

Sharing & Informing Practice Event, Carronvale House, 8 November 2006

Applying a person centred approach to the design, planning and provision of short break and respite services

Summary Feedback from Discussion

The following is a summary of the final discussion. Groups were asked to discuss the challenges of introducing a person centred approach to respite provision and to identify the key steps/decisions that would bring about change. The points are not presented in any priority.

Challenges

- Limited resources
- Smaller units
- Respite at home...standards or entitlements needed for carers/client groups
- Achieving equity for all client/care groups
- Improving recording and data collection systems
- Being innovative and getting ideas to the right people
- Lack of time and skills
- Bureaucracy stifles innovation
- Equity vs. creativity

Going Forward

- Short Breaks Bureaux for every authority area
- Families given control of their budgets
- National targets for respite and ring fenced budgets
- More open debate with users/carers etc involved in prioritising resources
- Allow greater flexibility in use of money for respite across whole system
- Ordinary services more accessible
- Service users and carers have to be 'enabled' to influence
- Help services to be more creative/flexible and support and encourage change/innovation
- Find ways to use all the resources that a community has to offer
- Review how we commission of services – block purchasing can reduce variety and flexibility
- Reduce regional variation in levels and quality of provision
- Provide training in personalisation
- Introduce evaluation frameworks to review quality of respite provision

One discussion group produced the following detailed response:

Facilitator Notes

What do we mean by Person Centred Services in relation to short break and respite provision and what outcomes should we be aiming for?

LAs, Vol Orgs and Service providers keen to raise the point that approaches were person centred already. This invoked debate - one social worker stated that this was not always the case because she felt obligated to fill block contract beds first before searching for a flexible break which would be more beneficial for the user. This takes individual away from immediate crises but is not an ideal method of prevention in the long term.

The group discussed aspects of a person centred approach and change in terminology to personalisation/building capacity of users and carers. There was confusion around the 2 terms of reference. People felt that person centred care was about including the service users in the assessment process and that personalisation was more about building capacity and giving increased responsibility to users and carers. This caused concern and a hot debate ensued around choice. An individual stated that choice can be provided without giving increased responsibility. One person felt it was not appropriate to encourage increased responsibility whilst most were in favour and could see the benefits to users, carers and workforce.

Direct payments – there should be more of a drive to encourage direct payments because these facilitated choice however others thought that services should be commissioned differently or through universal services to increase flexibility. Some shared the view that there shouldn't be any one way and of commissioning services there should be many alternatives.

Outcomes should be split into those for users and those for carers.
Outcomes must be flexible but still in accordance with legislation and local policy

There is a need to measure process related outcomes because process can affect a person centred approach (e.g. if social work practitioners concentrate on filling contract bed then people will not get what they want) and process equally affects service users satisfaction if breaks do not fit expectations.

Outcomes also need to be properly reviewed and learned from especially to prevent inequalities and regional variations.

Discussion arose around sharing or selling block contract beds across local authorities to alleviate the need for workers to fill beds, this in turn offers increased choice for service users and potentially increase met need. (potential here for the Shared Care Website to advertise or communicate local authority beds)

What are the main challenges we face in achieving a more person centred approach to delivering respite/short break services?

Funding flexible and innovative breaks is a challenge with respite provision
Maximising existing resources and making links with other stakeholders, communicating good practice and evidencing what works are methods to be considered for obtaining funding.

Local level restrictions and policy are all methods which restrict innovative and creative practice. This also leads to regional variations.

Lack of communication restricts choice. Areas should communicate what works well in each area and share this knowledge. People acknowledged that the Shared Care Scotland website would help improve this issue
Communicate the success of the short break bureau ethos

Risk aversion is a challenge with short break service provision. Local authorities are reluctant to give responsibility to their clients because of risk. Eligibility criteria and policy provides boundaries which challenge flexible service provision.

If you were in charge and you were asked to make 3 decisions to bring about the changes desired what would you decide?

Commissioning of flexible respites services

Commissioning of respite services to be a shared responsibility across universal services.

Promoting respite as an early intervention to maintain people in the community for as long as possible.

Promote respite and short breaks as a service essential to preventing break down of carer relationships

Promote rehabilitation during respite (Early intervention –attempt to decrease dependence on carers, using assessment during respite to find alternative ways individuals can carry out tasks they find difficult. Outcome = increased independence.

Equitable Service Provision

National guidance to respite required preventing regional variation and inequality of service provision across client groups, age groups, ethnic minority groups etc.

Minimum entitlement to respite defined.

(discussion around SE Carers Branch and importance of new guidance which is currently underway)

Training

Training workforce to have sound understanding of how respite can be used as an early intervention and prevent crisis. Integrate respite into care packages as standard!

Training users and carers to become more involved in their own assessing needs for respite and build their capacity to express choice and identify what respite can do to maintain people in the community for longer.