

PE1499/C

10 January 2014

Andrew Howlett
Assistant Clerk
Public Petitions Committee
T3.40
Scottish Parliament
EDINBURGH
EH99 1SP

Dear Andrew

Petition PE1499: Creating suitable respite services for younger disabled adults with life-limiting conditions

Thank you for your email dated 28 November 2013 inviting Midlothian to comment on Petition No PE1499.

The petitioner calls for the Scottish Government to encourage charities to develop respite facilities for adults aged between 21 and 41. A recent decision taken by Children's Hospice Association Scotland (CHAS) means that they no longer provide respite services for Adults over 21 years of age.

With the introduction of Self Directed Support and the existing Direct Payment system there is a move away from the use of dedicated facilities to more use of flexible support and alternative solutions to the need for respite arrangements. This support can be offered in peoples own homes or the use of holiday/leisure options. The usual process would be to assess and agree the need and level of respite required, then work with individuals and their families to agree how this will be provided in a way that suits them best.

There is a move away from the use of fixed buildings, where possible, which is at odds with the premise of the petition. Creating a new respite facility for this specific client group would be expensive and before such a facility could be developed it would be important to assess the level of demand to see if setting up such a service was justified. It will be important to make sure that if such a facility was set up it would be used fully. The setting up of such a service might have knock on effects to existing respite services and make them unviable.

Within Midlothian demand for this type of specialist provision would be extremely small making the development of such a resource within our area unfeasible. I imagine many geographic areas would have similar issues. Due to the limited nature

of the demand Midlothian would not wish to contribute to a national contract for such a service and would commission on an individual basis.

Currently respite care for adults is generally paid for by social work departments with a contribution by the NHS depending on the level of care needs of the individual, some charges may be made for respite but they do not cover local authority's costs.

The petitioner notes the importance of social contact with other people of similar ages and who have similar conditions as part of the respite experience. However, if demand for such a service is low a facility could end up being created to cater for only one or two people at one time.

Local authorities do have a national agreement with CHAS and this agreement means that all local authorities make a financial contribution to CHAS, the NHS also makes a similar contribution, but the bulk of funding for CHAS services is raised by CHAS through its fundraising efforts. Existing Hospice and respite care services for children and for cancer patients are provided by charities such as CHAS, Marie Currie and St Columba's. It would be necessary to find out if there is a charitable organisation prepared to set up such a facility for adults between the ages of 21 and 41.

We appreciate that respite care also gives carers a break and an opportunity to recharge their batteries and helps them to continue to provide care when the respite period ends. So we recognise the value of respite care, we are just not sure if building a model for this specific group is the best option.

Thank you for the opportunity to respond to the Petition, we note the issue of respite provision may feature in a full chamber debate at the Parliament and look forward to reading the transcript of the debate.

Yours sincerely

Alison White
Head of Adults and Social Care