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<th>Carer’s Breaks (Respite)</th>
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The policies and procedure database holds the most recent and approved version of this guidance. Staff must ensure they are using the most recent guidance.

**RELATED REFERENCE DOCUMENTATION:**

LUTON CARERS STRATEGY  
LUTON SHORT STAY POLICY  
LUTON REABLEMENT FLATS POLICY  
LUTON DEMENTIA STRATEGY  
LUTON CARERS EMERGENCY PLAN POLICY
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### Change Record

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Summary of changes made to last approved version:

### Equality and Diversity

The **Equality Act 2010** seeks equal opportunities in the workplace and in wider society; and prohibits discrimination on the grounds of any of the following protected characteristics in relation to goods, services and employee protection;

- Age
- Disability
- Gender Reassignment
- Race
- Pregnancy/maternity
- Race
- Marriage/civil partnership
- Religion and Belief
- Sexual orientation
- Gender

The Equality Act aims, and in particular its General Duties, applies across the council and to any organisation delivering services on a contractual, commissioned or voluntary basis on behalf of the Council.

**Feedback:**

Our customers expect first class service and we aim to provide it. We therefore welcome feedback about our policies and procedures.
Contents

1. Introduction

1.1 What this policy covers

2. Accessing Carers Breaks Services

2.1 Eligibility & statutory framework

2.2 Funding & care arrangements

3. Definitions, criteria, authorisation & charging

3.1 Day Care

3.2 Sitting Service

3.3 Temporary stay in a residential or nursing home setting or learning disabilities respite unit

3.3.1 Process for service users admitted to hospital whilst in temporary stay

3.3.2 Using Direct payments for short term care in a care home

3.3 Shared lives for people with learning disabilities

3.4 Carer's break opportunities using a direct payment

4 Carers direct payment scheme

5. Carers Emergency plans

Carer’s breaks Policy
1. Introduction

1.1 What this policy covers

Carer’s breaks provide a carer with an opportunity to have a break from their caring role while the person they care for is looked after in either a community or residential setting.

This policy applies to carers of adults (over 18 years). A carer is someone who spends a proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, has a physical or learning disability or has mental health needs.

If you are a young carer (under 19) you may need different services which the Local Authority can discuss with you.

This Policy covers Carer’s Breaks where one or a range of the following services are delivered to the cared for person (client) for the benefit of the carer to have a break from their caring role:

- Day Care
- Sitting Service
- Temporary stay in a residential or nursing home setting or learning disabilities respite unit
- Shared lives for people with learning disabilities
- Carer’s break opportunities using a direct payment

**Services can only be provided to the client if they agree to have them and are subject to assessed and eligible needs** (see section 1.2). While a carer’s break is used for the benefit of the carer to have a break from their caring role, it should also take the needs of the client into account in order to make it a positive experience for both the carer and the client.

For services and opportunities to help Carers to meet their needs while having a break from their caring role or support them with an activity linked to leisure, health, study or employment please refer to carers direct payments. These are one-off payments that may be offered subject to an identified need following a carer’s assessment. Examples include a one-off payment to: cover the cost of accommodation on a break away; towards a gym membership; or holistic treatment.

**Aim**

To enable carers to have a break to promote the carers health and wellbeing, avoid social isolation and to provide breaks from caring to pursue their own interests such as education, employment and leisure. For the client it is focused on prevention designed to help individuals remain at home.

2. Accessing Carers breaks services
2.1 Eligibility & statutory framework

The eligibility for access to carers breaks services are based on the outcome of a community care assessment and a carers assessment.

Once these assessments have been carried out the Council needs to make a decision about whether to provide support or not to individuals. Fair access to care (FACS) provides Councils with an eligibility framework for adult social care to identify whether or not the duty to provide services. Luton Borough Council’s eligibility criteria is set to substantial/critical.

Where a client or carer does not meet the eligibility criteria they will be offered advice and information about other support services available.

Where both the client and carer have an assessed eligible need a care plan is completed which gives an indication about the amount and types of carers break service required to meet those needs. The care management worker involved will discuss with you your requirements, and also ask you to sign a financial form as you may have to pay the assessed charge.

2.2 Funding and Care arrangements

For eligible clients (the person you care for) the amount they contribute towards the cost of their care is determined by the outcome of a financial assessment. Individual services may also have specific charging arrangements. Please refer to section 1.3 and also Luton Borough Council’s Charging Policy for Non Residential Services (Fairer Charging).

Self Funders

If the cared for person (client) has capital savings\(^1\) of more than £23,250 they will pay the full cost of their care and the contracts for care would usually be between the client and the provider and the client would usually make their own care arrangements. In this case they would be referred to as a self funder.

Self funders have the right to an assessment to determine the type of care that may be required to meet their needs. They will be provided with information and advice about how they might meet their care needs and the services that are available in their area to assist them to make informed choice about their care.

Some services are only available to individuals that have an assessed eligible need – e.g. day care/sitting service, therefore the client would still need to go through the assessment process to access these services.

Full Costers

\(^1\) Capital savings includes all bank accounts, stocks, shares, second properties, premium bonds but does not include the house you currently reside in.
Some services are only available when commissioned through adult social care e.g. supported living and day care, and where the client has capital savings of more than £23,250 they will pay the full cost of this care based on the Luton Borough Council charging policy and these people are referred to as full costers.

**Direct payments and Council Commissioned care**

Where the cared for person (client) has an assessed and eligible need and has capital savings of less than £23,250 the Council may contribute towards some or all of the cost of their care.

Where the Council contributes towards the cost of care Luton Borough Council uses a resource allocation system (RAS) to give an indicative or personal budget for the cost of meeting the client and carers needs. An allocation for carer’s breaks will form part of this budget. This can then be accessed by the client as a direct payment or through commissioned care.

Commissioned care is care arranged on the client’s behalf by the Council. Any contribution the client makes towards the cost of this care is invoiced by the Council to the client.

Direct payments are a way of receiving a personal budget as a sum of money which the client is then able to spend in a way they think best meets their needs. This is only available to people who have below £23,250 capital savings. A direct payment gives people more choice and control over their own lives. The person in receipt of the direct payment is free to make their own care arrangements directly with providers and any contracts for care are between the client and the provider. To receive a direct payment the client or their carer must be able to manage the administration of the money alone or with support.

**3. Definitions, criteria, authorisation & charging**

This section is for people who meet the FACS eligibility criteria (Refer to section 1.2.1).

**3.1 Day Care**

**Definition**

Day Service provides day care; organises and manages day activities to deliver the support required by individuals in line with their assessed need. The service facilitates access to valued meaningful opportunities during the day in a social and safe setting. This includes delivering a range of day activities and working in partnership with third sector providers in a variety of community-based facilities. Day services are designed with the clients needs in mind, however, they also provide an opportunity for the carer to have a break from their caring role.

**Criteria for accessing day care**
• The client has an assessed eligible need in line with FACs Criteria (refer to section 1.2).

• If eligible, individuals have to be 65 years and above to access Older persons Day Service and 18 – 65 years for all other services. You may continue to use day services for learning disabilities if this remains your primary need subject to assessment.

Authorisation & Charging:

Further to a community care assessment and carers assessment, if the client and carer have an assessed eligible need and Day Services is recommended as part of the person's care plan, the recommendation is presented to a Panel who authorises the recommended care package as deemed fit. After which a referral is made to Day Services.

The client will have a financial assessment to ascertain if they will contribute to the cost of attending the service, the charges for this are set out in Luton Borough Council's Charging Policy for Non Residential Services (Fairer Charging).

3.2 Sitting Service

Definition

A sitting service is where someone comes into the home of the client for up to 4 hours a week to enable the carer to go out and have some time of their own. The carer can use the time to undertake shopping or visiting a friend or to continue with or recommence an activity or hobby where they need support to look after the person they care for while they are away. The cared for person has to be in agreement to this service being provided.

Criteria for sitting service

• The client has an assessed eligible need in line with FACs Criteria (refer to section 2.1)
• The client cannot be left unattended for this period of time
• The cared for person is over 18. The carer can be 16 or over in order for a sitting service to be in place following a carers assessment.

Authorisation & Charging

Further to a community care assessment and carers assessment, if the client and carer have an assessed eligible need and a sitting service is recommended as part of the person's care plan, the recommendation is either authorised by team manager or presented to panel depending on the level of the care package. After which a referral is made to brokerage to arrange a service or a Direct Payment is given so carer/customer can make their own arrangements.
This service is non-chargeable to either the carer or the cared for person for up to 4 hours per week. Refer to Luton Borough Council’s Charging Policy for Non Residential Services (Fairer Charging). The cost of the sitting service is factored into the client’s indicative budget and Carers of people who are self funders are also entitled to a sitting service where there is an assessed eligible need.

3.3 Temporary stay in a residential or nursing home setting or learning disabilities respite unit

Definition

Respite care is a generic term for a temporary rest period. Residential respite care in either a residential or nursing home setting is categorised by Luton Borough Council as either a **short stay or carer’s break (residential)**.

**Short stay** - Defined as a temporary residential stay for the Client for the **benefit of the Client**. To be used for service users who can not remain living in the community for a temporary period. This is covered separately under Luton Borough Council’s short stay policy.

This policy covers **Carer’s Break (residential)** - Defined as a temporary residential stay for the cared for person (client), **for the benefit of the Carer**. To be used for the Carer to have a break from their caring role.

For older people, and those with mental health issues or physical disabilities this can be in either a nursing or residential home.

In addition for people with a learning disability there are opportunities to spend time in small residential respite units through independent providers or through the councils own in house service. This allows carers to have a break from their caring responsibilities and at the same time the person with a learning disability can experience time away from the family setting, making new friends and being supported to learn new skills.

**Criteria for carers break (residential)**

- The client has an assessed eligible need in line with FACs Criteria (refer to section 1.2).
- If eligible the client has a short term accommodation need in order to provide their carer with a break.
- And there is a clear plan for the client to return to their usual accommodation & care arrangements.

**Criteria NOT eligible**

- The carer is unable to fulfil their caring role e.g. in hospital. This would be classed as a short stay as it is not for the benefit of the carer.
- The client is unable to return home or remain living in the community due to home environment issues, waiting for adaptations or because of safeguarding or crisis situation. Follow the short stay policy.
- The client’s condition has deteriorated and they can no longer remain living in the community. In these circumstances the person should be considered for reablement or permanent placement or a short stay.
- People with no settled or permanent accommodation.
- People with no recourse to public funds, subject to legal clarification.

**Authorisation**

Further to a community care assessment and carers assessment, if the client and carer have an assessed eligible need and residential carers breaks are recommended as part of the person’s care plan the recommended allocation for temporary stay(s) can be authorised as follows:

- Team manager - up to 21 days (3 weeks).
- Service manager – 22 days -42 days (3-6 weeks).
- RAP - Allocations exceeding 42 days (6 weeks), & unscheduled residential carers breaks where original allocation is exceeded.

Important:
- If placement exceeds agreed commissioned rate with provider it will also require service manager approval.
- All carers breaks will have authorisation for the duration of the stay in advance.
- All carers breaks will have a start and an end date. Any extensions that exceed allocation will require panel approval.

Once the client has their annual allocation this is pre-authorised for the year and the client or carer can book residential carers breaks using this allocation in a number of ways. (Refer to procedure)

**Extending or exceeding allocation**

It is important for the client & carer to manage their allocation throughout the year to ensure they have enough. There may be exceptional circumstances where a carer/client has used all of their allocation for the year and the carer requires another break within the same year in order to sustain their caring role. In these circumstances other forms of carers breaks should be explored e.g. sitting service, day service.

Authorisation would be on a case by case basis. Resource allocation panel authorisation is required for any temporary residential stays that exceed an annual allocation or 6 weeks continuous stay.

**Charging for residential carers breaks**

Clients with capital savings of less than £23,250 will be charged the current Luton Borough Council rate for Respite (2013-14 £87.50 per week, £12.50 per night) for up to the first 8 weeks of a continuous stay as set out in the Charging for residential accommodation guidance (CRAG). It is important to note that this does not mean that the service user is entitled to 8 weeks short stay, the length of stay(s) are determined by the outcome of assessments.
After the first 8 weeks the Local Authority must carry out a financial assessment of the client’s ability to pay. Luton Borough Council will carry out a financial assessment in accordance with the CRAG guidance. It would be anticipated that a residential carer’s break would not be more than 8 weeks continuous stay. Clients can request a financial assessment at any time if they feel they are unable to pay the standard rate.

Refer to Luton Borough Council’s Charing Policy for Non Residential Services (Fairer charging) for circumstances where no charge is made.

**Effects on State Benefits**

Any stays in residential care or hospital or more than 4 weeks will effect DLA and Attendance Allowance. It is important to note that any stays that do not have more than 28 days separating them will be counted as one stay.

**Council Commissioned Care**

Where the client has their carer’s break commissioned by the Council, the Council will pay the provider in full and the client will be liable for their contribution and will be invoiced for the appropriate amount.

**Direct Payments**

Where the client is in receipt of a direct payment the contribution is automatically deducted from the direct payment amount the client receives. Under direct payment rules the client is obligated to pay the provider using their own money equivalent to their contribution (£12.50 per night unless assessed otherwise) and the balance using their direct payment. Any contract will be between the client and the provider.

**Self Funders**

Clients with capital savings of more £23,250 or more will pay the full cost of the placement and any contract will be between the client and the provider.

**Top ups**

The Council works with a number of providers at an agreed commissioned rate. If however the client chooses a home above the agreed council rate this would be liable for a top up fee to be paid for by the client.

3.3.1 Process for service users admitted to hospital whilst in temporary stay

3.3.2 Using direct payments for short-term care in a care home

There are specific regulations relating to the use of direct payments for short term care in a care home which applies to both short stays and residential carers breaks. Where a stay is referred to below this can be any temporary stay in a care home so this may be a mix of both short stays and residential carers breaks.

Direct payments are intended to support independent living and, as such, they cannot be used to pay for adults to live for the long term in residential care. They can be made to
enable people to purchase for themselves a short stay in residential care, provided that the stay does not exceed a period of four consecutive weeks in any 12 month period.

The regulations also specify that where the interim period between two stays in residential care is less than four weeks, then the two stays should be added together to make a cumulative total, which should not exceed four weeks if it is to be paid for with direct payments. On the other hand, if two stays in residential care are more than four weeks apart then they are not added together.

Once the direct payment recipient has had four consecutive weeks in residential care, or two or more periods separated by less than four weeks which added together total four weeks, then they cannot use their direct payments to pay for any more residential care until 12 months have passed from the start of the four-week period. On the other hand, as long as each stay is less than four weeks and there is an interim period of at least four weeks between two or more stays which added together exceed four weeks, then the service recipient may use their direct payments to pay for residential breaks throughout the year.

For example, someone might have one week of residential care every six weeks. Because each week in residential care is more than four weeks apart, they are not added together. The cumulative total is only one week and the four-week limit is never reached. Another person might have three weeks in residential care, two weeks at home, and then another week in residential care. The two episodes of residential care are less than four weeks apart and so they are added together making four weeks in total. The person cannot use their direct payments to purchase any more residential care within a 12-month period.

People can receive additional weeks in a care home once they have reached the four-week maximum. They cannot purchase the stay using their direct payments, but if the council considers that a longer stay is needed, it can still arrange and fund stays for the person. There is no restriction on the length of time for which the council may arrange such accommodation for someone. A person may also use their own money to pay for additional residential stays.

### 3.4 Shared lives for people with learning disabilities

**Definition**

Shared Lives provides accommodation and support to adults with a learning disability in the homes of people living in the community. Shared Lives carers are trained and approved by Luton Borough Council for this purpose.

The person with a learning disability is carefully matched with a Shared Lives carer to ensure a positive relationship is created.

**Authorisation**
Further to a community care assessment and carers assessment, if the client and carer have an assessed eligible need and shared lives is recommended as part of the person’s care plan, the recommendation is either authorised by the team manager or the panel depending on the level of the care package after which arrangements to deliver the service will be made.

The client will have a financial assessment to ascertain if they will contribute to the cost of attending the service. The charges are the same as the charging for residential carers breaks, please refer to this section of the policy and Luton Borough Council’s Charging Policy for Non Residential Services (Fairer Charging).

3.5 Carer’s break opportunities using a direct payment

Direct payments give greater choice and control for a person to decide how best to meet their needs. Where a direct payment (or element of a direct payment) has been allocated to meet the needs of the carer as long as it can be demonstrated that the payment is used for the care needs of the client there are many opportunities for the carer to have a break.

For example many companies now offer holidays where care can be provided on site within a hotel or complex so that a whole family can go on holiday together but the clients care needs are met by someone else meaning the carer can have a break and still be with them or nearby. A direct payment could be used to pay for the care element while the holiday is paid for using the families own money. There are also opportunities to have someone caring for the client in their own home while a carer has a break away.

4. Carers Direct Payment Scheme

Definition

The Carers Direct Payments Scheme can provide one-off payments to carers to promote their own health and well-being, pay towards a short break for them or purchase equipment that will ease their caring role.

Criteria

A Carers Direct payment may be awarded to a carer following an identified need through a Carers Assessment or Carers Review.

Examples of support that might be given include:

- White goods in order to assist the caring role.
- Course, tuition fees, materials, equipment to assist a care in returning to work
- A short break away for the carer to relieve stress
- A family holiday
- Membership of a club, association or gym or holistic therapies to promote the carers wellbeing
Direct payments cannot be used for simple income replacement, for example, for electricity or gas bills, food shopping or general household goods. Payments cannot be used to pay for services for the person being cared for.

**Authorisation**

Further to a carers assessment or carers review, if the carer has an assessed eligible need and a carers one-off direct payment is recommended an application can be made by the social worker. The recommendation is presented to the Carer’s Panel for authorisation and the carer will be informed of the outcome and if successful the one-off payment is made to the carer.

This process sits outside of the RAS and does not form part of a person’s indicative/personal budget.

5. Carers Emergency plans

**Definition**

A Carers Emergency Plan is designed for a carer providing ‘regular and substantial care’ and is available regardless of whether the cared for person receives any statutory services or not. It can be seen as a preventative or planning for an emergency tool.

A Carers Emergency Plan helps prompt carers to clarify their wishes about what might happen in their absence. This may involve discussion and negotiation with family and friends, or thinking about what support may be required in the event of an emergency arising. Please refer to the Carers Emergency plan policy for further information.
3.3.1 Process for service users admitted to hospital whilst in temporary stay

1. Client is admitted to hospital

2. Period of 72 Hours elapsed – notified by phone call – to Community Duty Team – 547197 or 547198 – to alert

3. Duty team to ascertain who named worker is – and send care first message

4. If allocated worker on holiday/sick – duty to continue

5. Home to follow up with confirmation of by email to Duty Team Worker that client has been in hospital for 72 hours. – forward to named worker if available AND hospital Social Work Team admin (see 4 above)

ALLOCATED WORKER TO CARRY OUT THE FOLLOWING:

*Current worker to contact family and arrange for belongings to be removed as soon as possible and advise family that the placement is going to be closed.

- If no family available then Home will be required to put the clients belongings into safe storage.

- BRO2 to be completed by allocated worker or Duty Worker to close the Service Agreement with contracts

- Allocated Worker to notify Brokerage by Email/carefirst msg.

IF NO ALLOCATED WORKER – OR NOT AVAILABLE – DUTY TO UNDERTAKE THE ABOVE

- The hospital discharge teams will need to be made aware that this is the process and if after the 72 hour period that the service agreement will be closed and that if they need to return to the home a new request will need to be made, through the hospital discharge team.