

GUIDANCE ON SHORT BREAKS (RESPITE)



To:

Local Authority Directors of Social Work
Local Authority Directors of Children Services

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	Local Authority Directors of Finance	Association of Directors of Social Work
	LA Directors of Education	Association of Directors of Education in Scotland.
	NHS Board Chief Executives	Appropriate Voluntary Organisations

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Summary

1. This guidance, issued jointly by COSLA and the Scottish Government, provides advice to adult Community Care Partnerships and to agencies engaged in children's services on the planning and delivery of short breaks, including breaks from caring and emergency crisis support. It should also be of interest to other individuals and organisations involved in social care.
2. The Scottish Government has set out a single over-arching purpose, '*To focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth*'. This is underpinned by 15 National Outcomes¹. Improving planning and delivery of short breaks contributes to several of these, principally: [improving employment opportunities](#), [securing longer, healthier lives](#), [tackling inequality](#), [improving the life chances for children, young people and families at risk](#) and [strengthening public services](#). Progress towards the National Outcomes will be measured using 45 National Indicators², including [improving people's perceptions of public services](#) and, for older people, [reducing hospital admissions](#) and [extending care at home](#).
3. This new system is not focussed around specific public services but rather on the outcomes which those services can achieve. It does not look at inputs, processes or outputs but at results. Short breaks are an essential part of the overall support provided to unpaid carers and those with care needs, helping to sustain caring relationships, promote health and well being and prevent crises. In the case of young carers, the overall aim is different,

¹ <http://www.scotland.gov.uk/About/scotPerforms/outcomes>

² <http://www.scotland.gov.uk/About/scotPerforms/indicators>

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focused instead on preventing inappropriate levels of caring, but short breaks can bring similar benefits of promoting health, wellbeing and social inclusion.

4. Putting in place robust planning for short breaks will help local partners to demonstrate how they are contributing to these national outcomes and indicators, particularly those highlighted above. Local authorities should consider highlighting action in this area in their Single Outcome Agreements, linking them to Local Indicator 29³, *increasing the proportion of people needing care who are able to live independently*, which is underpinned by the 16 measures in the National Outcomes Framework for Community Care, including that on carers' feeling supported to continue caring.

5. Because of the priority we attach to this area, the Concordat⁴ between the Scottish Government and the Convention of Scottish Local Authorities includes a commitment to *progress towards delivering 10,000 extra respite weeks per year*. The Scottish Government is working towards a manifesto commitment that *'by 2011 carers in greatest need will have a guaranteed annual entitlement to breaks from caring'*. Clearly, these measures, including the expansion of local provision, serve to increase the importance of thorough local respite planning.

6. This guidance replaces *Scottish Office Circular SWSG 10/96*⁵. Its main purpose is to help local service planners improve short break provision in line with the overall principles of 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.

7. These themes are important aspects of the Scottish Government's overall policy direction for both health and social care services, in line with the Kerr Report *Building a Health Service fit for the Future* (2005)⁶, *Changing Lives* (2006)⁷ and the Care 21 Report *The Future of Unpaid Care in Scotland* (2005)⁸. Personalisation of services and improving outcomes are also consistent with the Scottish Government's priorities for services for children and young people described in the *Getting it right for every child* programme and in guidance on integrated services planning and quality improvement.

Action and expected outcomes

8. At a time when short break provision is expanding, recipients should use this guidance to update their strategic planning of short break services, including when existing plans are coming to an end. As a consequence, we would encourage local authorities to work with local partners at the appropriate stage in planning cycles to:

- develop strategic approaches to planning, delivery and evaluation of short breaks; and

³ *Menu of local outcome indicators* (2008). Improvement Service - http://www.improvementservice.org.uk/component/option,com_docman/Itemid,43/task,cat_view/gid,537/

⁴ <http://www.scotland.gov.uk/Publications/2007/11/13092240/concordat>

⁵ <http://www.scotland.gov.uk/library/swsg/index-f/c161.htm>

⁶ <http://www.scotland.gov.uk/Publications/2005/05/23141307/13104>

⁷ <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

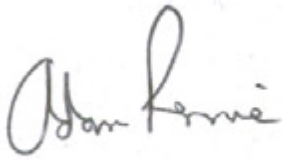
⁸ <http://www.scotland.gov.uk/Publications/2006/02/28094157/0>

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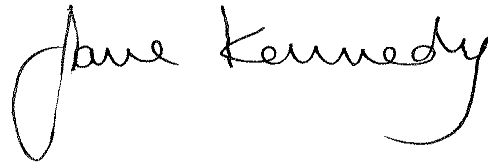
- involve carers and service users in determining the shape, direction and level of local short break provision.
9. We would expect this approach to deliver the following outcomes:
- greater choice, flexibility and equity in the provision of short break services; and
 - carers and service users feeling more supported by the short break services provided (measurable through Local Indicator 29 and the National Outcomes Framework for Community Care noted above).

Contact Point

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SCOTTISH GOVERNMENT COMMUNITY CARE CIRCULAR CCD 4/2008

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Introduction

Definition/scope

1. The following description of short breaks is used to set the broad scope of this guidance to cover the whole range of short break services that need to feature in local planning. It does not affect the more restricted definitions applicable to Audit Scotland's performance indicators, which only include breaks from caring. (See details at para 40.)
2. Short breaks are provided with the aim of enhancing and developing the quality of life of a person who has support needs and their carer (where there is one), and to support their relationship. The distinctive feature of short breaks is that they should be a positive experience for both. Short breaks can be provided within or outwith an individual's home.¹
3. This guidance uses the term 'short break' to cover all such situations, including:
 - where there is no carer present, but the person with care needs requires a break from their normal situation;
 - 'breaks from caring' where the carer needs a break; and
 - 'emergency crisis support' where a carer needs an urgent break to prevent or respond to a crisis (para 25).
4. 'Respite' appears in the title because it is widely understood but the broader term 'short breaks' is generally used reflecting the broader scope of this guidance.
5. Short breaks can be offered in a wide variety of ways including:
 - in specific short break units (specialist guest houses, community flats, purpose-built or adapted houses);
 - breaks in care homes;
 - breaks in the home of another individual or family who have been specially recruited (such as adult placement schemes, or fostering);
 - breaks at home through a care attendant or sitting service (often short term but sometimes longer breaks);
 - facilitated access to clubs, interest or activity groups;
 - supported breaks in a chosen setting for the person with care needs either with or without their carer;
 - befriending schemes where volunteers provide short breaks;
 - peer support groups (e.g. for young carers);
 - breaks in supported accommodation; and
 - breaks using self-directed support².

¹ Developed from *Breaking New Ground* (2006), City of Edinburgh Strategy on Short Breaks and Breaks from caring. http://www.edinburgh.gov.uk/internet/social_care/carers_introduction_to_services/social_service_strategies_and_plans_a_n_ame_serviceplan_a/_cec_breaking_new_ground

² Self directed support (historically known as direct payments) enables greater choice and control over how a person's social care needs are met by directing and/or managing support arrangements themselves. Individuals are able to purchase support from a care provider or agency, a personal assistant (PA) or from a neighbouring local authority.

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6. Some forms of day services may also be seen as short breaks (Annex B)³. Although befriending is primarily a service for the person needing care, it is included because breaks providing alternative recreation with a befriending escort, which are regular and long enough, can also provide a break from caring. Other support, such as providing minor equipment can be vital to help facilitate breaks in some of the above settings or in the home of family or friends.

Purpose of short breaks and evidence of their value

7. The principal evidence of the value of short breaks is based on the perceptions of carers, discussed in reviews of studies such as *Making a Break*⁴ and confirmed by the 'Voices of Carers' survey which formed part of the evidence base of the Care 21 Report *The future of unpaid care in Scotland*⁵. Short breaks are effective in:

- helping carers to safeguard their health avoiding physical or emotional exhaustion, and enabling adult carers to continue caring; (While in the case of young carers, the overall aim is rather to prevent inappropriate levels of caring, short breaks have similar benefits of promoting health, wellbeing and social inclusion.)
- preventing social isolation - providing a break from their usual routine for people with care needs and carers, enabling them to take part in leisure or other activities;
- overcoming a crisis, such as the carer not coping, cared for person's health deteriorating, or bereavement;
- making time for carers to spend with family and friends; and
- helping people (particularly those cared for by their parents) develop independence and prepare for the time when the carer cannot continue caring.

8. Short breaks were found to be most effective in providing a break for carers when they were confident in the arrangements and did not need to worry about the person with care needs. This finding supports the observation that some carers and those they care for can be unwilling to take up some types of short break and reinforces evidence for the value of choice and personalisation in provision. In particular, short breaks are seen as effective in preventing crises and supporting those with care needs and their carers to maintain their health and continue living at home. For young people with care needs and for young carers, short breaks provide opportunities to participate in activities with their friends and peers, vital to their personal, social and educational development, contributing to their self confidence and wellbeing.

Purpose of guidance

9. This guidance is to assist partnerships to meet their responsibilities to plan and deliver short breaks but it is also designed to be helpful to other interested parties including service users, carers and service providers. The Scottish Government is promoting the development of strategic approaches to expand and improve short break services through this guidance. Community Care Partnerships should also use it to update their Local Improvement Targets in this area.

³ Audit Scotland respite performance indicators only include day care if it is explicitly provided to give a carer a break.

⁴ *Making a Break: Developing methods for measuring the impact of respite services* (2004). Chesson RA and Westwood CE Aberdeen: The Robert Gordon University.

⁵ *The future of unpaid care in Scotland* (2005). Report by Care 21 Unit and Office for Public Management for the Scottish Executive. <http://www.scotland.gov.uk/Publications/2006/02/28094157/0>

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Policy Context

10. The importance of supporting carers and enabling people to live independently at home are both well established aspects of the Scottish Government's approach to health and social care. We recognise the crucial contribution which unpaid carers make to Scottish society and that unpaid care is likely to grow in importance. And we understand the importance of supporting young carers and preventing inappropriate levels of young caring, not only for their current social and educational wellbeing, but also for their future. Improving planning and delivery of short breaks has its part to play towards the Scottish Government's over-arching purpose of increasing sustainable economic growth. And it is important in contributing to several of the 15 National Outcomes⁶ which underpin that purpose, principally: [improving employment opportunities](#), [securing longer, healthier lives](#), [tackling inequality](#), [improving the life chances for children, young people and families at risk](#) and [strengthening public services](#).

11. Short breaks are an important focus of the *Strategy for Carers in Scotland*⁷ (1999), the Care 21 Report – *The future of unpaid care in Scotland*⁸ (2005) and the (then) Scottish Executive Response⁹ (2006). These documents, as well as the Kerr Report *Building a Health Service fit for the Future*¹⁰ (2005) and *Changing Lives*¹¹ (2006), contain a number of themes which are fundamental to this guidance:

- working with (adult) carers as partners in providing care;
- joint-working;
- shifting the balance of care towards preventative support and enabling self care; and
- personalisation of support.

12. Personalisation of services and improving outcomes are also important aspects of our priorities for services for children and young people described in *Getting it right for every child* and in guidance on integrated services planning and quality improvement.

Strategic Planning

13. Responsibility for the planning and delivery of short breaks lies with Community Care Partnerships and with the local partnerships which plan, design and deliver services for children and young people¹². Local authorities have the lead role in short break planning. Despite this being clear in the 1996 guidance, there is still considerable variation in the extent to which authorities have planned short break services. Partnerships should apply the same

⁶ <http://www.scotland.gov.uk/About/scotPerforms/outcomes>

⁷ <http://www.scotland.gov.uk/library2/doc10/carerstrategy.asp>

⁸ <http://www.scotland.gov.uk/Publications/2006/02/28094157/0>

⁹ <http://www.scotland.gov.uk/Publications/2006/04/20103316/0>

¹⁰ <http://www.scotland.gov.uk/Publications/2005/05/23141307/13104>

¹¹ <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

¹² Separate statutory authority exists for respite provided to children and to adults. Section 25(2) of the Children (Scotland) Act 1995 states that local authorities may provide accommodation for any child if they consider it would promote his welfare, notwithstanding that he or she already has suitable accommodation. In respect of adults, section 12(1) of the Social Work (Scotland) Act 1968 states that it shall be the duty of local authorities to provide assistance, including residential accommodation, as they may consider suitable. Section 12A of that Act provides that the local authorities shall make an assessment of the needs of the person, and then decide whether their needs call for the provision of services. Regulation 10(2)(c) of the Community Health Partnerships (Scotland) Regulations 2004 (SSI 2004/386) provides that schemes of establishment shall set out the services to be provided by each CHP. Statutory Guidance, provided under section 4B(7) of the National Health Service (Scotland) Act 1978, on the functions of Community Health Partnerships, states at para. 23 that CHPs will manage and provide respite or short break services for all client groups.

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rigour to short break planning as they do for services in the round. This will require agreement on how plans will be developed and coordinated, what resources are available and how these will be directed.

14. Strategic plans for short breaks should set out a systematic joint approach for the delivery of both planned breaks and emergency crisis support, including care/carer assessment, eligibility criteria, staff training and information. They should include measures for monitoring provision and need, involving those who use the services in reviewing them against locally agreed standards. They should address transitions from children's to adult services and from adult to older peoples services. Plans should identify responsibilities for delivering measurable short, medium and long term goals and be based on:

- a shared vision setting out the shape and direction of service development;
- clearly stated targets for improving services;
- multi-agency development and delivery, involving local authorities, NHS, carers and service users, voluntary sector organisations and service providers; and
- clear understanding of the range and volume of provision, its strengths, weaknesses and gaps, based on local needs including feedback from service users and carers.

15. To assist with this key area of short break planning, Annex E provides an example template or checklist to help with the local development of such strategies. It is for local partnerships to decide whether to develop specific Short Break Strategies or to include their strategic planning in wider Carers Strategies, Community Care Plans, Integrated Children Services Plans or plans for specific groups of service-users. However, where local short break planning is split between different strategic plans, it would be good practice to pull out the short break elements into a single document, to:

- enable local partners to demonstrate leadership and progress in this area;
- provide clear information about local short break planning; and
- aid future service planning by showing whether the separate plans cover all they should (e.g. transitions).

Strategic planning - context – children's services

16. National guidance on *Integrated children's services planning* identifies young carers within a list of examples of children in need. Local authorities have a duty under the Children (Scotland) Act 1995, to safeguard and promote the interests of children in need, including disabled children and young carers. And also to assess the support needs of children and, where appropriate, their carers, which can include short breaks. In addition, the *Getting it right for every child* programme builds on this approach by placing the needs of the child at the centre of service delivery, regardless of what these needs might be, and encourages local agencies to work together to meet needs through individualised plans.

17. The Arrangements to Look After Children (Scotland) Regulations 1996 applies conditions (including regular review) to short-term placements of children where:

- (a) all the placements occur within a period which does not exceed one year;
- (b) no single placement is for a duration of more than 4 weeks; and
- (c) the total duration of the placements does not exceed 120 days.

18. National Care Standards will also apply to the provision of such placements. The NHS should work closely with its partners to ensure that the need for short break placements

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is identified for looked after children and others with specific medical, physical and behavioural needs and their carers (including parents or kinship carers) and foster carers.

Strategic planning - context – local authority and NHS responsibilities

19. Joint planning needs to recognise not just the intended direction but also any shifts in resourcing between agencies in the way services are provided, and the implications that has for them. Short-term care (breaks) previously provided by the NHS for people whose needs are predominately for social care, are increasingly being commissioned by local authorities. It is important that partnerships plan such changes together, with the involvement of users and carers. NHS Boards and local authorities should therefore agree their complementary responsibilities for short breaks, both planned and emergency crisis support. In particular, local authorities are responsible for short breaks for people assessed as needing them for social care and NHS Boards are responsible for addressing the needs of:

- people assessed as having complex or intense health care needs and who require specialist clinical supervision during a period of short-term care;
- people who require or could benefit from active rehabilitation during a period of short-term health care;
- people who are receiving a package of palliative care in their own homes but who would benefit from having a period of in-patient or day hospital care. In many cases, this will bring the added benefit of a break from caring.

20. In these cases the health needs of the person receiving a short break often (but not always) require it to be provided in a health care setting. NHS Boards should review local guidelines on responsibility for continuing care and/or short breaks to ensure that they meet these requirements. (See also paras 22 and 23 below on other NHS responsibilities.)

Types of short breaks

21. As noted above, the evidence shows that personalisation is important in ensuring short breaks have positive outcomes for both those with care needs and carers. This can be achieved by making sure that everyone is aware of their options and by building in as much flexibility as possible to adjust provision to individuals' needs. Annex A sets out the main indicators of good short breaks. The main types of short breaks are set out in the definition section above and Annex B provides examples of good practice in providing personalised short breaks.

NHS services providing breaks from caring and NHS input to 'social care' short breaks

22. NHS Boards provide a range of services for patients/users that can also have the benefit of providing breaks from caring, despite that not being their primary purpose. These can include day services for people with a learning disability, a mental health problem or a physical disability; and day hospitals and assessment services for frail older people and older people with mental health problems. In most cases, access to these services will be regular and frequent as part of the planned care programme for the service user. This enhances the break from caring aspect since it allows carers to plan ahead.

23. NHS Boards should review how their services, including equipment, can support short breaks outwith NHS settings by meeting the continuing healthcare needs of the person receiving the break. For example, there is already a well established system for providing renal dialysis for patients on holiday within the UK and there are also many local

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arrangements where NHS community services support other agencies that provide short breaks. There are also good practice examples of NHS Boards jointly funding short breaks with local authorities in order to ensure that all the care needs of the person receiving the break are met.

Planned short breaks and emergency crisis support

24. Planned, scheduled breaks from caring are an effective way of sustaining caring among adult carers; helping people to remain in the community; and of preventing social exclusion for those with care needs and both adult and young carers. Breaks are most effective if used as an early intervention (preventing crises) and are regular and flexible.

25. However, it is important for people to have access to emergency crisis support, where they need an urgent break. This can be to respond to or prevent a crisis, possibly to protect individuals or carers who are at risk. For example due to ill health of the carer; a deterioration in the health of the person they are looking after; or to respond to a crisis such as a bereavement. Services will need to be available at short notice, with the duration unknown, but limited.

Choice and personalisation

26. The more traditional model of short breaks provided in residential care home and day care settings will be appropriate for some, where the services are set up to cater for the different requirements of short breaks. But carers and service users benefit from being able to select from a wider variety of alternative options to satisfy different needs and circumstances, which may change over time.

27. The aim should be to provide service users and carers with greater choice and flexibility to determine, how, where and when their services are provided. There may be limits to the extent to which every service can be individually tailored, but carers and service users have identified certain factors that are particularly important^{13 14}:

- 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 the length of break;
- flexibility over when short breaks are arranged; and
- confidence in the quality of care provided.

28. Increasing the range and flexibility of short break services should therefore be central to local planning, moving away from an over reliance on care home and day centre services.

29. Self-directed support provides a valuable option for people to have greater flexibility, choice and control over their short break arrangements. The money provided to meet their assessed needs may be used for a break in a traditional residential setting or alternative models - for example, to pay for a personal assistant to accompany a service user on a holiday break (with or without the carer) or for children to have a short break with a specialist care

¹³ *Review of Respite Services and Short Breaks from Caring for People with Dementia and their Carers*, National Co-ordinating Centre for NHS Service Delivery and Organisation, Arksey, H et al (2004)

¹⁴ *Making a Break: Developing methods for measuring the impact of respite services* (2004). Chesson RA and Westwood CE Aberdeen: The Robert Gordon University

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worker. This type of model can enable all parties to enjoy a family holiday. (Limits on the length of stay purchased in residential accommodation are set out in national guidance¹⁵.)

Information

30. Easy access to information is very important to enable both carers and service users to decide about the short break services and support that would be best for them. Information should cover the full range of services available; how to access services; assessment procedures; charging policies or eligibility criteria that apply and where to go for more detailed guidance and support.

31. Local authorities have the lead role in ensuring people in their area can access this information but other partners, particularly the NHS and voluntary organisations, will have an important role. The mechanisms should be set out within local strategies for involving and engaging with carers and service users, including local NHS Carer Information Strategies¹⁶, which should set out systems for identifying carers and helping them to access the information and support they need. In many areas this will include advice from local carer centres. Particular attention should be paid to targeting information to under represented groups such as black and minority ethnic communities. Health and social care professionals will need to be proactively involved in informing service users and carers about their short break options. To do this effectively they will need a good knowledge of the services available and how to access further support.

32. More detailed information on short break options should be easily accessible, with carers and service users given the opportunity to discuss their particular needs, identifying the outcomes they want and how short breaks might help achieve them. This could form part of the care/carer assessment and review (but other means of accessing this support and guidance should be available).

33. It is important that carers and services users understand that assessment is the start of an ongoing process, where any service provided is regularly reviewed. This will ensure that care packages, including short breaks, continue to deliver the agreed outcomes and respond to their changing needs and circumstances.

34. Short Break Bureaux offer a valuable One Stop Shop approach to providing information and access to a variety of breaks. Bureaux aim to make the process of accessing short breaks as streamlined and user-friendly as possible working from information obtained from care/carer assessments. Because short breaks are their speciality, staff are skilled in identifying flexible breaks which are tailored to the needs of the individual and their carers. Shared Care Scotland have published a Short Breaks Bureaux Guide to support the development of these Bureaux.¹⁷

35. Many national voluntary organisations publish information and advice on short break services catering for groups of people with particular needs, and some offer specialist short break facilities or opportunities. Shared Care Scotland provides a central source of information on short breaks along with advice on policy and practice, practitioner networks

¹⁵ <http://www.scotland.gov.uk/Resource/Doc/181224/0051499.pdf>

¹⁶ http://www.sehd.scot.nhs.uk/mels/HDL2006_22.pdf

¹⁷ <http://www.sharedcarescotland.com/publications.sharedcarescotlanddocs.php>

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and learning events¹⁸. Their Online Short Break Information Service (OSBIS) is a searchable directory of short break services across Scotland, with an emphasis on flexible provision¹⁹.

36. The Scottish Government is commissioning a website and helpline offering comprehensive, up to date information on all aspects of community care for older people. The information service will be live from early in 2009 and may in the future be expanded to cover all community care services for adults.

Access to Services / Eligibility

37. As noted above, short breaks are crucial in enabling many service users and adult carers to protect their health, prevent crises and continue living at home – avoiding the need for much costlier services when caring relationships break down. They are effective in preventing social exclusion, particularly for young carers. And in reducing carer stress and fatigue. Decisions about provision will form a central element of local strategic short break planning. It is clearly good practice for service users and carers to be involved in the development and review of eligibility criteria and priorities and for all parties to understand these and the short break options available.

38. Partnerships should therefore publish clear eligibility criteria for short break support based on the outcome of assessments of the service user's needs and/or carers assessments²⁰. Both planned short breaks and emergency crisis support should be focused on prevention. I.e. designed to help individuals remain at home, sustain caring relationships and prevent crises, leading to better outcomes for carers and service users and avoiding the need for much costlier interventions.

39. This type of preventative approach will include support for service users and carers assessed as being at risk. The list of risks and respite needs at Annex C will help to identify particular risks which short breaks can address for some groups of service users and carers. (This list is not exhaustive. Individuals from other groups will benefit from short break support, depending on the outcome of assessments.) In line with the Scottish Government's overall purpose of sustainable economic growth, eligibility criteria should be designed to enable carers to access employment or education, if they wish to do so. (See also advice on this group at Annex C.)

Monitoring, Quality Assurance and Regulation

40. As noted above, effective service planning needs to be informed by a clear understanding of the range and volume of existing provision, its strengths, weaknesses and gaps, based on local needs including feedback from service users and carers. Local authorities are currently required to report to Audit Scotland on performance indicators for short break provision for children, adults and older people²¹, which only include breaks: *'to benefit a carer and the person he or she cares for by providing a short break from caring tasks. Breaks provided to people without carers are excluded from [the] performance indicators, which measure a key element of support for carers. [They] only concern respite care provided or purchased by the council, or by voluntary [or private] organisations funded for this purpose by the council.'* These indicators record nights provided, differentiating

¹⁸ <http://www.sharedcarescotland.com/>

¹⁹ <http://www.carebreaksscotland.org>

²⁰ Minimum information standards for single shared assessment of adults and for carers assessments are published at: http://www.sehd.scot.nhs.uk/publications/CC2008_03.pdf

²¹ <http://www.audit-scotland.gov.uk/performance/service/>

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between care homes and other settings – to help demonstrate investment in alternative provision. They also record daytime hours, separating hours in day centres and other settings, again to demonstrate investment in alternatives. (As noted at para. 1, the broad definition setting the scope for this guidance does not affect the Audit Scotland PI definitions).

41. Community Care Partnerships should also set and report locally on Local Improvement Targets for short breaks and are encouraged to use the measure on carers' ability to continue to care in the Community Care Outcomes Performance Framework which underpins Local Indicator 29. Social Work Inspection Agency inspections of local authority social work provision include consideration of the availability of short breaks and their value to service users and carers. This includes reviewing how local plans take account of the needs and views of service users and carers. In addition, the views of stakeholders and carers about their experiences of receiving services are sought, using surveys and focus groups during fieldwork.

42. Where short breaks are offered in care services defined under the Regulation of Care (Scotland) Act 2001 (e.g. care homes or day care services), these are regulated by the Scottish Commission for the Regulation of Care ('the Care Commission'). The Care Commission regulates these services under the Act (and regulations), taking account of the appropriate National Care Standards (NCS). In addition to service specific NCS, the *Standards for Short Breaks and Respite Care*²² apply to breaks offered through any regulated service, including those that rely on volunteers. The standards address the service user's needs and the needs of their carer or family (or both). They are designed to allow for a range of models and to help carers and service users understand the outcomes they can expect from short break services.

43. Some services to the person for whom the service is being primarily provided may incidentally provide a break from caring. These indirect sources of support are not included in the scope of the short break standards.

Charging

44. Separate charging arrangements apply for short breaks provided in residential care and other settings, but local authorities have significant discretion on charging in both cases. Charges are made to the user of a service, not their families.

45. For the first eight weeks in a care home, local authorities do not have to formally assess a person's ability to contribute to the cost. During that period the authority should only charge what it considers reasonable for the resident to pay, having regard to his or her resources and financial obligations, particularly for maintaining his or her own home. The basis for any charge should be made clear. After eight weeks of continuous care, authorities must charge the resident at the standard rate for the accommodation and carry out a formal assessment of ability to pay. The assessment should still take into account the temporary nature of the stay. The repeal of the liable relatives rule means that local authorities can no longer ask a spouse to contribute to a person's care home fees²³.

46. Charging for other short break accommodation, such as holiday breaks or other supported accommodation, will vary according to its management and provision.

²² <http://www.scotland.gov.uk/Resource/Doc/69582/0017383.pdf>

²³ http://www.sehd.scot.nhs.uk/publications/CC2007_04.pdf [link to Liable Relatives repeal guidance when issued]

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47. Local authorities have discretionary powers to charge for non-residential care services, excluding those classed as free personal care for those aged 65+. General guidance on adult home care charging was issued in 1997²⁴, including the advice that *‘authorities may charge only the person receiving the service and should have regard only to that individual's means in assessing his or her ability to pay. In the Department's view, parents and other members of an adult service user's family cannot be required to pay the charges, except to the extent where another member of the family is acting on behalf of the service user and is therefore responsible for paying any charges on his or her behalf. Local authorities may, in individual cases, wish to consider whether a client has sufficient reliable access to resources, other than his or her own resources, for them also to constitute his or her means ... The most likely instances of this kind will arise in relation to married or unmarried couples. It will be for the authority to consider each case in the light of their own legal advice.’*

48. Also COSLA issued guidance in 2006 to improve consistency in local charging policy²⁵, including the advice that *‘Only the person receiving the service is expected to pay charges directly although it is left to the local authority to decide whether a client has reliable access to other resources such as those of a partner’*. As for residential care, authorities should not charge more than an individual could reasonably afford to pay. The basis for making any charge should be clear and made readily available on agreeing the service.

49. When considering charging policies, it is necessary to have regard to the wider long term effects. In line with the principle of working with carers as partners in the provision of care, cumbersome assessment of ability to pay and charging policies which discourage the use of effective short break services are not in the best interests of users or carers, or of the effective use of local authority resources. Poor uptake of short breaks which increases the burden on carers, can lead to caring relationships breaking down and a subsequent need for more expensive services such as permanent residential care.

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²⁴ <http://www.scotland.gov.uk/library/swsg/index-f/c172.htm>

²⁵ <http://www.cosla.gov.uk/attachments/execgroups/sh/shchargingguidance2006.doc> The COSLA guidance is subject to regular reviews and such a review is currently underway.

Indicators of good short breaks

Particular indicators of good short breaks are that they:

- are based on thorough assessment of service users' and carers' needs, on-going review and clear communication,
- are appropriate to the needs and circumstances of the carer,
- are appropriate for the age, sex, culture, and level of need of the care recipient,
- maintain or improve the well-being of the care recipient,
- are delivered by appropriately trained and caring staff,
- include suitable transport where necessary, so that this does not become a barrier,
- are affordable, and
- reliable.

Personalised short breaks – Examples of good practice

This annex provides examples to illustrate the variety of approaches that can be taken to plan and deliver short breaks and the different outcomes. Short breaks occur in a range of contexts and many service users and carers will need access to different types of breaks to meet different purposes and needs, possibly in combination with other community care services. It is important to stress the value of involving the carer and care recipient in determining their goals and outcomes for the short break. Short breaks and breaks from caring are most likely to ‘fail’ when carers and care recipients have little control or influence.

This annex does not provide a comprehensive list of examples, and good practice will move on over time. Shared Care Scotland publishes examples of different approaches to service provision on its website: www.sharedcarescotland.org.uk Also, the Online Short Breaks Information Service includes details of a wide variety of different services and what they offer: www.carebreaksscotland.com

Involving service users and carers in short break planning

It is clearly good practice for all those likely to use services to be involved in planning. For example, a group of service users, carers, health and social work professionals reviewed what services would be needed to respond to the closure of a particular NHS short breaks facility. In this case, more short holiday breaks were identified as the priority. A local provider of residential short breaks was keen to develop this service in the form of a caravan at a nearby holiday park. Because this was what carers and service users wanted, it is popular and is well used.

Breaks in a care home

Although there is evidence of many people being uncomfortable with taking up a short break place in a care home, some will be happier to try this type of break if they can visit beforehand to see the facilities and meet the staff and make any particular arrangements for the individual such as arrangements to host daily visitors during a week’s stay. For some, however, the change of routine and environment may have a negative impact, resulting in anxiety and confusion. Other forms of break may be more suitable.

Flexible booking of care home short breaks

Giving more control to those needing short breaks can improve choice and make better use of resources. For example, one local authority has booked a short breaks room for people with dementia for the year in an independent care home. Families are allotted a number of nights annually, up to four weeks, and enabled to book time as they wish with the home manager. People now have more control over their arrangements and can negotiate changes directly with the manager, rather than going through other professionals. In the first year of this arrangement, the room was used every night, a big improvement on previous years.

Community-based activities

Community-based activities are valuable for a wide range of care groups, including children and young people with additional support needs, adults with a learning disability or those with early onset dementia. Such activities can promote independence while providing an effective alternative to traditional, building-based short breaks. Successful services offer a

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variety of regular activities such as sport and leisure activities and educational courses and seek to match staff to clients with similar interests.

Breaks for young carers

Breaks from caring can prevent young carers becoming excluded by allowing them time with friends or peers to participate in social and leisure activities, or time for themselves. These opportunities are important to promoting young carers' health and wellbeing.

Young carers can benefit greatly from carefully planned, person-centred, flexible breaks offering a range of options to ensure that the young person is able to have a positive break from their caring responsibilities. Many are unfamiliar with short breaks, so practical examples will help to improve understanding and allay any anxieties.

Breaks for young carers should aim to improve health and well-being; reduce social exclusion; provide choices and empower young carers, leading to young carers:

- having a choice in determining the way short breaks are delivered;
- having the opportunity to participate in mainstream groups or activities; and
- being able to attend a dedicated young carers service, residential trips or activity breaks.

Breaks in the home of another individual or family / Family based respite

These breaks are sometimes referred to as 'Shared Care', where children and young people are concerned, or 'Adult Placements', where clients are adults. The service is essentially the same involving specially recruited and trained individuals who are able to offer breaks in their own home. Some foster carers offer this type of support. The 'homely' environment is an attractive feature of this form of break, plus the opportunity to build longer term relationships between host families, the carer and the care recipient.

Where families need a break from full time parenting, the child may benefit from receiving the consistency, stimulation, warmth and attention such a placement can provide. The provision of family based respite care may alleviate pressures in the family and prevent full time care becoming necessary. Further information on this type of provision is available from the National Association of Adult Placement Services; Shared Care Network and the Fostering Network Scotland.

Breaks at home

Regular, weekly short breaks at home are the preferred short break option for many people, but longer term breaks at home can also be valuable. 'In home' breaks can be provided through sitter services or by personal assistants taking over caring responsibilities for a short period. The familiar surroundings can reduce feelings of anxiety and confusion for the service user and offer opportunities to tailor activities to their individual preferences. Services are particularly effective when they can be flexible, allowing those receiving the service to negotiate with the providing agency to adjust times to suit particular circumstances. Carers and service users also benefit from consistency, allowing them to get to know people over a long period. Befriending services can enable care recipients to leave the home and take part in social and leisure activities, promoting self-esteem and confidence. However, breaks at home might not suit the carer where the purpose of the break is to provide them with time at home, free from any caring responsibilities, to rest and recover or spend time with other family members.

- Crossroads Caring Scotland

- Befriending Scotland

Providing equipment or adaptations to facilitate short breaks ¹

Providing minor equipment can be invaluable to help facilitate a short break in the home of family or friends. E.g. bed blocks, a raised chair and toilet seat could make an older person with mobility problems much more comfortable about staying with someone if they knew they would be able to get in and out of chairs and bed easily and visit the toilet unaided.

Equally, for carers and cared for people living together, equipment such as an emergency alarm can make it safer for the person to remain at home alone for short periods. This can also be invaluable in enabling the carer to re-join regular activities outwith the home.

Changes such as ramps or door widening to accommodate a wheelchair in the home of a foster carer, will help facilitate short breaks for a child who has a physical disability.

Short breaks in Supported housing

Residential short breaks in a single tenancy can provide a successful model where people, often with very complex needs, can be supported to enjoy community facilities or just a rest.

Day services

Day services cover planned services provided outside the home of the service user, not involving overnight stays. The extent to which traditional day centre services provide personalised short breaks has been the subject of much discussion. Many carers view day services as a basic entitlement and that short breaks should be provided over and above this. However, there is no reason why day services should not be considered as delivering a break from caring when the service is carefully designed to deliver this outcome, and meets the agreed needs of both the carer and care recipient. The duration, timing and accessibility of the service are important factors in this regard, alongside the opportunity for activities which provide for personal and social development.

Self-directed support for short breaks

Self-directed support (through direct payments) is a proven way for people to have a range of short break experiences both within their own homes and at holiday destinations of their choice (see Holiday breaks).

Holiday breaks

The holiday break gives access to ordinary holiday provision through the availability of additional support, specialist providers or access to adapted holiday accommodation. Holiday breaks can provide social stimulation, new activities and being with different company in new environments.

The carer and cared for person can take a holiday break together or apart, depending on the purpose of the break. Breaks together offer an opportunity to escape the daily routine and to enjoy ordinary experiences together, perhaps as a family. A personal assistant or companion might accompany them to provide additional support and to relieve the carer of some of the caring responsibilities.

¹ Reference to forthcoming guidance from review of equipment and adaptations guidance.

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Emergency child minding and accessible out of school care

Project funded through a local Child Care Strategy enables social workers to allocate emergency support through child minding services.

The same Child Care Strategy provides a Link Worker Scheme to enable children with significant additional support needs to attend mainstream out-of-school care provision to support parents to remain in employment.

NHS breaks for patients with severe dementia

A community based long term NHS ward for patients with severe dementia, uses two beds flexibly to provide short breaks. It also when needed provides day time breaks at weekends for dementia patients with challenging behaviour, who are cared for at home.

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Annex C

Short break needs and risks of specific groups

This annex identifies particular short break needs of a range of groups of carers and service users – both adults and children; including potential barriers to some people taking up the breaks they need. It also identifies some of the particular risks and pressures which short breaks can help to address. The list is by no means exhaustive, and more detailed information about the needs of many groups is available elsewhere. Nevertheless, this annex should help inform local short break planning and individual decisions about short break provision, based on assessment.

Older carers – Caring responsibilities can become increasingly difficult as people grow older and older carers can have their own health and social support needs. Time out from caring responsibilities can be important to maintain good health, social networks and provide time with family. Older carers worry about the future and what will happen when they are not able to care. Breaks can be valuable in helping an older carer and the service user prepare for the future. Carer's assessments are important to older carers as they include all the details of the caring role and how it affects them.

Carers and cared for people living together – Living together and caring can be intense and stressful, with time out being potentially valuable for both parties. In some cases this will mean time apart. Alternatively, people will benefit from time together outside their caring role, for leisure or family.

Disabled children and their carers - Caring for a disabled child 24 hours a day can be very challenging for the child's family – physically, emotionally and financially. Short breaks and building families' capacity to care can have positive benefits for both children and carers, helping to alleviate carer stress. Short breaks can provide an opportunity for the child/young person to develop or increase their independence skills and to engage with others in their peer group or who have similar needs.

Carers/service users from black and minority ethnic communities – Problems of language and a lack of cultural knowledge mean that many short break services find it difficult to adequately meet the needs of Minority Ethnic carers, and those they care for. Issues around ensuring choice and personalisation in short break provision can be particularly acute for Black and Minority Ethnic carers. This can contribute to a lack of confidence in, and low usage of, mainstream services. Making sure that assessment is sensitive to cultural and language needs is an important first step in assessing need and identifying the appropriate service for people from these groups. Service providers should also recognise that patterns of caring within Black and Minority Ethnic Communities may differ from the majority community and should take this into account when planning services. Support and expert advice can be provided by MECOPP (www.info@mecopp.org.uk) or a Shared Care publication '*Breaking Through*' (2006) available at: http://www.sharedcarescotland.org.uk/non_htdocs/breaking_through.pdf

Those caring for a long time - Carers in a long term caring situation are often at risk due to the cumulative effects of long term caring on carers' health and wellbeing and may become isolated.

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Adults living with older parent carers - For adults (e.g. with a learning disability) living with older parent carers and children in transition to adulthood, short breaks can be especially valuable in helping both parties to plan and prepare for the time when the carer will not be able to continue providing the same level of care.

Parent Carers of People with Learning Disabilities - Many parents of people with a learning disability are lifelong carers for whom caring is often the dominant feature in their lives. They often retain responsibility for caring and decision making beyond childhood into adulthood. Without this extensive caring, many more people would need the support of statutory services. It is important to work more closely with parents and their sons and daughters to identify and meet their individual support needs. As well as providing the regular breaks that people can need, planned short breaks for this group provide opportunities to prepare people for moves away from the family home, to safeguard the security of people with a learning disability and help give carers the peace of mind for the future after a lifetime of caring. (See also advice on those caring for a long time and adults living with older parent carers.)

People with Autistic Spectrum Disorder – The Scottish Society for Autism has published its *Good guide to short breaks* (2008) guide providing advice on planning breaks for this group:

http://www.autism-in-scotland.org.uk/on/documents/GoodGuide_002.pdf

People with mental health problems – Short breaks are useful in maintaining and improving mental health by providing a break from the pressures of ill health, difficult living routines and/or the caring relationship (where present). Regular breaks can promote confidence, hope, improve coping skills and provide positive experiences in people's lives. For a significant number, being away from their local area reduces feelings of stigma, provides a change of environment and distance from problems allowing time for reflection.

People with dementia³⁵ – Dementia is a long-term progressive illness, with care needs increasing over time. Short break options should adapt as needs change to ensure they are an ongoing part of supporting those with dementia to stay in the community. Appropriate care responses are important at all stages of the illness. Short breaks should recognise that people with dementia still value their independence. For that reason, a break in a care home setting may be too restrictive for people in the early to moderate stages of the illness. Breaks should include activities, maintain independence and skills and be an enjoyable experience for the person with dementia.

Breaks are equally important for people with more advanced dementia and those with what would be considered 'challenging' behaviour to ensure their families receive a break from the pressures of caring for such people. Services providing care for people in the more advanced stages of dementia need the appropriate staff ratios and experience.

³⁵ The Care Services Improvement Partnership Fact Sheet – Creative Models of Short Breaks for People with Dementia provides some valuable examples of short break support for this group: <http://www.olderpeoplesmentalhealth.csip.org.uk/silo/files/short-breaks-pdf.pdf>

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There are around 1,500 younger people with dementia in Scotland. Breaks should recognise the age of the person and respond to their individual needs. Breaks in settings designed for the needs of older people can be inappropriate and upsetting for the person with dementia and their families.

People with profound and multiple disabilities and their carers - The needs of people with profound and multiple disabilities and their carers are wide, with the number and range of daily care responsibilities substantial. Carers can be woken multiple times a night. Short breaks can be valuable in assisting the main carer and family to sustain these levels of care day after day, night after night. People with profound and multiple disabilities have specific requirements that call for specific short break provision.

Carers of people with a terminal illness - In the case of palliative care, carers may require more regular breaks as they are also coping with the grieving process. There may also be a need for more specialised services.

Carers suffering stress - Consideration should be given to prioritising breaks from caring to allow carers to access services which will enhance their coping mechanisms and help them to develop support networks. For example, regular attendance at a carers support group, counselling or a carer training course.

Caring relationships under pressure - Short breaks can be particularly valuable where the caring situation is in danger of breaking down due to stress on family relationships caused by caring responsibilities. (Often counselling and additional support is needed to allow people to come to terms with changing relationships.)

Carers with multiple caring roles - Such situations are often stressful and there is often the tendency to look at each caring situation in isolation, without taking account of the cumulative effect.

Service users and carers in gay and lesbian relationships - It is easy to assume that services like short breaks are equally open to lesbian and gay people; and some people believe that sexuality is 'private and no one else's business'. Often gay people lead a very private existence for fear of hostility and prejudice. But for many people, their family is an essential part of their life. In most social settings, people talk about their partner in the natural flow of conversation. Service users and carers in gay relationships can feel unable to speak openly because of people's attitudes and this can be a barrier to both assessment of care needs and taking up services.

We can work to overcome this by making sure publicity material and policy documents use language inclusive of carers who are not married and acknowledges that not all carers are heterosexual and/or blood relatives. While it should not be a requirement for gay people to tell care professionals about their relationship, it is important that there are no barriers preventing a gay person from acknowledging their sexuality especially where it may be helpful to know. We should acknowledge what the person has shared and offer

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reassurance, such as asking whether there are aspects of support that might be changed to make him or her feel more comfortable.³⁶

Carers in (or wanting to enter) employment or education³⁷ - Just over half of Scotland's unpaid carers are in paid employment. Many provide significant levels of care, often alongside other family responsibilities. 57% of those caring for 20-49 hours a week are in employment. 38% of men and 16% of women caring for 50+ hours per week work full time³⁸³⁹.

Time at work or in education should not be seen a break from caring. Breaks alongside the other flexible services should therefore be considered to enable carers not only to continue caring but also to maintain family and social relationships and prevent ill-health.

Only 25% of working carers feel they have adequate support; only 5% access breaks from caring and almost 25% say they are in poor health. Difficulty in sustaining caring and paid employment means that some 60% of working carers use annual leave simply to devote more time to caring, with 20% using more than 10 days of their holiday allocation⁴⁰. Working carers highlight breaks from caring; sitter services; and support for disabled children during schools holidays (including specialised play-schemes) as the most valuable services⁴¹.

Many carers find it hard to access learning and training alongside significant caring. Regular breaks from caring can be a valuable tool in enabling carers to enjoy lifelong learning opportunities to fulfil their own aspirations, reduce social isolation, support their caring role and learn new skills to help them return to employment in the future.

Young carers - The range of caring roles undertaken by young people is as broad as the spectrum of specific groupings considered in this annex. Young carers are not a sub-group of adult carers and have needs which are specific to each child or young person. When considering a young carer's short break needs, attention should be given to their age, abilities and strengths and the impact of their caring role on their life. The whole child should be central to any assessment and the impact of caring on their physical, social, educational, emotional, spiritual and psychological development understood. Young carers should be supported to take an active role in decisions about short breaks.

Carers of people who misuse substances - This group of carers is unlikely to access breaks from caring in the same way as carers in other groups because those being cared for are unlikely to take up a break unless it is for rehabilitation. Although these carers sometimes want a break, they are often unable to obtain this by asking the cared-for person to leave for a while, so some areas offer breaks which bring the carer away from their normal home, either for a few hours or longer overnight stays.

³⁶ For further advice on this issue, see Alzheimer Society Lesbian and Gay Network inclusion toolkit, 2006: http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=7&fileID=40

³⁷ For further advice on balancing caring and employment, see Carers, Employment and Services: Managing Caring and Employment (Carers UK, 2007): <http://www.carerscotland.org/Policyandpractice/Research>

³⁸ Carers Employment and Services in Scotland, Carers UK/Carers Scotland and University of Leeds, 2007

³⁹ Census 2001

⁴⁰ Carers Can't Afford to Be Ill: Survey, Carers Week 2008

⁴¹ Managing Caring and Employment, Carers UK and University of Leeds, 2007

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Annex D

Glossary

befriending scheme - befriending offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated

break from caring – short break provided to benefit the carer

care home – establishment registered as a care home with the Care Commission

carer - someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without help - due to age, physical or mental illness, addiction or disability

carer assessment – Assessment of carers' ability to care. These assessments are the key means of identifying and meeting a carer's needs for practical support and are usually carried out by Local Authority Social Work departments.

carer information strategy – NHS-led Strategies which include measures to support carer identification and the provision of information and training.

carers strategy – local authority led strategic plan for supporting and working with carers

Community Care Outcomes Framework – Framework designed to improve Community Care performance for people who use Community Care services, and their unpaid carers. This framework allows partnerships to understand their performance on improving outcomes, to share this information with others, and to compare performance directly on the basis of consistent, clear information.

Community Care Partnership – a partnership between a local authority and the regional NHS Board(s) for the delivery of community care services in their area.

community care plan - a three year plan which sets out the key priorities for the council, preferably in partnership with the NHS Board, for the provision of support and services to people who have community care needs in that area.

Community Health Partnership (Community Health and Care Partnership) – Committees set up by, and reporting to, Health Boards with devolved responsibility for primary care functions within a specific geographical area. CHPs also operate as the Board's primary method of engagement with staff, patients and partner organisations. In some areas the CHP function has been formally merged with the local social work functions, and are usually known as CHCPs.

day service - support provided during the day, which can include day centre support; or activities outside the home or in other settings

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emergency crisis support – short break provided where a carer needs an urgent break to respond to or prevent a crisis

Getting it right for every child – National programme which is changing the way adults and organisations think and act to help all children, young people and their families grow, develop and reach their full potential.

Integrated Children Services Plan – local authority-led plans for services for all children. These plans should set out how local partnerships intend to plan jointly and strategically to deliver the relevant Concordat commitments and agreed outcomes and indicators for children, young people and families.

Local Improvement Targets for short breaks – targets developed jointly by local partnerships to:

- Provide local ownership of, and to support, the Community Care Outcomes Framework.
- Sustain continuous improvements locally.
- Lead to real improvements in the results experienced by people who use services and their carers.

National Care Standards – Published by the Scottish Government. These Standards set out the quality of care people using care services can expect from the provider. They are enforced by the Care Commission.

palliative care – World Health Organisation definition: an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

peer support group - group to provide emotional and social support to people of similar age or circumstances or facing similar problems

personalisation – tailoring support to meet the needs of individual service users and carers - Personalisation enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.

respite - widely understood term for ‘short breaks’ or ‘breaks from caring’ but not generally used in this guidance because of the negative connotations of the term

self directed support – Support that is purchased directly by clients using funds from a variety of public sources, including health and social care, which is sometimes brought together into a single pot

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service user – adult or child receiving care or support

short break - break provided with the aim of enhancing and developing the quality of life of a person who has support needs and their carer (where there is one), and to support their relationship

short break bureau – local facility for care professionals, service users and carers, providing a single point of information and access to a variety of short breaks

Single Outcome Agreement – SOAs set out the outcomes which each Local Authority is seeking to achieve with its community planning partners. These relate to most or all of the Scottish Government’s National Outcomes but also reflect local needs, circumstances and priorities.

supported housing – accommodation where people with complex needs, or vulnerable in some other way, receive additional support to help the individual maintain independent living or their informal carers get a break from caring duties.

young carer – a child or young person under the age of 18 years carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult

Short break strategy template

Introduction

This guidance recommends that local authorities and their community planning partners adopt systematic, strategic approaches to short break and respite care planning to deliver the outcomes and service improvements described (while recognising that this may be through specific short break plans or through client based strategic action plans – para 15). This annex sets out a best practice format or checklist to help with the local development of such strategies.

Collaborative approaches across agencies will help to make the best use of available resources and expertise. Involving carers and service users will help to ensure that services are appropriate, effective and that they reach those in greatest need.

The starting point for any such strategy should be a clear understanding of the strengths and weaknesses of existing service provision, based as far as possible on reliable, real-time information. This should include feedback from carers, service users and other stakeholders to ensure their needs and issues are fully understood. New monitoring systems may need to be developed to gather this information.

The process of analysing current practice can be challenging as it may raise questions around the relevance of some current policies. However, effective strategic planning will be based on evidence of need, on qualitative evidence and on the resultant identification of local priorities.

The strategy document should describe a vision for developing and improving services, setting out clearly the targets to be achieved and how progress will be reviewed and evaluated over a specified period of time. Most importantly, the strategy should be regarded as an evolving piece of work and not an end in itself.

This annex sets out a suggested format for a strategy document. Individual strategies will of course vary due to local requirements or planning situations. Nevertheless, the checklist will provide planning groups with a useful tool to ensure that their strategy is consistent with other areas, and that it provides a robust framework for evaluation, review and development.

What should the strategy document contain?

A Short Break Service Development Strategy should ideally include:

- an introduction;
- background and context;
- service development aims and outcomes;
- targets, actions and performance indicators; and
- additional information on resources and other issues, e.g. communication, staff training.

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The **introduction** should cover:

- why the strategy has been developed;
- the overall vision, aim and outcomes that it will be deliver;
- the values underpinning the development and implementation of the strategy;
- a list of stakeholders;
- the scope of the strategy (i.e. client groups and/or services covered, not covered);
- specific issues that the strategy will address;
- the status of the strategy (i.e. draft, for consultation or final);
- the strategy development process including lead departments, timescales and how stakeholders were or will be involved;
- how the strategy will support and drive service improvements;
- how it aligns with other local plans and strategies;
- a contact point for further information; and
- a quote/endorsement from leading councillor(s) and/or chief executive, director of service, stakeholder group.

The **background and context** section should cover:

- the national policy context and key drivers for change;
- any current and anticipated trends, issues or challenges which may impact on future service developments;
- performance information on current short break service provision (i.e. existing methods of service delivery, volume of services provided, uptake, costs, gaps/unmet need, etc.);
- an analysis of the stakeholder groups and their needs and expectations in relation to the development of short break services; and
- any information on the views and opinions of all stakeholders that may be relevant, for example from previous surveys, focus groups, etc.

The **service development aims and outcomes** section should set out:

- priorities for strategic change;
- aims and outcomes that have been identified as important to improving short break services - often broken down to short, intermediate or long term priorities;
- links to related national and local outcomes and indicators;
- measures to address anticipated barriers to progress;
- the key performance results necessary to achieve the strategy outcomes;
- sources of information to be used to measure progress against the key performance results; and
- measures for involving carers, service users and other stakeholders in ongoing review and evaluation.

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A section on **targets, actions and performance indicators** could appear as an action plan. The section should cover:

- the specific targets that need to be achieved to meet the strategic aims and outcomes;
- action that needs to be taken to meet these targets, including costings;
- the performance indicators that will be used to measure success;
- target dates and milestones by when action should have been taken;
- names of officers/partners responsible for meeting these targets; and
- cross references to other work that needs to be highlighted.

Further **Additional information** sections should include:

- information on resource and budget implications, including an indication of where resources will come from (relating to e.g. break provision, new information services, technology development, improved service commissioning and development, etc);
- Details of Equality Impact Assessments carried out, ensuring that the strategy is in line with equalities legislation and promotes equal access to services.

and, for example:

- plans for communicating the strategy to all stakeholders;
- any training needs arising from the strategy; or
- advice for managers and others on how to support the strategy within their own management practice, policies and procedures.