

ROUND TABLE DISCUSSION NOTES FROM 'HAVE YOUR SAY' EVENT

GLASGOW 26TH OCTOBER 2006

Introduction

The 'Have Your Say' event in Glasgow on the 26th October was the second of a series of Road Show events arranged by Shared Care Scotland. The purpose of these events is to allow carers, carer representatives and those who plan and commission services to come together to share and exchange views on the provision of respite and short break services, and to engage in discussion on the planning of services for the future.

42 people attended the event from a range of sectors and all parts of Glasgow and the surrounding area.

An agenda for the event is attached.

The purpose of the Round Table discussion was to allow people to share and exchange views on the future development of short break and respite services. The recommendations in the Care 21 report into the future of unpaid care in Scotland were used as a starting point for discussions.

Notes were taken of the discussion and they are presented on the following pages. Notes from this event and the other HYS workshops can be viewed on the Shared Care Scotland website: www.sharedcarescotland.org.uk/events

The Facilitators were asked to lead the group through 5 key questions:

- Imagine that Care 21 has been successful in addressing respite/short break needs, what have we achieved?
- Imagine that we have not been successful, what have we done wrong?
- What will help us and what will hinder us?
- What is the single most important change that, if implemented, will have the greatest impact on improving services?
- What is the first step to implementing this change?

Not all the groups managed to cover all the questions and the Facilitators used their discretion to decide what areas needed more or less time.

As people departed they were invited to send a message to the members of the Respite Task Group and decision makers in general. These responses can be found on page 8.

*Shared Care Scotland
10 November 2006*

GROUP A

Imagine that Care 21 has been successful in addressing respite/short break needs, what have we achieved?

- Respite/Short Breaks person led services
- Greater variety of resources/choices
- Holiday-breaks alternative/imaginative thinking

Imagine that we have not been successful, what have we done wrong?

- Not listened to the needs of cared for/carer
- More positive responses from social work dept (training)
- Proactive not reactive (crisis intervention)
- Lack of continuity of practices

What will help us and what will hinder us?

- Resources – finances appropriate to meet needs
- Carers awareness training
- Transitional support through child to adult to older people
- Support systems to identify resources
- Flexibility of approach to meet needs

What changes would have the biggest impact?

- Development of resources – tracking of monies
- Appropriate money to provide breaks
- More imaginative use of existing resources
- Flexibility within resources (being accountable)

What is the first step to implementing this change?

- United approach
- Pressure directed at change
- Lobbying locally – MSP

GROUP B

Imagine that Care 21 has been successful in addressing respite/short break needs, what have we achieved?

- There would be more information of more suitable respite, give more choice
- Be able to plan, pre-book respite
- More uniformity by all services throughout to assist signposting providing information
- Flexibility – no more of a lottery dependent on where you live
- What I need I get – wherever you live you have same accessibility
- More co-ordination, evaluation of services, partnership working
- Statutory policy to the right for respite for carers
- Resources would meet demand using stat, vol, l/a
- Carers support group implementing change, developing resources needed, e.g. befriending
- Earlier interventions – more responsive
- All local authority services need to be involved i.e. education
- Single access point
- New social workers etc will have more understanding, empathy with carers and their needs
- Saving on Health Board admissions to hospital etc. More reactive, responsive services
- No waiting list for carers assessment to be done

Imagine that we have not been successful, what have we done wrong?

- If we don't get what we need we should not vote and let it be known
- Due to people living longer, carers role is having to go on further
- Carers don't have time to fight for their rights. Support groups, campaigners need to be more pro-active to assist carers
- If people don't start working together Care 21 will not work. It can't be separated with separate funding.
- There needs to be carer input on task groups
- Carers information services need more staff to enable carers to receive information and support
- Care workers providing respite services need to be better paid to encourage trained, consistent support and stop high staff turnover
- You need assessment then evaluation to ensure individual needs can be met

What changes would have the biggest impact?

- Access to information the right support for needs
- How to get and how it works
- Stop isolated working
- Better education of what being a carer entails
- Stop the post code lottery
- More advocacy for carers

GROUP C

Imagine that Care 21 has been successful in addressing respite/short break needs, what have we achieved?

- Direct payments give carers the opportunity to take control of their lives and have choices. They should not be made over complicated
- Regular breaks have a positive impact on carers health and quality of life for whole family
- Having the opportunity for planned respite – less crisis support and more of a preventative approach. This will make a significant saving to statutory agencies
- Regular planned quality breaks have a positive influence on the relationship between the carer and the cared for
- Carers have good quality information about what is available

Imagine that we have not been successful, what have we done wrong?

- We haven't asked carers what carers/cared for need and would benefit from
- We haven't offered a choice of options to carers that will benefit both carer and cared for
- We haven't provided information to inform what is available
- We haven't invested financially to support developments in respite/short breaks

What changes would have the biggest impact?

- More resources and investment locally to support development of wide range of respite options
- Ring-fenced monies to track/monitor development
- Good information and sharing of best practice and innovative models of respite
- Range of options available give diversity of choice
- Flexibility of service provider in the delivery of respite to fully meet the individual need of carers/service users
- Local authorities should pro-actively promote availability of direct payments

What would hinder?

- Local resistance to fully fund quality provision i.e. put cost savings first when deciding on providers
- Lack of investment in caring workforce in terms of salaries – overall cost of provision

What is the first step to implementing this change?

- Funding – a real investment in respite
- Effective and imaginative use of funding locally – with real evidence of benefits to carer/cared for
- More and better quality information

What is the first step to implementing this change?

- Listen to carers/cared for person when designing/delivering respite/short breaks
- Let's ensure we can achieve at least one clear outcome to Care 21's recommendations. We want a focussed timescale and a proper level of resources to achieve
- Care in the community only works because of carers
- We need ring-fenced money to ensure resources go to where they are intended

GROUP D

Imagine that Care 21 has been successful in addressing respite/short break needs, what have we achieved?

- Communication
- Respite offered pro-actively
- Safety, Consistency, Variety, Flexibility
- More provision – needs led
- Carers to be involved in effective decision making – partnership in the real sense.
- Right to be ordinary
- User and carer voices different – both voices to be heard
- Transparency about resources – what are barriers to it. Unmet need – honest feedback
- Social workers/Health/Education – true joint working
- Carers – more direct control over our lives
- Have a Carers Champion for each local authority
- Devolved budgets
- Identifying unmet needs – mechanism required
- Each area buy a house and equip it – for 2 days – 1664 wks respite
- Equipment to borrow – Ireland does it
- Small achievable gains
- Practical things happening – e.g. listening lunch (decision maker)
- Maximise resources – use closed buildings (evenings, weekends etc)

Imagine that we have not been successful, what have we done wrong?

- Pot doesn't fit demand
- Barrier – people changing jobs (Scottish Executive). Carers don't change this is often a job for life.
- Carers being left out of decision making process – can't contribute knowledge and expertise
- Power balance has not changed
- Wrapped up in bureaucracy
- Too much regulation and risk assessment – stifles innovation – prevents progress
- Lack of communication

Messages for the Respite Task Group and the Decision Makers

- Task group must deliver change and put money where mouth is
- Ability to evidence Short Break/respice money
- Concern re lack of direct carer representation on the working group. Carers have lived the experience and can bring a huge quality of experience to discussion of the working group.
- Carers on Task Group
- Where does the money go – track it. Make people accountable.
- Ring fence money for respice
- Service providers accountable for non delivery of services – performance indicators
- Whatever comes from working group – guidance/strategy – must have teeth. It needs to be mandatory for respice providers/those commissioning respice doing and actioning locally.

'HAVE YOUR SAY' EVENT

GLASGOW, 10.30AM TO 12.30PM, THURSDAY 26TH OCTOBER 2006

- 10.00am **Registration. Refreshments served. Manifesto Warm Up!**
- 10.30am **Welcome & Introductions**
- *Silvie Mackenzie, Chair, Shared Care Scotland*
 - *Ruth Clark, Assistant Director of Operations, Scotland, Princess Royal Trust for Carers*
- 10.40am **Scene Setting:**
- Care 21: Where are we now?**
- *Don Williamson, Shared Care Scotland*
- A Carer's View on Short Breaks**
- *Isobel Allan*
- 11.10am **Round Table Discussions: What are we aiming for?**
- *Small Groups*
- The purpose of the round table discussion is to share and compare views on the future shape and provision of short break and respite services. What are we aiming for and how will we get there?
- 12.10pm **Feedback and Plenary Discussion**
- 12.25pm **Closing Remarks**
- *Colin Beveridge, Vice Chair, Shared Care Scotland*
- 12.30pm **Lunch** (*followed by Shared Care Scotland AGM – for those that can stay*)