Guide to respite allocation

**Does the service user receive any other provision?**

Please specify the number of hours per week:

|  |  |  |  |
| --- | --- | --- | --- |
| Day services |  | Number of hours |  |
| Sitting support |  | Number of hours |  |
| Direct payment  |  | Number of hours |  |
| Home care support  |  | Number of hours  |  |

|  |  |
| --- | --- |
| **Weekly equivalent**  | **Score** |
| 0 hours | 3 |
| 7-14 hours | 2 |
| 14 -21 hours | 1 |
| 21+ hours | 0 |

**What level of physical care is provided to meet the service users personal care and daily living needs?**

|  |  |  |
| --- | --- | --- |
| **Level** | **Criteria** | **Score** |
| High | Completely dependent in all areas of personal care and daily living and needs moving and handling | 3 |
| Medium | Dependant in many areas of personal care and daily living tasks, but can complete some with support or supervision | 2 |
| Low | Independent in most/all areas with verbal prompts and support | 1 |
| Comments: |

**Does the service user have complex medical needs that require nursing intervention or oversight?**

|  |  |  |
| --- | --- | --- |
| Level | Criteria | Score |
| High | Medical condition that requires specialist nursing intervention or training/nursing oversight to manage the condition | 3 |
| Medium | Some level of nursing supervision is required | 2 |
| Low | No health issues, may need prompts/ support with medication | 1 |
| Comments: |

**Does the service user display behaviour that can be difficult to manage or that is very disruptive?**

|  |  |  |
| --- | --- | --- |
| Level | Criteria | Score |
| High | Evidence that poses a risk to self or others. The risk assessment indicates that planned interventions are effective at minimising but not always eliminating risks. Compliance variable but usually responsive to planned interventions | 3 |
| Medium | Behaviours that follow a predictable pattern, they can be managed and does not pose a risk to self or others. The person is nearly always complaint with care | 2 |
| Low | Some/ no incidents of challenging behaviour. The person is complaint with the care they receive.  | 1 |
| Comments: |

**Carers details**

**Who cares for the customer?**

|  |  |  |
| --- | --- | --- |
| One Carer |  | 3 |
| Two Carers |  | 2 |
| Formal agency or PA support |  | 1 |
| Other (please specify? |  | 1 |

**Do you care for anyone else who has a disability or serious illness?**

|  |  |  |
| --- | --- | --- |
| Yes |  | 2 |
| No |  | 1 |

**Do you have any health-related problems that impact on your ability to carry out your caring role?**

|  |  |  |
| --- | --- | --- |
| Yes |  | 2 |
| No |  | 1 |

|  |  |
| --- | --- |
| **Scoring allocation** | **Maximum Score is 19** |
| Low: up to 6 points | 0-2 weeks |
| Medium: 7-13 points | 1-3 weeks |
| High: 13 – 19 points | 2-4 weeks |

**Exceptional circumstances**

This should include additional information and any frequent complex night time support needs.

**Do you care for anyone else who had a disability or serious illness?**

|  |  |  |
| --- | --- | --- |
| **Level** | **Criteria** | **Score** |
| High | Carer provides high level of support to another person(s). This will include the other person having complex medical health conditions that require a high level of intervention. This might include needing a carer, overnight paid carer or district nursing visits to manage these needs. | 3 |
| Medium | Carer provides care to another person(s). Other person requires moderate level of care that requires some waking hours oversight to keep them safe. | 2 |
| Low | Low level of care/supervision to another person that doesn’t require the carer to be awake for long periods | 1 |
| Comments:  |

**Do you have any health related problems that impact on your ability to carry out your caring role?**

|  |  |  |
| --- | --- | --- |
| **Level** | **Criteria** | **Score** |
| High | Carer has a complex level of health conditions that will have great impact on their caring role  | 3 |
| Medium | Carer has moderate health related conditions that will have some impact on their caring role | 2 |
| Low | Carer has low level health conditions that have low impact on their caring role | 1 |
| Comments:  |

**Night time support needs**

|  |  |  |
| --- | --- | --- |
| **Level** | **Criteria** | **Score** |
| High | Cared for has complex night time support needs that require regular intervention during the night  | 3 |
| Medium | Cared for has moderate night time support needs that require come intervention or support | 2 |
| Low | Cared for has low level night time support needs that require little intervention | 1 |
| Comments:  |

**From the exceptional circumstances**

|  |  |
| --- | --- |
| **Scoring allocation** | **Maximum score is 9** |
| Low score 1-3 points | 0-2 weeks |
| Medium score 4-6 points | 1-3 weeks |
| High score 7-9 points | 2-4 weeks |