

Respite Care Scotland 2015

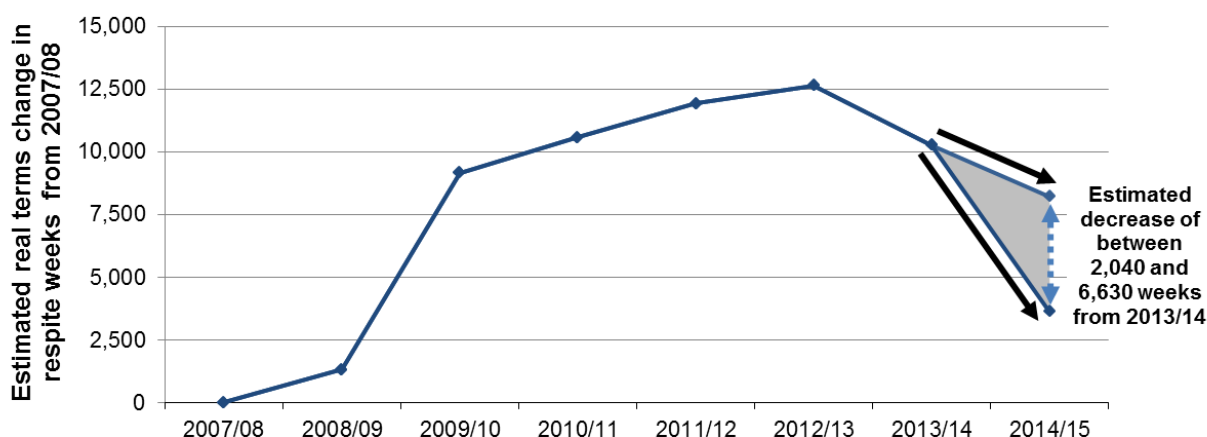
An Official Statistics publication for Scotland

HEALTH AND SOCIAL CARE

This publication presents information on support to carers and in particular respite care services provided or purchased by Local Authorities in Scotland over the financial years 2007/08 to 2014/15. Respite care is a service intended to benefit a carer and the person he or she cares for by providing a short break from caring tasks.

It is estimated that there were between 196,060 and 200,650 overnight and daytime respite weeks provided in Scotland in 2014/15, between 2,040 and 6,630 weeks fewer than in 2013/14¹. However, at least an estimated 7,160 further weeks were provided through direct payments. There were also an unknown number of weeks provided through other forms of self-directed support.

Chart 1: Estimated real terms changes in the provision of respite weeks in Scotland, excluding Direct Payments, 2007/08 to 2014/15



This represents an estimated real terms increase in respite care provision of between 3,620 and 8,210 weeks between 2007/08 and 2014/15.

The more detailed analysis in this publication will be derived from the 196,060 weeks of respite care which were returned in the survey. It should be noted, though, that this is likely to be an underestimate of what we consider the overall weeks of respite to be.

Collecting data on respite care provided or purchased by Local Authorities in Scotland is challenging for Local Authorities, and involves some degree of subjectivity in determining whether a service can be considered as respite care or not.

Over the last year, we have reviewed the collection of this data through discussions with Local Authorities and National Carers Organisations, and it has been agreed that future publications will no longer report on a count of respite weeks, but will aim to look at support for carers more generally.

¹ See section 5.5.3 for more information.

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1. Introduction

This Statistics Release presents information on respite care services provided or purchased by Local Authorities in Scotland to carers over the financial year 2014/15. These statistics have been produced to monitor the concordat commitment to provide 10,000 additional weeks of respite care, and the commitment made in [The Carers Strategy for Scotland 2010-2015](#) to publish statistics on respite support for carers in each year up to 2015.

By carers, we mean people who provide unpaid care and support to family members, other relatives, friends and neighbours. The people they care for may be affected by disability, physical or mental health issues (often long-term), frailty, substance misuse or some other condition. Carers can be any age from young children to very elderly people.

- There are an estimated 759,000 carers aged 16+ in Scotland and 29,000 young carers age under 16²
- Nearly a fifth of carers (18%) say they receive help from family or friends while 69% of carers say they receive no help with their caring responsibilities³

Carers save the economy in Scotland an estimated £10.8bn each year⁴ so support to carers can be of benefit to all (the carer, the person they are caring for and the local authority).

This publication looks at one aspect of support to carers by measuring the number of respite weeks provided or purchased by Local Authorities in Scotland. In order to achieve this, the numbers of nights and daytime hours of respite care are converted⁵ into the total number of respite weeks provided each year.

The introduction of Self-Directed Support⁶, through the Act that came into force on 1 April 2014, has altered the way that care is provided. Self-Directed Support allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes. Local Authorities now have the power to provide support directly to carers to continue in their caring role.

The introduction of Self-Directed Support, however, makes it more difficult to record all respite care provided. Local Authorities will know where respite was identified as a need during the assessment process. Where people choose a direct payment or an individual service fund, however, the council may not know exactly how much was spent on respite services. This means that the survey data collected in 2013/14 and 2014/15 is likely to be

² Scottish Government: Scotland's Carers <http://www.gov.scot/Resource/0047/00473691.pdf>

³ Scottish Government: Scottish Health Survey 2014 - Supplementary Tables <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications/Supplementary2014>

⁴ Carers UK: Valuing Carers 2015 <http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

⁵ Seven respite nights or 52.5 respite hours equal one respite week.

⁶ More information on Self-Directed Support can be found at <http://www.selfdirectedsupportscotland.org.uk/>

less accurate than in previous years. As a result, the reduction in respite weeks gathered in the survey may or may not reflect a reduction to support for carers.

In addition, the value provided by these statistics has come into question for several other reasons:

- collecting the data is a large burden on local authorities (median of around 40 hours for each local authority to collect)
- while revised guidance has been issued, there are still differences in local interpretation of the guidance when determining whether or not a service can be considered to be respite care
- the volume of respite care provided on its own does not provide much useful information about the support provided to carers as support may take many forms including information and advice, a carers support plan, practical support, emotional support and much more

For these reasons, we do not intend to collect data on respite care in this way in the future. Our focus is changing from simply collecting the volume of respite care towards presenting information about carers and the overall support they receive. We will look at a variety of surveys and data sources to bring this together.

Given the issues described above, users should interpret the data contained in this Release in the context of these limitations and with reference to the detailed explanatory information provided.

2. Summary of 2014/15 respite provision

There are many different types of respite care. For example, the cared-for person has a break away from home for a few nights, giving the carer time to do something that they would not otherwise be able to. Alternatively, services can be put in place to support the cared-for person to allow the carer to have a break away from home. Some people want to have a break together, with additional support to make this happen. Sometimes the service is provided in the home for the cared-for person, with the carer having time to do something themselves for a couple of hours during the day. This Release looks separately at overnight respite stays and daytime respite care. Respite nights and hours are converted to respite weeks using the rates of 7 nights per week and 52.5 hours per week.

Some people also choose to receive a cash payment (called a Direct Payment) to buy the care services that they need. In order to provide as complete as possible a picture of respite care provision in 2014/15, this section of the Release combines information on overnight and daytime weeks with a preliminary estimate of the number of additional weeks of respite care that have been provided through Direct Payments. This latter estimate has been made by collecting information on the financial values of Direct Payments provided by Local Authorities for the purpose of providing respite care. These financial values are then converted to an estimated number of respite weeks using the rate of £630 per week / £12 per hour derived from estimates of residential care weekly costs made by the Respite Task Group⁷.

Only 21 out of 32 Local Authorities were able to submit 2014/15 Direct Payments information, so the estimated total number of respite weeks provided in this way will be less than the true value across Scotland. Two of the Authorities that did submit Direct Payments information (East Dunbartonshire and Fife) are known to have included the respite care provided through these payments in their overnight / daytime respite data. To avoid double-counting of such care, the financial value derived estimates for these Authorities have been excluded from the respite week totals presented in this section. Further analysis of the financial values of Direct Payments made is contained in Section 5 of this Release.

In addition to the 196,060 overnight and daytime respite weeks provided in Scotland in 2014/15, there were at least a further 7,160 weeks provided through Direct Payments.

⁷ A Task Group established by the Scottish Executive in 2006 to take forward the respite-related aspects of the response to the Care 21 report. The group last met in 2013.

Chart 2: Number of respite weeks by cared-for age group, excluding Direct Payments, 2014/15

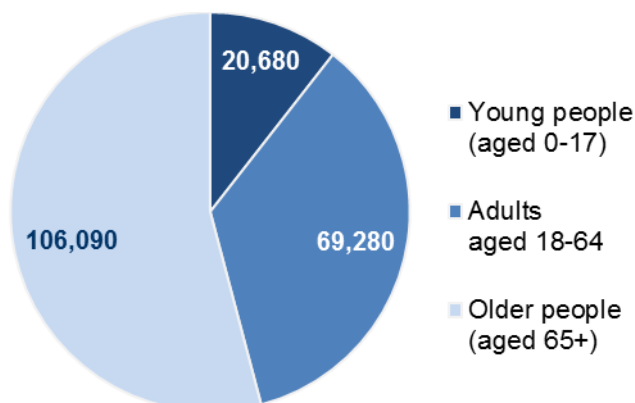
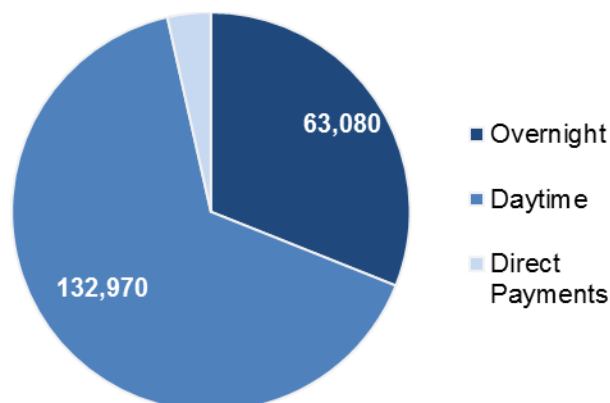


Chart 3: Number of respite weeks by type of care, including Direct Payments, 2014/15



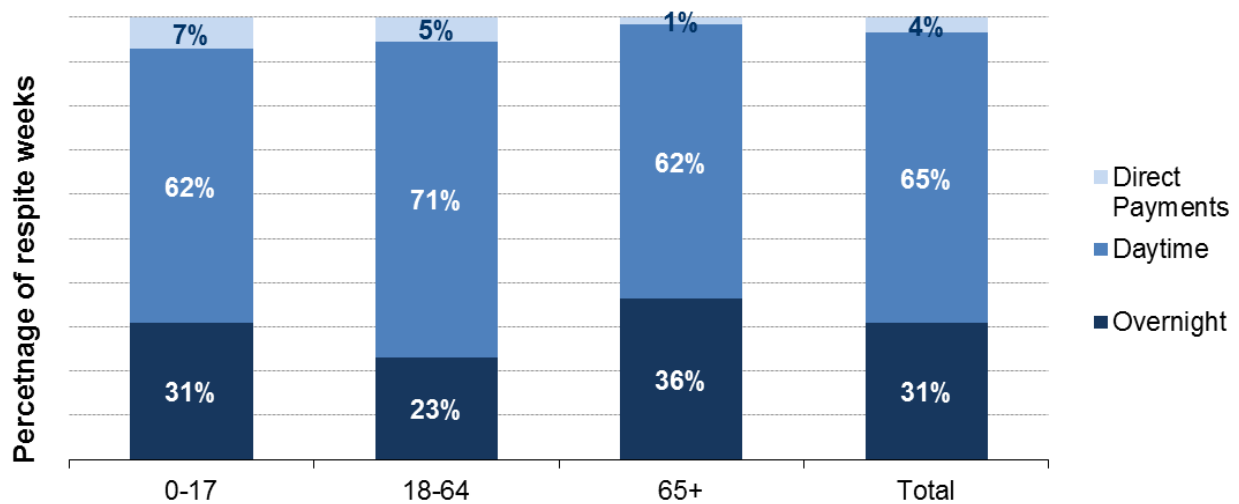
Source: Scottish Government 2014/15

Note: Only 21 out of 32 Local Authorities were able to submit Direct Payment data. Two of these have been excluded from the Direct Payments figures above to prevent double-counting of respite weeks. These factors mean that the 7,160 respite weeks provided through Direct Payments in Chart 3 will be an underestimate of the true value.

Chart 2 shows that the carers of older people (aged 65 and over) benefitted from 106,090 (54%) of the combined respite weeks provided in Scotland in 2014/15, those of adults aged 18-64 from 69,280 weeks (35%) and those providing care for young people (aged 0-17) from 20,680 weeks (11%). Including the additional weeks provided through Direct Payments alters this slightly, to 53% for carers of older people, 36% for adults aged 18-64 and 11% for young people.

Daytime respite care accounted for almost two-thirds of the combined respite weeks provided in Scotland in 2014/15, more than twice as many as overnight care, as shown in Chart 3. Direct Payments were used to provide 7,160 weeks (6%) of respite care. However, it must be remembered that the number of respite weeks provided through Direct Payments is likely to be an underestimate.

Chart 4: Proportion of respite weeks by cared-for age group and type of care, including Direct Payments, 2014/15

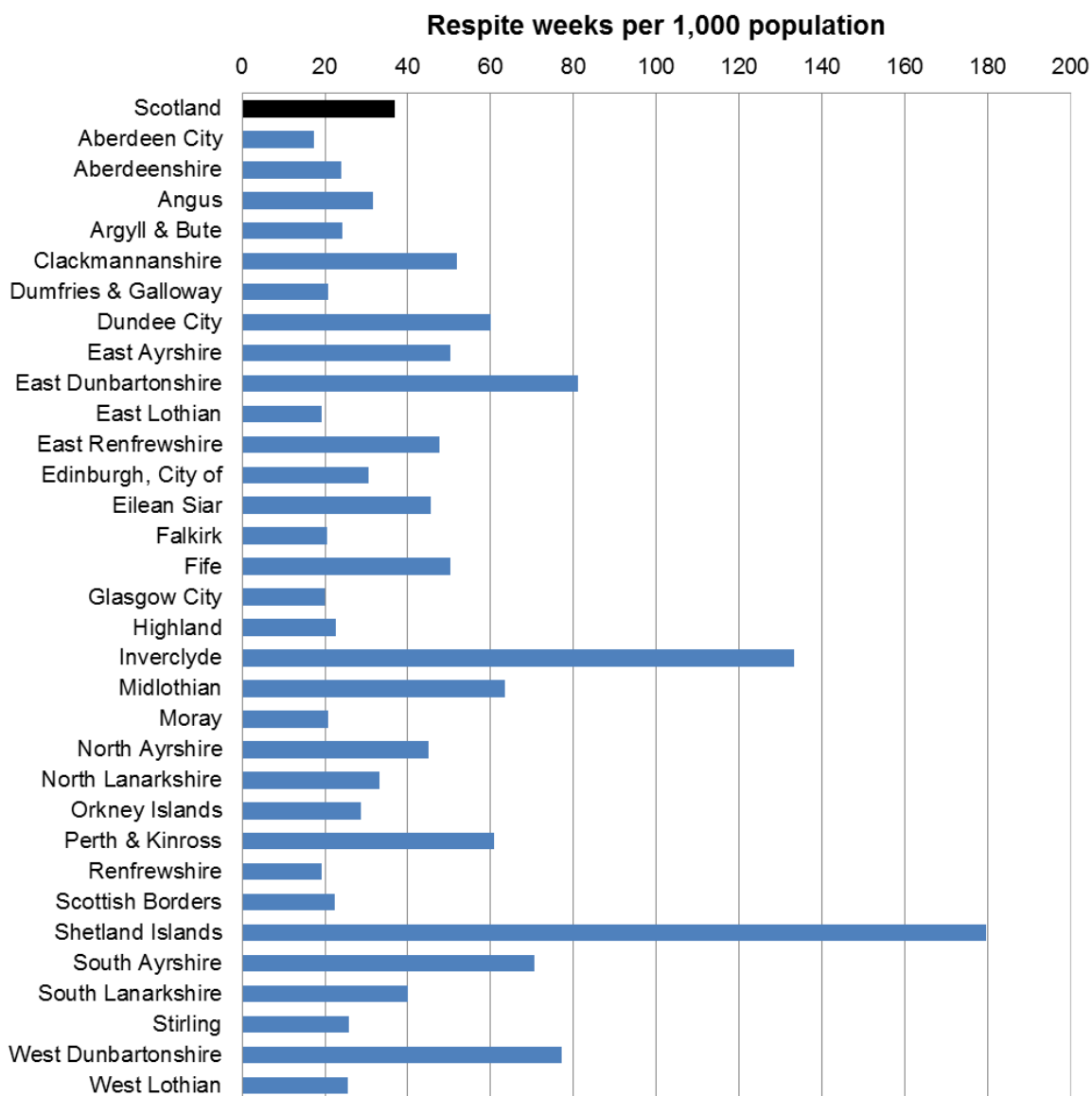


Source: Scottish Government 2014/15

Note: Only 21 out of 32 Local Authorities were able to submit Direct Payment data. Two of these have been excluded from the Direct Payments figures above to prevent double-counting of respite weeks. These factors mean that the Direct Payments figures in Chart 4 will be an underestimate of the true value.

Chart 4 shows that a higher proportion of carers of adults aged 18-64 receive respite during daytime compared to the other age groups. Carers of older people receive more respite overnight than the other groups, but less respite through Direct Payments.

Chart 5: Overnight and daytime respite weeks provided in 2014/15, expressed as a rate per 1,000 population, by Local Authority



Source: Scottish Government 2014/15

Population figures: [National Records of Scotland mid-year population estimates](#)

The per-capita rates of recorded overnight and daytime respite week provision in 2014/15 for each Local Authority in Scotland are given in Chart 5. Any additional weeks of care provided through Direct Payments are excluded from this analysis, on the basis that not all Authorities were able to submit this information. This means, however, that the rates for Local Authorities that provide respite care through Direct Payments is likely to be understated in Chart 5.

The differing rates of recorded respite provision between Local Authorities are thought to be due to variations in the types of respite care they are counting and the methodology they use to calculate hours and nights of care. More information on this is provided in Section 5.6.

3. Estimated real terms changes in respite provision, 2007/08 to 2014/15

When comparing respite provision over the past eight years, only changes in recorded levels of overnight care and daytime care are considered. This is because information on respite care provided through Direct Payments has only been available since 2012/13, and remains incomplete in terms of national coverage.

Local Authorities have been improving and refining their data collection methodologies since 2007/08. In the years where the methodology has been revised, two different sets of respite figures are presented:

- a comparable figure based on the same methodology as the previous year
- a figure based on the revised methodology, which is not comparable to previous years but comparable going forward

Using this approach has allowed Local Authorities to revise their methodologies, whilst still allowing for real terms changes in respite provision to be identified.

Diagram 1 shows how respite weeks data will be presented in this section of the Release. Over the period 2007/08 to 2014/15, there are five sets of comparable figures (denoted by superscript numbers 0-4), each associated with a defined set of national guidance. The comparable sets of figures can then be used to estimate the real terms differences year-on-year.

Diagram 1: Example tabular presentation of respite week figures

		Number of respite weeks provided											
		2007/08 ⁰	2008/09 ⁰	2008/09 ¹	2009/10 ¹	2009/10 ²	2010/11 ²	2010/11 ³	2011/12 ³	2012/13 ³	2012/13 ⁴	2013/14 ⁴	2014/15 ⁴
Example weeks		XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX	XX,XXX
		↑		↑		↑		↑			↑		
		Comparable		Comparable		Comparable		Comparable			Comparable		

Greater care needs to be used if attempting to use the tabular format shown in Diagram 1 to estimate real terms changes over more than one year. Instead, charts such as Chart 1 may be used to visualize the estimated real terms changes in respite week provision across multiple years. Note that the vertical axes of these charts show the estimated cumulative real terms changes in respite weeks from 2007/08. A downward shift from one year to the next represents an estimated real terms decrease in respite weeks between those years, whereas a negative axis value represents an estimated real terms decrease from 2007/08.

The national guidance used to collect respite information from Local Authorities did not change between 2012/13 and 2014/15. As such, Authorities were asked to return 2014/15 information on the basis of a single set of guidance. However, in the explanatory notes supplied with the data returns 11 Authorities identified recording changes related to the roll-out of Self-Directed Support (SDS) and 8 identified specific improvements to their local recording systems over the past year (see Section 5.5 for further details). As a result, an additional degree of uncertainty is associated with making real terms comparisons of Scotland level respite provision between 2013/14 and 2014/15. The likely sense and potential magnitude of this uncertainty is considered in Section 5.5.

Only Scotland level analysis is presented in this section of the Release. Information on respite provision at the Local Authority level may be found in the Annexes. Additional care should be taken when interpreting year-to-year changes within this data, especially in the cases of the Authorities who have experienced known recording changes over the past year.

3.1. Respite weeks provided for the benefit of carers of all age groups

The five different sets of comparable figures in Table 1 show an increase in combined overnight and daytime respite provision from 172,730 weeks in 2007/08 to 196,060 weeks in 2014/15. This is an apparent total increase of 23,330 weeks over this time period, of which it is estimated that 19,710 weeks are due to improved data recording and/or methodology changes and the remaining 3,620 weeks are due to a real terms increase in respite provision.

The number of daytime respite weeks provided in 2014/15 was 132,980, with 63,080 overnight weeks being provided. The balance of overnight to daytime care, with 68% being during the daytime, has remained around the same value since 2009/10, following an increase from 2007/08. This earlier increase is known to have been affected by methodology changes, as Local Authorities generally find it much harder to identify daytime respite.

Table 1: Overnight and daytime respite weeks provided in Scotland, 2007/08 to 2014/15

	2007/08 ⁰	2008/09 ⁰	2008/09 ¹	2009/10 ¹	2009/10 ²	2010/11 ²	2010/11 ³	2011/12 ³	2012/13 ³	2012/13 ⁴	2013/14 ⁴	2014/15 ⁴
Overnight	62,750	62,800	62,730	64,110	64,290	64,650	64,900	66,570	65,880	65,760	65,030	63,080
Daytime	109,980	111,230	132,980	139,460	145,510	146,570	138,820	138,500	139,920	139,320	137,650	132,980
Total	172,730	174,030	195,710	203,570	209,800	211,210	203,730	205,070	205,800	205,080	202,690	196,060
Daytime	64%	64%	68%	69%	69%	69%	68%	68%	68%	68%	68%	68%

Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

At the year-to-year level, estimated respite provision increased in real terms for every year up to 2012/13 (including a relatively large increase in 2009/10), followed by estimated decreases over the past two years, as shown in Table 2.

Table 2: Estimated real terms change in respite weeks provided, 2007/08 to 2014/15

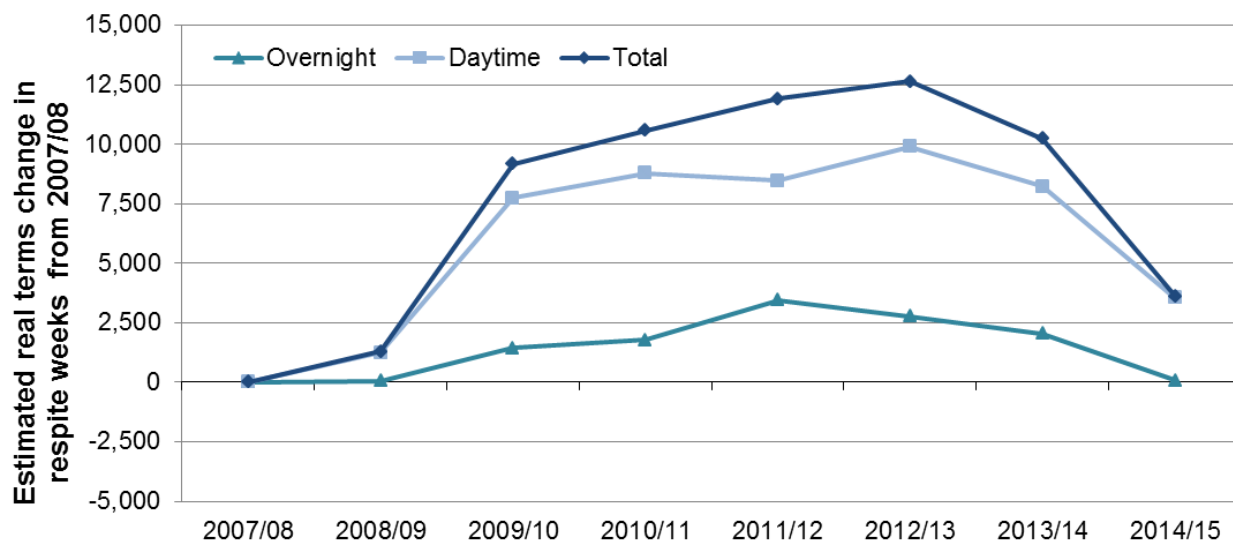
From	To	Change	% Change
2007/08 ⁰	2008/09 ⁰	1,300	0.8%
2008/09 ¹	2009/10 ¹	7,860	4.0%
2009/10 ²	2010/11 ²	1,410	0.7%
2010/11 ³	2011/12 ³	1,340	0.7%
2011/12 ³	2012/13 ³	730	0.4%
2012/13 ⁴	2013/14 ⁴	-2,390	-1.2%
2013/14 ⁴	2014/15 ⁴	-6,630	-3.3%

Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

Chart 6 shows that the estimated changes in total respite provision, including the relatively large increase in 2009/10, are mainly accounted for by the changes in daytime provision.

Chart 6: Estimated real terms changes in overnight and daytime respite weeks provided in Scotland, 2007/08 to 2014/15

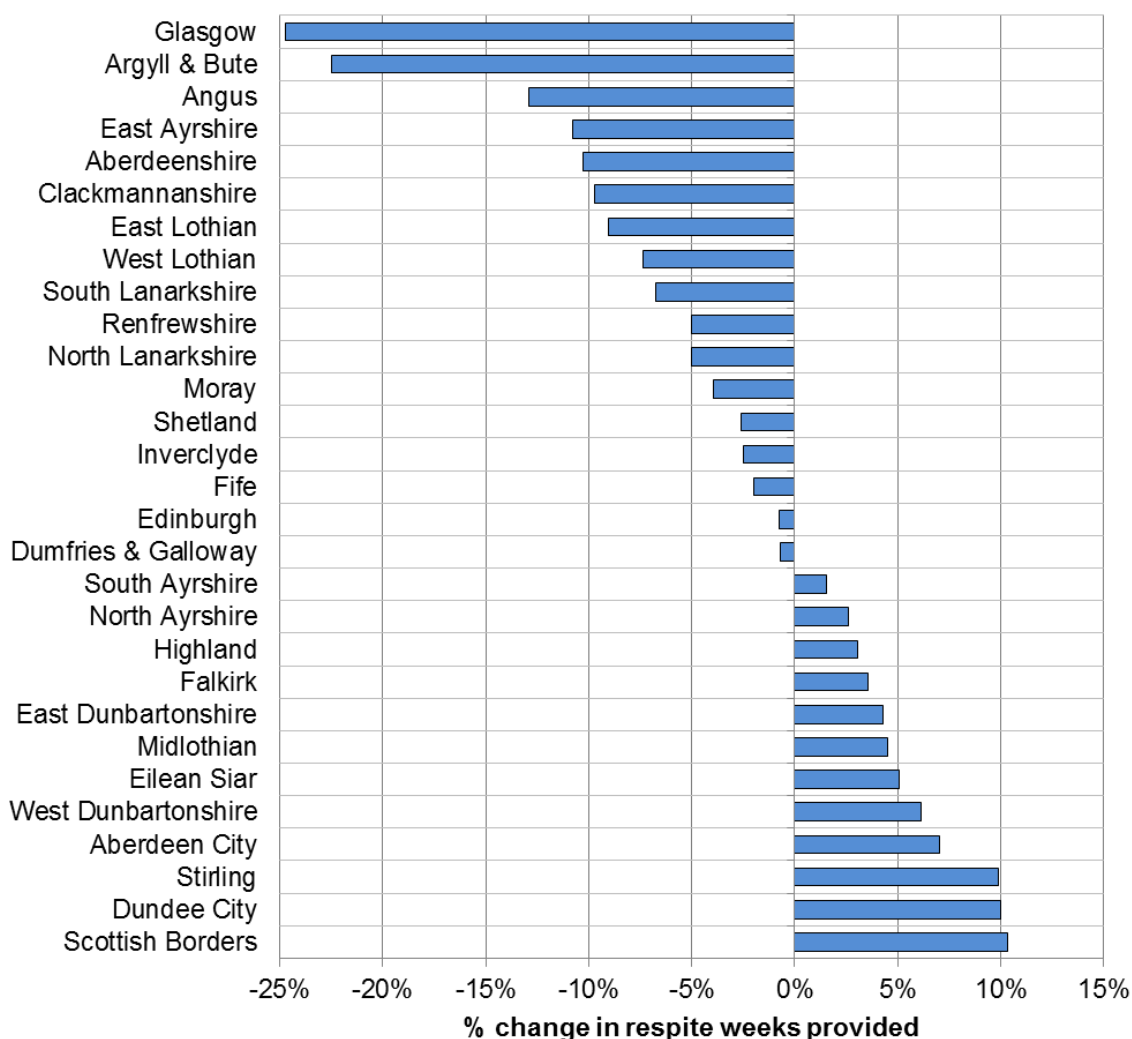


Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: Estimated real terms changes exclude the impact of changes to methodology between years.

17 out of 32 Local Authorities recorded decreases in their total overnight and daytime respite provision between 2013/14 and 2014/15, while 12 recorded increases, as shown in Chart 7. It is not possible to make this comparison for the Orkney Islands and Perth & Kinross (2014/15 data not comparable with 2013/14), and no data was submitted by East Renfrewshire. Dundee City and Scottish Borders were the only Authorities to record an increase of over 10%, while Aberdeenshire, Angus, Argyll & Bute, East Ayrshire and Glasgow City recorded a decrease of more than 10%.

Chart 7: Percentage change in respite weeks provided between 2013/14 and 2014/15, by Local Authority



Source: Scottish Government 2014/15

East Renfrewshire, Orkney and Perth & Kinross not included due to data issues.

The largest recorded decrease in both respite weeks and percentage was that for Glasgow City, at 3,930 weeks and 24.7%. While there are some operational reasons for this - the introduction a maximum number of respite nights per service user for older people, for example - the main reason for the reduction in recorded provision is the continued roll-out of Self-Directed Support, as Glasgow City is unable to report on respite provided through SDS.

3.2. Respite weeks provided for the benefit of the carers of young people (aged 0-17)

The five different sets of comparable figures in Table 3 show an estimated decrease in respite weeks provided for the benefit of carers of young people (aged 0-17) from 23,950 weeks in 2007/08 to 20,680 in 2014/15. This apparent total decrease of 3,270 weeks can be broken down into an estimated 850 weeks due to improved data recording and/or methodology changes and 2,420 weeks real terms decrease in respite provision. The population aged 0-17 has decreased by 1.9% over this period.

The proportion of care delivered in the daytime in 2014/15 was unchanged from 2013/14 at 67%.

Table 3: Overnight and daytime respite weeks provided for the benefit of carers of young people (aged 0-17) in Scotland, 2007/08 to 2014/15

	2007/08 ⁰	2008/09 ⁰	2008/09 ¹	2009/10 ¹	2009/10 ²	2010/11 ²	2010/11 ³	2011/12 ³	2012/13 ³	2012/13 ⁴	2013/14 ⁴	2014/15 ⁴
Overnight	7,850	8,000	8,050	8,200	8,200	7,470	7,450	7,670	7,470	7,760	7,320	6,900
Daytime	16,100	14,830	14,720	15,880	16,140	16,570	15,390	15,300	16,440	16,300	14,750	13,780
Total	23,950	22,830	22,770	24,080	24,340	24,040	22,830	22,970	23,900	24,060	22,060	20,680
Daytime	67%	65%	65%	66%	66%	69%	67%	67%	69%	68%	67%	67%

Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

The relatively large year-to-year changes associated with this cared-for age group shown in Table 4 arise, at least in part, because it contains smaller numbers of clients with larger care packages than the adult cared-for age groupings. As a result, a small number of young people moving out of this age group and into adult services can lead to relatively large changes to recorded provision.

Table 4: Estimated real terms change in respite weeks provided to carers of young people (aged 0-17), 2007/08 to 2014/15

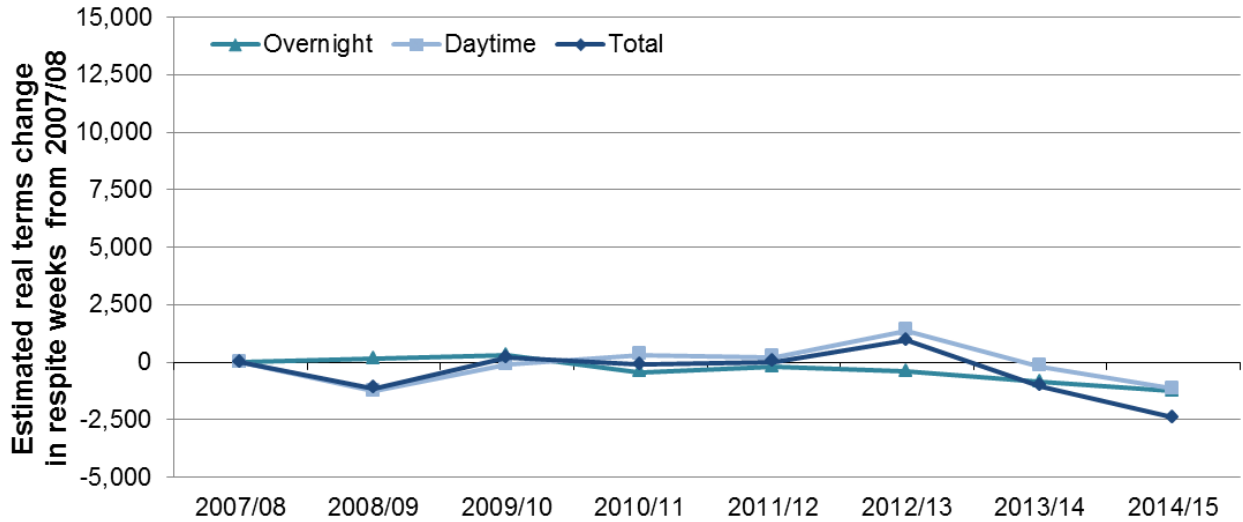
From	To	Change	% Change
2007/08 ⁰	2008/09 ⁰	-1,120	-4.7%
2008/09 ¹	2009/10 ¹	1,310	5.8%
2009/10 ²	2010/11 ²	-300	-1.2%
2010/11 ³	2011/12 ³	140	0.6%
2011/12 ³	2012/13 ³	930	4.0%
2012/13 ⁴	2013/14 ⁴	-2,000	-8.3%
2013/14 ⁴	2014/15 ⁴	-1,380	-6.3%

Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

Chart 8, which uses the same scale as Chart 6, shows that changes in respite provision for carers of young people aged up to 17 is a relatively small component of total respite provision.

Chart 8: Estimated real terms changes in overnight and daytime respite weeks provided for the benefit of carers of young people (aged 0 to 17) in Scotland, 2007/08 to 2014/15



Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15
 Note: Estimated real terms changes exclude the impact of changes to methodology between years.

3.3. Respite weeks provided for the benefit of the carers of adults aged 18-64

The five different sets of comparable figures in Table 5 show an estimated increase in respite weeks provided for the benefit of carers of adults aged 18-64 from 59,050 weeks in 2007/08 to 69,280 in 2014/15. This apparent total increase of 10,230 weeks can be broken down into an estimated increase of 11,900 weeks due to improved data recording and/or methodology changes and an estimated real terms decrease of 1,670 weeks in respite provision. The population aged 18-64 has increased by 2.3% over this period.

This cared-for age group has the highest proportion of respite that is provided during daytime, at between 74% and 76% since 2009/10. This proportion has increased since 2007/08 due to methodology changes, as Local Authorities generally find it much harder to identify daytime respite.

Table 5: Overnight and daytime respite weeks provided for the benefit of carers of adults aged 18-64 in Scotland, 2007/08 to 2014/15

	2007/08 ⁰	2008/09 ⁰	2008/09 ¹	2009/10 ¹	2009/10 ²	2010/11 ²	2010/11 ³	2011/12 ³	2012/13 ³	2012/13 ⁴	2013/14 ⁴	2014/15 ⁴
Overnight	18,030	18,760	18,690	20,180	20,300	19,550	19,850	19,790	18,090	17,750	16,970	16,990
Daytime	41,020	39,700	50,380	53,620	56,650	58,090	57,790	56,920	57,080	55,560	55,160	52,290
Total	59,050	58,460	69,070	73,790	76,950	77,640	77,640	76,710	75,170	73,300	72,130	69,280
Daytime	69%	68%	73%	73%	74%	75%	74%	74%	76%	76%	76%	75%

Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

After a large real terms increase in 2008/09, the estimated real terms number of respite weeks provided to carers of adults aged 18 to 64 has fallen in each of the last four years, as shown in Table 6.

Table 6: Estimated real terms change in respite weeks provided to carers of adults aged 18-64, 2007/08 to 2014/15

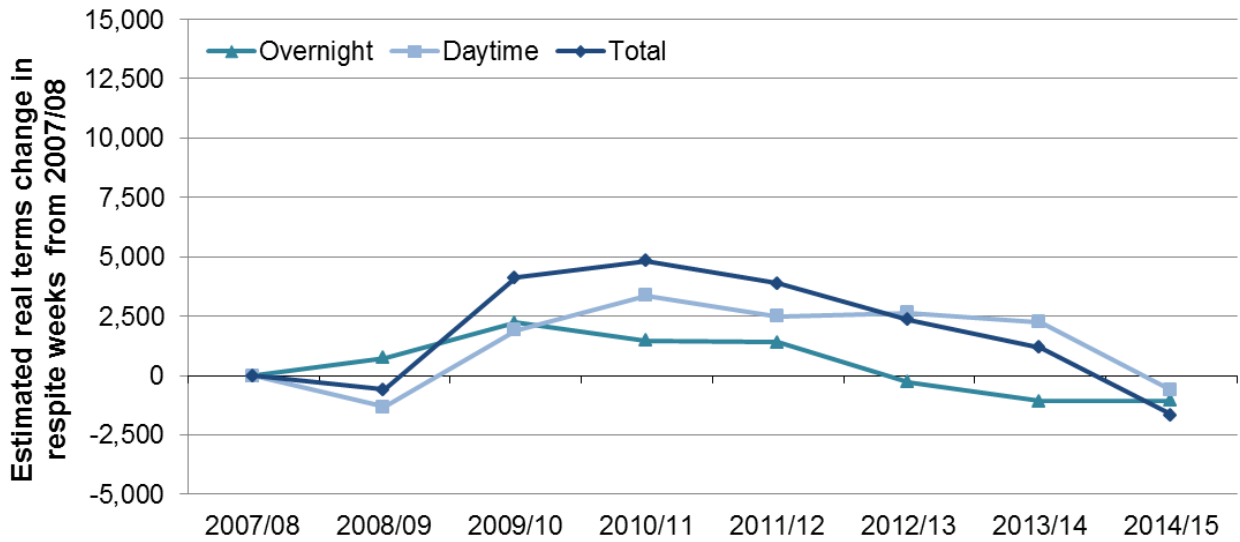
From	To	Change	% Change
2007/08 ⁰	2008/09 ⁰	-590	-1.0%
2008/09 ¹	2009/10 ¹	4,720	6.8%
2009/10 ²	2010/11 ²	690	0.9%
2010/11 ³	2011/12 ³	-930	-1.2%
2011/12 ³	2012/13 ³	-1,540	-2.0%
2012/13 ⁴	2013/14 ⁴	-1,170	-1.6%
2013/14 ⁴	2014/15 ⁴	-2,850	-4.0%

Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

Chart 9 shows that the reduction in respite weeks provided in 2014/15 was due to a reduction in daytime respite. This is a change from the previous two years, where there was little change in daytime respite provision, but provision of overnight respite decreased.

Chart 9: Estimated real terms changes in overnight and daytime respite weeks provided for the benefit of carers of adults aged 18 to 64 in Scotland, 2007/08 to 2014/15



Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15
 Note: Estimated real terms changes exclude the impact of changes to methodology between years.

3.4. Respite weeks provided for the benefit of the carers of older people (aged 65 and over)

The five different sets of comparable figures in Table 7 show an estimated increase in respite weeks provided for the benefit of carers of adults aged 65 and over from 89,730 weeks in 2007/08 to 106,090 in 2014/15. This apparent total increase of 16,360 weeks can be broken down into an estimated increase of 8,650 weeks due to improved data recording and/or methodology changes and 7,710 weeks real terms increase in respite provision. The population aged 65 and over has increased by 14.5% between 2007/08 and 2014/15.

This cared-for age group has the lowest proportion of respite provided during daytime, at 62%-63% between 2011/12 and 2014/15.

Table 7: Overnight and daytime respite weeks provided for the benefit of carers of older people (aged 65 and over) in Scotland, 2007/08 to 2014/15

	2007/08 ⁰	2008/09 ⁰	2008/09 ¹	2009/10 ¹	2009/10 ²	2010/11 ²	2010/11 ³	2011/12 ³	2012/13 ³	2012/13 ⁴	2013/14 ⁴	2014/15 ⁴
Overnight	36,870	36,040	35,990	35,740	35,790	37,620	37,610	39,120	40,330	40,250	40,740	39,190
Daytime	52,860	56,700	67,880	69,960	72,720	71,910	65,640	66,270	66,410	67,470	67,750	66,900
Total	89,730	92,740	103,870	105,700	108,510	109,530	103,250	105,390	106,730	107,720	108,490	106,090
Daytime	59%	61%	65%	66%	67%	66%	64%	63%	62%	63%	62%	63%

Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

There has been an estimated decrease in respite provision in 2014/15 for the benefit of carers of people aged 65 and over, as shown in Table 8, following six consecutive years of estimated real terms increases.

Table 8: Estimated real terms change in respite weeks provided to carers of older people, 2007/08 to 2014/15

From	To	Change	% Change
2007/08 ⁰	2008/09 ⁰	3,010	3.4%
2008/09 ¹	2009/10 ¹	1,830	1.8%
2009/10 ²	2010/11 ²	1,020	0.9%
2010/11 ³	2011/12 ³	2,140	2.1%
2011/12 ³	2012/13 ³	1,340	1.3%
2012/13 ⁴	2013/14 ⁴	770	0.7%
2013/14 ⁴	2014/15 ⁴	-2,400	-2.2%

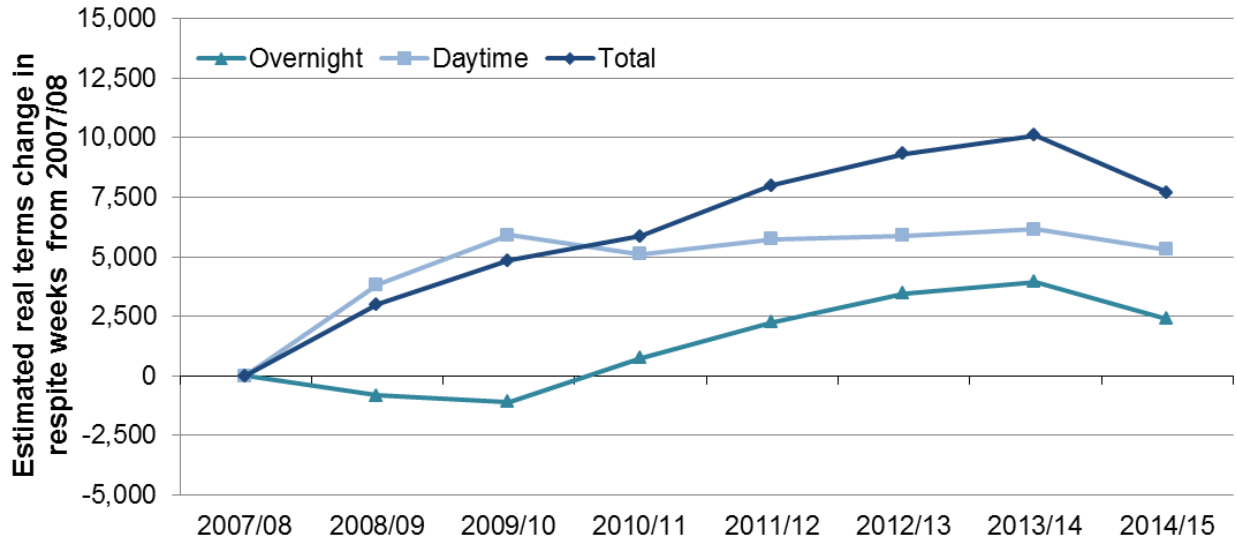
Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15

Note: All respite weeks figures are rounded to the nearest ten.

Chart 10 shows the real terms change in overnight and daytime respite weeks provided for the benefit of carers of older people since 2007/08. This chart is on the same scale as

Chart 6, and shows that the changes estimated for this cared-for age group account for a large part of the total increases seen between 2008/09 and 2012/13.

Chart 10: Estimated real terms changes in overnight and daytime respite weeks provided for the benefit of carers of older people (aged 65 and over) in Scotland, 2007/08 to 2014/15



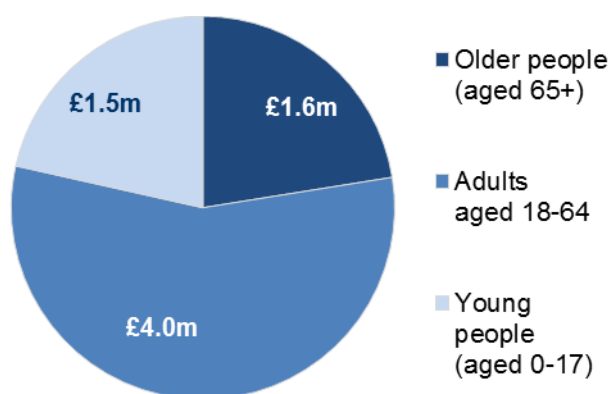
Source: Audit Scotland SPI data 2007/08-2008/09, Scottish Government 2009/10-2014/15
 Note: Estimated real terms changes exclude the impact of changes to methodology between years.

4. Financial values of Direct Payments used to provide respite care

Some people choose to receive a cash payment (a Direct Payment) to buy the care services that they need. By giving people money instead of social care services, they have greater choice and control over their life and are able to make their own decisions about how care is delivered. From 2012/13 onwards, Local Authorities have been asked to submit information on the financial values of Direct Payments received for the purpose of providing respite care, which may then be converted to an estimate of weeks of care (as discussed in Section 2). As only some Local Authorities have been able to submit Direct Payment information (18 in 2013/14, 21 in 2014/15), the analysis contained in this section should be considered as preliminary.

Chart 11 shows the breakdown of Direct Payments by age group, with adults aged 18-64 the group that received the largest total value of Direct Payments in 2014/15.

Chart 11: Value of Direct Payments for respite care (£ millions), by cared-for age group, 2014/15



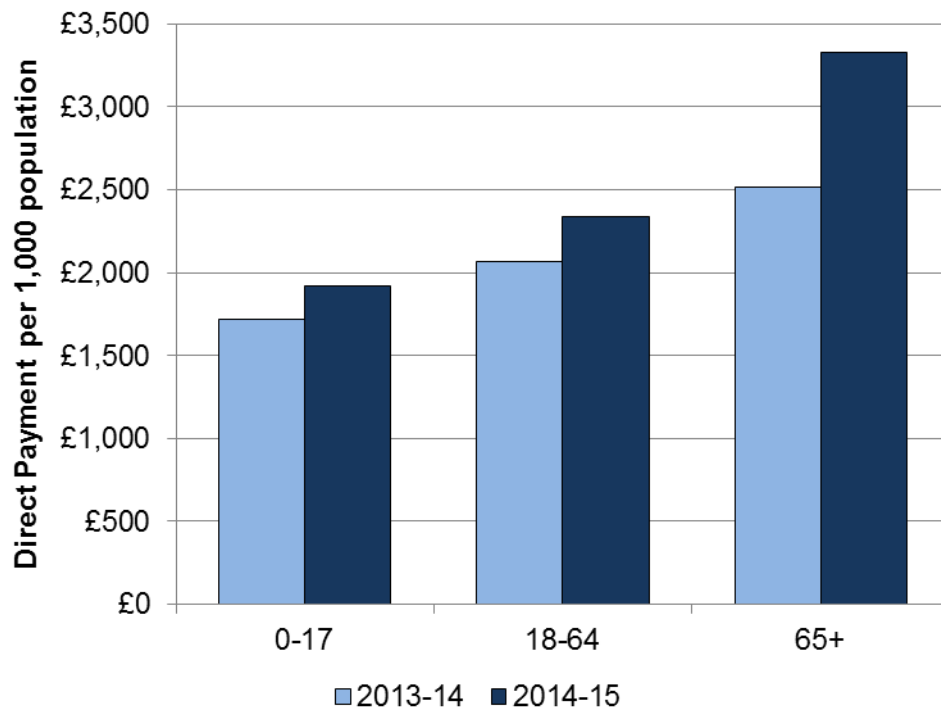
Source: Scottish Government 2014/15

Note: Only 21 out of 32 Local Authorities submitted Direct Payments data, so the figures shown above are likely to be less than the actual level of Direct Payments made across Scotland. In addition, two of these Authorities only submitted partial data, which may affect the proportions associated with different cared-for age groups.

Units are millions of £ (rounded to one decimal place)

This does not take into account the relative populations of each group, however. The value of Direct Payments per 1,000 population for the Local Authorities that submitted Direct Payments data for both 2013/14 and 2014/15, shown in Chart 12, suggests that payments made to provide respite for carers of older people are larger. The chart also shows that the rate of Direct Payment expenditure per 1,000 population was higher in 2014/15 than in 2013/14 for each age group.

Chart 12: Rates of Direct Payment expenditure per 1,000 population by age group, 2013/14 and 2014/15



Source: Scottish Government 2014/15

Populations: National Records of Scotland, mid-year estimates 2013 and 2014

Includes data for 13 Local Authorities, with total 2014-15 Direct Payments of £5.3m

Units are £ per 1,000 population

5. Background information

5.1. Data Sources

Audit Scotland (2007/08 to 2008/09)

This data was provided to Audit Scotland by all Local Authorities in Scotland as one of the Statutory Performance Indicators (SPIs). The information was collected and published locally by each council in Scotland. Audit Scotland publishes information about the comparative performance of councils across Scotland in a compendium of all the data. These are available from <http://www.audit-scotland.gov.uk/performance/service/>, but please note that all respite figures have been superseded with those presented in this publication.

Scottish Government (2009/10 to 2014/15)

The Scottish Government is now responsible for the collection of respite data. This follows Audit Scotland's decision to discontinue the collection of the SPI data for respite care.

For 2014/15, Local Authorities submitted aggregated respite data, returned through a spreadsheet template.

Other data used in this publication has been taken from:

- [Scottish Health Survey](#) - Scottish Government
- [Scotland's Carers](#) - Scottish Government
- [Valuing Carers 2015](#) - Carers UK

5.2. Understanding the Statistics in this Report

All information in this Statistics Release is based on a year from 1st April to 31st March.

In order to provide an estimate of total respite provision across Scotland, respite nights and respite hours have been converted into respite weeks. Seven respite nights equal one respite week and 52.5 hours equal one respite week. This standard method was agreed by CoSLA and the Scottish Government. In order to convert Direct Payments into respite weeks we have assumed that the cost of one week is £630 and the cost of one hour is £12. This rate is derived from an estimate of residential care weekly costs made by the Respite Task Group.

5.3. Changes to figures for previous years

As part of the collection of the 2014/15 data Local Authorities were given the opportunity to check their previously published respite figures. The changes made to previously published data are given below:

Argyll & Bute 2013/14	12,407 daytime respite hours for 18-64 previously allocated to Day Care Centre have been moved to Day Activities not in a Day Care Centre. There is no change to the overall number of respite hours/weeks provided.
East Ayrshire 2013/14	Daytime respite hours at home for 18-64 reduced from 67,140 to 46,107 following comparison of data with local performance indicators.

In addition, Aberdeen City and Stirling both confirmed that the Direct Payments figures provided in their 2013/14 data submission were for all Direct Payments made, not just

those used to provide respite care. Direct Payments made by Stirling to provide respite care in 2013/14 were £122,000, not £1.38m as given in last year's publication. Aberdeen City were not able to provide a revised figure for Direct Payments in 2013/14.

5.4. Data Completeness

While every effort has been made to ensure that data is recorded as completely as possible, the following issues should be noted for the figures published in this report:

- East Renfrewshire was unable to submit any data. The most recently available figures, from 2013/14, have been used as an estimate.
- The data submitted by Orkney is known to be incomplete, as systems to provide respite care data are not yet in place following the introduction of Self-Directed Support. This means that the number of respite weeks provided by Orkney are likely to be understated, and should not be compared to data from previous years.

5.5. Comparability between 2013/14 and 2014/15 data

Local Authorities were asked to submit one set of data for 2014/15, as there has been no change to the national guidance since 2012/13. However, it is clear from the explanatory material submitted by many of the Authorities alongside their data submissions that a range of factors other than genuine changes in service provision may also have affected their recorded figures.

5.5.1. The roll-out of Self-Directed Support

The Self-Directed Support (SDS) Act came into force across Scotland on 1st April 2014. The level of implementation of SDS varies by Local Authority, with some starting to implement SDS before the Act came into force, and others still working on implementation.

This has had some impact on the respite care provision recorded for 2014/15, with the Local Authorities below mentioning that the changes to provision are likely to be related to the roll-out of SDS:

Aberdeenshire	Unable to identify respite provision where SDS has been used
East Ayrshire	People choosing alternatives to respite through SDS Option 1, leading to a reduction in respite provided
Glasgow City	Increased use of SDS leading to a reduced level of respite care recorded
Highland	SDS thought to have had an impact on overnight respite provision for young people
Moray	Increased use of SDS for respite
North Ayrshire	Respite provided through SDS not currently captured for some groups
Orkney Islands	Comparable data is not available due to SDS/Direct Payments - systems are not yet in place to provide that data, so the 2014/15 data is known to be unrepresentative of actual respite provision
Perth and Kinross	Significant changes to case management system and business processes due to SDS/personalisation, so 2014/15 data not consistent with previous years
Renfrewshire	Figures affected by the introduction of SDS resulting in a change to

	patterns of care packages including respite
Scottish Borders	SDS has contributed to the change in respite provision between 2013/14 and 2014/15
Stirling	SDS contributing to the shift from direct provision to commissioning services from other providers

For Local Authorities that are able to identify respite care that has been provided through Direct Payments (which now forms one option under SDS), the SDS roll-out process would be expected to result in a reduction in the recorded number of overnight / daytime respite weeks and a corresponding increase in the total recorded values of Direct Payments. Of the Authorities listed above, such a situation applies in Aberdeenshire, East Ayrshire, Highland, Moray, Renfrewshire and Stirling.

Some Local Authorities are not currently able to identify support that has been provided for the purpose of providing respite care through Direct Payments (or other SDS options). As SDS rolls out in these Authorities, apparent decreases in the total amounts of respite recorded must also be expected, without necessarily reflecting any change in the level of service provision. Of the Authorities listed above, such a situation applies to Glasgow City, North Ayrshire and Scottish Borders.

Looking forward, the continued roll-out of SDS over the coming years will likely mean that the current focus on recorded overnight / daytime provision will cease to be appropriate. However, when also combined with a situation in which the systems used by some Authorities are not able to record respite-related expenditure information for SDS clients, these changes pose a fundamental challenge to any publication of national level respite data.

5.5.2. Improvements to local recording systems

Several Local Authorities have described what we have interpreted to be substantial changes to aspects of their specific local recording systems over the course of the past year.

Aberdeen City	Data quality issues in 2013/14 data after transferring service management to a Local Authority Trading Company - most of these have been addressed
Aberdeenshire	2014/15 data includes the correction of an error that led to undercounting of daytime respite hours for the 18-64 age group in 2013/14 data
Falkirk	Possible undercount in respite nights for adults in 2013/14, corrected for 2014/15
Highland	Improved recording of daytime respite data for young people
Inverclyde	Adjustment to types of care that are classified as respite
North Ayrshire	Improved data quality by using finance data rather than service data
Scottish Borders	Improved data collection/recording for adult daytime respite
West Dunbartonshire	Improved recording of day care services for users aged 65 and over

5.5.3. The implications of recording changes for national estimates of real terms change in service provision

Both sets of recording changes described above mean that the 2014/15 data from the cited Local Authorities should not be considered directly comparable, in terms of service provision alone, to that from 2013/14. Including all Local Authorities within the national total produces an estimated real terms decrease of 6,630 respite weeks. This, however, includes the effect on respite provision of the issues described in sections 5.5.1 and 5.5.2. Excluding the Local Authorities affected by these changes gives the estimated real terms changes in Table 9 below.

Table 9: Real terms change in respite weeks provided including/excluding impact of recording changes/SDS

	Real terms change	% of respite weeks included
All Local Authorities	-6,630	100%
Excluding LAs affected by SDS	-2,040	72%
Excluding LAs affected by improved data recording	-6,880	63%
Including only unaffected LAs	-2,170	50%

The SDS-related changes tend to result in the underestimation of overnight/daytime respite weeks. Improvements to local data recording often lead to increases in respite weeks reported, but can also result in decreases where respite provision had previously been overestimated.

The figures above suggest that around 4,600 weeks out of the total real terms reduction of 6,630 respite weeks in 2014/15 is due to the continued roll-out of Self-Directed Support. The impact of improvements to local data recording has been broadly neutral overall, with the real terms change to the number of respite weeks being a slightly larger decrease when the affected Local Authorities are excluded.

Where SDS is being used, it is likely that respite care is being provided. At least some of this care will not be included in the data submitted by Local Authorities - for example, where data collection systems have not yet been updated to deal with all aspects of SDS, or where SDS has led to more Direct Payments being made but the Local Authority is unable to provide data on Direct Payments used to provide respite care.

This creates uncertainty over the actual level of respite care provision in 2014/15. To give an indication of the likely amount of respite care being provided, Chart 1 shows a range for the real terms increase in respite weeks since 2007/08. The highest value in this range, an decrease of 2,040 weeks from 2013/14, excludes SDS-related changes in respite care provision. This effectively assumes that provision of respite care is unchanged from 2013/14 for the Local Authorities affected by SDS.

5.6. Reasons for large increases/decreases in respite provision

Any large increases or decreases (+/- 20%) in recorded respite provision for overnight and daytime respite weeks were queried with the Local Authorities concerned. Some of the reasons identified within Local Authorities for such changes are given below:

Increases in recorded provision:

- Improved reporting systems / under-estimation of figures in previous years (see Section 5.5)
- Day care centres focusing on providing support to older people with higher levels of need
- The introduction of administrative services such as a 'Respite Bed Bureau'
- Promotion of activities that provide respite

Decreases in recorded provision:

- The roll out of Self-Directed Support / increased use of Direct Payments (see Section 5.5)
- The temporary / permanent closures of care homes / centres
- Reductions in residential placements available and / or maximum length of placement stay
- Introduction of charging for Day Care services, leading to reduced demand
- Improved processes for putting long-term packages of care into place, leading to lower demand for respite care
- High use service users moving to supported living arrangements

Unknown changes in recorded provision

- Transition of individuals with significant needs between age categories
- Changes to the way that care services are delivered, or to priorities in service delivery

5.7. Methodology used by Local Authorities

The guidance for the 2014/15 data collection is the same as that used for the 2013/14 data collection, which is available on the Scottish Government website:

<http://www.gov.scot/Topics/Statistics/Browse/Health/RespiteCarenew>

Background information on this guidance has been provided in a Q & A document:

<http://www.gov.scot/Topics/Statistics/Browse/Health/RespiteCarenew/ShortBreakQA>

Respite data is something that has proved to be very complex for Local Authorities to capture. This means that each Local Authority may use a variety of data collection methods and sources of information to collect the required information as specified in the guidance.

The data is collected from management/financial information systems, from manual records or direct from private/voluntary respite suppliers and is most commonly a combination of these data sources.

The data will also incorporate a number of different services depending on the services available within a Local Authority, examples of the services included are; Day Care, Home Care, Short Breaks/Holiday breaks, Direct Payments and short stays in Care Homes.

5.8. Cost of respondent burden

To calculate the cost of respondent burden to this survey each Local Authority was asked to provide an estimate of the time taken in hours to extract the requested information and complete the survey form. The average time for the 19 Local Authorities that provided this information has been used within the calculation below to estimate that the total cost of responding to this survey is £14,100 (rounded to nearest £100). It is also noted that the time taken to respond also varies widely across Local Authorities, from less than 5 hours to more than 250 hours.

$$\text{Cost of responding (£)} = \frac{\text{(number of responses)} \times \text{median time it takes to respond in hours}}{\text{hourly rate of typical respondent}} + \text{any additional costs experienced by data providers}$$

5.9. Other data sources

To calculate percentage changes in population between 2007/08 and 2014/15, the National Records of Scotland mid-year population estimates for mid-2007 to mid-2014 have been used. Scotland-level data is reproduced in Table 10 below.

Table 10: Mid-year population estimates for Scotland, by age group, 2007/08 to 2014/15

Year	MYE used	0-17	18-64	65 and over	All persons
2007-08	mid-2007	1,053,044	3,270,951	846,005	5,170,000
2008-09	mid-2008	1,052,278	3,292,876	857,746	5,202,900
2009-10	mid-2009	1,052,762	3,308,581	870,557	5,231,900
2010-11	mid-2010	1,045,490	3,334,488	882,222	5,262,200
2011-12	mid-2011	1,042,058	3,361,478	896,364	5,299,900
2012-13	mid-2012	1,038,464	3,349,385	925,751	5,313,600
2013-14	mid-2013	1,035,394	3,345,444	946,862	5,327,700
2014-15	mid-2014	1,033,183	3,346,028	968,389	5,347,600

This data is available from the National Records of Scotland website: <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/>

5.10. Further information

This Statistics Release is available on the Internet: <http://www.gov.scot/Topics/Statistics/Browse/Health/Publications>

Information at the Local Authority level is shown in the Annexes to this Statistics Release. Additional care should be taken when interpreting year-to-year changes within this data, especially in the cases of the Authorities who have experienced known recording changes over the past year (as listed in Section 5.5).

Further details and analysis of the data presented in this Statistics Release are available on request from the address under Correspondence and Enquiries given below.

This statistics release was published on 15th December 2015. The previous publication in this series was published on 28th October 2014.

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How to access background or source data

The data collected for this statistical bulletin:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route
- may be made available on request, subject to consideration of legal and ethical factors. Please contact SWStat@gov.scot for further information.
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