

Care to share
a few thoughts
on your
short break?

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A very warm welcome to the short breaks evaluation toolkit!



Shared Care Scotland is delighted to have been part of the Toolkit initiative. Our ambition for the toolkit is that it will make it easier for short break providers, commissioners and planners - and the families who depend on short breaks - to evaluate the difference that short breaks make. We hope that the evaluation framework and the tools that it contains will help to demystify the process of identifying what works, and why, in the provision of short breaks.

The toolkit wouldn't have happened without the hard work, energy, creativity and commitment of a small number of third sector professionals who generously contributed their time and expertise to the process. We called this group of toolkit designers the Evaluation Think Tank but of course they did a bit more than sit around and think... they are the architects, planners, builders and quality controllers, responsible for the success of every step of the process. They created the framework, assembled and tested the tools and provided the case studies which set the context to the toolkit. I want to offer my personal thanks to them, not just for their hard work and professionalism, but for their can-do and creative approach which made the entire process energising and genuinely fun.

I know that the Think Tank-ers would want me to extend a particularly heartfelt thank-you to Graeme Reekie of [Evaluation Support Scotland](#), who acted as expedition leader for this project. Graeme designed the route-map for the entire project and kept us all travelling successfully in the same direction. Graeme kept the process simple and logical without dumbing it down.

And finally, an enormous thank you from all the Toolkit team to Richard Rogers of [Do Good](#) who imagined how the toolkit could look and then – somehow - just made it happen.

So here it is. We hope that this becomes your new evaluation best friend!

Alison Stevenson
[Shared Care Scotland](#)

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This is a toolkit for helping short break providers and others to evaluate the outcomes of short breaks in any setting.

When we say 'outcome' we mean the difference short breaks make. It is important to evaluate this so you can improve services by learning about what works – and what doesn't!

The toolkit is in three main parts with an appendix:

Part 1 is a framework of short break outcomes and indicators.

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Part 2 is a toolkit of easy-to-use evaluation tools you can use to measure the impact of short breaks on carers and those they care for.

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Part 3 contains real life case studies of how people have evaluated short breaks in a range of settings.

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An Appendix at the back describes short break outcomes more fully, and how we arrived at the ones in this toolkit.

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On the [next page](#) we summarise the outcome framework visually, as we think you will find it helpful to refer back to.

However, we know diagrams can be hard to read, so here are some tips on reading ours:

- Read them from left-to-right, to see outcomes across a period of time.
- There is also a flow from top-down, so we numbered the outcomes in a logical order to make them easier to read.
- The outcomes for carers and the people they care for are shown separately. But we have shown them in parallel as there is an obvious symmetry in the difference short breaks make for both groups of people.

Please note:

Some outcomes won't result from short breaks themselves, but they will be relevant to some organisations who support carers to recognise that they are carers, and have rights. We have grouped these as outcomes for 'Before the break'.

Likewise, some outcomes are too broad or long-term to come directly from short breaks. So we have grouped these as 'Outcomes for services and society'.

Definitions:

- **A carer** is someone of any age who provides unpaid support to family members or friends who could not manage without that help (Source: Carers Trust)
- **Short Breaks:** are where a carer and the person they care for are supported to have a break from the routine and demands of their caring situation, mainly through the provision of a service. (Source: Shared Care Scotland)

Principles

The principles we followed when producing this toolkit:

- **We believe evaluation should be done with people, not to people.** It should be involving, creative and fun!
- **The toolkit should make evaluation accessible and relevant.** It should be easy to understand and use.
- **One size doesn't fit all!** So the toolkit is flexible and we strongly encourage you to adapt it so that it works for you.
- **It should be useful and practical, and well-illustrated with real examples.**

Before the Break

People who look after others recognise that they are carers

Carers are more informed about their choices and rights

Carers and others have increased acceptance that it's okay to take short breaks

Carers are more able to make informed choices about short breaks

Carers have more choices for short breaks

Better, more equal access to short breaks

More carers take short breaks

Outcomes in this toolkit

For Carers

Taking the Break

1 Carers have more opportunities to enjoy a life outside of their caring role

2 Carers feel better supported

3 Improved confidence/morale as a carer

4 Increased ability to cope in the caring role

After the Break

5 Reduced social isolation and loneliness, increased social circle and connections

6 More able to maintain the caring relationship

7 More able to sustain their caring role

Longer Term

8 Improved health and wellbeing

9 Improved quality of life

10 Reduced likelihood of breakdown and crisis in the caring role

For people receiving care

Taking the Break

11 More opportunities to enjoy a life outside of the care role

14 The cared-for person has an improved experience of care

13 Stronger relationships between the carer and cared for

12 More opportunities for independence, choice and personal development

After the Break

Longer Term

17 Reduced likelihood of crisis

16 Improved quality of life

15 Improved health and wellbeing

Outcomes for Services & Society

Carers are more valued by the wider community

Carers' needs are met in culturally and personally appropriate ways

Services are more flexible and carer focused

Increased acceptance of short breaks

More informed policy making

Impact on wider society – social inclusion

PART 1

**The framework: overview
of short break outcomes for
carers; people receiving care;
services and society.**



The outcomes in full: and how to start measuring them.

In the section cut out below, we describe the outcomes that relate directly to short breaks (i.e. not the pre-break or longer term outcomes). These are the outcomes you will find it most useful to focus on if you provide short breaks.



For each outcome, we list some examples of things that would indicate whether the outcome had been achieved: outcome indicators. These can be thought of as success measures; the things your evaluation must find out about in order to know if you are achieving the outcomes.

It might be helpful to think of indicators as what the outcome 'looks like' in practice. For more information on working with indicators, see www.evaluationsupportscotland.org.uk/resources/128

Links to other outcomes

In this section we have also shown links between our outcomes and other frameworks: The National Carers Strategy, Getting it Right for Every Child (GIRFEC) and Talking Points.

Help!

You might find it helpful to look at the example tools we have suggested for each set of outcomes and indicators, and to read the relevant case studies that are also listed.

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Outcomes for carers: Taking the break

1 Carers have more opportunities to enjoy a life outside of their caring role

Links to other outcomes

Carers Strategy: Carers have the ability to combine caring responsibilities with work, social, leisure and learning opportunities and retain a life outside of caring.

GIRFEC: Active (Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth, both at home and in the community.)

Talking Points: Carers have a life of their own.

Possible indicators:

- 1.1 I have time to spend with friends and family
- 1.2 I have opportunities to take part in clubs, hobbies and activities
- 1.3 I have private time to spend how I want (for example to go to the hairdresser, have a relaxing bath or enjoy a book)

Example evaluation methods you could adapt: A balanced wheel ([p37](#)); service use maps ([p39](#))

See the case study section for a range of examples of meeting and measuring this outcome ([p59-67](#))

2 Carers feel better supported

Links to other outcomes

Carers Strategy: Carers will be more involved in planning and shaping the services required for the service user and the support for themselves

GIRFEC: Respected (Having the opportunity to be heard and involved in decisions which affect them)

Talking Points: Having a say in services. Services are flexible and responsive to changing needs.

Possible indicators:

- 2.1 I am aware of what services are available
- 2.2 I am confident that my need for a break is recognised (e.g. by family members and services) and will be met and reviewed
- 2.3 I feel less anxious about the future
- 2.4 If I need an extra break I know how to get help quickly

Example evaluation methods you could adapt: Any of the Tools designed for measuring short break outcomes ([p17-34](#)); Evaluation wheels [p50](#); Evaluation tree [p52](#); Evaluation methods that can be used as part of other activities ([p54-58](#))

See case studies from Children's Hospice Association Scotland ([p60](#)); Glasgow Children's Holiday Scheme ([p66](#))

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3 Improved confidence/ morale as a carer

Links to other outcomes

Carers Strategy: Carers have increased confidence in managing the caring role

GIRFEC: Achieving (Being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, in school and in the community)

Talking Points: Improved confidence/morale. Feeling informed/skilled/equipped

Possible indicators:

- 3.1** I feel more informed, skilled or equipped in my role
- 3.2** I am more able to express my needs, e.g. to ask for support, take a break
- 3.3** I feel less stressed, have more energy, am sleeping better
- 3.4** I am more able to do enjoyable activities, including with the person I care for

Example evaluation methods

you could adapt: Any of the Tools designed for measuring short break outcomes ([p17-34](#)); Evaluation wheels [p50](#); Evaluation tree [p52](#); Evaluation methods that can be used as part of other activities ([p54-58](#))

See case studies from Children's Hospice Association Scotland ([p60](#)); Glasgow Children's Holiday Scheme ([p66](#))

4 Increased ability to cope in the caring role

Links to other outcomes

GIRFEC: Healthy (Having the highest standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices)

Talking Points: Choices in caring, including the limits of caring. Feeling informed/skilled/equipped. Satisfaction in caring.

Possible indicators:

4.1 I feel able to continue caring
Also:

- (3.3)** I feel less stressed, have more energy, I am sleeping better)
- (3.4)** I am more able to do enjoyable activities, including with the person I care for)

Example evaluation methods

you could adapt: Any of the Tools designed for measuring short break outcomes ([p17-34](#)); Evaluation wheels [p50](#); Evaluation tree [p52](#); Evaluation methods that can be used as part of other activities ([p54-58](#))

See case studies from Geeza Break ([p65](#)); Glasgow Children's Holiday Scheme ([p66](#)); LifeCare (Edinburgh) Limited ([p67](#))

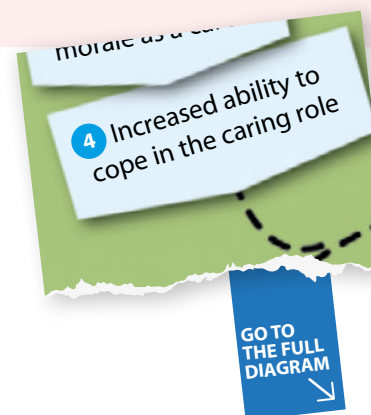
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Outcomes for carers: After the break

5 Reduced social isolation and loneliness, increased social circle and connections

Links to other outcomes

GIRFEC: Included (Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn)

Possible indicators:

- 5.1** I meet new people, make new friends, or get back in touch with friends
- 5.2** I spend more time in the company of others
- 5.3** I feel less alone; I know I'm not the only one in this situation

(Also: see indicators for Outcome 1)

Example evaluation methods you could adapt: Relationship maps ([p42](#)); Any of the Tools designed for measuring short break outcomes ([p17-34](#)); Evaluation wheels [p50](#); Evaluation tree [p52](#); Evaluation methods that can be used as part of other activities ([p54-58](#))

See case studies from Amina Muslim Women's Resource Centre ([p64](#)); Care for Carers ([p62](#)); Geeza Break ([p65](#)); LifeCare (Edinburgh) Limited ([p67](#))

6 More able to maintain the caring relationship

Links to other outcomes

GIRFEC: Healthy (Having the highest standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices)

Talking Points: Positive relationship with the person cared for

Possible indicators:

- 6.1** Family members feel less pressure, including siblings
- 6.2** Family members have happy memories
- 6.3** We have different things to talk about as a result of the break
- 6.4** We have renewed respect for each other

Example evaluation methods you could adapt: Relationship maps ([p42](#)); Any of the Tools designed for measuring short break outcomes ([p17-34](#)); Evaluation wheels [p50](#); Evaluation tree [p52](#); Evaluation methods that can be used as part of other activities ([p54-58](#))

See case studies from Care for Carers ([p62](#)); Geeza Break ([p65](#)); Glasgow Children's Holiday Scheme ([p66](#)); LifeCare (Edinburgh) Limited ([p67](#))



7 More able to sustain the caring role

1 More able to sustain their caring role

Possible indicators:

7.1 I have a life outside the caring role

7.2 I have support networks in place

Also:

(3.3) I feel less stressed, have more energy, am sleeping better)

(3.4) I am more able to do enjoyable activities, including with the person I care for)

Example evaluation methods you could adapt:

Any of the Tools designed for measuring short break outcomes ([p17-34](#)); Evaluation wheels [p50](#); Evaluation tree [p52](#); Evaluation methods that can be used as part of other activities ([p54-58](#))

See case studies from Amina Muslim Women's Resource Centre ([p64](#)); Care for Carers ([p62](#)); Glasgow Children's Holiday Scheme ([p60](#)); LifeCare (Edinburgh) Limited ([p67](#))

8 Improved health and wellbeing (longer term outcome)

Links to other outcomes

GIRFEC: Healthy (Having the highest standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices)



Possible indicators:

8.1 I feel happier

8.2 I don't feel exhausted all the time

Plus:

(2.3) I feel less anxious about the future)

(3.3) I feel less stressed, have more energy, I am sleeping better)

Example evaluation methods you could adapt:

Warwick and Edinburgh Mental Well-being Scale ([p45](#)); Body Maps ([p47](#)); Any of the Tools designed for measuring short break outcomes ([p17-34](#)); Evaluation wheels [p50](#); Evaluation tree [p52](#); Evaluation methods that can be used as part of other activities ([p54-58](#))

See case studies from Care for Carers ([p62](#)); LifeCare (Edinburgh) Limited ([p67](#))

9 Improved quality of life

10 Reduced likelihood of breakdown and crisis in the caring role

Note on longer term outcomes (9 & 10)

We have not listed indicators for the longer term outcomes 'Improved quality of life' and 'Reduced likelihood of breakdown and crisis in the caring role'.

Why?

Partly because they are very broad: if they come about, it is likely that short breaks have only contributed to them.

However, each of the previous outcomes can be used to evidence this contribution. In this way, 'Improved quality of life' after short breaks would look like carers being more able to sustain their caring role (Outcome 7), the cared for person having an improved experience of care (Outcome 14) and so on. For more information on this approach to evaluation see www.evaluationsupportscotland.org.uk/resources/127/

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Outcomes for people receiving care: Taking the break

11 More opportunities to enjoy a life outside of the care role

Links to other outcomes

GIRFEC: Responsible (Having opportunities and encouragement to play active and responsible roles in their schools and communities and, where necessary, having appropriate guidance and supervision and being involved in decisions that affect them)

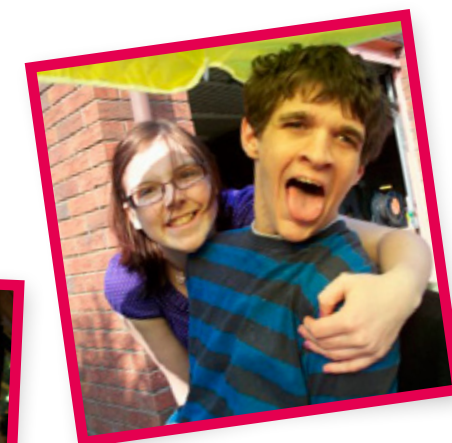
Talking Points: Having things to do. Seeing people.

See the indicators and methods for Outcome 1 and Outcome 5

See the case study section for a range of examples of meeting and measuring this outcome ([p59-67](#))

11 More opportunities to enjoy a life outside of the care role

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Outcomes for people receiving care: After the break

12 More opportunities for independence, choice and personal development

Links to other outcomes

GIRFEC: Respected (having the opportunity, along with carers, to be heard and involved in decisions which affect them).

Active (Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community).

Possible indicators:

12.1 I spend more time participating in activities/interests which match my interests (e.g. learning opportunities, social contact)

12.2 I am used to making choices about how I spend my time

12.3 I feel more able to make choices about my care and support

Plus: see the indicators and methods for Outcomes 1, 2 and 5

See case studies from Children's Hospice Association Scotland ([p60](#)); Epilepsy Scotland ([p61](#)); Geeza Break ([p65](#)); Glasgow Children's Holiday Playscheme ([p66](#))

13 Stronger relationships between carer and cared-for

Links to other outcomes

GIRFEC: Nurtured (having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting).

See the indicators and methods for Outcome 6

See case studies from Care for Carers ([p62](#)); Children's Hospice Association Scotland ([p60](#)); Geeza Break ([p65](#)); Glasgow Children's Holiday Playscheme ([p66](#))

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14 The cared-for person has a better experience of care

Links to other outcomes

GIRFEC: Nurtured (having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting).

Talking Points: Listened to. Having a say. Treated with respect. Responded to.

Possible indicators:

- 14.1** I have 'me time'
- 14.2** I have more trust and confidence in the person who cares for me

Plus:

- (3.3)** I feel less stressed, have more energy, am sleeping better
- (3.4)** I am more able to do enjoyable activities
- (5.1)** I meet new people, make new friends, or get back in touch with friends)
- (5.2)** I spend more time in the company of others)

Example evaluation methods you could adapt: Balanced wheel ([p37](#)); Service use map ([p39](#)); Relationship map ([p42](#))

14 The cared- for person has an improved experience of care

15 Improved health and wellbeing

See indicators and methods for Outcome 8.

15 Improved health and wellbeing

16 Improve quality of



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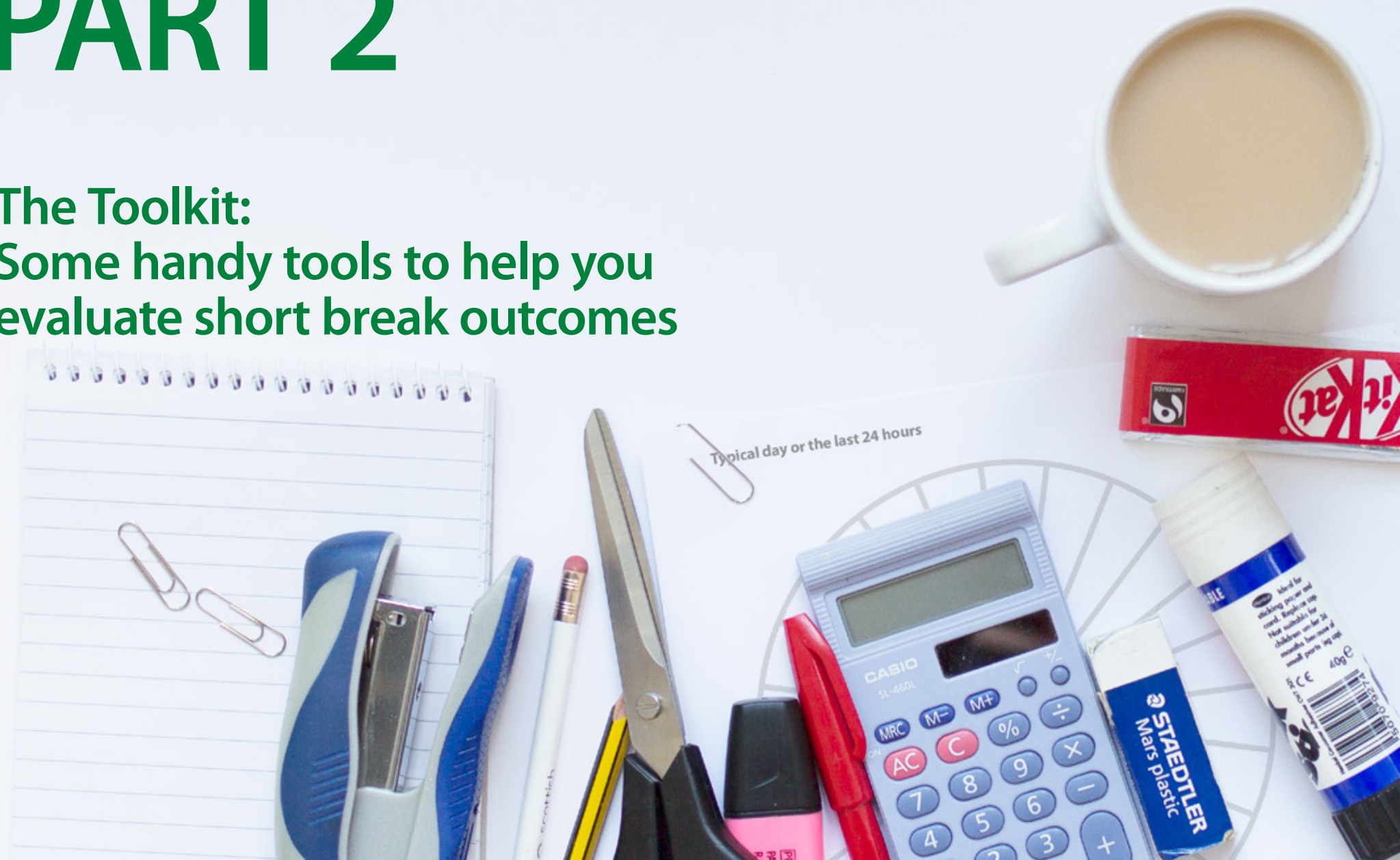
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PART 2

The Toolkit:
Some handy tools to help you
evaluate short break outcomes



The following pages contain a range of tools for evaluating the short break outcomes in our framework.

Remember that evaluation tools that are useful in some settings might not work in yours, so be prepared to adapt and test the tools for yourself.

When we say evaluating, we don't just mean reporting or being held accountable to funders, though that is important. We also mean the process of learning about what works, by asking questions, gathering evidence and being prepared to act on the results.

1. Tools designed for measuring short break outcomes

2. Tools for measuring Outcome 1: More opportunities to enjoy a life outside of the caring role

3. Tools for measuring Outcomes 5, 6 and 11: Reduced isolation, improved relationships

4. Tools for measuring Outcomes 8 and 13: Improved health and wellbeing

5. Adaptable tools for measuring other outcomes

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Typical day or the last 24 hours

Help!

We have included some notes and tips to help you think about different tools.

1. Tools designed for measuring short break outcomes

This section contains a number of tools that have been developed and shared by projects funded by the Short Break Fund. Some focus on outcomes that are in this toolkit, others evaluate the process of providing short breaks.

In this section:

**Geeza Break TOFFEE club
(Time Out For Families in the East End)**

**LifeCare (Edinburgh) Limited 'Time out' for
carers aspirations and needs: Before the Break
and After the Break questionnaire**

**Motor Neurone Disease Scotland
Holiday Grant evaluation**

**Care4carers 'Stepping out' residential
short breaks evaluation**

**Carers of West Dumbartonshire
– Capturing outcomes baseline and review**



Please note!



These are not intended to be examples of 'good practice' to be copied. Rather, we hope that by sharing tools that people have developed for themselves, we can inspire you to do the same.



Remember, one of the principles in this toolkit is that one size will not fit all! Choose your evaluation tools carefully, and adapt them to fit your outcomes, indicators and most importantly, the people you support.

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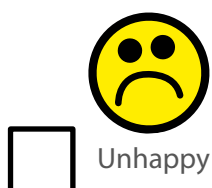
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GEEZA BREAK T.O.F.F.E.E. CLUB SUMMER 2012

Name: _____

Age: _____

How did you feel before you came to the T.O.F.F.E.E Club?



Did you have fun?

☐

Yes

☐

No

Did you make new friends?

☐

Yes

☐

No

Are there other games or fun things you'd like to try?

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Are there times when you don't feel safe or are bullied either at the T.O.F.F.E.E. Club or somewhere else?

☐

Yes

☐

No

If yes, what happens and where?



Did you go on any trips?

☐

Yes

☐

No

Where did you go and what did you learn?



Is there somewhere else you would like to visit?

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LifeCare (Edinburgh) Limited

'Time Out' for carers aspirations and needs: 'Before the Break' Questionnaire

(by telephone – when carers book a break)

It is important for us to gather information from you before and after your service with us because:

1. We want to know what difference or change this service and having a break has made to you.
2. Your input will help us to make decisions about whether this service is wanted and valued.
3. We want to know whether the design of the service is right or whether we may need to make some changes to make it better.
4. We must report to the funder on the extent to which the project met its intended outcomes for carers.

YOUR DETAILS

Your Name: _____

Address: _____

Postcode: _____

Your Telephone & Mobile Numbers: _____

Your Email: _____

Emergency Contact Details: _____

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QUESTIONS – ABOUT YOU

1. As a carer - and before the break you have requested takes place - how would you rate your sense of wellbeing in your caring role on a scale of 1 to 5 where 1 is 'not coping' and 5 is 'managing well'. (Circle the one that applies):

1	2	3	4	5
Not	Very	Stressed	OK	Managing
Coping	Stressed	but Coping		Well

2. What do you want to get out of your break? Please say:

3. Is this, or will this be, **a regular activity** or **a one-off activity**? (Circle the one that applies)

4. Using the same scale of 1 to 5, how do you hope to feel after your break?
(Circle the one that applies)

1	2	3	4	5
Not	Very	Stressed	OK	Managing
Coping	Stressed	but Coping	Well	

5. Do you feel that by having this opportunity to have time to yourself to do the things that you want to do that this will help you (to cope better) in your caring role?

Yes **No**

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QUESTIONS - ABOUT THE PERSON YOU CARE FOR

1. Name and address of the person for which replacement care is booked?

2. Service date(s)/time(s) requested:

3. Are there any special requirements we need to be aware of?

4. How does the person you care for want to spend their time when you are away? Please tell us:

Thank you for participating in our 'Before the Break' Questionnaire.

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LifeCare (Edinburgh) Limited

'Time Out' for carers aspirations and needs: 'After the Break' Questionnaire

(by telephone)

As mentioned in our 'Before the Break' Questionnaire, we must also gather information from you after you have experienced our service:

YOUR DETAILS

Your Name: _____

Address: _____

_____ Postcode: _____

'AFTER THE BREAK' QUESTIONS:

1. Having had a break, do you feel that it improved your sense of wellbeing?

Yes

No

2. On a scale of 1 to 5 - where 1 is 'not coping' and 5 is 'managing well', how would you rate your sense of wellbeing after your break?

1

Not
Coping

2

Very
Stressed

3

Stressed
but Coping

4

OK

5

Managing
Well

3. Did having the break meet your needs?

Yes

No

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4. What did you do during your break?

5. What difference did it make to you?

6. What difference did your break make to the person you care for?

7. Having experienced the service, do you feel that you would use it again?

Yes **No**

8. Would you recommend the service to others?

Yes **No**

9. For your relative - did their sense of wellbeing improve as a result of the service?

Yes **No**

10. Do you feel the service:

Supported the caring relationship?	Yes	No	n/a
Prevented crisis breakdown?	Yes	No	n/a
Helped you to keep your relative at home longer?	Yes	No	n/a
Prevented family break-up?	Yes	No	n/a

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11. Do you have any other comments or suggestions about the service?

For example, is there any improvement that we could have made, or, anything else that we could have done better for you or the person you care for?

12. What other support would you want and value to support you to sustain your caring role?

Please tell us what this would be for you:

13. Is there anything else that you, or the person you care for, would like to say about the service? Please say what this is.

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Thank you for participating in our 'After the Break' questionnaire.

MND Scotland

Holiday Grant

Tip

We liked the explanation that evaluation is being used to help improve services.

We would really like to hear how the Holiday Grant has helped you: this will help us to improve our services and offer better support for people in Scotland affected by MND. Please return the form within a month of returning from your break.

1. How did you hear about the grant?

2. What size of grant did you receive? £

3. For what purpose did you request the grant? (e.g. towards the cost of travel, accommodation, insurance, etc.)

4. Did you use the grant in this way? YES / NO

If NO, how did you use the grant?

5. Did you receive funds from any other source towards this break? YES / NO

If YES, please give brief details:

Cont'd overleaf...

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6. Please tell us what difference the grant made to you:

(a) How did it benefit the person with MND?

(b) How did it benefit the carer/s?

7. How long was your break/holiday? days/nights

8. Had you had a short break or holiday in the previous 12 months?

The person with MND: YES/NO

The carer/s: YES/NO

9. Any other comments you would like to make:

Thank you for your feedback! Please send your completed form to:

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**Stepping Out
Residential Short Break for Carers.
Lowport Centre, Linlithgow.**

Evaluation Form.

Tip

This evaluation form looks quite long, but it is used as part of an intensive weekend experience, so people are usually happy to complete it. This way, Care4Carers get good information to help them improve their services

Please tell us how you felt about the following;

1. Practicalities.

	Excellent	Good	Poor
Food at the Lowport Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Access etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Friday Evening Relaxation Therapy Sessions.

Which session did you attend? Did you find it enjoyable? Was there anything you would have liked to change about or add to this session?

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3. Saturday Morning Activity/Workshop.

i) What was your Saturday morning activity?

Workshop

☐

Other

☐

ii) Could you tell us a bit about it? For example, what did you get out of it?

4. Saturday Afternoon Activity.

What was your Saturday afternoon activity? Did you find it enjoyable? Please Comment.

5. Saturday Evening

Did you enjoy the Saturday night out and meal? Comments?

6. Sunday Morning Session – Reflecting Back

On the whole what did you conclude that you got out of the weekend? Was there anything you could take away and use day to day?

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7. Please tick the following statements that you agree with:**As a result of being on this Stepping Out Short Break I feel:**

I feel less lonely

☐

not at all

☐

slightly

☐

significantly

I can understand other caring situations better

☐

not at all

☐

slightly

☐

significantly

I feel recharged and rested

☐

not at all

☐

slightly

☐

significantly

I have had a positive experience

☐

not at all

☐

slightly

☐

significantly

I felt safe, secure and looked after

☐

not at all

☐

slightly

☐

significantly

I have made new friends

☐

not at all

☐

slightly

☐

significantly

I will practice learnt techniques

☐

not at all

☐

slightly

☐

significantly

I have found out about support services

☐

not at all

☐

slightly

☐

significantly

I feel less stressed

☐

not at all

☐

slightly

☐

significantly

I feel more confident

☐

not at all

☐

slightly

☐

significantly

I feel more motivated

☐

not at all

☐

slightly

☐

significantly

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8. Is there anything extra you would like to say in relation to these statements:

9. Do you feel that having a break makes a difference to your relationship with the person you care for? Please tell us why.

10. This is the only break I have from caring responsibilities in the year.☐

Yes

☐

No

Comments?

11. General.

- ii) What did you get from spending time with other carers in a residential setting?

12. Any Other Comments?

(please use the other side of this page, if needed)

Thank you for completing this form, it will be used to plan future Short Breaks for Carers. All information contained within this form will be treated with confidentiality and used for auditing, monitoring and evaluation purposes. We may use quotes from evaluation forms in reports and to support future funding applications.

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Carers of West Dunbartonshire

Measuring Outcomes Form

Tip

We liked the way this form is very focused on 5 clear outcomes. It allows people to rate themselves before and after a break, and gives room for comments. It looks quite formal, but it could be used as part of a one-to-one meeting to help people use it more easily.

Carers' Name : _____

Date of Birth: _____

Method of Support: _____

WHY DO WE MEASURE OUTCOMES?

Activities are the actions, tasks and work that we carry out to achieve our aims. Outcomes are the changes, benefits, learning or other effects that result from those activities.

It is important to us that we understand what difference, if any, the support and activities which we are offering to carers is making. To help us do this we would ask you to complete the questions below.

A carer support worker will be happy to help you with the questionnaire, should you need it. Please be assured that all information remains confidential. Any information which is shared or published is in statistical form and will not contain personal details.

BEING INFORMED ABOUT YOUR CARING

Baseline Date: _____

On a scale of 1-5 please indicate how informed you feel about your caring role.

1 indicates: "I do not feel informed at all"

5 indicates: "I feel informed enough to continue caring"

Please circle only one:

1 2 3 4 5

Review Date: _____

On a scale of 1-5 please indicate how informed you feel about your caring role.

1 indicates: "I do not feel informed at all"

5 indicates: "I feel informed enough to continue caring"

Please circle only one:

1 2 3 4 5

FEELING CONFIDENT ABOUT YOUR CARING

Baseline Date: _____

On a scale of 1-5 please indicate how confident you feel about your caring role.

1 indicates: "I do not feel confident at all"

5 indicates: "I feel confident enough to continue caring"

Please circle only one:

1 2 3 4 5

Review Date: _____

On a scale of 1-5 please indicate how confident you feel about your caring role.

1 indicates: "I do not feel confident at all"

5 indicates: "I feel confident enough to continue caring"

Please circle only one:

1 2 3 4 5

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YOUR HEALTH AND WELL - BEING

Baseline Date: _____

On a scale of 1-5, please indicate how much you feel your own health is being affected by your caring role.

1 indicates: "Caring has had a significant affect on my own health"

5 indicates: "I feel well enough to continue caring"

Please circle only one:

1 2 3 4 5

Review Date: _____

On a scale of 1-5, please indicate how much you feel your own health is being affected by your caring role.

1 indicates: "Caring has had a significant affect on my own health"

5 indicates: "I feel well enough to continue caring"

Please circle only one:

1 2 3 4 5**BALANCING SOCIAL LIFE AND OTHER RELATIONSHIPS WITH YOUR CARING**

Baseline Date: _____

On a scale of 1-5, please indicate how much you feel your social life is being affected by your caring role.

1 indicates: "Caring has had a significant affect on my social life"

5 indicates: "I feel I have a good enough balance to enable me to continue caring"

Please circle only one:

1 2 3 4 5

Review Date: _____

On a scale of 1-5, please indicate how much you feel your social life is being affected by your caring role.

1 indicates: "Caring has had a significant affect on my social life"

5 indicates: "I feel I have a good enough balance to enable me to continue caring"

Please circle only one:

1 2 3 4 5**BALANCING WORK AND EDUCATION WITH YOUR CARINING ROLE**

Baseline Date: _____

On a scale of 1-5 please indicate how much you feel your work/education is being affected by your caring role.

1 indicates: "Caring has had a significant affect on my work/education"

5 indicates: "I feel I have a good enough balance to enable me to continue caring"

Please circle only one:

1 2 3 4 5

Review Date: _____

On a scale of 1-5 please indicate how much you feel your work/education is being affected by your caring role.

1 indicates: "Caring has had a significant affect on my work/education"

5 indicates: "I feel I have a good enough balance to enable me to continue caring"

Please circle only one:

1 2 3 4 5**Thank you for taking the time to complete this form.**GO TO
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CHAS Robin House

Siblings Questionnaire

Your first name: _____ Your age: _____

1. When your brother or sister comes to stay at Robin House, do you: (circle the answer)

Always stay too

Sometimes stay

Never stay

2. Can you write down how long it takes you to travel from your home to Robin House? (you can ask someone if you're not sure)

3. What do you like to do when you are at Robin House?

4. What support and help do you know you can get from Robin House and the people who work there?

5. Have you been on a Siblings Day and if so, what did you like about it?

6. Would you like to have more time to talk about how you are feeling? For example; if you are happy or sad, if you are worried, if you have any questions?



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7. Do you prefer to talk about things? (circle the answer)

Never With one person In a small group In a big group

8. Are there things you think we could support or help you with?
(or other brothers and sisters)

9. Would you like Robin House to keep in touch with you when you are at home?
(circle the answer)

Yes No

10. If you said yes for number 9, how do you think Robin House should keep in touch with you? (e.g. Newsletter of what has been happening) **Please share your brilliant ideas!**

11. Do you feel you can get support/help from other places? (circle the answers)

Family Clubs eg scouts Friends CHAS at home School

Others:

12. Do you have any other things you would like to say, or ideas on how we can support/help you.. or anything at all? (You can use another piece of paper if you need more room)

Thank you!

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2. Tools for measuring Outcome 1: More opportunities to enjoy a life outside of the caring role

In this section:

[A balanced wheel](#)

[Service use maps](#)



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A balanced wheel

This tool can be used to measure the amount of time someone spends in the caring role – or away from it. It can help people to reflect on the balance in their lives, so is best filled in as part of a supported planning or review conversation.

There are 24 segments in the wheel, each representing an hour in the day. People can fill in the segments with different colours or patterns for the different types of activity they might do in a typical day, or in the last 24 hours.



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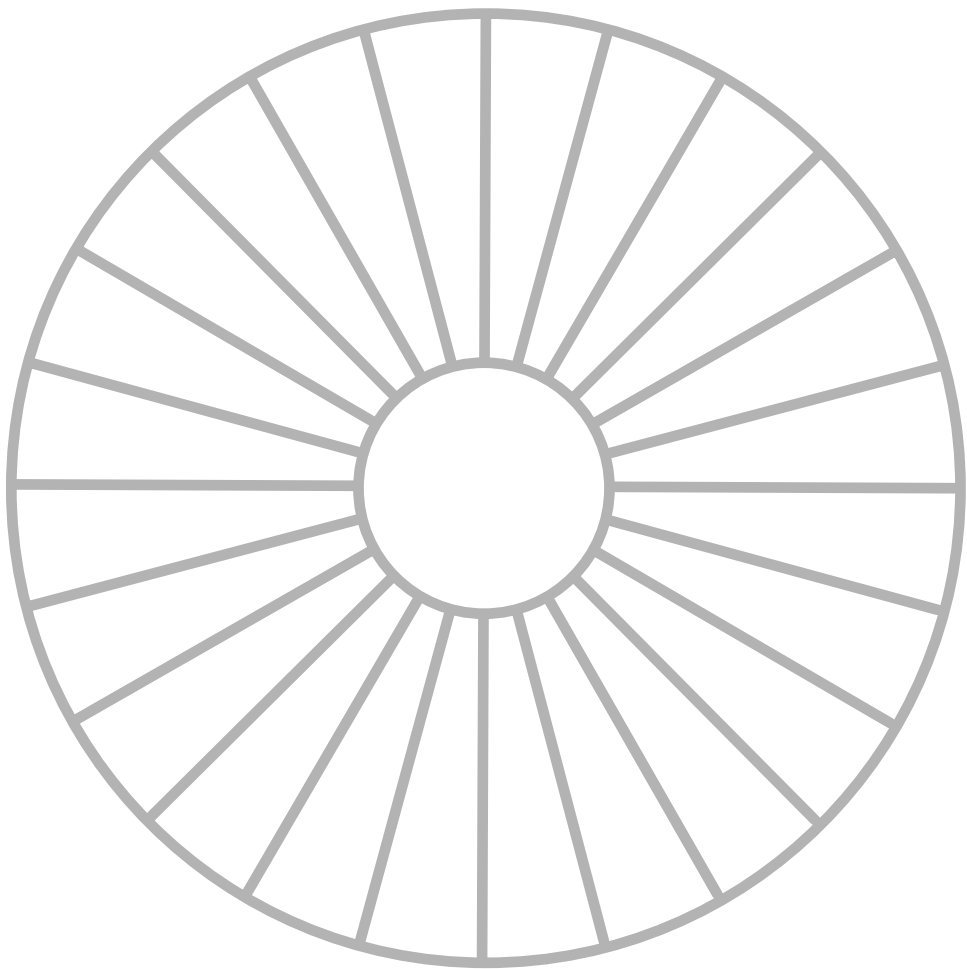
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Typical day or the last 24 hours



How do you spend your time? 1 slice = 1 hour		Colour
Example:	Sleep	Red
Activity 1:		
Activity 2:		
Activity 3:		
Activity 4:		
Activity 5:		
Activity 6:		
Activity 7:		
Activity 8:		

Service use maps

Service use maps help you understand which services people currently use or are aware of. The service map can take many forms, but is useful for measuring indicators like:

- 2.1 I am more aware of what services are available
- 7.1 I have a life outside the caring role
- 7.2 I have more support networks in place

You can use **circle maps** as shown. In this case, the person you are working with writes the names of services they use a lot in the centre circle, services they use less often in the middle circle and services that they have heard of but never used in the outer circle.

You can ask questions about the map and you can compare the baseline circle map with a circle map completed at a later date.

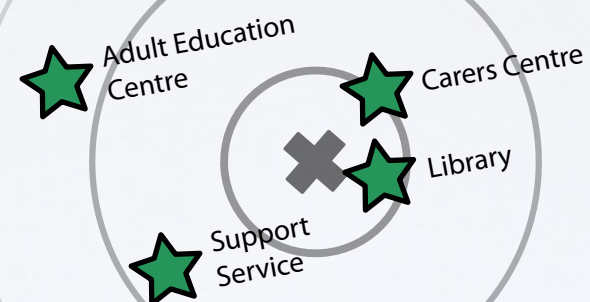
Or you can use an **area map**. You can use actual maps or ask people to draw their own maps. They then place sticky dots on the map at the places they go to use services. You can carry out a further mapping exercise later to see if they now access more services than they did before.

It is useful to ask people to draw their own maps as they show their feelings about the area in the way they draw it.

Also these maps can be reproduced in reports. Official maps are copyrighted and cannot be reproduced without permission.



At the start of the project



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Baseline: Services used at the start of the project



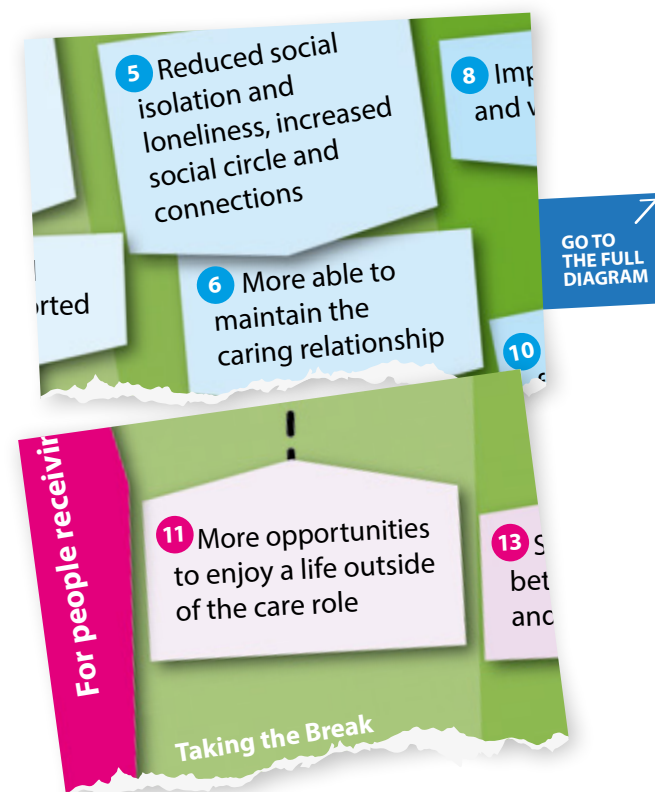
Review: Services used after working with the project



3. Tools for measuring Outcomes 5, 6 and 11: Reduced isolation, improved relationships

In this section:

Relationship maps



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Relationship maps

Relationship maps (also known as social network maps) help you to understand your **people's friendship networks and relationships**. They are useful for outcomes related to **building or improving relationships, reducing isolation or building support networks**.

Step 1 is to find out the relationships each person has when they first come to the service (the **baseline**). In a one-to-one meeting, or in a group setting, you give your client a relationship map and some sticky stars (or dots or a pen).

The X in the centre of the circle represents the client. He or she then places other stars in one of the concentric circles around the **X** to represent the other people in their life. The closer the person places the star to the **X**, the closer the relationship. Here is an example:

You can ask people to tell you who the stars on their map represent. If appropriate, you can ask questions about the map, such as:

- Are you happy with this situation?
- If not, how do you want this to change?
- Are there any relationships that you would like to be different?

At an appropriate time, for example after a short break, you can ask them to complete the process again.

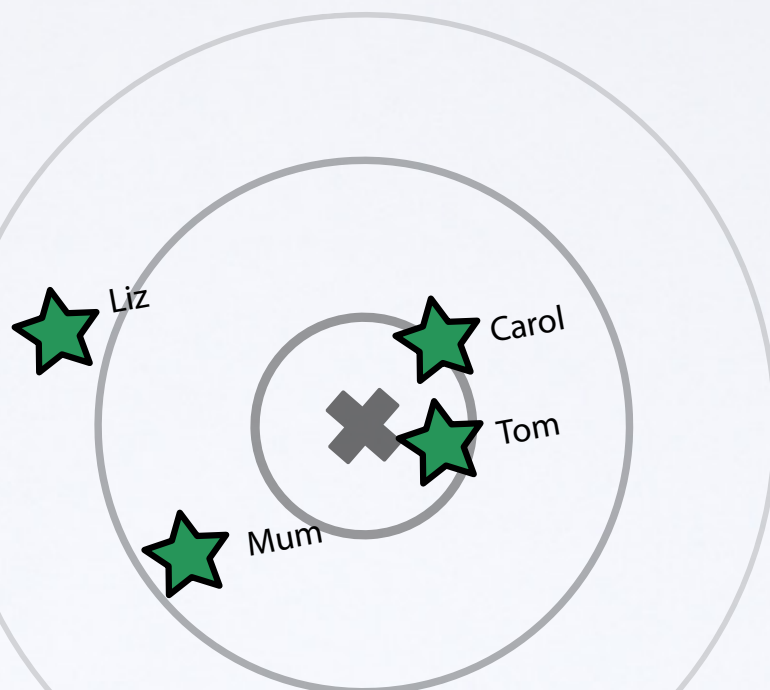
You can then place the baseline map beside the new map and ask:

- Who are the new people on the map?
- Has the service helped you to meet new people?
- What is the reason that some people have moved to a different circle?
- Are you happy with the changes?
- How is your life different now?

Analysing a relationship map

You can analyse relationship maps quantitatively (by giving values for stars in different circles). For example in the sample baseline opposite there are 2 stars in the centre circle (2 x 3 points), 1 in the middle circle (1 x 2 points) and 1 in the outer circle (1 x 1 point), giving a score of 11.

At the start of the project



Baseline: Relationships at the start of the project



Review: Relationships after working with the project



4. Tools for measuring Outcomes 8 and 13: Improved health and wellbeing

In this section:

**The Warwick-Edinburgh
Mental Well-being Scale**

Well being wheel

Body maps



There's plenty more!

As well as the tools included here, there are lots of others out there. Some of this toolkit's authors use the following .

Goldberg's General Health Questionnaire

Nolan's Carers' Assessment of Managing Index (CAMI)

Machin's Adult Attitude to Grief scale

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The Warwick-Edinburgh Mental Well-being Scale

This tool, known as '**WEMWBS**', is a widely-used, validated tool designed to measure wellbeing. In our toolkit we think it would be useful in 1-1 work, particularly in therapeutic relationships, as it requires trust and openness. It could be used with a range of care groups and might help people to think about their needs in relation to short breaks.

WEE TIP!

You can find out more about using this tool, including registering for use, by visiting www.healthscotland.com/scotlands_health/population/Measuring_positive_mental_health.aspx

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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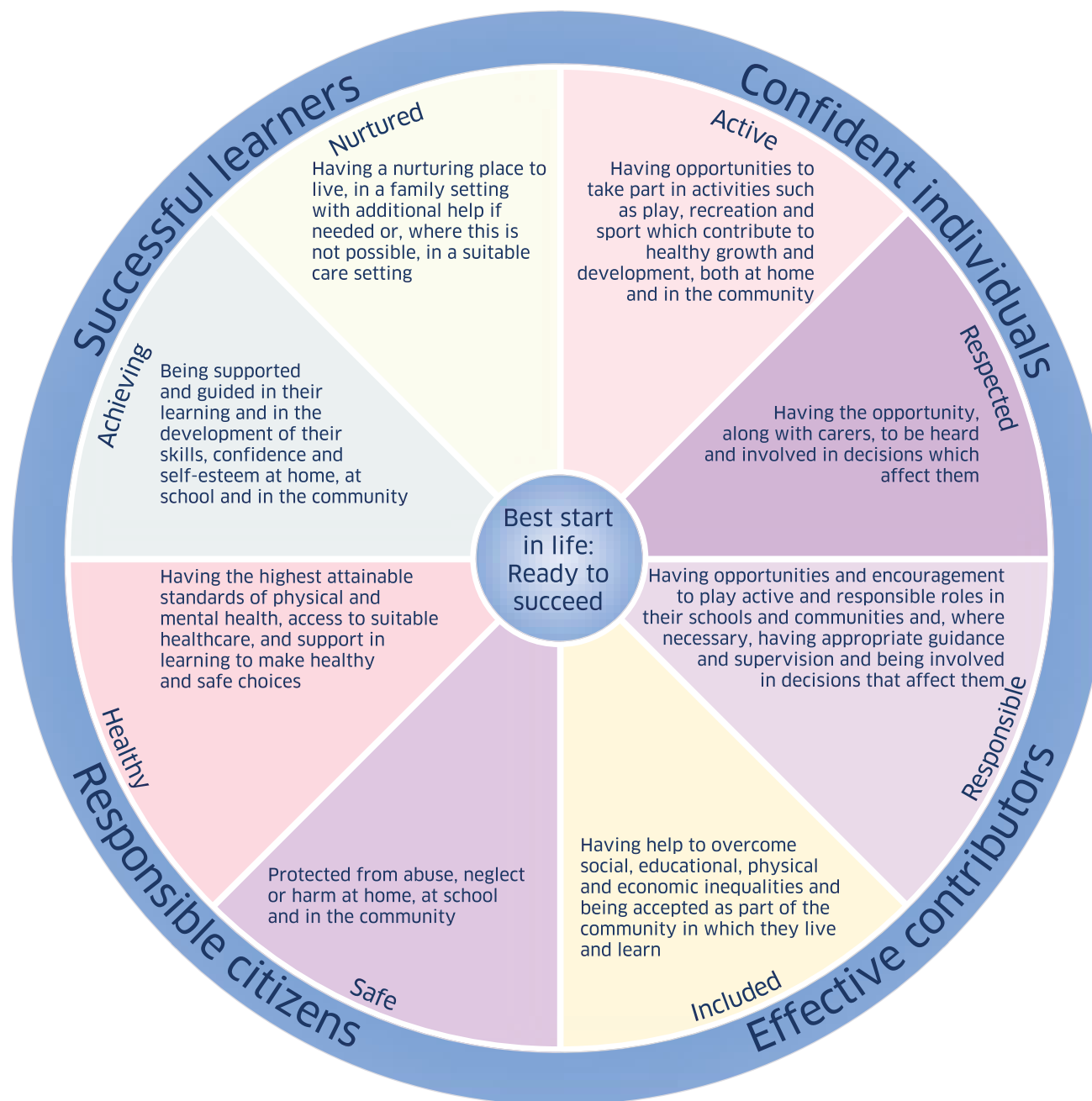
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Well Being Wheel: Getting it Right for Every Child (GIRFEC)

You can use the GIRFEC wellbeing wheel as a tool to include carers and those being cared for to capture views and feelings. A good interactive way of involving children and families is by creating a large scale wellbeing wheel (you can print it or draw your own on flipchart paper). Use post it notes in various colours and shapes (e.g. heart shaped for important people; arrows for things to work towards/goals; red circles for things that didn't work; yellow circles to draw happy/sad faces). The idea is to capture areas in which children and young people need to progress in order to do well now and in the future and allow workers to plan and evaluate how the service meets these needs.

www.scotland.gov.uk/Topics/People/Young-People/gettingitright/national-practice-model/observing-recording



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Body maps

Body maps can help you to understand how people feel about themselves, for example **their health or self-esteem.**

There are two types of body maps.

One type uses a pre-drawn body outline on a sheet of paper.

The other type, a life-sized body, involves people lying on a large sheet of paper and having someone else draw round their body.

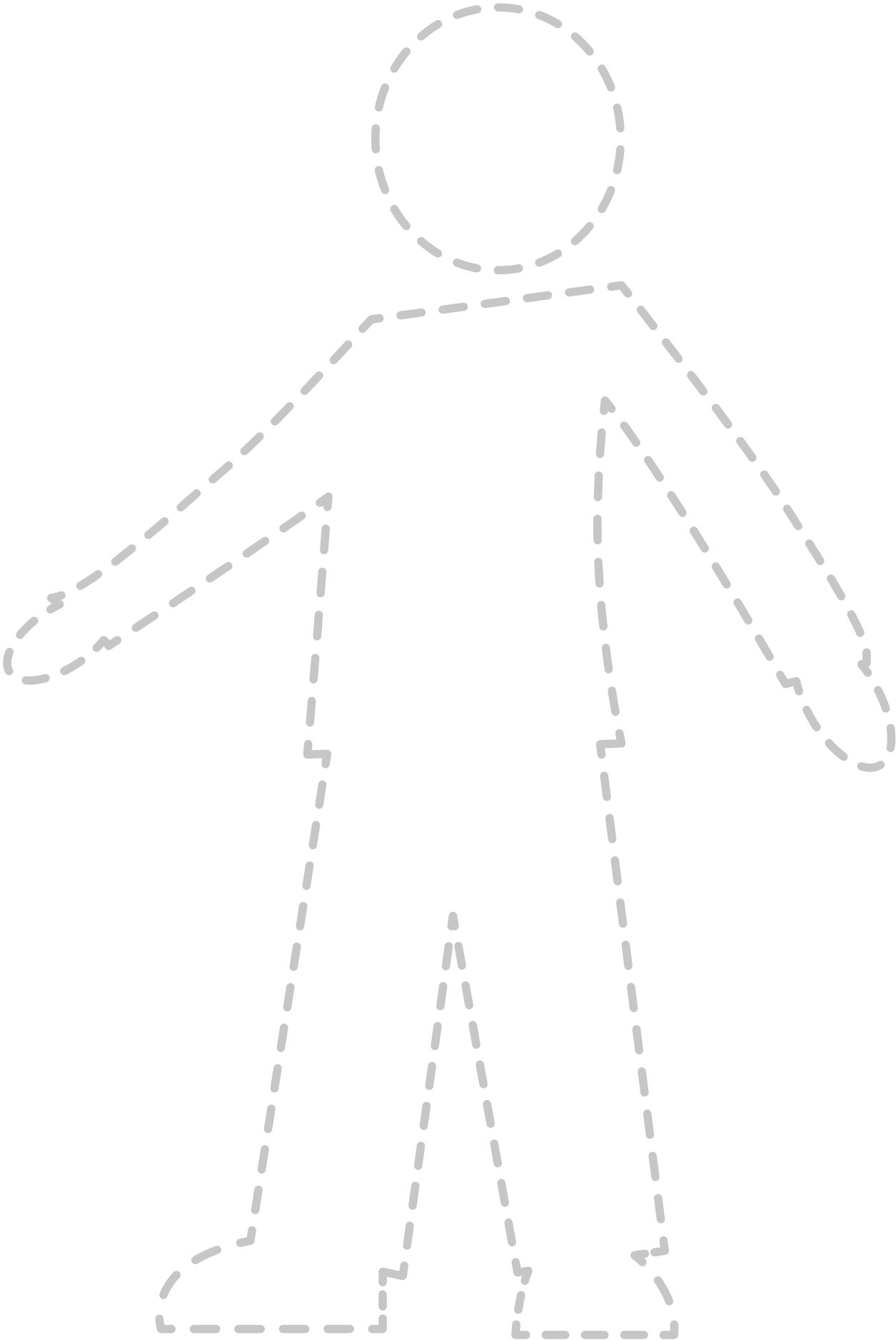
The person writes or draws key features about him / herself on the map. When they have completed their body map you can ask them about what the words or drawings mean.

You can do this at an early stage of receiving a service, once trust has been established, and then again at a later date and compare the two maps.

There are lots of different ways of introducing the body map. Some people use the head to represent thoughts, the hands for skills, the chest for feelings etc. But it is easily adapted to a wide range of uses, including knowledge of the effects of different illnesses on the body, self-image, perceptions of others and so on.

They are surprisingly easy to analyse too, for example by looking for themes across groups of clients, or changes in individuals' body maps before and after short breaks.





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5. Adaptable tools for measuring other outcomes

In this section:

Evaluation wheels

The evaluation tree

Evaluation methods that can be used as part of other activities



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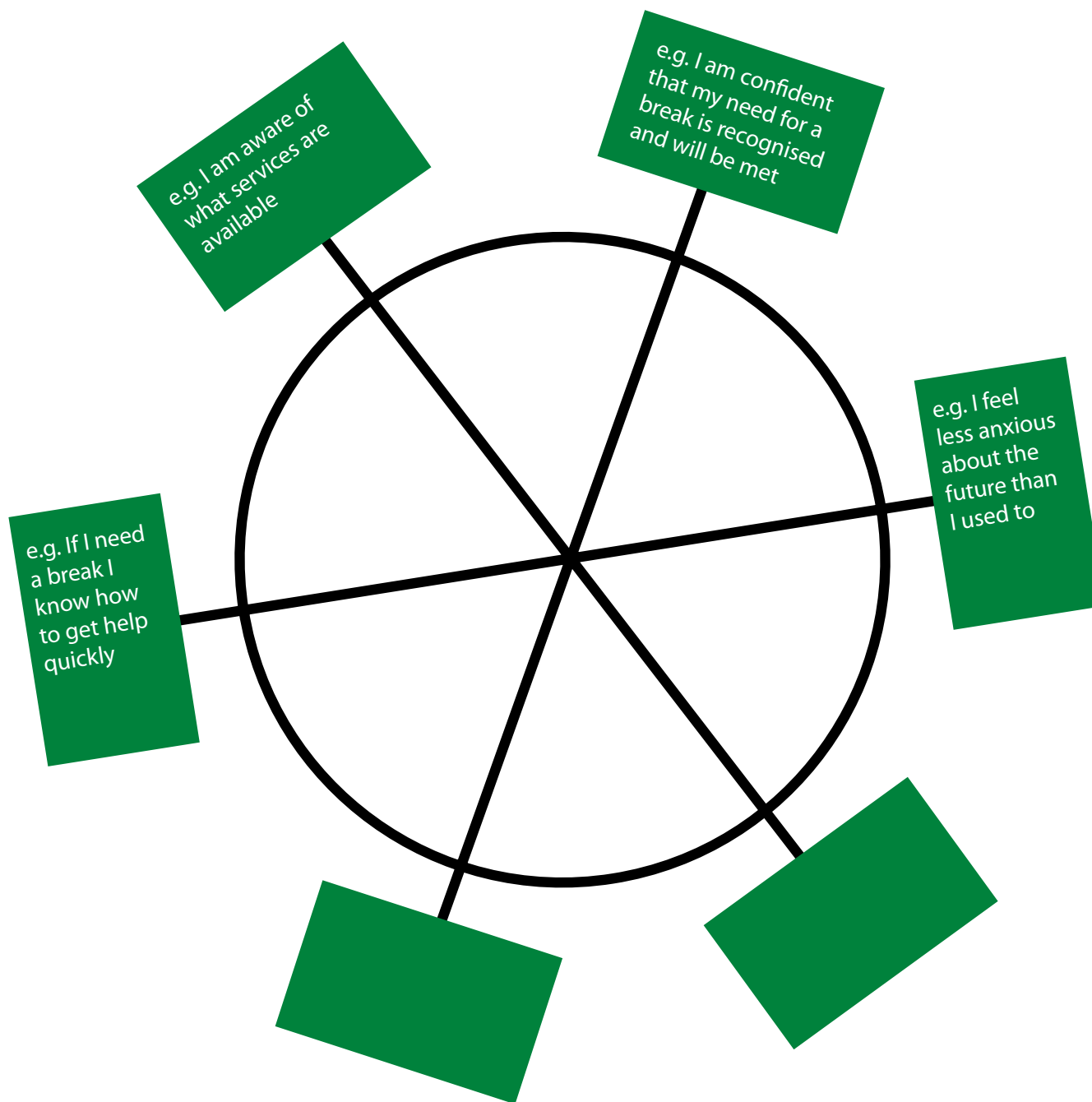
Evaluation Wheel

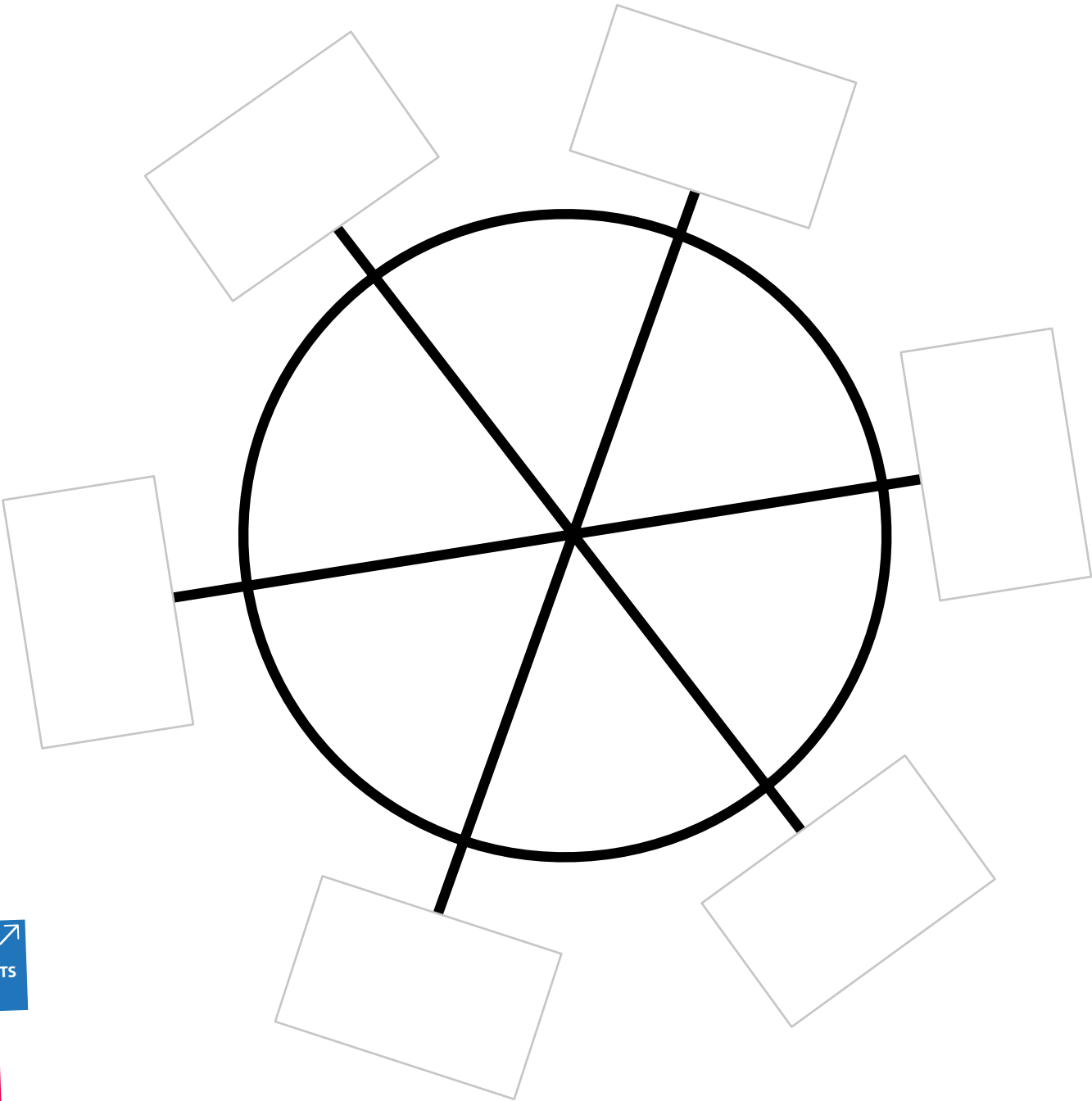
An adaptable tool for 1-1 or group work:

How the wheel can be used.

The wheel can measure any outcome, in this example it is Outcome 2: Carers will feel better supported. Each spoke relates to an indicator and there are two empty boxes for participants to say what the outcome would look like for them. You can devise a scale for the spokes, e.g. from 'not a lot' to 'fully', or use numbers along the spoke.

The wheel can also be used as a group activity, but using a segment instead of a spoke and taking care over the questions you ask. In this case each person places a dot within the segment. You can adapt the wheel in lots of ways: some groups use a 'target' motif, others have created a 'pizza'. It's very flexible: make it work for you.





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The Evaluation Tree

The **Evaluation Tree** can be a useful tool when working with children or others who may respond better to visual tools.

It can provide a useful way to gather information on feelings and be a fun activity, suitable for creative thinking.

It fits best with a service which has ongoing links with the person, so that changes and actions can be built into support plans.

How to use it

Ask the person to point to or colour in a figure on the diagram to show how they feel. You can talk about why this is and where they would like to be.

For example if they are at the top of the tree they might be feeling on top of the world: or they might be feeling at risk! If they are clinging to a branch maybe that's because they feel they can't cope very easily and no one is helping. The beauty of this tool is that people can put their own meaning onto it.

The person's story will need to be captured. This can be done by making quick notes as the person talks or right after you speak to them. Always try to keep things as simple, quick and clear as possible.

Over time you may see patterns or themes in what people say that could help you add in tick boxes or common statements to a record form. But, don't get too prescriptive with these!

You may also want to use the monitoring form to record any action points that need to be progressed so that review and evaluation becomes part of your normal work planning.

Do the exercise again at regular intervals to show any change. You will need to decide what interval is suitable, for example, you may only do it twice, at the beginning and end of your work with the person.

Don't forget to reflect on how your work has helped or hindered the individual's progress as part of this. What do they think? Do they have any suggestions on how you could improve things?

Think about who should do this final review. Also consider how you could confirm the progress from other sources to add a different perspective to the information, for example, other staff's observation notes or recording feedback from family members or third parties.

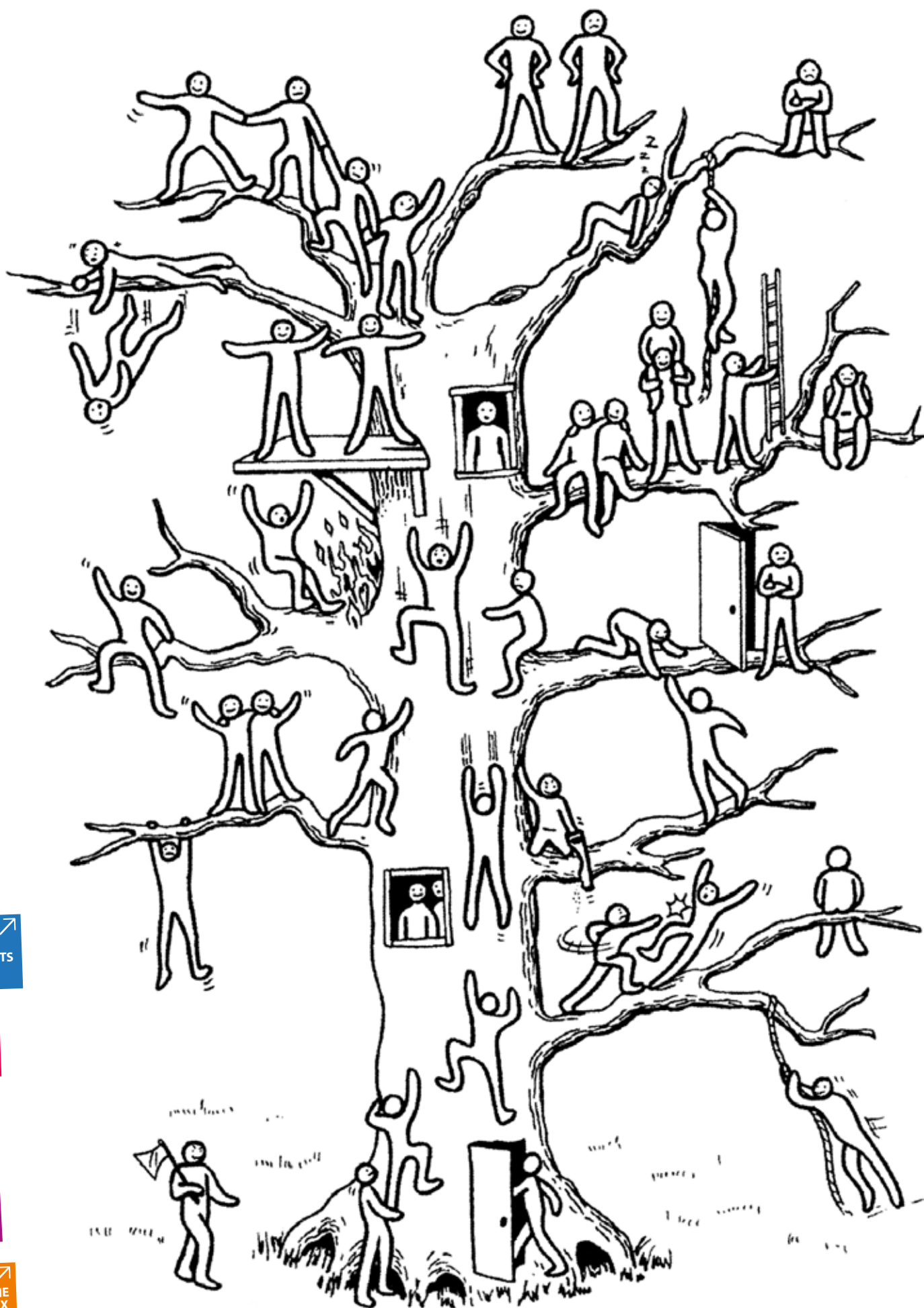
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Evaluation methods that can be used as part of other activities

Wishing tree

Trees can be a useful metaphor in evaluation, as they can provide lots of symbols of change and growth. In the example below, people using a short break service were asked to write something about their break onto leaf-shaped paper and pin it to a tree that symbolised their wishes for the service.



Feelings Dice

This is a versatile tool which you can design and tweak to suit each service and individual. Simply using a blank dice template you can carry out the activity of making the dice with a child or young person (or have a pre-made one) to evaluate how they felt about their short break. You can use words, colours, images, the child can draw on it themselves...etc. What made them happy, sad, excited, scared, motivated, worried, I liked..., I learned..., I felt..., I missed, I had fun doing..., who made me feel special... Thumbs up, happy faces, love hearts, car/bus to gather info about travel, family images – who did they miss....



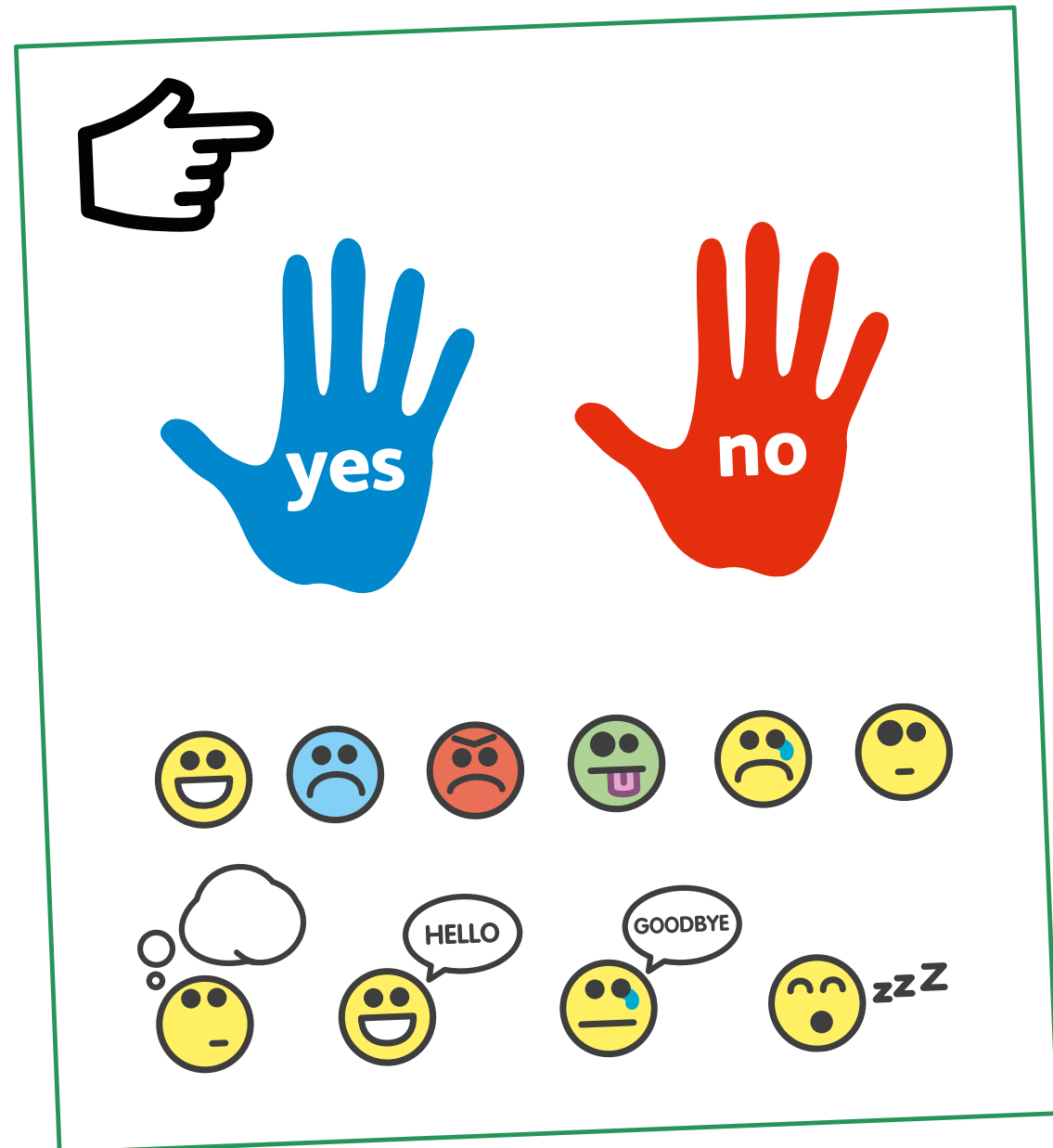
Talking Mats

This is a commonly used tool with children or young people who have no verbal communication but the cognitive skills to share their opinions.

Hands can be cut out and used for children to point to or look at when asked questions with a 'yes'/'no' answer.

The pointing finger can be used if children have upper-body mobility to point to the emotion faces when asked questions or wish to tell how they feel about something.

This exercise and the pictures used can be adapted to any situation to evaluate care and gather service users' opinions/feelings.



Helping Hands

This exercise is quite straightforward and self-explanatory! Write on the fingers/hands what helps someone - and what could help.

Helping Hand
The people and things that help me...



Helping Hand
What other things could help?



Thumbs up/down

Again... very straightforward and can be used in most settings to capture people's views.

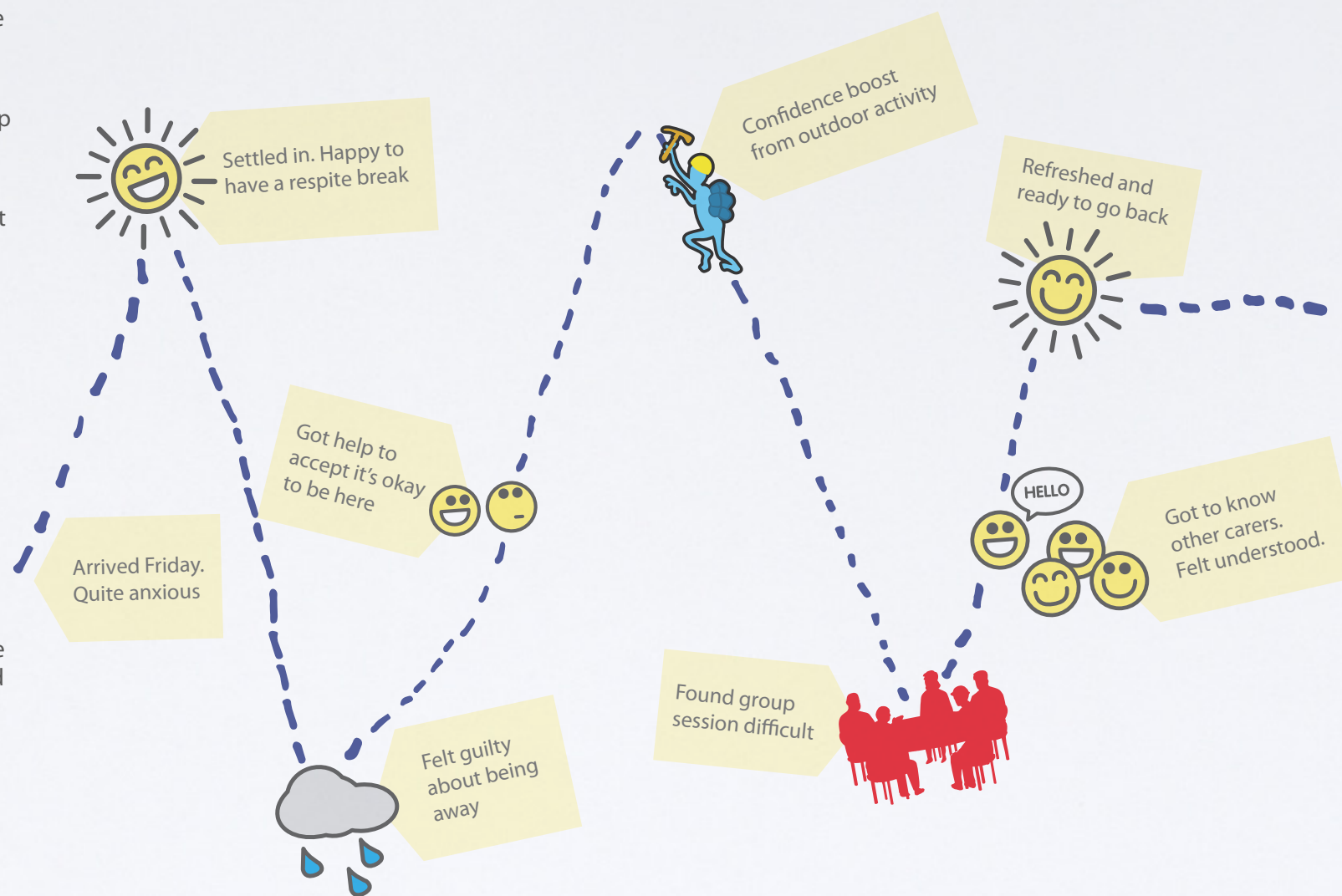


Lifelines

Lifelines or timelines help you to understand what happens in a client's life or in their journey through your project. They can help you understand key events in their life before they came to your project. Or you can use them as a follow-up tool to find out what happens to your clients in the months after they leave your project.

This is what one project did to produce the lifeline as part of a group activity:

1. Each person in the group drew their lifeline on a piece of flip chart paper, showing the highs and lows that they experienced over a weekend's respite break.
2. They explained the causes of the highs and lows using symbols or words.
3. Each person presented their chart to the group. Then the other group members asked questions. The project worker also asked questions and took notes of the conversation. This allowed carers to discuss what they had gained from the weekend, and the workers to think about what could be improved.

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PART 3

Case Studies

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A postcard from Sabeel

CHAS (Children's Hospice Association Scotland) provides vital hospice services for children and young people with life-shortening conditions in Scotland. CHAS has two hospices and a homecare service to offer respite, end of life care and emotional support for the whole family of the referred child or young person.



The Hussain Family use Robin House Children's Hospice in Balloch as the youngest child in the family, Sabeel, has a life shortening condition known as Pompe's Disease. Sabeel visits for regular respite stays with her mum Saiqa and her two older brothers Faraz and Ali. Sabeel is fully ventilated, PEG fed and uses an electric wheelchair. She requires 24/7 care on a 1:1 basis from either her mum or her team of community ventilation support workers. Out with the hours of support, Sabeel's mother and brothers have to be 'on call' ready for any scenario that the complexities of Sabeel's health may deliver.

With the daily stress of managing Sabeel's wellbeing, time away from caring duties is essential for Saiqa and her sons as young carers. The services that CHAS offer can benefit the whole family.

We have used different tools to evaluate Saiqa's needs (including Linda Machin's Modified Adult Attitude to Grief model) and to enable her to be open to different forms of support CHAS can offer. Saiqa has recently identified that she is struggling with the deterioration in Sabeel's health. This led to a respite break for the family at Robin House, allowing Saiqa to have a break from looking after Sabeel's physical and practical needs.

Sabeel's brothers also benefit from respite at Robin House as it is the only opportunity they have to spend time with their mum without the responsibility of looking after their sister. By having this much-needed break, Saiqa and her sons feel rested and thus are better able to sustain their caring roles once they return home.

Sabeel's brothers can also attend our Sibling Support Groups. At the end of group sessions our evaluations helps us to understand how important family time is to the boys, especially a family summer holiday. With this information we arranged appropriate Homecare support from our Chas at Home Team to enable this to happen. One of our nurses accompanied the family for an overnight on their caravan holiday to enable Sabeel to be part of the experience. We then arranged for Sabeel to stay at Robin House herself for a few days to allow her brothers to have some 1:1 time with their mum.

The outcome was that Saiqa and her sons had a relaxing, positive holiday experience that Sabeel was initially part of, and it allowed Sabeel to be spoiled whilst staying in Robin House on 'her holiday'! This not only averted the family away from reaching a crisis point due to the constant demands of Sabeel's 24/7 care needs, but it allowed Sabeel to have a bit of independence

and choice as to how she would spend her holiday time at Robin House...and she rigorously kept a colourful diary of drawings and photos of her break to share with her family on their return.

It is only by evaluating that we are able to -

- Keep our work person and family centred
- Remain focussed on individual needs
- Offer our families the opportunities to
- Experience an improved quality of life.

Our evaluations enabled us to review how our support benefitted the Hussain family last year and find ways to improve and grow with the family as their needs change. Saiqa, Sabeel and her brothers enjoyed their caravan holiday so much last year that they have booked two separate caravan breaks this summer...and Sabeel's holiday diaries this year are set to be bigger and brighter than ever!

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Busy being young

Epilepsy Scotland Lighthouse Short Breaks Service

We deliver a dedicated short break service to carers of young people aged between 5-20 years old, affected by epilepsy combined with profound and multiple disabilities. Each family is offered 90 hours of support a year and it's their decision how regularly they use this allowance.

Many families prefer 'little and often' as this gives regular, reliable respite from the caring role, safe in the knowledge that their loved one is looked after. For the young person, this provides routine and regular opportunities to attend a group or take part in rewarding, stimulating activities.

Evaluation of the service is on-going, and we make good use of feedback from service users and their families. We also send out questionnaires after each successful round of funding, to allow people time to consider their responses. The coordinator and assistant coordinator also make sure everything is running smoothly by staying in regular touch with the families.

One service user, Kate, was struggling to access our Youth Group Service as her family didn't always have time to escort her to services in the city. Kate has cerebral palsy, epilepsy, visual impairment, asthma and requires a wheelchair.

Kate felt quite isolated and she found it difficult to suggest activities to take part in. Having got to know her well, we now support Kate to attend one of our youth groups, meeting others who also have epilepsy, including a girl called Rebecca who is now a firm friend. Rebecca already utilized a service provided by Artlink, who specialise in organising tailored workshops, outings and activities. Artlink and Epilepsy Scotland began to work together to support Kate and continue fostering the friendship.

This led to a rewarding new project, offering support to teenage girls who were socially isolated. Artlink identify funding and organise the activities, allowing our specialist staff more face-to-face time with service users. We then feed information back to Artlink about people's preferences and any challenges to be overcome.

Both girls have now been able to take part in some fantastic sessions, including singing lessons, a shopping trip, seeing Ellie Goulding live in concert and use of a fully-equipped art studio. They continue to access our Youth Group and are busy being teenagers, with varied diaries, and most importantly, having friends.

Their parents have used this time to be with other family members, get on top of housework, or see friends. Families tell us that activities like these can be neglected when caring for a family member.

By providing and evaluating this Short Breaks Service we discovered that carers were not crying out for long breaks, but simply wanted time to catch up on the small things, to retain some sort of control over their lives.



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Care alone, rest together

Care for Carers is a voluntary organisation established in 1989 and based in Edinburgh. Stepping Out[®]™ is an organised, structured residential weekend break for carers, held at a purpose-built outdoor community and physical education facility.



A Wishing Tree from last year's open day

Carers take part in a range of therapeutic, educational, outdoor and social activities, or take time out and use it as they choose. The service is open to all carers across all caring situations, from 11 to 85 years of age.

Based on past evaluations, each residential short break achieves a range of outcomes:

- **Improved physical health and mental wellbeing** (indicated by feeling rested, recharged, less stressed, less anxious, more motivated and more confident)
- **A reduced sense of isolation and loneliness** (indicated by making new contacts, new relationships and friendships)
- **Improved ability to cope with the caring situation at home and to be valued** (indicated by being more able to identify their own needs; increased awareness of their coping strategies and strengths as a carer; awareness of other people's caring situations and issues; feeling better informed)
- **Improved relationships with the person they care for and the wider family**

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Evaluation and identifying need

We ask each carer to complete an evaluation questionnaire. A group scrap book session on a Sunday allows people who feel more comfortable showing their feelings in pictures to do so. A comments book is available throughout the weekend and we hold regular focus groups on particular themes to find out carers' opinions and ideas. Staff inform service development by debriefing as part of the weekend, recording their key observations, ideas or issues.

At last year's open day, we used a Wishing Tree. Carers put their wishes for the future on the tree, put things they would like to change about the service into the 'recycling' box and put new ideas into the 'compost' box. This was a really fun and sociable way to gather comments, feelings and ideas.



What have we learnt?

- The positive effects of a good break are carried back to the caring situation when the carer goes home. For example, one carer told us:

'I think this experience will improve the relationship I have with the person I care for as I shall be much less stressed when I go home.'

- Carers from all areas, walks of life, different cultural and religious backgrounds can be united by their shared experience and knowledge as carers. There is great power in that.

'I got a wider view on the fact that there are others who know and understand the pressures and worries of caring. I feel that I will be able to approach care for my sister with a happier mind knowing that I have support behind me and my mum and opportunities'

- Over 70% of carers told us this was the only break they had all year, with a significant number saying they had not had a break for years. A number of carers made the point that going away with the cared for person and/or the family together was fine, but not the same thing as getting a break for themselves away from it all.

'Talking to others about their situations and about my own was very helpful. I will always be grateful for the few days I have had here. They came at the very time I need it.'

- Carers value us organising the breaks, as they don't have the emotional energy left to do this for themselves. Interestingly, some carers bought a place for themselves last year for the first time, using budgets held by Carers Organisations or from Self-Directed Support. But we noted this was where they were supported by staff to do so.

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Making friends makes a difference!

Amina Muslim Women's Resource Centre established a befriending service for isolated Muslim/BME women living in Dundee in 2009. Dundee Carers Centre began referring carers for this befriending service and we essentially began providing short breaks to carers without even realising that is what we were doing!



To help us provide a more varied range of short breaks, we formed a partnership with Dundee Carers Centre and applied for funding from the Short Breaks Fund. Regular discussion with carers made it clear that they required less one to one befriending and preferred more group activities.

The group activities include a monthly lunch club, regular country walks and an annual overnight stay in a country house. At first we found it quite challenging to get carers to sign up to the overnight stay. Due to religious and cultural beliefs, carers can feel that it is their duty to care and often don't understand the value or need for breaks from the caring role. They can be at breaking point and need to be reminded that "it is okay to take a break".

The short breaks help women to take their minds off their daily caring role, discuss common issues and address the isolation they feel as a result of caring. Women regain their confidence at building relationships and social networks, helping them to improve both their physical and mental health.

One woman who has benefitted is Simla, who suffers from depression, has an underactive thyroid and arthritis in her back and shoulders. She cares for her son who has learning difficulties and her husband who has a physical disability. When she was referred she didn't feel ready for group activities.

Simla received one to one befriending for 6 months. Through the regular support of a reliable befriender, Simla reported feeling more mental stability and less anxious. Simla is now confident enough to access support through telephone befriending and attends group activities by herself. She feels the befriending gave her confidence that she felt she had lost forever.

After the overnight stay in Gartmore country home another carer, Munawara, said:

"When you're looking after someone who is unwell it makes you feel unwell. Bringing carers out makes you feel nice, being in the company of others made me feel really well. During caring role there is no time for myself".

Our fortnightly telephone befriending helps us find out how the women are benefitting from the short breaks. The lunch club doubles up as a discussion about what types of activities women want. Evaluation and consultation is an on-going process, done when the women get together, so it is not presented as a special exercise that they must do for us.

Our evaluation has astounded us by showing how such a small but regular intervention, even a regular phone call, can make to a person's life, their health and their confidence to carry on.

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Geeza Break

For the past 21 years Geeza Break have provided intensive, mostly short-term care and support to families experiencing addiction, stress, crisis or isolation.

In October 2011 Geeza Break started to offer its Big Lottery funded 'Making Connections for Families In Need' service, allowing the organisation to expand provision of its person-centred respite and family support services.

The project outcomes were:

- 1** Vulnerable parents and carers feel better able to cope and less isolated.
- 2** Improved relationships in the family between children and their parents.
- 3** Children's confidence and social skills have improved and their behaviour is less disruptive enabling them to have better relationships.

Gathering evidence for the difference we have made to each family comes in many different forms. Some are actually part of the everyday tasks that we carry out, but are none the less vital to demonstrating the difference we make.

In order to measure progress (or otherwise) a baseline is used at the start of the services provided. For example, the aims of Family Support service and the Respite services are recorded in the Family Support Worker Support Plan and the Respite Agreements, respectively.

The Family Support Worker/Project Coordinator observes improvements in general coping skills of parent(s)/carers during the day. Respite carers or sitters provide support and look for improvements in family routines and behaviours in the evenings or at weekends. They feed this back to the Family Support Worker on their Respite Feedback forms (completed after every respite session). We also conduct a Review with parent(s)/carers to feedback to us to let us know how they are coping at key stages of the service.

Evidence is also gathered from service support plans, verbal feedback from discussion, case notes, consultations, evaluation forms, and Monitoring Outcomes forms.

One of the major challenges over the year was the development of the new bespoke database. A lot of time and effort went into making sure the backlog of relevant data was put into the database.

If families send 'Thank You' cards, these are kept in our 'Wow' folder which has been set up to file feedback on how the service has helped make a positive change in the service user's lives:

"I feel the service provided is a great asset to the community and allows time out for the families who need just that little bit of space to allow the families to bond closer."

The process of compiling the evidence for the Big Lottery Fund End of Year Report triggered us to adapt our paperwork to better capture evidence for the outcomes and indicators. Our evaluation has allowed Geeza Break the chance to learn about some of the most effective ways to help the families we work with, as well as learn how we can better capture the evidence of change.

"Thank you for your support, you have made a big difference in our lives."

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Making happy memories together

The Glasgow Children's Holiday Scheme aims to benefit children and families affected by disadvantage, disability and social isolation through meeting their needs for a break away from home. We own and run 5 static caravans at Wemyss Bay offering 150 families a week's holiday between March and October.

We aim to be flexible and focus on individual family needs, so that even families caring for children with complex care needs can enjoy a break together.

We bought wider static caravans than standard, had access ramps built onto two of them. We also chose caravans that had an integral seat in the shower. We sought feedback from parents, through comments books in the vans and sending out questionnaires asking how suitable the vans and site were for their needs.

From the responses we learned that what we were providing was very much appreciated. In some cases families told us that they had not been able to find anything more suitable anywhere else.

But we also realised that the caravans weren't suitable for older children who could not be easily lifted, or families where a single parent was unable to lift the child. We listened to the parents and carers to learn what to look for.

Eventually we purchased a fully wheelchair accessible caravan, turning down a different suggestion from the site manager. We were able to tell him why that caravan fell short of the mark. They passed carers' comments on to the other manufacturer, who has made changes to the caravan design as a result.

An example of one outcome:

Lily is a single parent of Megan (8) who has Downs Syndrome, a heart defect and learning difficulties. Lily spoke of the huge reduction in stress and anxiety for her in being able to enjoy some fun time with Megan, who joins in the kids' club activities, especially music and dancing.

They both enjoy the indoor heated pool, taking the ferry to Rothesay and building happy holiday memories that they can talk about during the rest of the year. Megan's cousin aged 10 and aunt come too, as a help and for company.

Lily suffers from anxiety and depression in addition to the stress of being a single parent carer on benefits. The break she says keeps her sane, helps her to cope through the year and to feel good about spending some fun and quality time with her daughter.

Whilst she appreciates the help of a psychologist to help with Megan's behaviour problems, social worker, respite care and school, the short break away feels like a "normal" holiday that other folk take. For one week she doesn't have to worry about keeping appointments and attending meetings.

Lily feels that having great fun together when away helps her and Megan to get on better and cope with pressures when they return home.

Time Out for Carers – the difference it makes

LifeCare (Edinburgh) Limited is an Edinburgh based charity which provides care, support and community services for older people and their carers. Our 'Time out for Carers' pilot project was designed to give carers meaningful time off from their caring duties. We did this by supplying replacement care in the form of a trained social care worker from our Care at Home service whilst the carer took time out from their caring role.

We devised a 'Before the break' and 'After the break' questionnaire to be completed with carers when they telephoned to book the service. All carers who accessed the service were happy to complete these.

In the 'Before the break' questionnaires we asked carers what they expected to get from the break and, using the same scale, how they expected the impact of receiving the service would be after their break. The 'After the break' questionnaire used the same scale to gauge the difference the break had actually made.

Some examples of our short breaks and their outcomes

Before: Wendy cares for her husband who has dementia. She asked for a 6 hour visit so that she could meet up with friends, as she felt quite isolated by her caring role. Wendy stated on the 'before the break' questionnaire that she was 'Very stressed'.

After: Wendy reported that as a result of the time out of her caring role she was now feeling 'Okay', relaxed, better able to cope and that the break had helped sustain her in her caring role.

Before: Robert wanted to attend his son's wedding and was stressed about how he would be able to cope with his wife, whose dementia had progressed. He was not sure what to do and this added to his anxiety.

After: Robert attended the wedding, knowing his wife was safe and in good hands. He really enjoyed meeting up with family and friends again. It truly meant a great deal to him that he was able to be there for his son on his wedding day. His wellbeing category moved from 'Very stressed' to 'Coping'.

Before: Amelia moved from London two years ago to care for her mum who has dementia. She is highly stressed in her caring role. She wanted the opportunity to visit friends for the first time since she moved up to Edinburgh.

After: It was great to have time away from her caring role and to spend quality time with her friends. Her wellbeing moved from 'Very stressed' to 'Okay'. Other sessions since then have made a great difference to her.

The message from our evaluation with carers is that:

- Short breaks are important and much valued by carers.
- The breaks themselves were often 'normal' 'day to day' activities which other people might take for granted – e.g. Christmas shopping, meeting up with friends, going to a football match, a son's wedding, being with other people who have similar interests.
- The relatively modest intervention of a regular short break has a positive impact in the life of a carer. Carers feel better able to cope and their health can be improved.

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Appendix



Short break outcomes

This part is in three sections:

I. Outcomes for carers



II. Outcomes for people receiving care



III. Outcomes for services and society



It aims to tell the story of how we came up with the outcomes in the toolkit. As well as a narrative there are diagrams that build up the outcomes of short breaks.

A simple way to set outcomes is to think about the situation or need that you are trying to address. The outcome is the change or difference that is made to this situation. So we began by exploring the need for short breaks.

HELP!

To follow the logic in the diagrams, read from left to right. There is also a top down logic that you will see by following the numbers below.

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I. Outcomes for carers

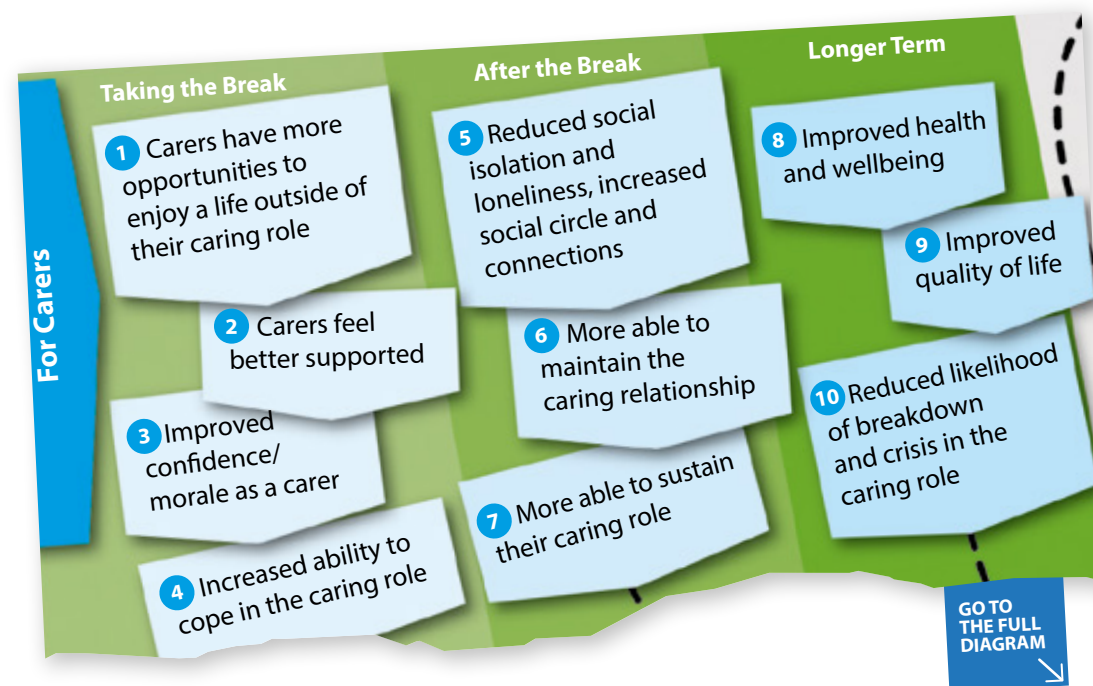
Making a start: what is the need for short breaks?

Carers make a vital contribution to the wellbeing of the people they care for. There is also evidence that while caring can be demanding (affecting family life, friends, finances physical wellbeing and careers), it can also improve the quality of life for carers and families¹. In many cultures it is also perceived as fulfilling a duty.

We also know that **short breaks** are important in 'alleviating the physical and emotional demands of the caring role'².

However, there can be problems in accessing short breaks:

- Levels of support and funding for respite can change over time³
- Carers organisations want to put carers first – but services are often commissioned based on pre-determined outcomes
- There are differences in access and provision across local authority areas
- Mainstream/public services aren't always appropriate for different carers' needs⁴
- New needs and communities are always emerging
- Carers can fall through gaps in services
- Carers, families and commissioners don't always know what short-breaks are or feel able to access them⁵



- In particular, carers need to feel better informed about short breaks, so they understand them better and are more able to access them
- And other people need to accept that it is okay to take a break, even when caring is understood culturally as a duty
- People who receive care can sometimes be anxious about the carer taking a break. So people need a choice of short breaks, not just longer respite breaks.

So, providing care is not necessarily the problem: but providing care without breaks can be.

1. Iriss/Shared Care Scotland (2012), 'Rest Assured: a study of unpaid carers' experience of short breaks'. Over 40% of respondents reported that caring had negatively affected their family life, friends, finances, physical wellbeing and career. However, a third of respondents said that caring had a positive impact on their hobbies, family life, physical wellbeing and friendships.

2. As above

3. 25% of respondents noted that the frequency of their breaks had decreased. Those most likely to report a decrease were providing care to a parent. 20% of respondents said that the level of their breaks had increased over the last two years.

4. 43% of those who had not had a short break identified that this was because they did not know how to access short breaks. Other barriers to participants taking breaks from caring included: Difficulty with the planning process; a lack of appropriate and personalised provision; guilt; uncertainty about eligibility.

5. As above

We summarise the need for short breaks in this way:

Carers need better, more equal access to short breaks so they and the people they care for can have a better quality of life.

However, in some situations there will be changes (outcomes) that need to come about before carers can get better access to short breaks. These might come out of the work that some short break providers do, but are probably not outcomes of short breaks themselves. So in our framework we have included these pre-break outcomes and called them **'Before the break'**.

For example, before there can be 'Better, more equal access to short breaks', carers would need:

- To recognise themselves as carers (one of our members described this as 'crossing the invisible line', a small step that can make a big difference)
- Increased awareness of their choices and rights
- To know what short breaks are and how to access them
- To be able to make informed choices about short breaks, and indeed more choice in the short breaks they can take

There would also need to be:

- Increased acceptance (from carers and those around them, services, funders etc.) that it is necessary for carers to take short breaks



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Summary: Before the break

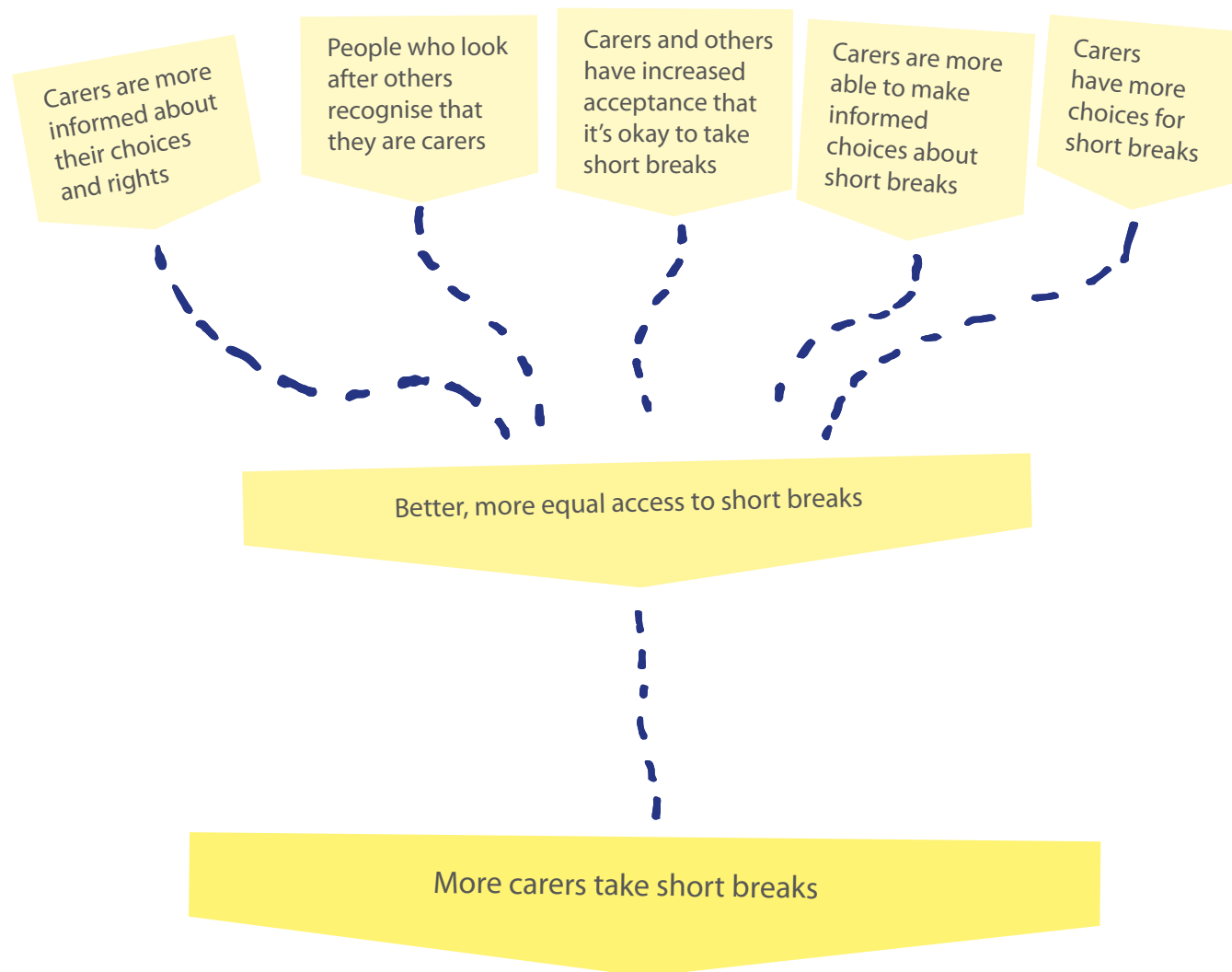
Of course, short breaks are important, but they are not the end in themselves.

So the next set of outcomes in our framework relates to **the immediate difference that short breaks make to carers:**

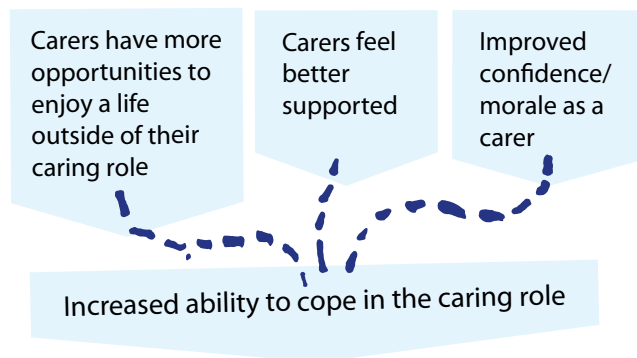
- 1 Carers will have more opportunities to enjoy a life outside of their caring role
- 2 Carers will feel better supported
- 3 They will have improved confidence and morale

All of which will lead to:

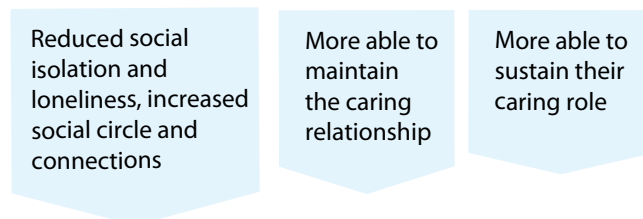
- 4 Increased ability to cope in the caring role



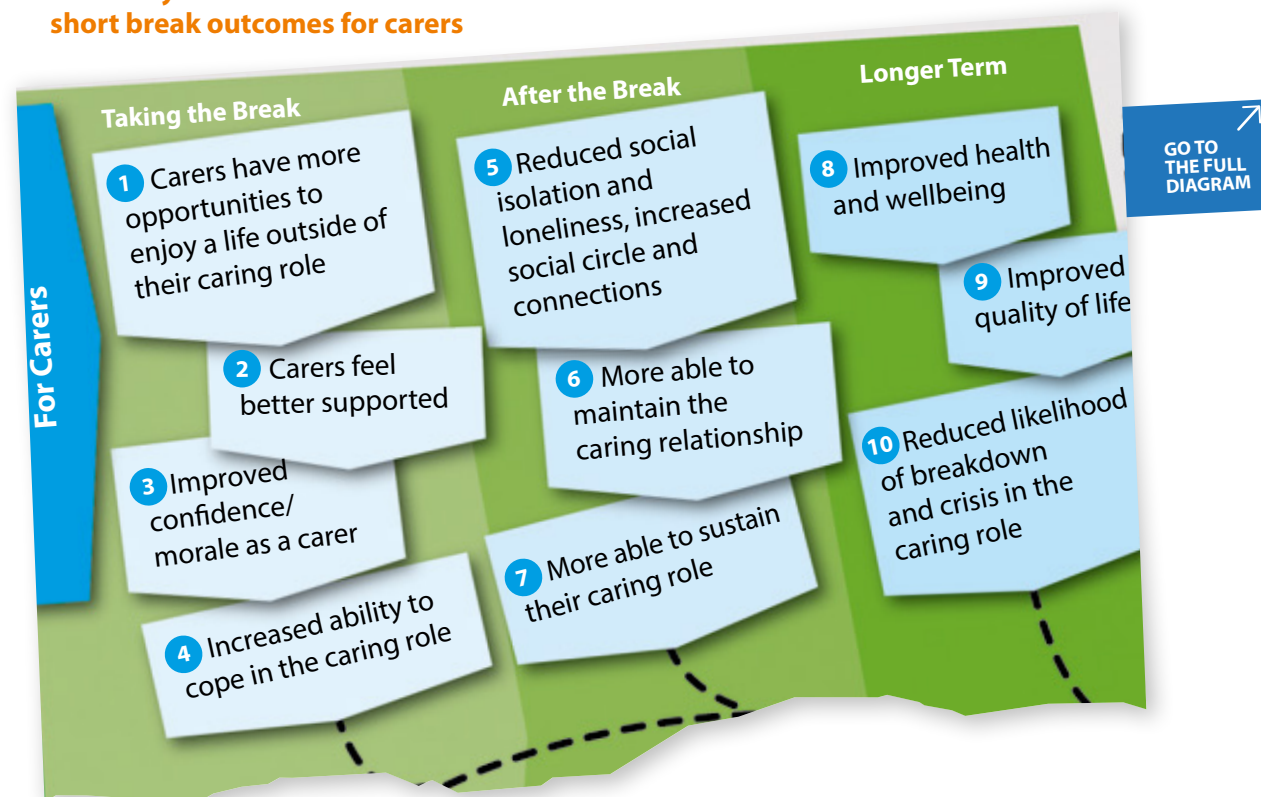
Summary: outcomes from taking a short break



After the break you might find it helpful to carry out a follow up evaluation to see whether these outcomes are sustained. You might also be interested in seeing whether breaks have led to other outcomes for carers. For example:



Summary: short break outcomes for carers



A wee tip on these!

These are likely to be the outcomes that you find most useful to evaluate. They will also be the easiest to measure, as they should come about as a direct result of short breaks.

In the next section, we see the difference that short breaks can make to the people carers look after.

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II. Outcomes for people receiving care

Most people are not just interested in the difference that short breaks make to carers; they want to know what difference the break makes to the person who receives care.

First of all, we know from the Short Breaks Fund that providing short breaks leads to an immediate outcome:

- 11 More opportunities to take part in rewarding activities and enjoy a life outside the care role

After the break this can lead on to:

- 12 More opportunities for independence, choice and personal development
- 13 Stronger relationships between the carer and the person they care for
- 14 The cared-for person getting better care as a result

Longer term, we think this will lead to:

- 15 Improved health and wellbeing

- 16 Improved quality of life

Both of which help prevent breakdown of relationships and roles, leading to

- 17 Reduced likelihood of crisis

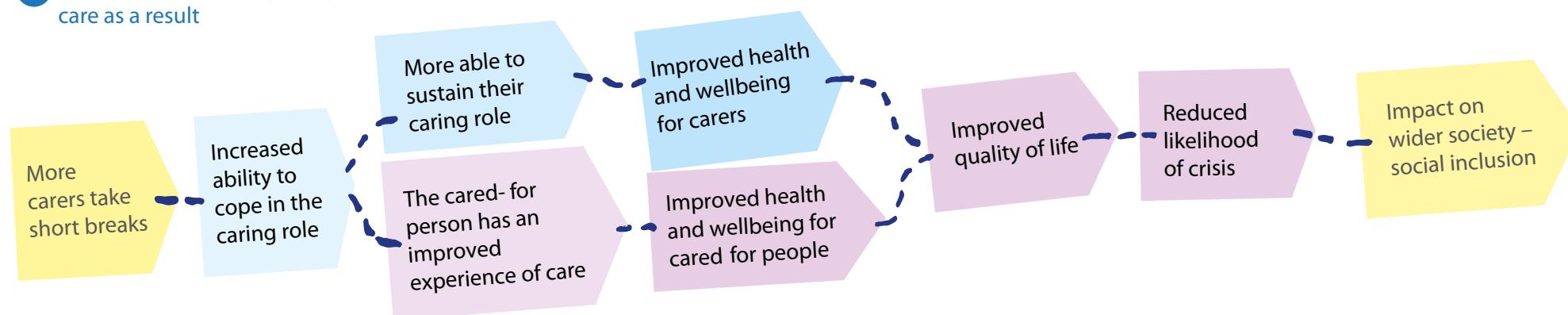
These longer-term outcomes are quite broad and extensive – some people would call them the impact of short breaks. So if they come about, it is likely that it took more than short breaks to achieve this. So we might not be able to measure these impacts and claim them as our own.

But we can measure our contribution to them, and demonstrate it visually.

In the summary below, imagine that the different stages are links in a chain. If we remove any one of the links, the chain falls apart: the longer term outcomes won't happen.

So we might not be able to claim that short breaks on their own have prevented crisis and had an impact on wider society. But we can show that they have contributed to this.

If you find this approach helpful you might want to read [Evaluation Support Scotland's support guide on working with logic models](#).



In the next section we summarise the contribution short breaks make to a longer term impact on services and society.

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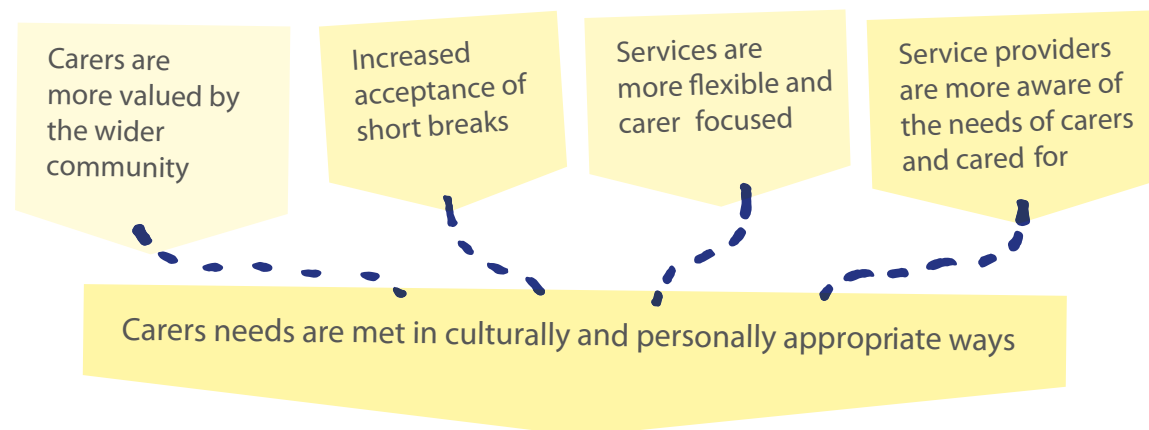
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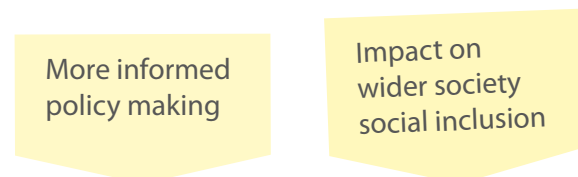
III. Outcomes for services and society

From a service perspective, as acceptance of short breaks and carers increases, and demand for them grows, service providers will become more fully aware of the needs of carers and the people they care for. Overall, services will become more flexible and carer-focussed, and carers' needs will be better met in culturally and personally appropriate ways.

Summary: outcomes for services



From the learning that arises (for example when short break providers report to funders), policy and decision making will be better informed by carers' needs. The wider impact will be that society is more inclusive.



SEE THE WHOLE THING

To illustrate how short breaks contribute to these wider outcomes we can link them all together. See the full diagram on [page 5](#)

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