



**Short Break (Respite Care) Provision in
Dundee – now and in the future**

Dundee Carers Centre

October 2014

Executive Summary

Dundee Carers Centre commissioned Animate to carry out research into the current and future provision of Short Breaks/Respite for adults in Dundee, on behalf of the Dundee Partnership.

The main purpose of the research was to help local service planners improve Short Break provision in line with the overall principles of the Scottish Government's policy intentions: protecting young carers, enabling self-care and working with adult carers as partners in care, by:

- improving planning of Short Break services
- shifting the balance towards preventative support, and
- personalising support to improve outcomes both for carers and those with care needs.

The methodology included:

- a brief review of research into carers' experience of accessing and taking Short Breaks so that we could compare our findings with the national picture
- consultations with carers to better understand their current experience of and aspirations for Short Breaks/Respite
- mapping the existing provision and future demand for Short Breaks/Respite in Dundee
- interviews with a range of providers
- a Future Options Workshop involving the three key stakeholder groups – carers, providers and commissioners, and
- a Care Managers and Front Line Workers Focus Group to explore their experience of trying to access and provide Short Breaks/Respite and what needs to change to improve this process in the future.

We found the current landscape of Short Breaks/Respite in Dundee to be in a state of transition. The policy emphasis on shifting the balance towards the prevention of carer breakdown challenges the predominant model, which considers respite for carer's as subordinate to that of the people they care for. New providers, and new forms of Short Break provision, are emerging in the market that increasing personalisation and SDS make possible. This is happening alongside the established traditional models of Respite care.

Carers clearly value the Short Break initiatives (Time 4 U, On the Spot and Creative Breaks) provided through Dundee Carers Centre, and would like more of the same. They also want the opportunity of holiday breaks, with or without the people they care for, are open to the idea of residential breaks with other carers for mutual support, and to exploring new ideas like carer exchanges, fostering and mentoring. The Expectations of the kind of respite that is suitable for older people is changing too – it needs to be more stimulating and focused on 'normal living'.

Providers indicated that they expected to expand and diversify their services over the next 3 years, despite restricted budgets. They recognised that this would require them to take a creative approach to providing personalised services, and to support it by effective marketing.

The emerging landscape is patchwork rather than planned and the need for a new framework to support and encourage greater connectedness and sustainable growth is paramount. The picture we have of the current Short Break/Respite capacity is confusing and needs further investigation. Providers appear to have the capacity to respond to planned respite, but Care Managers report that a significant proportion of

providers don't take advance bookings. There is limited availability of provision at short notice. Despite the need for 24 hour Respite at home being a weekly occurrence in most Social Work Area Teams, there is rarely sufficient availability. Perhaps unsurprisingly, we found a strong culture of carers looking after themselves, and of making modest requests for support – even when struggling. This was evidenced in the Creative Breaks Fund evaluation carried out by Dundee Carers Centre.

We found a natural fit between SDS and Short Breaks/Respite with Care Managers embracing it, and people open to a creative 'pic 'n' mix' approach to making it work, especially where respite constitutes a relatively small proportion of their overall budget. Care Managers expect that many people will choose to take control of the part of their care budget allocated for Short Breaks/Respite, while leaving their main care provision in the management of the council or other provider. There is much to be learned from the practice and culture that prevails in Learning Disability. Carers' needs are recognised - including their need for Short Breaks/Respite.

There was universal support for the development of a one stop shop resource to provide information about Short Break/Respite options. This locally coordinated resource would significantly diversify and strengthen the local knowledge base and end assessors' reliance on having to share the knowledge accumulated amongst colleagues.

We therefore recommend that the service planners in Dundee 'invest to save' in a preventative approach to providing Short Breaks/Respite for carers and the people they care for by:

- Normalising carers taking breaks. There is a need to move from a 'can it be done' perspective to a practice and culture that recognises the imperative of preventing carer breakdown by promoting and enabling the timely and regular uptake of Short Breaks/Respite
- Commissioning the development of a 'one stop shop' resource to provide information, brokerage support and access to a wider range of Short Break/Respite options
- Capitalising on the good fit between SDS and Short Breaks/Respite. Social Work should encourage more carers to consider taking up SDS Option 2 to have more creative control over the Short Breaks/Respite they want. Where they prefer Option 3, SW should proactively engage people in thinking creatively about the blend of opportunities that would give them the kind of Short Breaks/Respite that would best fit their needs
- Enabling and encouraging innovation by moving away from block contracts to a broader framework of provision. This should include medium and micro enterprises, and will need to be supported by a marketing strategy
- Opening up the provision of Time 4 U to additional providers to stimulate innovation
- Commissioning 'Time 4 U Max'. There is a significant gap between the cost of current Time 4 U provision and cost of a week's residential care, and that gap can be filled with medium cost Short Breaks. This will encourage the traditional/established providers to adapt the successful services they currently provide, and the new market innovators/early adopters to develop new products
- Developing a network that will bring the key stakeholders - Carers, Providers, and Commissioners - together to co-create what is needed. The usual model of Providers and/or Service Users Forums will not enable this to happen, and
- Bringing the health workforce – GPs/CPNs/DNs – further on board and making the links with social prescribing models.

1. Introduction

Dundee Carers Centre commissioned this research into the current and future provision of Short Breaks/Respite for adults in Dundee, on behalf of the Dundee Partnership.

The research took place against a background of significant and ongoing change in the health and social care environment, including the implementation of Self Directed Support, and the Scottish Government's plans to develop new Carers legislation. Its main purpose was to help local service planners improve Short Break provision in line with the overall principles of the Scottish Government's policy intentions: protecting young carers, enabling self-care and working with adult carers as partners in care, by:

- improving planning of Short Break services
- shifting the balance towards preventative support, and
- personalising support to improve outcomes both for carers and those with care needs.

2. Our approach

In order to achieve this we briefly reviewed the changing policy and practice context of support for unpaid carers and set out to explore and capture the current experience and future aspirations of the three main Short Break/Respite stakeholder groups

- carers
- providers, and
- commissioners

2.1 Review of the Context

We looked at recent research into carers' experience of accessing and taking Short Breaks so that we could compare our findings with the national picture.

The main source documents were:

- It's about time: An overview of Short Break (Respite care) planning and provision in Scotland, Shared Care Scotland, 2010¹, and
- Rest assured? A study of unpaid carers' experiences of Short Breaks, IRISS 2012².

2.2 Gathering Carers' experience of and aspirations for Short Breaks

Consultations were held with a range of carers to better understand their current experience of and aspirations for Short Breaks/Respite.

We ran 5 focus groups with different gatherings of carers, including:

- A mixed group of 25 adult carers in the context of Dundee Carers Centre's Carers Legislation Consultation on 24th March
- A group specifically for carers using Time 4 U Vouchers (see 3.3.2. below), on a regular basis for Respite. They were all caring for older adults
- Carers who have attended outings/Creative Breaks funded events (see 3.3.2. below), who are caring for a range of client group types
- 15 carers who quickly moved from Time 4 U on to Social Work services, again with a range of client

¹ accessed at: http://lx.iriss.org.uk/sites/default/files/resources/its_about_time_report_nov_2010.pdf

² accessed at: <http://lx.iriss.org.uk/sites/default/files/resources/iriss-rest-assured-full-report-2012.pdf>

group types, and

- A group of 12 BME carers, hosted by Dundee Carers Centre.

2.3 Mapping the existing provision and future demand for Short Breaks/Respite in Dundee

We developed an online survey, in collaboration with Dundee Carers Centre Manager and others, both to identify and categorise the current range of Short Breaks/Respite care provision in Dundee and to explore how providers are responding to the potential for innovating additional person centred and outcome focused breaks in the future.

A comprehensive list of potential Short Break providers was compiled from Dundee City Council's records of approved providers (47) and of care, residential and nursing homes (30), and this was augmented by others from Shared Care Scotland's online database. An invitation email with a link to the online survey was sent out to all – over 100 in total. The survey additionally asked the providers if they would be interested in a participating in a Future Options Workshop with carers and commissioners to explore how new models of Short Breaks can be encouraged and designed to meet the needs and aspirations of carers and the people they care for.

2.4 Provider interviews

The survey was followed by telephone in-depth interviews with a number of providers to deepen our understanding of their experience of developing, providing and managing Short Break/Respite services.

2.5 Future Options Workshop

We developed this workshop to create an opportunity for the 3 key stakeholder groups – carers, providers and commissioners – to come together to explore what types of models of Short Breaks and Respite are needed in the future, and what needs to happen to bring them to fruition. In collaboration with Shared Care Scotland and others we identified a number of innovative and enterprising models being used to provide Short Breaks and produced 'pen pictures' which were used to stimulate collaborative thinking about how Short Breaks could be provided in Dundee.

2.6 Care Managers and Front Line Workers Focus Group

The Future Options workshop was followed by a focus group with Care Managers and front line workers to explore together their current experience of trying to access and provide Short Breaks/Respite and what needs to change to improve this process in the future.

3. Findings

3.1 Review of the context

The Care 21 report (Scottish Executive, 2006) highlighted that giving unpaid carers a right to regular breaks from caring and providing more and better quality Respite options was a priority. It accepted the need for a strategic approach to provision for carers, committed to an assessment of Respite provision and emphasised the importance of redesigning local services towards preventative, personalised Respite care.

In 2008, the Scottish Government and COSLA produced guidance on Short Breaks (Respite) which emphasised the need for improved planning, support and outcomes for unpaid carers. Short Breaks were recognised as being an essential part of the support carers and the people they care for need because they help to sustain caring relationships, promote health and wellbeing and prevent crises.

The guidance highlighted the following characteristics as important enablers of Short Breaks for carers:

- Access to Short Breaks of different types and in different settings
- The option to have a break with or without the cared for person
- Access to Short Breaks at different times of the day / week
- A choice in length of break
- Flexibility over when Short Breaks are arranged
- Confidence in the quality of care provided

It went on to emphasise the importance of Short Breaks being:

- Based on an assessment of the needs of the cared for person and the carer
- Appropriate to needs, circumstances of the carer, and the age, sex and culture of the person cared for and
- Affordable, reliable and transport accessible.

'It's about time: An overview of Short Break (respite care) planning and provision in Scotland', (Shared Care Scotland/Reid Howie, 2010) identified a diverse range of responses by local authorities to the recommendation for a more strategic approach to the planning and provision of Short Breaks. The report highlighted that the lack of a strategic context for Short Breaks could prove problematic where local authorities are reassessing their provision under budgetary pressures. It called for clearer understanding of the benefits and costs of Short Breaks – particularly in comparison with long term residential care, and emergency hospital admissions as well as an increased requirement for health and social care services for carers. It identified that:

- The personalisation of health and social services was contributing to a growing use of Direct Payments, but access to alternative, more personalised options was dependent on the knowledge and experience of the assessor. It suggested that this could be hampering the process of personalisation by perpetuating the use of traditional options which are neither the best option for the carer nor the most cost effective option for the local authority
- Local authorities were increasingly interested in 'investing to save' through improved assessment and upstream access to Short Breaks/Respite services (including telecare), thereby preventing both carer breakdown and admission to long term care
- Additional barriers faced by both BME carers in finding out about and accessing provision, and carers in rural areas related to their distance from specialist provision, and
- The emergence of a small number of Short Break Bureaux, or similar brokerage models providing centralised specialist knowledge about the Short Break/Respite provision, removing the burden of advice and booking responsibilities from frontline staff.

The implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 in April 2014 continued the shift towards greater personalisation of health and social services by putting outcomes for carers and the people they care for at the centre of service design and delivery.

'Rest assured? A study of unpaid carers' experiences of Short Breaks', (IRISS 2012) additionally identifies that Reshaping care for older people: a programme for change 2011 – 2021 (Scottish Government, 2011) acknowledges 'insufficient support for unpaid carers, many of whom are older people themselves, limits their vital contribution to the health and wellbeing of the people they care for and restricts their own capacity for a healthy life' and highlights the need for greater support for unpaid carers including Short Breaks, information and advice.

Finally, there is a real possibility that the Scottish Government's proposed new Carers' Legislation, which is being designed to strengthen ways of supporting carers and young carers, will place a statutory duty on local authorities to provide Short Breaks to carers. Shared Care Scotland manages the Short Breaks Fund, launched in November 2010, which supports the development of Short Break services and help for carers to arrange their own breaks. They contend that a Short Breaks Duty will help safeguard the progress that has been achieved in many areas, but will also "accelerate Short Break improvements elsewhere so that more individuals and families with caring responsibilities are able to have a good quality life outside of their caring role."³

This duty, they believe, would 'act as a catalyst to encourage local authorities and their planning partners to work together to develop new, creative ways of using their resources. There will be a stronger incentive to expand the development of mainstream services for Short Break purposes, and to explore the establishment of community-led opportunities such as volunteer befriending or family placement, where relatively small investments can generate additional capacity. It will lead to more robust review and evaluation which will help ensure resources are delivering the best outcomes possible.'⁴

Locating the research in the evolving policy context

The Care 21 report (2006) recognised that giving unpaid carers a right to regular breaks from caring was a priority and highlighted the need for more and better quality respite provision. It also emphasised the importance of redesigning local services to provide preventative and personalised Respite care. Although these challenges remain much progress has been made.

The Short Breaks (Respite) Guidance (2008) recognised the importance of Short Breaks as an essential element of the support carers need to sustain them in their caring roles, promote their health and well-being and prevent crises. It also emphasised the importance of flexible Short Breaks, based on an assessment of the needs of the carer and the person they care for, including the option for carers to have a break with or without they person they care for. We found that carers' needs remain subordinate to the needs of the person they care for, but that relatively low level support can be accessed through initiatives managed by Dundee Carers Centre. These include the Time 4 U Short Break/Respite voucher scheme and the On the Spot scheme which provides support for carers who are experiencing a sense of crisis or stress. These are both resourced by the Change Fund. They also manage a Creative Breaks fund accessed through Shared Care Scotland.

It's about time (2010) highlighted the need for a strategic response at local authority level based on a clearer understanding of the costs and benefits of Short Breaks in comparison to long term residential care and emergency hospital admissions. It recognised the benefits of increasing personalisation services, including the growing use of Direct Payments, and encouraged local authorities to invest in improved assessment and access to Short Breaks to prevent carer breakdown, and highlighted the emergence of Short Break Bureaux/brokerage models which removed the dependency on assessor's experience and the burden of advice and booking responsibilities from frontline staff. We found universal support for a locally co-ordinated 'one stop shop' to improve the flow of information and knowledge about Short Break/Respite options for carers and the people they care for, and to provide brokerage support.

Finally, the implementation of SDS in April fundamentally changed the relationship between commissioners, providers and carers/cared for from a rigid task based hierarchical arrangement to a dynamic system of co-production designed to deliver the outcomes identified and desired by carers and

³ Shared Care Scotland's response to the SG consultation on proposals for new Carers Legislation (April 2014)

⁴ Ibid.

families. It was evident that Care Managers and frontline workers were embracing SDS as a means of helping carers to shape the kind of Short/Breaks they need.

3.2 Gathering Carers' experience of and aspirations for Short Breaks

The key messages emerging from our consultations with over 60 carers are as follows:

3.2.1 What a Short Break means to Carers

- Carers defined a Short Break as *“a break that pays equal attention to the needs of the cared for and the carer”*. If this does not happen carers still carry the stress of caring for the duration of the break
- Most carers consider less than half a day not to be a Short Break
- ½ of carers consulted reported that they had experienced a Short Break
- ¼ of carers consulted reported that regular Short Breaks are provided by other family members
- Carers would like to be able to use the Time 4 U vouchers, accessed through Dundee Carers Centre with a wider range of providers, and
- Few carers reported that they were given a choice of options for a Short Break.

Respite at home

Carers wanted the experience of receiving respite at home to be 'like an alternative family member' providing it. Respite at home needs to be regular, flexible, feel familiar and fit with the person's preferences, interests and characteristics e.g. sex and age. This includes being proactively entertainment/activity focused – for many a sitter service is too passive and unengaging.

Residential Respite

50% of carers we consulted said they would prefer to go on holiday with the person they care for, while the other 50% said they would prefer to have a break away from the person they care for. All wanted residential respite to enable them to get a break from their caring role. The carers we spoke to were generally imagining that residential respite would enable them to access a one week holiday per year, although the prospect of accessing a regular week's respite in a residential care home was attractive to some.

The extra challenges for BME Carers

- Taking up the opportunity of a Short Break can mean 'double the work' for BME carers. For example, many are expected to prepare meals for their families in advance to cover the time they are away and then to take responsibility for the burden of cumulated domestic tasks when they return. These act as a disincentive
- Respite at home - there may be higher sensitivities for the family about services crossing the family boundary
- Residential Respite - it can be much harder to find culturally appropriate residential respite options.

Other contributions to Short Breaks/Respite

- Carers reported that having a dedicated support line contributed to their sense of getting a break
- Carers were generally open to the idea of residential breaks with other carers, recognising that their shared experience of being in a caring role helped them to provide and receive mutual support and nourishment
- Carers were attracted to the idea of a 'Short Breaks advice service/one stop shop', where carers could access information and advice on different options and ideas for Short Breaks. They felt it would lift the burden and sense of isolation they experienced in trying to find out about and organise a break

“I would like to have a discussion about issues regarding provision of Short Breaks with a neutral person – someone other than the provider”

- They also expressed interest in exploring the possibility of carer exchange systems, foster carers, and carer mentoring.

3.2.2 Short Breaks initiatives accessed through Dundee Carers Centre

The Time 4 U service offers carers the opportunity to take a break from caring by providing short periods of care focused on the specific needs of the cared for person. During 2012-13, 37 carers were assessed and received vouchers. Of those 37 carers, 49% reported they were not coping and 73% that their health was poor health. After utilising the vouchers, all reported that they either maintained or improved their ability to cope and noticed a positive change in their health.

The On the Spot service provides one-off vouchers to access therapies to carers. During 2012-13, 113 carers received vouchers and 97% maintained or improved their health and wellbeing, and 90% said their coping skills had improved.

A further service, developed through the Shared Care Scotland Creative Breaks Fund, was offered from January 2014. The fund allows carers to apply for up to £300, and although most of the money is used for holidays, other diversified types of Short Breaks have been offered including, for example; driving lessons, laptops or access to hobbies. Demand for this has been so high that additional funding has been secured to meet demand for 2014-15.

The recent evaluation of the new Creative Breaks Fund service gave us a valuable insight into the impact of Short Breaks on carers and their families. 47 responses to the survey were received.

The fund granted 56 applications:

- 30 carers had a holiday
- 6 carers purchased driving lessons
- 4 carers bought spa days
- 4 carers used therapies
- 4 carers purchased a laptop
- 3 carers purchased cinema voucher/meal voucher
- 1 carer enrolled on distance learning course
- 1 young carer used funding to access Duke of Edinburgh Award
- 1 young carer bought guitar lessons
- 1 carer bought a bike
- 1 bought ice skating tickets

Carers were asked how they were coping in their caring role

- 26 stated they were struggling
- 8 carers reported that they were at crisis
- 13 were managing

After taking the Short Break

- 42 felt they were more able to cope
- 4 felt no change
- 1 felt less able to cope (this was due to her husband's health deteriorating)

“I benefited from the chance to leave my caring role for a while. My husband wasn't too happy at me, but I was surprised that I didn't feel guilty. I felt it had done us both good.”

Carers were asked about their own health

- 5 reported very good
- 5 reported good
- 22 reported okay
- 14 reported poor
- 1 reported very poor

“Funding has greatly improved my health as my stress levels have decreased, I am now able to unwind and relax.”

After receiving the Short Break

- 22 reported a big improvement
- 19 reported some improvement
- 6 reported much the same

Carers were asked on their application if they had time for themselves

- 19 stated sometimes.
- 23 stated seldom
- 5 stated never

After their break, they were asked if they had a better balance of their caring role & life outside of caring

- 20 reported a big improvement
- 19 reported some improvement
- 5 reported much the same

In summary, our consultation with carers reiterated the need to pay equal attention to the needs of the cared for and the carer in providing a Short Break for it to be a restorative experience. They also wanted a wider range of options and providers to choose from when accessing a Short Break. They were clear that Respite at home needs to be a good fit (as if provided by a family member), regular and proactively engaging. They were evenly divided on holiday preferences – 50% wanted to go with the person they care for and 50% wanted a break away from the person they care for. They were also open to the idea of residential breaks with other carers for mutual support, and to exploring new ideas like carer exchanges, fosters carers, and carer mentoring. It is important to emphasise that BME carers have similar aspirations, but they experience significant additional cultural barriers to accessing appropriate Short Breaks/Respite. These include building up enough to trust overcome the resistance to others entering the home, and the lack of culturally sensitive Short Break opportunities.

The Short Break initiatives accessed through Dundee Carers Centre (Time 4 U, On the Spot and Creative Breaks) are clearly valued by carers. Carers report that accessing these breaks from their caring role makes a significant positive contribution to their resilience and health well-being. Despite these positive impacts, however, it is a continuing concern that the majority of respondents to the Creative Breaks evaluation stated they were ‘struggling to cope in their caring role’ prior to accessing the break.

3.3 Mapping the existing provision and future demand for Short Breaks/Respite in Dundee

We received 20 responses to the providers’ survey. 12 were Dundee based, 8 were on the approved providers list, 2 were Dundee City Council establishments. No responses were received from Care, Nursing or Residential homes.

3.3.1 The current landscape of Short Break provision

Table 1. Which client group(s) is your service aimed at? (N=19)

- Older people
- People with Mental Health issues and their carers
- People living with a diagnosis of dementia and their families and carers
- Adults with a Physical Disability
- Adults with Learning disabilities
- Sensory impairment
- Caring for Carers via Respite Service & Domiciliary Service
- Adults 16 yrs to 65 yrs
- Long Term Physical Conditions such as Multiple Sclerosis, Stroke, Huntington's disease, Parkinson's disease, Motor Neurone Disease, Cerebral Palsy.
- Individuals with SDS funding who can bring a carer with them
- 16 + who has a tenancy
- The community as a whole with an emphasis on sports and the arts

Table 2. What disabilities or conditions do you support? Tick all that apply (N= 20)

Answer Options	Response Percent	Response Count
Physical disability	80%	16
Mental Health	70%	14
Sensory Impairment	65%	13
Personal care	60%	12
Progressive illness	60%	12
Learning disability	60%	12
Dementia	45%	9
Autism	45%	9
Alcohol misuse	30%	6
Substance misuse	25%	5
End of life care	25%	5
Profound and multiple learning disabilities	15%	3
Nursing care	10%	2
Other (please specify)		3

Tables 1 and 2 indicate that there is Short Break/Respite provision for a wide range of client groups in Dundee.

Table 3. Which of the following best describes the service you provide? (N=17)

Answer Options	Response Percent	Response Count
Dedicated Short Breaks/Respite care residential accommodation	35%	6
Carer services (residential breaks, emotional support and groups)	18%	3
Day services for Short Break/Respite care (including clubs and activity groups)	18%	3
Home based sitting service	18%	3
Supported leisure and activity holidays	12%	2

Befriending	-	0
Breaks in the home of another family (shared care/adult placement)	-	0
Residential care home or nursing home with Short Break places	-	0
Other(s) please specify		10

Other:

- Full time 24 hour live-in care (2)
- Personalised home support service. We do not call it a sitting service as the purpose of the support is to support and enable the person with dementia to participate in meaningful activities and be part of their community
- Enabling service for Short Break/Respite care
- We provide activity holidays with 24 hour care
- Outreach support to link people with resources within their own communities.
- We provide personalised, flexible Short Break opportunities for young people and adults who have mental health problems and their carers. We provide a range of Short Break packages e.g. day trips, residential breaks, relaxation breaks, support at home, emotional support, social support, in addition to providing tailor made bespoke breaks. We offer breaks in response to individual outcomes.

Table 4. What kind of Short Breaks/Respite for adults do you provide? Tick all that apply. (N=19)

Answer Options	Response Percent	Response Count
Short Breaks with accommodation	42%	8
Flexible Breaks	42%	8
Day activity, day support and day care facilities	32%	6
Care at home services	32%	6
Homecare/Care at Home	26%	5
Day care service	21%	4
Carer Services	16%	3
Housing Support	16%	3
Advice/Information service	16%	3
Housing Support (Sheltered Housing)	5%	1
Shopping service	5%	1
Lunch Club Service	-	0
Direct Access service	-	0
Other (please specify)		3

Other:

- Only if we have a vacancy can we offer a Short Break service
- All our holidays include activities in the outdoors at whatever level the person chooses
- 24 hr care at home

Tables 3 and 4 indicate that there is a range of Short Break/Respite available, including residential, holiday, home and community based services. 3 providers specifically identify themselves as providing services for carers.

Table 5. There is significant evidence that being able to anticipate and plan for Short Breaks with certainty has a beneficial effect on carers and their ability to sustain their role.

How likely is it that carers will be able to book their Short Breaks Respite in advance on the following timescales? Tick all that apply. (N=15)						
Answer Options	Very likely	Quite likely	Neutral	Quite unlikely	Very unlikely	Response Count
One month	10	2	1	0	0	13
1 - 3 months	10	2	0	0	0	12
4 - 5 months	11	1	0	1	0	13
6 - 9 months	13	0	1	0	1	15
Other (Please elaborate)						4

Table 5 indicates that most respondents have the capacity to respond to advance bookings

Table 6. Please rank in order of importance (1 = most important), how dependent you are on the following sources of funding? (N= 19)								
Answer Options	1	2	3	4	5	6	7	Rating Average
Dundee City Council	9	4	2	0	1	2	1	2.47
Self- funded individuals	6	2	4	2	1	3	1	3.16
Direct Payments	3	3	3	3	4	2	1	3.63
NHS Tayside	1	3	4	2	3	2	4	4.32
Scottish Government	0	3	2	6	3	3	2	4.37
Grant making organisation or Trusts	0	2	2	5	5	4	1	4.53
Donations	0	2	2	1	2	3	9	5.53

Table 6 suggests that respondents are more dependent on Dundee City Council, Self-funded individuals and Direct Payments than other sources of funding. Further analysis indicates that those who are more dependent on Dundee City Council funding can be described as ‘traditional/established providers’. This contrasts with those who more dependent on Self-funded individuals and Direct Payments who can be described as ‘new market innovators/early adopters’⁵.

Table 7. SDS legislation emphasises the importance of services being designed and provided to deliver personal outcomes for disabled people and their families/carers.		
Carers tell us that Short Breaks/respite need to be planned with equal attention to the needs of the cared for and the carer for it to feel like a Short Break. Otherwise, and typically, the carer will still carry the stress of caring for that time. They also tell us that they want more choice of Short Breaks/respite than is currently available.		
Which of the following would you be interested providing? (N=14)		
Answer Options	Response Percent	Response Count
Short Breaks programmes specifically provided at weekends	57%	8
Packages of entertainment/ activities put together as regular respite	50%	7

⁵ these descriptions are intended to illustrate the changing dynamics of the provision context rather than characterise or pigeon hole any individual provider

A holiday with the person they care for	50%	7
Regular half-day respite at home	43%	6
Short Breaks designed with BME carers to meet their cultural needs e.g. halal food, prayer breaks	36%	5
A Short Breaks/respite brokerage and booking service	29%	4
Overnight care in the home to enable carers to have a night out/away	29%	4
Foster carer services (a family with whom the cared for person stays on a regular basis)	-	0
Other (please specify)		5

Table 7 suggests that respondents are generally interested in providing a range of Short Breaks/Respite that meet the needs of carers and the people they care for. Further analysis indicates that the 'new market innovators/early adopters' are more interested in holiday provision for carers and the people they care for while the 'traditional/established providers' are more interested in extending the service they currently provide and designing Short Breaks with BME carers.

3.3.2. Future Landscape of Short Break provision in Dundee

Table 8. What do you consider to be the main opportunities which will help you to sustain or grow your service? (N=17)

- Self-Directed Support(4) & Direct Payments - and people having more control and flexibility over spending priorities
- Being able to meet the outcomes identified by the people who use our service (3)
- Continued financial support current sources/additional funding support from new sources (2)
- Good public image/reputation (2) and knowledgeable well trained staff. Development of diversification into other aspects of care
- Partnership/collaborative working (2) with other providers, carer organisations, public sector involvement, health professional and a voice within GP surgeries
- Word of mouth - people letting other people know how flexible /responsive we have been able to be (2)
- Marketing (2)
- In-kind training to become more business orientated

Table 8 indicates that increasing personalisation and outcome focused trend of care (through SDS/Direct Payments) are identified as providing the main opportunities to sustain and grow services. Further analysis indicates that established providers put an emphasis on their track records and reputation, while the new market providers emphasise their unique and alternative approaches and commitment to developing relationships with key stakeholders.

Table 9. What do you consider to be the main challenges to you sustaining or growing your service? (N=17)

- Funding (5) - Individual Respite budgets have been reduced, SDS enables choice but it is still restricted to a budget and in some cases this has been dramatically reduced
- Marketing and targeted promotion of service (4)

- Being creative enough to meet the outcomes identified by the people who use our service users (3)
- Ensuring that we have staff with the right values/expertise to deliver personalised support (2)
- Competing priorities
- Competition of other providers
- Social Work sticking to the same old tried and tested because it's easy and not looking for alternatives or the much improved outcomes of going on a 'normal' holiday with support
- Discovered that because we are a care at home service and because we are not in a framework we are not given a chance even though our Respite services are affordable

Table 9 indicates that respondents identify reduced funding/restricted budgets, marketing and targeting services and being creative in providing personalised services as the key challenges to growing and sustaining their services.

Table 10. All things considered do you think your service is likely to expand or contract over the next 3 years? (N=18)

- 14 Yes – 3 actively looking to do so
- 2 No
- 1 Neutral
- 1 Thinking about survival!

Table 10 clearly indicates that the vast majority of respondents are expecting to expand their services over the next 3 years.

The survey returns present an illuminating snapshot of the changing Short Breaks landscape. As expected, and required by law, the current system for providing Short Breaks/Respite, represented by the Approved Provider and care, residential and nursing homes lists, appears to be principally set up to meet the needs of people who are cared for.

The lack of response from care, residential and nursing homes suggests that they are not currently embracing the new market of Short Breaks and changing (or opening up) their services to include carers, to any significant extent. It also indicates that the Approved Providers and residential home lists are of limited use to Social Workers, carers and others seeking to find Short Break opportunities.

The pattern of responses received indicate that a much broader spectrum, including *traditional/established providers* and *new market innovators/early adopters*, are interested in providing Short Breaks/Respite to Dundee carers and the people they care for.

The *traditional/established providers* appear to be more dependent on Dundee City Council funding, more interested in extending the service they currently provide and designing Short Breaks with BME carers, and more likely to emphasise their track record and reputation in seeking to sustain and grow their services.

The *new market innovators/early adopters* appear to be more dependent on Self-funded individuals and Direct Payments, more interested in holiday provision for carers and the people they care for, and likely to emphasise their unique/alternative approaches, and commitment to developing relationships with key stakeholders in seeking to sustain and grow their services.

3.4 Provider interviews

The survey was followed by telephone in-depth interviews with a number of providers to deepen our understanding of their experience of developing, providing and managing Respite services.

Crossroads provide Short Breaks/Respite to carers through a block contract with Dundee City Council. This includes: Rolling Respite, where carers receive up to a weeks (24/7) break every 6 weeks, Waking Nights, Overnight Care and a domiciliary service (not personal care). They also provide regular emergency/crisis care, for example if a carer is taken into hospital or similar. District Nurses and the SW Frist Contact Team are the main referrers. Crossroads are the current providers for the Time 4 U voucher service. They have found that Time 4 U builds people's confidence, helps people to get into the habit of taking a regular break, and improves their well-being. They find it challenging to schedule short (3hr) breaks and to meet high demand times (afternoons). The Rolling Respite and Overnight Care services are not advertised by the Council - most information being circulated by word of mouth from Care Managers. They have yet to consider how SDS might change the way Short Breaks are provided.

Alzheimer's Scotland has a contract with the Council to provide day care, early stage support and carer support. They invested money 2.5 years ago to start up the personalised service, investing in staff and growing it slowly. This enables them to match workers to supported people and maintain reasonable continuity of contact, which is important to both parties. Despite this, carers only get service as a by-product of the needs of the person they care for. They currently provide a service to 18 people and would like to grow it to about 50 people (some 200 hrs service). Most people come to them directly or are referred to them through their Dementia Adviser Service. They seek to provide meaningful activities for the supported person and develop quality enabling relationships with them. They will provide personal care and expect there to be increasing demand for this as their service grows numerically and perhaps as a result of increased trust in relationships. It is a demanding service to manage and staff have to be very motivated and prepared to work antisocial hours.

"It's the relationships that motivate people – going into someone's home is very personal."

They are beginning to see a shift in expectations of Short Breaks. People are realising you don't have to take what you are given but can think about and choose what you want – going to the bingo can be a therapeutic intervention.

'Human intervention for people with dementia is the equivalent of chemotherapy for cancer.'

They are developing a partnership with the Oakland Centre, and are doing small group work which works for some people with dementia. One concern they have about SDS is how it might affect day centre provision. They feel that the 9am – 5pm break is very important for carers, and if the Council subsidy was removed people could only afford to pay for a few hours at its true cost. They expressed interest in becoming an approved provider for the voucher scheme (Time 4 U) if it were to be opened up.

Penumbra (Nova Short Breaks) provide flexible personalised Short Breaks and are about to start a project for carers of people with mental health issues in Dundee. Their approach challenges the way people think about Short Breaks, widening their horizons by asking them 'What are you looking for, what do you want?' It is about linking people to ordinary resources like hotels and trains.

They have gone through a lot of change recently and it has not all been plain sailing. The loss of their iconic residential establishment Cairdeas House was hard to bear, and it has been difficult to recover the full cost of service development. Finding money for direct support costs is fine but recovering the associated costs of the development and admin costs is difficult. This is currently provided by the Scottish Government. They are finding that what people want most is support to organize the Short Break service. There is more demand for organizing the breaks than actually the supporting people.

“A former penumbra’s residential respite user, who thought she wouldn’t be able to get another break when Carduse closed, has now been to a shared retreat centre with yoga, and several times on a break to a hotel, near her friends and family in Callander. Instead of a 24/7 service, all she needs is a lift up to the hotel in Callander and then she is fine. Her confidence is growing and her mental model of what a break can be is very different.”

They have also planned a group holiday for 4-5 people in Yorkshire, and are thinking off creating a ‘kite mark’, to award to places that have accommodated their people. Referrals come from individual Care Managers and most are breaks for the cared for. Conversations with the carers are a result of creative thinking about what is possible.

‘There seems to be a lack of acceptance that a break is integral to a carer’s mental health - a lack of thinking about and acknowledgment of the preventative benefits of people getting a break. This is a daily battle.’

There is a lack of regular ‘afternoon length’ Short Break provision for carers, often necessary in a crisis and preferable in most cases to an MHO or the police. There are no other dedicated MH Short Breaks services across Scotland, although Support in Mind provides telephone support, and they are concerned that the needs of carers and their families are not being picked up.

“One woman wanted to go to Paris, and to ride in a limo, and in her 60’s she moved on to independent living having achieved her dreams. People achieving their dreams can shift a whole system.”

They play a game with service users featuring everyone’s ideas; throwing a dice to decide what Short Breaks to have and spend their money on.

GCVS (Reshaping Care for Older People for Glasgow) The main focus at the moment is to get the joint commissioning process to disinvest in commissioning beds, and instead to commission a range of lower level preventative services that are needed including Short Breaks and practical support. They are working with a Health Economist to better evidence the cost benefit.

One example of innovation in Glasgow is around ‘emergency planning’ with carers - what would happen if you went in to hospital – and this leads to conversations about their need for more regular breaks and support. The Volunteer Centre in Glasgow is working on matching carers who have suffered recent bereavement, or adjusting to their partner moving into a care home, to practical support – perhaps a volunteer who can put curtains up, or help with x y z.

Short Breaks Midlothian (Wee Breaks) - is run by VOCAL and funded by Mid Lothian Council. It is co-located in in the council offices and at the carers centre. This co-location works well as it has enabled the staff to get to know people in the Council and to gain an in-depth knowledge of how the system works.

They explored the short breaks pathway – how to get Short Breaks, what you are allowed to ask for, when and how often you are allowed to ask, and in doing so got to know Senior Managers, SWs, and Care Assistants. This learning enabled them to develop a ‘dummy’s guide’ to the eligibility criteria, financial assessment, and what is on offer.

Carers are assessed as having either critical, substantial, moderate or low level needs and their eligibility for access to Short Breaks (‘ a break from your caring role’) is determined accordingly.

They became aware of the length of the ‘information supply chain’ to find out availability of Short Break opportunities (Carer phones SW – SW phones provider – SW phones carer – then often the need to do it all

again to find mutually suitable dates!) so developed an online calendar that enables all parties to see availability.

They applied successfully to the Change Fund to set up a Short Breaks fund for Older People (65+) which they manage, and they also direct people to the SCS Creative Breaks Fund (21 – 65).

Their basic service is providing info and advice, as follows:

- Working out with carers what they would like to do – often include the need to explain rights and how the Short Breaks can be used flexibly to enable carers to get a ‘break from their caring role’
- Working out what’s possible, and
- Finding a provider/solution.

Their website has Short Breaks pathway information, lists of hotels, clubs and activities. A staff member is involved in various planning groups and fora and this helps to make connections e.g. identifying community cafes as places that meet the differing needs of a range of groups – for social interaction and access to Wi-Fi etc. – and putting them on the Wee Breaks website.

They work closely with the Red Cross ‘Community Co-ordinators’ (a Local Area Coordinator model – helping set up new and support the running of existing groups) who do the front end research and connecting while Wee Breaks does the back end website posting.

They are interested in developing a model similar to the Respitality (hospitality + Respite) approach being piloted Fife with Fairmont St Andrews, and are making connections with the local tourism forum.

Break Away (Edinburgh) - provide a Respite resource to people with learning and physical disabilities/ long term conditions This comprises 2 services – for under 25s and for 25 -65. They provide for people that are assessed by SW for Respite (taking carers and cared for needs into account) for anything between 15 and 42 nights. People assessed as needing less than 15 nights don’t qualify – they are not eligible.

They embrace the different pathways – in house traditional Respite – high tariff needs, including Direct Payments; Individual Service Funds (Option 2 - budget sits with Break Away) and split (0.5 traditional Respite and 0.5 Short Breaks)

They encourage people to meet and make friends and to pool resources to make money go further – began with 4 families in 2010 now have 100 families. They facilitate focus groups to decide what breaks people will go on together.

Costs – the key is making it cheaper than unit cost of a night’s traditional Respite and their rule of thumb is ‘2 social events is equivalent to 1 nights Respite. They spend a quarter of budget per quarter to prevent the risk of over or underspend.

They organise a range of social activities - games nights, out for dinner, residential weekends – have taken 2 parties (of 12 and of 10 people) to Donaldson School in Linlithgow which has a pool with full track hoist, gigs, horse riding, a sheep shearing course, and camping to Blackpool. They pick people up and return them home as part of the package - many have anxiety about travel, but they will encourage those who can or like to travel independently to do so.

The service is easier to provide to young people coming through school transition – often know each other or have shared experience. It can be more difficult with people who have long term conditions, and very different back stories.

Most of the barriers – organisational – systems issues around time it takes for providers to get money they are due. It can be 2 months which is difficult for small providers. The Resource Allocation System can be a bit problematic – it works for those whose needs are at the high and low ends of the spectrum but not so well for those in the middle.

“We have good relationships with providers – they grow with us.”

They don't use contracts, preferring to operate on 'an understanding' which is driven by the experience of families. 'People decide if it is good and worthwhile – if not we don't go back!'

3.5 Future Options Workshop

We developed this workshop to create an opportunity for the 3 key stakeholder groups – carers, providers and commissioners – to come together to explore what types of models of Short Breaks and Respite are needed in the future, and what needs to happen to bring them to fruition. In collaboration with Shared Care Scotland and others we identified a number of innovative and enterprising models being used to provide Short Breaks and produced 'pen pictures' which were used to stimulate collaborative thinking about how Short Breaks could be provided in Dundee.

Carers need different outcomes at different times. For Dundee to have a system that enables carers to sustain their caring role a mixture of provision of Short Breaks is necessary, because they lead to different outcomes. In mixed groups the participants looked at descriptions of some of the main outcomes that Respite and Short Breaks can provide, namely:

- I. Carers get a break*
- II. Relationships between carer and cared for are restored and boosted*
- III. Carers are able to get on with day to day life*
- IV. Carers benefit from peer support and learning*
- V. Carers have fun and are more socially connected*

and considered and shared:

- What they knew about what would deliver these outcomes
- What barriers prevent carers from achieving these outcomes, and
- What needs to be done to overcome these barriers.

It was generally felt that there was a relatively wide range of 'traditional' opportunities (e.g. day care, residential care, respite at home/sitter services, holidays) supplemented by more innovative Short Break opportunities (e.g. 24 hour live in care, musical memories choir, football memories, dementia cafes, On the Spot, Time for You, Shared Lives) to enable 'Carers to get a break'. However, it could not be assumed that taking up these opportunities would necessarily lead to any of the other 4 outcomes illustrated above, unless they were intentionally co-designed with carers to enable them. It was also recognised that these opportunities per se may not meet the needs of BME carers.

3.5.1 Imagining the future landscape of Short Breaks we want and making it happen

The participants built a rich picture of the kind of future Short Breaks landscape they desired, as described below:

'The new culture of Short Breaks will be 'positive, personalised and planned'. It will be delivered by a strong triumvirate partnership of carers, brokers and providers. It will include a 'one stop shop' offering a pic 'n' mix range of flexible opportunities designed to deliver outcomes for carers and their families. This will enable carers to access and sustain: friendships, work, independence, fun, support and wide range of co-designed affordable Short Break opportunities. It will be underpinned by a strong positive media profile based on 'good news stories'.

In order to bring the desired future landscape into being, the stakeholders recognised that:

- Short Break opportunities need to be intentionally co-designed with carers themselves
- Carers need access to information to find out about, and support to arrange, appropriate Short Break opportunities and this can best be achieved through a coherent locally co-ordinated one stop shop service
- Carers need confidence in providers and to be treated as equal partners. Familiarity with and consistency of paid carer support is very important to carers and smaller dedicated 'carer teams' enable this
- The Short Breaks/Respite carers want need to be made affordable
- Spot purchasing and SDS can promote greater flexibility in service provision, but Short Breaks need to be tailored to meet the diverse and often complex/specialist needs of carers and their families, and that
- Carer's need more support and flexibility from their employers.

To move matters forward:

- The *Commissioners Group* - which comprised Social Work, Health and Dundee Carers Centre - invited the Providers Group to engage with them in helping to produce a flexible service for carers, and offered to provide a one stop shop to help carers get the Short Break they want. They also asked the Carers Group to share their Short Breaks experience with other carers and the public; to support a change in culture
- The *Carers Group* offered to help to make sure that Short Breaks work for the people they care for and paid caring staff by providing appropriate details about the people they care for (e.g. likes and dislikes), to support and develop relationships. They asked the Providers and Commissioners Groups to listen to their Short Break needs, including a one stop shop, and that they work better together to meet these needs. They asked Commissioners to find ways of funding a wider range of Short Breaks
- The *Providers Group* offered to listen to carers and take a flexible approach to meeting their Short Break needs, and asked the Commissioners to provide a one stop shop, which they would help keep up to date

This exercise created a positive, collaborative atmosphere and three stakeholder groups undertook to work together as described to develop the Short Breaks carers need.

3.6 Care Managers and Front Line Workers Focus Group

The Future Options Workshop was followed by a focus group with Care Managers and front line workers from Social Work who have responsibility for assessing and enabling carers to access Short Breaks/Respite, and Dundee Carers Centre. The purpose of the focus group was to find out more about the current situation from their perspective, and to gather ideas that will move matters forward and enable carers to access the kind of Short Breaks they need.

3.6.1 Current Experience of accessing Short Breaks/Respite for Carers

They recognised that:

- Respite is predominantly provision rather than person centred, with most people having to fit in with the provision that is available. This is a particularly difficult problem where the provision available is not suitable. For example, many young people do not like the current provision at the McKinnon Centre – the Dundee City Council purpose built centre. Similarly, many of the care homes are not suitable for the varied Short Break/Respite needs of older people, especially those who want stimulation and to experience ‘normal living’
- There is limited availability of provision at short notice
- The need for 24 hour Respite at home is a weekly occurrence in most Social Work Area Teams in Dundee, but there is rarely availability. Finding a place in an emergency is a significant issue
- A significant proportion of providers do not take advance bookings
- There is very little provision for Black and Minority Ethnic families that is culturally appropriate
- Budget constraints are not a significant barrier to accessing Short Breaks/Respite. Care Managers across all client groups are encouraged to fund Short Breaks/Respite – especially where the cost of the provision is less than the equivalent of a week in a care home
- Persuading carers to take a Short Breaks/Respite can often require long complex conversations and is a significant part of most care manager’s work
- Care Managers are already using SDS to shape Short Breaks/Respite to suit people, either by adding in elements that make it work, or by accessing Respite at home through alternative or additional providers, and that
- There is a very strong fit between SDS and Respite/Short Breaks, and they expected many people to choose to take control of their budget allocated for Short Breaks /Respite, and leave their main care provision in the management of the council or other provider.

Strengths and gaps in provision

The strengths were identified as:

- Funding for Short Breaks/respice is generally available – managers trust assessment of need
- The practice and culture that prevails in Learning Disability is very positive. Carers’ needs are recognised - including their need for Short Breaks/Respite, and
- The good Learning Disability Short Breaks/Respite options.

The gaps were identified as:

- a lack of person centred, holiday-type provision
- a lack of Short Breaks/Respite suitable for younger people or adults, and
- a lack of Short Breaks/Respite suitable for BME communities. It should be noted that the number of Creative Breaks applications from the BME community indicates there is no shortage of desire for Short Breaks/Respite.

3.6.2 The future of Short Breaks/Respite

The group looked at what needed to change to improve the landscape of Short Breaks/Respite to better meet the diverse needs of carers and the people they care for, recognizing that

- Self-Directed Support will continue to make a positive difference

- there is a need for more community activity based Short Breaks/Respite for example Branching Out⁶ – with less emphasis on the residential, and breaks that enables carers and the people they care for to lead enhanced lives.

“The days of ‘you can only have a 7 day package running from Saturday to Saturday’ are over; people’s lives can’t fit into that.”

Information about Short Break/Respite options

There was universal support for the development of a one stop shop resource to provide information about Short Break/Respite options. This locally coordinated resource would significantly diversify and strengthen the local knowledge base and end their reliance on having to share the knowledge accumulated amongst colleagues. Indeed, several people felt that this informal approach to sharing information about options around teams is not very effective. A one stop shop approach could also help join up information about funding that can make Short Breaks/Respite more accessible for different client groups.

They also recognised that the Approved Provider List is of limited value, and that the information flow about Short Breaks/Respite capacity needs to be improved.

The need more flexible holidays and Short Break services

The group felt that this was the key area. They felt that a wider range of possible options was needed to help people broaden their concept of what Short Breaks/Respite could include.

4. Conclusions

We set out to explore and capture carers, providers and commissioner’s current experience of, and future aspirations for Short Breaks/Respite in Dundee to help local service planners improve provision in line with the Scottish Government’s Policy intentions to shift the balance towards preventative support and personalised outcomes for carers and the people they care for.

We found the current landscape of Short Breaks/Respite in Dundee to be in a state of transition. The policy emphasis on shifting the balance towards the prevention of carer breakdown, by providing Short Breaks/Respite to enable them to sustain their caring role, means that the predominant model, which considers respite for carer’s as subordinate to that of the people they care for, is not fit for purpose. This message was strongly reiterated in our consultation with carers.

New providers, and new forms of Short Break provision, are emerging in the market that increasing personalisation and SDS make possible. This is happening alongside the established traditional models of Respite care. This is clearly demonstrated in the pattern of Provider Survey returns. Carers clearly value the Short Break initiatives (Time 4 U, On the Spot and Creative Breaks) provided through Dundee Carers Centre, and would like more of the same. They also want the opportunity of holiday breaks, with or without the people they care for, are open to the idea of residential breaks with other carers for mutual support, and to exploring new ideas like carer exchanges, fostering and mentoring. Expectations of the kind of respite that is suitable for older people is changing too. People want it to be more about ‘normal living’ and to provide stimulation – a sitter service is too passive for many.

⁶ Branching Out (Forestry Commission Scotland) is an innovative development for adults who use mental health services in Scotland. For each client, the service consists of approximately three hours of activities per week in a woodland setting over a 12 week period.

The vast majority of Provider Survey respondents indicated that they expect to expand their services over the next 3 years, despite restricted budgets. They also identify creativity in personalised service provision and effective marketing/targeting of services as essential to meeting the challenge.

The emerging landscape is patchwork rather than planned and the need to provide a new framework to support and encourage greater connectedness and sustainable growth is paramount. This was clearly demonstrated by the lack of response from approved providers and residential establishments to the Providers Survey. The picture we have of the current Short Break/Respite capacity is confusing and needs further investigation. On one hand the survey returns indicated that providers have the capacity to respond to planned respite while on the other, Care Managers report that a significant proportion of providers do not take advance bookings. There is limited availability of provision at short notice. Care Managers and front line workers find it very difficult to access Short Break/Respite provision even with two weeks advance notice. The need for 24 hour Respite at home is a weekly occurrence in most Social Work Area Teams in Dundee, but there is rarely availability. Finding a place in an emergency is a significant issue.

There is a strong culture of carers looking after themselves, and of making modest requests for support – even when struggling - and is borne out by the Creative Breaks Fund evaluation.

It is clear from the Provider Interviews and Future Options Workshop that innovation will continue to gather pace. The differing provider journeys demonstrate a number of key points to bear in mind in developing a new framework for Short Break/Respite provision, namely:

- the difference investing in a locally co-ordinated and person centred brokerage model can make to the creation and delivery of Short Breaks/Respite
- the positive impact modest voucher based Short Break initiatives can have on carer's confidence and their willingness to modify their habitual behaviour
- the benefits of being alert to service gaps and limitations, and the need to be aware of the potential impact of inequality on service provision
- the central importance of investing in trust based relationships with carers as prerequisite to enabling them to take risks, and
- the benefits that flow from a commitment to collaboration and being clear about roles in partnership working.

There is a natural fit between SDS and Short Breaks/Respite. Care Managers are embracing SDS as a means of shaping Short Breaks/Respite to suit people, for example by accessing Respite at home through alternative and or additional providers. People are open to a creative pic 'n' mix approach to respite, especially if it constitutes a relatively small proportion of their overall budget. Care Managers across all client groups are encouraged to fund Short Breaks/Respite – especially where the cost of the provision is less than the equivalent of a week in a care home. They expect that many people will choose to take control of the part of their care budget allocated for Short Breaks /Respite, while leaving their main care provision in the management of the council or other provider. There is much to be learned from the practice and culture that prevails in Learning Disability. Carer's needs are recognised - including their need for Short Breaks/Respite.

There was universal support for the development of a one stop shop resource to provide information about Short Break/Respite options. This locally coordinated resource would significantly diversify and strengthen the local knowledge base and end assessors' reliance on having to share the knowledge accumulated amongst colleagues. This approach would also help join up information about sources of funding that can make Short Breaks/Respite more accessible to different client groups.

We are aware that there are gaps in the research; voices that have not been heard. We have not been able to get a clear understanding the role health professionals (District Nurses, CPNs, GPs) play in accessing provision of Short/Breaks respite and are not able to comment on the extent to which they are utilising their connections to carers. Further, we know that churches and other voluntary sector organisations provide a plethora of social and activity based opportunities that carers and the people they care for benefit from. Much of this is voluntary and not classed as care (and therefore unregistered) but it is nevertheless an essential element of support and encouragement for carers.

5. Recommendations

We recommend that the service planners in Dundee ‘invest to save’ in a preventative approach to providing Short Breaks/Respite for carers and the people they care for by:

- Normalising carers taking breaks. There is a need to move from a ‘can it be done’ perspective to a practice and culture that recognises the imperative of preventing carer breakdown by promoting and enabling the timely and regular uptake of Short Breaks/Respite
- Commissioning the development of a ‘one stop shop’ resource to provide information, brokerage support and access to a wider range of Short Break/Respite options
- Capitalising on the good fit between SDS and Short Breaks/Respite. Social Work should encourage more carers to consider taking up SDS Option 2 to have more creative control over the Short Breaks/Respite they want. Where they prefer Option 3, SW should proactively engage people in thinking creatively about the blend of opportunities that would give them the kind of Short Breaks/Respite that would best fit their needs
- Enabling and encouraging innovation by moving away from block contracts to a broader framework of provision. This should include medium and micro enterprises, and will need to be supported by a marketing strategy
- Opening up the provision of Time 4 U to additional providers to stimulate innovation
- Commissioning ‘Time 4 U Max’. There is a significant gap between the cost of current Time 4 U provision and cost of a week’s residential care, and that gap can be filled with medium cost Short Breaks. This will encourage the traditional/established providers to adapt the successful services they currently provide, and the new market innovators/early adopters to develop new products
- Developing a network that will bring the key stakeholders - Carers, Providers, and Commissioners - together to co-create what is needed. The usual model of Providers and/or Service Users Forums will not enable this to happen, and
- Bringing the health workforce – GPs/CPNs/DNs – further on board and making the links with social prescribing models.