!	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
17	Respite is very important to my husband and myself as carers for our own well-being and sanity. Still not sure how these proposals will affect us, and worry that nights will be drastically reduced.	Allocation will be based on individual assessed need.
18	It should depend on what is involved in the caring of a person, and also if it is a lone carer with no help from extended family which has to be taken into account as the carer can be affected themselves mentally and physically by the strain of being a carer.	Allocation will be based on individual assessed need.
19	Yet again another blow dealt to myself as a carer, especially when I'm at my lowest ebb. Having read your Policy Documents it looks like I, and many others, won't	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-

	get overnight respite – ANOTHER AXE OVER MY HEAD!!!! due to score tick boxes. Recharging batteries isn't done by having an hour or two off, or an afternoon to oneself. Frequent overnight respite, of a number of days, is needed in order to recharge batteries in order to continue our caring roles. Anything less and I definitely couldn't cope. I feel I'm far more vulnerable than my wife, as without the respite package I'll definitely go under.	based or alternatives that are most suitable to their individual support needs.
Do you think that the policy would have a positive or negative impact on any of the adult care sector?		
Number	Comment:	Council response:
20	There is no doubt that many people are going to be quite unhappy with this policy at first. Many families have grown used to how things work and will not take kindly to having respite days looked at. It is necessary though to make the system fairer and allocate the resources to more people that truly need it.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
21	Caring is a 24 hour commitment, it is life changing, things you used to take for granted are no longer possible. A holiday is totally out of the question, time for yourself is non-existent.	No response required.
22	Many unpaid carers are reluctant to seek short break support for their relatives because they have little trust in the services on offer. A clear description of the range of services available is likely to encourage greater use but more importantly, appropriate use of services. Shared Lives short breaks offer a very individualised and consistent approach to respite because there is no staff team with changing personnel, there is just the	No response required.

	Shared Lives Carer and their family who get to know the individual and include them within their daily routines in a very inclusive and ordinary way.	
23	If unable to have overnight type of respite it may not provide a sufficient break for the carer which most need.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
24	Please refer to previous answers.	No response required.
25	This will depend on the assessments being undertaken and outcomes of these. Professionals' assessment of someone's needs may differ to the carer's and service user's views on their needs.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
26	Don't understand.	No response required.
27	The policy failure to recognise the demands of someone dependent means they are likely to suffer if policy is implemented.	Allocation will be based on individual assessed need.
28	Worries that amount of respite given will be reduced.	Assessment/reassessment will be needs based for the individual(s) concerned. It is possible amount of respite could go up.
29	Each case is different.	No response required.
30	It would mean that, without regular respite breaks for my wife (day and night breaks) so that I can get away from the daily toll and stress involved in caring for her, then it would have even more of a detrimental impact on my health, and on the caring role I provide. This would leave your services with a lot more to cope with as I would definitely go under. Health and Wellbeing you may call your services, but I see no wellbeing in the policy you're attempting to introduce. The service you're	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.

	trying to introduce may benefit the council by costing less and saving money, but it will have a much bigger effect on carers not coping and with the council having to pick up the pieces from the carers going under – therefore, being more costly in the long run.	
<b>How important is it for the Council to consider the resources it has available to support the most vulnerable residents and reduce overall dependency on social services?</b>		
<b>Number</b>	<b>Comment:</b>	<b>Council response:</b>
31	It is essential. We must break the culture of dependency that exists in some sections of the community and encourage and empower people to take ownership of their own lives. Leaving aside discussions about resources it is a generally good thing when people are able to deal with their own problems. As good as any public service is it cannot fix every individuals problems. It should however be able to provide the tools for individuals to do that themselves. Even if resources were not as stretched as they are it would be important to consider resources and make sure they went where they were most needed. That's just a simple matter of fairness. It's also worth noting that if we are going to have strong communities as part of the community asset model then the council must start enabling individuals, social enterprises, charities and businesses to provide some of these services. Direct payments can and should be a part of that as well as helping people set up cooperatives.	No response required.

32	Carers need support. They are in my case elderly with health problems of their own. If we don't have a break the person being cared for could suffer and require a stay in a nursing home or hospital which is not the answer.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
33	Currently short breaks are provided within the more institutional models of care and support. Though this is perfectly suitable for many people it is inappropriate for others. Of course citizens of NPT have a mixed understanding of what respite facilities are like so to offer clear information about how a staffed respite home differs from a Shared Lives arrangement or other respite options would help to ensure that individuals access the kind of respite that suits them and their family.	No response required.
34	Don't understand.	No response required.
35	The council should prioritise the needs of the most vulnerable above other services such as libraries, parks, etc etc etc.	Allocation will be based on individual assessed need.
36	But still those that need the support should gain all that is needed for their welfare.	Allocation will be based on individual assessed need.
37	Overall services shouldn't be reduced at the cost of needs. The council can reduce unnecessary spending from other sources in council departments to be able to continue and provide (and improve upon) existing service (for example, give less money for painting roads and unnecessary signage to highways department as they seem to have gone mad in wasting their resources – take the £3.5 million for the consultation period for Jnc.41 of the M4 as another example). This money could be transferred to adult social services and be used to better effect!!!!	No response required.

<b>What do you think respite should consist of?</b>		
<b>Number</b>	<b>Comment:</b>	<b>Council response:</b>
38	<p>These are all good. Other things could be: day centres provided by charities, social enterprises and businesses where people can go for activities as well as care. Strengthening support given to charities who already support carers, why reinvent the wheel after all? Exploring new developments such as the new recreational development in the Afan Valley to have a carers lodge where people can go for a night or 2.</p>	No response required.
39	<p>I don't wish my husband to have to go to a care home. I would prefer someone to be here to attend to his needs.</p>	<p>It is recognised that 'traditional' care home-based respite is not for everyone and this policy aims to introduce a degree of flexibility in how respite is provided.</p>
40	<p>All these are valuable options. Shared Lives also offers one or more nights' stay for the cared for person and could offer day time support in the Shared Lives Carers home or elsewhere. The difference is that the cared for person is matched with a Shared Lives Carer with whom they build a positive, lasting relationship that means their short break stays become a very ordinary part of the individuals' life. There are great examples of Shared Lives Carers offering weekend breaks to people with dementia. The unpaid carer gets a proper break knowing that the Shared Lives Carer is spending time giving consistent, family based support to their relative. The individual benefits from knowing they will be staying in the same room they are used to, supported by the same person and that they will be able to maintain their routines and pastimes exactly as they wish to.</p>	No response required.

41	A night sitting service would be invaluable in order for the carer to maintain a social life with friends etc instead of having to decline due to caring commitments.	It is recognised that 'traditional' care home-based respite is not for everyone and this policy aims to introduce a degree of flexibility in how respite is provided.
42	All of the above. However, this will depend on individual's need. For example, while hours of direct payment may give a carer respite, they might have other responsibilities on that day (grandchildren, etc.) therefore overnight respite may be the only real time for them to fully recharge their batteries to allow them to continue to care. A combination of support is currently working for my mother and father. Without it she wouldn't be able to care for him.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
43	All support is needed for me and my friends.	No response required.
44	All the other options would not work in our situation; we need respite facilities so we can have complete break, knowing that my mother is safe and well cared for.	Assessment/reassessment will be needs based for the individual(s) concerned.
45	As a parent carer of two and sole carer having been widowed young and no help from extended family the respite service has given me time to relax and have a break from all the stress physical and mentally, being able to come and go as I please, to do what I want or need to do is wonderful to recharge my batteries and knowing the care received as the respite place is superb.	No response required.
46	It takes many days for a carer, especially a carer who's been caring 24 hours per day for many years (maybe not so much for a carer who spends only a few hours per day in the role) to recharge their depleted mental strength, their sleep and to completely recharge their batteries. This is not a holiday for the carer, it is a necessary and essential break to re-energise	No response required.

	themselves in order to continue coping when the person they are caring for returns home.	
<b>Further comments or suggestions</b>		
<b>Number</b>	<b>Comment:</b>	<b>Council response:</b>
47	Reducing the need for respite in the first place should also be looked at. This comes from effective signposting at the beginning and a good assessment process that encourages people to consider existing resources. We should also, where appropriate, be encouraging people to be independent and giving people skills to manage their caring responsibilities. I do hope that when the inevitable backlash against any change to respite comes the council will be able to defend its position and not cave in at the first sign of opposition. The authority needs to decide on a principled approach and then defend it vigorously otherwise we'll revert to a system where "he who shouts loudest gets best service".	No response required.
48	I am concerned that my need for respite is based on the judgement of someone, however experienced they may be. It seems too subjective and past experience has proved this. Also due to the constant stress of caring I have to say that the only time I have felt as I have had a true break is when the person being cared for was in a respite home for a week.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
49	I know for a fact that people are given up to 56 days a year and people who have the same disability are only given 16 nights respite.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.

50	Take out the banding assessment / allocation. As reviews for assessments didn't always take place on time, there must be a system in place where a carer can book respite past the date of the reassessment date provisionally. Continue to allow mixed packages of care to include a variety of ways to meet people's needs including DPs and overnight. However, please be mindful some people use these services to meet different aspects of their own needs (i.e. other responsibilities, working, social opportunities, sleep, other caring roles).	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.  People who have had an assessment will be able to book up to 14 days respite for the next year whilst awaiting their reassessment.
51	I have my respite down Trem Y Mor and my Mum needs a break. She works hard to help me lead a fuller life and we both deserve help when needed.	No response required.
52	As above, a) priority of funding should be given to the most vulnerable in our community. This policy doesn't do that. b) The methodology fails dramatically to recognise the demands on carers and service users of caring for someone entirely dependent on carers.	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-based or alternatives that are most suitable to their individual support needs.
53	See attached emails which is a summary of the problems we've had in the past in booking respite care. This was regarding Dan y Bryn, but the same problems are relevant today, in particular reassessment.	For the sake of confidentiality, individual cases have not been commented on. Individuals attending public consultation meetings were invited to speak to senior staff afterwards on a one to one basis.
54	Being in respite means that also during the night the carer can have a restful and undisturbed sleep which benefits their health and wellbeing. Those who go into respite enjoy the experience and look forward to their visit.	No response required.
55	At the consultation meeting I came away feeling that respite care was going to continue and that we were genuinely being listened to. But, yet again, this was another delusion. On reading the report I can see you	Allocation will be based on individual assessed need. The purpose of the policy is to provide flexibility on respite provision so that people can access buildings-

	were “pulling the wool over our eyes” by only giving us some information and not telling us everything – in fact, you were misleading us with what you’d said. By having the ‘score’ boxes, it will mean that most people won’t have the required score for respite in its true sense – a break for day and overnight periods. This means that you’ll do away with respite for many ‘desperately in need’ carers. It looks like you’re trying to outsource this requirement through direct payments etc. which provides yet more stress for carers – as if they haven’t got enough to cope with already. The council carers are brilliant in most cases, but the care from outside agencies doesn’t reach anywhere near the standard of the council, and yet, that’s the route you seem to want to go down.	based or alternatives that are most suitable to their individual support needs.
<b>Public Consultation Meeting held at Trem Y Mor</b>		
<b>Number</b>	<b>Comment:</b>	<b>Council response:</b>
56	We can never get in to Plas Bryn Rosyn. Brokerage doesn’t work very well as it is Monday to Friday. Days are precious to me, what’s wrong with weekend admissions?	Weekends are difficult to arrange. We have set up a meeting to discuss issues people have with booking respite.
57	Who is that hardship for, you or PBR? It is difficult for us but no different to other days. We need action.	We are happy to have some conversations with PBR.
58	Caewern was absolutely fine, the staff that worked there were the ones that work in PBR.	We have increased the amount of beds in PBR from 8 to 12 to offer better access to respite.
59	Do you reduce the beds in winter because ABMU use the beds for Step Up Step Down? We break our hearts when loved ones have to go into respite. People don’t	A pilot was held for a couple of weeks. Our booking system showed a drop in respite for winter that

	just need respite in the summer. You should tell ABMU to find their own beds.	allowed us to utilise these beds differently over winter.
60	Will there be more pilots? Will there always be 12 beds?	We are not going to introduce this pilot this winter.
61	What are the procedures for booking? Will you allocate places other than PBR if there is no availability?	A meeting was set up to look at issues with booking.
62	It is not rare! I have had private respite the last 3 times due to lack of availability.	We try and use designated beds but accept that this isn't always possible and may need to use alternative care homes.
63	PBR is impersonal. Why did you move from DYB?	The majority of beds in DYB are long term beds, it is difficult to manage referrals alongside this. PBR is more central and enabled us to increase the number of beds for respite.
64	Why can't you employ someone to manage this? Where did the feedback come from?	A broker manages placements in PBR.
65	It is not being used as we can't get into the place, everyone can't get in as there is not enough beds.	We have increased the number of beds from 8 to 12.
66	In regards to the respite allocation, we need some positivity not just negativity. The problem comes when we are awaiting our confirmation of our next respite allocation – we cannot book any respite until confirmed.	We have included in the policy that people who have had an assessment will be able to book up to 14 days respite for the next year whilst awaiting their reassessment.
67	I don't have a great problem with Brokerage, I usually book the whole lot straight away but I have to get in early. Why do you need brokerage, can't I just ring PBR myself?	Brokerage has been going for 1 year now, we have been able to reduce bed wastage. There is a need to coordinate paperwork. We can look at having a reserve list to maximise beds more effectively.
68	There is now human side to brokerage. Can you utilise technology and have an online diary? Why aren't you	We have linked in with IT to see if we can develop an online diary.

	monitoring the situation with these beds? It is simple business.	
69	Are private firms registered to the authority?	Yes, there is an accreditation process for homes and we undertake monitoring visits once a year and deal with any issues which arise.
70	Once a year isn't enough, we have to put our loved ones into private care.	Care Inspectorate Wales (CIW) also inspect the home.
71	Why do we have to change social workers every year?	The team managers of the Network teams try to keep continuity where possible, but cannot guarantee the same social workers due to staff shortages, sickness etc.
72	I have no problem with TYM, however I didn't get to use all my respite (beyond control), does this go against me, and will I get less?	No, allocation of nights will be done in line with policy and assessed need.
73	We didn't get the policies until the 8 <sup>th</sup> July but it came out on the 17 <sup>th</sup> June. Can we have a flow chart of respite? It is our lifeline.	We are developing a flowchart.
<b>Public Consultation Meeting held at Neath Civic Centre</b>		
<b>Number</b>	<b>Comment:</b>	<b>Council response:</b>
74	When my daughter goes to respite in TYM, my husband and I only have a small window – we don't want anyone else in our home.	No response required.
75	My wife currently has 56 nights respite, will she be entitled to keep them?	Allocation will be based on assessed need.
76	My son didn't manage to use all his nights, will that be held against him?	No, it is based on assessed need.

77	<p>I became a carer and didn't know where to go – the Carers' service were amazing. I had huge concerns around the care my mother in law had. It is difficult to find a place to trust, there are reasons that I didn't use my allocation of respite [safeguarding concerns].</p> <p>Respite is for carers to recharge their batteries, the reality is that we worry more when they are in respite. PBR was amazing. She now requires me being with her all the time. I want allocation on a rolling basis and I want a specific location. There is a lack of system in Brokerage, I would like my respite allocation in writing. Brokerage should pass the assessment to the care home so they can assess 2 days before. The Council needs to look at the care homes.</p>	A group was set up to look at the booking process.
78	<p>These people need their respite. The Council carers are brilliant and give us a break day in, day out. Some respite days are kept back for emergencies. With reallocation/reassessment, Brokerage wouldn't allow me to book a provisional date for respite whilst assessment was undertaken.</p>	People who have had an assessment will be able to book up to 14 days respite for the next year whilst awaiting their reassessment.
79	<p>Taking into account other services is unfair and misleading. It is important to have overnight respite. I do not agree with ticking boxes – it is just another way of cutting overnight respite. Unjustified. I fail to see that this is fairer or a more 'bespoke' service and some people will have allocations cut. I don't see day service or homecare as respite – if it is an assessed need then it must be met! They are all needed. Your proposed</p>	The policy and assessment tool are intended to improve access to respite for those who need it. It removes the current 'arbitrary' bandings, recognises that buildings-based overnight respite is not for everyone, but ensures those with an assessed need will receive respite in whichever form and level is most appropriate to their individual needs and circumstances. Reference to home care has been

	policy causes hardship, I hope I am proved wrong but he will end up in residential care! I need to prepare meals and meds. I do believe that respite should be overnight and holistic. It would make financial economic sense to keep clients at home. You are misleading carers.	removed from the assessment tool. Supporting unpaid carers remains a priority for the Council.
80	I have had dementia for 10 years. I don't want to be in a respite care home, but my wife needs respite. I have isolation and loneliness in respite – there is no internet and I rely on the internet to communicate.	People were invited to discuss personal issues after the meeting.
81	I don't use respite at all at the moment, however I am concerned for the future. Who determines the amount of hours? Will the whole family dynamic be taken into account?	The social worker will assess with a multi-disciplinary team, the existing services, family situation will be taken into consideration along with the carer's assessment.
82	How is feedback going to be given to people after the consultation?	Feedback will be published.
83	You can use direct payments, if you are lucky enough to get them – to use more expensive services – the terminology is not right and the policy is misleading.	Direct Payments are available to anyone with an assessed eligible care need. A separate Direct Payments Policy is being developed.
84	Will the reallocation of respite happen in January?	Your reallocation of respite be in line with your review/reassessment.
85	I was granted direct payments in May and they haven't started yet.	There is currently a capacity issue in the Direct Payments team and we are working to resolve this.
86	My son attends TYM and it is amazing for him. They helped out at time of need and always contacted me when there was a problem. The service is essential.	No response required.
87	I agree, PBR is amazing. There was a loss of expertise when Gelligron closed. You are contracting out and no	All domiciliary care agencies have electronic logs to make sure that calls are at the correct time and

	one is policing. Need un-warned inspections. My wife was having Homecare but now they are transferring?	lengths. We undertake contract monitoring visits to ensure providers deliver quality services.
88	We need a telephonist on Brokerage, it is frustrating not being able to get through. We need to be more modern.	We have recently introduced this into brokerage.
89	Can Shared Lives be used for respite? If my son is in day service will this be taken into consideration?	We are reviewing at the moment but would look at all services and family circumstances holistically.
90	What about emergency respite?	We recognise the need for emergency respite and this policy would not prevent placements made in an emergency.
91	When will this be implemented?	End of the year - this will be taken to Cabinet in November and we will feed back to you. Thank you for coming to this meeting to feedback concerns and queries.