

## **The Future of Replacement Care Professionals & Other Stakeholders Survey**

The Covid-19 pandemic has meant that we have had to look at different ways of offering services to adults with a learning disability.

Replacement care services had previously been reviewed in 2019, but with the coronavirus pandemic affecting how many people can access building-based services at any one time, the county council has explored other options to ensure services can be offered in different ways. Now, we want to look again at these services to understand how they can embrace the changes that have been made, and make sure the services are fit for the future.

Replacement care, commonly referred to as 'Respite' by people who use these services and their carers, give carers of adults with a learning disability a break from their caring role and can be delivered in a residential setting, or can take place in the home.

With this in mind, the county council would like to hear from you, social care and health professionals, carers support organisations, service providers and other stakeholders to understand your experience of replacement care and how this could look in the future.

**There are many types of replacement care available. We would like to know if you have heard of these services and any experience you may have:**

### ***1/ Residential or building-based replacement care:***

*This is where a person attends a building to be looked after for one or more nights. You may have heard of Douglas Road, Woodland View and Silverbirch; these services are ordinarily used to deliver residential replacement care in Staffordshire.*

**1a/ Were you previously aware of residential replacement care?**

Yes

No

**1b/ What do you like about the residential model of replacement care?****1c/ What do you think are the difficulties/ challenges of residential replacement care and what could we do to overcome these?****2/ Home-based replacement care:**

*This involves somebody looking after an individual within their own home. It is flexible, depending on the needs of the carer and cared for person, and the service can offer a minimum of two hours support to one or more overnight stays. Carers can use this time to do as they please e.g. go out for a few hours, go away on holiday or stay at home.*

*We are seeing an increase in request for home-based replacement care as people have struggled with the required Covid testing and enhanced infection, prevention and control procedures, or are worried about coming into contact with other people*

**2a/ Were you previously aware of home-based replacement care?**

Yes

No

**2b/ What do you like about the home-based model of replacement care?**

**2c/ What do you think are the difficulties/ challenges of home-based replacement care and what could we do to overcome these?**

**3/ Through your experience of replacement care and interaction with carers and service users please answer the following questions:**

**3a/ Do you believe access to replacement care has been impacted by COVID-19?**

Yes (Please explain how below)

No

**3b/ How do you think carers would prefer to take a break from their caring role?** (Please tick all that apply)

- |                                                        |                          |
|--------------------------------------------------------|--------------------------|
| A regular break for a few hours                        | <input type="checkbox"/> |
| An overnight stay                                      | <input type="checkbox"/> |
| A couple of days/ nights (e.g. Mon – Wed or Fri - Sun) | <input type="checkbox"/> |
| A week or more                                         | <input type="checkbox"/> |
| A mixture of the above                                 | <input type="checkbox"/> |
| Other (please specify below)                           | <input type="checkbox"/> |

**3c/ Which model of replacement care do you believe best meets the needs of carers and the people they are caring for?** (Please select one option)

- |                                         |                          |
|-----------------------------------------|--------------------------|
| Residential/ bed-based                  | <input type="checkbox"/> |
| Home-based                              | <input type="checkbox"/> |
| A mixture of residential and home-based | <input type="checkbox"/> |
| Other (please specify below)            | <input type="checkbox"/> |

**3d/ How would families prefer to book/ schedule replacement care?** (Please tick all that apply)

- |        |                          |
|--------|--------------------------|
| Online | <input type="checkbox"/> |
|--------|--------------------------|

- |                                  |                          |
|----------------------------------|--------------------------|
| Email                            | <input type="checkbox"/> |
| Telephone                        | <input type="checkbox"/> |
| App on your smartphone or tablet | <input type="checkbox"/> |
| Other (please specify below)     | <input type="checkbox"/> |

**4/ Have you made a referral for replacement care services previously? (Please select one option)**

- |                                                        |                          |
|--------------------------------------------------------|--------------------------|
| Yes – Residential replacement care only                | <input type="checkbox"/> |
| Yes – Home-based replacement care only                 | <input type="checkbox"/> |
| Yes – both residential and home-based replacement care | <input type="checkbox"/> |
| No (please skip to question 6)                         | <input type="checkbox"/> |

**5/ Please outline your experience of referring to replacement care services and provide any suggestions you may have for how this could be improved?**

**6/ What does a good model of replacement care look like to you?**

**7/ Do you have any other comments or suggestions you would like us to take in to account?**

**8/ What would be the most effective way for us to communicate any changes to commissioned services or service pathways to you? (Please tick all that apply)**

- |                                           |                          |
|-------------------------------------------|--------------------------|
| Printed Newsletter                        | <input type="checkbox"/> |
| Digital Newsletter                        | <input type="checkbox"/> |
| Email                                     | <input type="checkbox"/> |
| Posters I can display in my place of work | <input type="checkbox"/> |
| Attendance at your team meetings          | <input type="checkbox"/> |
| Other (please specify below)              | <input type="checkbox"/> |

**9/ What is your employment status? (Please select one option)**

- |                            |                          |
|----------------------------|--------------------------|
| Employed full or part time | <input type="checkbox"/> |
| Voluntary work             | <input type="checkbox"/> |
| Unemployed                 | <input type="checkbox"/> |

- |                      |                          |
|----------------------|--------------------------|
| Education/training   | <input type="checkbox"/> |
| Retired/semi-retired | <input type="checkbox"/> |

**10/ If you are employed, could you tell us a little bit about your role and who you work for? (Please select one option)**

- |                                                                                        |                          |
|----------------------------------------------------------------------------------------|--------------------------|
| Staffordshire County Council – Adult Social Care                                       | <input type="checkbox"/> |
| Staffordshire County Council – Children’s Social Care                                  | <input type="checkbox"/> |
| Staffordshire County Council – Commissioning                                           | <input type="checkbox"/> |
| Staffordshire County Council – Other (please specify)                                  | <input type="checkbox"/> |
| Primary Care Surgery                                                                   | <input type="checkbox"/> |
| The third sector                                                                       | <input type="checkbox"/> |
| Provider of residential replacement care                                               | <input type="checkbox"/> |
| Provider of home-based replacement care                                                | <input type="checkbox"/> |
| A provider of care and support e.g. day care, home care, supported living, residential | <input type="checkbox"/> |
| Carer support organisation                                                             | <input type="checkbox"/> |
| Other (please specify below)                                                           | <input type="checkbox"/> |

**11/ Where are you based? (Please select one option)**

- |                         |                          |
|-------------------------|--------------------------|
| Newcastle under Lyme    | <input type="checkbox"/> |
| Staffordshire Moorlands | <input type="checkbox"/> |
| East Staffordshire      | <input type="checkbox"/> |
| Cannock                 | <input type="checkbox"/> |
| Lichfield               | <input type="checkbox"/> |
| Stafford                | <input type="checkbox"/> |

South Staffordshire	<input type="checkbox"/>
Tamworth	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**12/ If would like us to keep you up to date with the outcome of this engagement and options appraisal, please provide your email address or advise as to your preferred contact method and details:**

**Please return your completed survey by Wednesday 15<sup>th</sup> September 2021 to:**

**Via post:**

**Taryn Poole**

**All Age Disability & Mental Health Commissioning Team**

**Staffordshire County Council**

**Staffordshire Place 1**

**Tipping Street**

**Stafford**

**ST16 2DH**

**Or via email:**

**[wholelifedisability@staffordshire.gov.uk](mailto:wholelifedisability@staffordshire.gov.uk)**

**If you would prefer to complete and submit the survey online you can find it using the following link: <https://consultation.staffordshire.gov.uk/health-and-care/the-future-of-replacement-care-professionals-other>**